

Achieving Quality Patient Care Through Collaborative Networks



Annual Report 2010/11



**NORTHUMBERLAND HILLS
HOSPITAL**

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Message From The Chair Of The Board



2010/11 was a year of further transition for Northumberland Hills Hospital (NHH), and I'm pleased to report that it was a very successful one. We turned the corner from a financial perspective and, at the same time, improved both accessibility and quality care indicators. Details of these improvements are provided for you in the reports from our CEO and Chief of Staff. My remarks will focus this year on the future of our community hospital in the context of a rapidly changing environment.

What specific changes are affecting the hospital sector and, by extension, NHH?

Heightened accountabilities are certainly at the top of this list, including a greater spotlight on quality in health care delivery and patient safety. For Ontario's hospitals, the new expectations with regard to quality and safety were set out in the *Excellent Care for All Act* (ECFAA), 2010, which came into law in June of 2010. The scope of hospitals' responsibilities were broadened by this Act (for example, the requirement to publish an annual Quality Improvement Plan) and other changes were prescribed relating to the structure of our respective quality committees and the obligation to link executive compensation to quality performance and targets.

At the same time, we are seeing a shift toward a greater culture of transparency. In December 2010, the Government of Ontario passed the *Broader Public Sector Accountability Act* (BPSAA), which strengthens hospital procurement guidelines. As well, the BPSAA contains amendments to the *Freedom of Information and Protection of Privacy Act* (FIPPA). Effective January 1, 2012, this will bring hospitals under the Freedom of Information requirements. NHH is supportive of

these developments and their intended objectives, but we are also aware of the impact they will have on our Hospital, not the least of which are the implementation costs which will have to be absorbed within our global budget

Another factor affecting the hospital sector today is the ongoing provincial government's deficit and what that poses in the need to sustain our public health care system for both current and future generations.

Clearly, the hospital sector faces many challenges. Accordingly, as set out in the NHH Strategic Plan, we must remain progressive and innovative and must work collaboratively with our partners in continuously redesigning the system to meet those challenges.

In this context of challenge and change, NHH remains committed to engaging its stakeholders and community – to keep you informed and to obtain your perspectives on key issues.

Reflecting on our recent speakers' series, *Conversations*, which opened a dialogue with our community on some of the key health care issues we face, I'd like to share some perspectives of what I learned.

While the public health care system continues to pressure federal and provincial budgets, I've come to learn that more money is not necessarily the answer to solving our challenges.

Instead, we need to change systemic issues. As an example, how hospitals and doctors are funded must be addressed and appropriate incentives must be aligned with priority setting. Strong political will and significant policy changes will be required to achieve the necessary results. Moreover, the need for greater investment in community care is required to enhance services provided to residents in their homes, thus avoiding institutional care.

I've also come to learn that hospitals must do a better job at geriatric care in preparing for the ageing baby boomers. NHH already serves one of the oldest populations in the province and in some respects we are, today, where the entire province

will be in but a few short years. That's why one of NHH's strategic goals is to become a centre of excellence in geriatric care. We're investing heavily in recruiting new health professionals, new systems and programs to achieve this essential goal of meeting our community's specific needs.

I've also come to learn that wait times for primary care (family physicians) and emergency departments in Ontario can be further improved. In our community, we are pleased to see the formation of the Family Health Team (FHT), which will help reduce these wait times. NHH is committed to working closely with the new FHT to partner and align our services in a meaningful way.

No annual report would be complete without thanking our management team, our physicians, staff and volunteers for the hard work that makes our hospital a special place. They are, themselves, special.

This year, three of our Directors—Lynda Kay, Bob McInnes and Henry Pankratz—as well as Auxiliary President Patricia Fenner and Foundation Chair Jan Boycott, are retiring, each one having given exceptional service to Northumberland Hills Hospital.

The responsibilities of providing governance and leadership to the Hospital, the Foundation and the Auxiliary are onerous. We are fortunate indeed to have had the dedication provided by these five community minded individuals.

Finally, I extend on behalf of our Board a thank you to Foster Loucks, who recently retired from his role as Board Chair of the Central East Local Health Integration Network. We appreciate Foster's support of NHH and offer our best wishes in his well deserved retirement. We look forward to working closely with his successor to further enhance health care in our community.

John Hudson

Community Engagement

NHH teamed up with the volunteers in the NHH Foundation's Caring for Generations Society in 2011 to offer a new speakers' series aimed at encouraging discussion around issues pertinent to local health care. Titled *Conversations – Exploring health care issues that affect our community*, the first cycle of speakers ran from February through May at locations in both Cobourg and Port Hope. Focused on the theme of health system

sustainability, the high-profile guests discussed such issues as provincial health policy, our ageing population and hospital governance. National public health reporter André Picard, shown at Port Hope's Capitol Theatre, addressed an audience of 100 on Wednesday, April 27th. He's shown here, third from the left, with NHH President and CEO Robert Biron, NHH Board Chair John Hudson, and NHH Foundation Board member, Rick Gadd.





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Front cover (L-R): Winners of NHH's 2011 Group Achievement Award for Restorative Care: Judith Harper, Helen Brenner, Wendy Kolodziejczak, Jill Bebee, Meredith Gadon, Janice Buck, Peter Roy, Cynthia Payne, Jessica Martell, Sarah Cressey, Lisa Stewart, Rebecca Kellert, Sheila Kilpatrick, Deborah Zoras, Rhonda Lyttle, Barb Shaw, Amy Ludolph, Sandy Ward, Janet Burn and Heather Brimacombe.

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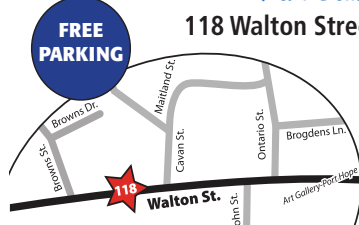
*Canadian Academy of Audiology website, 2010



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Message From The President and CEO



Leaders and partners creating health care excellence. This is our shared vision at Northumberland Hills Hospital, and it is anchored on our strong culture of collaboration among our team and also with other health service providers.

Collaboration is a core value at NHH, and further emphasized as one of our five strategic directions: Collaborative Networks. Our many successes of 2010/11 are directly attributed to our desire to work together as a team with our internal and external partners to create optimal solutions.

Collaboration will lead to a sustainable health care system for future generations, and more importantly, it will improve the quality of care provided to our patients today. In short, through our collaborative efforts we: achieve local access to care; secure regional expertise for our community; and, deliver world-class care.

Providing local access to care. One of NHH's most significant achievements in 2010/11 has been the successful implementation of our new Alternative Level of Care (ALC) strategy. An ALC patient is one who has completed their acute care treatment, but cannot be discharged from their hospital bed until other supports or services become available in the community. Most often, patients are waiting for a long-term care bed or to be discharged home with home care support.

A year ago, on average, one out of every four acute care beds at NHH was occupied by an ALC patient. This harsh reality, of course, threatened local access to acute care beds.

The NHH team worked with the Central East Local Health Integration Network (Central East LHIN) and local community partners to implement a comprehensive ALC strategy, which included the following: introduction of a new 16-bed Restorative Care program, which opened on March 1st; enhanced therapies and weekend coverage; a new Hospital Elder Life Program; new discharge planning processes; and, the local implementation of the Home First philosophy with our partners at the Central East Community Care Access Centre and Community Care Northumberland.

Today, I am happy to report that NHH is experiencing low rates of ALC. In March, our ALC rate had

dropped to 6.1 per cent. A previously unthinkable day where no ALC patients occupy NHH's acute care beds appears possible. This success was only possible through extensive collaboration at many levels. NHH has not only met best practices, we are creating them!

One piece of our ALC strategy remains incomplete. NHH was not designed or built to be a nursing home, and the Hospital's mandate based on last year's stakeholder consultation is that NHH must focus its attention on being an acute care facility.

Our Board reaffirmed its decision to divest our 11 interim long-term care beds. However, this commitment is under the condition that the Central East LHIN is able to secure alternative long-term care bed capacity in the west Northumberland community. As the current year progresses, we anticipate developments in this regard.

Securing regional expertise for our community.

A second achievement in collaboration of the past year is in the area of improved access to regional expertise. As a small community hospital, NHH must rely on its regional hospitals and partners to provide access to expertise, advanced skills and services that would otherwise not be available.

NHH took concrete steps to broaden the gateway to regional expertise in 2010/11.

A new partnership with Ontario Shores Centre for Mental Health Sciences has resulted in substantial improvements in access to outpatient mental health services. Since the beginning of the partnership, service has increased for direct contacts by 74 per cent.

A new strategic plan has been established for our Satellite Dialysis Program with our regional host, Peterborough Regional Health Centre, which will guide improvements and access to this service in the years ahead.

And, in the near future, we hope to formerly announce a new partnership with Durham Regional Cancer Care, Lakeridge Health Centre in Oshawa for the expansion of NHH's Outpatient Chemotherapy service.

None of these specialized services could be provided locally if it weren't for our strong collaborative partnerships with our regional centres. We thank them for their commitment to an integrated health system that supports our patients and community.

Delivering world-class care. Collaboration among the health care team is paramount if we expect to improve care, safety and the patient experience. NHH's outstanding 2010 Accreditation Report demonstrated the strength of our team to deliver exceptional quality care, and we know we can do even better. Hence, NHH's strong commitment in

the coming year to strengthen our interprofessional practice.

Interprofessional practice – meaning a multi-disciplinary team approach to care delivery – emphasizes collaboration and integration among health care professionals in their work practices. It also promotes health professionals practicing to their full scope that their skills, knowledge and regulations will permit. There is strong evidence that interprofessional practice leads to improved quality of care and patient safety.

It is important to note that world-class care is also dependent on sophisticated diagnostic and medical equipment. We are most fortunate to have state-of-the-art equipment available to us here locally at NHH. This would not be possible without the support of our community as facilitated through our extremely active NHH Foundation and Auxiliary. Their 2010/11 achievements in that regard are set out within this report. We again, thank them for their support.

Reflecting on the past year, significant change has been embraced and implemented by the NHH team. This transformation has positioned NHH for its long-term viability, and it was done while improving quality of care and patient safety, and returning the organization to a balanced operating budget. I extend my sincere gratitude to all of our staff, physicians, volunteers and partners that have contributed to our very successful year.

Robert Biron

Stay In Touch With NHH



NHH introduced a new e-newsletter service to the community in 2010. Designed to bring the Hospital's most important news right to your email in-box, it included, among other stories, profiles on new additions to our team, including Dr. Francesco Mulé (above), a new Emergency Medicine Specialist welcomed to our team in January 2010. To add your own name to our growing list of subscribers, just go to www.nhh.ca or send an email to Jennifer Gillard at jgillard@nhh.ca.

NHH At A Glance

NHH delivers a broad range of acute, post-acute, outpatient and diagnostic services. Acute services include emergency and intensive care, medical/surgical care, and obstetrical care while post-acute services include restorative care, interim long-term care, rehabilitation and palliative care. Mental health care, chemotherapy, dialysis and 16 other ambulatory care clinics are offered on an outpatient basis through partnerships with regional centres and nearby specialists.

As well, NHH offers a full range of diagnostic services, including magnetic resonance imaging (MRI), computed tomography (CT) and mammography.

NHH serves the catchment area of west Northumberland County. A mixed urban and rural population of approximately 60,000 residents, west Northumberland comprises the Town of Cobourg, the Municipality of Port Hope

and the townships of Hamilton, Cramahe and Alnwick/Haldimand.

Today NHH employs close to 600 people and relies on the additional support provided by physicians and volunteers. NHH is an active member of the Central East Local Health Integration Network (Central East LHIN). The operating budget for fiscal year 2011/12 is \$62 million. For more information, please visit www.nhh.ca.

ACTIVITY SNAPSHOT	April, 2008 to March 31, 2009	April, 2009 to March 31, 2010	April, 2010 to March 31, 2011
Emergency Department Visits	31,764	32,587	31,771
Admissions	3,633	3,641	3,718
Births	595	597	550
Surgical Cases	4,998	4,748	5,107
Dialysis Visits	7,246	7,071	6,884
Chemotherapy Visits	2,622	2,762	2,829
Out-Patient Ambulatory Care Clinic Visits (Excluding Mental Health)	21,473	17,279	15,235
Community Mental Health	19,179	29,608	33,432

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Message From The Chief of Staff

A focus on making “patients first” was the top priority for Northumberland Hills Hospital in 2010/11. Improving quality of care and patient safety were the main drivers for change while financial constraints remained a reality.

For most patients the first point of contact with NHH is the Emergency Department (ED). A number of service enhancements were implemented, including: the introduction of a mental health crisis worker, a Geriatric Emergency Medicine nurse, a Community Care Access worker and a dedicated porter. The addition of these providers will continue to improve patient access to services while reducing wait times. Notwithstanding, our wait times met or were better than the provincial targets. In 2010/11, the total time spent in the Emergency Department by 9 out of 10 patients presenting with complex level 1 or 2 problems was 6.98 hours (against 11.6 hours provincially), and 4.25 hours by patients with minor or uncomplicated level 3, 4 or 5 conditions (4.4 hours provincially). The Department also had success in recruiting talented ED physicians. Goals for next year include further reducing our reliance on itinerant Emergency physicians, enhancing internal medicine support, and having a combined full time Department Chief and ED physician. Overall satisfaction with the ED was 79%; we anticipate that the enhancements noted above will see that figure rise in the year ahead.

NHH’s in-patient service underwent major restructuring in 2010/11. A new 16-bed Restorative Care unit was opened, specially designed to help local patients rebuild their strength and return home safely following an acute illness, injury or de-conditioning. New staff members have been recruited to support this program, including physiotherapists, occupational therapists, and clinical nurse specialists with expertise in geriatrics. Additionally, therapy services are now available to in-patients on weekends, to further minimize deconditioning due to lack of movement. Overall patient satisfaction with NHH’s in-patient services remains high at 95% (compared to the Ontario

Community Hospital Average of 92%) and reflects the excellent, compassionate and personalized care received by patients and their families.

Ancillary services, such as lab, diagnostic imaging and pharmacy remain excellent. Lab quality metrics consistently exceeded standards. MRI and CT wait times are, respectively, 42 days (versus 117 days provincially) and 19 days (versus 33 days provincially). As of the 4th quarter of the year, NHH offered the fourth shortest MRI wait time in the province. We are also fortunate to have two interventional radiologists who can assist cancer diagnosis by obtaining needle biopsies in a relatively non-invasive manner. On the prevention front, NHH’s Ontario Breast Screening Program (OBSP) celebrated its first anniversary in November 2010. 2,230 screening mammograms were performed at NHH in OBSP’s first year alone--more than double the figure expected in the Program’s first year of local operation and confirmation that the service is doing what it was intended to do: improve access to routine breast screening. In the area of infection control NHH’s rates of common hospital-acquired infections are consistently holding steady at or very close to zero, a reflection of a targeted campaign promoting the importance of hand hygiene compliance, meticulous cleaning and responsible antibiotic stewardship.

NHH surgical teams continue to exceed expectations. Compliance with the new surgical safety checklist, introduced in July 2010, is 99.9% and wait time for general surgery patients was 48 days compared to 95 days provincially, giving NHH the second best provincial wait time in the last quarter of the year. Similarly, cataract surgery wait time was only 39 days compared to 124 days provincially, again giving us the second shortest wait time in the fourth quarter. Our obstetrics program continued to support over 500 deliveries per year in a setting that remains very popular with new mothers.

Our hospital does not work in isolation. As mentioned earlier in my report, NHH works in

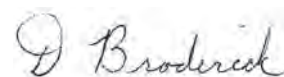
NORTHUMBERLAND HILLS HOSPITAL MEDICAL STAFF

Midwives	16
Associate/Active	71
Courtesy (Non-Admitting)	47
Total	134

close collaboration with other agencies, such as the Central East Community Care Access Centre, and Community Care Northumberland, and our regional partners in order to improve patient flow and provide timely access to health services. The successful voluntary integration between NHH’s Community Mental Health Program and the Ontario Shores Centre for Mental Health Sciences in Whitby is a strong case in point. Announced in May 2010, the integration has resulted in enhanced patient care at a local level, an efficient and effective use of human resources and improved sustainability.

NHH remained well represented within the Central East Local Health Integration Network as NHH personnel have continued to work on numerous quality improvement initiatives. New opportunities to improve information sharing and regional services between LHIN hospitals continue to be explored. Hopefully this will result in further efficiencies and a bigger basket of future patient services.

Northumberland Hills Hospital remains one of the finest community hospitals in Ontario. I fully expect it will continue to exceed patient and community expectations in the years ahead, fulfilling our mission to provide Exceptional patient care. Every time.



Dr. David Broderick

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Hon. Rick Norlock, MP
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Service, Education and Innovation Celebrated

A time-honoured tradition at Northumberland Hills Hospital is the annual spring ceremony celebrating staff accomplishments in the areas of education, innovation and long service. On the evening of Thursday, May 12th, the Northumberland Hills Hospital's Education Centre was again filled to capacity with family, friends and colleagues receiving awards or on hand to join in on the well-earned recognition of their peers.

Hosted by President and CEO Robert Biron and Vice-President of Human Resources and Quality Elizabeth Vosburgh, the evening involved the presentation of awards in three categories: academic accomplishments, innovation and leadership, and long service.

Education awards were presented to 20 staff members in total, including an exceptional number of degree recipients. Eight individuals were recognized for completing Bachelor of Science degrees in Nursing and one for completing a Master's of Education.

In the category of long service, forty-seven staff members and physicians were recognized for passing significant milestones in their careers as health professionals and

support providers serving our community.

With an annual operating budget of \$62 million, the economic impact of NHH on the broader community is considerable. At the May 12th ceremony, however, it was the human connections that run between NHH staff members and the community that were celebrated by presenters and recipients alike.

Among those recognized for long service was Dr. Bill Cross, who marked 15 years of hospital service in 2011. Thanked by Robert Biron for his untiring commitment to both NHH and the community at large, Dr. Cross commented on the privilege it is to live, work and play in an area as fine as our own.

"We live in a community in which—as a physician—you can refer people in three directions," he noted. "This is just great, and when combined with the fantastic technology, people and organization here at NHH, we are really fortunate."

In a tribute to the many family connections that exist between NHH and the surrounding communities, it was noted that two sisters (Laura Marshall and Darlene Kennedy), both recipients of long service awards for 20 and 10 years respectively, were following in the steps of their late mother, who had worked at the Cobourg hospital in the 1960s.

NHH is also home to many friendships. Elaine Brown and Brenda Hylton, friends since grade six, both went home with pins celebrating 25 years of service to NHH. Now colleagues in the Lab, the pair befriended each other locally as children, went on to college together and today work side by side at NHH.

"How great is that!" remarked Director of Laboratory and Infection Control Myonne Allan, in congratulating Elaine and Brenda on their dedication. "It's connections like this, I believe, that lead to the dedication to quality we're known for today, and make NHH truly special."

Another loud round of applause filled the room when

it was noted that Janice Bickle, a registered nurse recognized for 30 years of service, had somehow found time in the last three decades to foster, with her family, 38 local children, in addition to raising her own. "Janice is a very special person, both to us and to many," noted Program Director Janet Burn, in presenting her award. "We are so fortunate that she has chosen NHH."

Also announced were the recipients of NHH's Leadership and Innovation Awards, recognizing staff members who go above and beyond the call of duty to make a difference at NHH. Recognized for Excellence in Leadership was Kelly Walker, an employee in NHH's Environmental Services Department.

With the hospital since 2001, Kelly has been a member of the Joint Occupational Health and Safety Committee since 2008. Recognized for the personal interest she has taken in advancing health and safety initiatives within NHH, Kelly's personal efforts in initiatives related to workplace violence prevention and musculoskeletal injury prevention were commended. A volunteer champion, Kelly's leadership, drive and determination to improve safety at NHH were recognized.

The final award presented was the Outstanding Innovation Award. Recognized for their work on the development of NHH's electronic forms, this year's recipients were Shanene Studzinski, Cyndee Kelsey, Kathi Meier and Maureen Canfield.

As a pre-requisite to another major project related to scanning and archiving, all patient forms needed to be reformatted to accommodate an incoming label and bar code system.

Noted for their patience, perseverance and quest for quality, the team was thanked for creating a new electronic form repository which is resulting in increased efficiency, improved quality in the area of patient documentation and reduced printing requirements.

THE NHH FAMILY

Full and Part-Time Staff

Full-time	296
Part-time	297
Total:	593

NHH Auxiliary

Active Members	351
Associate Members	49
Lifetime	22
Total:	422

NHH Foundation

(an independently incorporated organization)

Staff	3
Volunteers	75
Total:	78

Volunteer Chaplains

12

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



Excellence in Leadership Award recipient:
Kelly Walker



Outstanding Innovation Award recipients:
(L-R) Shanene Studzinski and Cyndee Kelsey.
Missing from photo are: Kathi Meier and Maureen Canfield



Education Achievement:
Front row – Robin Rath; second row (L-R) – Alma Vaspori, Shaureen Young, Krista Hay, Kelly Walker and Sharon Tripp; third row – Elizabeth Geddes, Denise Kearsey, Amy Miedema; back row – Michelle Verbeem, Lori Vandenberg

Education Award Recipients

Bachelor of Science in Nursing

Kim Baxter
 Andrea Doyle-Philp
 Elizabeth Geddes
 Amy Miedema
 Jan Surgent
 Sharon Tripp
 Lori Vandenberg
 Michelle Verbeem

Master's of Education

Patti Ley

Canadian Nurses Association Certification in Perinatal Nursing

Jennifer Bevan
 Cindy Sandercock
 Alma Vaspori

Food Service Worker Certificate

Melissa Cerna
 Krista Hay
 Robin Rath
 Shaureen Young

Certificate in Infection Prevention and Control and Epidemiology

Denise Kearsley

Oncology Certificate

Tina Roach
 Kim Wenzel

Payroll compliance Practitioner

Kelly Watson



15 Years of Dedicated Service:
 Dr. Bill Cross



15 Year Award Recipients:
 (L-R) Pamela Garratt, Wendy Scott, Kimberly Zoldy



30 Years of Dedicated Service:
 (L-R) Susan Hoekstra, Janice Dale, Tracey Chester, Janice Bickle, Cheryl Fisher



35 Years of Dedicated Service:
 (L-R) Deborah Davey, Carilyn Fairman

Long Service Award Recipients

10 Years

Crystal Beaudry
 Maureen Canfield
 Kimberley Doucette
 Elizabeth Geddes
 Patricia Hand
 Janice Hines
 Cara Hunt
 Darlene Kennedy
 Dr. Paul Marrocco
 Dr. Frank Marrocco
 Ian Moffat
 Anne Marie Mosher
 Valerie Rumball

15 Years

Dr. Bill Cross
 Rhonda Cunningham
 Pamela Garratt
 Dr. Martin Jokay
 Wendy Scott
 Kimberley Zoldy

20 Years

Wendy Arbeau
 Janet Burn
 Kevin Burn
 Becky Cressman
 Meredith Gadon
 Laura Marshall
 Tammy Misasi
 Catherine Settrington
 Stephanie Tuer
 Merle Venne

25 Years

Elaine Brown
 Paula Elliott
 Catherine Flay
 Patricia Godfrey
 Brenda Hylton

30 Years

Pamela Aiello
 Janice Bickle
 Tracey Chester
 Janice Dale
 Patricia Dunn
 Cheryl Fisher
 Linda Hastings
 Susan Hoekstra

35 Years

Debra Clarke
 Ghilaine Clarke
 Deborah Davey
 Carilyn Fairman
 Carol Raciunas

Leadership and Innovation Awards

Excellence in Leadership - Safety

Kelly Walker

Outstanding Innovation - E-forms

Shanene Studzinski, Cyndee Kelsey, Kathi Meier and Maureen Canfield



10 Year Award Recipients:
 (L-R) Kimberley Doucette, Elizabeth Geddes, Anne Marie Mosher, Darlene Kennedy, Patricia Hand, Valerie Rumball, Ian Moffat



20 Year Award Recipients:
 (L-R) Becky Cressman, Catherine Settrington, Janet Burn, Kevin Burn, Laura Marshall



25 Year Award Recipients:
 (L-R) Patricia Godfrey, Paula Elliott, Brenda Hylton, Elaine Brown, Catherine Flay

Report From The Auxiliary President

This has been an interesting and exciting year to be part of the NHH family. As Auxiliary President, I have had the opportunity to view the changes taking place at our hospital from different perspectives. The process of sitting on two committees – one management and one Board -- has provided me, and through me, our membership, with a front row seat as the initiatives and innovations in service changes rolled out. Our volunteers in in-patient areas have seen the outcome of these changes: Restorative Care, the Hospital Elder Life Program and Recreational Therapy. We have been able to meet some of the changing volunteer needs in these areas and will continue to strive to provide the service required. As the Auxiliary President continues to have a seat on the NHH Board, we are also aware of the overarching governance and financial accountabilities that the Board faces in the current health care system.

Our volunteers in all areas continue to provide

stable support to staff in meeting the day to day needs of the services in which they serve. Elsewhere in this report you will see that our active volunteers number close to 400--a sizable presence for a hospital our size. Together we contributed more than 45,000 hours of service to NHH in 2010/11. I'm sure that number is on the conservative side as it is impossible to calculate the hours spent thinking about service improvements, our governance mandate and our recruiting needs.

Our fundraising activities this year have been successful. The four Special Events Fundraisers (Poinsettia Tea, Polar Bear Dip, Wine Tasting in the Park and Tag Days) brought in a total of \$33,192. Added to that were the funds from our ongoing activities (The Little Treasure Shop, Petticoat Lane, HELPP Lottery and the Auxiliary Crafters) which totalled \$111,774. Expenses for all of these initiatives are documented in our audited statements. The net profit from these

activities augmented by the proceeds of a matured investment allowed us to present \$200,000 to the hospital in fiscal 2010/11.

As an organization the year has brought us even more closely into the evolving NHH story. It has been a positive experience and, like all good stories, I can hardly wait to see how it turns out.

In this, my 'recycled' year, I have been keeping the President's chair warm for Gayle Metson. Gayle brings a wide range of business and volunteer experience to this position as well as a healthy sense of humour and a strong set of principles. This should ensure the ongoing success of our organization.



Patricia Fenner

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By Jan Boycott, B.A., CDFA

Divorce Settlement Specialist and Investment Advisor

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As an Investment Advisor and Certified Divorce Financial Analyst (CDFA) I examine the financial issues related to separation and divorce, to project the impact of settlement proposals and to help untangle the many financial challenges facing couples during this difficult time. It is natural to focus on the short-term impact of living separately, however; the long-term effects are rarely considered, even though they are as important.

In the early years of marriage issues like child custody and support are paramount, but the later years present a different set of challenges to face when ending a relationship.

Here are a few things to consider:

Grown children may not need your financial support but a divorce changes what they have always known. They may feel obliged to take sides. Family traditions, holidays and time with grandparents may also change. These issues need to be recognized and acknowledged.

Your golden years probably involve more "gold" – more things to divide; more emotional attachment to material items collected during the marriage. There may be complicated businesses, second properties and assets that have different tax consequences that need to be considered for a fair division.

Pensions, particularly defined benefits plans, and medical benefits can be hard to understand and finding reliable help is not always easy. Often one spouse is more versed in the family finances, and this can become even more complicated if failing health is an issue. Find a resource that will help you to clarify the entire financial picture.

Wills, trusts and estates drawn up years before should be revisited. Beneficiaries on insurance policies, RRIF's and other legal documents require thoughtful consideration when a long-term marriage dissolves. When a relationship is over, the first and often most important step is to get financial advice to understand and untangle your specific circumstances. Why not get Certified Financial Advice about your divorce?

Divorce is never easy but it can be financially fair!!

For a free consultation call 905-372-1300 or email jan.boycott@endingwell.ca

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Report From The Foundation Chair

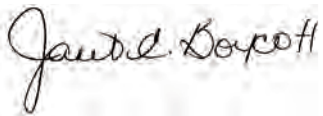
As I come to the end of my term as Foundation Chair, I can't help but reflect on the past few years and what an incredible experience it has been.

Throughout my tenure it has become obvious to me that our hospital family includes not only the staff, but the hundreds of volunteers and thousands of community members who share the common goal in building and sustaining our gem of a hospital. Through the toughest of times I have witnessed the volunteers and staff diligently and tirelessly focus on excellent health care for all. And, during these same challenging times, the community raised its own bar in their generous and thoughtful hospital giving.

This past year the Foundation raised \$2,145,000 of which \$852,677 was immediately made available to purchase vital medical equipment and technology. The remainder of this amount will be spent during the 2011/12 fiscal year.

We have rolled out a comprehensive strategic plan, including the addition of a staff member to the Foundation team, to guide us in some new directions over the next several years, and we have planned for new, fun, and exciting events that gather some of the much needed funds.

With the continued team work and shared vision, there is no doubt that the legacy and viability of NHH will continue. Thank you for allowing me the privilege of being a part of this wonderful institution. I am very proud to be associated with the NHH family.



Jan Boycott

Your Donations At Work... Just Like You Intended

Our donors are wonderful people who lead by example. Generous donations make this community a healthier place to live, and ensure that your loved ones, friends and neighbours have access to high quality health care services closer to home. Below is a list of the equipment purchased this year in part or in full:

Endoeye scopes (2)	\$40,890
Colonoscopes (2)	82,549
Cystoscopes (2).....	25,033
Patient lift motors (3)	7,167
Nurse call system	32,049
HUGS infant security system upgrade.....	28,928
Tidal CO2 capnometer	5,769
Blood coagulation analyzer	20,378
Echo automated blood bank system.....	91,701
Wireless infrastructure expansion	178,931
PACS - Picture Archiving Communication System	54,889
Electronic health record - document scanning & archiving	170,093
Computers and other system investments.....	70,513
Printer for Operating Room equipment	4,550
Forward advantage electronic document delivery	5,496
Enterprise-wide risk management system.....	23,311
Bedside medication verification system.....	10,430
Total Capital Purchases.....	\$852,677

Thank you for your continued support!



Louise Stevenson (right) accepts a donation of \$921 from Alana O'Neil (left) and Donnie Patterson of Cobourg Home Hardware after a successful Ladies Night fundraiser.




Presenting sponsor Bill Spencer of Bill Spencer Chevrolet presents the captains of the winning teams with their prize during the Search Party...A Scavenger Hunt for Health.



Members of the girls' team competed in the 6th Annual Northumberland Street Hockey Festival presented by Canadian Tire. Sixty-five teams took part in the event held in both Cobourg and Colborne and raised over \$7,300.

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Financial Highlights

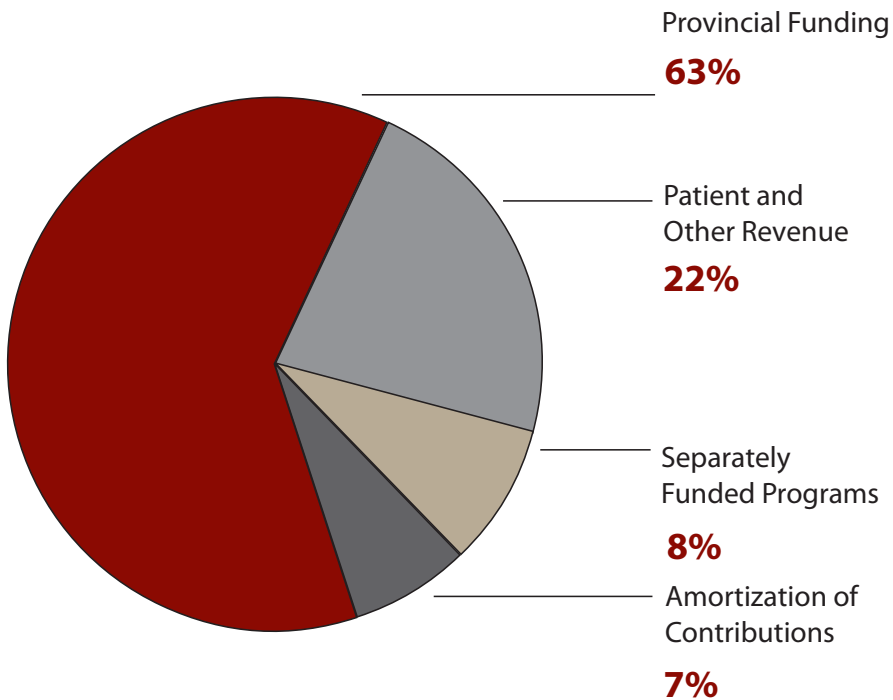
The financial statements of the Northumberland Hills Hospital for the year ended March 31, 2011 were prepared by and are the responsibility of the hospital's management, and have been approved by the Board of Directors. The mandate of the Audit committee is to ensure that internal controls and systems 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.

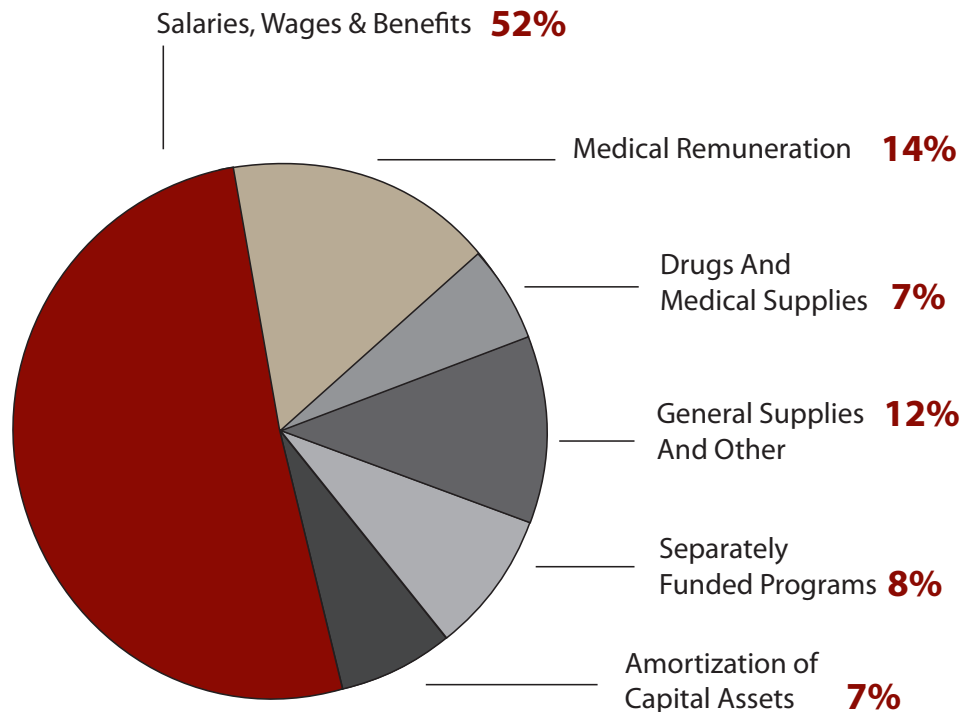
After three years of operating deficits, 2010/11 marked the return to a balanced position with an operating surplus of \$224,613. However, before restructuring activities the Hospital incurred an operating deficit of \$260,608. Restructuring costs incurred relating to the Hospital's balanced budget strategies were lower than expected, primarily due to a change in the Alternative Level of Care (ALC) strategy from the original plan that established transitional care beds at

the Hospital rather than in the community. NHH has signed an amended Hospital Service Accountability Agreement with the Central East LHIN that commits NHH to achieve a balanced operating position for the 2011/12 fiscal year.

REVENUE \$62,533,700



EXPENSES \$62,309,087



HALPERN & ASSOCIATES Psychological Services

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Dr. Lorraine Patterson, C. Psych.
Dr. Sara Day, C. Psych.
Linda Seppanen, M.A., C. Psych.

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Hank Vandermeer



Matt McMurray



Brian Johns



Sandy Gimblett



Justin Vandermeer



Tammy Holmes



Lisa Ferguson

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Condensed Financial Statement

Condensed Balance Sheet

As at March 31

	2011	2010
Assets		
Current Assets	\$ 4,413,668	\$ 4,426,688
Capital Assets	58,553,648	61,671,327
	\$ 62,967,316	\$ 66,098,015
Liabilities & Deferred Capital Contributions		
Current Liabilities	\$ 9,639,842	\$ 9,969,953
Long Term Liabilities	3,860,754	3,950,263
Deferred Capital Contributions	55,213,186	58,148,878
	68,713,782	72,069,094
Net Assets (Deficiency)	(5,746,466)	(5,971,079)
	\$ 62,967,316	\$ 66,098,015

Condensed Statement of Revenue and Expenses

For the Year Ended March 31

	2011	2010
Revenue		
Provincial Funding	\$ 39,514,278	\$ 37,503,978
Separately Funded Programs	4,922,811	4,949,531
Patient and Other Revenue	13,865,350	13,324,852
Amortization of Deferred Capital Contributions	4,231,261	4,040,822
	\$ 62,533,700	\$ 59,819,183
Expenses		
Salaries, Wages and Benefits	\$ 33,022,762	\$ 31,473,215
Medical Remuneration	8,628,484	8,347,272
Drugs and Medical Supplies	4,091,242	3,578,024
General Supplies and Other	7,723,971	7,579,957
Separately Funded Programs	4,947,534	4,933,577
Amortization of Capital Assets	4,380,315	4,330,257
Restructuring Activities	(485,221)	2,198,636
	\$ 62,309,087	\$ 62,440,938
Excess of Revenue Over Expenses	\$ 224,613	\$ (2,621,755)

The condensed financial highlights are taken from the 2011 audited financial statements dated June 2, 2011. 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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See SkyHawks land at Victoria Beach Sat. July 2, 11am

Visit www.waterfrontfestival.ca for events, concert listings and much more!



NORTHUMBERLAND HILLS HOSPITAL



About the Northumberland Hills Hospital Board of Directors

Composed of volunteers representing the communities served by the Hospital, Directors on this skills-based Board:

- develop Hospital policy;
- make decisions about the Hospital's future (strategic planning)
- monitor operational and financial performance.

For biographical information about the current NHH Board of Directors, please visit the Hospital's website at www.nhh.ca.

Northumberland Hills Hospital Board of Directors, 2010/11

Back row (L-R): Lynda Kay, Bob McInnes, John Farrell, Bill Gerber, Jack Russell, Nick O'Nians, Dr. Andrew Stratford (Vice President, Medical Staff), Kaye Jackson, Dean Pepper.

Front row (L-R): Heather Sculthorpe, Dr. David Broderick (Chief of Staff), Henry Pankratz (Vice Chair), Robert Biron (President and CEO), John Hudson (Chair), Patricia Fenner (Auxiliary President), Jan Boycott (Foundation Chair).

Missing from photo: Dr. Joseph Parravano (President, Medical Staff) and Doug Mann.



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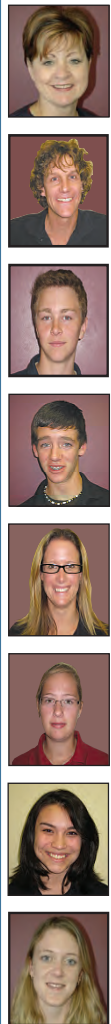
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