

MAKING PERSON-CENTRED CARE A REALITY



Annual Report 2011/12



NORTHUMBERLAND HILLS
HOSPITAL

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NORTHUMBERLAND HILLS HOSPITAL



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Front cover: Gayle Einarsson, caregiver and Northumberland PATH partner, with her parents Marilyn and Jim Todd.

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MESSAGE FROM THE CHAIR OF THE BOARD



As I write my final Annual Report as Chair of the Board, I cannot help but reflect on the dramatic changes our health care system has experienced during what seems to have been three short years.

The landscape has, indeed, been transformed, in part from the top down, as well

from the bottom up, and it continues to shift as another fiscal year draws to a close.

INCREASED EXPECTATIONS FOR TRANSPARENCY AND ACCOUNTABILITY

Attention by hospital boards to patient safety and value for money has risen steadily in the past three years – as it should. The number of quality indicators that are monitored has increased to ensure proper governance oversight. Moreover, annual quality improvement plans are being prepared, monitored and posted publicly on hospital websites. To that end, as Chief of Staff Dr. David Broderick shares in his report, Northumberland Hills Hospital (NHH) is performing very well, with indicators of safety, effectiveness and accessibility showing excellent local results. The first year of our Quality Improvement Plan (QIP) was successfully completed and our second QIP is well under way.

THE SHIFT TOWARD PERSON-CENTRED CARE

The theme of this year's Annual General Meeting is "Making Person-Centred Care a Reality." NHH is embarking on innovative approaches in health care delivery, redesigning care processes centred around patients' needs. While this may seem to be an obvious goal, our health care system has not always had that goal as part of its core design.

At NHH, this important shift has translated into targeted quality improvement goals specific to seniors, who make up a large part of the community we serve. On that note, NHH's strategic goal of becoming a centre of excellence in senior's care is becoming a reality. Our strength on this front was recognized by the Central East Local Health Integration Network (Central East LHIN), when they selected NHH to be the host site for the new Regional Specialized Geriatric Services entity.

Finally, earlier in June of this year, after a rigorous year-long competitive process, The Change Foundation, a health policy think tank, selected the Northumberland Community Partnership for their multi-year, multi-million dollar research project. It's referred to as "Partners Advancing Transitions in Healthcare" or PATH. The project goal is to co-design with patients new transition processes

as they move between providers in receiving their care (see President and CEO Robert Biron's message for details on PATH).

HEALTH SYSTEM COLLABORATION

Person-centred care is, in my view, one outcome of a system that is now beginning to realize the benefits of collaboration. For NHH to provide advanced and specialized care close to home, it must partner with larger regional hospitals and community health providers. Thanks to successful joint ventures established in recent years, NHH has strengthened both access and quality of our outpatient mental health and chemotherapy services. As well, NHH is viewed as a provincial leader when it comes to reducing Alternative Level of Care (ALC) patients – this was accomplished through a strong partnership with our community-based health providers, including the Central East Community Care Access Centre. We appreciate the support of the Central East LHIN as we work to fully realize the benefits of these collaborations, and others yet to be established.

HOSPITAL SERVICES FUNDING REFORM

The most significant change Ontario hospitals face in the next three years is the shift away from the current global funding (a lump sum) toward patient-based funding. The new hospital funding formula will be based on how many patients a hospital looks after, the services delivered, and the needs of the local population served.

While still early days in this funding reform, we know that the new approach, which is being phased in over a three-year period beginning in 2012/13, will direct dollars to hospitals in one of three envelopes: a smaller global, lump sum allocation to cover hospital overhead costs; the Health-Based Allocation Model (HBAM) allocation, which estimates expected health care expenses based on demographics and clinical data (type of care, complexity, etc.); and funding for specific procedures referred to as Quality Based Procedures (QBPs).

At the time of this report, it's too early to determine the overall impact this funding reform will have on NHH. What we do know, given the transformational changes accomplished in the past three years, is that NHH is well positioned in terms of quality and efficiency.

As we close the books on 2011/12, NHH has achieved yet another successful year. Across all measures, NHH is a high performing hospital – an innovative leader in the province.

Success is, in many ways, determined by how well we perform as a team. We at NHH are so fortunate to have a very talented team of nurses and support staff, physicians, management and volunteers, each of whom we recognize

and appreciate for their exceptional dedication to this hospital and to this community.

On the governance side, this past February we were very sorry to lose the wise counsel of one of our volunteer Board members and former Vice Chair Mr. Nick O'Nians. Nick passed away suddenly while serving in his 10th and final year on our Board. His contribution and legacy will resonate with NHH for many years to come.

In paying tribute to our operational team, I would be remiss to not similarly recognize our volunteer directors who, in lending their experience and expertise, fulfill their governance responsibilities with wisdom and acumen.

Special mention need also be made of our Auxiliary and Foundation whose fundraising and volunteer service to the hospital is simply outstanding.

As I step away from the role of Board Chair, I do so with considerable pride in what our NHH team has accomplished over these three years and its strong strategic positioning for whatever the future may hold.

John Hudson



*NHH was honoured in November 2011 with a **gold-level award** honouring excellence in quality health care workplaces. Presented at the annual HealthAchieve conference by the Ministry of Health and Long-Term Care and the Ontario Hospital Association, the award recognizes employer and staff excellence while encouraging continuous self-evaluation, learning and improvement in hospitals and health service providers across the province.*

OUR SHARED VISION
Leaders and partners creating
health care excellence.

OUR MISSION
Exceptional patient care. Every time.

OUR CORE VALUES
Integrity
Quality
Respect
Collaboration
Compassion

MESSAGE FROM THE PRESIDENT AND CEO



Exceptional patient care. Every time. This is our Mission at NHH, and it is anchored on a strong culture of quality and compassion. 2011/12 marked a year of outstanding success for NHH. Guided by our 2010/14 Strategic Plan, the transformation we embarked on a few years

ago is well under way. Essentially, our Plan ensures that NHH will reposition itself to be a relevant and viable community hospital, providing local access to acute, diagnostic and specialized care.

The Plan encompasses five strategic directions that keep us focused, namely: Patients First; Our Team, Our Strength; Operational Excellence; Collaborative Networks; and, Building a Sustainable Future. In the past year, NHH has made excellent progress in each of these areas. Being patient-centred is at the heart of our Plan.

"Patients First" highlights our commitment to being patient-centred. It emphasizes our commitments to improve quality of care and patient safety, improve access to services by reducing wait times, and improve patient satisfaction with the services provided. The message from our Chief of Staff, Dr. David Broderick, highlights our good performance in terms of patient safety and quality improvement.

To be patient-centred, our hospital had to better align its priorities to reflect the demographics of the

community we serve. Given that Northumberland is one of the oldest populations in the province of Ontario, it's imperative that we realign our resources and invest in new programs to reflect the needs of our seniors. With that in mind, NHH is committed to becoming a centre of excellence in seniors' care.

On that front, we've introduced new programs such as Restorative Care and the Hospital Elder Life Program, which are having significant positive impact for our patients. We've also invested in new staff expertise in gerontology to help the clinical team improve their practice model for seniors. Our success hasn't gone unnoticed – NHH is cited as a leader in the province and we're sharing our knowledge with other hospitals. As well, NHH was selected by the Central East Local Health Integration Network to be the host site for their new Regional Specialized Geriatric Service.

Feedback we've received over the years – some through formal surveys issued by the hospital, some received directly as complaints – clearly reveals that health care providers are doing a poor job in coordinating their services and helping patients navigate a very complex system. And it is for this reason that we have identified the need to improve transitions of care as a top quality improvement priority.

A year ago, The Change Foundation -- an independent health care think tank and research organization -- issued a call for interest in their groundbreaking project to address transitions of care for seniors with chronic diseases. The competitive process was to select one community in Ontario that will act as a pilot initiative for the province. The project, entitled Partners Advancing

Transitions in Healthcare (PATH) is a two-year \$3 million dollar study. PATH is the first system-wide patient / caregiver / provider co-design venture of its kind in Ontario.

NHH saw PATH as a rare opportunity to accelerate our own quality improvement priority of enhancing care for seniors in our community. We assembled a partnership of our peers, eventually known as the Northumberland Community Partnership, and we invited patients and their caregivers to join us in preparing a local proposal.

After a rigorous selection process, in early June, The Change Foundation announced the Northumberland Community Partnership as the winner! Northumberland PATH, as it has since been branded, unites 12 health and social care organizations with patients and caregivers. Our shared goal will be to identify transition problems between health service providers and to co-design new processes to improve patient experiences.

NHH's Shared Vision is *Leaders and partners creating health care excellence*. In the past year, we have taken some great steps forward to do just that. Our many successes over the past year are attributed to the strong partnerships established with other health service providers, the Central East LHIN, and our patients. We look forward to continued success.

Robert Biron



Representatives of the new Northumberland Community Partnership with leaders from The Change Foundation. On June 5th, 2012, The Change Foundation announced that the Partnership's proposal was the successful winner of a \$3-million research grant to improve people's health care experience as they move in, out of, and across the health system. For full details, including a listing of the Partnership's members, please see www.nhh.ca.

YOUR HOSPITAL 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, 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 was \$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	32,587	31,771	31,617
Admissions	3,641	3,718	4,034
Births	597	550	527
Surgical Cases	4,748	5,107	4,853
Dialysis Visits	7,071	6,884	6,995
Chemotherapy Visits	2,762	2,829	3,671
Out-Patient Ambulatory Care Clinic Visits (Excluding Mental Health)	17,279	15,235	14,832
Community Mental Health	29,608	33,432	33,572



In addition to the births noted above, NHH staff and patients also welcomed 13 mallard ducklings this spring! Born in the Rotary Courtyard, the ducklings were safely escorted to a more suitable home at the Cobourg Harbour.

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MESSAGE FROM THE CHIEF OF STAFF



Quality of care remained the focus of the Northumberland Hills Hospital's medical staff and management team in 2011/12. Providing safe, effective, person-centred care with good accessibility was our top priority. How did we do?

SAFE:

Medication error is a significant cause of accidental injury in health-care facilities. You may appreciate that many patients now receive complex regimens of pills, often from multiple pharmacies or providers. Pills change shape and colour each month due to generic substitutions, have similar names, have aliases (generic and trade names), and the pill owner is too sick to help. Ward clerks have to decipher the attending doctor's writing and busy nurses must give the medications to the correct patient at the correct time. Despite these complicating factors, the NHH medication error rate was only 0.05% in the past fiscal year, meaning for every 10,000 medications given to patients five errors were reported. Most of these errors, such as giving a medication late, did not cause the patient harm but were still considered significant as our goal is to be 100 per cent error-free.

As evidence of our commitment to this goal, in early 2012 NHH invested \$500,000 to develop and implement a new electronic medication administration record and bedside verification project. Completed in March, 2012, the new system brings together the familiar barcode technology used in retail settings with hand-held scanners and mobile drug carts equipped with computers. Rolled out on a unit-by-unit basis over the past year, every patient admitted to NHH is now assigned a unique encrypted bar code worn on a band on their wrist. The purpose of the barcode is simple: to ensure that the right patient receives the right medication at the right time, and results are already being documented.

People fall at home, but as patients they are not supposed to fall in hospital. NHH serves one of the oldest populations in the province, and so many of our patients are frail and elderly individuals. Last year our fall rate was 7 per 1000 patient days. NHH's approach is not to confine patients to their beds or geri-chairs to avoid potential falls, but rather provide physical and cognitive rehabilitation so they can restore their functional abilities. This is referred to as safe mobility. With this approach, falls will occur, but our goal is to minimize the potential harm.

Many patients are admitted to hospital with infections but, regrettably, they can also acquire infections from the

hospital environment. Thanks to efforts to improve antibiotic stewardship, hand washing, and room cleaning, NHH infection rates of *Vancomycin-Resistant Enterococcus* and *Methicillin-Resistant Staphylococcus Aureus* were zero for the entire year. We also achieved a zero rate of central line infections and ventilator-associated pneumonia infections. That said, NHH has more work to do. While our rate of *Clostridium difficile* (C. difficile) had been trending steadily downward since 2008-2009, we saw it creep back up again in the last year. These microbes can cause fatalities and have been problematic in all hospitals. Unfortunately, C. difficile is hard to totally prevent, as it is often prevalent in the community and can be triggered by use of strong antibiotics used to treat hospitalized patients. Hand hygiene is the single most effective means of controlling C. difficile when it does appear and, in that regard, we all play a role. Based on the most recent audit, NHH's staff hand hygiene compliance rate is very high at mid- to high 90 per cent.

EFFECTIVE:

Provision of top notch patient care must also be balanced by efficiency. Operating budgets for hospitals are limited and there is no room for waste. Three indicators were monitored. The first, average length of stay, measures the number of hospital days, on average, used by patients. The provincial average / target was 5.93 days and NHH was 5.4 days. The second and third indicators look at the 30-day readmission rates for two relatively common medical diagnoses, chronic obstructive lung disease and pneumonia. Our targets are 16.7 per cent and 15.3 per cent readmission, respectively, and we are not there yet. We have been introducing a number of strategies and best practices that, in time, will assist with reducing readmissions for these diagnoses, including the implementation of a new discharge risk assessment tool for all acute care patients and the addition of a new Restorative Care Program which is helping to improve the transition of patients back home after a stay in the hospital.

PERSON-CENTRED:

NHH monitors how patients judge their hospital experiences through standardized satisfaction surveys. The Emergency Department's (ED) overall satisfaction was rated at 78 per cent in the last fiscal year against a goal of 84 per cent. The inpatient care exceeded the goal of 92 per cent, reporting a 95 per cent satisfaction rate.

ACCESSIBLE:

Overall, NHH offers some of the lowest wait times for services in the province. Residents of Northumberland can receive general surgery (as measured by gallbladder surgery) 33 days faster than the provincial average. For cataract surgery, NHH provides the shortest wait time in the province – with patients waiting approximately 3 months less than the provincial

NORTHUMBERLAND HILLS HOSPITAL MEDICAL STAFF

Midwives	12
Associate/Active	64
Courtesy (Non-Admitting)	48
Total	124

average.

NHH patients also wait fewer days for diagnostic scans. At 28 days, NHH has the fifth shortest wait time for a CT scan in Ontario (25 days less than the provincial average). MRI access is slightly longer at 48 days, but still 43 days less than the provincial target and the 11th shortest wait time in Ontario. Of course, immediate access is available for both CT and MRI for patients with urgent requirements.

In regards to Emergency Department (ED) wait times, again, NHH offers some of the lowest wait times in the province. It's important to note that ED wait times are really treatment times. The process of diagnosis and treatment encompasses quite a number of steps that inherently take time. It includes the time to triage, physician assessment, diagnostic testing and results reporting, and consultations with specialists. Currently, all patients must be assessed and treated by an ED physician before being admitted or discharged. For most of the shifts, the ED is only staffed by one physician, which is set by the Ministry of Health, not the hospital. Hence, on a busy day, patient wait times can be longer than we strive to achieve.

In the NHH ED, patients with serious problems (priority 1 and 2) had an average treatment time of 7.5 hours in the last year, against a provincial target of 8 hours. Patients with lower priority conditions (priority 3 to 5) were treated on average in 4.5 hours, against a provincial target of 4 hours. That all said, NHH continues to strive to reduce ED wait times and improve patient satisfaction. For example, NHH hired its first Nurse Practitioner for the ED. As well, NHH has been successful in recruiting a full-time internist. In both cases, these new positions will help reduce wait times in the ED.

In my opinion, Northumberland Hills Hospital staff and management have performed well, based on the metrics discussed above. We recognize that further improvements are always possible and we will strive to build on our strengths and do better in the next fiscal year.

D Broderick

Dr. David Broderick

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CELEBRATING THE ACHIEVEMENTS OF NHH STAFF AND PHYSICIANS

Among the strategic directions set out in NHH's 2010/14 Strategic Plan is a commitment to health, teamwork and learning summed up as "Our Team, Our Strength." Staff accomplishments in the areas of education, innovation and long service are formally celebrated each year at NHH in an award ceremony in the hospital's Education Centre.

Hosted by President and CEO Robert Biron, the May 17th evening event opened with the announcement of awards to six physicians, celebrating a combined total of 145 years of service to NHH and its legacy hospitals.

Invited to say a few words about Dr. David Broderick, who passed the 15-year mark this year, Board Chair John Hudson shared details of the support Dr. Broderick has given to NHH since moving to the community in 1996. In addition to the in-hospital support he provides on the clinical side, Dr. Broderick accepted the duties of Chief of Staff of NHH in 2004, a role he continues to hold today.

Thanking Dr. Broderick for his active participation at the Board table, area physician recruitment and at a regional level through committee service with the Central East Local Health Integration Network, John Hudson concluded with a reference to Dr. Broderick's first career as a pilot, noting: "In many respects, David has kept us in the air here at NHH as well, and we thank him for his 15 years of dedicated service."

Taking his turn at the podium, Dr. Broderick delivered NHH's thanks to five of his physician colleagues who passed a special milestone in their service to the local hospital in the past year.

Dr. Haig Basmajian, general surgeon, was recognized for 15 years of service, as was family physician Dr. Michael Bayer, characterized by Dr. Broderick as "an academic physician" and a go-to person to many in the profession, for his depth of knowledge and professionalism. Dr. Michael Green, a local Obstetrician-Gynecologist, was thanked for his 30 years of service to NHH, many of which, Dr. Broderick noted, "included one-on-one coverage for obstetrics and ultrasound, when he was the sole practitioner in the area," and Drs. Paul Caldwell and Ari Haukioja were recognized for each providing a remarkable 35 years of hospital support.

In the staff category of long service, 32 health professionals were recognized, ranging from 10 years of service to 35, while education awards were presented this year to ten individuals. For every recipient present, the appropriate program director or manager shared details with the audience about the individual's unique contribution to NHH's core values of integrity, quality, respect, collaboration and compassion and commitment to exceptional patient care.

A highlight of the annual ceremony is the announcement of the recipient of NHH's Outstanding Innovation Award.

Presented to a member, or members, of the hospital team who has demonstrated a new approach to a problem or situation, a concept or procedure that builds internal

knowledge, and an exceptional initiative focused on providing quality service, the Award was presented this year to the project team responsible for successfully implementing a new electronic medication administration record and bedside verification process (eMAR and BV).

Recognized for their role in the eMAR and BV project were: Mike Donoghue, Janet Burn, Kristina Maguire, Becky Cressman and Pam Garratt.

The final award of the evening recognized excellence in leadership. Presented this year to two individuals, the NHH Outstanding Leadership Award went to Sharon Tripp and Amy Miedema, Registered Nurses from NHH's Maternal/Child Care Unit.

Both RNs took advantage of projects they were each required to complete for the practicum element of their Bachelor of Science in Nursing degrees to research and develop new policies and procedures for the NHH Birthing Unit.

Sharon Tripp developed a new policy for managing newborn hypoglycemia while Amy Miedema chose a project that enhanced the management and care of infants with hyperbilirubinemia, or jaundice.

Their work required extensive literature reviews into the latest best practices in each area, policy research, collaboration and development as well as staff and patient training and communication. Both RNs have since chosen to move forward with their academic careers and are registered in Athabasca University's Nurse Practitioner/Master's of Nursing program. Thanking both women for their exceptional effort, Robert Biron said: "Congratulations Amy and Sharon. We are very fortunate at NHH to have such dedicated and hard-working team members who take a personal interest and turn it into improved care at the bedside."

THE NHH TEAM

Full and Part-Time Staff

Full-time	296
Part-time	298
Total:	594

NHH Auxiliary

Active Members	351
Associate Members	49
Lifetime	22
Total:	422

NHH Foundation

(an independently incorporated organization)

Staff	4
Volunteers	75
Total:	79

Volunteer Chaplains

8



(ABOVE) 10-year recipients: (clockwise from left) Cathy Rylott, Sharon Leroux, Heidi Auger, Karalyn Temple, Christine Kloosterman, Mariette Pelletier, Judith Harper, Elizabeth Gardner and Mary Allan.
(RIGHT) 15-year recipient: Sarah Cowin.

EDUCATION AWARD RECIPIENTS

Bachelor of Science in Nursing

Helena Boot
Karen Bruton (*in addition to her degree, Karen was also recognized for completing her Certificate in Leadership for Nurses*)

Registered Pharmacy Technician

Becky Cressman
Kim Doucette
Candace Haalstra
Maria O'Grady

Dialysis Attendant Certificate

Denise Beaudoin

Food Service Worker Certificate

Lori Giroux

Fellow of the Association of Healthcare Philanthropy Certificate

Rhonda Cunningham

Accredited Business Communicator, International Association of Business Communicators

Jennifer Gillard



30-year recipients: (L-R) Adele Hazlitt and Brenda Eakins

LONG SERVICE AWARD RECIPIENTS

Physicians

15 years - Dr. Haig Basmajian
15 years - Dr. Michael Bayer
15 years - Dr. Dave Broderick
30 years - Dr. Michael Green
35 years - Dr. Paul Caldwell
35 years - Dr. Ari Haukioja

10 Years

Mary Allan
Heidi Auger
Carole Butterworth
Elizabeth Gardner
Judith Harper
Tanya Herman
Ann Hoffman
Christine Kloosterman
Sharon Leroux
Anne Marie Losell
Anne Nielsen
Mariette Pelletier

Cathy Rylott
Karalyn Temple
Cheryl Usher
Kelly Walker

15 Years

Sarah Cowin
20 Years
Don Cholmondeley
Marlene Dorsman
Lori Giroux

25 Years

Ava Boucher
Deborah Davis

Whitney Lake
Kenneth Lamey
Heather Miller
Jane Peters
Karen Sherwood-Lindsay
Deborah Taylor
Jamie West

30 Years

Brenda Eakins
Adele Hazlitt

35 Years

Heather Brooking



25-year recipients: (L-R) Deborah Taylor, Deborah Davis and Whitney Lake. Missing from photo: Ava Boucher, Kenneth Lamey, Heather Miller, Jane Peters, Karen Sherwood-Lindsay, Jamie West

LEADERSHIP AND INNOVATION AWARDS

Outstanding Innovation Award

Mike Donoghue, Janet Burn, Kristina Maguire, Becky Cressman and Pam Garratt for successfully implementing a new electronic medication administration record and bedside verification process.

Outstanding Leadership Award

Sharon Tripp and Amy Miedema for their work developing new policies and protocols for managing newborn hypoglycemia and hyperbilirubinemia, respectively.



Dr. David Broderick (left), receiving his award for 15 years of dedicated service to NHH from NHH Board Chair John Hudson



Excellence in Leadership Award recipients: (L-R) Sharon Tripp and Amy Miedema



(LEFT) 20-year recipient: Marlene Dorsman. (RIGHT) Education Achievement: (L-R) Kim Doucette, Becky Cressman, Candace Haalstra and Maria O'Grady, Registered Pharmacy Technicians

REPORT FROM THE AUXILIARY PRESIDENT



This year completes my first full year as President and it has been a full and fulfilling time.

We finished the Immune Status compliance process, receiving much support from hospital staff in the process. We conducted an events audit, and decided we were going to drop a few (Poinsettia Tea and

Wine Tasting in the Park) and add some new (Spring Fever Gardening Event and a fall Pumpkin Toss). Spring Fever happened this May and it was a resounding success, with over 1,000 people visiting, buying and donating to the Auxiliary – very pleasing for a first-time event.

We have strategic planning as a priority this year, to address our (and every Auxiliary in the country) challenges with recruitment and retention of volunteers and our capacity, now and three years from now. We have an intelligent, energetic and focused board which will go a long way in ensuring this process is practical and applicable. At our recent Annual General Meeting we presented a cheque for \$150,000 to the Northumberland Hills Hospital, fulfilling our commitment. A good year. We have been able to provide further service area support to the hospital in ICU, through a 'Greeter' volunteer outside that unit, assisting the staff with family and visitors.

As Auxiliary President I have the opportunity to sit as an ex-



Sandy Ducharme, Director of Volunteers and Board member, sells plants at the first annual Spring Fever, NHH Auxiliary's Mother's Day fundraiser. Spring Fever was a big success with local artists selling their work, food vendors, horticultural vendors, speakers, Master Gardeners to answer questions and a strolling musician. Admission was free, and there were fabulous draw prizes. The weather was perfect, the venue magnificent and over 1000 guests enjoyed the day. Next year Spring Fever will once again be at Scott's Lavender Farm on Saturday May 11th, the day before Mother's Day. It's all about gardens and gardening!

officio member of the NHH Board of Directors and on the Board's Quality and Safety Committee. This has been an excellent experience in seeing the overarching responsibility, governance and scope of the Board, its leadership and engagement, and the deep commitment to not just meeting best practice standards, but striving at all times to find ways to exceed them. Outgoing Chair John Hudson has been a steady hand and has been unfailingly appreciative of the work of the Auxiliary, which has meant much to all of the approximately 400 volunteers.

On behalf of the Auxiliary I bring best wishes to the hospital on the completion of this year, and look forward to the next, knowing that we are committed to the well-being and support of this fine institution.

Gayle Metson

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REPORT FROM THE FOUNDATION CHAIR



I am at the mid-way point of my term as Chair of the Northumberland Hills Hospital Foundation. It has been a wonderful experience working with our tremendous staff and unbelievably dedicated volunteers, including my fellow members of the Foundation Board.

We were delighted to recently contribute \$2,086,029 to the hospital from funds raised through a variety of events in west Northumberland. We look forward to another successful summer, including Northumberland's Biggest Coffee Morning and the 18th Annual Fisher's Foodland "Golf for Health" tournament to be held at Dalewood on July 18.

While it takes a great deal of time and effort to Chair the Foundation Board, it has offered me the opportunity to meet so many generous members of our community and learn so much about our hospital by sitting on its Board as the Foundation representative.

My thanks to all the volunteers who help us raise much needed funds for the hospital, particularly the community members who sit on our various committees.

And thanks always for the help and guidance of our Executive Director Rhonda Cunningham and our staff team of Wendy Bridgman, John Russell and Adrienne Barrie.

Ann Logan



Members of the Royal Canadian Legion, Branch 133 donated over \$12,500 from the Poppy Fund to purchase a stretcher for NHH's Surgical Services Program and an ophthalmology tray used during cataract surgery. They recently paid a visit to NHH for a glimpse of the equipment and to hear about the many new safety features of the stretcher. Leanne McCullough (centre), Program Director for the Surgical Services Unit, hosted the group. Pictured with Leanne are (from left) Bob Taylor (Treasurer), Wayne MacKinnon (President), Alden Cooper (Ladies Auxiliary President), John Aitken (Veteran Services Officer) and Josephine Upton (1st Vice-President).

A SUMMARY OF YOUR GIFTS IN ACTION

The Northumberland Hills Hospital Foundation would like to thank the residents of Northumberland for their generous support. In the past year (April 1, 2011 – March 31, 2012), with your support we have contributed **\$ 2,086,029** to purchase equipment to help provide the best patient care experience possible.

Portable overbed lifts (3)	\$6,337	Transport ventilator.....	\$21,500
Low-rise patient beds (5).....	\$35,905	Glidescope blades (2).....	\$9,834
Specialty mattress	\$5,995	Laryngoscope.....	\$4,594
Vital signs monitors (3).....	\$11,585	Unit dose package system for Pharmacy	\$14,565
Lifepak 15 defibrilators (2)	\$35,985	Pyxis Medstation 3500.....	\$48,989
Bipap vision machines (2).....	\$44,393	Pyxis Medstation components.....	\$20,841
Birthing bed.....	\$22,974	ECG cardiograph machine (partial).....	\$2,000
NICU monitor	\$26,245	Creatinine point of care device.....	\$4,495
Breast pump	\$2,878	Ultrasounds (2)	\$336,251
Infant isolette.....	\$24,482	C-Thru CO-57 flood source for Nuclear Medicine.....	\$3,347
Air Shields resuscitaire.....	\$23,349	Computer-aided detection software for for breast MRI.....	\$46,923
Cots for family members in Obstetrics (4)	\$8,877	Unit supply carts for Emergency and Obstetrics	\$16,404
Bair hugger.....	\$2,163	Walk-behind floor machine.....	\$11,573
Fluid warmer for Obstetrics.....	\$1,528	Low-speed scrubber/buffer	\$1,018
Surgical tower unit.....	\$66,774	Hand washing stations (4).....	\$9,009
Laparoscopes (2).....	\$39,896	Wireless telephone upgrade.....	\$117,628
Arthroscope.....	\$4,095	eMar and Bedside Medication Verification system (partial)	\$463,443
Colonoscopes (2)	\$82,490	Scanning/e-forms system (partial)	\$56,860
Gastrosopes (2)	\$57,058	Nutrition Services software (partial)	\$92,764
Stretcher for Surgical Services	\$4,916	Business intelligence software (partial)	\$53,361
Infus OR syringe.....	\$4,982	Intranet upgrade (partial)	\$34,448
Patient cassette for Surgical Services	\$2,265	Multi-function copier machines (4)	\$37,827
Dental tray with high speed drill.....	\$9,372	Computers and other hardware ...	\$99,398
Ophthalmology tray.....	\$8,823		
LED headlight system for Surgical Services	\$4,438		
Cystoscopes (2).....	\$25,682		
Hydraulic stretchers (3).....	\$13,865		
Neonatal scale for Emergency	\$1,605		



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FINANCIAL HIGHLIGHTS

2011/12 marks the second consecutive year of achieving a balanced operating position, ending the fiscal year with an operating surplus of \$78,183. NHH continues to operate efficiently. Relative cost per inpatient case remains less than expected, administrative costs continue to be lower than those of peer and Central East LHIN hospitals, and management costs are consistently low at only 4.5 per cent of total expenditures.

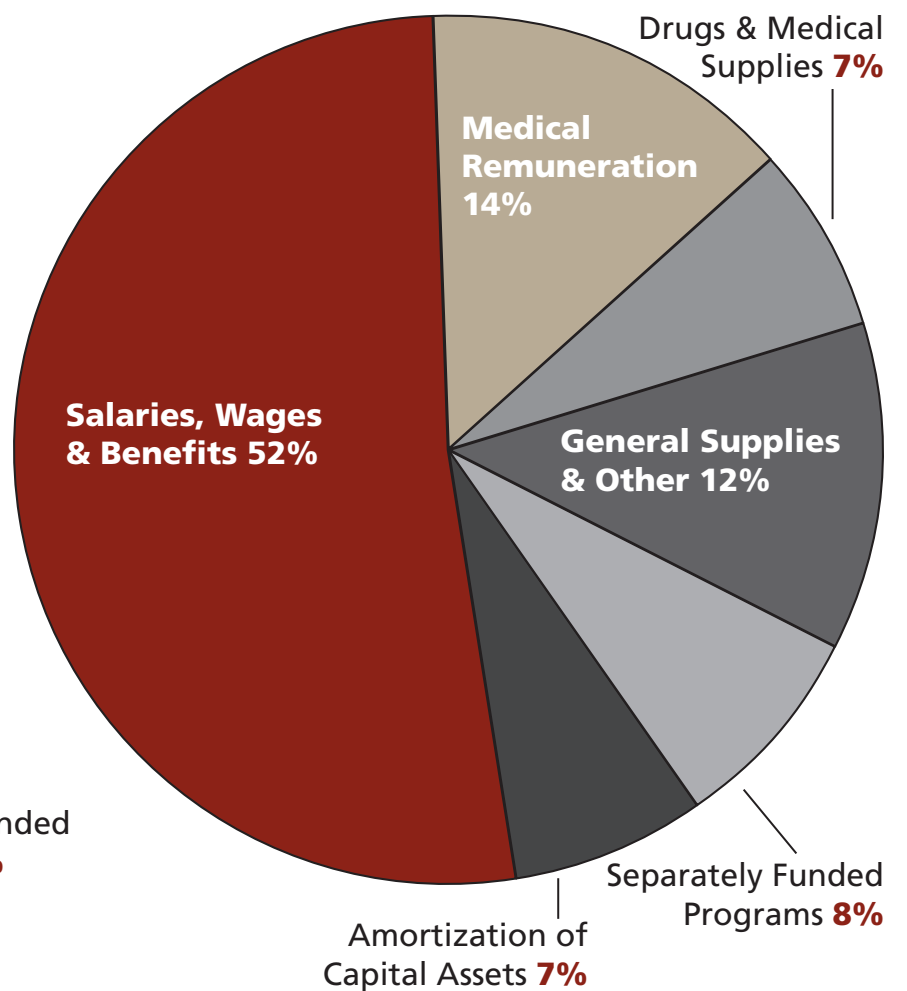
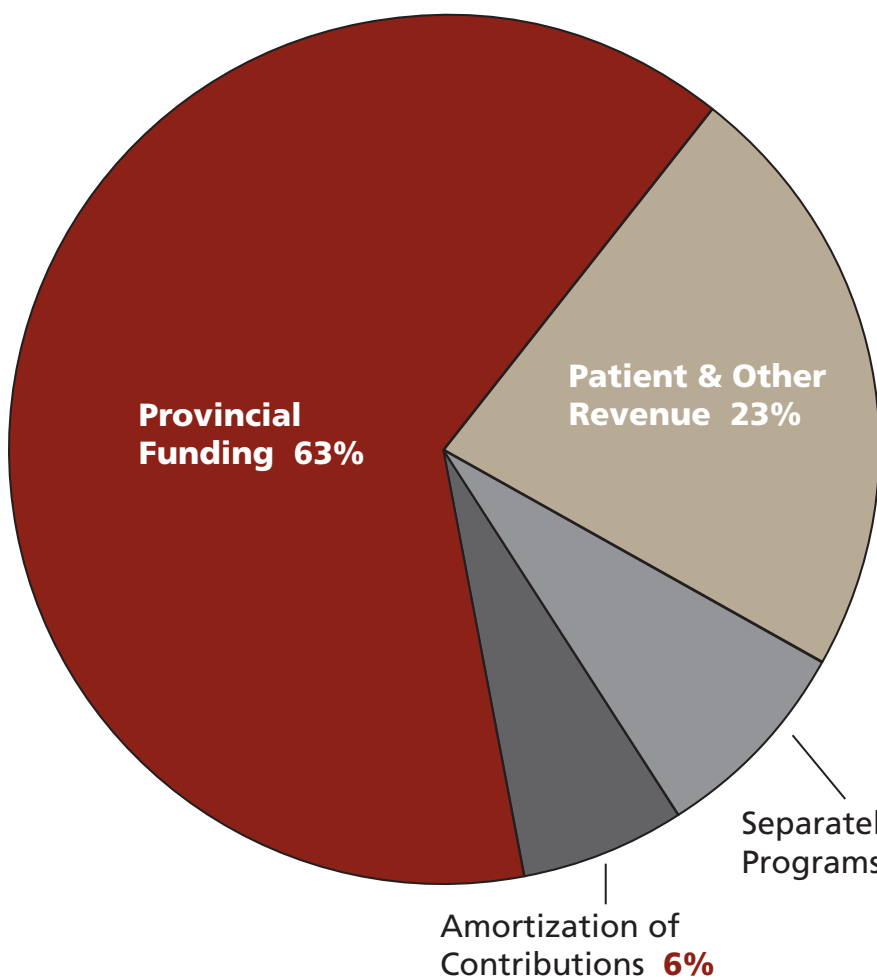
The hospital is committed to continuous quality improvement. NHH implemented a number of hospital-

wide Lean and supply chain initiatives during the year to enhance processes, remove waste, improve efficiencies and add value to our patients. The hospital made investments in new expertise and additional supports to enhance quality of care, including NHH's first Nurse Practitioner, a Telemedicine Nurse, Practice Leaders and a Patient Flow Nurse in the Emergency Department. NHH invested, with contributions made possible by our fundraising partners, over \$2.4 million in capital assets, the most significant of which was the investment in an electronic medication record and bedside medication

verification system with the focus on improved patient safety.

In summary, NHH achieved a balanced operating budget while reducing patient wait times, improving patient access to services, enhancing patient safety and maintaining a quality work environment. In 2012/13, all Ontario hospitals are facing significant change with the newly announced provincial Health System Funding Reform. NHH is a high performing hospital well positioned to meet this challenge and continue to strive for operational excellence.

Operating Revenue \$64,198,685 Operating Expenses \$64,120,502



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Rob Milligan, MPP

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I'm proud of the amazing work being done by the staff of Northumberland Hills Hospital.

Looking forward to working with you in 2012 and beyond!

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CONDENSED FINANCIAL STATEMENT

Condensed Balance Sheet

As at March 31

	2012	2011
Assets		
Current Assets	\$ 5,353,166	\$ 4,413,668
Capital Assets	56,563,887	58,553,648
	\$ 61,917,053	\$ 62,967,316
Liabilities & Deferred Capital Contributions		
Current Liabilities	\$ 9,985,497	\$ 9,639,842
Long Term Liabilities	3,850,349	3,860,754
Deferred Capital Contributions	53,749,490	55,213,186
	67,585,336	68,713,782
Net Assets (Deficiency)	(5,668,283)	(5,746,466)
	\$ 61,917,053	\$ 62,967,316

Condensed Statement of Revenue and Expenses

For the Year Ended March 31

	2012	2011
Revenue		
Provincial Funding	\$ 40,860,403	\$ 39,514,278
Separately Funded Programs	4,942,534	4,922,811
Patient and Other Revenue	14,561,734	13,865,350
Amortization of Deferred Capital Contributions	3,834,014	4,231,261
	\$ 64,198,685	\$ 62,533,700
Expenses		
Salaries, Wages and Benefits	\$ 33,594,075	\$ 33,022,762
Medical Remuneration	9,179,543	8,628,484
Drugs and Medical Supplies	4,215,640	4,091,242
General Supplies and Other	7,777,603	7,723,971
Separately Funded Programs	5,033,903	4,947,534
Amortization of Capital Assets	4,423,094	4,380,315
Restructuring Activities	(103,356)	(485,221)
	\$ 64,120,502	\$ 62,309,087
Excess of Revenue Over Expenses	\$ 78,183	\$ 224,613

The condensed financial highlights are taken from the 2011/12 audited financial statements dated June 7, 2012. 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

NORTHUMBERLAND HILLS HOSPITAL BOARD OF DIRECTORS, 2011/12



Back row (L-R): Hon. Christine Stewart, P.C., Beth Brook, Dr. Joseph Parravano (President, Medical Staff), John Farrell, Bill Gerber, the late Nick O’Nians, Dean Pepper and Heather Sculthorpe.

Front row (L-R): Bob Carman, Helen Brenner (Vice President, Patient Services, and Chief Nursing Executive), Doug Mann (1st Vice Chair), Robert Biron (President and CEO), John Hudson (Chair), Jack Russell (2nd Vice Chair), Dr. David Broderick (Chief of Staff) and Gayle Metson (Auxiliary President).

Missing from photo: Dr. Andrew Stratford (Vice President, Medical Staff), Kaye Jackson and Ann Logan (Foundation Chair).



Hon. Rick Norlock, MP
Northumberland-Quinte West

Come to the Brighton and Campbellford Municipal Centres on Alternate Wednesdays from 11:00am - 3:00pm, where I will be holding community office hours. We will be at the Town Park Recreation Centre in Port Hope every Tuesday from 1:00pm - 3:00pm. Hope to see you there!

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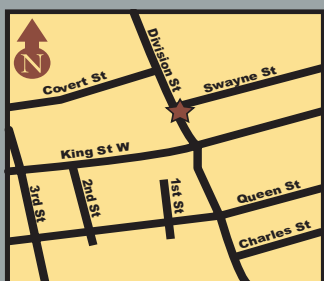


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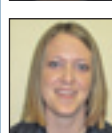
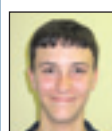
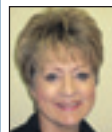
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