

Annual Report to the Community 2012/13



NORTHUMBERLAND HILLS HOSPITAL

1000 DePalma Drive, Cobourg, Ontario, K9A 5W6
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 Patricia Kulik
 Mary Boundy
 Melanie Vandusen
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COMPOSING MANAGERS
 Cheryl Haines
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 e-fective Graphic Solutions
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Cover Photo: NHH RNs Britney Rose (top left) and Kristin Gillespie with patient.
 Photo also featured in *Ontario Nursing Jobs*.



Members of NHH's Environmental Services team

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, 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 (CE LHIN). For more information, please visit www.nhh.ca.

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 Board Chair and President/CEO

Northumberland Hills Hospital's fiscal year concluded on March 31st, 2013 and it is our pleasure to share highlights from the year. While we distribute news frequently through a range of channels, including our website (www.nhh.ca), news releases, special events, a monthly newsletter (**In Touch**) and open Board meetings, the Annual Report is an important tradition: a single document that shows, at a glance, what your hospital has achieved in the past year, the many people involved, and the financial situation at year end.

As a public institution in an age of great economic challenges, we know you expect the best possible value for public dollars spent.

In this report you will find information about the enhancements to NHH's medical staff, service activity and staff complement. You will find details about how NHH is faring against key indicators of quality, and you will see, at a glance, progress made against the five-year Strategic Plan that guides our current priorities and plans for a high quality, sustainable future.

Photos are particularly telling, as they share a glimpse of the people who make NHH what it is—like the Environmental Services team shown on p. 4 or Dr. Jones on p. 16 who celebrated a remarkable 40 years of service this past year or volunteers like those on pages 18 and 19 who help make that work possible.

As always, there are challenges that must be met and opportunities to realize. In the past year, NHH had the great privilege to become part of the Northumberland Partners Advancing Transitions in Healthcare project (PATH). We are seeing some exciting opportunities come to our community as a result of that partnership, particularly for seniors and their caregivers.

Changes resulting from the facilitated integration announced in November are also on the horizon. Under the direction of our funders at the Central East Local Health Integration Network, meetings are now under way between all seven parties involved

in the Northumberland County Community Health Services Integration Strategy (www.centraleastlhinc.ca), including NHH. While the final outcome of this effort is some months away, the goal, as explained by the Central East LHIN, is to "design and implement a cluster-based service delivery model for Community Support Service and Community Health Centre agencies by 2015 through integration of front-line services, back office functions, leadership and/or governance to: improve client access to high-quality services, create readiness for future health system transformation and, make the best use of the public's investment." Expect more on the integration subject in the weeks and months ahead, including opportunities to provide your input.

The NHH Board also has an active recruitment campaign under way, to find a permanent candidate for the President and CEO position vacated when Robert Biron, NHH CEO for almost five years, accepted the position of President and CEO of The Scarborough Hospital.

'Change is constant,' is the old adage—but so too are the basic human needs we are here to serve. These remain steady, regardless of the shifts in funding models and demographics, and as we hope our past performance demonstrates, NHH remains dedicated to support you and yours today and in the future. On behalf of the Board and the entire NHH team, we thank you for your continued support.

**Chair, NHH Board of Directors,
Doug Mann**

**Interim President and CEO,
Chief Nursing Executive,
Helen Brenner**

Message from the Chief of Staff

Northumberland Hills Hospital introduced positive changes to its medical organizational leadership in the last year. I believe these changes have been long overdue and will greatly enhance quality of patient care in the future.

Previously, NHH relied on a part-time, one-day-a-week Chief of Staff (COS) who also chaired the Medical Advisory Committee (MAC) and served on the Board. Other physicians chaired monthly sub-committees associated with specific hospital programs, such as Surgery or Obstetrics, and reported to the MAC once a month. These physicians had no broader departmental responsibilities and the COS managed all medical issues alone, assisted by management.

Recognizing that more medical leadership resources were needed to support quality care, NHH's medical organization was expanded in the last year to better reflect core hospital services.

Chief of Staff hours were doubled to two days per week. A Chief of Emergency Services was appointed, Dr. Mulé, together with Department Chiefs for Post-Acute Care (Dr. Amin), Family Practice (Dr. Haunts), Surgery (Dr. A. Stratford), Maternal Child Services (Dr. Barnard-Thompson), and Medicine (Dr. Krishnan). Work is ongoing to recruit a Mental Health Chief. Dr. Vaughan continued as Department Chief for Diagnostic Imaging while Dr. Allison Collins is Chief of Pathology. It is through this more formal medical leadership structure that the Chiefs work in partnership with the Program Directors and their teams.

There has also been a fundamental change in the delivery of in-patient care with the start of a hospitalist system. Dr. Marquardt joined the staff in December 2012 and a second full-time hospitalist is being sought. Hospitalists are either general practitioners or Internists who only do in-patient care. They have evolved to fill the care gap as family

physicians withdraw from providing hospital-based services. Currently, only half of NHH's in-patient care is being provided by a shrinking group of community GPs. Hospitalists provide specialized skills for in-patient care but continuity of care is reduced when the family physician is not involved.

“Recognizing that more medical leadership resources were needed to support quality care, NHH’s medical organization was expanded in the last year to better reflect core hospital services.”

Recent losses in NHH's family physician roster were offset with the addition of Dr. Wijeyesinghe and Dr. Lywood. The Emergency Department (ED) gained the regular support of Dr. Laidlaw and Dr. Demian, reducing our need for itinerant ED physicians. These doctors are very welcome additions to an already excellent NHH team.

Another success story is the progress made on recruiting more hospital specialists. Dr. Bhargava joined the internal medicine group and Dr. Al-Ali, a general surgeon, joined the team bringing extra surgical skills for locally managing breast cancer. Our chemotherapy clinic also continues to bring services closer to home with the addition of Dr. Swain (hematology).

I remain optimistic that Northumberland Hills Hospital will continue to meet all challenges and remain one of the best community hospitals in Ontario.

**NHH Chief of Staff,
Dr. David Broderick**



NHH Internists (L-R) Dr. Kotowycz, Dr. Krishnan (Department Chief), Dr. Bhargava and Dr. Islam



Dr. Kaes Al-Ali, General Surgeon



Dr. Swain, Hematology



Dr. Marquardt, (left) NHH's first Hospitalist, with Dr. Broderick, Chief of Staff

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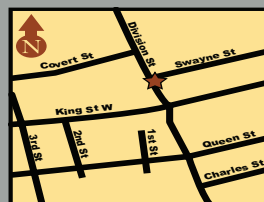
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Facts and Figures

SERVICE ACTIVITY

	April 1, 2011 to March 31, 2012	April 1, 2012 to March 31, 2013
Emergency Department Visits	31,617	30,757
Admissions	4,034	4,248
Births	527	492
Surgical Cases	4,853	4,968
Dialysis Visits	6,995	6,977
Chemotherapy Visits	3,671	5,005
Out-patient Ambulatory Care Clinic Visits (Excluding Mental Health)	14,832	13,846
Community Mental Health Visits	33,572	29,961
Telemedicine Visits	N/A	51*

*New service; represents visits for 11 months, from May 2012



NHH's new OTN coordinator, RN Patti Ley

STAFF

Medical Staff

Midwives	15
Associate/Active	69
Courtesy (Non-Admitting)	49

TOTAL: 133

Full and Part-time Staff

Full-time	296
Part-time	299

TOTAL: 595

NHH Foundation

(an independently incorporated organization)

Staff	4
Volunteers	74

TOTAL: 79

NHH Auxiliary Volunteers

Active	351
Associate	49
Lifetime	22

TOTAL: 422

NHH Board Directors (excluding ex officio)

12

NHH Board Community Committee Volunteers

9

Volunteer Chaplains

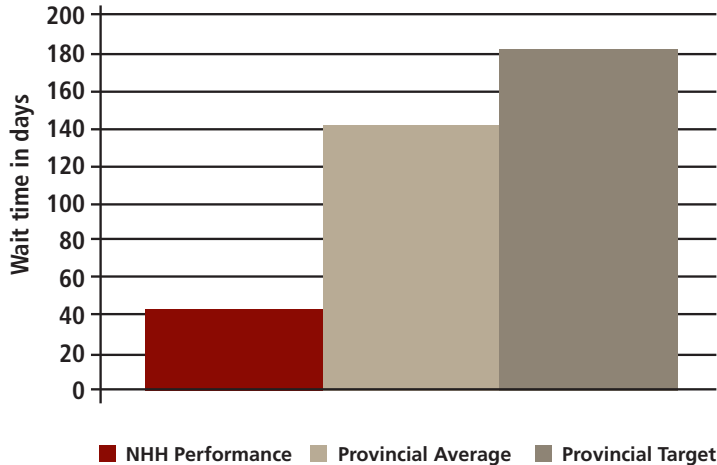
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Quality Indicators

QUALITY INDICATORS

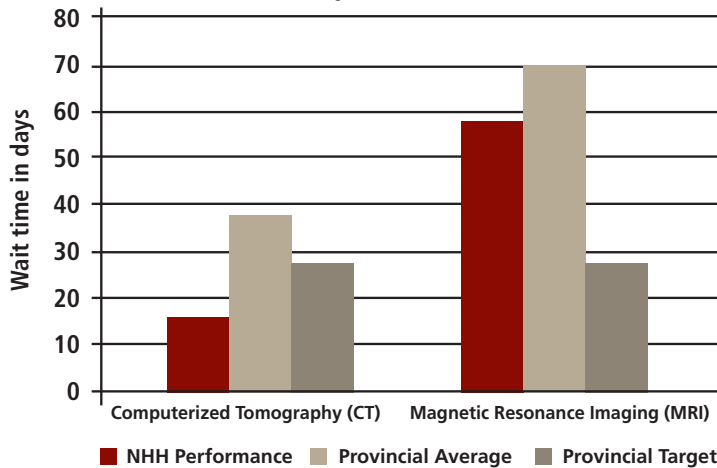
For more information on quality and safety indicators at NHH see the **Accountability** tab under **About NHH** at www.nhh.ca

Cataract Surgery Wait Times (January 1 - March 31, 2013)

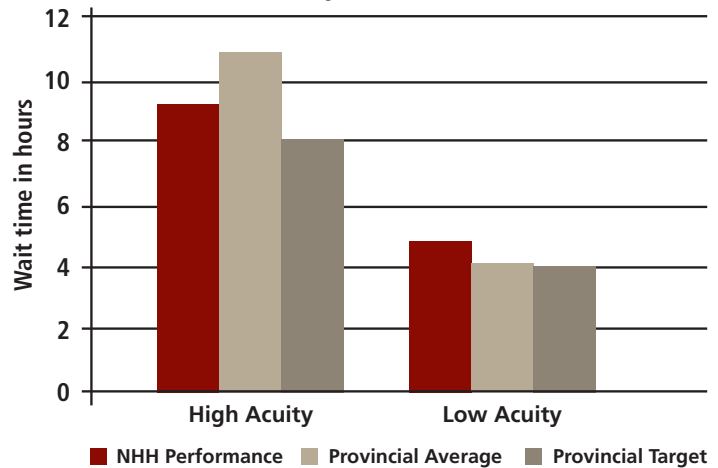


Members of the Northumberland PATH team in Ann Arbor, Michigan at a conference hosted by the Institute of Patient- and Family-Centred Care. Many ideas to better incorporate the latest patient- and family-friendly best practices were taken away from this October 2012 conference, together with tools that are assisting the PATH quality improvement project now under development. For details on PATH see the link on www.nhh.ca.

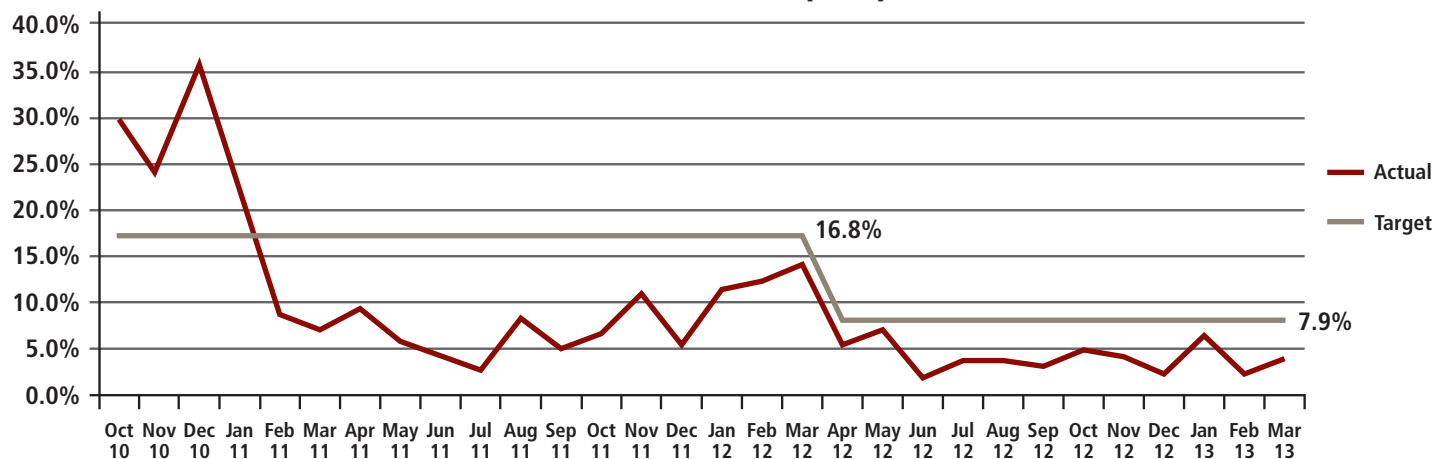
Diagnostic Wait Times (January 1 - March 31, 2013)



Emergency Department Wait Times (January 1 - March 31, 2013)



Alternate Level of Care (ALC) Performance



Financial Highlights

The past year was a turning point for hospital funding in Ontario. Current economic and fiscal realities have forced funders to look for new ways to fund and sustain quality care, shifting away from global, provider-focused funding and toward a patient-based funding model.

2012 marked the first year of implementation for this new model, known as Health System Funding Reform (HSFR). Under HSFR, NHH operations are now funded through two primary components:

- the Health Based Allocation Model (HBAM), a population health-based funding formula; and
- Quality Based Procedures (QBP), a formula in which health care providers are funded for the types and quantities of patients they treat using rates based on efficiency and best practices.

NHH continues to operate efficiently and was rewarded with a 2% increase in HBAM funding, the maximum allowed this year. Under the QBP funding, NHH's consistently good wait time performance and efficient delivery resulted in an 18% increase in the number of cataract surgeries.

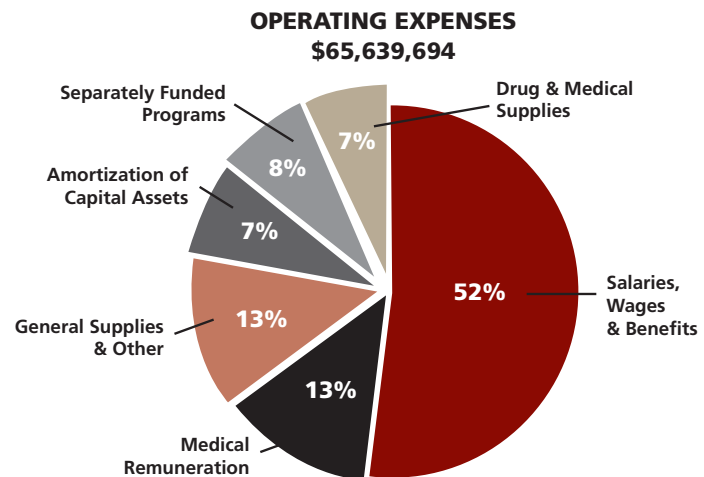
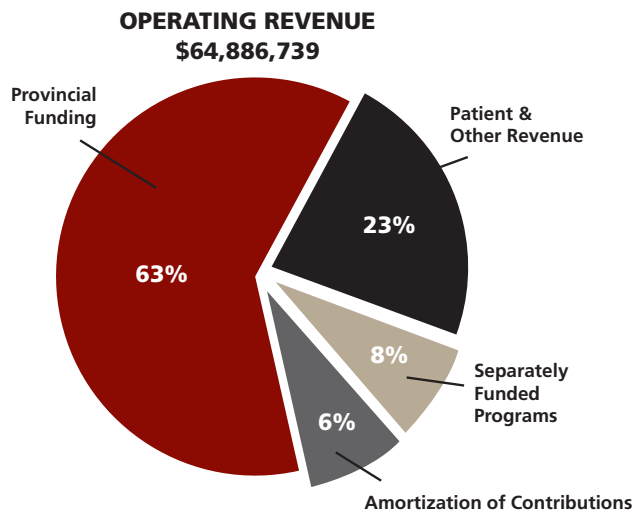
As all the elements of the new funding model are introduced, mid-sized hospitals such as ours will be challenged to balance the unique care needs of our population with the new expectations. Increased need for certain services not yet included in the new funding model contributed to a 2012/13 operating deficit of \$752,955 or 1.2% of total revenue. The activity and acuity of patients in the Intensive Care Unit increased by 7% and 12% respectively, while admitted patients in the Emergency Department jumped by 11% from the prior year. Increased demand meant additional staffing and medical supplies – costs that could not be avoided.

Another significant challenge for NHH – like many hospitals across the Central East LHIN – was a surge in acute care patients from late-December 2012 to mid-January 2013, resulting in unanticipated salary and supply expenses. Finally, NHH lost over \$500,000 in preferred accommodation revenue due to changes in patient insurance coverage, a need for increased patient isolations, and higher occupancy during the patient surge.

“NHH continues to operate efficiently and was rewarded with a 2% increase in HBAM funding, the maximum allowed this year.”

NHH addressed these pressures in its 2013/14 Operating Plan, which will return the Hospital to a balanced budget position next fiscal year while investing in critical care and other programs and services. Changes to implement these strategies resulted in net restructuring costs of \$437,778 in fiscal 2012/13, more than half of the resulting operating deficit.

As implementation of the new funding model continues, NHH must balance the expectations of our funders with the care needs of our community. NHH will be held to the same expectations as its larger peers, without the economies of scale. Our journey forward is a challenging one, but NHH is committed to working together with its funders and its community partners to realize Ontario's goal of higher quality and more affordable care.



Financial Highlights

Condensed Balance Sheet

As at March 31	2013	2012
Assets		
Current assets	\$ 5,410,606	\$ 5,353,166
Capital assets	53,313,748	56,563,887
	\$ 58,724,354	\$ 61,917,053
Liabilities & Deferred Capital Contributions		
Current liabilities	\$ 11,110,976	\$ 9,985,497
Long-Term liabilities	4,106,618	4,434,149
Deferred capital contributions	51,251,798	54,489,490
	66,469,392	68,909,136
Net Assets (Deficiency)	(7,745,038)	(6,992,083)
	\$ 58,724,354	\$ 61,917,053

Condensed Statement of Revenue and Expenses

For the year ended March 31	2013	2012
Revenue		
Provincial funding	\$ 40,806,979	\$ 40,860,403
Separately funded programs	5,026,534	4,942,534
Patient and other revenue	14,658,866	14,561,734
Amortization of deferred capital contributions	4,394,360	4,185,014
	64,886,739	64,549,685
Expenses		
Salaries, wages and benefits	33,785,257	33,398,875
Medical remuneration	8,738,268	8,855,094
Drugs and medical supplies	4,894,841	4,215,640
General supplies and other	8,284,268	8,102,052
Separately funded programs	4,882,670	5,033,903
Amortization of capital assets	4,616,612	4,423,094
Restructuring activities	437,778	(103,356)
	65,639,694	63,925,302
Excess (Deficiency) of revenue over expenses	\$ (752,955)	\$ 624,383

The condensed financial highlights are taken from the 2013 audited financial statements dated June 6, 2013. 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.

Our Achievements

March 31st, 2013 marked the third year into NHH's 2010-14 Strategic Plan. Work toward the vision set out in this plan (to be "leaders and partners creating health care excellence") is guided by five Strategic Directions which, in turn, drive specific goals and objectives. Below is a snapshot of NHH's Strategic Directions together with the issues that inspired them and progress to date.



PATIENTS FIRST

- Aging population
- Alternate Level of Care (ALC) patients
- Wait times
- Quality and safety

PROGRESS TO DATE:

- ALC strategy, recognized in June 2012 by Health Quality Ontario as innovative
- New Restorative Care program
- Hospital Elder Life Program (HELP)
- Enhanced therapies
- Home First
- Enhanced in-house expertise in gerontological best practices
- Emergency Department (ED) wait time initiatives
- Increased cataract surgeries
- Emergency Department patient wait experience pilot

OUR TEAM, OUR STRENGTH

- Aging workforce
- Supply/demand of qualified staff
- Work/life balance
- Regulated Health Professions Act
- Interprofessional collaboration
- Leading/best practices

PROGRESS TO DATE:

- Introduction of hospitalist program
- Successful physician recruitment
- Recruitment of Geriatric Nurse Specialist and two Clinical Nurse Specialists, Gerontology
- Introduction of Recreational Therapist
- Addition of weekend therapy coverage
- Recruitment of Mental Health Crisis Worker for ED
- Recruitment of Access and Patient Flow Specialist
- Recruitment of Porters
- Addition of Nurse Practitioner to the ED

Our Achievements

OPERATIONAL EXCELLENCE

- Continuous improvement
- Financial performance
- Evidence-based decision making
- Accountability

PROGRESS TO DATE:

- Maintained efficiencies to maximize funding under new formula
- Investment in decision support
- Successful Hospital-wide Accreditation (Accreditation Canada)
- Successful NHH Laboratory Accreditation (Ontario Laboratory Assessment)
- Implementation of new stockless inventory system
- Further progress toward electronic medical records

COLLABORATIVE NETWORKS

- Patient/caregiver expectation for a more seamless health care system
- Population shifts (aging/growing community)
- Commitment to community engagement
- Opportunities to enhance patient care through interprofessional practice

PROGRESS TO DATE:

- Growth of outpatient mental health services through voluntary integration with Ontario Shores
- Expansion of outpatient cancer clinic services through joint venture with Lakeridge Health (Central East Regional Cancer Program)
- Expansion of telemedicine services
- Improvement of transitions of care for seniors with chronic health conditions and their caregivers through PATH – Partners Advancing Transitions in Healthcare

BUILDING A SUSTAINABLE FUTURE

- Financial constraints
- Commitment to a culture of learning and knowledge sharing
- Need for new and sustainable revenue streams
- Commitment to environmentally responsible solutions

PROGRESS TO DATE:

- Confirmation of NHH's mandate as an acute care hospital
- Ongoing investigation of new revenue streams
- Active participation in the Central East LHIN-facilitated integration with Community Support Service and Community Health Centre agencies in Northumberland
- Resource awareness program to minimize waste and electricity use

Reward and Recognition Highlights



recipients. Shown (left to right) with former President and CEO Robert Biron are: Jessica Martell, Occupational Therapist, Rehabilitation Department; Ida Francoeur, Porter, Inpatient Units; Jeri Henderson, Ward Clerk; Linda Moore, Registration/Admitting Clerk; Amy Eriksson, Case Manager, NHH Community Mental Health Program; and Caralea Calvert, Registered Nurse, Emergency Department. Missing from the photo: Jennifer Case, Ward Clerk, Chemotherapy Clinic



40-year Long Service Award, Dr. Michael Jones



NHH's Materials Management team was recognized with a **Group Achievement Award** for on the successful implementation of a new Stockless Inventory Program. Shown (left to right) are: Teresa Mercier, Patti Dunn, Penny Muzzell, John Armstrong, Lindsay Hayes, Bev Adamson, Charity Meiklejohn and Rhonda Lyttle. Missing from the photo: Sam Stata and Debbie Flay



Masters of Nursing graduates and Education Award recipients (left to right) Beverly Ryan-James, Kim Lawn, Sarah Gibbens and Karen Truter



Health Professions Scholarship recipients Jenna Dickson with Board Chair Doug Mann (left) and Katelyn Wallace with VP, Human Resources Elizabeth Vosburgh (right)



Accomplishments in the areas of education, innovation, leadership, teamwork and long service are formally celebrated at NHH throughout the year. Shown here are some of those recognized in 2012/13.



Whitney Lake (left), RN and **Outstanding Leadership Award** recipient with Sarah Gibbens, RN, MN, recipient of the **Outstanding Innovation Award**



Registered Pharmacy Technicians and Education Award recipients (left to right) Kim Lee, Heidi Auger and Lorraine Cheer. Missing from photo: Teresa McCormack



40-year Long Service Award recipients (left to right) RNs Heather Brewster, Lorraine Johnston and Brenda Arthur



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Local Support



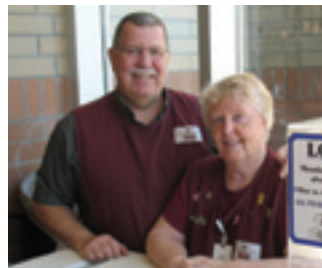
Members of the NHH Foundation's Youth Cares Committee at the launch of the Love Locks fundraiser.



Members of the NHH Auxiliary's crafters group with Auxiliary President Metson (top centre)

"2012/13 was my second year as President of the NHH Auxiliary and I continue to be amazed at what a full and fulfilling experience it is. On behalf of the NHH Auxiliary executive I thank all of our volunteers for choosing to donate their time and talents to NHH. Together we are making a real difference to this hospital and the many people it serves."

Gayle Metson, NHH Auxiliary President



Paul Raren and Anne Wilson, dedicated greeters



16th Annual tournament!

Local Support

There is a rich culture of giving in Northumberland and nowhere is that more evident than in the hallways of NHH.

Over the past 12 months volunteers with both the NHH Foundation and the NHH Auxiliary organized countless events and fundraisers to support local patient care. For details on some of the equipment purchases made possible this year by generous donations, see the summary on page 20.

Less visible than the fund-raising support of NHH's volunteers, but equally necessary, is the support volunteers provide to the day-to-day operation of the hospital. From the Inquiry Desk, where Auxiliary volunteers offer a friendly smile as you enter the front door, to helping hands throughout the various programs and a supportive shoulder in the palliative care unit these supports and more exist because of the generosity of Northumberland Hills Hospital volunteers.

With close to 400 members of all ages, the Northumberland Hills Hospital Auxiliary contributes thousands of hours of service to the hospital each year. In May of this year the Auxiliary celebrated its 90th anniversary and an impressive legacy of giving. Also active at NHH is a dedicated team of volunteer chaplains, drawn from the surrounding faith communities. St. John Ambulance therapy dogs and their volunteers are also part of NHH's volunteer family, bringing smiles to the faces of patients and staff alike through their regular visits.



NHH Foundation's 2012 Gala Cabinet

"It has been my pleasure to serve as Chair of the NHH Foundation for the past two years. As I conclude my term and pass the title to Bill Copland, I want to take this opportunity to thank all the volunteers who make each of our events a success, particularly those who serve on our many committees. A special thanks, as well, for the expertise of our dedicated Foundation staff: Executive Director Rhonda Cunningham, Wendy Bridgman, Adrienne Barrie and Heather Norris. It has been an honour and a privilege to serve this remarkable Foundation and the impressive hospital whose work it supports."

Ann Logan, Foundation Chair



Alnwick/Halifax Fire Department's Stop for Your Health Toll Boot



Probus Club support for Northumberland's Biggest Coffee Morning



Polar Dip 2012!

Local Support

The **Northumberland Hills** Hospital Foundation would like to thank the residents of Northumberland for their generous support. In the past year (April 1, 2012 – March 31, 2013), with your support we have contributed over **\$1,041,989** to purchase equipment to help provide the best patient care experience possible. Below is a summary of your gifts in action.

Patient lifts	\$13,469	Heated circulator for Laboratory	\$2,192
Ophthalmoscope	\$1,228	Centrifuge	\$4,066
Commode shower chair	\$1,299	Floor machine (2)	\$31,098
Medication cart	\$2,913	Scope buddy for Central Supply Reprocessing (CSR) (2)	\$4,692
Infant incubator	\$24,512	Rapid attest auto reader for CSR	\$1,885
Endoeye scopes (2)	\$28,138	Insulation and continuity tester for CSR	\$2,750
Colonoscopes (2)	\$65,028	Handhelds for materials management (3)	\$7,269
Gastrosopes (2)	\$44,974	Food processor	\$1,340
Scope tower package	\$45,295	Freezer replacement for Laboratory	\$7,269
Glidescopes (2)	\$39,495	Biopsy instruments for Diagnostic Imaging (3)	\$3,371
Vital signs monitors for OR (3)	\$12,625	Patient scale	\$2,845
Hystoscope tray	\$6,505	Nutrition services software (partial)	\$59,528
Flushing pump with footswitch	\$2,648	Business Intelligence Solution (partial)	\$216,578
Sagittal saw for plastics	\$4,784	SharePoint 2010 upgrade (partial)	\$64,260
Lifepak 15 for Intensive Care Unit	\$17,992	Document scanning and e-forms (partial)	\$48,318
Pyxis smart remote manager for ED	\$4,936	Multi-function photocopier, fax, printer (9)	\$79,865
Bactec 9120 for Laboratory	\$52,983	Fuel tank system (partial)	\$5,067
Microscopes (2) for Laboratory	\$9,143	Computers and other hardware	\$69,794
Patient cassette complete for anaesthetic machines	\$4,006	Recorder/printer for CSR washers & cart washer (3)	\$5,044
Physio trainer bi-directional with adjustable table	\$1,294	Thermal transfer label printer for Pharmacy	\$1,252
Pyxis medication system for Chemotherapy	\$15,647	Stationary exercise pedal bike (Rehabilitation)	\$1,797
ECG cardiograph machine for Laboratory	\$14,985	Electronic Medication Administration Record and Bedside Verification System (partial)	\$7,810

Giving Back to Our Community



David Harris, Physiotherapist, rolled up his sleeve December 3rd, 2012 for NHH's first blood donor clinic.

NHH physicians and staff members brought their hands and their hearts to many local causes outside the hospital's walls in the past year, including the Northumberland United Way, Canadian Blood Services and the Big Bike – an annual fundraiser for the Heart and Stroke Foundation of Canada. Donating their personal time and talents is one way staff support local health-related causes and say thank you to a community that generously funds many of the hospital's capital equipment needs and donates countless hours to patient services.



The NHH team made a lot of noise again this year when the **Big Bike for Heart and Stroke** came to town! Shown here are members of the 2012 team.



NHH's Surgical Stokers, one of two NHH teams involved in the **2012 Challenge the Dragon** dragon boat festival for the Northumberland United Way.



Physiotherapist Kevin Burn (above left) pedaled this stationary bike for a full shift in November 2012 to raise funds for **NHH's annual Northumberland United Way campaign**; Ward Clerk Jackie Hart helped him regain the calories lost by baking up a winning cake for NHH's cheesecake competition, part of the same campaign.



Local Governance

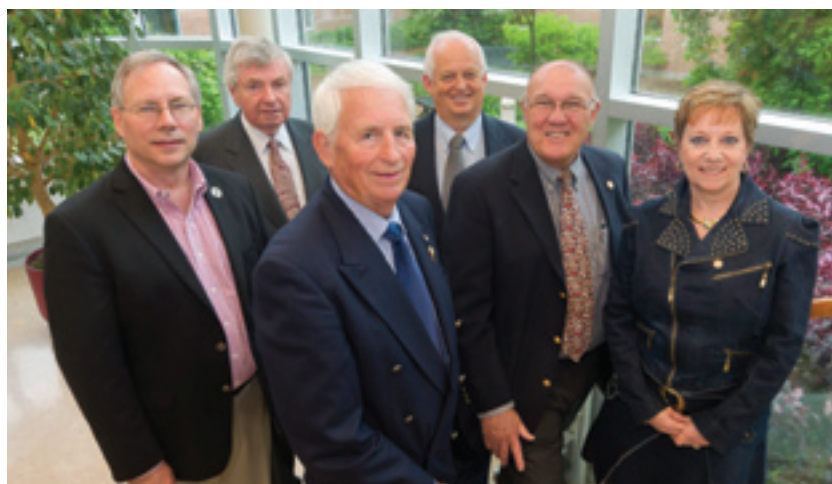
Twelve local directors and six “ex officio” members of NHH’s skills-based Board are responsible for developing policy, planning for the future and monitoring operational and financial performance. Direct community participation in the governance of NHH has been further enhanced in recent years by the addition of community members on Board committees. In 2012/13 the NHH Board benefited from the expertise of 9 community committee volunteers. For more information on the NHH Board, including biographies of current members, agendas of upcoming meetings and meeting minutes, see www.nhh.ca.

2012/13 Board of Directors



Back row (L-R): Helen Brenner (Interim President, CEO/Vice President, Patient Services and Chief Nursing Executive), Heather Sculthorpe, Hon. Christine Stewart, P.C., John Hudson, John Farrell, Bill Gerber, Gayle Metson (Auxiliary President) Bob Carman and Dean Pepper. **Front row (L-R):** Kaye Jackson, Dr. David Broderick (Chief of Staff), Doug Mann (Chair), Robert Biron*, Jack Russell (1st Vice Chair), and Ann Logan (Chair, NHH Foundation). **Missing from photo:** Beth Brook (2nd Vice Chair) Tom Sears, Dr. Andrew Stratford (Vice President, Medical Staff), and Dr. Joseph Parravano (President, Medical Staff).

**Robert Biron left his role at NHH in the spring of 2013 to assume the role of President/CEO at The Scarborough Hospital.*



2012/13 Community Committee Volunteers

(L-R): Peter Chilibeck, Robert McInnes, Gerrit DeBruyn, Michael Parker, John Stalker and Elizabeth Selby. Missing from photo: Lynda Kay, Henry Pankratz and Catharine Tozer.



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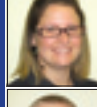
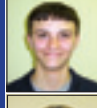
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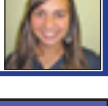
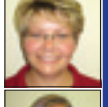
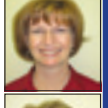
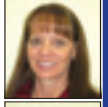
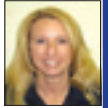
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