



2015/16



# ANNUAL REPORT

TO THE COMMUNITY



## NORTHUMBERLAND HILLS HOSPITAL

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Cover photo, clockwise, from top: Dr. Sirar Ibrahim, Respiriologist; Marg Hilborn, NHH Auxiliary volunteer; Quinte West midwives Liza Van De Hoef (left) and Sarah Murtha; visiting students from Burnham Public School's grade 1 class (2016); surgical services RNs Tracey Chester (left), Kelli Giroux and Deanna Jones.

# Your Hospital at a Glance

**Northumberland Hills Hospital (NHH)** delivers a broad range of acute, post-acute, outpatient and diagnostic services. Acute services include emergency and intensive care, medical/surgical care, obstetrical care and palliative care while post-acute services include restorative care and rehabilitation. 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). For more information, please visit [nhh.ca](http://nhh.ca).



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- Quality
- Respect
- Collaboration
- Compassion



**BEVERLY**

## Our team, our strength



### NHH Nurse Practitioner (NP) **BEVERLY RYAN-JAMES**

Recognized in 2015 with NHH's Outstanding Leadership Award for building the now indispensable role of Nurse Practitioner (NP) on the medical/surgical units, NP Beverly Ryan-James continues to demonstrate the very positive impact NPs are having for hospital inpatients and their family and caregivers.

Working exclusively on the second floor medical/surgical unit, Beverly is part of an interprofessional team with physicians and other care providers. In this role she provides holistic patient care management to promote health and manage any acute and chronic health issues facing those in her care.

"As an NP, I am able to order diagnostic tests and prescribe medications, which has helped our hospital create an even more efficient and patient-centred team. Today, the care for more than half of the inpatients at NHH is assigned to a hospitalist. I co-manage patient care with the hospitalists, to promote smooth transitions based on the personal needs and individual goals of each person."

An NHH NP for three years, Beverly has found her work very fulfilling. "I love working with patients, families and our team to allow people to go home who never thought they could when they entered our doors. I see patients of all ages, seniors, yes, but many younger patients too, and I've come to truly appreciate the many aspects of the entire spectrum of a life. Regardless of where an individual finds themselves today, and the many experiences that led them to this point, we can always help. It is a privilege to do the work I do."

**With my second year as Chair** of the NHH Board now complete, I want to adjust an observation I made in last year's Annual Report: this is the most rewarding volunteer opportunity I've ever had—it's also, by far, the most stimulating. Certainly, in the hospital sector, there is never a dull moment, for anyone involved!

At NHH's recent staff recognition ceremony I had an opportunity to personally thank the team for choosing to bring their expertise to this wonderful hospital we are so fortunate to have in west Northumberland. And it is a choice. There is stiff competition for health care talent today. Staff and physicians can choose to go to any number of organizations. We are so fortunate our 600+ staff and 150 medical professionals chose NHH. And the same is true of the hundreds of volunteers who, through our dedicated Foundation, Auxiliary, Board of Directors, and all of our volunteer partners, support the hospital with their time and their dollars.

Three-hundred and sixty-five days of the year, expert staff, physicians, specialists, volunteers and donors come together to allow NHH to offer the care we need, close to home. What is most special, in my view, is that they do so in a compassionate manner that reminds us all of why we enjoy being part of this close-knit community.

A lot of days have passed since NHH opened in October, 2003. The hospital will enter its 13th year of operation this fall. At this time last year we were preparing for our first External Operational Review, led by Hay Group, a consulting firm, to try to resolve, once and for all, the financial pressures that have followed NHH for many years as we struggle to ensure our service accountabilities match up with the available government and other sources of revenue.

The Review was thorough and, as you'll read on pages 14 and 15 of this report, direct in its findings. NHH is an efficient, well run hospital, providing the services this community needs. While changes can and are being made to the way some services are delivered in order to find even further efficiencies, we are very proud of the fact that no service or bed reductions were recommended.

Upwards of \$5 million dollars in efficiencies have since been identified in NHH's subsequent Hospital Improvement Plan, which is now being implemented. These changes will be phased in over a three- to four-year period. That is a hefty amount on a budget that falls just under \$70 million, but we are committed to achieving this and to not just sustaining

but strengthening our services. Approximately sixty per cent (\$2.8 million) of the savings we've identified will come from clinical and operational efficiencies, thanks to the hard work of our teams to find new and innovative ways to deliver care efficiently. But the other 40 per cent (more than \$2 million) we have committed to find will come from something much less defined: "integrations."

The External Operational Review indicated that there were savings to be had for NHH through integrations in such areas as corporate services (finance, human resources, information systems); support services (communications, materials management, laundry/linen, health records); clinical engineering (biomedical, equipment contracts); and, clinical laboratories. But the Review was not specific in how we would do this, or with whom.

At the Central East LHIN Board's direction, we have begun exploration of these opportunities, but as I pointed out at our recent update to the LHIN, it will take time to source appropriate partners for successful, lasting integrations, secure agreements and complete our due diligence. The consultant's definition of those potential integration savings was very high level. And, as we know, the work is in the detail. As we do our work, it may turn out that significantly more than \$2 million, or, significantly less, is available to us.

One fact remains. With or without the \$5 million in efficiencies we've set out to achieve, even this will still not be enough to put NHH on stable, long-term financial footing. As you'll read in the Financial Highlights of this Report on page 12, after all the effort of the Review, the efficiencies gained to date, and the additional one-time support from the Central East LHIN, NHH is still projecting a funding shortfall for 2016/17 and the years beyond. We believe this is due in part to ongoing inflationary cost escalation, but also because of a structural deficit—an inherent flaw in the way NHH is currently funded. Our Board looks forward to the continued assistance of our LHIN and the Ministry of Health and Long-Term Care (Ministry) to rectify this, so we can place NHH on the solid financial footing our community needs.

Thank you for your continued support.

**Chair of the NHH Board of Directors,  
Jack Russell**

# Message from the President and CEO

**It has been said that challenge is a part of growth**, helping to refine and polish skills in order to meet the demands of what lies ahead, and I couldn't agree more. Your NHH team has met a number of challenges this past year with strength, determination and exceptional teamwork. Patient volumes in a number of areas have continued to rise, and we have met that need. In the pages ahead, under the "Our team, our strength" profiles of this Annual Report, you'll read about just a few of the individuals who make NHH the caring organization it is today.

Our External Operational Review affirmed the need for our current services, and we have found a way to maintain them, despite our financial pressures. Costs have continued to rise, and our team has, again, found ways to find further efficiencies to offset many of these costs while sustaining high quality local patient care.

Certainly, your hospital is a very different organization than it was in 2003 when it first opened its doors. Internal medicine has advanced extensively, while surgical services, chemotherapy, mental health and access to specialists through the Ontario Telemedicine Network have all increased. Additional enhancements are outlined in the update from Dr. Broderick, our Chief of Staff. All this combines to make NHH the very busy and vibrant hospital it is today.

Our community's generosity in support of capital equipment needs and volunteer support is legendary. Yet, still, operating funding shortfalls plague us and the long-term financial security we want continues to evade NHH.

The importance of the past year's External Operational Review in reaffirming the value of NHH's services, and our relative efficiency in delivering these services, cannot be understated. The Hay Group confirmed that we should not reduce beds or services as demands from our region will continue to increase in coming years, given the growth and aging of our community.

Challenged by the need to come up with a multi-year plan to find the efficiency opportunities identified in the Operational Review, we completed our Hospital Improvement Plan (known as our HIP) and, after just four short months, we are now well on our way to implementing it.

Your NHH team, from front-line staff to management to physicians, is more than prepared to build and implement the action plans, taking on the work that is ours to do, continually reviewing our processes, changing the way we deliver care, where appropriate, and reducing costs where we can.

Combining smaller units to gain efficiencies is one example of how we are doing this. A key initiative within our HIP, this will be implemented in June 2016, thanks to extensive work by our front-line staff to develop a workable, sustainable plan.

Likewise, we have advanced one of the integrations recommended by our Operational Review faster than anticipated. In October of this year, the microbiology services currently performed in the NHH Laboratory will move to our regional centre, the Peterborough Regional Health Centre, with no impact to local patients. Efficiencies and enhancements to quality will be achieved—the type of win/win we're looking for in all integration opportunities.

As our Board Chair Jack Russell points out in his update, though, it is still not enough. NHH will be consulting further with Central East LHIN and Ministry officials to address the gap between what we are needed to do, and what we have funds to provide. It is essential that we are successful in this responsibility, for many in our community depend on NHH as does the broader health care system beyond Northumberland as well.

In the CEO's seat for almost three years, I am incredibly proud to be part of this hospital. It is, as local residents so often tell me, a "gem". Together we will continue to polish that gem, even through the friction of our challenges.

**President and CEO,  
Linda Davis**



Jack Russell, Board Chair, and Linda Davis, CEO

# Message from the Chief of Staff

With a focus on the comprehensive External Operational Review, and the related Hospital Improvement Plan, much of 2015/16 was spent addressing our funding challenges. Happily, all patient programs were deemed essential by our external reviewers so, from a patient perspective, there will be no or little impact on hospital services.

I'm pleased to report a number of enhancements to NHH services in the last year. Quinte Midwives recently joined our staff, enhancing convenience for their Northumberland patients and improving our hospital utilization, now increased to approximately 500 deliveries a year. As well, a new internist, Dr. Sirar Ibrahim, was successfully recruited. A Respiriologist, Dr. Ibrahim brings a new sub-specialty to our area, reducing local patients' need to travel for this care.

Assess and Restore is a new pilot program that has proven exceptionally successful. This program accepts and works with frail patients who would not normally be admitted or remain in an acute care hospital. Almost 50 per cent are admitted directly from our Emergency Department. In the past, most of these patients were destined for admission to a long-term care facility after spending a wait period in hospital. Now, the majority of these patients return home.

NHH's Critical Care Support Team (CCST) is another new initiative, introduced in 2014/15 and further strengthened in 2015/16. It consists of a Respiratory Therapist and a specially trained intensive care nurse and can be accessed by any hospital program. When a ward staff member has a deteriorating patient, the CCST will assess and intervene earlier, before the patient requires full cardio-pulmonary resuscitation (CPR). Our goal has been to have no urgent CPR situations on our wards. In 2015/16, full resuscitations were reduced by approximately 40 per cent, representing, potentially, 20 to 25 saved lives.

Nurse Practitioners (NPs) continue to be employed with great success at NHH. They have become highly valued members of our staff. In particular, our Assess and Restore pilot is led by an NP and two are employed managing inpatients, allowing a single hospitalist physician to safely manage up to forty admitted patients. In the past many of these patients could not be admitted past the Emergency Department as all admitted patients must

have a managing clinician. The Emergency Department also has an NP on staff, an addition that is significantly improving flow, enhancing our capacity and reducing patient wait times.

A key figure in our Palliative Care program, Dr. David Moorsom recently announced his departure from the community. Dr. Moorsom has been extremely active, both in the hospital and in the region, providing palliative care and pain management services. His dedication and compassion will be missed. NHH will continue to practice a collaborative, interdisciplinary model of palliative care involving nursing, family physicians, hospitalists, dietary team members, pharmacy, social work and other allied health professionals. Complex patients often require additional expertise, particularly in the area of pain management, and fortunately Dr. Francesco Mulé has agreed to assume this role as our new dedicated Palliative Care Liaison.

Already an experienced pain management clinician, Dr. Mulé is expanding his scope of practice to include palliative care. It is our plan that he will commence this role informally through the summer months, with an aim to serve in a more formal capacity in September 2016. In this role, Dr. Mulé will be available as a dedicated medical resource to physicians and staff at NHH in the provision of palliative pain and symptom management.

Further, similar to the successful collaborative model of medical palliative care service delivery in place in some of our surrounding communities, Dr. Mulé will be working to develop a better integrated team of local physicians (both general practitioners and specialists) trained and interested in providing an on-call service to palliative care patients in hospital and the community such that a roster can be developed.

Finally, I am also pleased to report that community physicians remain extremely supportive of NHH. In particular, physician leadership has demonstrated impressive commitment to the hospital in overcoming our fiscal and operational challenges. Our management, physicians, and staff remain fully focused on providing excellent care. Despite our financial challenges, I remain optimistic that NHH will continue to be one of the best community hospitals in Ontario.

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

## NHH Department Chiefs

**Diagnostic Imaging** – Dr. Matthew Vaughan  
**Emergency** – Dr. Carson Kwok, Chief; Drs. Jeff MacPherson and Francesco Mulé, (Deputy Chiefs)  
**Family Practice** – Dr. Jeffrey Knackstedt  
**Maternal/Child** – Dr. Kathleen Barnard-Thompson

**Medicine** – Dr. Mukesh Bhargava  
**Mental Health Services** – VACANT  
**Pathology** – Dr. Allison Collins  
**Post-Acute Specialty Services** – Dr. Jay Amin  
**Surgery** - Dr. Andrew Stratford



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## Our team, our strength



### NHH Maintenance Engineer **JACOB WILLIS**

Fourth-class stationary engineer Jacob Willis relocated from Windsor, Ontario, four years ago to accept his current position at NHH. Drawn to the role and the community, Jacob's job involves hands-on work with almost all maintenance support throughout the hospital.

With assignments coming to him from his pager phone, computer and manager, a typical day brings interaction with patients, staff and volunteers.

"Every day is different," he muses, "and that's one of the great things about this position. I may have nothing booked, and then I'll get a call to go to a patient floor to sort out a challenge with plumbing, a bed alarm system or a room temperature."

Among the system functions Jacob's team supports are all the environmental controls for the hospital. "Everything from humidity to temperature of the air to static pressure in the building... it all has an impact on the people within and the equipment as well." Jacob is also part of the team that responds to emergency codes, such as the water pipe which burst inside the hospital's main front entrance this winter.

Previously in the automotive industry, Jacob enjoys the daily interaction with patients, staff and peers. "It's a friendly environment, with a real attention to and respect for safety. I really take pride in my work helping patients and staff. It feels good to go home at the end of a shift knowing you've played a role making a patient safer or more comfortable."

<b>SERVICE ACTIVITY</b>	<b>April 1, 2014 to March 31, 2015</b>	<b>April 1, 2015 to March 31, 2016</b>
Emergency Department Visits	32,944	34,288
Admissions	4,513	4,495
Births	478	495
Surgical Cases	5,198	5,215
Dialysis Visits	6,655	6,371
Chemotherapy Visits	5,535	7,188
Out-patient Ambulatory Care Clinic Visits (Excluding Mental Health)	14,719	15,571
Community Mental Health Visits	39,293	38,762
Telemedicine Visits	803	720

#### **MEDICAL STAFF**

Midwives	14
Associate/Active	78
Courtesy (Non-Admitting)	55

**TOTAL: 147**

#### **FULL AND PART-TIME STAFF**

Full-time	283
Part-time	318

**TOTAL: 601**

#### **NHH FOUNDATION**

(an independently incorporated organization)

Full-time	3
Part-time	.5
Volunteers	74

**TOTAL: 77.5**

#### **NHH AUXILIARY VOLUNTEERS**

Active	312
Associate	24
Life Active	11
Life Associate	11

**TOTAL: 358**

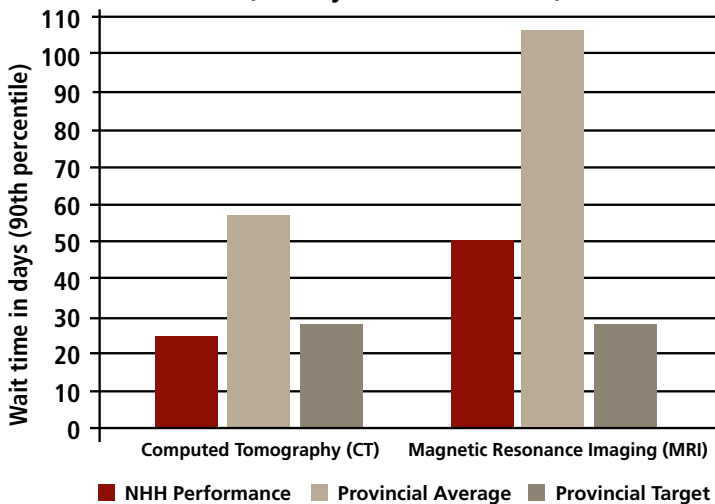
## QUALITY INDICATORS

Additional information on quality and safety indicators at NHH will be found under the [About NHH](#) tab, [Accountability](#) section at [nhh.ca](#).

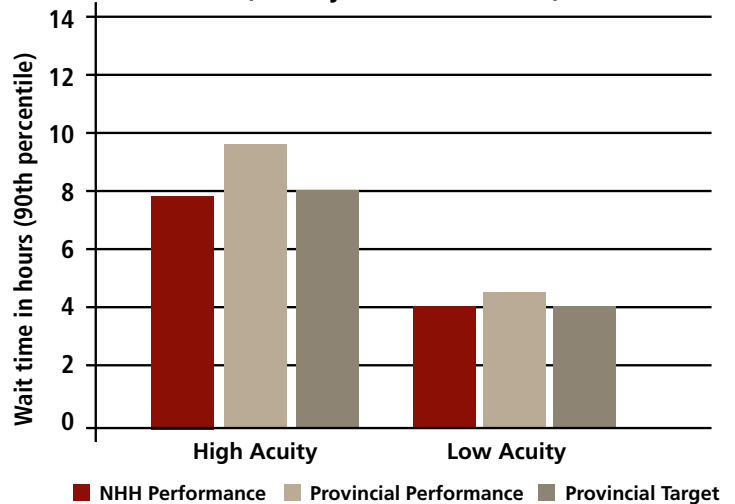
**Average Length of Stay (LOS) - Days**  
by Broad program compared to Central East LHIN and Province by Fiscal Year

Broad Program	NHH 2013/2014	NHH 2014/2015	NHH 2015/2016	Central East LHIN 2014/2015	PROVINCE 2014/2015
ACUTE	5.0	5.0	4.4	5.5	5.8
ALC (Included in acute)	7.8	7.3	10.4	20.8	14.8
Rehabilitation	22.8	26.0	24.2	25.1	26.6

**Diagnostic Wait Times**  
(January 1 - March 31, 2016)

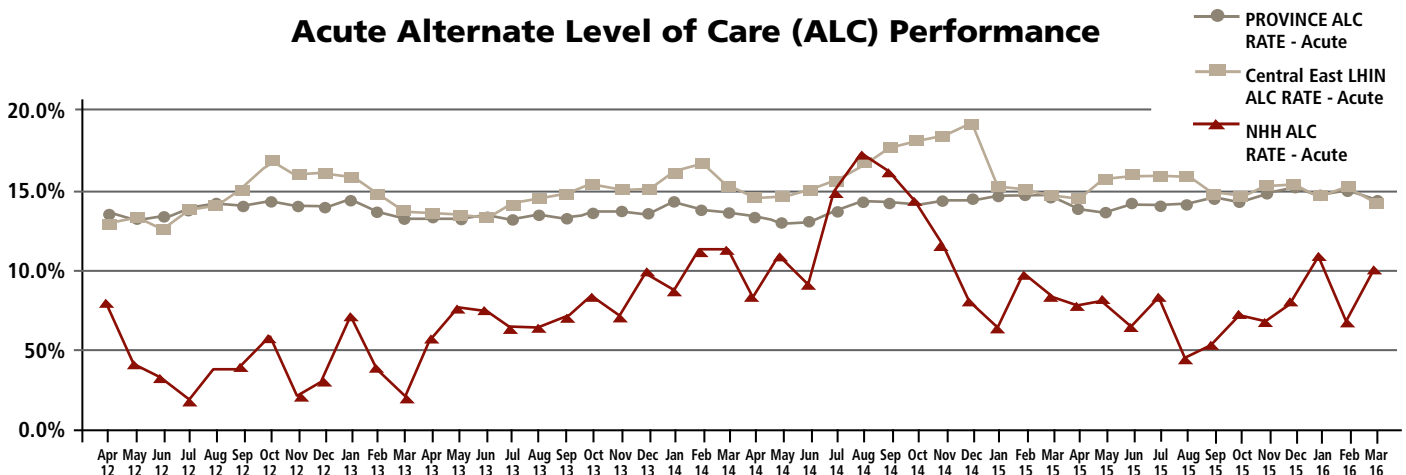


**Emergency Department Wait Times**  
(January 1 - March 31, 2016)



Note: 90th percentile = the number of days/hours it takes to complete the surgery, exam or visit for nine out of 10 patients.

**Acute Alternate Level of Care (ALC) Performance**



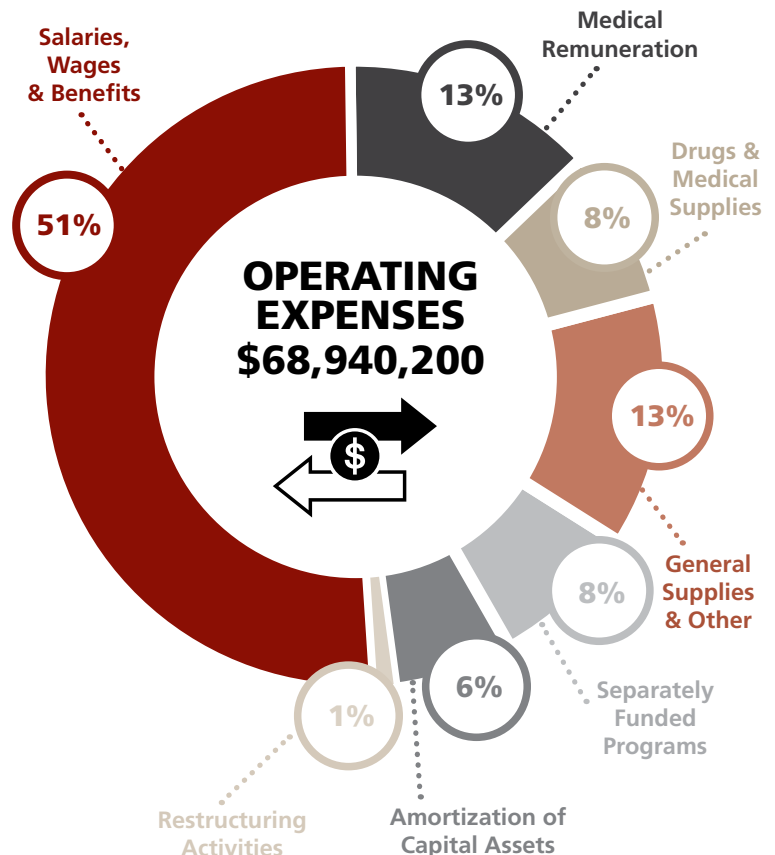
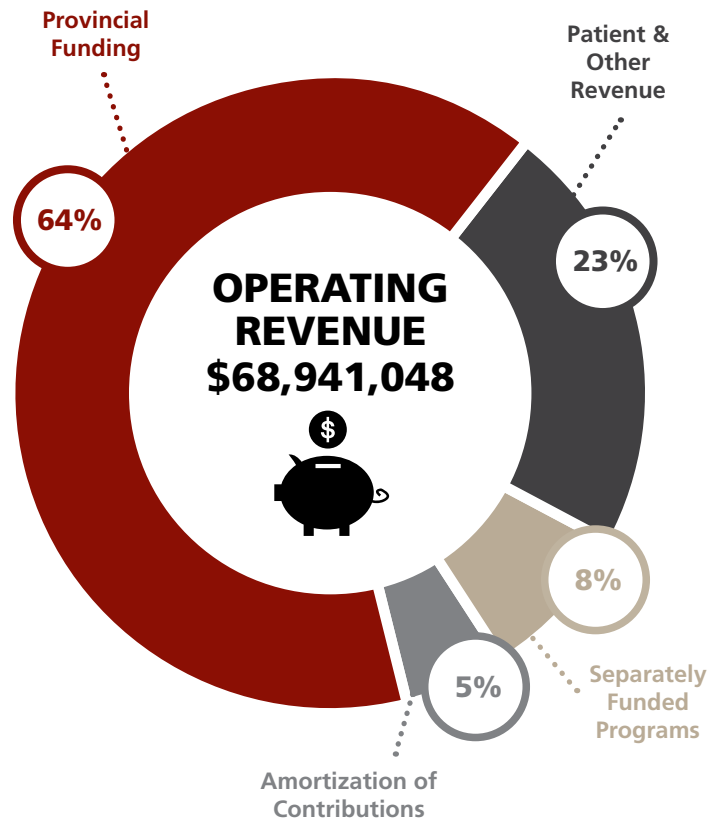
# Financial Highlights

**NHH's operating budget** for fiscal 2015/16 identified a deficit of \$1.1 million based on continued operating pressures, salary and wage escalation, inflation assumptions and a zero per cent increase in funding. This projected deficit was before the one-time costs of the External Operational Review, completed in the fall of 2016, and the one-time restructuring costs to implement mitigation strategies for the 2016/17 fiscal year. With these inclusions, NHH was facing a deficit of over \$2.1 million for 2015/16.

When the fiscal year concluded on March 31, 2016, NHH achieved an operating surplus of \$848, due primarily to three factors. First, NHH received additional funding as a result of Health System Funding Reform. NHH continues to operate as an efficient hospital, as measured, for example, by the hospital's cost per weighted case compared to the expected cost per weighted case which yielded an overall efficiency rate of -5.22 per cent for 2015/16 and additional funding for the fiscal year. Second, the Central East LHIN provided one-time funding assistance of \$1,649,600 to support the implementation of NHH's Hospital Improvement Plan. Without this funding, the hospital would have incurred an operating deficit of \$856,252 plus the restructuring costs of \$792,500. Third, NHH experienced a decrease in occupancy of 10.48 per cent from the prior year, due largely to lower than expected surge activity and related costs.

Despite achieving the required balanced budget under NHH's Hospital Service Accountability Agreement, the small surplus fell short of the required operating surplus of \$648,867 under the Working Funds Deficit Initiative. As a result, NHH did not receive the third and final installment of \$422,900 it was eligible for under this agreement; the hospital continues to work with the Central East LHIN and the Ministry to potentially receive this funding in the future.

Looking forward, NHH's efficiency rating improved to -7.32 per cent for fiscal 2016/17 resulting in further modest funding increases. In addition, the External Operational Review, led by the Central East LHIN, identified opportunities for revenue-generating and cost-reduction strategies in order to improve the hospital's financial position over the next four years, commencing in 2016/17. These recommendations have been incorporated into the Hospital Improvement Plan. However, despite both the funding increase and the mitigation strategies, NHH is unable to deliver a balanced budget for next year. NHH will continue to work with the Central East LHIN and the Ministry to obtain long-term financial sustainability while maintaining or enhancing the patient care services and programs needed by our community.



## CONDENSED BALANCE SHEET

As at March 31	2016	2015
<b>ASSETS</b>		
Current assets	\$6,232,127	\$6,750,512
Capital assets	\$47,956,416	\$50,613,112
	<b>\$54,188,543</b>	<b>\$57,363,624</b>
<b>LIABILITIES &amp; DEFERRED CAPITAL CONTRIBUTIONS</b>		
Current liabilities	\$9,423,637	\$10,310,506
Long-Term liabilities	\$4,238,300	\$4,085,300
Deferred capital contributions	\$46,514,679	\$48,956,739
	<b>\$60,176,616</b>	<b>\$63,352,545</b>
Net Assets (Deficiency)	<b>(\$5,988,073)</b>	<b>(\$5,988,921)</b>
	<b>\$54,188,543</b>	<b>\$57,363,624</b>

## CONDENSED STATEMENT OF REVENUE AND EXPENSES

For the year ended March 31	2016	2015
<b>REVENUE</b>		
Provincial funding	\$44,339,280	\$43,032,192
Separately funded programs	\$5,787,698	\$6,669,079
Patient and other revenue	\$15,110,533	\$15,145,307
Amortization of deferred capital contributions	\$3,703,537	\$3,383,767
	<b>\$68,941,048</b>	<b>\$68,230,345</b>
<b>EXPENSES</b>		
Salaries, wages and benefits	\$35,224,226	\$34,930,512
Medical remuneration	\$9,024,411	\$8,954,493
Drugs and medical supplies	\$5,370,310	\$4,737,138
General supplies and other	\$8,908,106	\$8,551,377
Separately funded programs	\$5,795,019	\$5,715,010
Amortization of capital assets	\$3,825,628	\$4,022,764
Restructuring activities	\$792,500	-
	<b>\$68,940,200</b>	<b>\$66,911,294</b>
Excess (Deficiency) of revenue over expenses	<b>\$848</b>	<b>\$1,319,051</b>

The condensed financial highlights are taken from the 2016 audited financial statements dated June 2, 2016. The audit was performed by KPMG LLP, Chartered Accountants. Copies of the audited financial statements are available on our website at [www.nhh.ca](http://www.nhh.ca) or in hardcopy on request.

NHH has faced shortfalls in its operating budgets for a number of years. These shortfalls are caused by many pressures, including:

## PRESSURES

- increased patient activity and acuity (sicker patients);
- Alternative Level of Care patient days due to lack of community resources;
- increased patient transportation costs;
- inflationary pressures (\$1 million annually); and
- changes to the health system funding model in Ontario.

NHH is not alone. Many hospitals are facing similar challenges but all hospitals in Ontario are required—by law—to balance their operating budgets each year.

In August, 2014, NHH alerted its funder—the Central East LHIN—to heightened concerns regarding its financial position for 2014/15 and beyond. As set out in Ontario’s Guidelines for Hospital Audits and Reviews, NHH began a process with the LHIN to investigate and, together, resolve the situation. The first step was an NHH-led Coaching Review, conducted in early winter 2014/15 and, following that, a LHIN-led External Operational Review conducted over the summer and fall of 2015/16. Consultation with hospital stakeholders occurred throughout.

The findings of NHH’s External Operational Review, conducted by The Hay Group, affirmed the following:

## REVIEW FINDINGS

- NHH is an efficient hospital;
- NHH is well governed and well managed; and
- no service reductions or reductions in service volumes are recommended.

Recommendations with regard to the way NHH delivers services today were made by The Hay Group. The Hospital Improvement Plan (HIP), approved by the Central East LHIN Board in January 2016, turned these recommendations into actions. The HIP sets out the work NHH has committed to complete as it continues, with its funder, to resolve the financial shortfall while sustaining high quality, accessible hospital care here in the community. The HIP includes a total of 53 initiatives, divided into five general areas:

## HIP INITIATIVES

- Board and management
- Utilization of services
- Clinical efficiencies
- Operating efficiencies
- Integration and partnerships

The full HIP, and the resources used to inform it, are available on [nhh.ca](http://nhh.ca) and community updates on progress continue to be shared through hospital and Central East LHIN communication channels.

## A multi-year plan, when complete the HIP is expected to realize \$5 million in annualized savings for NHH.

While sustaining NHH's high standards for quality patient care, the next two years will also be focused on achieving **\$2.8 million of these savings** through efficiencies.

As of June 2016, NHH has completed almost all of the board and management initiatives, and is well on the way to implementing the 2016/17 HIP initiatives related to utilization of services, clinical efficiencies and operating efficiencies with a projected net cost reduction of **\$1.3 million for year 1**. The balance of the planned efficiencies will come in year 2 of the Plan.

Work to find the further **\$2.2 million in savings** identified through integration is also under way, with the recent voluntary integration of NHH's microbiology services with regional partner Peterborough Regional Health Centre being an important first step. There is much work to do, but successful completion of the HIP is the key focus for NHH in the coming years.

### Our team, our strength



#### NHH Gerontological Emergency Management Nurse **SARAH GIBBENS**

Sarah provides clinical, gerontological consultation to enhance the care of older adults in the NHH Emergency Department (ED). Through specialized gerontological assessments, Sarah is able to help the NHH team quickly decipher what's new and what's not with a patient; detect delirium; investigate the cause of a fall; look at the patient's mobility and ability to perform activities of daily living; and screen for medications deemed high risk. Her assessments very quickly provide the necessary picture of new versus chronic conditions and, from this, she is a key link for local seniors to community resources or, as situations merit, an advocate for a hospital admission. Sarah also works with frail seniors' to proactively prevent cognitive and functional decline while in the ED. This includes getting older patients up and walking; providing music therapy right in the ED, to ease anxiety; calling in the support of family to bring in dentures, hearing aids, and glasses; and encouraging food and fluid intake while awaiting tests and results.

Why did Sarah choose the work she does today? "I was a dietary aide at a retirement facility during university, and saw how small interventions can make such positive impacts in people's lives. I worked with one man in particular who had dementia and was non-verbal. He would point or grunt until we could understand his routine. One day, I began to sing while cleaning up the dining room and his voice boomed out as he finished the chorus of Somewhere over the Rainbow. I will never forget the person I saw behind the dementia, the sound of his voice, and the smile on his face. I wanted to continue to pursue this passion with more depth in the nursing field. Once in the field I saw just how much specialty is required for gerontological nursing, and wanted to become as strong an advocate for my patients as I could so I completed a Master of Nursing from the University of Toronto. I strongly pursued the GEM RN role as it seemed to fit all my interests and it has offered me an opportunity to continue to grow throughout my career."



**SARAH**

# Reward and Recognition Highlights 2015/16



Accomplishments in the areas of leadership, teamwork, education, innovation, long service and volunteerism are celebrated at NHH throughout the year. Shown here are some of the past year's highlights.



Ten staff members received their 15-year pins this year, including (from left): Kim Doucette, Maureen Canfield, Ian Moffat, Crystal Beaudry and Valerie Rumball. Missing from photo: Cara Hunt, Anne Marie Mosher, Janice Hines and Patricia Hand.



Education Awards were presented this year to RNs Andrea Doyle-Philp (left) and Kimberly Baxter. Andrea obtained her de Souza Nurse Associate certification while Kimberly became the first nurse in the Central East LHIN to obtain her full de Souza Nurse Designation.



(Clockwise from left) Jacqueline Hart, Cheryl Weir, Sylvia Gallagher, Bernadette Klotz, Laura Eakins, Ida Francoeur and Joanne Serio were some of the twenty-seven individuals recognized for 10 years of service to NHH.



Seven staff members received their 35-year pins this year, including (from left): Sue Hoekstra, Janice Bickle, Tracey Chester and Janice Dale. Missing from photo: Pam Aiello, Linda Hastings and Patricia Dunn.



25-year pin recipients included (from left): Kevin Burn, Cathy Setterington, Merle Venne, Laura Marshall and Becky Cressman. Missing from photo: Tammy Misasi, Wendy Arbeau and Stephanie Tuer.



# Reward and Recognition Highlights 2015/16



Amanda Phipps (right), Registered Practical Nurse, and Amy Ludolph (left), Recreational Therapist, were presented with Gerontological Excellence Awards in September 2015 from Helen Brenner, NHH's VP, Patient Services and Chief Nursing Executive.



NHH celebrated six Healing Hands Award winners in December 2015. Shown from left to right are: Anne Marie Losell (RN, Dialysis), Amanda Phipps (RPN, 2B/Medical-Surgical Unit), Susan De Long (clerk and transcriptionist) and Janna Cudmore (RN, Cancer and Supportive Care and Ambulatory Care). Missing from photo: Heather Garrett (RPN, Inpatient Rehabilitation) and Toni Walker (RN, Maternal/Child Unit).



Three individuals received 20-year pins this year, including Wendy Scott (left) and Kim Zoldy. Missing from photo: Rhonda Cunningham.



A large number of area physicians received long-service awards in 2016 including, (from left): Dr. Andrew Stratford (General Surgeon, 10 years); Dr. Carson Kwok (General Practitioner, 25 years); Dr. Mark Essak (General Practitioner, 25 years); and Dr. Philip Stratford (General Practitioner, 10 years).



Pharmacist Grace Nava (centre), winner of NHH's 2016 Outstanding Leadership Award, for her work in the NHH Pharmacy.

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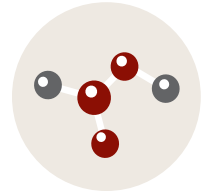
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# Giving Back to Our Community

NHH staff and physicians contribute to many local causes, sometimes on their own, and sometimes as part of a hospital team. By contributing to local efforts like the Big Bike for Heart and Stroke and the Northumberland United Way, NHH is paying forward the immense community generosity that comes into the hospital each year in the form of donations for much needed capital equipment and volunteer hours to support patient services.



NHH's team raised just over \$1700 for the Heart and Stroke Foundation with their Big Bike effort this year.



Among the many local students NHH welcomed this year were those who visited for the annual Take Your Kids to Work Day event (top) and the above group of Trent University nursing students, shown with (left) Recreational Therapist Amy Ludolph and Geriatric Emergency Management RN Sarah Gibbens (far right).



NHH participated in the Northumberland United Way's annual Cameco Challenge the Dragon Dragon Boat Race in the Cobourg Harbour again this year. Shown above are members of the Rehab the Dragon team just before the race.



(L-R) The NHH Crafters Sale, one of several initiatives organized for NHH's annual Northumberland United Way campaign; NHH physiotherapist Kevin Burn, with 2015/16 United Way campaign co-chairs Paul and Joan Macklin; and Community Care Northumberland's Memory Tree volunteers, at their December 2015 display at the hospital.

**2015/16 concluded with another exceptional 12 months of events, fundraisers and individual volunteering** in support of local patient care at NHH.

Many acts of kindness are directed to the hospital, including the activities coordinated by the NHH Foundation to raise much-needed dollars for capital equipment. Under the Foundation's careful direction, successful signature events such as the Gala and the Bike Up Northumberland fundraiser are coordinated. Third-party events organized by local residents are another key feature of the Foundation's work, and range from smaller events, such as school activities, to community-wide fundraisers such as the Father and Daughter Ball.

The NHH Auxiliary is made up of more than 300 dedicated volunteers who support each department, from Emergency to Intensive Care. Auxiliary volunteers take shifts in the Little Treasure Shop, the Auxiliary's retail operation at NHH, and they manage Petticoat Lane, the extremely

successful thrift shop run by the Auxiliary on Munroe Street in Cobourg.

In the fall of 2015 the Auxiliary tallied up its total donations since the hospital opened in October 2003 and found that they had surpassed the \$2 million mark—incredible support for a community this size. These donations have been put to work in many areas of the hospital, most recently in support of the purchase of 20 new wheelchairs and a new dishwasher for the food services operation.

NHH also benefits from a dedicated team of spiritual care volunteers who support patients and staff of all faiths and denominations, as well as multiple teams of St. John Ambulance therapy dogs and their "people" who bring smiles to the faces of patients and staff alike during their regular visits.

NHH is grateful for all of the support received. Interested in volunteering at/for NHH? Please see page 26 for opportunities.



**PAMELA**

### Our team, our strength



#### Medical Device Reprocessing Technician **PAMELA PERROW**

Pam has been a member of the hospital team since 1988. With experience in food services and housekeeping she has spent the majority of her hospital career, since 1999, as a specially certified reprocessing technician in the heart of the hospital—the medical device sterilization and reprocessing department.

Though carried out far beyond the public's eye, Pam's responsibilities are essential to safe patient care, sterilizing virtually everything from scopes to other medical instruments that might be used, clinically, to administer care. In this capacity, Pam and her colleagues support NHH's surgical service, emergency department, ambulatory care clinics, obstetrical service and more. Colonoscopes, cystoscopes and gastroscopes must all pass through this department for cleaning, inspection, sterilization and release.

"We work very closely with surgical services," she confirms. With three general surgeons to serve, and a growing team of internists, Pam and the team are responsible for preparing a cart ready for each procedure "Every parameter must be met and cleared, and we take exceptional pride in our checks and double checks here at NHH," says Pam proudly. "I really think it's an honour to do this work," she says. "I always think: it could be my family member getting this procedure... I think that every day and, in a few cases, it has been! We have a great team, a great boss and I really feel that leadership listens if and when we raise a concern."



(Left) Tania Bird, RN, and Natasha Jacobs, organizer, Northumberland Father and Daughter Ball, with one of the fetal heart monitors purchased with this year's event proceeds.



Kendal Lions Pancake Breakfast. President Derek Jackson with Adrienne Barrie, NHH Foundation.



NHH Auxiliary volunteers Muriel Milley (left) and Virginia Mitchell.



Bruce McCartney and MP Kim Rudd at the NHH Foundation's Wine & Ale in the Park event.



St. John Ambulance Therapy Dog program volunteers (L-R) Brian and Joan Llewellyn, with Emma; Wanda Corey and Matilda; Cathie Holmes and Menika; and Sarah Holland with Corduroy.



RBC Foundation cheque presentation.



Northumberland's Biggest Coffee Morning party, Third Street Law.



Nancy and Brian Bruce, Bike Up Northumberland!



**As chair,** I would like to give special recognition to the Foundation Board of Directors. Our team has had a very successful year made possible because of community leadership, donor contribution and volunteer participation.

We are very grateful to our donors, for constantly including the hospital among your priorities. Our strong partnership with the community ensures that our hospital's care remains at an exemplary level. Philanthropy has allowed us to go to that next level in patient care and provides the bridge between good and exceptional health care for our community. Your donor support reflects a greater commitment for the outstanding work of physicians and staff and the contribution our organization makes to improve and save lives.

A heartfelt thank you to my fellow Board members and to the volunteers who sit on the many committees and who help out at various events. All of you work very hard to help our hospital achieve the highest level of patient care and help our Foundation raise the funds necessary to purchase essential items to provide that care.

The motivation and dedication of the Foundation staff, along with their willingness to accept new challenges and foster new relationships, continues to impress and inspire me. You are the driving force behind all of our fundraising efforts.

Every dollar received and every hour volunteered shapes our health care close to home and will help to keep us moving forward by continuing to build a hospital that offers state-of-the-art care and service to our community. Thank you for your support."

*Louis Stevenson, Chair,  
NHH Foundation*



LCBO coin box campaign (L-R): Kathy Reed, Adrienne Barrie (NHH Foundation) and Tammy Staffen.



NHH Auxiliary volunteers (L-R): Brenda Worsnop, Patricia Fenner, Marg Hilborn, Pat Page Hoisak (Auxiliary President) and Yvonne Green.

**In the past year**, the NHH Auxiliary has given the hospital \$200,000 toward the purchase of new equipment such as patient beds, a fetal monitor and baby security software. We have also purchased 20 much needed wheelchairs and an industrial grade dishwasher. This year, we partnered with the Rotary Club of Cobourg to sell Christmas and spring plants at the front entry to the hospital and this considerably increased our annual donation. Many thanks to all of our fundraisers: Petticoat Lane, the Little Treasure Shop, the HELLP Lottery, Crafters, and the Bridge group for the hard work that brings in these results.

At our AGM on May 24th 57 of our members received pins for five to 45 years of dedicated service to our hospital! We often receive cards and words of praise and thanks for the kindness and support provided by our volunteers. It makes us very proud to be part of the caring community within this highly regarded hospital and to know that we make an invaluable contribution to health care in this province."

*Pat Page Hoisak,  
NHH Auxiliary President*

## Our team, our strength



### NHH Porter **IDA FRANCOEUR**

Ida Francoeur is in her 11th year at NHH and for the past three of these she has held the position of porter, a new role that has quickly become essential to the smooth and timely flow of patients within the hospital.

As a porter, Ida, who is a personal support worker by training, works in all of NHH's patient-care areas, bringing newly admitted patients from the Emergency Department to a ward, taking patients to and from physiotherapy or diagnostic imaging, and transporting them from surgery or intensive care to a medical/surgical bed. When acute patients are ready for rehabilitation or restorative care, it is often Ida who brings them to these first floor units.

Always ready with a cheerful greeting and a smile, Ida can be regularly seen calming an anxious patient awaiting an important diagnostic test or prompting a chuckle with a joke as she wheels someone down the corridor.

"I just love people," she says. "I am a people person!" In Ida's case, that couldn't be more apparent. "When I see someone not well, it gives me strength...to do everything I can to get their mind off their troubles and ease their fear. Hospitals can be scary places for people, especially if they're alone. I try my best to make them comfortable, distract them from their worries and, sometimes, just listen. I just love what I do."



**IDA**

# Thank you for putting the CARE in health care

In the past year the NHH Foundation contributed **\$938,902** to purchase lifesaving medical equipment and invest in building enhancements to help keep quality patient care close to home. We were able to do this as a result of an outpouring of financial support from our community. *Thank you for believing in our hospital.*



## Investments made from April 1, 2015 to March 31, 2016

Cardiac monitoring and telemetry (partial)	\$79,946
Spirometer for ICU	\$2,924
Fetal monitors (5)	\$107,093
Transport fetal monitor	\$19,076
Stretcher for Surgical Services	\$3,506
Endoeye scopes for Surgical Services (3)	\$51,645
Cystoscopes for Ambulatory Care (2)	\$19,452
Bronchoscopes (2)	\$61,738
Scope cabinet	\$5,306
Surgical instruments (multiple)	\$30,155
Optiflow for Emergency Department	\$2,506
Chemistry analyzer	\$81,959
Bone Mineral Density Scanner	\$90,682
Medication refrigerator	\$4,857
Narcotics room camera	\$2,823
Food waste collector for Dietary Services	\$25,000
Food wells for Dietary Services	\$1,586
Computer on wheels (2)	\$21,899
Blood bank label printer	\$1,658
Server room UPS battery replacement	\$12,838
Entry Point software (partial)	\$43,122
Replacement CPUs for PACs workstations	\$28,635

## Building Enhancements

Fuel tank system upgrade	\$166,485
Cooling tower rebuild	\$50,843
Building automated services communication board	\$23,168

**TOTAL PURCHASE OF MEDICAL EQUIPMENT: \$698,406**  
**TOTAL INVESTMENT IN BUILDING ENHANCEMENTS: \$240,496**

For more information, please visit [nhhfoundation.ca](http://nhhfoundation.ca)

**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—and succession planning for the Board—has been further supported in 2015/16 by five community members who serve on specific Board committees. For more information on the NHH Board, including biographies of current members, agendas of upcoming meetings and meeting minutes, see [nhh.ca](http://nhh.ca).



**Northumberland Hills Hospital  
Board of Directors, 2015/16**



**Northumberland Hills Hospital Community  
Committee Volunteers, 2015/16**

**(L-R):** Suzanne Aldis-Routh, Mary Anne Peek, Michael McAllister and Kristy Hook.

**Missing from photo:** David Slater.

### ABOVE

**Front row (L-R):** Dr. David Broderick (Chief of Staff), Linda Davis (President and CEO), Starr Olsen, Lynda Kay, Pamela Went, Helen Brenner (Vice President, Patient Services and Chief Nursing Executive), Pat Page Hoisak (President, NHH Auxiliary), Louise Stevenson (Foundation Board Chair), Bob Carman and Dr. Andrew Stratford (Vice President, Medical Staff Association).

**Back row (L-R):** Dr. Mukesh Bhargava (President, Medical Staff Association), Bill Gerber, Cyndi Gilmer, Catharine Tozer (2nd Vice Chair), Jack Russell (Chair), Tom McLean, John Hudson and Doug Mann.

**Missing from photo:** Elizabeth Selby (1st Vice Chair).





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# Volunteering Opportunities



## New to the area and looking for a way to get involved?

Start a **conversation** about volunteering opportunities at NHH. There are many ways to get involved, from joining the NHH Auxiliary to lending a hand with a Foundation event. Volunteering has been proven to benefit the donor as much as the recipient!

### NHH Auxiliary

For full details, including an application form, see the Volunteers tab on [nhh.ca](http://nhh.ca) or call 905-372-6811 ext. 4630

### NHH Foundation

For full details on the Foundation's many activities and events, go to [nhhfoundation.ca](http://nhhfoundation.ca); to speak to someone about volunteer opportunities, call the Foundation office at 905-372-6811, ext. 3066

### Spiritual Care Advisors

Call Karen Truter, 905-372-6811, ext. 3212

### St. John's Therapy Dog Program

Call Karen Walker, Unit Coordinator, St. John Ambulance Northumberland Therapy Dog Program, 905-372-0564 or email her at [training.coordinator@on.sja.ca](mailto:training.coordinator@on.sja.ca).



**ABIGAIL**

## Our team, our strength



### Acute Inpatient Physiotherapist **ABIGAIL FAST**

Abigail joined the NHH team in January 2016, but it wasn't her first exposure to the hospital. Raised in Cobourg, and a local high school graduate, she did a placement at NHH while completing her secondary school studies. The experience inspired her to pursue a career in the health-care sector.

After completing her undergraduate degree in kinesiology at Laurier University, Abby—as she's known to most of her patients and colleagues—did a two-year post-graduate degree in physiotherapy. It was in this capacity that she returned to NHH, this time for a placement with the inpatient physiotherapy team.

Now a full-time member of the same NHH team, Abby works with patients on the hospital's medical/surgical unit, the intensive care unit, palliative care and, as needed, in the Emergency Department.

Her favourite phrase to break the ice with new patients is: "I'm going to get you up and moving!"

"Getting people back on their feet is really rewarding work!" says Abby. "I might be the first person to get someone up and out of bed after a prolonged illness or a sudden injury. I help them slowly regain strength and function, and set them up with the necessary equipment to support safe mobility. I see people at their worst and, ideally, I see them improve so they can return home."

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For further information on local opportunities contact the Northumberland Family Health Team (call 289-252-2139 or visit [nfht.ca](http://nfht.ca)), The Port Hope Community Health Centre (call 905-885-2626 or visit [porthopechc.ca](http://porthopechc.ca)) or the physicians' offices directly (see your local Yellow Pages under Physicians).

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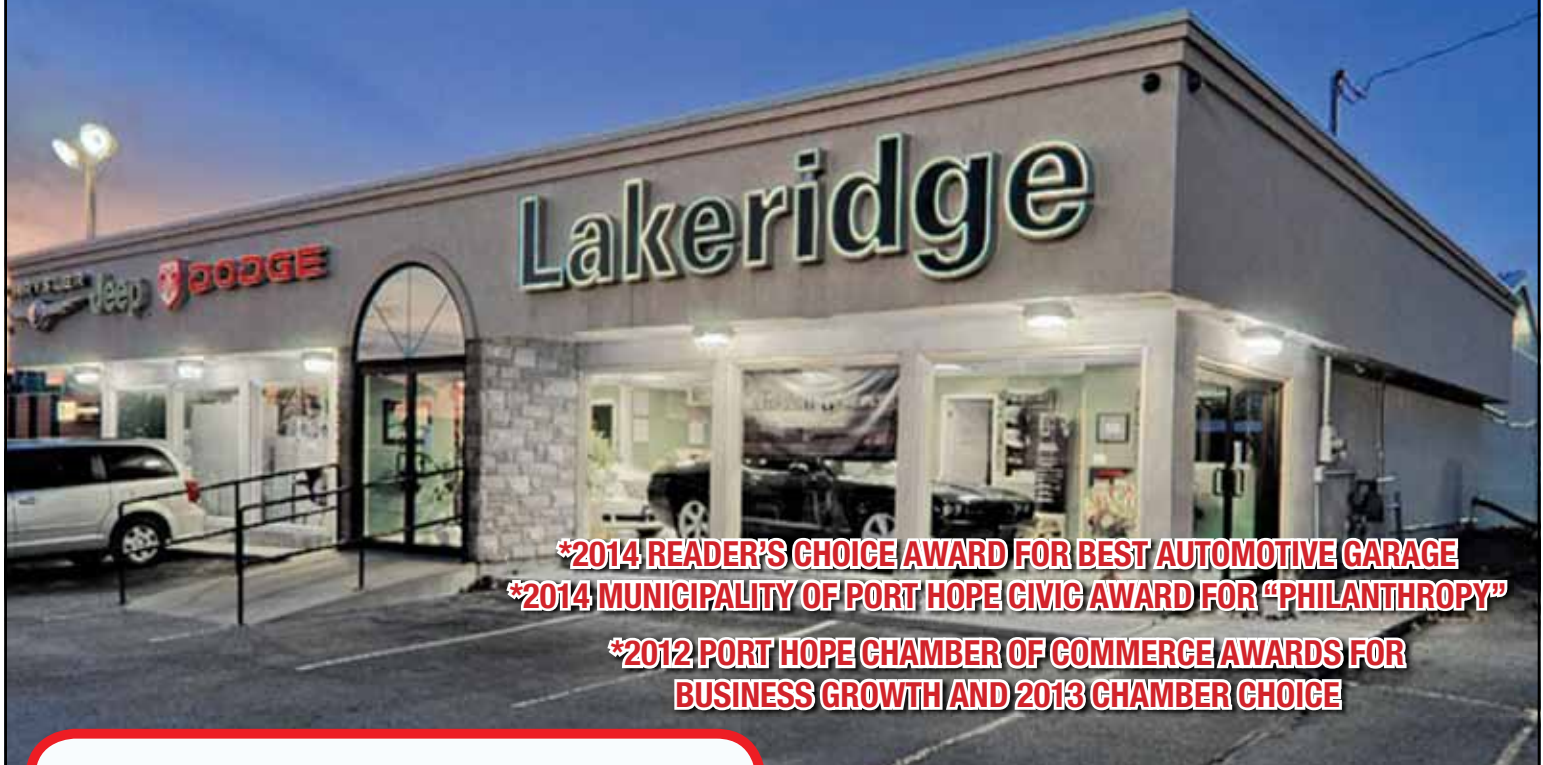
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