

# BUILDING A SUSTAINABLE FUTURE



## Annual Report 2009/10



### NORTHUMBERLAND HILLS HOSPITAL

1000 DePalma Drive, Cobourg, Ontario, K9A 5W6

905.372.6811 | [www.nhh.ca](http://www.nhh.ca) | [info@nhh.ca](mailto:info@nhh.ca)



# NORTHUMBERLAND HILLS HOSPITAL



in conjunction with



884 Division Street, Unit 212, Cobourg  
905.373.7355  
www.northumberlandnews.com

**PUBLISHER**  
Tim Whittaker  
**SENIOR SALES SUPERVISOR**  
Peter Dounoukos

**ADVERTISING CONSULTANT**  
Patricia Kulik  
**GRAPHIC DESIGN**  
Mike Bahm

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**Front cover (L-R):** Dr. Peter Woodward, Chief of Anesthesiology; Dr. Haig Basmajian, Surgeon; Tracey Chester, Team Leader, Surgical Services; and Brenda Arthur, RN, Day Surgery.



## MacCOUBREY FUNERAL HOME

**R. Scott MacCoubrey**  
30 King Street East,  
Cobourg, Ontario K9A 1K7  
Tel: 905-372-5132

11 King St. West, Colborne,  
Ontario K0K 1S0  
Tel: 905-355-2829

E-mail: [scott@maccoubrey.com](mailto:scott@maccoubrey.com)

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Investment Advisor



**RBC Financial Services (Ontario) Inc.**  
204 D Division Street  
P.O. Box 296  
Cobourg, Ontario K9A 3P7  
lynn.hardy@rbc.com  
905-372-3385

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## MESSAGE FROM THE CHAIR OF THE BOARD



**It has been said that** Northumberland Hills Hospital (NHH) is mid-way through a renewal process. I agree with that observation. 2009/10 was another year of change. With the ongoing support of a dedicated community, combined with outstanding front-line staff, physicians and management, it has been a year of great achievements, with the promise of more to come. As we turn the page on a new year, I want to highlight five achievements in particular.

First, **quality**. In March of this year, NHH opened its doors to a team of senior external reviewers representing Accreditation Canada, a voluntary quality review process used by Canadian hospitals and other national and international health and social service organizations to evaluate the quality of services against national standards of delivery.

Our Hospital was evaluated against 1,411 criteria, organized into standards related to everything from infection control to managing medications to sustainable governance. We achieved a remarkable 97 per cent compliance rate, and full accreditation, without conditions—the highest level that can be assigned!

Second, **community**. NHH is truly a community hospital. Take, for example, the successes of the NHH Foundation and the NHH Auxiliary in the past year. Despite the economic downturn, the volunteers behind these organizations surpassed their respective fundraising goals. That is an outstanding achievement in this environment.

In addition to the great contributions to patient service from our 400-plus Auxiliary volunteers, a new Volunteer Chaplaincy program took shape in the past year at NHH. Thanks to the generous dedicated service of trained volunteers, we now

have a program in place, 24/7, to tend to the spiritual needs of patients and staff as needed.

A final demonstration of the community's active investment in NHH in the past year was the Citizens' Advisory Panel (CAP). A balanced and representative group of 25 community members gave up many precious weekends this past year to learn about our Hospital and provide recommendations to the Board on your behalf. Through direct community input from the CAP and other stakeholders, our Board prepared itself to make difficult but informed decisions about changes in services.

This is an exceedingly challenging time in the health care field. Like all hospitals in the province, NHH is legally required to maintain a balanced budget. At the same time, costs are going up, funding from the government has not kept pace, and quality cannot be compromised. Developing a plan that will permit us to meet our obligation to **balance our budget** is a third achievement our Hospital met in the past year.

Working with the input gathered from our community, we developed the 2010/11 Budget and Service Plan that preserves the majority of acute care services offered at NHH today. Surgical services, emergency services, diagnostic imaging, maternity services and cancer treatments will all remain at NHH. With this Plan we have secured our Hospital's future by defining our core services. We are committed to providing acute care of the highest possible standards of quality and safety, while meeting or exceeding provincial standards for efficiency and wait time.

At the heart of this Plan is the understanding that some patient services can be offered today more effectively and efficiently outside NHH, by community-based health care providers. **Enhanced partnerships** are the fourth achievement we can count in the past year.

Coordination between health service providers is a must if we are to ensure, in the long-term, quality of care and health system affordability. Hospitals today work within a larger health care system. An excellent illustration of this, highlighted in the message from our Chief of Staff, is our new regional collaboration on mental health care

with Ontario Shores Centre for Mental Health Sciences in Whitby.

Finally, **governance**. Effective boards constantly review their by-laws and policies to ensure they are keeping pace with the latest developments in governance. NHH Members approved By-law updates at the June 2009 Annual General Meeting, and more updates are proposed for approval in 2010. The changes reflect NHH's desire to conform to best practices for hospital governance across the province.

I can say with confidence that the NHH Board has governed the Hospital in the best interest of both external and internal stakeholders. Using the positive experience of our first Citizens' Advisory Panel as a guide, we are committed to further building opportunities for community input in the days ahead.

We need all hands on deck, and a commitment to work together, to continue to build the best possible future for health care in our community.

John Hudson

## CITIZENS' ADVISORY PANEL



*"The Citizens' Advisory Panel [is] something that I think other hospitals may wish to explore because it does actually ask the people in the community what they need to protect and what could be done better outside the hospital."*

Hon. Deborah Matthews,  
Minister of Health and Long-Term Care, Provincial Legislature,  
April 27, 2010

## 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



**Northumberland Hills Hospital (NHH)** is a jewel, created by the goodwill and generosity of our community. In return, you expect quality health services delivered close to home. This is the promise we are working to keep.

The health care system is at a crossroads. Health service providers are under constant pressure to deliver more and better services within their existing resources. Advances in medicine, population growth, and the aging baby boomers, are causing more strain on the system than ever before.

All of this is placing significant financial pressures on hospitals while, at the same time, we are expected to reduce wait times and improve quality care and patient safety. Like most hospitals in the province, NHH faces a tremendous challenge to meet its legal responsibilities to balance the budget while protecting essential health services expected by our community.

After extensive public and stakeholder consultation over the past year, a strong consensus emerged: NHH must focus its attention and resources on providing a comprehensive basket of high quality, acute care patient services. Implicit in this consensus is that some patient services would be offered more effectively by community-based providers.

The question that is being rightly asked is the following: given that hospitals will continue to be pressured financially in the years to come, what is NHH's plan to ensure it remains viable and sustainable for our future?

In recognition of these new realities, the Board's Budget and Service Plan preserves the vast majority of services offered at NHH today. Further, the Board has approved a new Strategic Plan for 2010-2014.

Informed by our consultations in the past year, the Strategic Plan is a comprehensive, long-range road map that takes a multi-pronged approach in transforming NHH to meet today's challenges and take advantage of tomorrow's opportunities.

There are five strategic directions for the new Strategic Plan. Each will contribute to helping NHH achieve long-term sustainability.

**Patients First.** NHH will not lose sight of its mission to provide quality and safe patient care. In doing so, our Hospital will continue to invest in new processes, people and technologies to advance and improve the services we provide to our patients.

For example, we are introducing new initiatives

to respond to our community needs and patient demographics—an elder population. We will be enhancing our commitment for an elder-friendly environment; investing in a new specialized geriatric nurse to implement our Hospital Elder Life Program; and, taking a new approach in addressing our Alternative Level of Care patients, including the introduction of restorative care beds.

The 2010 Accreditation results demonstrate that NHH has not wavered from its commitment of providing quality and safe patient care.

**Our Team, Our Strength.** NHH is blessed with an exceptional, dedicated team of individuals at all levels of the organization. With the rapidly changing health care environment, and an aging workforce, it is essential that NHH take steps today to maintain the best prepared workforce to deliver both quality and cost effectiveness in the future.

For example, we will enable our health service professionals to work at their full scope of practice—the full depth and breadth of service that their skills and training permits. This not only improves quality of care, but enhances staff job satisfaction and cost effectiveness for the organization. We will also introduce new health service professionals within our mix of staff, for example, nurse practitioners.

In addition, we will continue to invest in continuous learning and education for our staff to keep abreast of the advances in health care delivery. Decision support, information management, clinical education and professional practice are essential functions that must be enhanced in order to build internal capacity to continuously improve. We believe it is short-sighted to view these as administrative costs; they are necessary investments in our Hospital's future.

**Operational Excellence.** As a publicly funded institution, NHH must continually provide and demonstrate “value for money”—quality services through the effective use of our limited resources.

Our strategies include the full adoption of LEAN—a continuous quality improvement system—across the organization. LEAN methods help reduce waste and remove unnecessary steps in our processes. What's more, the pilot projects completed in the past few years have demonstrated real improvements in the quality of patient care.

Information technology holds significant promise, not only to improve efficiencies but also to improve patient safety. Investments in these technologies will also be a key success factor.

NHH will continue to pursue integration opportunities for shared services with other hospitals. For back office functions, NHH already participates in numerous shared initiatives with other hospitals.

Regional purchasing functions have been identified as having the greatest opportunity for cost savings. In March of this year, NHH joined the Central Ontario Healthcare Procurement Alliance as part of the hospital's supply chain improvement initiative to reduce costs associated with buying and distributing medical and surgical supplies.

**Collaborative Networks.** NHH is not the single source of health services in west Northumberland—nor should it be. Coordination between health service providers is essential to ensure quality of care and health system affordability. Many services can be provided more efficiently and effectively within the community.

Strengthening our formal relationships, particularly with regional hospitals, is an opportunity to build local expertise, enhance service quality and improve access to services that could not otherwise be delivered in our community. Health care is all about partnerships, and NHH will not waver from being a leader in developing sustainable solutions by working constructively with our community and with other health care providers.

**Building a Sustainable Future.** The final strategic direction emphasizes the need for NHH to create new opportunities to secure a more stable and predictable future. This requires a culture of inquiry and innovation that enables the timely adoption of leading practices, concepts and ideas.

We will aggressively pursue new, sustainable revenue streams to become less reliant on government funding. NHH has assets and land that can be leveraged for this purpose. It requires, however, sound business decisions and time to fully explore our options and complete proper due diligence.

NHH will continue to be a leader in choosing environmentally responsible solutions. We will explore and implement solutions to reduce the facility's carbon footprint and reduce operating costs. Energy conservation programs and technologies, such as solar energy among others, are already being explored.

Our plan also positions NHH, not only as a viable community hospital, but one that is an integral part of the acute care system in the Central East Local Health Integration Network (Central East LHIN) supporting the larger regional centres.

How is this possible? We are advocating and highlighting the virtues of NHH and our community: we are efficient; we have capacity to grow; we are nimble due to our size; we are innovative; we are connected with our community like no other hospital in the province; and, most importantly, we are extremely good at what we do.

I can't think of a better foundation on which to build our future—it's a formula for continued success. It requires open-minded attitudes toward change and innovation. NHH is up for the task, and we know that our community is as well.

Robert Biron

## OUR PROGRAMS AND SERVICES

**One of 10 hospitals** within the Central East LHIN ([www.centraleastlhin.on.ca](http://www.centraleastlhin.on.ca)), Northumberland Hills Hospital ([www.nhh.ca](http://www.nhh.ca)) is located in Cobourg approximately 100 kilometres east of Toronto. An acute care hospital serving the catchment area of west

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

NHH. In addition to these, NHH also sponsors a community mental health program. NHH employs close to 600 people and relies on the additional support provided by physicians and volunteers.

ACTIVITY SNAPSHOT	April, 2007 - March 31, 2008	April, 2008 - March 31, 2009	April, 2009 - March 31, 2010
Emergency Department Visits	32,581	31,764	32,587
Admissions	3,557	3,633	3,641
Births	541	595	597
Surgical Cases	4,839	4,998	4,748
Dialysis Visits	8,343	7,246	7,071
Chemotherapy Visits	2,119	2,622	2,762
Out-Patient Clinic Visits	20,095	21,473	17,279
Community Mental Health Contacts	15,578	19,179	29,608

## VOLUNTEER CHAPLAINS



**Back row (L-R):** Rev. Bill Service, Rev. Adam Prasuhn, Rev. Bill Ball and Rev. Ewen Butler  
**Front row (L-R):** Rev. Nancy Lester, Eileen Simpson, Rev. Mary Ryback, Rev. Marg Tandy and Rev. Andrew Truter

Mall

Linda Dior

Tuggs

**Northumberland Hills Hospital's dedication** to quality patient care continued to be demonstrated throughout the organization in 2009/10. This was recognized in the exceptional review delivered by Accreditation Canada earlier this year.

Financial concerns dominated, due to typical increases in program costs combined with a reduction in operational funding. Stakeholders were engaged, including representatives from our communities, and a plan was formulated to balance the operating budget. Unfortunately, the required savings could not be found by simply becoming more efficient. With the Central East LHIN's approval, selected service changes, namely the closure of NHH's Outpatient Rehabilitation and the Diabetes Clinic, were implemented in April 2010, on the understanding that these services would be available elsewhere in the community.

A key component of the budget plan was a comprehensive Alternative Level of Care (ALC) strategy. A challenge facing hospitals across the province, ALC patients are those who have completed their acute care treatment, but remain in hospital awaiting availability of community-based services, such as a long-term care home. With the support of funding from a number of new Central East LHIN initiatives aimed at supporting seniors and reducing Emergency Department wait times, NHH continues to work to address the growing number of ALC patients. Specific strategies include the Home at Last and Hospital to Home initiatives, which focus on supporting patients in their discharge to home, and the opening of new restorative care beds within the Hospital, focused—as the name suggests—on returning individuals to their highest level of independence in the community.

On the assumption that additional community capacity for interim long-term care and convalescent care beds could be found by the Central East LHIN in the NHH catchment area, NHH had planned a total of 26 bed closures in the current year. Until such time that the Central East LHIN is able to increase this essential capacity, these beds will remain at NHH.

The NHH Emergency Department continues to provide good community support with an overall patient satisfaction rating of approximately 80%. Patients generally become dissatisfied when they feel wait times are excessive. This issue was studied in the last year, and changes were made that reduced semi-urgent patient wait times by approximately 30%. The new average wait time is 4.1 hours, giving NHH one of the lowest in the province. For those who are waiting, however, this is still relatively long and efforts are on-going to find further improvement. However, it should be understood that sicker patients have priority and we are only funded for one ER physician per shift.

Inpatient satisfaction was high at about 93%. This score reflected the excellent technical quality of care and the empathetic delivery of services by our dedicated staff. At the start of the year, we did have a problem with an above average infection rate involving the bacteria *Clostridium Difficile*. This is a potentially lethal bowel infection, often caused by the inappropriate use of antibiotics or cross-contamination by staff. I am pleased to report our rate is now well below provincial average. The rates of all other hospital-acquired infections were virtually zero. This reflected concerted effort by all staff, better room cleaning, hand washing and careful antibiotic use. Finally, our average length of hospital admission (5.25 days) was also better than the provincial target of 6.8 days, suggesting more efficient use of resources by our physicians.

NHH's surgeons and anesthetists continue to provide excellent coverage, supporting the Emergency Department and inpatients on a 24/7 basis as well as providing better-than-expected access to surgery. Wait times for cataract surgery averaged 75 days and general surgery 62 days. The provincial target was 182 days. Our obstetricians/GPs/midwives delivered 597 babies, providing care "closer to home" for new families. We also provided limited dental, ear/nose/throat, orthopedics, plastics and urology procedures locally.

The Community Mental Health Program enjoyed remarkable success in the last year. By collaborating with Ontario Shores Centre for Mental Health Sciences in Whitby and re-designing programs, client

**NORTHUMBERLAND HILLS HOSPITAL MEDICAL STAFF**

<b>Midwives</b>	<b>14</b>
<b>Associate/Active</b>	<b>58</b>
<b>Courtesy (Non-Admitting)</b>	<b>53</b>
<b>Total</b>	<b>125</b>

access was increased, on average, by 53% plus adding new access to adolescent psychiatry, all without additional costs!

Diagnostic imaging reached its full complement of five radiologists, including two rare interventional radiologists. These clinicians perform procedures, such as organ biopsies, without the need for a traditional operation. We also remained "cutting edge" with the acquisition of the latest high definition, low radiation Computed Tomography (CT) scanner. This device can actually examine coronary arteries without requiring the patient to undergo an angiography. In addition, wait times for CT and Magnetic Resonance Imaging (MRI) were very good, at 38 days and 28 days respectively in the final two quarters.

Unlike most hospitals, our community family physicians remained the backbone of the NHH medical staff. Of 33 General Practitioners who have office practices, 24 provided hospital care, including Emergency Department shifts, ICU support, inpatient care and obstetrics. For the patient, this meant in-hospital care was provided by a personal family physician—a doctor who knew the health issues better than anybody—and who provided seamless continuity of care after hospital discharge.

Northumberland Hills Hospital is one of the finest community hospitals in Ontario. I look forward with confidence to the years ahead.



Dr. David Broderick

Cardinal

Hypno

Family Foot Care

Cob Retire

Pharm 101

Hosking

# SERVICE, LEADERSHIP AND EDUCATION ACHIEVEMENTS

## THE NHH FAMILY

### Full and Part-Time Staff

Nursing	257
Management & Administration	27
Service & Support	176
Other Health Professionals	106
<b>Total</b>	<b>566</b>

### NHH Auxiliary

Active Members	372
Associate Members	79
Lifetime	21
Leave of Absence	2
<b>Total:</b>	<b>474</b>

### NHH Foundation

*(an independently incorporated organization)*

Staff	3
Volunteers	75
<b>Total:</b>	<b>78</b>

<b>Volunteer Chaplains</b>	<b>12</b>
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**Family, friends and colleagues** filled the Education Centre at NHH again this May for the Hospital's annual ceremony celebrating staff accomplishments in the areas of service, leadership and education.

Long Service Awards were presented to those with 10 to 35 years of service to the Hospital. Including four dedicated community physicians recognized for passing significant milestones at NHH, a total of 47 individuals were recognized, with 11 of those completing more than 25 years.

Highlighting the essential role of community physicians in NHH's day-to-day operation, Chief of Staff Dr. David Broderick opened the presentations. "Of the community physicians currently working in our community, about 24 serve the Hospital. This is a high number, and fairly unique in the province. It's also something we must aim to preserve." Thanking all the community physicians who work in departments such as the Emergency Department, and Obstetrical and Intensive Care Units, Dr. Broderick warmly commended Dr. Paul Hazell, recognized for 35 years of service, Dr. Jay Amin, for 30 years, and Drs. Kwok and Essak, for 20 years each.

**... a total of 47 individuals were recognized, with 11 of those completing more than 25 years.**

The Outstanding Innovation Award was presented to Radiologist Dr. Frank Marrocco and Senior Computed Tomography (CT) Technologist Faye Andrews, in recognition for their outstanding work with NHH's CT program.

In presenting their Award, President and CEO Robert Biron said: "While both of these individuals would identify their work as a team effort, shared across the entire Diagnostic Imaging department, the fact remains that Frank and Faye are exceptionally dedicated people, with skills we are most fortunate to have; the CT service we have today is a direct result of their dedicated work."

"For both of these individuals, patients come first, and we certainly see this in our patient feedback. Something that patients may not see, however, is the diligent work they have put into developing examination protocols with the scanner's manufacturer to push our new high-definition scanner to deliver the highest possible quality of scans, with the lowest possible radiation dose."

Also recognized was the contribution that Dr. Marrocco has made to the overall leadership of NHH's Diagnostic Imaging department.

"Frank assumed the role of Chief of Diagnostic Imaging Services in November 1999, and served in that position for over ten years before he handed the reigns to Dr. Matt Vaughan," noted Robert Biron. "During his tenure as Chief, Frank was very involved with the design of our Diagnostic Imaging department, and worked tirelessly, alongside our Foundation and Auxiliary partners, to ensure that it would be equipped with state-of-the art equipment. The Department, and the exceptionally high quality of services we provide in it today, would not have been possible without Frank's dedication and commitment to NHH."

Also honoured were the recipients of NHH's Leadership and Innovation Awards.

Cathy Setterington and Brenda Woosley received the Excellence in Leadership Award. Both Registered Nurses, the women have each risen to the challenge of taking on new acting positions within their respective departments (the Emergency Department and Dialysis) in the past year. Recognized for their ability to rally people around common goals during a time of considerable organizational change, both were thanked for their service to NHH and the patients they serve.

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



**Education Achievement:**  
John Russell, NHH Foundation,  
Certified Fund-Raising Executive



**Excellence in Leadership Award recipients:**  
Brenda Woosely, RN and Cathy Setterington, RN



**Outstanding Innovation Award recipients:**  
Dr. Frank Marrocco and Senior Computed Tomography (CT)  
Technologist Faye Andrews

## Long Service Award Recipients

### 10 Years

Crystal Adams  
Jill Bebee  
Daphne Brine  
Paula Burke  
Lesley Cooper  
Heather Dingwall  
Andrea Doyle - Philp  
Lisa Foreman  
Wendy Garrison  
Constance Gray  
Teresa McCormack  
Jo-Anne Merry  
Julie Morgan  
Cynthia Payne  
Wendy Perry  
Angela Schwantz  
Barbara Shaw  
Gwen Watson

### 20 Years

Julie Bick  
Alan Brockwell  
Barbara Ellis  
Kelli Giroux  
Patricia Ley  
Lisa Lyttle  
Elizabeth McDonald  
Suzanne O'Rourke  
Karen Phillips  
Robert Robertson  
Janice Shepherd  
Darlene Smith  
Peggy Smith  
Linda Stevenson  
Michelle Verbeem  
Sandra Ward

### 25 Years

Pamela Bates  
Kimberly Baxter  
Tami Dankmeyer

### 30 Years

Donna Bickle  
Patricia Busch  
Catherine Ferguson  
Tammy Minifie  
Linda Moore

### 35 Years

Barbara Evans

### Physicians

Paul Hazell – 35 years  
Jay Amin – 30 years  
Mark Essak – 20 years  
Carson Kwok – 20 years



**10-year Award recipients:**  
(L-R) Cynthia Payne, Lesley Cooper, Teresa McCormack, Constance Gray, Wendy Perry-Rowe, Jill Bebee



**20-year Award recipients:**  
(L-R) Dr. Mark Essak, Darlene Smith, Julie Bick, Sandra Ward, Michele Verbeem, Elizabeth McDonald, Lisa Lyttle, Karen Phillips, Linda Stevenson, Robert Robertson



**25-year Award recipients:**  
(L-R) Kimberly Baxter and Pamela Bates



**35-year and 30-year Award recipients:**  
(L-R) 35-year award recipient Barbara Evans with 30-year recipients Catherine Ferguson, Donna Bickle and Tammy Minifie

## Education Award Recipients

### Sherry Bannister

- Food Service Worker Certificate

### Pam Bates

- Certified Diabetes Educator

### Kim Baxter

- Oncology Certificate

### Denise Beaudoin

- Food Service Worker Certificate

### Cassandra Daigle

- Food Service Worker Certificate

### Cheryl DiMarco

- Food Service Worker Certificate

### Andrea Doyle - Philp

- Certificate in Emergency Nursing

### Michele Elder

- Food Service Worker Certificate

### Debbie Flay

- Central Service Techniques Course

### Elizabeth Geddes

- Certificate in Emergency Nursing

### Sheila Kilpatrick

- Food Service Worker Certificate

### Bernadette Klotz

- Food Service Worker Certificate

### Chris Loranger

- MRI Certification

### Kristin Majer

- Bone Mineral Densitometry Certification

### Kathi Meier

- Certificate in Health Information Management

### Penny Muzzell

- Central Service Techniques Course

### Tracey Reid

- Food Service Worker Certificate

### Stephanie Ross

- Masters, Nursing; Nurse Practitioner; Certified Diabetes Educator

### April Rowell

- Food Service Worker Certificate

### John Russell

- Certified Fund Raising Executive

### Debbie Sellers

- Central Service Techniques Course

### Catherine Settington

- Certificate in Emergency Nursing

### Karen Truter

- Bachelor of Nursing

### Karen Walsh

- Food Service Worker Certificate

### Jane Watt

- Food Service Worker Certificate

### Sarah West

- Food Service Worker Certificate

### Cheryl Usher

- Food Service Worker Certificate

### Carol Wright

- Food Service Worker Certificate



### Education Achievement:

(L-R) Karen Truter (Bachelor of Nursing), Stephanie Ross (Masters, Nursing; Nurse Practitioner; Certified Diabetes Educator)



### Education Achievement:

Front row (L-R): Jane Watt, Sarah West, Carol Wright, Denise Beaudoin, Sherry Bannister, Cheryl Di Marco, April Rowell, Back row (L-R): Michele Elder, Sheila Kilpatrick, Cassandra Daigle, Bernadette Klotz and Karen Walsh, Food Service Worker Certificate recipients

## REPORT FROM THE AUXILIARY PRESIDENT

**With health care going** through changes, volunteering remains constant for hospitals. The NHH Auxiliary continues to be committed and dedicated to the assistance and care it gives in support of patients, families, visitors and staff throughout the Northumberland Hills Hospital.

Dedicated volunteers on any given day may be found in Emergency, Dialysis, Chemotherapy, Diagnostic Imaging and Outpatient Cardiology Services helping patients having tests, and on inpatient areas seeing to personal needs from water jugs to a friendly smile. Help and Inquiry Desk volunteers help visitors find their way while others in Day Surgery see patients smoothly through procedures and anxious moments. More volunteers give comfort to patients in Palliative Care, Complex Care and run special events for those enduring long stays.

Business and fundraising are also part of Auxiliary activities. Volunteers manage and staff the lottery desk at the front entrance, The Little Treasure Shop, vending machines

and our shop of gently used items, Petticoat Lane, which has recently moved to 25 Monroe Plaza. Throughout the year, our special events have successfully involved the community which has supported the Polar Dip in February, Wine Tasting in the Park in June, Tag Days in September and the Poinsettia Tea in November. A new event was added this year when Petticoat Lane sponsored a Silent Auction of quality items in the Northumberland Mall. All these activities have been extremely successful in raising funds for purchasing much needed capital equipment for the Hospital. During the past year, the Auxiliary has donated \$200,000 towards the purchases of various types of scopes, which are always in need of replacement, and a birthing bed, leaving some funds for future consideration.

Besides all the activities mentioned, the Auxiliary is autonomous, administering and staffing all its management needs to run a successful organization. So, one can see that the Auxiliary, with its 474 members, is a vibrant and dedicated group very much

involved and a partner in the success of the Hospital. Congratulations to NHH for receiving Accreditation this year with a glowing report and the volunteers were very much part of this accomplishment. The Auxiliary would like to invite more people to volunteer as our needs are forever growing and changing. We are looking for people who enjoy fundraising events with a short time frame, people with business and computer background, and those with people skills who would just like to assist with the extra support that patients and families need. Consider the Auxiliary whether you are looking for experience or meaningful occupation with some of your free time. You will find fulfillment and pleasure in our association with each other and with the Northumberland Hills Hospital.



Dale Hodge



NHH Auxilliary Volunteers Anne Wilson and Paul Raven at the Hospital's annual celebration of National Volunteer Week.



NHH Auxiliary Volunteer Yvonne Green, outside her regular post in Outpatient Cardiology Services.



Petticoat Lane Volunteers

Vandermeer

Vital Aire

## REPORT FROM THE FOUNDATION CHAIR

**Investment in medical equipment** and technology is fundamental to patient care in a hospital. These tools allow our health care professionals to see, diagnose and treat trauma, disease, illness and pain. As a result, it's imperative that we continuously renew and transform our medical equipment, tools, technology and resources to ensure a high standard of care.

Thanks to the incredible generosity of west Northumberland residents last year, the Northumberland Hills Hospital Foundation provided over \$1,000,000 to the Hospital to purchase essential medical equipment and new technology. Provided in this Report is a list of how your donations were spent.

Clearly, our communities take great pride in this hospital and are willing to contribute to our success. I want to assure everyone that your gifts are being put to good use every day. I also want to recognize and thank the many volunteers who help the Foundation achieve success.

Together—we are stronger together.



Jan Boycott



Jan Boycott, Foundation Board Chair, accepts Scotiabank's final pledge payment of \$10,000 bringing their 10-year total to \$100,000!

Lifepak 20 (4) .....	\$ 54,727.46
Triple IV pumps (2) .....	17,430.00
Vital signs monitor .....	2,669.52
Special wound care vacuum system (2) .....	5,042.50
Patient lift motors (3).....	6,000.00
Wheelchairs (4) .....	7,285.00
Patient beds (12) and Specialty Mattresses (4) .....	101,664.00
Roam alert patient wandering system .....	50,674.03
Flexible difficult intubation scope .....	15,682.18
Cystoscope.....	7,281.37
Pyxis medication admin system (MCC and ER) .....	80,165.32
Pharmacy workspace redesign to improve workflow .....	36,693.60
GEM Premier 3000 blood gas instruments (2) .....	30,255.00
EKG machines (4) .....	30,115.27
Hematology instrument (plus back up machine) .....	93,802.16
Picture Archiving and Communication System workstations .....	59,706.22
Computed radiology system .....	10,541.04
CT colonography software .....	15,127.50
Medivator (auto endoscope reprocessor) .....	98,797.39
Area waste digital monitor .....	9,655.13
Under-counter refrigerator for food services .....	2,231.42
Photo ID printer .....	2,840.00
Dental instruments (remainder from 2008/09) .....	22,803.35
Arthroscope (eyecup) .....	3,569.12
Urodynamics PC upgrade .....	4,628.02
Ultrasound therapy table.....	3,069.56
Surgistool 11 for OR.....	2,319.55
Pharmaceutical refrigerator .....	7,833.97
IS equipment .....	56,470.96
e-forms software .....	6,640.92
OR system documentation expansion .....	17,404.45
e-Learning software.....	50,023.52
SAN replacement.....	152,001.41
<b>Total Capital Purchases .....</b>	<b>\$ 1,065,150.94</b>

Cob Paint

Hogans

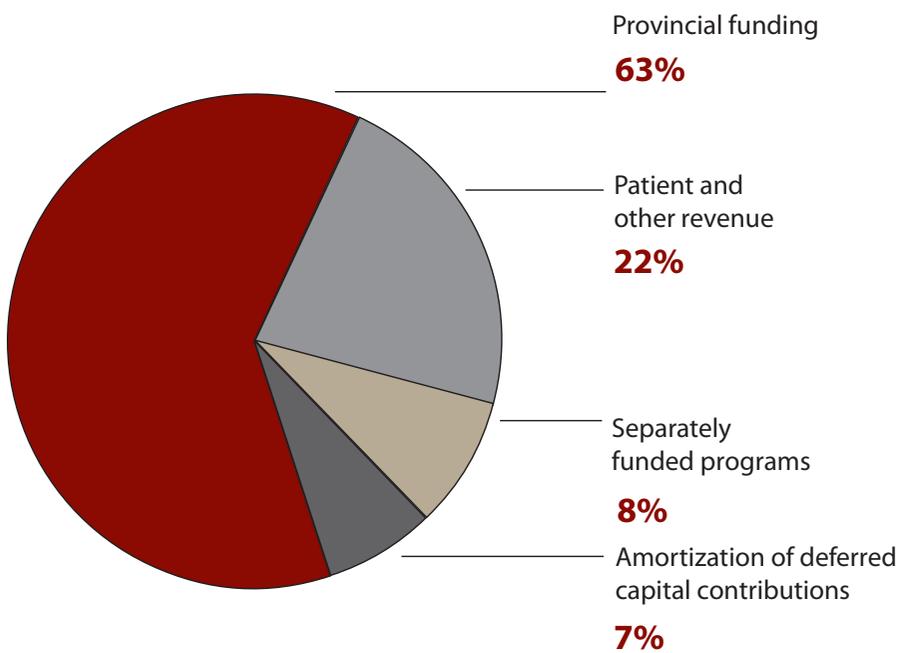
## FINANCIAL HIGHLIGHTS

The financial statements of the Northumberland Hills Hospital for the year ended March 31, 2010 were prepared by and are the responsibility of the hospital's management, and have been approved by the Board of Directors. The mandate of the Finance and Audit Committee is to ensure that internal controls and systems safeguard the hospital's assets and to satisfy itself as to the integrity of the financial reporting of the hospital. The auditors, KPMG LLP, have audited these financial statements and have reported thereon. Financial and operating information contained in this annual report is consistent with the audited financial statements it includes.

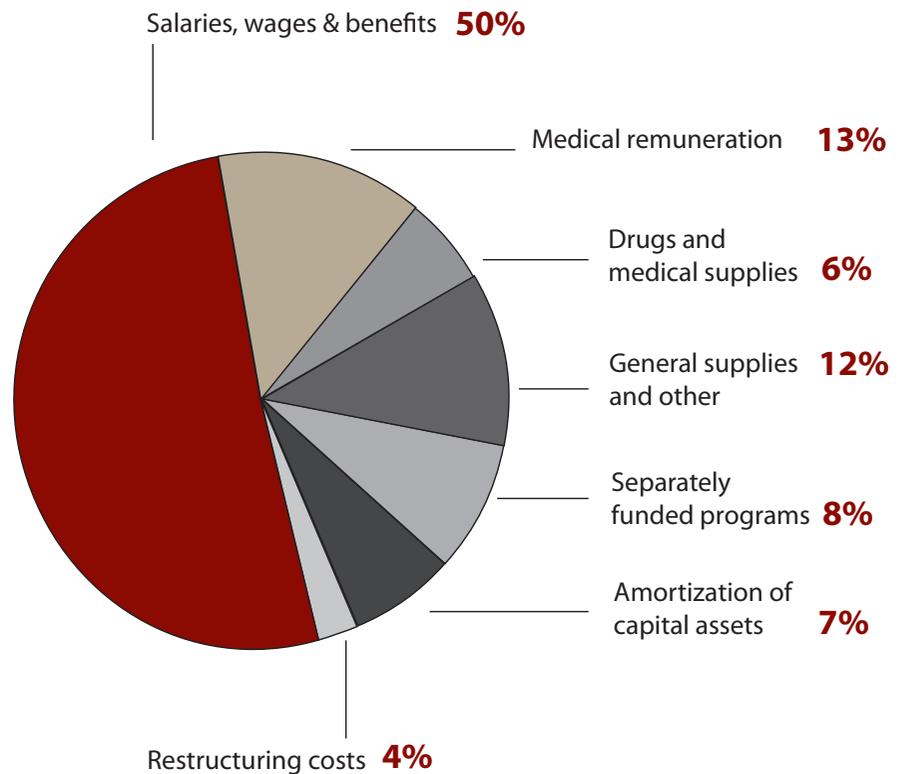
**The total operating deficit for the fiscal year ending March 31, 2010 is \$2.622 million.**

The Hospital completed the year with an operating deficit before restructuring activities of \$423,119. In addition, these financial statements include one-time restructuring costs of \$2.199 million associated with the 2010/11 operating and service plan, which was approved by the Hospital Board and Central East LHIN. The total operating deficit for the fiscal year ending March 31, 2010 is \$2.622 million. The Hospital has signed an amended Hospital Service Accountability Agreement with the Central East LHIN that commits the Hospital to achieve a balanced operating position for the 2011/12 fiscal year.

### REVENUE \$59,819,183



### EXPENSES \$62,440,938



Fam Dental

Norlock

# CONDENSED FINANCIAL STATEMENT

## Condensed Balance Sheet

As at March 31	2010	2009
<b>Assets</b>		
Current assets	\$ 4,426,688	\$ 7,957,566
Capital assets	61,671,327	64,619,144
	<b>\$ 66,098,015</b>	<b>\$ 72,576,710</b>
<b>Liabilities</b>		
Current liabilities	\$ 9,969,953	\$ 11,143,787
Long-term liabilities	3,950,263	4,147,478
Deferred capital contributions	58,148,878	60,634,769
	<b>72,069,094</b>	<b>75,926,034</b>
<b>Net assets (deficiency)</b>	<b>(5,971,079)</b>	<b>(3,349,324)</b>
	<b>\$ 66,098,015</b>	<b>\$ 72,576,710</b>

## Condensed Statement of Revenue and Expenses

For the year ended March 31	2010	2009
<b>Revenue</b>		
Provincial funding	\$ 37,467,613	\$ 36,498,978
Patient and other revenue	13,361,217	13,150,453
Separately funded programs	4,949,531	5,088,889
Amortization of deferred capital contributions	4,040,822	4,166,006
	<b>59,819,183</b>	<b>58,904,326</b>
<b>Expenses</b>		
Salaries, wages and benefits	31,473,215	31,504,530
Medical remuneration	8,347,272	8,287,414
Drugs and medical supplies	3,578,024	3,548,246
General supplies and other	7,579,957	7,090,924
Separately funded programs	4,933,577	5,188,710
Amortization of capital assets	4,330,257	4,263,314
Restructuring costs	2,198,636	1,056,204
	<b>62,440,938</b>	<b>60,939,342</b>
<b>Deficiency of revenue over expenses</b>	<b>\$ (2,621,755)</b>	<b>\$ (2,035,016)</b>

The condensed financial highlights are taken from the 2010 audited financial statements dated May 7, 2010. 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.

Lions

Subway



# NORTHUMBERLAND HILLS HOSPITAL



## About the Northumberland Hills Hospital Board of Directors

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

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

For biographical information about the current NHH Board of Directors, please visit the Hospital's website at [www.nhh.ca](http://www.nhh.ca).

## Northumberland Hills Hospital Board of Directors, 2009/10

Back row (L-R): Lynda Kay, Sid Trevail (resigned September 2009), Bob McInnes, John Farrell, Jack Russell, Bill Gerber, Kaye Jackson, Dean Pepper.

Front row (L-R): Dale Hodge (Auxiliary President), Dr. David Broderick (Chief of Staff), John Hudson (Chair), Robert Biron (President and CEO), Nick O'Nians (Vice Chair), Jan Boycott (Foundation Chair), Heather Sculthorpe.

Missing from photo: Dr. Kathy Barnard-Thompson (President, Medical Staff), Doug Mann, Dr. David Moorsom and Henry Pankratz.

Spring St.

Comm Care

Ford

Vic Retire

Al Rose

# Northumberland Hearing