



NORTHUMBERLAND HILLS HOSPITAL

NEWS RELEASE – FOR IMMEDIATE RELEASE

NHH Annual Meeting concludes 2018/19 fiscal year with third consecutive year with modest operating surplus – *Pam Went to succeed outgoing Board Chair Elizabeth Selby*

NORTHUMBERLAND COUNTY, Wednesday, June 26th, 2019—The Northumberland Hills Hospital (NHH) Board of Directors hosted its Annual Meeting on Tuesday, June 25th.

Chaired by **Elizabeth Selby**, who concluded her two year term as NHH Board Chair, the event, hosted in the hospital's *Peter B. and Mary T. Smith Community Education Centre*, was attended by Board Directors, volunteers, donors, local partners and health-care providers, staff, physicians, area residents and local government representatives, as well as senior staff.

The keynote address featured three speakers who spoke, from the perspective of NHH and its partner Community Care Northumberland, on the continuum of palliative and end-of-life care services in Northumberland County.

Trish Baird, Executive Director of [Community Care Northumberland \(CCN\)](#), the agency responsible for Ed's House - Northumberland Hospice Care Centre (now under construction in Hamilton Township) opened the keynote remarks with an overview of her organization's current hospice care services, and the augmented supports that will come when Ed's House, CCN's new 10-bed, 18,000 square foot home for hospice services, opens in our region.

Dr. Francesco Mulé, NHH Service Lead, Palliative and Pain Management, spoke about the role of palliative caregivers like himself—either in hospital or in the community—in supporting individuals with a life threatening diagnosis.

“Once a diagnosis is made, that person's world is rocked,” he said. “It's our job as palliative clinicians to support by helping to develop a personalized plan that appropriately addresses suffering, and acknowledges crises.”

Traditionally, palliative care is considered the ‘last step,’ Dr Mulé noted, “But it's our job as clinicians to change that mindset, because it is not right.” Not only am I treating the symptoms at end of life, I am—in many cases—helping an individual to manage living.”

Palliative care has many faces, he noted. What's important to acknowledge is that there are considerable benefits to introducing it early, and taking a team approach.

Using a bowtie graphic to illustrate his point that the patient does not have to be dying before palliative care can be introduced, Dr. Mulé explained what happens when a serious diagnosis is made, and patients are given the option, in some cases, to “walk towards a cure” or, in others, control the diagnosis. One side of the bowtie involves the diagnosis phase, the other represents palliative care, with opposite ends of that care being survivorship or quality of dying.

Ideally, as soon as diagnosis occurs, the patient will be introduced to a palliative care team and resources to work with them and their loved ones to support either survivorship or, as the case may be, quality of dying.

Quoting Hospice Palliative Care Ontario, the third speaker, **Cheryl McFarlane**, CCN's Regional Hospice Program Coordinator, pointed out that only three per cent of Canadians die suddenly. "97 per cent of us need help to live and die well with comfort, with meaning and with support for our caregivers."

"Our deaths are social events," McFarlane said, emphasizing that the Hospice services provided by CCN operate at "an intersection between health and social care."

Using a flower icon to illustrate the depth and breadth of services available through CCN today, and the partnerships that help to support these, McFarlane explained the areas of focus for each of CCN's 'petals', from volunteer visiting, to grief support and bereavement care, to psychosocial support, day hospice, caregiver support, integrated wellness, training and education and—new to the community in the past three years—an interdisciplinary palliative care community team (PCCT) which works in tandem with local partners, including NHH, to help patients with exactly what Dr. Mulé recommended: early engagement of a support team, pain and symptom management, and linkage to physician/primary care support.

"It's a misconception that palliative care removes hope," said Dr. Mulé. "That is a problem. What I want people to take home tonight is that it is never too early to consider palliative care."

All three of the speakers also emphasized the importance of recognizing the patient's choice, and that every patient's situation is unique. The role of palliative care providers, whether they are at the hospital, at Community Care Northumberland or in the community, is to recognize what each patient needs, let them lead...and help, to the best of their ability.

"Everyone in this room will one day die," he concluded. "Let's acknowledge that and plan for it—the earlier the better."

Speaking to a question from the audience, regarding her thoughts about how NHH and Ed's House services could complement one another in the years ahead, Cheryl McFarlane said: "It should flow very well. Easy transitions and seamlessness are the goals."

Emphasizing the patient-centred approach, Dr. Mulé added; "The patient should lead. We could see transitions from hospice to home, community to hospital, community to hospice, hospice to hospital...it is all possible, and the patient should lead."

Tom McLean, Chair of the Board's Finance and Audit Committee, presented the NHH Financial Statements for the year ended March 31st, 2019.

"Higher than planned patient volumes during the year continued to create financial pressures for us," McLean noted, "but I'm pleased to report that NHH finished the year with a net surplus of 0.73 million—1% of total revenues—due in part to ongoing cost savings initiatives and much welcome base funding adjustments received from the Ministry of Health."

Anticipating the need for future investment in a transformational Clinical Information System (or CIS), the Board has set aside \$500,000 from the surplus for this investment.

"Going into 2019/20, NHH is in a stronger financial position than we have been for some time," said McLean, adding "We hope to hear details later this week about further NHH base funding

adjustment and surge support so we can appropriately fund the additional beds necessary to meet the patient surge realities which continue.”

KPMG’s **Lori Huber** presented a positive Auditors’ Report. The audited financial statements were accepted as presented and auditors KPMG LLP were appointed again as auditors for fiscal year 2019/20.

The Board Chair’s report followed the update on the hospital’s financial position. **Elizabeth Selby** referred attendees to her written message, available in NHH’s [Annual Report](#) released at the meeting.

Special mention was given in Selby’s AGM remarks to a number of individuals. **Tyler Hathway**, now past President of the NHH Foundation, was recognized for his support, and that of the entire Foundation team, noting that, all told, in the past year along, the NHH Foundation contributed \$3,148,343 toward the purchase of capital equipment priorities and related supports—once again, exceeding their commitments to NHH, and bringing to over \$43 MILLION dollars that the Foundation has raised since NHH was opened in 2003.

“We simply couldn’t be the hospital we are today, or strive to be tomorrow, with you,” said Selby. Congratulating **Jeff Gilmer**, who accepted the appointment as the Foundation’s next Chair earlier this week, Selby noted: “We have given the Foundation a tall order for the coming years, and we thank you, personally, for all you have done and continue to do for NHH, as well as every member of your Foundation Board, your network of 50+ volunteers, Rhonda Cunningham, your Executive Director, and the Foundation staff, for their tireless efforts.”

Also recognized by Board Chair Selby was **Marg Hilborn**, President of the 350-strong NHH Auxiliary volunteers.

“We are most fortunate to have a virtual army of Auxiliary volunteers, supporting NHH in almost every corner, be it in support of the delivery of patient and family-centred care, or—like the Foundation—through fund raising for our capital equipment priorities,” said Selby. Recognizing their business savviness through their retail operations, Selby also highlighted the Auxiliary’s contribution to patient experience,

“We know that it is often the small gestures ... that make the biggest difference to patients and their loved ones. Thank you.”

Also thanked for their work this past year were the volunteers who make up NHH’s [Patient and Family Advisory Council](#), specifically their work in support of the Real Time Patient Experience Surveys. “I thank our PFAC volunteers for their work in this regard, and their patience and sound advice with regard to ongoing quality improvement.”

Concluding with thanks to her fellow Board members, and the NHH staff and physicians, including President and CEO **Linda Davis**, and Chief of Staff Dr. **Mukesh Bhargava**, Selby said: “We have a wonderful team here at NHH. This does not happen by chance. I thank you all for your commitment and your skills, as we work together to ensure a strong, stable and sustainable hospital.”

First Vice Chair **Pam Went** thanked Elizabeth Selby on behalf of the Board for her work as Chair. Selby, who has served as Board Chair since June 2017, concluded her two-year term at the June meeting.

“Beth, on behalf of the Board of Directors, we want to thank you very much for your exemplary leadership,” said Went. “Through a period of considerable change, you have consistently looked for opportunities for NHH and west Northumberland. You have listened and given thoughtful consideration to ideas put forward by members of the Board, physicians and staff, patients and caregivers and our community. And you have worked tirelessly to ensure the continued viability of this community hospital. It has been my pleasure to serve as your First Vice-Chair. We are grateful that we will continue to have the benefit of your expertise at the Board table, as Director, and we thank you for your skill and dedication as our Chair.”

Linda Davis delivered remarks of her own at the meeting, also referring guests to her written highlights from the year in the *Annual Report*. Praise for the hard work of the NHH Foundation and Auxiliary was highlighted by Davis, as was the work of NHH’s Patient and Family Advisory Council.

Reflecting on the growing and aging population within the hospital’s catchment area, Davis highlighted the continued surge pressures at the hospital.

“Over the past year the volume of patients requiring admission at NHH has grown and, at the same time, the shortage of long-term care beds and home care resources has resulted in a number of patients needing to remain in hospital even though they no longer require acute care. Throughout the past year the number of NHH beds occupied by patients in this category commonly referred to as requiring Alternate Level of Care, or ALC, averaged around 25% of all NHH beds.”

The ALC volumes and the increase in patients requiring acute care admission have combined to create the highest recorded inpatient volumes since the hospital opened in 2003, Davis noted. “Spaces previously used as staff offices have been called into action as patient rooms as the hospital has worked hard to not have patients in hallways or unconventional bed spaces.”

Noting that the team was better prepared this year for the continued high volumes, the congestion in the Emergency Department has impacted wait times and the busyness of the inpatient areas is meaning longer waits for patients to be admitted.

“It has been a very busy year and all the while staff, physicians and volunteers worked tirelessly to ensure that quality and patient safety were not impacted,” said Davis. “I would like to take this opportunity to thank each and every one of the staff, our physicians and the volunteers for their ongoing commitment to our patients and their families. It is truly their efforts that continue to make the difference between good care and great care.”

Davis’s remarks concluded with thoughts on what lies ahead, namely continued pressures related to ALC, population growth and aging, rising needs in NHH’s ambulatory care clinics to bring further care close to home, and continued efforts to build a Health Centre on hospital property were highlighted by Davis, together with progress toward a new Clinical Information System and very exciting opportunities as local partners come together with a proposal to become [Northumberland’s first Ontario Health Team](#). Projects the team endeavours to undertake in the first year are: an outreach program, community paramedicine and peer support.

Cyndi Gilmer delivered the report of the Board’s Nominating Committee. Four reappointments were approved:

- **Catherine Tozer, Ward 1** – re-elected for a three-year term
- **Linda Davis**, ex-Officio, re-elected for a one-year term
- **Dr. Mukesh Bhargava**, ex-Officio, re-elected for a one-year term, and
- **Susan Walsh**, also ex-Officio, re-elected for a one-year term.

Biographies for all will be found on the Board pages of the hospital website.

Dr. Matthew Vaughan, outgoing President of the NHH Medical Staff Association, was recognized for his leadership within this Association, together with **Dr. Kaes Al-Ali**, who completed his term as Vice President.

Dr. Fraser Cameron was welcomed following his recent election by medical staff as President of the Medical Staff Association, together with **Dr. Sarah Karkanechi**, who was elected Vice President of the Medical Staff Association.

At the Board meeting immediately following the Annual Meeting, Board Directors unanimously appointed **Pam Went** as the Board's new Chair for 2019/20 fiscal year. Also appointed unanimously were **Lynda Kay** (Ward 2), First Vice-Chair, and David Slater (Ward 3), Second Vice-Chair.

Updates to the NHH Board's full membership listing will be published on www.nhh.ca. NHH's *2018/19 Annual Report to the Community*, released in hard copy at the meeting, will be [found here](#) under About NHH at nhh.ca, in local copies of Northumberland News on Thursday, June 27th, or on request from the hospital's Public Affairs office (905-377-7757).

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About Northumberland Hills Hospital – Located approximately 100 kilometres east of Toronto, 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. Post-acute specialty services (PASS) 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. NHH offers a full range of diagnostic services, including magnetic resonance imaging (MRI), computed tomography (CT) and mammography. The hospital 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. NHH employs approximately 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. For more information, please visit www.nhh.ca or follow us on Twitter [@NorHillsHosp](https://twitter.com/NorHillsHosp).

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