



# Ambulatory Care

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

The Ambulatory Care program delivers a wide range of outpatient clinic services to local residents by hosting physicians' and other health care professionals' clinics. Both medical and minor surgical appointments are offered. Patients reside in west Northumberland County and neighbouring communities.

### Service

The Ambulatory Care program offers sixteen outpatient clinics (as listed below), including those that support medical, surgical and obstetrical care. In addition, in partnership with Kawartha Cardiology Clinic residents are also provided access to outpatient cardiology services, including cardiologist consults, non-invasive cardiac imaging and coronary procedures.

### Health Care Team

The program is structured in such a manner as to attract a wide variety of specialists, most of whom are onsite from one to four times per month. The program is staffed with numbers that fluctuate day to day based on the type of clinics being held. Registered Nurses, Registered Practical Nurses and ward clerks work in concert with physicians and their offices to ensure seamless patient care.

## INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

### Other Programs

Supports the Emergency Department, hematology clinic, diagnostic imaging and laboratory services. The pre-operative clinic liaises closely with Surgical Services in order to provide safe and efficient assessment and evaluation for surgical procedures.

### Internal HSPs

Kawartha Cardiology Clinic.

### External HSPs

Central East Community Care Access Centre (CE CCAC) and private outpatient labs located in Cobourg and Port Hope.

### Resources

The clinic offers services which may be dependant on specialty equipment, including: urodynamics, colposcopy, laser, echocardiology, holter monitors, treadmills for stress tests, and cystoscopes.

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## OTHER HEALTH SERVICE PROVIDERS

Physicians and other health care providers come from within NHH's catchment (e.g., surgery, gynecology) and from outside (e.g., cardiology, rheumatology, orthopedics). Ambulatory Care programs are offered at most hospitals, including: Peterborough Regional Health Centre, Quinte Health Care, Kingston General Hospital and Lakeridge Health Corporation.

## OTHER RELEVANT INFORMATION

Many of the services are associated with Ministry of Health and Long-Term Care and the Central East LHIN programs and strategies, including: Chronic Disease Management (prostate cancer, breast cancer, cervical cancer, skin cancer, arthritis, diabetes, cardiac care), and Wait Time Reduction Strategy (cataracts). The Ambulatory Clinic accepts referrals from area family physicians and other specialists. The clinic refers out to other hospital facilities for additional services, as required by the patient.



# Ambulatory Care

## PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
General medicine clinic visits	3,298	3,102	3,102
General surgery clinic visits	280	371	371
Minor surgery clinic visits	900	1,013	1,013
Preoperative clinic visits	1,940	2,047	2,047
Ears, nose and throat clinic visits	1,545	1,057	1,057
Urology clinic visits	1,234	2,221	2,221
General gynecology clinic visits	495	611	611
Colposcopy clinic visits	1	142	142
General antepartem clinic visits	492	504	504
General pediatric clinic visits	910	908	908
General orthopedic clinic visits	181	176	176
General plastics clinic visits	401	473	473
Ophthalmology clinic visits	157	168	168
General rheumatology clinic visits	417	415	415
Obstetrics clinic visits	11	2	0
Day/night obstetrics clinic visits	915	968	968
<i>Total ambulatory care clinic visits</i>	<i>13,177</i>	<i>14,178</i>	<i>14,176</i>

## FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$415,966	\$481,960	\$482,176
Revenues directly attributed to service	\$4,804	\$5,754	\$5,000
Total net operating expense	\$411,162	\$476,206	\$477,176
Staffing complement (full-time equivalent)	4.92	5.58	4.97

### Notes

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

### Other funding/revenue information

- Program is funded through global base funding provided by the Central East LHIN.



## Community Mental Health Program

### SERVICE DESCRIPTION AND POPULATION SERVED

#### Population

The NHH Community Mental Health Program serves individuals age 14 years or older who are experiencing a serious mental illness. The program provides outpatient treatment and support for individuals experiencing: schizophrenia, bipolar disorder, crisis, depression, anxiety, post traumatic stress disorder, panic, phobias and personality disorders. The program works collaboratively with community agencies to provide services in Cobourg, Port Hope and Brighton, as well as the townships of Hamilton, Alnwick/Haldimand, Cramahe and the Alderville First Nation. The Assertive Community Treatment Team (ACTT) and the Housing Support programs serve all of Northumberland County.

#### Service

Clients admitted to the Community Mental Health Program are assessed and a treatment plan is developed which may include: psychiatry, case management, individual or group therapy, ACTT services, early psychosis intervention, and Housing Support.

#### Health Care Team

The Mental Health team is comprised of registered professionals in the disciplines of psychiatry, psychology, social work, nursing, addictions, occupational therapy and vocational rehabilitation.

### INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

#### Other programs

FourCast Addiction Services, Canadian Mental Health Association FourCounty Crisis Program, Campbellford Memorial Hospital, Peterborough Regional Health Centre Psychiatric Assessment Services for the Elderly and Northumberland County Housing. NHH also partners with Ontario Shores Centre for Mental Health Sciences in Whitby.

#### Internal HSPs

Emergency Department Crisis Worker.

#### External HSPs

Port Hope Community Health Centre, The Help Centre, Watton Employment, Salvation Army, Northumberland Services for Women, Northumberland County Community and Social Services, Transition House, Children's Aid Society, Community Access, Northumberland Community Legal Centre.

#### Resources

Ontario Telemedicine Network for remote clinical and medical assessments and treatment from other locations.

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### OTHER HEALTH SERVICE PROVIDERS

Inpatient Mental Health Programs include: Peterborough Regional Health Centre, Lakeridge Health Corporation – Oshawa site, Ontario Shores Centre for Mental Health Sciences in Whitby.

Outpatient Mental Health Programs include: Canadian Mental Health Association Peterborough, Lindsay and Durham Branches, Campbellford Mental Health, Lakeridge Health Corporation – Oshawa site; Northumberland Community Counseling provides fee for service individual and group counseling.



# Community Mental Health Program

## PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Face to face visits	12,776	14,453	14,453
Telephone visits	2,521	4,300	4,300
Group sessions	297	427	427
Individuals served	1,100	1,612	1,612

## FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$2,084,819	\$2,415,274	\$2,519,510
Revenues directly attributed to service	\$0	\$0	\$0
Total net operating expense	\$2,084,819	\$2,415,274	\$2,519,510
Staffing complement (full-time equivalent)	19.42	19.52	22.40

### Notes:

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

### Other funding/revenue information:

- Program is funded through special program funding envelope (referred to as “other votes”) provided by the Central East LHIN.
- Requires a separate Multisector Service Accountability Agreement (M-SAA) with the Central East LHIN.
- Sessional funding for Psychiatrists from the Ministry of Health and Long-Term Care.

# Emergency Department

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

As the only Emergency Department in west Northumberland County, NHH ED acts as a gateway to urgent and emergent, surgical and medical care. Close proximity to the 401 corridor, surrounding farming communities and tourist destinations, results in NHH ED providing emergency care to numerous motor vehicle, farming and recreational accidents.

### Service

The ED is a 22-bay multi-treatment facility, housing a 2-bed resuscitation unit, 16 stretchers complete with cardiac monitors, fracture, suture, gynecology rooms and a specially designed mental health crisis room with onsite access to Ontario Telemedicine Network to support timely mental health assessments. In January 2009 the ED introduced the "Blue Zone", which assists with the flow and treatment of urgent patients. A separate decontamination room provides safe care for patients arriving with exposure to chemicals. A negative air flow room provides for the care of patients with possible infectious diseases. Eighty percent of admissions to the Hospital come through the ED.

### Health Care Team

The ED is staffed by specialty trained Registered Nurses, many who hold the Canadian Nurses Association Emergency Nursing Certification. The ED team includes Registered Nurses, Registered Practical Nurses, Crisis Intervention Worker, Geriatric Emergency Management Nurse, Physicians, Respiratory Therapists, Speech Language Therapist, Physiotherapist and Lab Technicians.

## INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

### Other programs

Northumberland Hills Hospital's Lakeshore Mental Health provides outpatient services for patients assessed in the ED, requiring continuation of care. Kingston General Hospital provides access to angiography for patients arriving to the ED with chest pain. Peterborough Regional Health Centre provides NHH patients access to stroke care, complicated dialysis, and psychiatric patients.

### Internal HSPs

The Diagnostic Imaging Department supports the ED by a full range of imaging services, including X-rays, CT Scans and MRI. Ambulatory Care program facilitates booking of ED patients for specialty services for medical, surgical and obstetrical care. The Diabetes Clinic supports the ED referrals for diabetes care. The Chemotherapy Clinic facilitates blood transfusion for ED patients requiring blood. Respiratory Therapists support the ED patients by performing pulmonary function testing and cardiac stress testing.

### External HSPs

Central East CCAC has a dedicated case worker for the ED to facilitate care at home for discharged patients. Critically, a provincial coordinating agency for critical care services, is accessed for the transfer of critically ill patients. The ED relies on collaborative support from Peterborough Regional Health Centre for a number of services including, stroke, orthopedics and urology. The ED works very closely with regional healthcare partners including local physicians, EMS, police, community nursing homes and homes for the aged, other regional and referring health care facilities, and local municipalities responsible for emergency preparedness planning. Haliburton Kawartha Pine Ridge (HKPR) District Health Unit assists the ED and the Hospital for disease outbreaks or communicable disease issues.

### Resources

24-hour physician staffing of the ED is maintained by a combination of full-time and part time emergency physicians and experienced family physicians, in addition to assistance from physicians supplied through Health Force Ontario and a private placement agency.

## OTHER HEALTH SERVICE PROVIDERS

Quinte Health Care – Trenton site; Campbellford Memorial Hospital; Lakeridge Health Corporation – Bowmanville site, and Peterborough Regional Health Centre to the north.

# Emergency Department

## PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Emergency visits	26,741	26,227	26,741
Inpatient admissions through ED	2,039	2,077	2,100
Inpatient admissions through ED % of acute admissions*	80%	79%	80%

\*excludes admissions for obstetrics, newborn and palliative care

## FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$3,702,307	\$3,837,785	\$4,066,880
Revenues directly attributed to service	\$178,652	\$207,002	\$355,000
Total net operating expense	\$3,523,665	\$3,630,783	\$3,711,880
Staffing complement (full-time equivalent)	30.81	32.12	31.53

### Notes:

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

### Other funding/revenue information:

- Program is funded through global base funding provided by the Central East LHIN.
- Separate funding of \$145,000 received in 2009/10 by the Central East LHIN for a new Geriatric Emergency Management (GEM) nurse.
- Revenues directly attributed to this service are primarily from Workplace Safety Insurance Board (WSIB) and fees charged for non-Ontario residents.
- NHH receives Level II Interim Enhanced ED Hospital On-Call Coverage funding for physician on-call services. Base physician remuneration is through Ontario's ED Workload Alternative Funding Agreement.

## OTHER RELEVANT INFORMATION

Emergency Department wait time performance (results for January to March 2009), measured at the 90th percentile:

Category	Provincial Target	Provincial Actual	NHH Actual
High acuity	8 hours	13.9 hours	8.5 hours
Low acuity	4 hours	4.9 hours	3.9 hours

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## Northumberland Hills Hospital / Service Data Sheet

# Fast Track Service

### SERVICE DESCRIPTION AND POPULATION SERVED

#### Population

The Emergency Department (ED) is complemented by NHH's Fast Track Service, opened in the spring of 2005, to expedite the care of lower acuity patients (i.e., patients with minor ailments). Patients are triaged through the same triage nurse serving the ED.

#### Service

Located separately but adjacent to the ED, Fast Track is open weekdays from 1:00 - 6:00 p.m. and provides service to patients with more minor problems such as colds, flu, minor cuts and rashes. Fast Track includes a 6-bed treatment area with 4 single rooms and a two-stretcher treatment bay.

#### Health Care Team

The Fast Track is staffed by a dedicated team of family physicians, some of whom also provide physician coverage in the main ED. A dedicated Registered Practical Nurse completes the staffing complement.

### INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

#### Other programs

When Fast Track is not open, patients who would qualify for Fast Track are seen in the Emergency Department. Patients requiring mental health services may be treated in Fast Track with access to the ED Crisis Worker for possible referrals to NHH's Lakeshore Mental Health services.

#### Internal HSPs

Both the Diagnostic Imaging and the Laboratory Services support the Fast Track Clinic with regards to providing access to diagnostic tests. Patients that require more complex testing or treatments are referred back to the main ED to be treated as required. Referrals to the Diabetic Clinic are also available to Fast Track patients.

#### External HSPs

Central East CCAC has an appointed case worker for the ED to facilitate care at home for discharged patients.

#### Resources

The Fast Track Department is staffed by a team of dedicated local family physicians, some of whom also cover shifts within the Emergency Department.

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### OTHER HEALTH SERVICE PROVIDERS

Port Hope Walk-in Clinic; Port Hope Community Health Centre; and, Peterborough Regional Health Centre also offers a Fast Track for patients.

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## Northumberland Hills Hospital / Service Data Sheet

# Fast Track Service

### PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Fast track visits	5,840	5,537	5,840

### FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$68,018	\$69,654	\$79,810
Revenues directly attributed to service	\$0	\$0	\$0
Total net operating expense	\$68,018	\$69,654	\$79,810
Staffing complement (full-time equivalent)	0.87	0.85	1.27

#### Notes:

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

#### Other funding/revenue information:

- Program is funded through global base funding provided by the Central East LHIN.





# Complex Continuing Care

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

NHH's 7-bed Complex Continuing Care unit serve patients who require ongoing medical care and support. Complex Continuing Care patients fall into 3 categories: (1) individuals who require slower paced rehabilitation to achieve their goals; (2), individuals whose support needs exceed the capabilities of in-home care or the level of care typically provided in a nursing or retirement home; or (3), individuals who are waiting for an alternate level of care (e.g., long-term care facility).

### Service

The Complex Continuing Care unit provides a unique service to the patients who are required to stay in hospital, but no longer require acute care or are unable to participate in a full rehabilitation program. Functional enhancement and return to a more normal, social routine helps these patients return to their maximum potential. Specialized programs are designed to meet the needs of this population.

### Health Care Team

The health care team consists of nursing staff, rehabilitation therapists, physicians, social workers, discharge planners and dietitians.

## INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

### Other Programs

The Complex Continuing Care unit is co-located with the Interim Long-Term Care unit, sharing staff and resources. The Complex Care unit staff also provide support to the Palliative Care unit.

### Internal HSPs

Speech language therapy, social work and discharge planning are services that are shared with other Hospital programs.

### External HSPs

Central East CCAC provides services and equipment to patients upon discharge. The Home at Last service provided by Northumberland Community Care is used to help discharge patients from Hospital by ensuring adequate supports are available at home.

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## OTHER HEALTH SERVICE PROVIDERS

Ross Memorial Hospital; Lakeridge Health Corporation; The Scarborough Hospital; Peterborough Regional Health Centre; and Rouge Valley Health System.



# Complex Continuing Care

## PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Number of beds staffed and in operation	7	7	7
Admissions	57	34	34
Patient days	2,560	2,554	2,555
Occupancy rate	100%	100%	100%
Average length of stay (days)	44.91	75.12	75.15

## FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$796,446	\$787,452	\$690,507
Revenues directly attributed to service	\$0	\$0	\$0
Total net operating expense	\$796,446	\$787,452	\$690,507
Staffing complement (full-time equivalent)	8.84	8.93	8.03

### Notes

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

### Other funding/revenue information

- Program is funded through global base funding provided by the Central East LHIN.
- Preferred accommodation revenue for private/semi-private rooms not included above.
- The majority of patients pay a “co-payment” fee during their stay on the Complex Care unit.

### OTHER RELEVANT INFORMATION

Access to Complex Continuing Care beds support the efficient transfer of patients from the Emergency Department who require an acute care bed as patients who no longer require acute care are transferred to Complex Continuing Care.



# Diabetes Complication Prevention Strategy Clinic

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

The Diabetes Complication Prevention Strategy (DCPS) Clinic is available to individuals 18 years of age or older with Type 1 or Type 2 diabetes as well as those with gestational diabetes (diabetes occurring during pregnancy) or pre-diabetes for residents in west Northumberland County.

### Service

The Clinic provides individual and group education classes for patients and family members providing basic to advanced information on management of diabetes. The team also provides professional diabetes education for staff and community service providers. The service includes an off site office in Port Hope at the Port Hope Medical Centre. The Clinic is able to provide community outreach, which include drop-in sessions at local community pharmacies and a Colborne doctor's office, and community education sessions for service groups, professional groups, nursing homes and health fairs.

### Health Care Team

The DCPS team members include Certified Diabetes Educators, Registered Nurses and Registered Dietitians. Associated staff members include a chiroprapist, pharmacists, recreation therapists, laboratory services, and physicians.

## INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

### Other programs

Physiotherapy assistant provides fitness portion of the diabetes education classes.

### Internal HSPs

The Clinic provides diabetes education and clinical consultation for inpatients of NHH as well as outpatients from the Dialysis and Chemotherapy Clinics. The Clinic also provides ongoing clinical education and consultation to the nursing and allied health professionals at NHH to assist in maintaining the clinical expertise and also to assist in the development of tools and clinical guidelines for in and out-patient care. The Clinic dietitian provides vacation coverage for the inpatient clinical dietitian. The dietitian also teaches nutrition classes for the stroke rehabilitation patients.

### External HSPs

A community pharmacist who is certified in diabetes education participates in the diabetes education classes, as well as a community chiroprapist.

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## OTHER HEALTH SERVICE PROVIDERS

Diabetes education programs are offered at hospitals throughout the Central East LHIN. A new clinic recently opened at the new Port Hope Community Health Centre.



# Diabetes Complication Prevention Strategy Clinic

## PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Outpatient visits	3,158	3,116	3,100
Inpatient visits	96	140	140

See additional activity indicators below for 2008/2009\*

## FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$483,095	\$514,068	\$526,468
Revenues directly attributed to service	\$357,447	\$369,983	\$366,858
Total net operating expense	\$125,648	\$144,085	\$159,610
Staffing complement (full-time equivalent)	4.81	5.26	5.50

### Notes:

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

### Other funding/revenue information:

- The “net operating expense” is funded through global base funding provided by the Central East LHIN.
- Revenues directly attributed to this service is primarily from the Ministry of Health and Long-Term Care through the provincial Diabetes Complication Prevention Strategy program.

## OTHER RELEVANT INFORMATION

The Clinic is currently developing a community advisory group in partnership with the Central East CCAC, Northumberland Community Care, local pharmacies, Health for Life and the Port Hope Community Health Centre.

\*Additional activity indicators for 2008/2009 fiscal year:

- Pharmacy drop in visits: 215 people
- Health Care professional updates : 226 people
- Senior / Nursing Home Updates: 43 staff / residents
- Community education sessions : 780 people
- Family members of people with diabetes attending education sessions: 431 people



# Diagnostic Imaging

## Bone Mineral Densitometry

### SERVICE DESCRIPTION AND POPULATION SERVED

#### Population

Provides Bone Mineral Densitometry (BMD) services for in-patients and outpatients from west Northumberland County and neighbouring communities.

#### Service

The Diagnostic Imaging Department is fully digital (film-less), meaning that all patient images are captured, viewed, assessed and stored electronically on computer technology. BMD scanning is an enhanced form of x-ray technology that is used to measure the strength of bones. A BMD scan is used to diagnose osteoporosis, a condition that causes the bones to become thinner, more fragile and more likely to break. The BMD service at NHH has been accredited by the Ontario Association of Radiologists (OAR), which confirms that the BMD service meets or exceeds the standards set by the OAR.

#### Health Care Team

Medical Radiation Technologists (MRTs) are specially trained personnel. All MRTs are registered members of the College of Medical Radiation Technologists of Ontario (CMRTO), which is a requirement to be eligible to work in Ontario. In order for the BMD program to remain accredited, the MRTs and Radiologists must participate in ongoing continuing education related to BMD. and volunteers. The Clinic's patients have access to the Hospital's range of diagnostic and therapeutic services including laboratory, pharmacy and diagnostic imaging services.

### INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

#### External HSPs

Physicians who refer their patients to NHH for BMD procedures rely on the test results to enable them to develop treatment plans for patients who are found to have osteopenia or osteoporosis. A physician's order is required for all BMD examinations.

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### OTHER HEALTH SERVICE PROVIDERS

Bluewater Imaging (Port Hope Clinic) Monday through Friday; Campbellford Memorial Hospital; Peterborough Regional Health Centre; Pineridge X-ray Clinic, Peterborough; Lakeridge Health Corporation; Rouge Valley Health System; The Scarborough Hospital; Ross Memorial Hospital.



# Diagnostic Imaging

## Bone Mineral Densitometry

### PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Bone mineral density exams – inpatients	34	35	35
Bone mineral density exams – outpatients	2,359	2,274	2,274
<i>Total bone mineral density exams</i>	<i>2,393</i>	<i>2,309</i>	<i>2,309</i>

### FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$188,834	\$201,372	\$224,885
Revenues directly attributed to service	\$251,614	\$251,620	\$260,042
Total net operating revenue	\$62,780	\$50,242	\$35,157
Staffing complement (full-time equivalent)	0.78	0.77	0.95

### Notes

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

### Other funding/revenue information

- Services provided for inpatients are funded through global base funding provided by the Central East LHIN.
- Revenues directly attributed to this service are for outpatients, which primarily include fees charged to the Ontario Health Insurance Plan (OHIP) for both the Hospital and radiologists.



# Diagnostic Imaging – Computed Tomography

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

Provides CT Scan (often referred to as CAT Scan) services for inpatients and outpatients from west Northumberland County and neighbouring communities.

### Service

CT is a non-invasive test that helps physicians to diagnose and treat variety of medical conditions. CT uses x-rays to produce two-dimensional, three-dimensional and virtual images of a patient's body. The CT scanner at NHH was recently upgraded (March 2009) and this new generation scanner has allowed NHH to further reduce the radiation exposure to patients. CT is an essential service for emergency medicine for trauma cases and for the timely diagnoses of diseases for patients presenting with such symptoms as abdominal pain and potential stroke. CT is essential for diagnosing and staging of cancer. In addition, the CT scanner at NHH is capable of performing advanced specialized examinations that includes cardiac scanning (imaging of the heart and visualization of coronary arteries) and colonography (imaging of the abdomen with virtual visualization of the inner lumen of the colon looking for polyps). NHH provides CT services 365 days per year.

### Health Care Team

Medical Radiation Technologists (MRTs) are specially trained personnel. All MRTs are registered members of the College of Medical Radiation Technologists of Ontario (CMRTO), which is a requirement to be eligible to work in Ontario. MRTs perform the CT examination(s) and the test results are interpreted by a radiologist. Also, the Hospital laboratory support the CT service for specific tests (e.g., STAT creatinine tests before CT exams).

## INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

### Other Programs

All medical programs within the Hospital rely on the CT service. Emergency physicians and surgeons rely on the CT service to assist in assessing and diagnosing acutely ill or critically injured patients. CT guidance is used to perform needle biopsies of lesions within the lung and abdomen.

### External HSPs

Physicians who refer their patients for CT procedures rely on the test results when developing treatment plans. A physician's order is required for all CT examinations.

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## OTHER HEALTH SERVICE PROVIDERS

Peterborough Regional Health Centre; Lakeridge Health Corporation; Rouge Valley Health System; The Scarborough Hospital; Ross Memorial Hospital; Campbellford Memorial Hospital, installation of CT proposed for January 2010.



# Diagnostic Imaging – Computed Tomography

## PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
CT exams – inpatients	1,160	1,255	1,255
CT exams – outpatients	8,254	8,403	8,403
CT exams – referred in	79	19	19
CT exams – emergency	956	856	856
<i>Total computed tomography exams</i>	<i>10,449</i>	<i>10,533</i>	<i>10,533</i>
Annual hours of operation – base	3,500	3,500	3,500
Annual hours of operation – wait times funding	266	460	130

## FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$2,009,273	\$2,046,932	\$2,051,988
Revenues directly attributed to service	\$1,424,057	\$1,493,484	\$1,416,204
Total net operating expense	\$585,216	\$553,448	\$635,784
Staffing complement (full-time equivalent)	4.42	4.49	4.02

### Notes

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

### Other Funding/Revenue Information

- Services provided are funded through global base funding provided by the Central East LHIN. This funding covers the hospital costs for both inpatient and outpatients services.
- Revenues directly attributed to this service:
  - Outpatient fees charged to the Ontario Health Insurance Plan (OHIP) for the services of the radiologists; and,
  - One-time funding for provincial Wait-Time priority services. This funding is to operate the CT for incremental hours over the base hours funded through the global funding. This funding is received from the Central East LHIN.

## OTHER RELEVANT INFORMATION

CT wait time performance (results for the period April to June 2009):

Provincial Target	Provincial Actual	NHH Actual
28 days	46 days	33 days





# Diagnostic Imaging – Magnetic Resonance Imaging

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

Provides Magnetic Resonance Imaging (MRI) services for patients from the Hospital's Emergency Department, Intensive Care Unit, inpatients and outpatients. Patients reside in west Northumberland County and neighbouring communities.

### Service

MRI is a non-invasive diagnostic tool that uses a magnetic field and radio frequencies to capture detailed images of the body's internal organs and tissues. MRI is used to visualize internal organs, blood vessels and is particularly useful for assessing the brain and joints (knees, shoulders etc.). MRI is an invaluable tool in the diagnosis of complex diseases and ailments including multiple sclerosis, strokes, back pain and joint pain. The MRI service also includes imaging of the breast. The MRI service is capable of performing needle biopsies of lesions within the breast; NHH is one of a few sites offering this service.

### Health Care Team

Medical Radiation Technologists (MRTs) are specially trained personnel. All MRTs are registered members of the College of Medical Radiation Technologists of Ontario (CMRTO), which is a requirement to be eligible to work in Ontario. MRTs perform the MR examinations and the test results are interpreted by a radiologist.

## INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

### External HSPs

Physicians who refer their patients for MRI procedures rely on the test results when developing treatment plans. A physician's order is required for all MR examinations.

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### OTHER HEALTH SERVICE PROVIDERS

Peterborough Regional Health Centre; Rouge Valley Health System; The Scarborough Hospital. Ross Memorial Hospital, Lindsay has received approval for the installation of an MR scanner; installation date to be announced.



# Diagnostic Imaging – Magnetic Resonance Imaging

## PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
MRI exams – inpatients	39	93	93
MRI exams – outpatients	1,551	5,388	5,388
MRI exams – referred in	2	10	10
MRI exams – emergency	2	16	16
<i>Total MRI exams</i>	<i>1,594</i>	<i>5,507</i>	<i>5,507</i>
Annual hours of operation – base	1,020	2,080	2,080
Annual hours of operation – wait time funding	NIL	1,295	1,090

## FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$414,742	\$1,403,716	\$1,665,302
Revenues directly attributed to service	\$302,750	\$1,407,650	\$1,299,850
Total net operating expense (revenue)	\$111,992	(\$3,934)	\$365,452
Staffing complement (full-time equivalent)	2.07	3.85	3.97

## Notes

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

## Other Funding/Revenue Information

- Services provided are funded through global base funding provided by the Central East LHIN in the amount of \$800,000 per annum. This funding covers the hospital costs for both inpatient and outpatients services, and it also covers overhead and equipment depreciation costs.
- Revenues directly attributed to this service:
  - Outpatient fees charged to the Ontario Health Insurance Plan (OHIP) for the services of the radiologists; and,
  - One-time funding for provincial Wait-Time priority services. This funding is to operate the MRI for incremental hours over the base hours funded through the global funding. This funding is received from the Central East LHIN.

## OTHER RELEVANT INFORMATION

MRI wait time performance (results for the period April to June 2009):

Provincial Target	Provincial Actual	NHH Actual
28 days	107 days	49 days

# Diagnostic Imaging — Mammography

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

Provides mammography services on an outpatient basis to individuals from west Northumberland County and neighbouring communities.

### Service

Mammography is an imaging technology that uses low dose x-rays to provide pictures of the internal structures of the breast. The mammography and ultrasound services provide a method for investigating possible breast abnormalities including breast cancer. The mammography service is an integral part of the breast assessment service offered at NHH. The digital mammography units and the program have been accredited by the Canadian Association of Radiologists (CAR).

The breast assessment service at NHH is a specialized program that utilizes mammography, ultrasound and possibly MRI to further investigate areas of interest within the breast. The mammography MRT, and sonographer with guidance from the attending radiologist, work as a team to ensure that areas of interest within the breast are examined thoroughly.

The Ontario Breast Screening Program (OBSP) is being implemented in the fall 2009. The OBSP program will provide routine mammography services to patients who qualify for the program. The OBSP program also permits patients to self-refer, which will benefit those individuals that do not have a family doctor.

### Health Care Team

Medical Radiation Technologists (MRTs) are specially trained personnel. All MRTs are registered members of the College of Medical Radiation Technologists of Ontario (CMRTO), which is a requirement to be eligible to work in Ontario. MRTs perform the mammography examination(s) and the test results are interpreted by a radiologist. In order for the mammography program to remain accredited, the MRTs and radiologists must participate in ongoing continuing education related to mammography.

## INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

### Other Programs

The mammography service provides screening mammography and is utilized in conjunction with ultrasound for follow-up breast assessment. Breast lesion localization is performed with mammography guidance prior to scheduled operative procedures (same day service). The localization aids the surgeon in finding the lesion during the operative procedure.

### External HSPs

Physicians who refer their patients for mammography procedures rely on the test results when developing treatment plans. A physician's order is required for all mammography examinations. The breast assessment program at NHH offers in depth follow-up for patients whose mammography examination has demonstrated suspected abnormalities within the breast. The radiologist, mammography technologist and ultrasound sonographer work as a team to assess the areas of concern. Peterborough Regional Health Centre provides laboratory pathology testing for NHH (biopsy specimens, for example).

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## OTHER HEALTH SERVICE PROVIDERS

Bluewater Imaging (Port Hope Clinic) Monday through Friday; Campbellford Memorial Hospital; Peterborough Regional Health Centre; Lakeridge Health Corporation; Rouge Valley Health System; The Scarborough Hospital; Ross Memorial Hospital; Haliburton Highlands Health Services.



# Diagnostic Imaging – Mammography

## PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Mammography exams – inpatients	8	6	6
Mammography exams – outpatients	5,180	4,952	5,472
<i>Total mammography exams</i>	<i>5,188</i>	<i>4,958</i>	<i>5,478</i>

## FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$317,722	\$315,454	\$451,030
Revenues directly attributed to service	\$293,604	\$304,571	\$390,271
Total net operating expense	\$24,118	\$10,883	\$60,759
Staffing complement (full-time equivalent)	1.92	2.01	3.16

## Notes

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

## Other Funding/Revenue Information

- Services provided for inpatients are funded through global base funding provided by the Central East LHIN.
- Revenues directly attributed to this service are for outpatients, which primarily include fees charged to the Ontario Health Insurance Plan (OHIP) for both the Hospital and radiologists.



# Diagnostic Imaging – Nuclear Medicine

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

Provides nuclear medicine services for patients from the Hospital's Emergency Department, Intensive Care Unit, inpatients and outpatients. Patients reside in west Northumberland County and neighbouring communities.

### Service

Nuclear Medicine is used to take pictures of a variety of organs within the body including the brain, heart, kidneys, lungs, thyroid, sentinel node and bones. Tumours and infections and other disorders are diagnosed through the use of a radioactive tracer that is injected into the body. The pictures of the tracer are obtained by use of a special gamma camera. The pictures help physicians evaluate internal organ function. Nuclear cardiac scanning is performed to assess blood perfusion to the heart and is a vital service for cardiac patients. Pre-operative procedures for sentinel node studies are also completed in Nuclear Medicine. This procedure assists the surgeons in locating lymph nodes for biopsy for patients who have been diagnosed with breast cancer or melanoma.

### Health Care Team

Medical Radiation Technologists (MRTs) are specially trained personnel. All MRTs are registered members of the College of Medical Radiation Technologists of Ontario (CMRTO), which is a requirement to be eligible to work in Ontario. MRTs perform the Nuclear Medicine examinations and the test results are interpreted by an imaging specialist (a radiologist, internist or cardiologist). The Nuclear Medicine MRTs are specially trained to handle radioactive materials.

## INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

### Other Programs

The Nuclear Medicine service supports the medical programs within the Hospital.

### Internal HSPs

The NHH nuclear cardiac service works in partnership with NHH's internal medicine physicians and cardiologists from the Kawartha Cardiology Clinic located onsite at NHH.

### External HSPs

Physicians who refer their patients for Nuclear Medicine procedures rely on the test results when developing treatment plans. A physician's order is required for all Nuclear Medicine examinations.

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## OTHER HEALTH SERVICE PROVIDERS

The NHH Clinic is the only provider of nuclear cardiac scanning in west Northumberland County. Other providers outside of the Hospital's catchment area include: Peterborough Regional Health Centre; Peterborough Clinic; Lakeridge Health Corporation; Rouge Valley Health System; The Scarborough Hospital; and, an independent health facility offers Nuclear Medicine in Lindsay.



## Diagnostic Imaging – Nuclear Medicine

### PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Nuclear medicine exams – inpatients	164	173	173
Nuclear medicine exams – outpatients	2,227	2,611	2,800
Nuclear medicine exams – referred in	2	0	0
Nuclear medicine exams – emergency	1	3	3
<i>Total nuclear medicine exams</i>	<i>2,394</i>	<i>2,787</i>	<i>2,976</i>

### FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$535,165	\$627,974	\$625,513
Revenues directly attributed to service	\$624,664	\$738,345	\$720,281
Total net operating revenue	\$89,499	\$110,371	\$94,768
Staffing complement (full-time equivalent)	1.52	1.75	1.82

### Notes

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

### Other funding/revenue information

- Services provided for inpatients are funded through global base funding provided by the Central East LHIN.
- Revenues directly attributed to this service are for outpatients, which primarily include fees charged to the Ontario Health Insurance Plan (OHIP) for both the Hospital and radiologists.



## Diagnostic Imaging — Radiology (X-Ray)

### SERVICE DESCRIPTION AND POPULATION SERVED

#### Population

Provides x-ray services for patients from the Hospital's Emergency Department, Intensive Care Unit, inpatients and outpatients. Patients reside in west Northumberland County and neighbouring communities.

#### Service

The Diagnostic Imaging Department is fully digital (film-less), meaning that all patient images are captured, viewed, assessed and stored electronically on computer technology. The department offers a full range of x-ray procedures including interventional procedures that include PICC line insertions (intravenous access for medications, antibiotics, chemotherapy, etc) and needle biopsies. Tissue samples are obtained as the result of a needle biopsy. Various interventional procedures are used to ease the suffering of terminally ill, palliative patients.

#### Health Care Team

Medical Radiation Technologists (MRTs) are specially trained personnel. All MRTs are registered members of the College of Medical Radiation Technologists of Ontario (CMRTO), which is a requirement to be eligible to work in Ontario.

### INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

#### Other programs

All medical programs within the Hospital rely on the radiology services provided by Diagnostic Imaging.

#### Internal HSPs

Swallowing assessment examinations are done in conjunction with the Hospital's Speech Language Therapist (examination to evaluate the swallowing mechanism for patients who have suffered a stroke).

#### External HSPs

Physicians who refer their patients for radiology procedures rely on the test results when developing treatment plans. A physician's order is required for all radiology examinations.

#### Resources

Mobile x-ray equipment is used to perform x-ray examinations at the patient's bedside (Emergency Department, Inpatients, Intensive Care Unit) or in the Operating Room.

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### OTHER HEALTH SERVICE PROVIDERS

Bluewater Imaging (Port Hope Clinic) Monday through Friday; Campbellford Memorial Hospital; Peterborough Regional Health Centre; Lakeridge Health Corporation; Rouge Valley Health System; The Scarborough Hospital; Ross Memorial Hospital; Haliburton Highlands Health Services.



# Diagnostic Imaging – Radiology (X-Ray)

## PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Radiology exams – inpatients	3,874	3,926	3,926
Radiology exams – outpatients	8,054	8,088	8,088
Radiology exams – emergency	10,197	9,696	9,696
<i>Total radiology exams</i>	<i>22,125</i>	<i>21,710</i>	<i>21,710</i>
Interventional exams – inpatients	112	127	127
Interventional exams – outpatients	687	694	694
Interventional exams – emergency	3	3	3
<i>Total interventional exams</i>	<i>802</i>	<i>824</i>	<i>824</i>

## FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$1,843,644	\$1,970,940	\$2,009,659
Revenues directly attributed to service	\$613,149	\$704,234	\$687,829
Total net operating expense	\$1,230,495	\$1,266,706	\$1,321,830
Staffing complement (full-time equivalent)	14.22	14.45	14.84

### Notes:

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

### Other funding/revenue information:

- Services provided for inpatients are funded through global base funding provided by the Central East LHIN.
- Revenues directly attributed to this service are for outpatients, which primarily include fees charged to the Ontario Health Insurance Plan (OHIP) for both the Hospital and radiologists





## Diagnostic Imaging – Ultrasound

### SERVICE DESCRIPTION AND POPULATION SERVED

#### Population

Provides ultrasound services for inpatients and outpatients from west Northumberland County and neighbouring communities.

#### Service

Ultrasound involves exposing parts of the body to high-frequency sound waves to produce pictures of internal body organs and structures. Ultrasound images are captured in real-time, so they can show the structure and movement of the body's internal organs, as well as blood flowing through blood vessels. Ultrasound is a useful way of examining many of the body's internal organs, blood vessels, the liver, the breast, and in pregnant women, the fetus. Ultrasound and digital mammography are essential for investigating possible breast abnormalities including breast cancer. The ultrasound service is an integral part of the breast assessment service offered at NHH. Ultrasound guidance is also used to perform needle biopsies of breast lesions and/or cyst aspirations.

#### Health Care Team

Sonographers and physicians perform the ultrasound examinations. The sonographers are specially trained personnel. All of the sonographers have participated in specialized education programs. The breast assessment service at NHH is a specialized program that utilizes the use of ultrasound, mammography, and possibly MRI to further investigate areas of interest within the breast. The mammography Medical Radiation Technologist and Sonographer with guidance from the attending radiologist, work as a team to ensure that areas of interest within the breast are examined thoroughly.

### INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

#### Other programs

All medical programs within the Hospital rely on the ultrasound service provided by Diagnostic Imaging.

#### External HSPs

Physicians who refer their patients for ultrasound procedures rely on the test results when developing treatment plans. A physician's order is required for all ultrasound examinations. The breast assessment service at NHH offers in depth follow-up for patients whose mammography and/or ultrasound examination has demonstrated suspected abnormalities within the breast. Peterborough Regional Health Centre provides laboratory pathology testing for NHH (biopsy specimens, for example).

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### OTHER HEALTH SERVICE PROVIDERS

Bluewater Imaging (Port Hope Clinic) Monday through Friday; Campbellford Memorial Hospital; Peterborough Regional Health Centre; Lakeridge Health Corporation; Rouge Valley Health System; The Scarborough Hospital; Ross Memorial Hospital; Haliburton Highlands Health Services.



## Diagnostic Imaging – Ultrasound

### PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Ultrasound exams – inpatients	424	450	450
Ultrasound exams – outpatients	7,517	7,996	7,996
Ultrasound exams – emergency	357	368	368
<i>Total ultrasound exams</i>	<i>8,298</i>	<i>8,814</i>	<i>8,814</i>

### FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$438,255	\$449,180	\$473,556
Revenues directly attributed to service	\$551,164	\$589,034	\$589,734
Total net operating revenue	\$112,909	\$139,854	\$116,178
Staffing complement (full-time equivalent)	1.68	1.54	1.91

#### Notes:

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

#### Other funding/revenue information:

- Services provided for inpatients are funded through global base funding provided by the Central East LHIN.
- Revenues directly attributed to this service are for outpatients, which primarily include fees charged to the Ontario Health Insurance Plan (OHIP) for both the Hospital and radiologists.

# Inpatient Rehabilitation

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

NHH's 18-bed Inpatient Rehabilitation unit is designed to assist patients achieve individualized goals following a stroke, major surgery such as a hip or knee replacement, or traumatic injury such as fractured hip or trauma sustained in a motor vehicle accident, management of chronic disability such as chronic bronchitis and emphysema (or COPD – chronic obstructive pulmonary disease), and congestive heart failure.

### Service

Dedicated services within the Inpatient Rehabilitation unit include physiotherapy, occupational therapy, and speech language therapy. With a satellite gymnasium for rehabilitation patients, a dining room, and access to the Hospital's therapeutic gardens, the Inpatient Rehabilitation unit is fully devoted to patient recovery. Patients must be able to participate in an acute rehabilitation program including 2 to 3 hours of therapy daily, frequent ambulation when possible and socialization with other patients including taking two meals per day in the communal dining room.

### Health Care Team

The Inpatient Rehabilitation team consists of nursing staff, rehabilitation therapists, physicians, social worker, discharge planner and dietitian. The staff are trained with specialization in rehabilitation therapies. Many of the nursing staff have a certificate in Rehabilitation Nursing.

## INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

### Other programs

Occupational therapists on the Inpatient Rehabilitation unit provide "Assistive Devices Program" assessments for patients in other parts of the Hospital when it is necessary to purchase equipment (e.g., wheelchairs and walkers) for patients who are being discharged.

### Internal HSPs

The therapists provide vacation relief for other hospital programs. Physiotherapists and occupational therapists provide services to the Palliative Care Program. Speech language therapy, social work and discharge planning are services that are shared with other Hospital programs.

### External HSPs

Central East CCAC provides services and equipment to patients upon discharge. Patients are also referred to the NHH Outpatient Rehabilitation Service on discharge when appropriate. The Home at Last service provided by Northumberland Community Care is used to help discharge patients from Hospital by ensuring adequate supports are available at home.

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## OTHER HEALTH SERVICE PROVIDERS

There are Inpatient Rehabilitation units at Peterborough Regional Health Centre (PRHC) and Lakeridge Health Corporation. Referrals are received from all hospitals in the region, particularly from PRHC being a major referrer of orthopedic patients.



# Inpatient Rehabilitation

## PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Number of beds staffed and in operation	18	18	18
Admissions	222	230	230
Patient days	6,112	6,044	6,044
Occupancy rate	93%	92%	92%
Average length of stay (days)	27.91	26.28	26.28

## FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$1,491,377	\$1,519,066	\$1,565,833
Revenues directly attributed to service	\$0	\$0	\$0
Total net operating expense	\$1,491,377	\$1,519,066	\$1,565,833
Staffing complement (full-time equivalent)	16.51	16.38	16.53

### Notes:

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

### Other funding/revenue information:

- Program is funded through global base funding provided by the Central East LHIN.
- Preferred accommodation revenue for private/semi-private rooms not included above.

## OTHER RELEVANT INFORMATION

Patients admitted to an acute care bed are transferred to the Inpatient Rehabilitation unit to prepare them to go home after they have sustained major trauma, been in hospital for a prolonged period of time or need specific therapy to learn to talk, swallow, walk or perform activities of daily living. This frees up an acute care bed allowing the Hospital to admit patients from the Emergency Department who require admission to an acute care bed.

# Intensive Care Unit

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

The 6-bed Level 2 Intensive Care Unit (ICU) provides advanced and highly specialized care to medical or surgical patients whose conditions are life-threatening and require comprehensive care and constant monitoring. There are also times when the focus is on the end-of-life care (palliative care) and helping patients and families make decisions regarding life-sustaining treatment. The categories of diseases and disorders include disorders of the cardiac, pulmonary, and endocrine (hormonal) systems, together with post-surgical care and medication monitoring for drug ingestion or overdose. Cardiac problems can include heart attacks, shock, abnormal heart rhythm, heart failure (congestive heart failure), and unstable angina (chest pain). Lung disorders can include respiratory failure and blood clots. Patients are admitted to ICU through the Emergency Department, surgical program, and other inpatient units; some are repatriated from other hospitals.

### Service

While in the Intensive Care Unit, patients may require: continuous cardiac, respiratory and blood pressure monitoring; the administration of intravenous medications that require 1:1 monitoring; and, the insertion of chest tubes, arterial and central lines, oxygen therapy, invasive ventilation (ventilator) / bi-level positive airway pressure (BiPAP) to assist with breathing. The ICU patients have access to the Hospital's range of diagnostic and therapeutic services, including laboratory, pharmacy and diagnostic imaging services.

### Health Care Team

The ICU team includes registered nurses specially trained in critical care, specialists in internal medicine, general surgeons, anesthesiologists, family physicians, respiratory therapists, pharmacists, dietitians, physiotherapists, occupational therapists, social workers, ward clerks and volunteers. Patients and families play key roles in the planning and decision-making process.

## INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

### Other programs

The ICU has interdependencies with the emergency department, the medical / surgical program and other inpatient units.

### Internal HSPs

ICU staff monitor the patients requiring telemetry (cardiac monitoring) on the 6 telemetry beds on the medical / surgical inpatient unit. The anesthesia and respiratory therapy services provide acute pain and symptom management, respiratory management and invasive (ventilator) and non-invasive ventilator support (BiPAP) for patients. Patients have access to the Hospital's full range of diagnostic and therapeutic services, including laboratory, pharmacy and diagnostic imaging services.

### External HSPs

Critically ill patients are transferred to other health centres by land or air ambulance, Emergency Medical Service (EMS) or ORNGE (helicopter) respectively. Patient transfers are arranged through CritiCall Ontario, which is a provincial support system that coordinates access to critical care beds and provides timely medical support from on-call specialists. NHH has a service agreement with a non-urgent transport service to provide the transportation of stable patients to other health care facilities for clinical tests, procedures or follow-up appointments.

### Resources

Medical care and on-call services for the ICU are provided by a core team of physicians, comprised of internists, surgeons, anesthesiologists, and family physicians.

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## OTHER HEALTH SERVICE PROVIDERS

The closest Level 3 ICU is located 50 kms north at Peterborough Regional Health Centre (PRHC). Patients that require a Level 3 ICU service or tertiary care (e.g. require multiple system support, cardiac surgery) are transferred to PRHC, Lakeridge Health Corporation, Kingston General Hospital, St. Michael's Hospital, Scarborough Hospital and Sunnybrook Health Sciences.



## Intensive Care Unit

### PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Number of beds staffed and in operation	6	6	6
Admissions	513	499	500
Patient days	1,279	1,283	1,281
Occupancy rate	58%	59%	58%

### FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$1,809,327	\$2,114,249	\$2,064,699
Revenues directly attributed to service	NIL	NIL	NIL
Total net operating expense	\$1,809,327	\$2,114,249	\$2,064,699
Staffing complement (full-time equivalent)	16.08	15.83	16.53

#### Notes:

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

#### Other funding/revenue information:

- Program is funded through global base funding provided by the Central East LHIN.

#### OTHER RELEVANT INFORMATION

The NHH ICU is part of the Central East LHIN Critical Care Regional Network. This Network's priority is to build critical care surge capacity in the region and to align the organizations' pandemic plans.

# Interim Long Term Care

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

NHH's 11-bed Interim Long-Term Care unit is co-located with the Complex Continuing Care unit. Residents who live on the NHH Interim Long-Term Care unit were formerly patients of an acute care hospital. These residents are waiting for a more permanent nursing home (i.e., long-term care facility) discharge destination.

### Service

The NHH Interim Long-Term Care unit falls under the jurisdiction of the Ministry of Health, Long-Term Care Branch, and more recently funded through the Central East LHIN. The Hospital is required to meet all of the standards and comply with the legislation applicable to long-term care facilities. Dedicated services within the Interim Long-Term Care unit include physiotherapy, occupational therapy and speech language therapy. Specialized programs are designed to meet the needs of this population. These beds are referred to as "interim" because the Central East LHIN and Ministry of Health and Long-Term Care have funded these beds on a temporary basis, either until they are made permanent in status or the population needs no longer require the beds to remain open.

### Health Care Team

The health care team consists of nursing staff, rehabilitation therapists, physicians, social worker, discharge planner and dietitian.

## INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

### Other programs

The Interim Long-Term Care unit is co-located with the Complex Continuing Care unit, sharing staff and resources. The staff on the Interim Long-Term Care unit also provide support to the nursing staff on the Palliative Care unit.

### Internal HSPs

Speech language therapy, social work and discharge planning are services that are shared with other Hospital programs.

### External HSPs

Patients are admitted and discharged to other long-term care facilities through the placement coordination services of the Central East CCAC.

### Resources

Because the unit at NHH is staffed with Registered Nurses and Registered Practical Nurses, the unit is able to keep patients who have a higher level of acuity, such as palliative patients and those with behavioural disorders who would otherwise be transferred back to acute care.

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## OTHER HEALTH SERVICE PROVIDERS

There are a number of Long-Term Care Homes within Northumberland County, including: Community Nursing Home in Port Hope; Regency Manor Nursing Home in Port Hope; Extendicare Port Hope; Golden Plough Lodge in Cobourg; Extendicare Cobourg; and Streamway Villa in Cobourg.



# Interim Long Term Care

## PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Number of beds staffed and in operation	11	11	11
Admissions	20	18	18
Patient days	4,003	3,966	3,975
Occupancy rate	100%	99%	99%
Average length of stay (days)	200	220	221

## FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$1,064,152	\$1,134,875	\$1,085,083
Revenues directly attributed to service	\$444,779	\$478,602	\$496,808
Total net operating expense	\$619,373	\$656,273	\$588,275
Staffing complement (full-time equivalent)	13.82	13.88	12.62

### Notes:

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

### Other funding/revenue information:

- The Interim Long Term Care beds are funded separately. Funding comes from the Central East LHIN and from the individual patients in the form of co-payment fees.
- Preferred accommodation revenue for private/semi-private rooms not included above.

## OTHER RELEVANT INFORMATION

In some cases, the wait list for placement into a long-term care facility is over 2 years in length, which is a contributing factor in NHH's high Alternate Level of Care (ALC) rate (approximately 29%) which is consistent with the Provincial ALC rate.





# Maternal Child Care

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

The Maternal Child Care program provides low risk obstetrics care (Level 1). The majority of the patients served reside in the Hospital's prime catchment area of west Northumberland County.

### Service

The inpatient birthing unit is a family centred environment that is equipped with six labour and delivery beds – each with their own private and home-like suite, four overflow beds, a Caesarean-section (C-section) operating room, and advanced fetal and patient monitoring system. A baby safety system provides 24-hour surveillance. The program includes access to the Pre-Natal Admission Clinic, which extends the relationship with the patients and families.

### Health Care Team

The Maternal Child Care team consists of registered nurses specifically trained in obstetrical care, obstetricians, family physicians, midwives, anesthesiologists, respiratory therapists, pharmacy staff, dietitians, support staff, ward clerks and volunteers.

## INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

### Other programs

The Maternal Child Care program has interdependencies with emergency, surgery, anesthesiology, gynecology and ambulatory care services.

### Internal HSPs

Anesthesiologists provide 24/7 epidural service. Staff are trained to administer pain relief, both non-pharmacological and pharmacological. The anesthesia and respiratory therapy services provide acute pain and symptom management and respiratory management for both the mother and newborn. Patients have access to the Hospital's full range of diagnostic and therapeutic services, including diagnostic imaging services, laboratory and pharmacy.

### External HSPs

The program has linkages with HKPR District Health Unit and the Central East CCAC for continuity of care, including prenatal education, postpartum follow-up, home care, and breastfeeding support. The program also participates in an integrated program with Markham Stouffville Hospital to provide an infant hearing-screening program.

### Resources

The Maternal Child Care team consists of obstetricians, family physicians, anesthesiologists, itinerate pediatrician, and two midwifery groups. The obstetricians and family physicians provide on-call service 24/7 with locum support for temporary assistance as required.

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## OTHER HEALTH SERVICE PROVIDERS

Level II Maternal Child Care programs exist in Peterborough, Belleville and Oshawa.



# Maternal Child Care

## PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Number of beds staffed and in operation	6	6	6
Admissions – obstetrics	590	621	626
Admissions – newborn	541	595	602
Patient days – obstetrics	1,246	1,363	1,369
Occupancy rate	57%	62%	63%

## FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$1,423,530	\$1,467,686	\$1,457,176
Revenues directly attributed to service	\$25,851	\$19,397	\$19,500
Total net operating expense	\$1,397,697	\$1,448,289	\$1,437,676
Staffing complement (full-time equivalent)	12.23	12.70	11.49

### Notes:

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

### Other funding/revenue information:

- Program is funded through global base funding provided by the Central East LHIN.
- Revenues directly attributed to this service include circumcisions and hearing testing.
- Preferred accommodation revenue for private/semi-private rooms not included above.

# Medical / Surgical Inpatient Acute Care

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

Provides care for adult, geriatric and pediatric medical/surgical patients with a wide variety of clinical conditions, including those who are recovering from surgeries, those hospitalized for acute conditions, and others who may be in the final stages of a progressive and chronic disease.

### Service

This 55-bed medical / surgical program houses six beds equipped for continuous cardiac monitoring (telemetry), and two pediatric beds; three rooms have negative pressure isolation capabilities. The most frequent medical diagnoses include: stroke, chronic obstructive lung disease (COPD), pneumonia, complications of diabetes, wound care, cardiac problems (including heart attacks, abnormal heart rhythm, heart failure, chest pain) and fractured hip. Surgical procedures may require admission for post-operative care, including appendectomy, major bowel surgery (colostomy), gynecological surgery (hysterectomy), and cancer surgery (mastectomies). Patients are admitted to the units through the Emergency Department, surgical services, other inpatient units, or direct from local family physicians offices; some are repatriated from other hospitals.

### Health Care Team

The medical / surgical team includes nurses, family physicians, general surgeons, anesthesiologists, specialist in internal medicine, respiratory therapists, pharmacists, dietitians, physiotherapists, occupational therapists, speech language pathologist, social workers, discharge planners, Central East CCAC staff, ward clerks, support service workers and volunteers. Patients and families play key roles in the planning and decision-making process.

## INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

### Other Programs

The medical/surgical program supports most other clinical programs at the Hospital. Other Hospital services such as diabetes education and outpatient mental health provide patient consultation to this program. The pharmacy and palliative care staff provide pain and symptom management support.

### Internal HSPs

Patients have access to the Hospital's full range of diagnostic and therapeutic services, including diagnostic imaging services, laboratory and pharmacy. Pharmacy services include medication reconciliation, clinical consultation, pain and symptom management, drug admixture program and management of the drug administration system to name a few. Intensive Care Unit staff monitor all patients that require telemetry.

### External HSPs

Central East CCAC case managers are on site Monday to Friday to assist patients and their families in the proactive coordination of homecare supports necessary for discharge from NHH or assist with the application for long-term care placement. NHH has a service agreement with Northumberland Community Care for the Home at Last Program (HAL). This transition service from the Hospital to the home may include: driving and accompanying a patient home, picking up medications and groceries, preparing a small meal, homemaking services and a follow up phone call or visit to check on the patient's well-being. The Kawartha Cardiology Clinic provides cardiac stress testing and echocardiograms for inpatient and outpatients onsite at NHH. Patients are transferred to Peterborough Regional Health Centre for the following same day procedures: endoscopic procedures, angiograms, pacemaker insertions and follow-up visits to the orthopedic clinic.

### Resources

The patients are admitted to the program under the care of a family physician or a specialist (e.g., surgeon or internist). Patients without a family physician are admitted under the care of a member of NHH's town-call physician group – this group of physicians assumes care for orphan patients during their hospitalization.

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## OTHER HEALTH SERVICE PROVIDERS

Peterborough Regional Health Centre, Lakeridge Health Corporation, Quinte Health Care and Kingston General Hospital.



# Medical / Surgical Inpatient Acute Care

## PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
# of beds staffed and in operation – adult	55	55	55
# of beds staffed and in operation – pediatric	2	2	2
Admissions – adult	1,926	2,031	2,000
Admissions – pediatric	117	97	100
Patient days – adult	18,364	18,797	18,856
Patient days – pediatric	221	172	183
Occupancy rate – adult	93%	94%	94%
Occupancy rate – pediatric	30%	24%	25%

## FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$5,622,634	\$5,760,430	\$5,622,024
Revenue directly attributed to service	\$305	\$537	\$500
Total net direct operating expense	\$5,622,329	\$5,759,893	\$5,621,524
Staffing complement (full-time equivalents)	58.91	61.80	57.73

### Notes

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

### Other funding/revenue information

- Program is funded through global base funding provided by the Central East LHIN.
- Preferred accommodation revenue for private/semi-private rooms not included above.



# Outpatient Rehabilitation Service

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

The Outpatient Rehabilitation Service provides physiotherapy and occupational therapy to patients in west Northumberland County who are referred by their physician or surgeon. Many patients who are in the Hospital, especially those from Inpatient Rehabilitation and Surgical Services, require follow-up care and continuing rehabilitation after discharge. The Outpatient Rehabilitation Service supports the timely discharge of patients from acute care which expedites the movement of patients from the emergency department into acute care beds. Those who come to Outpatient Rehabilitation from the community are able to stay in their own homes while they receive their rehabilitation treatment. Patients who are ambulatory will not qualify for rehab services through the Central East Community Care Access Centre and must attend an outpatient program to assist in their recovery.

### Service

With a major focus on orthopedic and musculoskeletal rehabilitation, patients with neurological and rheumatological needs are seen in the outpatient physiotherapy service. Referrals are prioritized based on need and patient acuity. Outpatient occupational therapy provides assessments and treatment for a variety of musculoskeletal and neurological conditions. Services provided include hand therapy, splinting, cognitive assessments and functional independence.

### Health Care Team

The Outpatient Rehabilitation team includes physiotherapists, physiotherapy assistants and occupational therapists.

## INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

### Internal HSPs

The therapists provide vacation coverage in other areas of the Hospital.

### External HSPs

Referrals are received from physicians and surgeons for patients who live in the Hospital catchment area.

## OTHER HEALTH SERVICE PROVIDERS

There are five private companies in Cobourg and Port Hope that provide outpatient physiotherapy at a cost to the patient. The Outpatient Rehabilitation service at NHH is the only publicly funded outpatient physiotherapy and occupational therapy clinic in Northumberland County. There are no other occupational therapy outpatient clinics in Northumberland County.

# Outpatient Rehabilitation Service

## PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Physiotherapy attendance days*	5,151	4,957	4,957
Occupational therapy attendance days*	80	486	486
Speech language pathology attendance days†	49	65	65

### Notes:

\*Attendance days are the number of service delivery days (counted once per 24-hour calendar day) for which service activities are provided face-to-face to a patient by therapy staff. This statistic counts the days during which visits occurred, rather than the number of visits.

† Speech language activity reflect barium swallows and fluoroscopy investigations that are not offered anywhere else in Northumberland County.

## FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$201,095	\$207,581	\$243,541
Revenues directly attributed to service	\$978	\$2,200	\$3,200
Total net operating expense	\$200,117	\$205,381	\$240,341
Staffing complement (full-time equivalent)	2.20	2.20	2.50

### Notes:

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

### Other funding/revenue information:

- Program is funded through global base funding provided by the Central East LHIN.

## OTHER RELEVANT INFORMATION

All referrals to Outpatient Rehabilitation are triaged and prioritized using set standards for acute, sub-acute and general conditions. For example, acute referrals relate to recent surgery, fracture or discharge from hospital requiring rehabilitation services. In the past year, typically there are approximately 30 individuals on the wait list for acute, and approximately 200 individuals for sub-acute and general referrals. Average wait time between referral submission and treatment is approximately 210 days for general referrals. Acute referrals are seen within two weeks. Approximately 95% patients treated are classified as acute cases.

Recent provincial wait time strategy for joint replacement (hips and knees) have resulted in greater volumes of patients requiring therapy following surgery. Shorter hospital stays following joint replacement have created a greater need for timely access to outpatient physiotherapy.

Best practice guidelines from the Heart and Stroke Foundation identifies the need for outpatient therapy for optimal recovery post stroke.



# Palliative Care Program

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

Northumberland Hills Hospital's Palliative Care Program is designed to accommodate patients and their families who are living with a terminal illness when disease is not responsive to curative treatment. Patients come from the west Northumberland and neighbouring communities.

### Service

Patients are admitted to the Palliative Care unit for pain and symptom management and/or for end of life care. Some stay for the duration of their illness while others go home with support from community partners. In the Palliative Care unit, care is designed to respond to the need for active, specialized intervention to relieve pain or other distressing symptoms such as nausea and vomiting, or shortness of breath. There is also a specialization in meeting the psychosocial and spiritual needs of the patients and their family. The Palliative Care Program provides short-term care – usually no more than three months.

### Health Care Team

The Palliative Care unit is staffed by Registered Nurses who have participated in specialized education and hold certificates in Palliative Care Nursing. The Registered Nurses have all achieved the Canadian Nurses Association Certification in Palliative and Hospice Nursing and act as a resource to staff and patients throughout the Hospital and the greater community.

## INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

### Other Programs

The Palliative Care Program depends heavily on the pharmacy services at NHH. The pharmacists are leaders in pain and symptom management and play a significant role in the development of care plans and strategy development for each patient on the Palliative Care unit.

### Internal HSPs

Rehabilitation services are provided by the therapy staff on the Inpatient Rehabilitation Service and the Complex Care Unit. Nursing staff from the Complex Care/Long Term Care Unit provide support and back up to the staff on the Palliative Care Unit. Social work and discharge planning are other services that are shared hospital-wide.

### External HSPs

There is a strong connection between the Hospice Northumberland and the NHH Palliative Care Program. Volunteers from Hospice are paired with patients on the Palliative Care unit. The Hospice volunteer provides support to the patient and their family while they are in hospital and will continue to work with them once the patient has been discharged. Families are able to participate in the many support programs offered by Hospice. Central East CCAC provides services to patients if discharge home.

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## OTHER HEALTH SERVICE PROVIDERS

Hospice Northumberland; Campbellford & District Palliative Care Service; and, physicians that specialize in palliative care and provide support to patients living in the greater Northumberland region. There are no residential hospices in the region.



# Palliative Care Program

## PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Number of beds staffed and in operation	6	6	6
Admissions	112	103	110
Patient days	2,310	2,348	2,190
Occupancy rate*	105%*	107%*	100%
Average length of stay (days)	12.62	13.34	13.27

## FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$915,130	\$968,465	\$994,762
Revenues directly attributed to service	\$0	\$0	\$0
Total net operating expense	\$915,130	\$968,465	\$994,762
Staffing complement (full-time equivalent)	8.77	9.01	9.21

### Notes:

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

### Other funding/revenue information:

- Program is funded through global base funding provided by the Central East LHIN.
- Preferred accommodation revenue for private/semi-private rooms not included above.

## OTHER RELEVANT INFORMATION

\*The Palliative Care Program at NHH has an occupancy rate of greater than 100%. There are often patients in other parts of the Hospital awaiting admission to the Palliative Care unit.





# Satellite Chemotherapy Clinic

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

The Chemotherapy Clinic is a satellite of the Cancer Centre of South Eastern Ontario (CCSEO) and a participant in the Central East Cancer Program. The Clinic administers chemotherapy and associated treatments to cancer patients living in Northumberland County. The Clinic receives referrals from the Cancer Centre of South Eastern Ontario, The Central East Cancer Program at Lakeridge Health Corporation, as well as Toronto cancer programs, for the delivery of systemic chemotherapy and supportive cancer treatments.

### Service

The Clinic provides holistic evidence-based chemotherapy treatments in collaboration with the patient's primary care physician and referring oncologist. The Clinic also provides hematology treatments for two groups of patients; those being treated for cancer and those with other medical conditions. Hematology treatments include blood transfusions, administration of intravenous medications, or other minor treatments as required.

### Health Care Team

The Clinic is staffed with registered nurses who have achieved certifications in oncology nursing, chemotherapy delivery from CCSEO, and oncology nursing from the Canadian Nurses Association. The nurses are also trained in access and maintenance of central venous access devices, and phlebotomies. The Clinic includes clerical staff, support staff and volunteers. The Clinic's patients have access to the Hospital's range of diagnostic and therapeutic services including laboratory, pharmacy and diagnostic imaging services.

## INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

### Other Programs

The Clinic provides hematology treatments for patients being cared for in the Satellite Dialysis Program.

### Internal HSPs

Some patients may receive cancer surgery (for example, for tumor removal) from the NHH Surgical Services as part of their treatment plan.

### External HSPs

The Chemotherapy Clinic provides a link to community support services including the Central East CCAC, Hospice Northumberland, cancer support groups (for example, the Look Good Feel Good and wig programs). The Clinic receives referrals from primary care physicians for hematology consults, medication and blood product transfusions.

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## OTHER HEALTH SERVICE PROVIDERS

Cancer Services are provided by CCSEO in Kingston, Peterborough Regional Health Centre, and Lakeridge Health Corporation and various Toronto hospitals.



# Satellite Chemotherapy Clinic

## PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Number of operating stations	6	6	6
Chemotherapy visits*	2,119	946	1,000
Hematology visits	Included above	1,676	1,676

\*including systemic chemotherapy

## FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$832,329	\$945,069	\$1,009,211
Revenues directly attributed to service	\$540,221	\$596,110	\$637,050
Total net operating expense	\$292,108	\$348,959	\$372,161
Staffing complement (full-time equivalent)	1.97	2.09	2.11

## Notes

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

## Other funding/revenue information

- Program is funded through global base funding provided by the Central East LHIN.
- Revenues directly attributed to this service relate to the reimbursement of chemotherapy drug costs from Cancer Care Ontario.



## Satellite Dialysis Clinic

### SERVICE DESCRIPTION AND POPULATION SERVED

#### Population

Northumberland Hills Hospital's 12-station Dialysis Clinic is a hemodialysis satellite of the regional dialysis program located at Peterborough Regional Health Centre (PRHC). Care can be provided to approximately 72 patients living with chronic kidney failure who require Level I or II hemodialysis treatments to sustain their life. Additionally, the program hosts an outreach Pre-Dialysis and Nephrology Clinic as part of the regional program for individuals who have reduced kidney function. The NHH Dialysis Clinic satellite catchment area extends to the entire Northumberland County boundary.

#### Service

Patients who have insufficient kidney function receive life sustaining hemodialysis treatments three times weekly, for an average of four hours per treatment. Individuals living with reduced kidney function where the Glomerular Filtration Rate (GFR) between 30-60% are seen in the Nephrology Clinic for medical management, treatment and support; while those pre-dialysis patients with a GFR of between 15-30% are seen in the Pre-Dialysis Clinic and receive interdisciplinary [medical, pharmacy, dietitian and social work] care that focuses on assessment, medical management, treatment and support with the goal of delaying the progression of the kidney function loss in an effort to delay the need for dialysis.

#### Health Care Team

This Dialysis Clinic relies on highly experienced and autonomous Registered Nurses (RNs), who receive in-depth orientation after completing a year-long Nephrology Nursing Certificate. Most RNs on the team have also achieved Nephrology Certification with the Canadian Nurses Association. The patients are supported medically by PRHC nephrologists, who are onsite at NHH twice per month per patient group. The dialysis attendants are invaluable members of the team who also complete specialized training and certification in order to support the Clinic's needs. Additional team members include dietitians, social worker, pharmacy personnel and rehabilitation therapy team.

### INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

#### Other programs

The Dialysis Clinic works closely with the Emergency Department, Hematology Clinic, Palliative Care program, and the Hospital's Diagnostic and Therapeutic services including Diagnostic Imaging, Pharmacy; Laboratory and Occupational Therapy.

#### Internal HSPs

Patients may be referred to the Hospital's outpatient Mental Health Services to support their psychiatric needs in managing their disease.

#### External HSPs

PRHC Regional Dialysis Program; PRHC Vascular Surgery; PRHC Vascular Access Nurse; Canadian Blood Services; Central East Community Care Access Centre; Northumberland Community Care (volunteer drivers).

#### Resources

PRHC Nephrologists; highly dependent on capital intense dialysis equipment and reverse osmosis water purification system.

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### OTHER HEALTH SERVICE PROVIDERS

The closest Regional Dialysis Centers to NHH are Lakeridge Health Corporation in Oshawa, Kingston General Hospital (with satellites in Belleville and Picton) to the east, and PRHC to the north (which also provides a satellite Dialysis Clinic at Ross Memorial Hospital in Lindsay).



## Satellite Dialysis Clinic

### PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Hemodialysis treatments – Level I	5,575	4,085	3,705
Hemodialysis treatments – Level II	2,767	3,161	3,705
Total hemodialysis treatments	8,342	7,246	7,410
Number of operating stations	12	12	12
Nephrology clinic visits	389	437	400
Number of patients at fiscal year end (March 31st)	48	45	50
Number of shifts per day (Monday to Saturday)	2	2	2

### FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$2,710,845	\$2,396,827	\$2,420,772
Revenues directly attributed to service	\$2,482,022	\$2,296,907	\$2,372,969
Total net operating expense	\$228,823	\$99,920	\$47,803
Staffing complement (full-time equivalent)	18.68	17.02	15.97

#### Notes:

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

#### Other funding/revenue information:

- Program is funded through global base funding provided by the Central East LHIN.

#### OTHER RELEVANT INFORMATION

Conventional hemodialysis treatments must be done every other day (3 times per week). Most patients are of senior age that experience disabilities due to their disease.



# Surgical Services

## (Operating Room, Day Surgery, Recovery)

### SERVICE DESCRIPTION AND POPULATION SERVED

#### Population

Surgical Services include general surgery, gynecology, ophthalmology, orthopedics, otolaryngology, plastics, and dental/oral surgery. Day surgery and inpatient surgery is provided for adult and pediatric patients. Eighty-seven percent of the surgical procedures are elective same day surgery cases. Patients undergoing the following surgical procedures may require admission to Hospital for post-operative care: appendectomy, major bowel surgery (colectomy), gynecological surgery (hysterectomy), and cancer surgery (mastectomies).

#### Service

Surgical care is provided in three operating rooms and two recovery areas with state-of-the-art medical equipment. Preoperative consultations are available as required for patients who will be undergoing an operative procedure; these include a nursing consultation, a telephone consultation, and an anesthesiologist consultation. The general surgeons, anesthesiologists and perioperative nurses provide emergency on-call coverage 24/7.

#### Health Care Team

The Surgical Services team includes registered nurses specifically trained in operative and perioperative care, general surgeons, obstetrician/gynecologists, an ophthalmologist, anesthesiologists, visiting surgeons (ear/nose/throat, plastic, dental/oral, and orthopedic), respiratory therapists, booking, Central Supply Reprocessing (instrument cleaning, sterilization), pharmacy, diagnostic imaging, laboratory, support staff and volunteers.

### INTERDEPENDENCIES WITH OTHER PROGRAMS / HEALTH SERVICE PROVIDERS (HSPs) / RESOURCES

#### Other Programs

Interdependencies with the emergency department, diagnostic imaging (for example, patients undergoing liver and lung biopsies are recovered in day surgery), and inpatient units. The Surgical Service has a strong interdependency with the Central Supply Reprocessing department that is responsible for cleaning, disinfecting, reprocessing and sterilizing all surgical instruments and endoscopes according to manufacturers' instructions and regulatory standards. A fourth operating room for Caesarian-sections (C-sections) is located in the birthing suites unit of the Maternal Child program.

#### Internal HSPs

Access to the Hospital's full range of diagnostic and therapeutic services, including diagnostic imaging services, laboratory and pharmacy.

#### External HSPs

Surgical specimens are sent for analyses to the pathology laboratory at Peterborough Regional Health Centre.

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### OTHER HEALTH SERVICE PROVIDERS

These services are also provided at Peterborough Regional Health Centre, Lakeridge Health Corporation, Quinte Health Care and Kingston General Hospital.



# Surgical Services

## (Operating Room, Day Surgery, Recovery)

### PATIENT ACTIVITY INDICATORS

Indicator Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Cataract surgeries	669	719	564
Colonoscopies (including colorectal screening)	1,642	1,938	1,692
Cancer surgeries	173	220	147
General surgeries	242	231	296
Other surgeries	2,113	1,890	2,299
<i>Total surgical cases</i>	<i>4,839</i>	<i>4,998</i>	<i>4,998</i>
Total inpatient cases	534 (11%)	671 (13%)	671 (13%)
Total day surgery cases	4,305 (89%)	4,327 (87%)	4,327 (87%)

### FINANCIAL OVERVIEW

Description	2007/08 Actual	2008/09 Actual	2009/10 Projection
Total gross operating expense	\$2,324,360	\$2,399,162	\$2,472,056
Revenues directly attributed to service	\$308,969	\$319,651	\$234,090
Total net operating expense	\$2,015,391	\$2,079,511	\$2,237,966
Staffing complement (full-time equivalent)	15.51	15.78	15.60

#### Notes:

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. The figures exclude overhead and administrative costs, such as housekeeping and utilities.

#### Other funding/revenue information:

- Program is funded through global base funding provided by the Central East LHIN.
- Revenues directly attributed to the Surgical Service relate to one-time funding for provincial Wait-Time priority services. This funding is for incremental cases over the base volumes funded through the global base funding. Wait-Time funding is currently received for the following surgical cases: cataracts, colonoscopies, general surgeries and cancer surgeries. The funding is received from the Central East LHIN and Cancer Care Ontario.

### OTHER RELEVANT INFORMATION

Surgical wait time performance (results for the period April to June 2009):

Type of Surgery	Provincial Target	Provincial Actual	NHH Actual
General Surgery	182 days	99 days	74 days
Cataract Surgery	182 days	99 days	52 days
Cancer Surgery	48 days	58 days	73 days