



# 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, including those (as listed below) that support medical, surgical and obstetrical care. Specialists from across the Central East Local Health Integration Network (Central East LHIN) schedule follow-ups with local patients through this clinic including pediatrics, ophthalmology, urology, and plastics giving area residents the opportunity to see these physicians and make their follow-up appointments closer to home.

### 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. Nurses and ward clerks work in concert with physicians and their offices to ensure seamless patient care and volunteers (NHH Auxiliary) also provide support.

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

### Other Programs

NHH's Ambulatory Care Program supports the Emergency Department, Maternal Child Care, Diagnostic Imaging and Laboratory Services; its pre-operative clinic also liaises closely with Surgical Services in order to provide safe and efficient assessment and evaluation for surgical procedures.

### Internal HSPs

Patients have access to the Hospital's full range of diagnostic and therapeutic services, including diagnostic imaging services, laboratory and pharmacy. The clinics utilize our central supply and stores departments and works in

cooperation with the booking office, Maternal Child Care and Surgical Services.

### External HSPs

In addition to the Central East Community Care Access Centre (Central East CCAC) and private outpatient labs located in Cobourg and Port Hope, the Ambulatory Care department also works directly with IM Care (on-site internal medicine specialists) and Kawartha Cardiology for diagnostic services such as holter monitors, echocardiograms, or stress testing.

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## OTHER HEALTH SERVICE PROVIDERS

Physicians and other health care providers come from within NHH's catchment area (e.g., surgery, internal medicine, gynecology) and from outside (e.g. rheumatology, and orthopedics). Ambulatory Care programs are offered at most hospitals in the area, 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, pain and supportive care, 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

<b>PATIENT ACTIVITY INDICATORS</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Indicator Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
General medicine clinic visits	3,189	2,627	1,746	2,072	2,370
General surgery clinic visits	319	268	214	247	171
Minor surgery clinic visits	1,046	1,023	1,119	1,361	1,283
Preoperative clinic visits	2,033	2,163	2,473	2,497	2,476
Ears, nose and throat clinic visits	930	1,001	849	858	843
Urology clinic visits	2,739	2,593	2,726	2,486	2,220
General gynecology clinic visits	612	661	735	532	646
Colposcopy clinic visits	229	151	135	137	96
General antepartum clinic visits	571	543	538	525	631
General pediatric clinic visits	917	913	947	1,031	1,036
General orthopedic clinic visits	137	166	158	166	142
General plastics clinic visits	445	507	474	540	565
Ophthalmology clinic visits	178	191	211	227	238
General rheumatology clinic visits	468	472	177	403	395
Cardiovascular clinic visits	0	0	0	1	0
Obstetrics clinic visits	0	1	0	0	0
Day/night obstetrics clinic visits	855	847	722	837	953
<i>Total ambulatory care clinic visits</i>	<i>14,668</i>	<i>14,127</i>	<i>13,224</i>	<i>13,920</i>	<i>14,065</i>
Telemedicine visits	0	0	51	120	198

<b>FINANCIAL OVERVIEW</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Total gross operating expense	\$502,905	\$473,104	\$508,948	\$424,241	\$405,957
Revenues directly attributed to service	\$17,348	\$13,310	\$4,375	\$2,994	\$3,314
Total net operating expense	\$485,557	\$459,794	\$504,573	\$421,247	\$402,643
Staffing complement (full-time equivalent)	5.07	5.06	5.20	4.42	4.19

**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 depreciation, 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 16 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 of NHH's 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 (14-35 years old), Crisis and Housing, Homelessness and Hoarding Support. As well, local access to specialty mental health and psychiatric services throughout Ontario is available onsite through the use of the Ontario Telemedicine Network (OTN).

### Health Care Team

The Community 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)

### Other Programs

NHH's Community Mental Health Program has benefitted in recent years from a voluntary integration with Ontario Shores Centre for Mental Health Sciences. This relationship has greatly enhanced residents' ability to access specialized mental health treatment locally. NHH also has formal partnership in place with FourCast Addiction Services, the Canadian Mental Health Association's Four County Crisis Program, Peterborough Regional Health Centre Psychiatric Assessment Services for the Elderly and Northumberland County Community and Social Services.

### Internal HSPs

The Community Mental Health Program provides support and consultation to all programs of NHH, including emergency crisis assessment, case management and staff education.

### External HSPs

NHH works closely with regional health service providers, including: the Port Hope Community Health Centre, Cornerstone Family Violence Prevention Centre, The Help Centre, Watton Employment, Salvation Army, Northumberland Services for Women, Northumberland County Community and Social Services, Transition House, Highland Shores Children's Aid, Community Access, Northumberland Community Legal Centre.

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## OTHER HEALTH SERVICE PROVIDERS

Patients requiring inpatient mental health treatment are referred by NHH to one of the following: Peterborough Regional Health Centre, Lakeridge Health Corporation (Oshawa site), Ross Memorial Hospital (Lindsay) and Ontario Shores Centre for Mental Health Sciences (Whitby).

Outpatient Mental Health Programs include: Canadian Mental Health Association HKPR 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

<b>PATIENT ACTIVITY INDICATORS</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Indicator Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Face to face visits	20,700	18,731	15,309	16,186	17,848
Telephone visits	13,390	14,002	13,824	15,040	16,772
Group sessions	851	839	828	957	778
Individuals served	1,990	1,876	2,000	1,989	2,219
Telemedicine visits	n/a	n/a	n/a	212	588

<b>FINANCIAL OVERVIEW</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Total gross operating expense	\$2,596,030	\$2,679,260	\$2,603,456	\$2,942,443	\$3,006,527
Revenues directly attributed to service	\$7,135	\$21,263	\$62,311	\$62,428	\$102,956
Total net operating expense	\$2,588,895	\$2,657,997	\$2,541,145	\$2,880,015	\$2,903,571
Staffing complement (full-time equivalent)	20.79	20.68	22.36	24.96	25.57

**Notes:**

Gross and net operating costs only reflect direct operating costs, including: salaries and wages, employee benefits, medical / surgical supplies, drugs, etc. Overhead and administrative costs, such as housekeeping and utilities, are also included for this program.

**OTHER FUNDING/REVENUE INFORMATION:**

- Program is funded through special program funding envelope (referred to as “other votes”) provided by the Central East LHIN through a separate Multi-Sector Service Accountability Agreement (M-SAA); unspent funding is recoverable by the Central East LHIN.
- Funding includes:
  - Sessional funding for psychiatrists from the Ministry of Health and Long-Term Care;
  - Early Psychosis Intervention, Crisis and Supportive Housing funding from Canadian Mental Health Association Peterborough; and
  - Funding received through partnerships with Northumberland County to provide Homeless Liaison and Hoarding Support.
- Revenues directly attributed to this service are primarily from rent to third parties and property tax rebates.



# Diagnostic Imaging Bone Mineral Densitometry

### SERVICE DESCRIPTION AND POPULATION SERVED

#### Population

Bone Mineral Densitometry (BMD) services are provided at NHH for inpatients and outpatients from west Northumberland County and neighbouring communities.

#### Service

The Diagnostic Imaging Department is fully digital (filmless), 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. Volunteers also support NHH's Diagnostic Imaging program.

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

#### 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

BMD is also provided in the region by the following: 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; and Ross Memorial Hospital.



# Diagnostic Imaging Bone Mineral Densitometry

<b>PATIENT ACTIVITY INDICATORS</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Indicator Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Bone mineral density exams – inpatients	8	13	9	6	2
Bone mineral density exams – outpatients	1,968	2,007	1,736	1,449	1,477
Total bone mineral density exams	1,976	2,020	1,745	1,455	1,479

<b>FINANCIAL OVERVIEW</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Total gross operating expense	\$71,006	\$64,438	\$56,637	\$46,613	\$41,450
Revenues directly attributed to service	\$119,800	\$120,675	\$97,638	\$81,455	\$81,265
Total net operating revenue	\$48,794	\$56,237	\$41,001	\$34,842	\$39,815
Staffing complement (full-time equivalent)	0.70	0.61	0.53	0.40	0.41

### 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 the Hospital (technical fees).



# Diagnostic Imaging – Computed Tomography

### SERVICE DESCRIPTION AND POPULATION SERVED

#### Population

NHH provides Computed Tomography (CT) scan services for inpatients and outpatients from west Northumberland County and neighbouring communities.

#### Service

CT is a non-invasive test that helps physicians diagnose and treat a 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 upgraded in 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 also supports the diagnosing and staging of cancer. In addition, the CT scanner at NHH is capable of performing advanced specialized examinations that include 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. The hospital Laboratory supports the CT service for specific tests (e.g., STAT creatinine tests before CT exams). Volunteers also support NHH’s Diagnostic Imaging program.

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

#### Other Programs

All medical programs within NHH 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

CT is offered at Peterborough Regional Health Centre; Lakeridge Health Corporation; Rouge Valley Health System; The Scarborough Hospital; Ross Memorial Hospital; and Campbellford Memorial Hospital.

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## Diagnostic Imaging – Computed Tomography

<b>PATIENT ACTIVITY INDICATORS</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Indicator Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
CT exams – inpatients	1,361	1,607	1,618	1,901	2,061
CT exams – outpatients	7,364	6,922	6,206	6,260	6,387
CT exams – emergency	1,042	1,629	1,638	2,090	2,320
<i>Total computed tomography exams</i>	<i>9,767</i>	<i>10,158</i>	<i>9,462</i>	<i>10,251</i>	<i>10,768</i>
Annual hours of operation – base	3,500	3,500	3,500	3,500	3,500
Annual hours of operation – wait times funding	453	453	433	420	435

<b>FINANCIAL OVERVIEW</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Total gross operating expense	\$745,976	\$795,645	\$760,674	\$774,992	\$816,440
Revenues directly attributed to service	\$137,229	\$139,448	\$129,328	\$133,816	\$135,772
Total net operating expense	\$608,747	\$656,197	\$631,346	\$641,176	\$680,668
Staffing complement (full-time equivalent)	4.38	4.57	4.40	4.38	4.54

**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 outpatient services.
- Revenues directly attributed to this service are primarily from 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 December 1, 2014, to February 28, 2015):

Provincial Target	Provincial Actual	CE LHIN Actual	NHH Actual
28 days	41 days	27 days	19 days





# Diagnostic Imaging — Magnetic Resonance Imaging

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

NHH provides Magnetic Resonance Imaging (MRI) services for inpatients and outpatients with the majority of patients served on an outpatient basis. 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. It 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. Fifty percent (50%) of Priority 4 (non-urgent) MRI referrals must be completed within 28 days; for the fiscal year 2014-2015, NHH achieved 51%. As well, NHH's MRI service also includes imaging of the breast. This component is capable of performing needle biopsies of lesions within the breast and NHH is one of a few sites offering this service in our region.

### 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)

### 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 MRI examinations.

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### OTHER HEALTH SERVICE PROVIDERS

Peterborough Regional Health Centre, Rouge Valley Health System, The Scarborough Hospital and Ross Memorial Hospital also offer MRI in the Central East region.



# Diagnostic Imaging — Magnetic Resonance Imaging

<b>PATIENT ACTIVITY INDICATORS</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Indicator Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
MRI exams – inpatients	103	142	135	149	175
MRI exams – outpatients	7,255	7,732	5,816	5,595	6,292
MRI exams – emergency	8	18	19	19	20
<i>Total MRI exams</i>	<i>7,366</i>	<i>7,892</i>	<i>5,970</i>	<i>5,763</i>	<i>6,487</i>
Annual hours of operation – base	2,080	2,080	2,080	2,080	2,080
Annual hours of operation – wait time funding	1,341	2,718	1,535	1,534	1,756

<b>FINANCIAL OVERVIEW</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Total gross operating expense	\$633,316	\$714,035	\$656,227	\$619,859	\$642,031
Revenues directly attributed to service	\$1,223,641	\$1,563,735	\$1,232,772	\$1,256,253	\$1,322,881
Total net operating revenue before overhead	\$590,325	\$849,700	\$576,545	\$636,394	\$680,850
Staffing complement (full-time equivalent)	4.53	4.89	4.46	3.95	3.98

**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.
- Revenues directly attributed to this service:
  - Base funding of \$800,000 per annum, which covers the hospital costs for both inpatient and outpatients services, and it also covers overhead and equipment depreciation costs;
  - Incremental Funding is provided by the Central East LHIN. 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 December 1, 2014 to February 28, 2015):

Provincial Target	Provincial Actual	CE LHIN Actual	NHH Actual
28 days	89 days	73 days	31 days



# Diagnostic Imaging — Mammography/OBSP

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

NHH 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.

NHH joined the Ontario Breast Screening Program (OBSP) in the fall 2009. The OBSP program provides routine screening mammography services to patients who qualify for the program. The OBSP program also permits patients to self-refer, which benefits individuals without a family doctor. In 2015, NHH was also designated as a Cancer Care Ontario/OBSP Breast Assessment Affiliate.

### 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. Volunteers also support the Diagnostic Imaging program.

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

### 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. 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. Pathology testing (biopsy specimens, for example) is referred to a regional centre.

Nurse Practitioners are qualified to order Mammography examinations, examinations that are identified to be within their scope of practice.

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## OTHER HEALTH SERVICE PROVIDERS

Mammography services are also provided by: 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; and Haliburton Highlands Health Services.



# Diagnostic Imaging — Mammography/OBSP

<b>PATIENT ACTIVITY INDICATORS</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Indicator Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Mammography exams – inpatients	6	5	9	16	17
Mammography exams – outpatients	3,338	3,145	2,962	2,534	2,566
<i>Total mammography exams</i>	<i>3,344</i>	<i>3,150</i>	<i>2,971</i>	<i>2,550</i>	<i>2,583</i>
Ontario Breast Screening – inpatients	0	0	1	0	0
Ontario Breast Screening – outpatients	2,506	3,316	3,230	3,495	3,666
<i>Total OBSP exams</i>	<i>2,506</i>	<i>3,316</i>	<i>3,231</i>	<i>3,495</i>	<i>3,666</i>

<b>FINANCIAL OVERVIEW</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Total gross operating expense	\$403,800	\$444,056	\$366,505	\$368,361	\$343,818
Revenues directly attributed to service	\$329,694	\$396,729	\$322,779	\$295,423	\$319,436
Total net operating expense	\$74,106	\$47,327	\$43,726	\$72,938	\$24,382
Staffing complement (full-time equivalent)	3.09	3.24	3.23	3.17	3.02

### 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 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 the Hospital (technical fees); and,
  - Funding from Cancer Care Ontario for the Ontario Breast Screening Program (OBSP).
  - In 2014 NHH became a recognized CCO/OBSP Breast Assessment Affiliate (BAA). NHH receives additional funding (\$100 per patient) for all OBSP patients that require follow-up assessments. NHH anticipates there will be approximately 300 BAA patients.



# Diagnostic Imaging – Nuclear Medicine

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

NHH’s Nuclear Medicine service is provided to both 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)

### 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

NHH is the only provider of nuclear cardiac scanning in Northumberland County. Other providers outside of NHH’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 in Lindsay.



# Diagnostic Imaging – Nuclear Medicine

<b>PATIENT ACTIVITY INDICATORS</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Indicator Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Nuclear medicine exams – inpatients	186	115	128	149	161
Nuclear medicine exams – outpatients	2,520	1,876	1,972	1,753	1,582
Nuclear medicine exams – emergency	2	1	2	0	4
<i>Total nuclear medicine exams</i>	<i>2,708</i>	<i>1,992</i>	<i>2,102</i>	<i>1,902</i>	<i>1,747</i>

<b>FINANCIAL OVERVIEW</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Total gross operating expense	\$345,371	\$373,769	\$361,335	\$369,770	\$330,395
Revenues directly attributed to service	\$534,074	\$592,459	\$620,571	\$541,083	\$509,103
Total net operating revenue before overhead	\$188,703	\$218,690	\$259,236	\$171,313	\$178,708
Staffing complement (full-time equivalent)	1.58	1.77	1.75	1.65	1.46

## 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 the Hospital (technical fees).



# Diagnostic Imaging – Radiology (X-Ray)

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

NHH provides x-ray services to the hospital’s Emergency Department (ED) and Intensive Care Unit, as well as inpatients and outpatients. Patients reside in west Northumberland County and neighbouring communities.

### Service

The Diagnostic Imaging Department is fully digital (filmless), 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. Volunteers also support the Diagnostic Imaging program.

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

### Other Programs

All medical programs at NHH 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. This examination evaluates the swallowing mechanism for patients who have suffered a stroke.

Nurse Practitioners are qualified to order specific x-ray examinations for both ED and inpatients as identified within their scope of practice.

### 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.

Nurse Practitioners are qualified to order specific x-ray examinations for both ED and inpatients as identified within their scope of practice.

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## OTHER HEALTH SERVICE PROVIDERS

Radiology services are also available in the region from the following: 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; and Haliburton Highlands Health Services.



# Diagnostic Imaging – Radiology (X-Ray)

<b>PATIENT ACTIVITY INDICATORS</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Indicator Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Radiology exams – inpatients	3,815	4,033	4,436	4,181	4,423
Radiology exams – outpatients	8,307	8,635	7,620	7,128	7,060
Radiology exams – emergency	9,418	9,339	9,459	10,218	10,692
<i>Total radiology exams</i>	<i>21,540</i>	<i>22,007</i>	<i>21,515</i>	<i>21,527</i>	<i>22,175</i>
Interventional exams – inpatients	158	149	181	178	186
Interventional exams – outpatients	909	883	768	745	843
Interventional exams – emergency	14	25	24	20	30
<i>Total interventional exams</i>	<i>1,081</i>	<i>1,057</i>	<i>973</i>	<i>943</i>	<i>1,059</i>

<b>FINANCIAL OVERVIEW</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Total gross operating expense	\$1,782,470	\$1,954,724	\$1,865,859	\$1,752,384	\$1,893,517
Revenues directly attributed to service	\$499,888	\$531,478	\$454,282	\$432,682	\$445,517
Total net operating expense	\$1,282,582	\$1,423,246	\$1,411,577	\$1,319,702	\$1,448,000
Staffing complement (full-time equivalent)	14.85	15.50	14.74	14.92	15.15

**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 the Hospital (technical fees).





# Diagnostic Imaging – Ultrasound

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

NHH 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 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 (see **6 Diagnostic Imaging – Mammography**). Ultrasound guidance is also used to perform needle biopsies of breast lesions and/or cyst aspirations. NHH’s ultrasound program has recently expanded to offer Carotid Doppler ultrasound examinations, a specialized test that uses high-frequency sound waves to assess the blood flow within the carotid arteries.

### 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)

### Other Programs

All medical programs within NHH rely on the ultrasound services provided by Diagnostic Imaging.

### Internal HSPs

Physicians who refer inpatients for ultrasound procedures rely on the test results when developing treatment plans. A physician’s order or an order from a Nurse Practitioner is required for all ultrasound examinations.

Nurse Practitioners are qualified to order specific ultrasound examinations for both ED and inpatients, as identified within their scope of practice.

### External HSPs

Physicians and Nurse Practitioners who refer their patients for ultrasound procedures rely on the test results when developing treatment plans.

## OTHER HEALTH SERVICE PROVIDERS

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Ultrasound services are also available in the region from the following: 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; and Haliburton Highlands Health Services.



# Diagnostic Imaging – Ultrasound

<b>PATIENT ACTIVITY INDICATORS</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Indicator Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Ultrasound exams – inpatients	404	434	526	489	639
Ultrasound exams – outpatients	9,148	9,323	8,782	8,228	9,259
Ultrasound exams – emergency	393	588	676	679	788
<i>Total ultrasound exams</i>	<i>9,945</i>	<i>10,345</i>	<i>9,984</i>	<i>9,396</i>	<i>10,686</i>

<b>FINANCIAL OVERVIEW</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Total gross operating expense	\$262,755	\$266,598	\$263,934	\$278,941	\$349,923
Revenues directly attributed to service	\$432,813	\$458,411	\$420,947	\$395,294	\$440,580
Total net operating revenue before overhead	\$170,058	\$191,813	\$157,013	\$116,353	\$90,657
Staffing complement (full-time equivalent)	2.18	2.28	2.39	2.03	2.68

### 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 the Hospital (technical fees).



# Emergency Department

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

As the only Emergency Department (ED) in west Northumberland County, the NHH ED acts as the local gateway to urgent and emergent surgical and medical care. Close proximity to the 401 corridor, surrounding farming communities and tourist destinations, results in the NHH ED providing emergency care to numerous motor vehicle, farming and recreational accidents. Northumberland is also home to a high proportion of seniors with multiple chronic conditions and the ED is often their go-to centre for care when home/primary care supports are unavailable or no longer sufficient.

### Service

The NHH ED is a 22-bay multi-treatment facility, housing a two-bed resuscitation unit, 12 stretchers complete with cardiac monitors, fracture, suture and gynecology rooms as well as 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 less acute 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. Approximately eighty percent of admissions to NHH come through the ED.

### Health Care Team

The ED team includes specially trained Registered Nurses, a Crisis Intervention Worker, a Geriatric Emergency Management Nurse, Physicians, Nurse Practitioners, Respiratory Therapists, a Speech Language Therapist, Physiotherapy, as well as Pharmacy, Social Work, Lab Technicians, and volunteers. 24-hour physician staffing of the ED is maintained by a combination of full-time and part time emergency physicians and experienced family physicians from the community. NHH also benefits from the support of Nurse Practitioners to maintain the timely management of Blue Zone patients.

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

### Other programs

NHH's Community Mental Health Services provide outpatient services for patients assessed in the ED and in need of continued

of care. Peterborough Regional Health Centre provides NHH patients access to angiography, stroke care, complicated dialysis, and further psychiatric assessment and treatment.

### Internal HSPs

The Diagnostic Imaging Department supports the ED with a full range of imaging services, including X-rays, CT scans and MRI. Respiratory Therapists support ED patients by performing pulmonary function testing.

### External HSPs

The Central East CCAC has a dedicated case worker in the NHH ED to facilitate care at home for discharged patients. Criticall, 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 angiography, stroke, orthopedics, psychiatry, pediatrics and urology. The ED works very closely with regional health care partners including local physicians, EMS, the Northumberland Family Health Team (e.g. the successful Complex Care Demonstration Program), community nursing homes and homes for the aged, other regional and referring health care facilities, and local municipalities responsible for emergency preparedness planning. The Haliburton Kawartha Pine Ridge (HKPR) District Health Unit assists the ED and NHH with disease outbreaks or communicable disease issues.



# Emergency Department

<b>PATIENT ACTIVITY INDICATORS</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Indicator Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Emergency Visits	31,771	31,619	30,757	31,219	32,944
Inpatient admissions through ED	2,191	2,378	2,632	2,731	3,041
Inpatient admissions through ED % of acute admissions*	83%	84%	86%	88%	88%

\*excludes admissions for obstetrics, newborn, gynecology and palliative care

<b>FINANCIAL OVERVIEW</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Total gross operating expense	\$4,577,824	\$4,838,949	\$4,938,835	\$4,805,073	\$4,738,658
Revenues directly attributed to service	\$841,504	\$748,536	\$881,168	\$926,512	\$872,318
Total net operating expense	\$3,736,320	\$4,090,413	\$4,057,667	\$3,878,561	\$3,866,340
Staffing complement (full-time equivalent)	35.02	38.37	39.17	38.37	36.76

**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 are primarily from:
  - Workplace Safety Insurance Board (WSIB) and fees charged for non-Ontario residents.
  - Separate base funding by the Central East LHIN of \$145,000 received annually for a new Geriatric Emergency Management (GEM) nurse.
  - Separate one-time funding by the Ministry of Health and Long-Term Care for Emergency Pay for Results initiatives.
- ED physician remuneration is funded through Ontario’s ED Workload Alternative Funding Agreement (not included above).

**OTHER RELEVANT INFORMATION**

NHH Emergency Department wait time performance (results for April 2014 to March 2015), measured at the 90th percentile:

<b>Category</b>	<b>Provincial Target</b>	<b>Provincial Actual</b>	<b>LHIN Actual</b>	<b>NHH Actual</b>
High acuity	8 hours	10.1 hours	9.7 hours	8.0 hours
Low acuity	4 hours	4.1 hours	4.1 hours	3.9 hours



# Inpatient Rehabilitation

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

NHH's 18-bed Inpatient Rehabilitation unit is committed to working with adult patients and their families to achieve individualized goals following a medical or surgical event including stroke, major surgery, traumatic injury such as fractured hip or trauma sustained in a motor vehicle accident, or the management of chronic illness.

### Service

All patients on the Rehabilitation Unit receive an individualized Care Plan designed in collaboration with the patient and their family. The Inpatient Rehabilitation Unit utilizes a physiotherapy gym and occupational therapy assessment room for rehabilitation patients. Patients also access a dedicated communal dining room for their meals, and enjoy the hospital's therapeutic gardens as a part of their rehabilitation. The Inpatient Rehabilitation unit is devoted to patient recovery. Patients must be able to participate in an acute rehabilitation program including two to three hours of therapy daily, including frequent ambulation.

### Health Care Team

The Inpatient Rehabilitation team consists of Nurses, a Nurse Practitioner, Physiotherapists, Occupational Therapists, Rehabilitation Assistants, Recreational Therapists, Physicians, Social Work, Speech Language Pathologists and Dietitians. All staff members are trained with a specialization in rehabilitation therapies. Volunteers also support the program.

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

### Other Programs

The Inpatient Rehabilitation unit has interdependencies with Acute Care, Pharmacy and Laboratory Services.

### Internal HSPs

Many of the therapists provide support to other hospital programs. Physiotherapists and Occupational Therapists provide services to all inpatient units at NHH. Speech language therapy, in addition to providing services to inpatients throughout NHH, also collaborates with Diagnostic Imaging to provide swallowing assessments to outpatients in our community. NHH's Recreational Therapist provides therapeutic recreational programs to the inpatient rehabilitation unit, in addition to leading a team of Hospital Elder Life Program volunteers throughout NHH to improve the hospital experience of older patients. Social work services are provided to many other hospital programs.

### External HSPs

The Central East CCAC provides services and equipment to patients upon discharge. As well, services provided by Community Care Northumberland help support the safe discharge of patients from hospital by ensuring adequate supports are available at home.

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## OTHER HEALTH SERVICE PROVIDERS

Patients throughout Ontario have the ability to access an inpatient rehabilitation bed at NHH. Acute care providers in the province will work with CCAC care coordinators to ensure that patients meet the eligibility for rehabilitation criteria. All patients who have met the eligibility criteria can apply for an inpatient rehabilitation bed by utilizing the provincial referral standards.



# Inpatient Rehabilitation

<b>PATIENT ACTIVITY INDICATORS</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Indicator Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Number of beds staffed and in operation	18	18	18	18	18
Admissions	272	271	297	295	272
Patient days	5,489	5,504	5,743	6,265	6,603
Occupancy rate	84%	84%	87%	95%	101%
Average length of stay (days)	20.18	19.9	19.3	21.2	24.3

<b>FINANCIAL OVERVIEW</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Total gross operating expense	\$1,579,410	\$1,619,862	\$1,584,065	\$1,467,914	\$1,587,063
Revenues directly attributed to service	\$0	\$0	\$0	\$0	\$0
Total net operating expense	\$1,579,410	\$1,619,862	\$1,584,065	\$1,467,914	\$1,587,063
Staffing complement (full-time equivalent)	16.08	16.71	15.43	15.25	16.45

### 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

NHH's 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 treated in the NHH ICU 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 the ICU through the Emergency Department, Surgical Services program, and other inpatient units; some are repatriated from other hospitals.

### Service

While in the ICU, 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) and Optiflow to assist with breathing. The ICU patients have access to NHH's full range of diagnostic and therapeutic services, including Laboratory, Pharmacy and Diagnostic Imaging. The ICU has recently added the support of a Critical Care Support Team (CCST) that provides a Respiratory Therapist and a Registered Nurse from the ICU to assess patients on the inpatient units that the health care team, patient or family feel could benefit from a more critical care assessment. The goal of this new initiative is to ensure that patients get the appropriate level of care at the right time.

### Health Care Team

The ICU team includes Registered Nurses specially trained in critical care, specialists in Internal Medicine, General Surgeons, Anesthesiologists, Respiratory Therapists, Pharmacists, Dietitians, Physiotherapists, Occupational Therapists, Social Work, and volunteers. Patients and families play key roles in the planning and decision-making process.

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

### Other Programs

The ICU has interdependencies with the Emergency Department, the Medical / Surgical program and other inpatient units. All Inpatient Units also have the support of the Intensive Care Nursing Team and the Respiratory Therapist through the utilization of the Critical Care Support Team.

### Internal HSPs

The anesthesia and respiratory therapy services provide acute pain and symptom management, respiratory management and invasive (ventilator) and non-invasive ventilator support (BiPAP) as well as Optiflow 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, using Emergency Medical Services (EMS) or ORNGE (helicopter) respectively. Patient transfers are arranged through Critical Ontario, which is a provincial support system that coordinates access to critical care beds and provides timely medical support from on-call specialists. NHH also 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.

## OTHER HEALTH SERVICE PROVIDERS

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



# Intensive Care Unit

<b>PATIENT ACTIVITY INDICATORS</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Indicator Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Number of beds staffed and in operation	6	6	6	6	6
Admissions (direct)	391	452	501	489	459
Patient days	1,175	1,456	1,526	1,667	1,606
Occupancy rate	54%	66%	70%	76%	73%

<b>FINANCIAL OVERVIEW</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Total gross operating expense	\$2,237,412	\$2,464,989	\$2,556,707	\$2,466,546	\$2,310,542
Revenues directly attributed to service	\$0	\$18,000	\$15,800	\$9,760	\$8,500
Total net operating expense	\$2,237,412	\$2,446,989	\$2,540,907	\$2,456,786	\$2,302,042
Staffing complement (full-time equivalent)	16.76	18.13	19.03	18.24	18.14

### 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 one-time Critical Care Training 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.





# Laboratory Services

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

The Laboratory Department at Northumberland Hills Hospital is an integral part of the health care team. The team is dedicated to providing quality diagnostic testing services to physicians and the public, in accordance with generally accepted laboratory practice and Ministry of Health and Long-Term Care Laboratory licensing regulations.

### Service

The Laboratory Department supports NHH's Emergency Department, inpatient units and outpatient clinics. Services include biochemistry, hematology, microbiology, transfusion medicine, phlebotomy and electrocardiography. These services are available 24 hours a day from staff on site. Pulmonary function testing is provided on appointment, and is the only testing service of its kind in the region. Reference laboratories are utilized for services not performed on site such as pathology. The Laboratory also supports the Infection Prevention and Control (IPAC) program for the facility.

NHH's Laboratory is accredited through the Ontario Laboratory Accreditation program, a mandatory accreditation body in the province of Ontario, which requires recertification every four years.

### Health Care Team

Medical Laboratory Technologists (MLTs) are specially trained personnel. All MLTs are registered members of the College of Medical Laboratory Technologists of Ontario (CMLTO), which is a requirement to be eligible to work in Ontario. In order to maintain competency, MLTs must participate in ongoing continuing education related to laboratory medicine and perform a variety of competency assessments throughout the year. The staff is complimented by Laboratory Assistants (LAs) or phlebotomists who take patients' blood for processing and perform electrocardiograms (ECGs).

The Infection Control Practitioners are certified by the Certification Board of Infection Control and Epidemiology.

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

### Other Programs

The Laboratory Department supports the Emergency Department, Cancer and Supportive Care clinic, Dialysis Unit, Ambulatory Care clinic and Diagnostic Imaging. The Laboratory also liaises closely with the pre-operative clinic and Surgical Services in order to provide safe and efficient assessment and evaluation for surgical procedures.

### Internal HSPs

Internal HSPs include: Respiratory Technologists; Physicians; Nurse Practitioners; Nursing staff; and Infection Control practitioners.

### External HSPs

External HSPs include: Peterborough Regional Health Centre (for pathology services); Campbellford Memorial Hospital; Ross Memorial Hospital; Lakeridge Health Corporation; Kingston General Hospital; Gamma Dynacare Laboratories; local nursing homes; the Health Unit; and the regional Infection Control Network (RICN).

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# Laboratory Services

<b>PATIENT ACTIVITY INDICATORS</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Annual Volumes</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Specimen Procurements	73,994	115,418	333,865	370,567	397,662
Chemistry	235,953	172,678	42,206	45,662	50,333
Hematology	47,165	40,643	36,204	34,725	37,787
Transfusion Medicine	16,657	21,822	13,045	3,799	3,521
Cytopathology	14	43	42	22	63
Microbiology	64,998	58,706	12,828	13,709	26,530
ECG	10,332	10,538	11,011	10,419	11,322
Stress Test	181	114	18	0	0
Pulmonary Function Test	930	956	1,035	1,134	1,335
<i>Total Volumes</i>	<i>450,224</i>	<i>420,918</i>	<i>450,254</i>	<i>480,037</i>	<i>528,553</i>

<b>FINANCIAL OVERVIEW</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Description</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>
Total gross operating expense	\$2,644,571	\$2,667,583	\$2,708,124	\$2,697,571	\$2,950,511
Revenues directly attributed to service	\$276,002	\$271,581	\$213,973	\$257,981	\$293,141
Total net operating expense	\$2,368,569	\$2,396,002	\$2,494,151	\$2,439,590	\$2,657,370
Staffing complement (full-time equivalent)	18.17	18.03	18.03	18.07	17.99

**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 are generated through Pulmonary Function Testing, Stress Testing and Electrocardiograms through fees charged to the Ontario Health Insurance Plan (OHIP) for both Hospital and physicians.



# Maternal Child Care

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

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

### Service

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

### Health Care Team

The Maternal Child Care team consists of Registered Nurses specially trained in obstetrical care, Obstetricians, General Practitioners (GPs), Midwives, Anesthesiologists, Respiratory Therapists, Pharmacy staff, Dietitians, Support staff, Ward Clerks and volunteers. Itinerate pediatrician support further adds to local care. This team is committed to quality using the best practices recommended by the MoreOB risk management program and the Society of Obstetricians and Gynecologists guidelines.

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

### 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 the HKPR District Health Unit and the Central East Community Care Access Centre for continuity of patient 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 infant hearing-screening.

## OTHER HEALTH SERVICE PROVIDERS

Level 2 Maternal Child Care programs exist in Peterborough, Belleville and Oshawa.



# Maternal Child Care

<b>PATIENT ACTIVITY INDICATORS</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Indicator Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Number of beds staffed and in operation	6	6	6	6	6
Admissions – obstetrics	561	540	499	467	492
Admissions – newborn	550	527	494	458	478
Patient days – obstetrics	1,236	1,237	1,030	994	985
Occupancy rate	56%	56%	47%	45%	45%

<b>FINANCIAL OVERVIEW</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Total gross operating expense	\$1,614,821	\$1,711,001	\$1,574,130	\$1,597,320	\$1,644,498
Revenues directly attributed to service	\$17,623	\$18,410	\$18,825	\$23,102	\$19,930
Total net operating expense	\$1,597,198	\$1,692,591	\$1,555,305	\$1,574,218	\$1,624,568
Staffing complement (full-time equivalent)	12.31	12.63	12.03	12.04	12.35

**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.

**OTHE 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

NHH provides inpatient care for adult, geriatric and 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 40-bed medical / surgical program has the capability to monitor 12 telemetry patients. There are also 7 wireless monitors to support additional cardiac and capnography monitoring on the unit. There are two budgeted pediatric beds, but—in contrast with the rising adult occupancy rate—the rate of child admissions is low. Three rooms have negative pressure isolation capabilities. The most frequent medical diagnoses include: stroke, chronic obstructive pulmonary 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, gynecological surgery (hysterectomy), and cancer surgery. Patients are admitted to the units through the Emergency Department, surgical services, other inpatient units, or direct from family physicians' offices; some are transferred from other hospitals.

### Health Care Team

The medical / surgical team includes Nurses, Hospitalists, a Nurse Practitioner, Family Physicians, General Surgeons, Anesthesiologists, specialists in Internal Medicine, Respiratory Therapists, Pharmacists, Dietitians, Physiotherapists, Occupational Therapists, a Speech Language Pathologist, Social Work, Central East Community Care Access (CCAC) staff, Ward Clerks, Support Service workers, and volunteers. Patients and families play key roles in the planning and decision-making process. The team has had a focused training in gerontological syndromes as a large portion of NHH's population is geriatric. There has also been concentrated education in cardiac care and all Registered Nurses are certified in Coronary Care One.

Patients are admitted to the program under the care of a Family Physician, Hospitalist, or General Surgeon. If the Hospitalist caseload is full, patients without a Family Physician are admitted under the care of a member of NHH's town-call Physician group. In place since 2012, NHH's successful Hospitalist program provides dedicated physician care to inpatients not covered by area Family Physicians. The Nurse Practitioner role has been introduced as well to co-manage

patients with the Hospitalist and to build practice capacity within the frontline Nursing team.

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

### Other programs

The program supports most other clinical programs at the hospital. Other services such as Community Mental Health provide patient consultation. Pharmacy and Palliative Care unit staff provide pain and symptom management support while the Intensive Care provides Critical Care Support Team Service to the Unit upon request and on transfer from ICU.

### Internal HSPs

Patients have access to NHH'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.

### 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 Community Care Northumberland for the Home at Last Program (HAL), among other support services. 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. 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. Patients who require emergency cardiac care (CODE STEMI), or stroke care receive urgent service and are then transferred back to Northumberland Hills Hospital. The Northumberland Family Health Team, through the complex care demonstration project, is working with the unit to support the effective transfer and follow up of patients with Chronic Obstructive Pulmonary Disorder (COPD) and Congestive Heart Failure (CHF) post discharge.

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## OTHER HEALTH SERVICE PROVIDERS

Peterborough Regional Health Centre, Lakeridge Health Corporation, St. Michael's Hospital, Quinte Health Care and Kingston General Hospital.



# Medical / Surgical Inpatient Acute Care

<b>PATIENT ACTIVITY INDICATORS</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Indicator Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
# of beds staffed and in operation – adult	50	38	38	38	38
# of beds staffed and in operation - pediatric	2	2	2	2	2
Admissions – adult	2,180	2,308	2,501	2,588	2,896
Admissions – pediatric	78	90	76	49	57
Patient days – adult	16,552	13,371	13,554	15,271	16,877
Patient days – pediatric	181	177	129	86	76
Occupancy rate – adult	91%	96%	98%	110%	122%
Occupancy rate – pediatric	25%	24%	18%	12%	10%

<b>FINANCIAL OVERVIEW</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Total gross operating expense	\$5,993,309	\$5,226,755	\$5,410,678	\$5,671,122	\$6,306,268
Revenues directly attributed to service	\$258	\$101	\$150	\$1,959	\$233
Total net operating expense	\$5,993,051	\$5,226,654	\$5,410,528	\$5,669,163	\$6,306,035
Staffing complement (full-time equivalent)	60.77	51.90	52.05	52.62	58.85

**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 Cancer/Supportive Care Clinic

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

NHH's Cancer and Supportive Care Clinic provides oncology care for cancer patients living in Northumberland County. Through partnership with the Central East Regional Cancer Program (a branch of Cancer Care Ontario), the program works in partnership with the Durham Regional Cancer Centre at Lakeridge Health Oshawa and is committed to providing the best quality of care close to home.

### Service

The outpatient Cancer and Supportive Care Clinic provides ambulatory cancer care treatments such as biotherapy, chemotherapy, supportive treatments, education, palliative care and pain management to help support our patients and their families with the diagnosis, treatments and follow up for cancer.

The Clinic is also dedicated to providing benign hematology care for non-cancerous conditions of the blood and bone marrow. Treatments provided include iron, blood and platelet infusions or injectable medications and phlebotomies.

### Health Care Team

Patients benefit from the expertise of the many different professionals that make up the health care team at the Clinic. Some professionals, like the Oncology Nurses, are seen at every visit but there are many others working behind the scenes. The clinic's physicians include an Oncologist, a General Practitioner in Oncology, a Hematologist and Radiation Oncologist from the Durham Regional Cancer Centre, a local Internist and Palliative Care Physician. The Oncology Nurses all have achieved recognized oncology and biotherapy educational certification and experience. The Clinic clerks are committed to family centered care, helping patients schedule and coordinate medical appointments for blood work, diagnostic tests, physician visits and treatments. Volunteers from the NHH Auxiliary also support the patients/staff in the clinic.

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

### Other Programs

There is an interdepartmental team of allied health professionals at NHH that work collaboratively to assess, plan and deliver personalized care for our clinic patients. These include laboratory, pharmacy, diagnostic imaging, social workers, hospice coordinators, respiratory technicians, access center, dietitian, and pastoral care.

Some patients may require a referral to surgical or inpatient services at NHH or at another hospital for additional services like radiation, clinical trials or in-patient chemotherapy and treatment. The outpatient Cancer and Supportive Care Clinic assists in connecting to those services for all stages of disease management.

### 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 outpatient Cancer and Supportive Care Clinic provides a link to community support services including the Central East CCAC, Hospice Northumberland, and cancer support groups (Look Good, Feel Good program, hat donations program, and support group referrals to the Hearth Place Cancer Center in Oshawa, and the Canadian Cancer Society). The Clinic receives referrals from Family Physicians for hematology consults, medication and blood product transfusions.

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## OTHER HEALTH SERVICE PROVIDERS

Peterborough Regional Health Centre, Lakeridge Health Corporation and various Toronto hospitals.



# Outpatient Cancer/Supportive Care Clinic

<b>PATIENT ACTIVITY INDICATORS</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Indicator Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Number of operating stations	6	6	6	6	6
Chemotherapy visits*	1,746	2,687	3,483	4,191	4,893
Hematology visits	1,083	984	1,522	1,407	642
<i>Total chemotherapy clinic visits</i>	<i>1,849</i>	<i>3,671</i>	<i>5,005</i>	<i>5,598</i>	<i>5,535</i>

\*including systemic chemotherapy

<b>FINANCIAL OVERVIEW</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Total gross operating expense	\$1,251,282	\$1,368,683	\$2,016,817	\$2,074,685	\$2,159,879
Revenues directly attributed to service	\$786,459	\$958,288	\$1,567,234	\$1,861,333	\$1,903,851
Total net operating expense	\$464,823	\$410,395	\$449,583	\$213,352	\$256,028
Staffing complement (full-time equivalent)	2.69	3.65	5.28	6.50	6.05

**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 until fiscal 2014/2015. Effective for fiscal years 2012/2013 and 2013/2014, the Program was also partially funded by Cancer Care Ontario through Lakeridge. Effective 2014/2015, the primary source of funding is provided by Cancer Care Ontario through Quality Based Procedure (QBP) funding.
- Revenues directly attributed to this service primarily relate to the reimbursement of chemotherapy drug costs from Cancer Care Ontario, and the direct funding provided by Cancer Care Ontario (see above).





# Outpatient Dialysis Clinic

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

Northumberland Hills Hospital's 12-station Outpatient Dialysis Clinic is a satellite of the Regional Renal Program located at Peterborough Regional Health Centre (PRHC). Care can be provided to approximately 72 patients living with chronic kidney disease who require hemodialysis treatments to sustain their life. Additionally, the program hosts an outreach Pre-Dialysis and Nephrology Clinic as part of the Regional Renal Program for individuals who have reduced kidney function. The Outpatient Dialysis Clinic 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. 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. Individuals living with reduced kidney function where the Glomerular Filtration Rate (GFR) is between 30-60% are seen in NHH's Nephrology Clinic. Here patients receive medical management, treatment and support. Pre-dialysis patients with a GFR between 15-30% are seen in the Pre-Dialysis Clinic and receive support from the Interdisciplinary team (physician, nursing, pharmacy, dietitian and social work). The focus of the Pre-Dialysis Clinic is to provide care which aids in the assessment, medical management, treatment and support. The goal is to delay the progression of kidney disease.

### Health Care Team

This Outpatient Dialysis Clinic relies on highly experienced Registered Nurses (RNs), who receive in-depth orientation and training. Nurses are also required to complete courses which are part of the Nephrology Nursing certificate and are encouraged and supported in achieving the Nephrology Certification with the Canadian Nurses Association. The patients are supported medically by nephrologists from the regional renal program at Peterborough Regional Health Centre (PRHC), who are onsite at NHH twice per month. 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, a Social Worker, Pharmacy personnel and the Rehabilitation Therapy team.

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

### Other programs

The Outpatient Dialysis Clinic works closely with the Emergency Department, Palliative Care program, Diagnostic Imaging, Pharmacy, Laboratory and Occupational Therapy.

### External HSPs

External linkages include: the PRHC Regional Renal Program; vascular surgery at regional centres; vascular access nurse; Canadian Blood Services; Central East Community Care Access Centre; and Community Care Northumberland (volunteer transportation support).

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## OTHER HEALTH SERVICE PROVIDERS

Dialysis is also provided at: Lakeridge Health Corporation in Oshawa to the west, Kingston General Hospital (with satellites in Belleville and Picton) to the east, and PRHC to the north (which also includes a satellite Dialysis clinic at Ross Memorial Hospital in Lindsay).



# Outpatient Dialysis Clinic

<b>PATIENT ACTIVITY INDICATORS</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Indicator Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Number of operating stations	12	12	12	12	12
Hemodialysis treatments	6,883	6,995	6,977	6,924	6,655
Nephrology clinic visits	417	530	483	458	483
Venofur clinic visits	37	175	139	185	171
Number of patients at fiscal year-end (March 31 <sup>st</sup> )	48	44	50	43	38
Number of shifts per day (Monday to Saturday)	2	2	2	2	2

<b>FINANCIAL OVERVIEW</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Total gross operating expense	\$2,266,950	\$2,344,368	\$2,326,177	\$2,118,485	\$1,912,249
Revenues directly attributed to service	\$2,211,027	\$2,257,295	\$2,437,457	\$2,119,225	\$2,870,303
Total net operating revenue (expense)	(\$55,923)	(\$87,073)	\$111,280	\$740	\$958,054
Staffing complement (full-time equivalent)	15.40	16.19	15.34	13.82	12.56

**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 by volume and infrastructure priority program funding provided by the Ministry of Health and Long Term Care (Ontario Renal Network) through PRHC.
- Revenues directly attributed to service for 2014/2015 includes one-time non-recurring revenue related to prior years.

**OTHER RELEVANT INFORMATION**

Changes in the delivery of dialysis care at a regional level, and new best practices, i.e. home dialysis, are decreasing NHH patient volumes in this clinic.



# Palliative Care Program

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

Northumberland Hills Hospital's Palliative Care Program is designed to address the needs of patients and their families who are living with a life-threatening illness or require end of life care that cannot be managed effectively at home. Patients come from west Northumberland and neighboring communities.

### Service

Patients are admitted to the Palliative Care unit for pain and symptom management and/or end of life care needs that cannot be managed effectively outside the hospital. Some patients require care within the unit until the end of life while others are able to return home with support from care providers in the community. Patients' situations can be different, and all patients receive individualized assessment and care. The Palliative Care Program is designed to provide short-term care to address acute palliative care needs. Care is designed to respond to the need for active, specialized interventions to relieve pain and other distressing symptoms such as nausea and vomiting or shortness of breath. In addition to knowledge and skill in pain and symptom management, the Palliative Care team has additional expertise in meeting the psychosocial and spiritual needs of patients and their families.

### Health Care Team

The Palliative Care unit is staffed by nurses with specialized education, including Canadian Nurses Association certification in Hospice Palliative Care Nursing. Medical care is provided by hospitalists and family doctors; the program is supported by an internist with specialty expertise in palliative medicine and elder care. Palliative care staff members are a resource not only within the Palliative Care Unit but also to clinicians and patients throughout NHH.

Rehabilitation services are provided by therapy staff from the Post-Acute Specialty Services Program. Social Work, spiritual care, and discharge planning are additional services that are

shared hospital-wide. Volunteers with hospice training are also on the unit daily.

## INTERDEPENDENCIES WITH OTHER PROGRAMS, HEALTH SERVICE PROVIDERS (HSPs)

### Other Programs

The Palliative Care Program works closely with pharmacy services at NHH. Pharmacists are leaders in pain and symptom management and their input is essential in the development of care plans for each patient on the Palliative Care unit.

The palliative care team provides assessment and consultation for patients throughout the hospital on request.

### Community Partners

Community hospice palliative care is provided through Community Care Northumberland. Hospice volunteers may provide support to patients and families while they are in hospital and continue to work with them once the patient has been discharged. Families are able to participate in the many support programs offered by Community Care.

Central East Community Care Access Centre (CCAC) coordinates palliative services for patients at home.

## OTHER HEALTH SERVICE PROVIDERS

Community Care Northumberland; Campbellford & District Palliative Care Service; and physicians specializing in palliative care provide support to patients living in the greater Northumberland region who require palliative care. A small residential hospice is located in the community of Warkworth, approximately 45 minutes away.

## Palliative Care Program

<b>PATIENT ACTIVITY INDICATORS</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Indicator Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Number of beds staffed and in operation	6	6	6	6	6
Admissions	142	145	193	164	160
Patient days	1,841	1,879	1,659	1,994	2,047
Occupancy rate*	84%	86%	76%	91%	93%
Average length of stay (days)	13	13	9	12	13

  

<b>FINANCIAL OVERVIEW</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Total gross operating expense	\$1,048,623	\$1,001,873	\$972,267	\$1,006,172	\$999,364
Revenues directly attributed to service	\$0	\$0	\$0	\$0	\$0
Total net operating expense	\$1,048,623	\$1,001,873	\$972,267	\$1,006,172	\$999,364
Staffing complement (full-time equivalent)	9.11	9.02	8.51	8.77	8.65

**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.



# Pharmacy Services

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

The Northumberland Hills Hospital Pharmacy provides service to the interdisciplinary team and patients receiving care at the hospital, both as inpatients and outpatients through clinics and the Emergency Department.

### Service

The NHH Pharmacy offers a comprehensive program that includes clinical consultation, pain and symptom management, chemotherapy and management of NHH's medication administration systems including the Pyxis automated dispensing machines. With a focus on patient safety, the Pharmacy team leads a number of initiatives such as medication reconciliation and the integration of leading edge technology into medication administration. NHH's Pharmacy service is highly automated, including Pyxis dispensing machines, electronic medication administration record, and bedside verification using barcode technology.

### Health Care Team

The Pharmacy team is comprised of Pharmacists and Registered Pharmacy Technicians with expertise in the hospital practice setting. Staff provide clinical consultation and medication delivery on site 13 hours a day, Monday to Friday, and 7.5 hours per day on weekends. Pharmacists are on-call after hours to provide ongoing clinical support for the interdisciplinary team.

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

### Other Programs

NHH's Pharmacy provides clinical consultation, pain and symptom management and patient safety initiatives such as medication reconciliation for inpatient programs as well as ambulatory programs such as the Emergency department and Ambulatory clinics. The program works closely with the Outpatient Dialysis Clinic and the Outpatient Cancer and Supportive Care Clinic.

### Internal HSPs

The Pharmacy service works closely with all members of the health care team. NHH's clinical Dietician and Pharmacists work closely when providing enteral (tube feeding) support to clients in the hospital.

### External HSPs

The NHH Pharmacy service has close partnerships with the Outpatient Dialysis Clinic, working with the nephrologists and interdisciplinary team to provide service to patients receiving dialysis at the NHH satellite. The NHH Pharmacy works in collaboration with the Outpatient Chemotherapy Clinic and the interdisciplinary team to provide clinical consultation and chemotherapy to patients through the satellite chemotherapy clinic on-site at NHH.

### Resources

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### OTHER HEALTH SERVICE PROVIDERS:

Pharmacy services and clinical consultation is provided in the community by a variety of community based pharmacies.



# Pharmacy Services

<b>PATIENT ACTIVITY INDICATORS</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Annual Volumes</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Medication doses	644,483	634,974	733,204	804,002	658,549

<b>FINANCIAL OVERVIEW</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/2014</b>	<b>2014/2015</b>
Total gross operating expense	\$809,251	\$821,698	\$743,371	\$786,146	\$1,052,083
Revenues directly attributed to service	\$55,287	\$35,158	\$51,075	\$37,638	\$52,813
Total net operating expense	\$753,964	\$786,540	\$692,296	\$748,508	\$999,270
Staffing complement (full-time equivalent)	8.25	8.16	7.62	8.01	7.20

**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 funding from Ontario Drug Benefit Program, Cancer Care Ontario, Kingston and Durham Regional Cancer Centres, and Renal Insufficiency (ESRD) Program for dialysis.



# Restorative Care

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

NHH’s 16-bed Restorative Care program supports a “Home First” philosophy and is intended for those individuals who have been assessed and deemed unable to return directly home safely without a short period of inpatient transitional care to improve strength, endurance, or functioning. The primary client population serviced by the Restorative Care program is the frail elderly. The program is also intended for individuals who may require a short period of restorative care prior to being eligible for a more intensive rehabilitation program.

### Service

Fully devoted to patient recovery, Restorative Care is a planned, comprehensive program that provides low intensity specialized care after an acute care illness, injury or de-conditioning. An individualized plan of care is developed for all inpatients in the unit, based on patient- and family-driven rehabilitative goals. Patients benefit from a dedicated therapy space, a dining room, and access to the hospital’s therapeutic gardens. Restorative care focuses on optimizing an individual’s capacity to maximize their level of independence to enable them to return home to the community. Home may include their own home, a retirement home, or supportive housing. Restorative Care also offers an NP-led Assess and Restore intervention program - a model of care now adopted as a best practice at a provincial level and focused on the care of the frail geriatric population. Assess and Restore interventions include a comprehensive gerontological assessment that supports the identification of geriatric syndromes and the application of best practice interventions delivered by an interprofessional health care team specialized in gerontology to help resolve the identified geriatric syndromes.

### Health Care Team

The Restorative Care team consists of nursing staff, a Nurse Practitioner, Physiotherapists, Occupational Therapists, Rehabilitation Assistants, Recreational Therapist, Physicians, Social Worker, Speech Language Pathologist and Dietitian. All members of the team are trained with a specialization in gerontology and rehabilitation and a network of volunteers, including those who support the Hospital Elder Life Program, support the program through the NHH Auxiliary.

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

### Other Programs

Referrals for Restorative Care are received from internal acute care programs or directly from the Emergency Department for those patients who require admission to hospital, and would benefit from the comprehensive gerontological assessment and interventions of the unit.

### Internal HSPs

Many of the therapists provide support to other hospital programs. Physiotherapists and occupational therapists provide services to all inpatient units at NHH. Speech language therapy, in addition to providing services to Inpatients throughout NHH, also collaborates with diagnostic imaging to provide swallowing assessments to outpatients in our community. Recreation therapy provides therapeutic recreational programs to the inpatient rehabilitation unit, in addition to leading a team of Hospital Elder Life Program (HELP) volunteers throughout NHH to improve the hospital experience of older patients. Social work services are provided to many other hospital programs.

### External HSPs

The Central East CCAC provides services and equipment to patients upon discharge. Services provided by Community Care Northumberland are used to help discharge patients from hospital by ensuring adequate supports are available at home. The Central East region’s Geriatric Assessment and Intervention Network (GAIN), Family Health Team (FHT), and local retirement and long-term care facilities work collaboratively with Restorative Care staff to support patients with a safe and supportive discharge to the community.

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## OTHER HEALTH SERVICE PROVIDERS

Patients from throughout Ontario have the ability to access a Restorative Care bed at NHH. Acute Care providers in the province will work with CCAC care coordinators to ensure that patients meet the eligibility for rehabilitation criteria. All patients who have met the eligibility criteria can apply for an inpatient rehabilitation bed by utilizing the provincial referral standards.



# Restorative Care

<b>PATIENT ACTIVITY INDICATORS</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Indicator Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Number of beds staffed and in operation	16	16	16	16	16
Admissions	22	202	177	188	177
Patient days	305	4,795	5,057	5,155	5,216
Occupancy rate	N/A	82%	87%	88%	89%
Average length of stay (days)	N/A	24	29	27	29

<b>FINANCIAL OVERVIEW</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Total gross operating expense	\$97,469	\$1,208,580	\$1,647,354	\$1,562,417	\$1,676,062
Revenues directly attributed to service	\$50,125	\$601,520	\$601,520	\$697,807	\$714,995
Total net operating expense	\$47,344	\$607,060	\$1,045,834	\$864,610	\$961,067
Staffing complement (full-time equivalent)	1.12	14.00	15.98	16.60	17.06

## Notes

NHH's Restorative Care program opened on March 1<sup>st</sup>, 2011.

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 service include base funding from the Central East LHIN related to 8 of the 16 beds staffed and in operation as well as new program funding for Assess and Restore.
- Preferred accommodation revenue for private/semi-private rooms not included above.





# Surgical Services

(Operating Room, Day Surgery, Recovery)

## SERVICE DESCRIPTION AND POPULATION SERVED

### Population

Surgical Services at NHH include general surgery, cancer surgery, gynecology, ophthalmology, orthopedics, otolaryngology (ear, nose, throat), 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 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, appointment booking service, Central Supply Reprocessing (instrument cleaning, sterilization), pharmacy, diagnostic imaging, laboratory, support staff and volunteers.

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

### Other programs

NHH's Surgical Services program has 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 NHH's full range of diagnostic and therapeutic services, including diagnostic imaging services, laboratory and pharmacy.

### External HSPs

Surgical specimens are sent to the pathology laboratory at a regional centre for analyses.

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## OTHER HEALTH SERVICE PROVIDERS

Surgical services are also provided in the region at Peterborough Regional Health Centre, Lakeridge Health Corporation, Quinte Health Care and Kingston General Hospital as well as hospitals farther west (Rouge, Scarborough).



# Surgical Services

(Operating Room, Day Surgery, Recovery)

<b>PATIENT ACTIVITY INDICATORS</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Indicator Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Cataract surgeries	1,013	1,015	1,198	1,196	1,184
Colonoscopies (including colorectal screening)	1,705	1,560	1,451	1,596	1,576
Cancer surgeries	73	96	87	69	86
General surgeries (funded only)	256	216	265	248	287
Other surgeries	2,060	1,966	1,967	2,117	2,065
<i>Total surgical cases</i>	<i>5,107</i>	<i>4,853</i>	<i>4,968</i>	<i>5,226</i>	<i>5,198</i>
Total inpatient cases	620 (12%)	631 (13%)	662 (13%)	677 (13%)	650 (13%)
Total day surgery cases	4,487 (88%)	4,222 (87%)	4,306 (87%)	4,549 (87%)	4,548 (87%)

<b>FINANCIAL OVERVIEW</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
<b>Description</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Total gross operating expense	\$2,799,681	\$2,808,968	\$3,193,331	\$3,102,595	\$3,031,798
Revenues directly attributed to service	\$476,772	\$499,630	\$639,887	\$1,326,453	\$951,658
Total net operating expense	\$2,322,909	\$2,309,338	\$2,553,444	\$1,776,142	\$2,080,140
Staffing complement (full-time equivalent)	16.05	15.83	17.11	17.18	16.43

**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 primarily to:
  - One-time funding for provincial Wait-Time priority services received from the Central East LHIN for incremental cases over the base volumes funded through the global base funding; and/or
  - Quality Based Procedures (QBPs) funding received from Cancer Care Ontario (CCO) effective in fiscal 2013/2014.
- Wait-Time and Cancer Care Ontario Quality Based Procedure funding is currently received for the following surgical cases: cataracts, colonoscopies, general surgeries, endoscopy and cancer surgeries.

**OTHER RELEVANT INFORMATION**

Surgical wait time performance (results for the period April 1, 2014 to March 31, 2015)

<b>Type of surgery</b>	<b>Provincial Target</b>	<b>Provincial Actual</b>	<b>LHIN Actual</b>	<b>NHH Actual</b>
General Surgery	182 days	92 days	77 days	53 days
Cataract Surgery	182 days	160 days	97 days	35 days
Cancer Surgery	48 days	50 days	41 days	29 days