



**M.I.C.s Group of Health Services**

*"Partnering Today for a Stronger Tomorrow"*

# **ANNUAL MEETING REPORT**

## **June 2010**



**BINGHAM MEMORIAL HOSPITAL  
CORPORATION MEETING – JUNE 7<sup>th</sup>, 2010  
Black River-Matheson Family Lodge  
Matheson, ON**



**ANSON GENERAL HOSPITAL  
CORPORATION MEETING – JUNE 15<sup>th</sup>, 2010  
South Centennial Manor Common Room  
Iroquois Falls, ON**



**LADY MINTO HOSPITAL  
CORPORATION MEETING – JUNE 17<sup>th</sup>, 2010  
Terry's Restaurant – Blue Room  
Cochrane, ON**

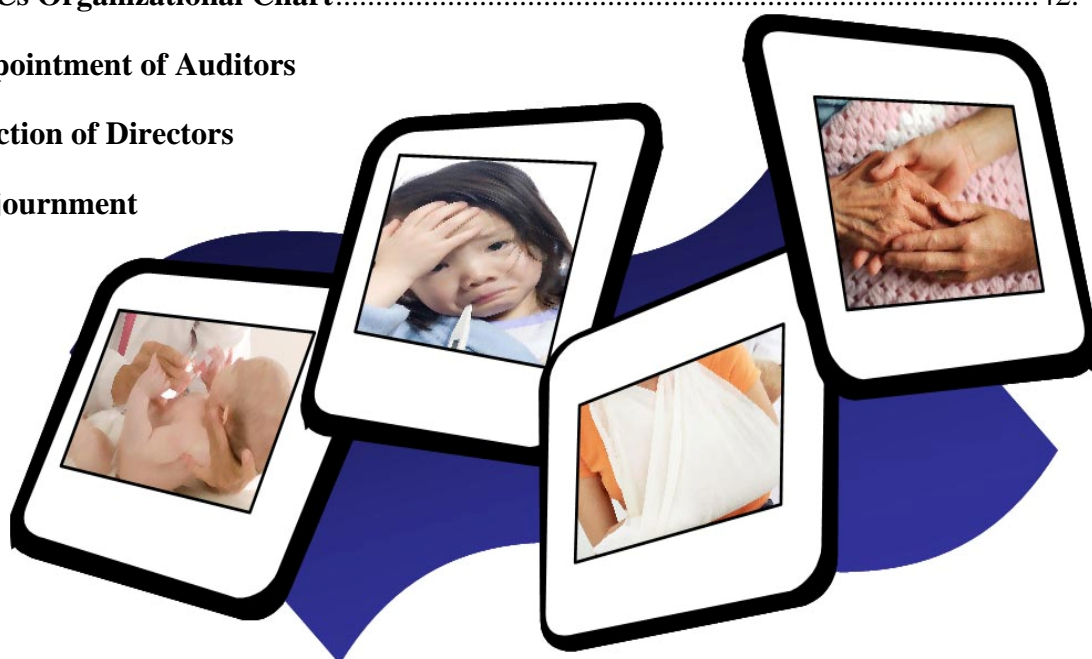


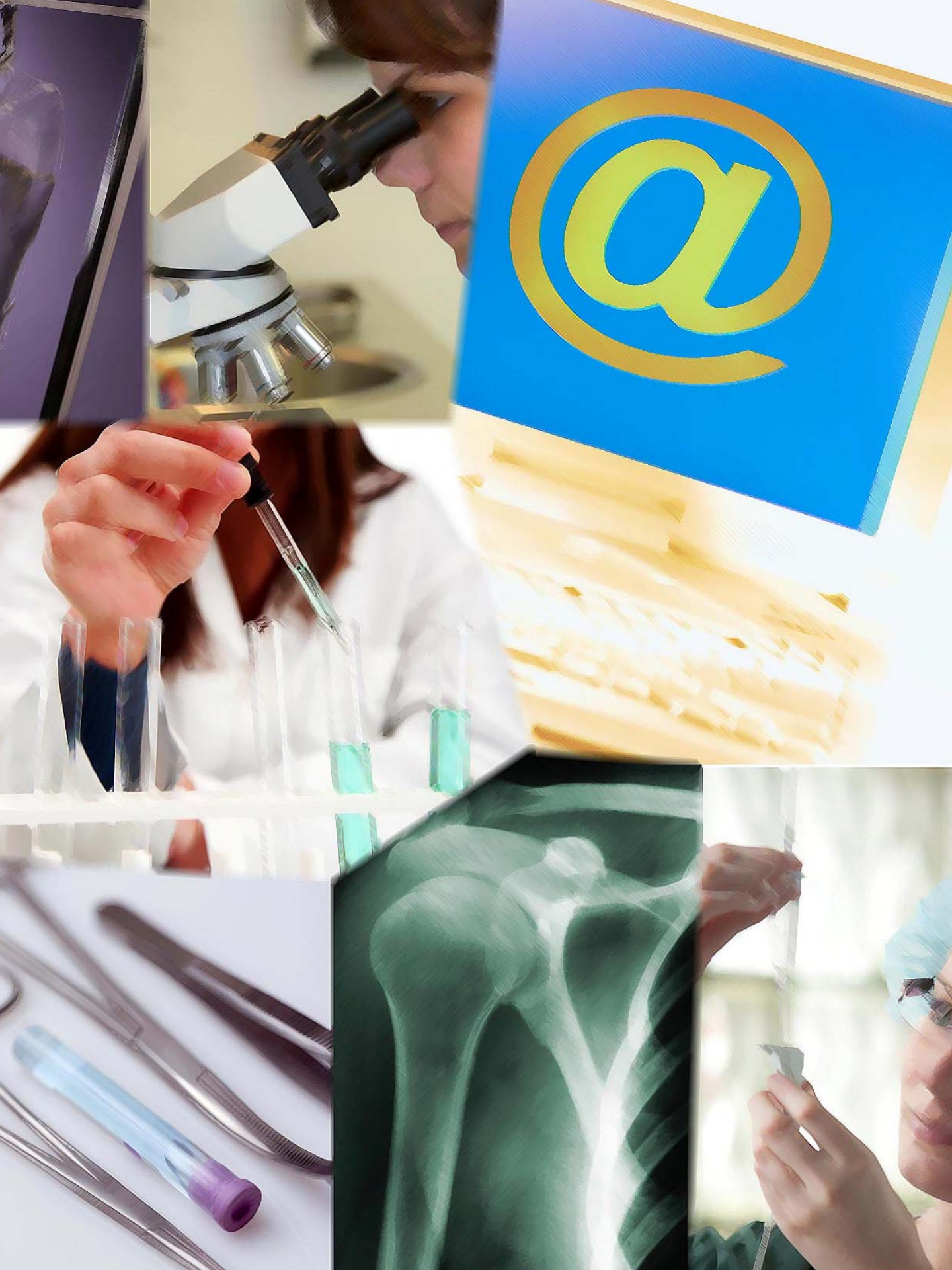
# Annual Meeting Agenda

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## Welcome

1. **Introduction of Board of Directors** .....1.
2. **Approval of Minutes:**
  - Bingham Memorial Hospital Corporation Meeting – June 9<sup>th</sup>, 2009 .....3.
  - Anson General Hospital Corporation Meeting – June 10<sup>th</sup>, 2009.....9.
  - Lady Minto Hospital Corporation Meeting – June 11<sup>th</sup>, 2009.....15.
3. **Report and Approval of the Audited Financial Statement** .....20.
4. **Approval of By-Law Changes** .....21.
5. **MICs CEO & Board Chairs' Address** .....22.
6. **MICs Team Report** .....25.
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8. **Hospital Auxiliary Report**.....36.
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10. **MICs Values** .....40.
11. **MICs Strategic Goals**.....41.
12. **MICs Organizational Chart**.....42.
13. **Appointment of Auditors**
14. **Election of Directors**
15. **Adjournment**







# MICs Board of Directors

2009 – 2010

## *Bingham Memorial Hospital*

Merv Anthony – **Chair** ..... Elected (*Representative at Large*)  
Dan MacKenzie – **Vice-Chair** ..... Elected (*Aboriginal Representative*)  
Garry Truax – **Treasurer** ..... Elected (*Representative with a Financial Background*)  
Dr. Stephen Chiang – **Chief of Staff** ..... Appointed  
*vacant* – **President of Medical Staff** ..... Appointed  
Anna Andrews ..... Elected (*French Representative*)  
Robert Browne ..... Elected (*Representative at Large*)  
Emilien Charlebois ..... Appointed (*Municipal Representative*)  
Norma Monahan ..... Appointed (*Auxiliary Representative*)

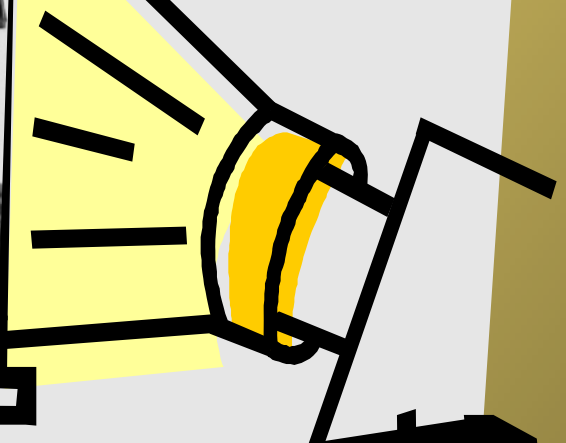
## *Anson General Hospital*

Wendy Phillips – **Chair** ..... Elected (*Representative at Large*)  
Ralf Borowski – **Vice-Chair** ..... Elected (*Local Business/Industry Representative*)  
Dr. Phil McGuire – **Chief of Staff** ..... Appointed  
*vacant* – **President of Medical Staff** ..... Appointed  
René Boucher ..... Elected (*French Representative*)  
Colin Kennedy ..... Elected (*Representative at Large*)  
Norma Labelle ..... Appointed (*Auxiliary Representative*)  
Michael Shea\* ..... Appointed (*Municipal Representative*)  
Yves Carriere\* (*alternate*)

## *Lady Minto Hospital*

Maureen Konopelky – **Chair** ..... Elected (*Representative at Large*)  
R.J. Andrews – **Vice-Chair** ..... Elected (*Representative at Large*)  
Claude Bourassa – **Treasurer** ..... Elected (*Representative with a Financial Background*)  
Dr. Rita Affleck – **Chief of Staff** ..... Appointed  
Dr. Lawrence McPherrin – **President of Medical Staff** ..... Appointed  
Dianne Denault ..... Appointed (*Auxiliary Representative*)  
Lisa Girard ..... Appointed (*Municipal Representative*)  
Léo Gregoire ..... Elected (*French Representative*)  
Jack Solomon ..... Elected (*Aboriginal Representative*)

\*Gilles Chartrand *alternate*



Minutes of the  
Bingham Memorial Hospital  
55<sup>th</sup> Annual Corporation Meeting  
Tuesday, June 9<sup>th</sup>, 2009 – 1900 Hours  
Black River-Matheson Family Lodge, Matheson, ON

<b>BOARD OF DIRECTORS</b>	
X	Ann Desjardins – Chair
X	Billie Baragar – Vice-Chair
X	Dan MacKenzie – Treasurer
	Dr. Stephen Chiang – Chief of Staff
X	Merv Anthony
X	Garry Truax
X	Dan O'Mara – MICs Chief Executive Officer
<b>GUESTS</b>	
X	Clive Dorland – MICs Auditor
X	Sylvie Lavoie-Girard – MICs Executive Assistant ( <i>Recording Secretary</i> )

Ann Desjardins, Board Chair, opened the meeting with a welcome and thanked the members of the Corporation for attending. **It was recorded that there was a quorum.**

**1. INTRODUCTION OF BOARD OF DIRECTORS**

- Board Members introduced themselves to the Corporation Members.

**2. APPROVAL OF MINUTES**

- A. Desjardins requested a motion to approve the minutes of the Annual Meeting held on June 10<sup>th</sup>, 2008.

Motion:

Moved by Bob Browne,

Seconded by Mary Leduc,

Be it resolved,

**THAT** the minutes of the Annual Meeting held on June 10<sup>th</sup>, 2008 be approved as presented.

Carried.

**3. REPORT AND APPROVAL OF AUDITOR'S FINANCIAL STATEMENT**

- A. Desjardins introduced Clive Dorland of *Dorland and Dorland–Chartered Accountant*, the Auditor for the MICs Group of Health Services.
- C. Dorland presented the BMH Audited Financial Statement to March 31<sup>st</sup>, 2009 to the Corporation Members, providing a detailed explanation of the report. The hospital ended the year with an operating deficit of -\$122,884 (compared to a deficit of -\$69,173 last year). Net deficit was -\$125,870 (compared to a deficit of -\$105,273 last year). MOHLTC Global funding was \$5,353,750.

- Corporation Members were invited to ask questions.

Motion:

Moved by Mary Leduc,

Seconded by Al Baragar,

Be it resolved,

**THAT** the Corporation of Bingham Memorial Hospital approves the Auditor's Report of Bingham Memorial Hospital Financial Statement for the year ending March 31<sup>st</sup>, 2009 as presented.

Carried.

#### 4. **APPROVAL OF BY-LAW CHANGES**

##### 4.1 **Section 8.3 – "Signing Officers"**

- This change is required to accommodate a maximum payroll deduction.
- Recommendation from the Bingham Memorial Hospital Board of Directors is to amend Section 8.3 of the By-laws as follows:

##### **8.3 Signing Officers**

- (a) Subject to paragraph (b) below, either the Chair or Vice-Chair of the Board, together with either the Chief Executive Officer, the Treasurer or a senior officer designated by the Board, shall sign on behalf of the Corporation all contracts, agreements, conveyances, mortgages and other documents, for which Board approval is required.
- (b) Any two (2) of the persons listed in paragraph (a) above shall be entitled to:
  - (i) sign contracts or agreements which can be terminated with less than thirty (30) days' notice or create binding obligations on the Corporation in excess of an amount to be determined from time to time by resolution of the Board;
  - (ii) sign cheques in the amount of Two Hundred and Fifty Thousand Dollars (\$250,000.00) or more, except cheques made payable to the Receiver General;
  - (iii) sign cheques for less than Two Hundred and Fifty Thousand Dollars (\$250,000.00) where two (2) signatures are required;
- (c) The Chief Executive Officer and Chief Financial Officer shall be entitled to sign cheques for less than ~~One Hundred Thousand Dollars (\$100,000.00)~~ **Two Hundred and Fifty Thousand Dollars (\$250,000)** with respect to any monies owing for payroll deductions. The signatures for the payroll deductions and regular monthly operating cheques may be made by their



their facsimile plate.

- (d) The signatures of any or all of the aforementioned signing officers on cheques drawn on any of the Hospital's bank accounts may be written or engraved, lithographed, printed or otherwise mechanically reproduced upon approval of the Board and Auditor.

- Corporation Members were invited to ask questions.

Motion:

Moved by Mary Leduc,

Seconded by Bob Browne,

Be it resolved,

**THAT** the Corporation of Bingham Memorial Hospital approves Section 8.3 of the By-laws be amended to revise subparagraph (c) as presented.

Carried.

## 5. **MICs CEO AND BOARD CHAIR'S ADDRESS**

- Board Chair Ann Desjardins noted that after 9 years on the Board, she has decided to resign. She thanked the Team Members and physicians for their hard work, and congratulated them on the success of this year's accreditation. Special thank you to Billie Baragar, who, after 12 years on the Board, has reached her tenure, and is too, resigning.
- MICs CEO D. O'Mara spoke briefly on a few topics. Highlights:
  - New accreditation process was challenging, and required a great deal of work to achieve accreditation status (albeit with report). The new process required the hospitals across MICs to standardize a lot of the processes. MICs has until March 2010 to address any outstanding issues identified through the survey. D. O'Mara noted that the work done through this accreditation will assist with future accreditations.
  - In response to Accreditation recommendations and direction, a Director of Patient Safety, Quality and Risk was hired.
  - The Meditech system was another work intensive project that kept many Team Members busy throughout the year, with implementation nearly complete. This will ultimately improve patient care.
  - The financial position and reduction plan required to meet the Accountability Agreement will be discussed in detail during the Community Consultation following the annual meeting.
  - Thank you to Ann Desjardins, Board Chair, who will be missed at the Board table.
  - Thank you to Billie Baragar who has served the Board for 12 years. She has been a very dedicated Board Member.
  - Thank you also to Theresa Scratch who served as Municipal Representative, and did an excellent job.
  - D. O'Mara noted that the process for corporation membership sales was changed this year, and the process will be reviewed again for next year.

## 6. **MICs TEAM REPORT**

- Provided in the annual report, the MICs Team Report provides information on MICs services, programs and activities. Corporation Members are encouraged to review the report at their leisure.

**7. MEDICAL STAFF REPORT**

- Provided in the annual report. Corporation Members are encouraged to review the report at their leisure.

**8. HOSPITAL AUXILIARY REPORT**

- Provided in the annual report. Corporation Members are encouraged to review the report at their leisure.
- A. Desjardins requested approval of reports as presented.

Motion:

Moved by Mary Leduc,

Seconded by Al Baragar,

Be it resolved,

**THAT** the Corporation of the Bingham Memorial Hospital approve the reports as presented.

Carried.

**9. MICs MISSION AND VISION STATEMENT**

- Provided for Corporation Members' information.

**10. MICs STRATEGIC GOALS**

- Strategic Planning was one component of the MICs Board Retreat held in December. The new strategic goals are reflective of the direction MICs is taking. D. O'Mara briefly reviewed the goals for Corporation Members' information.
- MICs Ethics Committee and newly implemented Values were reviewed.
- Teams are developing their own goals and aligning them with the strategic goals of the organization.

**11. APPOINTMENT OF AUDITOR**

Motion:

Moved by A.B. Fulton,

Seconded by Mary Leduc,

Be it resolved,

**THAT** the Corporation of Bingham Memorial Hospital appoints the firm of *Dorland and Dorland – Chartered Accountant* as the Hospital Auditor for 2009/2010.

Carried.

**12. ELECTION OF DIRECTORS**

- D. MacKenzie, Chair of the Nominating Committee, presented the 2009/2010 Nominations.
- Appointments are currently as follows:
  - Emilien Charlebois – Municipal Representative

- Norma Monahan – Hospital Auxiliary Representative
- Dr. Stephen Chiang – Chief of Staff
- vacant – President of Medical Staff
- There were 4 positions open and 4 applications received. The following applicants were selected for the positions for which they applied, and duly acclaimed:
  - French Representative – 2-year term – Anna Andrews
  - Representative at Large – 2-year term – Merv Anthony
  - Representative at Large – 1-year term – Robert Browne
  - Representative with a Financial Background – 2-year term – Garry Truax

Motion:

Moved by Mary Leduc,

Seconded by Bob Browne,

Be it resolved,

**THAT** the Corporation of Bingham Memorial Hospital approves the slate of nominees as presented.

Carried.

### 13. **ADJOURNMENT**

- There being no further business, the meeting adjourned at 7:52 p.m.

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Ann Desjardins  
Chair of the Board of Directors  
Bingham Memorial Hospital

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Dan O'Mara  
Secretary of the Board of Directors  
Bingham Memorial Hospital



Minutes of the  
Anson General Hospital  
Annual Corporation Meeting  
Wednesday, June 10<sup>th</sup>, 2009 – 1916 Hours  
South Centennial Manor's Common Room, Iroquois Falls

ATTENDANCE	
X	Wendy Phillips – Chair
	Kira Kenney – Treasurer
X	Dr. Phil McGuire – Chief of Staff
X	Ralf Borowski
	René Boucher
	Yves Carriere*
X	Norma Labelle
X	Dan O'Mara – MICs Chief Executive Officer
GUESTS	
X	Clive Dorland – MICs Auditor
X	Sylvie Lavoie-Girard – MICs Executive Assistant ( <i>Recording Secretary</i> )

W. Phillips, Board Chair, opened the meeting with a welcome and thanked the members of the Corporation for attending. **It was recorded that there was a quorum.**

**1. INTRODUCTION OF BOARD OF DIRECTORS**

- The Chair introduced the Board Members to the Corporation Members.

**2. APPROVAL OF THE MINUTES**

- The minutes of the Annual Meeting held June 4<sup>h</sup>, 2008 were reviewed.

Motion:

Moved by Norma Labelle,

Seconded by Myrtle Lavoie,

Be it resolved,

**THAT** the minutes of the Annual Meeting held June 4<sup>th</sup>, 2008 be approved as presented.

Carried.

**3. REPORT AND APPROVAL OF AUDITOR'S FINANCIAL STATEMENT**

- W. Phillips introduced Clive Dorland of *Dorland and Dorland—Chartered Accountant*, the Auditor for the MICs Group of Health Services.
  - C. Dorland presented the AGH Audited Financial Statement to March 31<sup>st</sup>, 2009, providing a detailed explanation of the report. The hospital ended the year with a surplus of \$147,730 (compared to a surplus of \$429,313 for 2008 fiscal year). The net deficit for the year

was -\$228,935 (2008 Surplus - \$382,406). Revenues increased by approximately \$22,000 while expenditures increased by \$304,000. MOHLTC Global and One-Time funding was \$7,136,552 (compared to \$6,875,962 for the 2007/2008 fiscal year).

- Corporation Members were invited to ask questions.

Motion:

Moved by Dr. McGuire,

Seconded by Ray Corcoran,

Be it resolved,

**THAT** the Corporation of Anson General Hospital approves the Auditor's Report of Anson General Hospital's Financial Statement for the year ending March 31<sup>st</sup>, 2009 as presented.

Carried.

#### **4. APPROVAL OF BY-LAW CHANGES**

##### **4.1 Section 8.3 – "Signing Officers"**

- This change is required to accommodate a maximum payroll deduction.
- Recommendation from the Anson General Hospital Board of Directors is to amend Section 8.3 of the By-laws as follows:

##### **8.3 Signing Officers**

- (a) Subject to paragraph (b) below, either the Chair or Vice-Chair of the Board, together with either the Chief Executive Officer, the Treasurer or a senior officer designated by the Board, shall sign on behalf of the Corporation all contracts, agreements, conveyances, mortgages and other documents, for which Board approval is required.
- (b) Any two (2) of the persons listed in paragraph (a) above shall be entitled to:
  - (i) sign contracts or agreements which can be terminated with less than thirty (30) days' notice or create binding obligations on the Corporation in excess of an amount to be determined from time to time by resolution of the Board;
  - (ii) sign cheques in the amount of Two Hundred and Fifty Thousand Dollars (\$250,000.00) or more, except cheques made payable to the Receiver General;
  - (iii) sign cheques for less than Two Hundred and Fifty Thousand Dollars (\$250,000.00) where two (2) signatures are required;
- (c) The Chief Executive Officer and Chief Financial Officer shall be entitled to sign cheques for less than ~~One Hundred Thousand Dollars (\$100,000.00)~~ **Two**



**Hundred and Fifty Thousand Dollars (\$250,000)** with respect to any monies owing for payroll deductions. The signatures for the payroll deductions and regular monthly operating cheques may be made by their facsimile plate.

- (d) The signatures of any or all of the aforementioned signing officers on cheques drawn on any of the Hospital's bank accounts may be written or engraved, lithographed, printed or otherwise mechanically reproduced upon approval of the Board and Auditor.

- Corporation Members were invited to ask questions.

Motion:

Moved by Colin Kennedy,

Seconded by Ralf Borowski,

Be it resolved,

**THAT** the Corporation of Anson General Hospital approves Section 8.3 of the By-laws be amended to revise subparagraph (c) as presented.

Carried.

## **5. MICs CEO AND BOARD CHAIR'S ADDRESS**

- MICs CEO D. O'Mara and Board Chair W. Phillips spoke briefly on a few topics. Highlights:
  - W. Phillips noted that this was a challenging year for MICs and AGH – ongoing fundraising for medical clinic, new accreditation process, new Director of Nursing, and construction at SCM. She thanked the staff and the community's respective roles and support in the above-mentioned projects. She also thanked Carol Ann Goulet, MICs CNO, who assisted at AGH by filling in for the Director of Nursing position while recruitment efforts were underway, and the staff at AGH for their support and patience during the transitional period. Warm welcome extended to new Director of Nursing Patricia Huber who started this week. Thank you to the Board for all their volunteer work this past year.
  - D. O'Mara thanked Board Chair Wendy Phillips, noting how much more challenging it is now for Board Members in this new era of accountability. AGH's financial position is reasonable this year, however, with the expenditures for new Medical Clinic and the heating and ventilation project at South Centennial Manor, capital dollars are dwindling. He noted the difficulties facing the Manor, especially with inadequate funding to operate independently.
  - The Medical Clinic finished on budget. Some of the tenants are already moving in. The medical clinic staff will move in July once all equipment is in.
  - Accreditation was a bit more of a challenge this time around, with yet another new process to follow, but MICs did achieve an Accreditation with Report.
  - Meditech (the new I.T. system for the hospital) has created delays at registration, causing some frustration on behalf of the patients

presenting at Admitting, however, it is very important to ensure the information is accurate as this protects the patient from identification errors and potential consequences of such errors. The continued patience from the community is appreciated.

- The Accountability Agreement which the Hospital must sign to “promise” to balance their budget remains a concern for the Board as financial pressures with the Manor could impact the Hospital’s ability to meet its contractual agreement.
- Thank you was extended to all Team Members for their continued dedication and hard work.

**6. MICs TEAM REPORT**

- Provided in the annual report, the MICs Team Report provides information on MICs services, programs and activities. Corporation Members are encouraged to review the report at their leisure.

**7. MEDICAL STAFF REPORT**

- Corporation Members are encouraged to review the report at their leisure.

**8. HOSPITAL AUXILIARY REPORT**

- Hospital Auxiliary Report provided highlights of the AGH Auxiliary activities during the past year.
- W. Phillips requested approval of reports as presented.

Motion:

Moved by Patricia Huber,

Seconded by Ralf Borowski,

Be it resolved,

**THAT** the Corporation of the Anson General Hospital approve the reports as presented.

Carried.

**9. MICs MISSION AND VISION STATEMENT**

- Provided for Corporation Members’ information.

**10. MICs STRATEGIC GOALS**

- Provided for Corporation Members’ information.

**11. APPOINTMENT OF AUDITOR**

Motion:

Moved by Colin Kennedy,

Seconded by Dr. Phil McGuire,

Be it resolved,

**THAT** the Corporation of Anson General Hospital appoint the firm of *Dorland and Dorland – Chartered Accountant* as the Hospital Auditor for 2009/2010.

Carried.

## **12. ELECTION OF DIRECTORS**

- Appointments are currently as follows:
  - Yves Carriere – Municipal Representative
  - Norma Labelle – Hospital Auxiliary Representative
  - Dr. Phil McGuire – Chief of Staff (Dr. Alfayadh will be the alternate)
  - vacant – President of the Medical Staff
- There were 4 positions open and 3 applications received. The following applicants were selected for the positions for which they applied, and duly acclaimed:
  - Local Business/Industry Representative (2 year term) – Ralf Borowski
  - Representative at Large (2 year term) – Colin Kennedy
  - French Representative (2 year term) – René Boucher
- There remains 1 vacancy for a representative with a financial background.

Motion:

Moved by Myrtle Lavoie,

Seconded by Suzanne Gadoury,

Be it resolved,

**THAT** the Corporation of Anson General Hospital approves the nominees as presented.

Carried.

## **13. ADJOURNMENT**

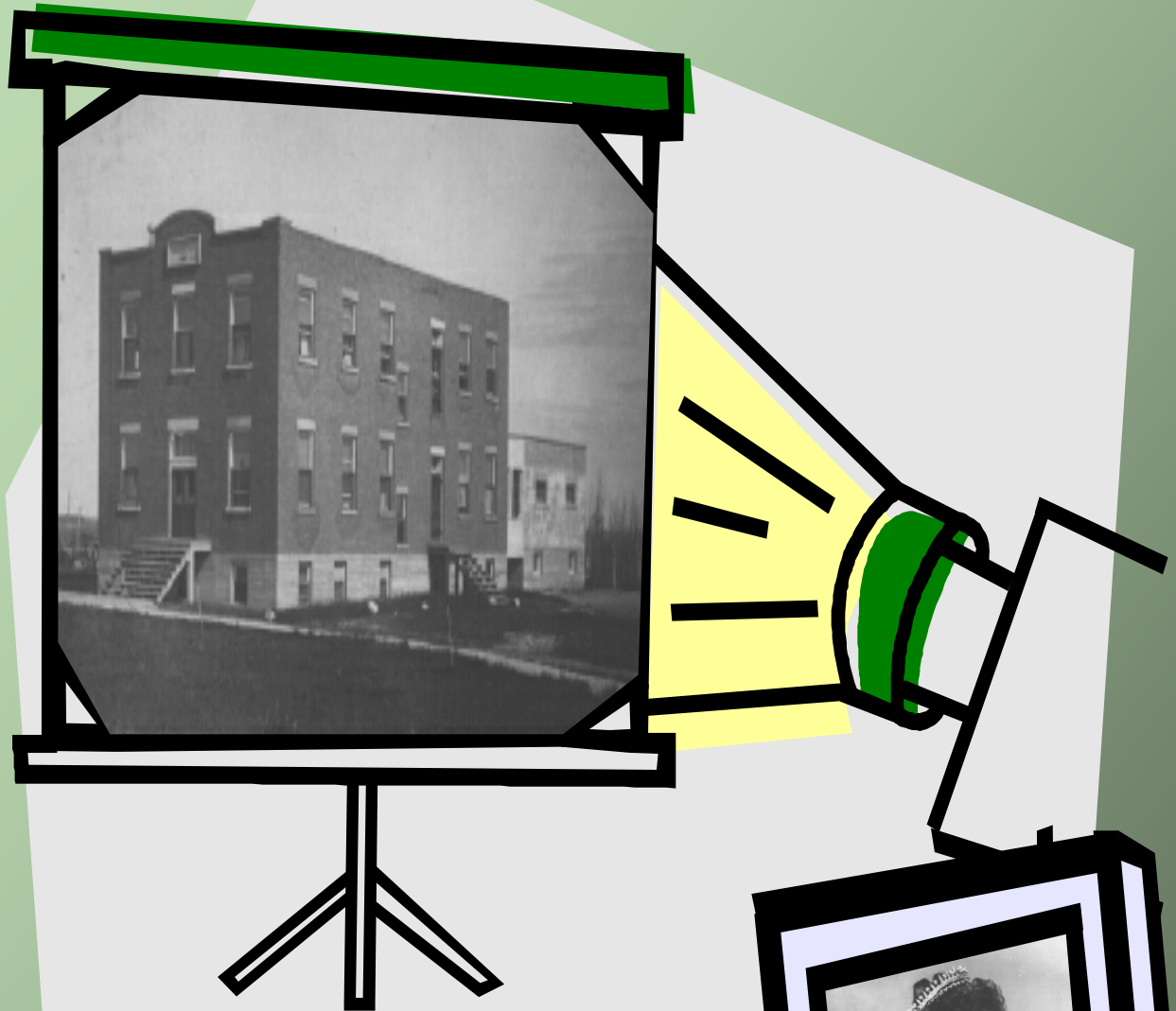
- There being no further business, the meeting adjourned at 7:45 p.m.

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Wendy Phillips  
Chair of the Board of Directors  
Anson General Hospital

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Dan O'Mara  
Secretary of the Board of Directors  
Anson General Hospital



**Minutes of the  
Lady Minto Hospital  
Annual Corporation Meeting  
Thursday, June 11<sup>th</sup>, 2009 – 1900 Hours  
Terry's Steaks & Burgers (Blue Room), Cochrane**

<b>ATTENDANCE</b>	
X	Maureen Konopelky – Chair
X	R.J. Andrews – Vice-Chair
X	Claude Bourassa – Treasurer
X	Dr. Rita Affleck – Chief of Staff
X	Dr. Lawrence McPherrin – President of the Medical Staff
	Dianne Denault
X	Lisa Girard
X	Léo Gregoire
X	Jack Solomon
X	Dan O'Mara – MICs Chief Executive Officer
<b>GUESTS</b>	
X	Clive Dorland – Dorland and Dorland, Chartered Accountant
X	Sylvie Lavoie-Girard – MICs Executive Assistant ( <i>Recording Secretary</i> )

M. Konopelky, Board Chair, opened the meeting with a welcome and thanked the members of the Corporation for attending. **It was recorded that there was a quorum.**

**1. INTRODUCTION OF BOARD OF DIRECTORS**

- The Chair introduced the Board Members to the Corporation Members.

**2. APPROVAL OF THE MINUTES**

- The minutes of the Annual Meeting held June 12<sup>th</sup>, 2008 were reviewed.

Motion:

Moved by Richard Moore,

Seconded by R.J. Andrews,

Be it resolved,

**THAT** the minutes of the Annual Meeting held June 12<sup>th</sup>, 2008 be approved as presented.

Carried.

**3. REPORT AND APPROVAL OF AUDITOR'S FINANCIAL STATEMENT**

- M. Konopelky introduced Clive Dorland of *Dorland and Dorland – Chartered Accountant*, the Auditor for the MICs Group of Health Services.
  - C. Dorland presented the LMH Audited Financial Statement to March 31<sup>st</sup>, 2009, providing a detailed explanation of the report. The hospital

ended the year with a surplus of \$160,271 (compared to a surplus of \$714,888 for the 2008 fiscal year). MOHLTC Global and One-Time funding was \$8,908,225 (compared to \$8,667,293 for 2007/2008).

- Corporation Members were invited to ask questions.

Motion:

Moved by Claude Bourassa,

Seconded by Dr. Lawrence McPherrin,

Be it resolved,

**THAT** the Corporation of Lady Minto Hospital approves the Auditor's Report of Lady Minto Hospital's Financial Statement for the year ending March 31<sup>st</sup>, 2009 as presented.

Carried.

#### **4. APPROVAL OF BY-LAW CHANGES**

##### **4.1 Section 8.3 – "Signing Officers"**

- This change is required to accommodate a maximum payroll deduction.
- Recommendation from the Lady Minto Hospital Board of Directors is to amend Section 8.3 of the By-laws as follows:

##### **8.3 Signing Officers**

- (a) Subject to paragraph (b) below, either the Chair or Vice-Chair of the Board, together with either the Chief Executive Officer, the Treasurer or a senior officer designated by the Board, shall sign on behalf of the Corporation all contracts, agreements, conveyances, mortgages and other documents, for which Board approval is required.
- (b) Any two (2) of the persons listed in paragraph (a) above shall be entitled to:
  - (i) sign contracts or agreements which can be terminated with less than thirty (30) days' notice or create binding obligations on the Corporation in excess of an amount to be determined from time to time by resolution of the Board;
  - (ii) sign cheques in the amount of Two Hundred and Fifty Thousand Dollars (\$250,000.00) or more, except cheques made payable to the Receiver General;
  - (iii) sign cheques for less than Two Hundred and Fifty Thousand Dollars (\$250,000.00) where two (2) signatures are required;
- (c) The Chief Executive Officer and Chief Financial Officer shall be entitled to sign cheques for less than ~~One Hundred Thousand Dollars (\$100,000.00)~~ **Two Hundred and Fifty Thousand Dollars (\$250,000)** with



respect to any monies owing for payroll deductions. The signatures for the payroll deductions and regular monthly operating cheques may be made by their facsimile plate.

- (d) The signatures of any or all of the aforementioned signing officers on cheques drawn on any of the Hospital's bank accounts may be written or engraved, lithographed, printed or otherwise mechanically reproduced upon approval of the Board and Auditor.

- Corporation Members were invited to ask questions.

Motion:

Moved by Richard Moore,

Seconded by Dr. Lawrence McPherrin,

Be it resolved,

**THAT** the Corporation of Lady Minto Hospital approves Section 8.3 of the By-laws be amended to revise subparagraph (c) as presented.

Carried.

## **5. MICs CEO AND BOARD CHAIR'S ADDRESS**

- Board Chair M. Konopelky addressed the Corporation. Highlights:
  - Received an "Accreditation with Report", thanks to a lot of hard work from all MICs sites. The process was quite challenging and work intensive.
  - The Meditech implementation, which had an initial implementation in October 2008, has been a work in progress, with final implementation taking place in June 2009. Team Members have had to undergo a lot of training, and worked very hard to successfully implement this new system.
  - A Board Retreat held in December 2008 addressed corporate goals and strategic planning, and was a worthwhile endeavour.
  - Congratulations was extended to Carol Ann Goulet, who officially retired today.
  - Nancy Higgs remains the Director of Nursing for LMH, and Karen Hill is the new Chief Nursing Officer.
- MICs CEO D. O'Mara spoke briefly on a few topics. Highlights:
  - MICs has looked at the MICs Mission and Vision as well as the Strategic Goals. He announced that since he will be retiring next year, the goals will be revisited when a new CEO is in place.
  - There is a concern with staffing as demographics show the workforce population is aging. This concern is province-wide.
  - Hospital is working to support the initiatives involved with Seniors' Housing.
  - Hospital underfunding is a very real concern, with several hospitals in huge deficit positions this year (e.g. Sudbury, Timmins).
  - He reviewed some of the strategic directions MICs is undertaking.
  - MICs Values have been adopted (*included in the appendices of the Annual Report*).
  - He finished by thanking the Board Members for their continued

dedication to the Hospital and community.

**6. MICs TEAM REPORT**

- Provided in the annual report, the MICs Team Report provides information on MICs services, programs and activities. Corporation Members are encouraged to review the report at their leisure.

**7. MEDICAL STAFF REPORT**

- Cochrane was successful in recruiting two new family physicians: Dr. James Ross who started May 4<sup>th</sup>, 2009, and Dr. Basia Siedlecki who will join the Medical Staff on September 14<sup>th</sup>, 2009. There are a few others interested, and community visits are anticipated during the summer.
- Dr. Smith has announced he will be leaving at the end of the year, and recruitment efforts are underway to find a replacement for him.
- MICs Medical Staff Report provided in the Annual Report. Corporation Members are encouraged to review the report at their leisure.

**8. HOSPITAL AUXILIARY REPORT**

- Auxiliary Report provided highlights of the Auxiliary activities during the past year. Corporation Members are encouraged to review the report at their leisure.
- M. Konopelky requested approval of reports as presented.

Motion:

Moved by Pat Dorff,

Seconded by Lisa Girard,

Be it resolved,

**THAT** the Corporation of the Lady Minto Hospital approves the reports as presented.  
Carried.

**9. MICs MISSION AND VISION STATEMENT**

- Provided for Corporation Members' information.

**10. MICs STRATEGIC GOALS**

- Provided for Corporation Members' information.

**11. APPOINTMENT OF AUDITOR**

Motion:

Moved by Claude Bourassa,

Seconded by R.J. Andrews,

Be it resolved,

**THAT** the Corporation of Lady Minto Hospital appoints the firm of *Dorland and Dorland – Chartered Accountant* as the Hospital Auditor for 2009/2010.  
Carried.

**12. ELECTION OF DIRECTORS**

- J. Solomon presented the 2009/2010 Nominations:

- Board Appointments:
  - ✓ Municipal Representative – Lisa Girard (Gilles Chartand – alternate)
  - ✓ Auxiliary Representative – Dianne Denault
  - ✓ Chief of Staff – Dr. Rita Affleck
  - ✓ President of Medical Staff – Dr. Lawrence McPherrin
- There were 3 positions open and 3 applications received. The following applicants were selected for the positions for which they applied, and duly acclaimed:
  - ✓ 1 Representative with a financial background (2 year term) – Claude Bourassa
  - ✓ 1 Representative at Large (2 year term) – Maureen Konopelky
  - ✓ 1 French Representative (2 year term) – Léo Gregoire

Motion:

Moved by Dr. John Slater,

Seconded by Dr. Lawrence McPherrin,

Be it resolved,

**THAT** the Corporation of Lady Minto Hospital approves the nominees as submitted.  
Carried.

### 13. **ADJOURNMENT**

- There being no further business, the meeting adjourned at 7:41 p.m.

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Maureen Konopelky  
Chair of the Board of Directors  
Lady Minto Hospital

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Dan O'Mara  
Secretary of the Board of Directors  
Lady Minto Hospital

# Audited Financial Statement

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Audited Financial Statements for each of the Hospital Corporations have been prepared by the MICs Group of Health Services' Auditor *Dorland and Dorland – Chartered Accountant*.

Copies of the Audited Financial Statements for the period of April 1<sup>st</sup>, 2009 to March 31<sup>st</sup>, 2010 are distributed under separate cover.



# Approval of By-Law Changes

By-law amendments are required to reflect the Board's new responsibilities and accountabilities under the *Commitment to the Future of Medicare Act*, 2004 and *Local Health System Integration Act*, 2006.

Recommendation from the Anson General, Bingham Memorial and Lady Minto Hospital Boards of Directors to amend the By-laws as presented:

- By-Law Revisions (AGH Prototype) – **Under Separate Cover**
- Article 12 “Medical Staff” – **Under Separate Cover**
- Network 13 Standardized Credentialing Policy – **Under Separate Cover**



# MICs CEO & Board Chairs' Address

## Summary of Board Achievements

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### A Word from the CEO...

John Lilly once said **"Our only security is our ability to change."** When I look back over my 29-year career with MICs, I have always viewed change as an opportunity to maintain a reasonable standard of health services for our area, given our size and location. As the entire Health Care landscape shifts towards initiatives intended to advance health system integration, MICs must endeavour to look forward and make the necessary changes to adapt, evolve, and thrive. MICs' core value of **"Partnering Today for a Stronger Tomorrow"** will be a key ingredient in its continued success.



This past year the *North East Local Health Integration Network* has taken a keen interest in the MICs partnership model. All Team Members and Board Members should take pride in what we have managed to create, without a single blueprint or recipe to follow! Our accomplishments are already numerous, but I foresee greater things yet to come. We are presently working with the NELHIN to see if we can build upon our model and transform MICs into a more comprehensive health enterprise to meet all the local health care needs of the communities we serve. With a future as yet unscripted, who better to wield the pen than those who know and care about MICs, its team, and its potential. It will be another innovative chapter in the story of MICs, and it will be interesting to see what direction it takes under new leadership.

Even as I look forward to retirement, or, should I say, a "refocused future", I will always reflect back on my career with MICs with fond memories. From my first position as Administrator for Bingham Memorial Hospital in 1981, to becoming the Anson General Hospital CEO in the 1990s, and, for these past 14 years, the CEO of the MICs Group of Health Services, I have been exceptionally fortunate to have been part of this organization's remarkable history, and its many positive advancements such as the redevelopment of Bingham to create the Rosedale Centre (this has always topped my list!); the rescue of the long-term care beds in Cochrane, culminating in the redevelopment of the Lady Minto Hospital and introduction of the Villa Minto; the merger of Anson General Hospital and South Centennial Manor; and the establishment of the Anson General Family Health Team. All these important milestones have enhanced the level of care we have become accustomed to, within top notch facilities. Inevitably with growth comes growing pains, and, as MICs continues to evolve, other challenges will present themselves. I am confident that if the MICs focus remains true and the Team continues to work together as well as it has in the past, MICs will continue to move forward in a positive manner. As health care becomes multi-faceted and much more complicated, remember to always allow for common sense thinking and approaches!

In closing, I wish to acknowledge those whom I have had the honour and privilege of working alongside of, those countless individuals who have redefined the standards of work ethics, dedication, loyalty, teamwork, integrity, and who have gone above and beyond expectations time and again. **To the Board Members**, past and present, who selflessly volunteer personal time to serve their hospitals and long-term care homes when it's often a



thankless job, and a difficult one at that—Thank You. **To the Team Members** who work hard to keep our facilities clean and welcoming, who keep our buildings running smoothly, who care for our patients and residents, who provide the knowledge, experience and dedication to make MICs the success it is today, to each and every one of you—Thank You. **To the Medical Staff** who have chosen to serve our communities despite the challenges and workload associated with rural medicine—Thank You. **To the Volunteers** who enhance the lives of our patients, residents and our Team Members, who work so tirelessly without thought of reward—Thank You. **To the Executive Council** who have worked alongside me, and dedicated impossible hours because of their deep-rooted commitment and loyalty to this organization, to this exceptional group I extend my deepest gratitude for all you’ve done for me, and for MICs—Thank You. **To the new CEO**, I wish him well and extend a sincere **“Welcome to the MICs Team!”**

Respectfully submitted,



Dan O'Mara, CHE  
MICs Chief Executive Officer

## From the Board Chairs' Perspective...

During the past year the MICs Board of Directors has worked collaboratively on several joint initiatives, and has supported each local Board in their respective ventures.

On the local front, Hospital Boards dealt with site-specific projects and issues. **Bingham Memorial Hospital** weathered a particularly difficult year. Faced with a significant deficit the Board had to make hard decisions. Of particular regret was the closure of the physiotherapy services, but thanks to the MICs partnership, plans are underway to provide in-patient services with the assistance of physiotherapists from the two partner hospitals. While it is hoped that funding levels will permit physiotherapy to resume full services, early projections are not very promising. **Anson General Hospital** saw the completion of two big projects within budget—the heating, air conditioning and ventilation project at South Centennial Manor and the construction of the new Anson General Family Health Team Medical Clinic. **Lady Minto Hospital** spent considerable time and resources recruiting, welcoming 5 new physicians this past year. Insurance issues plagued this hospital in March when the MICs insurance broker advised that the company would no longer cover obstetrics. In discussion with its two partner hospitals, and with their full support, Lady Minto obtained insurance for its liability coverage from another source.

Collectively, much time, thought and effort has been dedicated to the **Hospital by-laws** to ensure they remain current and relevant. With the assistance of MICs legal counsel Michael Watts whose areas of expertise include Corporate Governance and Health, the by-laws were amended to reflect the Board's new responsibilities and accountabilities under the Commitment to the *Future of Medicare Act*, 2004 and *Local Health System Integration Act*, 2006, and to address new performance standards (i.e. patient safety indicators, balanced scorecard indicators, etc...). As well, formalized mechanisms were created within the by-laws to allow the Board to oversee the indicators for which they are now accountable for. Also discussed at length was the **Membership Structure** and Board Election Process. With the provincial trend towards closed memberships, the MICs Board has struggled with the concept of “closed” versus “open” membership which it presently operates under. A closed membership is intended to protect Hospitals against takeovers from special interest groups.

While this has occurred in some larger centers, the Board has questioned the likelihood of this happening within its small town culture, yet cannot ignore any potential risk, however improbable it might be. Faced with dwindling Corporation numbers, the Board, with all due diligence, considered all options, weighing pros and cons of each. A compromise was reached to move forward with an “Open membership with required protective provisions”. It is the Board’s recommendation to adopt this approach, and amend the by-laws accordingly.

In 2009 the MICs Board strengthened its commitment to **continuous learning**, and launched the first annual Board Education Session which covered topics such as Risk Management, Accreditation, Finance, and Governance Roles and Responsibilities. Guest speakers are often welcomed to the MICs Board table to enlighten, educate and engage Board Members in a variety of relevant and important health care topics. Board Members participate in a number of regional and provincial conferences, and are often briefed by legal counsel on specific items of interest, such as new legislation. It often feels like information overload, but the reality is that information and knowledge allows Board Members to make sound decisions that they are ultimately responsible for.

This past year, the MICs Board focussed its attention to the launch of a **new and improved MICs Website**, spearheaded by the MICs Information Team. There has also been a lot of discussion around the Board table on the **Long Term Care Homes Act, 2007** which becomes effective July 1, 2010. This legislation has the potential to detrimentally impact hospitals which manage long-term care homes, and this affects Anson General Hospital the most since South Centennial Manor is not only the largest of the 3 long-term care facilities within MICs (69 beds), but is a “B” facility which is struggling financially. The MICs Board has been proactive in this area, voicing its concerns to the *NELHIN* and *Ministry of Health and Long-Term Care*. This issue is ongoing. The MICs Board has spent some time contemplating the phenomenon of **Solar Panels**, and is currently exploring its potential.



By and large, the Board’s toughest task this year was to recruit a new CEO to replace present CEO Dan O’Mara (*pictured left*) who is looking forward to an early retirement. Dan was one of the “founding fathers” of the MICs Group of Health Services, and without doubt, MICs would not exist today without his ambition, extraordinary vision and admirable tenacity. With 29 years of service working for Bingham then Anson and finally, the last 14 years at the helm of the MICs partnership, Dan’s devotion, experience, and vast knowledge will most definitely be missed. We wish him a grand adventure in his beloved Temagami. **All the best Dan!!**

We would be remiss if we did not pause a moment to thank all our Team Members who come to work every day prepared to make a difference in our patients’ and residents’ lives. Thank You for all that you do, and do so well! Hats off to our fellow Board Members who take their responsibilities to heart, and bring to the Board table their knowledge, experience, innovative ideas, collaborative spirit, and a united desire to maintain and improve our health care services and facilities. Your continued dedication is commendable. **Thank you!**

Respectfully submitted,

*Merv Anthony*

Merv Anthony  
Chair, BMH

*Wendy Phillips*

Wendy Phillips  
Chair, AGH

*Maureen Konopelky*

Maureen Konopelky  
Chair, LMH

# MICs Team Report

Comprised of the hospitals and long-term care facilities in Matheson, Iroquois Falls and Cochrane, these facilities provide **core services** such as:

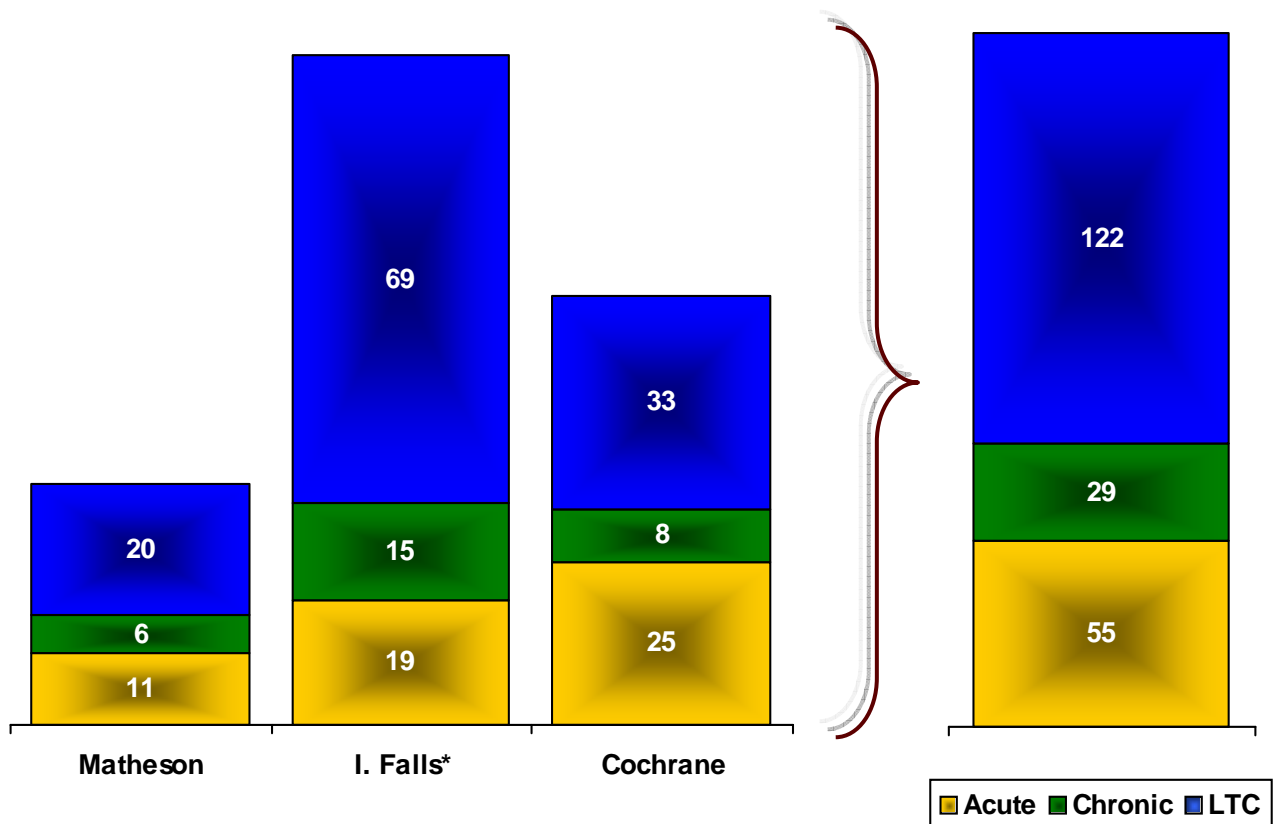
- ⊕ Acute Care & Chronic Care
- ⊕ Long Term Care
- ⊕ Emergency Services
- ⊕ Outpatient Services (i.e. Lab; Diagnostic Imaging; Physiotherapy; Respiratory Therapy; Clinical Nutrition, ECG)
- ⊕ Surgery & OBS (*Lady Minto Hospital site only*)



MICs hospitals also provide other **important programs** like:

- ⊕ Diabetes Program
- ⊕ Visiting Specialist Clinics
- ⊕ Ontario Telehealth Network
- ⊕ Chemotherapy (*Lady Minto Hospital site only*)

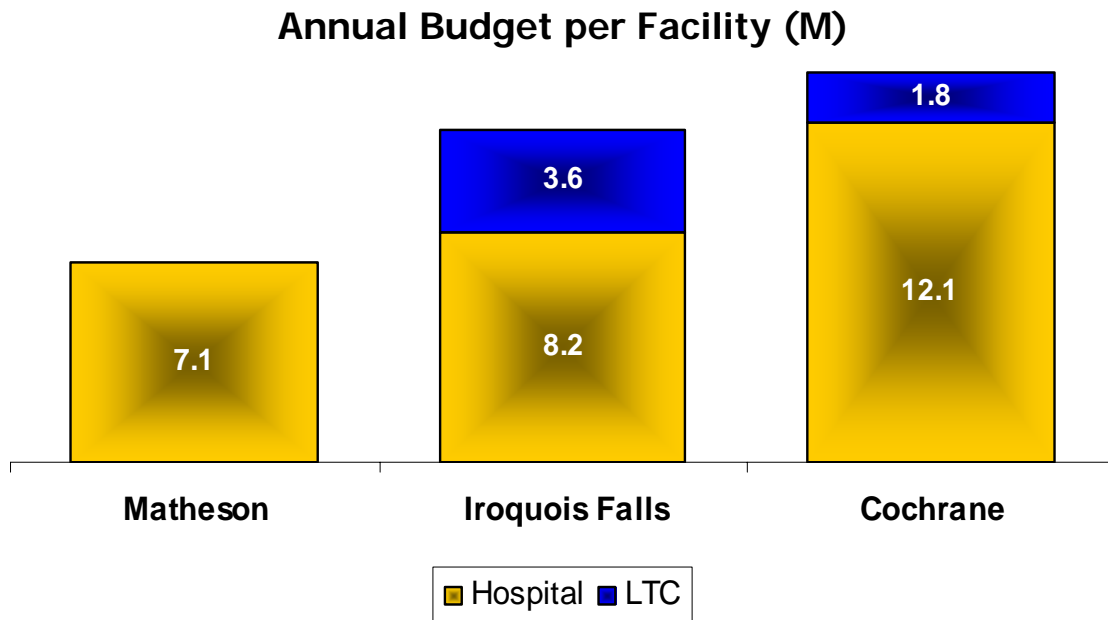
While logistically the three MICs communities lie within 100 kms of each other on the TransCanada Highway, *collectively*, MICs operates as a **206-bed facility**:



\* LTC beds housed in separate facility

# Global Budget

**MICs' global budget is approximately \$32.8 million dollars.** The Finance Team, under the leadership of the MICs Director of Finance, provides all the accounting services within MICs, administers payroll, completes all Ministry and LHIN reporting requirements for each site, prepares annual budgets, and undergoes annual audits. Finance Team Members are decentralized among the MICs sites.



## A Look Back

Every year brings its own set of challenges, and, thanks to an incredible Team, its own triumphs and victories. The culture and technology of the MICs partnership allows for unprecedented multi-disciplinary/multi-facility team dynamics, giving our Team Members a broader forum in which to share their expertise, skills, knowledge, creativity and talent. It is no wonder then that we are able to achieve the goals and objectives we set for MICs, our facilities, our teams, and ourselves.

This past year the MICs Team spent a great deal of time and energy working on the outstanding items from **Accreditation 2008**. With a look towards improving our services to meet the industry's best practices, to standardizing our processes across MICs, eliminating redundancies, and reaching new levels of efficiency, our Teams have set in motion a number of initiatives this past year, touching all aspects of the breadth of services we provide. Of particular note is the redevelopment of pharmacy services, prompted by Accreditation Canada's recommendation to focus attention towards Managing Medications. A Task Team involving all pharmacy Team Members across MICs has worked diligently to standardize medication practices and to implement quality and safety improvement initiatives for medication practices throughout MICs. The MICs Pharmacy Team, led by Pharmacist Vicky Bertrand, has made great strides during the past year, and while the initial workload seemed overwhelming, it is a pleasure to report that they have risen to the challenge!

Another big project this year was the creation of the **MICs Emergency Manual**, incorporating the new standardized Emergency Codes. The challenge to develop a common emergency plan while taking into account the numerous facilities was time consuming, and

required collaboration and participation from a large cross-section of Team Members. In addition to the actual manual, education was provided to all Team Members, and yet another Task Team is presently working on Disaster Exercises to test emergency preparedness plans.

The intense media coverage surrounding H1N1 generated a great deal of concern and worry in all our communities. The Ministry of Health and Long-Term Care very appropriately coined the phrase, “*This year it's a different flu season*”. To deal with the increased activity of the flu season, and address the specific issues of H1N1 (Swine Flu), the MICs Group of Health Services initiated their **Incident Management System**, bringing together key individuals from all 4 facilities to ensure MICs was doing its utmost to protect staff, patients, residents, visitors and volunteers alike. A staff-wide vaccination program was quickly put in place, and heightened surveillance was implemented. Lessons learned from this experience will help to improve the MICs Pandemic Plan.

One of the key changes this past year was the move from a *Continuous Quality Improvement* approach to a **Quality and Risk Management** focus. This profound change in MICs’ culture has rippled through the entire organization, from the Board of Directors to the front line staff, and ultimately makes every single person accountable for safe, quality care and services. Each Team has developed their own specific goals and objectives, aligned with the MICs Strategic Goals and Objectives, and report regularly to the MICs Quality and Risk Management Team on their progress and successes. The new reporting structure provides in-depth reviews of quality improvement initiatives, detailed information on performance indicators, and an ideal forum for constructive dialogue. This remains a learning curve as Teams work through the process, but the value of such intense attention to Quality, Risk Management and Patient Safety makes it all worthwhile.

Recruitment of health care professionals remains a high priority, with staffing shortfalls in almost all disciplines. Sometimes recruitment in of itself does not resolve all staffing issues. In some cases, we may consider innovative scheduling, job-sharing opportunities, and improving work processes as possible solutions. One of these initiatives has been the “Point of Care Testing” which was recently implemented at the Bingham Memorial Hospital. This new technology will help to reduce cost of Laboratory services by replacing call back hours with **Point-of-Care Testing** performed by the nursing staff for emergency use only.

Recent staffing changes in the **Health Records Departments** provided an opportunity to take a fresh look at how this area functions, and to explore further integration and coordination. In May 2010 this department was redeveloped under the leadership of Nicole Prior who accepted the role of MICs Health Records Program Leader / Privacy Officer, and now oversees the 3 health records departments. This move will allow for more interrelated and consistent practices.

With 2 years and considerable resources already invested, **Meditech** remains a force to be reckoned with. Even though both Phases I and II were successfully implemented, Team Members continue to work determinedly through the challenges of this new system and its new work processes. Their hard work and tenacity is applauded!

While it seems as though we are continuously scrambling to address a myriad of “new” jobs, projects, technology, legislation, initiatives and all the rest of the trials and tribulations that habitually come our way, at the end of the day our primary responsibility is to provide safe, integrated and quality health services, and our Team does this admirably. The rest of the Team Report provides a glimpse of these services.

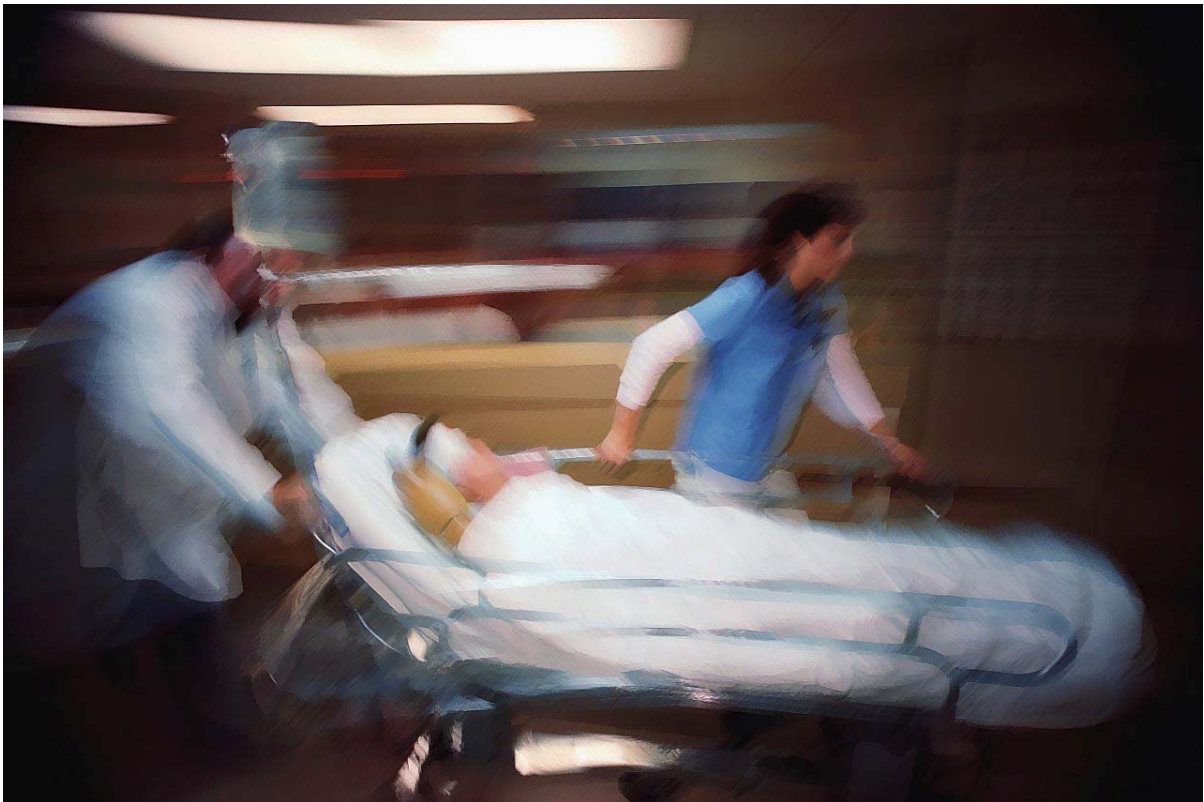


# Patient Care

Bingham Memorial Hospital, Anson General Hospital and Lady Minto Hospital are all classified under the *Public Hospitals Act* as Group C (general hospitals having fewer than 100 beds).

Apart from acute and chronic care, Hospitals within MICs provide similar services, including emergency, out-patient, ambulatory, palliative, respite care, special care, pediatrics, and, at Lady Minto Hospital, obstetrics, and surgical.

Each MICs Hospital provides a **24-hour emergency service**. A physician is designated “on call” on a rotation basis and covers a 24-hour shift. Patients are assessed by the emergency department nurse on arrival and triaged in accordance to the “Canadian Triage and Acuity Scale” to assist in providing appropriate therapeutic intervention. Each Emergency Department has trauma rooms, fracture room and exam rooms. An estimated 10% of cases are urgent/emergent (majority are cardiac related, with minor injuries/minor trauma such as broken bones, lacerations, etc...). The closest referral centre is Timmins. During the past fiscal year, **MICs Emergency Departments saw 22,134 cases** in total.



**Out-patient services** offered include:

➡ **ECG**

- An electrocardiogram (ECG) is a test that records the electrical activity of the heart. ECGs are used to measure the rate and regularity of heartbeats as well as the size and position of the chambers, the presence of any damage to the heart, and the effects of drugs or devices used to regulate the heart (such as a pacemaker).

## ➡ **Physiotherapy**

- Physiotherapy provides rehabilitation services to chronic care patients, in-patients, and out-patients. Wherever possible, patients are guided and taught how to manage their own recovery from/or adjustment to dysfunction or disability, with an aim to empower independence. The majority of the workload consists of out-patient services which covers 3 major areas:
  - 1) neurological (e.g.; strokes, spinal cord injury);
  - 2) cardio-pulmonary rehabilitation (e.g.; chronic obstructive pulmonary disease, pneumonia, cardiac rehab); and
  - 3) orthopaedics (e.g.; sprains, strains, joint replacements).
- There is a variety of equipment available to assist in the rehabilitation of patients, and a strong emphasis is placed on home exercise to assist individuals in regaining maximum function.
- In a shared arrangement with the North East Community Care Access Centre, MICs benefits from the services of a Physiotherapist dedicated specifically to the Residents of our Long Term Care homes.

## ➡ **Laboratory**

- The *Timmins Cluster Laboratory Services Partnership*—comprised of laboratories located in Hornepayne, Hearst, Kapuskasing, Smooth Rock Falls, Cochrane, Iroquois Falls, Matheson, Timmins, Kirkland Lake, Englehart, MDS and Toronto Medical Laboratories—strives to ensure that laboratories continue to meet the standards required by the provincial accreditation body.
- Laboratories within MICs are open 5 days a week, providing out-patient services in the mornings only. A Lab Tech is always on call after regular hours. Laboratory staff collect and identify samples from in-patients, out-patients, and emergency cases, completing necessary documentation, and forwarding results to the physician.
- Lady Minto Hospital provides **microbiology services** to the other 2 sites.

## ➡ **Diagnostic Imaging**

- Linked to NORrad's Picture Archiving Communications System, Diagnostic Imaging Departments continue to improve the delivery of patient care in all respects. Radiologists provide readings within 24 hours, and in the case of emergencies, results can be provided within 1 to 2 hours—a much faster turnaround time than previous technology allowed!
- Taking care of in-patients, out-patients as well as emergency cases, Diagnostic Imaging Departments are open 5 days a week, with a technologist on call after regular hours.

## ➡ **MICs Respiratory Therapy**

- The MICs Respiratory Therapist continues to provide the following respiratory care services to all MICs communities:

✓ Ambulatory BP Testing	✓ Arterial Blood Gases
✓ Pulmonary Function Test	✓ Nocturnal Saturation Studies
✓ Holter Monitoring	✓ 24-Hour Blood Pressure Test
✓ Continuous Loop Test	
- A registered polysomnographist technician, the MICs Respiratory Therapist also provides information to the patients on sleeping disorders, and in addition, teaches a Pulmonary Rehabilitation Program designed to help people suffering from chronic bronchitis, long term asthma or emphysema, understand and cope with

with their disease.

- Respiratory Therapy time is divided into four categories: Critical Care – 2%; Therapeutics and Teaching – 27%; Administration – 27% and Diagnostics – 44%.

#### ➔ **MICs Diabetes Education Program**

- Primarily funded through the *Northern Diabetes Health Network*, the MICs Diabetes Education Program provides services to Matheson, Iroquois Falls, Cochrane, and Smooth Rock Falls. Clients are referred to the program by Physicians, Nurses, Registered Dietitians, and some clients self-refer.
- Client population served by the program include: Type 1 Diabetes; Type 2 Diabetes; Gestational Diabetes; Pre-diabetes and High Risk.
- Health Promotion Activities continue to be popular, and educational events were presented in all 4 communities throughout the year.

#### ➔ **MICs Clinical Nutrition**

- 2 Registered Dietitians are on-site weekly to provide nutrition counselling to in-patients and out-patients, and promote healthy lifestyle and wellness. They also work closely with Dietary to monitor menu development and food production.
- Erica Burton divides her time between Anson General Hospital, South Centennial Manor and the Anson General Family Health Team, while new Dietitian Pamela Lai oversees Lady Minto Hospital, Villa Minto and Bingham Memorial Hospital.
- Both Dietitians also work closely with the MICs Diabetes Program, and provide educational sessions on a variety of nutritional topics.

#### ➔ **Chemotherapy**

- Chemotherapy is administered by fully-qualified oncology nursing staff, under the direction of *Northeastern Ontario Regional Cancer Care* (NEORCC) medical specialists and the family physician.
- During the past year, **181 treatments** were provided at Lady Minto Hospital.

#### ➔ **Visiting Specialist Clinics**

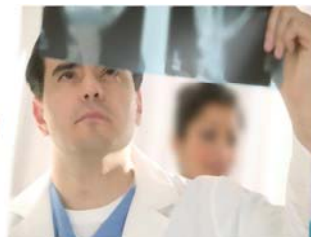
- The Visiting Specialist Clinics continue to provide an excellent service for all three communities. This past year numerous patients were able to see specialists in the comfort of their local hospitals. Clinics were offered in Internal Medicine, Rheumatology, OBS/GYN, Orthopedics, General Surgery, and Urology.

#### ➔ **Ontario Telemedicine Network (OTN)**

- OTN is one of the largest telemedicine networks in the world, helping to deliver clinical care and distance education among health care professionals and patients using live, two-way videoconferencing systems and related diagnostic equipment.
- Nearly 3,000 health care professionals in more than 925 sites across the province use OTN to deliver care to their patients.
- This past year, **870 consults were held in MICs Hospitals**, preventing patients from having to travel outside of their communities.

#### ➔ **Obstetrics & Surgical Program (Lady Minto Hospital only)**

- Lady Minto Hospital **welcomed 44 babies** this past year!
- The surgical team led by General Surgeon Dr. Peter Brown performed **643 surgeries / procedures**.





## Resident Care

The MICs Group of Health Services **owns and operates the three long-term care facilities** within the MICs communities, and is extremely proud of the personal quality care and excellent services offered in each home.

### Rosedale Center (Matheson)

- Developed as part of the *Elderly Capital Assistance Program* beds established in Northern Ontario with capital assistance from the Ministry of Northern Development and Mines, Rosedale opened its doors on June 10<sup>th</sup>, 1989.
- Housed within the hospital, it is operated and funded by Bingham Memorial Hospital under the global budget.
- Rosedale Center has 20 beds, and operates at 99% occupancy.

### South Centennial Manor (Iroquois Falls)

- Amalgamated with Anson General Hospital since April 1998, it is funded independently through the Ministry of Health and Long-Term Care.
- The Manor is located off-site and is termed a Charitable Home since it is a non-profit facility which does not receive community funding.
- The Manor has 69 beds and operates at 100%.

### Villa Minto (Cochrane)

- Amalgamated with Lady Minto Hospital since November 1998, it is funded independently through the Ministry of Health & Long Term Care.
- Housed within the Hospital, it is termed a Private Nursing Home since it is classified as a non-profit facility which does not receive community funding.
- Villa Minto has 33 beds, and operates at 100% occupancy.



## Quality, Risk and Patient Safety

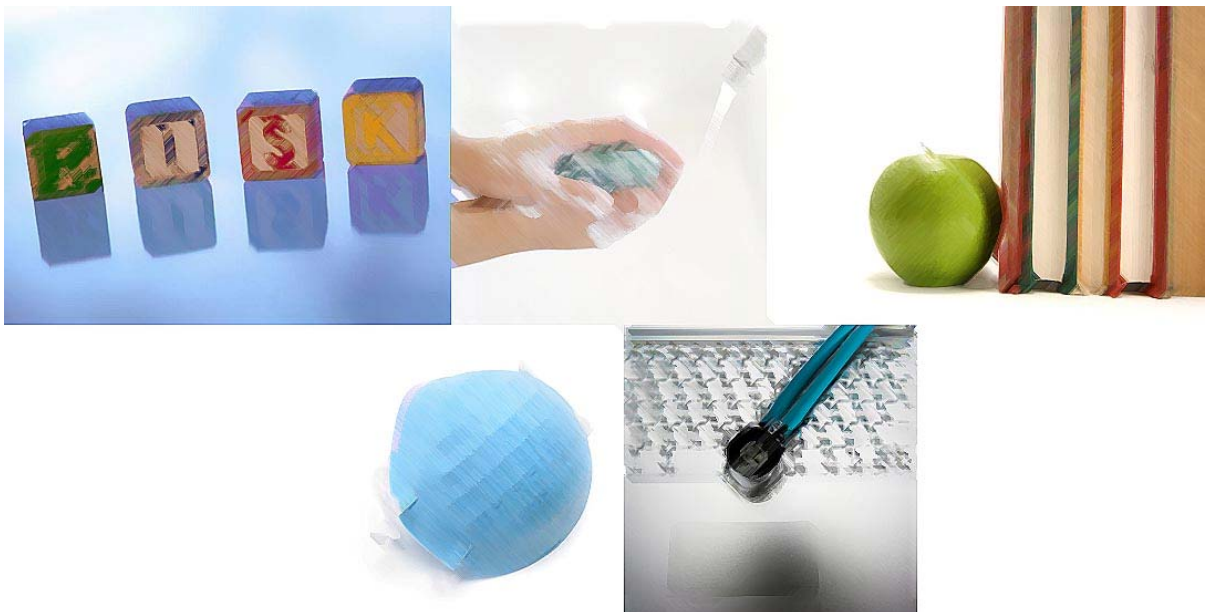
MICs' coordinated approach to Quality, Risk and Patient Safety continues to evolve and improve as it slowly but surely becomes weaved into the fabric of our work culture. This past year has seen significant movement in this area, as touched upon in the "A Look Back" section. With the Director of Patient Safety, Quality and Risk position presently vacant, this vast portfolio falls under the interim lead of Karen Hill, MICs Chief Nursing Officer. Not wanting to lose the rising momentum, Karen has played an active role in keeping Quality, Risk and Patient Safety everyone's top priority. Under this portfolio we also find Infection Control and Learning and Development, two MICs programs which play an integral role in this Team's success.

**Quality, Risk and Patient Safety – Risk Management** is a systematic process by which risks that have caused or may cause harm are identified, assessed, managed, and evaluated on an ongoing basis to ensure the provision of high quality care and service within a safe environment. **Quality** improvement is the organizational philosophy that seeks to meet client/patient/resident needs and exceed their expectations by using a structured process that selectively identifies and improves all aspects of service. It is used in planning, or designing,

monitoring, analyzing and improving processes and outcomes. Systematic quality improvement is achieved through the application of the Model of Improvement. **Patient Safety** is the reduction and mitigation of unsafe acts within the health care, as well as through the use of best practices shown to lead to optimal patient outcomes. One of the most effective tools in Quality, Risk and Patient Safety is the Failure Mode Effects Analysis (FMEA). Most recently a FMEA on Restraint Use was conducted to assist with improving practices across MICs and a concerted effort is ongoing to reduce the number of falls and severity of falls through review of the effectiveness of the Fall Prevention Program.

**Infection Control** – This past year the MICs Infection Control Program Leader was charged with leading the *Incident Management System* established to deal with the threat presented by the H1N1 Flu, which introduced a more aggressive strain of flu, and resulted in a longer than normal flu season. Inevitably, MICs facilities suffered through outbreaks affecting patients, residents and staff. These types of situations compound staffing issues, and add workload to those who manage to escape the flu bug. It's a well-known fact that stringent infection control practices can lessen the impact of such outbreaks, and prevent the spread of infection. It is a true testament to the effectiveness of our Infection Control Program that despite the H1N1 and the outbreaks which followed, MICs facilities bounced back quickly, and with no detrimental effects. Infection Control continues to promote hand hygiene, with a strong focus on hand hygiene practices, and on-site audits of hand washing. An Infection Control Fair was recently held, and work continues on improving the Pandemic Plan, and providing all required reporting to the Ministry of Health and Long-Term Care.

**Learning & Development**– As the saying goes, you're never too old to learn. In Health Care, continuous learning is simply part of the job. There's mandatory learning, continuing medical education, learning new skills and honing old ones, learning to improve work performance or to develop one's potential, there are some who must maintain certification, and others who simply wish to broaden their horizons. Keeping 350 Team Members educated and motivated falls under the MICs Learning and Development Program Leader who has been busy this past year reorganizing the General Orientation Program, and finding innovative and creative means to deliver education to the masses such as: online learning modules, education huddles, nurses' skills fair, block training, and management training. It's not enough though to provide the education, but to keep track of who's learning what, and ensure that all mandatory education is completed and certifications are kept current. To this end, this program is presently developing a database to maintain up-to-date records.



# Information

The MICs Information Team acts as a hub for a wide variety of information—information which is collected, analyzed, communicated, and/or reported. Not only is accurate and timely information the basis for sound decision-making, it also plays a key role in utilization reviews, which in turn, flag opportunities for quality improvements or initiatives.

Considering the vastness and complexity of information management and information technology which continually evolves at a rapid pace, it is vital to have a team dedicated to keep abreast of provincial, regional, as well as organizational issues and initiatives. This is the role of the MICs Information Team, comprised of representatives from Finance, Health Records, Systems, Materials Management, and Admitting.

MICs participates in projects which seek to provide opportunities to optimize resources and improve service delivery through technical enhancements and service integration. One of the regional initiatives MICs has been involved with these past 2 years has been the move to the Meditech System which allows interconnectivity with other hospitals throughout Ontario. Meditech is part of the province's Information Technology blueprint which calls for integrated technology—specifically electronic patient records (which is also a top priority for LHINs). Within MICs, the Information Team has taken the lead in the highly anticipated redevelopment of the MICs website, and are researching the possibility of providing wireless access for inpatients in MICs facilities.

As an organization, MICs understands the importance of keeping apace with today's technology, and has remained proactive in this area, participating in exciting new initiatives to enhance medical care. Currently all diagnostic imaging, health records and lab systems are computerized. A Wide Area Network links all personal computers across MICs, and a Voice-over Internet Platform telephone system provides cost-effective communication technology.



## Programs

The MICs Group of Health Services employs ~ **350 Team Members**. One of many advantages of being partnered with other like facilities is the ability to share resources and personnel. Many smaller, stand-alone facilities cannot afford the expertise in areas such as Employee Health and require staff to wear “multiple hats” which affects the quality of important programs. As well, certain health care professionals are more difficult to recruit but together MICs can pool resources required to recruit much-needed health care professionals and have been successful doing so. MICs facilities and communities reap the benefits of having professionals dedicated to their areas of expertise. The MICs Programs Team consists of:

**Human Resources** – With a provincial-wide shortage of health care professionals, recruitment and retention remains a high priority, specifically in the nursing area. Recruitment strategies have involved printed and web-based advertising, participation in provincial initiatives such as **Nursing Community Assessment Visit Program** and the **Tuition Reimbursement for Return-of-Service**, attending recruitment fairs, and preceptoring students. Lab and Diagnostic Imaging departments are also feeling staffing



pressures. Labour relations, contract administration, health & safety, WSIB claims, retirements, benefit and pension issues, legal matters, new hires, policy development, etcetera., all fall within the H.R. scope.



**Employee Health** – Areas which keep this program busy include the Attendance Management Program, Sick-Time Management, health promotion and education, Return-to-Work/Modified Work Program, developing and revising policies, procedures, and protocols, maintaining and monitoring statistical data, and managing WSIB claims. With sick time having a detrimental impact on both human resources and finances these past few years, MICs hired an outside firm to provide 3rd party adjudication for short-term sick leave.

**Occupational Health and Safety** – With the belief that Occupational Health and Safety should be integrated into every individual's job at every level of the organization, time is dedicated for developing, coordinating and monitoring sound Occupational Health and Safety programs, and actively participating on local and joint OHS committees.

## Support Services

The MICs Support Services Team—comprised of Dietary, Housekeeping & Laundry, and Building Services—provides quality services to Residents, Patients, Visitors, and Team Members.

**Nearly 25% of MICs Team Members work in Support Services.**

It takes a dedicated team of professionals to maintain a safe environment wherein every precaution is taken to try to prevent the transmission of infection, and to protect staff, patients, residents and visitors alike from all potential hazards. Support Services must consistently perform tasks at a high level of performance. They are well versed in a number of fields, including Infection Control and Occupational Health and Safety, and their work is governed by countless policies and procedures which must be diligently adhered to at all times.

### Fast Facts:

- 🔧 **Building Services provide on-call 24 hrs/day, 365 days/year**
- 🔧 **Approximately \$573,000 is spent annually on food**
- 🔧 **Over 193 TONS of laundry is processed each year**
- 🔧 **There are 20+ physical structures to maintain — over 200,000 square feet!**



# Chief of Staff Report

## Medical Staff

Apart from their own busy practices, the Medical Staff at each of the three hospitals provide acute care and complex continuing care services to in-patients as well as palliative care, and extended care. Lady Minto Hospital also provides OBS and General Surgery services. Each Hospital provides emergency department coverage 24 hours a day, 365 days a year, relying on a dedicated team of local physicians, and locum physicians as required. The Medical Staff from all MICs Hospitals worked together to revise the Medical Staff By-Laws, the Credentialling Policy and the Medical Staff Rules and Regulations. All documents have now been finalized.



## *Matheson*

Dr. Stephen Chiang (Chief of Staff) and Dr. George Freundlich remain the sole family practitioners for the Township of Black River-Matheson and surrounding area. Both physicians operate private medical clinics located on the lower floor of the hospital. The redevelopment of the medical clinics will now make it possible to eventually recruit a 3<sup>rd</sup> physician to the area.

## *Iroquois Falls*

The Anson General Family Health Team maintains a steady physician complement with 5 full-time physicians: Dr. Abdel-Salam, Dr. Michael Boyle, Dr. Guy Lupien, Dr. Phil McGuire (Chief of Staff) and Dr. Ridhab Alfayadh. Recruitment efforts are presently underway to find a full-time physician to replace Dr. Boyle who is looking forward to retirement. The Anson General Family Health Team was excited to move into the new Medical Clinic in the Fall of 2009!

## *Cochrane*

Cochrane physicians—who are presently developing their Family Health Team—have been very successful in recruitment efforts this past year. Dr. Rita Affleck (Chief of Staff), Dr. Lawrence McPherrin, Dr. James Ross, and General Surgeon Dr. Peter Brown welcomed Dr. Basia Siedlecki and Dr. Xiaobin Li to the team. GP/Anaesthetist Dr. Will Smith who recently relocated to Southern Ontario was instrumental in helping to recruit his replacement, Dr. Nathan Luyt who will join Dr. Brown in the Operating Room this September. Dr. Luyt's spouse, Dr. Sarah Johnson, is a family physician who is looking forward to working in the medical clinic and E.R. This brings the physician complement to 8!

## Medical Students/Residents

Physicians across MICs participate in preceptoring Medical Students and Residents. In all, **18 Learners spent quality time with MICs physicians** learning about the scope of practice, available technology, and a bit about the communities themselves. A good start in terms of potential future recruits!



# Auxiliary Report

Dedicated Auxiliaries work for the good of our facilities, and their infinite goodwill and countless hours of volunteer work benefit us all. **This year the Hospital Auxiliaries Association of Ontario celebrates their Centennial.** Imagine....100 years of giving! Last year, HAAO members volunteered over 4 million hours and raised 50 million dollars for their healthcare facilities. Amazing!!!



Those who can, do.  
Those who can do more, volunteer.

## BINGHAM MEMORIAL HOSPITAL AUXILIARY

The Auxiliary has had another successful year thanks to our volunteers. We average about five members per meeting, and hold nine meetings per year, however, there are many others who are more than willing to help when needed. We changed our meetings to the fourth Wednesday of the month at 1:00 p.m. in the Education Room of the hospital. We would be happy to welcome new members to our meeting.

Auxiliary members assist with the Meals on Wheels program, volunteer for the Rosedale Bingo held every Thursday and spend time socializing with the Residents, which is always appreciated. Time is also spent mending for the Hospital and Residents of the Chronic and long term care wings. **28 hours were dedicated towards mending 50 pieces** this past year.

Our fundraising is accomplished through the operation of the pop machine, gift shop and annual Mother's Day tea, craft and bake sale. This year the Mother's Day Tea was held a week earlier and was very successful. Our inactive members contribute baking for our sale and make monetary donations, which is a tremendous help.

This past year **the Auxiliary donated \$4,000 to our health care facility** to be spent on articles for patient comfort. Nursing Team Members let us know what is needed.

I would like to thank the ladies for all their generosity and support. Without you we could not accomplish what we do.

Respectfully submitted,

*Norma Monahan*

Auxiliary President  
Bingham Memorial Hospital

## ANSON GENERAL HOSPITAL AUXILIARY

The Auxiliary had another good year thanks to a team of dedicated volunteers. With a total of 37 members, 18 of whom are active, the Auxiliary volunteered over 2,800 hours this past year! Main fundraisers include the Tuck Shop, Tree of Lights, the Memorial Fund, pop machine, bazaar and in-house draws. Thank you to Yvette Shea who does such an excellent job purchasing for the Tuck Shop, which is doing very well.

This past year, the Auxiliary donated:

- ☞ \$500 in bursaries to local high schools
- ☞ \$15,000 to the Family Health Team Medical Clinic (for a total donation of \$40,000!)
- ☞ A hi-low examining table for the medical clinic at a cost of \$6,729

**Tray favors are now distributed on specific holidays, bringing smiles to all patients.** Thanks to Norma Labelle, the Auxiliary continues to give birthday gifts to the complex continuing care patients. Thanks to Norma, Debbie Stables-Lambert and her son, all hospital patients receive Christmas gifts. On a very stormy day, four Auxiliary members attended the official opening of the Medical Clinic. **Linda Brousseau and Norma Labelle were pleased to present to Dr. Lupien and committee a cheque for \$15,000.**

We continue to have difficulty in recruiting new members, however, active members work very hard and, for a small group, make a tremendous difference. My personal thanks to them for their enthusiasm and continuous support in all our endeavours. Thank you to the community of Iroquois Falls and surrounding area for coming out to our bazaars, shopping in our tuck shop, purchasing lights for the Tree of Lights, and donating to the Memorial Fund.

Respectfully submitted,

*Linda Brousseau*

Auxiliary President  
Anson General Hospital

## LADY MINTO HOSPITAL AUXILIARY

**This Auxiliary is proud to have 7 Provincial Life Members**—Aline Tousignant, Peggy Guppy, Nellie Carriere, Joan Marwick, Barbara Rogers, Audrey Labelle and Anne Dyas. Despite fewer active members, the Lady Minto Auxiliary volunteered 6,888 hours this past year, and donated to the Hospital 2 blood pressure monitors with heart monitoring capabilities and a large recliner for the special room, as well as \$400 which is given annually to Villa Minto for crafts and items for Residents. In the fall of 2010 a \$12,000 donation will be made to Lady Minto Hospital toward a Plum A+ Infusion Pump.

Additional fundraising for the blood pressure monitors was made possible by our generous community partners—we thank the Lions Club, Royal Canadian Legion, Filles d'Isabelle, Jewel Chapter Eastern Star, Wallace Drug Store, Allan's Home Hardware, Dr. Herb Harris, Y&S Pools & Spa, Hunta Community Irene & Clifford Blackburn, Easter Quilt Raffle (donated by Dale Golding), Bingo held May 20th/09 Transfiguration Church and Father Hervé Sauvé. Special thanks to Guy and Huguette Boulet for the replenishing of the coke, bars and chip machines. It is greatly appreciated! Thanks too to Janet Moore for decorating the inside board, job well done!

Our Gift Shop, "Aline's Boutique", remains busy, and earned a total of \$37,346 last year. We are now partnering with other auxiliaries to purchase items such as cancer hats and some baby clothing. By doing so, we achieve greater buying power, thereby reducing the cost of products and increasing our profit margin. We have been actively advertising our Gift Shop to keep our community aware of our sales and events.

Mrs. Pat Morin of the Red Cross held an appreciation supper for all the volunteers of Meals on Wheels, which many of our Auxiliary Members attended.



We would like to thank Tim Mitchell, Sylvie Lavoie-Girard and the staff for their support and always speedy responses to our requests. Thank you also to Dorothea Cotgrave for our snacks after each meeting—we are very appreciative of her dedication.

**The Region 11 conference held in Cochrane in April was a resounding success.**

Thank you to the MICs Board of Directors for sponsoring the Friday night Wine & Cheese, and to CEO Dan O'Mara who took time out of his busy schedule to select the wine for this event. On behalf of Region 11 Auxiliary Members, we thank the MICs Board for their very thoughtful and generous gift to help us celebrate our centennial. Thank you to TNT Taxi for their free taxi service following the Wine & Cheese.

As President, I cherish our volunteers and I want to say thank you to all of you who make our auxiliary and community a success. I hope that our members can recruit new members so that we can continue to support our hospital. Thank you for being you! We are "AWESOME!" I thank the dedicated executive and members for their hard work in continuing all of our services that we provide in order to raise funds for equipment and to support our hospital in whatever way we can.

Respectfully submitted,

*Dianne Denault*

Auxiliary President  
Lady Minto Hospital





# MICs Mission and Vision Statement

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Committed to the CORE VALUE OF  
*“Partnering Today for a Stronger Tomorrow”*

**With a Mission to:**  
meet your health care needs locally,  
or facilitate access to appropriate services

**With a Vision to:**  
provide safe, integrated, and quality health services  
in each of our communities by facilitating  
the right care, at the right place, at the right time



## **Bingham Memorial – Matheson**

*“Caring for our Community”*

## **Anson General – Iroquois Falls**

*“Personal Quality Care”*

## **Lady Minto – Cochrane**

*“Caring Together”*

# MICs Values

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**AUTONOMY** CARING CONFIDENTIALITY INTEGRITY OPTIMAL  
STANDARD OF CARE PRIVACY **PROFESSIONALISM** RESPECT  
SAFETY TEAM WORK TRANSPARENCY WELL BEING AUTONOMY  
CARING **CONFIDENTIALITY** INTEGRITY OPTIMAL STANDARD OF  
CARE PRIVACY PROFESSIONALISM RESPECT SAFETY TEAM WORK  
TRANSPARENCY WELL BEING AUTONOMY CARING CONFIDENTIALITY  
**INTEGRITY** CARE PRIVACY  
PROFESSIONALISM TRANSPARENCY  
WELL BEING A IALITY INTEGRITY  
OPTIMAL STAND LISM **RESPECT**  
SAFETY TEAM V NG AUTONOMY  
CARING CONF NDARD OF CARE  
PRIVACY PROF TEAM WORK  
TRANSPARENCY CONFIDENTIALITY  
INTEGRITY OF ARE PRIVACY  
PROFESSIONALIS **CARING** WELL  
BEING AUTONO EGRITY OPTIMAL  
STANDARD OF NALISM RESPECT  
**SAFETY** TEAM NG AUTONOMY  
CARING CONF NDARD OF CARE  
PRIVACY PROF TEAM WORK  
TRANSPARENCY CONFIDENTIALITY  
INTEGRITY OF RE **PRIVACY**  
PROFESSIONALISM RESPECT SAFETY TEAM WORK TRANSPARENCY  
WELL BEING AUTONOMY CARING CONFIDENTIALITY INTEGRITY  
**OPTIMAL STANDARD OF CARE** PRIVACY PROFESSIONALISM  
RESPECT SAFETY TEAM WORK TRANSPARENCY WELL BEING  
AUTONOMY CARING CONFIDENTIALITY **WELL BEING** OPTIMAL  
STANDARD OF CARE PRIVACY PROFESSIONALISM RESPECT SAFETY  
**TEAM WORK** TRANSPARENCY WELL BEING AUTONOMY CARING  
CONFIDENTIALITY INTEGRITY PRIVACY PROFESSIONALISM RESPECT  
OPTIMAL STANDARD OF CARE TEAM WORK **TRANSPARENCY**

Team Members of the  
MICs Group of Health  
Services are committed to  
acting professionally and  
in a client-centered  
manner, upholding the  
dignity and honour of our  
clients and practicing in  
accordance with ethical  
principles and values.  
These values help to guide  
us in our relationships  
with clients, family  
members and others in  
the support team, other  
health care practitioners,  
and the public.

# MICs Strategic Goals

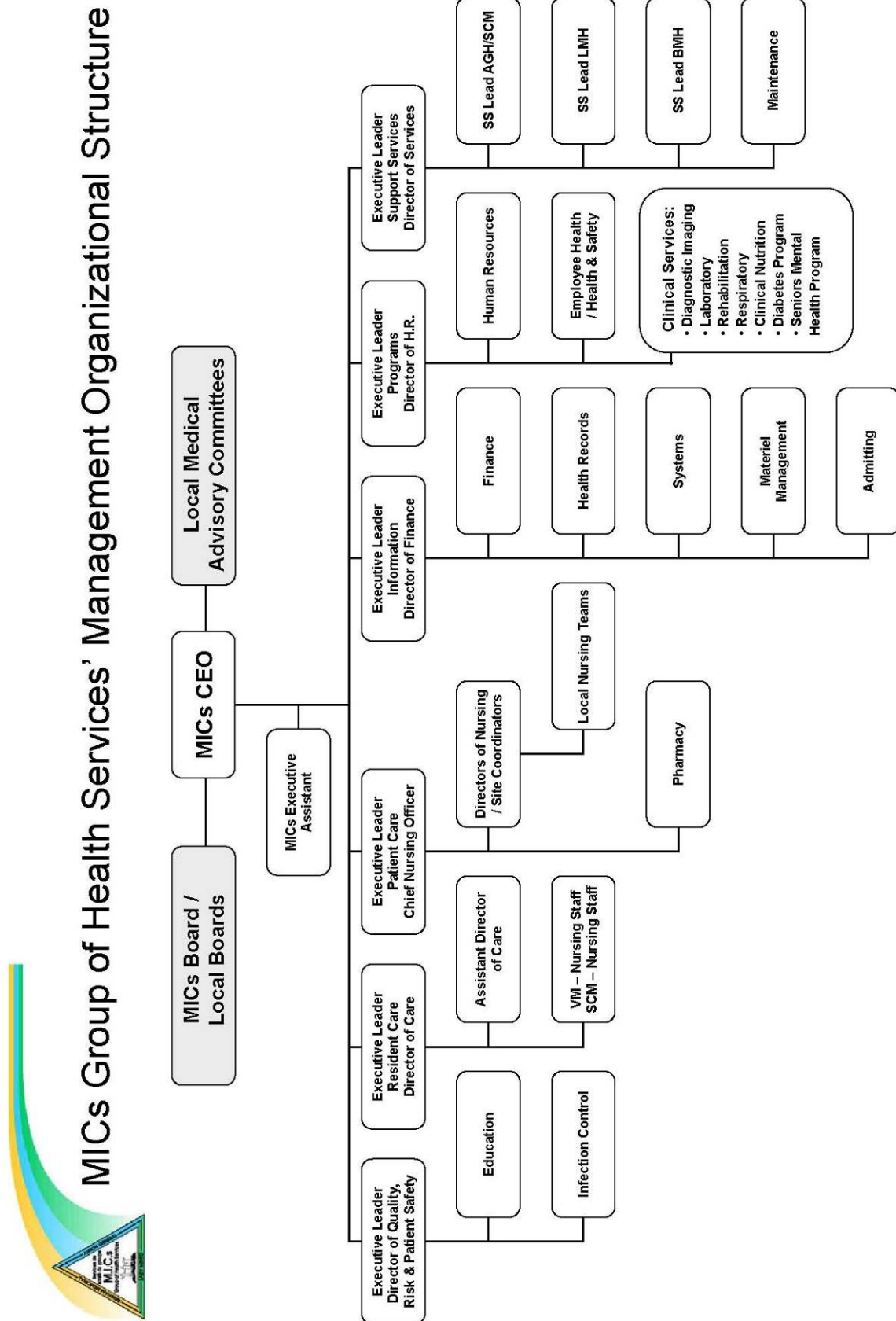
In response to Accreditation recommendations, a process was launched to “update” the MICs Strategic Plan with the collaborative effort of Team Members, Board Members and Consultants with an expertise in strategic planning and health care. An important feature of this process was its linkages to the MICs Quality Framework, balanced scorecard and quality dimensions of Accreditation Canada, in addition to the incorporation of findings from the NE LHIN’s *Integrated Health Services Plan*.

Following a comprehensive environmental scan and analysis process to identify the areas of importance to focus on in the years to come, the MICs Strategic Planning Committee agreed to 8 strategic directions to guide the organization to meet its mission during 2009–2011:



1. To provide a safe environment for our patients, residents, clients, and other stakeholders, while providing the highest quality of care.
2. To ensure availability of human resources to meet the health care and service needs of the population served.
3. To foster partnerships to ensure equity and access to Primary Care, Mental Health and Seniors Services.
4. To promote sound and responsible financial management practices.
5. To expand our information management strategies with other stakeholders.
6. To partner and foster good working relationships within and with the NE LHIN.
7. To advocate for patient centered care for our communities and enhance health promotion and management of chronic diseases.
8. To ensure sound governance practices.

# MICs Organizational Chart



Revised December 3<sup>rd</sup>, 2008