



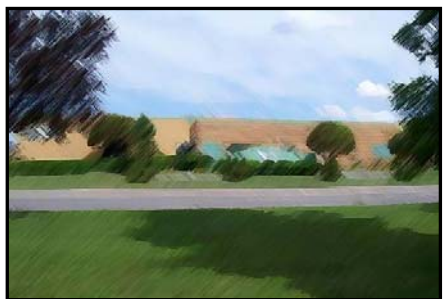
M.I.C.s Group of Health Services
“Partnering Today for a Stronger Tomorrow”

ANNUAL MEETING REPORT

June 2011



**BINGHAM MEMORIAL HOSPITAL
CORPORATION MEETING – JUNE 16th, 2011**
Black River-Matheson Family Lodge
Matheson, ON



**ANSON GENERAL HOSPITAL
CORPORATION MEETING – JUNE 14th, 2011**
South Centennial Manor Common Room
Iroquois Falls, ON



**LADY MINTO HOSPITAL
CORPORATION MEETING – JUNE 9th, 2011**
Terry's Restaurant – Blue Room
Cochrane, ON

Annual Meeting Agenda

- 1. Introduction of Board of Directors..... 1.**
- 2. Approval of Minutes:**
 - Bingham Memorial Hospital Corporation Meeting – June 7th, 20103.
 - Anson General Hospital Corporation Meeting – June 15th, 20107.
 - Lady Minto Hospital Corporation Meeting – June 17th, 2010.....11.
- 3. Report and Approval of the Audited Financial Statement... 15.**
- 4. Approval of By-Law Changes 16.**
- 5. MICs CEO & Board Chairs' Address 19.**
- 6. MICs Team Report 22.**
- 7. Chief of Staff Report..... 32.**
- 8. Hospital Auxiliary Report 33.**
- 9. MICs Mission and Vision Statement 36.**
- 10. MICs Values 37.**
- 11. MICs Strategic Goals..... 38.**
- 12. MICs Organizational Chart..... 39.**
- 13. Appointment of Auditors**
- 14. Election of Directors**
- 15. Adjournment**

I go to nature to be soothed and
healed, and to have my senses
put in order.

~John Burroughs



MICs Board of Directors

2010 – 2011

Bingham Memorial Hospital

Merv Anthony – **Chair** Elected (*Representative at Large*)
Anna Andrews – **Vice-Chair** Elected (*French Representative*)
Garry Truax – **Treasurer** Elected (*Representative with a Financial Background*)
Dr. Stephen Chiang – **Chief of Staff** Appointed
Dr. George Freundlich – **President of Medical Staff** Appointed
Billie Baragar Elected (*Representative at Large*)
Robert Browne Board Appointed (*Aug/10 to fill vacancy*)
Norma Monahan Appointed (*Auxiliary Representative*)
Bob Renaud* Appointed (*Municipal Representative*)
*Willie Dubien (*alternate*)

Anson General Hospital

Wendy Phillips – **Chair** Elected (*Representative at Large*)
Ralf Borowski – **Vice-Chair** Elected (*Local Business/Industry Representative*)
Colin Kennedy – **Treasurer** Elected (*Representative with a Financial Background*)
Dr. Phil McGuire – **Chief of Staff** Appointed
Dr. Guy Lupien – **President of Medical Staff** Appointed
René Boucher Elected (*French Representative*)
Ted Fleming Elected (*Representative at Large*)
Norma Labelle Appointed (*Auxiliary Representative*)
Terry Boucher* Appointed (*Municipal Representative*)
*Michael Shea (*alternate*)

Lady Minto Hospital

Maureen Konopelky – **Chair** Elected (*Representative at Large*)
R.J. Andrews – **Vice-Chair** Elected (*Representative at Large*)
Léo Grégoire – **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*)
Claude Bourassa Elected (*French Representative*)
Jack Solomon Elected (*Aboriginal Representative*)
Gilles Chartrand* Appointed (*Municipal Representative*)
*Peter Politis (*alternate*)

Bingham Memorial Hospital

“Caring for our Community”



Anson General Hospital

“Personal Quality Care”



Lady Minto Hospital

“Caring Together”



Minutes of the
Bingham Memorial Hospital
56th Annual Corporation Meeting
Monday, June 7th, 2010 – 1900 Hours
Black River-Matheson Family Lodge, Matheson, ON

BOARD OF DIRECTORS	
X	Merv Anthony – Chair
X	Dan MacKenzie – Vice-Chair
X	Garry Truax – Treasurer
	Dr. Stephen Chiang – Chief of Staff
X	Dr. George Freundlich – President of Medical Staff
X	Anna Andrews
	Robert Browne
	Emilien Charlebois
	Norma Monahan
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>)

Merv Anthony, 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

- M. Anthony introduced the Board of Directors to the Corporation Members.

2. APPROVAL OF MINUTES

- M. Anthony requested a motion to approve the minutes of the Annual Meeting held on June 9th, 2009.

Motion:

Moved by Billie Baragar,

Seconded by Carol Haley,

Be it resolved,

THAT the minutes of the Annual Meeting held on June 9th, 2009 be approved as presented.

Carried.

3. REPORT AND APPROVAL OF AUDITOR’S FINANCIAL STATEMENT

- M. Anthony 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 31st, 2010 to the Corporation Members, providing a detailed explanation of the report. The hospital ended the year with an operating surplus of \$77,589 (compared to a deficit of -\$122,884 last year). Net surplus was \$78,007 (compared to a deficit of - \$125,870 last year). MOHLTC Global funding was

\$5,490,600.

- Corporation Members were invited to ask questions.

Motion:

Moved by Richard Johnston,

Seconded by Mary Leduc,

Be it resolved,

THAT the Corporation of Bingham Memorial Hospital approves the Auditor's Report of Bingham Memorial Hospital's Financial Statement for the year ending March 31st, 2010 as presented.

Carried.

4. 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 Bingham Memorial Hospital Board of Directors to amend the By-laws as presented:
 - By-Law Revisions
 - Article 12 "Medical Staff"
 - Network 13 Standardized Credentialing Policy
- Corporation Members were invited to ask questions.

Motion:

Moved by Gail Lindsay,

Seconded by Greta Pullen,

Be it resolved,

THAT the Corporation of Bingham Memorial Hospital approves the By-law amendments as presented.

Carried.

5. MICs CEO AND BOARD CHAIR'S ADDRESS

- MICs CEO D. O'Mara spoke briefly on a few topics. He noted that it was his last annual meeting as CEO, and thanked the Board for all their hard work. He said it was great to leave the Hospital in a surplus position. He did state regret that in order to maintain a stable position, out-patient physiotherapy services had to be discontinued, however was hopeful that if funding improves, there will be an opportunity to re-open the service at a later date. For the time being, arrangements are being made to continue services for in-patients with the support and assistance from the physiotherapists working across MICs. He explained the rationale for selecting physio as opposed to other services. He provided answers to numerous questions from the floor.
- Mayor Milinkovich thanked Dan for all his years of hard work and dedication to the Matheson community.
- Board Chair M. Anthony spoke to the past year's work on by-laws and membership structure, the Board's continuous learning process, the new and improved website which is very close to being launched and will be kept current and be more interactive for community members, the discussions surrounding the *Long-Term Care Act* and its impact on the LTC facilities across MICs. He also noted the MICs Board's interest in solar panel

technology, and that options are being explored. He wished Dan all the best in his upcoming retirement. He stated that MICs has hired a new CEO who will be starting on June 21st, 2010. A brief summary of Mr. Bruce Peterkin's extensive experience was provided. He will officially start his tenure as the MICs CEO effective July 1st, 2010. M. Anthony explained the selection process, and the impressive slate of qualified candidates who vied for this position.

6. MICs TEAM REPORT

- M. Anthony briefly reviewed the highlights of the MICs Team Report which provides information on MICs services, programs and activities. Corporation Members are encouraged to review the report at their leisure.

7. CHIEF OF STAFF REPORT

- Provided in the annual report. Corporation Members are encouraged to review the report at their leisure.
- Dr. Freundlich answered questions from Corporation Members.

8. HOSPITAL AUXILIARY REPORT

- Provided in the annual report. Corporation Members are encouraged to review the report at their leisure.
- Audrey MacKenzie provided a brief summary of the Auxiliary's activities, noting that the Tuck Shop will be closing. This year in lieu of a monetary donation, the Auxiliary has purchased twelve 26" flat screen televisions for the Hospital.
- M. Anthony requested approval of reports as presented.

Motion:

Moved by Carol Haley,

Seconded by Sylvia Milinkovich,

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 VALUES

- Provided for Corporation Members' information.

11. MICs STRATEGIC GOALS

- Provided for Corporation Members' information.

12. MICs ORGANIZATIONAL CHART

- Provided for Corporation Members' information.

13. APPOINTMENT OF AUDITOR

Motion:

Moved by Sandra Brydge,

Seconded by Billie Baragar,

Be it resolved,

THAT the Corporation of Bingham Memorial Hospital appoints the firm of *Dorland and Dorland – Chartered Accountant* as the Hospital Auditor for 2010/2011.
Carried.

14. ELECTION OF DIRECTORS

- M. Anthony reviewed the Nominating Committee Report:
 - Board Appointments:
 - Municipal Representative – Emilien Charlebois
 - Auxiliary Representative – Norma Monahan
 - Chief of Staff – Dr. Chiang
 - President of Medical Staff – Dr. Freundlich
 - List of terms for re-election:
 - Representative at Large (2 year term)
 - Aboriginal Representative (2 year term)
 - Applications received:
 - Representative at Large (2 year term) – Robert Browne
 - Representative at Large (2 year term) – Billie Baragar
 - Aboriginal Representative (2 year term) – Dan MacKenzie
- Since there are 2 applications for the 1 position, a vote will take place at the Annual Meeting. With 1 application received for the Aboriginal Representative, Dan MacKenzie is duly acclaimed.
- Corporation Members eligible to vote were directed to cast their ballots.
- Results were tallied, and Billie Baragar was elected as the Representative at Large.

Motion:

Moved by Margaret Brettle,

Seconded by Sylvia Milinkovich,

Be it resolved,

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

Carried.

15. ADJOURNMENT

- There being no further business, the meeting adjourned at 8:42 p.m.

Merv Anthony
Chair of the Board of Directors
Bingham Memorial Hospital

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

**Minutes of the
Anson General Hospital
Annual Corporation Meeting
Wednesday, June 15th, 2010 – 1917 Hours
South Centennial Manor's Common Room, Iroquois Falls**

ATTENDANCE	
X	Wendy Phillips – Chair
X	Ralf Borowski – Vice-Chair
X	Dr. Phil McGuire – Chief of Staff
X	Rene Boucher
X	Colin Kennedy
X	Norma Labelle
X	Michael Shea
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 10th, 2009 were reviewed.

Motion:

Moved by Colin Kennedy,

Seconded by Elizabeth Zadow,

Be it resolved,

THAT the minutes of the Annual Meeting held June 10th, 2009 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 31st, 2010, providing a detailed explanation of the report. The hospital ended the year with a surplus of \$326,002 (compared to a surplus of \$147,730 for 2009 fiscal year). The net surplus for the year was \$398,783 (compared to net deficit of -\$228,935 for 2009). Revenues increased by approximately \$209,000 while expenditures increased by \$31,000. MOHLTC Global and

One-Time funding was \$7,262,157 (compared to \$7,073,552 for the 2008/2009 fiscal year).

- Corporation Members were invited to ask questions.

Motion:

Moved by Rene Boucher,

Seconded by Ralf Borowski,

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 31st, 2010 as presented.

Carried.

4. 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 Hospital Board of Directors to amend the By-laws as presented:
 - By-Law Revisions
 - Article 12 "Medical Staff"
 - Network 13 Standardized Credentialing Policy
- 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 the By-law amendments as presented.

Carried.

5. MICs CEO AND BOARD CHAIR'S ADDRESS

- D. O'Mara noted that this was his last corporation meeting as he is retiring at the end of the month. He thanked the Board and the Team Members for their tremendous dedication to Anson General Hospital.
- W. Phillips noted that it has been a challenging and busy year. The Medical Clinic officially opened its doors during the first snowstorm of the year. Though fundraising is getting close to its goal, the building is not yet paid for, and donations are still very much appreciated. Work on the SCM Heating, Ventilation and Air Conditioning Project is now complete, and she thanked the Team Members for working so well through the construction phase. She noted the difficulty with staffing, and the impact this has on the Manor. She thanked K. Hill who continues to wear two hats, that of Chief Nursing Officer and Director of Quality. Recruitment for the Quality position has been so far unsuccessful, and K. Hill's efforts were recognized and appreciated. Kudos to AGH and SCM Team Members for the excellent work they continue to do. She congratulated Dan O'Mara on his retirement, and thanked him for his commitment to MICs. Although a news release introducing the new CEO will be in local papers this week, she announced the successful recruitment of Mr.

Bruce Peterkin, who was most recently the Assistant Deputy Minister for the Territory of Nunavut.

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. CHIEF OF STAFF REPORT

- Dr. McGuire noted that there are some changes to the physician complement with Dr. Alfayadh leaving to pursue additional emergency training, and Dr. Boyle waiting to retire, however, he was optimistic that there are a few recruitment prospects.
- Corporation Members are encouraged to review the report at their leisure.

8. HOSPITAL AUXILIARY REPORT

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

Motion:

Moved by Colin Kennedy,

Seconded by Myrtle Lavoie,

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 VALUES

- Provided for Corporation Members' information.

11. MICs STRATEGIC GOALS

- Provided for Corporation Members' information.

12. MICs ORGANIZATIONAL CHART

- Provided for Corporation Members' information.

13. APPOINTMENT OF AUDITOR

Motion:

Moved by Ralf Borowski,

Seconded by Rene Boucher,

Be it resolved,

THAT the Corporation of Anson General Hospital appoint the firm of *Dorland and Dorland – Chartered Accountant* as the Hospital Auditor for 2010/2011.

Carried.

14. ELECTION OF DIRECTORS

- R. Boucher provided the Committee Report.

- Appointments are currently as follows:
 - Municipal Representative – Michael Shea (Yves Carriere – alternate)
 - Auxiliary Representative – Norma Labelle
 - Chief of Staff – Dr. Phil McGuire
 - President of Medical Staff – vacant
- Two applications were received for the Representative at Large (2-year term).
- No applications were received for the position of Representative with a Financial Background (2-year term).
- Recommendation from the Board to appoint Wendy Phillips for the Representative at Large (2-year term) and appoint Edward Fleming as a Representative at Large for a 1-year term. The Finance position will remain open.

Motion:

Moved by Norma Labelle,

Seconded by Ray Corcoran,

Be it resolved,

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

Carried.

15. **ADJOURNMENT**

- There being no further business, the meeting adjourned at 7:38 p.m.

Wendy Phillips
Chair of the Board of Directors
Anson General Hospital

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

**Minutes of the
Lady Minto Hospital
Annual Corporation Meeting
Thursday, June 17th, 2010 – 1900 Hours
Terry's Steaks & Burgers (Blue Room), Cochrane**

ATTENDANCE	
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
	Léo Gregoire
X	Jack Solomon
X	Dan O'Mara – MICs Chief Executive Officer
GUESTS	
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 11th, 2009 were reviewed.

Motion:

Moved by Claude Bourassa,

Seconded by R.J. Andrews,

Be it resolved,

THAT the minutes of the Annual Meeting held June 11th, 2009 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 31st, 2010, providing a detailed explanation of the report. The hospital ended the year with a surplus of \$209,601 (compared to a surplus of \$160,271 for the 2009 fiscal year). The net Hospital deficit for 2009/10 was \$138,923

compared to the net deficit of \$176,007 for 2008/09. MOHLTC Global and One-Time funding was \$9,135,200 (compared to \$8,908,225 for 2008/09) for an increase of 2.5%.

- Villa Minto ended the year with a deficit of -\$85,819 (compared to deficit of -\$106,589 last year).
- Long-Term Investments total \$1,556,163 at fair market value.
- Corporation Members were invited to ask questions.

Motion:

Moved by Lisa Girard,

Seconded by Dr. Rita Affleck,

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 31st, 2010 as presented.

Carried

4. 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 Lady Minto Hospital Board of Directors to amend the By-laws as presented:
 - By-Law Revisions
 - Article 12 "Medical Staff"
 - Network 13 Standardized Credentialing Policy
- Corporation Members were invited to ask questions.

Motion:

Moved by Claude Bourassa,

Seconded by Jack Solomon,

Be it resolved,

THAT the Corporation of Lady Minto Hospital approves the By-law amendments as presented.

Carried.

5. MICs CEO AND BOARD CHAIR'S ADDRESS

- D. O'Mara noted that this was his last corporation meeting as he is retiring at the end of the month. He thanked the Board and the Team Members for their outstanding dedication to Lady Minto Hospital. He closed by saying he was very pleased that all the MICs hospitals ended the year in a positive financial position.
- M. Konopelky thanked the Team Members for the tremendous work that they do, especially in light of all the changes occurring in health care. The loyalty and dedication are to be applauded. She acknowledged D. O'Mara's endless energy and initiative which led MICs to the success it is today. She wished him a happy retirement. She noted that the new CEO, Bruce Peterkin, will be arriving in the area next week, and will be officially starting his tenure as the new CEO as of July 1st, 2010. Kudos to the MICs Board Selection Committee who did a great job recruiting for this position.

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. CHIEF OF STAFF REPORT

- Provided in the annual report, the Chief of Staff report provides an overview of medical services. Corporation Members are encouraged to review the report at their leisure.
- Dr. Affleck noted that she was very pleased with the recruitment of new physicians to Cochrane. She also noted that the Cochrane Family Health Team is moving ahead, and there has been a lot of progress lately.

8. HOSPITAL AUXILIARY REPORT

- Hospital Auxiliary Report provides highlights of the LMH Auxiliary activities during the past year. M. Konopelky noted that the Auxiliary continues to do wonderful work for the hospital, and that the HAAO is celebrating their centennial this year.
- M. Konopelky requested approval of reports as presented.

Motion:

Moved by Dr. Lawrence McPherrin,

Seconded by R.J. Andrews,

Be it resolved,

THAT the Corporation of the Lady Minto Hospital approve the reports as presented.

Carried.

9. MICs MISSION AND VISION STATEMENT

- Provided for Corporation Members' information.

10. MICs VALUES

- Provided for Corporation Members' information.

11. MICs STRATEGIC GOALS

- Provided for Corporation Members' information.

12. MICs ORGANIZATIONAL CHART

- Provided for Corporation Members' information.

13. APPOINTMENT OF AUDITOR

Motion:

Moved by R.J. Andrews,

Seconded by Claude Bourassa,

Be it resolved,

THAT the Corporation of Lady Minto Hospital appoint the firm of *Dorland and Dorland – Chartered Accountant* as the Hospital Auditor for 2010/2011.

Carried.

14. ELECTION OF DIRECTORS

- M. Konopelky provided the Nominating Committee Report.
 - 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 2 positions open and 2 applications received. The following applicants were selected for the positions for which they applied, and duly acclaimed:
 - Representative at Large (2 year term) – R.J. Andrews
 - Aboriginal Representative (2 year term) – Jack Solomon

Motion:

Moved by Dr. Rita Affleck,

Seconded by Pat Dorff,

Be it resolved,

THAT the Corporation of Lady Minto Hospital approves the nominees as presented.

Carried.

15. **ADJOURNMENT**

- There being no further business, the meeting adjourned at 7:26 p.m.

Maureen Konopelky
Chair of the Board of Directors
Lady Minto Hospital

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

Audited Financial Statement

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 1st, 2010 to March 31st, 2011 are distributed under separate cover.



Approval of By-Law Changes

By-law amendments as recommended by legal counsel are supported by the Anson General, Bingham Memorial and Lady Minto Hospital Boards of Directors and presented to the Hospital Corporations for approval as follows:



ARTICLE 2 – MEMBERSHIP IN THE CORPORATION

2.6 Application

Each application must be in a form decreed by the Directors for the current year and must be received by the Board no later than March 31st in order to be considered in time to allow the prospective applicant an opportunity to vote at the next annual meeting of the Corporation or any other meeting of the Corporation that may be scheduled during that fiscal year. The decision as to whether a prospective applicant will be admitted will be made by the Board in accordance with Section 2.1. The application shall contain:

- (a) the membership qualifications set out in Section 2.3, 2.4 or 2.5, as the case may be, of this By-law;
- (b) a statement by the applicant that he/she has read the membership qualifications and that he/she meets all of the requirements set forth therein; and
- (c) the applicable membership fee.

Memberships received after April 1st **March 31st** will be considered as non-voting if approved.

ARTICLE 3 – ANNUAL AND SPECIAL MEETINGS OF THE MEMBERS OF THE CORPORATION

3.5 Voting

- (a) At all annual or special meetings, resolutions shall be determined by a majority of affirmative votes cast by Members present at the meeting, unless otherwise required by statute or the By-laws. If there is an equality of votes, the Chair shall be entitled to an additional or casting vote, failing which the Chair shall declare the motion defeated.
- (b) Pursuant to the *Public Hospitals Act*, no Member may vote by proxy.
- (c) No Member shall be entitled to vote at meetings of Members unless the Member has paid all dues or fees, if any, then payable by the Member.
- (d) A Member shall not be entitled to cast a negative vote in respect of a motion to elect a Director of Board officer.**
- (e) A motion to elect the Directors and Board officers by acclamation can be cast by the chair of the meeting and shall not require a mover and seconder.**
- ~~(d)~~ **(f)** At any meeting, unless a poll is demanded, a declaration by the Chair of the meeting that a resolution has been carried unanimously or by a particular majority, or lost or not carried by a particular majority, shall be conclusive of the fact.
- ~~(e)~~ **(g)** A poll may be demanded either before or after any vote by a show of hands by any person entitled to vote at the meeting. If at any meeting a poll is

demand on the election of the Chair or on the question of adjournment, it shall be taken forthwith without adjournment. If at any meeting a poll is demanded on any other question or as to the election of Directors, the vote shall be taken by ballot in such manner as the Chair of the meeting directs. The result of a poll shall be deemed to be the resolution of the meeting at which the poll was demanded. A demand for a poll may be withdrawn.

ARTICLE 11 – AMENDMENTS TO BY-LAWS

11.1 Amendments to By-laws

- (a) The Board may pass or amend the By-law of the Corporation from time to time.
- (b)
 - (i) Where it is intended to pass or amend the By-law at a meeting of the Board, written notice of such intention shall be sent by the Secretary/Treasurer to each Director at his/her address as shown on the records of the Corporation by ordinary mail not less than ten (10) days before the meeting.
 - (ii) Where the notice of intention required by paragraph 11.1(b)(i) above is not provided, any proposed By-law or amendments to the By-law may nevertheless be moved at the meeting and discussion and voting thereon adjourned to the next meeting, for which no notice of intention need be given.
- (c) Subject to paragraph 11.1(d) below, a By-law or an amendment to a By-law passed by the Board has full force and effect:
 - (i) from the time the motion was passed; or
 - (ii) from such future time as may be specified in the motion.
- (d)
 - (i) A By-law or an amendment to a By-law passed by the Board shall be presented for confirmation at the next annual meeting or to a special general meeting of the Members of the Corporation called for that purpose. The notice of such annual meeting or special general meeting shall refer to the By-law or amendment to be presented.
 - (ii) The Members at the annual meeting or at a special general meeting may confirm the By-law as presented or reject or amend them providing the intent of the motion is not altered. If rejected they thereupon cease to have effect.
 - (iii) **The Members rights under clause (ii) above are restricted to the changes proposed in the notice referred to in paragraph (d)(i) above. No amendment is in order that increases the amendment or introduces new changes.**
 - (iv) **The Members may not initiate a requisition or motion to amend, enact or repeal a By-Law.**
- (e) In any case of rejection, amendment, or refusal to approve the By-law or part of the By-law in force and effect in accordance with any part of this Section, no act done or right acquired under any such By-law is prejudicially affected by any such rejection, amendment or refusal to approval.



**Leaders don't create followers,
they create more leaders.**

~Tom Peters

MICs CEO & Board Chairs' Address

Summary of Board Achievements

A Word from the CEO...

As I approach my first anniversary with MICs, I marvel at what we have accomplished within the heartbeat of a year. It is very gratifying to know that, to some extent, we have stabilized—and in some cases improved—the delivery of core services to our communities. It is satisfying to know that we continue to take great pride in delivering a high quality of services and are very pleased with the recognition earned as a result of our strong performance in patient and resident care. It is equally rewarding to know that our commitment to sound financial management will allow us to continue to ensure a balanced budget and at the same time provide our community and stakeholders with consistent and quality health services. It is also uplifting to witness the incredible dedication of our Team Members, Board of Directors, Volunteers, and Members of our Professional Staff who work tirelessly to provide these services to our communities. While time may prove elusive, it is important to make time to acknowledge our achievements, appreciate our health care team members, and recognize the successes and challenges from this past year, and what a year it has been!



In July 2010, the *North East Local Health Integration Network* (NE LHIN) announced funding allocations which provided a 1.5% overall increase for each of our hospitals, with growth funding to be determined at a later date. Following the announcement we began to work with the NE LHIN to sign off the 2010/11 Hospital Service Accountability Agreement (HSAA). The objective for MICs was to present a balanced budget to the NE LHIN which would show our commitment to manage the funding allocations in a responsible and accountable manner. Over and above the HSAA, the NE LHIN negotiated a Performance Agreement (MLPA) with the Ministry of Health and Long-Term Care which outlined the funding for each LHIN and established set targets for the performance indicators that each LHIN must achieve by March 31, 2011. The MLPA was amended to include 2 new indicators that measure readmission rates with 30 days for mental health and substance abuse conditions in addition to the wait time indicators and the % of Alternate Level of Care (ALC) days indicator. Reducing the % of ALC days is the top priority of the NE LHIN. In December 2009 the percentage of ALC days rose to 32%. Small hospitals presently account for approximately 37% of the ALC days within our LHIN. With an expected target of 17% for 2010/11, the NE LHIN expects every hospital to work on solutions to reduce this indicator.

Working on provincial initiatives as well as priorities established by the NE LHIN requires an interdisciplinary team effort and focus. While this is important work, we are equally busy with our own strategic goals and objectives, and to this end, we begin work on our new strategic plan for 2012 and beyond. Engaging our Board Members, Team Members, Corporation Members, clients, community partners and stakeholders in this dialogue is the first step towards developing our next strategic goals, and I am hopeful that together we will determine the areas of priority and chart the course for MICs for the next few years to come. Following the community and stakeholder engagement sessions, a Strategic Planning retreat will be held in the Fall to finalize the new Strategic Goals for MICs which will be shared with all our communities via local papers and the MICs website.

Hospitals across Northern Ontario are facing tremendous challenges and rapid change—we see the development of new models of care, new technologies, and innovative programs with an increased emphasis on responsibility and accountability. MICs continues to work alongside its Network 13 partners and most recently signed an Integration Agreement to commit to look at opportunities to work together and enhance services within the region.

In closing, I would like to thank all our Team Members who work hard each day, and who are dedicated, loyal, and go above and beyond our expectations. I thank them all for a job well done. I owe you all a debt of gratitude for your warm welcome and making me feel at home.

Respectfully submitted,



Bruce K. Peterkin
MICs Chief Executive Officer

From the Board Chairs' Perspective...

By and large the year's most notable highlight was Accreditation, which is one of the most effective ways for health services organizations to regularly and consistently examine and improve the quality of their services. The Board is pleased to announce that MICs was granted an "Accreditation with Condition (Report)", which means that while the organization is accredited, the organization must fulfill the conditions outlined by *Accreditation Canada*. Team Members have worked diligently in preparation for the survey to ensure compliance with the standards and we are happy to report that during this assessment, 93% of the standards were met (compared to 69% in 2008). Kudos to everyone involved in this success!

Accreditation itself is a tremendous undertaking, requiring a great deal of time and human resources. Since it is primarily driven by senior management, the added challenge this past year was the significant changes to this particular team. In June 2010 the MICs Board recruited new CEO Bruce Peterkin who in turn hired a Director of Quality, Risk and Patient Safety to fill a vacant position (September 2010) and a Director of Human Resources following a retirement (October 2010). The Board was particularly pleased with the hiring of internal candidates, and continues to encourage promoting from within.

Other highlights include the adoption of a Consent Agenda for all MICs Board meeting. This type of agenda is used to save board meeting time and to help ensure that board meetings focus on substantive topics that are worth discussing. The trial basis has proved very successful to date. Also of note, the interest in the MICs partnership from the NE LHIN culminated into an invitation for the MICs Board Chairs to present at the annual *Small Rural Hospital Summit*. This was a great opportunity for the Board to share with other like hospitals across the NE LHIN the many facets of integration throughout the evolution of MICs, and the success of a strong partnership model. During the past year the MICs Board of Directors have been involved with the implementation of the regulations under the Government of Ontario's new *Long Term Care Act* and *Excellent Care for All Act*, both of which had a significant impact on the organization from a financial and human resources standpoint. The *Long Term Care Act* has been an especially trying implementation, and the Board wishes to thank all our Team Members who continue to provide wonderful personal quality care to our long-term care Residents at **Rosedale Centre, South Centennial**

Manor, and **Villa Minto**! The *Excellent Care for All Act*, 2010—which puts patients first by improving the quality and value of the patient experience through the application of evidence-based health care—has also required substantial time and attention. MICs is working diligently to implement these legislative changes which include:

- Establishment of a Quality Committee
- Development of an annual Quality Improvement Plan (QIP)
- Linking Executive Compensation to achieving improvement targets set out in the QIP
- Assessment of satisfaction surveys with services delivered
- Staff surveys to assess satisfaction with employment experience and views about the quality of care provided by the health care organization
- Declaration of values
- Patient relations process to address patient experience issues

On the local front, Hospital Boards dealt with site-specific projects and issues. **Bingham Memorial Hospital** which weathered a number of lean years is particularly delighted with the number of positive outcomes stemming from the 2010/2011 fiscal year. Historically this hospital has reported either a deficit or break-even position, but past difficult decisions, hard work and relentless dedication to build a brighter future has produced great results. Not only can Bingham boast a surplus this year, the Board is happy to share that out-patient physiotherapy services were reintroduced, and absolutely thrilled to announce that the community can expect an increase in Clinical Nutrition and Diabetes services starting in mid-July. What a difference a year makes!! **Anson General Hospital** can also boast an impressive surplus this year thanks in great part to some savvy investment planning. The year was not without its share of challenges though, primarily in physician recruitment and retention as well as long-term care. The hospital is presently recruiting 3 family physicians, and has had to rely on services from locum physicians. Recruitment efforts continue for full-time physicians as well as locum physicians to ensure the community maintains access to primary and emergency medical care. This remains a high priority. **South Centennial Manor** continues to struggle operationally with added financial pressures brought on by the *Long Term Care Act* which legislated numerous new criteria and increased standards with little compensation for implementation of same. The age of the building is also creating a financial burden, such as two recent floods caused by an antiquated sprinkler system. The Hospital is seeking financial assistance and support from both community partners as well as the Province of Ontario to help sustain and hopefully retransform the Manor to an “A” facility. **Lady Minto Hospital** received an impressive boost in capital funding this year thanks to substantial donations from Detour Gold (\$50,000) and M.J. Labelle (\$100,000). These monies have helped to purchase much needed capital equipment.

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:

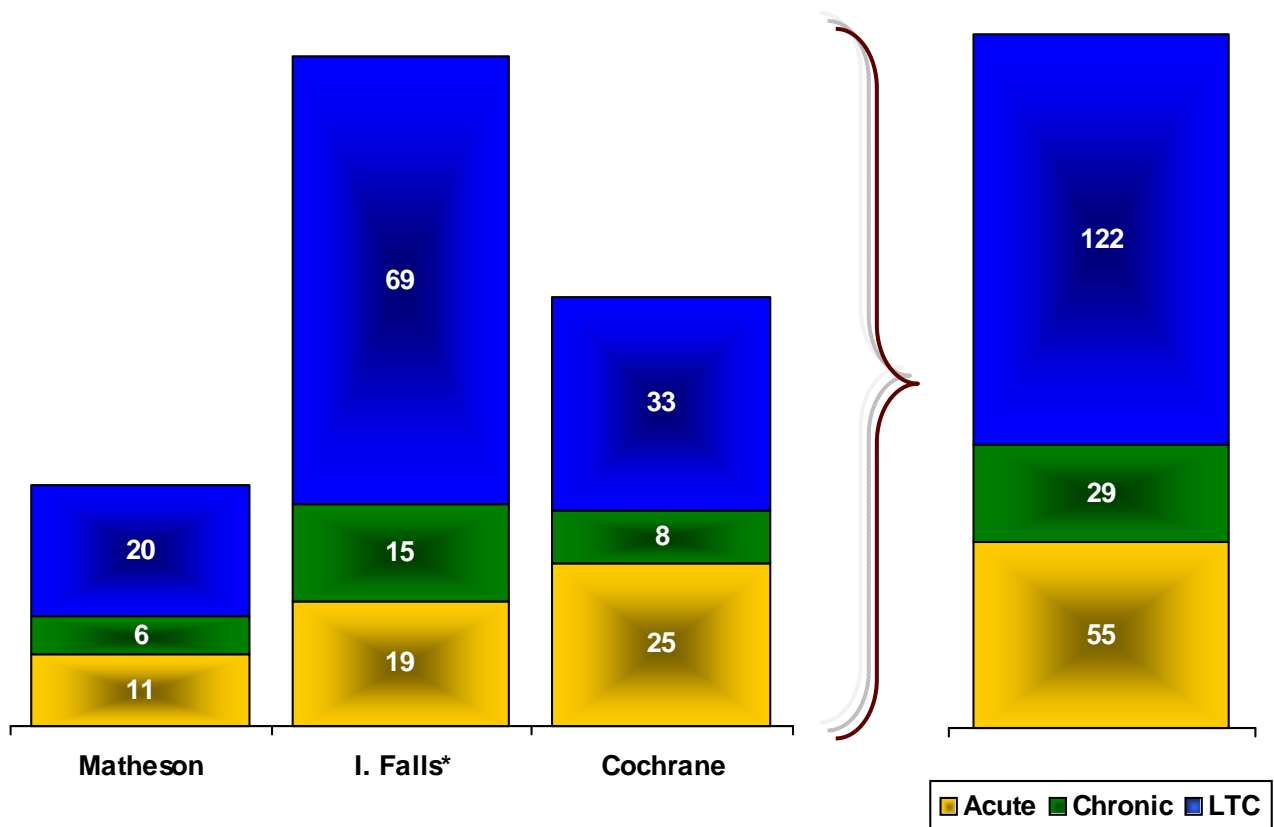
- ❖ Acute Care & Chronic Care
- ❖ Long Term Care
- ❖ Emergency Services
- ❖ Outpatient Services (i.e. Lab; Diagnostic Imaging; Physiotherapy; Respiratory Therapy; Clinical Nutrition, ECG)
- ❖ Surgery & OBS (*Lady Minto Hospital site only*)



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**:

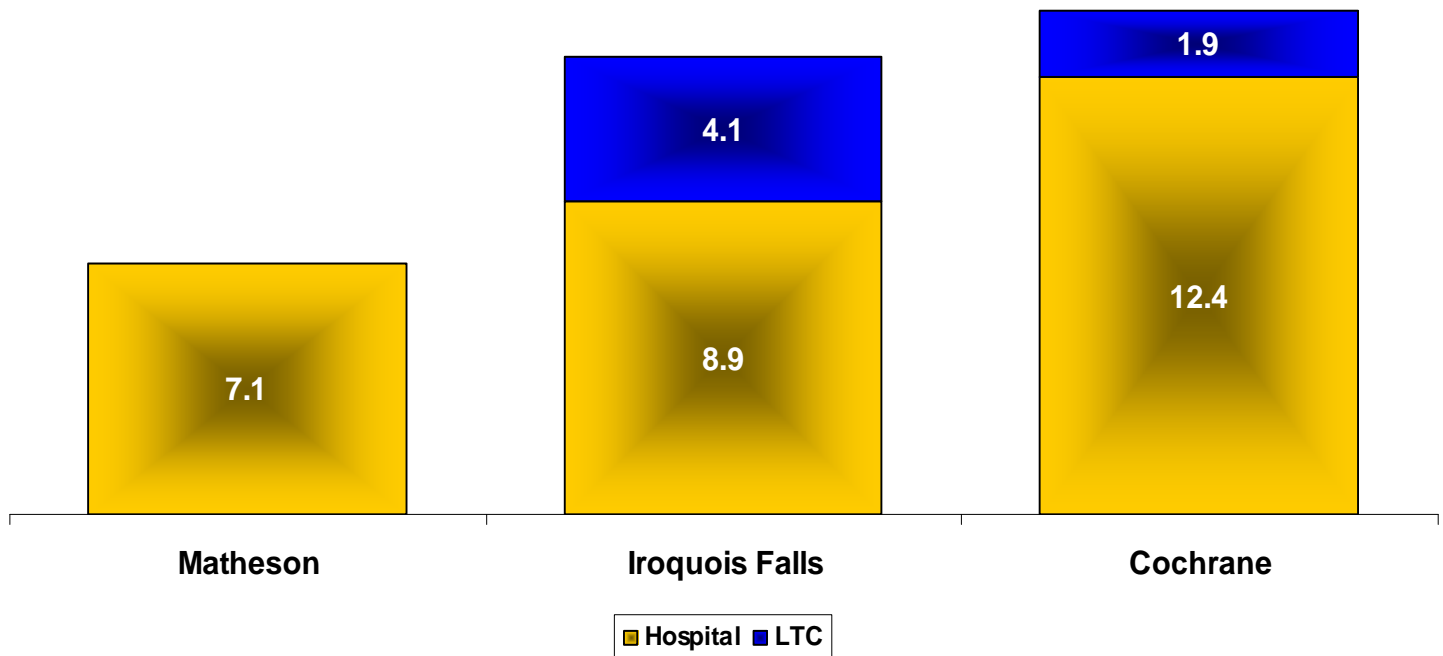


* LTC beds housed in separate facility

Global Budget

MICs' global budget is approximately ~\$33.8 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.

Annual Budget per Facility (M)



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 **Accreditation**, and efforts were well rewarded with an “Accreditation with Condition (Report)”. Plans to help celebrate this success are underway!

The **MICs Emergency Manual** was finalized during the past year, and each facility participated in Disaster Exercises to test emergency preparedness plans. A mock Code Orange (Disaster) was held at Lady Minto Hospital in September 2010, while other facilities participated in table top exercises. While additional mock codes are being planned for all sites, MICs has had ample opportunity to exercise its Code Grey (Infrastructure Loss or Failure) due to a few floods and power failures. Following any such event, a debriefing session is held with all involved resulting in recommendations for improving response plans.

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.

Now into the 3rd year of **Meditech**, Team Members continue to work determinedly through the challenges of this relatively new system, and work is currently underway to implement the newest module, the **Patient Care System** (PCS), which is an electronic documentation system offering care providers interdisciplinary Plans of Care required for a patient-focused care delivery system. Automated worklists allow care providers to document care using a point-of-care-device. PCS display panels provide the ability to observe up-to-date patient information. Considerable time and resources have been committed to the successful implementation of PCS, and the “go live” date is imminent.

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 21,896 cases** in total.

911

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.
- MICs also benefits from the services of a Physiotherapist dedicated 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 is 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 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. In Iroquois Falls, the Nurse and Dietitian now work out of the Anson General Family Health Team building. 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.
- There are presently 334 clients actively participating in the program.
- Program services were provided by 732 individual and group visits with the Nurse and/or Dietitian. Specialized services, such as starting insulin or managing diabetes in pregnancy, accounted for 15% of these visits, preventing hospitalizations.
- Health Promotion Activities continue to be popular. 69 events were presented across the 4 communities throughout the year, attracting 788 attendees. Some initiatives organized this year included: Seniors' Health Fair in Cochrane, Diabetes Support Groups in Matheson and Iroquois Falls, Drop-in Clinics with the CNIB mobile eye van, and open houses at all sites.
- New funding announcements for this program will allow it to expand and improve services to all communities within the next few months. Great news for the North!

● **MICs Clinical Nutrition**

- Following a resignation in August 2010, Erica Burton became the sole MICs Registered Dietitian, providing all Clinical Nutrition services throughout MICs. In October Amanda Burton was hired as a temporary part-time Dietitian to assist mainly with LTC (Villa Minto and Rosedale). MICs is especially pleased to announce the recent recruitment of 2 new Registered Dietitians—Kim Swayne and Jordan Bauman—who are slated to join the MICs team in July. Special thanks to Erica for going above and beyond while recruitment efforts were underway!
- MICs Registered Dietitians provide nutrition counselling to in-patients and out-patients, and promote healthy lifestyle and wellness. They work closely with Dietary Team Members to monitor menu development and food production. They also work closely with the MICs Diabetes Program, and provide educational sessions on a variety of nutritional topics.

● **MICs Seniors Mental Health Program**

- The aim of the Seniors' Mental Health Program is to provide comprehensive mental health nursing services to clients for the purpose of maintaining and/or reintegrating individuals in the community at their optimal level of functioning.
- The Seniors' Mental Health Nurse provides direct and indirect care/support for clients and their families/care givers in the community by performing such tasks as assessment, planning, medication and health teaching, crisis intervention, clinical recording, education and research, and program evaluation.
- From April 1, 2010 to March 31, 2011, this program provided services to 27 clients, aged 61 to 90.

● **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.
- This year more than 134,000 clinical events were held—a 27% increase in telemedicine activity over last year! Top Therapeutic Areas of Care for LHIN 13 were Psychiatry/Mental Health (56%), Internal Medicine (14%) and Oncology (12%).
- This past year, 723 consults were held in MICs Hospitals, preventing patients from having to travel outside of their communities.



● **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, 159 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.

● **Obstetrics & Surgical Program (*Lady Minto Hospital only*)**

- Lady Minto Hospital welcomed 27 babies this past year!
- The surgical team led by General Surgeon Dr. Peter Brown performed 646 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 10th, 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 the program has seen significant and rapid growth due to new legislation introduced this past year. MICs was fortunate to recruit Isabelle Boucher into the role of Director of Quality, Risk and Patient Safety who has taken on this vast responsibility with impressive energy. Isabelle played a key role in leading the Accreditation process, and continues to ensure that Accreditation remains foremost on everyone's agenda. She also introduced **Patient Safety Walkabouts** in January 2011 which ensures that all Executive Members attend various departments at all sites to engage Team Members in open and honest communication regarding patient and resident safety. So far this has met with very positive results! 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.

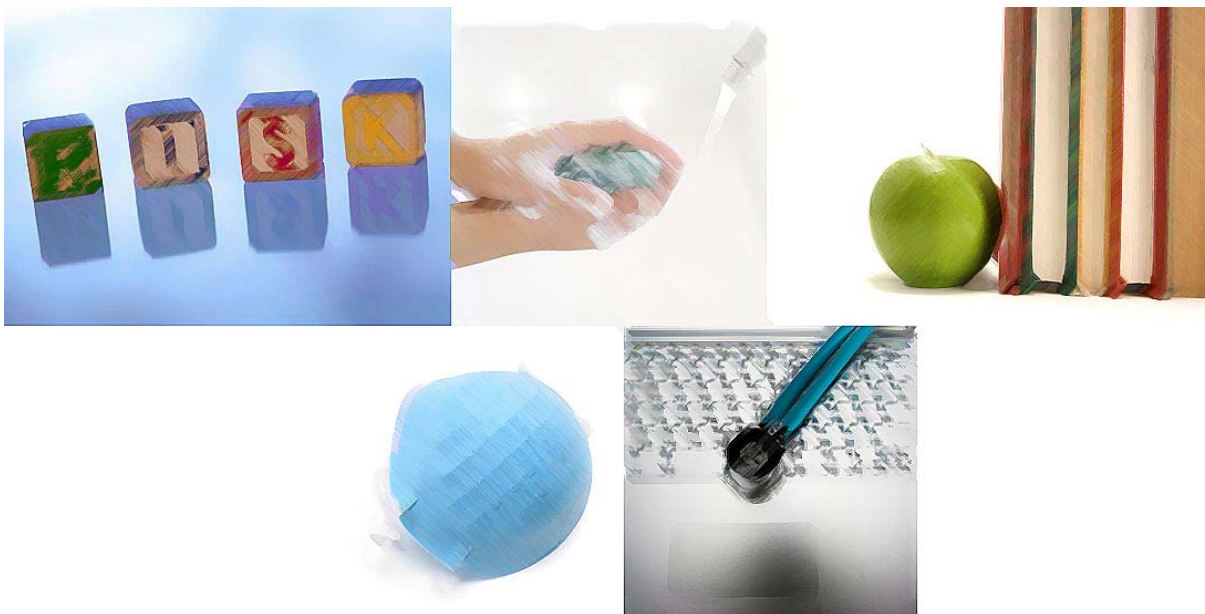
Quality, Risk and Patient Safety

- **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 led the Team through a number of 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 outbreaks MICs facilities bounce 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.

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 new MICs Learning and Development Program Leader Kelly Baxter, who is keeping busy with 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.



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 heavily involved with 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 recently introduced the new and improved MICs website, and is presently strategizing on the implementation of the MICs intranet and documentation system.

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

The Province of Ontario recently declared May 1st "**Doctors' Day**" as a result of the MPPs unanimous vote in the Ontario legislature to recognize the important work that doctors carry out every day. MICs was pleased to share in this celebration, and ensured all of our physicians were recognized for their invaluable contribution to our hospitals and communities. 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.



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 and the donation of a local house has made it possible for Matheson to begin active recruitment efforts for a 3rd physician. Of note, physicians are pleased with the success of the Point-of-Care system adopted during the last year, as well as the introduction of a new portable ultrasound machine for the E.R.

Iroquois Falls

Following Dr. Boyle's retirement in December 2010, and Dr. Abdel-Salam's recent resignation, the Anson General Family Health Team relies on the two remaining full-time physicians Dr. Guy Lupien and Dr. Phil McGuire (Chief of Staff), and other members of the interdisciplinary team. Recruitment efforts continue to find three full-time physicians as well as locum physicians to assist in the interim.

Cochrane

Cochrane physicians continue to work on the development of their Family Health Team. Presently Cochrane is recruiting for a GP/Anaesthetist to replace Dr. Luyt who left the community in December 2010. The present medical staff is comprised of Dr. Rita Affleck (Chief of Staff), General Surgeon Dr. Peter Brown, Dr. Xiaobin Li, Dr. Lawrence McPherrin, Dr. James Ross and Dr. Basia Siedlecki.

Medical Students/Residents

Physicians across MICs continue to preceptor Medical Students and Residents. This is a great opportunity for learners to discover the scope of practice of rural and northern medicine including the available technology, and to explore the communities themselves. All in all, an excellent start in terms of potential future recruits for MICs!



Auxiliary Report

Dedicated Auxiliaries work for the good of our facilities, and their infinite goodwill and countless hours of volunteer work benefit us all. How nice to see that the Province chose to select one of our own to honour with the prestigious **June Callwood Outstanding Achievement Award**. Aline Tousignant who has devoted 55 years to Lady Minto Hospital received her award during National Volunteer Week from Dr. Eric Hoskins, Minister of Citizenship and Immigration at a gala held in Toronto. Bravo Aline!



***Nobody can do everything,
But everyone can do something.***

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 meetings.

Auxiliary members assist with the Meals on Wheels program. We did not do Bingo or any mending this year as I am recovering from a stroke.

Our fundraising is accomplished through the operation of the pop machine, gift shop and bake sale. We now hold our bake sale at the Home Show which is very successful. This year we closed our gift shop and are **planning to buy a vending machine** to sell chips, chocolate bars, etc. Our thanks go out to Dolly for the many hours she spent on maintaining the gift shop.

This past year, the Auxiliary **donated \$4,700 to our health care facility**. We bought new TVs for the patient rooms.

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 Menahan

Auxiliary President
Bingham Memorial Hospital

ANSON GENERAL HOSPITAL AUXILIARY

This year has been a challenging one for the Auxiliary, with only 5 to 7 members attending meetings. Despite low numbers, the Auxiliary has managed to do a great deal of “good works”!

- Thank you goes to Yvette Shea whose wonderful flair for purchasing and great organization skills has ensured our Tuck Shop’s continued success.
- A total of \$500 in bursaries was donated to the two local high schools
- \$5,000 to the Timmins and District Hospital Foundation
- The Tree of Lights continues to do well, but the Memorial Fund is down slightly from previous years.
- Annual pre-Christmas Bazaar was a hit yet again, and the Auxiliary’s in-house draws throughout the year are well received.
- Thanks to Norma Labelle, the Complex Continuing Care patients happily received gifts on their birthdays.
- All patients in the hospital receive a Christmas gift from the Auxiliary thanks in great part to Debra Stables-Lambert and her elf (son) who deliver these to patients on Christmas Eve.
- Tray favors were distributed only on Mother’s Day and Father’s Day.

We thank our active and non-active members, the community of Iroquois Falls and surrounding area, and the hospital Administrator and staff for the continuing support we receive throughout the year.

Respectfully submitted,

Linda Brousseau

Auxiliary President
Anson General Hospital

LADY MINTO HOSPITAL AUXILIARY

Again this year, we have 7 Provincial Life Members: Aline Tousignant, Peggy Guppy, Nellie Carrière, Joan Marwick, Barbara Rogers, Audrey Labelle and Anne Dyas.

Despite the fact that we have fewer regular members, we have **volunteered 6,477 hours with 3 students volunteering 300 hours**. We have donated two blood pressure monitors with heart monitoring capabilities and a large recliner for the special room to our hospital and we also donate \$400 annually to Villa Minto for crafts and anything else they might need. We have **raised \$28,569 through sales at the Gift Shop** and spent \$6,000 on education of our members.

We did fundraising through our wonderful community organizations and we are very thankful for their support since without their generosity, we could not accomplish all that we do.

A total of **\$900 in scholarships** was presented to Jessica Lamarche, Mellissa Wharton and Brittany Owens.

Our members are very busy with the gift shop, raffles, teas, and Bingos.

We are also sharing what we buy with other auxiliaries such as cancer hats which are bought from Kapuskasing Auxiliary; some of our baby clothing is shared with Hornepayne, Chapleau and Kapuskasing. By doing this, we gain greater buying power resulting in lower costs.

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

This year, **a total of \$12,000 has been donated** to Lady Minto Hospital toward a Plum A+ Infusion System and a restraint kit.

We would also like to thank the LMH Board of Directors for their recognition of our volunteers with a Christmas dinner. Fifty volunteers and organizations were recognized with a certificate of appreciation signed by our CEO, Mr. Bruce Peterkin, and myself. They were so pleased and it is with so much gratitude that the volunteers send a special thank you to the LMH Board and our Mr. Peterkin. Others we need to recognize are Maureen Konopelky and R.J. Andrews for attending our functions whenever asked, Tim Mitchell and his Team Members, Sylvie Lavoie-Girard and the staff for their support and speedy responses to our requests, to Dorothea Cotgrave for our snacks after each meeting. We are very appreciative of her dedication.

We bring goodies to the hospital staff and Villa Minto. Flowers are bought, tray favours and wishes are given for Christmas day trays.

This year, six members attended the November convention in Toronto, and for the first time, one student, Ali Belisle, attended the Student workshops.

As Auxiliary 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 R. Denault

Auxiliary President
Lady Minto hospital



MICs Mission and Vision Statement

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

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 **INTEGRITY** PROFESSIONALISM
OPTIMAL STANDARD OF CARE PRIVACY WELL BEING
RESPECT SAFETY TEAM WORK TRANSPARENCY WELL BEING
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AUTONOMY STANDARD OF CARE PRIVACY WELL BEING
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AUTONOMY STANDARD OF CARE PRIVACY WELL BEING
SAFETY TEAM WORK TRANSPARENCY WELL BEING
CARING CONFIDENTIALITY INTEGRITY OPTIMAL
CARE PRIVACY PROFESSIONALISM RESPECT
TEAMWORK TRANSPARENCY WELL BEING
CARING CONFIDENTIALITY INTEGRITY OPTIMAL
OF CARE PRIVACY PROFESSIONALISM RESPECT
WORK TRANSPARENCY WELL BEING
CONFIDENTIALITY INTEGRITY OPTIMAL STANDARD OF CARE
PRIVACY PROFESSIONALISM RESPECT 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 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*.

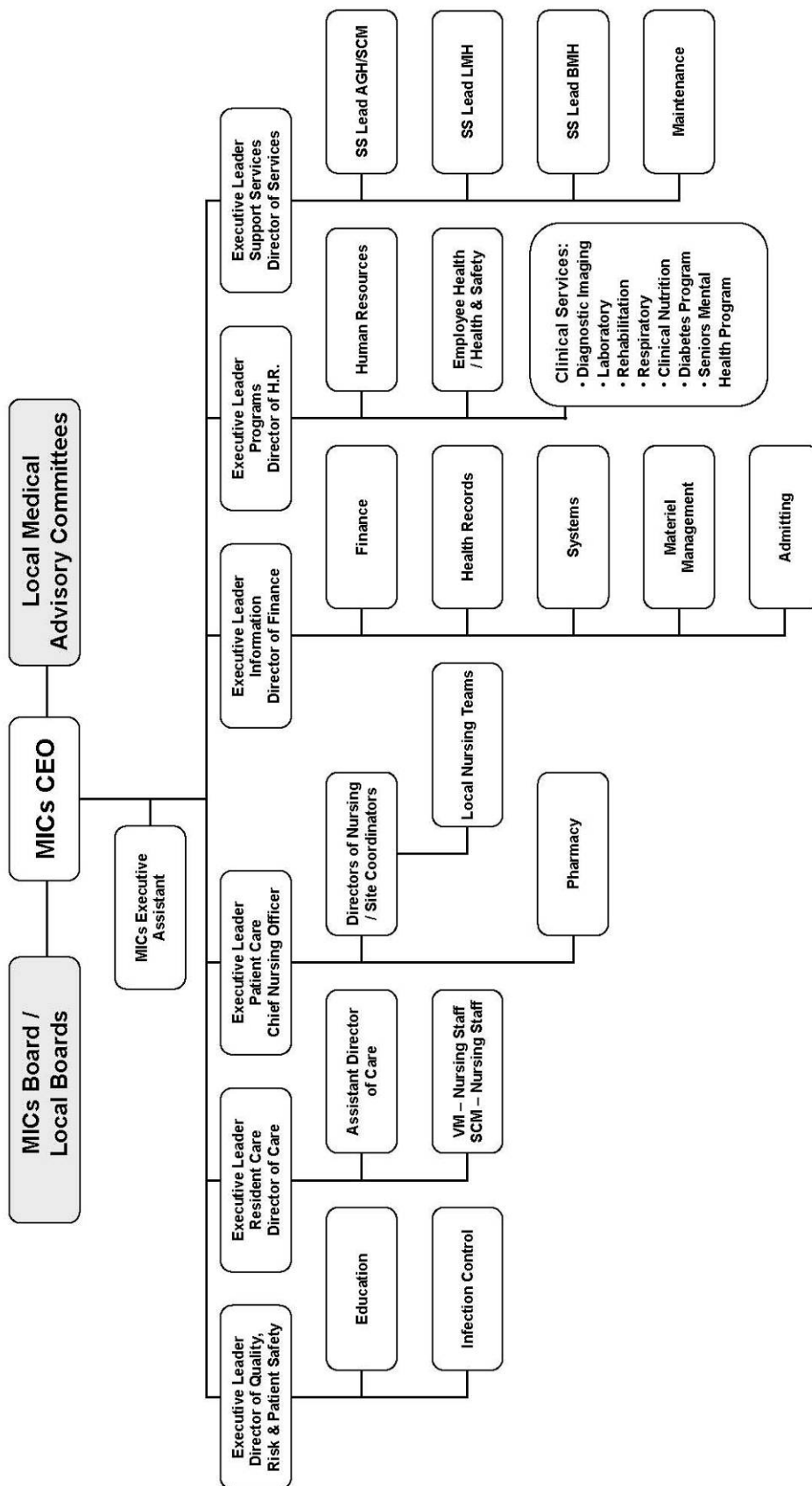
Following a comprehensive environmental scan and analysis process to identify the areas of importance to focus on in the years to come, the MICs Strategic Planning Committee agreed to 8 strategic directions to guide the organization to meet its mission during 2009–2011:



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 Group of Health Services' Management Organizational Structure



Revised December 3rd, 2008