



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

# **ANNUAL MEETING REPORT**

## **June 2012**



**BINGHAM MEMORIAL HOSPITAL  
CORPORATION MEETING – JUNE 14<sup>th</sup>, 2012**  
Black River-Matheson Family Lodge  
Matheson, ON



**ANSON GENERAL HOSPITAL  
CORPORATION MEETING – JUNE 12<sup>th</sup>, 2012**  
South Centennial Manor Common Room  
Iroquois Falls, ON



**LADY MINTO HOSPITAL  
CORPORATION MEETING – JUNE 21<sup>st</sup>, 2012**  
Terry's Restaurant – Blue Room  
Cochrane, ON

# Annual Meeting Agenda

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1. **Confirmation of Quorum**
2. **Introduction of Guest Speaker, M. Watts, Legal Counsel, Osler**
3. **Introduction of Board of Directors.....3.**
4. **Presentation of Minutes:**
  - Bingham Memorial Hospital Corporation Meeting – June 16<sup>th</sup>, 2011 ...5.
  - Anson General Hospital Corporation Meeting – June 14<sup>th</sup>, 2011 .....10.
  - Lady Minto Hospital Corporation Meeting – June 9<sup>th</sup>, 2011.....15.
5. **Report and Approval of the Audited Financial Statement... 20.**
6. **Ratification & Confirmation of By-Law Changes (AGH) ...21.**
7. **MICs CEO and Board Chairs' Address .....23.**
8. **MICs Team Report .....27.**
9. **Chief of Staff Report.....38.**
10. **Hospital Auxiliary Report .....39.**
11. **MICs Mission and Vision Statement .....42.**
12. **MICs Values .....43.**
13. **MICs Strategic Goals.....44.**
14. **MICs Organizational Chart .....45.**
15. **Appointment of Auditors**
16. **Election of Directors**
17. **Adjournment**

Knowing is not enough; we must apply.  
Willing is not enough; we must do.

☞ Johann Wolfgang von Goethe ☞

# MICs Board of Directors 2011 – 2012

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## Bingham Memorial Hospital

Merv Anthony – **Chair** ..... Elected (*Representative at Large*)  
Garry Truax – **Vice-Chair** ..... Elected (*French Representative*)  
Casey Lynn Jessup – Treasurer ..... Elected (*Representative with a Financial Background*)  
Billie Baragar ..... Elected (*Representative at Large*)  
Norma Monahan ..... Appointed (*Auxiliary Representative*)  
Bob Renaud\* ..... Appointed (*Municipal Representative*)  
\*Willie Dubien (*alternate*)  
Dr. George Freundlich – Chief of Staff ..... Ex-Officio as per legislation  
Dr. George Freundlich– President of Medical Staff ..... Ex-Officio as per legislation  
Bruce Peterkin – MICs Chief Executive Officer ..... Ex-Officio as per legislation  
Karen Hill – MICs Chief Nursing Officer ..... Ex-Officio as per legislation

## Anson General Hospital

Wendy Phillips – **Chair** ..... Elected (*Representative at Large*)  
Vacant – **Vice-Chair** ..... Elected (*Local Business/Industry Representative*)  
Sandra Doucette – **Treasurer** ..... Elected (*Representative with a Financial Background*)  
Vacant ..... Elected (*French Representative*)  
Ted Fleming ..... Elected (*Representative at Large*)  
Norma Labelle ..... Appointed (*Auxiliary Representative*)  
Terry Boucher\* ..... Appointed (*Municipal Representative*)  
\*Michael Shea (*alternate*)  
Dr. Guy Lupien – Chief of Staff ..... Ex-Officio as per legislation  
Dr. Stephen Chiang – President of Medical Staff ..... Ex-Officio as per legislation  
Bruce Peterkin – MICs Chief Executive Officer ..... Ex-Officio as per legislation  
Karen Hill - MICs Chief Nursing Officer ..... Ex-Officio as per legislation

## 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*)  
Dianne Denault ..... Appointed (*Auxiliary Representative*)  
Claude Bourassa ..... Elected (*French Representative*)  
Jack Solomon ..... Elected (*Aboriginal Representative*)  
Gilles Chartrand\* ..... Appointed (*Municipal Representative*)  
\*Peter Politis (*alternate*)  
Dr. Rita Affleck – Chief of Staff ..... Ex-Officio as per legislation  
Dr. Lawrence McPherrin – President of Medical Staff ..... Ex-Officio as per legislation  
Bruce Peterkin – MICs Chief Executive Officer ..... Ex-Officio as per legislation  
Karen Hill – MICs Chief Nursing Officer ..... Ex-Officio as per legislation



# **Bingham Memorial Hospital**

*“Caring for our Community”*



# **Anson General Hospital**

*“Personal Quality Care”*



# **Lady Minto Hospital**

*“Caring Together”*



Minutes of the  
Bingham Memorial Hospital  
57<sup>th</sup> Annual Corporation Meeting  
Tuesday, June 16<sup>th</sup>, 2011 – 1900 Hours  
Black River-Matheson Family Lodge, Matheson, ON

<b>BOARD OF DIRECTORS</b>	
X	Merv Anthony – Chair
	Anna Andrews – Vice-Chair
X	Garry Truax – Treasurer
X	Dr. Stephen Chiang – Chief of Staff
	Dr. George Freundlich – President of Medical Staff
X	Billie Baragar
X	Robert Browne
X	Norma Monahan
X	Bob Renaud*
X	*Willie Dubien ( <i>alternate</i> )
X	Karen Hill – MICs Chief Nursing Officer
X	Bruce Peterkin – MICs Chief Executive Officer
<b>GUESTS</b>	
X	Clive Dorland – MICs Auditor
X	Suzanne Gadoury – MICs Executive Assistant ( <i>Recording Secretary</i> )
X	Sylvie Lavoie-Girard – MICs Director of H.R.

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 7<sup>th</sup>, 2010.

Motion:

Moved by Gail Lindsay,

Seconded by Richard Johnston,

Be it resolved,

**THAT** the minutes of the Annual Meeting held on June 7<sup>th</sup>, 2010 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 31<sup>st</sup>, 2011, providing a detailed explanation of the report. The Hospital ended the year with an operating surplus of \$219,337 (compared to a surplus of \$31,769 for the 2010 fiscal year). Net surplus was \$199,351 (compared to a surplus of \$32,187 last year). MOHLTC Global funding increased from \$5,490,600 to \$5,579,858.
- Corporation Members were invited to ask questions.

Motion:

Moved by A.B. Fulton,

Seconded by Tom Monahan,

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 31<sup>st</sup>, 2011 as presented.

Carried.

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

- As discussed at last year's Annual Meeting, recommendation from MICs legal counsel regarding protective measures within the by-laws has been supported by the Bingham Memorial Hospital Board of Directors, and approved at their November 18<sup>th</sup>, 2010 local Board meeting.
- Recommendation from the Bingham Memorial Hospital Board of Directors to amend the By-laws as presented:
  - Article 2 – Membership in the Corporation, Section 2.6 “Application”:  
Memberships received after ~~April 1<sup>st</sup>~~ **March 31<sup>st</sup>** will be considered as non-voting if approved.
  - Article 3 – Annual and Special Meetings of the Members of the Corporation, Section 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 demanded 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, Section 11.1 “Amendments to By-Laws”
  - (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.**
- Corporation Members were invited to ask questions.

Motion:

Moved by Bruce Peterkin,

Seconded by Billie Baragar,

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

- B. Peterkin stated that BMH is enjoying good financial health this year. He thanked the Board Members and Team Members for their support this past year. He spoke of the some of the challenges facing the Hospital (i.e. providing services with less government funding, physician recruitment, keeping E.R. department open, increasing visiting specialist clinics).
- M. Anthony addressed the Corporation Members, highlighting BMH’s surplus, the ongoing recruitment efforts for physicians as well as other health care professionals, the purchase of an ultrasound machine for the E.R. department to provide point-of-care, the new and improved MICs website, the introduction of a Consent Agenda which shortens meetings and allows more time to focus on important issues, and the recruitment of a full-time Dietician who will be based in Matheson.



**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. 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.
- M. Anthony requested approval of reports as presented.

Motion:

Moved by A.B. Fulton,

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 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 Marguerite St. Jean,

Seconded by Garry Truax,

Be it resolved,

**THAT** the Corporation of Bingham Memorial Hospital appoints the firm of *Dorland and Dorland – Chartered Accountant* as the Hospital Auditor for 2011/2012.

Carried.

**14. ELECTION OF DIRECTORS**

- M. Anthony reviewed the Nominating Committee Report:
  - Board Appointments:
    - Municipal Representative – Bob Renaud (Willie Dubien – alternate)
    - 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) – Merv Anthony
  - Representative with Financial Background (2 year term) – Garry Truax
  - French Language Representative (2 year term) – Anna Andrews
  - Aboriginal Representative (1 year term) – Bob Browne appointed
- There were 4 positions open and 4 applications received. The following slate of candidates were presented for Corporation Members' approval:
  - Representative at Large (2 year term) – Merv Anthony
  - Representative with Financial Background (2 year term) – Casey Jessup
  - French Language Representative (2 year term) – vacant
  - Aboriginal Representative (1 year term) – Garry Truax appointed

Motion:

Moved by Al Baragar,

Seconded by Gail Lindsay,

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 8:12 p.m.

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Merv Anthony  
 Chair of the Board of Directors  
 Bingham Memorial Hospital

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Bruce K. Peterkin  
 Secretary of the Board of Directors  
 Bingham Memorial Hospital

**Minutes of the  
Anson General Hospital  
Annual Corporation Meeting  
Tuesday, June 14<sup>th</sup>, 2011 – 1900 Hours  
South Centennial Manor's Common Room, Iroquois Falls**

<b>ATTENDANCE</b>	
X	Wendy Phillips – Chair
	Ralf Borowski – Vice-Chair
X	Colin Kennedy – Treasurer
	Dr. Phil McGuire – Chief of Staff
	Dr. Guy Lupien – President of the Medical Staff
X	Rene Boucher
X	Terry Boucher*
X	Ted Fleming
X	Norma Labelle
X	Michael Shea* ( <i>alternate</i> )
X	Karen Hill – MICs Chief Nursing Officer
X	Bruce Peterkin – MICs Chief Executive Officer
<b>GUESTS</b>	
X	Clive Dorland – MICs Auditor
X	Suzanne Gadoury – 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 15<sup>th</sup>, 2010 were reviewed.

Motion:

Moved by Colin Kennedy

Seconded by René Boucher

Be it resolved,

**THAT** the minutes of the Annual Meeting held June 15<sup>th</sup>, 2010 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, 2011, providing a detailed explanation of the report the hospital ended the year with a surplus of \$352,582 (compared to a surplus of \$326,002 for 2010 fiscal year). The net surplus for the year was \$128,355 (compared to net surplus of \$398,783 for 2010). Revenues increased by approximately \$128,000 while expenditures increased by \$101,000. MOHLTC Global and One-Time funding was \$7,391,450 (compared to \$7,262,157 for the 2009/2010 fiscal year).
- Corporation Members were invited to ask questions.

Motion:

Moved by Fern Morrisette,

Seconded by Colin Kennedy,

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>, 2011 as presented.

Carried.

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

- As discussed at last year's Annual Meeting, recommendation from MICs legal counsel regarding protective measures within the by-laws has been supported by the Anson General Hospital Board of Directors, and approved at their November 23rd, 2010 local Board meeting.
- Recommendation from the Anson General Hospital Board of Directors to amend the By-laws as presented:
  - Article 2 – Membership in the Corporation, Section 2.6 “Application”: Memberships received after ~~April 1<sup>st</sup>~~ **March 31<sup>st</sup>** will be considered as non-voting if approved.
  - Article 3 – Annual and Special Meetings of the Members of the Corporation, Section 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 demanded 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, Section 11.1 “Amendments to By-Laws”

- (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.**

- Corporation Members were invited to ask questions.

Motion:

Moved by Rosanne Peever-Trottier,

Seconded by Myrtle Lavoie,

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

- B. Peterkin noted that June 23<sup>rd</sup> will be his first year anniversary as MICs CEO. He spoke of the challenges of providing good patient care, and was pleased that the Hospital is in good financial shape despite the cuts in funding. He thanked the Team Members for their support and dedication, and spoke of the challenge to recruit physicians to the area.
- W. Phillips thanked the Team Members who provide quality care to patients and residents of Iroquois Falls. She also noted that SCM survived a couple of



recent floods, and commended the SCM Team Members for working through the challenges of construction to ensure Residents continued to receive a high level of care.

**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.
- 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 Lynne Arsenault,

Seconded by Colin Kennedy,

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 René Boucher,

Seconded by Colin Kennedy,

Be it resolved,

**THAT** the Corporation of Anson General Hospital appoint the firm of *Dorland and Dorland – Chartered Accountant* as the Hospital Auditor for 2011/2012.

Carried.

**14. ELECTION OF DIRECTORS**

- Appointments are currently as follows:
  - Municipal Representative – Terry Boucher (Michael Shea – alternate)
  - Auxiliary Representative – Norma Labelle
  - Chief of Staff – Dr. Guy Lupien
  - President of Medical Staff – vacant
- There were 4 positions open:
  - Local Business/Industry Representative (2 year term)
  - Representative at Large (2 year term)
  - French Representative (2 year term)
  - Representative with a Financial Background (1-year term)
- The following applicants were selected for the positions for which they applied, and duly acclaimed:
  - Local Business/Industry Representative (2 year term) – Colin Kennedy
  - Representative at Large (2 year term) – Ted Fleming
  - French Representative (2 year term) – René Boucher
  - Representative with a Financial Background (1 year term) – Sandra Doucette appointed

Motion:

Moved by Myrtle Lavoie,

Seconded by Fern Morrisette,

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 7:41 p.m.

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Wendy Phillips  
Chair of the Board of Directors  
Anson General Hospital

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Bruce K. Peterkin  
Secretary of the Board of Directors  
Anson General Hospital

**Minutes of the  
Lady Minto Hospital  
Annual Corporation Meeting  
Thursday, June 9<sup>th</sup>, 2011 – 1900 Hours  
Terry's Steaks & Burgers (Blue Room), Cochrane**

<b>ATTENDANCE</b>	
X	Maureen Konopelky – Chair
X	R.J. Andrews – Vice-Chair
X	Léo Gregoire – Treasurer
X	Dr. Rita Affleck – Chief of Staff
X	Dr. Lawrence McPherrin – President of the Medical Staff
X	Claude Bourassa
X	Dianne Denault
	Gilles Chartrand*
X	Jack Solomon
	Peter Politis* ( <i>alternate</i> )
X	Karen Hill – MICs Chief Nursing Officer
X	Bruce Peterkin – MICs Chief Executive Officer
<b>GUESTS</b>	
X	Clive Dorland – Dorland and Dorland, Chartered Accountant
X	Suzanne Gadoury – 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**

- Board Members introduced themselves to the Corporation Members.

**2. APPROVAL OF THE MINUTES**

- The minutes of the Annual Meeting held June 17<sup>th</sup>, 2010 were reviewed.

Motion:

Moved by Claude Bourassa,

Seconded by Pat Dorff,

Be it resolved,

**THAT** the minutes of the Annual Meeting held June 17<sup>th</sup>, 2010 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>, 2011, providing a detailed explanation of the report. The hospital ended the year with a surplus of \$508,286 compared to a surplus of \$209,601 for the 2009/10 fiscal year). The net Hospital surplus for 2010/11 was \$142,027 compared to the net deficit of \$138,923 for 2009/10. MOHLTC Global and One-Time funding was \$9,285,402 (compared to \$9,135,200 for 2009/2010) for an increase of 1.6%.
- Villa Minto ended the year with a deficit of -\$82,933 (compared to a deficit of -\$85,819 last year).
- Long-Term Investments total \$216,302 at fair market value.
- Board Members were invited to ask questions.

Motion:

Moved by Joanne Wilson,

Seconded by Dorothea Cotgrave,

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>, 2011 as presented.

Carried

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

- As discussed at last year's Annual Meeting, recommendation from MICs legal counsel regarding protective measures within the by-laws has been supported by the Lady Minto Hospital Board of Directors, and approved at their December 13, 2010 local Board meeting.
- Recommendation from the Lady Minto Hospital Board of Directors to amend the By-laws as presented:
  - Article 2 – Membership in the Corporation, Section 2.6 “Application”:
  - 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, Section 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 demanded 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, Section 11.1 “Amendments to By-Laws”

(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.**

- Corporation Members were invited to ask questions.

Motion:

Moved by Bruce Peterkin,

Seconded by Dianne Denault,

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

- B. Peterkin thanked his Executive Team, Program Leads and Medical Team for all their hard work and support, and made special mention of the Accreditation award.



- M. Konopelky discussed how much work surrounds Accreditation, and thanked the Team Members and Board Members for working hard to achieve Accreditation. She further noted that all three MICs Board Chairs were invited by the North East Local Health Integration Network to present at the annual *Small Rural Hospital Summit* in Sault-Ste-Marie and share the successes of the MICs partnership.

**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 the physician group is working well together, and that Lady Minto Hospital continues to be a teaching hospital in partnership with the Northern Ontario School of Medicine.

**8. HOSPITAL AUXILIARY REPORT**

- Hospital Auxiliary Report provides highlights of the LMH Auxiliary activities during the past year.
- M. Konopelky requested approval of reports as presented.

Motion:

Moved by Claude Bourassa,

Seconded by Leo Gregoire,

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 Dianne Denault,

Be it resolved,

**THAT** the Corporation of Lady Minto Hospital appoint the firm of *Dorland and Dorland – Chartered Accountant* as the Hospital Auditor for 2011/2012.

Carried.

#### **14. ELECTION OF DIRECTORS**

- M. Konopelky provided the Nominating Committee Report.
  - Board Appointments:
    - Municipal Representative – Gilles Chartrand (Peter Politis – 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:
    - Representative at Large (2 year term) – Maureen Konopelky
    - French Representative (2 year term) – Claude Bourassa
    - Representative with Financial Background (2 year term) – Léo Gregoire

Motion:

Moved by Joanne Wilson,

Seconded by Jack Solomon,

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 7:42 p.m.

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Maureen Konopelky  
Chair of the Board of Directors  
Lady Minto Hospital

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Bruce K. Peterkin  
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>, 2011 to March 31<sup>st</sup>, 2012 are distributed under separate cover.



# Ratification and Confirmation of By-Law Changes

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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:



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

Recommendation from the Anson General Hospital Board of Directors to amend the By-laws as presented:

- Article 3 – Annual and Special Meetings of the Members of the Corporation, Section 3.6 “Quorum”
  - 3.6 A quorum for any meeting of the Members shall be ~~twenty (20)~~ **twelve (12)** of its Annual Members.
- Article 4 – Board of Directors, Section 4.4 “Term of Office Restrictions”
  - 4.4(a) No person may be elected or appointed a Director for more terms than will constitute twelve (12) consecutive years of service. A person may be re-elected or re-appointed a Director after a break in his/her continuous service of at least one (1) year.

The following be added as paragraph (b) under Section 4.4:

- 4.4 (b) Notwithstanding paragraph (a) above, the Board, when deemed warranted by the Board, may extend a Director’s expiry term by at least one (1) year.**

The background of the slide is a textured, light-colored paper with a mottled appearance. In the bottom right corner, there are several pink lilies with dark spots on their petals, partially visible. The quote is centered in the upper half of the slide.

*Nothing great was ever  
achieved without enthusiasm.*

*☞ Ralph Waldo Emerson ☞*



# MICs CEO & Board Chairs' Address

## Summary of Board Achievements

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### A Word from the CEO...

As I approach my second anniversary with MICs, I continue to marvel at what we have accomplished within the heartbeat of this past 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 I am 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 uplifting to witness the incredible dedication of our Team Members, Board of Directors, Physicians, Volunteers, and Members of our Professional Staff who work tirelessly to provide these services to our communities. While time may prove to be 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!



Early this year, the Drummond Report was released by the Ontario Government. This report identified the need for strong fiscal action given that our province was facing severe economic and fiscal challenges. Overall in this report, Mr. Drummond identified that Ontarians can no longer rely on economic and revenue growth to meet fiscal pressures and he offered several preferred scenarios, one of which was that real program spending must decline. He offered a scenario that challenged the government to ensure that it balanced their budget by 2017/18. As a direct result of this challenge, Mr. Drummond recommended that health care spending be reduced from 6.3% per year to 2.5% per year. To this end, we were notified by the northeast LHIN that our hospitals would be receiving a 0% budget increase for 2012/13 fiscal year. There are infinite challenges in endeavouring to balance a budget where the external pressures of increasing costs for salaries, benefits and supplies continue to rise and we are not provided with the appropriate, budgetary increases to meet any of our basic obligations.

In March 2012, the *North East Local Health Integration Network* (NE LHIN) announced funding allocations under the HIRF initiative for all northeast hospitals and within this announcement, our MICs hospitals did not receive any HIRF allocation for any of our facilities. Our aging buildings and infrastructure require an appropriate level of funding from the LHIN. It is as simple as that.

Earlier this year, we signed off a 2012 amendment for our three Hospital Service Accountability Agreements (HSAA). A continued objective for MICs is 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.

Our Quality Improvement Plan results were successful in that we attained a success rate of over 95% for the benchmarks we identified within the plan. Clearly our first year of the QIP

process was a quantifiable success. A special thank you goes out to all our Team Members who were actively involved in ensuring that our QIP process was successful for our organization. Our Quality Improvement Plan for the 2012/2013 year has been completed and forwarded to Quality Ontario.

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 were equally busy with our own strategic goals and objectives, and to this end, we successfully developed and approved our new strategic plan for a five-year period and beyond. We underwent an engaging process that drew in feedback from our Board Members, Team Members, Corporate Members, clients, community partners and stakeholders. The Strategic Plan covers the period 2012 -2017 and it identifies the MICs Group of Health Services priorities, and sets the broad framework within which health services programs, departments and individuals within the MICs Group will work over the next five years. This is not a static plan. It will evolve and change as necessary. This Strategic Plan links directly to the corporate mission and vision, and continues to be the tool whereby the organization lives its mission everyday and takes positive strides towards achieving its vision.

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. We are expected to provide a consistent level of health services without the necessary funds to ensure the sustainability of our health services in our communities. The MICs organization continues to work alongside our local municipalities, stakeholders, clients, patients and community residents in order to ensure that our health services at the community level meet their needs. We continue to have physician recruitment challenges as we endeavour to ensure that our residents have access to an appropriate level of primary care services within our MICs communities. A special thank you goes out to our physicians and nurses who have given their commitment to our communities to ensure that our residents have a level of emergency, physician and surgical services to meet their needs. Their untiring efforts are well appreciated, and we owe them all a debt of gratitude.

We are always on the lookout for opportunities to increase value for our patients and residents as well as working together with other northeast hospitals in order to enhance health services within our MICs communities.

In closing, I would like to thank all of our MICs Board and Team Members who work hard each day, and who show their dedication, loyalty, and who continue to go above and beyond our expectations. A special thank you goes out to Bercell Technologies for their continued partnership and dedication to providing IT support and leadership within MICs.

I thank you for a job well done and I owe you all a debt of gratitude for your continued commitment and support of the MICs organization.

Respectfully submitted,



Bruce K. Peterkin  
MICs Chief Executive Officer

## From the Board Chairs' Perspective...

For the past year, the Board Members, in cooperation with the CEO and the Executive Team, have been working very hard on the MICs Strategic Plan which will span the next five (5) years (2012-2017). In order to develop the Strategic Plan, it was necessary to collect data from various interest groups. Therefore, a series of Engagement Forums were given throughout all of the MICs sites where community partners, Team Members, Board Members and the general public were invited to participate and share their ideas on the following three questions:

1. What health services do we provide that are doing well?
2. What can we improve on?
3. What should be our priorities for our strategic plan?

The data was compiled and entered on a spreadsheet where the results were reviewed during the Strategic Planning Retreat in March. Thirty participants including Board Members, Executive Council, CEO and other Team Members gathered on a stormy, snowy day in Cochrane to revise the data collected in order to develop a draft of the Strategic Plan which was revised by the Chief Executive Officer and the Chief Nursing Officer. The information collected during the course of the day was then developed into the final plan which was approved by the Boards of Directors on April 25<sup>th</sup>, 2012. Now, the Executive Team will be able to roll out their operational plans from the goals and objectives resulting from the plan. The new 2012-2017 Strategic Plan will guide us through the next five years so that we may continue to improve our provision of quality primary care to our patients and residents.

One of our special projects this year was to create the MICs Healthcare Foundation which consists of each of the local boards. Earlier this year, with the help of MICs legal counsel, we applied to register our foundation as a charity which was granted. Afterwards, a series of special meetings were held to approve signing authorities, determine the amounts to be transferred to the foundation accounts and approve the adoption of the MICs Healthcare Foundation By-Laws. Monies were transferred in the new fiscal year so as not to trigger a loss.

Other highlights include the participation of Board Members at various events such as the 2011 OHA Health Achieve Conference, the Rural and Small Hospital conference, the Credentialing conference and several meetings with the NE LHIN to discuss health issues specific to Northern Ontario. The Boards have been kept extremely busy in the past few months with special meetings being called on top of the regular board meetings scheduled. Serious issues such as the Sandoz medication shortage and the Surgical Optimization Project are being discussed at length and dealt with on a regular basis. The Boards are working diligently at keeping all of our health services in each of our respective hospitals. Also of note, the Drummond Report which came out earlier this year set off many debates over the impact on health services across the province. As a result, the NE LHIN has been meeting with hospital boards across our northern communities to push the concept of "Integration" which is nothing new to the MICs Group of Health Services.

On the local front, Hospital Boards dealt with site-specific projects and issues. With the departure of Dr. Chiang in April, **Bingham Memorial Hospital** was left with one physician and unable to recruit a second one up to now. For this reason, the Board approved a motion to set up a partnership with the Appletree Medical Group from Ottawa which would provide a new model delivery of primary care through the OTN. This model would allow patients to access medical care at all times by presenting at the clinic during normal hours of operation and at the emergency department after hours. However, efforts to recruit a second physician will continue as always since plans for this new model delivery have not yet been finalized. The **Rosedale Centre** continues to run well under the medical direction of Dr. Freundlich. Residents are being

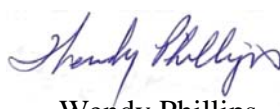
well looked after by the nurses and support staff as well as enjoying visits from community and family members. They also enjoy being entertained during various special occasions. **Anson General Hospital** also experienced a challenging year dealing with the numerous complaints regarding the lack of access to physicians and the booking of medical appointments which were eventually resolved. In January, the management of the Anson General Family Health Team was returned to the board. Family Health Team Members who had to be terminated and then re-hired by the hospital, are now part of the MICs Group of Health Services family. With the addition of Dr. Shoppoff who joined us in July 2012, physician staffing now consists of two family 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 with the 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. Due to the ongoing lack of response from the Ministry of Health and Long-Term Care (the “Ministry”) and NELHIN concerning the Hospital’s current fiscal pressures, the Hospital’s obligations under its Hospital Service Accountability Agreement, the obligatory capital investment in SCM to meet infrastructure standards, South Centennial Manor’s L-SAA agreement and the mandatory accountability requirements for operating this long-term care facility, as well as the new five (5) year notice of closure requirements within the *Long-Term Care Homes Act, 2007* (the “LTC Act”), the Hospital has had no choice but to indicate that it would be proceeding with arrangements for permanent closure of SCM. While it is not our intention to cease operation of South Centennial Manor, we have continued to provide these notices and deferrals to ensure that the notice meets the relevant requirements of the Charitable Institutions Act. **Lady Minto Hospital** received an impressive boost in capital funding again this year thanks to a substantial donation from M.J. Labelle (\$100,000) which will help purchase much needed capital equipment. The hospital has met with both Minto Counselling Centre and Smooth Rock Falls to discuss possible options for consideration of future integration with MICs as a result of the Drummond Report relating to the Health Sector recommendations. Discussions are ongoing. **Villa Minto** has seen its share of staffing issues these past few months due to the extreme shortage of PSWs. Both the Director of Care and Director of Human Resources worked diligently by posting and interviewing potential candidates to alleviate this shortage. Fortunately, South Centennial Manor was able to help by supplying Team Members in the interim. This issue has since been resolved.

We would be remiss if we did not pause a moment to thank all of our Team Members who come to work every day ready to share a smile, a pat on the back or a positive attitude. We are so fortunate to have them working for MICs and looking after our very precious patients and residents. A special thank you also 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  
Chair, BMH



Wendy Phillips  
Chair, AGH



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:

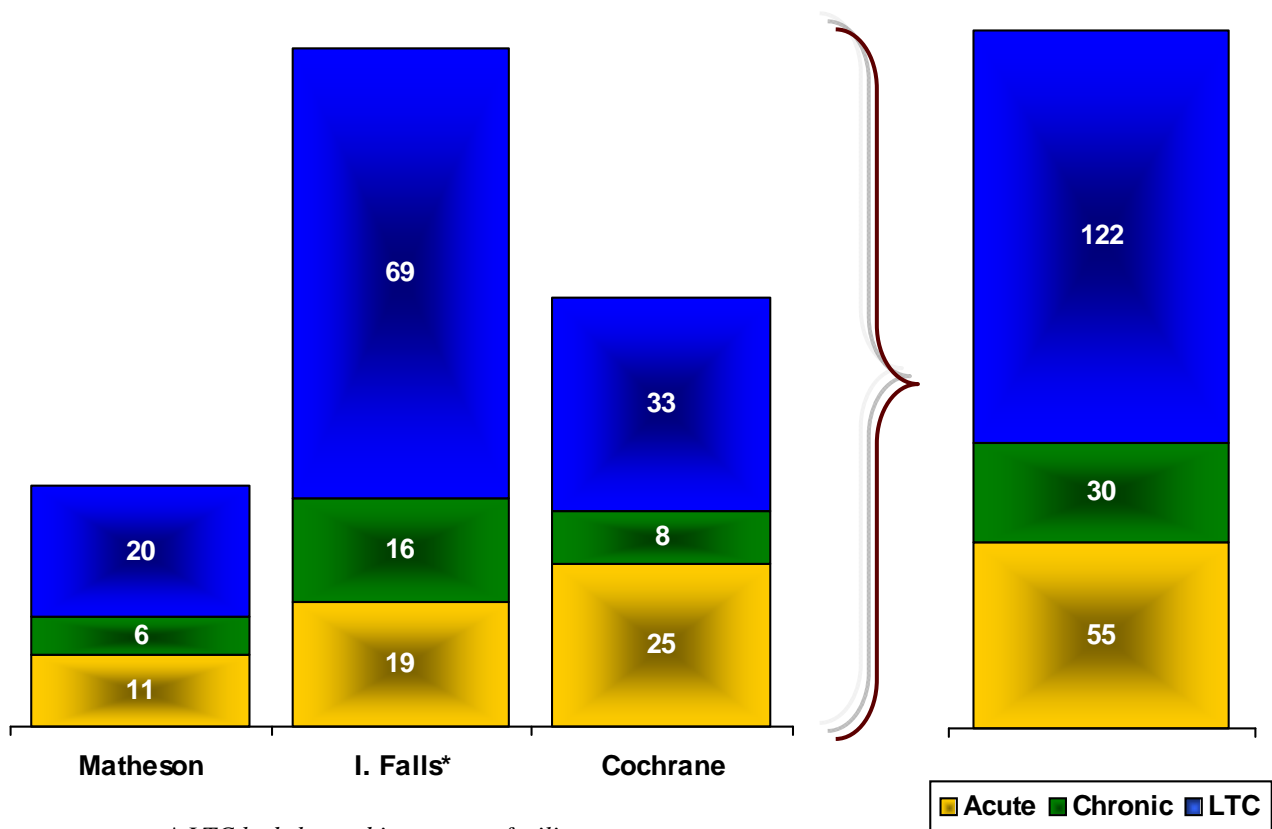
- ❖ Acute Care & Chronic Care
- ❖ Long Term Care
- ❖ Emergency Services
- ❖ Outpatient Services (i.e. Lab; Diagnostic Imaging; Physiotherapy; Respiratory Therapy; Clinical Nutrition, ECG)
- ❖ Surgery & OBS (*Lady Minto Hospital site only*)

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 **207-bed facility**:

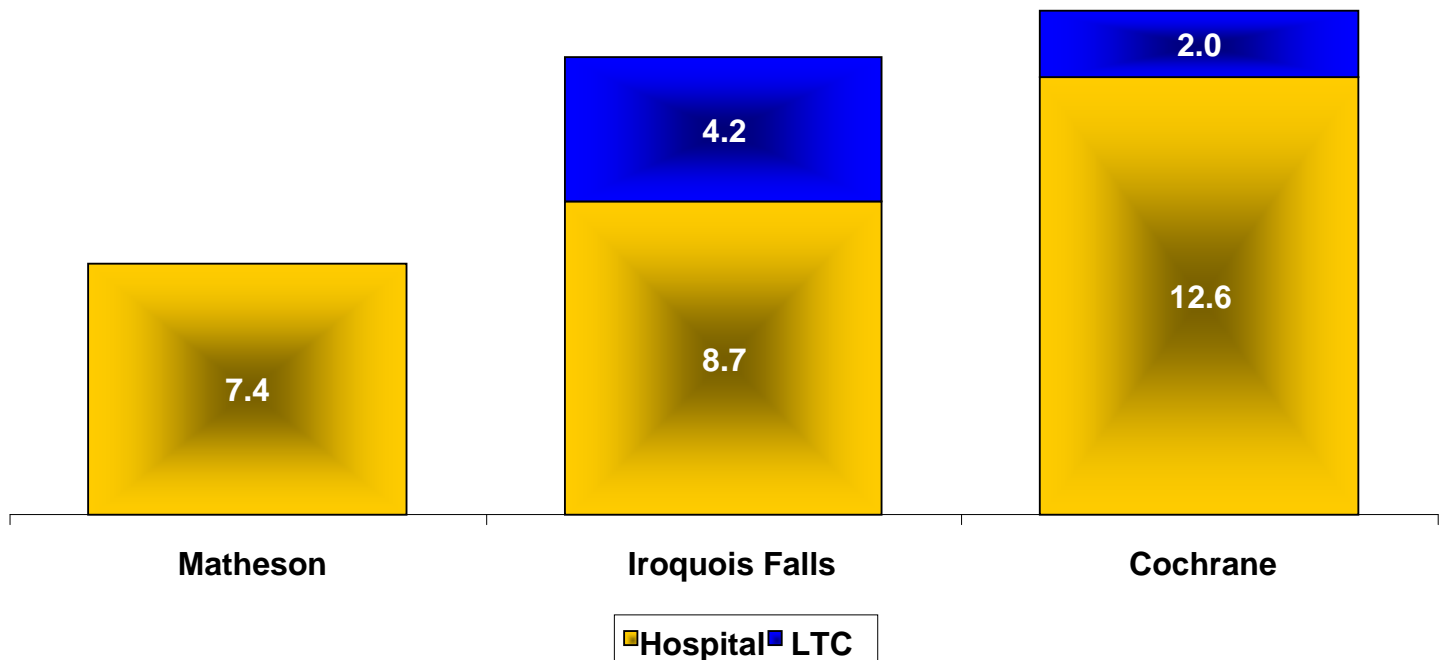




## Global Budget

**MICs' global budget is approximately ~\$34.9 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 developing the **2012-2017 MICs Strategic Plan** through a series of **Engagement Forums** where community partners, Board and Team Members and the general public were invited to participate in the process. After months of gathering information, the strategic plan was finalized and is now being distributed.

The **MICs Emergency Manual** was put to the test in early February 2012 when Canadian Forces conducted a mock air disaster in Cochrane near Constance Lake. The town of Cochrane, the OPP, Lady Minto Hospital as well as the other facilities were invited to participate in the Trillium exercise in order to facilitate the mock disaster but also to see how their own Emergency Preparedness Plan (Code Orange) fared as a result. At the end of the exercise, a debriefing session was held to determine what went well and what needed

improvement. Everyone agreed that it had been a very successful exercise. During a social event held at the Tim Horton's Centre for all participants of the mock exercise, the Canadian Forces presented Tim Mitchell, Director of Support Services, with an honorary Commander's medal while MICs was presented with a certificate of appreciation.

In the past few months, the Chief Nursing Officer has been updating the **Administrative On-Call Manual** to reflect the changes that have been made to the relating policies which will better prepare the new Program Leads who are joining the On-Call Team to deal with calls and the resulting issues. A new schedule pairing new members with experienced members has been developed and is now being distributed on a monthly basis. The experienced members will mentor the new members until they are comfortable enough to take on the on-call by themselves.

**PCS initial GO LIVE** was implemented in June 2011. We are currently about to launch the latest version of PCS (Meditech 5.65). Training has been underway since the middle of May. There has been staff excitement with the new features in this version. We are hoping for another smooth GO LIVE this time around.

There are several hundred interventions and assessments for staff of all disciplines to utilize and make them patient specific for all admissions. We are working hard at simplifying the assessments with the 5.65 version. The vast amount of patient information that can be accessed through EMR for all disciplines is extremely important for the ongoing care being provided to the patient(s). Patient information can be tracked from shift to shift and from staff to staff on a regular basis.

Approximately every three years, the **MICs General Administration Policies** are reviewed and revised as required. Many hours go into this process to ensure that policies reflect the processes being following by Team Members at all sites. As processes and legislation change from year to year, so do the policies. Each and every policy is reviewed by the Executive Lead and Team Members for accuracy before it is brought to the Executive Council meeting for approval. Once approved, it is signed by the CEO and printed copies are distributed to all sites where they are added to the policy manuals. By next year, the policies will no longer be distributed this way as they will be part of the Medworxx system.

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 23,625 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 three 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 Team Members 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.
- Following Steve Bland's retirement at the end of April, Linda Ajdinovic was hired as the new charge technologist for the LMH Lab. Welcome Linda!

#### ● **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.
- Mallory Brazeau was hired to fill the vacancy left by Marilyn Schulist's retirement in

February 2012.

### **MICs Respiratory Therapy**

- The MICs Respiratory Therapist continues to provide the following respiratory care services to all MICs communities:
  - ✓ Ambulatory BP Testing
  - ✓ Pulmonary Function Test
  - ✓ Holter Monitoring
  - ✓ Continuous Loop Test
  - ✓ Arterial Blood Gases
  - ✓ Nocturnal Saturation Studies
  - ✓ 24-Hour Blood Pressure 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%.
- We are proud to welcome our new Respiratory Therapist, Stephanie Nesbitt, who replaced Monique Ouellette when she retired last summer! Stephanie has been a great asset to our team and is based out of Anson General Hospital.



*Lady Minto Hospital is very fortunate to have generous benefactors such as Mr. & Mrs. Marcel Labelle. They have again gone above and beyond by donating two much needed Holter monitors to the Respiratory Therapy Department. On behalf of the patients who will be benefitting from the monitors, we thank Mr. & Mrs. Labelle for their contribution!*

### **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 Health Care Professionals or can self-refer.
- We increased our Educator services and welcomed Helga Dragus RN, Kim Swayne RD and Heather McIver RD to our program this year. Increased funding has also allowed the program to provide chiropody services to clients who have foot and lower limb disorders or diseases.
- Client population served by the program include: Type 1 Diabetes; Type 2 Diabetes; Gestational Diabetes; Pre-diabetes and High Risk.
- There are presently 440 clients actively participating in the program this year.
- Program services were provided by 1,146 individual and group visits with the Nurse and/or Dietician. Specialized services, such as starting insulin or managing diabetes in pregnancy, accounted for 16% of these visits, preventing hospitalizations.
- Health Promotion Activities continue to be popular. 103 events were presented across the 4 communities throughout the year. Some initiatives organized this year included: Grocery Tours, Health Fair in Cochrane, Diabetes Support Groups in Matheson and Iroquois Falls, Drop-in Screenings and Exercise Program with the CNIB mobile eye van clients and information displays at all sites.

### ● **MICs Clinical Nutrition**

- In July of 2011, MICs recruited two new Registered Dietitians: Kimberly Swayne and Jordan Bauman at which time MICs had a full complement of RDs, one based in each MICs community. In December 2011, Jordan resigned to return to her home town so Erica and Kim picked up the slack and divided Jordan's workload between them. In April 2012, Amanda Burton returned to MICs for three weeks to assist with the Diabetes Program Annual CNIB Initiative, diabetes outpatient counseling and LTC hours at South Centennial Manor. At the end of April 2012, MICs recruited Heather McIver to fill the BMH/Rosedale/SCM position and currently, MICs has a full complement of RDs, again one within each MICs community.
- MICs Registered Dietitians provide nutrition counselling to in-patients, out-patients, residents and promote healthy lifestyle and wellness. They work closely with Dietary Team Members to monitor menu development and food production. They also work within 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 assessments, planning, medication and health teaching, crisis intervention, clinical recording, education and research, and program evaluation.
- From April 1<sup>st</sup>, 2011 to March 31<sup>st</sup>, 2012, this program provided services to 18 clients, aged 64 to 102.

### ● **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.
- Over the past year, the North East LHIN's use of Telemedicine has been steadily increasing. The North East is the highest user of the technology amongst Ontario's 14 LHINs, embracing it as a way to improve access to care for Northerners.
- Approximately 21,535 people across the region have recently benefitted from this technology!
- Top Therapeutic Areas of Care for LHIN 14 were Psychiatry/Mental Health (58%), Internal Medicine (13%) and Oncology (13%).





- This past year, 823 consultations 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, 219 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, Neurology, Rheumatology, OBS/GYN, Orthopedics, General Surgery, Gastroenterology and Urology.
- As well, in June 2011, the MICs Group of Health Services partnered with the March of Dimes in order to enhance the services provided by the Visiting Specialist Clinics Program. In the last fiscal year, the March of Dimes was able to provide twelve specialty clinics financially supported by MICs enabling 914 patients to be seen.

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

- Lady Minto Hospital welcomed 25 babies this past year!
- The surgical team led by General Surgeon Dr. Peter Brown performed 568 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**

We reported progress on **Quality Improvement Plans** (year 1) and developed a new QIP for this year. Hand Hygiene and environmental cleaning remain high priority indicators for the 2012/13 fiscal year. This year, we have implemented the **“Good Catch” program** throughout the organization. The “Good Catch” Program at MICS Group of Health Services is a quality improvement initiative that encourages the identification of potential system errors or problems before they reach the patient and/or cause harm. The program recognizes Team Members and physicians for identifying “good catches” and is designed to share key findings across the organization. The Patient Safety Committee has been meeting regularly since March 2011 and is working diligently on a number of **patient safety initiatives** outlined in the patient safety plan. This includes Required Organizational Practices from Accreditation Canada. As of January 1<sup>st</sup>, 2012, the **Freedom of Information and Protection of Privacy Act (FIPPA)** was implemented in MICs although it is retroactive to January 1<sup>st</sup>, 2007. FIPPA’s broad access rights allows individuals to request access to any record of information, subject to certain exemptions and exclusions, in the custody or control of public and private hospitals. A five-dollar fee is required before the request can be processed and it must be attached to a written request. Two requests have been received to date. The **Venous Thromboembolism Prophylaxis and Wound Care Program** was also implemented this year. MICs tries to stage a mock emergency exercise every year or two in order to test their Emergency Preparedness Plan. As it turns out, we were able to participate in a mock plane crash (**CF Trillium Exercise**) headed by the Canadian Forces in early February 2012.

#### **Accreditation**

During this past year, we have been busy addressing **outstanding items** from our on-site survey (March 2011). We have until August 2012 to complete all outstanding items if we wish to keep our accreditation status. We are also getting ready to start up the self assessment questionnaires in preparation for our next survey (March 2014).

#### **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** – Again this year, the MICs Infection Control Program Leader led the Team through a number of outbreaks affecting patients, residents and Team Members. These types of situations compound staffing issues, and increase the workload of 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. The residents of our Long Term-Care Homes have been very fortunate to experience less severe and shorter outbreaks than many other long term-care homes in the province which is due, in great part, to our wonderful Infection Control Program Lead and Team Members. Hand Hygiene and enhanced environmental cleaning continue to be the best defense against disease.

**Learning & Development** – As the saying goes, you're never too old to learn. In the changing face of Health Care, continuous learning is a must. This includes mandatory learning, continuing 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 all Team Members educated and motivated falls under the MICs Learning and Development Program Leader, Kelly Baxter, who is keeping busy with the General Orientation Program, Mentorship Program, Nursing Orientation Programs for both Acute Care and Long Term Care and finding innovative and creative means to deliver education to the masses. This includes online learning modules, education huddles, block training, traditional courses 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, Administration and Admitting.

MICs participates in projects which seek to provide opportunities to optimize resources and improve service delivery through technical enhancements and service integration. Two of the many projects the Information Team has worked on this year are “Computer Access for Patients” and “Medworxx Training”. MICs is finally able to provide internet access in each of its hospitals thanks to wireless technology. Now, patients and visitors will have the opportunity to access their emails, communicate and browse the web while in hospital.

**Medworxx** is a document management system accessed through the internet that will eventually replace our “S” Drive. Policies, by-laws, forms and everything else Team Members need to access will be readily available online. This initiative will go a long way towards going paperless, one of our main long term goals.

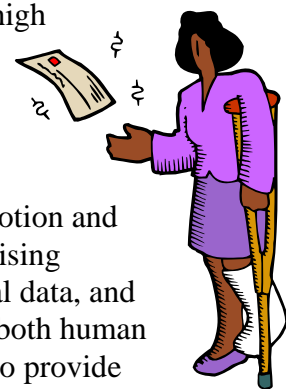
As an organization, MICs understands the importance of keeping pace with today’s technology, and has remained proactive in this area, participating in exciting new initiatives to enhance medical care. Currently all diagnostic imaging, health records and lab systems are computerized. A Wide Area Network 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 Team Members 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** – Labour relations, recruitment & retention, contract administration, health & safety, WSIB claims, retirements, benefit and pension issues, legal matters, policy development, etcetera, all fall within the H.R. scope. This past year has been especially busy for H.R. Above and beyond the normal workload, HR had a few added challenges which had a significant impact on the department: all three **union contracts** were up for renewal, which meant considerable time focused on preparing for, and participating in, local negotiations; MICs changed benefits carrier effective June 1<sup>st</sup>, 2011; physician recruitment and retention for all three communities has been (and continues to be) a high priority requiring substantial resources; and for a three-month period, H.R. time was shared with the Anson General Family Health Team as an interim manager.

**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 third 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.

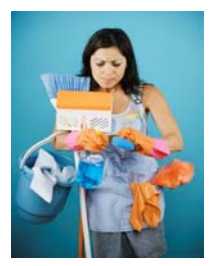
## Support Services

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

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## Medical Staff

"**Doctors' Day**" was celebrated throughout all MICs sites for the second time since its inception in 2011. All 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*

Following Dr. Stephen Chiang's departure, Dr. George Freundlich remains the sole family practitioner for the Township of Black River-Matheson and surrounding area. Dr. Freundlich was appointed Chief of Staff by the board and fills the position of President of Medical Staff as well. Earlier this year, the mayor and council held an appreciation dinner for Dr. George to thank him for his many years of service to the community of Black River-Matheson. Congratulations Dr. George! Dr. Chiang was thanked by the Bingham Memorial Hospital Board and Team Members for his dedication and service to the community for the past 14 years. We wish him all the best in his new practice. Of note, a few physicians came to Matheson for community visits during the past year but none of them have made a commitment to practice at Bingham Memorial Hospital. Recruitment efforts are ongoing.



### *Iroquois Falls*

Following Dr. McGuire's departure in October 2011, the Anson General Family Health Team relies on the two remaining full-time physicians Dr. Guy Lupien (Chief of Staff), Dr. Lina Shoppoff and other members of the interdisciplinary team. Recruitment efforts continue to find two full-time physicians as well as locum physicians to assist in the interim. Dr. Stephen Chiang opened his independent practice on April 2<sup>nd</sup>, 2012 along with his physician assistant, Dr. Auri Bruno. They are located in the lower level of the Anson General Hospital. Having four full-time physicians in Iroquois Falls has gone a long way in ensuring access to primary care.



### *Cochrane*

Cochrane physicians continue to work on the development of their Family Health Team. Lady Minto Hospital is very fortunate to have recruited a new GP/Anaesthetist, Dr. Joey Tremblay, a native of Iroquois Falls, to fill this position which was being filled by locums up to now. The present medical staff now consists of Dr. Rita Affleck (Chief of



Staff), Dr. Lawrence McPherrin (President of Medical Staff), General Surgeon Dr. Peter Brown, Dr. Xiaobin Li, Dr. James Ross and Dr. Joey Tremblay. Of note, Dr. Li will be taking a leave of absence from June 2<sup>nd</sup>, 2012 to July 2<sup>nd</sup>, 2012 to pursue his studies. Dr. Ross has kindly accepted to take on Dr. Li's roster of patients during his absence.

**Special thanks go to all of these medical professionals who provide excellent medical care to our communities.**

### **Medical Students/Residents**

Physicians across MICs continue to preceptor Medical Students and Residents from NOSM. 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. Some students enjoy the experience so much that they request to come back to our hospitals. Although it is against the rules to return to the same hospital, the students are sometimes allowed to participate in the program in the other MICs sites.



## **Auxiliary Report**

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Norma Monahan, a long-time resident of Black River-Matheson and member of the Bingham Memorial Hospital Board of Directors receives her award from Timmins Mayor, Tom Laughren. Congratulations Norma!



***No one 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 11:00 a.m. in the Lunch 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 still recovering from a stroke.

Our fundraising is accomplished through the operation of the pop machine and bake sale. We now hold our bake sale at the Home Show which is very successful. This year, we **purchased a vending machine** to sell chips, chocolate bars, etc. which is popular with the staff.

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

This has been yet another challenging year for the Auxiliary with only 5 to 7 members out of 54 attending meetings which often have to be cancelled. However, despite our small group, the Auxiliary has managed to do a great deal of “good works” accumulating 3,500 hours of volunteer work!

- Fundraising for the year includes the Tree of Lights, Memorial Fund, pop machine, Tuck Shop, in-house draws, Pre-Christmas Bazaar and the Tea/Bridge Afternoon.
- A total of \$500 in bursaries was donated to the two local high schools for graduating students entering the Pre-Health Sciences in September 2012.
- \$5,000 was donated to the Timmins and District Hospital Foundation.
- \$10,000 was donated to the Anson General Hospital for the purchase of mattresses and a Geri-chair.
- \$666.00 was donated to purchase a new keyboard for the Complex Continuing Care dining room for all hospital patients to enjoy.
- Tray favors were again distributed on Mother’s Day and Father’s Day.
- A special thank you goes to Yvette Shea and other dedicated volunteers who ensure our Tuck Shop’s continued success.
- Thanks to Norma Labelle, the Complex Continuing Care patients continue to receive gifts on their birthday.
- All patients in the hospital received a Christmas gift from the Auxiliary thanks in great part to Debra Stables-Lambert and her son, Wesley who delivered these to patients on Christmas Eve.

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

Respectfully submitted,

*Linda Brousseau*

Auxiliary President  
Anson General Hospital

## LADY MINTO HOSPITAL AUXILIARY

This year, the Lady Minto Hospital Auxiliary is celebrating 90 years of volunteering. Congratulations to all auxiliary members on achieving this milestone!

We have 7 Provincial Life Members again this year: Aline Tousignant, Nellie Carrière, Joan Marwick, Barbara Rogers, Audrey Labelle and Anne Dyas. Unfortunately, Peggy Guppy, one of our life members passed away last year. However, we were fortunate to have three members attend the Auxiliary Convention in Toronto last November.

Despite having fewer regular members, we have **volunteered 6,564 hours (up from 6,477 last year) with 3 students volunteering 300 hours**. This year, **a total of \$6,660 has been donated** to Lady Minto Hospital to help purchase knives and bone separators for the Operating Room, wheelchairs, and blood pressure monitors for each room.

We also **raised \$33,818 through sales at the Gift Shop** and spent \$6,157 on education for our members. We were also very busy with raffles, teas and Bingos as well as delivering Meals on Wheels through the Red Cross.

A total of **\$900 in scholarships** was presented to Ashley Larose, Julie Mercier and Ali Belisle.

The community of Cochrane has been very generous by supporting our fundraising efforts for which we are very thankful as we could not achieve all that we do without them.

We still bring treats to the hospital and Villa Minto Team Members and we bring flowers and tray favours for the Christmas day trays along with our good wishes.

Special thanks go out to the LMH Board of Directors and the CEO, Mr. Bruce Peterkin, for their continued support of our volunteers with a Christmas dinner. The volunteers were very pleased and grateful for this extra special recognition. We would also like to thank Maureen Konopelky and R.J. Andrews for attending our functions whenever asked, Tim Mitchell and his Team Members, Suzanne Gadoury and other Team Members for their support and speedy responses to our requests, Dorothea Cotgrave and her Team Members for our snacks after each meeting. We appreciate everyone's help and dedication throughout the year.

As Auxiliary President, I cherish all of our volunteers and I want to thank all of you who make up our auxiliary and contribute to the success of our community. We must continue to support our hospital to the best of our ability.

Thank you for being you! We are "AWESOME." I thank the dedicated Executive and Team Members for their hard work in supporting all the services that we provide so that we can raise funds to buy equipment and support our hospital in whatever way we can.

Respectfully submitted,

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 health care needs locally and/or facilitate access to  
appropriate services by working with our partners to  
strengthen the care continuum in North Eastern Ontario

**With a Vision to:**  
provide quality, safe, integrated health services for the MICs  
communities by facilitating the right care, at the right place  
and the right time



**Bingham Memorial – Matheson**  
***“Caring for our Community”***

**Anson General – Iroquois Falls**  
***“Personal Quality Care”***

**Lady Minto – Cochrane**  
***“Caring Together”***

**COLLABORATION**

Our values represent our  
fundamental beliefs which  
affect the delivery of  
health services we  
provide each day. These  
values bind and guide us  
in our interactions with  
each other, our residents,  
our patients and their  
families, our health  
services partners and  
community.

**ACCOUNTABILITY**

**QUALITY**

**INTEGRITY**



# MICs Strategic Goals

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This Strategic Plan covers the period of 2012 to 2017 and it identifies the MICs Group of Health Services priorities and sets the broad framework within which programs, departments and individuals within the MICs Group will work over the next five years. This is not a static plan. It will evolve and change as necessary. This strategic plan links directly to the corporate mission and vision, and continues to be the tool whereby the organization lives its mission everyday and takes positive strides towards achieving its vision.



The six Strategic Priorities set out in this strategic plan have been developed in collaboration with board members, Team Members, the MICs Executive Team, physicians, other strategic key partners, corporate members, mayors and council of our municipalities and community residents within our local healthcare system. An important feature of the Strategic Plan is its linkages to the MICs Quality Framework, the four quadrants of the balanced scorecard and the eight dimensions of quality as defined by Accreditation Canada.

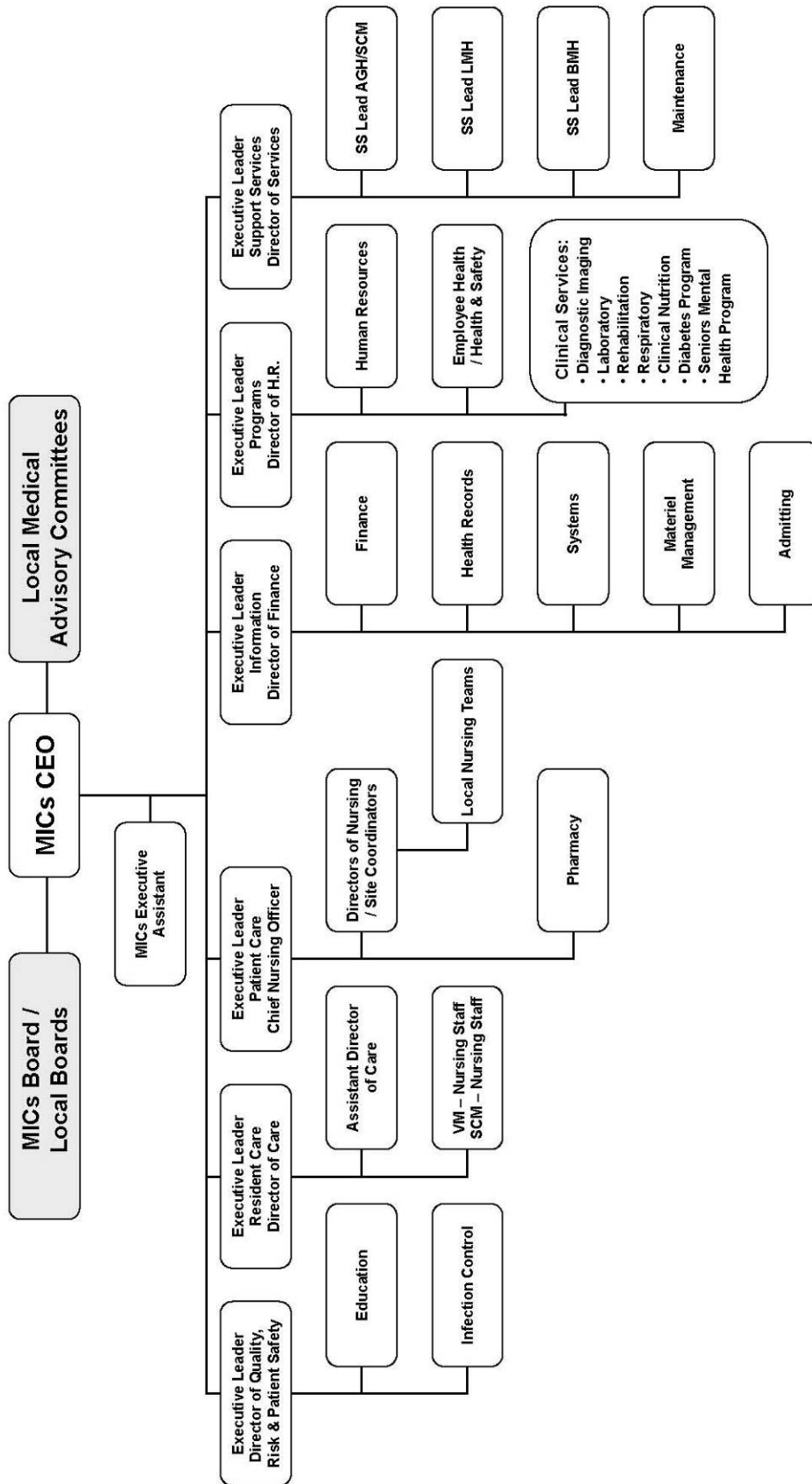
Following a comprehensive environmental scan and SWOC/SWOT analysis to identify the areas of importance to focus on in the years to come, the MICs Strategic Planning Committee identified six strategic priorities that would guide the MICs Group of Health Services over the next five years ultimately ensuring that MICs meets its organizational mission.

1. To provide increased services to seniors
2. To improve and promote responsible financial management and expand our information management strategies
3. To provide appropriate, accessible, effective, safe and quality health services
4. To promote healthier communities and people through partnering
5. To ensure availability of Health Human Resources to meet the health care and service needs of the population served in light of the forecast of population growth
6. To ensure sound governance practices





# MICs Group of Health Services' Management Organizational Structure



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