



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

# **ANNUAL REPORT**

## **2014 - 2015**



**BINGHAM MEMORIAL HOSPITAL /  
ROSEDALE CENTRE**



**ANSON GENERAL HOSPITAL**



**SOUTH CENTENNIAL MANOR**



**LADY MINTO HOSPITAL /  
VILLA MINTO**

# **Bingham Memorial Hospital**

*“Caring for our Community”*



# **Anson General Hospital**

*“Personal Quality Care”*



# **Lady Minto Hospital**

*“Caring Together”*



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

**Matheson – Iroquois Falls – Cochrane**

**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”***

# **BMH Board Chair**

## **Merv Anthony**

As a member of the BMH Board of Directors for many years, I have been very fortunate to meet many of the Team Members who work at Bingham Memorial Hospital and establish a good rapport with them over the years.

Each year I am amazed at the commitment of our Team Members. The quality of service reflects their dedication to both Bingham Memorial Hospital and Rosedale Centre.

We continue to rely greatly on our two fine doctors, Dr. George Freundlich and Dr. Tamazadeene Razack. With the wise leadership of our CEO, Paul Chatelain, and all of our Senior Executive team, we will continue into the future in a positive manner.

I am pleased to welcome Mr. Robert Browne back to the BMH Board of Directors as the municipal representative. His background and previous board experience will add more depth to the governance of the MICs Group of Health Services.

We are very excited to have formed our new Community Advisory Council for BMH. These members are an integral part of the community and will have valuable input toward the services needed at the hospital.

BMH and MICs are very proud of their partnering efforts. We have great, positive working relationships with the Timmins and District Hospital and other health service providers and we are looking forward to more partnerships and integration in the future.

# AGH Board Chair

**Yves Carrière**

The past year was a year to move forward. A new Board of Directors was established and fully functional by September 2014. The Board's first task was to interview prospective candidates for the position of Chief Executive Officer and to hire the new CEO.

The board members spent the first few months reviewing and amending the by-laws in order to reflect the new board structure.

Time was also spent reviewing and updating the MICs 2012-2017 Strategic Plan.

By January 2015, the appointed supervisor for Anson General Hospital transferred full authority to the new CEO and the Board of Directors.

The family health team has just received approval from the MOHLTC to incorporate under its own governance.

The renovations in the Reception area are complete requiring only minor modifications whereas the Emergency Department should be completed by the end of July.

We are pleased to announce that Anson General Hospital ended the year at breakeven compared to last year's deficit.

We are also very happy to have recruited a new doctor to the community. Dr. Allen Boettcher will be starting his practice in early July.

We have had a busy year and still have many challenges to face in the coming months. However, the Anson General Hospital Board of Directors will embrace the challenges of the future.

# LMH Board Chair

## Maureen Konopelky

My last year as Board Chair has been filled with change, excitement and gratitude. The most significant change being the addition of Paul Chatelain as the Chief Executive Officer for the MICs Group of Health Services. The Partnership brings a new challenge for Paul in having to deal with the three communities, their individual needs and concerns. He seems to have adapted well to this new structure with very little stress.

We began the year with reduced numbers on the Board of Directors. Each community has three elected board members, one appointed municipal representative and three ex-officio members. The smaller numbers at the board table seems to be working. The benefit of working together over the past years has allowed us to maintain our local services and a degree of financial stability. The MICs Partnership has been our greatest strength in this climate of financial restraints.

Lady Minto Hospital is in the process of receiving a much needed facelift. Work has begun on new flooring and a coat of paint throughout the hospital. Diagnostic Imaging has a new ultrasound room and the elevator is soon to be replaced. We apologize for the inconvenience but I know that the end result will be much appreciated.

Lady Minto has once again received a very impressive donation from the Labelle family. Their generous donation will allow us to activate the licence for four beds that we have held in abeyance since the Villa Minto was opened in 1998. The Ministry of Health and Long-Term Care has approved the plans and we hope to begin the construction on a much needed expansion. The expansion comes at a very appropriate time as Lady Minto is celebrating its 100<sup>th</sup> anniversary.

In conclusion, I would like to extend my sincere gratitude to my fellow Board Members, Medical Staff, Senior Managers and Team Members who work together and make a difference in the lives of our patients and residents. I would be amiss if I did not mention the volunteers of the Hospital Auxiliary; their continued dedication is commendable.

I will miss all of you. Thank you for your support!

# Chief Executive Officer

**Paul Chatelain**

I am very pleased to have this opportunity of submitting my first annual report as Chief Executive Officer of the MICs Group of Health Services.

I am also very thankful for the friendly welcome from the board, staff and community since moving to the area in early August 2014. My experience so far has lived up to the community's reputation in welcoming new residents with their warm generous hospitality.

Strong leadership begins at the top. In June 2014, the local Board composition changed from 9 members (5 elected and 4 appointed) to 7 (3 elected and, 1 Municipal appointment, and 3 ex-officio) plus 8 voting directors from the other MICs Hospital Corporations. This new structure has provided solid governance at the local and corporate level. Their competency, dedication and enthusiasm will better position the organization to meet the challenges and successfully accomplish its goals in the future. I applaud them in their voluntary role and will support them in any way possible.

We have implemented almost all of the 45 recommendations set out in the Investigator's Report Action Plan. This included refreshing the 2012-2017 MICs strategic plan which will provide the roadmap to deliver the health care needs of our communities. Great leadership also includes being fiscally responsible and accountable to the public. I am pleased to report that the organization has reported a small operating surplus, including the Anson General Hospital, despite submitting an approved budget deficit, and has met many of our targets set out in our Quality Improvement Plan.

People and relationship management is the key to success in any industry, more so in the health care system. We have strengthened our working relationships with the Ministry of Health and Long-Term Care, North East Local Health Integration Network, our community hospitals and other health service providers. Our new Community Advisory Councils in Iroquois Falls and Matheson will also improve external relationships, by advising our organization from a patient's perspective.

I believe there has been some improvement within the MICs Group of Health Services in terms of better communication and staff morale. The results of the newly compiled staff satisfaction survey will be used as a valuable guide in moving forward.

There are also a number of capital projects that are still in progress such as the emergency and clinic renovations at the Anson General Hospital and the flooring and painting at the Lady Minto Hospital. This coming year will see a number of new projects such as the 4 bed expansion at Villa Minto, building upgrades at the Bingham Memorial Hospital and planning for the redevelopment of South Centennial Manor.

I would like to extend my sincere appreciation to the Board of Directors, Medical Staff, the Executive Team, all Team Members, and of course our volunteers for their hard work to improve health care. In particular, I wish to acknowledge Mr. Hal Fjeldsted for his role as Supervisor during the difficult times and of course his support during my transition.

# Chief Nursing Officer

**Karen Hill**

As we reflect on the accomplishments of 2014/15, there are so many positive patient care initiatives to report to you.

## **Quality Improvement**

*Standardizing Nurse Shift Handover:* To ensure compliance with the Accreditation Canada's Required Organizational Practice (ROP) "*Information Transfer at Care Transitions*" the taped report process was reviewed. To improve inaccuracies in information and miscommunication during nurse shift-to-shift handover, the reporting mechanism was changed. Face-to-face reporting now occurs on every patient and a standardized report sheet was introduced to guide the verbal report process.

*Hourly Rounding: The 4"P" Project:* In response to patient feedback about the need to increase accessibility and response times of nursing staff, hourly rounds are now completed on all inpatients. Hourly rounding anticipates and addresses patient needs using checklists and scripted questions. These rounds proactively focus on addressing needs related to positioning, pain management, personal needs (toileting) and patient safety (ensuring personal items are within reach).

*Emergency Department Improvement Project:* The objective of this initiative was to improve the accuracy and timeliness in which patients were triaged, re-assessed and discharged from the Emergency Department (ER). 100% of nurses working in the ER department received Canadian Triage Acuity Scale education and revisions to ER workflow were implemented.

*Antimicrobial Stewardship Program:* This program is a Required Organization Practice (ROP) for Accreditation and has many interventions intended to improve and measure the appropriate use of antimicrobial agents. We have implemented the program at MICs by targeting specific antimicrobials and monitoring their use. There has been excellent compliance and clinical outcomes thus far.

## **Partnership Opportunities**

We continue to work collaboratively with the NELHIN, the District Hospital and our Community Health Providers in the planning and implementation of several Ministry Initiatives and Projects. MICs is currently involved in the Hub development of *Quality Based Procedure Pathways* and *Assess & Restore Projects* which are intended to provide optimal and standardized patient care / services.

With a common vision to enhance quality safe medication delivery systems, we have actively participated in the *NELHIN Regional Hospital Pharmacy Peer Group* meetings to enhance safe practices and efficiencies. Local improvements include two of the three acute care hospitals establishing designated medication rooms and installation of electronic narcotic storage systems.



In 2013/14, we received two year funding from the NELHIN to support the implementation of standardized evidence-based electronic order sets. In April of this year, the acute care settings went “live” with *Patient Order Sets* and *Nursing Order Sets* across the three sites.

The continued funding from the NELHIN supplementing *Telemedicine Nursing Services* has aided in increasing patient visits by 11% this fiscal year. Telemedicine has proven to be a preferred and viable option to travelling and the more expensive out-of town specialist visits.

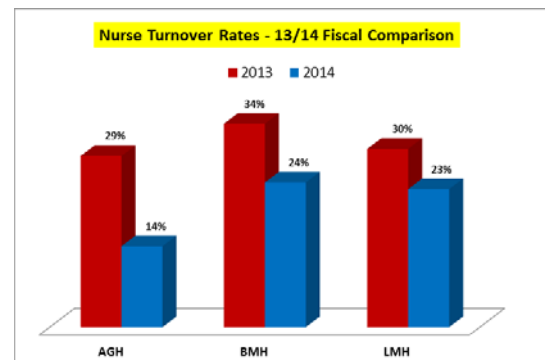
In keeping with utilization of videoconferencing technology, the NELHIN launched the *Virtual Critical Care* (VCC) model across small hospitals in the region in April of this year. The goal of VCC is to provide access to a team of Intensive Care providers at Health Sciences North to enhance the diagnosis and treatment of critically ill patients across Northeastern Ontario. VCC practice calls are in place to ensure familiarity with the system when needed.

### Professional Practice and Development

Several nursing-based and interdisciplinary committees demonstrated excellence in clinical practice and quality care through their various projects and work. Interdisciplinary clinical teams worked together during “Bullet Rounds” and “Complex Continuing Care Rounds” to identify opportunities and discharge solutions to address the Alternate Level of Care (ALC) challenges that persist. One new committee is *The Nursing Practice Advisory Council*. This council was established in 2014 as a responsive venue for nursing staff to discuss, make decisions and take action on issues related to practice, education, communication and patient care. The Council established a model which clearly outlined the priority components of professional nursing practice. This model guides the activities of the Council.

Nursing Development opportunities this year have included hands on learning through ‘mock codes’, ACLS and TNCC (Trauma Nurse Core Core). Web-based online learning was related to *Seniors Friendly Hospital* indicators, Personal Protective Equipment (PPE), Hand Hygiene and the Accessibility standards. New to MICs was the introduction of monthly online, evidence-based clinical competency modules to assist nurses with assessment skills, procedures, ECG interpretation and programs related to *nursing-sensitive indicators* (i.e. wound management, fall prevention).

*Recruitment and Retention:* Nursing resource planning, recruitment and retention efforts have proven to be successful over the past year with a notable reduction in nurse turnover rates. We continue to work closely with Northern College to accommodate nursing students in completing their consolidation as well as participate in the Health Force Ontario *Nursing Graduate Guarantee Program*. With funding support from the Ministry of Health and Long-Term Care, MICs hired eight new graduates to participate in the program last year. These nurses continue to be employed within the MICs Group of Health Services.



While there are still many opportunities ahead of us, we have made great strides in making the MICs Group of Health Services an excellent place to work and receive care. I would like to thank each employee, physician and volunteer for their ongoing commitment to our patients and to MICs. I am grateful to be a part of this team.

Under the Leadership of the Director of Care, Diane Stringer and Assistant Director of Care, Marissa Dubois, several achievements have promoted quality resident care across the three Long-Term Care facilities within MICs.

- **Point Click Care** – Point Click Care electronic documentation was implemented in June of 2014. This new documentation platform has been very well accepted by staff and the ongoing new assessments added to the system. The long-term goal is to achieve a paperless Long-Term Care home.
- **Standardization** – The standardization of all Long-Term Care specific policies, procedures and education is another initiative the Long-Term Care homes have been working on. The purpose of this is to ensure that all facilities are meeting the Long-Term Care Act and Best Practices. Ways in which to expedite this process are being explored.
- **Code Yellow and Green** – The Long-Term Care homes participated in their annual Code Green Fire exercise. Under Ontario Regulation 364/13, Section 78 of the Fire Protection and Prevention Act, 1997, there are specific obligations for municipal fire chiefs and other prescribed persons responsible to ensure the following: an inspector observes the fire drill; an inspector conducts a fire safety inspection; and required information is filed with the Fire Marshal. Another code exercise, Code Yellow: missing persons was conducted in partnership with the OPP.
- **BSO Partnership** – MICs Long-Term Care has built a strong partnership with Behavioral Supports Ontario (BSO). BSO enhances the health care services of seniors, their families and caregivers who live and cope with responsive behaviors associated with dementia, mental illness, addictions and other neurological conditions. A couple of joint proposals were submitted to the NELHIN in hopes of securing human resources to facilitate the specialized care needed within MICs.
- **LTC OIPs** – All three sites have submitted their inaugural Quality Improvement Plans for Long-Term Care. The improvement plans provide a guide for improvement focus for the facilities. The reports are posted on both the MICs Group of Health Services and Health Quality Ontario websites.
- **Addition of Long-Term Care Beds** – Thanks to a generous donation, Villa Minto will be adding four Long-Term Care Beds bringing the total to 37 beds for residents from the community. Plans are to begin construction this fall.

# **BMH Chief of Staff**

## **Dr. George Freundlich**

During the period of April 2014 to the present time, there are two full-time physicians at the Bingham Memorial Hospital, Dr. Razack and Dr. George Freundlich.

The work load is quite heavy however we both do our best to provide timely and high quality care to our numerous patients who come to our clinics not only from the community and the township but also in large numbers from Timmins, Iroquois Falls, Kirkland Lake and beyond.

We are extremely pleased to report that both Dr. Razack and I are able to accommodate patients for assessment within 2 - 3 days and very often the same day when necessary. Due to our commitment and dedication in assessing our own patients as well as additional patients each day, the number of emergency visits has decreased considerably.

It is very uncommon, even rare for a doctor to accommodate patients within two to three days. In most communities, patients have to wait at least three to four weeks in order to get an appointment with their family physician and sometimes even up to three months or longer!

From what I hear from the community, our timeliness and quality of care are very much appreciated.

There were no changes in the medical staff in the past year and we only relied on locums to cover vacation from time to time when Dr. Razack and I were unable to cover for each other.

I would also like to take this opportunity to say how much I appreciate our dedicated nursing staff under the leadership of Marissa Dubois, Nursing Manager for BMH.

As you may remember, last year, the MICs Group of Health Services was under the supervision of Mr. Hal Fjeldsted who later became the interim CEO. He was brought in by the Ministry of Health to address the issues of the time which were soon resolved.

The position for permanent CEO was finally earned by Mr. Paul Chatelain and I would like to take this opportunity to warmly congratulate and thank him for coming to lead the MICs Group of Hospitals. Since starting with MICs in August 2014, he has been doing an outstanding job. I would like to wish him well in his work as the MICs CEO.

# AGH Chief of Staff

**Dr. Stephen Chiang**

As Chief of Staff for Anson General Hospital, I am pleased to present the report for the 2014-2015 fiscal year. Our complement of three physicians – Dr. Zamanpour, Dr. Wu and myself - have had a successful year delivering quality care to many patients in the community.

We continue to participate in the Northern Ontario School of Medicine (NOSM) teaching program for medical students as well as participate in the residency program for one of our own – Dr. Auri Bruno who is aiming to complete her residency in July 2017. She will then join the Iroquois Falls Family Health Team as a fully licensed physician.

The Emergency Department remains stable with several locum ER physicians participating in the process to provide quality, urgent patient care.

The Iroquois Falls Family Health Team has had some changes this year with the resignation of Dr. Lee Boissoneau. Anson General Hospital has been working hard to find a replacement and to increase the complement of physicians for the Family Health Team to five overall. The Nurse Practitioner, Buffy Sutherland, is presently on maternity leave so the remaining Team Members are diligently working to provide access to patients for care. The Iroquois Falls Family Health Team continues to look at quality improvement initiatives with patients being paramount in decisions.

Overall, the year has been strong. Providing comprehensive health care services to the community of Iroquois Falls has been very rewarding to me as well as the team of physicians at the Anson General Hospital.

# LMH Chief of Staff

**Dr. Rita Affleck**

I would like to express my appreciation to the members of the board who have taken on the important work of being a board member.

I will highlight some issues that have been of importance to the provision of medical services in our hospital for 2014-2015.

## **Emergency**

There have been a number of organizational changes in our LHIN, notably the development of Physician Lead positions in Emergency, Critical Care and Primary Care. Working groups have been meeting to develop programs to ensure high quality and sustainable services in our region.

I have been participating in the North East LHIN Emergency Department Physician Advisory Group as one of the two representatives from the small rural hospitals, and on the Primary Care Council.

The Virtual Critical Care project has been developed with the joint effort of the Critical Care and Emergency Leads and is designed to assist in the care of very ill patients with the help from the critical care team in Sudbury. As of April, our equipment is installed and ready to go. This is a big step forward for the telemedicine network that has previously been used primarily for booked appointments and non-urgent care.

As part of the virtual network, we hope to expand the capability to include ongoing educational events for the staff in the ER for simulated emergencies.

It has been a challenging year for our medical staff. We remain shorthanded while our Emergency Department volume and acuity levels are increasing. Recruitment remains a high priority but difficult as the recent cuts to Ministry of Health funding have affected Rural physicians at a disproportionately higher level. This was the result of the discontinuation of rural incentive programs including continuing education.

## **Surgery**

Many of you will know already that Dr. Brown has announced his retirement and there are ongoing efforts to recruit and to work along with Timmins to fulfill our patient needs.

## **Academic**

We continue to welcome students and residents from NOSM and other Medical Schools to our hospital and the Family Health Team. We hosted a group from NOSM last summer for a strategic planning meeting with community members and medical staff. Dr. Roger Strasser, Dean of the school and Dr. David Marsh, Associate Dean of Community Engagement along with their team spent the day in Cochrane to share ideas about future directions for the school.

On a positive note, I would like to conclude with a comment from one of the Family Medicine Residents who was here for two months “Great teachers, the highlight of my residency”.

I thank all of my colleagues for all of their great work.

# **Bingham Memorial Hospital Auxiliary**

**Norma Monahan, President**

The Auxiliary has had another successful year thanks to our volunteers. We average seven (7) members per meeting and hold nine meetings per year, however there are many others who are willing to help when needed. We changed our meetings to the fourth Wednesday of the month at 11:00 a.m. in the lunchroom in the hospital. We would be happy to welcome new members to our meetings.

We have replaced three (3) TVs in the patient rooms. We originally bought one for each room. The auxiliary members do not assist with the Meals on Wheels program as the Red Cross cancelled the program for lack of participants. We also donated money for the patients' coffee room.

Our fundraising is accomplished through our vending machines. We did not have a bake sale as our home show was cancelled. Rental of a hall would diminish our profits too much. We would like to thank Margaret Ann for all her help and keeping the auxiliary together this winter. We do not do any mending any more as our sewing room was taken over for something else.

# Anson General Hospital Auxiliary

## Anne Hannah, President

I took over as President in January 2014, having served as president several times in past years. The immediate past president, Linda Brousseau, has worked hard in the past ten years to keep our auxiliary viable. We no longer do any direct patient activities but we have a very well-run gift shop that continues to be our main source of revenue. We also hold our annual pre-Christmas bazaar.

In November, we joined forces with the volunteers of our local manor. They have over 24 members many of whom are very active doing activities with their residents. Even though the Manor is separate from our hospital, it is part of our MICs partnership so I have encouraged the volunteers to become Hospital Auxiliary members and we will help them financially as they do not fundraise. We have a showcase in the Manor where items supplied from our hospital gift shop are sold. This has gone over well with the residents and their families who can now shop on site.

With the sale of memberships at our annual bazaar, we now have over 80 paid members at present. These members as well as some community members were asked to donate penny table and bake items for the various draws held at the bazaar. Town merchants and businesses were also approached for donations. Our bazaar brought in over \$3,800.

Other sources of revenue included: gift shop net profit of over \$8,300 (This does not include our well stocked inventory); pop machine netted us over \$1,125; Memorial donations brought in \$2,500; a Valentine tea and draw netted \$700 and our Tree of Lights Campaign raised \$2,300.

We purchased a Memorial Honour Roll certificate for a deceased member who was active for over 40 years. In that time, she made over 18,000 tray favours for patient meal trays. Each one always included a poem. Her certificate will be hung up along with the other six purchased previously in honour of deceased auxiliary members who had been very active over the years. We requisitioned a wall outside of our gift shop to hang these certificates and ones of Appreciation. A watercolour collage painting of the original Anson Hospital as well as the current hospital was donated and hung on that wall as well. Due to hospital renovations, they were all put in storage but we look forward to having them rehung in the near future.

Our Auxiliary Secretary, Deb Stables-Lambert, and her son delivered lap throws on Christmas Eve to all the patients in the active and chronic wings. For over 15 years they have personally delivered our Auxiliary Christmas gifts as well as stopping for a visit with the patients that evening.

We continue to give birthday gifts to our chronic wing patients. Our Auxiliary Treasurer, Norma Labelle, has handled providing these as well as delivering them.

In 2014, we provided our hospital with \$10,000 for patient pain pumps, \$6,000 for patient mattresses, \$6,000 to furnish a room for palliative patient family members. We will also be helping to furnish a similar room at the manor. The room has a small couch, a sleeping chair, a small refrigerator, a microwave, a coffee machine, a TV and access to a laptop to assist family members who are unable to physically visit to communicate with patients via Skype. We donated \$5,000 to Sudbury's Health Sciences Centre and \$10,000 to Timmins & District Hospital Foundation as we are aware that many from our community have received care from these other hospitals. We gave two bursaries of \$300 each to our two local high schools for students going into a health related field.

We look forward to another productive year with our limited active membership.

# Lady Minto Hospital Auxiliary

**Dianne R. Denault, President**

Ninety-two years of volunteering in our community, what an achievement!

Out of 158 volunteers, only 37 are active. However, they were able to log 6,905 volunteer hours in the past year while student volunteers logged in 300 hours. Auxiliary members were kept busy with the running of the gift shop and holding raffles as well bazaars. Treats for the staff and tray favours for patients were also brought during Christmas time and St. Valentine's Day with our best wishes.

A total of \$33,816 was raised through the gift shop and \$2,451 was spent on the education for Auxiliary members.

A total of \$600 in scholarships was presented to École Jeunesse Nord, Alexandre Papineau and Cochrane High School and \$100 dollars was donated to the Hospital Foundation.

We were thrilled to be able to donate \$15,000 to Lady Minto Hospital towards the renovation of our Palliative Care Room. It has been painted and now sports a new TV, coffee machine, couch, etc. We hope that there will be some money left over to buy tablets for the nurses.

We also donated \$300 to the Villa Minto Nursing Home to help with their craft and bingo projects. Izzi dolls were made by Dale Golding and Mary Clement which were donated to the ER for young patients presenting. There were also some given to Victims Services. Donation of mitts, scarves and sweaters were given to the schools.

Lady Minto Hospital Auxiliary shared its Policy and Procedure with Sudbury Regional Health Center and a few of its Provincial counterparts.

We would like to thank the MICs Board of Directors and the CEO, Mr. Paul Chatelain, for their continued support of our volunteers with the Christmas luncheon. Paul Chatelain and Mrs. Maureen Konopelky, LMH Board Chair, attended the luncheon to recognize our volunteers.

A special thank you goes to Tim Mitchell and his staff, Suzanne Gadoury and all the Team Members who provide support as required and to Roger Tousignant, our volunteer who takes care of filling our machines.

As President, I cherish our volunteers and want to thank all of you who make our auxiliary and community such a success and in turn, make a difference in our hospital and community. Let us always continue to support our hospital.

# Appendix I

MICs Group of Health Services

Summary Financial Statements

For the year ending March 31<sup>st</sup>, 2015

**INDEPENDENT AUDITOR'S REPORT ON THE  
SUMMARY FINANCIAL STATEMENTS**

To the Board of Directors  
of Bingham Memorial Hospital

The accompanying summary financial statements of Bingham Memorial Hospital, which comprise the summary statement of financial position as at March 31, 2015 and the summary statement of operations for the year then ended and related notes are derived from the audited financial statements of Bingham Memorial Hospital for the year ended March 31, 2015. We expressed an unmodified audit opinion on those financial statements in our report dated June 24, 2015.

The summary financial statements do not contain all the disclosures required by Canadian Public Sector Accounting Standards for Government Not-for-Profit Organizations. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of Bingham Memorial Hospital.

*Management's Responsibility for the Summary Financial Statements*

Management is responsible for the preparation of a summary of the audited financial statements in accordance with Canadian Public Sector Accounting Standards for Government Not-for Profit Organizations.

*Auditor's Responsibility*

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements".

*Opinion*

In our opinion, the summary financial statements derived from the audited financial statements of Bingham Memorial Hospital for the year ended March 31, 2015, are a fair summary of those financial statements, in accordance with the basis described in note 1.

*Collins Barrow Gagné Gagnon Bisson Hébert*

Chartered Professional Accountants  
Licenced Public Accountants  
June 24, 2015

**BINGHAM MEMORIAL HOSPITAL  
SUMMARY FINANCIAL STATEMENTS  
MARCH 31 2015**

<b>SUMMARY STATEMENT OF OPERATIONS YEAR ENDED MARCH 31, 2015</b>	<b>Budget (Unaudited)</b>	<b>2015 Actual</b>	<b>2014 Actual</b>
<b>REVENUES</b>			
Ministry of Health and Long-Term Care	\$ 6,632,327	\$ 6,813,960	\$ 6,804,900
Ontario Health Insurance	81,500	51,610	53,262
Other patient care revenue	464,250	524,695	459,385
Recoveries and other revenue	96,500	169,096	167,201
Investment income	10,000	15,568	7,660
Amortization of deferred capital contributions - equipment and software	90,000	43,153	78,961
<b>TOTAL REVENUES</b>	<b>7,374,577</b>	<b>7,618,082</b>	<b>7,571,369</b>
<b>EXPENSES</b>			
Salaries and wages	3,587,203	3,335,922	3,331,508
Employee benefits	1,033,387	971,111	1,001,344
Medical staff remuneration	869,000	930,836	949,664
Supplies and other expenses	1,539,102	1,315,542	1,584,553
Medical and surgical supplies	87,500	65,730	81,144
Drugs and medical gases	120,700	85,610	96,448
Amortization of equipment and software	132,000	135,109	115,134
<b>TOTAL EXPENSES</b>	<b>7,368,892</b>	<b>6,839,860</b>	<b>7,159,795</b>
<b>EXCESS OF REVENUES OVER EXPENSES FROM OPERATIONS</b>	<b>5,685</b>	<b>778,222</b>	<b>411,574</b>
Amortization of deferred capital contributions - buildings	205,000	240,728	220,958
Amortization of buildings	(225,000)	(243,179)	(252,510)
	(20,000)	(2,451)	(31,552)
<b>EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) BEFORE OTHER VOTES</b>	<b>(14,315)</b>	<b>775,771</b>	<b>380,022</b>
<b>OTHER VOTES - MUNICIPAL LEVY</b>			
Revenue	3,000	3,000	3,000
Expense	(3,000)	(3,000)	(3,000)
	-	-	-
<b>EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES)</b>	<b>\$ (14,315)</b>	<b>\$ 775,771</b>	<b>\$ 380,022</b>

**BINGHAM MEMORIAL HOSPITAL**  
**SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31 2015**

**SUMMARY STATEMENT OF FINANCIAL POSITION**  
**MARCH 31, 2015**

	2015	2014
<b>ASSETS</b>		
Cash	\$ 47,667	\$ 197,493
Accounts receivable	319,567	477,738
Inventories	136,070	122,826
Short-term investments	520,862	200,491
Due from MICs Group of Health Services	1,277,067	388,640
INVESTMENTS	595,278	699,971
CAPITAL ASSETS	3,664,781	3,622,510
<b>TOTAL ASSETS</b>	<b>\$ 6,561,292</b>	<b>\$ 5,709,669</b>
<b>LIABILITIES</b>		
Accounts payable and accrued liabilities	\$ 486,733	\$ 166,943
Deferred revenue	126,060	99,106
POST-EMPLOYMENT BENEFITS	552,348	535,957
DEFERRED CAPITAL CONTRIBUTIONS	3,043,152	3,366,766
<b>TOTAL LIABILITIES</b>	<b>4,208,293</b>	<b>4,168,772</b>
<b>NET ASSETS</b>		
Net assets, beginning of year	1,540,897	1,098,979
Excess of revenues over expenses	775,771	380,022
Unrealized gains on investments	36,331	61,896
Net assets, end of year	2,352,999	1,540,897
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 6,561,292</b>	<b>\$ 5,709,669</b>
<b>NET ASSETS CONSISTS OF:</b>		
Invested in capital assets	\$ 669,128	\$ 745,317
Unrestricted accumulated remeasurement gains	137,856	101,526
Unrestricted	1,546,015	694,054
<b>NET ASSETS</b>	<b>\$ 2,352,999</b>	<b>\$ 1,540,897</b>

**NOTE 1 - BASIS OF PRESENTATION**

The accompanying summary financial statements have been prepared with the same accounting standards as the audited financial statements of Bingham Memorial Hospital for the year ended March 31, 2015.

The summary financial statements do not contain all the disclosure required by Canadian Public Sector Accounting Standards for Government Not-For-Profit Organizations. The summary statements of remeasurement gains and losses, changes in net assets and cash flows, and the notes to the financial statements are not included.

The complete set of financial statements and the auditor's report can be obtained from the management of Bingham Memorial Hospital.

**INDEPENDENT AUDITOR'S REPORT ON THE  
SUMMARY FINANCIAL STATEMENTS**

To the Board of Directors  
of Anson General Hospital

The accompanying summary financial statements of Anson General Hospital, which comprise the summary statement of financial position as at March 31, 2015 and the summary statement of operations for the year then ended and related notes are derived from the audited financial statements of Anson General Hospital for the year ended March 31, 2015. We expressed an unmodified audit opinion on those financial statements in our report dated June 24, 2015.

The summary financial statements do not contain all the disclosures required by Canadian Public Sector Accounting Standards for Government Not-for-Profit Organizations. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of Anson General Hospital.

*Management's Responsibility for the Summary Financial Statements*

Management is responsible for the preparation of a summary of the audited financial statements in accordance with Canadian Public Sector Accounting Standards for Government Not-for Profit Organizations.

*Auditor's Responsibility*

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements".

*Opinion*

In our opinion, the summary financial statements derived from the audited financial statements of Anson General Hospital for the year ended March 31, 2015, are a fair summary of those financial statements, in accordance with the basis described in note 1.

*Collins Barrow Gagné Gagnon Bisson Hébert*

Chartered Professional Accountants  
Licenced Public Accountants  
June 24, 2015

**ANSON GENERAL HOSPITAL**  
**SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31 2015**

<b>SUMMARY STATEMENT OF OPERATIONS</b> <b>YEAR ENDED MARCH 31, 2015</b>	<b>Budget</b> <b>(Unaudited)</b>	<b>2015</b> <b>Actual</b>	<b>2014</b> <b>Actual</b>
<b>REVENUES</b>			
Ministry of Health and Long-Term Care	\$ 7,776,084	\$ 7,787,942	\$ 7,805,420
Patient care	532,650	418,673	467,954
Recoveries and other income	411,850	605,274	494,412
Amortization of deferred capital contributions - equipment and software	60,000	61,376	39,571
Cochrane Regional Lab Program	306,050	306,050	306,050
<b>TOTAL REVENUES</b>	<b>9,086,634</b>	<b>9,179,315</b>	<b>9,113,407</b>
<b>EXPENSES</b>			
Salaries and wages	4,617,428	4,424,133	4,491,285
Employee benefits	1,313,084	1,331,434	1,354,264
Medical staff remuneration	211,500	110,369	218,972
Supplies and other expenses	2,201,365	2,337,805	2,517,426
Medical and surgical supplies	218,050	224,685	232,269
Drugs and medical gases	212,000	200,067	197,714
Amortization of equipment and software	200,000	198,194	186,256
Cochrane Regional Lab Program	306,050	306,050	306,050
<b>TOTAL EXPENSES</b>	<b>9,279,477</b>	<b>9,132,737</b>	<b>9,504,236</b>
<b>EXCESS OF REVENUES OVER EXPENSES</b> <b>(EXPENSES OVER REVENUES) FROM OPERATIONS</b>	<b>(192,843)</b>	<b>46,578</b>	<b>(390,829)</b>
Amortization of deferred capital contributions - buildings	380,000	352,926	351,447
Amortization of buildings	(440,000)	(455,558)	(451,408)
	(60,000)	(102,632)	(99,961)
<b>EXCESS OF EXPENSES OVER REVENUES BEFORE OTHER PROGRAMS AND VOTES</b>	<b>(252,843)</b>	<b>(56,054)</b>	<b>(490,790)</b>
<b>OTHER PROGRAMS</b>			
South Centennial Manor - Surplus (Deficit)	-	111,696	(2,619)
Family Health Team - Deficit	-	-	(8,597)
	-	111,696	(11,216)
<b>EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) BEFORE OTHER VOTES</b>	<b>(252,843)</b>	<b>55,642</b>	<b>(502,006)</b>
<b>OTHER VOTES - MUNICIPAL LEVY</b>			
Revenue	3,150	3,150	3,150
Expense	(3,150)	(3,150)	(3,150)
	-	-	-
<b>EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES)</b>	<b>\$ (252,843)</b>	<b>\$ 55,642</b>	<b>\$ (502,006)</b>

**ANSON GENERAL HOSPITAL**  
**SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31 2015**

**SUMMARY STATEMENT OF FINANCIAL POSITION**  
**MARCH 31, 2015**

	<b>2015</b>		<b>2014</b>	
<b>ASSETS</b>				
Cash	\$	500	\$	500
Accounts receivable		490,450		514,900
Inventories		78,603		79,204
Due from MICs Group of Health Services		162,033		245,366
INVESTMENTS		2,326,479		2,142,514
CAPITAL ASSETS		12,586,786		12,730,216
<b>TOTAL ASSETS</b>	\$	15,644,851	\$	15,712,700
<b>LIABILITIES</b>				
Accounts payable and accrued liabilities	\$	791,763	\$	689,685
Deferred revenue		-		2,000
MORTGAGE PAYABLE		52,600		56,200
CAPITAL CONTRIBUTION REPAYABLE		240,000		252,000
POST-EMPLOYMENT BENEFITS		1,182,159		1,151,202
DEFERRED CAPITAL CONTRIBUTIONS		8,386,179		8,736,277
<b>TOTAL LIABILITIES</b>		10,652,701		10,887,364
<b>NET ASSETS</b>				
Net assets, beginning of year		4,825,336		5,150,279
Excess of revenues over expenses (expenses over revenues)		55,642		(502,006)
Unrealized gains on investments		111,172		177,063
Net assets, end of year		4,992,150		4,825,336
<b>TOTAL LIABILITIES AND NET ASSETS</b>	\$	15,644,851	\$	15,712,700
<b>NET ASSETS CONSISTS OF:</b>				
Invested in capital assets	\$	3,909,085	\$	4,144,088
Unrestricted accumulated remeasurement gains		274,172		163,000
Unrestricted		808,893		518,248
<b>NET ASSETS</b>	\$	4,992,150	\$	4,825,336

**NOTE 1 - BASIS OF PRESENTATION**

The accompanying summary financial statements have been prepared with the same accounting standards as the audited financial statements of Anson General Hospital for the year ended March 31, 2015.

The summary financial statements do not contain all the disclosure required by Canadian Public Sector Accounting Standards for Government Not-For-Profit Organizations.

The summary statements of remeasurement gains and losses, changes in net assets and cash flows and the notes to the financial statements are not included.

The complete set of financial statements and the auditor's report can be obtained from the management of Anson General Hospital.

**INDEPENDENT AUDITOR'S REPORT ON THE  
SUMMARY FINANCIAL STATEMENTS**

To the Board of Directors  
of Lady Minto Hospital

The accompanying summary financial statements of Lady Minto Hospital, which comprise the summary statement of financial position as at March 31, 2015 and the summary statement of operations for the year then ended and related notes are derived from the audited financial statements of Lady Minto Hospital for the year ended March 31, 2015. We expressed an unmodified audit opinion on those financial statements in our report dated June 24, 2015.

The summary financial statements do not contain all the disclosures required by Canadian Public Sector Accounting Standards for Government Not-for-Profit Organizations. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of Lady Minto Hospital.

*Management's Responsibility for the Summary Financial Statements*

Management is responsible for the preparation of a summary of the audited financial statements in accordance with Canadian Public Sector Accounting Standards for Government Not-for Profit Organizations.

*Auditor's Responsibility*

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements".

*Opinion*

In our opinion, the summary financial statements derived from the audited financial statements of Lady Minto Hospital for the year ended March 31, 2015, are a fair summary of those financial statements, in accordance with the basis described in note 1.

*Collins Barrow Gagné Gagnon Bisson Hébert*

Chartered Professional Accountants  
Licenced Public Accountants  
June 24, 2015

**LADY MINTO HOSPITAL**  
**SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31 2015**

<b>SUMMARY STATEMENT OF OPERATIONS</b> <b>YEAR ENDED MARCH 31, 2015</b>	<b>Budget</b> <b>(Unaudited)</b>	<b>2015</b> <b>Actual</b>	<b>2014</b> <b>Actual</b>
<b>REVENUES</b>			
Ministry of Health and Long-Term Care	\$ 11,323,227	\$ 11,382,846	\$ 11,575,002
Cancer Care Ontario	150,000	306,867	136,925
Ontario Health Insurance	201,500	196,705	185,902
Other patient care revenue	183,950	265,714	181,150
Recoveries and other income	926,890	963,012	969,392
Investment income	50,000	93,109	60,107
Amortization of deferred capital contributions - equipment and software	160,000	122,677	74,855
<b>TOTAL REVENUES</b>	<b>12,995,567</b>	<b>13,330,930</b>	<b>13,183,333</b>
<b>EXPENSES</b>			
Salaries and wages	5,895,177	5,760,170	5,628,556
Employee benefits	1,621,977	1,681,037	1,564,426
Medical staff remuneration	1,906,500	1,694,630	1,891,099
Supplies and other expenses	2,688,444	2,636,130	2,866,855
Medical and surgical supplies	212,250	221,440	228,017
Drugs and medical gases	280,000	500,682	315,170
Amortization of equipment and software	361,000	310,376	350,527
<b>TOTAL EXPENSES</b>	<b>12,965,348</b>	<b>12,804,465</b>	<b>12,844,650</b>
<b>EXCESS OF REVENUES OVER EXPENSES</b> <b>FROM OPERATIONS</b>	<b>30,219</b>	<b>526,465</b>	<b>338,683</b>
Amortization of deferred capital contributions - buildings	215,000	230,082	227,240
Amortization of buildings	(500,000)	(533,830)	(527,886)
	(285,000)	(303,748)	(300,646)
<b>EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES)</b> <b>BEFORE OTHER PROGRAMS AND OTHER VOTES</b>	<b>(254,781)</b>	<b>222,717</b>	<b>38,037</b>
<b>OTHER PROGRAMS</b>			
Villa Minto Nursing Home - Surplus (Deficit)	-	(180,336)	49,293
	-	(180,336)	49,293
<b>EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES)</b> <b>BEFORE OTHER VOTES</b>	<b>(254,781)</b>	<b>42,381</b>	<b>87,330</b>
<b>OTHER VOTES - MUNICIPAL LEVY</b>			
Revenue	4,350	4,350	4,350
Expense	(4,350)	(4,350)	(4,350)
	-	-	-
<b>EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES)</b>	<b>\$ (254,781)</b>	<b>\$ 42,381</b>	<b>\$ 87,330</b>

**LADY MINTO HOSPITAL**  
**SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31 2015**

**SUMMARY STATEMENT OF FINANCIAL POSITION**  
**MARCH 31, 2015**

	2015	2014
<b>ASSETS</b>		
Cash	\$ 1,842,234	\$ 1,844,439
Accounts receivable	559,814	557,063
Prepaid expenses	-	15,648
Inventories	198,093	264,234
Due from MICs Group of Health Services	808,975	656,693
LONG-TERM RECEIVABLES	147,272	177,933
INVESTMENTS	2,021,695	1,840,599
CAPITAL ASSETS	9,854,014	9,763,309
INTANGIBLE ASSETS	578,514	617,082
<b>TOTAL ASSETS</b>	<b>\$ 16,010,611</b>	<b>\$ 15,737,000</b>
<b>LIABILITIES</b>		
Accounts payable and accrued liabilities	\$ 712,539	\$ 423,694
Deferred revenues	-	102,000
POST-EMPLOYMENT BENEFITS	1,279,210	1,265,649
DEFERRED CAPITAL CONTRIBUTIONS	2,920,912	2,975,794
<b>TOTAL LIABILITIES</b>	<b>4,912,661</b>	<b>4,767,137</b>
<b>NET ASSETS</b>		
Net assets, beginning of year	10,969,863	10,801,221
Excess of revenues over expenses	42,381	87,330
Unrealized gains on investments	85,706	81,312
Net assets, end of year	11,097,950	10,969,863
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 16,010,611</b>	<b>\$ 15,737,000</b>
<b>NET ASSETS CONSISTS OF:</b>		
Invested in capital assets	\$ 7,570,175	\$ 7,733,906
Unrestricted accumulated remeasurement gains	237,465	151,759
Unrestricted	3,290,310	3,084,198
<b>NET ASSETS</b>	<b>\$ 11,097,950</b>	<b>\$ 10,969,863</b>

**NOTE 1 - BASIS OF PRESENTATION**

The accompanying summary financial statements have been prepared with the same accounting standards as the audited financial statements of Lady Minto Hospital for the year ended March 31, 2015.

The summary financial statements do not contain all the disclosure required by Canadian Public Sector Accounting Standards for Government Not-For-Profit Organizations.

The summary statements of remeasurement gains and losses, changes in net assets and cash flows and the notes to the financial statements are not included.

The complete set of financial statements and the auditor's report can be obtained from the management of Lady Minto Hospital.

# Appendix II

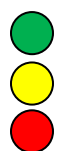
MICs Group of Health Services

Quality Improvement Plan

# Hospital Quality Improvement Plan Final Progress report 2014/15

Indicator	Performance 2013-2014	Results 2014-2015	Status
<b>*ED Wait Times:</b> 90 <sup>th</sup> percentile ED length of stay for Non-Admitted Complex (CTAS I-III) patients. <i>CCO iPort Access/Q4 2012/13-Q3 2013/14</i> <i>*AGH and BMH</i>  Target-8hrs	AGH 9.36hrs	AGH 10.61hrs	
	BMH 4.17hrs	BMH 5.15hrs	
	LMH 3.9hrs	LMH 4.24hrs	
<b>**Total Margin (consolidated):</b> Percent, by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year. <i>OHRs, MOH Q3 2013/14</i>  Target- ≥0	AGH -2.9%	AGH 1.14%	
	BMH 4.45%	BMH 10.4%	
	LMH 2.49%	LMH 2.21%	
<b>Percentage ALC days:</b> Total number of inpatient days designated as ALC. <i>Q3 2012/13-Q2 2013/14, DAD, CIHI</i>  Target-14 (NHLIN)	AGH 0%	AGH 0%	
	BMH 4.9%	BMH 4%	
	LMH 12.9%	LMH 15.25%	
<b>Readmission to any facility within 30 days for selected CMGs for any cause:</b> The rate of non-elective readmissions to any facility within 20 days of discharge following an admission for select CMG's. <i>Q3 2012/13-Q1 2013/14 DAD, CIHI</i>  Target-16.3 (NHLIN)	AGH 10.81	AGH 14.42	
	BMH 13.95	BMH X	
	LMH 15.09	LMH 16.92	
<b>**Patient Satisfaction:</b> From NRC Picker / HCAPHS: "Overall, how would you rate the care and services you received at the hospital (inpatient care)?" <i>NRC Picker Oct 2012-Sept 2013</i>  Target-93.2%	MICs 86.5%	MICs 92.9%	
<b>*Medication Reconciliation at admission:</b> The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital. <i>Q3 2013/14</i> <i>*LMH</i>  Target-90%	AGH 100%	AGH 100%	
	BMH 97.56%	BMH 100%	
	LMH 99.12%	LMH 99%	
<b>**Hand hygiene compliance before patient contact:</b> The number of times that hand hygiene was performed before initial patient contact. Jan-Dec 2013, consistent with publicly reportable patient safety data  Target-80.5%	AGH 81%	AGH 75%	
	BMH 76%	BMH 66%	
	LMH 91%	LMH 88%	

*\*Physician Compensation      \*\*Executive Compensation*



**DOING WELL:** The result is better than or equal to its target

**MONITORING NEEDED, IMPROVING:** The result has improved since last year but target not reached

**AT RISK, ACTION REQUIRED:** The result is: Worse than current performance and not improving

# Appendix III

## Patient Activity for 2014-2015

	<b>BMH</b>	<b>LMH</b>	<b>AGH</b>
Adult Admissions	170	438	428
Total Patient Days	1,527	7,700	8,055
Emergency Visits	2,294	11,243	8,558
Laboratory Visits	3,126	8,139	7,313
Radiology Visits	857	2,503	2,063
Physiotherapy Visits	298	476	2,427
Oncology Visits	-	452	-
Surgical Services / Endoscopy Visits	-	508	581
Ontario Telehealth Networks Visits	228	516	483
Visiting Specialists Clinic Visits	189	635	412