MICs Group of Health Services

"Partnering Today for a Stronger Tomorrow"

ANNUAL REPORT

2015 - 2016

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"

TABLE OF CONTENTS

MICs 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

Robert Dennis

This being my first term as the Chairman and my fourth year on the Board, I have to admit that it has been an exhilarating experience, a very intense learning period and a busy schedule.

Since joining the board I have been impressed by:

- The BMH board members' wealth of knowledge, commitment and business-like manner that assists the Board in carrying out its large agenda
- The MICs Board members' camaraderie and concern for each hospital; they act with an unstated theme of "one for all and all for one".
- The following committees that deal with so many important issues: Quality, Audit and Finance, Executive, Governance, Nominating and Strategic Planning as well as the newly founded MICs Health Care Foundation Committee.

The CEO and Board of Directors have met the following targets for 2015 – 2016:

- Held meetings with the Matheson Community Advisory Committee. The committee will be advertising in the near future for a replacement position.
- Started planning for a BMH Foundation.
- Completed addressing the remaining issues from the Investigator's Report of 2015.
- Conducted an organizational review and implemented it.
- Performed repairs and redecorated the Rosedale Centre.
- Conducted a review of all policies and procedures and drafted recommendations for the Annual General meeting.
- Held discussions with the NE LHIN regarding the repurposing of some designated beds at BMH. We are hoping to press this matter to completion by 2017.
- Installed a new and larger nursing station.
- Held a Matheson community open house where the CEO and management staff gave the public a review of the status of BMH and answered many questions from the public.

All MICs Board members attended a one day intense retreat in Iroquois Falls dealing with a variety of forward thinking matters such as governance, finances, leadership, staff relations and more.

At the end of March 31, 2016, BMH ended its fiscal year with a surplus of $400,000 which the board intends to invest in BMH infrastructure and capital expenditures.

And finally, my compliments to all BMH staff for providing your community with the best possible health care given the monetary restrictions we face.

AGH Board Chair

Johanne Edwards

We have had a busy year with many changes involving both Anson General Hospital (AGH) and South Centennial Manor (SCM). Here are the highlights of the year.

We held our first annual community engagement meeting in Iroquois Falls on November 17, 2015. Many questions were raised about the contract with the new pharmacy, Medical Pharmacies, supplying SCM; this led to suggested changes because of increased costs to the residents and/or family.

In December 2015, long-term Service Awards were held for both AGH and SCM where employees were recognized for their great contribution to the organization.

Our Community Advisory Council has been quietly working behind the scenes, assisting MICs with our Patient Relations Process as well as bringing forward ideas and concerns from the community. Our thanks for their hard work. The Council includes Lee-Ann Boucher (Co-chair), Stéphanie Audet, Chantal Barrette, Denis Barrette, Julie Bernier and Betty Lou Purdon.

Although AGH ended the year at break-even compared to an approved Budget Deficit, we continue to struggle with funding from the Ministry of Health and Long-Term Care (MOHLTC). As announced in the 2016 provincial budget, small hospitals will be receiving a 1% increase to base funding; included in the budget is also another year of one-time small hospital transformation funding and increased Health Infrastructure Renewal Funding – all necessary when the AGH roof and underground oil tanks require immediate attention. We are also looking for different funding sources to assist us with our renovations.

That said, the community has been very generous; donations have come from the Hospital Auxiliary (which donated $12,000.00 to AGH and $5,000.00 to SCM) and from the Iroquois Falls Legion (which donated $9,460.00 to AGH and $3,399.00 to SCM). We also continue to look for new partnerships; for example, AGH has partnered with the Tech. department of the Iroquois Falls Secondary School to rebuild the AGH gazebo for patients; we will pay for the materials only. There have been other donations made by businesses in the community to help with the Hospital Auxiliary's fund-raising efforts – a sign of a community committed to AGH and SCM.

Physician recruitment and retention is always on our radar; we are fortunate to have locums coming to our community to assist our present complement of physicians to provide urgent and emergent care at AGH. We persist with reviewing and revising our recruitment and retention strategies in order to attract physicians to our area.

Our staff is continuously involved in new ways of providing care and services in order to improve what they do every day: from creating an environment that is more "seniors-friendly" at AGH to making mealtime at SCM a very pleasurable experience.

Finally, we continue to review and amend or add to the MICs Governance policies and by-laws, based on legislation and best board practices. These guide us in assessing and planning better care and services for our patients and residents and assist us in meeting MICs goals and objectives.

Here are some site-specific developments:

1. At AGH:
    - Phase I renovations (re-development of the Emergency Room and Diagnostic Imaging) are now complete and came in on budget.
    - Phase II renovations (including painting, additional flooring and sound proofing for the reception area) have begun.
    - AGH roof: a capital grant application to the MOHLTC was submitted in early January 2016 for the AGH roof replacement. The total cost is $917,800.00 of which $300,000.00 is the hospital's share.
    - AGH underground oil tanks: these need to be replaced as soon as possible at an approximate cost of $150,000.

2. At SCM:
    - We have been working with our architect and the MOHLTC regarding the SCM re-development agreement; the Assistant Deputy Minister of Health for Long-Term Care visited Iroquois Falls in April to announce funding for this re-development. We are presently working on the Expression of Interest and the Development Agreement as a first step. We are still exploring the possibility of adding either supportive housing and/or assisted living units.
    - Upgrades such as patching, painting, flooring work, etc. were completed as required as a result of the Annual Compliance Inspection done by the MOHLTC in August-September, 2015. Staff training, where deficits exist, is ongoing.
    - SCM held its first Family Council meeting on October 16, 2015; this is an important group as it not only provides a forum for family input into the operations of the home but also provides support for Council members and families of new residents. SCM and the Council are now working with Medical Pharmacies to continue with individual medication reviews of residents. Because of the collaboration between the resident/family, the physicians and the pharmacists, many residents have experienced reduced medication costs.
    - SCM recently opened its new Palliative Care room. All fund-raising activities were done by SCM staff and families of the residents; the actual work (painting, new flooring, etc.) was done by the staff. Job well done! Something to be extremely proud of!

With the MOHLTC holding its funding at 1%, we will continue to face many challenges. However, the Anson General Hospital Board of Directors will continue to monitor the direct and indirect effects of this funding on patient care and services.

On behalf of the Board, I would like to thank all the staff, physicians, Executive Team and volunteers for their unremitting commitment to our patients and residents at AGH and SCM. It is this group effort that creates a safe & caring environment for everyone.

LMH Board Chair

Patricia Dorff

Annual General Meeting time signals the fact that another year is fast coming to an end and presents me (for the first time) with the opportunity to bring you up to date. Plus welcome you all to our meeting. It's nice to see people take an interest in their communities.

When I reflect on the past year at Lady Minto, I am struck by the many projects that were undertaken to complete the much needed face lift of our facility. As you walk through the building, you will see bright new floors, freshly painted walls and a new elevator. A big thank you goes out to the staff for working through this trying time. Great job!

With the Hospital Auxiliary's help, ten television sets were purchased for the patients' rooms which were greatly appreciated as well as new window dressings for the rooms on the acute floor.

With the impressive donation from the Labelle family, we were finally able to open the four new beds in Villa Minto. These had been in abeyance since 1998 when Villa Minto first opened. I know this is not nearly enough when it comes to long-term beds but it is a start.

A big thank you to my fellow Board Members, Senior Staff and Team Members who work together to make a difference in the lives of our patients and residents. Let's not forget the Hospital Auxiliary. They are never far away if we need help!

In conclusion, you can see we have had a successful year and I am hoping that the coming year will bring more of the same.

Thank you for your continued support.

Chief Executive Officer

Paul Chatelain

I am very pleased to submit my second annual report as Chief Executive Officer of the MICs Group of Health Services. We have come a long way since my start date in August 2014.

In September 2015, we changed the format of the Board and the Medical Advisory Committee meetings, moving more to an integrated model (MICs). This new structure has provided more consistent and effective governance at the corporate level as well dealing with local issues.

We also officially incorporated the MICs Group Foundation Board this year. The committee is represented with members from each community, auxiliary and MICs Board members. The foundation will play a pivotal role in public relations and of course, fundraising.

Finally, we conducted “open forum” meetings in each community as part of the investigator’s recommendation. This was a venue to provide the public with information on the current status and future direction of the MICs Group of Health Services as well as an opportunity to engage with our key stakeholders.

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 Community Advisory Councils in Iroquois Falls and Matheson continue to improve external relationships by advising our organization from a patient’s perspective.

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. We also met many of our targets set out in our Quality Improvement Plan both in acute hospitals and the long-term care homes.

It was an exciting year for physical plant upgrades. We completed the four bed expansion at Villa Minto thanks to the generous capital donation from the Labelle family. We also received formal approval to redevelop South Centennial Manor as part of the Ministry of Health’s Enhanced Long-Term Care Home Renewal Strategy. There are also a number of capital projects that are near completion such as Phase II of the emergency and clinic renovations at the Anson General Hospital, boiler and domestic hot water tanks at the Lady Minto Hospital and the painting and small renovations at the Rosedale Centre.

I am also pleased to welcome our new General Surgeon, Dr. Gerhard Klassen to our community. He has begun his full time practice at Lady Minto Hospital replacing Dr. Brown after his 38 years of exceptional service. Thank you Dr. Brown!

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 towards improving health care. The MICs Group of Health Services would not be the same without them.

Chief Nursing Officer

Karen Hill

As the Chief Nursing Officer for the MICs Group of Health Services, I am very pleased to once again have the opportunity to share the highlights of the year. We have stayed strong in our commitment to advance the nursing profession and improve the patient care experience.

Quality Improvement

Hourly Rounding on Patients: The 4"P" Project

Over the past year, efforts have focused on increasing compliance with purposeful rounding on patients. In April 2016, all acute care sites reached greater than 80% compliance with rounding. Documentation of rounding now occurs electronically and is captured as part of the patient chart. Patient Care Managers continue to complete random audits to ensure the practice is hardwired.

Emergency Department (ER) Improvement Projects

Improvements were realized in the flow, documentation standards, discharge practices and with ER point of care equipment. All three ER departments standardized their equipment, obtaining a new BiPap machine, portable Ventilator and two Bedside Monitors. This new technology will assist nurses to improve outcomes of care in the emergency management of acute respiratory failure and through expanded cardiac monitoring and trending capabilities.

Senior Friendly Hospital Action Teams (Provincial Collaborative Initiative)

Two of the acute care sites participated in the advanced leadership training program offered to hospitals within Ontario for whom enhancing services to seniors is an important objective. The goal was to embed evidence-based approaches in the delivery of care to older adults via a systemic approach that considered the influences of the entire care environment.

The aims of the two improvement projects selected by the clinical teams were:

- BMH: By Feb. 1, 2016, 90% of inpatients will maintain or improve in functional mobility status as evidenced by admission to discharge Barthel index scoring. (Achieved)
- AGH: Delirium management strategies will be implemented on 100% of acute care patients 65 years of age and older who have been identified with the Confusion Assessment Method (CAM) tool within 24 hours of admission. (Achieved)

Partnership Opportunities

MICs continues 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.

NELHIN Regional Hospital Pharmacy Peer Group (HPPG)

The MICs Pharmacist, Marc-Andre Gravel, assumed the position of Co-Chair for the HPPG and with involvement of three active members from MICs, the group developed a pharmacy

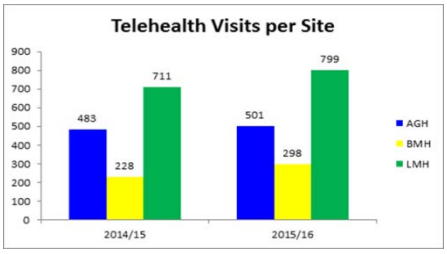
protocol/policy sharing portal. To date, there are eight hospitals registered on the site. MICs participated in the mandatory Ontario College of Pharmacists (OCP) Accreditation Process for the first time and received an excellent report. MICs was identified as having a very proactive approach to standardization and integration of services. MICs received funding from the NELHIN to cover the initial costs of OCP certification and to support any needed changes prior to the OCP site visit.

Patient Order Sets and *Nursing Order Sets*

Currently, MICs has 84 LIVE Order Sets within Entry Point. To date, MICs has submitted 1055 order sets. The Registered Nurses Association of Ontario (RNAO) has contacted MICs to better understand the success of our implementation process. The next steps include increasing uptake with physicians and implementation of electronic Medical Directives via the Entry Point system.

Telehealth Services

There continues to be an increase in patient visits by 14% MICs wide. The greatest increase in the number of visits was at BMH with a 24% increase this fiscal year. This has occurred despite no additional funding for the service.



Virtual Critical Care (VCC)

VCC was launched in May 2014 with four hospitals participating. By May 2015, 23 hospitals across northeastern Ontario had joined VCC. Under the VCC model of care, a team of intensive care physicians, specially trained nurses and intensive care unit respiratory therapists based at HSN are available for around-the-clock consultations and follow-up visits for critically ill patients at participating hospitals. Other allied health professionals such as dietitians and pharmacists are also available for consultation during scheduled hours. VCC reduced avoidable transfers to a higher level of care by 36% meaning patients were able to remain in their home hospital instead of being medically transferred away from their families and support systems. In its inaugural year of operation, VCC saved the health care system $901,000 in transport costs alone. Further, VCC builds the critical care experience and skill of clinicians in smaller rural hospitals. Since joining VCC, the MICs Group of Health Services has accessed the service on 15 occasions.

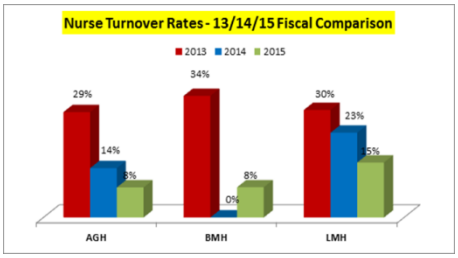
Professional Practice and Development

The Nursing Practice Advisory Council (NPAC)

The NPAC, comprised of acute and long-term care point of care nurses, continues to provide leadership both in patient/resident care areas and on a broad scale within MICs. These nurses continue to share knowledge and develop and implement positive practice changes that inspire excellence in others and leadership in nursing.

Recruitment and Retention

Nursing turnover is an important and widely used measure of the workplace environment. Nurse turnover is not only expensive for hospitals but also affects the quality of care. MICs has experienced a declining trend in turnover rates over the past several years with turnover attributed primarily to internal transfers or moves away from the communities in which nurses were employed.



Long-Term Care

As we reflect on the accomplishments of 2015-2016, we are reminded of all the reasons we have to celebrate. This year, Long-Term Care (LTC) has many reasons to be proud.

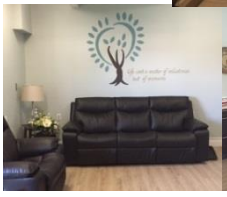
Point Click Care, EMAR: Point Click Care (PCC) electronic documentation was implemented in June of 2014. In 2015, all three LTC homes went live with the E-MAR (Electronic medication administration record) software platform in partnership with Medical Pharmacies. The E-Mar platform has been very well received and staff looks forward to the next step in the electronic platform, barcode scanning. The stretch goal is to achieve paperless LTC homes across the MICs Group of Health Services.

Standardization: MICs LTC has been working towards standardizing all LTC policy and procedures to ensure that all facilities are meeting the MOHLTC requirements and best practices. Ways in which to expedite this process are continually being explored. The following Required Programs as mandated by the MOHLTC were reviewed and updated in February 2016: Zero Tolerance for Abuse and Neglect, Duty to Report Abuse, Fall Prevention including Post Fall Assessment, Pain Management, Skin & Wound Program and Restraints & Personal Assistive Devices.

Recreation / Activity Coordinator Improvement: In keeping with the goal to standardize all areas of LTC, MICs purchased a specialized electronic software package (Activity Pro) in order to ensure recreation therapy activities delivered within our three homes are aligned. The go live date is planned for this year.

Family Councils: All three LTC sites now have functioning Long-Term Care family councils. This is a huge accomplishment given the efforts over the years to establish these. A family council is a mandated requirement by the MOHLTC.

Palliative Care Room: The staff at SCM celebrated the opening of a new palliative care room. The staff came up with the idea to convert an underutilized space within the manor into an area where residents and families could receive comfort during the last stages of the resident's life. The staff held bake sales, sold meat pies and actively participated in the creation of the room, donating their time, their muscle and resources to this space. The room features comfortable chairs, a fireplace, a flat screen television, microwave and fridge and



personal touches such as a quilt and a hand painted mural.

Addition of Long-Term Care Beds at Villa Minto: Thanks to a generous donation, Villa Minto has added a new rehabilitation/activity space, a quiet family area and an additional four LTC beds. This brings the total beds to 37. Construction was completed in March of 2016 and upon final approval from the Ministry, the beds will be opened for occupancy.

Ground breaking ceremony held Sept. 9th, 2015. Picture left to right are: Tim Mitchell R.J. Andrews, Frances Labelle, M.J. Labelle, Maureen Konopelky and Patricia Dorff.

Pictured is a spacious double room which will become the new home for two new residents.

The Honourable Associate Minister of Health and Long-Term Care cutting the ribbon thus officially opening the additional wing of the Villa Minto.

Redevelopment Plan at South Centennial Manor: The redevelopment of South Centennial was approved under the Enhanced Long-Term Care Home Renewal Strategy. This changes the manor from a "B" class home to an "A" class home. The process began three years ago when a Redevelopment Feasibility Study was completed to determine the optimum location for the manor. The study, submitted to the Ministry of Health, received approval in October 2015.

Sod turning ceremony following the Ministry of Health and LTC's approval of the re-development of SCM. Pictured in front from left to right are: Mayor Michael Shea, Associate Minister of Health and LTC Dipika Damerla, Johanne Edwards (Acting Board Chair) - Back row: Diane Stringer (Director of Care), Paul Chatelain (CEO), MPP John Vanthof, Gary Scripnick (NELHIN board member)

South Centennial Manor resident presented Associate Minister of Health and LTC, Dipika Damerla, a hand knit scarf on behalf of the residents of South Centennial Manor.

Mr. Alfred Gaudet presents a $1,000 cheque to the SCM Fundraising Committee on behalf of the Iroquois Falls Duplicate Bridge Club. (L-R) Gilles Forget, Alfred Gaudet, Suzanne de Laplante, Fernande Morrissette, Paul Chatelain, Diane Stringer and Lee-Ann St. Jacques

Mr. Roy Takayesu presents a $1,000 cheque to the SCM Fundraising Committee on behalf of the Iroquois Falls Community Choir. (L-R) are Gilles Forget, Roy Takayesu, Suzanne deLaplante, Fernande Morrissette, Paul Chatelain, Diane Stringer and Lee-Ann St. Jacques.

BMH Chief of Staff
Dr. George Freundlich

Throughout 2015 to the present time, there are two full-time physicians at the Bingham Memorial Hospital: Dr. Tamazadeene Razack and Dr. George V. Freundlich.

The workload 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 two to three days and very often the same day when necessary. Due to our commitment and dedication in assessing our own patients as well as numerous, unscheduled additional patients each day, the number of emergency visits has decreased considerably. I feel that this is extremely beneficial to the hospital's ER and the nursing staff and in some cases prevented hospital admissions all together.

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 timely and high quality of care is very much appreciated.

There are 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, Patient Care Manager – BMH.

At the time of this dictation, May 4, 2016, Nurses' Week is just around the corner. I would like to warmly congratulate our outstanding nursing staff and wish them all a Happy Nurses' Week!

Finally, I would like to extend my appreciation to the members of the hospital Board. I would like to point out in particular the excellent leadership of our CEO, Mr. Paul Chatelain. I would like to wish him well and to continue our excellent relationship which in turn will have an extremely beneficial effect on the hospital staff not to mention the general public.

AGH Chief of Staff
Dr. Stephen Chiang

As Chief of Staff for Anson General Hospital, I am pleased to present the report for 2015-2016 fiscal year.

There were some changes in the medical staff during the year. While Dr. Zamanpour left Iroquois Falls in July to go to Calgary to pursue his own personal interests, Dr. Boettcher came to Iroquois Falls in the same month to take over his practice; therefore, no patient care was affected.

Dr. Thomas joined the Anson General Hospital medical staff as a permanent physician in January 2016, increasing our full-time complement of physicians to four. Two retired, extremely experienced family physicians, Dr. Miller and Dr. Bethune, have also joined the Anson General Hospital medical staff as locum physicians. These increases in our medical staff manpower have helped us to cut down our wait time and enable us to deliver more timely quality care to our patients in the community.

Our emergency Department remains stable with local physicians as well as locum physicians providing quality, urgent patient care. We have utilized Virtual Critical Care (VCC) in our Emergency Department. Whenever needed, the specialists at the Health Sciences North in Sudbury will come and guide us through difficult cases. They see patients via the TV screen and communicate with physicians and the nursing staff regarding their recommendations. Patients are receiving excellent critical care as if they are in Sudbury. VCC also helps us to facilitate the transfer of very sick patients to Sudbury.

We continue to participate in the Northern Ontario School of Medicine (NOSM) teaching programs for medical students as well as Family Medicine Residents. All second year NOSM medical students who rotated through Iroquois Falls during the year very much enjoyed their learning opportunities here. Our Family Medicine Resident Dr. Bruno spent most of her time in Iroquois Falls while her specialty rotations were done in Timmins and in Sudbury. She has completed one year of her program, and by next July she will be able to join the Anson General Hospital as a fully licensed family physician.

The Iroquois Falls Family Health Team has been doing very well. With four full-time physicians (Dr. Chiang, Dr. Wu, Dr. Thomas and Dr. Boettcher), two part-time Nurse Practitioners (Buffy Sutherland and Analie Lagacé) and NOSM Family Medical Resident Dr. Bruno, we are able to provide walk-in clinics. The residents in the community appreciate this very much because they do not have to go to the Emergency Department for non-urgent medical problems. This in turn reduces the number of non-urgent visits to our Emergency Department.

Overall, we have had a strong year, providing comprehensive quality care to the members of the Iroquois Falls community.

LMH Chief of Staff
Dr. Rita Affleck

This annual report will provide a brief overview of our medical staff and services.

Acute Care / Chronic Care

We welcomed Dr. Gerhard Klassen this spring as our new General Surgeon and are very thankful that he chose Cochrane for his practice. Drs. Larry McPherrin, Tony Ross, Xiaobin Li, Joey Tremblay and I continue to practice family Medicine in the hospital caring for inpatients and in the Emergency Department. Dr. McPherrin, Dr. Ross and I also provide medical care to the Residents of Villa Minto.

Moving forward, we hope to collaborate with the hospital in recruitment and retention efforts in order to continue to provide the best possible care for our patients.

Emergency Department

Our team of doctors continues to provide exemplary care in our emergency Department. Support services, such as transportation, play a significant role in allowing patients to access services that are not available locally as well as to bring patients to our hospital in a timely manner.

Quality and Patient Care

Quality of care initiatives often focus on transitions of care for patients going from the community to hospital (ER and inpatient care) and then being discharged from hospital back to home care and community medical care. Although current quality indicators have not been developed with specific Rural Hospital indicators in mind, there is ongoing work at the provincial level to modify indicators and find new ones that may set more meaningful goals. With regard to continuity of care, we have the advantage in our community of having some of the same Family doctors providing comprehensive care in the hospital setting as well as clinical care at the Family Health Team.

EMR and POI Projects

Safe and high quality patient-centered care is predicated on being able to access results of investigations and consultations. Use of the EMR is one tool that we can use to help us reach this goal. The physician office Integration (POI) project in the Northeast LHIN has involved an intricate and arduous process of cooperation between hospital staff and physicians of the Family Health Team. This process brings results of investigations and reports done in the hospital directly to the patient medical record at the clinic.

Electronic medical records (EMR) have led to improvements in sharing vital information electronically between our hospital and clinic. The goal is to ensure that results of investigations are accessible to patients in a timely and reliable manner. We are working towards reducing paper copies of results but this is a slow process. I would like to thank all the collaborators in this work: Laboratory services, Medical Records, diagnostic Imaging and our local IT support.

We are proud of our work and continue to keep high quality patient care as our first priority.

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 Tuesday 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 held a membership drive this year.

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. We were told that the active wing as well as Rosedale Centre could use patio furniture.

Our fundraising is accomplished through our vending machines. We held a bake sale at the Christmas community bazaar and did very well. 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

As I go into my third year of being president (again after many years), I find we do not have too many changes to report. Although we can say we have over 80 paid members, we only have about one third of those who are active members either serving on our 4-person executive or working in our gift shop. However, since we joined forces with the volunteers from our manor, we have recruited many of them to be auxiliary members. Many of them came out to work at our annual bazaar which is our yearly big fundraiser. Our active members give approximately 3,700 hours of their time annually.

This past year, we again canvassed the majority of our local business before our bazaar and received generous donations of money or items for our penny table. We add to the penny table with donations from our auxiliary members and other generous community members. The bazaar brought in approximately $3,400.00.

We only held three regular auxiliary meetings in 2015 which are sparsely attended but which mainly allow us to plan for our bazaar and report on its success. We no longer do any direct patient activities but our gift shop is well run and very successful as it often has items not sold elsewhere in our small community. We have a small “satellite” showcase in the manor that carries items from our gift shop and seems to be greatly appreciated by residents, their families and the staff members. Sales there were $2,130.00 which is included in our net sales of $10,600.00 from our gift shop.

Our local Home Hardware donated a BBQ which retails for over $700.00 and we made $875.00 in ticket sales. We began sales at our bazaar November 1st and sold afterward until the draw on December 18th.

Our “Tree of Lights” annual campaign to light up our outdoor Christmas tree brought in almost $1,600.00. Names of donors and the recipients who were honoured or remembered were later put on posters which were displayed in the hospital lobby. Again we sold at the bazaar but continued to sell until closer to Christmas.

Our Memorial Fund brought in close to $2,300.00. Memorial cards are sold at the two funeral homes or at the gift shop.

Our pop machine brought in $1,220.00. A special thank you goes out to one of our male members, Léonce Brousseau who looks after purchasing and refilling the machine.

Again, we gave out two bursaries of $300.00 each to graduating students from our two high schools who are going into medical fields.

We gave our hospital $12,000.00 for needed items and we gave the manor $5,000.00 for the specialty patient bed that has gone into their newly created palliative patient family room. It is much larger than our hospital room we previously furnished as it also has an electric fireplace, sleeping sofa and comfortable seating for family members to stay there with their loved one.

As she has for many years, our Auxiliary Secretary and her now grown son delivered Christmas gifts to our hospital patients on Christmas Eve. This year, we did not go with all the same purchased items but we shopped in our own gift shop for a variety of items to suit individual patients.

We continue to give birthday gifts to our long-term complex continuing care patients.

We look forward to continuing our limited services to our hospital patients and the manor residents.

Lady Minto Hospital Auxiliary

Joan Parsons, President

We have 68 volunteers, but only 37 are active, 6 Provincial Life Members, Aline Tousignant, Joan Marwick, Barbara Rogers, Audrey Labelle, Anne Dyas and Dianne R. Denault.

With fewer active members, we the Lady Minto Auxiliary have volunteered ***7,100 hours***.

A total of $900.00 in scholarships and bursaries was presented. The recipients were William Goulet and Angele Lamarche from École Jeunesse Nord and Alister Ethier from Cochrane High School.

Our members are very busy with the gift shop; we hold raffles and bazaars. In September, we held a drop-in in honour of Aline's 60 years of volunteering in the gift shop. Also, I'd like to thank the Cox sisters for the tea they held which raised over $100.00 for the auxiliary.

We donated $30,000.00 to Lady Minto Hospital for blinds for all the windows on the floor and ten new flat screen televisions for the patients. We were very happy to be able to do this. Without the many hours given by our volunteers, we would not be able raise these much needed funds.

We also donated $300.00 to the Villa Minto Nursing Home to help with their craft and bingo projects.

We also would like to thank the MICs Board of Directors and CEO, Mr. Paul Chatelain for their continued support of our volunteers with the Christmas luncheon. This is an annual event and enjoyed by all.

A special thank you goes to Tim Mitchell who retired this year, to his replacement, Randy Martin and the maintenance staff, Suzanne Gadoury and the administration Team Members for their support and always speedy responses to our requests. To Roger Tousignant, our volunteer who takes care of filling our vending machines. To all our volunteers, a big thank you; without your dedication, we would not be successful.

To our wonderful executive team, Donna Thomas (secretary), Dianne Denault (past president), Dale Golding (publicity), Diane Génier (membership), Pat Dorff and Aline Tousignant … thank you. You have made my first year as president so much easier.

Appendix I

MICs Group of Health Services

Summary Financial Statements

For the year ending March 31st, 2016

Collins Barrow
Gagné Gagnon Bisson Hébert
Chartered Professional Accountants / Comptables Professionnels Agrées

Eric G. Gagnon Professional Corporation
Noël G. Cantin Professional Corporation
Julie A. Lemieux CPA, CA
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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, 2016 and the summary statement of operations for the year then ended and the related note are derived from the audited financial statements of Anson General Hospital for the year ended March 31, 2016. We expressed an unmodified audit opinion on those financial statements in our report dated June 14, 2016.

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, 2016, 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 14, 2016

ANSON GENERAL HOSPITAL
SUMMARY STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2016

	Budget (Unaudited)	2016 Actual	2015 Actual
REVENUES			
Ministry of Health and Long-Term Care	$ 7,904,172	$ 7,881,889	$ 7,787,942
Patient care	520,150	350,952	418,673
Recoveries and other revenue	488,630	477,616	532,481
Investment income	160,000	65,702	72,793
Amortization of deferred capital contributions - equipment and software	60,000	20,400	61,376
Cochrane Regional Lab Program	306,050	306,050	306,050
TOTAL REVENUES	9,439,002	9,102,609	9,179,315
EXPENSES			
Salaries and wages	4,585,864	4,461,597	4,424,133
Employee benefits	1,370,814	1,306,628	1,331,434
Medical staff remuneration	210,500	115,695	110,369
Supplies and other expenses	2,356,626	2,349,973	2,337,805
Medical and surgical supplies	228,050	200,026	224,685
Drugs and medical gases	212,000	162,239	200,067
Amortization of equipment and software	200,000	168,319	198,194
Cochrane Regional Lab Program	306,050	306,050	306,050
TOTAL EXPENSES	9,469,904	9,070,527	9,132,737
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) FROM OPERATIONS	(30,902)	32,082	46,578
Amortization of deferred capital contributions - buildings	380,000	358,947	352,926
Amortization of buildings	(440,000)	(467,542)	(455,558)
	(60,000)	(108,595)	(102,632)
EXCESS OF EXPENSES OVER REVENUES BEFORE OTHER PROGRAMS AND OTHER VOTES	(90,902)	(76,513)	(56,054)
OTHER PROGRAMS			
South Centennial Manor - Surplus	-	61,119	111,696
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) BEFORE OTHER VOTES	(90,902)	(15,394)	55,642
OTHER VOTES - MUNICIPAL LEVY			
Revenue	3,150	3,150	3,150
Expense	(3,150)	(3,150)	(3,150)
	-	-	-
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES)	$ (90,902)	$ (15,394)	$ 55,642

ANSON GENERAL HOSPITAL
SUMMARY STATEMENT OF FINANCIAL POSITION
MARCH 31 2016

	2016	2015
ASSETS		
Cash and cash equivalents	$ 500	$ 500
Accounts receivable	1,073,645	490,450
Inventories	79,221	78,603
Due from MICs Group of Health Services	-	162,033
INVESTMENTS	2,336,459	2,326,479
CAPITAL ASSETS	13,006,581	12,586,786
TOTAL ASSETS	$ 16,496,406	$ 15,644,851
LIABILITIES		
Accounts payable and accrued liabilities	$ 858,431	$ 791,763
Due to MICs Group of Health Services	1,075,538	-
Mortgage payable	52,600	52,600
Current portion of capital contribution repayable	12,000	12,000
CAPITAL CONTRIBUTION REPAYABLE	216,000	228,000
POST-EMPLOYMENT BENEFITS PAYABLE	1,246,494	1,182,159
DEFERRED CAPITAL CONTRIBUTIONS	8,114,310	8,386,179
TOTAL LIABILITIES	11,575,373	10,652,701
NET ASSETS		
Net assets, beginning of year	4,992,150	4,825,336
Excess of revenues over expenses (expenses over revenues)	(15,394)	55,642
Unrealized gains (losses) on investments	(55,723)	111,172
Net assets, end of year	4,921,033	4,992,150
TOTAL LIABILITIES AND NET ASSETS	$ 16,496,406	$ 15,644,851
NET ASSETS CONSISTS OF:		
Invested in capital assets	$ 4,611,671	$ 3,909,085
Unrestricted accumulated remeasurement gains	218,449	274,172
Unrestricted	90,913	808,893
NET ASSETS	$ 4,921,033	$ 4,992,150

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, 2016. 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.

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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, 2016 and the summary statement of operations for the year then ended and the related note are derived from the audited financial statements of Bingham Memorial Hospital for the year ended March 31, 2016. We expressed an unmodified audit opinion on those financial statements in our report dated June 14, 2016.

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, 2016, 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 14, 2016

BINGHAM MEMORIAL HOSPITAL
SUMMARY STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2016

	Budget (Unaudited)	2016 Actual	2015 Actual
REVENUES			
Ministry of Health and Long-Term Care	$ 6,727,100	$ 6,804,310	$ 6,813,960
Ontario Health Insurance	68,250	42,182	51,610
Other patient care revenue	491,150	489,220	524,695
Recoveries and other revenue	76,450	92,029	169,096
Investment income	10,000	14,794	15,568
Gain on disposition of capital assets		41,767	
Amortization of deferred capital contributions - equipment and software	80,000	25,741	43,153
TOTAL REVENUES	7,452,950	7,510,043	7,618,082
EXPENSES			
Salaries and wages	3,580,260	3,209,676	3,335,922
Employee benefits	1,069,950	990,042	971,111
Medical staff remuneration	878,000	953,277	930,836
Supplies and other expenses	1,590,248	1,432,398	1,315,542
Medical and surgical supplies	87,500	75,133	65,730
Drugs and medical gases	122,770	68,240	85,610
Amortization of equipment and software	122,000	134,096	135,109
TOTAL EXPENSES	7,450,728	6,862,862	6,839,860
EXCESS OF REVENUES OVER EXPENSES FROM OPERATIONS	2,222	647,181	778,222
Amortization of deferred capital contributions - buildings	205,000	253,315	240,728
Amortization of buildings	(225,000)	(251,014)	(243,179)
	(20,000)	2,301	(2,451)
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) BEFORE OTHER VOTES	(17,778)	649,482	775,771
OTHER VOTES - MUNICIPAL LEVY			
Revenue	3,000	3,000	3,000
Expense	(3,000)	(3,000)	(3,000)
	-	-	-
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES)	$ (17,778)	$ 649,482	$ 775,771

BINGHAM MEMORIAL HOSPITAL
SUMMARY STATEMENT OF FINANCIAL POSITION
MARCH 31 2016

	2016	2015
ASSETS		
Cash and cash equivalents	$ 46,722	$ 47,667
Accounts receivable	164,277	319,567
Inventories	122,837	136,070
Short-term investments	541,849	520,862
Due from MICs Group of Health Services	1,746,225	1,277,067
INVESTMENTS	572,412	595,278
CAPITAL ASSETS	3,658,347	3,664,781
TOTAL ASSETS	$ 6,852,669	$ 6,561,292
LIABILITIES		
Accounts payable and accrued liabilities	$ 273,726	$ 486,733
Deferred revenue	129,527	126,060
POST-EMPLOYMENT BENEFITS	586,778	552,348
DEFERRED CAPITAL CONTRIBUTIONS	2,893,243	3,043,152
TOTAL LIABILITIES	3,883,274	4,208,293
NET ASSETS		
Net assets, beginning of year	2,352,999	1,540,897
Excess of revenues over expenses	649,482	775,771
Unrealized gains (losses) on investments	(33,086)	36,331
Net assets, end of year	2,969,395	2,352,999
TOTAL LIABILITIES AND NET ASSETS	$ 6,852,669	$ 6,561,292
NET ASSETS CONSISTS OF:		
Invested in capital assets	$ 812,603	$ 669,128
Unrestricted accumulated remeasurement gains	104,770	137,856
Unrestricted	2,052,022	1,546,015
NET ASSETS	$ 2,969,395	$ 2,352,999

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, 2016. 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.

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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, 2016 and the summary statement of operations for the year then ended and the related note are derived from the audited financial statements of Lady Minto Hospital for the year ended March 31, 2016. We expressed an unmodified audit opinion on those financial statements in our report dated June 14, 2016.

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, 2016, 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 14, 2016

LADY MINTO HOSPITAL
SUMMARY STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2016

	Budget (Unaudited)	2016 Actual	2015 Actual
REVENUES			
Ministry of Health and Long-Term Care	$ 11,369,059	$ 11,293,867	$ 11,382,846
Cancer Care Ontario	565,000	311,546	306,867
Ontario Health Insurance	259,500	169,287	196,705
Other patient care revenue	203,950	277,141	265,714
Recoveries and other revenue	876,250	1,080,006	963,012
Investment income	50,000	109,686	93,109
Amortization of deferred capital contributions - equipment and software	160,000	130,645	122,677
TOTAL REVENUES	13,483,759	13,372,178	13,330,930
EXPENSES			
Salaries and wages	6,087,678	5,623,287	5,760,170
Employee benefits	1,646,191	1,791,366	1,681,037
Medical staff remuneration	1,791,500	1,594,687	1,694,630
Supplies and other expenses	2,796,438	2,808,555	2,636,130
Medical and surgical supplies	223,250	205,417	221,440
Drugs and medical gases	573,000	538,643	500,682
Amortization of equipment and software	358,000	266,766	310,376
TOTAL EXPENSES	13,476,057	12,828,721	12,804,465
EXCESS OF REVENUES OVER EXPENSES FROM OPERATIONS	7,702	543,457	526,465
Amortization of deferred capital contributions - buildings	225,000	256,863	230,082
Amortization of buildings	(500,000)	(551,180)	(533,830)
	(275,000)	(294,317)	(303,748)
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) BEFORE OTHER PROGRAMS AND OTHER VOTES	(267,298)	249,140	222,717
OTHER PROGRAMS			
Villa Minto Nursing Home - Deficit	-	(220,982)	(180,336)
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) BEFORE OTHER VOTES	(267,298)	28,158	42,381
OTHER VOTES - MUNICIPAL LEVY			
Revenue	4,350	4,350	4,350
Expense	(4,350)	(4,350)	(4,350)
	-	-	-
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES)	$ (267,298)	$ 28,158	$ 42,381

LADY MINTO HOSPITAL
SUMMARY STATEMENT OF FINANCIAL POSITION
MARCH 31 2016

		2016		2015
ASSETS				
Cash and cash equivalents	$	878,214	$	1,842,234
Accounts receivable		727,579		559,814
Prepaid expenses		130,303		-
Inventories		197,361		198,093
Due from MICs Group of Health Services		-		808,975
LONG-TERM RECEIVABLES		131,221		147,272
INVESTMENTS		2,986,247		2,021,695
CAPITAL ASSETS		11,637,519		9,854,014
INTANGIBLE ASSETS		539,946		578,514
TOTAL ASSETS	$	17,228,390	$	16,010,611
LIABILITIES				
Accounts payable and accrued liabilities	$	614,974	$	712,539
Deferred revenue		9,344		-
Due to MICs Group of Health Services		357,114		-
POST-EMPLOYMENT BENEFITS PAYABLE		1,340,173		1,279,210
DEFERRED CAPITAL CONTRIBUTIONS		3,889,831		2,920,912
TOTAL LIABILITIES		6,211,436		4,912,661
NET ASSETS				
Net assets, beginning of year		11,097,950		10,969,863
Excess of revenues over expenses		28,158		42,381
Unrealized gains (losses) on investments		(109,154)		85,706
Net assets, end of year		11,016,954		11,097,950
TOTAL LIABILITIES AND NET ASSETS	$	17,228,390	$	16,010,611
NET ASSETS CONSISTS OF:				
Invested in capital assets and intangible assets	$	8,320,559	$	7,570,175
Unrestricted accumulated remeasurement gains		128,311		237,465
Unrestricted		2,568,084		3,290,310
NET ASSETS	$	11,016,954	$	11,097,950

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, 2016. 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 2015/16

Indicator	Performance 2013-2014	Results 2014-2015	Status
***ED Wait Times:** 90th percentile ED length of stay for Non-Admitted Complex (CTAS I-III) patients. *CCO iPort Access/Q4 2012/13-Q3 2013/14* **AGH and BMH* Target-8hrs	AGH 9.36hrs	AGH 10.61hrs	
	BMH 4.17hrs	BMH 5.15hrs	
	LMH 3.9hrs	LMH 4.24hrs	
****Total Margin (consolidated):** 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. *OHRS, MOH Q3 2013/14* Target- ≥0	AGH -2.9%	AGH 1.14%	
	BMH 4.45%	BMH 10.4%	
	LMH 2.49%	LMH 2.21%	
Percentage ALC days: Total number of inpatient days designated as ALC. *Q3 2012/13-Q2 2013/14, DAD, CIHI* Target-14 (NHLIN)	AGH 0%	AGH 0%	
	BMH 4.9%	BMH 4%	
	LMH 12.9%	LMH 15.25%	
Readmission to any facility within 30 days for selected CMGs for any cause: The rate of non-elective readmissions to any facility within 20 days of discharge following an admission for select CMG's. *Q3 2012/13-Q1 2013/14 DAD, CIHI* Target-16.3 (NHLIN)	AGH 10.81	AGH 14.42	
	BMH 13.95	BMH X	
	LMH 15.09	LMH 16.92	
****Patient Satisfaction:** From NRC Picker / HCAPHS: "Overall, how would you rate the care and services you received at the hospital (inpatient care)?" *NRC Picker Oct 2012-Sept 2013* Target-93.2%	MICs 86.5%	MICs 92.9%	
***Medication Reconciliation at admission:** The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital. Q3 2013/14 **LMH* Target-90%	AGH 100%	AGH 100%	
	BMH 97.56%	BMH 100%	
	LMH 99.12%	LMH 99%	
****Hand hygiene compliance before patient contact:** 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 2015-2016

	BMH	LMH	AGH
Adult Admissions	154	493	473
Total Patient Days	2,546	8,311	6,986
Emergency Visits	2,223	11,150	8,335
Laboratory Visits	3,390	7,980	7,098
Radiology Visits	979	2,833	2,343
Physiotherapy Visits	276	416	2,741
Oncology Visits	-	370	-
Surgical Services / Endoscopy Visits	-	341	492
Ontario Telehealth Networks Visits	298	504	501
Visiting Specialists Clinic Visits	103	765	1,520

Lady Minto Hospital's 100th Anniversary Gala – November 21st, 2015

Long-Term Service Awards

Anson General Hospital – December 3rd, 2015




South Centennial Manor – December 4th, 2015



Lady Minto Hospital – December 10th, 2015


Bingham Memorial Hospital – December 17th, 2015