



**MICs Group of Health Services**  
*“Partnering Today for a Stronger Tomorrow”*

# **ANNUAL REPORT**

## **2016 - 2017**



**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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## **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 is my sixth year on the Bingham Memorial Hospital Board of Directors and my second year as Board Chair.

It still amazes me how much work, dedication and commitment it takes to operate a small rural hospital let alone three hospitals and three long-term care homes under the umbrella of the MICs Group of Health Services.

However, it is not just the Board of Directors who is dedicated and committed but all hospital Team Members who care about their patients and the care that they receive. Your community and the Board thank you.

The fiscal year 2016-2017 has been a challenging one but we have managed to accomplish much despite the fiscal restraints we have been under for the last seven years.

- Bingham Memorial Hospital will end the year with a small surplus.
- We were fortunate to have the Rotary Club of Matheson and the Ministry of Health provide the funding for a new Hospice Suite which will allow family to stay with their loved ones at end of life.
- Bingham received funding of \$70,000 for a new shower facility for Rosedale which will be completed by the summer of 2017.
- Painting and repairs to Bingham Memorial have not been completed yet but are ongoing.
- All medical priority items have been purchased from surplus funds.
- The Chief Executive Officer's application for special funding to repair the parking and driveway facilities was approved and the work was completed.
- A new nurse's station for Rosedale will be completed this spring.
- The Chief Executive Officer held an open house in Matheson on March 1<sup>st</sup>.
- Board Members attended a one-day retreat in Iroquois Falls in December 2016.
- Board Chairs attended a Small and Rural Hospital conference in May.
- Work is progressing on plans for a new South Centennial Manor and a sod turning is expected in the fall of 2017.

# AGH Board Chair

## Johanne Edwards

This has been an exciting year for Iroquois Falls as we focused on the redevelopment of South Centennial Manor (SCM). We also opened a hospice suite at Anson General Hospital (AGH) which has been long overdue. Here are the highlights of the year.

We held our second annual community engagement meeting in Iroquois Falls on November 30, 2016, followed by a question period. A presentation of current and future direction of the organization, accomplishments, as well as challenges was provided for those in attendance. The highlight was a presentation entitled “Management of Patients 65 Years of Age and Older with Delirium”, given by Pauline Thériault on behalf of the AGH Senior Friendly Team. This is an initiative to screen seniors to determine the presence of delirium in order to provide timely intervention.

We welcomed new Team Members in 2016-2017 at AGH and SCM and celebrated the recipients of our Long-Term Service Awards in December 2016. We had one 30-year and several 25-year and 10-year recipients. We thank them for their commitment to our patients.

Our Community Advisory Council (CAC) continues to meet and bring issues to the table; this assists MICs with Strategic Planning and Patient Relations. We thank them for their time and valuable input. The Council Members include LeeAnn Boucher (Co-chair), Stéphanie Audet, Chantal Barrette, Denis Barrette, Connie MacMullin and Betty Lou Purdon. We thank Julie Bernier for her contributions to the CAC as she steps down. We continue to look for new members.

From a risk management perspective, we continue to monitor the organization for cyber risks, such as attacks and frauds as these can be very expensive to the organization both financially and reputationally; we have many checks in place to protect against hackers and other breaches.

Despite a budget deficit, AGH balanced its books due to additional LHIN funding. With no significant increase in funds from the Ministry of Health and Long-Term Care (MOHLTC), we can only negotiate small increases in salary for unionized staff and no increase for Senior Management and for the Chief Executive Officer (CEO). In fact, there has been a freeze in salaries for Senior Management and for the CEO for five years. It is just a matter of time before the Ministry removes the freeze on these salaries and we will need to find the funds for this. We have made some changes and accessed different pools of funding to assist us in remaining afloat. With the re-structuring of the MICs Executive Team, we now have one less member on the team which has provided some savings although it has increased a still manageable workload for the remaining executives. We have had some huge expenses such as the roof repair and the oil tank project, so our CEO applied for, and received, a one-time small hospital transformation funding to cover the cost of the hospital roof replacement. We also have funding for the oil tank project. Without this funding, the work could not have been done.

The community has been generous in spite of the loss of our single industry. Donations have come from the Hospital Auxiliary which donated \$15,000 to AGH and \$5,000 to SCM and from the Iroquois Falls Legion which donated \$4,390 to AGH and \$6,969 to SCM. There were also several individual donations made to South Centennial Manor which add up to a total of \$4,400 over the last fiscal year.

The MICs Board Governance Committee has revisited and revised specific governing policies and by-laws. Furthermore, it has established a board policy, approved by the board, on Medical Assistance in Dying (MAID) to guide the Medical Advisory Committee in developing policies and a process to follow for requests for MAID.

The by-laws were changed to allow one MICs Chief of Staff as opposed to three local chiefs of staff and to add the position of a President of Medical Staff. All physicians were invited to apply for these positions as well as for one Medical Director per site. Dr. Chiang was ultimately appointed MICs Chief of Staff, Dr. Tremblay was appointed President of Medical Staff and Dr. Boettcher became the Medical Director for Anson General Hospital. MICs is also heavily involved in the education of medical learners as well as physicians and nurses on staff. There is collaboration with the Northern Ontario School of Medicine (NOSM) where Dr. Chiang and AGH locums, Dr. Miller and Dr. Bethune, are very much involved. This commitment to NOSM is an asset for MICs in attracting physicians to the area.

A Board retreat was held in December 2016 at which time there was significant discussion concerning how to remain viable with a continuing 1% increase each year from the MOHLTC. We recognize tough decisions will need to occur in the future without compromising care. We also will be working on a new strategic plan for MICs in 2017.

Last but not least, “**MICs News**” keeps us informed with what is going on at AGH, SCM and MICs. This excellent publication is produced by Suzanne Gadoury with input from different sectors.

Here are some site-specific developments:

**AGH:**

- We received approval and funding from the MOHLTC for one hospice bed at AGH with the grand opening occurring in March 2016.
- CDSSAB officially opted out of non-urgent transfers as of January 1st, 2017. Although they have done some since then, we are managing with a private transportation service.
- Phase II renovations for the reception area at AGH (including painting, additional flooring, sound proofing for the reception area and nursing station renovations) are almost complete.
- The roof is nearing completion.
- Since the cost of the roof replacement was over budget, we have applied for further funding in 2017 to pay for the oil tank project.

**SCM:**

- We welcomed Kelly Baxter as the new Director of Care in October.
- Our LTC Quality Indicators include: psychosocial function (monitoring behavioural symptoms), safety issues (use of antipsychotics, falls, pressure ulcers and use of restraints) and urinary incontinence.
- Sylvie Cloutier, Recreational Coordinator, continues to develop activities for Residents including wonderful musical entertainment. Many thanks to the volunteers who make these activities possible.
- The land survey for the SCM Redevelopment has been completed and we are working on the building drawings. We are planning to build an attached ten-unit assisted living complex.
- Although the MOHLTC has provided some funding for the new Manor, the community will need to find additional funds to cover the balance over the next 25 years. Fundraising activities for SCM such as a curling bonspiel in January 2017, “Paint and Sip” and a lobster dinner for May 2017, to name a few, have been very successful. There have also been a number of “In Memoriam” donations.
- With the Annual Compliance Inspection (done by the MOHLTC) identifying areas for improvement, we continue to upgrade such as patching, painting, flooring work, etc. to meet specifications. Staff training is ongoing.
- Monthly Family Council meetings are ongoing, providing a forum for family input into the operations of the home and also providing support for Council Members and for families of new Residents.
- SCM has received many compliments on its Palliative Care room but more importantly the excellent palliative care provided by the Manor’s staff.

With the MOHLTC holding its funding increases at a minimum and with our chronic deficit, we face many challenges ahead. Smart decisions will continue to be made to put us back “in the black” long-term.

On behalf of the Board, I would like to thank all the staff, physicians, Executive Team and volunteers for their unrelenting commitment to our patients and residents at Anson General Hospital and South Centennial Manor. It is this group effort that creates a safe and caring environment for everyone.



# LMH Board Chair

## Patricia Dorff

As I begin to compose my report, I realize how quickly time has passed and the last sentence of last year's report comes to mind: *"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."* Well I am here to tell you that I think we may have surpassed that.

**First**, I want to compliment all of our dedicated staff and Board Members who have worked so hard during the past year. Let's think of our facilities as ships where everything is only as good as the Captain and crew. In the past year, when the waters have been rough (with construction and other disruptions), the staff has done their best to keep our "ship" running smoothly. Don't forget people, the world, including our hospital, is a better place because of all of you.

**Secondly**, this year saw the conversion of our birthing room to the much needed Hospice room. With the help of our Auxiliary, community service clubs, plus personal donations, it became a reality. The four new rooms of Villa Minto are now in operation. Not enough, but certainly a big help! We have also recruited two doctors to our staff, one of whom is a surgeon. Much needed Team Members have been hired to fill the vacancies in some of our departments. We want to welcome them all to our hospital! Our doctors are working on a protocol for MAID (Medical Assistance in Dying), not something many of us want to think about, but in today's society, it has become necessary.

**Thirdly**, the Board continues to work on the policies and procedures to ensure that we are strengthening our infrastructure to our community's requirements. Maintaining quality service will continue to be the Board of Directors' and staff's priority. By working together, we can achieve our vision for the future.

**Lastly**, it has been a busy, challenging and successful year. I hope you all have a super and fun filled summer. Hopefully, the weather will cooperate.

# Chief Executive Officer

## Paul Chatelain

I am very pleased to submit my annual report as Chief Executive Officer of the MICs Group of Health Services. It's a great opportunity to summarize and showcase the events that occurred this past year.

In September 2016, we changed the governance structure of the medical leadership at the Board to one Chief of Staff (Dr. Stephen Chiang) and a President of the Medical Staff (Dr. Joey Tremblay). Recognizing the importance of medical issues at the local level, a Medical Director was elected from each site. This new model has provided more consistent and effective governance at the corporate level as well as dealing with local medical issues.

We have been busy planning the redevelopment of the South Centennial Manor after receiving official Ministry approval in April 2016. A new Redevelopment committee and Fundraising committee were formed to assist in bringing this project together. The drawings are ready and we will be tendering for a general contractor in the early summer in the hope of getting "digging" in the fall of 2017. The end result of this 18 to 24 month project will be a new *state of the art* 69-bed long-term care home for our existing and future Residents of our community.

We continue to strengthen 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 most 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 Phase II of the emergency and clinic renovations, replacement of the entire roof and flooring in the main lobby and nursing area at the Anson General Hospital; elevator upgrades at the Lady Minto Hospital; parking lot repairs, painting and flooring at Bingham and at the Rosedale Centre. Of course, the grand opening of our Hospice Suites at each site was the highlight of the renovations this year. Special thanks to the Auxiliary, Black-River Matheson Rotary and the Life Line fund for their generous support and donations.

I am also pleased to welcome our newest physician, Dr. Theodore Small, to Cochrane. He has begun his full-time practice at the Lady Minto Hospital replacing Dr. Li.

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, on their hard work to improve health care. The MICs Group of Health Services and our communities would not be the same without them.

# Chief Nursing Officer

Karen Hill

## Acute Care

This year has been nothing short of amazing. Our nursing leadership team which includes Helga Dragus, Marisa Dubois and Patsy Huber, had two major focuses: improving efficiencies in the workplace that would better support our point of care staff and moving toward a practice model that concentrated on what is best for patients and families. It has been my pleasure to work with such an outstanding team.

### *Knowledge, Innovation & Improvements*

This fiscal year, the nursing staff was exposed to *Surge Learning*, a new standardized educational process for clinical orientation and monthly clinical competency review. Based on feedback from the team, changes were made to the Emergency and Operating Room Orientation Programs to assure the staff were trained in the basics of those areas.

*Optimization of the Registered Practical Nurse Role* occurred with the introduction of an RPN into our Emergency and Ambulatory Care departments.

Technology and productivity merged with the introduction of new scope equipment in our Endoscopic Suites, reducing time and improving comfort for patients.



A number of evidence-based practices were initiated this year to improve patient outcomes. Through the *Senior Friendly Hospital Improvement Work* (A Provincial Collaborative Initiative) and *NICHE* (Nurses Improving Care of Hospitalized Elderly), staff put seniors first by implementing practices to assess for and treat delirium, to improve mobility and to improve the sleep and meal time experience. Both teams from Anson General Hospital and Bingham Memorial

Hospital were recognized for excellent change projects and sustainability of the changes.

Interdisciplinary rounds (*Bullet Rounds*) were hardwired into weekly practice across all three hospitals, becoming more patient centered as pro-active discussions around the patient's plan of care and safe discharges occurred. The goal is to reduce the average length of stay and to continue to reduce the alternate level of care and readmission rates.

The Patient Care Teams welcomed a *Care Transitions Coordinator*, a newly established clinical liaison role for all three hospitals. Whether to support home-based recovery and rehabilitation

after an operation, care to manage a chronic disease, palliative care for those with a terminal illness, or hospice care at the end of life, the goal was the same: to improve the patient experience. There have been six admissions to the hospice suites since the service opened on March 29<sup>th</sup>, 2017.



#### *Nursing Practice Advisory Council (NPAC)*

Our NPAC structure is a shared governance model that includes acute and long-term care nurses. This council continues to provide a forum for point of care clinicians to participate and share their perspectives about practice. The meetings include information sharing, making decisions and recommendations regarding issues and proposed changes that impact nursing practice. Some of the activities this year included knowledge development in patient centered care, team building exercises (learning about incivility in the workplace), developing, reviewing and revising policies, procedures, forms and programs, and standardizing these across the sites. These include Fall Prevention, Skin and Wound Health, Medication Admission Records, Trauma Records, ER Discharge Form, to name a few. These nurses impart their knowledge and develop and implement positive practice changes that inspire others.

#### *Professional Practice Council (Patient Care Team)*

The Professional Practice Council reviews and provides input for patient care processes, advises and seeks advice on implementing change based on evidence and best practices for patients and staff. This year, the council reviewed scope of practice and professional standards and the impact such has on patient outcomes. The Council held a Health Care Fair to introduce the various professions to students in grades seven to ten. The team provided displays highlighting careers in Nursing, Physiotherapy, Diagnostic Imaging, Dietitian Services, Laboratory Services and Pharmacy. The community representative had a booth sharing with students what it was like to be a patient with certain impairments. Students participated in a variety of activities including blood typing, strength testing, CPR compressions and much more! The stream of questioning was a good indication of how much the students enjoyed themselves.

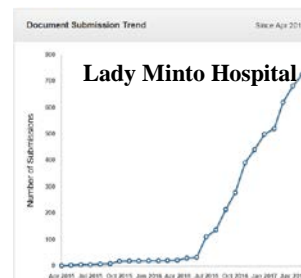
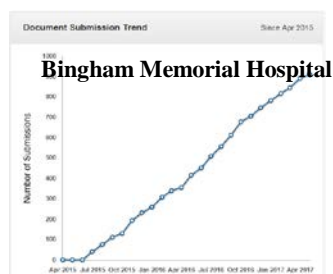


#### *Partnership Opportunities*

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. Small Hospital Activities have focused on securing and introduction of an electronic solution for scheduling and staffing (*Mindful Solution*) and an Automatic Drug Dispensing Unit (*PACMed*) for the Central Pharmacy. In response to Ministry requirements, transition to use of Quality Based Procedures via an electronic platform (*Think Research*:

formerly Patient Order Sets) was completed March 9<sup>th</sup>, 2017. MICs was identified as the highest performing small hospital within the NELHIN in the uptake and utilization of evidence-based, standardized orders for patient care. There are now eighty six (86) hospitals that voluntarily participate in the program and of those, thirty-three (33) hospitals are live with digital Quality Based Procedures (QBP) order sets.

The charts below reflect the steady improvement in the number of submissions for both Patient Order Sets and Nursing Order Sets.



## Long-Term Care



As the Chief Nursing Officer and Executive Lead for Long Term Care, I can definitively say what an impressive year we have had. Under the leadership of Marissa Dubois, Kelly Baxter and Joyce Rickard, the accomplishments and transformation of the three Long-Term Care (LTC) Homes will ensure our continued excellence in the delivery of resident care.

### Improved Documentation in Point-Click-Care

With the increased focus on quality indicators, quality improvement plans (QIPs) and public reporting, a great deal of our time was spent on improving documentation and data collection. Our three Resident Assessment Instrument (RAI) Coordinators focused on training point of care staff on capturing and documenting in meaningful ways involving the resident/family in updating the plans of care.

### Resident Quality Inspections (RQI)

As a means of recognizing the quality of the care provided in our homes, comprehensive inspections are conducted by the Ministry of Health and Long-Term Care. Over the past fiscal year, we have had three on-site visit RQIs and three follow up visits across the three Homes. While the visits did result in the issuance of various orders and suggestions for improved alignment with the LTC Homes Act, overall, the reports were positive. Areas in which the Homes focused on making improvements included: prevention of bed entrapment, minimal restraint use, fall prevention, skin and wound health, prevention of abuse and neglect, improved infection control practices, repairs to the physical environment and preventative maintenance. At



the time of this report, all orders or written notifications were complied with.

### Resident Safety

A review of the fall prevention program resulted in the introduction of huddles and “purposeful” rounding for Residents who have fallen and are at risk of falling again. A review of antipsychotic use in Residents with a diagnosis of psychosis was also conducted. The evidence shows that 5-15% of seniors in LTC Homes should be on antipsychotic medication however our usage was 30-45%. Initiatives are underway in order to improve the quality of care and quality of life of Residents.

### Resident and Family Involved Care

Recreation Therapy was a key focus for us this year. The three recreation therapists coordinated activities that were aligned with Residents’ functional ability and social, intellectual, emotional and spiritual needs. Families and Residents were invited and welcomed to participate in a variety of outings and celebrations. The Family and Resident Councils are now very active in all three Homes which has a positive influence on the culture and happiness of the Residents.



### Medical Pharmacies Quality Assurance Audits

Over the past couple of years, Medical Pharmacies has worked with our three LTC homes to assist us with providing exceptional pharmaceutical care to our Residents. The pharmacy implemented and now monitors (audits) the medication administration system on a quarterly basis to ensure compliance and optimal Resident safety. Over the past fiscal year, these audits have revealed an average of 90% compliance with required medication practices across the three Homes. This is a huge accomplishment. Medical Pharmacies were also able to discontinue the co-payment costs attached to medication dispensing for our Residents which lifts the financial burden that some Residents were experiencing. This was such great news!

### Behaviour Support Services and Seniors Mental Health

In January 2017, the MICs Group of Health Services welcomed the addition of a Geriatric Behavioural Response Specialist to the Health Care Team. The goal was to improve the quality of life for older adults who have responsive behaviours arising from mental health issues, substance use, dementia, delirium and other neurological disorders as well as the lives of their care partners. To date, there have been 28 referrals to the program with an average of a 70-hour response time. This position works in collaboration with the Timmins Psychogeriatric Resource Consultant and South Cochrane Behavioural Response Team. The program has been instrumental in the reinstatement of Snoezelen rooms within MICs. These are controlled multisensory environments which provide a soothing and stimulating area for persons with dementia. The program has also been a great source for education for the point of care staff.

# MICs Chief of Staff

## Dr. Stephen Chiang

As the Chief of Staff of the MICs Group of Health Services, I am pleased to present the report for the 2016-2017 fiscal year.

A few reorganizational changes for medical leadership were implemented during the year. In the past, there was one Chief of Staff for each hospital resulting in three Chiefs of Staff for the whole organization. During the last Annual General meeting, the MICs Group of Health Services Board of Directors passed a resolution to have only one Chief of Staff and to add the position of a President of Medical Staff to the board composition. They also created the position of a Medical Director for each site. This truly helps to bring the goal of amalgamation of the three hospitals one step closer.

There were some changes in the medical staff at Lady Minto Hospital for 2016. We were able to recruit general surgeon Dr. G. Klassen who joined us in the summer of 2016 replacing Dr. Brown who retired from Lady Minto Hospital in October 2015. Cochrane family physician, Dr. Li, relocated to Ottawa in August 2016. We were fortunate that family physician Dr. T. Small joined us in November 2016. There were no changes in the medical staff at Anson General Hospital and Bingham Memorial Hospital. However, starting in July 2017, Dr. Auri Bruno-Petrina will be joining the medical staff at Anson General Hospital after completing her Family Medicine Residency with Northern Ontario School of Medicine in June 2017.

Our Emergency Departments remain stable with local physicians as well as locum physicians providing quality urgent patient care. We continue to utilize Virtual Critical Care (VCC) in our Emergency Departments. Whenever needed, the specialists at the Health Sciences North in Sudbury are there to guide us through difficult cases by examining the patient via the OTN monitor and communicating with physicians and nursing staff. From there, they are able to make recommendations for treatment. Patients receive the same excellent critical care as they would 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 learners as well as Family Medicine Residents. All second year NOSM medical learners who rotated through the MICs Group of Health Services during the year very much enjoyed their learning opportunities here. Our Family Medicine Resident, Dr. Auri Bruno-Petrina, will be finishing her residency and graduating at the end of June 2017. Most of our physicians are NOSM faculty members and are also members of the NOSM Timiskaming – Cochrane Local Education Group. We have held three educational conferences throughout the year and they were well attended by physicians as well as other health care professionals. The topics presented included: Choose Wisely, Patient Safety and Quality Improvement, Evidence Based Medicine, Chronic Pain Management, Opioid Prescribing, Child Psychiatry, Suicide in Adolescents, Mental Health from the OPP perspective and Illicit Drug Use in Rural Northern Ontario. All our physicians have had great opportunities to educate themselves.

In April 2016, the Federal government introduced Bill C-14 legislation which was passed through the House of Commons and the Senate and received Royal Assent on June 17, 2016 formally becoming law in Canada. We invited the President of the College of Physicians and Surgeons of Ontario to give us a presentation regarding Medical Assistance in Dying (MAID) which was excellent and very informative. He clearly outlined physicians' obligations and responsibilities for MAID. The MICs Group of Health Services Board of Directors formulated a policy regarding MAID. The MICs Group of Services physicians subsequently derived a MAID protocol consistent with our policy. From now on, patients requesting MAID will receive excellent care as evidenced in our MAID policy and protocol.

Overall, we have had a strong year, providing comprehensive quality care to members of our three communities.

# **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 (9) meetings per year, however there are many others who are willing to help when needed.

We changed our meetings to the fourth Thursday of the month at 11:00 a.m. in the hospital lunchroom. We would be happy to welcome new members to our auxiliary. We held a membership drive this year which was very successful thanks to Sandy.

The auxiliary members do not assist with the Meals on Wheels Program as the Red Cross cancelled the program for lack of participants.

We donated money for the patients' coffee room. We were told that the active wing as well as Rosedale Centre could use patio furniture. We donated \$4,000 to the Rosedale Centre for an iPad for Brenda and a towel warmer for the Residents.

Our fundraising is accomplished mostly through our vending machines.

We held a bake sale at the Christmas Community Bazaar and did very well.

We do not do any mending any more as our sewing room was taken over for something else.

We plan on making a good size donation to the active side to replace some furniture.

We would like to thank Margaret Ann for all her help in keeping the auxiliary together over the winter.

# Anson General Hospital Auxiliary

**Anne Hannah, President**

Again this year, we held only four regular meetings therefore the four Executive members make the needed decisions between meetings. A membership drive was held in December which specifically targeted staff at Anson General Hospital and South Centennial Manor and boosted our membership to seventy-five.

In April, delegates attended the Spring Conference in Hearst and were happy to get the chance to meet other auxiliary members and share ideas. It was thoroughly enjoyed by all.

As we now have Manor volunteers as auxiliary members, we can count their hours also so our members gave close to 5,000 hours of their time in 2016. The South Centennial Manor group of auxiliary members offer their Residents such activities as Bingo, bowling and other games, special events and birthday parties, manicures, etc.

Our Complex Continuing Care patients are given gifts on their birthdays. Treasurer, Norma Labelle, looks after providing and delivering these. Secretary, Deb Stables-Lambert and her son, Wes, again gave out patient gifts on Christmas Eve. These items come from our gift shop.

We still have a very successful gift shop with a satellite showcase in South Centennial Manor. Our showcase annual sales totaled \$1,426 which is included in our total gift shop net sales totaling \$9,314 for the year. Pop machines net sales totaled \$1,473 and our November bazaar brought in close to \$4,000.

Our major draw this year of an Acer One 10 tablet/notebook priced at \$300.00 plus tax was extremely successful due to the particular contribution of one individual whose wife spent time in palliative care in our hospital before passing away. He honoured the 75 hospital staff members by buying each one three draw tickets for \$10.00. We sold tickets from mid-October to mid-December. After paying a discounted price for the notebook, we cleared \$1,100.

We also gave bursaries of \$300 each to graduates from each of our two high schools who plan on pursuing a medically related career.

We donated \$15,000 to our hospital for the purchase of a patient specialty air mattress valued at approximately \$5,000. The remaining funds will be put toward the cost of new over-the-bed-tables for patient rooms.

We also donated \$5,000 to the Timmins Hospital Foundation as many local patients are sent to Timmins for diagnostic testing, the birth of babies, specialty doctor visits and surgeries. We are grateful that this hospital saves further travel to more distant places.

We all look forward to another year of service to our Anson General Hospital patients and South Centennial Manor Residents.



# Lady Minto Hospital Auxiliary

## Joan Parsons, President

Another year has come to an end. Lady Minto Hospital Auxiliary has had a very good year thanks to all the hard work of our volunteers. Aline, our matriarch, is still going strong in the gift shop every morning from eight to noon.

Our volunteers put in over 7,000 hours last year. We have 68 members which include 12 life members and 5 provincial members. We could always use more members as there are so few who give so many hours of their time. Thank you to all of you for all you do to support our hospital.

Special thanks to Diane Génier for her wonderful ideas, purchasing power and shopping extravagances that fill our gift shop with beautiful items. Without her, our walls would be bare. Her hard work is very much appreciated.

Roger Tousignant is another of our invisible volunteers. Roger looks after our pop and chip machines. He does all the heavy lifting and running around to make sure we have the confection needed for the gift shop. If there is a problem with the machines or we run out of something, Roger is no further than a phone call away.

This year, we were able to donate \$5,000.00 to the hospital for our new Hospice Suite. We sent letters to all the businesses and service clubs and they were very generous. We continue to receive donations and they will be given to the hospital at a later date. We also donated \$300.00 to Villa Minto.

Last June, members attended graduations and presented three \$300.00 scholarships to students pursuing health sciences at the college or university level. This year, we have increased our scholarships to \$500.00 with a possibility of giving out \$1,500.00.

Our Christmas bazaar was a great success with volunteers putting in many hours. We closed our lottery account this year so we will no longer be asking members to sell tickets. We do hold draws on occasion. This raises money and doesn't cost us anything. With the cost of licences and banking fees, it became very expensive for the income we received.

We held our annual Christmas lunch in honour of our volunteers. Local artist, Huguette Perron, painted glass tree balls which were given to each of our volunteers. The hospital CEO, Paul Chatelain, was our special guest and gave us an update on what was happening in our hospital.

At the spring concert of the James Bay Region, the Cochrane hospital auxiliary was presented with a certificate in recognition of its 95<sup>th</sup> anniversary.

I would like to thank the hospital maintenance staff that is always there to help whenever needed and the administrative staff for their speedy responses to our inquiries.

Thank you to our board members: Donna Thomas, secretary, Dianne Denault, past president and Pat Dorff, hospital board chair. Thank you ladies for all you do. You are all so supportive and have such great ideas to keep things running smoothly.

As a new year begins, we will continue to do our best for our hospital. When we all work together, from our hearts, we CAN make a difference.

# Appendix I

MICs Group of Health Services

Summary Financial Statements

For the year ending March 31<sup>st</sup>, 2017

**BINGHAM MEMORIAL HOSPITAL**

**INDEPENDENT AUDITOR'S REPORT AND  
SUMMARY FINANCIAL STATEMENTS**

**MARCH 31, 2017**



Eric G. Gagnon Professional Corporation  
Noël G. Cantin Professional Corporation  
Julie A. Lemieux CPA, CA  
Martine Lemaire-Mignault CPA, CA  
Daniel D. Gagné CPA, CA  
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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, 2017 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, 2017. We expressed an unmodified audit opinion on those financial statements in our report dated June 19, 2017.

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, 2017, 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 19, 2017

**BINGHAM MEMORIAL HOSPITAL**  
**SUMMARY STATEMENT OF OPERATIONS**  
**YEAR ENDED MARCH 31, 2017**

	<b>Budget (Unaudited)</b>	<b>2017 Actual</b>	<b>2016 Actual</b>
<b>REVENUES</b>			
Ministry of Health and Long-Term Care	\$ 6,840,327	\$ 7,093,374	\$ 6,804,31
Ontario Health Insurance	57,25	42,594	42,182
Other patient care revenue	395,55	512,479	489,22
Recoveries and other revenue	74,9	84,458	92,029
Investment income	10,	19,83	14,794
Gain on disposition of capital assets	-	-	41,767
Amortization of deferred capital contributions - equipment and software	80,	31,859	25,741
	<u>7,458,027</u>	<u>7,784,594</u>	<u>7,510,043</u>
<b>EXPENSES</b>			
Salaries and wages	3,539,584	3,345,315	3,209,676
Employee benefits	1,063,496	976,95	990,042
Medical staff remuneration	918,3	948,722	953,277
Supplies and other expenses	1,536,911	1,543,707	1,432,398
Medical and surgical supplies	87,5	98,633	75,133
Drugs and medical gases	132,17	81,017	68,24
Loss on disposition of capital assets	-	1,508	-
Amortization of equipment and software	122,	90,832	134,096
	<u>7,399,961</u>	<u>7,086,684</u>	<u>6,862,862</u>
<b>EXCESS OF REVENUES OVER EXPENSES FROM OPERATIONS</b>	<u>58,066</u>	<u>697,91</u>	<u>647,181</u>
Amortization of deferred capital contributions - buildings	205,	241,046	253,315
Amortization of buildings	(225,000)	(277,933)	(251,014)
	<u>(20,000)</u>	<u>(36,887)</u>	<u>2,301</u>
<b>EXCESS OF REVENUES OVER EXPENSES BEFORE OTHER VOTES</b>	<u>38,066</u>	<u>661,023</u>	<u>649,482</u>
<b>OTHER VOTES - MUNICIPAL LEVY</b>			
Revenue	3,	3,	3,
Expense	(3,000)	(3,000)	(3,000)
	<u>-</u>	<u>-</u>	<u>-</u>
<b>EXCESS OF REVENUES OVER EXPENSES</b>	<u>\$ 38,066</u>	<u>\$ 661,023</u>	<u>\$ 649,482</u>



**BINGHAM MEMORIAL HOSPITAL**  
**SUMMARY STATEMENT OF FINANCIAL POSITION**  
**MARCH 31, 2017**

	2017	2016
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 17,011	\$ 46,722
Accounts receivable	369,29	164,277
Inventories	135,327	122,837
Short-term investments	570,89	541,849
Due from MICs Group of Health Services	1,893,676	1,746,225
	2,986,194	2,621,91
<b>INVESTMENTS</b>	635,307	572,412
<b>CAPITAL ASSETS</b>	3,755,324	3,658,347
	\$ 7,376,825	\$ 6,852,669
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued liabilities	\$ 147,464	\$ 273,726
Deferred revenue	128,288	129,527
	275,752	403,253
<b>POST-EMPLOYMENT BENEFITS</b>	605,749	586,778
<b>DEFERRED CAPITAL CONTRIBUTIONS</b>	2,815,375	2,893,243
	3,696,876	3,883,274
<b>NET ASSETS</b>		
<b>INVESTED IN CAPITAL ASSETS</b>	962,535	812,603
<b>UNRESTRICTED</b>	2,717,414	2,156,792
	3,679,949	2,969,395
	\$ 7,376,825	\$ 6,852,669

**BINGHAM MEMORIAL HOSPITAL**  
**NOTE TO SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31, 2017**

---

**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, 2017.

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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**ANSON GENERAL HOSPITAL**

**INDEPENDENT AUDITOR'S REPORT AND  
SUMMARY FINANCIAL STATEMENTS**

**MARCH 31, 2017**



Eric G. Gagnon Professional Corporation  
Noël G. Cantin Professional Corporation  
Julie A. Lemieux CPA, CA  
Martine Lemaire-Mignault CPA, CA  
Daniel D. Gagné 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, 2017 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, 2017. We expressed an unmodified audit opinion on those financial statements in our report dated June 19, 2017.

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, 2017, are a fair summary of those financial statements, in accordance with the basis described in note 1.

Chartered Professional Accountants  
Licenced Public Accountants  
June 19, 2017

**ANSON GENERAL HOSPITAL**  
**SUMMARY STATEMENT OF OPERATIONS**  
**YEAR ENDED MARCH 31, 2017**

	<b>Budget (Unaudited)</b>	<b>2017 Actual</b>	<b>2016 Actual</b>
<b>REVENUES</b>			
Ministry of Health and Long-Term Care	\$ 7,877,777	\$ 8,319,320	\$ 7,881,889
Patient care	471,150	439,457	350,952
Recoveries and other revenue	517,150	449,765	477,616
Investment income	160,000	33,632	65,702
Gain on disposition of capital assets	-	19,957	-
Amortization of deferred capital contributions - equipment and software	60,000	23,818	20,400
Cochrane Regional Lab Program	-	-	306,050
	<u>9,086,077</u>	<u>9,285,949</u>	<u>9,102,609</u>
<b>EXPENSES</b>			
Salaries and wages	4,527,934	4,487,884	4,461,597
Employee benefits	1,358,373	1,323,908	1,306,628
Medical staff remuneration	172,500	145,394	115,695
Supplies and other expenses	2,393,040	2,496,213	2,349,973
Medical and surgical supplies	225,000	203,493	200,026
Drugs and medical gases	205,000	195,965	162,239
Amortization of equipment and software	200,000	144,574	168,319
Cochrane Regional Lab Program	-	-	306,050
	<u>9,081,847</u>	<u>8,997,431</u>	<u>9,070,527</u>
<b>EXCESS OF REVENUES OVER EXPENSES FROM OPERATIONS</b>	<u>4,230</u>	<u>288,518</u>	<u>32,082</u>
Amortization of deferred capital contributions - buildings	380,000	367,690	358,947
Amortization of buildings	(440,000)	(475,493)	(467,542)
	<u>(60,000)</u>	<u>(107,803)</u>	<u>(108,595)</u>
<b>EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) BEFORE OTHER PROGRAMS AND OTHER VOTES</b>	<u>(55,770)</u>	<u>180,715</u>	<u>(76,513)</u>
<b>OTHER PROGRAMS</b>			
South Centennial Manor - Surplus (Loss)	-	(276,664)	61,119
	<u>(55,770)</u>	<u>(95,949)</u>	<u>(15,394)</u>
<b>OTHER VOTES - MUNICIPAL LEVY</b>			
Revenue	3,150	3,150	3,150
Expense	(3,150)	(3,150)	(3,150)
	<u>-</u>	<u>-</u>	<u>-</u>
<b>EXCESS OF EXPENSES OVER REVENUES</b>	<u>\$ (55,770)</u>	<u>\$ (95,949)</u>	<u>\$ (15,394)</u>



**ANSON GENERAL HOSPITAL****SUMMARY STATEMENT OF FINANCIAL POSITION****MARCH 31, 2017**

	2017	2016
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 500	\$ 500
Accounts receivable	814,149	1,073,645
Inventories	156,212	79,221
	970,861	1,153,366
<b>INVESTMENTS</b>	2,540,535	2,336,459
<b>CAPITAL ASSETS</b>	14,125,289	13,006,581
	<u>\$ 17,636,685</u>	<u>\$ 16,496,406</u>
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued liabilities	\$ 882,086	\$ 858,431
Deferred revenue	65,653	-
Due to MICs Group of Health Services	1,320,075	1,075,538
Mortgage payable	52,600	52,600
Current portion of capital contribution repayable	12,000	12,000
	2,332,414	1,998,569
<b>CAPITAL CONTRIBUTION REPAYABLE</b>	204,000	216,000
<b>POST-EMPLOYMENT BENEFITS PAYABLE</b>	1,273,547	1,246,494
<b>DEFERRED CAPITAL CONTRIBUTIONS</b>	8,831,179	8,114,310
	<u>12,641,140</u>	<u>11,575,373</u>
<b>NET ASSETS</b>		
<b>INVESTED IN CAPITAL ASSETS</b>	5,070,860	4,611,671
<b>UNRESTRICTED</b>	(75,315)	309,362
	<u>4,995,545</u>	<u>4,921,033</u>
	<u>\$ 17,636,685</u>	<u>\$ 16,496,406</u>

**ANSON GENERAL HOSPITAL****NOTE TO SUMMARY FINANCIAL STATEMENTS****MARCH 31, 2017**

---

**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, 2017.

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.

---

**LADY MINTO HOSPITAL**

**INDEPENDENT AUDITOR'S REPORT AND  
SUMMARY FINANCIAL STATEMENTS**

**MARCH 31, 2017**



Eric G. Gagnon Professional Corporation  
Noël G. Cantin Professional Corporation  
Julie A. Lemieux CPA, CA  
Martine Lemaire-Mignault CPA, CA  
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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, 2017 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, 2017. We expressed an unmodified audit opinion on those financial statements in our report dated June 19, 2017.

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, 2017, are a fair summary of those financial statements, in accordance with the basis described in note 1.

Chartered Professional Accountants  
Licenced Public Accountants  
June 19, 2017

**LADY MINTO HOSPITAL**  
**SUMMARY STATEMENT OF OPERATIONS**  
**YEAR ENDED MARCH 31, 2017**

	<b>Budget (Unaudited)</b>	<b>2017 Actual</b>	<b>2016 Actual</b>
<b>REVENUES</b>			
Ministry of Health and Long-Term Care	\$ 11,462,520	\$ 11,812,554	\$ 11,293,867
Cancer Care Ontario	445,000	174,109	311,546
Ontario Health Insurance	258,000	206,370	169,287
Other patient care revenue	259,450	287,269	277,141
Recoveries and other revenue	921,781	1,016,330	1,080,006
Investment income	50,000	66,494	109,686
Amortization of deferred capital contributions - equipment and software	160,000	98,424	130,645
	<u>13,556,751</u>	<u>13,661,550</u>	<u>13,372,178</u>
<b>EXPENSES</b>			
Salaries and wages	6,073,983	5,918,376	5,623,287
Employee benefits	1,822,195	1,819,206	1,791,366
Medical staff remuneration	1,725,949	1,687,045	1,594,687
Supplies and other expenses	2,872,940	2,878,380	2,808,555
Medical and surgical supplies	226,250	239,902	205,417
Drugs and medical gases	485,000	335,007	538,643
Amortization of equipment and software	328,000	243,145	266,766
Loss on disposition of capital assets	-	24,781	-
	<u>13,534,317</u>	<u>13,145,842</u>	<u>12,828,721</u>
<b>EXCESS OF REVENUES OVER EXPENSES FROM OPERATIONS</b>			
	<u>22,434</u>	<u>515,708</u>	<u>543,457</u>
Amortization of deferred capital contributions - buildings	225,000	291,981	256,863
Amortization of buildings	(500,000)	(632,368)	(551,180)
	<u>(275,000)</u>	<u>(340,387)</u>	<u>(294,317)</u>
<b>EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) BEFORE OTHER PROGRAMS AND OTHER VOTES</b>			
	(252,566)	175,321	249,140
<b>OTHER PROGRAMS</b>			
Villa Minto Nursing Home - Deficit	-	(176,680)	(220,982)
	<u>(252,566)</u>	<u>(1,359)</u>	<u>28,158</u>
<b>OTHER VOTES - MUNICIPAL LEVY</b>			
Revenue	4,350	4,350	4,350
Expense	(4,350)	(4,350)	(4,350)
	<u>-</u>	<u>-</u>	<u>-</u>
<b>EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES)</b>			
	<u>\$ (252,566)</u>	<u>\$ (1,359)</u>	<u>\$ 28,158</u>

# LADY MINTO HOSPITAL

## SUMMARY STATEMENT OF FINANCIAL POSITION

MARCH 31, 2017

	2017	2016
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 859,725	\$ 878,214
Accounts receivable	822,148	727,579
Prepaid expenses	113,582	130,303
Inventories	218,197	197,361
	<u>2,013,652</u>	<u>1,933,457</u>
LONG-TERM RECEIVABLES	68,569	131,221
INVESTMENTS	3,140,147	2,986,247
CAPITAL ASSETS	12,336,291	11,637,519
INTANGIBLE ASSETS	<u>501,378</u>	<u>539,946</u>
	<u>\$ 18,060,037</u>	<u>\$ 17,228,390</u>
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued liabilities	\$ 511,324	\$ 614,974
Deferred revenue	9,344	9,344
Due to MICs Group of Health Services	<u>609,243</u>	<u>357,114</u>
	<u>1,129,911</u>	<u>981,432</u>
POST-EMPLOYMENT BENEFITS PAYABLE	1,357,101	1,340,173
DEFERRED CAPITAL CONTRIBUTIONS	<u>4,488,477</u>	<u>3,889,831</u>
	<u>6,975,489</u>	<u>6,211,436</u>
<b>NET ASSETS</b>		
INVESTED IN CAPITAL ASSETS AND		
INTANGIBLE ASSETS	8,362,637	8,320,559
UNRESTRICTED	<u>2,721,911</u>	<u>2,696,395</u>
	<u>11,084,548</u>	<u>11,016,954</u>
	<u>\$ 18,060,037</u>	<u>\$ 17,228,390</u>



**LADY MINTO HOSPITAL****NOTE TO SUMMARY FINANCIAL STATEMENTS****MARCH 31, 2017**

---

**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, 2017.

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

## Quality Improvement Plan Final Progress report 2016/17-Hospital and LTC

Objective	Actual	Target for 16/17	Goal	Results
*Total number of ALC inpatient days: contributed by ALC patient within the specific reporting period (open, discharged and discontinued cases), divided by the total number of patient days for open, discharged and discontinued cases (Bed census summary) in the same period. <i>Internal data Oct 2015-Sept 2016 *AGH</i>	38%	≤44%	Maintain	AGH 50.5%
	37%	≤35%	Improve	BMH 25.0%
	51%	≤24%	Improve	LMH 51.75%
**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. <i>OHRs, MOH Q4 2016/17</i>	0.33%	≤0%	Maintain	AGH 0.82%
	6.53%	≤0%	Maintain	BMH 8.97%
	1.83%	≤0%	Maintain	LMH 2.09%
Patient Satisfaction: Total number of patients who responded on "Client Experience Survey" from Accreditation Canada for inpatient area. Question to be determined. <i>Collecting baseline Q3 2016/17</i>	CB	CB	CB	AGH 27%
	CB	CB	CB	BMH 19%
	CB	CB	CB	LMH 6%
**Medication Reconciliation at discharge: The total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged. <i>Q3 2016/17 *BMH &amp; LMH</i>	100%	≥81%	Maintain	AGH 100%
	100%	≥81%	Maintain	BMH 100%
	43%	≥81%	Improve	LMH 100%
**Hand hygiene compliance before patient contact: The number of times that hand hygiene was performed before initial patient contact divided by the number of observed hand hygiene indications for before initial patient contact multiplied by 100 <i>Jan-Dec. 2016, consistent with publicly reportable patient safety data</i>	86%	≥87.5%	Improve	AGH 94%
	80%	≥87.5%	Improve	BMH 81%
	87%	≥87.5%	Improve	LMH 88%

\*Physician Compensation    \*\*Executive Compensation

Objective	Actual	Target for 16/17	Goal	Results
Inappropriate Use of Anti-psychotics-% or residents receiving antipsychotics without a diagnosis of psychosis. <i>Q2 FY 2016/17, CCRS eReports</i>	23.7%	21.33%	↓10%	SCM 22.7%
	44.4%	39.96%	↓10%	VM 40.7%
	34.3%	30.87%	↓10%	RD 33.4%
Resident Satisfaction: Percentage of residents responded to resident satisfaction survey -in-house survey, most recent 12 month period	35%	38.5%	↑10%	SCM 41%
	45%	49.5%	↑10%	VM 39%
	40%	44%	↑10%	RD 80%
Pressure ulcers: Percentage of residents who had a pressure ulcer that recently got worse- Q2 FY 2016/17, CCRS eReports  <i>Benchmark: 1%    Ontario rate: 3.2%</i>	1.6%	≤2.8%	Maintain	SCM 3.4%
	0.4%	≤2.8%	Maintain	VM 3.1%
	3.8%	≤2.8%	Improve	RD 3.4%



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 2016-2017

	<b>BMH</b>	<b>LMH</b>	<b>AGH</b>
Adult Admissions	177	455	461
Total Patient Days	2,713	7,414	8,745
Emergency Visits	2,075	11,061	7,377
Laboratory Visits	2,905	7,478	6,981
Radiology Visits	770	2,779	2,162
Physiotherapy Visits	313	560	2,418
Oncology Visits	-	240	-
Surgical Services / Endoscopy Visits	-	421	546
Ontario Telehealth Networks Visits	298	657	514
Visiting Specialists Clinic Visits	28	661	1,644

# Long-Term Service Awards

**Anson General Hospital / South Centennial Manor – December 8<sup>th</sup>, 2016**



**Lady Minto Hospital / Villa Minto – December 1<sup>st</sup>, 2016**



**Bingham Memorial Hospital / Rosedale Centre – December 15<sup>th</sup>, 2016**





# Grand Opening of the Hospice Suites March 29<sup>th</sup>, 2017

## Lady Minto Hospital



## Anson General Hospital



## Bingham Memorial Hospital

