



MICs Group of Health Services

"Planning for a Better Tomorrow"

ANNUAL REPORT

2017 - 2018



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MICs Group of Health Services

Matheson – Iroquois Falls – Cochrane

Value Statement

Planning for a Better Tomorrow

Mission Statement

Partnering to deliver excellent health care for our communities.

Vision Statement

Quality care for everyone always!



Bingham Memorial – Matheson

“Caring for our Community”

Anson General – Iroquois Falls

“Personal Quality Care”

Lady Minto – Cochrane

“Caring Together”

MICs Group of Health Services

Strategic Plan 2018-2022



MICs Group of Health Services

Matheson – Iroquois Falls – Cochrane

"Planning for a Better Tomorrow"

Mission: Partnering to deliver excellent health care for our communities

Vision: Quality care for everyone always!

Values: Integrity – Respect – Accountability – Quality

How will we get there?

- ✓ Focus on person-centered care
- ✓ Ensure the safety of patients, residents and staff
- ✓ Ensure the sustainability of the organization
- ✓ Partner to achieve desired results
- ✓ Engage with our stakeholders

MICs Group Strategic Plan 2018 to 2022

Strategic Direction	Goals for 2018
Person-Centered Care	<ul style="list-style-type: none">• Optimize the transition of care for patients and residents• Collaborate with patients, residents and families for the best healthcare experience
Safety	<ul style="list-style-type: none">• Continue to build a culture of trust and shared leadership in which everyone has both a right and a responsibility to speak up about issues that may impact safe and effective practice
Sustainment	<ul style="list-style-type: none">• Develop and implement strategies to support recruitment and retention of health professionals• Develop a Human Resources plan including medical staff
Partnering	<ul style="list-style-type: none">• Work with partners to develop the MICs health hub model• Partner with Minto Counseling to expand and improve mental health care services
Engagement	<ul style="list-style-type: none">• Effectively engage with our Team Members and stakeholders• Endeavor to give patients and residents a meaningful voice

BMH Board Chair

Robert Dennis

This is my 7th year as a Board member and my 3rd as Chairman of the Board and the business of the Board has not slowed down in pace over that period.

As usual, the matter of government funding is the largest problem we have to wrestle with and with an election coming in June, we are being promised more money but have to wait another eight to nine months to see what we really receive. The timing of the funding announcement makes it difficult to manage an organization like MICs.

I continue to receive inquiries from the public about the “doctor” situation at BMH.

Dr. Freundlich is on an extended leave of absence with no certain date of return. This creates a coverage problem in meeting the medical services of his patients and coverage in the ER.

To solve this major problem, MICs is advertising and recruiting for an additional or third doctor to fill the gap on a permanent basis. The ER is covered by a number of locums.

A warm welcome to Dr. Boettcher who has taken up practice in Matheson and a sad goodbye to Dr. Razack who left in December 2017.

BMH is on financially secure footing again this year and declaring a surplus which will be used to fund capital projects.

This past year, we completed or are near completion of the following projects:

- New hospice room completely decorated and furnished
- New roof on the hospital
- A new shower room for the Residents of Rosedale
- Two new nursing stations - one on the hospital side and one on the Rosedale side
- Renovations to the nurses’ lunchroom
- Painting on BMH halls – still in progress
- New wall protective sheeting in the halls of BMH
- New flooring on the second storey floors and the boardroom

Again, I want to thank the hospital staff and management staff for their exceptional work in caring for patients and superb management skills in making MICs an exceptional organization.

AGH Board Chair

Patrick Britton

This past year has seen some changes to our board. Joanne Edwards and LeeAnn Boucher have both left the board and I wish them the best of luck in their pursuit of their new endeavours. As a result, we have two new Board Members: Stan Denault and Danielle Delaurier and I welcome them aboard.

At the end of October 2017, we had our board retreat where we discussed and developed a new five-year strategic plan which was implemented at the end of March this year.

We are getting ready to replace the old oil tank and generator for the hospital and that construction should occur shortly.

Unfortunately, AGH will have a slight deficit this year partly due to the increased activity.

From February 4th to the 8th, MICs Group was scheduled for its accreditation assessment by Accreditation Canada. This accreditation is done every four years. Many hours were spent in the months leading up to this survey by staff members making sure our policies and procedures were up-to-date and in place. On February 8th, two members of the accreditation team did their review at Anson General Hospital and South Centennial Manor. In the final report issued by Accreditation Canada, the MICs Group of Health Services was given a score above 95% compliance.

The South Centennial Manor redevelopment project is moving forward. At this point in time, the financials are being assessed by the Ministry of Health and Long-Term Care (MOHLTC) and we are waiting for their approval of the financials before moving toward. We had hoped to have construction started this fall.

Finally, on behalf of the Anson General Hospital Board of Directors, I would like to extend our sincere gratitude to our CEO, Executive Team and all Team Members for their hard work and dedication in the care of our patients and Residents. We would also like to thank the many volunteers that make their time available for both the hospital and the manor.

LMH Board Chair

Patricia Dorff

When I reflect on the past year at Lady Minto, it never ceases to amaze me what can be accomplished in a year.

We added a Snoezelen room to our facility to help people with depression, dementia and other related conditions. It is amazing to watch this room in operation. A big thank you to the people who created it.

Our Hospice suite has been in operation for a year now and is greatly appreciated by family and friends of patients. Decorated like a Home, with a kitchen area, a sofa bed, TV and many other amenities, it provides the comforts of Home where patients and families are afforded some degree of privacy. This was certainly a necessity and has been greatly supported by the community.

Physician recruitment remains a priority and is always ongoing. The same goes for other allied health professionals such as nursing, lab, diagnostic imaging, etc. also. We are lucky enough to have a full complement of doctors, that is, according to the Ministry of Health!!

Like other hospitals, MICs has dealt with MAiD (Medical Assistance in Dying) in the past year. MAiD became law in May of 2017. Staff and physicians are not obligated to participate in this service. However, there must be a system in place whereby the patient's right to MAiD is respected.

Our elderly population have multiple medical problems requiring prolonged recurrent hospitalizations. The entire medical staff and our indispensable nursing team deserve recognition for maintaining high standards in E.R. and inpatient coverage during these trying times.

This year, capital dollars were spent on the following:

- ✓ Replacement of the ambulance entrance parking lot pavement
- ✓ Main electrical transformer and secondary feeders
- ✓ LED lighting retrofit
- ✓ Replacement of the Glycol sprinkler system in the ambulance garage
- ✓ Minto Centre LED lighting retrofit
- ✓ Purchase of a waste compactor

These projects have all be completed! A big thank you to our Maintenance Staff for their role in coordinating and/or participating in some of these initiatives.

In conclusion, I wish to acknowledge the work of our many partners, plus our dedicated staff who have worked so hard during the past year to make a difference in the lives of our patients and Residents. The world is a better place because of all of you.

To my fellow Board Members, thanks for all your support plus let us not forget the Hospital Auxiliary. They are never far away, if and when we need help.

Thank you for your continued support. Have a safe summer!

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.

We welcomed four new Board Members this year: Julie Papineau, Stan Denault, Danielle Delaurier and Roy Onlock, all of whom possess great skillsets to lead our organization into the future. We also restructured our Executive team, combining the Patient Safety and Quality role with the Chief Nursing Officer, now led by Ms. Isabelle Boucher and promoted Ms. Kelly Baxter to the Executive Lead of Long-Term Care.

It has been a very busy year at the MICs Group of Health Services. We completed our Strategic Plan 2022 and our Accreditation Survey, both with very positive results. Over the course of eight months, we engaged with various focus groups from the Indigenous and Francophone population to our Health Service Providers. The common theme was evident; we need to provide "person centered" care. We also revamped our Mission, Vision and Values and simplified our slogan to "Planning for a Better Tomorrow." The Board and I now have our roadmap for the next five years *to provide quality care for everyone always!*

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. We worked together with the Family Health Teams in Cochrane and Iroquois Falls to form the new MICs Health Links. Our Community Advisory Councils were replaced by our new Patient and Family Advisory Committee to improve the patient experience for all our communities.

While we are still patiently working with the Ministry on the re-development of the South Centennial Manor, our Fundraising committee has been very busy organizing many fundraising events. These activities alone raised over \$75,000 in 2017 and there are many more events planned for this year including the 50th Anniversary celebration.

I am pleased to report that the organization has reported a small operating surplus and met most of the targets set out in our Quality Improvement Plan in acute hospitals and the long-term care Homes.

It was an exciting year for physical plant upgrades. We applied for, and were granted, over \$1.5 million in Exceptional Circumstance Program funding from the Ministry of Health and Long-Term Care. We used this to upgrade the new electrical generator at the Lady Minto Hospital; oil tank replacement at the Anson General Hospital; roof replacement, painting and flooring at Bingham Memorial Hospital and the Rosedale Centre.

I would like to extend my sincere appreciation to the Board of Directors, Medical Staff, the Executive Team, all Team Members and of course our volunteers, for their hard work to improve health care. The MICs Group of Health Services and our communities would not be the same without them.

Chief Nursing Officer

Isabelle Boucher

A Year in Review

As the Chief Nursing Officer, I am committed to providing leadership to ensure quality care is provided to our patients. I am equally committed to creating and maintaining an environment that supports our nurses. My role is to foster a professional practice environment, where evidenced-based nursing practice is used, professional development is encouraged and nurses are empowered to make decisions that affect their practice.

As I reflect on the short time I have been in this position, I feel quite proud of the accomplishments we have made this far. This year has been one of change and adaptation as we have experienced a shift in our Leadership structure. Despite this, our nursing leadership team which includes Patsy Huber and Michelle Lisiecki have done an outstanding job managing their respective units all while ensuring the delivery of safe, quality care.

Accreditation

In February 2018, the MICs Group of Health Services was awarded ‘Accreditation’ status from Accreditation Canada. Accreditation is a voluntary process that allows health-care providers to assess every aspect of health care and service against national standards of excellence. In the surveyors’ final report, Accreditation Canada determined that the MICs Group of Health Services met 96.3% of the standards and criteria that were assessed. This is an outstanding accomplishment!

Surveyors spent four days (Feb 4-8th) on-site at all of our sites reviewing documentation and performance data, observing care processes, interviewing patients, families, staff, physicians and community partners to provide “a 360 degree look” at the hospital. Being accredited shows that we have been assessed by our peers, met or exceeded national standards of excellence, and that we continue to strive for high quality health care.

Nursing Practice Advisory Council (NPAC)

Our NPAC structure is a shared governance model that includes acute care nurses from various clinical settings. 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 include the development of a Care Transitions Report tool which allows the exchange of information at care transitions. This is in line with Accreditation Canada’s required organizational practice (ROP) and ensures effective and safe hand off of care between caregivers. The team has also revised various policies and procedures, forms and programs, and standardized these across the sites. These nurses impart their knowledge and develop and implement positive practice changes that inspire others.

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. This year, the NELHIN announced that the Bingham Memorial Hospital, Anson General Hospital and Lady Minto Hospital were selected to each receive an Automated Dispensing Unit (ADU). This is part of the first “wave” for Pharmacy Transformational Funding and we look forward to seeing what the second wave will bring. An internal committee will be working along with six other hospitals that were selected in the NELHIN to receive ADUs to develop an implementation plan. This project is expected to be completed by October 2018.

Patient Care Team

The Patient Care Team 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 team recently held a brainstorming session to completely revamp their goals and objectives to be in line with our new strategic directions. The session began with an activity called “Pat on the Back”

which allowed Team Members to write something positive about each other and then share with the team. Everyone deserves a pat on the back!



Successes

- This year, we successfully recruited our new **Pharmacist**. Bohang Zhao joined us in July of 2017. His expertise in the area of medication management definitely enhances the patient experience.
- Our **Hospice** program has seen a total of 60 patients since the opening last year. Families who have accompanied a loved one in the end of life process have expressed great satisfaction with this service. Throughout the year, we were able to provide multiple educational opportunities such as “Fundamentals of Palliative Care”, LEAP (Learn Essentials Approaches to Palliative and End-of-Life Care) and MAiD (Medical Assistance in Dying) which was well attended. We also offered multiple lunch and learn sessions at each hospital.
- **Non-Urgent Patient Transportation** - The lack of non-urgent patient transportation available to our communities has required us to look at alternate solutions to ensure the safe and timely transportation for our patients. We were able to negotiate a contract with an external provider (Platinum) and are proud to say that staff and patients/families have been very pleased with this service.
- **Patient and Family Advisory Council (PFAC)** - The Patient and Family Advisory Council was formed in the fall of 2017. The primary purpose of the PFAC is to provide reasonable, valuable, insight, suggestions and recommendations to the MICs Group of Health Services as requested. This input is intended to ensure the voice of the patient and family is brought into

the decision-making process with the goal of improving health care service delivery and ultimately, the patients' experience with their care.

Challenges

- **Nursing shortage** - The lack of Registered Nurses in the latter part of the year has been very challenging. Recruitment efforts are ongoing and we have had to supplement with Agency Nurses in order to provide vacation time to our nursing staff. We are also working with the unions to develop recruitment and retention strategies.
- **Sterile Compounding** - Sterile compounding is a highly specialized area of pharmacy that involves the preparation of sterile medications, such as intravenous chemotherapy and total parenteral nutrition, under aseptic conditions. The Ontario College of Pharmacists (OCP) has adopted sterile compounding standards set forth by the National Association of Pharmacy Regulatory Authorities (NAPRA). A gap analysis was conducted and Lady Minto Hospital was found to be 53% compliant with compounding standards. OCP has set January 2019 as the deadline for compliance with these standards.

Long-Term Care

2017 saw the re-implementation of the Executive Lead for Long-Term Care in order to be more resident centered. We have had a year that has seen many positive changes with Joyce Rickard and Kelly Baxter providing Director of Care leadership and Paul Chatelain providing Administrator Leadership.

Increased Resident Assessment Instrument (RAI) Capacity

With the continued 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 as well as increasing our HR capacity to provide coverage for the Resident Assessment Instrument (RAI) positions. Each Home has trained more people to be able to provide back up and ongoing support to one another.

Resident Quality Inspections (RQI)

As a means of recognizing and improving 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 year, we have had three on-site RQI visits and five 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 Long-Term Care Homes Act, overall, the reports were positive. Areas in which the Homes focused on making improvements included: improving overall care plans to ensure they are consistently clear for Team Members' use, Medical Doctor's attendance at the Home and updating the falls prevention program to ensure that a consistent head injury assessment is completed.

Resident Safety

The Homes have completed the yearly review of our mandatory programs and these have been updated. Our QIP indicators were submitted to Health Quality Ontario and we were successful in reducing the number of worsening pressure ulcers within our Homes, reducing the number of avoidable Emergency Department visits, and reducing the number of Residents who take antipsychotic medications without a diagnosis of psychosis.

Resident and Family Involved Care

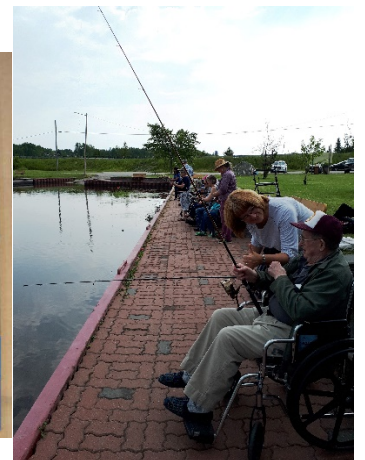
Recreation Therapy and partnering with Behavioural Support Ontario was a key focus for us this year. We received funding to implement a Recreation Therapist throughout LTC in order to assist with increasing responsive behaviours. The Family and Resident Councils continue to be very active in all three Homes which have 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 monitors (audits) the medication administration system on a quarterly basis to ensure compliance and optimal Resident safety. The Homes continue to have excellent compliance with required medication practices across the three Homes with no compliance orders being issued involving medication management. This is a huge accomplishment.

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 are 43 active patients in the program. This position works in collaboration with the Timmins Psychogeriatric Resource Consultant and South Cochrane Behavioural Response Team.



MICs Chief of Staff

Dr. Stephen Chiang

As Chief of Staff of the MICs Group of Health Services, I am pleased to present the report for the 2017-2018 fiscal year.

There are some changes for the medical staff at Bingham Memorial Hospital (BMH), Anson General Hospital (AGH) and Lady Minto Hospital (LMH). Dr. Bruno-Petrina has completed her Family Medicine Residency at NOSM. She is now a licensed physician and has joined the medical staff as a full-time physician in Iroquois Falls. Dr. Razack moved from Matheson to another location in December 2017. Fortunately, Dr. Boettcher was able to move from Iroquois Falls to Matheson to take up Dr. Razack's practice so there was no disruption in providing medical care to Dr. Razack's patients. However, the relocation of Dr. Boettcher from Iroquois Falls to Matheson created a vacancy at AGH. The MICs Director of Human Resources has actively engaged in recruiting a physician for Iroquois Falls. Due to one physician's medical leave in Matheson, we have also encountered a physician shortage at BMH. The MICs Director of Human Resources is also actively trying to recruit a family physician in Matheson.

Our general surgeon, Dr. Klassen in Cochrane, completed his contract at the end of May 2018 and will leave Cochrane due to personal reasons. Our Director of Human Resources is also actively trying to recruit a general surgeon for Cochrane to replace Dr. Klassen. A recent MICs physician manpower survey was done and most physicians have indicated that they will not be retiring for the next 5 years. Therefore, we have a very stable physician work force at MICs.

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

We continue to participate in Northern Ontario School of Medicine (NOSM) teaching programs. As of February 2018, BMH has resumed teaching NOSM medical students. All NOSM medical students who rotated through the MICs facilities during the year very much enjoyed their learning opportunities here.

We have also started to teach Physician Assistant students at MICs. The Physician Assistant program is a joint consortium between University of Toronto and Northern Ontario School of Medicine. Since MICs is a teaching site of NOSM, we also participate in teaching Physician Assistants. MICs also continues to offer electives for medical students and Family Medicine Residents from other medical schools.

Most MICs medical staff are NOSM faculty members and belong to NOSM Timiskaming – Cochrane Education Group (LEG). Our LEG has been very active in organizing educational conferences for physicians, allied professionals and members of the communities.

We have held three education conferences throughout the last year. We invited well known speakers and presented various topics relating to care for the elderly, how to improve communications, opioid prescribing in chronic pain, how to manage ADHD in childhood and adulthood, suicide in adolescents, etc. All conferences were well attended and received very favourable feedback.

Overall, we had a very strong year in providing quality care to the communities and I wish to thank all medical staff, hospital administration and all MICs Board Members for their continuing wonderful support.

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 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 also donated an iPad for Brenda and a towel warmer for the Residents of the Rosedale Centre.

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 donated \$5,000 to the acute wing of the hospital to replace some furniture.

We would like to thank Margaret Ann for all her help.

Anson General Hospital Auxiliary

Anne Hannah, President

Again this year, we held only two regular meetings. Therefore, the four executive members make the needed decisions between meetings. Memberships for 2018 now total sixty.

In April, four delegates attended the Spring Conference in Timmins and were happy to get the chance to meet other auxiliary members and share ideas.

As we now have Manor volunteers as auxiliary members, we can count their hours also so our members gave close to 6,000 hours of their time in 2017. The South Centennial Manor group of auxiliary members offer their Residents such activities as bingo, bowling, games, special event days, birthday parties and manicures.

Debbie Staples-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 our local manor. Our showcase annual net sales totaled \$6,979.74 which is included with our total gift shop net sales of \$26,603.30, pop machines sales of \$2,681, Memorial Funds of \$1,336.35. Our Tree of Lights campaign totaled \$1,271.00 and our November bazaar brought in close to \$5,200.00.

Our major draw this year of a Caroller Family of four, priced at \$399.00 (retail) was successful with \$5.00 draw tickets or 3 for \$10.00. We sold tickets from mid-October to mid-December and cleared \$555.00.

Again, we gave two bursaries of \$300 each to graduates from each of our two high schools who plan on pursuing a medically-related career.

We donated \$5,000 to South Centennial Manor for the purchase of a blanket warmer. We also bought a new hairdressing chair for their salon.

We will be making a future donation to the South Centennial Manor rebuilding project.

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

I'm very proud of our working members. This year, with only about 25 members working in the gift shop, we were able to amass a total of 6,719 hours. Aline Tousignant, for whom our gift shop is named "Aline's Boutique", puts in more hours than anyone. Aline is there every week day from 8:00 a.m. until noon. At 86 years young, she is the backbone of our gift shop. Her brother Roger helps her by going to the wholesaler's for us and making sure our vending machines are well stocked.

As usual, recruiting more volunteers is never ending.

Last year, I reported our \$5,000.00 donation to the hospice room. We still have another \$2,500.00 or so to donate and this will be done in the near future.

Our Christmas lunch was a great success again this year - a thank you to all our volunteers. We were able to purchase Christmas tree balls for each of our volunteers. Huguette Perron, a Cochrane artist, paints each one with a Christmas or winter scene.

Our Christmas bazaar was not the success we would have hoped for but we have learned our lesson on the date we choose and hopefully next year will be much better.

As most of you have visited Aline's Boutique, you would have noticed the variety of items we have for sale. Our buyer, Diane Génier, is to be thanked for that. It's almost a full-time job doing the buying. Thank you Diane ... we appreciate all you do.

This year, we have taken on a fundraising project for the hospital foundation. We are selling tickets for a fly-in fishing trip for four. We are hoping to raise a nice little amount for the foundation.

Once again, this year, we will be giving three bursaries to deserving graduating students in the amount of \$500.00 each. I am so pleased we are able to do this. It is gratifying to receive the thank you notes and know how much they appreciate the help.

At this time, I would like to thank all my Board Members for their help. Their help and constant encouragement has made my job so much easier. They say the president's job is to delegate. I don't have to delegate jobs to anyone. They see what needs to be done and go right to it. Thank you ladies for all you do.

The highlight of our year was hosting the James Bay Region Annual Conference. We were so happy to welcome everyone from the area auxiliaries. I'd like to thank Paul Chatelain and Lynne Larose for agreeing to be guest speakers and Sylvie Lavoie-Girard for hosting the tour of the hospital.

We had a very productive year thanks to the hard work of everyone involved. I am looking forward to another year of supporting our hospital and helping out any way we can.

Appendix I

MICs Group of Health Services

Summary Financial Statements

For the year ending March 31st, 2018

BINGHAM MEMORIAL HOSPITAL

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

MARCH 31, 2018



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
Bingham Memorial Hospital

The accompanying summary financial statements of Bingham Memorial Hospital, which comprise the summary statement of financial position as at March 31, 2018 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, 2018. We expressed an unmodified audit opinion on those financial statements in our report dated June 11, 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, 2018, 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 20, 2018

BINGHAM MEMORIAL HOSPITAL
SUMMARY STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2018

	Budget (Unaudited)	2018 Actual	2017 Actual
REVENUES			
Ministry of Health and Long-Term Care	\$ 7,064,327	\$ 7,164,760	\$ 7,093,374
Ontario Health Insurance	47,250	45,412	42,594
Other patient care revenue	539,550	455,740	512,479
Recoveries and other revenue	77,000	81,605	84,458
Investment income	15,000	24,667	19,830
Gain on disposition of capital assets	-	33,222	-
Amortization of deferred capital contributions - equipment and software	40,000	22,016	31,859
	<u>7,783,127</u>	<u>7,827,422</u>	<u>7,784,594</u>
EXPENSES			
Salaries and wages	3,801,508	3,533,833	3,345,315
Employee benefits	1,132,001	1,054,352	976,950
Medical staff remuneration	917,300	910,442	948,722
Supplies and other expenses	1,581,511	1,597,390	1,543,707
Medical and surgical supplies	91,000	56,515	98,633
Drugs and medical gases	132,170	54,793	81,017
Loss on disposition of capital assets	-	-	1,508
Amortization of equipment and software	122,000	107,230	90,832
	<u>7,777,490</u>	<u>7,314,555</u>	<u>7,086,684</u>
EXCESS OF REVENUES OVER EXPENSES FROM OPERATIONS	<u>5,637</u>	<u>512,867</u>	<u>697,910</u>
Amortization of deferred capital contributions - buildings	225,000	247,450	241,046
Amortization of buildings	(225,000)	(297,262)	(277,933)
	<u>-</u>	<u>(49,812)</u>	<u>(36,887)</u>
EXCESS OF REVENUES OVER EXPENSES BEFORE OTHER VOTES	<u>5,637</u>	<u>463,055</u>	<u>661,023</u>
OTHER VOTES - MUNICIPAL LEVY			
Revenue	3,000	3,000	3,000
Expense	(3,000)	(3,000)	(3,000)
	<u>-</u>	<u>-</u>	<u>-</u>
EXCESS OF REVENUES OVER EXPENSES	<u>\$ 5,637</u>	<u>\$ 463,055</u>	<u>\$ 661,023</u>

BINGHAM MEMORIAL HOSPITAL
SUMMARY STATEMENT OF FINANCIAL POSITION
MARCH 31, 2018

	2018	2017
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 78,125	\$ 17,011
Accounts receivable	248,561	369,290
Inventories	153,668	135,327
Short-term investments	530,414	570,890
Due from MICs Group of Health Services	2,343,633	1,893,676
	<u>3,354,401</u>	<u>2,986,194</u>
INVESTMENTS	649,577	635,307
CAPITAL ASSETS	<u>4,688,963</u>	<u>3,755,322</u>
	<u>\$ 8,692,941</u>	<u>\$ 7,376,823</u>
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 395,896	\$ 147,462
Deferred revenue	130,095	128,288
	<u>525,991</u>	<u>275,750</u>
POST-EMPLOYMENT BENEFITS	628,915	605,749
DEFERRED CAPITAL CONTRIBUTIONS	<u>3,399,232</u>	<u>2,815,375</u>
	<u>4,554,138</u>	<u>3,696,874</u>
NET ASSETS		
INVESTED IN CAPITAL ASSETS	1,322,135	962,535
UNRESTRICTED	<u>2,816,668</u>	<u>2,717,414</u>
	<u>4,138,803</u>	<u>3,679,949</u>
	<u>\$ 8,692,941</u>	<u>\$ 7,376,823</u>

BINGHAM MEMORIAL HOSPITAL
NOTE TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2018

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, 2018.

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.

ANSON GENERAL HOSPITAL

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

MARCH 31, 2018



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, 2018 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, 2018. We expressed an unmodified audit opinion on those financial statements in our report dated June 11, 2018.

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, 2018, 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 20, 2018

ANSON GENERAL HOSPITAL
SUMMARY STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2018

	Budget (Unaudited)	2018 Actual	2017 Actual
REVENUES			
Ministry of Health and Long-Term Care	\$ 8,301,916	\$ 8,341,355	\$ 8,319,320
Patient care	477,650	429,621	439,457
Recoveries and other revenue	371,150	478,386	449,765
Investment income	160,000	61,292	33,632
Gain on disposition of capital assets	-	-	19,957
Amortization of deferred capital contributions - equipment and software	60,000	17,425	23,818
	<u>9,370,716</u>	<u>9,328,079</u>	<u>9,285,949</u>
EXPENSES			
Salaries and wages	4,756,211	4,695,751	4,487,884
Employee benefits	1,397,910	1,290,528	1,323,908
Medical staff remuneration	170,000	138,232	145,394
Supplies and other expenses	2,419,290	2,726,810	2,496,213
Medical and surgical supplies	231,500	201,537	203,493
Drugs and medical gases	212,500	207,538	195,965
Amortization of equipment and software	180,000	191,422	144,574
	<u>9,367,411</u>	<u>9,451,818</u>	<u>8,997,431</u>
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) FROM OPERATIONS			
	<u>3,305</u>	<u>(123,739)</u>	<u>288,518</u>
Amortization of deferred capital contributions - buildings	380,000	430,801	367,690
Amortization of buildings	(440,000)	(585,998)	(475,493)
	<u>(60,000)</u>	<u>(155,197)</u>	<u>(107,803)</u>
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) BEFORE OTHER PROGRAMS AND OTHER VOTES			
	<u>(56,695)</u>	<u>(278,936)</u>	<u>180,715</u>
OTHER PROGRAMS			
South Centennial Manor - Loss for the year	-	(228,744)	(276,664)
	<u>(56,695)</u>	<u>(507,680)</u>	<u>(95,949)</u>
OTHER VOTES - MUNICIPAL LEVY			
Revenue	3,150	3,150	3,150
Expense	(3,150)	(3,150)	(3,150)
	<u>-</u>	<u>-</u>	<u>-</u>
EXCESS OF EXPENSES OVER REVENUES	<u>\$ (56,695)</u>	<u>\$ (507,680)</u>	<u>\$ (95,949)</u>

ANSON GENERAL HOSPITAL**SUMMARY STATEMENT OF FINANCIAL POSITION****MARCH 31, 2018**

	2018	2017
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 500	\$ 500
Accounts receivable	600,613	814,149
Inventories	152,734	156,212
	<u>753,847</u>	<u>970,861</u>
INVESTMENTS	2,618,037	2,540,535
CAPITAL ASSETS	<u>14,340,310</u>	<u>14,125,289</u>
	<u>\$ 17,712,194</u>	<u>\$ 17,636,685</u>
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 530,771	\$ 882,086
Deferred revenue	30	65,653
Due to MICs Group of Health Services	2,406,470	1,320,075
Mortgage payable	52,600	52,600
Current portion of capital contribution repayable	12,000	12,000
	<u>3,001,871</u>	<u>2,332,414</u>
CAPITAL CONTRIBUTION REPAYABLE	192,000	204,000
POST-EMPLOYMENT BENEFITS PAYABLE	1,302,258	1,273,547
DEFERRED CAPITAL CONTRIBUTIONS	<u>8,711,990</u>	<u>8,831,179</u>
	<u>13,208,119</u>	<u>12,641,140</u>
NET ASSETS		
INVESTED IN CAPITAL ASSETS	5,382,797	5,070,860
UNRESTRICTED	<u>(878,722)</u>	<u>(75,315)</u>
	<u>4,504,075</u>	<u>4,995,545</u>
	<u>\$ 17,712,194</u>	<u>\$ 17,636,685</u>

ANSON GENERAL HOSPITAL

NOTE TO SUMMARY FINANCIAL STATEMENTS

MARCH 31, 2018

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, 2018.

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, 2018



Eric G. Gagnon Professional Corporation
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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, 2018 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, 2018. We expressed an unmodified audit opinion on those financial statements in our report dated June 11, 2018.

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, 2018, 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 20, 2018

LADY MINTO HOSPITAL
SUMMARY STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2018

	Budget (Unaudited)	2018 Actual	2017 Actual
REVENUES			
Ministry of Health and Long-Term Care	\$ 11,845,010	\$ 11,945,122	\$ 11,812,554
Cancer Care Ontario	325,000	185,912	174,109
Patient care	543,900	436,984	493,719
Recoveries and other revenue	1,005,731	1,074,101	1,016,330
Investment income	100,000	69,720	66,495
Amortization of deferred capital contributions - equipment and software	160,000	72,965	98,424
	<u>13,979,641</u>	<u>13,784,804</u>	<u>13,661,631</u>
EXPENSES			
Salaries and wages	6,504,757	6,087,222	5,918,457
Employee benefits	1,821,332	1,802,649	1,819,206
Medical staff remuneration	1,731,449	1,712,486	1,687,045
Supplies and other expenses	2,900,140	2,862,455	2,878,380
Medical and surgical supplies	244,500	232,527	239,902
Drugs and medical gases	500,000	368,003	335,007
Amortization of equipment and software	280,000	294,125	243,145
Loss on disposition of capital assets	-	-	24,781
	<u>13,982,178</u>	<u>13,359,467</u>	<u>13,145,923</u>
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) FROM OPERATIONS	<u>(2,537)</u>	<u>425,337</u>	<u>515,708</u>
Amortization of deferred capital contributions - buildings	225,000	320,160	291,981
Amortization of buildings	(500,000)	(677,162)	(632,368)
	<u>(275,000)</u>	<u>(357,002)</u>	<u>(340,387)</u>
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) BEFORE OTHER PROGRAMS AND OTHER VOTES	<u>(277,537)</u>	<u>68,335</u>	<u>175,321</u>
OTHER PROGRAMS			
Villa Minto Nursing Home - Loss for the year	-	(43,607)	(176,680)
	<u>(277,537)</u>	<u>24,728</u>	<u>(1,359)</u>
OTHER VOTES - MUNICIPAL LEVY			
Revenue	4,350	4,350	4,350
Expense	(4,350)	(4,350)	(4,350)
	<u>-</u>	<u>-</u>	<u>-</u>
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES)	<u>\$ (277,537)</u>	<u>\$ 24,728</u>	<u>\$ (1,359)</u>

LADY MINTO HOSPITAL

SUMMARY STATEMENT OF FINANCIAL POSITION

MARCH 31, 2018

	2018	2017
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 836,777	\$ 859,725
Accounts receivable	665,247	822,148
Prepaid expenses	136,279	113,582
Inventories	259,676	218,197
	<u>1,897,979</u>	<u>2,013,652</u>
LONG-TERM RECEIVABLES	33,991	68,569
INVESTMENTS	3,203,435	3,140,147
CAPITAL ASSETS	13,110,817	12,336,290
INTANGIBLE ASSETS	<u>462,810</u>	<u>501,378</u>
	<u>\$ 18,709,032</u>	<u>\$ 18,060,036</u>
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 436,958	\$ 511,323
Deferred revenue	11,499	9,344
Due to MICs Group of Health Services	815,079	609,243
	<u>1,263,536</u>	<u>1,129,910</u>
POST-EMPLOYMENT BENEFITS PAYABLE	1,385,552	1,357,101
DEFERRED CAPITAL CONTRIBUTIONS	<u>4,980,022</u>	<u>4,488,478</u>
	<u>7,629,110</u>	<u>6,975,489</u>
NET ASSETS		
INVESTED IN CAPITAL ASSETS AND		
INTANGIBLE ASSETS	8,632,883	8,362,637
UNRESTRICTED	<u>2,447,039</u>	<u>2,721,910</u>
	<u>11,079,922</u>	<u>11,084,547</u>
	<u>\$ 18,709,032</u>	<u>\$ 18,060,036</u>

LADY MINTO HOSPITAL**NOTE TO SUMMARY FINANCIAL STATEMENTS****MARCH 31, 2018**

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, 2018.

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 2017/18-Hospital and LTC

Objective	Actual	Target for 17/18	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</i>	2.5%	≤14.2%	Maintain ≤14.2%	AGH 0%
	0.2%	≤14.2%	Maintain ≤14.2%	BMH 0%
	23.4%	≤14.2%	Improve ≤14.2%	LMH 0%
Person Experience: Percentage of respondents who positively responded (very good and excellent) to "How would you rate the quality of care or services provided by the staff" (ED survey) <i>In-house survey</i> **Executive Compensation	83.3%	91.3%	Improve by 10%	AGH 81%
	83.3%	91.3%	Improve by 10%	BMH 87%
	83.3%	91.3%	Improve by 10%	LMH 78%
Medication Reconciliation at admission: The total number of admitted patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of admitted patients. <i>Internal data</i> **Executive Compensation	100%	≥90%	Maintain ↑90%	AGH 100%
	100%	≥90%	Maintain ↑90%	BMH 98%
	83%	≥90%	Improve	LMH 99%
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. 2017, consistent with publicly reportable patient safety data</i> **Executive and Physician Compensation	95%	≥87.3%	Maintain ↑87.3%	AGH 99%
	83%	≥87.3%	Improve	BMH 89%
	85%	≥87.3%	Improve	LMH 96%
Reduce Functional Decline in hospitalized patients 65 years and over: Percentage of patients with no decline in ADL function from hospital admission to hospital discharge as measured by the Barthel Index Tool <i>Internal data</i> **Executive Compensation	86%	≥50%	Maintain ↑50%	AGH 65.7%
	80%	≥50%	Maintain ↑50%	BMH 86.9%
	87%	≥50%	Maintain ↑50%	LMH 58.3%
Identification of patients 65years and older with delirium: Percentage of patients who receive CAM screening daily (total number of CAM screenings performed divided by total # days) <i>Internal data</i>	91%	≥75.0%	Maintain ↑75.0%	AGH 89%
	75%	≥75.0%	Maintain ↑75.0%	BMH 96%
	95.5%	≥75.0%	Maintain ↑75.0%	LMH 96%

Objective	Actual	Target for 16/17	Goal	Results
Person Experience: Percentage of residents responded positively to: "You are your loved ones are encouraged to participate in discussion about your care" (Agree and Totally Agree) <i>Q3 2017, in house survey</i>	86.4%	90%	Improve by 5%	SCM 100%
	86.4%	90%	Improve by 5%	VM 80%
	86.4%	90%	Improve by 5%	RD 100%
Inappropriate Use of Anti-psychotics-% or residents receiving antipsychotics without a diagnosis of psychosis. <i>Q2 FY 2016/17, CCRS eReports</i>	22.7%	≤22.9%	≤22.9%	SCM 16.9%
	40.7%	≤22.9%	≤22.9%	VM 35.2%
	33.4%	≤22.9%	≤22.9%	RD 36%
Potential avoidable emergency department visits for long-term care: Number of ED visits for a modified list of ambulatory care-sensitive conditions per 100 long-term care resident <i>Oct 2016-Sept 2017</i>	14.58%	≤14.58%	As low as possible	SCM 29.09%
	18.37%	≤18.37%	As low as possible	VM X%
	29.63%	≤29.63%	As low as possible	RD X%
Pressure ulcers: Percentage of residents who had a pressure ulcer that recently got worse- Q2 FY 2017/18, CCRS eReports <i>Benchmark: 1% Ontario rate: 2.9%</i>	3.4%	≤2.9%	≤2.9%	SCM 0%
	3.1%	≤2.9%	≤2.9%	VM 3.6%
	3.4%	≤2.9%	≤2.9%	RD 0%

 Met

 Not met

X data suppressed (too low)

Appendix III

Patient Activity for 2017-2018

	BMH	LMH	AGH
Adult Admissions	157	486	469
Total Patient Days	2,011	6,419	7,956
Emergency Visits	2,141	9,955	7,147
Laboratory Visits	2,669	6,924	6,692
Radiology Visits	707	2,618	2,075
Physiotherapy Visits	336	567	2,876
Oncology Visits	-	192	-
Surgical Services / Endoscopy Visits	-	466	452
Ontario Telehealth Network Visits	273	675	642
Visiting Specialty Clinic Visits	61	505	1,180

Long-Term Service Awards

Lady Minto Hospital / Villa Minto – November 23rd, 2017



Bingham Memorial Hospital / Rosedale – November 30th, 2017



Anson General Hospital / South Centennial Manor – December 7th, 2017

