



MICs Group of Health Services

"Planning for a Better Tomorrow"

ANNUAL REPORT

2018 - 2019



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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

Strategic Direction	Goals for 2019
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

I purposely held off writing this report until after the April 11, 2019 provincial budget was announced hoping to see if there were going to be any funding increases for hospitals. One week later, all I can tell you is there will be an increase of \$384 million provincially but no direction as to where it is going to be spent.

All hospitals in Ontario are waiting for guidance regarding the health field reorganization (dissolving the LHINs) and the entry of a “Super Organization” that has been announced.

BMH is still on sound financial footing and declaring a small budget surplus for 2018-2019.

The doctor shortage within MICs is still a major issue. We have been attending all recruiting fairs but have not been able to get any commitments. MICs is recruiting for family physicians and one general surgeon. Matheson is recruiting for two of these six positions. This crisis is province wide.

Ambulance service for MICs has caused us a great deal of consternation and added expenditures. The local ambulance service is not meeting our needs and consequently we have had to contract for independent non-urgent transfers.

Major Renovations:

- The painting and wall repairs for the hospital and Rosedale Centre are completed. It is much brighter and more colourful than the old “industrial style” of green and white.
- New renovations to the entrance and reception area are now more accessible for those using a wheel chair.
- A new emergency diesel generator is presently being installed at BMH.

Ongoing projects:

Volunteer staff and public participants will be hand painting murals throughout Rosedale using different themes. This provides a more stimulating atmosphere for our long-term care residents. In conjunction with this, we have been asking for public donations of specific articles to be used for visual and mental stimulation.

Once again I would like to thank all the management and hospital staff for the great work you do every day to give our patients, residents and the public top quality service and care.

AGH Board Chair

Danielle Delaurier

The end of 2018 brought some changes to the AGH board as a result of the municipal elections. I would like to wish Pat Britton and St  phanie Gigu  re best of luck in their new endeavours and welcome Ann Zsigmond and Darcy Cybolsky as new Board Members.

At our annual board retreat on February 9th, we had the opportunity to review the Board's self-assessment report and action plan and take part in presentations on the patient experience as well as the financial statements.

The MICs Group continues their efforts to recruit six family physicians and one general surgeon for their hospitals. Anson is recruiting for two of these positions.

We have had a busy year at both Anson General Hospital (AGH) and South Centennial Manor (SCM). Here are some of the highlights:

- Medical Learners from the Northern Ontario School of Medicine are doing placements at AGH under the preceptorship of Dr. Chiang and Dr. Bruno.
- The Patient and Family Advisory Council which has recently been formed meets five times per year and although still in its infancy stage, has already made significant contributions to various initiatives. This Advisory Council gives patients and families a voice in policy and process implementation as well as provides a platform to discuss and resolve issues that arise from the patient's perspective. Creating partnerships by involving patients and families as partners in care is important at AGH and SCM.
- Our team continues to work diligently at meeting the targets set out in the Quality Improvement Plan and is committed to delivering high quality services and creating positive patient experiences. Revised patient experience surveys were implemented recently and we encourage patients and residents to provide us with this feedback which is key to improving our services.
- The South Centennial Manor Fundraising Committee has been very active this past year raising funds for the construction of the new manor. Their fundraisers have included a lobster supper, golf tournament, vacation draw and curling bonspiel. Thank you to the committee members, the volunteers, the participants and the corporate sponsors who have contributed to the great success of these events.
- Dialogue with the Ministry of Health and Long-Term Care continues regarding the manor redevelopment project. Another location behind AGH which could provide better soil is being explored. If this option proves to be viable, a public and ministry consultation will be the next step before a site is selected.
- Work on the replacement of the generators at AGH began in February and an energy retrofit project by Honeywell began in March. These energy efficiency upgrades will benefit the environment, reduce energy consumption and costs and improve our hospitals.
- The Radio-thon hosted by Moose FM on December 7th was a great success, raising \$32,000 to purchase portable radiography units for each hospital. An anonymous community member donated \$68,000 to help us reach our goal of \$100,000.
- At the end of our fiscal year, AGH was operating at a surplus. This surplus is due to being over budget in revenue after recognizing investment income from an investment that was cashed in during the year.

LMH Board Chair

Patricia Dorff

Another year is fast coming to an end which means it's time for me to bring you up-to-date on what has transpired this year. I'm not sure where time goes but the older you get, the faster it goes.

In the last year we have seen, dealt with, and continue to pursue:

- * Our long-term service awards was a wonderful evening and shows what a dedicated group of Team Members we have.
- * We are aggressively recruiting for two family physicians and one general surgeon for Lady Minto Hospital.
- * In December, we partnered with the Moose FM radio station in a 12 hour radio-thon to raise money for portable x-ray machines for each site. This was very successful. It never ceases to amaze me how wonderful each community is. We were able to achieve our goals and each site now has their equipment.
- * Electrical upgrades were completed at LMH in December.
- * A new roof for LMH began in September and is finally complete.
- * We had to replace all our chairs in the outpatients waiting area and I must say the new ones are certainly an improvement.

Let us not forget what we have to offer: We are an acute general hospital which provides a wide range of services: outpatients, general surgery and long-term care to name just a few. The hospital has 25 acute, 8 Complex Continuing Care, 1 Hospice plus 37 long-term care beds. Outpatient services also include: Lab, Diagnostic Imaging, Physiotherapy, Clinical Nutrition and Oncology.

Villa Minto, our nursing home, gives excellent care and attention to all its Residents. They are in the process of some much needed redecorating.

Not enough can be said about the staff we have. Trying to come up with different descriptive adjectives each year to describe them is impossible. These people go beyond their job for the work and dedication they provide to the organization. A simple thank you is not enough! Keep up the good work please.

The Hospital Auxiliary members are ever present and continue to support us in all of our endeavours. Don't ever change. We would never survive without you!

Chief Executive Officer/LTC Administrator

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: Jenny Gibson, Darcy Cybolsky, Ann Zsigmond and Des O'Connor, all of whom possess great skillsets to lead our organization into the future. We also welcomed Ms. Aranka Pataki as the Executive Lead of Long-Term Care. She comes to us with a depth of mental health and seniors' care knowledge from the Royal Ottawa Healthcare group in Ottawa.

We have entered into our first year of our Strategic Plan 2022, focusing on person-centered care. While we have a lot of work to do in this area, our Patient and Family Advisory Committee will help us to improve the patient experience for all our communities.

Physician and professional staff recruitment and retention is also a high priority. We have now been engaging with our municipalities to work together to develop a marketing strategy and incentives for physicians who chose to work in primary care only.

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 \$2.3 million in Exceptional Circumstance Program funding from the Ministry of Health and Long-Term Care. We used this to replace the roof at the Lady Minto Hospital, oil tank at the Anson General Hospital and upgraded the emergency generator at Bingham Memorial Hospital. Furthermore, we partnered with Honeywell Solutions to perform an Energy and Facility Renewal program which will begin in the spring. This \$3.1 million program aims to address deferred maintenance, reduce the environmental footprint and save on utility and operational costs of over \$125,000 per year. We are still patiently working with the Ministry on the re-development and possible re-location of the South Centennial Manor. Our Fundraising committee continues to be proactive, raising over \$100,000 in 2018.

This coming fiscal year will see a lot of changes in terms of healthcare restructuring as announced by the new provincial government. The MICs Group of Health Services welcomes the challenges ahead and will continue to partner and plan for a better tomorrow!

Finally, 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

Over the past year, the MICs Patient Care Team has been focusing on providing quality care and clinical services that meet the needs of our communities. In addition, providing a positive patient experience while maintaining patient and staff safety remains a high priority. As the Chief Nursing Officer, I continue to be committed to providing leadership to ensure quality care is provided to our patients. Together, with the nursing leadership team, we are proud to present the following highlights from the past year.

Highlights of the 2018-2019 Fiscal Year

- **Nursing Leadership**

We have seen some changes in our Nursing Leadership team. The Patient Care Manager at Lady Minto Hospital, Michelle Lisiecki, left and was replaced by Lynne Larose as of June 2018. In addition, the Patient Care Manager at Anson General Hospital and Bingham Memorial Hospital, Patricia Huber, has retired after ten years of service. We wish her well in her new endeavors. We are pleased to welcome Robert Boucher who started in this new role effective April 15th, 2019.

- **Patient Care Team**

The Patient Care Team finalized their goals and objectives and started working on some of the initiatives. We are happy to report that we have three patient advisors who attend the Patient Care Team meetings regularly.

- **Experience Surveys**

Real time surveying was introduced on the nursing unit at LMH which provides immediate feedback from patients in the hopes of addressing any immediate needs. The Client Experience surveys for Long-Term Care, Inpatient and Emergency Department were revised and updated. These were implemented on April 1, 2019.

- **Nursing Practice Advisory Council**

Multiple policies were reviewed by the Nursing Practice Advisory Council throughout the year. One of the most recent initiatives is the review of the “Nursing Orientation” package in collaboration with our Learning and Development Program Leader. This is in line with our Strategic and Integrated Risk Management Plan.

- **Accreditation**

To date, two criteria remain unmet and we continue to make improvements in order to comply with the Accreditation Canada standards. We continue to be an accredited organization.

- **Patient and Family Advisory Council (PFAC)**

Members of the Patient and Family Advisory Council (PFAC) have been participating in various committees/projects (Patient Care Team, Way Finding Signage and Numbering

System at reception). They have also developed a PFAC handbook and application form and have committed to meeting every two months.

- **Integrated Risk Management Plan**

Our Integrated Risk Management Plan (IRM) was finalized in January 2019 and shared with members of the organization. Workplace Violence has been identified as an area of risk on our plan and we are committed to developing and implementing mitigating strategies. One of the strategies which was implemented is the installation of “Panic alarms” in our acute care wings. These are used by staff working alone in the emergency department or telemedicine as well as for staff doing close observation of mental health patients.

- **Hospice Program**

Our Hospice Program remains active and strong. We are seeing an increase in community-based hospice referrals, as well as early identification referrals. The Care Transitions Coordinator represents MICs on the North-East Palliative Care Committee.

- **Volunteer Program**

Our MICs Volunteer Program has expanded to include volunteers for the Hospice Program, Complex Continuing Care as well as Long-Term Care. We are seeing an increase in volunteer applications. Students who need volunteer hours are welcome to participate in our program if they meet the eligibility criteria.

- **Pharmacy**

We continue to work towards compliance with the NAPRA (National Association of Pharmacy Regulatory Authorities) standards. One of our Pharmacy Technicians has been trained as the Sterile Compound Supervisor. Training also occurred for housekeeping staff who clean the Sterile Compounding area. The Automated Dispensing Unit (ADU) project continues to move forward, although the implementation date has yet to be determined. The on-site Pharmacist relocated closer to home and MICs has made arrangements with North West Tele-Pharmacy services to ensure continuity of services while we recruit a full-time replacement.

- **Surgical Program**

We continue to actively recruit for a general surgeon. The surgical program will be closed for the summer months as per previous years. We are hopeful to recruit locum surgeons in order to continue to offer this service to our community.

- **Nursing Recruitment**

It has been a challenge to recruit and retain nursing staff, particularly Registered Nurses. We continue to collaborate with the unions to develop recruitment and retention strategies. We have attended recruitment fairs in Timmins and Toronto.

- **Nursing Practice Advisory Council**

We have reviewed and revised the Nursing Orientation package in collaboration with Learning & Development and we continue to review nursing policies.

- **Infection Prevention and Control:**

This past year, we have hired a new Infection Prevention and Control Program Leader. MICs successfully recruited Laurie Bouvier who has been spending time familiarizing

herself with her new portfolio. Her background in Public Health is a great asset to this position.

Long-Term Care

Long-Term Care experienced a great loss to the Leadership Team with Kelly Baxter, Executive Lead for Long-Term Care and Director of Care for South Centennial Manor choosing to further expand her experiences in the healthcare field. We later welcomed Aranka Pataki who has taken over this portfolio.

Highlights of the 2018-2019 Fiscal Year

- **Resident Quality Inspections**
During the year, we had a total of three on-site visits resulting in a total of one Director Order, four compliance orders and a total of three follow-up visits that demonstrated an improvement in the identified areas. The purchase of a new computerized skin and wound program along with the hiring of a specialized RN position has made significant improvements with concerns related to skin and wound management.
- **Resident and Family Involved Care**
Resident and family council was involved in the review of the new resident/family satisfaction surveys.
- **Medical Pharmacies Quality Assurance Audits**
We continue to have Medical Pharmacies as our pharmaceutical care provider and continue to receive exceptional service. They do audits on a regular basis to ensure we are in compliance with the ministry guidelines enabling us to be compliant regarding medication management issues.
- **Behavior Support Services (BSO)**
This year has seen additions to this service with the hiring of a full-time BSO Recreation Therapist and BSO Personal Support Worker to assist our recreation therapy staff and PSWs to provide their services to all residents in a consistent and resident focused manner. Leading into 2019, the Behavior Supports Recreation Therapist has been instrumental in obtaining Board approval for the implementation of a Montessori focused home environment which will be initially introduced at Rosedale Centre and fanned out to the remaining homes throughout the year.



MICs Chief of Staff

Dr. Stephen Chiang

As Chief of Staff of the MICs Group of Health Services, I am very pleased to present the report for the 2018-2019 fiscal year.

There have been some changes for the medical staff at Bingham Memorial Hospital (BMH), Anson General Hospital (AGH) and Lady Minto Hospital (LMH).

With Dr. Klassen (general surgeon at LMH) has completed his two-year contract. We have been actively trying to recruit another general surgeon to replace him.

Dr. George Freundlich retired as of September 20, 2018 and vigorous efforts have been made to recruit a family physician to replace him.

Dr. Thomas terminated his family practice in Iroquois Falls on September 15, 2018 but continues to provide locum services at the Anson General Hospital and Bingham Memorial Hospital emergency departments.

Dr. Affleck will terminate her family practice at the Cochrane Family Health Team. She will work as a locum physician with MICs and other facilities. Dr. Small will be the new Lead Physician at the Cochrane Family Health Team (CFHT).

Dr. McPherrin will stop working on a regular basis in both Lady Minto Hospital and Villa Minto. He will spend more time in his office practice at the Cochrane Family Health Team.

Dr. Bruno will be the Acting Medical Director of Villa Minto when Dr. McPherrin steps down as Medical Director on June 1st, 2019. She will continue to be the physician for South Centennial Manor.

I, Dr. Chiang will be stepping down as MICs Chief of Staff as of June 30, 2019 after completing my three-year term. I will continue to practice in Iroquois Falls with no change in my practice.

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 Science North in Sudbury will come and guide us through difficult cases. They see patients via TV monitor 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. We have been teaching primarily NOSM second-year medical students but we want to expand our teaching to include third-year medical students in order to step up our efforts to recruit physicians for our three communities. NOSM has been very supportive of this endeavor.

We have also been teaching NOSM Physician Assistant students, medical students and residents from other medical schools which ensure our hospitals are recognized as teaching facilities.

Most MICs medical staff are also NOSM faculty members and belong to NOSM Timiskaming – Cochrane Local Education Group (LEG). Our LEG has been very active in organizing educational conferences for physicians, allied professionals and members of the community. We have held conferences with presentations on dementia, depression in the elderly, driving in the elderly, anxiety and depression in children, new diabetic guidelines, cannabis use (recreational and medicinal use), chronic pain and inflammatory bowel diseases, just to name a few. All these conferences were well attended and we received very favourable feedback.

MICs physicians also care and support our organization. They consider MICs amalgamation a very important strategy for the organization. They voted unanimously to endorse amalgamation to the MICs Board of Directors at their MAC meeting.

The provincial government has passed Bill 74, the *People's Health Act*, in the Ontario legislation. The Ministry of Health and Long-Term Care has embarked into a very ambitious health reform plan for Ontario. They will consolidate the 14 local health integration networks, Cancer Care Ontario, eHealth Ontario, Health Quality Ontario and several other agencies to Ontario Health. This super agency will in turn form Ontario Health Teams to manage the health care in Ontario. Our physicians, MICs and our two Family Health Teams will actively participate in the formation of Ontario Health Teams with all other stakeholders.

Overall, we had a good year in providing quality care to our communities and I wish to thank all medical staff, hospital administration and 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 nine (9) 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 Monday of the month at 1:00 p.m. at the Library. We would be happy to welcome new members to our auxiliary. We held a membership drive this year which was very successful thanks to Sharon.

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

Due to our fundraising efforts, we were able to replace a T.V. in a patient's room on the active side and purchase bath towels for the Rosedale Centre Residents.

Our fundraising is accomplished mostly through our vending machines. Our volunteers held a barbeque this past summer which was a big success. 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.

Our regional Hospital Auxiliaries Association of Ontario (H.A.A.O.) folded for lack of volunteers as they could not fill their executive positions.

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

Anson General Hospital Auxiliary

Anne Hannah, President

The main goal of the Hospital Auxiliary is to raise funds to provide “extras” for the patients in our hospital and for residents of South Centennial Manor. We do this mainly by operating our gift shop. Mrs. Susan French is our buyer and coordinator who recruits volunteer staff and orders all of the various items carried in our boutique.

Our annual bazaar in early November also helps to build up our coffers. Thanks to the generosity of our community businesses and everyone from the community who donates or comes out to support us that day, we are usually quite successful. This year was no exception as we raised approximately \$660.00 more than last year. This year, we held our bazaar at the local Lions' Den Hall instead of the hospital. It was much more convenient to work on one floor and to have all workers together.

We also sold items from our boutique at the local vendors' sale at the arena hall on November 30th and December 1st.

In the past year, we have donated \$15,000 to purchase television sets for AGH patients, approximately \$1,700 for patio furniture, \$5,000 for a blanket warmer for South Centennial Manor as well as \$15,000 to spend on new chairs for the Common Room.

We also provided a \$300 bursary to a graduating student from each of our two local high schools.

We look forward to continuing to strive to provide for our hospital and Manor and would welcome new auxiliary members at any time to join us in our endeavours.

Please drop into the gift shop when it is open on weekdays from 10:00 am – 4:00 pm and purchase a \$2.00 membership to show your support or to offer your time.

Lady Minto Hospital Auxiliary

Joan Parsons, President

Another year has passed and our auxiliary is doing very well. Our volunteers have stepped up to fill in for Aline who has not been able to come into her beloved gift shop all winter. At the age of 89 years young, she decided to take the winter off and attend to matters on the home front, a well-deserved rest during a long and cold winter.

Our volunteer hours were down considerably from last year – 5,970 this year as compared to 6,719. Beginning in September, we hope to change our hours so that we will be open all day. We will still have two shifts during the day and are open from 9:00 a.m. to 4:00 p.m. We will keep our evening hours for students working on volunteer hours and others who prefer to work in the evening.

Our fund raising projects continue. The draw we held for the fishing trip netted us \$2,632. Our Christmas bake sale was a huge success. We were able to donate \$3,566 to Villa Minto for new sheets as well as \$1,500 for student bursaries. We normally allocate \$500 per student but we only had two students who applied last year. Hopefully, we will be able to give three bursaries this year.

None of these donations would be possible without the dedicated help of all our volunteers, many of whom work behind the scenes: the hospital maintenance staff who are always there to help whenever needed; the administrative staff for their speedy responses to our inquiries; our board members Donna Thomas (secretary), Dianne Denault (past president), Hope Levesque (treasurer), Pat Dorff (hospital board chair) and Diane Génier, our buyer. Diane works tirelessly to make sure our gift shop has the most up-to-date items. Roger Tousignant, Aline's brother, keeps our vending machines full and does all the heavy lifting for us. Thank you everyone for all you do. You are all so supportive and have such great ideas on how 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 31st, 2019

BINGHAM MEMORIAL HOSPITAL

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

MARCH 31, 2019

Baker Tilly HKC
2 Ash Street, Suite 2
Kapuskasing, ON
Canada P5N 3H4

T: 705.337.6411
F: 705.335.6563

kapuskasing@bakertilly.ca
www.bakertilly.ca

INDEPENDENT AUDITOR'S REPORT ON THE SUMMARY FINANCIAL STATEMENTS

To the Board of Directors of
Bingham Memorial Hospital

Opinion

The summary financial statements, which comprise the summary statement of financial position as at March 31, 2019 and the summary statement of operations for the year then ended, are derived from the audited financial statements of Bingham Memorial Hospital for the year ended March 31, 2019.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements on the basis described in note 1.

Summary Financial Statements

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 and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements of Bingham Memorial Hospital.

Other Information

The summary financial statements of Bingham Memorial Hospital for the year ended March 31, 2018 were audited by Collins Barrow Gagné Gagnon Bisson Hébert, which became Baker Tilly HKC effective January 7, 2019.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements of Bingham Memorial Hospital in our report dated June 13, 2019.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements on the basis described in note 1.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standards (CAS) 810, Engagements to Report on Summary Financial Statements.

Baker Tilly HKC

Chartered Professional Accountants
Licenced Public Accountants
June 26, 2019

BINGHAM MEMORIAL HOSPITAL

SUMMARY STATEMENT OF OPERATIONS

YEAR ENDED MARCH 31, 2019

	2019 Budget (Unaudited)	2019 Actual	2018 Actual
REVENUES			
Ministry of Health and Long-Term Care	\$ 7,331,884	\$ 7,257,232	\$ 7,164,760
Ontario Health Insurance	47,250	12,599	44,720
Other patient care revenue	494,550	497,065	456,432
Recoveries and other revenue	84,500	120,316	81,605
Investment income	7,500	10,321	24,667
Gain on disposition of capital assets	-	68,778	33,222
Realized gains on disposition of investments	-	154,168	-
Amortization of deferred capital contributions - equipment and software	40,000	21,600	22,016
	<u>8,005,684</u>	<u>8,142,079</u>	<u>7,827,422</u>
EXPENSES			
Salaries and wages	3,945,677	3,757,191	3,547,365
Employee benefits	1,210,353	1,085,495	1,040,820
Medical staff remuneration	917,300	836,333	910,442
Supplies and other expenses	1,581,511	1,469,119	1,597,390
Medical and surgical supplies	91,000	59,449	56,515
Drugs and medical gases	132,170	59,546	54,793
Loss on disposition of capital assets	-	1,125	-
Amortization of equipment and software	122,000	123,114	107,230
	<u>8,000,011</u>	<u>7,391,372</u>	<u>7,314,555</u>
EXCESS OF REVENUES OVER EXPENSES FROM OPERATIONS	<u>5,673</u>	<u>750,707</u>	<u>512,867</u>
Amortization of deferred capital contributions - buildings	225,000	311,077	247,450
Amortization of buildings	(225,000)	(342,888)	(297,262)
	<u>-</u>	<u>(31,811)</u>	<u>(49,812)</u>
EXCESS OF REVENUES OVER EXPENSES BEFORE OTHER VOTES	<u>5,673</u>	<u>718,896</u>	<u>463,055</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>\$ 5,673</u>	<u>\$ 718,896</u>	<u>\$ 463,055</u>

BINGHAM MEMORIAL HOSPITAL
SUMMARY STATEMENT OF FINANCIAL POSITION
MARCH 31, 2019

	2019	2018
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 602	\$ 78,125
Accounts receivable	394,473	248,561
Inventories	145,855	153,668
Short-term investments	156,881	530,414
Due from MICs Group of Health Services	3,038,705	2,343,633
	3,736,516	3,354,401
INVESTMENTS	-	649,577
CAPITAL ASSETS	6,048,884	4,688,962
	\$ 9,785,400	\$ 8,692,940
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 583,505	\$ 395,895
Deferred revenue	130,057	130,095
	713,562	525,990
POST-EMPLOYMENT BENEFITS	665,876	628,915
DEFERRED CAPITAL CONTRIBUTIONS	3,698,363	3,399,232
	5,077,801	4,554,137
NET ASSETS		
INVESTED IN CAPITAL ASSETS	2,380,984	1,322,135
UNRESTRICTED	2,326,615	2,816,668
	4,707,599	4,138,803
	\$ 9,785,400	\$ 8,692,940

BINGHAM MEMORIAL HOSPITAL
NOTE TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2019

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, 2019.

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, 2019

Baker Tilly HKC
2 Ash Street, Suite 2
Kapuskasing, ON
Canada P5N 3H4

T: 705.337.6411
F: 705.335.6563

kapuskasing@bakertilly.ca
www.bakertilly.ca

INDEPENDENT AUDITOR'S REPORT ON THE SUMMARY FINANCIAL STATEMENTS

To the Board of Directors of
Anson General Hospital

Opinion

The summary financial statements, which comprise the summary statement of financial position as at March 31, 2019 and the summary statement of operations for the year then ended, are derived from the audited financial statements of Anson General Hospital for the year ended March 31, 2019.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements on the basis described in note 1.

Summary Financial Statements

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 and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements of Anson General Hospital.

Other Information

The summary financial statements of Anson General Hospital for the year ended March 31, 2018 were audited by Collins Barrow Gagné Gagnon Bisson Hébert, which became Baker Tilly HKC effective January 7, 2019.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements of Anson General Hospital in our report dated June 13, 2019.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements on the basis described in note 1.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standards (CAS) 810, Engagements to Report on Summary Financial Statements.

Baker Tilly HKC

Chartered Professional Accountants
Licenced Public Accountants
June 26, 2019

ANSON GENERAL HOSPITAL
SUMMARY STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2019

	2019 Budget (Unaudited)	2019 Actual	2018 Actual
REVENUES			
Ministry of Health and Long-Term Care	\$ 8,438,837	\$ 8,501,152	\$ 8,341,355
Patient care	466,150	456,655	429,621
Recoveries and other revenue	371,150	439,054	478,386
Investment income	160,000	600	61,293
Realized gains on disposition of investments	-	462,136	-
Amortization of deferred capital contributions - equipment and software	60,000	15,930	17,425
	<u>9,496,137</u>	<u>9,875,527</u>	<u>9,328,080</u>
EXPENSES			
Salaries and wages	4,892,397	4,745,586	4,696,190
Employee benefits	1,467,719	1,431,539	1,290,090
Medical staff remuneration	160,000	121,310	138,232
Supplies and other expenses	2,419,290	2,662,927	2,726,810
Medical and surgical supplies	210,000	196,120	201,537
Drugs and medical gases	212,500	168,656	207,538
Amortization of equipment and software	180,000	188,022	191,422
	<u>9,541,906</u>	<u>9,514,160</u>	<u>9,451,819</u>
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) FROM OPERATIONS	<u>(45,769)</u>	<u>361,367</u>	<u>(123,739)</u>
Amortization of deferred capital contributions - buildings	380,000	434,318	430,801
Amortization of buildings	(440,000)	(621,358)	(585,998)
	<u>(60,000)</u>	<u>(187,040)</u>	<u>(155,197)</u>
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) BEFORE OTHER PROGRAMS AND OTHER VOTES	<u>(105,769)</u>	<u>174,327</u>	<u>(278,936)</u>
	(105,769)	174,327	(278,936)
OTHER PROGRAMS			
South Centennial Manor - Loss for the year	-	(690,515)	(228,744)
	<u>(105,769)</u>	<u>(516,188)</u>	<u>(507,680)</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>\$ (105,769)</u>	<u>\$ (516,188)</u>	<u>\$ (507,680)</u>

ANSON GENERAL HOSPITAL**SUMMARY STATEMENT OF FINANCIAL POSITION****MARCH 31, 2019**

	2019	2018
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 500	\$ 500
Accounts receivable	800,119	600,613
Inventories	171,071	152,734
	971,690	753,847
INVESTMENTS	-	2,618,037
CAPITAL ASSETS	14,661,986	14,340,310
	\$ 15,633,676	\$ 17,712,194
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 613,645	\$ 530,771
Deferred revenue	30	30
Due to MICs Group of Health Services	942,695	2,406,470
Mortgage payable	45,400	52,600
Current portion of capital contribution repayable	12,000	12,000
	1,613,770	3,001,871
CAPITAL CONTRIBUTION REPAYABLE	180,000	192,000
POST-EMPLOYMENT BENEFITS PAYABLE	1,345,169	1,302,258
DEFERRED CAPITAL CONTRIBUTIONS	8,911,970	8,711,990
	12,050,909	13,208,119
NET ASSETS		
INVESTED IN CAPITAL ASSETS	5,530,787	5,382,797
UNRESTRICTED	(1,948,020)	(878,722)
	3,582,767	4,504,075
	\$ 15,633,676	\$ 17,712,194

ANSON GENERAL HOSPITAL

NOTE TO SUMMARY FINANCIAL STATEMENTS

MARCH 31, 2019

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, 2019.

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, 2019

Baker Tilly HKC
2 Ash Street, Suite 2
Kapuskasing, ON
Canada P5N 3H4

T: 705.337.6411
F: 705.335.6563

kapuskasing@bakertilly.ca
www.bakertilly.ca

INDEPENDENT AUDITOR'S REPORT ON THE SUMMARY FINANCIAL STATEMENTS

To the Board of Directors of
Lady Minto Hospital

Opinion

The summary financial statements, which comprise the summary statement of financial position as at March 31, 2019 and the summary statement of operations for the year then ended, are derived from the audited financial statements of Lady Minto Hospital for the year ended March 31, 2019.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements on the basis described in note 1.

Summary Financial Statements

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 and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements of Lady Minto Hospital.

Other Information

The summary financial statements of Lady Minto Hospital for the year ended March 31, 2018 were audited by Collins Barrow Gagné Bisson Hébert, which became Baker Tilly HKC effective January 7, 2019.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements of Lady Minto Hospital in our report dated June 13, 2019.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements on the basis described in note 1.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standards (CAS) 810, Engagements to Report on Summary Financial Statements.

Baker Tilly HKC

Chartered Professional Accountants
Licenced Public Accountants
June 26, 2019

LADY MINTO HOSPITAL
SUMMARY STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2019

	2019 Budget (Unaudited)	2019 Actual	2018 Actual
REVENUES			
Ministry of Health and Long-Term Care	\$ 12,225,867	\$ 12,195,020	\$ 11,945,122
Cancer Care Ontario	225,000	263,368	185,912
Patient care	543,900	464,344	436,984
Recoveries and other revenue	988,502	1,093,123	1,074,101
Realized gains on disposition of investments	-	165,453	16,915
Investment income	100,000	18,506	52,805
Amortization of deferred capital contributions - equipment and software	160,000	54,805	72,965
	<u>14,243,269</u>	<u>14,254,619</u>	<u>13,784,804</u>
EXPENSES			
Salaries and wages	6,639,603	6,194,664	6,087,222
Employee benefits	1,991,881	1,851,445	1,802,649
Medical staff remuneration	1,800,535	1,672,301	1,712,486
Supplies and other expenses	2,900,140	2,900,107	2,862,455
Medical and surgical supplies	220,000	203,158	232,527
Drugs and medical gases	437,471	553,430	368,003
Amortization of equipment and software	250,000	353,223	294,125
Loss on disposition of capital assets	-	1,543	-
	<u>14,239,630</u>	<u>13,729,871</u>	<u>13,359,467</u>
EXCESS OF REVENUES OVER EXPENSES FROM OPERATIONS	<u>3,639</u>	<u>524,748</u>	<u>425,337</u>
Amortization of deferred capital contributions - buildings	225,000	356,660	320,160
Amortization of buildings	(500,000)	(730,275)	(677,162)
	<u>(275,000)</u>	<u>(373,615)</u>	<u>(357,002)</u>
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) BEFORE OTHER PROGRAMS AND OTHER VOTES	<u>(271,361)</u>	<u>151,133</u>	<u>68,335</u>
	(271,361)	151,133	68,335
OTHER PROGRAMS			
Villa Minto Nursing Home - Loss for the year	-	(78,293)	(43,607)
	<u>(271,361)</u>	<u>72,840</u>	<u>24,728</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>\$ (271,361)</u>	<u>\$ 72,840</u>	<u>\$ 24,728</u>

LADY MINTO HOSPITAL**SUMMARY STATEMENT OF FINANCIAL POSITION****MARCH 31, 2019**

	2019	2018
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 855	\$ 836,777
Accounts receivable	871,126	665,247
Prepaid expenses	114,117	136,279
Inventories	230,007	259,676
Due from MICs Group of Health Services	3,052,936	-
	4,269,041	1,897,979
LONG-TERM RECEIVABLES	45,221	33,991
INVESTMENTS	-	3,203,435
CAPITAL ASSETS	14,769,826	13,110,816
INTANGIBLE ASSETS	424,242	462,810
	\$ 19,508,330	\$ 18,709,031
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 656,971	\$ 436,957
Deferred revenue	11,499	11,499
Due to MICs Group of Health Services	-	815,079
	668,470	1,263,535
POST-EMPLOYMENT BENEFITS PAYABLE	1,451,779	1,385,552
DEFERRED CAPITAL CONTRIBUTIONS	6,403,229	4,980,023
	8,523,478	7,629,110
NET ASSETS		
INVESTED IN CAPITAL ASSETS AND		
INTANGIBLE ASSETS	8,839,796	8,632,883
UNRESTRICTED	2,145,056	2,447,038
	10,984,852	11,079,921
	\$ 19,508,330	\$ 18,709,031

LADY MINTO HOSPITAL**NOTE TO SUMMARY FINANCIAL STATEMENTS****MARCH 31, 2019**

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, 2019.

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 2018/19

Hospitals

Objective	Actual	Target for 17/18	Goal	Results
Total number of ALC inpatient days: contributed by ALC patient within the specific reporting month/quarter using near-real time acute and post-acute ALC information and monthly bed census data <i>Internal data</i>	32%	≤28.8%	Reduce	AGH 52%
	30%	≤27%	Reduce	BMH 38%
	23%	≤25.3%	Reduce	LMH 39%
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> <i>**Executive Compensation</i>	88.7%	90%	Improve	AGH 86%
	94.2%	90%	Maintain ↑ 90%	BMH 98%
	72.8%	83.7%	Improve	LMH 66%
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 admitted patients. <i>Internal data</i> <i>**Executive Compensation</i>	100%	100%	Maintain	AGH 100%
	100%	100%	Maintain	BMH 100%
	50%	95%	Improve	LMH 100%
Total ED length of stay: (defined as the time from triage or registration, whichever comes first, to the time the patient leaves the ED) where 9 out of 10 non-complex patients completed their visits (in hours) <i>CIHI data CIHI data</i> <i>**Chief of Staff Compensation</i>	2.80	4.2	Maintain ↓ 4.2	AGH 8.9
	2.60	4.2	Maintain ↓ 4.2	BMH 1.9
	4.90	4.2	≤ 4.2	LMH 3.2
Number of workplace violence incidents reported by hospital workers (as by defined by OHSa) within 12 month period <i>Internal data-RL6</i>	CB	CB	Collect baseline	AGH 12
	CB	CB	Collect baseline	BMH 8
	CB	CB	Collect baseline	LMH 21

Long Term Care

Objective	Actual	Target for 16/17	Goal	Results
Person Experience: Percentage of residents responded positively to: "You or your loved ones are encouraged to participate in discussion about your care" (Agree and Totally Agree) <i>in house survey</i> <i>**Executive Compensation</i>	98.10%	90%	≥90%	SCM 72%
	97.5%	90%	≥90%	VM 94%
	80.5%	88.5%	≥88.5%	RD 100%
Inappropriate Use of Anti-psychotics-% or residents receiving antipsychotics without a diagnosis of psychosis in the 7 days preceding their resident assessment <i>CCRS eReports</i>	19.4%	≤19%	Reduce	SCM 22.0%
	36.07%	≤32.5%	Reduce	VM 28.3%
	37.5%	≤33.8%	Reduce	RD 28.3%
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>CIHI CCRS, CIHI NACRS</i>	29.09%	≤26.2%	Reduce	SCM 7.9%
	X	≤10%	Maintain	VM X
	X	≤10%	Maintain	RD X
Falls: Percentage of residents who fell during the 30 days preceding their resident assessment <i>CCRS eReports</i>	16.47%	14.80%	Reduce	SCM 13.2%
	10.61%	9.55%	Reduce	VM 6.0%
	12.32%	11.10%	Reduce	RD 8%



Met



Not met



X data suppressed (too low)

Appendix III

Patient Activity for 2018-2019

	BMH	LMH	AGH
Adult Admissions	141	474	381
Total Patient Days	2,076	8,469	8,072
Emergency Visits	2,168	9,855	7,479
Laboratory Visits	2,196	6,632	6,930
Radiology Visits	303	2,536	2,090
Physiotherapy Visits	293	670	2,397
Oncology Visits	-	281	-
Surgical Services / Endoscopy Visits	-	374	487
Ontario Telehealth Network Visits	211	503	689
Visiting Specialty Clinic Visits	-	971	924

Long-Term Service Awards

Lady Minto Hospital / Villa Minto – October 25th, 2018



Anson General Hospital / South Centennial Manor – November 1st, 2018



Bingham Memorial Hospital / Rosedale – November 8th, 2018

