



MICs Group of Health Services

“Planning for a Better Tomorrow”

ANNUAL REPORT

2019 - 2020



TABLE OF CONTENTS

1.	Mission, Vision and Value Statements	p.3
2.	Strategic Plan 2018-2022.....	p.4
3.	BMH Board Chair Report.....	p.5
4.	AGH Board Chair Report.....	p.6
5.	LMH Board Chair Report.....	p.8
6.	Chief Executive Officer Report	p.9
7.	Chief Nursing Officer Report.....	p.10
8.	Director of Care Report	p.12
9.	MICs Chief of Staff Report.....	p.13

Appendix I: Summary Financial Statements

Appendix II: MICs Quality Improvement Plan

Appendix III: Patient Activity for 2019-2020



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 2020
Person-Centered Care	<ul style="list-style-type: none">• Optimize the transition of care for patients and residents• <i>South Centennial Manor Redevelopment; improve seniors services</i>• 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• <i>Protect our staff and patients from violence</i>• <i>Improve pharmacy services</i>
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">• Partner with Minto Counseling to expand and improve mental health care services• <i>Develop our Ontario Health Team</i>• <i>Partnering with all 21 Wave 2 Northeast hospitals to plan the Meditech expense upgrade of EMR (ONE initiative)</i>
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

As usual, this has been a challenging year with some issues not solved from 2019 and carried forward to 2020.

Some of the issues we are wrestling with are:

- Recruitment and retention of nurses and doctors. Doctor shortages are common in Canada and we face strong competition to recruit for our northern area.
- Nursing shortages have greatly affected our budget due to overtime payments to cover the daily shortages.
- For 2020-2021, we have been told to submit a 0% increase in our budget. This will not allow us to keep up with the ever increasing cost of living.
- The COVID-19 virus has hit and, hopefully, we are all in isolation to prevent its spread. All of MICs is in isolation to protect our residents and patients. There is no word as to how long this will last.

All committee meetings have been postponed except for the monthly board meetings because the hospitals and long-term care facilities have restricted entry and we cannot use the boardroom contained in the hospital. Board meetings are now being held via Zoom.

At the time of writing this report, no MICs patient/client has passed away from the COVID-19 virus at BMH. I commend all medical and management staff for their commitment and major efforts in protecting our communities from this virus.

On the positive side, we have accomplished a great deal:

- All the interior of BMH/Rosedale has been renovated and painted and is a much brighter environment to live and work in.
- Shadow boxes were installed at the entrance to each resident's room where residents' items of personal memorabilia are on display.
- Renovations and painting have been completed in the reception and office areas.
- We signed a multi-year contract to survey our energy demands and install equipment in order to reduce utility bills.
- A new generator was installed.
- Ultrasound services have been re-established at BMH.
- The physiotherapy department has increased its operational hours.
- We will incur a small surplus for this fiscal year.
- The LHINs have been reduced from thirteen to five. Hopefully, the reduced staffing dollars from this organization will be redirected into the health system.
- A Recruiting and Retention Committee has been established and consists of the mayors of Matheson, Iroquois Falls and Cochrane and their respective CAOs, the three MICs Board Chairs, MICs administration, doctors and other interested community representatives. This committee has been tasked with developing an improved method for successfully recruiting and retaining nurses and doctors and respective incentive packages. Each community has been asked to supply money, time and personnel to accomplish this.
- BMH will be recruiting for two new Board members for 2020-21 to replace those who are retiring in June. I thank these retiring members for their dedication, service and hard work for BMH and our communities in Black River-Matheson.

AGH Board Chair

Danielle Delaurier

As I write this report, we are in the eighth week of the Covid-19 Pandemic and we are getting updates that the curve has started to flatten and that the economy will be reopening slowly in phases. I would like to thank all MICs employees who have been amazing during these challenging times.

In 2019-2020, we welcomed new Team Members and celebrated long-term service award recipients on November 22nd at the Abitibi Golf Club. Congratulations to all 10, 20 and 30-year service award recipients. We thank you for your service and commitment to our patients and residents.

A Physician Recruitment and Retention Committee was formed in the fall of 2019 and the first meeting was held on November 6th, 2019. The three community mayors, local family health teams and MICs are working together to recruit physicians and other health care practitioners to our communities. We have been successful in recruiting Dr. M. Smith who will be joining the family health team in Iroquois Falls in August of 2020. We continue our efforts to recruit four more physicians and one surgeon.

MICs has committed to supporting the “One Initiative” whose vision is to achieve “One Person, One Record, One System” by installing a single Electronic Health record system across 24 hospitals in the North East. Wave 2 - the Planning and Implementation Phase of this initiative, which was due to begin in October 2020, has been deferred to March 2021 due to Covid-19. The initiative will also offer a portal where patients can access their test results and book appointments which will lead to a better patient experience.

MICs continues to be committed to delivering high quality services and creating positive patient and resident experiences. The MICs Quality Improvement Plan outlines key indicators that align with our strategic plan and Accreditation Canada. For each indicator selected for improvement, targets based on benchmarks and best practices are set and tracked each quarter. This year, we have been successful in meeting our targets for 4 of 6 indicators at AGH while 2 are still in progress and 3 of 4 targets were met at SCM, one of which is still in progress.

New indicators have been identified for improvement for the upcoming year and work will continue on the ones that have not been met.

In 2019, the Ford government announced that they were re-structuring Ontario’s health ministry by consolidating twenty agencies into a new agency called Ontario Health. Hospitals, LTC facilities and home care agencies were encouraged to form Health Teams. MICs has endorsed the Timmins District Hospital (TDH) Health Team application, however if their application is not approved by the Ministry, we will be joining the Health Science North (HSN) Health Team which has already been approved for full implementation.

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

Anson General Hospital

- The AGH Hospice received a generous donation to upgrade the courtyard.
- An Automated Dispensing Unit (ADU) was acquired and fully implemented by the end of October.
- In November, MICs received \$2,000,000 in HIRF ECP grants. Some of these funds have been earmarked for the installation of a new generator at AGH.
- We received Palliative Care funding to support the Hospice volunteer program.
- Bladder scanners were purchased via donations to support the “Lose the Tube” project.

- The Honeywell Energy Renewal Project is still in progress.
- Lab renovations are on schedule.
- The Steam Boiler Project slated to begin on March 16th is on hold due to Covid-19.
- We continue to host NOSM medical learners, medical residents and nurse practitioner resident.
- AGH is posting an operating surplus. The sharing of lab services between AGH/BMH, funding received for non-urgent patient transportation and \$300,000 funding in operational pressures have all contributed to creating a slight operating surplus at AGH.

South Centennial Manor

- We welcomed Joyce Rickard as the new Director of Care.
- Surveillance cameras were installed to monitor residents for falls.
- A new Resident Satisfaction Survey was introduced which was prepared in collaboration with the Residents and Family Council.
- New Team Members were hired to focus on dementia, skin and wound care and behaviour support.
- SCM continues to operate at a sizeable deficit which is mainly due to overtime and sick time costs being incurred by this facility. Plant maintenance cost associated with an aging building also continues to be a cost pressure.

SCM Redevelopment Project

- An open forum was held on June 25th which was well attended. Recent developments were shared with community members and questions were answered.
- On October 10th, the architect reviewed the topographical survey of the site behind AGH with the Board. The survey indicated that preloading of soil will not be necessary but lightweight fill will be required which will result in a significant time and cost savings.
- On November 4th, the Mayor of IF and MICs CEO met with the Hon. Dr. Fullerton at Queen's Park. They presented an update on the project and discussed the challenges for a small community to raise \$4 million to cover the construction shortfall.
- In December, the SCM Fundraising Committee announced a \$1,000,000 donation from a benefactor.
- On December 11th, the committee also received a \$10,000 donation from John Wlad and Sons Construction in memory of John Wlad Sr., the company's founder.
- SCM Fundraising Committee raised over \$8,000 at its lobster dinner on May 25th and \$10,000 with the Curling Bonspiel.
- A 96-bed application is being finalized. The March 31st, 2020 submission due date has been extended due to Covid-19.

In closing, I would like to express my gratitude to all staff, physicians, Executive Team and volunteers for their commitment to our patients and residents at AGH and SCM. You have truly demonstrated what an exceptional staff you are during these difficult times.

LMH Board Chair

Patricia Dorff

I am pleased to present my annual report on behalf of the Lady Minto Hospital Board of Directors for the past fiscal year. It has been an exceptionally busy year especially with the pandemic going on recently. That being said, I want to start by recognizing all healthcare workers for everything they do every day. Thank you does not even begin to cover my appreciation for them. COVID-19 is far more reaching than any of us could have ever imagined. Hopefully, once this is over, we won't have to deal with this sort of thing for a long, long time.

This past year, the Board Chairs, municipal council representatives and members of the various healthcare organizations from all three communities formed a Physician Recruitment & Retention Committee in order to increase our success in recruiting six physicians and a General Surgeon. We hope that instead of competing with one another, our concerted efforts will bring better results.

The Second Annual Radio-thon held in December raised close to \$56,000 for lab equipment including the \$20,000 that the LMH Hospital Auxiliary donated. I was very fortunate to be able to view this new equipment as well as the first phase of the Lab renovations that were underway. It was a great experience and the equipment is a great addition to our facilities. Unfortunately, the lab renovations are now on hold until COVID-19 is resolved.

Recently, we welcomed Jennifer Emond as our new Director of Care for Villa Minto and Rosedale Centre. We also welcomed a new board member, Ken Graham, to our Board of Directors. Due to social distancing, our board meetings are now being held via Zoom which enables us to move forward with board business.

Our Infection Control officer and Team Members have been working diligently with the Ministry of Health, Public Health and other agencies on the COVID-19 situation. While we still remain at low risk, we have been following directions from the Chief Medical Officer and Ministry of Health on limiting our outpatient services, restricting visitors and protecting our patients, residents and staff. On behalf of the LMH Board of Directors, I wish to thank each and every one of our Team Members for their dedication. Where would we be without them?

Better days are ahead.

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 is a great opportunity to summarize and showcase the events that occurred this past year.

We welcomed two new Board Members this year: Ken Graham from LMH, and Dr. Joey Tremblay, Chief of Staff. We also welcomed Ms. Joyce Rickard as the new Executive Lead of Long-Term Care. She comes to us from within the organization as the Director of Care at Villa Minto and Rosedale Centre.

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

Physician and professional staff recruitment and retention is also a high priority. We held a formal brainstorming retreat on physician recruitment and retention which generated a lot of great ideas. We have been engaging with our municipal councilors, working together to develop a marketing strategy and incentives for physicians who choose 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 \$1.5 million in Exceptional Circumstance Program funding from the Ministry of Health and Long-Term Care. We used this to replace the chillers at the Lady Minto Hospital; steam boiler and energy generator at the Anson General Hospital; and upgraded the chiller, steam boiler and freight elevator at Bingham Memorial Hospital. We have completed the Laboratory renovations at AGH and Phase I of the Lab renovations at LMH. We continue to work with Honeywell Solutions on the final stages of the Energy and Facility Renewal program. This \$3.1 million program aims to address deferred maintenance, reduce the environmental footprint and save on utility and operation costs of over \$125,000 per year. We are still working with the Ministry on the re-development and re-location of the South Centennial Manor. Our Fundraising committee continues to be very proactive, raising over \$1.5 million to date.

While the North East and North West LHINs have combined to become the North Health Team, MICs Group of Health Services has played a strategic role at the development stage, working with our partners on the Timmins Health Team.

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. On a personal note, great leadership can only be accomplished if you have a great team. The MICs Group of Health Services and our communities have worked very hard as a team during these unprecedented times. I am so grateful to be a part of 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 2019-20 Fiscal Year

- **Executive WalkRounds**

The Executive Team has expanded the areas they will be visiting. In 2019/20, the Executive team completed 94 WalkRound visits among all facilities. Although the focus of the WalkRounds is patient and resident safety, our staff also have the opportunity to discuss other issues/concerns they may have. We continue to work on closing the loop of any issues/concerns that may arise.

- **Nursing Leadership**

We have seen some changes in our Nursing Leadership team. Robert Boucher accepted the role of Patient Care Manager at Anson General Hospital and Bingham Memorial Hospital in April 2019 but left the position to return to his previous frontline position. In February, Rebecca Swartz, Care Transition Coordinator, stepped in to assist with maintaining the day to day operations and continuity of care with the support of the Chief Nursing Officer. We are pleased to welcome Taylor Gagné to the role in September 2020.

- **Patient Care Team**

The team worked with other committees (Nursing Practice Advisory Council, Patient and Family Advisory Council) to develop a Family Presence Policy. They also participated in two initiatives with the Choosing Wisely Campaign – “Lose the Tube” and “More is Not Always Better”. From the Lose the Tube initiative, a medical directive was developed and bladder scanners were purchased (through donations) for AGH and LMH.

- **Experience Surveys**

The tracking process was refined to obtain more accurate data from the Emergency department client experience surveys. Previous data was based on total emergency room visits. We also reviewed and updated the administrative process for both inpatient and Emergency Department surveys.

- **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 development of “Downtime Bins” to ensure that paper copies of documents/forms are readily available in the event of a downtime situation. They also reviewed the “ER Nursing Orientation” package in collaboration with our Learning and Development Program Leader.

- **Accreditation**

At this time, we have no outstanding criteria with Accreditation Canada. Our next on site survey will be February 2022.

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

Members of the Patient and Family Advisory Council (PFAC) met four times throughout the year and have been participating in various initiatives/projects. The Patient Care team is lucky to have three Patient Partners attending their meetings. This allows us to bring the patient voice in the many initiatives we are working on.

- **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 at the NE 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 continue to see an increase in volunteer applications. Students who need volunteer hours are welcome to participate in our program if they meet the eligible criteria.

- **Pharmacy**

MICs was successful in hiring a new MICs Pharmacist, Khaleel Sakeer, in February. A Pharmacy Clerk was hired to help with non-pharmacy technician work and NorthWest Telepharmacy is providing pharmacy technician coverage for a maternity leave. The Automated Dispensing Units (ADU) were implemented in September in all three hospitals.

- **Surgical Program**

We continue to actively recruit for a general surgeon. We are thrilled that our current surgeon, Dr. Klassen has agreed to stay on for another year. Given the COVID-19 pandemic, we have had to cancel or defer most elective surgeries and will follow ministry directives as to when we can resume regular services.

- **Nursing Recruitment**

It has been a challenge recruiting and retaining nursing staff particularly Registered Nurses (RN). We continue to collaborate with the unions to develop recruitment and retention strategies. This year, we have attended recruitment fairs in our local area.

- **Infection Prevention and Control**

We have been busy with various construction projects. Our Infection Prevention and Control Program Leader has provided support and guidance for the multiple construction projects within the organization. She also provided great leadership and support during the Global COVID-19 Pandemic. MICs is lucky to have her!



Director of Care

Joyce Rickard

Long-Term Care

Long-Term Care experienced a turnover in the Leadership Team with Aranka Pataki's departure and Joyce Rickard, previous Director of Care for Rosedale Centre and Villa Minto, transferring into the Executive Lead position for Long-Term Care and Director of Care for South Centennial Manor. Joyce's portfolio was taken over by Jennifer Emond who had been working with Behavior Supports Ontario and we welcomed her experience to support our residents at both Rosedale and Villa Minto.

Highlights of the 2019-2020 Fiscal Year

- **Resident Quality Inspections**

During the year, we had a number of on-site visits all related to critical incidents, not regular quality inspections. From January 1st, 2019 to December 31st, 2019, there have been 23 total critical incidents:

South Centennial Manor—11

Rosedale Centre—3

Villa Minto—9

- **Resident and Family Involved Care**

Resident and family council were involved with the decision to maintain the current dining room layout rather than changing to one location.

- **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. With the current COVID situation, the contract has been extended to November 2020. An RFP is in process by the Administrator.

- **Behavior Support Services (BSO)**

We have continued to benefit from the additions 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. During this year, Rosedale and Villa Minto have had the Residents' doors painted in bright and homey colors to help Residents identify their room by color if they're unable to recognize their name. At Rosedale, an addition of a shadow box outside the Residents' rooms also allows them to display some of their personal items outside their room making it a bit more personal as well. Early intervention of delirium and identifying key contributing factors to behaviors have immensely contributed to the best quality of life for Residents while educating staff.

- **Services**

We have hired an in house physiotherapist for the MICs Group of Health Services and this will improve the services being provided to our LTC homes as we do have qualified PTA staff to support the programming being developed for our Residents.

- **Executive Walkrounds**

Staff have had the opportunity to speak to the Executive Team and bring their concerns forward. It has been well received by staff.



MICs Chief of Staff

Dr. Joey Tremblay

As Chief of Staff of the MICs Group of Health Services, I am pleased to present the report for the 2019-2020 fiscal year. Physician recruitment remains one of the top priorities. The MICs Director of Human Resources, administration and I have been actively engaged in recruiting physicians for all three communities. In an attempt to further optimize our chances of recruitment, MICs formed a MICs Medical Recruitment Committee. This committee consist of board members from all three MICs local boards and the three communities' town councils as well as hospital administration, physicians and Executive Directors (ED) of the Family Health Teams. The committee first met on November 6, 2019 and last met on January 30, 2020.

The current average "need" is 1-2 family physicians per community and a surgeon in Cochrane. MICs and the town of Iroquois Falls have been successful in recruiting Dr. M. Smith for the Iroquois Falls Family Health Team and Villa Minto in Cochrane. He will be starting in October 2020 after he completes his residency. Dr. Klassen, our general surgeon in Cochrane, signed on for another year and continues to provide surgical services.

During this past year, we have been approved for anesthesia locum coverage and we have recruited a good number of surgical locums to provide relief for our surgeon which in turn minimizes surgical interruptions.

We have seen the return of two surgical specialty clinics at Lady Minto Hospital. Dr. Sogbein (Urology) and Dr. Raymond (Dental) have joined our team.

Our Emergency Departments remain stable with local and locum physicians. Dr. Thomas submitted his resignation of privileges in April 2020 after being with MICs since April 2013. He had initially joined the Iroquois Falls Family Health Team and then worked as an ER locum physician for AGH and BMH in more recent years.

When dealing with difficult cases, we continue to utilize Virtual Critical Care (VCC) in our Emergency Departments or inpatient wards when needed. VCC is done by videoconference with internists, RNs and RTs from Health Science North in Sudbury. These specialists at HSN support both initial and follow-up consultations of critically ill patients and also help facilitate the transfer of patients when needed.

All three MICs sites continue to participate in Northern Ontario School of Medicine (NOSM) teaching programs. The feedback from the NOSM medical students who rotate through the MICs facilities continues to be positive and expresses how much they enjoy learning in our communities. Not only do we have learners from NOSM but we welcome students from other schools as well. MICs saw a further increase in exposure and student traffic this year by hosting numerous types of learners/students such as physician assistants, nurse practitioners, nurses, medical students and medical residents.

At this point, most of MICs medical staff are NOSM faculty members and belong to NOSM Timiskaming – Cochrane Education Group (LEG). Our LEG has been very busy in organizing educational conferences for a diverse group including physicians, allied professionals and members of our communities.

The educational conferences received excellent feedback. Some of the topics presented by well-known speakers consisted of Congested Heart Failure, Chronic Pain, PTSD and Addiction. During our February 2020 conference, we hosted Dr. Verma who is the Dean, President and CEO of NOSM and Dr. Cervin Vice-Dean of NOSM who presented and discussed CHALLENGES ON RECRUITMENT AND RETENTION OF PHYSICIANS IN RURAL NORTHERN ONTARIO.

The COVID-19 pandemic has brought strength to the organization. There have been and continue to be countless hours put towards multiple meetings, emails, developing protocols and policies to keep our three communities of patients, families and staff safe. In an effort to decrease hospital traffic and the spread of Covid-19, we had stopped all non-essential services including surgeries and outpatient clinics of various local and visiting specialist and clinics. From March 19th to June 7th, only emergent surgical cases were done. On June 8th, elective surgical cases restarted and we are slowly and cautiously reintroducing our outpatient clinics.

Overall, recent times have been very challenging, however our team has pulled together to achieve the best possible outcome for our three communities! This was made possible by all medical staff, administration and we thank the MICs Board Members for their continued support!



Appendix I

MICs Group of Health Services

Summary Financial Statements

For the year ending March 31st, 2020

BINGHAM MEMORIAL HOSPITAL

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

MARCH 31, 2020

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, 2020 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, 2020.

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.

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 19, 2020.

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 24, 2020

BINGHAM MEMORIAL HOSPITAL

SUMMARY STATEMENT OF OPERATIONS

YEAR ENDED MARCH 31, 2020

	2020 Budget (Unaudited)	2020 Actual	2019 Actual
REVENUES			
Ministry of Health and Long-Term Care	\$ 7,289,203	\$ 7,572,818	\$ 7,257,232
Ontario Health Insurance	25,250	37,756	12,599
Other patient care revenue	476,450	556,842	497,065
Recoveries and other revenue	144,700	83,437	130,637
Gain on disposition of capital assets	-	-	68,778
Realized gains on disposition of investments	-	-	154,168
Amortization of deferred capital contributions - equipment and software	25,000	42,289	21,600
	<u>7,960,603</u>	<u>8,293,142</u>	<u>8,142,079</u>
EXPENSES			
Salaries and wages	3,908,214	3,791,489	3,757,191
Employee benefits	1,172,464	1,064,545	1,085,495
Medical staff remuneration	890,476	877,058	836,333
Supplies and other expenses	1,667,850	1,729,612	1,469,119
Medical and surgical supplies	75,000	55,064	59,449
Drugs and medical gases	125,000	76,431	59,546
Loss on disposition of capital assets	-	-	1,125
Amortization of equipment and software	120,000	139,612	123,114
	<u>7,959,004</u>	<u>7,733,811</u>	<u>7,391,372</u>
EXCESS OF REVENUES OVER EXPENSES FROM OPERATIONS	<u>1,599</u>	<u>559,331</u>	<u>750,707</u>
Amortization of deferred capital contributions - buildings	225,000	305,088	311,077
Amortization of buildings	(225,000)	(424,500)	(342,888)
	<u>-</u>	<u>(119,412)</u>	<u>(31,811)</u>
EXCESS OF REVENUES OVER EXPENSES BEFORE OTHER VOTES	<u>1,599</u>	<u>439,919</u>	<u>718,896</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>\$ 1,599</u>	<u>\$ 439,919</u>	<u>\$ 718,896</u>

BINGHAM MEMORIAL HOSPITAL
SUMMARY STATEMENT OF FINANCIAL POSITION
MARCH 31, 2020

	2020	2019
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 602	\$ 602
Accounts receivable	256,681	394,473
Inventories	130,640	145,855
Short-term investments	156,881	156,881
Due from MICs Group of Health Services	3,775,395	3,038,705
	4,320,199	3,736,516
CAPITAL ASSETS	6,628,061	6,048,884
	<u>\$ 10,948,260</u>	<u>\$ 9,785,400</u>
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 735,790	\$ 583,505
Deferred revenue	130,057	130,057
	865,847	713,562
POST-EMPLOYMENT BENEFITS	694,560	665,876
DEFERRED CAPITAL CONTRIBUTIONS	4,240,335	3,698,363
	5,800,742	5,077,801
NET ASSETS		
INVESTED IN CAPITAL ASSETS	2,490,144	2,380,984
UNRESTRICTED	2,657,374	2,326,615
	5,147,518	4,707,599
	<u>\$ 10,948,260</u>	<u>\$ 9,785,400</u>

BINGHAM MEMORIAL HOSPITAL
NOTE TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2020

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, 2020.

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, 2020

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

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, 2020 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, 2020.

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.

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 19, 2020.

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 24, 2020

ANSON GENERAL HOSPITAL
SUMMARY STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2020

	2020 Budget (Unaudited)	2020 Actual	2019 Actual
REVENUES			
Ministry of Health and Long-Term Care	\$ 8,523,890	\$ 9,431,251	\$ 8,501,152
Patient care	538,650	500,768	456,655
Recoveries and other revenue	298,650	419,710	433,569
Realized gains on disposition of investments	-	-	462,136
Amortization of deferred capital contributions - equipment and software	30,000	31,224	15,930
	<u>9,391,190</u>	<u>10,382,953</u>	<u>9,869,442</u>
EXPENSES			
Salaries and wages	4,911,362	4,773,316	4,745,586
Employee benefits	1,473,409	1,346,244	1,431,539
Medical staff remuneration	183,374	134,516	121,310
Supplies and other expenses	2,748,875	2,865,456	2,662,927
Medical and surgical supplies	199,000	162,922	196,120
Drugs and medical gases	230,000	200,886	168,656
Amortization of equipment and software	180,000	206,088	188,022
	<u>9,926,020</u>	<u>9,689,428</u>	<u>9,514,160</u>
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) FROM OPERATIONS			
	<u>(534,830)</u>	<u>693,525</u>	<u>355,282</u>
Amortization of deferred capital contributions - buildings	380,000	439,143	434,318
Amortization of buildings	<u>(440,000)</u>	<u>(608,985)</u>	<u>(621,358)</u>
	<u>(60,000)</u>	<u>(169,842)</u>	<u>(187,040)</u>
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) BEFORE OTHER PROGRAMS AND OTHER VOTES			
	<u>(594,830)</u>	<u>523,683</u>	<u>168,242</u>
OTHER PROGRAMS			
South Centennial Manor - Loss for the year	-	(710,243)	(684,430)
	<u>(594,830)</u>	<u>(186,560)</u>	<u>(516,188)</u>
OTHER VOTES - MUNICIPAL LEVY			
Revenue	3,150	3,150	3,150
Expense	<u>(3,150)</u>	<u>(3,150)</u>	<u>(3,150)</u>
	<u>-</u>	<u>-</u>	<u>-</u>
EXCESS OF EXPENSES OVER REVENUES	<u>\$ (594,830)</u>	<u>\$ (186,560)</u>	<u>\$ (516,188)</u>

ANSON GENERAL HOSPITAL**SUMMARY STATEMENT OF FINANCIAL POSITION****MARCH 31, 2020**

	2020	2019
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 500	\$ 500
Accounts receivable	623,919	800,119
Inventories	175,982	171,071
	800,401	971,690
CAPITAL ASSETS	15,042,483	14,661,986
	<u>\$ 15,842,884</u>	<u>\$ 15,633,676</u>
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 952,855	\$ 613,645
Deferred revenue	-	30
Due to MICs Group of Health Services	1,074,661	942,695
Mortgage payable	41,800	45,400
Current portion of capital contribution repayable	12,000	12,000
	2,081,316	1,613,770
CAPITAL CONTRIBUTION REPAYABLE	168,000	180,000
POST-EMPLOYMENT BENEFITS PAYABLE	1,410,004	1,345,169
DEFERRED CAPITAL CONTRIBUTIONS	8,787,357	8,911,970
	<u>12,446,677</u>	<u>12,050,909</u>
NET ASSETS		
INVESTED IN CAPITAL ASSETS	6,062,843	5,530,787
UNRESTRICTED	<u>(2,666,636)</u>	<u>(1,948,020)</u>
	3,396,207	3,582,767
	<u>\$ 15,842,884</u>	<u>\$ 15,633,676</u>

ANSON GENERAL HOSPITAL

NOTE TO SUMMARY FINANCIAL STATEMENTS

MARCH 31, 2020

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, 2020.

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, 2020

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

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, 2020 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, 2020.

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.

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 19, 2020.

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 24, 2020

LADY MINTO HOSPITAL

SUMMARY STATEMENT OF OPERATIONS

YEAR ENDED MARCH 31, 2020

	2020 Budget (Unaudited)	2020 Actual	2019 Actual
REVENUES			
Ministry of Health and Long-Term Care	\$ 12,267,540	\$ 12,837,797	\$ 12,195,020
Cancer Care Ontario	225,000	576,051	263,368
Patient care	526,400	535,251	464,344
Recoveries and other revenue	1,120,963	1,204,785	1,111,629
Realized gains on disposition of investments	-	-	165,453
Amortization of deferred capital contributions - equipment and software	120,000	108,633	54,805
	14,259,903	15,262,517	14,254,619
EXPENSES			
Salaries and wages	6,691,719	6,392,347	6,194,664
Employee benefits	1,926,248	1,863,719	1,851,445
Medical staff remuneration	1,801,779	1,836,367	1,672,301
Supplies and other expenses	3,200,625	3,430,347	2,900,107
Medical and surgical supplies	219,500	231,878	203,158
Drugs and medical gases	431,500	802,447	553,430
Amortization of equipment and software	250,000	334,534	353,223
Loss on disposition of capital assets	-	-	1,543
	14,521,371	14,891,639	13,729,871
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) FROM OPERATIONS			
	(261,468)	370,878	524,748
Amortization of deferred capital contributions - buildings	225,000	359,129	356,660
Amortization of buildings	(500,000)	(809,529)	(730,275)
	(275,000)	(450,400)	(373,615)
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) BEFORE OTHER PROGRAMS AND OTHER VOTES OTHER PROGRAMS			
	(536,468)	(79,522)	151,133
Villa Minto Nursing Home - Loss for the year	-	(346,258)	(78,293)
	(536,468)	(425,780)	72,840
OTHER VOTES - MUNICIPAL LEVY			
Revenue	4,350	4,350	4,350
Expense	(4,350)	(4,350)	(4,350)
	-	-	-
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES)			
	\$ (536,468)	\$ (425,780)	\$ 72,840

LADY MINTO HOSPITAL**SUMMARY STATEMENT OF FINANCIAL POSITION****MARCH 31, 2020**

	2020	2019
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 1,145	\$ 855
Accounts receivable	709,864	871,126
Prepaid expenses	101,955	114,117
Inventories	310,340	230,007
Due from MICs Group of Health Services	2,727,552	3,052,936
	3,850,856	4,269,041
LONG-TERM RECEIVABLES	47,934	45,221
CAPITAL ASSETS	15,440,116	14,769,824
INTANGIBLE ASSETS	385,674	424,242
	\$ 19,724,580	\$ 19,508,328
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 542,523	\$ 656,969
Deferred revenue	11,499	11,499
	554,022	668,468
POST-EMPLOYMENT BENEFITS PAYABLE	1,499,397	1,451,779
DEFERRED CAPITAL CONTRIBUTIONS	7,112,089	6,403,230
	9,165,508	8,523,477
NET ASSETS		
INVESTED IN CAPITAL ASSETS AND		
INTANGIBLE ASSETS	8,849,334	8,839,796
UNRESTRICTED	1,709,738	2,145,055
	10,559,072	10,984,851
	\$ 19,724,580	\$ 19,508,328

LADY MINTO HOSPITAL**NOTE TO SUMMARY FINANCIAL STATEMENTS****MARCH 31, 2020**

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, 2020.

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 2019/20

Hospital Objectives	Actual	Target for 19/20	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>	56%	50.4%	Reduce	AGH 71%
	28%	≤30%	Reduce	BMH 60%
	27%	≤30%	Reduce	LMH 71%
Timely Transitions: Percentage patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient's discharge from hospital. <i>Hospital collected data</i>	CB	CB	Collect Baseline	AGH 20%
	CB	CB	Collect Baseline	BMH 48%
	CB	CB	Collect Baseline	LMH 45%
Medication Reconciliation at discharge: The total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged. <i>Internal data</i> **Executive Compensation	100%	100%	Maintain	AGH 100%
	100%	100%	Maintain	BMH 90%
	100%	100%	Maintain	LMH 100%
Acknowledgment of complaints: Percentage of complaints acknowledged to the individual who made a complaint within five business days. <i>Local data collection</i>	100%	100%	Maintain	AGH 100%
	100%	100%	Maintain	BMH 100%
	100%	100%	Maintain	LMH 100%
Number of workplace violence incidents reported by hospital workers (as by defined by OSHA) within 12 month period. <i>Internal data-RL6</i> **Executive Compensation	12	Improve reporting	Quality data	AGH 8
	8	Improve reporting	Quality data	BMH 7
	21	Improve reporting	Quality data	LMH 8
Person Experience: Percentage of respondents who positively responded (agree and strongly agree) to "When I left, I had a good understanding of the things I was responsible for in managing my health". (ED survey) <i>In-house survey</i> **Executive & Chief of Staff Compensation	99%	≥90%	Maintain ↑ 90%	AGH 87%
	88%	≥90%	Maintain ↑ 90%	BMH 78%
	98%	≥90%	Maintain ↑ 90%	LMH 90%

*Retired Indicator-Rate of mental health or addiction episodes of care that are followed within 30 days by another mental health and addiction admission

Long Term Care Objectives	Actual	Target for 19/20	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>in house survey</i> **Executive Compensation	72%	79.2%	10% improvement	SCM 98%
	100%	100%	Maintain	VM 90%
	94%	≥94%	≥94%	RD 91%
Acknowledgement of Complaints-Percentage of complaints received by a LTCH that were acknowledged to the individual who made a complaint within 10 business days. <i>Local data collection</i>	CB	CB	Collect Baseline	SCM 100%
	CB	CB	Collect Baseline	VM 100%
	CB	CB	Collect Baseline	RD 100%
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>	31.63%	28.5%	10% reduction	SCM 20%
	8.77	≤10%	Maintain	VM X
	X	≤10%	Maintain	RD X
Falls: Percentage of residents who experienced a harmful falls (level 2-6 severity on scale of harm) <i>RL6 data</i>	14.75%	20% reduction	Reduce	SCM 20.75%
	3%	≤3%	Maintain	VM 24.5%
	11.5%	10% reduction	Reduce	RD 12.25%



Met



Not met



X data suppressed (too low)

Appendix III

Patient Activity for 2019-2020

	BMH	LMH	AGH
Adult Admissions			
• Acute	129	410	388
• Complex Continuing Care	5	7	27
Total Patient Days			
• Acute	1,245	5,525	4,039
• Complex Continuing Care	2,073	2,912	5,072
Emergency Visits	2,200	9,466	2,188
Laboratory Visits	2,164	6,845	6,417
Radiology Visits	407	2,358	2,188
Physiotherapy Visits	265	593	2,601
Oncology Visits	N/A	372	N/A
Surgical Services / Endoscopy Visits	N/A	267	497
Ontario Telehealth Network Visits	306	646	715
Visiting Specialty Clinic Visits	N/A	392	801

Long-Term Service Awards

Anson General Hospital / SCM / Bingham Memorial Hospital – November 22nd, 2019



Lady Minto Hospital / Villa Minto – November 29th, 2019



HealthCare heroes

