



MICs Group of Health Services

"Planning for a Better Tomorrow"

ANNUAL REPORT



2020 - 2021

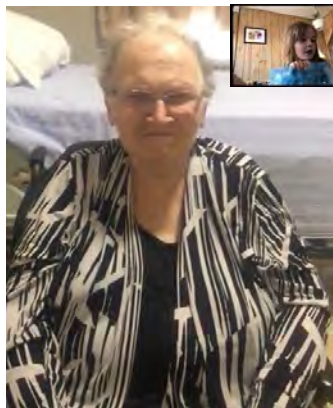


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MICs Group of Health Services

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 2021
Person-Centered Care	<ul style="list-style-type: none">• Optimize the transition of care for patients and residents• South Centennial Manor Redevelopment; improve seniors services• 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• Protect our staff and patients from violence• Improve pharmacy services
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• Develop our Ontario Health Team• Partnering with all 21 Wave 2 Northeast hospitals to plan the Meditech expense upgrade of EMR (ONE initiative)
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 I write this report, we are still fighting the COVID-19 virus pandemic after one year.

This virus has been a major pandemic the likes of which we have never seen before.

The MICs staff has worked hard, diligently and safely to provide our residents with the best care possible. They have given unflinchingly of their time and effort to battle this disease. They are paying the price in providing many hours of overtime to those afflicted with COVID-19 which has affected their family lives with many suffering from fatigue and PTSD.

All of the MICs communities are grateful to the staff for their sacrifices and all-out efforts and courage in facing this COVID-19 situation.

From the outside, our hospital looks relatively unchanged but the inside is continually being redecorated, repaired and renovated:

- Replaced the freight elevator
- reintroduced ultrasound diagnostic services
- replaced flooring in various areas of the building
- renovated the X-ray and ER hallways to meet Infection Control Standards
- replaced the fire alarm panel
- started the new Oxygen Concentrator system
- Honeywell Energy retrofit still in progress
- replaced the chiller and the boiler
- replaced kitchen cupboards

We are continually repairing, remodelling, renovating and replacing the old to keep this hospital up to the most current health standards.

During the 2019–2021 fiscal year, all the Boards were short of volunteer Directors. It has been difficult to have all three Boards fully staffed.

The **Worker Bees**:

This is a new group that was formed to take on the task of recruiting doctors for Cochrane, Iroquois Falls and Matheson. Recruiting is a high priority for the Board and the municipalities.

I hope that next year's report will show major results on this effort.



AGH Board Chair

Danielle Delaurier

We are now in the second spring of the COVID-19 pandemic and this week, the experts announced that we are just over the peak of the second wave. Fatigue is definitely setting in for all the front line workers and health care workers. Words cannot express my gratitude for all MICs employees who have been selfless and amazing during these challenging times. With the announcement this week of the millions of vaccines arriving in our country in coming weeks and the lowering of vaccination age to 12, we are finally seeing light at the end of the tunnel.

We are happy to report that all our Long-Term Care patients have been vaccinated and that our front line workers are now receiving their second vaccines. The MICs team also continues to run and staff three testing centers and is also working with Ontario Health North on regional planning and developing a Mobile Enhancing Support Team (MEST).

MICs solidified its commitment to the “ONE Initiative” in April when the Board of Directors approved the signing of the memorandum of understanding. The vision of the “ONE Initiative” is to achieve a “One Person, One Record, One System” by installing a single electronic health record system across 24 hospitals in the North East. Meditech software delivery for this system will begin this May and the design of the system will begin in November of 2021. It is estimated that the first hospitals will transition from NEON to this new system in the fall of 2022 and all hospitals will be transitioned by the fall of 2023.

The Ministry of Long-Term Care has approved the SCM 96-bed application which accounts for 27 more beds than the present facility. The next steps in this project before we can put the shovel in the ground include having the Town of Iroquois Falls sever and transfer the land behind AGH which will be the new site of SCM, securing a line of credit, holding a public consultation, engaging with the architect who will work on the plans once we receive the new design standards for LTC homes from the Ministry and finalizing the agreement between the Ministry of Health and SCM. Our fundraising committee continues tirelessly to raise funds for this new manor and we also continue to receive donations from community members. Thank you!

Physician recruitment and retention continues to be a challenge in rural northern communities. Small rural communities that have been successful in recruiting physicians have involved all community partners in their efforts as this is a community responsibility. The “Worker Bee” Committee which includes representation from MICs, the family health teams, local councils, the business sector and the physician group is working towards developing a long term strategy to attract and retain physicians in our community as well as developing shorter term solutions to respond to our present shortage.

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

Anson General Hospital

- Lab renovations were completed in the fall of 2020.
- The endoscopy suite was re-engineered to provide negative pressure to improve patient and staff safety.
- The nursing staff transitioned to new, portable medication cart systems for chronic and active nursing.
- A donation was received from the Royal Canadian Legion and the Moose FM radio-thon raised over \$7,400 for a Pulmonary Function Testing Machine.
- The Nurse Warrior Award was introduced to recognize our dedicated nurses.
- The nurse call system was upgraded to include negative air monitoring capabilities from the nursing

station.

- A care transition tool was implemented to facilitate the transition of patients from AGH to SCM.
- Major capital projects included a new chiller and freight elevator.
- The Honeywell Energy Renewal project is 90% completed.
- Capital projects which were on pause due to COVID-19 resumed in March. Electrical and fire alarm projects are in progress.
- AGH is operating at a surplus and received \$1.2 million in one-time funding from the MOH to address its working capital deficit.

South Centennial Manor

- The nurse call system and the alarm system were replaced.
- A new oil tank was installed as well as new flooring in the main entrance and common area.
- Received \$55,000 in capital funding from the NELHIN to fund the roof replacement project.
- Resident/Family Council meetings which were on pause due to COVID have resumed.
- Many changes were initiated during the past year to ensure the safety of residents and staff during the pandemic. These changes have been difficult on residents, families and staff and we look forward to a return to normalcy in the near future. We appreciate the patience, understanding and dedication of all involved during these difficult times.
- SCM is operating at a surplus due to the COVID-19 related funding which was received throughout the year.

In closing, I would like to recognize all 10, 20 and 30-year service award recipients which could not be honored in the same way this year due to COVID-19 restrictions. We thank you for your service and commitment to our patients and residents. I would also like to extend a warm welcome to all new staff members. The last words are for our dedicated staff, physicians and volunteers – thank you for being so amazing during these difficult times.



LMH Board Chair

Patricia Dorff

Where to begin... what a year we have had! The staff is overwhelmed and exhausted but continues to show up for work. These people all deserve a medal and then some. COVID-19 has put a strain on everybody and everything.

Family members trying to visit “loved ones” has become a difficult issue for our nurses to deal with and there are no easy answers.

Physician Recruitment is still a “big issue” and we are doing everything we can to change it. We all know we can’t have hospitals without doctors!

Vaccines are another big factor – we are working closely with the Porcupine Health Unit to ensure all of our staff are vaccinated as well as the community.

Renovations on our Lab are still an ongoing project with Phase II anticipated to go out to tender in May. Keep your fingers crossed.

Our Gift Shop has not been open for over a year. We donated all of the chocolate bars, chips, etc. to staff and other organizations. Hopefully, we will be able to re-open in the fall.

I realize this is short but it has been that kind of a year. Your hospital is still in full operation and is here for all your medical needs.

Once again, a big thank you to all our dedicated staff. Where would we be without you?

Wear a mask, wash your hands and stay in as much as possible. Be healthy and safe.

Enjoy your summer!



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. While this past year was certainly an unprecedented one, the report is a great opportunity to summarize and showcase the events that occurred during the year.

We welcomed two new Board Members this year: Bill Allan from AGH and Oswald Silverson from BMH. Despite the board vacancies and “virtual” meetings we had, a lot of great work was done, including progress on the Meditech Expanse Electronic Medical Record upgrade.

We have completed the third year of our Strategic Plan 2022, focusing on person-centered care, including our seniors and staff. While the pandemic has been our primary focus, I can attest that this goal and many others were achieved.

Physician and professional staff recruitment and retention is our highest priority. After hosting a formal brainstorming retreat on physician recruitment and retention in November 2019, a recruitment committee consisting of our primary care and municipal partners was created to develop a marketing strategy including the hiring of a physician recruiter.

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

It was an exciting year for physical plant upgrades. We applied for, and were granted, over \$1 million in Exceptional Circumstance Program and HIRF funding from the Ministry of Health and Long-Term Care. We will use this to replace the OR Air Handling Unit at the Lady Minto Hospital, chiller and freight elevator upgrade at the Anson General Hospital and a new oxygen concentrator at Bingham Memorial Hospital. We have completed Phase I of the Laboratory renovations at LMH and waiting for the tender results for Phase II. We continue to work with Honeywell Solutions on 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. Honeywell was also successful in applying for a \$2 million grant from the COVID-19 Resilience Infrastructure stream of the Investing in Canada Infrastructure Program (ICIP). This will be used to upgrade the air handling unit and improve ventilation in our Villa Minto Long-Term Care home beginning in the summer of 2021. Finally, we received Ministry of Long-Term Care approval for the new 96-bed redevelopment and re-location of the South Centennial Manor. Our Fundraising Committee and Foundation continue to be very proactive, raising over \$1.5 million to date, including the introduction of MICs 50/50 monthly draws beginning May 2021, which will benefit all four sites.

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, especially during this challenging year. I am reminded every single day of the fatigue and mental health stress we all face, especially healthcare and front line workers, but I am also reminded of the great team we have here at the MICs Group of Health Services. It is certainly a pleasure to work with this close family, trying our best to be kind while keeping everybody safe...



Chief Nursing Officer

Isabelle Boucher

A Year in Review

From the first confirmed cases to the race to vaccinate our communities against the latest strands of the virus, COVID-19 has been the top focus for over a year now. In just one year, masks have become our new normal. Terms like social distancing and quarantine have become part of our everyday vocabulary. Health – both physical and mental – has been on everyone's minds.

Looking back on the one-year mark of the pandemic, there are many takeaways, lessons learned and successes to celebrate. Special thank you to the Leadership Team for their hard work and dedication in the management of this very challenging year and to our clinical teams for keeping everyone safe.

Highlights of the 2020-21 Fiscal Year

- **Quality Improvement Plan**

Health Quality Ontario put the Quality Improvement Plan program on “pause” during the Pandemic. We have closed the loop on our current initiatives and continue to work on those not completed based on the level of priority.

- **Leadership WalkRounds**

Leadership WalkRounds were put on hold due to the pandemic and staff not travelling to other sites. We continue to follow up on outstanding items from previous items and patient safety remains a top priority despite not having formal WalkRounds.

- **Nursing Leadership**

In 2020/21, we saw changes in our Nursing Leadership team. Taylor Gagnon, Patient Care Manager at Anson General Hospital left the position in February 2021. Christina Przenioslo transitioned into the role in January 2021. We also welcomed Alanna Mack into the role of Director of Care for Bingham Memorial Hospital/Rosedale in February 2021. Kudos to all three Patient Care Managers for their amazing leadership in the past year!

- **Patient Care Team**

The MICs Patient Care Team updated its goals and objectives and was able to mobilize several initiatives despite the challenges felt by the pandemic. The team remains committed to delivering safe and quality services and is looking forward to resuming their activities in the fall and preparing for our Accreditation on-site survey.

- **Experience Surveys**

Measuring the patient experience continues to bring valuable insight into the care we deliver. As we strive to deliver quality services, we continue to look at innovative ways to collect this data despite the COVID-19 pandemic. We have seen an increase in our response rate on the inpatient units, but will need to expand on our data collection in the Emergency Departments.

- **Accreditation**

Rebecca Swartz, our Care Transitions Coordinator has taken on the lead as the organization's Accreditation coordinator. Self-assessments are complete and teams are now working on their action plans and preparing for the February 2022 Accreditation on-site survey.

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

Members of the Patient and Family Advisory Council continue to meet throughout the year and have been participating in various initiatives/projects. Their most recent initiative is the development of a Patient Oriented Discharge Summary (PODS) in collaboration with the nursing team at Anson General Hospital. The form will be trialed and rolled out to the other sites. Recruitment of new members is ongoing.

- **Oncology**

Our oncology program remains stronger than ever. We were able to maintain our usual volume of service during the past year with no interruptions. The team welcomes Bonnie McNay, a new oncology nurse to the program.

- **Hospice Program**

Our Hospice program continues to remain active and strong. We continue to work with Home and Community Care when receiving early referrals and connecting clients with services. A “Thinking of You” card initiative was developed for families following the loss of a patient in hospice. We have received great feedback from those who have received the notes. There has been an increase in community members inquiring about Medical Assistance in Dying (MAiD). We are looking to develop a small core group of Physicians, Nurse Practitioners and Social Workers who will team up to provide education, assessment and provision of services to provide seamless, patient centered care.

- **Pharmacy**

MICs was fortunate in hosting two Pharmacy Technician students this year. These students will also be completing their Structured Practical Training with us. Both are working under our MICs Pharmacist and Registered Pharmacy Technician until they are registered. MICs will be resuming the activities of the Antimicrobial Stewardship Committee. The pharmacy team also successfully passed the Ontario College of Pharmacists annual inspection with minor notes.

- **Surgical Program**

Recruitment for a full time general surgeon continues. Dr. Klassen retired and we have had locum surgeons covering the operating room. Lady Minto welcomes Pam Bourque, a new OR Charge Nurse to the team. Our surgical team has been following the directions from the Ministry of Health with respect to the ramping down of non-urgent services during the Pandemic.

- **Nursing Recruitment**

It has been a challenge recruiting and retaining nursing staff due to COVID. We continue to collaborate with the unions to develop recruitment and retention strategies. This year, we attended recruitment fairs virtually.

- **Infection Prevention and Control**

The Infection Prevention and Control Program Leader has been at the forefront in the management of the pandemic. From setting up testing centers in each community, attending weekly meetings, providing support and guidance to staff and essential caregivers, ensuring Ministry directives are followed, to staff vaccinations, Laurie Bouvier has shown outstanding leadership in the past year. We were able to increase supports to this program by recruiting an Infection Prevention and Control/Employee Health Nurse. Kelly Baxter, who was the successful applicant, has been a great addition to the team!

- **Medical Devices Reprocessing (MDR) Services:**

Centralized MDR services to Lady Minto Hospital. This was implemented to ensure safety and quality standards are met.



Director of Care

Joyce Rickard

Long-Term Care

Once again, Long-Term Care has been subjected to Leadership change over the past year. Although Joyce Rickard had settled into South Centennial Manor as Director of Care and Executive Lead for LTC, it was determined that a Director of Care overseeing both Rosedale and Villa Minto could not provide the support required for both sites especially during the COVID pandemic. As Jennifer Emond remained in her original position at Villa Minto, we successfully recruited Alanna Mack for Bingham Memorial Hospital in the role of Director of Care for both acute and long-term-care. Alanna has a number of years of experience within the MICs Group of Health Services and her acquired skills in this new role will be beneficial for the BMH team and management group.

Highlights of the 2020-2021 Fiscal Year

COVID, COVID, COVID.

We were very fortunate that we did not have any symptomatic outbreaks within our homes.

- **Resident Quality Inspections**

From January 1, 2020 to December 31, 2020, there have been 27 total critical incidents. None, however, were Resident Quality Inspection

South Centennial Manor - twelve critical incidents and **five** onsite inspections

Rosedale Centre - two critical incidents and **zero** onsite inspections

Villa Minto - thirteen critical incidents and **two** onsite inspections

- **Resident and Family Involved Care**

Although the Resident Council has remained active, Family Council has not been meeting on a regular basis during COVID. May 27, 2021 was the first meeting of the new Family Council Membership.

- **Medical Pharmacies Quality Assurance Audits**

A pharmacy services agreement with Medical Pharmacies was initially signed in January 2016 to provide services to our MICs Long-Term Care homes. It has recently been renewed for another five-year period, ending on December 31, 2025. We are in the process of upgrading our Pharmacy Point Click Care module to its latest version.

- **Behavior Support Services (BSO)**

During this extensive COVID isolation, the need for additional BSO support has been identified throughout all of our homes. A request for consideration of having additional supports in all homes has been made to BSO to fund a full-time BSO PSW for SCM, half-time BSO PSW at Rosedale and a half-time BSO PSW at Villa Minto.

- **Services**

Although we were successful in hiring a full-time physiotherapist, COVID restrictions did not allow her to fulfill that role within South Centennial Manor. SCM has been contracting out physiotherapy hours until such time as Kourtney is able to travel between sites.

- **Executive Walkrounds**

These have been put on hold for this period due to travel restrictions imposed by COVID.



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 2020-2021 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 and recently a subcommittee called the “Worker Bees”. The MICs Medical Recruitment 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 Worker Bees meet frequently and we are excited to announce the recent hiring of a full-time physician recruiter!

The current average “need” is 1-2 family physicians per community and a surgeon in Cochrane. Dr. B. Wu retired in April 2021 after 8 years at AGH and the Iroquois Falls Family Health Team. Dr. L. McPherrin has announced his retirement planned for September 7, 2021 after 32 years at LMH and the Cochrane Family Health Team. Congratulations Dr. Wu and Dr. McPherrin. Enjoy your retirement, you have certainly earned it!

Our Emergency Departments remain stable with local and locum physicians. MICs has been successful in recruiting Dr. D. Gray for BMH in Matheson. He will be starting in September 2021 working in the Emergency department and will offer a clinic for non-rostered patients. Our local Nurse Practitioner, A. Lagace has gladly taken on caring for the patients at the Villa Minto LTC home in Cochrane. Dr. Klassen, our full-time general surgeon retired in November 2021. Fortunately, Dr. Klassen continues to provide locum services with other locum surgeons to continue providing high quality surgical services in Cochrane.

At this point, most of MICs’ medical staff are NOSM faculty members and belong to the NOSM Timiskaming – Cochrane Education Group (LEG). Our LEG organizes educational conferences for a diverse group including physicians, allied professionals and members of our communities. Our LEG participates in NOSM teaching programs at all three MICs sites. Not only do we teach learners from NOSM but we welcome students from other schools as well. MICs hosts numerous types of learners/students such as physician assistants, nurse practitioners, nurses, medical students and medical residents.

The COVID-19 pandemic continues to be a stressful challenge but I feel that it has brought strength to our organization. There have been and continue to be countless hours to keep our three communities of patients, families and staff safe. At time, in an effort to decrease hospital traffic and the spread of Covid-19, we have had to reduce all non-essential services including surgeries and outpatient clinics of various local and visiting specialists and clinics.

Overall, our team has continued to pull 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 31, 2021

BINGHAM MEMORIAL HOSPITAL

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

MARCH 31, 2021

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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, 2021 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, 2021.

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 22, 2021.

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 23, 2021

BINGHAM MEMORIAL HOSPITAL
SUMMARY FINANCIAL STATEMENTS

MARCH 31, 2021

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BINGHAM MEMORIAL HOSPITAL

SUMMARY STATEMENT OF OPERATIONS

YEAR ENDED MARCH 31, 2021

	2021 Budget (Unaudited)	2021 Actual	2020 Actual
REVENUES			
Ministry of Health and Long-Term Care	\$ 7,487,906	\$ 8,341,661	\$ 7,572,818
Ontario Health Insurance	26,250	36,057	37,756
Other patient care revenue	511,200	560,476	556,842
Recoveries and other revenue	88,700	94,519	83,438
Amortization of deferred capital contributions - equipment and software	25,000	75,976	42,289
	8,139,056	9,108,689	8,293,143
EXPENSES			
Salaries and wages	3,826,414	4,106,851	3,791,489
Employee benefits	1,161,140	1,334,467	1,064,545
Medical staff remuneration	890,476	979,186	877,058
Supplies and other expenses	1,946,153	1,576,548	1,729,612
Medical and surgical supplies	75,000	113,320	55,064
Drugs and medical gases	124,000	129,406	76,431
Amortization of equipment and software	118,000	167,537	139,612
	8,141,183	8,407,315	7,733,811
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) FROM OPERATIONS			
	(2,127)	701,374	559,332
Amortization of deferred capital contributions - buildings	225,000	322,139	305,088
Amortization of buildings	(225,000)	(490,179)	(424,500)
	-	(168,040)	(119,412)
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) BEFORE OTHER VOTE			
	(2,127)	533,334	439,920
OTHER VOTE - MUNICIPAL LEVY			
Revenue	3,000	3,000	3,000
Expense	(3,000)	(3,000)	(3,000)
	-	-	-
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES)			
	\$ (2,127)	\$ 533,334	\$ 439,920

BINGHAM MEMORIAL HOSPITAL
SUMMARY STATEMENT OF FINANCIAL POSITION
MARCH 31, 2021

	2021	2020
ASSETS		
CURRENT ASSETS		
Cash	\$ 602	\$ 602
Accounts receivable	401,674	256,681
Inventories	209,232	130,640
Short-term investments	161,224	156,881
Due from MICs Group of Health Services	3,513,437	3,775,395
	4,286,169	4,320,199
CAPITAL ASSETS	6,867,006	6,628,061
	<u>\$ 11,153,175</u>	<u>\$ 10,948,260</u>
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 404,177	\$ 735,790
Deferred revenue	130,057	130,057
	534,234	865,847
POST-EMPLOYMENT BENEFITS	719,202	694,560
DEFERRED CAPITAL CONTRIBUTIONS	4,218,888	4,240,335
	5,472,324	5,800,742
NET ASSETS		
INVESTED IN CAPITAL ASSETS	2,757,059	2,490,144
UNRESTRICTED	2,923,792	2,657,374
	5,680,851	5,147,518
	<u>\$ 11,153,175</u>	<u>\$ 10,948,260</u>

BINGHAM MEMORIAL HOSPITAL
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2021

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, 2021.

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 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, 2021

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INDEPENDENT AUDITOR'S REPORT ON THE SUMMARY FINANCIAL STATEMENTS

To the Board of Directors of
Anson General Hospital

Opinion

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Summary Financial Statements

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The Audited Financial Statements and Our Report Thereon

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Management's Responsibility for the Summary Financial Statements

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Auditor's Responsibility

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Baker Tilly HKC

Chartered Professional Accountants
Licenced Public Accountants
June 23, 2021

ANSON GENERAL HOSPITAL
SUMMARY FINANCIAL STATEMENTS

MARCH 31, 2021

Summary Statement of Operations	1
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ANSON GENERAL HOSPITAL
SUMMARY STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2021

	2021 Budget (Unaudited)	2021 Actual	2020 Actual
REVENUES			
Ministry of Health and Long-Term Care	\$ 8,838,993	\$ 11,367,707	\$ 9,431,251
Patient care	552,530	435,453	500,768
Recoveries and other revenue	429,650	474,764	419,709
Amortization of deferred capital contributions - equipment and software	30,000	36,227	31,224
	<u>9,851,173</u>	<u>12,314,151</u>	<u>10,382,952</u>
EXPENSES			
Salaries and wages	4,964,144	4,936,623	4,773,316
Employee benefits	1,499,370	1,569,855	1,346,244
Medical staff remuneration	218,374	122,314	134,516
Supplies and other expenses	3,107,404	2,733,187	2,864,679
Medical and surgical supplies	199,000	206,955	163,699
Drugs and medical gases	229,000	205,173	200,886
Amortization of equipment and software	180,000	219,182	206,088
	<u>10,397,292</u>	<u>9,993,289</u>	<u>9,689,428</u>
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) FROM OPERATIONS	<u>(546,119)</u>	<u>2,320,862</u>	<u>693,524</u>
Amortization of deferred capital contributions - buildings	380,000	503,129	439,143
Amortization of buildings	(440,000)	(689,432)	(608,985)
	<u>(60,000)</u>	<u>(186,303)</u>	<u>(169,842)</u>
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) BEFORE OTHER PROGRAM AND OTHER VOTES	<u>(606,119)</u>	<u>2,134,559</u>	<u>523,682</u>
	(606,119)	2,134,559	523,682
OTHER PROGRAM			
South Centennial Manor - Loss for the year	-	(126,303)	(710,242)
	<u>(606,119)</u>	<u>2,008,256</u>	<u>(186,560)</u>
OTHER VOTE - 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 (EXPENSES OVER REVENUES)	<u>\$ (606,119)</u>	<u>\$ 2,008,256</u>	<u>\$ (186,560)</u>

ANSON GENERAL HOSPITAL**SUMMARY STATEMENT OF FINANCIAL POSITION****MARCH 31, 2021**

	2021	2020
ASSETS		
CURRENT ASSETS		
Cash	\$ 500	\$ 500
Accounts receivable	1,923,843	623,919
Inventories	253,584	175,982
	2,177,927	800,401
CAPITAL ASSETS	15,599,383	15,042,483
	\$ 17,777,310	\$ 15,842,884
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 412,994	\$ 952,855
Deferred revenue	105,028	-
Due to MICs Group of Health Services	885,566	1,074,661
Mortgage payable	38,200	41,800
Current portion of capital contribution repayable	12,000	12,000
	1,453,788	2,081,316
CAPITAL CONTRIBUTION REPAYABLE	156,000	168,000
POST-EMPLOYMENT BENEFITS PAYABLE	1,462,342	1,410,004
DEFERRED CAPITAL CONTRIBUTIONS	9,300,717	8,787,358
	12,372,847	12,446,678
NET ASSETS		
INVESTED IN CAPITAL ASSETS	6,142,883	6,062,843
UNRESTRICTED	(738,420)	(2,666,637)
	5,404,463	3,396,206
	\$ 17,777,310	\$ 15,842,884

ANSON GENERAL HOSPITAL

NOTES TO SUMMARY FINANCIAL STATEMENTS

MARCH 31, 2021

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, 2021.

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 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, 2021

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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, 2021 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, 2021.

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 22, 2021.

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 23, 2021

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LADY MINTO HOSPITAL
SUMMARY FINANCIAL STATEMENTS

MARCH 31, 2021

Summary Statement of Operations	1
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LADY MINTO HOSPITAL
SUMMARY STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2021

	2021 Budget (Unaudited)	2021 Actual	2020 Actual
REVENUES			
Ministry of Health and Long-Term Care	\$ 12,661,904	\$ 14,204,460	\$ 12,837,797
Cancer Care Ontario	300,000	745,702	576,051
Patient care	567,900	388,992	535,251
Recoveries and other revenue	1,041,821	1,051,957	1,204,786
Amortization of deferred capital contributions - equipment and software	120,000	115,224	108,633
	<u>14,691,625</u>	<u>16,506,335</u>	<u>15,262,518</u>
EXPENSES			
Salaries and wages	6,692,085	6,778,336	6,400,025
Employee benefits	2,035,226	2,217,572	1,863,719
Medical staff remuneration	1,808,279	1,949,563	1,836,367
Supplies and other expenses	3,318,289	3,285,799	3,422,007
Medical and surgical supplies	219,500	357,007	232,540
Drugs and medical gases	431,500	740,660	802,447
Amortization of equipment and software	252,500	393,742	334,534
	<u>14,757,379</u>	<u>15,722,679</u>	<u>14,891,639</u>
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) FROM OPERATIONS	<u>(65,754)</u>	<u>783,656</u>	<u>370,879</u>
Amortization of deferred capital contributions - buildings	225,000	364,506	359,129
Amortization of buildings	(500,000)	(866,281)	(809,529)
	<u>(275,000)</u>	<u>(501,775)</u>	<u>(450,400)</u>
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) BEFORE OTHER PROGRAM AND OTHER VOTE	<u>(340,754)</u>	<u>281,881</u>	<u>(79,521)</u>
	(340,754)	281,881	(79,521)
OTHER PROGRAM			
Villa Minto Nursing Home - Loss for the year	-	(288,848)	(346,258)
	<u>(340,754)</u>	<u>(6,967)</u>	<u>(425,779)</u>
OTHER VOTE - MUNICIPAL LEVY			
Revenue	4,350	4,350	4,350
Expense	(4,350)	(4,350)	(4,350)
	<u>-</u>	<u>-</u>	<u>-</u>
EXCESS OF EXPENSES OVER REVENUES	<u>\$ (340,754)</u>	<u>\$ (6,967)</u>	<u>\$ (425,779)</u>

LADY MINTO HOSPITAL

SUMMARY STATEMENT OF FINANCIAL POSITION

MARCH 31, 2021

	2021	2020
ASSETS		
CURRENT ASSETS		
Cash	\$ 1,145	\$ 1,145
Accounts receivable	785,245	709,864
Prepaid expenses	106,269	101,955
Inventories	416,577	310,340
Due from MICs Group of Health Services	2,624,696	2,727,552
	<u>3,933,932</u>	<u>3,850,856</u>
LONG-TERM RECEIVABLES	51,905	47,934
CAPITAL ASSETS	16,054,288	15,440,114
INTANGIBLE ASSETS	<u>347,106</u>	<u>385,674</u>
	<u>\$ 20,387,231</u>	<u>\$ 19,724,578</u>
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 716,910	\$ 542,522
Deferred revenue	-	11,499
	<u>716,910</u>	<u>554,021</u>
POST-EMPLOYMENT BENEFITS PAYABLE	1,530,946	1,499,397
DEFERRED CAPITAL CONTRIBUTIONS	<u>7,587,270</u>	<u>7,112,090</u>
	<u>9,835,126</u>	<u>9,165,508</u>
NET ASSETS		
INVESTED IN CAPITAL ASSETS AND		
INTANGIBLE ASSETS	8,899,043	8,849,334
UNRESTRICTED	<u>1,653,062</u>	<u>1,709,737</u>
	<u>10,552,105</u>	<u>10,559,071</u>
	<u>\$ 20,387,231</u>	<u>\$ 19,724,579</u>

LADY MINTO HOSPITAL**NOTE TO SUMMARY FINANCIAL STATEMENTS****MARCH 31, 2021**

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, 2021.

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 changes in net assets and cash flows, and the notes to the financial statements are not included.

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Appendix II

MICs Group of Health Services

2020-2021 Corporate Scorecard



CORPORATE SCORECARD 2020/2021

A C C O U N T A B I L I T Y
Q U A L I T Y
I N T E G R I T Y
R E S P E C T

Vision: Quality care for everyone always!

Mission: Partnering to deliver excellent health care for our communities

Values: Integrity – Respect – Accountability – Quality

Optimal	Good	Caution	Critical	In Development	Not reported at this time	Monitor
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QIP = Quality Improvement Plan

CB = Collecting Baseline

X = Suppressed Data

		Anson General Hospital / South Centennial Manor				Bingham Memorial Hospital / Rosedale				Lady Minto Hospital/ Villa Minto			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Effective	Total Margin		2.40%	1.66%			2.14%	2.47%	7.7%		1.21%	0.41%	
	Medication Reconciliation at Discharge	100%	100%	90%	100%	100%	80%	90%	40%	70%	80%	80%	80%
	Assessment of Palliative Care Needs QIP	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB
	Assessment of Palliative Care Needs (LTC) QIP	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB
	Repeat ER Visits for Mental Health QIP												
Patient Centered Care	Resident Satisfaction(End of Life) (LTC) QIP	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB
	ER Client Satisfaction			100%		75%					40%	67%	
	Inpatient Client Satisfaction QIP	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Acknowledgement of Complaints	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Acknowledgement of Complaints (LTC)			100%	100%	100%		100%	100%	100%		100%	100%
Efficient	% of Total Alternate Level of Care Days QIP	78%	57%	55%	60%	73%	72%	82%	79%	55%	46%	67%	41%
	Number of ED visits (volume data)	942	1296	1181	1087	306	431	346	304	1342	2059	1720	1794
Safe	Harmful Falls Experienced (LTC)	1	1	0	0	0	0	0	0	1	0	0	0
	Hand Hygiene Compliance Before (Hospital)	98%	100%	100%	100%	91%	94%	96%	100%	85%	100%	75%	76%
	Hand Hygiene Compliance Before (LTC)	91%	100%	100%	82%	100%			100%	98%	96%	99%	99%
	Workplace Violence Incidents QIP	X	X	X	5	X	X	X	0	X	X	6	5
Timely	Discharged Patient Summaries QIP	72%	32%	26%	52%	53%	55%	65%	67%	40%	49%	26%	33%
	Potential Avoidable ER Visits (LTC) QIP	0.0	5.9	8.3		0.0	NR	0.0		0.0	NR	22.9	
Worklife		Annual		Reported in March									
	Turnover Rates	NR											
	Sick Incidents	437/1977											
	Employee Satisfaction	37%											

Appendix III

Patient Activity for 2020-2021

	BMH	LMH	AGH
Adult Admissions			
• Acute	91	337	313
• Complex Continuing Care	7	18	23
Total Patient Days			
• Acute	1,486	4,086	2,738
• Complex Continuing Care	2,042	2,650	4,223
Emergency Visits	1,388	6,919	4,517
Laboratory Visits	2,681	5,852	6,849
Radiology Visits	397	1,806	1,576
Physiotherapy Visits	149	461	1,025
Oncology Visits	N/A	475	N/A
Surgical Services / Endoscopy Visits	N/A	366	268
Ontario Telehealth Network Visits	77	317	372
Visiting Specialty Clinic Visits	N/A	961	415