



# MICs Group of Health Services

*"Caring for Today and Tomorrow"*

## ANNUAL REPORT

2023 - 2024



Matheson

Iroquois Falls

Cochrane

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**Appendix I: Summary Financial Statements**

**Appendix II: Corporate Scorecard**

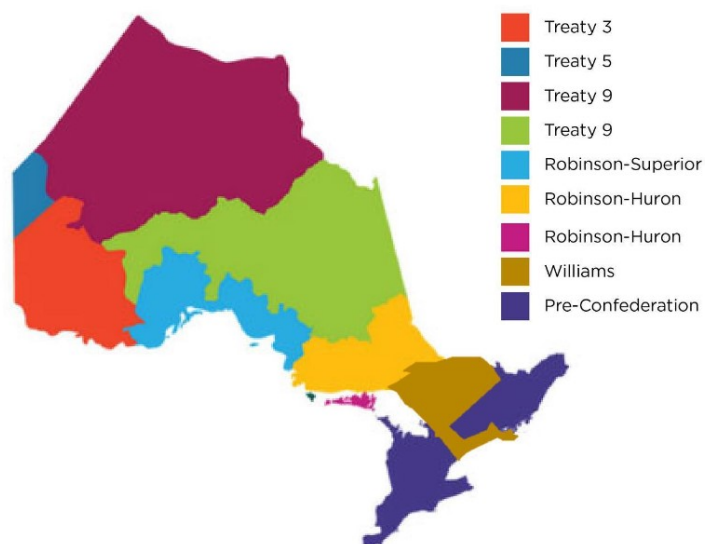
**Appendix III: Patient Activity for 2023-2024**

# Land Acknowledgement

We would like to acknowledge that we are hosting this meeting from the traditional territory of the Cree, Ojibwe, Ojicree, Algonquin and Métis Peoples of Apitipi Anicinapek Nation and Taykwa Tagamou Nation, located in Treaty 9 Territory.

Miigwetch to all Indigenous and Métis partners for sharing their land with us.

Thank you, Merci, Miigwetch





# MICs Group of Health Services

**Matheson – Iroquois Falls – Cochrane**

## **Value Statement**

Caring for Today and 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 2023-2026



### MICs Group of Health Services

Matheson – Iroquois Falls – Cochrane

*"Caring for Today and Tomorrow"*

**Mission:** Partnering to deliver excellent health care for our communities.

**Vision:** Quality care for everyone always!

**Values:** Accountability — Quality — Integrity — Respect

**By focusing on....**

- ✓ Equity, Diversity, Inclusivity & Belonging
- ✓ Partnerships
- ✓ Safety
- ✓ Seamless Care
- ✓ Sustainability

### MICs Group Strategic Plan 2023 to 2026

Strategic Direction	Goals
Equity, Diversity, Inclusivity & Belonging	<ul style="list-style-type: none"><li>• Continue to build upon equity, diversity, inclusivity &amp; belonging culture.</li></ul>
Partnerships	<ul style="list-style-type: none"><li>• Maximize external partnership opportunities.</li><li>• Engage with our Team and stakeholders.</li><li>• Formalize a Public Relations/Communication Plan.</li></ul>
Safety	<ul style="list-style-type: none"><li>• Promote a just culture.</li><li>• Build capacity and knowledge to mitigate workplace violence.</li><li>• Leverage technology to enhance patient/resident safety.</li></ul>
Seamless Care	<ul style="list-style-type: none"><li>• Optimize transition of care for patients and residents.</li><li>• Collaborate with patients, residents and families for a positive healthcare experience.</li><li>• Enhance/Improve current services.</li></ul>
Sustainability	<ul style="list-style-type: none"><li>• Invest in innovative talent management strategies.</li><li>• Support environmental growth and initiatives.</li><li>• Attain financial sustainability.</li></ul>

# BMH Board Chair

Oswald Silverson

The Bingham Memorial Hospital Board would like to acknowledge the ongoing commitment of BMH's healthcare staff to provide excellent healthcare as the COVID-19 pandemic subsides.

With the lifting of COVID-19 pandemic restrictions most hospital functions are returning to normal. Service award luncheons and summer barbeques have returned to the delight of staff and residents. The hospital boardroom is once again being used for Board meetings and as a training center.

As physician recruitment and retention remains a top priority, the MICs Human Resources team continues in their efforts to recruit physicians for all three of the MICs hospitals.

The former Worker Bee Physician Recruitment Committee is transforming into the new Frontier Spirit Recruitment Committee. It is comprised of representatives from the communities of Cochrane, Iroquois Falls and Black River- Matheson. The committee's initial goals are to hire a full-time recruiter who will begin the recruitment process for physicians and other healthcare professionals.

The ONE Initiative Meditech Electronic Medical Record project has entered its final phases with "go live" which happened in May 2024. This project will help streamline the collection and storage of data as well as, for example, allow automated medication dispensing and monitoring.

Recruitment of new Hospital Board Members continues to be a struggle. Using local media to advertise and "word of mouth" has not been very successful. There is, however, continuing hope that members of the public will apply for the open positions on our Board.

While utilizing agency nursing staff has been very costly and contributed to the operating deficit, it has prevented hospital bed and Emergency Department closures.

Hospital maintenance and improvements included the following:

- Completed the Rosedale sunroom and dining room extension. The grand opening on December 12, 2023 was attended by its residents and families, hospital staff, Board members and guest Stan Cho, Minister of Long Term Care for Ontario.
- Ultrasound office renovation project was completed.
- Completed the replacement of building exterior doors and windows.
- Replacement of the heliport lighting with energy-efficient LED lighting was completed.

On behalf of the Bingham Memorial Hospital Board of Directors, I would like to thank the staff, physicians and everyone involved for their efforts this past year in providing outstanding quality healthcare at BMH.



Oswald Silverson

BMH Board Chair, MICs Group of Health Services



# AGH Board Chair

Danielle Delaurier

I would like to open my annual report with a personal and heartfelt thank you to all MICs' employees, medical staff, leadership team, volunteers, donors and community partners for their outstanding work and support. My report will outline the tremendous job that they are doing on many fronts to enable growth, and development for the future of our organization.

As reflected in the 2023-2026 Strategic Plan, our mission is *"partnering to deliver excellent health care for our communities"* and our vision is *"quality care for everyone always."* Our strategic direction focuses on five areas: *Equity, Diversity, Inclusivity and Belonging – Partnerships – Safety – Seamless Care and – Sustainability*. Within these areas, we have

established 13 goals with objectives and performance measures. Our quality team monitors progress quarterly and we are well on our way to achieving our goals for 2023-2024.

The "ONE Initiative – ONE Person, ONE Record, ONE System" went live in May 2024. Clinicians from 23 partner hospitals throughout Northeastern Ontario are now working from a single electronic health information system. Each person's medical information is available to clinicians at any of these 23 hospitals thus making a patient's information easily accessible, reducing the need to repeat tests and providing the comprehensive information needed to make informed decisions. This initiative has been in the works for 5 years and our staff has received training to ensure a smooth transition.

Physician and nursing recruitment efforts continue to be a priority for MICs. Our recruitment team attended the SPRC Recruitment Fair in Edmonton this past April. Through the Emergency Department Locum Program (EDLP) and Temporary Locum Program, which the Ministry has extended, we have welcomed several locums to staff our Emergency Departments when needed. We have been fortunate to see these locums return several times. Agency nurses also continue to fill in the gaps in our hospitals and long-term care homes. We continue to explore more permanent solutions to our staffing shortages as well as trying to find innovative ways to attract health care professionals to our small communities which is a challenge for all rural communities.

The 96-bed South Centennial Manor Project is moving forward. The architects have completed and submitted to the Ministry of Long-Term Care the working drawings at 90%. The Foundation is actively working on an \$8 million Fundraising Campaign and the Town of Iroquois Falls has pledged a \$3 million commitment over 3 years. There is still a shortfall that needs to be addressed to obtain financing to move forward with a development agreement. We are working on addressing this shortfall and hopefully, we will have signed a development agreement by the time this annual report is published in June.

AGH and SCM will end the fiscal year in a deficit position largely attributed to an increase in the cost of goods and services as well as increased use of Agency Nurses due to health care professional shortages. These costs are not matched by the same funding increases from the government. Hospitals across the province are dealing with the same cost pressures. Capital projects are monitored closely due to our deficits.



Capital projects completed this past year include the modernization of the passenger elevator, the installation of electrical distribution panels at AGH and much needed roof repairs at SCM. The engineering for the replacement of asphalt in the parking lots and helipad at AGH is also complete while the automatic transfer switch project is still in progress.

The physiotherapy department at AGH has been reorganized to accommodate the delivery of private services for outpatients through Lyrette Physio. The endoscopy program at AGH remains on pause.

AGH and SCM continue to benefit from the generous donations of local organizations, businesses and community members. Recently, a Royal Canadian Legion Grant of \$10,000 was made to AGH. The Auxiliary to AGH has also donated several items to enhance patient care. SCM continues to have numerous volunteers who generously give their time to entertain our residents and assist with special events and weekly activities. Our local schools are also bringing much joy to our residents with their visits to participate in crafts and games or by bringing in handmade cards and blankets, etc. We appreciate and thank you for your gifts of time, money and supplies during the past year.

In closing, I would like to remind each one of you that you play an important and unique role in making MICs a great organization. Thank you for your ongoing hard work and dedication.

Respectfully submitted,



Danielle Delaurier

AGH Board Chair, MICs Group of Health Services





# LMH Board Chair

Patricia Dorff

As another year draws to a close, it's time for me to provide you with an update on the events of the past year. I am not sure where time goes, but this will be my last report as my term on the LMH Board is finished in June. I am confident that I am leaving things in capable hands, so there is no need to worry!

Over the past year, we've been actively working to address various challenges and pursue opportunities, including:

- Making concerted efforts to recruit physicians, nurses, and staff across all levels - we could certainly use all the luck we can get!
- Nearly completing the upgrades to the Pharmacy.
- Successfully finishing projects such as replacing flooring, implementing a door fob/alarm system for the front door, installing cabinet unit heaters and upgrading parking lot lights.
- Our CT scanner is currently undergoing final approval with the Ministry of Health.

Let's not forget the wide range of services we offer as an acute general hospital, including outpatient services, general surgery, and long-term care. We have 25 acute care beds, 8 complex continuing care beds and a hospice room. Our outpatient services encompass Lab, X-Ray, ECG, Chemotherapy and the list goes on.

Villa Minto, our Long-Term Care Home, continues to provide excellent care & attention to all its residents. They have recently completed some much-needed redecorating, making it feel even more like home!

Not enough can be said for the staff we have. It's impossible to adequately describe their dedication and hard work with just words. These people go beyond the description for the work and dedication they provide to the organization. A simple thank-you is not enough! Keep up the amazing work.

A huge shout out to our Hospital Auxiliary, who are always there supporting us in all of our endeavours. The Foundation has also been very engaged and we are immensely grateful for their contributions. We would never survive without either of you!



A handwritten signature in cursive script that reads "Patricia Dorff".

Pat Dorff

LMH Board Chair, MICs Group of Health Services



# Chief Executive Officer/LTC Administrator

**Paul Chatelain**

I am pleased to submit my annual report as Chief Executive Officer and Long-Term Care Administrator of the MICs Group of Health Services. While we are finally out of the pandemic, we still face numerous challenges in Health Human Resource shortages and financial pressures. We have a lot of work to do in terms in recruitment and retention to build a strong and sustainable health care system at the local and provincial level.

We welcomed two new Board Members this year: Derek Archibald and Denis Clement from Lady Minto Hospital. Our Board meetings have moved into a “hybrid” model and have been accommodating and very productive.

We have refreshed our new Strategic Plan (2026), focusing on Equity, Diversity, Belonging and Inclusivity including our patients, residents and team members. While we have still maintained many goals from our last Strategic Plan, we now have a solid work plan for the next three years.

Physician and professional staff recruitment and retention continues to be our highest priority. The pandemic has taken a toll on all our team members, including physicians. We have seen a lot resignations and retirements as a result of staff burnout. The shortage of health human resources is a global phenomenon and more so in Northern Ontario. We continue to rely on a number of agency staff and Emergency Department locum physicians to avoid closing beds and our ER departments.

While we did incur operating deficits this year mostly related to staffing challenges and the implementation of Meditech Expanse (our new Electronic Medical Record), our healthy financial reserves were able to cover the shortfall. We did meet most of the targets set out in our Quality Improvement Plan in both the acute and the long-term care.

We received approval to carry over our HIRF and Exceptional Circumstance Program Funding from last fiscal year as our projects have been significantly delayed due to the pandemic and contractor shortages. We have used this funding to replace the new electrical switch at both Anson General and Bingham Memorial Hospital, and Pharmacy upgrade at Lady Minto Hospital. We completed the Rosedale sunroom expansion at Bingham which was admired by Mr. Stan Cho, Minister of Long Term Care, during his visit. Finally, we received Ministry of Long-Term Care approval for an extension of the enhanced construction funding subsidy for the new 96-bed South Centennial Manor redevelopment until November 30, 2024. Our working drawings are 99% complete and we are working with our Foundation to develop an aggressive fundraising campaign.

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 another challenging year. A very special thank you to Ms. Pat Dorff, LMH Board Chair, who has served our Board for 10 years now. Your mentorship to me personally and your dedication to Cochrane and the MICs communities will not go unnoticed and you will be dearly missed.



In closing, 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 them, trying our best to do our jobs, be kind while keeping everybody safe.

Thank you, Merci, Miigwetch

A handwritten signature in black ink, reading "Paul Chatelain". The signature is fluid and cursive, with the first name "Paul" and last name "Chatelain" clearly distinguishable.

Paul Chatelain

CEO and LTC Administrator, MICs Group of Health Services



# Chief Nursing Officer

Isabelle Boucher

## A Year in Review

Each day, our team members help our patients and their loved ones understand what they can expect when they walk through our doors, striving to provide the best experience possible.

During the past year, the MICs Group of Health Services continued to face challenges due to a shortage of Health Human Resources and financial constraints. However, through their perseverance, commitment and flexibility, our team members maintained and delivered compassionate and skilled care to our patients - we are incredibly proud of their tremendous work and contributions!

In addition, our Leadership Team deserves recognition for the resilience and empathy they have demonstrated during these challenging times.



## Highlights of the 2022-23 Fiscal Year

- **Person Centered Care**

**ONE Initiative:** The ONE (one person, one record, one system) Initiative is a north east region-wide transformational project to improve the delivery of patient and family-centred care through the creation of a single electronic health information system (HIS), built with a common set of standards. The primary goal of this initiative is to enhance safe, evidence based and patient & family focused care through a clinical transformation enabled through workflow redesign and supported through technology systems. The MICs Group of Health Services experienced a successful implementation with the new system on May 14, 2024! We thank everyone for their patience as we continue to learn and get comfortable with this new system.



**Non-Urgent Patient Transfer Services:** We have collaborated with our non-urgent patient transfer service, Platinum, to secure funding to purchase a transport stretcher to ensure the safe transportation of bariatric patients. This stretcher will be operational as early as June of 2024. In addition, we have the ability to provide non-urgent patient transportation 7 days a week, with extended hours upon request.

- **Quality and Safety**

**Pay for Results (P4R) Program:** For the first time, P4R funding has been extended to small hospitals in Ontario. The Pay for Results (P4R) program, administered by the Ministry of Health and Long-Term Care, allocates funds to support various initiatives aimed at reducing Length of Stay and improved patient experience in Emergency Departments. Each hospital has developed an action plan to outline how they plan to utilize these funds.

**Pharmacy Upgrade:** The MICs Group of Health Services Pharmacy has undergone construction to improve the sterile





compounding program. This initiative aims to ensure compliance with the National Association of Pharmacy Regulatory Authorities (NAPRA) standards for the safe preparation of both hazardous and non-hazardous medications. Phase 1 of the project is nearing completion and the team is eager to move into their new workspace. We now have our full complement of staffing in the pharmacy.

- **Health Human Resources**

**Nursing Recruitment and Retention:** The MICs Group of Health Services remains dedicated to recruiting and retaining nurses, relying on agency nurses for support over the past year. We continue to collaborate with the unions and foster relationships. This year we attended several recruitment fairs and were successful in the recruitment of a few Registered Nurses and Registered Practical Nurses. Currently, we are in the process of reviewing various successful programs Ontario Health has introduced to grow the health care workforce. These include the Supervised Practice Experience Partnership, the Enhanced Extern Program and the Nursing Graduate Guarantee Program. The MICs Group of Health Services actively participates in the Community Commitment Program for Nurses, which offers grant funding of up to \$25,000 per eligible nurse.

- **Surgical Program**

**Lady Minto Hospital:** Our surgical program remains strong. We continue to collaborate with our regional partners to ensure surgical coverage is available for our patients.

**Anson General Hospital:** Due to ongoing staffing pressures and lack of Gastroenterologists, the Endoscopy program in Iroquois Falls remains on pause.

- **Supporting Mental Health**

**Mental Health Tele Crisis Initiative:** We will be participating in a pilot project, in collaboration with Timmins and District Hospital, to introduce tele crisis assessments for mental health patients who meet the criteria. These assessments will be offered Monday to Friday 8 am to 4 pm and will help inform clinicians of the recommended plan of care. We are very excited about this program enhancement.

**Introduction of Violence Assessment Tool (VAT):** A Violence Assessment Tool (VAT) policy was implemented to provide our team members with an understanding of a patient's immediate risk of violence. This tool helps the care team implement mitigation strategies when caring for potentially violent patients.

**Patient Attendant Program:** This program continues to grow as new members join the team. Patient Attendants provide additional support for those patients that may require close observation and are a valuable resource to our nursing team.

**On-site security:** We continue our collaboration with a third party security firm to bring on-site security when caring for potentially aggressive patients. This service provides added value and safety for our staff and clinicians. .

- **Patient Engagement**

**Experience Surveys:** Measuring the patient experience continues to bring valuable insight into the care we deliver. As part of the Pay for Results program for small hospitals, the MICs Group of Health Services will be participating in the Ontario Hospital Association's Emergency Experience Survey, which will replace the survey we currently use.



**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. Over the past year, they have reviewed the Quality Improvement Plans, revision to the Family Presence Policy, Medication Handouts review, Outpatient Survey review, new OHA ER experience surveys, Spiritual room at Anson General Hospital.

We have updated our Hospital Experience surveys with additional questions pertaining to dietary needs and Diagnostic Imaging services.

*Isabelle Boucher*

Isabelle Boucher

CNO, MICs Group of Health Services



# MICs Director of Care

Jennifer Emond

## A Year in Review

The COVID-19 pandemic has significantly impacted Long-Term Care (LTC) homes, highlighting critical risk areas that affect the safety, health, and wellbeing of residents. In response, the government has introduced new directives, legislation, and enhanced ministry inspection programs aimed at rebuilding a quality, resident-focused LTC system. A pivotal step in this effort was the launch of the Fixing Long-Term Care Act in 2021, which outlines a vision focusing on three key areas:

- ◇ Improving Staffing and Care
- ◇ Driving Quality through Accountability, Enforcement, and Transparency
- ◇ Building Modern, Safe, Comfortable Homes

### ■ Improving Staffing and Care:

The ministry mandates that each LTC home must provide 4 hours of care per resident daily by March 30, 2025. Despite limited funding, staffing, especially in northern communities, remains a significant challenge, compounded by a reduction in applicants and increased staff burnout. MICs LTC homes have been proactive in addressing these issues by implementing key programs and restructuring unit-level routines:

**PREP LTC Program:** This initiative promotes student placement with incentives for preceptorship and fully funded educational opportunities.

**Staffing Strategies:** Each home has reviewed staffing levels, resident complexity, and revamped routines to ensure resident-focused care. Management teams are identifying key staffing requirements, prioritizing gap areas, and allocating resources accordingly.

## Ongoing Challenges:

- ◇ Front-line staffing shortages
- ◇ Higher complexity levels of required care
- ◇ Need for specialized programs

### ■ Driving Quality through Accountability, Enforcement, and Transparency:

The ministry has launched more robust, proactive inspection programs focusing on resident safety and experience. Recent inspections at Villa Minto and South Centennial Manor (SCM) resulted in compliance orders for SCM, indicating areas needing redevelopment and program review.

## Initiatives for Improvement:

**Collaboration:** Engaging residents, families, volunteers, caregivers, and frontline staff to address concerns and direct program transformation.



**Technology Integration:** Partnering with Point Click Care software and RNAO best practice teams to implement robust resident collaborative software.

**RNAO Clinical Pathways:** Successful implementation of pathways for resident admission, delirium screening, and resident-centered care, with plans to introduce pathways for pain management, continence, and wound care.

**Program Development:** Redesigning the continence program with TENA, revamping the nutritional program to re-establish fine dining processes, and enhancing the skin and wound program with a new wound app process.

- **Building Modern, Safe, Comfortable Homes:**

The ministry's vision includes upgrading LTC homes to create modern, safe, and comfortable living environments for seniors. MICs LTC homes have undertaken several projects to meet these goals, such as:

**Infrastructure Upgrades:** Installation of new HVAC systems, structural maintenance, and environmental upgrades.

**SCM Redevelopment:** The project is 90% complete, with final steps expected to be finished by the end of the summer.

## Conclusion

Over the past year, MICs LTC homes have focused on rebuilding and re-establishing programs and services, striving to provide stability, support, and system improvements. Despite the immense challenges brought on by the COVID-19 pandemic, efforts are being made to align with the ministry's vision for a better place to live and work. Through strategic initiatives, collaborative efforts, and ongoing infrastructure upgrades, MICs LTC homes are dedicated to achieving high-quality care and a more resilient LTC system.



Jennifer Emond

DOC, MICs Group of Health Services





# 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 2023-2024 fiscal year.

Our priority always remains the safest and most efficient patient-centred care as possible. We are faced with the problematic issue of worker shortages in all job sectors and our health care system was not spared. Our nursing team is being supported by agency nurses and the physicians have stepped up to the challenge of being short staffed during these unprecedented times.

Physician recruitment remains one of our top priorities. In early February, the municipalities of Cochrane, Iroquois Falls and Matheson teamed up to create Frontier Spirit Physician Recruitment, this pending not-for-profit corporation established to recruit physicians to MICs. MICs administration, the Frontier Spirit, the executive directors (ED) of the Family Health Teams and I have been actively engaged in recruiting physicians for all three communities. We are excited to welcome Dr. Sepehr Raeisi-Dehkordi to MICs. He is now officially a Canadian physician and a great one to say the least! For years, he has been working with Dr. Chiang at the IFFHT. He an asset to both MICs and the community as he plays a major role in the inpatient care at AGH and he will be starting in the AGH ER as of July 2024! It's been a long time coming and we extend our sincere congratulations to Dr. Sepehr Raeisi-Dehkordi!

Most of MICs medical staff are NOSM faculty members and belong to NOSM Timiskaming – Cochrane Education Group (LEG). Our LEG participates in NOSM teaching programs at all three MICs sites. Not only do we supervise, guide and teach learners from NOSM but we welcome students from other schools as well. This “learner traffic” through MICs creates exposure and recognition of what our great communities have to offer. This often leads to them coming back as a locum or a potential recruit once they graduate.

In early May, MICs joined 23 other hospitals in Northeastern Ontario to adopt the highly anticipated, simplified, streamlined, and new cloud-based single electronic health record (EHR) called MEDITECH Expanse. It is known to improve the delivery of safe, evidence-based patient-centered care. In the first few weeks, we witnessed the struggles and challenges of learning an entire new system and in turn, we observed a decrease in our efficiency as such. Now that we are over a month into using this EHR, we are back at the same efficiency and are now using “1 chart for 1 patient” throughout the 23 hospitals. It integrates patient data, streamlines clinical workflows, and enhances communication between healthcare professionals while decreasing the chances of patient errors such as medications.

At the end of April, NOSM University had had excellent news. More than half (55%) of their MD graduates are going on to become family doctors—the highest proportional rate in Canada. This is another resounding success for NOSM and terrific news for the people of Northern Ontario.

Earlier this year, Shavone Wesley, our nurse educator and I, took the Advanced Cardiac Life Support (ACLS) certified instructors



course through Heart & Stroke. This has allowed us to teach this mandatory cardiac life support course to nurses and physicians locally who would otherwise be required to travel to a southern teaching hospital for a duration of time every 2 years to be certified.

Overall, our hardworking MICs crew consisting of the medical staff, administration and support staff have continued to strive to keep our three communities of patients, families and staff safe.

We thank the MICs Board Members for their continued support!

Sincerely,



Dr. Joey Tremblay

CoS, MICs Group of Health Services



# Appendix I

MICs Group of Health Services

Summary Financial Statements

For the year ending March 31, 2024

**BINGHAM MEMORIAL HOSPITAL**

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

**MARCH 31, 2024**



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## **INDEPENDENT AUDITOR'S REPORT AND 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, 2024 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, 2024.

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 13, 2024.

### *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 28, 2024

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Baker Tilly HKC is a member of Baker Tilly Canada Cooperative, which is a member of the global network of Baker Tilly International Limited. All members of Baker Tilly Canada Cooperative and Baker Tilly International Limited are separate and independent legal entities.

**BINGHAM MEMORIAL HOSPITAL**  
**SUMMARY STATEMENT OF OPERATIONS**  
**YEAR ENDED MARCH 31, 2024**

	<b>2024 Budget (Unaudited)</b>	<b>2024 Actual</b>	<b>2023 Actual</b>
<b>REVENUES</b>			
Ministry Funding	\$ 8,046,066	\$ 9,211,436	\$ 8,478,369
Ontario Health Insurance	57,000	51,794	50,706
Other patient care revenue	606,700	502,255	492,010
Recoveries and other revenues	305,625	375,836	337,325
Amortization of deferred capital contributions - equipment and software	75,000	57,139	49,974
Other votes	3,000	3,000	3,000
	<u>9,093,391</u>	<u>10,201,460</u>	<u>9,411,384</u>
<b>EXPENSES</b>			
Salaries and wages	4,733,706	4,412,394	3,938,874
Purchased services	-	1,192,790	1,152,046
Employee benefits	1,420,063	1,369,771	1,317,635
Medical staff remuneration	1,032,953	1,435,561	1,321,092
Supplies and other expenses	2,319,731	2,010,312	1,871,692
Medical and surgical supplies	120,900	111,390	126,778
Drugs and medical gases	178,600	31,481	46,220
Loss on disposition of capital assets	-	20	15,635
Amortization of equipment and software	148,000	225,824	195,984
Other votes	3,000	3,000	3,000
	<u>9,956,953</u>	<u>10,792,543</u>	<u>9,988,956</u>
<b>EXCESS OF EXPENSES OVER REVENUES FROM OPERATIONS</b>	<u>(863,562)</u>	<u>(591,083)</u>	<u>(577,572)</u>
<b>AMORTIZATION OF BUILDINGS</b>			
Amortization of deferred capital contributions - buildings	500,000	451,653	542,489
Amortization of capital assets - buildings	(500,000)	(643,255)	(581,646)
	<u>-</u>	<u>(191,602)</u>	<u>(39,157)</u>
<b>EXCESS OF EXPENSES OVER REVENUES</b>	<u>\$ (863,562)</u>	<u>\$ (782,685)</u>	<u>\$ (616,729)</u>

**BINGHAM MEMORIAL HOSPITAL**  
**SUMMARY STATEMENT OF FINANCIAL POSITION**  
**MARCH 31, 2024**

	2024	2023
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash	\$ 600	\$ 602
Accounts receivable	463,392	734,541
Inventories	227,868	206,673
Short-term investment	-	164,707
Due from MICs Group of Health Services	1,067,689	2,304,776
	1,759,549	3,411,299
<b>CAPITAL ASSETS</b>	9,442,764	8,023,598
	<u>\$ 11,202,313</u>	<u>\$ 11,434,897</u>
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued liabilities	\$ 886,155	\$ 898,054
Deferred revenue	30,000	-
	916,155	898,054
<b>POST-EMPLOYMENT BENEFITS</b>	808,448	784,564
<b>DEFERRED CAPITAL CONTRIBUTIONS</b>	4,976,789	4,468,673
	<u>6,701,392</u>	<u>6,151,291</u>
<b>NET ASSETS</b>		
<b>INVESTED IN CAPITAL ASSETS</b>	4,496,500	4,179,528
<b>UNRESTRICTED</b>	4,421	1,104,078
	<u>4,500,921</u>	<u>5,283,606</u>
	<u>\$ 11,202,313</u>	<u>\$ 11,434,897</u>

# **BINGHAM MEMORIAL HOSPITAL**

## **NOTE TO SUMMARY FINANCIAL STATEMENTS**

**MARCH 31, 2024**

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### **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, 2024.

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.

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**ANSON GENERAL HOSPITAL**

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

**MARCH 31, 2024**

**Baker Tilly HKC**  
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## **INDEPENDENT AUDITOR'S REPORT AND SUMMARY FINANCIAL STATEMENTS**

To the Board of Directors of  
Anson General Hospital

### *Opinion*

The summary financial statements, which comprise the summary statement of financial position as at March 31, 2024 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, 2024.

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 13, 2024.

### *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*.



Chartered Professional Accountants  
Licenced Public Accountants  
June 28, 2024

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**ANSON GENERAL HOSPITAL**  
**SUMMARY STATEMENT OF OPERATIONS**  
**YEAR ENDED MARCH 31, 2024**

	<b>2024 Budget (Unaudited)</b>	<b>2024 Actual</b>	<b>2023 Actual</b>
<b>REVENUES</b>			
Ministry funding	\$ 11,559,949	\$ 12,734,509	\$ 11,932,784
Ontario Health Insurance	229,500	230,557	224,852
Other patient care revenues	333,530	264,514	317,564
Recoveries and other revenues	675,400	648,041	785,201
Gain on disposition of capital assets	-	-	204,019
Amortization of deferred capital contributions - equipment and software	35,000	48,252	58,762
Other votes	3,150	3,150	3,150
	<u>12,836,529</u>	<u>13,929,023</u>	<u>13,526,332</u>
<b>EXPENSES</b>			
Salaries and wages	5,962,935	5,236,983	5,076,816
Purchased services	-	1,713,189	1,458,367
Employee benefits	1,904,041	1,470,586	1,395,666
Medical staff remuneration	1,345,905	1,467,394	1,774,818
Supplies and other expenses	3,247,575	3,174,316	2,892,248
Medical and surgical	196,000	200,451	191,157
Drugs and medical gases	171,900	140,640	130,897
Loss on disposition of capital assets	-	6,806	-
Amortization of equipment and software	180,000	293,902	255,223
Other votes	3,150	3,150	3,150
	<u>13,011,506</u>	<u>13,707,417</u>	<u>13,178,342</u>
<b>EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) FROM OPERATIONS</b>	<u>(174,977)</u>	<u>221,606</u>	<u>347,990</u>
<b>AMORTIZATION OF BUILDINGS</b>			
Amortization of deferred capital contributions - buildings	450,000	552,001	512,966
Amortization of buildings	<u>(510,000)</u>	<u>(870,754)</u>	<u>(819,752)</u>
	<u>(60,000)</u>	<u>(318,753)</u>	<u>(306,786)</u>
<b>EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) BEFORE OTHER PROGRAM</b>	<u>(234,977)</u>	<u>(97,147)</u>	<u>41,204</u>
<b>OTHER PROGRAM</b>			
South Centennial Manor - deficit for the year	<u>-</u>	<u>(742,992)</u>	<u>(300,239)</u>
<b>EXCESS OF EXPENSES OVER REVENUES</b>	<u>\$ (234,977)</u>	<u>\$ (840,139)</u>	<u>\$ (259,035)</u>

# ANSON GENERAL HOSPITAL

## SUMMARY STATEMENT OF FINANCIAL POSITION

MARCH 31, 2024

	2024	2023
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash	\$ 500	\$ 500
Accounts receivable	1,050,695	829,394
Inventories	276,866	268,677
Due from MICs Group of Health Services	1,241,056	2,788,156
	2,569,117	3,886,727
<b>CAPITAL ASSETS</b>	18,123,193	16,257,472
	<u>\$ 20,692,310</u>	<u>\$ 20,144,199</u>
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued liabilities	\$ 3,671,184	\$ 2,422,530
Deferred revenue	72,584	105,028
Current portion of capital contribution repayable	12,000	12,000
	3,755,768	2,539,558
<b>CAPITAL CONTRIBUTION REPAYABLE</b>	120,000	132,000
<b>POST-EMPLOYMENT BENEFITS</b>	1,554,422	1,547,516
<b>DEFERRED CAPITAL CONTRIBUTIONS</b>	9,707,168	9,530,034
	15,137,358	13,749,108
<b>NET ASSETS</b>		
<b>INVESTED IN CAPITAL ASSETS</b>	8,344,549	7,388,164
<b>UNRESTRICTED</b>	(2,789,597)	(993,073)
	5,554,952	6,395,091
	<u>\$ 20,692,310</u>	<u>\$ 20,144,199</u>

# **ANSON GENERAL HOSPITAL**

## **NOTE TO SUMMARY FINANCIAL STATEMENTS**

**MARCH 31, 2024**

---

### **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, 2024.

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.

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**LADY MINTO HOSPITAL**

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

**MARCH 31, 2024**

**Baker Tilly HKC**  
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## **INDEPENDENT AUDITOR'S REPORT AND 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, 2024 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, 2024.

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 13, 2024.

### *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 28, 2024

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# LADY MINTO HOSPITAL

## SUMMARY STATEMENT OF OPERATIONS

YEAR ENDED MARCH 31, 2024

	2024 Budget (Unaudited)	2024 Actual	2023 Actual
<b>REVENUES</b>			
Ministry funding	\$ 13,743,632	\$ 17,153,593	\$ 14,437,953
Cancer Care Ontario	700,000	1,197,559	714,019
Ontario Health Insurance	250,114	216,260	224,317
Other patient care revenues	278,978	213,985	231,925
Recoveries and other revenues	1,121,618	1,297,238	1,165,338
Amortization of deferred capital contributions - equipment and software	120,000	106,546	145,356
Other votes	-	4,350	4,350
	16,214,342	20,189,531	16,923,258
<b>EXPENSES</b>			
Salaries and wages	7,738,084	7,619,234	7,119,708
Purchased services	-	1,286,219	472,306
Employee benefits	2,393,033	2,187,407	2,027,636
Equipment lease	-	208	25,292
Medical staff remuneration	1,970,108	2,935,120	2,403,972
Supplies and other expenses	3,998,014	3,869,016	3,388,572
Medical and surgical	360,000	422,987	416,578
Drugs and medical gases	897,500	1,439,303	1,169,181
Amortization of equipment and software	352,500	327,333	313,949
Other votes	-	4,350	4,350
	17,709,239	20,091,177	17,341,544
<b>EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) FROM OPERATIONS</b>	(1,494,897)	98,354	(418,286)
<b>AMORTIZATION OF BUILDINGS</b>			
Amortization of deferred capital contributions - buildings	225,000	472,947	399,135
Amortization of capital assets - buildings	(500,000)	(1,252,812)	(764,225)
	(275,000)	(779,865)	(365,090)
<b>EXCESS OF EXPENSES OVER REVENUES BEFORE OTHER PROGRAM</b>	(1,769,897)	(681,511)	(783,376)
<b>OTHER PROGRAM</b>			
Villa Minto Nursing Home - deficit for the year	-	(66,187)	(54,709)
<b>EXCESS OF EXPENSES OVER REVENUES</b>	\$ (1,769,897)	\$ (747,698)	\$ (838,085)

# LADY MINTO HOSPITAL

## SUMMARY STATEMENT OF FINANCIAL POSITION

MARCH 31, 2024

	2024	2023
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash	\$ 1,145	\$ 1,145
Accounts receivable	2,135,788	1,637,864
Prepaid expenses	101,955	101,955
Inventories	558,784	553,826
Due from MICs Group of Health Services	1,243,343	2,028,809
	4,041,015	4,323,599
<b>LONG-TERM RECEIVABLES</b>	118,870	127,836
<b>RESTRICTED INVESTMENT</b>	87,433	-
<b>CAPITAL ASSETS</b>	19,272,998	18,686,452
<b>INTANGIBLE ASSET</b>	231,402	269,970
	\$ 23,751,718	\$ 23,407,857
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued liabilities	\$ 2,200,787	\$ 2,105,683
Deferred revenue	50,000	-
	2,250,787	2,105,683
<b>POST-EMPLOYMENT BENEFITS</b>	1,602,043	1,588,810
<b>DEFERRED CAPITAL CONTRIBUTIONS</b>	10,789,438	9,943,649
	14,642,268	13,638,142
<b>NET ASSETS</b>		
<b>INVESTED IN CAPITAL ASSETS</b>	8,776,042	9,868,467
<b>UNRESTRICTED</b>	245,975	(98,752)
<b>ENDOWMENT</b>	87,433	-
	9,109,450	9,769,715
	\$ 23,751,718	\$ 23,407,857

# **LADY MINTO HOSPITAL**

## **NOTE TO SUMMARY FINANCIAL STATEMENTS**

**MARCH 31, 2024**

---

### **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, 2024.

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 Lady Minto Hospital.

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# Appendix II

MICs Group of Health Services

2023-2024 Corporate Scorecard



# MICs Group of Health Services CORPORATE SCORECARD 2023/24

**Vision:** Quality care for everyone always!  
**Mission:** Partnering to deliver excellent health care for our communities  
**Values:** Integrity – Respect – Accountability – Quality



EFFECTIVE					
Indicator	Reference	Q1	Q2	Q3	Q4
Total Margin	HSAA				
Medication Reconciliation at Discharge	QIP				

PATIENT CENTERED CARE					
Indicator	Reference	Q1	Q2	Q3	Q4
Resident Satisfaction (LTC)	QIP				
ER Client Satisfaction	Accreditation				
Inpatient Client Satisfaction	QIP				
Acknowledgement of Complaints (Hospital)	ECAA				
Acknowledgement of Complaints (LTC)	LTC Act				

EFFICIENT					
Indicator	Reference	Q1	Q2	Q3	Q4
% of Total Alternate Level of Care Days					
Potential Avoidable ER visits (LTC)	QIP				

SAFE					
Indicator	Reference	Q1	Q2	Q3	Q4
% Resident on antipsychotics without diagnosis of psychosis (LTC)	QIP				
Falls per 1,000 patient days	Senior Friendly				
Hand Hygiene Compliance Before (Hospital)	Public Safety Public Reporting				
Hand Hygiene Compliance After (Hospital)	Public Safety Public Reporting				
Hand Hygiene Compliance Before (LTC)	Public Safety Public Reporting				
Hand Hygiene Compliance After (LTC)	Public Safety Public Reporting				
Workplace Violence Frequency (Hospital)	QIP				
Leadership WalkRound Workplace Violence	Board				

WORKLIFE					
Indicator	Reference	Q1	Q2	Q3	Q4
Turnover Rates	Board				
Sick Incidents	Board				
Employee Satisfaction	Accreditation				

Results	
Metric underperforming target	R
Metric within 10% of target	Y
Metric equal to or outperforming target	G
Data not available	N/A
Collecting baseline	CB
Not reportable	NR

Reference Definitions:	
Accreditation – Accreditation Canada	
Board – Board Directed	
HSAA – Hospital Services Accountability Agreement	
MoHLTC – Public Reporting Requirement; Ministry directive	
QIP – Quality Improvement Plan	
ECAA – Excellent Care of All Act	
LTC Act	
Senior Friendly	
Accreditation – Accreditation Canada	

## Individual Performance- 2023/24

EFFECTIVE							
Indicator	Reference	AGH	BMH	LMH	SCM	RD	VM
Total Margin	HSAA	-2.46	-5.79	.13			
Medication Reconciliation at Discharge	Accreditation	40%	70%	90%			
PATIENT CENTERED CARE							
Indicator	Reference	AGH	BMH	LMH	SCM	RD	VM
Resident Satisfaction (LTC)	QJP						
ER Client Satisfaction	QJP	88%	80%	100%			
Inpatient Client Satisfaction	QJP	67%	53%	69%			
Acknowledgement of Complaints	QJP	100%	100%	100%			
Acknowledgement of Complaints (LTC)	QJP				100%	100%	100%
EFFICIENT							
Indicator	Reference	AGH	BMH	LMH	SCM	RD	VM
% of Total Alternate Level of Care Days		40%	31%	30%			
Potential Avoidable ER Visits (LTC)	QJP				11.5%	N/A	N/A
SAFE							
Indicator	Reference	AGH	BMH	LMH	SCM	RD	VM
% Resident on antipsychotics without diagnosis of psychosis (LTC)	QJP				17%	N/A	N/A
Falls per 1,000 patient days	Senior Friendly				7.2	3.9	5.7
Hand Hygiene Compliance Before	Public Safety Public Reporting	84%	92%	75%	100%	94%	92%
Hand Hygiene Compliance After	Public Safety Public Reporting	96%	100%	100%	94%	86%	96%
Workplace Violence Frequency	QJP	0	0	0	0	0	0
WalkRound Leadership Workplace Violence	Board						
WORKLIFE							
Indicator	Reference	MICs					
Turnover Rates	Board						
Sick Incidents	Board						
Employee Satisfaction	Accreditation						

# Appendix III

## Patient Activity for 2023-2024

	BMH	LMH	AGH
Adult Admissions			
• Acute	118	390	332
• Complex Continuing Care	0	0	1
• Alternate Level of Care (in CCC beds)	4	12	30
• Alternate Level of Care (in Acute beds)	0	0	1
Total Patient Days			
• Acute	1,099	4,231	2,997
• Complex Continuing Care	352	1,226	2,985
Emergency Visits	2,052	9,769	6,884
Laboratory Visits	2,502	6,897	6,914
Radiology Visits	611	2,100	2,163
Physiotherapy Visits	181	661	720
Oncology Visits	n/a	526	n/a
Surgical Services / Endoscopy Visits	n/a	398	0
Ontario Telehealth Network Visits	191	410	504
Visiting Specialty Clinic Visits	0	0	48