



**M.I.C.s Group of Health Services**  
*“Partnering Today for a Stronger Tomorrow”*

# **ANNUAL MEETING REPORT**

## **June 2013**



**BINGHAM MEMORIAL HOSPITAL  
CORPORATION MEETING – JUNE 6<sup>th</sup>, 2013**  
Black River-Matheson Family Lodge  
Matheson, ON



**ANSON GENERAL HOSPITAL  
CORPORATION MEETING – JULY 2<sup>nd</sup>, 2013**  
South Centennial Manor Common Room  
Iroquois Falls, ON



**LADY MINTO HOSPITAL  
CORPORATION MEETING – JUNE 25<sup>th</sup>, 2013**  
Best Western Swan Castle Inn - Sir Albert Room  
Cochrane, ON

# Annual Meeting Agenda

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1. **Confirmation of Quorum**
2. **Introduction of Guest Speaker, M. Watts, Legal Counsel, Osler**
3. **Introduction of Board of Directors ..... 3.**
4. **Presentation of Minutes:**
  - Bingham Memorial Hospital Corporation Meeting – June 14<sup>th</sup>, 2012 ....5.
  - Anson General Hospital Corporation Meeting – June 12<sup>th</sup>, 2012 .....9.
  - Lady Minto Hospital Corporation Meeting – June 21<sup>st</sup>, 2012.....14.
5. **Report and Approval of the Audited Financial Statement... 18.**
6. **MICs CEO and Board Chairs’ Address ..... 20.**
7. **MICs Team Report ..... 26.**
8. **Chief of Staff Report..... 39.**
9. **Hospital Auxiliary Report ..... 40.**
10. **MICs Mission and Vision Statement..... 43.**
11. **MICs Values ..... 44.**
12. **MICs Strategic Goals..... 45.**
13. **MICs Organizational Chart..... 46.**
14. **Appointment of Auditors**
15. **Election of Directors**
16. **Adjournment**



Any change, even a change for the better,  
is always accompanied by drawbacks and  
discomforts.

❧ Arnold Bennett ❧



# MICs Board of Directors 2012 – 2013

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## Bingham Memorial Hospital

Merv Anthony – <b>Chair</b> .....	Elected ( <i>Representative at Large</i> )
Garry Truax – <b>Vice-Chair</b> .....	Elected ( <i>Aboriginal Representative</i> )
Casey Lynn Jessup – Treasurer .....	Elected ( <i>Representative with a Financial Background</i> )
Billie Baragar .....	Elected ( <i>Representative at Large</i> )
Norma Monahan .....	Appointed ( <i>Auxiliary Representative</i> )
Bob Renaud* .....	Appointed ( <i>Municipal Representative</i> )
*Willie Dubien ( <i>alternate</i> )	
Dr. George Freundlich – Chief of Staff .....	Ex-Officio as per legislation
Dr. George Freundlich – President of Medical Staff .....	Ex-Officio as per legislation
Bruce Peterkin – MICs Chief Executive Officer .....	Ex-Officio as per legislation
Karen Hill – MICs Chief Nursing Officer .....	Ex-Officio as per legislation

## Anson General Hospital

Ted Fleming – <b>Chair</b> .....	Elected ( <i>Representative at Large</i> )
Wendy Phillips – <b>Vice-Chair</b> .....	Elected ( <i>Representative at Large</i> )
Sandra Doucette – <b>Treasurer</b> .....	Elected ( <i>Representative with a Financial Background</i> )
Suzanne de Laplante (resigned) .....	Elected ( <i>French Representative</i> )
Carla Cantin (resigned) .....	Elected ( <i>Local Business/Industry Representative</i> )
Norma Labelle .....	Appointed ( <i>Auxiliary Representative</i> )
Terry Boucher* .....	Appointed ( <i>Municipal Representative</i> )
*Michael Shea ( <i>alternate</i> )	
Dr. Stephen Chiang – Chief of Staff .....	Ex-Officio as per legislation
Dr. Bennet Wu – President of Medical Staff .....	Ex-Officio as per legislation
Bruce Peterkin – MICs Chief Executive Officer .....	Ex-Officio as per legislation
Karen Hill - MICs Chief Nursing Officer .....	Ex-Officio as per legislation

## Lady Minto Hospital

Maureen Konopelky – <b>Chair</b> .....	Elected ( <i>Representative at Large</i> )
R.J. Andrews – <b>Vice-Chair</b> .....	Elected ( <i>Representative at Large</i> )
Cheryl Corbeil – <b>Treasurer</b> (resigned) .....	Elected ( <i>Representative with a Financial Background</i> )
Dianne Denault .....	Appointed ( <i>Auxiliary Representative</i> )
Léo Grégoire .....	Elected ( <i>French Representative</i> )
Jack Solomon .....	Elected ( <i>Aboriginal Representative</i> )
Gilles Chartrand* .....	Appointed ( <i>Municipal Representative</i> )
*Peter Politis ( <i>alternate</i> )	
Dr. Rita Affleck – Chief of Staff .....	Ex-Officio as per legislation
Dr. Lawrence McPherrin – President of Medical Staff .....	Ex-Officio as per legislation
Bruce Peterkin – MICs Chief Executive Officer .....	Ex-Officio as per legislation
Karen Hill – MICs Chief Nursing Officer .....	Ex-Officio as per legislation

# Bingham Memorial Hospital

*“Caring for our Community”*



# Anson General Hospital

*“Personal Quality Care”*



# Lady Minto Hospital

*“Caring Together”*



Minutes of the  
 Bingham Memorial Hospital  
 58<sup>th</sup> Annual Corporation Meeting  
 Tuesday, June 14<sup>th</sup>, 2012 – 1900 Hours  
 Black River-Matheson Family Lodge, Matheson, ON

<b>BOARD OF DIRECTORS</b>	
x	Merv Anthony – Chair
x	Garry Truax – Vice-Chair
x	Casey Lynn Jessup – Treasurer
x	Dr. George Freundlich – Chief of Staff & President of Medical Staff
x	Billie Baragar
x	Norma Monahan
x	Paul Michaud
x	Bob Renaud*
	*Willie Dubien ( <i>alternate</i> )
x	Karen Hill – MICs Chief Nursing Officer
x	Bruce Peterkin – MICs Chief Executive Officer
<b>GUESTS</b>	
x	Gail Waghorn – MICs Director of Finance
x	Fern Morrissette – MICs Director of Care
x	Sylvie Lavoie-Girard – MICs Director of H.R.
x	Isabelle Boucher – MICs Director of Quality, Risk and Patient Safety
x	Tim Mitchell – MICs Director of Services
x	Sue Ryckman – BMH Director of Nursing
x	Clive Dorland – MICs Auditor
x	Suzanne Gadoury – MICs Executive Assistant ( <i>Recording Secretary</i> )

Merv Anthony, Board Chair, opened the meeting with a welcome and thanked the members of the Corporation for attending. **It was recorded that there was a quorum.**

**1. INTRODUCTION OF BOARD OF DIRECTORS**

- M. Anthony introduced the Board of Directors to the Corporation Members.

**2. PRESENTATION OF THE MINUTES**

- M. Anthony requested a motion to approve the minutes of the Annual Meeting held on June 16<sup>th</sup>, 2011.

Motion:

Moved by Al Baragar

Seconded by Billie Baragar

Be it resolved,

**THAT** the minutes of the Annual Meeting held on June 16<sup>th</sup>, 2011 be approved as

presented.

Carried.

3. **REPORT AND APPROVAL OF AUDITOR'S FINANCIAL STATEMENT**

- M. Anthony introduced Clive Dorland of *Dorland and Dorland—Chartered Accountant*, the Auditor for the MICs Group of Health Services.
- C. Dorland presented the BMH Audited Financial Statement to March 31<sup>st</sup>, 2012, providing a detailed explanation of the report. The Hospital ended the year with an operating surplus of \$293,263 (compared to a surplus of \$219,337 for the 2011 fiscal year). Net surplus was \$266,354 (compared to a deficit of \$199,351 last year) after considering Amortization of Buildings and Amortization of Deferred Contributions Related to Buildings and Other Votes. MOHLTC Global funding increased from \$5,579,858 to \$5,676,900.
- Corporation Members were invited to ask questions.

Motion:

Moved by Bob Renaud

Seconded by Mrs. Pearson

Be it resolved,

**THAT** the Corporation of Bingham Memorial Hospital approves the Auditor's Report of Bingham Memorial Hospital's Financial Statement for the year ending March 31<sup>st</sup>, 2012 as presented.

Carried.

4. **APPROVAL OF BY-LAW CHANGES**

- N/A

5. **MICs CEO AND BOARD CHAIR'S ADDRESS**

- B. Peterkin stated that this has been a good year because of BMH's surplus
- Cutting lab and x-ray call-backs and having nurses doing the point-of-care tests after hours and on weekends has helped curb costs and deficits. He thanked the fundraising committee and the auxiliary ladies for their monetary donations to buy capital items that are not funded by the ministry. Recruitment for two more full-time physicians, nurse practitioners, physician assistants, etc. is ongoing.
- M. Anthony spoke of the discussions that BMH has had with the Appletree Clinic Group in Ottawa over the past few months and the hope that they will be able to provide primary care health service through the use of OTN (Ontario Telehealth Network). He encouraged community members to use the services of the locums in order to keep them in the community. Mr. Anthony also spoke of the development of the MICs Healthcare Foundation and future expansion to include service clubs such as the United Way and partnering with the local Chamber of Commerce in the recruitment of physicians.

6. **MICs TEAM REPORT**

- Provided in the annual report, the MICs Team Report provides information on MICs services, programs and activities. Corporation Members are encouraged to review the report at their leisure.

7. **CHIEF OF STAFF REPORT**

- Provided in the annual report. Dr. Freundlich offered to provide medical services to anyone who doesn't have a family doctor. Neurology clinics are new to Bingham and are working well. Corporation Members are encouraged to review the report at their leisure.

8. **HOSPITAL AUXILIARY REPORT**

- Provided in the annual report. The auxiliary was not able to donate to the hospital this year because they bought a vending machine which is doing very well. Corporation Members are encouraged to review the report at their leisure.
- M. Anthony requested approval of reports as presented.

Motion:

Moved by Joanne Barber

Seconded by Richard Johnson

Be it resolved,

**THAT** the Corporation of the Bingham Memorial Hospital approve the reports as presented.

Carried.

9. **MICs MISSION AND VISION STATEMENT**

- Provided for Corporation Members' information.

10. **MICs VALUES**

- Provided for Corporation Members' information.

11. **MICs STRATEGIC GOALS**

- Provided for Corporation Members' information.

12. **MICs ORGANIZATIONAL CHART**

- Provided for Corporation Members' information.

13. **APPOINTMENT OF AUDITOR**

Motion:

Moved by Scotty Fulton

Seconded by Al Baragar

Be it resolved,

**THAT** the Corporation of Bingham Memorial Hospital appoints the firm of *Dorland and Dorland – Chartered Accountant* as the Hospital Auditor for 2012/2013

Carried.

14. **ELECTION OF DIRECTORS**

- M. Anthony reviewed the Nominating Committee Report:
  - Board Appointments:
    - Municipal Representative – Bob Renaud (Willie Dubien – alternate)



- Auxiliary Representative – Norma Monahan
- Chief of Staff – Dr. George Freundlich
- President of Medical Staff – Dr. George Freundlich
- List of terms for election:
  - Representative at Large (2 year term) – Billie Baragar, Diane Pearson, Sven Mattson, Garry Truax
  - French Representative (1 year term) – Paul Michaud, Donald Gagne
  - Aboriginal Representative (2 year term) –
- There were 3 positions open and 6 applications received. The following slate of candidates were presented for Corporation Members' approval:
  - Representative at Large (2 year term) – Billie Baragar
  - French Language Representative (1 year term) – Paul Michaud
  - Aboriginal Representative (2 year term) – Garry Truax, appointed

Motion:

Moved by Joanne Barber

Seconded by Al Baragar

Be it resolved,

**THAT** the Corporation of Bingham Memorial Hospital approves the slate of nominees as presented.

**22 FOR / 6 AGAINST - Carried.**

It was suggested to add a member of the Chamber of Commerce on the Board of Directors. Advise the chamber of the outcome of the amalgamation of the corporations.

## 15. ADJOURNMENT

- There being no further business, the meeting adjourned at 8:27 p.m.

Merv Anthony  
 Chair of the Board of Directors  
 Bingham Memorial Hospital

Bruce K. Peterkin  
 Secretary of the Board of Directors  
 Bingham Memorial Hospital

Minutes of the Anson General Hospital  
Annual Corporation Meeting  
Tuesday, June 12<sup>th</sup>, 2012 – 1900 Hours  
South Centennial Manor’s Common Room, Iroquois Falls

<b>ATTENDANCE</b>	
x	Wendy Phillips – Chair
	– Vice-Chair
regrets	Sandra Doucette – Treasurer
x	Dr. Guy Lupien – Chief of Staff
x	Dr. Stephen Chiang – President of the Medical Staff
x	Suzanne deLaplante
x	Carla Cantin
x	Terry Boucher*
x	Ted Fleming
x	Norma Labelle
	Michael Shea* ( <i>alternate</i> )
x	Karen Hill – MICs Chief Nursing Officer
x	Bruce Peterkin – MICs Chief Executive Officer
<b>GUESTS</b>	
x	Gail Waghorn – MICs Director of Finance
x	Fern Morrissette – MICs Director of Care
x	Sylvie Lavoie-Girard – MICs Director of H.R.
x	Isabelle Boucher – MICs Director of Quality, Risk and Patient Safety
x	Tim Mitchell – MICs Director of Services
x	Patsy Huber – BMH Director of Nursing
x	Clive Dorland – MICs Auditor
x	Michael Watts – Osler LLP
x	Suzanne Gadoury – MICs Executive Assistant ( <i>Recording Secretary</i> )

**1. CONFIRMATION OF QUORUM**

- **It was recorded that there was a quorum.** The board chair welcomed everyone and explained the voting process.

**2. INTRODUCTION OF GUEST SPEAKER**

- Michael Watts, Legal Counsel, Osler was introduced
- Presented “New Hospital Board Accountabilities”

3. **INTRODUCTION OF BOARD OF DIRECTORS**

- W. Phillips, Board Chair, opened the meeting with a welcome and thanked the members of the Corporation for attending. The Chair then introduced the Board Members to the Corporation Members
- M. Ross questioned the presence of the two new board members; J. Brown contested the nomination and asked that the nomination be null and void as per article 7.0 of the AGH by-laws; chair states that we are in compliance.

4. **PRESENTATION OF MINUTES**

- The minutes of the AGH Annual Meeting held June 14<sup>th</sup>, 2011 were reviewed. Board Chair signed off on these minutes.

5. **REPORT AND APPROVAL OF AUDITOR'S FINANCIAL STATEMENT**

- W. Phillips introduced Clive Dorland of *Dorland and Dorland—Chartered Accountant*, the Auditor for the MICs Group of Health Services.
- C. Dorland presented the AGH Audited Financial Statement to March 31<sup>st</sup>, 2012, providing a detailed explanation of the report the hospital ended the year with a deficit of ~\$239,511 (compared to a surplus of \$352,582 for 2011 fiscal year). The net deficit for the year was ~\$163,481 (compared to net surplus of \$128,355 for 2011). Revenues increased by approximately \$281,000 while expenditures increased by \$874,000. MOHLTC Global and One-Time funding was \$7,513,152 (compared to \$7,391,450 for the 2010/2011 fiscal year).
- Corporation Members were invited to ask questions.

Motion:

Moved by C. Kennedy

Seconded by R. Boucher

Be it resolved,

**THAT** the Corporation of Anson General Hospital approves the Auditor's Report of Anson General Hospital's Financial Statement for the year ending March 31<sup>st</sup>, 2012 as presented.

Carried.

6. **RATIFICATION & CONFIRMATION OF BY-LAW CHANGES**

Recommendation from the Anson General Hospital Board of Directors to amend the By-laws as presented:

- Article 3 – Annual and Special Meetings of the Members of the Corporation, Section 3.6 “Quorum”  
3.6 A quorum for any meeting of the Members shall be ~~twenty (20)~~ **twelve (12)** of its Annual Members.

Motion:

Moved by S. Lavoie -Girard

Seconded by P. Toffolo

Be it resolved,

**THAT** the Corporation of Anson General Hospital approves the By-law

amendment to 3.6 “Quorum” as presented.

20 For / 10 Against

Carried.

- Article 4 – Board of Directors, Section 4.4 “Term of Office Restrictions”  
4.4 No person may be elected or appointed a Director for more terms than will constitute twelve (12) consecutive years of service. A person may be re-elected or re-appointed a Director after a break in his/her continuous service of at least one (1) year.

The following be added as paragraph (b) under Section 4.4:

**4.4 (b) Notwithstanding paragraph (a) above, the Board, when deemed warranted by the Board, may extend a Director’s expiry term by at least one (1) year.**

- Corporation Members were invited to ask questions.
- A. Zsigmond asked that the term (1) year be defined; the chair is willing to entertain amending the by-law to define the term to “a maximum of one year only” as proposed by Rosanne Peever-Trottier
- R. Boucher encouraged the participants not to vote for the extension
- R. Peever-Trottier asked what the norm is for board terms; this varies with different boards
- Some members asked why they were not allowed to purchase their corporation memberships just before the meeting; following process as per by-laws

Motion: change the wording so that the by-law term states “a maximum of one year”.

Moved by Dr. Chiang

Seconded by G. Dawkins

Be it resolved,

**THAT** the Corporation of Anson General Hospital approves the By-law amendment to 4.4 “Term of Restriction” as amended.

21 For / 10 Against

Carried.

**7. MICs CEO AND BOARD CHAIR’S ADDRESS**

- B. Peterkin spoke of the primary care delivery, the lack of staff, physicians and care givers
- Dealing with ALC beds vs acute care beds
- Working hard to stay within budget whereas TDH is in deficit; expectation is that local hospitals will help to pay this deficit
- Challenge to balance budget will require cuts to certain services
- Applied to the ministry for \$50,000 for a needs assessment for a new long term care facility in Iroquois Falls
- Thanked the board members, Team Members and support staff for their hard work

- J. Brown questioned the time CEO spends in Iroquois Falls compared to Matheson and Cochrane; CEO has 4 facilities to cover and can't physically be at each site at all times; CEO's travel expense reports do not reflect the time spent at each facility
- R. Peever-Trottier asked if the annual reports could be distributed to the corporation members a few weeks before the annual general meeting
- J. Brown questioned the money allocated to the beds at all three sites; this is established by the Ministry of Health
- M. Ross mentioned the losses of Dr. Abara's clinic, chemotherapy and pharmacy services to Cochrane; all the local pharmacies provide services to their local LTC homes; their contracts have been renewed for another two years; Dr. Abara chose to do his procedures in LMH because the support provided there allowed him to do 22 more procedures than at AGH
- W. Phillips invited everyone to stay after the meeting for a question and answer period.

**8. MICs TEAM REPORT**

- Provided in the annual report, the MICs Team Report provides information on MICs services, programs and activities. Corporation Members are encouraged to review the report at their leisure.

**9. CHIEF OF STAFF REPORT**

- Provided in the annual report, the Chief of Staff report provides an overview of medical services and the challenges that the Family Health Team has had to face due to the lack of staffing over the past year and the challenges that are coming
- Corporation Members are encouraged to review the report at their leisure.

**10. HOSPITAL AUXILIARY REPORT**

- Hospital Auxiliary Report provides highlights of the AGH Auxiliary activities during the past year. CEO asked for a round of applause for the Auxiliary members' hard work and financial support throughout the year.

**11. MICs MISSION AND VISION STATEMENT**

- Provided for Corporation Members' information.

**12. MICs VALUES**

- Provided for Corporation Members' information.

**13. MICs STRATEGIC GOALS**

- Provided for Corporation Members' information.

**14. MICs ORGANIZATIONAL CHART**

- Provided for Corporation Members' information.

**15. APPOINTMENT OF AUDITOR**

Motion:

Moved by B. Peterkin

Seconded by S. Festarini

Be it resolved,

**THAT** the Corporation of Anson General Hospital appoint the firm of *Dorland and Dorland – Chartered Accountant* as the Hospital Auditor for 2012/2013.

Carried.

**16. ELECTION OF DIRECTORS**

- Appointments are currently as follows:
  - Municipal Representative – Terry Boucher (Michael Shea – alternate)
  - Auxiliary Representative – Norma Labelle
  - Chief of Staff – Dr. Guy Lupien
  - President of Medical Staff – Dr. Stephen Chiang
- There were 4 positions open:
  - Representative at Large (1 year term)
  - Representative with a Financial Background (2 year term)
  - Local Business/Industry Representative (2 year term)
  - French Representative (1 year term)
- The following applicants were selected for the positions for which they applied, and duly acclaimed:
  - Representative at Large (1 year term) – Wendy Phillips
  - Representative with a Financial Background (2 year term) – Sandra Doucette
  - Local Business/Industry Representative (2 year term) – Carla Cantin
  - French Language Representative (1 year term) – Suzanne de Laplante

Motion: chair declared slate of candidates appointed

- J. Brown began distributing papers to the members to discuss 3.2 but it was not allowed since it had not been submitted to be part of the agenda; Mr. Brown was deemed out of order
- Mr. Boucher and Mr. Kennedy gave permission to discuss the events leading to their termination on the board
- Members were invited to stay after the meeting to discuss the termination

**17. ADJOURNMENT**

- There being no further business, the meeting adjourned at 9:34 p.m.

Motion to adjourn: S. Lavoie-Girard

Seconded by P. Huber

Carried

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Wendy Phillips  
Chair of the Board of Directors  
Anson General Hospital

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Bruce K. Peterkin  
Secretary of the Board of Directors  
Anson General Hospital

Minutes of the  
 Lady Minto Hospital  
 Annual Corporation Meeting  
 Thursday, June 21<sup>st</sup>, 2012 – 1900 Hours  
 Terry's Steak House (Blue Room), Cochrane

<b>ATTENDANCE</b>	
x	Maureen Konopelky – Chair
x	R.J. Andrews – Vice-Chair
x	Léo Gregoire – Treasurer
x	Dr. Rita Affleck – Chief of Staff
x	Dr. Lawrence McPherrin – President of the Medical Staff
x	Claude Bourassa
x	Cheryl Corbeil
regrets	Dianne Denault
regrets	Gilles Chartrand*
x	Jack Solomon
	Peter Politis* ( <i>alternate</i> )
x	Karen Hill – MICs Chief Nursing Officer
x	Bruce Peterkin – MICs Chief Executive Officer
<b>GUESTS</b>	
x	Gail Waghorn – MICs Director of Finance
x	Fern Morrissette – MICs Director of Care
x	Sylvie Lavoie-Girard – MICs Director of H.R.
x	Isabelle Boucher – MICs Director of Quality, Risk and Patient Safety
regrets	Tim Mitchell – MICs Director of Services
x	Nancy Higgs – BMH Director of Nursing
x	Clive Dorland – MICs Auditor
x	Suzanne Gadoury – MICs Executive Assistant ( <i>Recording Secretary</i> )

M. Konopelky, Board Chair, opened the meeting with a welcome and thanked the members of the Corporation for attending. **It was recorded that there was a quorum.**

**1. INTRODUCTION OF BOARD OF DIRECTORS**

- Board Members introduced themselves to the Corporation Members.

**2. APPROVAL OF THE MINUTES**

- The minutes of the Annual Meeting held June 9<sup>th</sup>, 2011 were reviewed.

Motion:

Moved by C. Bourassa

Seconded by D. Cotgrave

Be it resolved,

**THAT** the minutes of the Annual Meeting held June 9<sup>th</sup>, 2011 be approved as presented.

Carried.

**3. REPORT AND APPROVAL OF AUDITOR'S FINANCIAL STATEMENT**

M. Konopelky introduced Clive Dorland of *Dorland and Dorland – Chartered Accountant*, the Auditor for the MICs Group of Health Services.

- C. Dorland presented the LMH Audited Financial Statement to March 31<sup>st</sup>, 2011, providing a detailed explanation of the report. The hospital ended the year with a surplus of \$419,916 compared to a surplus of \$508,286 for the 2010/11 fiscal year). The net Hospital deficit for 2011/12 was \$14,841 compared to the net surplus of \$142,027 for 2010/11. MOHLTC Global and One-Time funding was \$9,442,400 (compared to \$9,285,402 for 2010/2011) for an increase of 1.7%.
- Villa Minto ended the year with a deficit of -\$151,964 (compared to a deficit of -\$82,933 last year).
- Long-Term Investments total \$1,578,805 at fair market value (cost -\$1,502,859)
- Corporation Members were invited to ask questions.

Motion:

Moved by P. Dorff

Seconded by D. Cotgrave

Be it resolved,

**THAT** the Corporation of Lady Minto Hospital approves the Auditor's Report of Lady Minto Hospital's Financial Statement for the year ending March 31<sup>st</sup>, 2012 as presented.

Carried

**4. APPROVAL OF BY-LAW CHANGES**

- N/A

**5. MICs CEO AND BOARD CHAIR'S ADDRESS**

- B. Peterkin stated how well the hospital is doing financially due to our commitment to a balanced budget. Surpluses are needed to buy capital equipment which is not part of the budget. Surpluses were used for infrastructure since we did not receive any HIRF dollars this year. Corporation Members are encouraged to review the report at their leisure.
- M. Konopelky thanked the management team for their hard work on the Strategic Plan on behalf of the board. She also mentioned the creation of the MICs Healthcare Foundation but we are still waiting for our charitable status. Maureen spoke of the LHIN's plan for the realignment of the Cochrane Hub which is for the MICs three corporations to amalgamate into one. Of note was the donation of two Holter monitors by Mr. and Mrs. M.J. Labelle.



**6. MICs TEAM REPORT**

- Provided in the annual report, the MICs Team Report provides information on MICs services, programs and activities. Corporation Members are encouraged to review the report at their leisure.

**7. CHIEF OF STAFF REPORT**

- Provided in the annual report, the Chief of Staff report provides an overview of medical services. Corporation Members are encouraged to review the report at their leisure.
- Dr. Affleck noted they have a great medical staff and she is looking forward to working with the new anaesthetist.

**8. HOSPITAL AUXILIARY REPORT**

- Hospital Auxiliary Report provides highlights of the LMH Auxiliary activities during the past year. Maureen noted how hard the Auxiliary works and she praised D. Denault for her leadership.
- M. Konopelky requested approval of reports as presented.

Motion:

Moved by L. McPherrin  
Seconded by C. Bourassa

Be it resolved,

**THAT** the Corporation of the Lady Minto Hospital approve the reports as presented.

Carried.

**9. MICs MISSION AND VISION STATEMENT**

- Provided for Corporation Members' information.

**10. MICs VALUES**

- Provided for Corporation Members' information.

**11. MICs STRATEGIC GOALS**

- Provided for Corporation Members' information.

**12. MICs ORGANIZATIONAL CHART**

- Provided for Corporation Members' information.

**13. APPOINTMENT OF AUDITOR**

Motion:

Moved by P. Dorff  
Seconded by R.J. Andrews

Be it resolved,

**THAT** the Corporation of Lady Minto Hospital appoint the firm of *Dorland and Dorland – Chartered Accountant* as the Hospital Auditor for 2012/2013.

Carried.

**14. ELECTION OF DIRECTORS**

- M. Konopelky provided the Nominating Committee Report.
  - Board Appointments:
    - Municipal Representative – Gilles Chartrand (Peter Politis – alternate)
    - Auxiliary Representative – Dianne Denault
    - Chief of Staff – Dr. Rita Affleck
    - President of Medical Staff – Dr. Lawrence McPherrin
  - There were 3 positions open and 3 applications received. The following applicants were selected for the positions for which they applied, and duly acclaimed:
    - Representative at Large (2 year term) – R.J. Andrews
    - Representative with Financial Background (1 year term) – Cheryl Corbeil, appointed
    - Aboriginal Representative (2 year term) – Jack Solomon

Motion:

Moved by L. Gregoire

Seconded by D. Cotgrave

Be it resolved,

**THAT** the Corporation of Lady Minto Hospital approves the nominees as presented.

Carried.

**15. ADJOURNMENT**

- There being no further business, the meeting adjourned at 7:42 p.m.

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Maureen Konopelky  
Chair of the Board of Directors  
Lady Minto Hospital

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Bruce K. Peterkin  
Secretary of the Board of Directors  
Lady Minto Hospital

# Audited Financial Statement

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Audited Financial Statements for each of the Hospital Corporations have been prepared by the MICs Group of Health Services' Auditor *Dorland and Dorland* – Chartered Accountant.

Copies of the Audited Financial Statements for the period of April 1<sup>st</sup>, 2012 to March 31<sup>st</sup>, 2013 are distributed under separate cover.



*With the new day comes new  
strength and new thoughts.*

*↳ Eleanor Roosevelt ↳*



# MICs CEO & Board Chairs' Address

## Summary of Board Achievements

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### A Word from the CEO...

As I approach my third anniversary with MICs, I continue to be thankful for what we have accomplished this past year. We have all worked very hard to ensure the stability, and endeavour to improve the delivery, of hospital core services to our communities. We have also worked very hard to ensure that the quality of our services to seniors in our long-term care residences are strengthened and stabilized. Primary care service delivery continues to be an ongoing challenge as we continue to work with our three municipalities to recruit physicians in order to ensure an appropriate level of primary care services in all our communities. Our physician partners have worked with us as we move ahead with primary care services in our communities.



Our commitment has always been directed to the delivery of a high quality of health services, and I continue to be very pleased with the recognition we have earned as a result of our strong performance in patient and resident care. As well, our commitment to sound financial management will allow us to continue to ensure a balanced budget, and at the same time, provide our community and stakeholders with consistent and quality health services. I continue to feel blessed for the incredible dedication of our Team Members, board of directors, physicians, volunteers and hospital auxiliaries who work tirelessly to provide quality health services to the residents of our communities.

While time may prove to be elusive, it is important to make time to acknowledge our achievements, appreciate our health care Team Members, and recognize the successes and challenges from this past year, and what a year it has been!

The Hon. Deb Matthews, Minister of Health and Long Term Care, made her announcement that the funds which were being provided to the LHIN for the provision of health services would not include any funds for increases in hospitals base budgets across the province. We were notified by the northeast LHIN that our hospitals would be receiving a 0% budget increase for 2013/14 fiscal year. There are infinite challenges in endeavouring to balance a budget where the external pressures of increasing costs for salaries, benefits and supplies continue to rise and we are not being provided with the appropriate budgetary increases to meet any of our necessary obligations.

Earlier this year, we signed off our 2013 amendments for our three Hospital Service Accountability Agreements (HSAA). These amendments provided for the extension of the present HSAA's for an additional 6 months. The NELHIN indicated that this would provide them with enough time to negotiate new HSAA agreements with our hospitals. A continued objective for MICs was to present a balanced budget to the NE LHIN which would show our commitment to manage the funding allocations in a responsible and accountable manner. We also signed two new LSAA agreements for Villa Minto and South Centennial Manor for the next three years.

Our Quality Improvement Plan results were successful in that we attained a success rate of over 72% for the benchmarks we identified within the plan. Clearly our second year of the QIP process was a quantifiable success. Our target continues to be a success rate of 100%. A

special thank you goes out to all our Team Members who were actively involved in ensuring that our QIP process was successful for our organization. Our Quality Improvement Plan for the 2013/2014 year has been completed and forwarded to Quality Ontario.

Working on provincial initiatives as well as priorities established by the NE LHIN requires an interdisciplinary team effort and focus. The NELHIN began the process of regionalization of health services within the northeast. This process has been somewhat troubling to our hospitals because for over the past fifteen years, our MICs hospitals have achieved the quantifiable results for our hospitals and we encouraged the NELHIN to work with the other hospitals in the northeast to get to the level of services reconciliation that we have achieved. We have been concerned about the possibility of the reduction of health services within the northeast however we did receive a letter from the Board Chair of the NELHIN stating that our three hospitals' budgets would not be reduced if we were to amalgamate our three hospitals evolving us from our present partnership model to one organization.

The NELHIN has been requiring us to participate in various regionalization processes which could see our LMH surgical program moved to TADH; our procurement purchasing moved to Smooth Rock Falls; our back office admin services moved to TADH and so on and so on. We have been strongly advocating for these services to remain within our MICs communities in order to maintain the employment levels for our communities and strengthen the health services for our residents.

All this is important and we have also been very busy with ensuring that our organizational strategic goals and objectives are operationalized. The Strategic Plan covers the period 2012-2017 and it identifies the MICs Group of Health Services priorities, and sets the broad framework within which health services programs, departments and individuals within the MICs Group will work over the next five years. This plan is not a static plan. It is evolving and changing as necessary. This Strategic Plan links directly to the corporate mission and vision, and continues to be the tool whereby the organization lives its mission everyday and takes positive strides towards achieving its vision.

Our MICs Hospitals as well as the other hospitals across Northern Ontario are facing tremendous challenges and rapid change—new models of care have been developed, new technologies, and innovative programs are being operationalized with an increased emphasis on responsibility and accountability. Our communities expect us to provide a consistent level of health services without the necessary funds to ensure the sustainability of our health services in our communities. We have appreciated the support as we continue to work alongside our mayors and the local municipalities, stakeholders, clients, patients and community residents in order to ensure that our health services at the community level meet their needs.

We have worked very hard to ensure that the people of Iroquois Falls have an appropriate level of primary care services and physician care. We have had a very challenging year with special interest groups in Iroquois Falls and we have endeavoured to learn from the various concerns expressed recognizing that each one of our hospital communities is very unique and that ongoing community engagements are very important and should be an ongoing event. We also realize that there is a very delicate balance between listening to what community interest groups are saying about health care services in the community and doing what is in the best interest of the hospital and directed by the NELHIN and the Government through the MOHLTC.

Throughout Ontario as well as MICs, we all continue to have physician recruitment

challenges as we endeavour to ensure that our residents have access to an appropriate level of primary care services within our MICs communities. A special thank you goes out to our physicians and nurses who have given their commitment to our communities to ensure that our residents have a level of emergency, physician and surgical services to meet their needs. Their untiring efforts are well appreciated, and we owe them all a debt of gratitude.

We are always on the lookout for opportunities to increase value for our patients and residents as well as working together with other northeast hospitals in order to enhance health services within our MICs communities. We increased services to seniors by engaging in a service contract that would see the physiotherapy services increased in our long-term care homes however the MOHLTC recently cut the services which enabled the physiotherapy services to be billed through OHIP thus having reduced services back to our previous levels effective August 1<sup>st</sup>, 2013.

In closing, I would like to thank all of our individual hospital board members and overall the MICs Boards as well as our Team Members who work hard each day, with dedication, and loyalty, as they continue to go above and beyond our expectations of service to the community.

Again a special thank you goes out to Bercell Technologies for their continued partnership and dedication to providing IT support and leadership within MICs.

Thank you all for a job well done; I owe you all a debt of gratitude for your continued commitment and support of the MICs organization and to me as the MICs CEO.

Respectfully submitted,

A handwritten signature in blue ink that reads "Bruce K. Peterkin". The signature is written in a cursive style.

Bruce K. Peterkin  
MICs Chief Executive Officer

## **From the Board Chairs' Perspective...**

For the past year, the Board Members, in cooperation with the CEO and the Executive Team, have been working very hard on the implementation of the **MICs Strategic Plan** which was developed and approved last year. As you know, this plan will span the next five (5) years (2012-2017). Again, we would like to thank all those residents who attended the series of engagement sessions and especially those who participated and shared their ideas. This was greatly appreciated.

As you know, each hospital developed a foundation and we have in place the Lady Minto Hospital Foundation, the Anson General Hospital Foundation, the Bingham Memorial Hospital Foundation and also the MICs Healthcare Foundation which are all registered **charitable foundations**.

Our Board Members participated at various events such as the 2012 OHA Health Achieve Conference, the Rural and Small Hospital conference, as well as the OHA area members' meeting. We also participated in Network 13 to discuss health issues and health service delivery specific to the Cochrane and Timmins Districts.

The MICs Group of Health Services continue to discuss with **Minto Counselling Centre** the plan for them to join the MICs partnership. Discussions are ongoing.

The Boards have been kept extremely busy in the past few months with meetings being called in addition to the regular scheduled board meetings in order to discuss the ongoing developments and issues in Iroquois falls which recently caused the Minister of Health to appoint an Investigator to look into various concerns. Please note that, to date, we have not been apprised by the LHIN or the Ministry of Health as to the nature of these concerns. Because of the **defamatory and hateful comments and statements** that were being made in the press and on a Facebook page developed by a special interest group in Iroquois Falls, the MICs Group as well as the AGH Hospital including the CEO commenced legal action against the group.

We continue to have ongoing concerns with the **Sandoz medication shortage** however the region, with the assistance of the MOHLTC, are working well together to ensure that our patients are well served regarding their drug therapy needs while in the hospital under our care.

We found it necessary to enter into discussions with the **NE LHIN** regarding various initiatives they wanted to implement in our hospitals as a part of our Hospital Services Accountability Agreement: initiatives such as back office integration of services within our hospitals with the other area hospitals; surgical optimization that would see LMH potentially lose its surgery program; ehealth integration that would see our IT services centralized outside our area etc., etc., etc. The end result of these measures could potentially see the reduction of services and staff in our hospital and community. We have been attempting to work collaboratively with the NELHIN in order to negotiate with them to protect our services and jobs in our communities. We did receive a letter from the NELHIN Board Chair that if we were to amalgamate, our hospital budgets would not be reduced.

Our Boards are working diligently at keeping all of our health services in each of our respective hospitals stable and intact.

We would like to acknowledge the support of our municipal partners. The mayors and council of our three communities have united in support for each of their specific hospitals as well as the MICs Group. The confidence and commitment they have shown our Hospital Boards, CEO and Team Members has been greatly appreciated. We owe them all a debt of gratitude.



On the local front, Hospital Boards dealt with site-specific projects and issues. **Bingham Memorial Hospital** was left with one physician in the community along with the services of other physicians including two emergency department physicians as locums from the Kirkland Lake Hospital who regularly covered for us in the ER. In order to ensure that the community had some additional physician services, the Board approved an initiative with the Appletree Medical Group from Ottawa which enabled residents to access family doctors through the use of the Ontario Telemedicine Network. This model allowed patients to access doctors over the OTN with the assistance of an OTN technician who prepared the patient for presentation to the doctor in order for him to deal with the patient's presenting problem. This clinic worked well on a walk-in basis and the patients who used the services were very satisfied with the overall experience. The clinic was open during normal working hours of operation and after hours occasionally. Our efforts to recruit a second physician were successful in that we were able to recruit a doctor from Newfoundland who arrived in April 2013. This physician is in the process of determining the nature and type of practice he would like to offer in the community. We have been very busy with ads in the paper announcing that Dr. Razack is in the community and ready to provide medical care to the residents. The **Rosedale Centre** continues to run well under the nursing direction of the Director of Care, Sue Ryckman and the Rosedale Team Members. Dr. George Freundlich continues to provide medical care to all the residents as the centre's medical director. The residents are being well looked after by the nurses and support staff as well as enjoying visits from community and family members. They also enjoy being entertained during birthdays, recreation events, and various special occasions. **Anson General Hospital** also experienced a successful year with the recruitment of more doctors to the community. The complaints which were received by the Board regarding the lack of access to physicians and the booking of medical appointments were resolved overall when Dr. Stephen Chiang requested and proposed to the Board that he take over the management of the FHT in partnership with the Board of Directors, CEO and Team Members. Dr. Chiang is now the Lead physician of the physician group. He changed the physician payment model from the RNPGA model to the FHO model. The MICs recruitment team worked very hard to recruit various doctors and health professionals and we were successful in recruiting Dr. Wu and Dr. Zamanpour. In addition, we recruited a new Nurse Practitioner as well as nurses and other professionals to fill the gap left by the changeover from the previous FHT model to the present. We continue to recruit physicians however we are very pleased that the community access to doctors and physicians has increased tremendously. Iroquois Falls has three full time doctors, and one physician assistant providing primary healthcare services to the residents. We also have a number of locums to supplement where needed in the ER. The issues we continue to deal with at the AGH have taken much time and financial resources over this past year. We believe that we are on track to move forward positively. The Minister of Health has appointed an investigator to investigate issues and we are working cooperatively with him even though we have not been advised what these complaints are about. This remains a high priority for our hospital. Recently, we received a letter from the Minister of Health and LTC, the Honourable Deb Mathews, who stated: "*Concerns with the quality of care are not the reason for the investigator's appointment as the North East Local Integration Network has confirmed that health care services at the hospital have not been impacted by these issues.*" **South Centennial Manor** Team Members work very hard to provide excellent care to the residents. The Team Members are well loved by the residents and families which is wonderful. We have continued to struggle with the added financial pressures brought on by the *Long Term Care Act* which legislated new criteria and increased standards for long-term care facilities with no funding increase for implementation of the changes necessary. The South Centennial Manor's L-SAA agreement was signed with little fanfare and no budgetary increases. The Anson General Hospital continues to be responsible financially for SCM. The

Municipality of the Town of Iroquois Falls continues to provide a grant of \$50,000 towards South Centennial Manor operations. This grant is very much appreciated. We have also just completed a feasibility study for the SCM redevelopment. The MOHLTC has indicated that this home is a “C” class facility and such facilities require redevelopment. This study provided for the review of the options for future development if and when that occurs. The Board of Directors will be reviewing the report and copies will be sent to the NELHIN for their review. **Lady Minto Hospital** continues to receive impressive donations to its capital funds for the hospital again this year thanks to the Panneton Foundation and the Paul and Elizabeth Martin Foundation which help purchase much needed capital equipment. **Villa Minto** has continued to provide very good care to its residents and the families and residents share their appreciation of the care their loved ones receive. There have been staffing issues these past few months due to the shortage of PSWs. Both the Director of Care and Director of Human Resources have worked diligently to meet the staffing challenges head on however we have been advised that this shortage is being felt throughout many long-term care homes across the province. We have had to rely on sharing some staff from our other MICs homes to alleviate the shortages. The board has been endeavouring to develop the four beds which are in abeyance and not been built for Villa Minto. Originally, when we purchased the beds from Extend-a-Care, there were 37 beds however we only had the funds to build a 33-bed facility and we requested the Ministry of Health to put four beds in abeyance for future use. Over this past year, we have been requesting that the Ministry of Health provide funds of approximately \$900,000 to build this four-bed addition to our present facility. We have been advised by the Ministry that they have no funds to give us for the addition however, if we were to build the addition, they would provide the funds for the operation of the additional beds. The need to have an additional four LTC beds for our community is of paramount importance as we know this would provide much needed LTC services to the seniors of our community who require it.

To all of our MICs Team Members who work hard to provide health care services to our community, thank you for your professionalism, your leadership, your dedication, your commitment, your strength, your welcoming smile and your caring attitude.

A special thank you also to our fellow Board Members who take their responsibilities to heart, and bring to the Board table their knowledge, experience, innovative ideas, collaborative spirit, and a united desire to maintain and improve our health care services and facilities. Your continued dedication is commendable. **Thank you!**

Respectfully submitted,



Merv Anthony  
Chair, BMH



Ted Fleming  
Chair, AGH



Maureen Konopelky  
Chair, LMH



# MICs Team Report

Comprised of the hospitals and long-term care facilities in Matheson, Iroquois Falls and Cochrane, these facilities provide **core services** such as:

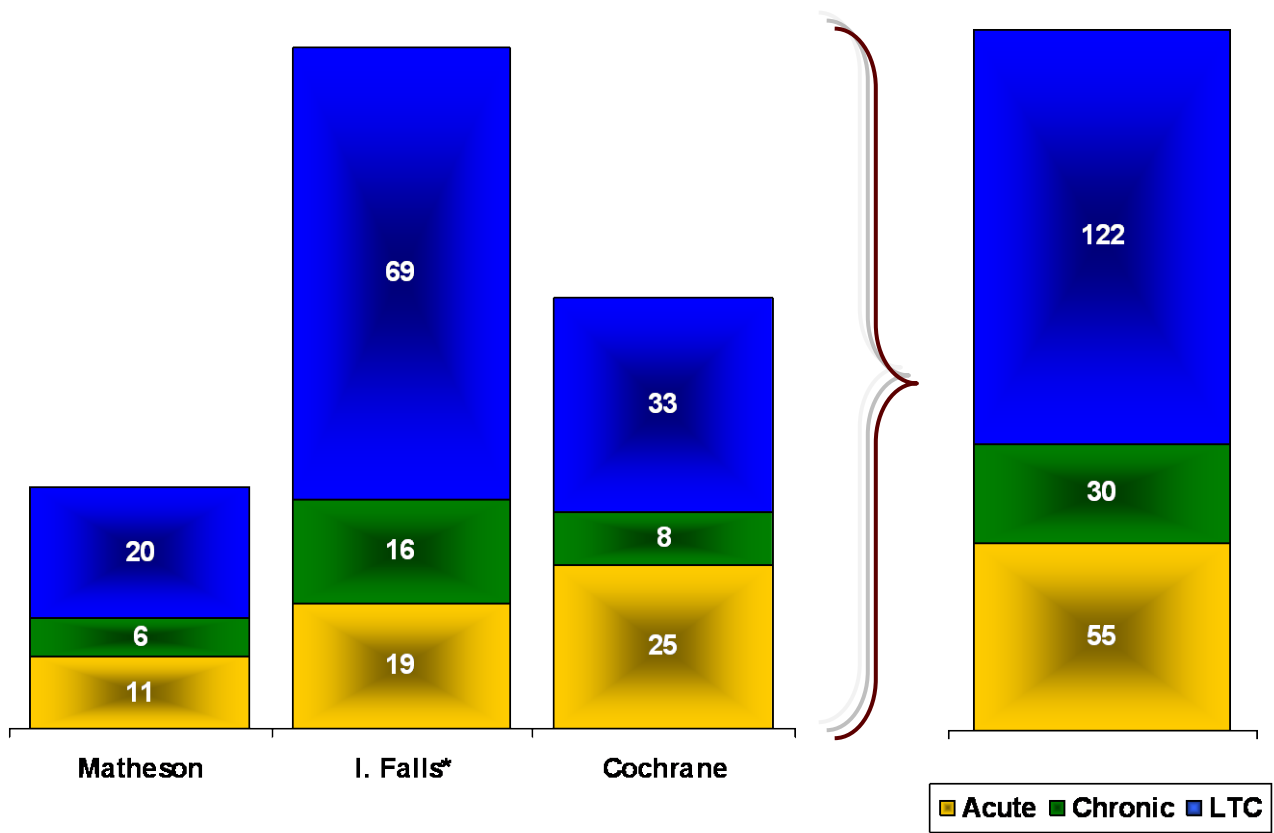
- ❖ Acute Care & Chronic Care
- ❖ Long Term Care
- ❖ Emergency Services
- ❖ Outpatient Services (i.e. Lab; Diagnostic Imaging; Physiotherapy; Respiratory Therapy; Clinical Nutrition, ECG)
- ❖ Surgery & OBS (*Lady Minto Hospital site only*)



MICs hospitals also provide other **important programs** like:

- ❖ Diabetes Program
- ❖ Visiting Specialist Clinics
- ❖ Ontario Telehealth Network
- ❖ Chemotherapy (*Lady Minto Hospital site only*)

While logistically the three MICs communities lie within 100 kms of each other on the TransCanada Highway, *collectively*, MICs operates as a **207-bed facility**:

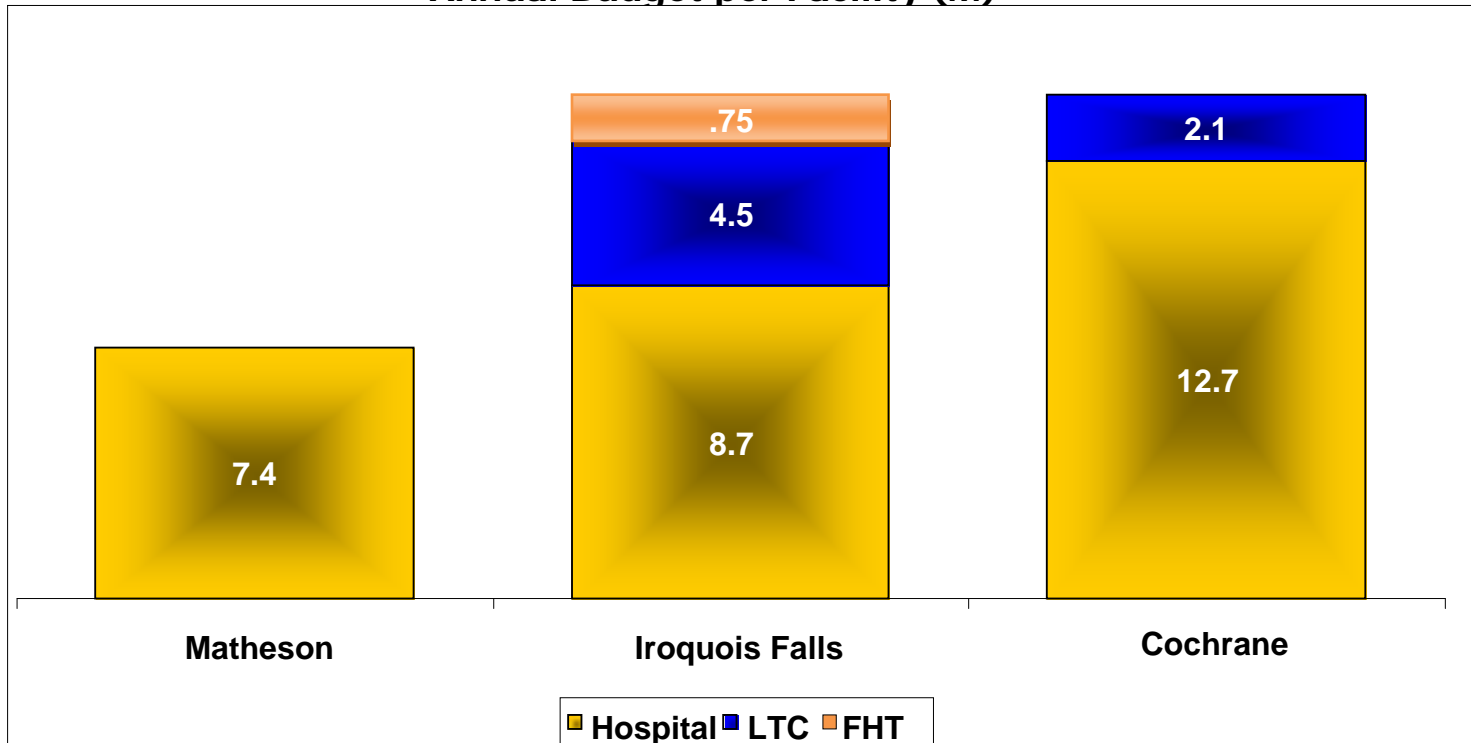


\* LTC beds housed in separate facility

## Global Budget

MICs' global budget is approximately ~\$36.15 million dollars. The Finance Team, under the leadership of the MICs Director of Finance, provides all the accounting services within MICs, administers payroll, completes all Ministry and LHIN reporting requirements for each site, prepares annual budgets, and undergoes annual audits. Finance Team Members are decentralized among the MICs sites.

Annual Budget per Facility (M)



## The Business of Healthcare: Managing Risk/Liability in MICs, the Lady Minto Hospital, Bingham Memorial Hospital and Anson General Hospital

The business of health care in MICs and our Partner Hospitals is one that has some fluidity especially in a time when the legal requirements to safeguard health services grows tougher and tougher every day.

The MICs Group of Health Services, as a healthcare provider, owe a legal duty of care to their patients and we must "exercise that degree of care and skill which could reasonably be expected of a normal, prudent practitioner" in the same circumstances as explained by the Supreme Court of Canada in the 1956 case, *Crits v. Sylvester*, which remains a leading authority ([1956] S.C.R. 991). We also owe our patients a fiduciary duty to act in that patient's best interests as set out in various court decisions, including the Supreme Court of Canada's judgment in *McInerney v. MacDonald* ([1992] 2 S.C.R. 138). Similarly, our healthcare facilities have an obligation to provide a safe environment to protect patients from

harm in the course of receiving care. They have "a duty not only to establish necessary systems and protocols to promote patient safety, [they] must also take reasonable steps to ensure that ... staff (including medical staff) comply with these protocols." (Picard and Roberts 1996)

In MICs, our Hospitals and facilities are accredited which indicates clearly that our hospitals follow the guidelines or standards of practice required as set out by Accreditation Canada. We are all required to establish the necessary systems and protocols to promote patient safety and we do take the necessary steps to ensure that our staff and Team Members comply with these protocols.

Within this overall standard of care requirement and responsibility, the provision of healthcare services is delivered within a legal framework which has created a litigious atmosphere that requires all health services providers to ensure that their access to legal counsel is readily available. We also have the responsibility of ensuring that we have in place the appropriate liability insurance coverage to protect our Team Members, healthcare facilities and services. In MICs, as well as in our partner hospital organizations, we ensure that we are protected every step along the way legally, and that fiduciary responsibility and accountability requirements demand of us that we have the appropriate legal advice and opinions as we make the various business decisions in managing our facilities and deliver our health programs and services to the communities.

The Government of Ontario and the Minister of Health and Long-Term Care have passed several important Acts and regulations that require us to be accountable and responsible within this legal framework I mentioned earlier.

Legislated Acts such as the following will give you an idea as to why we have the requirement to ensure the appropriate access legal counsel, legal advice and legal opinions. These Acts are as follows:

1. Non-Profit Corporations Acts 2010
2. Sarbanes-Oxley Act 2002
3. Commitment To Future Medicare Act 2004
4. Local Health System Integration Act 2004
5. Excellent Care for all Act 2010
6. Quality of Care Information Protection Act Bill C45
7. Occupational Health and Safety Act 2011, Bill 160
8. Public Sector Compensation Restraint To Protect Public Services Act 2010
9. Long-Term Care Act 2010
10. Broader Public Sector Accountability Act 2010
11. Freedom of Information and Protection of Privacy Act 2010
12. Public Hospitals Act
13. Health System Improvement Act 2007

These Legislated Acts outline what the law requires of us. Over the past several years, as these Acts became law, our organizations were required to access and utilize legal counsel to ensure that we are in compliance with the various laws because there are penalties associated with these Acts. Given that the laws are at the front end of setting the standard for the health service delivery requirements, we did ensure that we accessed and utilized legal counsel at

each step to ensure that the Board is fulfilling its fiduciary responsibility of making decisions in the best interest of our Hospital Corporations. Please note that the Government has enacted approximately seven new Acts over the past three years.

An overview of our MICs legal costs are as follows:

**MICs Legal Costs:**

2008/2009 - \$100,701  
2009/2010 - \$77,983  
2010/2011 - \$160,544  
2011/2012 - \$197,934  
2012/2013 - \$176,512 to March 14<sup>th</sup>, 2013

A further overview of our legal costs for MICs and each hospital, Bingham Memorial Hospital, Anson General Hospital and Lady Minto Hospital for the period of January 2011 to May 2013 is as follows:

<b>MICs</b>	<b>BMH</b>	<b>AGH</b>	<b>LMH</b>
\$450,870.41	\$37,945.14	\$129,253.17	\$26,515.47

An overview of the legal services we received is as follows:

Contract review and negotiations with NELHIN regarding each LMH, BMH and AGH hospital HSAA contract; legal issues regarding amalgamation; contract reviews and negotiations with NELHIN regarding Villa Minto and South Centennial Manor LSAA contract; defamation suit; labour relations; Union negotiations; Family Health Team restructuring; WSIB hearings; review of various contracts and agreements; HR matters at each facility; recruitment legal issues; governance restructuring; South Centennial Manor legal issues regarding new Charitable Institutions Act; clinical reviews; QCIPA review costs; legal issues regarding quality care incidents reporting and reviews; legal workshops and Board orientation workshops legal responsibility of Board within the new Acts; AGM workshops regarding corporate membership role and responsibility of Board and corporate members; legal report to CPSO regarding investigations. These are but a few examples of the types of issues we are dealing with that require legal advice and opinions to assist us to move forward.

The MICs Group of Health Services partner hospitals' management endeavors to manage these legal costs. The business decisions we make regarding access and the use of legal services will always be at the forefront of our minds in carrying out our fiduciary responsibility and duties. We know that, moving forward, certain legal issues we are presently dealing with today will cease to continue, thus making our legal costs more controllable.

## **Patient Care**

Bingham Memorial Hospital, Anson General Hospital and Lady Minto Hospital are all classified under the *Public Hospitals Act* as Group C (general hospitals having fewer than 100 beds).

Apart from acute and chronic care, Hospitals within MICs provide similar services, including

emergency, out-patient, ambulatory, palliative, respite care, special care, pediatrics and at Lady Minto Hospital, obstetrics and surgical.

Approval for the **late career initiative proposal** which was submitted to the Ministry was approved. The focus for this initiative is Seniors' friendly hospital looking at dementia, delirium, etc. There are currently one RPN and one RN participating in this initiative.

Each MICs Hospital provides a **24-hour emergency service**. A physician is designated "on call" on a rotation basis and covers a 24-hour-shift. Patients are assessed by the emergency department nurse on arrival and triaged in accordance to the "Canadian Triage and Acuity Scale" to assist in providing appropriate therapeutic intervention. Each Emergency Department has trauma rooms, fracture room and exam rooms. An estimated 10% of cases are urgent/emergent (majority are cardiac related, with minor injuries/minor trauma such as broken bones, lacerations, etc.). The closest referral centre is Timmins. During the past fiscal year, **MICs Emergency Departments saw 22,324 cases** in total.

**Out-patient services** offered include:

### ● **ECG**

- An electrocardiogram (ECG) is a test that records the electrical activity of the heart. ECGs are used to measure the rate and regularity of heartbeats as well as the size and position of the chambers, the presence of any damage to the heart, and the effects of drugs or devices used to regulate the heart (such as a pacemaker).

### ● **Physiotherapy**

- Physiotherapy provides rehabilitation services to chronic care patients, in-patients, and out-patients. Wherever possible, patients are guided and taught how to manage their own recovery from/or adjustment to dysfunction or disability, with an aim to empower independence. The majority of the workload consists of out-patient services which covers three major areas:
  - 1) neurological (e.g. strokes, spinal cord injury)
  - 2) cardio-pulmonary rehabilitation (e.g. chronic obstructive pulmonary disease, pneumonia, cardiac rehab) and
  - 3) orthopaedics (e.g. sprains, strains, joint replacements)
- There is a variety of equipment available to assist in the rehabilitation of patients, and a strong emphasis is placed on home exercise to assist individuals in regaining maximum function.
- AGH Physio received two new exercise bicycles to replace the broken ones that were no longer usable/safe for patient operation. They have been well received by the patients. There is a coop student from the high school that is onsite five days a week to assist with inpatient care.

### ● **Laboratory**

- The *Timmins Cluster Laboratory Services Partnership*—comprised of laboratories located in Hornepayne, Hearst, Kapuskasing, Smooth Rock Falls, Cochrane, Iroquois Falls, Matheson, Timmins, Kirkland Lake, Englehart, MDS and Toronto Medical Laboratories—strives to ensure that laboratories continue to meet the standards required by the provincial accreditation body.
- Laboratories within MICs are open 5 days a week, providing out-patient services in the mornings only. A Lab Tech is always on call after regular hours. Laboratory Team Members collect and identify samples from in-patients, out-patients, and emergency cases, completing necessary documentation, and forwarding results to the physician.

- Lady Minto Hospital provides **microbiology services** to the other two sites.
- After much hard work, all three Labs successfully achieved **OLA accreditation** thus achieving their four-year accreditation. Congratulations to the entire team!

### ● **Diagnostic Imaging**

- Linked to NORrad's Picture Archiving Communications System, Diagnostic Imaging Departments continue to improve the delivery of patient care in all respects. Radiologists provide readings within 24 hours, and in the case of emergencies, results can be provided within 1 to 2 hours—a much faster turnaround time than previous technology allowed!
- Taking care of in-patients, out-patients as well as emergency cases, Diagnostic Imaging is open 5 days a week, with a technologist on call after regular hours.
- LMH DI is very happy with their new chair which allows patients to sit for x-rays.

### ● **MICs Respiratory Therapy**

- The MICs Respiratory Therapist continues to provide the following respiratory care services to all MICs communities:
  - ✓ Ambulatory BP Testing
  - ✓ Pulmonary Function Test
  - ✓ Holter Monitoring
  - ✓ Continuous Loop Test
  - ✓ Arterial Blood Gases
  - ✓ Nocturnal Saturation Studies
  - ✓ 24-Hour Blood Pressure Test
- The MICs Respiratory Therapist also provides information to the patients on sleeping disorders, and in addition, teaches a Pulmonary Rehabilitation Program designed to help people suffering from chronic bronchitis, long term asthma or emphysema, understand and cope with their disease.
- Respiratory Therapy time is divided into four categories: Critical Care – 2%; Therapeutics and Teaching – 27%; Administration – 27% and Diagnostics – 44%.

### ● **MICs Diabetes Education Program**

- This year, the diabetes program is no longer being funded by the *Northern Diabetes Health Network* as the funding is now being administered by the *NE LHIN*. The MICs Diabetes Education Program provides services to Matheson, Iroquois Falls, Cochrane, and Smooth Rock Falls. Clients are referred to the program by Health Care Professionals or can self-refer.
- The CNIB eye van clinics were an interesting change of pace for the Diabetes team in the month of April. They promoted heart-healthy fats by giving away almond samples which proved very popular!
- The Team also developed and distributed a pamphlet explaining the new guidelines for frequency of home glucose monitoring. Glucose monitor strips are a large expense for our health system, so they teach patients to use them in a thoughtful manner.
- Five nurses attended the Basic Foot Care course at AGH, and are keen on practicing their skills in our communities.
- The Diabetes Program offers foot assessments to clients of the program, and provides foot care to high risk clients. There are monthly chiropody clinics in place, and hoping to have a foot care nurse working for the Diabetes Program soon.
- In January, the Team was invited by the Cochrane Family Health Team to participate in joint diabetes clinics, and they are very excited about the early results they are seeing. There is evidence of positive changes in patients' diabetes management, which is credited to the holistic approach the Team is using: medical, lifestyle and psycho-social management of chronic disease.



- In March, Alanna Mack accepted the role of Diabetes Educator/OTN Program Lead at Anson General Hospital. As a registered nurse, she brings to the position 20 years of experience with the MICs organization in acute and long-term care, in both clinical and administrative roles. Her extensive knowledge and skills are a definite asset to this position.

#### ● **MICs Clinical Nutrition**

- MICs Registered Dietitians provide nutrition counselling to in-patients, out-patients, residents and promote healthy lifestyle and wellness. They work closely with Dietary Team Members to monitor menu development and food production. They also work within the MICs Diabetes Program and provide educational sessions on a variety of nutritional topics.
- In the past year, MICs Dietitians have all received training on using Cognitive Behavioural Theory in Dietetic Practice which shifts the focus from WHAT we eat to WHY we eat. The goal is to improve lifestyle behaviors, improve overall willingness to change and determine the relationship between readiness and attendance. MICs Dietitians have been focusing on the outcomes of their weight loss patients by surveying their patients prior to their initial consultation and again after their fourth visit. Following the second survey, the Dietitians compared levels of confidence pre and post consultation, readiness to attendance, self-efficacy, changes in intake and changes in healthy behaviours. The MICs Dietitians also offered a four-part series Craving Change workshop to help patients understand their thoughts and feelings underlying their behaviours in order to aid in weight loss. These workshops were hosted in both Iroquois Falls and Cochrane.
- MICs Dietitians also partnered with Healthy Living Program Coordinator Steward McLeod at the Ininew Friendship Centre for the annual Healthy Eating Active Living twelve-week program.
- At AGH, Cholesterol Management Sessions were held on a quarterly basis for all clients.

#### ● **MICs Seniors Mental Health Program**

- The aim of the Seniors Mental Health Program is to provide comprehensive mental health nursing services to clients for the purpose of maintaining and/or reintegrating individuals in the community at their optimal level of functioning.
- The Seniors Mental Health Nurse provides direct and indirect care/support for clients and their families/care givers in the community by performing such tasks as assessments, planning, medication and health teaching, crisis intervention, clinical recording, education and research, and program evaluation.
- During the last year, the Seniors Mental Health Program was not in operation due to the resignation of the Program Leader. Therefore, there are no stats for the period from April 1<sup>st</sup>, 2012 to March 31<sup>st</sup>, 2013.
- However, we were very fortunate to be able to hire Claudette Chircoski as our new Senior Mental Health Program Leader. She is presently working three days per week under that program.

#### ● **Ontario Telemedicine Network (OTN)**

- OTN is one of the largest telemedicine networks in the world, helping to deliver clinical care and distance education among health care professionals and patients using live, two-way videoconferencing systems and related diagnostic equipment.

- Over the past year, the North East LHIN's use of Telemedicine has been steadily increasing. The North East is the highest user of the technology amongst Ontario's 14 LHINs, embracing it as a way to improve access to care for Northerners.
- Approximately 21,535 people across the region have recently benefitted from this technology!
- Top Therapeutic Areas of Care for LHIN 14 were Psychiatry/Mental Health (58%), Internal Medicine (13%) and Oncology (13%).
- This past year, 985 consultations were held in MICs Hospitals, preventing patients from having to travel outside of their communities.



### ● Chemotherapy

- Chemotherapy is administered by fully-qualified oncology nursing staff, under the direction of Northeastern Ontario Regional Cancer Care (NEORCC) medical specialists and the family physician.
- During the past year, 242 treatments were provided at Lady Minto Hospital.

### ● Visiting Specialist Clinics

- The Visiting Specialist Clinics continue to provide an excellent service for all three communities. This past year, numerous patients were able to see specialists in the comfort of their local hospitals. Clinics were offered in Internal Medicine, Neurology, Rheumatology, General Surgery, Gastroenterology and Urology.
- As well, the March of Dimes was able to provide twelve specialty clinics financially supported by the MICs Group of Health Services enabling 933 patients to be seen in the last fiscal year.

### ● Obstetrics & Surgical Program (*Lady Minto Hospital only*)

- Lady Minto Hospital welcomed 33 babies this past year!
- The surgical team led by General Surgeon Dr. Peter Brown performed 689 surgeries / procedures.



## Resident Care

The MICs Group of Health Services **owns the license to operate the three long-term care facilities** within the MICs communities, and is extremely proud of the personal quality care and excellent services offered in each home.



- Recently, MICs signed a contract with Physiomed Peaks to provide physiotherapy services to the three LTC facilities. Physiomed Peaks is a company that provides physiotherapy services to Long-Term Care Homes throughout the province. Their vision is “to maximize the functional potential of our residents”. Care/treatment is based on the assessed needs of the residents and the goal being to maintain the independence of every resident to the degree that they desire. The contract provides the services of a physiotherapist in-house for one day per week as well as the services of a physio assistant for five days per week. For these services, there is no cost to the facility as the company bills OHIP directly. This does not replace South Centennial Manor’s physio assistant. This actually doubles the Physio treatment provided to our residents. This company also provides education and has a program for back care and nursing rehabilitation in several categories at no cost to the facility.
- Over the course of the winter, all three Long-Term Care facilities experienced respiratory outbreaks. Thanks to the diligence and care of our care providers on the units, the outbreak situations improved significantly in short order.
- As well, the L-SAAs (service agreement for LTC) were reviewed and signed by the Board and CEO as of March 31<sup>st</sup>, 2013 for both South Centennial Manor and Villa Minto. These were sent to the NE LHIN and we are waiting for the LHIN to sign and return the L-SAAs back to us.
- South Centennial and Villa Minto took in some evacuees from Attawapiskat Hospital. It was fortunate that translators were available to help make the residents feel more at home and ensure all of their needs were met.
- Several RN/RPN students are being hired for the summer to work as Personal Support Workers (PSWs) in order to ensure there is sufficient staff to operate the Homes safely. This will also allow Team Members to take well deserved vacation.

#### **Rosedale Center (Matheson)**

- Developed as part of the *Elderly Capital Assistance Program* beds established in Northern Ontario with capital assistance from the Ministry of Northern Development and Mines, Rosedale opened its doors on June 10<sup>th</sup>, 1989.
- Housed within the hospital, it is operated and funded by Bingham Memorial Hospital under the global budget.
- Rosedale Center has 20 beds, and operates at 99% occupancy.

#### **South Centennial Manor (Iroquois Falls)**

- Amalgamated with Anson General Hospital since April 1998, it is funded independently through the Ministry of Health and Long-Term Care.
- The Manor is located off-site and is termed a Charitable Home since it is a non-profit facility which does not receive community funding.
- The Manor has 69 beds and operates at 100%.
- In the past few months, a feasibility study was done to determine the best way to improve senior services.
- During the past fiscal year, a floor lift, a portable ceiling lift and chair/bed pressure alarms were purchased for our residents which help to reduce the strain of heavy lifting for our Team Members.

#### **Villa Minto (Cochrane)**

- Amalgamated with Lady Minto Hospital since November 1998, it is funded independently through the Ministry of Health & Long-Term Care.
- Housed within the Hospital, it is termed a Private Nursing Home since it is classified as a

non-profit facility which does not receive community funding.

- Villa Minto has 33 beds, and operates at 100% occupancy.
- Over the course of the fiscal year, a floor lift and three portable ceiling lifts were purchased for the residents of Villa Minto which will reduce the strain of heavy lifting for our Team Members.
- In April, Alana Scichilone became the new Assistant Director of Care for Villa Minto and South Centennial Manor. She comes with a vast amount of experience in management having worked in hospital, community and primary care.

## Quality, Risk and Patient Safety

We reported progress on **Quality Improvement Plans** (year 2) and developed a new QIP for this year. Contrary to past years, the MICs Group of Health Services submitted one single MICs plan instead of three individual plans. Hand Hygiene and patient satisfaction are identified as high priority indicators for the 2013/14 fiscal year. Other key indicators include, the reduction of falls, improving satisfaction in the workplace and improving VTE Thromboprophylaxis compliance. In November of this year, we have re-launched the **“Good Catch” program** throughout the organization. The “Good Catch” Program at MICS Group of Health Services is a quality improvement initiative that encourages the identification of potential system errors or problems before they reach the patient and/or cause harm. The program recognizes Team Members and physicians for identifying “good catches” and is designed to share key findings across the organization. The Patient Safety Committee continues to meet regularly and is working diligently on a number of **patient safety initiatives** outlined in the patient safety plan. This includes Required Organizational Practices (ROP) from Accreditation Canada. An **Antibiotic Stewardship** program is being developed to comply with Accreditation’s new requirements. MICs tries to stage a mock emergency exercise every year or two in order to test their Emergency Preparedness Plan. Several mock code blue and code pink have been conducted throughout the last year.

### Accreditation

The MICs Group received a final Accreditation report in August 2012 indicating that all conditions outlined by Accreditation Canada had been met. This achievement demonstrates the hard work and ongoing efforts and commitment to quality improvement. This past spring, our Accreditation teams have reconvened and are busy completing self-assessment questionnaires as part of the Accreditation Primer. Our next on site survey visit is scheduled for February 2014.

### Quality, Risk and Patient Safety

**Risk Management** is a systematic process by which risks that have caused or may cause harm are identified, assessed, managed, and evaluated on an ongoing basis to ensure the provision of high quality care and service within a safe environment. A new risk management program (**RL6**) has been purchased which will help increase/facilitate the reporting of adverse events and mitigate risks in real time.

**Quality** improvement is the organizational philosophy that seeks to meet client / patient / resident needs and exceed their expectations by using a structured process that selectively identifies and improves all aspects of service. It is used in planning, or designing, monitoring, analyzing and improving processes and outcomes. Systematic quality improvement is achieved through the application of the Model of Improvement.

**Patient Safety** is the reduction and mitigation of unsafe acts within the health care, as well as through the use of best practices shown to lead to optimal patient outcomes. One of the most effective tools in Quality, Risk and Patient Safety is the Failure Mode Effects Analysis (FMEA). Most recently, program leaders received education on FMEA, RCA (Root Cause Analysis) and Incident investigation tools.

**Infection Control** – Again this year, the MICs Infection Control Program Leader, Lynne Larose RN, led the Team through a number of outbreaks affecting patients, residents and Team Members. These types of situations compound staffing issues, and increase the workload of those who manage to escape the flu bug. It's a well-known fact that stringent infection control practices can lessen the impact of such outbreaks, and prevent the spread of infection. The residents of our Long Term-Care Homes have been very fortunate to experience less severe and shorter outbreaks than many other long term-care homes in the province which is due, in great part, to our wonderful Infection Control Program Lead and Team Members. Hand Hygiene and enhanced environmental cleaning continue to be the best defense against disease.

**Learning & Development** – As the saying goes, you're never too old to learn. In the changing face of Health Care, continuous learning is a must. This includes mandatory learning, continuing education, learning new skills and honing old ones, learning to improve work performance or to develop one's potential. There are some who must maintain certification, and others who simply wish to broaden their horizons. Keeping all Team Members educated and motivated falls under the MICs Learning and Development Program Leader, Kelly Baxter, who is keeping busy with the General Orientation Program, Mentorship Program, Nursing Orientation Programs for both Acute Care and Long Term Care and finding innovative and creative means to deliver education to the masses. This includes online learning modules, education huddles, block training, traditional courses and management training. It's not enough though to provide the education, but to keep track of who's learning what, and ensure that all mandatory education is completed and certifications are kept current.



## Information

The MICs Information Team acts as a hub for a wide variety of information—information which is collected, analyzed, communicated, and/or reported. Not only is accurate and timely information the basis for sound decision-making, it also plays a key role in utilization reviews, which in turn, flag opportunities for quality improvements or initiatives. Considering the vastness and complexity of information management and information technology which continually evolves at a rapid pace, it is vital



to have a team dedicated to keep abreast of provincial, regional, as well as organizational issues and initiatives. This is the role of the MICs Information Team, comprised of representatives from Finance, Health Records, Systems, Materials Management, Administration and Admitting.

MICs participates in projects which seek to provide opportunities to optimize resources and improve service delivery through technical enhancements and service integration. Two of the many projects the Information Team worked on last year were “Computer Access for Patients” and “Medworxx Training”. Internet access is now available in each of its hospitals thanks to wireless technology. Patients and visitors now have the opportunity to access their emails, communicate and browse the web while in hospital. **Medworxx** is a document management system accessed through the internet that will eventually replace our “S” Drive. Policies, by-laws, forms and everything else Team Members need to access will be readily available online. This initiative will go a long way towards going paperless, one of our main long term goals. More training will be needed and super-users will need to be selected in order to assist in designing workflow, assist/manage data input and provide training where applicable before this system will be ready to go live.

As an organization, MICs understands the importance of keeping pace with today’s technology, and has remained proactive in this area, participating in exciting new initiatives to enhance medical care. Currently all diagnostic imaging, health records and lab systems are computerized. A Wide Area Network links all personal computers across MICs, and a Voice-over Internet Platform telephone system provides cost-effective communication technology.

## Programs

The MICs Group of Health Services employs ~ **350 Team Members**. One of many advantages of being partnered with other like facilities is the ability to share resources and personnel. Many smaller, stand-alone facilities cannot afford the expertise in areas such as Employee Health and require Team Members to wear “multiple hats” which affects the quality of important programs. As well, certain health care professionals are more difficult to recruit but together MICs can pool resources required to recruit much-needed health care professionals and have been successful in doing so. MICs facilities and communities reap the benefits of having professionals dedicated to their areas of expertise. The MICs Programs Team consists of:

**Human Resources** – Labour relations, recruitment & retention, contract administration, health & safety, WSIB claims, retirements, benefit and pension issues, legal matters, policy development, etcetera, all fall within the H.R. scope. This past year has been particularly busy, with **full-time and locum physician recruitment** taking up a significant portion of HR time, however, the results have been well worth the time invested.

**Employee Health** – Areas which keep this program busy include the Attendance Management Program, Sick-Time Management, health promotion and education, Return-to-Work/Modified Work Program, developing and revising policies, procedures, and protocols, maintaining and monitoring statistical data, and managing WSIB claims. With sick time having a detrimental impact on both human resources and finances these past few years, MICs hired an outside firm to provide third party adjudication for short-term sick leave. With Martine Beaulieu-Mayer’s departure, MICs welcomed Bill Chircoski as the new Employee Health Program Leader a few months ago. Bill’s role and responsibilities have



been changed to accommodate his transition to Employee Health while maintaining the Quality Management project he is currently implementing.

**Occupational Health and Safety** – With the belief that Occupational Health and Safety should be integrated into every individual’s job at every level of the organization, time is dedicated for developing, coordinating and monitoring sound Occupational Health and Safety programs, and actively participating on local and joint OHS committees.

## Support Services

The MICs Support Services Team—comprised of Dietary, Housekeeping & Laundry, and Building Services—provides quality services to Residents, Patients, Visitors, and Team Members. **Nearly 25% of MICs Team Members work in Support Services.**

It takes a dedicated team of professionals to maintain a safe environment wherein every precaution is taken to try to prevent the transmission of infection, and to protect staff, patients, residents and visitors alike from all potential hazards. Support Services must consistently perform tasks at a high level of performance. They are well versed in a number of fields, including Infection Control and Occupational Health and Safety, and their work is governed by countless policies and procedures which must be diligently adhered to at all times.

LMH Laundry processed 279,510 lbs of laundry in the 2012/2013 year.

AGH Non Patient Meals for the year was 1,019 which is a significant increase from the 2010-2011 year where only 276 non patient meals were served.

SCM received a new stove this year.

Minor changes within the Pharmacy department at LMH were done to better service the centralized pharmacy.

### Fast Facts:

- ✂ **Building Services provide on-call 24 hrs/day, 365 days/year**
- ✂ **Approximately \$573,000 is spent annually on food**
- ✂ **Over 193 TONS of laundry is processed each year**
- ✂ **There are 20+ physical structures to maintain — over 200,000 square feet!**



# Chief of Staff Report

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## Medical Staff

Apart from their own busy practices, the Medical Staff at each of the three hospitals provide acute care and complex continuing care services to in-patients as well as palliative care, and extended care. Lady Minto Hospital also provides OBS and General Surgery services. Each Hospital provides emergency department coverage 24 hours a day, 365 days a year, relying on a dedicated team of local physicians and locum physicians as required.



### *Matheson*

With the arrival of Dr. Tamazeene Razack, Black River-Matheson now has two medical clinics to meet the healthcare needs of its residents. We are very grateful that Dr. George Freundlich will have a colleague to share the responsibility of the community's well-being from now on. We realize what a hardship it is for any physician to be the sole provider of healthcare in rural Northern Ontario.



### *Iroquois Falls*

Following Dr. Lupien's departure in February 2013, Dr. Stephen Chiang became the lead physician and was appointed Chief of Staff. Dr. Chiang has taken over the management of the Family Health Team under its new name the Iroquois Falls Family Health Team. Dr. Bennet Wu joined the FHO on April 2<sup>nd</sup> and will be responsible for the Manor. He was appointed and accepted the position of President of Medical Staff on the AGH Board of Directors. As well, Dr. Kamran Zamanpour was recruited for Iroquois Falls. He arrived on May 20<sup>th</sup> and has started rostering his patients. Having three full-time physicians and a physician assistant in Iroquois Falls ensures that all residents of Iroquois Falls and surrounding area have easier access to primary healthcare services.



### *Cochrane*

Lady Minto Hospital's complement of physicians has been very stable for the past few years. However, we have successfully recruited Dr. van Onselen from Nova Scotia who is working on obtaining his CPSO license, and plans on joining the Cochrane Family Health Team in July. With the addition of this physician, Cochrane would finally have its full complement of seven physicians.



**Special thanks go to all of these medical professionals who provide excellent medical care to our communities.**

## Medical Students/Residents

Physicians across MICs continue to preceptor Medical Students and Residents from NOSM. This is a great opportunity for learners to discover the scope of practice of rural and northern medicine including the available technology, and to explore the communities themselves.



# Auxiliary Report

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*No one can do everything,  
But everyone can do something.*

## **BINGHAM MEMORIAL HOSPITAL AUXILIARY**

The Auxiliary has had another successful year thanks to our volunteers. We average about five members per meeting and hold nine meetings per year. However, there are many others who are more than willing to help when needed. We changed our meetings to the fourth Wednesday of the month at 11:00 a.m. in the Lunch Room of the hospital. We would be happy to welcome new members to our meetings.

Auxiliary members assist with the Meals on Wheels Program for two months a year.

Our fundraising is accomplished through the operation of our vending machines. We did not have a bake sale as our Home Show was cancelled this year due to high rental costs which reduce profits too much. We were unable to donate any money to the hospital this year as we were saving to buy **a vending machine** which is doing very well.

I would like to thank Margaret Ann for all her help as well as the ladies for their generosity and support. Without you, we could not accomplish what we do.

Respectfully submitted,

*Norma Menahan*

Auxiliary President  
Bingham Memorial Hospital

## **ANSON GENERAL HOSPITAL AUXILIARY**

This has been yet another challenging year for the Auxiliary with only 7 members out of 59 actively attending meetings which often have to be cancelled due to the lack of quorum. However, despite our small group, the Auxiliary has managed to do a great deal of “good works”.

- Fundraising for the year includes the Tree of Lights, Memorial Fund, pop machine, boutique, in-house draws and the Pre-Christmas Bazaar.
- A total of \$500 in bursaries was donated to the two local high schools for graduating students entering the Pre-Health Sciences in September 2013.
- \$20,000 was donated to the Anson General Hospital for the purchase of much needed medical equipment.
- The auxiliary provided birthday gifts to Complex Continuing Care patients.
- All patients in the hospital received gifts from the Auxiliary for Mother’s Day, Father’s Day and Christmas.

A special thank you goes to Yvette Shea and her team of dedicated volunteers who ensure our boutique's continued success.

We thank our active and non-active members, the community of Iroquois Falls and surrounding area and the hospital Administrator and Team Members for the continuing support we receive throughout the year.

Special thanks go to Smooth Rock Falls and Cochrane for hosting this year's Spring Conference.

Respectfully submitted,

*Linda Brousseau*

Auxiliary President  
Anson General Hospital

## **LADY MINTO HOSPITAL AUXILIARY**

This year, the Lady Minto Hospital Auxiliary is celebrating 92 years of volunteering. Members volunteered thousands of hours and raised many dollars for their healthcare facility.

We have 6 Provincial Life Members this year: Aline Tousignant, Nellie Carrière, Joan Marwick, Barbara Rogers, Audrey Labelle and Anne Dyas.

Despite having fewer regular members, we have **volunteered 6,654 hours (up from 6,564 last year) with 3 students volunteering 300 hours**. This year, **a total of \$8,154.24 has been donated** to Lady Minto Hospital to help purchase much needed medical equipment; **\$300.00** was donated to Villa Minto for crafts and **\$100.00** was given to purchase stickers for the children presenting to the Emergency Department.

We also **raised \$36,324 through sales at the Gift Shop** and spent \$3,345 on education for our members with the help of HAAO convention grant. We were also very busy with raffles, teas and Bingos with the help of the Knights of Columbus, Father Rémi Lessard of Transfiguration Church and we still deliver Meals on Wheels through the Red Cross.

We still bring treats to the hospital and Villa Minto Team Members and we bring flowers and tray favours for the Christmas day trays along with our good wishes.

A total of **\$900 in scholarships** was presented to Devon Fournier of École Secondaire Cochrane High School, Jestina Scichilone of École Nouveau Regard Jeunesse-Nord and Angèle Lamarche was our recipient for youth volunteer in our gift shop.

The community of Cochrane has been very generous by supporting our fundraising efforts for which we are very thankful as we could not achieve all that we do without them.

This year, two auxiliary members and two of our youth volunteers, Angèle Lamarche and Kimberly Beaudry, attended the November HAAO Convention in Toronto which they thoroughly enjoyed. Angèle made beautiful cup cakes with "thank you" written on them and Kimberly presented Dianne R. Denault with a Frog which stands for **"FOREVER RECOGNIZING OTHERS' GREATNESS."** Kimberly stated, *"I know this might not seem like anything... but when you are recognized for something, you feel pretty great so today I would like to give Dianne a frog. You are recognized by many and now by me!"*

On April 19<sup>th</sup> and 20<sup>th</sup>, 2013, the Lady Minto Hospital Auxiliary in conjunction with the Smooth Rock Falls Auxiliary hosted the James Bay Region 11 Conference at the

Transfiguration Church hall where eleven auxiliaries from Northern Ontario were welcomed. On Friday night, Linda Sharpen, manager of the Eye Bank of Canada, Ontario Division gave a presentation on the Eye Bank and their new procedures to the public.

Information on the Eye Bank Laboratory was given; Dr. William Dixon is Director of the University of Toronto's Eye Bank Laboratory; Dr. Charlotte Wedge is Co-Director and Linda Sharpen is the Eye Bank Manager. This laboratory not only provides corneas for all of Ontario for transplantation, but also performs important research in the area of Cornea and External Disease. The laboratory is currently working to develop new media and various other important research projects such as corneal preservation and wound healing. Funding is obtained from the Ministry of Health to support the Eye Bank. Peer reviewed funding supports ongoing research into areas related to Eye Banking and Corneal Preservation.

Special thanks go out to the LMH Board of Directors and the CEO, Mr. Bruce Peterkin, for their continued support of our volunteers with a Christmas dinner. The volunteers were very pleased and grateful for this extra special recognition. We would also like to thank Maureen Konopelky and R.J. Andrews for attending our functions whenever asked, Tim Mitchell and his Team Members, Suzanne Gadoury and other Team Members for their support and speedy responses to our requests, Michele Murphy and her Team Members for our snacks after each meeting. We appreciate everyone's help and dedication throughout the year.

We also want to recognize Diane Génier for being a great help to Aline as volunteer coordinator, and getting many people to come and work in the gift shop.

As Auxiliary President, I cherish all of our volunteers and I want to thank all of you who make up our auxiliary and contribute to the success of our community. We must continue to support our hospital to the best of our ability.

Thank you for being you! We are "AWESOME." I thank the dedicated Executive and Team Members for their hard work in supporting all the services that we provide so that we can raise funds to buy equipment and support our hospital in whatever way we can.

Respectfully submitted,

*Diane R. Denault*  
Auxiliary President  
Lady Minto hospital



# MICs Mission and Vision Statement

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**Committed to the CORE VALUE OF**  
***“Partnering Today for a Stronger Tomorrow”***

**With a Mission to:**  
meet health care needs locally and/or facilitate access to  
appropriate services by working with our partners to  
strengthen the care continuum in North Eastern Ontario

**With a Vision to:**  
provide quality, safe, integrated health services for the MICs  
communities by facilitating the right care, at the right place  
and the right time



## **Bingham Memorial – Matheson**

***“Caring for our Community”***

## **Anson General – Iroquois Falls**

***“Personal Quality Care”***

## **Lady Minto – Cochrane**

***“Caring Together”***

# MICs Values

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**COLLABORATION** ACCESSIBILITY ACCOUNTABILITY QUALITY  
INTEGRITY COLLABORATION ACCESSIBILITY ACCOUNTABILITY  
QUALITY INTEGRITY COLLABORATION ACCESSIBILITY  
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**QUALITY** INTEGRITY COLLABORATION ACCESSIBILITY  
ACCOUNTABILITLY QUALITY INTEGRITY COLLABORATION  
ACCESSIBILITY ACCOUNTABILITLY QUALITY **INTEGRITY**  
COLLABORATION ACCESSBIBILITY ACCOUNTABILITY QUALITY

**Our values represent our fundamental beliefs which affect the delivery of health services we provide each day. These values bind and guide us in our interactions with each other, our residents, our patients and their families, our health services partners and community.**

# MICs Strategic Goals

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This Strategic Plan covers the period of 2012 to 2017 and it identifies the MICs Group of Health Services priorities and sets the broad framework within which programs, departments and individuals within the MICs Group will work over the next five years. This is not a static plan. It will evolve and change as necessary. This strategic plan links directly to the corporate mission and vision, and continues to be the tool whereby the organization lives its mission everyday and takes positive strides towards achieving its vision.



The six Strategic Priorities set out in this strategic plan have been developed in collaboration with board members, Team Members, the MICs Executive Team, physicians, other strategic key partners, corporate members, mayors and council of our municipalities and community residents within our local healthcare system. An important feature of the Strategic Plan is its linkages to the MICs Quality Framework, the four quadrants of the balanced scorecard and the eight dimensions of quality as defined by Accreditation Canada.

Following a comprehensive environmental scan and SWOC/SWOT analysis to identify the areas of importance to focus on in the years to come, the MICs Strategic Planning Committee identified six strategic priorities that would guide the MICs Group of Health Services over the next five years ultimately ensuring that MICs meets its organizational mission.

1. To provide increased services to seniors
2. To improve and promote responsible financial management and expand our information management strategies
3. To provide appropriate, accessible, effective, safe and quality health services
4. To promote healthier communities and people through partnering
5. To ensure availability of Health Human Resources to meet the health care and service needs of the population served in light of the forecast of population growth
6. To ensure sound governance practices



# MICs Organizational Chart

