



Annual Report

2018 19

The McCausland Hospital
Wilson Memorial General Hospital
Wilkes Terrace Long Term Care



Annual General Meeting Agenda

Thursday, June 20, 2019

- 1. Welcome** Daryl Skworchinski
- 2. Call to Order** Daryl Skworchinski
- 3. Approval of 2017 18 AGM minutes** Daryl Skworchinski
- 4. Patient Story**
- 5. Report of the Financial Statements** Janet Martel
MOTION to accept the Audited Financial Statements
MOTION Appointment of Auditors for 2019 20
- 6. Annual Reports**
 - 6.1 Report of the Chair Daryl Skworchinski
 - 6.2 Report of the Chief of Staff Dr. Sarah Newbery
 - 6.3 Report of the Chief Executive Officer Adam Brown
 - 6.4 Patient Engagement Annual Report
 - 6.5 Report of the WMGH Auxiliary
 - 6.6 Report of the MH Auxiliary
- 7. Election of Directors** Daryl Skworchinski
MOTION to Reappoint Directors

NOTE: The inaugural meeting of the NOSH Board of Directors will take place immediately following the AGM

8. Adjournment



**Annual General Meeting
Minutes
Wednesday, June 27, 2018**

Present

| | | | |
|-------------------------------------|---------------|--------------|--------------------------|
| Daryl Skworchinski (<i>Chair</i>) | Jason Nesbitt | Ken McIntyre | Benoit Rioux |
| Jay Lucas | Eileen Ervin | Chris Martin | Kaiya Morriseau-Ferguson |
| Paula Verin (TC) | Adam Brown* | Carol Huard* | Janet Gobeil* |
| Dr. Sarah Newbery* | | | |

By Invitation

Janet Martel
Beth Ryan, *Rec. Sec*
Anthony Rossi (TC)

Regrets

John McKinnon
Dr. Lindsay McLeod*
Dr. Sayali Tadwalkar*

*Denotes non-voting member

1. Welcome

2. Call to Order

The chair called the 2nd Annual General Meeting of the North of Superior Healthcare Group to order at 6:31 pm.

3. Approval of the 2016 2017 Annual General meeting minutes.

MOTION to adopt the 2016 17 Annual General meeting minutes

Moved by: Ken McIntyre

Seconded by: Jason Nesbitt

THAT the minutes of the 2016 17 Annual General meeting be adopted as circulated.

CARRIED

4. Report of the Financial Statements

Anthony Rossi of Calum Rossi presented the 2017 18 Auditor's report and Financial Statements.

The DRAFT financial statement was included in the meeting package which was circulated prior to the meeting for review. There was no indication of fraud reported by the Board.

MOTION to accept the 2017 18 Audited Financial Statements

Moved by: Ken McIntyre

Seconded by: Jay Lucas

THAT the 2017 18 Audited Financials be accepted as presented.

CARRIED

MOTION Appointment of Auditors for 2018 19

Moved by: Ken McIntyre

Seconded by: Eileen Ervin

THAT the accounting firm Calum Rossi LLP be appointed auditors for NOSH for the fiscal year 2018 19

CARRIED

5. Patient Story

Carol Huard told a patient story regarding how patient safety has improved at Wilkes Terrace and Wilson Memorial with the installation of bookshelf murals over the main doorways to deter exit seekers from leaving the building unaccompanied.

6. Annual Reports

6.1 Report of the Chair

Daryl Skworchinski submitted the Chair's Annual Report prior to the meeting for review and it was included in the meeting package. Mr. Skworchinski highlighted the Senior's Supportive Housing project, the success of Patient Centered Care initiatives and the collaborative strategic planning project.

6.2 Report of the Chief of Staff

Dr. Sarah Newbery and Dr. Lindsay McLeod submitted the Chief of Staff/Associate Chief of Staff Annual Report prior to the meeting for review and it was included in the meeting package.

Dr. Newbery commended the medical and nursing staff for their remarkable focus on patient safety and quality care especially during periods when the hospitals have been overcapacity.

6.3 Report of the Chief Executive Officer

Adam Brown submitted the CEO Annual Report prior to the meeting for review and it was included in the meeting package. Mr. Brown commented on the influx of seniors remaining in or moving to Marathon as a testament to the quality of care that we provide as seniors want to live in Marathon as they age.

6.4 Report of the WMGH Auxiliary

Becky Johnson submitted the WMGH Auxiliary Annual Report prior to the meeting for review and it was included in the meeting package.

6.5 Report of the MH Auxiliary

Ann Query submitted the MH Auxiliary Annual Report prior to the meeting for review and it was included in the meeting package.

Mr. Skworchinski acknowledged and thanked the Auxiliaries for their efforts and hard work.

7. By-Law Amendments

Adam Brown outlined changes to the NOSH Corporate By-Laws that are required but the LHIN regarding French Language Services.

MOTION to accept by-law changes

MOVED BY: Benoit Rioux

SECONDED BY: Kaiya Morriseau-Ferguson

THAT the changes to the NOSH Corporate By-Laws be accepted as outlined.

CARRIED

8. Election of Directors

MOTION to Reappoint Directors

Moved by: Ken McIntyre

Seconded by: Jay Lucas

THAT the reappointment of Eileen Ervin, to a three year term expiring in 2021 be approved.

CARRIED

MOTION to Accept Elected Directors

Moved by: Jason Nesbitt

Seconded by: Benoit Rioux

THAT the appointments of Chris Martin and Paula Verin, to a three year term expiring in 2021 be approved.

CARRIED

NOTE: The inaugural meeting of the NOSH Board of Directors will take place immediately following the AGM

9. Adjournment

The 2nd Annual General Meeting of the North of Superior Healthcare Group was adjourned at 7:22 PM

NORTH OF SUPERIOR HEALTHCARE GROUP
FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2019

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of North of Superior Healthcare Group

Opinion

We have audited the accompanying financial statements of North of Superior Healthcare Group (the "Hospital"), which comprise:

- the statement of financial position as at March 31, 2019
- the statement of operations for the year then ended
- the statement of changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements")

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital as at March 31, 2019, and its results of operations, its changes in net assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements.

We are independent of the Hospital in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Hospital's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Hospital or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Hospital's financial reporting process.



Auditors' Responsibility for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control.

Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Hospital's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Hospital to cease to continue as a going concern.

Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represents the underlying transactions and events in a manner that achieves fair presentation.

Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants, Licensed Public Accountants
Sault Ste. Marie, Canada
June 20, 2019

North of Superior Healthcare Group

STATEMENT OF FINANCIAL POSITION

AS AT MARCH 31,

2019

2018

ASSETS

Current

| | | |
|--------------------------------|------------------|------------------|
| Cash - Restricted | \$ 1,112,754 | \$ 993,225 |
| Accounts receivable [note 3] | 851,618 | 564,904 |
| Inventory of supplies [note 4] | 195,989 | 182,983 |
| Prepaid expenses | 185,730 | 199,048 |
| | <u>2,346,091</u> | <u>1,940,160</u> |

| | | |
|-------------------------------|---------|---------|
| Recoverable employee benefits | 258,906 | 189,329 |
|-------------------------------|---------|---------|

Capital assets [note 6]

| | | |
|-------------------------------|-------------------|-------------------|
| Land, buildings and equipment | 40,296,268 | 39,279,989 |
| Less accumulated amortization | 24,952,020 | 23,855,993 |
| | <u>15,344,248</u> | <u>15,423,996</u> |

\$ 17,949,245 \$ 17,553,485

LIABILITIES

Current

| | | |
|--|------------------|------------------|
| Unrestricted cash overdraft [note 2] | \$ 1,266,281 | \$ 983,590 |
| Accounts payable and accrued liabilities [note 7] | 1,809,762 | 1,690,761 |
| Deferred operating contributions - Province of Ontario | 487,775 | 449,689 |
| Current portion of long term debt [note 9] | 99,455 | 96,030 |
| | <u>3,663,273</u> | <u>3,220,070</u> |

| | | |
|-------------------------|-----------|-----------|
| Long term debt [note 9] | 1,847,567 | 1,947,022 |
|-------------------------|-----------|-----------|

| | | |
|--|------------|------------|
| Deferred contributions related to capital assets [note 10] | 12,329,435 | 12,419,041 |
|--|------------|------------|

| | | |
|------------------------------------|---------|---------|
| Employee future benefits [note 14] | 604,100 | 569,700 |
|------------------------------------|---------|---------|

NET ASSETS

| | | |
|---------------------------------------|------------------|------------------|
| Investment in capital assets [note 8] | 1,067,791 | 961,903 |
| Unrestricted | (1,562,921) | (1,564,251) |
| | <u>(495,130)</u> | <u>(602,348)</u> |

\$ 17,949,245 \$ 17,553,485

Contingencies & Commitments [notes 13 & 15]

Approved on behalf of the Board

Director

Director

North of Superior Healthcare Group
STATEMENT OF OPERATIONS

YEAR ENDED MARCH 31, **2019** **2018**

REVENUE

| | | |
|---|--------------|--------------|
| Ministry of Health and Long-Term Care | | |
| Current base allocation | \$11,596,381 | \$11,365,374 |
| One time funding | 545,430 | 563,869 |
| HOCC funding | 326,306 | 322,968 |
| Cancer Care Ontario | 42,967 | 54,261 |
| Long Term Care Revenue [note 17] | 1,747,181 | 1,638,673 |
| Other programs - MOHLTC | 123,497 | 110,964 |
| Community Support Services Revenue [note 11] | 367,787 | 377,446 |
| Interest | 11,773 | 4,975 |
| Patient services | 876,723 | 940,128 |
| Other service program funding and other revenue [note12] | 1,158,565 | 987,626 |
| Amortization of deferred capital contribution - equipment and Information systems | 272,152 | 300,565 |
| | 17,068,762 | 16,666,849 |

EXPENDITURES

| | | |
|--|------------|------------|
| Amortization of major equipment/software | 304,955 | 339,344 |
| Bad debts | 20,588 | 30,088 |
| Drugs | 132,546 | 116,695 |
| Community support services expenditures [note11] | 401,276 | 390,353 |
| HOCC remuneration | 326,306 | 322,968 |
| Long Term Care [note 17] | 1,893,706 | 1,809,509 |
| Medical staff remuneration | 222,606 | 224,646 |
| Other service program expenditures [note12] | 76,321 | 60,237 |
| Other supplies and expenses | | |
| Administrative supplies and services | 1,132,632 | 1,301,251 |
| Maintenance supplies and services | 285,559 | 272,962 |
| Medical and surgical supplies | 282,909 | 260,153 |
| Medical service supplies/expense | 513,844 | 500,522 |
| Nursing and other patient care supplies | 353,537 | 314,424 |
| Nutrition food and supplies | 177,714 | 184,387 |
| Supportive services | 108,664 | 81,845 |
| Utilities | 619,038 | 690,991 |
| Wages and benefits | | |
| Administrative | 1,332,270 | 1,261,032 |
| Employee benefits | 2,032,296 | 1,945,463 |
| Medical services | 1,705,780 | 1,718,049 |
| Nursing & other patient care | 3,359,314 | 3,379,962 |
| Support services | 1,480,476 | 1,481,195 |
| | 16,762,337 | 16,686,076 |

| | | |
|--|-------------------|---------------------|
| EXCESS (DEFICIENCY) OF REVENUE OVER (UNDER) EXPENDITURES BEFORE UNDERNOTED | 306,425 | (19,227) |
| AMORTIZATION OF DEFERRED CAPITAL CONTRIBUTION LAND IMPROVEMENT & BUILDING | 592,340 | 555,547 |
| AMORTIZATION OF BUILDING AND PAVING | (791,547) | (761,710) |
| EXCESS (DEFICIENCY) OF REVENUE OVER (UNDER) EXPENDITURES | \$ 107,218 | \$ (225,390) |

North of Superior Healthcare Group**STATEMENT OF CHANGES IN NET ASSETS****YEAR ENDED MARCH 31,****2019****2018**

| | Investment in Capital Assets \$ | Unrestricted \$ | Total \$ | Total \$ |
|---|--|--------------------|-------------|-------------|
| Balance at beginning of year | 961,903 | (1,564,251) | (602,348) | (376,958) |
| Excess (deficiency) of revenue over (under) expenditures | (232,010) | 339,228 | 107,218 | (225,390) |
| Net change in investment in capital assets [note 8] | 337,898 | (337,898) | - | - |
| | 1,067,791 | (1,562,921) | (495,130) | (602,348) |

See accompanying notes to the financial statements

North of Superior Healthcare Group
STATEMENT OF CASH FLOWS

| YEAR ENDED MARCH 31, | 2019 | 2018 |
|--|---------------------|---------------------|
| OPERATING ACTIVITIES | | |
| Excess (deficiencies) of revenue over (under) expenditures | \$ 107,218 | \$ (225,390) |
| Items not requiring cash from operations | | |
| Amortization | 1,096,502 | 1,101,054 |
| Amortization of deferred capital contributions | (864,492) | (856,112) |
| Recoverable employee benefits | (69,577) | (72,953) |
| Employee future benefits | 34,400 | 38,100 |
| Change in non-cash operational balances [Note 5] | (129,315) | 396,097 |
| Cash provided by (used in) operating activities | 174,736 | 380,796 |
| CAPITAL ACTIVITIES | | |
| Additions to capital assets | (1,016,754) | (707,511) |
| Funding for property plant and equipment | | |
| Ministry of Health and Long Term Care and other government funding | 597,417 | 381,497 |
| Other funding sources | 177,469 | 221,985 |
| Cash provided by (used in) capital activities | (241,868) | (104,029) |
| FINANCING ACTIVITIES | | |
| Repayment of long term debt | (96,030) | (92,549) |
| Cash provided by (used in) financing activities | (96,030) | (92,549) |
| Increase (decrease) in cash during year | (163,162) | 184,218 |
| Cash (Cash overdraft), beginning of year | 9,635 | (174,583) |
| Cash (Cash overdraft), end of year | \$ (153,527) | \$ 9,635 |
| Cash, end of year is represented by: | | |
| Cash - restricted | \$ 1,112,754 | \$ 993,225 |
| Unrestricted cash overdraft | 1,266,281 | 983,590 |
| | \$ (153,527) | \$ 9,635 |

North of Superior Healthcare Group

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2019

Purpose of the organization

The North of Superior Healthcare Group (the Group) was created upon the amalgamation of The McCausland Hospital and the Wilson Memorial General Hospital.

The McCausland Hospital is principally involved in providing health care services to the Townships of Terrace Bay, Schreiber and surrounding region of Northwestern Ontario. The Wilson Memorial General Hospital is principally involved in providing health care services to the Town of Marathon and surrounding region of Northwestern Ontario.

The Hospital is incorporated under the *Public Hospitals Act* as a government not-for-profit organization and is a registered charity under the Income Tax Act. Accordingly, the Hospital is not subject to income taxes provided certain conditions are met.

1. Summary of significant accounting policies

The financial statements have been prepared by management in accordance with Canadian Public Sector Accounting Standards including the 4200 standards for government not-for-profit organizations. The more significant accounting policies are summarized as follows:

Financial instruments

Financial Instruments are recorded at fair market value on initial recognition. Equity instruments that are quoted in an active market are subsequently measured at fair market value. All other financial instruments are subsequently recorded at cost or amortized cost, unless management has elected to carry the instruments at fair value. The Group has elected to carry any such financial instruments at fair market value.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred. All other financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the effective interest rate method.

Financial assets are assessed for impairment on an annual basis at the end of the fiscal year if there are indicators of impairment. If there is an indicator of impairment, the hospital determines if there is a significant adverse change in the expected amount or timing of future cash flows from the financial asset. If there is a significant adverse change in the expected cash flows, the carrying value of the financial asset is reduced to the highest of present value of the expected cash flows, the amount that could realized from selling the financial asset or the amount the Hospital expects to realize by exercising its right to any collateral. If the events and circumstances reverse in the future period, an impairment loss will be reversed to the extent of the impairment, not exceeding the initial carrying value.

Revenue

The Group follows the deferral method of accounting for revenue received. Under this method, externally restricted contributions for operations are recognized as revenue in the year in which the related expenses are incurred. Funds externally restricted for the purchase of capital assets are recognized as revenue in an amount equal to the annual amortization of the related assets. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can reasonably be estimated and collection is reasonably assured. Revenue from the Provincial Insurance Plan, preferred accommodation, and marketed services are recognized when the goods are sold or the service is provided.

North of Superior Healthcare Group

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2019

1. Summary of significant accounting policies (continued)

Capital assets and amortization

Purchased capital assets are recorded at acquisition cost and contributed assets are valued at their fair market value at the time of contribution. The cost of major replacements and improvements to capital assets are capitalized and the cost of maintenance and repairs are expensed when incurred.

The amortization of the capital assets is recorded annually with a corresponding reduction in investment in capital assets. All assets are amortized over their estimated useful lives using the straight-line basis at the following annual rates:

| | | |
|-----------------------------------|---|-----------|
| Buildings | | |
| Ambulance, ancillary and hospital | - | 2.5% - 5% |
| Service equipment | - | 5% |
| Equipment | | |
| Ancillary | - | 5% |
| Hospital | - | 5% - 33% |
| Information systems | - | 10% - 20% |
| Paving | - | 4% |
| Land improvements | - | 10% |

The Hospital monitors events and changes in circumstances which may require an assessment of the recoverability of its long-lived assets. If required, the Hospital would assess recoverability using estimated undiscounted future operating cash flows. If the carrying amount of an asset is not recoverable, an impairment loss is recognized in operations, measured by comparing the carrying amount of the asset to its fair value.

Inventory

Inventory is valued at the lower of cost and net realizable value. Cost of supplies inventory is determined on a first-in, first-out basis. Cost of pharmacy inventory is determined on a weighted average cost-basis.

Contributed materials and services

A number of volunteers contribute their time each year. Due to the difficulty of determining the fair value, contributed services are not recognized in the financial statements.

Compensated absences

Compensation expense is accrued for all employees as entitlement to these payments is earned, in accordance with the benefit plans of the Hospital.

North of Superior Healthcare Group
NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2019

1. Summary of significant accounting policies (continued)

Employee future benefits

The Group provides extended health care, dental and life insurance benefits to substantially all employees and accrues its obligations under employee benefit plans and the related costs. The cost of retirement benefits earned by employees is actuarially determined using the project benefit method pro-rated on service from management's best estimate of salary escalation, retirement ages of employees and expected health care costs.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the amounts reported in the financial statements. By their nature, these estimates are subject to measurement uncertainty and actual results could differ. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in earnings in the period in which they become known.

2. Cash

The Group has an overall credit limit facility not to exceed at any time \$2,000,000. This is secured by a general Security Agreement. The interest rate is payable monthly at the bank's prime lending rate less 0.5%.

At the 2019 fiscal year end, the unrestricted cash balance was in overdraft position because of outstanding cheques.

3. Accounts receivable

| | <u>2019</u> | | <u>2018</u> |
|--|-------------------|-----------|----------------|
| Account receivables - patient services | \$ 363,944 | \$ | 240,259 |
| Ministry of Health and Long-Term Care | 250,000 | | 123,400 |
| Harmonized sales tax | 203,016 | | 161,979 |
| Account receivables - other | 55,246 | | 68,147 |
| Less: allowance for doubtful accounts | (20,588) | | (28,881) |
| | <u>\$ 851,618</u> | <u>\$</u> | <u>564,904</u> |

4. Inventory

| | <u>2019</u> | | <u>2018</u> |
|--------------------|-------------------|-----------|----------------|
| Pharmacy inventory | \$ 67,217 | \$ | 67,738 |
| Supplies inventory | 128,772 | | 115,245 |
| | <u>\$ 195,989</u> | <u>\$</u> | <u>182,983</u> |

North of Superior Healthcare Group

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2019

5. Change in non-cash operational balances

| | 2019 | 2018 |
|----------------------------------|---------------------|-------------------|
| Accounts Receivable | \$ (286,714) | \$ (89,805) |
| Inventory | (13,006) | (33,118) |
| Prepaid Expenses | 13,318 | (38,027) |
| Accounts Payable and Accruals | 119,001 | 339,435 |
| Deferred Operating Contributions | 38,086 | 217,612 |
| | <u>\$ (129,315)</u> | <u>\$ 396,097</u> |

6. Capital assets

| | | | 2019 | | 2018 | |
|--------------------------|----------------------|-----------------------------|----------------------|----------------------|----------------------|----------------------|
| | Cost | Accumulated Amortization | Net | Net | Net | Net |
| Land | \$ 35,724 | \$ - | \$ 35,724 | \$ 35,724 | \$ 35,724 | \$ 35,724 |
| Land Improvements | 986,078 | 912,990 | 73,088 | 78,612 | 78,612 | 78,612 |
| Buildings | | | | | | |
| Hospital | 23,552,413 | 12,398,350 | 11,154,063 | 10,996,068 | 10,996,068 | 10,996,068 |
| Service equipment | 4,360,583 | 1,660,563 | 2,700,020 | 2,763,940 | 2,763,940 | 2,763,940 |
| Major equipment | | | | | | |
| Hospital | 10,323,475 | 8,975,916 | 1,347,559 | 1,459,936 | 1,459,936 | 1,459,936 |
| Information systems | 1,037,995 | 1,004,201 | 33,794 | 57,875 | 57,875 | 57,875 |
| | <u>40,296,268</u> | <u>24,952,020</u> | <u>15,344,248</u> | <u>15,392,155</u> | <u>15,392,155</u> | <u>15,392,155</u> |
| Construction in Progress | - | - | - | - | - | 31,841 |
| | <u>\$ 40,296,268</u> | <u>\$ 24,952,020</u> | <u>\$ 15,344,248</u> | <u>\$ 15,423,996</u> | <u>\$ 15,423,996</u> | <u>\$ 15,423,996</u> |

7. Accounts payable and accrued liabilities

| | 2019 | 2018 |
|--------------------------------------|---------------------|---------------------|
| Accounts payable trade and other | \$ 388,179 | \$ 419,459 |
| Statutory payroll deductions payable | 371,319 | 267,787 |
| Accrued salaries and benefits | 1,050,264 | 1,003,515 |
| | <u>\$ 1,809,762</u> | <u>\$ 1,690,761</u> |

North of Superior Healthcare Group

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2019

8. (a) Investment in capital assets

| | 2019 | 2018 |
|---|---------------------|-------------------|
| Capital assets at net book value | \$ 15,344,248 | \$ 15,423,996 |
| Amounts financed by - | | |
| Deferred capital contributions | (12,329,435) | (12,419,041) |
| Long term Debt | (1,947,022) | (2,043,052) |
| | \$ 1,067,791 | \$ 961,903 |

(b) Change in net assets invested in capital assets

| | 2019 | 2018 |
|--|-------------------|-------------------|
| Deficiency of revenues under expenditures | | |
| Amortization of deferred contributions | \$ 864,492 | \$ 856,112 |
| Amortization of capital assets | (1,096,502) | (1,101,054) |
| | (232,010) | (244,942) |
| Net change in capital assets | | |
| Purchase of capital assets | 1,016,754 | 707,511 |
| Amounts funded by - | | |
| Deferred capital contributions | | |
| Utilized to purchase capitals assets during the year | (774,886) | (603,482) |
| Long-term debt repayment | 96,030 | 92,549 |
| | \$ 337,898 | \$ 196,578 |

9. Long term debt

| | 2019 | 2018 |
|--|---------------------|---------------------|
| 3.70 % Mortgage, 8 year fixed rate | | |
| Secured by Wilkes Terrace LTC wing | | |
| Monthly blended payments of principal and interest of \$14,168 amortized over 20 years, rate term maturing February 28, 2022 | \$ 1,947,022 | \$ 2,043,052 |
| Current portion | (99,455) | (96,030) |
| | \$ 1,847,567 | \$ 1,947,022 |

The approximate principal repayments for each of the next five years and thereafter are due as follows:

| | | |
|------------|---|-----------|
| 2020 | - | 99,455 |
| 2021 | - | 103,387 |
| 2022 | - | 107,278 |
| 2023 | - | 111,315 |
| 2024 | - | 117,455 |
| Thereafter | - | 1,408,132 |

North of Superior Healthcare Group

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2019

10. Deferred capital contributions

Deferred capital contributions represent current and prior fiscal years' funding expended for the purchase of capital assets. These capital contributions are realized as the related capital assets are amortized.

| | | | | | 2019 | 2018 |
|------------------------------|---------------------|---------------------|-------------------|-------------------|----------------------|----------------------|
| | Donation | Government | Provincial Grants | Other | Net | Net |
| Balance at beginning of year | \$ 1,323,501 | \$ 9,677,324 | \$ 1,091,649 | \$ 326,567 | \$ 12,419,041 | \$ 12,671,671 |
| Received during the year | 177,469 | 597,417 | - | - | 774,886 | 603,482 |
| Amortized during the year | (164,809) | (584,229) | (105,556) | (9,898) | (864,492) | (856,112) |
| | \$ 1,336,161 | \$ 9,690,512 | \$ 986,093 | \$ 316,669 | \$ 12,329,435 | \$ 12,419,041 |

Deferred capital contributions

| | | | 2019 | 2018 |
|---------------------|---------------------|----------------------|----------------------|----------------------|
| | Donations | Government and Other | Total | Total |
| Unamortized portion | \$ 984,192 | \$ 10,993,274 | \$ 11,977,466 | \$ 12,229,180 |
| Unexpended portion | 351,969 | - | 351,969 | 189,861 |
| | \$ 1,336,161 | \$ 10,993,274 | \$ 12,329,435 | \$ 12,419,041 |

North of Superior Healthcare Group

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2019

11. Community support services funding

| | <u>2019</u> | <u>2018</u> |
|---------------------------------------|-------------------|-------------------|
| Assisted Living - Marathon | \$ 204,798 | \$ 206,936 |
| Opioid Program - Marathon | 20,400 | 13,400 |
| Home Maintenance - Terrace Bay | 12,614 | 12,614 |
| Meals on Wheels - Marathon | 37,251 | 40,831 |
| Meals on Wheels - Terrace Bay | 46,982 | 48,989 |
| Seniors Day Away - Terrace Bay | 15,167 | |
| Seniors Transportation Van - Marathon | 30,575 | 54,676 |
| | <u>\$ 367,787</u> | <u>\$ 377,446</u> |

Community support services expenditures

| | <u>2019</u> | <u>2018</u> |
|---------------------------------------|-------------------|-------------------|
| Assisted Living - Marathon | \$ 230,292 | \$ 213,271 |
| Opioid Program - Marathon | 19,268 | 13,400 |
| Home Maintenance - Terrace Bay | 12,614 | 12,614 |
| Meals on Wheels - Marathon | 44,713 | 44,915 |
| Meals on Wheels - Terrace Bay | 57,682 | 58,078 |
| Seniors Day Away - Terrace Bay | 4,321 | |
| Seniors Transportation Van - Marathon | 32,386 | 48,075 |
| | <u>\$ 401,276</u> | <u>\$ 390,353</u> |

12. Other service program funding and other revenue

| | <u>2019</u> | <u>2018</u> |
|--------------------------------|---------------------|-------------------|
| LTC Internal Recoveries | \$ 379,957 | \$ 392,406 |
| Laundry Internal Recoveries | 174,009 | 169,851 |
| Donations | 18,296 | 17,413 |
| Ancillary Rental Income | 121,439 | 119,051 |
| Handi-Transit Revenue | 46,512 | 41,695 |
| Dietary Recoveries | 50,504 | 34,417 |
| Stroke Program Funding | 25,992 | 26,000 |
| New Horizons - SSH | 632 | - |
| External Recoveries - Programs | 152,145 | 53,522 |
| Sundry Recoveries | 189,079 | 133,271 |
| | <u>\$ 1,158,565</u> | <u>\$ 987,626</u> |

Other service programs expenditures

| | <u>2019</u> | <u>2018</u> |
|---------------------------|------------------|------------------|
| Ancillary Rental Expenses | \$ 9,143 | \$ 9,135 |
| Handi-Transit | 44,931 | 39,102 |
| New Horizons - SSH | 632 | - |
| Dietary Supplies | 21,615 | 12,000 |
| | <u>\$ 76,321</u> | <u>\$ 60,237</u> |

North of Superior Healthcare Group

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2019

13. Contingent liabilities

Employee fringe benefits

The Hospital, together with other regional hospitals, has a self-insured employee benefit plan for semi-private, dental and extended health care benefits. Under the terms of the plan, the Hospital will pay for certain employee benefit claims not exceeding \$10,000 per employee per year. Any excess claims would be insured.

14. Employee future benefits

At March 31, 2019, the Hospital's total accrued benefit obligation related to post retirement benefits plans (other than pension) is \$604,100.

The significant actuarial assumptions adopted in estimating the Hospital's accrued benefit obligation are as follows:

| | |
|---|-------|
| Discount rate | 3.5% |
| Dental benefits cost escalation | 4.0% |
| Medical benefits cost escalation - extended health care | 6.50% |
| decreasing by 0.25% per annum to an ultimate rate of | 5.0% |

Included in employee benefits on the statement of operations is an amount of \$34,400 for employee future benefits. This amount is comprised of:

| | <u>2019</u> | <u>2018</u> |
|---|------------------|------------------|
| Additional benefit expenses | \$ 87,200 | \$ 74,600 |
| Estimated payments made by the Hospital during the year | <u>(52,800)</u> | <u>(36,500)</u> |
| | <u>\$ 34,400</u> | <u>\$ 38,100</u> |

15. Commitments

Under the terms of equipment and maintenance leases, the Corporation is committed to make minimum monthly lease payments totaling \$43,105 per annum. The lease expiry dates range from November 2019 to September 2024.

North of Superior Healthcare Group

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2019

16. Pension Plan

Most of the employees of the Hospital are members of the Hospitals of Ontario Pension Plan (the Plan), Plan members will receive benefits based on the length of service and on the average of annualized earnings during the five consecutive years prior to retirement, termination or death, that provide the highest earnings.

Pension assets consist of investment grade securities. Market and credit risk on these securities are managed by the Plan by placing plan assets in trust and through the Plan investment policy.

Pension expense is based on Plan management's best estimates, in consultation with its actuaries, of the amount required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. On January 1, 2019, the contribution rates were 6.9% up to the year's maximum pensionable earnings (YMPE) and 9.2% above the YMPE. The funding objective is for the employer contributions to the Plan to remain a constant percentage of employees' contributions. (The Hospital's portion of 1.26 of the employees' contribution).

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The most recent actuarial valuation of the Plan as at December 31, 2018 indicates the Plan is 121% funded. Contributions to the Plan made during the year by the Hospital on behalf of its employees amounted to \$686,592 and are included in the statement of operations.

North of Superior Healthcare Group

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2019

17. Long-Term Care

| | 2019 | 2018 |
|--|---------------------|---------------------|
| FUNDING PROV LHINS-LTCH Nursing & PC Envelope | | |
| Nursing envelope revenue | \$ 1,049,747 | \$ 958,208 |
| Nursing envelope expenses | <u>1,134,398</u> | <u>1,040,440</u> |
| | (84,651) | (82,232) |
| FUNDING PROV LHINS-LTCH PSS Envelope | | |
| PSS envelope revenue | 97,896 | 96,020 |
| PSS envelope expenses | <u>122,725</u> | <u>115,826</u> |
| | (24,829) | (19,806) |
| FUNDING PROV LHINS-LTCH Raw Food Envelope | | |
| Raw Food envelope revenue | 75,521 | 71,163 |
| Raw Food envelope expenses | <u>78,157</u> | <u>70,854</u> |
| | (2,636) | 309 |
| FUNDING PROV LHINS-LTCH OA Envelope | | |
| OA envelope revenue | 472,522 | 459,843 |
| OA envelope expense | <u>558,426</u> | <u>582,390</u> |
| | (85,904) | (122,547) |
| Premium Income | <u>51,495</u> | <u>53,439</u> |
| Total LTC Revenue | 1,747,181 | 1,638,673 |
| Total LTC Expense | 1,893,706 | 1,809,510 |
| Subtotal | <u>(146,525)</u> | <u>(170,837)</u> |
| Deferred Revenue Amortization | 271,756 | 278,764 |
| Depreciation | 368,522 | 368,830 |
| LONG TERM CARE DEFICIT | <u>\$ (243,290)</u> | <u>\$ (260,903)</u> |

North of Superior Healthcare Group

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2019

18. Financial Instruments and Risk Management

The Hospital's financial instruments consist of cash and cash equivalents, capital expenditure reserve fund, accounts receivable, accounts payable and accrued liabilities.

The Hospital's financial instruments are generally classified and measured as follows:

| Assets/liabilities | Measurement Category | Fair Value Level |
|--|----------------------|------------------|
| Cash and cash equivalents - Restricted | fair value | Level 1 |
| Cash and cash equivalents - Unrestricted | fair value | Level 1 |
| Accounts receivable | amortized cost | |
| Accounts payable and accrued liabilities | amortized cost | |
| Long term debt | amortized cost | |

Fair value measurement

The following classification system is used to describe the basis of the inputs used to measure the fair value of the financial

Level 1 – quoted prices (unadjusted) in active markets for identical assets or liabilities;

Level 2 – market based inputs other than quoted prices that are observable for the asset or liability either directly or indirectly; and

Level 3 – inputs for the assets or liabilities that are not based on observable market data; assumptions are based on the best internal and external information available and are most suitable and appropriate, based on the type of financial instrument being valued in order to establish what the transaction price would have been on the measurement date in an arm's length transaction.

Risk and Concentration

The Hospital is exposed to various risks through its financial instruments. The following analysis provides a measure of the company's risk exposure and concentrations as at March 31, 2019.

Credit risk:

The Hospital's exposure to credit risk relates to its accounts receivable and arises from the possibility that debtors will not fulfill their obligations under their agreements. This risk is minimized through continuous monitoring of aged receivable balances, providing for an adequate allowance for doubtful accounts, monitoring patient receivables, WSIB and government amounts receivable. There has been no change in credit risk from that of prior year.

Liquidity risk:

Liquidity risk is the risk that the Hospital will encounter difficulty raising liquid funds to meet commitments as they arise. In meeting its liquidity requirements the organization monitors its working capital, cash flow requirements and obligations. The organization maintains a target level of available cash to meet liquidity requirement as they come due and has adequate borrowing facilities. There has been no change in liquidity risk from that of prior year.

Interest rate risk:

Interest rate risk is the risk for potential financial loss caused by fluctuations in the fair value or future cash flows of financial instruments because of changes in market interest rates. The Hospital is exposed to this risk through its long term debt. The Hospital's exposure to interest rate risk is minimal. There has been no change in interest rate risk from that of the prior year.

Interest on long term debt for 2019 \$81,480.

19. Comparative Figures

Certain prior year comparative figures have been reclassified to conform with the presentation adopted in the current year.



NORTH OF SUPERIOR HEALTHCARE GROUP

"Healthy Communities Now, and In The Future"

June 20, 2019

Motion 5.1 Audited Financial Statements

Briefing Note:

2018 19 Audited Financial Statements for the North of Superior Healthcare Group (NOSH) were presented by Calam Rossi via teleconference. NOSH was given an unqualified (clean) opinion, meaning the financial results fairly represent the results of the operations.

Potential Actions:

1. Members can accept the motion as presented
2. Members can accept the motion as revised
3. Members can reject the motion

Motion:

THAT the Members of the Corporations of the North of Superior Healthcare Group move:

The Audited Financial Statements for NOSH, as presented in the 2018 19 Annual Report be accepted as circulated.

Administration Recommendation:

The Members of the North of Superior Healthcare Group accept the motion as presented.

Motion made by: Ken.

Motion seconded by: Jay.

Recorded discussion:

All in favour: 10 record #

All opposed: 0 record #

Motion:

carried

rejected

Chair's signature: [Signature]



NORTH OF SUPERIOR HEALTHCARE GROUP

"Healthy Communities Now, and In The Future"

June 20, 2019

Motion 5.2 Appointment of Auditors

Briefing Note:

The finance department continues to be very satisfied with Calum Rossi LLP and recommends reappointment for an additional year until an RFP is completed.

Potential Actions:

- 1. Members can accept the motion as presented
- 2. Members can accept the motion as revised
- 3. Members can reject the motion

Motion:

THAT the Board of Directors of the North of Superior Healthcare Group move:
The accounting firm Calam, Rossi LLP be appointed as auditors for NOSH for the fiscal year 2019 20

Administration Recommendation:

The Board of Directors of the North of Superior Healthcare Group accepts the motion as presented.

Motion made by: Ken

Motion seconded by: E: Ken

Recorded discussion:

All in favour: 10 record #

All opposed: 0 record #

Motion: carried rejected

Chair's signature: [Signature]

North of Superior Healthcare Group
Board Chair
Annual Report
April 1, 2018 – March 31, 2019

'Days go by slow; and years fly by'. This is a saying I take more to heart each year I get older and I'll say more experienced. As I wrap-up my tenure at NOSH as Chair, I certainly look back on it fondly. There have been tremendous accomplishments and continuing challenges. The creation of the North Superior Healthcare Group in 2016 and the construction and operation of Peninsula Manor undoubtedly stand out as highlights. Ongoing fiscal challenges and future political uncertainty give me cause for concern.

Predicting the future is not something I generally do. And I won't try and start now. But I what I will say is that NOSH has a strong future ahead of it because its foundation is built on the people with the skills and commitment to make a difference. It is these individuals that show up to work every day and are the backbone of NOSH. This is an intangible that no amount of money or planning can ever replace.

In closing, do not let ambivalence be a detractor to successful outcomes. Have the courage to make the hard, and not necessarily popular, decisions. People may not always like the decisions you make; but it will be your decisions that define your character. And always remember, character is doing the right thing when no one is looking.

Respectfully submitted and thank you for the privilege of leading,

Daryl Skworchinski
Board Chair
North of Superior Healthcare Group

**North of Superior Healthcare Group
Chief of Staff and Associate Chief of Staff
Annual Report
April 1, 2018 – March 31, 2019**

As this year in the cycle of the board comes to a close, we would like to express our gratitude for the opportunity to serve NOSH as Chief of Staff and Associate Chief of Staff.

We are privileged to work with a terrific medical staff and great team across the two sites of NOSH. There is much that is in flux in the current health care environment and that creates both opportunity but also risk. There is some apprehension about the pace of change and about the need to remain focussed on care delivery even as physicians are asked to engage with system transformation efforts more broadly. Through this past year, with its increase in capacity demands, the medical staff have continued to step up, provide good care and support one another within and across the two sites.

Patient Safety and Quality Improvement:

CPD:

We have provided educational sessions for ourselves at the two sites with monthly rounds hosted, usually at the Marathon site and videolinked to the McCausland site.

Many of the NOSH physicians were able to participate in the CARE course hosted at the Wilson Memorial Site in September 2018. CARE (Comprehensive Approaches to Rural Emergencies) is a newly developed for and by rural health care professionals. It was a two-day course with interactive hands-on learning relating to medical, trauma and obstetric emergency management.

An ACLS course was also hosted locally and led by Drs Tadwalkar and Patchett Marble.

At the Wilson site, McMaster PBL continues monthly.

RCCR team has begun to visit annually and were here in the first week in June creating opportunity to review management of critically ill patients, use of ventilator and use of RCCR as well.

Physicians have also traveled to various conferences and courses throughout the year to ensure completion of ongoing educational requirements.

At the McCausland site, the physicians meet periodically to review and learn around difficult cases we've experienced in our region.

We have continued to implement standard order sets for several common types of admissions. The order sets help to standardize the way that we provide care, and help to ensure that we are following current practices.

Policies:

In the past year we developed and implemented a clear policy to address the distinctly rural issue of overlapping relationships in the rural health care environment. This policy clarifies expectations of physicians seeing patients in the ER when they might have another type of relationship (employer, physician to the patient's spouse, etc) or the physician might be in conflict with the patient (patient has lodged a complaint about the physician in the past.)

We also developed policies to help to guide our requirements for Hospital On-Call Services including Emergency Second On-call and Obstetrical Coverage.

Other issues:

1. There have been several issues over the past few years regarding transfer of samples to Thunder Bay for processing (particularly special lab tests and cultures). On occasion for urgent samples, we have had to use a taxi to get samples to TBRHSC for processing and medical staff will continue to request that when they feel that the timing of sample processing will impact patient care. Work is ongoing to ensure that we are able to provide timely and safe care with regard to sample processing.
2. Drug shortages have taken time for clinicians and are increasingly frustrating for physicians although this is being very well managed by pharmacy services and purchasing staff. The fluctuation of medication availability, need to substitute, reorder, represcribe, etc. is a frustration in practice.

Human Resources and Sustainability:

Medical Staff and recruiting:

Over the past year, most of the rest of NW Ontario has struggled with limited physician resources and the two sites of NOSH are exceptions to the current situation.

This has been a year of relative stability in our medical staff. Drs Barb Zelek, Nancy Fitch, Megen Brunskill, Eliseo Orrantia, Ryan Patchett-Marble, and Sayali Tadwalkar continue to be our stable complement of staff at the WMGH site. We have welcomed Dr. Elliot Nguyen and Dr. Lily DeMiglio in the past 8 months to our practice. Dr. Greg Rushton replaced Dr. Giordani and continues his work with Dr. Hannah Shaheen, Dr. Lindsay McLeod, and Dr. David Hurst.

At both sites we continue to require locums for vacation and CPD coverage and we have been able to successfully recruit several locums to help fill needs when they. We are grateful for their contributions to care in our communities.

We are grateful to Brett Redden and Cheryl KostECKi and those who have partnered to support the physician recruiter roles as they have been both instrumental in our successful recruitment of staff and locums, have been very helpful in supporting learners and have supported retention of local staff as well. Through their work with HealthForceOntario they are better connected to other recruiters in the region and are working collaboratively with other communities as well.

Learners:

We have continued to support NOSM undergraduate and postgraduate learners as well as medical learners from other Universities. We hope that these medical learners will be the pool of professionals from which the community will draw new health care providers in the years to come.

Health Promotion:

Clinical Services:

Services Closer to home:

Inpatient utilization was very high at both sites and both worked diligently to find creative ways to manage the volume of patients that we saw at each site. At present we still do not have use of the multifunctional sanctuary as it is being used as patient space, and that is unfortunate from a palliative and family meeting standpoint as it has been a very valuable space for sensitive care and conversations.

Our usual clinical services, including hospital emergency room coverage, inpatient care, chronic care, chemotherapy, anaesthesia for cataract surgery, ultrasound services, and local coroner services have continued to be provided throughout the past year. Obstetrical deliveries currently are provided at the Wilson site only. Colonoscopy services are provided at the Wilson site at the present time and with some additional funding that has enabled an increased volume benefits both local patients and physicians caring for those patients. Chemotherapy services have been restructured somewhat given new requirements, but the goal remains the provision of care as close to home as possible and the medical staff supports this.

In 2017 we resumed exercise stress testing at the WMGH site and this is helping to provide more local access for appropriately selected patients.

Dr. Clark continues to provide his orthopedic services via a monthly two day clinic program at the McCausland Hospital site.

Medical assistance in Dying:

.Approximately three years ago (June 6, 2016) federal legislation came into effect to allow for medical assistance in dying. Since that time, both of our communities have provided eligibility assessments and provided MAiD service for patients who requested it and met the criteria. Patients and families have been grateful to receive this care in their own community.

It should be acknowledged that we are fortunate that our medical staff have been willing to learn this new knowledge and skill set for our communities as many communities across NWO have struggled to access this care locally.

Obstetrics:

The McCausland site of NOSH formally terminated our obstetrical services program this year. While it disheartens us, as physicians, to lose a service that we have provided to our community for many years; making the decision to formally terminate the obstetrical services at The McCausland Hospital site of NOSH was warranted. When considering all factors involved (low obstetrical numbers / demand in our region, health care providers, financial costs of reinstating the program, and the lack of community interest), the closure of the program is the most appropriate decision. The physicians of Terrace Bay and Schreiber (as part of our Family Health Team including nurse practitioner) have continued to provide primary care obstetrics for all of the prenatal and post-natal patients in our communities; and as a hospital, The McCausland Hospital Site, continues to be prepared to assess and manage any imminent births that arrive at the hospital doors. The appropriate equipment, policies and procedures are maintained in order to safely manage unplanned deliveries through the Emergency Department.

Mental Health and Addictions:

We have continued to work with NOSP and the Social Worker at family health teams, to deliver counselling services for many of our patients. NOSP now has an office in the WMGH site which has facilitated access to suboxone on weekends, and the data regarding repeat visits to ED for addiction related issues demonstrates the value of the program created at the Wilson site.

Partnerships: System Integration:

A Regional Chiefs of Staff Council has met a few times this year. This group has brought together all area Chiefs of Staff together to discuss quality initiatives and emerging issues in the environment. Included in this has been improvement in repatriation to ensure that patients are cared for as close to home as is possible and as quickly as possible.

Summary:

The medical staff has been working very hard over this past year to maintain stability of service delivery for the hospital and the community. It is our opinion that the board can be very proud of the physician team at NOSH and the good work that continues to be provided here in this facility.

The medical staff are also grateful for the work of the whole health care team – nursing, diagnostic imaging, rehab, lab staff, housekeeping, kitchen staff, maintenance and administration. We know that it takes a whole team to deliver good care to individual patients and the community as a whole, and we are glad to part of the team here.

In the spirit of excellent health care delivery,

Sarah Newbery MD CCFP FCFP
Chief of Staff

Lindsay McLeod MD CCFP
Associate Chief of Staff

North of Superior Healthcare Group
Chief Executive Officer
Annual Report
April 1, 2018 – March 31, 2019

It is my pleasure to submit the third annual Report of the Chief Executive Officer to the members of the Corporation of the North of Superior Healthcare Group (NOSH) for the fiscal year ended March 31, 2019.

In spite of many challenges, the NOSH team continues to be very proud of all we have accomplished over the past year. Now facing the front wave of the aging demographic tsunami, both hospital sites and Wilkes Terrace LTC deftly handled ever increasing occupancy rates, quite often operating at greater than 100% occupancy for extended periods. Through the efforts of our exceptional team of healthcare providers, physicians, volunteers and community partners, we have implemented many strategies to address this surge in demand; most notably with the construction and opening of Peninsula Manor Seniors Supportive Housing in Marathon. This outstanding facility now serves as home to over 30 local seniors in a bright, modern, safe and community orientated housing complex. Our efforts and accomplishments in this area have garnered district and regional recognition and have become a model for innovation and collaboration for our neighbouring communities and health and social service providers.

In addition, NOSH has remained steadfast in our obligations to be a partner of choice in the communities we serve. During the year, we hosted community engagement sessions in all six of the communities in our catchment area, stretching from Pays Plat First Nation in the West to Pic Mobert First Nation in the East. Joining NOSH in these engagements were the Northshore Family Health Team, Marathon Family Health Team and North of Superior Counselling Program, culminating in the publication of our 2018 - 2021 Strategic Plan, which can be found on our website www.NOSH.ca. Research and dialogue during our strategic planning process, helped us focus on three main priorities: Organization Resilience; Collaborative Partnerships and Total Population Health. NOSH is excited to continue our efforts in meeting our revised strategic goals over the next several years.

NOSH continues to grow and evolve to meet the needs of our communities. Our 200 employees, 13 active staff physicians and over 200 dedicated volunteers are committed to ensuring our friends, families, neighbours and visitors can receive professional, high quality care, in their home community. Recent provincial legislation, Bill 74 - The People's Healthcare Act, will provide NOSH and its local, district and regional partners with a fantastic opportunity to mould our healthcare system to meet our unique Northern needs. We look forward to building on existing successful partnerships, to guide our efforts and decisions and continually focus on improving our service offering to the benefit of our communities.

On behalf of all the patients, residents, tenants and clients we serve, I offer our sincere thanks to all involved in contributing to NOSH's success. Notably, I would like to thank our Board of Directors for your continued guidance and expertise and wish our outgoing Chair, Daryl Skworchinski all the best, as his term expires this year.

Respectfully submitted,

Adam Brown CPA CA MHA
Chief Executive Officer

North of Superior Healthcare Group
Patient Engagement
Annual Report
April 1, 2018 – March 31, 2019

The North of Superior Healthcare Group (NOSH) is committed to engaging with patients, residents and their families as their input provides an important perspective to improvement initiatives within our Hospitals. NOSH engages and collaborates with patients and families at direct care, organizational design and governance levels.

At the direct care level, patients receive information about their diagnosis, are asked about their preferences in treatment plans and treatment decisions are then made based on patient preferences and best practice guidelines in consultation with the patients and their family, if that is their wish.

At the organizational level, patients are asked to provide feedback on their care experiences in all areas of the hospital and hospital services by anonymous mail out surveys. In 2016 NOSH formed a Patient, Resident and Family Advisory Council (PFRAC), to receive input on policies, procedures, the annual Quality Improvement Plan and other various initiatives. NOSH also co-facilitates the Marathon Patient Advisory Council (MPAC) with the Marathon Family Health Team (MFHT) which was formed to offer an opportunity for community service providers to gain patient perspective, input and feedback on local healthcare services.

In 2018/19 the PFRAC assisted in the development of NOSH's 2019/20 Quality Improvement Plan in which the Council was involved in selection of indicators and development of the narrative. At that time, the Council requested that a suitable place for palliation at the McCausland Hospital site be considered during future renovation discussions.

The PFRAC also provided input on NOSH's 2018 – 21 Strategic Plan. An issue that the PFRAC requested be a focus as a strategic direction was the loss of the Multi-Faith Sanctuary at the Wilson Memorial site. In 2018 NOSH began facing significant overflow challenges and as a result converted the Multi-faith sanctuary at the Wilson Memorial site into a temporary double room. The loss of the Multi-Faith sanctuary as a place for patients and their families to use for palliation and spiritual support raised concern among the Council. The McCausland Hospital and Wilson Memorial General Hospital collaborated to improve and streamline the process of transferring patients between the two NOSH sites when one facility is in overflow to help alleviate the patient load challenges and the need for utilization of unconventional spaces. The policy, checklist and patient pamphlet were presented to the PFRAC for input. This process has been in place since August 2018 and has proved to be a successful collaboration between the two NOSH sites. The Multi-Faith Sanctuary, however, remains an unconventional space as the Wilson Memorial General Hospital site continues to face capacity challenges.

In 2018/19 the MPAC recognizing the importance of the current focus on Mental Health and Addictions, expressed interest in learning more about Marathon's Suicide Process and Protocols. Dr. Nancy Fitch shared a patient story to help the group understand the process that is followed when patients present to the North of Superior Healthcare Group's Emergency Department with suicidal

ideation. Other service providers that offer Mental Health and Addictions support, MFHT Social Worker and North of Superior Counselling Programs Executive Director and Regional Manager, also attended the meeting to inform the group of local services they offer. The MPAC was then given the opportunity to provide feedback to these local service providers and identify barriers that patients face when accessing Mental Health and Addictions services in our communities.

The North of Superior Healthcare Group plans to enhance the Patient, Resident and Family Advisory Council in 2019/20 with increased membership and meeting frequency. NOSH will also remain co-facilitator of the MPAC to continue this important local collaboration. We are committed to seeking input on upcoming initiatives at both NOSH sites and look forward to the valuable perspective our Patient Advisory Councils provide.

Submitted by,

Beth Ryan
Quality and Safety Coordinator
North of Superior Healthcare Group

**North of Superior Healthcare Group
The McCausland Hospital Auxiliary
Annual Report
April 1, 2018 – March 31, 2019**

The McCausland Hospital Auxiliary has had another busy year continuing with our yearly events and fundraisers. This year a \$15,000 donation was made toward the new Ultrasound equipment that the hospital is looking to purchase. A \$1,000 donation was made to Wilkes Terrace to support the purchase of supplies for the residents. We also received a monetary donation from a few individuals and two local businesses.

Ontario's HAAO (Hospital Auxiliary Association of Ontario) disbanded in January 2019. Our local committee voted to discontinue as a North West Association member and will remain on our own.

Our gift shop is doing very well and we are retaining volunteers and the volunteer list is slowly growing.

Our Auxiliary continues to support:

- \$500 Annual high school bursary
- Annual Seniors Appreciation evening out
- Flower purchases for the hospital grounds
- Support monthly birthdays for in patients and residents
- Support weekly bingo evenings for in-patients and residents
- Purchase Christmas gifts and Hospice decorating with patients and residents

The Auxiliary continues to work hard at supporting initiatives within the hospital that benefit our residents and our community. We are looking forward to the Annual Volunteer luncheon from our hospital. Thank you to Charlene and kitchen staff.

Sincerely,

Ann Querry
President to the Auxiliary

**North of Superior Healthcare Group
Wilson Memorial General Hospital Auxiliary
Annual Report
April 1, 2018 – March 31, 2019**

"Coming together is a beginning. Keeping together is progress. Working together is success."

--Henry Ford

2018 has been another successful year for the auxiliary at Wilson Memorial General Hospital, and that's mainly due to the membership working together for a common cause - the welfare of our hospital and the clients that utilize it. As I have said in the past - I'm always humbled by not only the amount of work our volunteers put into this organization, but the dedication and the teamwork involved. When I added the volunteer hours up, we put in approximately 2100 volunteer hours. We have 9 regular meetings a year, plus our AGM in June. We have 10 subcommittees, and a host of volunteers working in the Gift Shop. At this time, I would like to give a shout out to everyone who belongs to this auxiliary - thank you for all your hard work. And a big thanks to the Russell's for donating their Meals on Wheels payments to us. I would also like to acknowledge our auxiliary executive members and committee heads: Charlene Schintz, Barb Draper, Cathy Sullivan, Denise Joly, Lauri Cummings and Nancy Thomson. You help make my job as president a lot easier! Thank you! And last but not least, I would like to give a shout out to hospital staff: CEO Adam Brown, Janet Martel, and Janet Gobeil for always being there for us, and to the front desk, kitchen, housekeeping and maintenance staff for always lending us a helping hand. It is much appreciated. Thank you!

Some of the items of interest in 2018 included:

- Inventory was performed in early January due to the hard work of Brenda Collins, Linda Richards, Barb Duguay, Nancy Dixon, Bill Thomson and I. Grand total of all stock was \$56,669.34. With the price of stock continually going up, this amount is not unreasonable.
- We presented a baby gift to Brittney Pelland and Jordan Carne who had a baby boy on January 15th.
- We paid out our \$1000 scholarship to Teesha Richard after receiving proof of registration for her second semester.
- We had a spring tea down at the Moose Hall. Carla Matos made up soup to go with the sandwiches and squares for something different, and it went over really well. With the proceeds from the penny auction, we purchased new tables for the long term care dining room.
- We held our AGM on June 20th - we really appreciated Janet Martel coming in to present our examined books. It is always rewarding to look at what this auxiliary accomplished over the previous year, and this year was no exception.
- I was honored to attend the June 28th Graduation Ceremonies at Marathon High School, and presented our \$1000 scholarship to NicoleWizniuk.
- Karen Gionet and Charlene Schintz went to Toronto to the buying show in August. It is always exciting to see the stock coming in after that!
- We hired Jenessa Belanger to work as our summer student. However, we DID NOT receive a grant to cover the student this year. We cut the shop hours back to 4 days a week, and although we paid out approximately \$3300 for the student, she held several in house penny auctions and 50/50 draws

which raised \$1595 - we then used this money towards her pay. By doing this, our volunteers still got some much deserved time off.

- We sold some of our Gift Shop products out at the visitor's center this summer, which gave our little shop some added exposure.
- Throughout the months of June, July and August, the executive worked on getting our banking switched over from the TD Bank to the Scotiabank due to the TD Bank closure.
- At our September 18th regular meeting, Investor's Group was on hand to present \$1000 to the auxiliary as part of their matching funds program.
- We approved \$200 to be put to dementia care through Crystal Gingras.
- We approved the purchase of Bingo prizes for clients whenever needed.
- Cathy Sullivan brought forward a list of "Vending Machine Snacks" from the Healthy Kids Community Challenge. The vending machine now carries several selections from that list.
- Lorelle Sgro did a presentation on Peninsula Manor and requested a partnership - the auxiliary will help wherever possible. Lorelle also offered tours of the facility.
- The auxiliary approved making up 11 chemo/palliative/end of life patient bags. These bags are similar to the chemo bags that we used to provide. The bags cost \$114 per bag - the bag cost \$27.50 and was covered by the palliative care group, and the contents cost \$86.50 which we covered. I'd like to give a shout out to Marathon drugs for donating all the products we picked up through them.
- We held our Fall Fair at the Moose Hall. The proceeds from the penny auction this time purchased flooring for patient rooms and an ETAC turner for the physio department.
- We once again held a ladies night, which goes over very well. We held a toy drive to benefit needy children, and also had a box for donations for Marjorie House.
- The auxiliary provided small Christmas gifts for all the patients at the hospital. One of the highlights for our auxiliary is when the auxiliary elves go around giving the gifts out, and then perform karaoke and sing Christmas carols with the clients. This was followed up with supper from Wok With Chow that everyone really enjoys!

So - wow - what a year! In closing, I would like to mention that the Hospital Auxiliaries Association of Ontario (HAAO) has officially disbanded effective the end of this year, leaving all auxiliaries on their own. Although we pulled out from HAAO several years ago, I am grateful for the structure and guidance this group gave us. It helped make us what we are today. It has been very rewarding to work with everyone on this auxiliary over the past year, and I look forward to serving you as president for the next year. As always, I'm excited to see what we can accomplish in the year to come!

Yours in volunteering!

Becky Johnson

President - Auxiliary to Wilson Memorial General Hospital



NORTH OF SUPERIOR HEALTHCARE GROUP

"Healthy Communities Now, and In The Future"

June 20, 2019

Motion 7.1 Reappointment of Directors

Briefing Note:

In alignment with the NOSH Corporate By-Laws dated April 1, 2016 the following Directors Term of Office expires in June 2019:

- Daryl Skworchinski (not renewing)
- John McKinnon
- Jay Lucas

Potential Actions:

1. Board can accept the motion as presented
2. Board can accept the motion as revised
3. Board can reject the motion

Motion:

That the Board of Directors of the North of Superior Healthcare Group approves:
The reappointment of John McKinnon and Jay Lucas to three year terms, expiring 2022

Administration Recommendation:

The Board of Directors of the North of Superior Healthcare Group accepts the motion as presented.

Motion made by: Eileen

Motion seconded by: Jason

Recorded discussion:

All in favour: 10

All opposed: 0

Motion carried / rejected

Chair's signature: [Signature]