



Listowel Wingham Hospitals Alliance 2021/2022 Annual Report



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LISTOWEL WINGHAM HOSPITALS ALLIANCE

Annual Meeting of the Corporations of The Listowel Memorial Hospital and The Wingham and District Hospital Wednesday, June 8, 2022 1900 Hours Webex

MEETING AGENDA

- 1.0 Call to Order
- 2.0 Opening Remarks - Welcome to Corporation Members, Hospital Staff and Visitors
- 3.0 Minutes of June 9, 2021 Annual Meeting
- 4.0 Reports
 - 4.1 Report of the Board Chair and Chief Executive Officer
 - 4.2 Report of the Chief of Staff – Listowel Memorial Hospital
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 - 4.4 Treasurer's Report – Listowel Wingham Hospitals Alliance
 - 4.4.1 Presentation of the Audited Financial Statements for the Listowel Memorial Hospital 2021/2022
 - 4.4.2 Presentation of the Audited Financial Statements for the Wingham and District Hospital 2021/2022
 - 4.4.3 Appointment of Auditors for 2022/2023
 - 4.5 Governance and Nominations Committee Report
 - 4.5.1 Thank you to Outgoing Members
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 - 4.6 Report of the Auxiliary to the Listowel Memorial Hospital
 - 4.7 Report of the Auxiliary to the Wingham and District Hospital
 - 4.8 Report of the Listowel Memorial Hospital Foundation
 - 4.9 Report of the Wingham and District Hospital Foundation

5.0 Adjournment

A meeting of the Listowel Wingham Hospitals Alliance Board of Directors shall take place immediately following the Annual Meeting where the Board shall elect/appoint the following Officers:

- a) Chair
- b) 1st Vice Chair
- c) 2nd Vice Chair



LISTOWEL WINGHAM HOSPITALS ALLIANCE

Annual Meeting of the Corporations of The Listowel Memorial Hospital and The Wingham and District Hospital Wednesday, June 8, 2022

1900 Hours

Webex

- d) Past-Chair
- e) Treasurer
- f) Secretary

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**Listowel Memorial Hospital Corporation
Wingham and District Hospital Corporation
Wednesday, June 9, 2021
WebEx**

Welcome

Greetings were extended to all members. It is noted that this is a concurrent meeting of the two corporations.

1.0 Call to Order

The meeting was called to order at 1902 hours.

2.0 Chair's Remarks

Welcome the corporation members, hospitals staff, board members.

3.0 Minutes of the Previous Meeting

MOTION: Moved By: Bert Johnson

Seconded By: Debbie Miller

To adopt the minutes of the June 10, 2020 Annual General Meeting of the Listowel Memorial Hospital Corporation and the Wingham and District Hospital Corporation.

Motion Carried

4.1 Reports

4.1 Report of the Board Chair and Chief Executive Officer

Karl Ellis, Chief Executive Officer presented the report.

Highlights from the report include:

- H. Clugston thanked the Board members for their cooperation throughout the year.
- H. Clugston recognized K. Beharry, D. Miller, L. Anderson for their contributions to the Board, and welcomed J. Pape, S. Ash, S. McLaughlin as new members.
- Thank you to Dr. Antoniadis and Dr. Suggitt for their leadership as Chiefs of Staff.
- H. Clugston recognized the significant contributions of the Listowel Memorial Hospital Foundation and the Wingham and District Hospital Foundation.
- K. Ellis thanked the Board for their dedication, time and commitment. Additionally, he recognized K. Beharry, L. Anderson and D. Miller for their service to the Board and extended a welcome to new members, S. McLaughlin, J. Pape, and S. Ash.
- Thanks to H. Clugston for being available and engaged as Board Chair.

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- K. Ellis thanked Dr. Antoniadis and Dr. Suggitt for their work as Chiefs of Staff, and welcomed Dr. Vander Klippe as the Chief of Staff of WDH.
- Acknowledgement of the LWHA staff and Physician resilience and dedication, along with the collective effort that was put forth over the past year.
- K. Ellis expressed gratitude for the LWHA leaders.
- In the year ahead, K. Ellis is hopeful that a normalcy will return. Will continue to stay active in the development of OHT. Plans continue to increase Ambulatory and Clinical volumes. Accreditation preparation is underway, as is the plans to expand the Fisher Clinic.

4.2 Report of the Chief of Staff – Listowel Memorial Hospital

Dr. Suggitt was unable to attend, her report was included in the package.

4.3 Report of the Chief of Staff – Wingham and District Hospital

Dr. Antoniadis was unable to attend, his report was included in the package.

Dr. Vander Klippe is looking forward to working with the Board.

4.4 Treasurer's Report – Listowel Memorial Hospital and Wingham and District Hospital

Doug Miller presented the Report of the Treasurer for the Listowel Wingham Hospitals Alliance.

Highlights from the report include:

- D. Miller noted that the unqualified audit of both sites was completed. The Alliance successfully dealt with the unexpected, including the LMH Flood (thankfully supported by the Insurance coverage). LMH had a small overall surplus, WDH had a small overall deficit. The current year's funding has not yet been finalized.
- D. Miller acknowledged both hospital Foundations for their significant contributions, along with the LWHA staff for their diligence.

4.4.1 Listowel Memorial Hospital Corporation Audited Financial Statements 2020/2021:

Auditors report

- The Auditor's Report was reviewed in May at the Board of Directors meeting.
- The auditor was able to provide an opinion on the validity and reliability of the hospital financials. A clean and unqualified audit report was issued for both hospitals.
- Thanks to management for their cooperation during the audit.

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4.4.2 Listowel Memorial Hospital Corporation Audited Financial Statements 2020/2021:

MOTION: Moved By: Rick Boisvert Seconded By: Doug Miller
To accept the Audited Financial Statements of the Listowel Memorial Hospital for the year ended March 31, 2021 as presented.
Motion Carried

4.4.2 Wingham and District Hospital Corporation Audited Financial Statements 2020/2021:

MOTION: Moved By: Penny Mulvey Seconded By: Dale Gilchrist
To accept the Wingham and District Hospital's Audited Financial Statements for the year ended March 31, 2021 as presented.
Motion Carried

4.4.3 Appointment of Auditors:

MOTION: Moved By: Bert Johnson Seconded By: Jes Weber
To appoint the firm of Seebach and Company as Auditors for the Listowel Memorial Hospital for 2021/2022.

MOTION: Moved by: Penny Mulvey Seconded By: Debbie Miller
To appoint the firm of Seebach and Company as Auditors for the Wingham and District Hospital for 2021/2022.
Motion Carried

4.5 Governance & Nominations Committee Report

4.5.1 Thank you to Outgoing Members, D. Miller, L. Anderson and K. Beharry.

4.5.2 Election of Directors

MOTION: Moved By: Debbie Miller Seconded By: Jes Weber
To appoint to the Listowel Wingham Hospitals Alliance Board of Directors for a 2-year term ending in 2023

- Penny Mulvey
- Doug Miller
- Janice Pape
- Susan McLaughlin

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- Stacey Ash

Motion Carried

MOTION: Moved By: Dale Gilchrist Seconded By: Jes Weber
*To appoint to the Listowel Wingham Hospitals Alliance Board
of Directors for a 1-year term ending in 2022.*

- Bert Johnson
- Rick Boisvert

Motion Carried

4.6 Report of the Auxiliary to Listowel Memorial Hospital

The Auxiliary Report was available in the Annual Report document for review.

4.7 Report of the Auxiliary to the Wingham and District Hospital

The Auxiliary Report was available in the Annual Report document for review.

4.8 Report of the Listowel Memorial Hospital Foundation

The Listowel Memorial Hospital Foundation Report was available in the Annual Report document for review.

4.9 Report of the Wingham and District Hospital Foundation

The Wingham and District Hospital Foundation Report was available in the Annual Report document for review.

4.10 Corporate By-Laws

MOTION: Moved By: Lee Anderson Seconded By: Jes Weber
THAT the Members of the Listowel Memorial Hospital Corporation confirm the Corporate By-Laws for the Listowel Memorial Hospital as presented.

MOTION: Moved By: Doug Miller Seconded By: Sharon Skinn
THAT the Members of the Wingham and District Hospital Corporation confirm the Corporate By-Laws for the Wingham and District Hospital as presented.

Motion Carried

5.0 Adjournment

MOTION: Moved By: Jes Weber Seconded By: Krishna Beharry
That the Annual General Meeting be adjourned at 1923 hours.

Motion Carried

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The Board then convened for the Inaugural Meeting to elect the Executive of the Board.

.....
Hugh Clugston, Chair

.....
Karl Ellis, Secretary

***BOARD CHAIR AND
CHIEF EXECUTIVE
OFFICER
REPORT***

Annual Report

This is the third annual report in a row which identifies the COVID-19 pandemic as a defining event during the year. Despite the organizational time and energy expended in responding to the pandemic, there are numerous other highlights and accomplishments which are worthy to highlight.

Quality Care that is Patient-Centered

COVID-19

One of the positive outcomes of the pandemic has been the level of cooperation that has occurred between hospitals and across the health care sector in general. Hospitals in the SouthWest have developed far stronger relationships and are working together very well. They quickly come together to support each other when challenges are faced by one hospital or area of the region. A consistent approach was adopted by all hospitals for policies on vaccines, masking, visitors, screening and other pandemic related issues.

Thankfully the outbreaks at Long Term Care homes were not as impactful this year. We did, however, experience a very high level of staff absences as community protections such as universal masking were withdrawn.

Clinical Documentation

We continue to have smaller incremental improvements to our Hospital Information System and electronic health record. Plans are well underway for the next expansion phase of this system.

Quality Improvement Plan

The submission of Quality Improvement Plans was again not required by Health Quality Ontario. Our quality improvement work in 2021/22 focused on:

- Reducing conservable patient days
- Reducing harmful patient falls
- Addressing mental health revisits
- Implementation of Omni-Assistant
- Workplace Civility

In acknowledgement of the need for some rest, a limited number of improvement initiatives

are identified for 2022/23 including addressing the mental health of LWHA employees and implementing new IV pumps.

Accreditation Canada Survey

Preparing and responding to an accreditation survey in the middle of a pandemic was an interesting experience. The Listowel Wingham Hospitals Alliance rose to the challenge and achieved the highest accreditation status attainable. This is the second consecutive Exemplary award and a result the organization can be justifiably proud of. We have also committed to participate in the Huron Perth and Area Ontario Health Team accreditation expected to take place in 2024.

Nurturing Individual and Collective Potential

Health Human Resources

The greatest current challenge across the health care system is the lack of sufficient health human resources required to meet the needs of the population. LWHA has not been immune to these pressures and has developed a number of strategies to address the issue. We remain fearful that the current human resource shortages will remain for some time. It is important to recognize and acknowledge that our staff have been phenomenal at responding to the shortages.

Despite individuals going above expectations to fill schedules, vacancies in nursing, physician and laboratory staffing placed local services at risk of closure at different times in the last year. Many of these shortages are expected to continue to result in closure risks in the year ahead.

Physician Transitions

The Wingham community was excited to welcome Dr. Mahrous Mousa. He has assumed Dr. Jim Shuffield's practice.

Staff Transitions

We were pleased to appoint Justine Leslie to the position of Vice President Clinical Services and Chief Nursing Executive. Following the resignation of the Vice President of Diagnostics and Support Services, leadership portfolios were realigned with several people taking on additional responsibilities.

Board Member Transitions

Stacey Ash, Susan McLaughlin and Janny Pape all joined the board at the 2021 annual meeting.

They replaced Lee Anderson, Krishna Beharry and Debbie Miller.

Sharon Skinn, Hugh Clugston and Bert Johnson are stepping away from the board following the June annual meeting.

Staff and Patient Safety

Vaccines have become the most effective protection against severe illness and death from COVID-19. Protecting our most vulnerable patients remains a priority. Mandatory vaccination, personal protective equipment and appropriate isolation after exposure to the disease were burdens that staff accepted as part of their commitment to safety for patients.

Sustainable and Resilient Environment

Listowel Memorial Hospital Flooding

After a year of repairs and restoration following the flood, we again had full access to the ground floor of the Listowel Memorial Hospital.

Listowel Capital Proposal

It has been close to 15 years since the major addition was completed in Listowel. A capital proposal was submitted to Ontario Health to address the aging inpatient areas in Listowel. Unfortunately the capital redevelopment approval process remains long.

Foundation Support

The two supporting hospital Foundations and our communities continue to be strongly committed to funding the capital and equipment needs of the hospitals. The Listowel Memorial Hospital Foundation raised funding for new mammography equipment and also supported the renovation of a second palliative care suite in Listowel. In Wingham, the Foundation provided funding for a new palliative care suite and replaced 100% of the scope equipment used in the operating rooms.

Hospital Auxiliaries

We were excited to welcome the Hospital Auxiliaries back into the Hospital after a long absence resulting from the pandemic.

Fisher Family Primary Care Centre

Planning is well underway for an expansion to the Fisher Clinic with a design layout completed

that is acceptable to the physicians and Family Health Team. Detailed construction plans and project financing will be completed in the year ahead.

Operating Financial Results

The Ministry of Health provided a 2% base increase to hospital funding and have committed to an additional 2% next year. Listowel ended the year with a modest operating surplus of \$232,177 in Listowel and Wingham a deficit of \$201,498.

Diagnostic Imaging

Listowel was pleased to install a new mammography machine this year that will result in an expansion of test volumes and clinical capabilities. The Wingham site submitted a proposal to host a regional MRI service and awaits Ministry approval and funding. In addition, the medical staff expressed a strong desire to have a CT machine in Wingham to support the increasing use of this diagnostic tool in the emergency room.

Partnerships for a Seamless Patient Experience

Huron Perth and Area Ontario Health Teams

The Listowel Wingham Hospitals Alliance has signed on as a collaborating partner of the Huron Perth and Area Ontario Health Team. Beyond participating in the joint accreditation initiative, we were pleased to see progress on shared infection control resources and new care processes for Chronic Heart Failure patients. A strategic plan for the HPA OHT is expected in 2022.

Long Term Care

The Listowel Wingham Hospitals Alliance has stated in its strategic plan that its responsibilities exist beyond the walls of the hospital. We worked with local partners to ensure that this area received funding approval for long awaited Long Term Care beds. Last year's funding announcement for Braemar was followed this year with a funding announcement for new beds at Caressant Care in Listowel.

Future Oriented Board Considerations

In acknowledgement of the reduced capacity resulting from the pandemic, the board extended the strategic plan for the organization by a year to 2023. A new strategic plan will be developed in the year ahead.

We will also continue to be mindful of the cumulative impact the cyber event, flooding and pandemic have had on our staff, physician and leaders. Maintaining the health and wellness

of our people will be a key priority.

Following the results of the Provincial election, we will need to establish a working relationship with at least one new MPP as Randy Pettapiece has retired. As always, the financial landscape for healthcare remains uncertain. The board has acknowledged that the corporate objectives that we plan to achieve in the next year will need to be balanced with the organizational capacity to fulfill the objectives. We do remain well positioned to continue to provide the quality of health care that our communities expect of us.

Respectfully Submitted,
Dale Gilchrist
Chair, Listowel Wingham Hospitals Alliance

Karl Ellis,
President and CEO, Listowel Wingham Hospitals Alliance

CHIEFS OF STAFF REPORTS

Listowel Memorial Hospital
Chief of Staff
Report to the Board
June, 2022

As I reflect on the past year, the words that come to mind are teamwork, dedication, and community. The staff of LMH exemplify these values, particularly with the many challenges over the past few years.

The past year has seen the addition of Dr. Jeff Dietrich to our medical staff. He is a new family medicine graduate and took on the remaining patients left from Dr. Davies' practice. He has been a welcome face in our ER and inpatient floors.

Drs. Hayward and Latuskie both stepped down from ER coverage in the past year. The number of regular locums providing coverage has also shrunk. This has required Listowel to continue relying on EDLP to help cover our ER shifts. In Listowel about 30 percent of our shifts are covered by locum physicians including EDLP. Although EDLP is also seeing higher than normal demands for their services. The local physicians who continue to provide ER coverage do continue to cover those shifts that are not picked up by a locum. Our ER is becoming busier and visit numbers are approaching those prior to the pandemic.

Our surgical program is thriving, and we have been able to do some complicated surgical cases closer to home for our patients. Dr. Rana is feeling very supported and is happy with his current practice. We also appreciate the support that the Stratford Surgical Associates give us when Dr. Rana is not available and to Dr. Maruscak who continues to provide local clinics and procedures to supplement Dr. Rana. We appreciate our local anesthesiologists, Drs. Edmonds and Trojnar, who continue to provide local services almost 100% of the time.

The obstetrical program has faced a few challenges over the past year. There have been unavoidable closures of the department due to nursing staff shortages. Dr. Westen retired from providing obstetrical services in the past year. This leaves 4 local physicians providing obstetrical coverage. We are still actively recruiting for that elusive family medicine graduate who wants to work in a rural area and provide obstetrical services.

There have been a few changes in our Ambulatory care services and availability of services continued to be affected by COVID over the past year. Dr. Hughes has taken a leave of absence which has decreased the availability of ENT locally. Dr. Kalos was replaced by Dr. Rodowa, who along with Dr. Hancock, provides local gynecological services for North Perth patients. Dr. Spanglet closed his practice in Listowel. Our colleagues Dr. VanOosten and Dr. Peirce, from Stratford, can fill that gap for internal medicine and exercise stress tests.

Dr. Erenberg, our radiologist, indicated that he would like to slow down a little. Elgin Radiologists Associates (ERA) will be providing on-site support as well as after hours. A subset of seven local physicians have formed a group providing weekend inpatient coverage. The physicians in this group take turns rounding on each others' patients on weekends. The group have found this beneficial to improving their work-life balance.



Listowel Memorial Hospital
Chief of Staff
Report to the Board
June, 2022

The local physician group was highly active in provide local COVID vaccination coverage. Dr. Trojnar was the driving force to organizing and ensuring that local vaccination was available to North Perth residents. The rest of the physicians either prepared or administered the vaccine at local clinics. Dr. Edmonds has been busy on social media trying to counter-balance the misinformation that is out in the public.

I would like to congratulate Dr. Hayward on being the successful candidate for the physician consultant job at Huron Perth Public Health. She is also completing her Master of Public Health.

Another accreditation cycle has happened. Due to the hard work of many in this organization, LWHA received accreditation with exemplary standing. Congratulations.

I appreciate the support and assistance that the local physician group have given me over the past three years of my first term as Chief of Staff. We are a team and without them my job would be much more difficult. I also acknowledge the support from hospital administration who have helped understand some of the more nuanced hospital system.

Respectfully Submitted
Dr Terry Suggitt MD CCFP
Listowel Chief of Staff

Wingham and District Hospital
Chief of Staff
Report to the Board
June, 2022

This is my first report as chief of staff, having taken on the role in June of last year. It has been highly interesting to become more aware of the administrative side of hospital functioning. There has been a lot to learn, and I have appreciated the experience. It has been good to work toward improved communication with our committed and capable hospital administration.

This past year, we welcomed Dr. Mahrous Mousa who took over Dr. Shuffield's practice; he has been an excellent fit for our group and is a great asset to our medical staff. Our local surgeon, Dr. Zeeshan Rana, has provided great surgical service to our community, despite lock-downs. Additionally, there has been significant work to develop and maintain specialist support in ambulatory care, particularly in the areas of cardiology, internal medicine, but also dermatology, and obstetrics/gynecology. All physicians are appreciative of the excellent ambulatory care space that has been developed in our former oncology area.

We continue physician recruitment, particularly for our emergency department, and future need of anesthetic support. Jan McKague continues to provide important, valuable vision and support for our current and future needs. In particular, participating in medical education through training of clerks and residents is something Jan helps to coordinate and advocate for, and we're hoping will be more firmly established again post-pandemic.

It goes without saying that the Covid-19 pandemic has been front-and-centre of many discussions this past year. In general, communication and resource planning with other hospitals in our region has greatly improved – I hope this is here to stay. The Wingham hospital was asked multiple times to take overflow patients from other over-burdened hospitals, which our MDs, staff, and administration worked hard to support. Aligning our visitor policies with other hospitals has been important, valuing how important this is to our hospital in-patients. The multiple lock-downs have really affected our ability to provide timely scheduling of non-emergent diagnostic imaging; our dedicated staff and administration have worked hard to try and work through the back-log. Future planning has included work to advocate for Wingham as a possible regional site for MRI. More importantly, the medical staff have clearly indicated the importance of having a CT scanner on-site in Wingham to support our emergency medicine and surgical programs – early work on this has already begun.

As chief of staff, my role is to provide clinical input, and oversee quality of care provided by our medical staff. As a community I feel we can be very grateful for the excellent care provided by the entire clinical care team, and in particular our dedicated local medical staff. Through some very challenging times, with much stress and uncertainty, our doctors have worked hard to maintain the clinical services our community expects, and deserves. We look forward to serving you in the year ahead. "Good care, close to home" is our goal!

Sincerely,
Dr. Stephen Vander Klippe

TREASURER REPORT

Listowel Wingham Hospitals Alliance Report of the Treasurer 2021 / 2022

The Listowel Wingham Hospitals Alliance (LWHA) functions with a single Committee of the Whole governance structure. The entire board receives detailed financial reports and participates in discussions with respect to the non-clinical and financial operations. The Committee of the Whole also functions as the Audit Committee for both corporations.

Both corporations received an unqualified audit report from Seebach & Company. Financial results and statistics on clinical activities are presented separately for the corporations. This past year continued to be challenging with the uncertainty of the pandemic and its exposure of significant health human resources issues. COVID Incremental expense reimbursement for compensation and supplies was provided for both sites. Ontario Health provided \$291,800 for one-time Incremental wait time funding based on CT operating hours rather than completed scans. This was accrued 50% to Listowel and 50% to Wingham, as the expenses are shared in this manner. One-time funding for temporary retention of nurses was provided by Ontario Health with \$123,010 and \$154,376 accrued for fiscal 21/22 to Wingham and Listowel, respectively. Listowel's operating surplus was \$232,177 and excess [deficiency] of revenue over expenses was [\$306,350]. Wingham's operating deficit of [\$201,498] and excess [deficiency] of revenue over expenses was [\$682,116]. Both organizations experienced a decrease in net assets from the previous fiscal year due to the deficiency of revenue over expenses.

Wingham's operating deficit of \$201,498 resulted from increased revenue over budget including an additional Ministry of Health 1% of \$121,896, an additional \$413,964 in COVID Incremental and one-time funding along with increases of \$35,571 in recovery revenue and \$171,455 in amortization in grants and donations along with a decrease of \$258,951 in Cancer Care Ontario, Drugs and Transitional Funding net of drug recovery. Compensation exceeded budget by \$284,861 due to increased overtime and sick time. Supplies exceeded budget by \$204,986 mainly due to snow removal, external equipment maintenance, patient travel and software licenses.

The Wingham and District Hospital entered into a Bankers Acceptance (BA) and Loan Interest Rate Swap agreement Mar 31, 2022 converting a current liability of \$1M to a long-term liability with a term of 20.75 years with an all-in rate of 4.28%. As of Oct 30, 2022 when the Royal Bank of Canada mortgage balance of \$2,595,000 comes due, it will be incorporated into the borrowing amount for a total of \$3,580,000 with a 20 year amortization and swap term ending on Oct 30, 2042. This financing update improved the current ratio to 1.27 which exceeds the target of > 0.95 within the Hospital Services Accountability Agreement (HSAA). Further, the interest rate of 4.28% is set for the next 20 years providing a buffer against rising interest rates.

The operating surplus for Listowel of \$232,177 is driven by increased revenue of \$971,885, compensation over budget by \$179,690, along with increased expenses for supplies of \$242,168 and sundry of \$317,850. COVID incremental expenses for April 2021 to March 2022 in the amount of \$679,249 is included in income based on updated guidelines. Early in the fiscal year \$50,000 was provided to help work through the provincial back log for CT's. The

Listowel Wingham Hospitals Alliance Report of the Treasurer 2021 / 2022

department ended the year with an additional 526 CT's over the previous fiscal. The Operating Room program received \$150,000 from Ontario Health for an updated laparoscopic tower.

The 4th quarter current ratio is 2.08 where the target set within the Hospital Services Accountability Agreement is greater than 1.21. The total margin for the 4th quarter is 0.91% where the target is to be greater than zero. The Sun Life Financial Shares increased by \$9,700. The hospitals investment policy limits equity instruments to 10% of the fair market value of the total investment portfolio. With the gain in the past year, the Sun Life Financial shares represent 15% of the total \$699,633 investments. Given the current environment and the understanding that a 10% movement in stock markets with all other variables held constant could impact the market value of the equity by \$10,800, the board has opted to continue with the current investment portfolio and allocations. The Fisher Clinic Loan repayment concluded at the end of July. As one of the anticipated funding sources for the Fisher Clinic Redevelopment, the Board approved the regular payments of \$32,447 be internally appropriated without restriction.

For fiscal 2021/22, Ontario Health has announced a 2% operational funding increase for both Hospitals, as well as, \$62,000 in one-time funding for CT Backlog. The Hospital Infrastructure Renewal (HIRF) preliminary funding allocations were provided. These are subject to annual appropriation by the Legislative Assembly of Ontario. An additional business case was submitted requesting a further \$398,699 for the gap in generator funding provided in 20/21 and the higher quoted price driven by supply chain shortages. A request was submitted for the updated HVAC in Listowel in the amount of \$863,683. Due to supply chain issues HIRF carry over for 2021/22 of \$131,354 (Listowel) and \$634,534 (Wingham) was approved.

We are grateful to both communities for their financial support through their Foundations. This allows both corporations to purchase equipment that is not funded by the Ministry of Health.

In terms of Hospital operations, we have continued to track indicators including Occupancy, Surgical Procedures, Ambulatory Care Visits, Alternate Level of Care, percent Discharges with Conservable Bed Days, Oncology Chemo Visits by month and Emergency Department visits. The indicator results have been impacted with the COVID directives/waves. Although the pandemic will continue to have an impact into fiscal 2022/23, our greater challenge will be Health Human Resources. In 22/23 we plan to proactively update staff scheduling and monitor the outcomes. In addition, we will continue to evaluate patient care trends, the potential hospital impact, and how we can position both hospitals, along with our health care partners, to continue to best serve our communities today and for the years ahead.

Respectfully submitted,
Doug Miller, Board Treasurer

**LISTOWEL MEMORIAL HOSPITAL
FINANCIAL STATEMENTS
MARCH 31, 2022**

SEEBACH & COMPANY
Chartered Professional Accountants

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors and Members of Listowel Memorial Hospital

Opinion

We have audited the accompanying financial statements of Listowel Memorial Hospital ("the Hospital"), which are comprised of the statement of financial position as at March 31, 2022 and the statements of operations, changes in net assets, remeasurement gains (losses) and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital as at March 31, 2022, and its financial performance and its cash flows for the year then ended in accordance with Canadian public sector accounting standards (PSAB).

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 *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. 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 ethical 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 PSAB, 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.

Auditor's Responsibilities 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 auditor's 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 these financial statements.

INDEPENDENT AUDITOR'S REPORT (continued)

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 auditor's 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 auditor's 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 consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We 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.

Seebach & Company

Chartered Professional Accountants
Licensed Public Accountants

Clinton, Ontario
May 25, 2022

LISTOWEL MEMORIAL HOSPITAL
BALANCE SHEET

See Accompanying Notes to Financial Statements

As at March 31	2022	2021
ASSETS		
Current assets		
Cash	2,303,075	549,037
Short-term investments (note 5)	592,001	590,408
Accounts receivable (note 3)	1,673,058	2,321,848
Loan receivable (note 6)	-	1,000,000
Inventories	319,911	289,767
Prepaid expenses	284,665	257,224
	<u>5,172,710</u>	<u>5,008,284</u>
Investments (note 5)	107,632	97,932
Bequest receivable	81,554	81,554
Capital assets, net book value (note 7)	24,241,119	24,908,592
	<u><u>\$ 29,603,015</u></u>	<u><u>\$ 30,096,362</u></u>
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable and accrued liabilities (note 4)	2,432,029	2,310,176
Deferred contributions (note 8)	58,317	58,317
Current portion of long-term debt (note 9)	-	42,671
	<u>2,490,346</u>	<u>2,411,164</u>
Long term liabilities		
Deferred contributions (note 8)	506,389	562,846
Post-employment benefits (note 10)	758,270	748,342
Deferred capital contributions (note 11)	13,783,054	14,012,403
	<u>17,538,059</u>	<u>17,734,755</u>
Net assets		
Invested in capital assets	10,458,065	10,853,518
Unrestricted	1,542,004	1,452,901
	<u>12,000,069</u>	<u>12,306,419</u>
Accumulated remeasurement gains	64,887	55,188
	<u>12,064,956</u>	<u>12,361,607</u>
	<u><u>\$ 29,603,015</u></u>	<u><u>\$ 30,096,362</u></u>

On behalf of the Board:

..... Director

..... Director

LISTOWEL MEMORIAL HOSPITAL**STATEMENT OF OPERATIONS**

See Accompanying Notes to Financial Statements

For the Year Ended March 31	2022	2021
Revenue		
Ministry of Health		
- Hospital operations	17,189,403	16,812,835
- Emergency and on call coverage	1,989,166	2,169,160
Inpatient	271,301	218,651
Outpatient	1,740,691	1,447,173
Investment income	4,411	8,989
Recoveries and other income	1,170,298	1,407,214
Amortization of deferred capital contributions - equipment	1,138,875	981,186
	<u>23,504,145</u>	<u>23,045,208</u>
Expenses		
Salaries and wages	10,398,495	10,398,871
Medical staff remuneration	3,121,124	2,988,776
Employee benefits	3,209,514	3,026,701
Supplies and other expenses	4,505,111	4,113,771
Medical and surgical supplies	483,926	569,917
Drug expense	305,832	235,917
Amortization of equipment	1,247,641	1,206,591
Interest on long-term debt	325	3,065
	<u>23,271,968</u>	<u>22,543,609</u>
Excess of revenue over expenses before other revenue and expenses	<u>232,177</u>	<u>501,599</u>
Building and land improvements		
Amortization of deferred capital contributions	716,847	684,301
Amortization of building and land improvements	(1,255,374)	(1,149,624)
	<u>(538,527)</u>	<u>(465,323)</u>
Excess (deficiency) of revenue over expenses for the year	<u>(\$ 306,350)</u>	<u>\$ 36,276</u>

LISTOWEL MEMORIAL HOSPITAL
STATEMENT OF CHANGES IN NET ASSETS
See Accompanying Notes to Financial Statements

For the Year Ended March 31	2022		2021	
	Invested in Capital Assets	Unrestricted	Total	Total
Balance, beginning of year	10,853,518	1,452,901	12,306,419	12,175,143
Excess (deficiency) of revenues over expenses	(647,293)	340,943	(306,350)	36,276
Contributed land (note 12)	-		-	95,000
Investment in capital assets, net	251,840	(251,840)	-	-
Balance, end of year	<u>10,458,065</u>	<u>1,542,004</u>	<u>\$ 12,000,069</u>	<u>\$ 12,306,419</u>

LISTOWEL MEMORIAL HOSPITAL
STATEMENT OF REMEASUREMENT GAINS AND LOSSES
See Accompanying Notes to Financial Statements

For the Year Ended March 31	2022	2021
Accumulated remeasurement gains (losses), beginning of year	55,188	27,062
Unrealized holding gains (losses) attributable to portfolio investments	<u>9,699</u>	<u>28,126</u>
Accumulated remeasurement gains (losses), end of year	<u>\$ 64,887</u>	<u>\$ 55,188</u>

LISTOWEL MEMORIAL HOSPITAL**STATEMENT OF CASH FLOWS**

See Accompanying Notes to Financial Statements

For the Year Ended March 31	2022	2021
Operating activities		
Excess of revenue over expenses for the year	(306,350)	36,276
Items not requiring (not providing) cash		
Amortization expense	2,503,015	2,356,215
Amortization of deferred capital grants and donations	(1,855,722)	(1,665,487)
Working capital provided from operations	340,943	727,004
Cash provided from (used for) changes in operational balances		
Accounts receivable	648,790	(1,269,697)
Inventory	(30,144)	(27,327)
Prepaid expenses	(27,441)	36,148
Accounts payable and accrued liabilities	121,853	(60,006)
Post-employment benefits	9,928	7,667
Deferred contributions	(56,457)	(56,674)
Cash provided from (used for) operating activities	1,007,472	(642,885)
Investing activities		
Disposals of investments, net	(1,594)	(13,694)
Loan advance to related party	1,000,000	-
	998,406	(13,694)
Capital activities		
Net disposals (purchases) of capital assets	(1,835,542)	(1,901,052)
Less: value of contributed capital assets	-	95,000
Deferred building and equipment grants and donations	1,626,373	1,581,376
	(209,169)	(224,676)
Financing activities		
Net proceeds (repayments) from long-term debt	(42,671)	(127,923)
	(42,671)	(127,923)
Increase (decrease) in cash	1,754,038	(1,009,178)
Cash, beginning of year	549,037	1,558,215
Cash, end of year	\$ 2,303,075	\$ 549,037

LISTOWEL MEMORIAL HOSPITAL

NOTES TO FINANCIAL STATEMENTS

For the Year Ended March 31, 2022

Listowel Memorial Hospital (the "Hospital") is a non-profit organization incorporated without share capital under the laws of the Province of Ontario. The Hospital provides health care services to the residents of North Perth and surrounding area. The Hospital is a registered charity under the Income Tax Act and, as such, is exempt from income tax.

1. Significant accounting policies

The financial statements of the Hospital are the representations of management. They have been prepared in accordance with Canadian public sector accounting standards for government not-for-profit organizations, including the 4200 series of standards, as issued by the Public Sector Accounting Board (PSAB for Government NPOs).

The Listowel Memorial Hospital Foundation referred to in the notes is a separate entity whose financial information is reported separately from the Hospital.

a) Revenue recognition

The Hospital follows the deferral method of accounting for contributions, which include donations and government grants.

Under the Health Insurance Act and Regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health and Ontario Health. The Hospital has entered into a Hospital Service Accountability Agreement (the H-SAA) for fiscal 2021/2022 with Ontario Health that sets out the rights and obligations of the parties to the H-SAA in respect of funding provided to the Hospital by the Ministry / Ontario Health. The H-SAA also sets out the performance standards and obligations of the Hospital that establish acceptable results for the Hospital's performance in a number of areas.

If the Hospital does not meet its performance standards or obligations, the Ministry / Ontario Health has the right to adjust funding received by the Hospital. The Ministry / Ontario Health is not required to communicate certain funding adjustments until after the submission of year-end data. Since this data is not submitted until after the completion of the financial statements, the amount of Ministry / Ontario Health funding received by the Hospital during the year may be increased or decreased subsequent to year-end.

Contributions approved but not received at the end of an accounting period are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period.

Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions for the purchase of capital assets are deferred and amortized into revenue at a rate corresponding with the amortization rate for the related capital assets.

Amortization of buildings is not funded by Ontario Health and accordingly the amortization of buildings has been reflected as an undernoted item in the statement of operations with the corresponding realization of revenue for deferred contributions.

Revenue from patient services is recognized when the service is provided and the amount to be received can be reasonably estimated and collection is reasonably assured.

Ancillary revenue is recognized when the goods are sold and services provided.

LISTOWEL MEMORIAL HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2022

1. Significant accounting policies (Continued)

b) Inventories

Inventories are recorded at the lower of average cost and net realizable value. Cost comprises all costs to purchase, convert and any other costs incurred in bringing the inventories to their present location and condition.

c) Capital assets

Purchased capital assets are recorded at cost less accumulated amortization. Contributed capital assets are recorded at fair value at the date of contribution. Repairs and maintenance costs are charged to expense. Betterments that extend the estimated life of an asset are capitalized. Construction in progress is not amortized until construction is substantially complete and the assets are ready for use.

Capital assets are capitalized on acquisition and amortized on a straight line basis over their estimated useful lives as follows:

Land improvements	3 - 20 years
Buildings	20 - 40 years
Equipment	4 - 20 years

d) Contributed services

Volunteers contribute numerous hours to assist the Hospital in carrying out certain charitable aspects of its service delivery activities. Due to the difficulty of determining the fair value, contributed services are not recognized in these financial statements.

e) Retirement and Post-employment Benefits

The Hospital provides defined retirement and post-employment health, dental and life insurance benefits to eligible retired employees. The Hospital has adopted the following policies with respect to accounting for these employee benefits:

- (i) The costs of post-employment benefits are actuarially determined using management's best estimate of health care costs and discount rates. Adjustments to these costs arising from changes in estimates and experience gains and losses are amortized to income over the estimated average remaining service life of the employee groups on a straight line basis. Plan amendments, including past service costs are recognized as an expense in the period of the plan amendment.
- (ii) The costs of the multi-employer defined benefit pension plan are the employer's contributions due to the plan in the period.

f) Management Estimates

The preparation of financial statements in accordance with PSAB for Government NPOs requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the period. Actual results could differ from management's best estimates as additional information becomes available in the future. Areas of key estimation include determination of allowance for doubtful accounts, inventory obsolescence, amortization of capital assets and actuarial estimation of post-employment benefits.

LISTOWEL MEMORIAL HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2022

1. Significant accounting policies (Continued)

g) Financial instruments

Cash and equity instruments quoted in an active market are measured at fair value. Accounts receivable, loans receivable, accounts payable, and long-term debt are measured at cost or amortized cost. The carrying amount of each of these financial instruments is presented on the statement of financial position.

Unrealized gains and losses from changes in the fair value of financial instruments are recognized in the statement of remeasurement gains and losses. Upon settlement, the cumulative gain or loss is reclassified from the statement of remeasurement gains and losses and recognized in the statement of operations. Interest and dividends attributable to financial instruments are reported in the statement of operations.

When investment income and realized and unrealized gains and losses from changes in fair value of financial instruments are externally restricted, the investment income and fair value changes are recognized as revenue in the period in which the resources are used for the purpose specified.

For financial instruments measured using amortized cost, the effective interest rate method is used to determine interest revenue or expense. All financial assets are tested annually for impairment. When financial assets are impaired, impairment losses are recorded in the statement of operations.

Transaction costs are added to the carrying value for financial instruments measured using cost or amortized cost. Transaction costs are expensed for financial instruments measured at fair value.

2. Cash

Cash consists of bank deposits that are held at one chartered bank. The accounts earn interest at a rate of bank prime less 1.8%, payable monthly.

3. Accounts Receivable

	2022	2021
Ministry of Health	801,106	658,987
Patient services	273,459	248,251
Other	260,129	983,978
Due from Wingham and District Hospital	<u>342,517</u>	<u>435,889</u>
	1,677,211	2,327,105
Less: Allowance for doubtful accounts	<u>(4,153)</u>	<u>(5,257)</u>
	<u>\$ 1,673,058</u>	<u>\$ 2,321,848</u>

4. Related Party Transactions

The Hospital has an alliance agreement with the Wingham and District Hospital and shares a management team and other resources. The services resulted in staff charges of \$557,740 (2021: \$482,347) from Wingham and District Hospital. The Hospital provided staff services to Wingham and District Hospital which resulted in recoveries of \$1,206,883 (2021: \$1,321,812). At March 31, 2022, accounts receivable includes \$342,517 (2021: \$435,889) that is due from Wingham and District Hospital. These transactions are in the normal course of operations and are measured at the exchange amount of consideration established and agreed to by the related parties.

LISTOWEL MEMORIAL HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2022

5. Investments

	2022	2021
Sun Life Financial shares (cost: \$42,744)	107,632	97,932
High interest savings account and short-term investment certificates	<u>592,001</u>	<u>590,408</u>
	699,633	688,340
Less current portion	<u>592,001</u>	<u>590,408</u>
	<u>\$ 107,632</u>	<u>\$ 97,932</u>

6. Loan Receivable

	2022	2021
Wingham and District Hospital, 2.25%, interest only payable annually, due March 2022	<u>\$ -</u>	<u>\$ 1,000,000</u>

7. Capital Assets

	Cost	Accumulated Amortization	Net Book Value 2022	Net Book Value 2021
Land	1,557,256	-	1,557,256	1,557,256
Land improvements	826,734	682,552	144,182	200,492
Buildings	25,052,164	9,049,522	16,002,642	16,003,488
Equipment	<u>25,786,708</u>	<u>19,249,669</u>	<u>6,537,039</u>	<u>7,075,609</u>
	53,222,862	28,981,743	24,241,119	24,836,845
Construction in progress	-	-	-	71,747
	<u>\$ 53,222,862</u>	<u>\$ 28,981,743</u>	<u>\$ 24,241,119</u>	<u>\$ 24,908,592</u>

Assets included in construction in progress are not amortized until available for use.

8. Deferred Contributions

Deferred contributions represent unspent externally restricted funding that has been received and relates to a subsequent year. Changes in the contributions deferred to future periods are as follows:

	2022	2021
Balance, beginning of year	621,163	677,837
Contributions received during the year	-	-
Less: amounts recognized as revenue in the year	<u>(56,457)</u>	<u>(56,674)</u>
Balance, end of year	<u>\$ 564,706</u>	<u>\$ 621,163</u>

Deferred contributions are comprised of:

	2022	2021
North Perth Family Health Team prepaid rent for medical clinic lease expiring in February 2032	564,291	620,748
Other prepaid rent	<u>415</u>	<u>415</u>
	564,706	621,163
Less: current portion	<u>58,317</u>	<u>58,317</u>
Balance, end of year	<u>\$ 506,389</u>	<u>\$ 562,846</u>

LISTOWEL MEMORIAL HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2022

9. Long-Term Debt

	2022	2021
Listowel Memorial Hospital Foundation, prime less 0.5%, loan receivable in monthly installments of \$10,660 plus interest, due August 2021	-	42,671
Less: current portion	-	42,671
	<u>\$ -</u>	<u>\$ -</u>

10. Post-Employment Benefits

Pension Plan

Substantially all of the employees of the hospital are eligible to be members of the Healthcare of Ontario Pension Plan (HOOPP). The plan is a multi-employer plan and therefore the Hospital's contributions are accounted for as if the plan were a defined contribution plan with the Hospital's contributions being expenses in the period they come due. Contributions made to the plan during the year by the Hospital amounted to \$934,568 (2021: \$929,929) and are included in employee benefits on the statement of operations. Variances between actuarial funding estimates and the actual experience could be material and any differences are funded by participating members.

Other Benefits

The Hospital provides post-employment health care, dental and life insurance benefits to eligible retired employees. The hospital's liability at March 31 for this plan is as follows:

	2022	2021
Accrued benefit obligation	656,211	691,940
Unamortized net actuarial gain (loss)	102,059	56,402
Post-employment benefits liability	<u>\$ 758,270</u>	<u>\$ 748,342</u>

In measuring the Hospital's accrued benefit obligation, a discount rate of 2.90% (2021: 3.00%) was assumed. For extended health care costs, a 5.25% annual rate of increase was assumed, then decreasing to an ultimate rate of 3.57% per annum increase; and, for dental costs, a 3.00%-4.75% annual rate of increase was assumed. The most recent actuarial valuation was prepared as at April 1, 2022. Actual results could differ from this estimate as additional information becomes available in the future.

	2022	2021
Current year benefit cost	78,692	75,403
Interest on accrued benefit obligation	21,167	21,090
Amortized actuarial (gains) losses	(8,427)	(9,097)
Expense for the year	<u>\$ 91,432</u>	<u>\$ 87,396</u>
Benefits paid during the year	<u>\$ 78,692</u>	<u>\$ 75,403</u>

LISTOWEL MEMORIAL HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2022

11. Deferred Capital Contributions

Deferred capital contributions represent the unamortized amount and unspent amount of donations and grants received for the purchase of capital assets. The amortization of capital contributions is recorded as revenue in the statement of operations.

	2022	2021
Balance, beginning of year	14,012,403	14,096,514
Contributions received	1,626,373	1,581,376
Amortization of deferred contributions - equipment	(1,138,875)	(981,186)
Amortization of deferred contributions - building and land improvements	<u>(716,847)</u>	<u>(684,301)</u>
Balance, end of year	<u>\$ 13,783,054</u>	<u>\$ 14,012,403</u>

12. Hospital Foundation and Auxiliary

Listowel Memorial Hospital Foundation

The Listowel Memorial Hospital Foundation is an independent corporation incorporated without share capital which has its own independent Board of Directors and is a registered charity under the Income Tax Act. The Foundation was established to raise funds for the use of the hospital. Donations received during the year were \$675,202 (2021: \$574,335).

Listowel Hospital Auxiliary

The Listowel Hospital Auxiliary is a volunteer organization affiliated with the Listowel Memorial Hospital and is engaged in a wide range of services for the betterment of the Hospital. The organization periodically transfers funds to the Hospital to be used for the purchase of equipment and supplies for the hospital. During the year, the Auxiliary donated \$0 (2021: \$31,000) to the Hospital.

13. Commitments

The Hospital has installed a replacement hospital and clinic wide network and phone system. A five-year lease in the amount of \$302,942 was signed during the 2019/2020 fiscal year. The remaining lease payments at March 31, 2022 were \$137,987.

LISTOWEL MEMORIAL HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2022

14. Financial Instrument Risks

Market risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate as a result of market factors. Market factors include three types of risk: interest rate risk, currency risk, and equity risk. The Hospital is not exposed to significant currency risk or equity risk as it does not transact materially in foreign currency or hold significant equity financial instruments. The Hospital's investment policy limits equity instruments to 10% of the fair value of the total investment portfolio. At March 31, 2022, a 10% movement in stock markets with all other variables held constant, could impact the market value of the equity instruments held by \$10,800 (2021: \$9,800).

Interest rate risk

Interest rate risk is the potential for financial loss caused by fluctuations in 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 interest bearing investments and term debt.

Credit risk

Credit risk is the risk of financial loss to the Hospital if a debtor fails to make payments of interest and principal when due. The Hospital is exposed to this risk relating its cash, accounts receivable, and debt holdings in its investment portfolio. The Hospital holds its cash accounts with federally regulated chartered banks who are insured by the Canadian Deposit Insurance Corporation. The Hospital's investment policy operates with the constraints of the investment guidelines issued by the Ministry and puts limits on the investment portfolio.

Accounts receivable are primarily due from OHIP, the Ministry of Health and Long-Term Care and patients. Credit risk is mitigated by the financial solvency of the provincial government and the highly diversified nature of the patient population. An impairment allowance is set up based on the Hospital's historical experience regarding collections.

Liquidity risk

Liquidity risk is the risk that the Hospital will not be able to meet its financial obligations as they fall due. The Hospital is exposed to this risk mainly in respect of its accounts payable and long-term debt. The Hospital expects to meet these obligations as they become due by generating sufficient cash flow from operations.

There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the risk.

LISTOWEL MEMORIAL HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2022

15. Contingent Liability

The Hospital participates in the Healthcare Insurance Reciprocal of Canada, a pooling of the public liability insurance risks of its healthcare members. Members of the pool pay annual premiums, which are actuarially determined. Members are subject to assessment for losses, if any, experienced by the pool for the year in which they were members. No assessments have been made to March 31, 2022, with respect to claims.

16. Financial impact of COVID-19 pandemic

The global COVID-19 pandemic continued to disrupt economic activities and supply chains through 2021/2022. This disruption is expected to continue into the next fiscal year. Given the dynamic nature of these circumstances, the duration of business interruption and the related financial impact cannot be reasonably estimated. The Ministry of Health has committed to reimbursement for incremental COVID expenses to June 2022. As the Hospital's main source of funding is the Ministry of Health, there has been no impact on the collectability of its accounts receivable balance. Management will continue to monitoring the COVID-19 impact on its financial condition, operations, suppliers, industry and workforce.

**WINGHAM AND DISTRICT HOSPITAL
FINANCIAL STATEMENTS
MARCH 31, 2022**

SEEBACH & COMPANY
Chartered Professional Accountants

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Wingham District Hospital

Opinion

We have audited the accompanying financial statements of Wingham District Hospital ("the Hospital"), which are comprised of the statement of financial position as at March 31, 2022 and the statements of operations and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital as at March 31, 2022, and its financial performance and its cash flows for the year then ended in accordance with Canadian public sector accounting standards (PSAB).

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 *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. 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 ethical 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 PSAB, 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.

Auditor's Responsibilities 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 auditor's 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 these financial statements.

INDEPENDENT AUDITOR'S REPORT (continued)

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 auditor's 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 auditor's 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 consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We 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.

Seebach & Company

Chartered Professional Accountants
Licensed Public Accountants

Clinton, Ontario
May 25, 2022

WINGHAM AND DISTRICT HOSPITAL **BALANCE SHEET**

See Accompanying Notes to Financial Statements

As at March 31	2022	2021
ASSETS		
Current assets		
Cash	573,517	623,983
Accounts receivable (note 3)	1,733,266	1,592,592
Inventories	681,733	504,600
Prepaid expenses	232,436	287,002
	<u>3,220,952</u>	<u>3,008,177</u>
Capital assets, net book value (note 5)	20,777,855	22,040,127
	<u><u>\$ 23,998,807</u></u>	<u><u>\$ 25,048,304</u></u>
LIABILITIES AND NET ASSETS		
Current liabilities		
Bank borrowings (note 6)	245,000	315,000
Accounts payable and accrued liabilities (note 4)	2,116,445	2,557,661
Deferred contributions (note 7)	-	23,333
Current portion of long-term debt (note 8)	102,400	1,087,100
	<u>2,463,845</u>	<u>3,983,094</u>
Long term liabilities		
Long-term debt (note 8)	3,553,969	2,649,897
Post-employment benefits (note 9)	658,920	620,659
Deferred capital contributions (note 10)	13,314,494	13,104,959
	<u>19,991,228</u>	<u>20,358,609</u>
Net assets		
Invested in capital assets	3,561,992	4,883,171
Unrestricted	445,587	(193,476)
	<u>4,007,579</u>	<u>4,689,695</u>
	<u><u>\$ 23,998,807</u></u>	<u><u>\$ 25,048,304</u></u>

On behalf of the Board:

..... Director

..... Director

WINGHAM AND DISTRICT HOSPITAL**STATEMENT OF OPERATIONS**

See Accompanying Notes to Financial Statements

For the Year Ended March 31	2022	2021
Revenue		
Ministry of Health		
- Hospital operations	14,473,549	14,837,648
- Emergency and on call coverage	1,913,998	1,903,002
Inpatient	88,644	184,590
Outpatient	602,139	508,019
Investment income	186	2,315
Recoveries and other income	4,779,280	5,036,191
Amortization of deferred capital contributions - equipment	1,113,358	764,323
	<u>22,971,154</u>	<u>23,236,088</u>
Expenses		
Salaries and wages	9,089,623	8,976,443
Medical staff remuneration	2,164,492	2,108,169
Employee benefits	2,484,922	2,408,422
Supplies and other expenses	3,853,197	3,465,349
Medical and surgical supplies	578,743	693,792
Drug expense	3,805,242	4,082,967
Amortization of equipment	1,062,811	973,695
Interest expense	133,622	132,293
	<u>23,172,652</u>	<u>22,841,130</u>
Excess of revenue over expenses before other revenue and expenses	<u>(201,498)</u>	<u>394,958</u>
Building and land improvements		
Amortization of deferred capital contributions	599,146	563,381
Amortization of building and land improvements	(1,079,764)	(1,015,591)
	<u>(480,618)</u>	<u>(452,210)</u>
Excess (deficiency) of revenue over expenses for the year	<u>(\$ 682,116)</u>	<u>(\$ 57,252)</u>

WINGHAM AND DISTRICT HOSPITAL
STATEMENT OF CHANGES IN NET ASSETS
See Accompanying Notes to Financial Statements

For the Year Ended March 31	2022		2021	
	Invested in Capital Assets	Unrestricted	Total	Total
Balance, beginning of year	4,883,171	(193,476)	4,689,695	4,746,947
Excess (deficiency) of revenues over expenses	(430,071)	(252,045)	(682,116)	(57,252)
Investment in capital assets, net	(891,108)	891,108	-	-
Balance, end of year	<u>3,561,992</u>	<u>445,587</u>	<u>\$ 4,007,579</u>	<u>\$ 4,689,695</u>

WINGHAM AND DISTRICT HOSPITAL**STATEMENT OF CASH FLOWS**

See Accompanying Notes to Financial Statements

For the Year Ended March 31	2022	2021
Operating activities		
Excess of revenue over expenses for the year	(682,116)	(57,252)
Items not requiring (not providing) cash		
Amortization expense	2,142,575	1,989,286
Amortization of deferred capital grants and donations	(1,712,504)	(1,327,704)
Working capital provided from operations	(252,045)	604,330
Cash provided from (used for) changes in operational balances		
Accounts receivable	(140,674)	25,750
Inventory	(177,133)	156,267
Prepaid expenses	54,566	(12,142)
Accounts payable and accrued liabilities	(441,216)	(424,122)
Post-employment benefits	38,261	40,118
Deferred contributions	(23,333)	(40,000)
Cash provided from (used for) operating activities	(941,574)	350,201
Capital activities		
Net disposals (purchases) of capital assets	(880,303)	(2,518,540)
Deferred building and equipment grants and donations	1,922,039	1,201,262
	1,041,736	(1,317,278)
Financing activities		
Net proceeds (repayments) from short-term bank borrowings	(70,000)	315,000
Net proceeds (repayments) from long-term debt	(80,628)	(80,248)
	(150,628)	234,752
Increase (decrease) in cash	(50,466)	(732,325)
Cash, beginning of year	623,983	1,356,308
Cash, end of year	\$ 573,517	\$ 623,983

WINGHAM AND DISTRICT HOSPITAL

NOTES TO FINANCIAL STATEMENTS

For the Year Ended March 31, 2022

Wingham and District Hospital (the "Hospital") is a non-profit organization incorporated without share capital under the laws of the Province of Ontario. The Hospital provides health care services to the residents of North Huron and surrounding area. The Hospital is a registered charity under the Income Tax Act and, as such, is exempt from income tax.

1. Significant accounting policies

The financial statements of the Hospital are the representations of management. They have been prepared in accordance with Canadian public sector accounting standards for government not-for-profit organizations, including the 4200 series of standards, as issued by the Public Sector Accounting Board (PSAB for Government NPOs).

The Wingham and District Hospital Foundation referred to in the notes is a separate entity whose financial information is reported separately from the Hospital.

The significant accounting policies are summarized as follows:

a) Revenue recognition

The hospital follows the deferral method of accounting for contributions, which include donations and government grants.

Under the Health Insurance Act and Regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health and Ontario Health. The Hospital has entered into a Hospital Service Accountability Agreement (the H-SAA) for fiscal 2021-2022 with Ontario Health that sets out the rights and obligations of the parties to the H-SAA in respect of funding provided to the Hospital by the Ministry / Ontario Health. The H-SAA also sets out the performance standards and obligations of the Hospital that establish acceptable results for the Hospital's performance in a number of areas.

If the Hospital does not meet its performance standards or obligations, the Ministry / Ontario Health has the right to adjust funding received by the Hospital. The Ministry / Ontario Health is not required to communicate certain funding adjustments until after the submission of year-end data. Since this data is not submitted until after the completion of the financial statements, the amount of Ministry / Ontario Health funding received by the Hospital during the year may be increased or decreased subsequent to year-end.

Contributions approved but not received at the end of an accounting period are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period.

Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions for the purchase of capital assets are deferred and amortized into revenue at a rate corresponding with the amortization rate for the related capital assets.

Amortization of buildings is not funded by the Ontario Health and accordingly the amortization of buildings has been reflected as an undernoted item in the statement of operations with the corresponding realization of revenue for deferred contributions.

Revenue from patient services is recognized when the service is provided, the amount to be received can be reasonably estimated and collection is reasonably assured.

Ancillary revenue is recognized when the goods are sold and services provided.

WINGHAM AND DISTRICT HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2022

1. Significant accounting policies (Continued)

b) Inventories

Inventories are recorded at the lower of average cost and net realizable value. Cost comprises all costs to purchase, convert and any other costs incurred in bringing the inventories to their present location and condition.

c) Capital assets

Purchased capital assets are recorded at cost less accumulated amortization. Contributed capital assets are recorded at fair value at the date of contribution. Repairs and maintenance costs are charged to expense. Betterments that extend the estimated life of an asset are capitalized. Construction in progress is not amortized until construction is substantially complete and the assets are ready for use.

Capital assets are capitalized on acquisition and amortized on a straight line basis over their estimated useful lives as follows:

Land improvements	3 - 20 years
Buildings	20 - 40 years
Equipment	4 - 20 years

d) Contributed services

Volunteers contribute numerous hours to assist the Hospital in carrying out certain charitable aspects of its service delivery activities. Due to the difficulty of determining the fair value, contributed services are not recognized in these financial statements.

e) Retirement and Post-employment Benefits

The Hospital provides defined retirement and post-employment health, dental and life insurance benefits to eligible retired employees. The Hospital has adopted the following policies with respect to accounting for these employee benefits:

- (i) The costs of post-employment benefits are actuarially determined using management's best estimate of health care costs and discount rates. Adjustments to these costs arising from changes in estimates and experience gains and losses are amortized to income over the estimated average remaining service life of the employee groups on a straight line basis. Plan amendments, including past service costs are recognized as an expense in the period of the plan amendment.
- (ii) The costs of the multi-employer defined benefit pension plan are the employer's contributions due to the plan in the period.

f) Management Estimates

The preparation of financial statements in accordance with PSAB for Government NPOs requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the period. Actual results could differ from management's best estimates as additional information becomes available in the future. Areas of key estimation include determination of allowance for doubtful accounts, inventory obsolescence, amortization of capital assets and actuarial estimation of post-employment benefits.

WINGHAM AND DISTRICT HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2022

1. Significant accounting policies (Continued)

g) Financial instruments

Cash and equity instruments quoted in an active market are measured at fair value. Accounts receivable, loans receivable, accounts payable, and long-term debt are measured at cost or amortized cost. The carrying amount of each of these financial instruments is presented on the statement of financial position.

Unrealized gains and losses from changes in the fair value of financial instruments are recognized in the statement of remeasurement gains and losses. Upon settlement, the cumulative gain or loss is reclassified from the statement of remeasurement gains and losses and recognized in the statement of operations. Interest and dividends attributable to financial instruments are reported in the statement of operations.

When investment income and realized and unrealized gains and losses from changes in fair value of financial instruments are externally restricted, the investment income and fair value changes are recognized as revenue in the period in which the resources are used for the purpose specified.

For financial instruments measured using amortized cost, the effective interest rate method is used to determine interest revenue or expense.

All financial assets are tested annually for impairment. When financial assets are impaired, impairment losses are recorded in the statement of operations.

Transaction costs are added to the carrying value for financial instruments measured using cost or amortized cost. Transaction costs are expensed for financial instruments measured at fair value.

2. Cash

Cash consists of bank deposits that are held at one chartered bank. The accounts earn interest at a variable rate, payable monthly.

3. Accounts Receivable

	2022	2021
Ministry of Health	809,903	604,291
Patient services	135,584	112,034
Other	<u>788,321</u>	<u>778,376</u>
	1,733,808	1,592,671
Less: Allowance for doubtful accounts	<u>(542)</u>	<u>(79)</u>
	<u>\$ 1,733,266</u>	<u>\$ 1,592,592</u>

4. Related Party Transactions

The Hospital has an alliance agreement with the Listowel Memorial Hospital and shares a management team and other resources. The services resulted in staff charges of \$1,206,883 (2021: \$1,321,812) from Listowel Memorial Hospital. The Hospital provided services to Listowel Memorial Hospital which resulted in recoveries of \$557,740 (2021: \$482,347). At March 31, 2022, accounts payable includes \$342,517 (2021: \$435,889) that is due to Listowel Memorial Hospital. These transactions are in the normal course of operations and are measured at the exchange amount of consideration established and agreed to by the related parties.

WINGHAM AND DISTRICT HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2022

5. Capital Assets

	Cost	Accumulated Amortization	Net Book Value 2022	Net Book Value 2021
Land	916,541	-	916,541	916,541
Land improvements	1,289,998	438,945	851,053	916,342
Buildings	23,461,905	9,006,674	14,455,231	15,143,520
Equipment	<u>16,957,362</u>	<u>12,402,332</u>	<u>4,555,030</u>	<u>5,050,980</u>
	42,625,806	21,847,951	20,777,855	22,027,383
Construction in progress	-	-	-	12,744
	<u>\$ 42,625,806</u>	<u>\$ 21,847,951</u>	<u>\$ 20,777,855</u>	<u>\$ 22,040,127</u>

Assets included in construction in progress are not amortized until available for use.

6. Bank Indebtedness

	2022	2021
Canadian Imperial Bank of Commerce, prime rate, repayable \$5,833 monthly principal plus interest, due on demand	\$ 245,000	\$ 315,000

7. Deferred Contributions

Deferred contributions represent unspent externally restricted funding that has been received and relates to a subsequent year. Changes in the contributions deferred to future periods are as follows:

	2022	2021
Balance, beginning of year	23,333	63,333
Contributions received during the year	-	-
Less: amounts recognized as revenue in the year	<u>(23,333)</u>	<u>(40,000)</u>
Balance, end of year	<u>\$ -</u>	<u>\$ 23,333</u>

Deferred contributions are comprised of:

	2022	2021
Prepaid rent and operational funding	-	23,333
Less: current portion	<u>-</u>	<u>23,333</u>
Balance, end of year	<u>\$ -</u>	<u>\$ -</u>

WINGHAM AND DISTRICT HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2022

8. Long-Term Debt

	2022	2021
Listowel Memorial Hospital, 2.25%, repayable interest only monthly, due March 2022	-	1,000,000
Royal Bank of Canada, swap agreement interest rate, repayable \$8,000 quarterly principal plus interest, due October 2042	1,000,000	-
Royal Bank of Canada, 3.65%, repayable \$15,400 monthly blended principal and interest, due October 2022	<u>2,656,369</u>	<u>2,736,997</u>
	3,656,369	3,736,997
Less: current portion	<u>102,400</u>	<u>1,087,100</u>
	<u>\$ 3,553,969</u>	<u>\$ 2,649,897</u>

Scheduled principal payments required over the next five fiscal years are as follows:

2022/2023	\$ 102,400
2023/2024	64,000
2024/2025	87,000
2025/2026	92,000
2026/2027	96,000

The Wingham and District Hospital entered into a Bankers Acceptance and Interest Rate Swap agreement March 31, 2022 for \$1,000,000 with a term of 20.75 years at an indicative swap rate of 3.40%, a credit spread of 0.88 % with an indicative all-in rate of 4.28%. When the Royal Bank of Canada mortgage balance of \$2,595,000 comes due on October 30, 2022, it will be incorporated into the borrowing amount for a total of \$3,580,000 with a 20 year amortization and term ending on October 30, 2042.

9. Post-Employment Benefits

Pension Plan

Substantially all of the employees of the hospital are eligible to be members of the Healthcare of Ontario Pension Plan (HOOPP). The plan is a multi-employer plan and therefore the Hospital's contributions are accounted for as if the plan were a defined contribution plan with the Hospital's contributions being expenses in the period they come due. Contributions made to the plan during the year by the Hospital amounted to \$681,773 (2021: \$638,647) and are included in employee benefits on the statement of operations. Variances between actuarial funding estimates and the actual experience could be material and any differences are funded by participating members.

WINGHAM AND DISTRICT HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2022

9. Post-Employment Benefits (continued)

Other Benefits

The Hospital provides post-employment health care, dental and life insurance benefits to eligible retired employees. The hospital's liability at March 31 for this plan is as follows:

	2022	2021
Accrued benefit obligation	917,006	968,442
Unamortized net actuarial loss (gain)	<u>(258,086)</u>	<u>347,783</u>
Post-employment benefits liability	<u>\$ 658,920</u>	<u>\$ 620,659</u>

In measuring the Hospital's accrued benefit obligation, a discount rate of 2.90% (2021: 3.00%) was assumed. For extended health care costs, a 5.37% annual rate of increase was assumed beginning in 2020, then decreasing to an ultimate rate of 3.57% per annum increase; and, for dental costs, a 3.00%-4.75% annual rate of increase was assumed. The most recent actuarial valuation was prepared as at April 1, 2022. Actual results could differ from this estimate as additional information becomes available in the future.

	2022	2021
Current year benefit cost	52,300	50,098
Interest on accrued benefit obligation	28,593	28,879
Amortized actuarial (gains) losses	<u>26,928</u>	<u>26,273</u>
Expense for the year	<u>\$ 107,821</u>	<u>\$ 105,250</u>
Benefits paid during the year	<u>\$ 52,300</u>	<u>\$ 50,098</u>

10. Deferred Capital Contributions

Deferred capital contributions represent the unamortized amount and unspent amount of donations and grants received for the purchase of capital assets. The amortization of capital contributions is recorded as revenue in the statement of operations.

	2022	2021
Balance, beginning of year	13,104,959	13,231,401
Contributions received	1,922,039	1,201,262
Amortization of deferred contributions - equipment	(1,113,358)	(764,323)
Amortization of deferred contributions - building and land improvements	<u>(599,146)</u>	<u>(563,381)</u>
Balance, end of year	<u>\$ 13,314,494</u>	<u>\$ 13,104,959</u>

WINGHAM AND DISTRICT HOSPITAL

NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2022

11. Hospital Foundation and Auxiliary

Wingham and District Hospital Foundation

The Wingham and District Hospital Foundation is an independent corporation incorporated without share capital which has its own independent Board of Directors and is a registered charity under the Income Tax Act. The Foundation was established to raise funds for the use of the hospital. Donations received during the year were \$870,326 (2021: \$302,440).

Wingham Hospital Auxiliary

The Wingham Hospital Auxiliary is a volunteer organization affiliated with the Wingham and District Hospital and is engaged in a wide range of services for the betterment of the Hospital. The organization periodically transfers funds to the Hospital Foundation to be used for the purchase of equipment and supplies for the hospital.

12. Commitments

The Hospital has installed a replacement hospital and clinic wide network and phone system. A five-year lease in the amount of \$322,479 was signed during the 2019/2020 fiscal year. The remaining lease payments at March 31, 2022 were \$138,882.

13. Contingent Liabilities

The Hospital participates in the Healthcare Insurance Reciprocal of Canada, a pooling of the public liability insurance risks of its healthcare members. Members of the pool pay annual premiums, which are actuarially determined. Members are subject to assessment for losses, if any, experienced by the pool for the year in which they were members. No assessments have been made to March 31, 2022, with respect to claims.

The Hospital has been named as a defendant in lawsuits. Legal counsel for the Hospital has advised that it is premature to make any evaluation of the possible outcome or possible settlement amount of these claims. Consequently, no provision for these claims have been made in the financial statements.

14. Financial impact of COVID-19 pandemic

The global COVID-19 pandemic continued to disrupt economic activities and supply chains through 2021/2022. This disruption is expected to continue into the next fiscal year. Given the dynamic nature of these circumstances, the duration of business interruption and the related financial impact cannot be reasonably estimated. The Ministry of Health has committed to reimbursement for incremental COVID expenses to June 2022. As the Hospital's main source of funding is the Ministry of Health, there has been no impact on the collectability of its accounts receivable balance. Management will continue to monitoring the COVID-19 impact on its financial condition, operations, suppliers, industry and workforce.

GOVERNANCE AND NOMINATIONS COMMITTEE REPORT

Listowel Wingham Hospitals Alliance Report of the Governance and Nominations Committee

The Executive, Governance and Nominations Committee is nominating the following members to the Listowel Wingham Hospitals Alliance Board of Directors for the term indicated.

From the Listowel Memorial Hospital service area:

- Jessica Weber – 2 year term ending in 2024
- Rick Boisvert – 2 year term ending in 2024
- Claude Leroux – 2 year term ending in 2024

From the Wingham and District Hospital service area:

- Rosalea Beyersbergen – 2 year term ending in 2024
- Sheena Haines - 2 year term ending in 2024
- Conor O'Keefe - 2 year term ending in 2024
- Dale Gilchrist - 1 year term ending in 2023

The Executive, Governance and Nominating Committee is recommending the following individuals be appointed to the Executive Committee of the Listowel Wingham Hospitals Alliance:

- Jessica Weber, Chair
- Doug Miller, Vice Chair
- Stacey Ash, 2nd Vice Chair
- Susan McLaughlin, Treasurer
- Dale Gilchrist, Past Chair
- Karl Ellis, President and CEO
- Dr. Terry Suggitt, Chief of Staff – Listowel
- Dr. Stephen Vander Klippe, Chief of Staff - Wingham

AUXILIARY REPORTS

Listowel Memorial Hospital

The first half of the past year was non-eventful for the auxiliary due to Covid and flooding. But 2022 ushered in the re-opening of our Gift Shop and several fundraisers to kick start our fundraising efforts to purchase a new Fetal Heart Monitor.

Pauline Daugherty led us in a safety and protocol workshop before we opened. We thank all the staff who have supported us through the past year in a variety of ways.

Respectfully submitted,
Rhonda Beirnes
President

Wingham and District Hospital

Our Auxiliary resumed in-person meetings in September/2021, so nice to see each other again.

Gift Shop is also open again and great to see visitors and staff dropping in.

We hosted another successful Bake Sale on November 26th & 27th, also held a Raffle for a Mini iPad (winner was Kendra Robinson) and Gift Card Winner was Lana McKague).

We continue to present 2 \$500.00 Bursaries to F. E. Madill students each year who pursue studies in the health care field.

In December we purchased a Bariatric Stretcher for the Emerg Department and 3 TV's for different areas in the hospital.

February 14th/2022 we held a Valentine Raffle for a Bucket of Wine (winner was Laurie Bendo).

March we purchased a Medical Fridge for 2nd floor.

We will continue to fundraise and support our hospital, patients, staff and community with quality equipment as needed

Our Auxiliary has a long and proud history with Wingham and District Hospital.

Respectfully submitted,
Trudy Thomson
Past Chair of the Auxiliary to Wingham and District Hospital

FOUNDATION REPORTS

Listowel Memorial Hospital Foundation Report 2021/2022

The Listowel Memorial Hospital Foundation has had a very good year bringing the profile of the Foundation to a new level for local residents and surrounding areas considering Covid-19 still is very much a part of everyone's life.

The Foundation only held a couple of fundraisers in the last year due to Covid-19:

- The LMHF Spring Gala was postponed to Saturday, September 25th, 2021 at the Elma Community Centre in Atwood. With Covid-19 numbers still too high to hold an actual Gala in September the Foundation offered a "Thank you dinner" picked up by Gala corporate donors and LMH doctors at the Elma Community Centre. The three course meal was prepared by Winston Catering Company and safely placed in our donors vehicles when it was their scheduled pick up time. The dinner was a huge success and the non Gala 2021 event raised more than \$477,000 net to fund the Gala projects, a replacement 'Mammography machine' and other capital items.
- The CKNX Healthcare Heroes Radiothon 2021 went ahead on Saturday, October 16, 2021 and was remotely done with calls into CKNX and donors would pledge their donation to one of ten Hospitals. LMHF netted \$88,000 from their designated Radiothon donations until end of November 2021.

The Foundation usually participates in four events each year bringing awareness of the importance of fundraising for our hospital to the area. This year due to Covid-19 the Foundation was unable to hold all their annual events.

Upcoming Events for 2022/2023

- Spring Gala 2022, theme "**Garden Party**" was postponed until Saturday, October 22nd due to COVID-19. The Foundation will make a decision whether the Gala in October will be able to host guests to Elma or whether there will be another "Thank you dinner" again for corporate donors. This decision will be made by the board in late August 2022. Proceeds are to fund a 'Laposcopic tower for OR' and a replacement 'Ultrasound machine' and other capital equipment. Goal is \$350,000.
- To date Gala 2022 has brought in over \$480,000 corporate donations.
- LMHF Car & Motorcycle Poker Rally has been cancelled this year due to Doug Boyd being out of the country when the car rally is hosted.
- CKNX HealthCare Heroes Radiothon and Knox Presbyterian Church Hall event (Covid-19 pending), Saturday, October 15th, 2022 proceeds to purchase two Colonoscopes for the OR, Goal is \$70,000

Newsletters

Spring 2022 newsletter was mailed out mid May 2022. This newsletter will update residents on status of events and news for the LMHF. The Foundation circulated 2 newsletters in 2021 to 9600 households.

Listowel Memorial Hospital Foundation
Report to the Board
June 2022

The Listowel Memorial Hospital Foundation was able to purchase \$675,078.57 of equipment and other items in 2021/2022 yearend. There is a balance due to LMH of \$106,000.00 for final payment of the Mammography machine. This includes all of Gala project equipment, Radiothon equipment committed. Therefore, total for year 2021/2022 is \$781,078.57.

The Foundation is grateful for the support from the citizens and businesses of North Perth and surrounding areas.

Respectfully submitted, LMH Foundation

Fundraising

During the 2021-2022 fiscal year, the Wingham & District Hospital Foundation received \$1.75 million in donations. This was comprised, in part, by: \$86,100 Radiothon, \$871,500 Bequests, and \$73,000 to the Palliative Care Suite project. The remainder was comprised of general donations, memorial donations and donations designated towards specific equipment or departments.

The average donation was \$416.

Annual Donation

For 2021-2022 fiscal year, the WDH Foundation funded equipment and facility upgrades totaling \$870,325.

These funds were generated through the CKNX Healthcare Heroes Radiothon, memorial and general donations, other events, appeals, bequests and grants as well as contributions from the Auxiliary. The funds donated supported the purchase of the following: Omni cell tower, Automated refurbishment, OR Scope replacements, Palliative Care Suite renovation, X-Ray renovation, UV light sanitizer, Bariatric stretcher, 3 TVs, Medical grade fridge, Netflix for Oncology and contribution to the Recruitment Committee

Since its inception the Wingham & District Hospital Foundation, it has donated \$10,808,534 to the Hospital.

Radiothon

At the 2021 CKNX Healthcare Heroes Radiothon held on October 16, 2021, the Wingham & District Hospital Foundation raised over \$76,000 towards medication dispensing equipment. Specifically the omni cell and automated.

The 9th annual Great Hospital Race also raised funds towards the radiothon project. The event returned to an in-person format with corporate sponsorship similar to pre-pandemic years and participation showed a notable rebound though not equal to 2019. The event raised \$11,000.

Notable Donations

A few of the memorable 2021-2022 donations were received from: Bruce Power, Joe Kerr Limited, Leslie Motors, Snobelen Farms, and several significant estate gifts.

MEDICAL STAFF

Dr. T. Suggitt - Chief of Staff

Dr. D. Gateman – President

Dr. R. Latuskie – Vice-President

Dr. A. Qureshi - Secretary

ACTIVE STAFF

Dr. R. Annis
Dr. I. Cameron
Dr. G. Edmonds
Dr. D. Gateman
Dr. L. Hayward
Dr. R. Latuskie
Dr. B. Matthews

Dr. A. Qureshi
Dr. Z. Rana
Dr. E. Seary
Dr. R. Sextus
Dr. T. Suggitt
Dr. L. Trojnar
Dr. E. Westen

DENTAL STAFF

Dr. N. Hogg
Dr. Y. Liu
Dr. D. Nuhn
Dr. J. O’Young
Dr. O. Panich
Dr. A. Thompson

ASSOCIATE STAFF

Dr. J. Dietrich

MIDWIFERY STAFF

I. Bertens
S. Blaise
M. Brawley
M. Colgate
M. Falvo
L. Fischer
C. Goudy

V. Groulx
C. Kipp
J. Nafziger
T. Sabri
A. Sjaarda
C. Soulliere

NURSE PRACTITIONERS

Julie Murtha
Daniel Goodman

COURTESY STAFF

Dr. G. Antoniadis
Dr. K. Blaine
Dr. M. Chan
Dr. M. Curtis
Dr. A. Daters
Dr. A. DiLabio
Dr. H. Duque-Rendon
Dr. Y. Erenberg
Dr. M. Ghattas
Dr. J. Guy
Dr. A. Haider
Dr. G. Hancock
Dr. G. Heaton
Dr. J. Huang

Dr. B. Hutten-Czapski
Dr. A. Kaleel
Dr. A. Kara
Dr. J. Kargbo
Dr. M. Klassen
Dr. J. Law
Dr. A. Maruscak
Dr. K. Miller
Dr. K. Mir
Dr. A. Peel
Dr. M. Peirce
Dr. N. Potvin
Dr. A. Qureshi
Dr. M. Rodowa

Dr. V. Sanci
Dr. J. Schultz
Dr. G. Semelhago
Dr. V. Sharma
Dr. T. Steinmann
Dr. C. Tamblyn
Dr. S. Tamblyn
Dr. E. van Oosten
Dr. R. Warren
Dr. R. Wong
Dr. O. Yousef

Dr. S. Vander Klippe – Chief of Staff
Dr. B. Marshall – Vice President / Secretary / Treasurer

ACTIVE STAFF

Dr. G. Antoniadis
Dr. S. Henderson
Dr. B. Marshall
Dr. S. Marshall
Dr. R. Mbuva
Dr. M. Moores

Dr. A. Peel
Dr. J. Puntillo
Dr. Z. Rana
Dr. S. Vander Klippe

ASSOCIATE STAFF

Dr. M. Mousa

DENTAL STAFF

Dr. K. Hanna
Dr. Y. Liu
Dr. J. O'Young
Dr. J. Lee

NURSE PRACTITIONERS

Kathleen Durfy

COURTESY STAFF

Dr. C. Barry
Dr. C. Bloch
Dr. B. Bukala
Dr. A. Cheema
Dr. P. Conlon
Dr. M. Curtis
Dr. A. Daters
Dr. A. DiLabio
Dr. D. Dittmer
Dr. H. Duque-Rendon
Dr. R. Dworkin
Dr. G. Edmonds
Dr. Y. Erenberg

Dr. F. Fadojutimi
Dr. M. Flowers
Dr. D. Gateman
Dr. M. Ghattas
Dr. R. Gobburu
Dr. T. Haffner
Dr. L. Hayward
Dr. A. Kara
Dr. J. Kargbo
Dr. A. Lyons
Dr. B. Matthews
Dr. J. McKenna

Dr. K. Mir
Dr. E. Ng
Dr. N. Potvin
Dr. A. Qureshi
Dr. J. Schultz
Dr. S. Sleeth
Dr. L. Trojnar
Dr. E. van Oosten
Dr. O. Yousef



**Listowel Memorial Hospital
Wingham and District Hospital
Courtesy Staff
2022/2023**



COURTESY STAFF – ST. MARY’S CARDIOLOGY

Dr. S. Ali
Dr. M. Babapulle
Dr. D. Desai
Dr. U. Manian
Dr. M. Pearce
Dr. H. Warren
Dr. A. Yip



**Listowel Wingham Hospitals
Alliance
Courtesy Staff
2022/2023**

COURTESY STAFF - ELGIN RADIOLOGY ASSOCIATES

Dr. J. Barfett
Dr. M. Levin
Dr. P. Lynch
Dr. S. Potoczny
Dr. W. Romano

VISITING CONSULTANTS CLINICS

Listowel Memorial Hospital Visiting Consultants 2022/2023

<u>Clinic</u>	<u>Physician</u>	<u>Clinic Held</u>
Dermatology	Dr. A. Haider	Weekly
E.N.T.	Dr. B. Hughes	Once / Month
General Surgery	Dr. Z. Rana Dr. A. Maruscak	Daily Once / Week
Internal Medicine	Dr. M. Peirce Dr. E. van Oosten	Twice / Month
Internal Medicine – Gastroenterology	Dr. V. Sharma	Twice / Month
Neurology	Dr. A. Kaleel	Quarterly
Obstetrics / Gynecology	Dr. M. Rodowa Dr. G. Hancock	Weekly
Orthopedics	Dr. J. Guy	Bi-Weekly
Pediatric	Dr. K. Blaine	Bi-Weekly
Plastic Surgery	Dr. G. Heaton	Three Times / Month
Urology	Dr. J. Law	Bi-Weekly

Wingham and District Hospital Visiting Consultants 2022/2023

Clinic	Physician	Clinic Held
Cardiology / Echocardiography / Carotid Doppler Studies	Dr. C. Barry Dr. T. Haffner	Twice / Month
Dermatology	Dr. R. Dworkin	Twice / Month
General Surgery	Dr. Z. Rana Dr. A. DiLabio	Twice / Week Bi-Weekly
Echo Lab	Dr. M. Cooper	Weekly
Internal Medicine	Dr. A. Kara	Monthly
Internal Medicine – Gastroenterology	Dr. M. Flowers	Five Days / Week
E.N.T.	Dr. J. McKenna	Bi-Monthly
Geriatrics	Dr. A. Peel	Three Days / Week
Oral Maxillofacial Surgeon / Dental	Dr. J. O'Young Dr. K. Hanna	Monthly
Pediatrics	Dr. R. Gobburu	Monthly
Physical Medicine and Rehab	Dr. D. Dittmer	Monthly
Urology	Dr. B. Bukala	Monthly

Listowel Wingham Hospitals Alliance

Chair – Dale Gilchrist

1st Vice-Chair – Jes Weber

Past Chair – Hugh Clugston

Treasurer – Doug Miller

Patient Representative – Rosemary Rognvaldson

Secretary - Karl Ellis

Directors

Rick Boisvert

Bert Johnson

Penny Mulvey

Stacey Ash

Sharon Skinn

Conor O’Keefe

Susan McLaughlin

Janny Pape

Ex-Officio Members

Chief of Staff Listowel Memorial Hospital - Dr. Terry Suggitt

President of Medical Staff Listowel Memorial Hospital - Dr. Derek Gateman

Chief of Staff Wingham and District Hospital - Dr. Stephen Vander Klippe

President and CEO – Karl Ellis

Vice President of Clinical Services and Quality – Justine Leslie