



**Listowel
Wingham**
HOSPITALS ALLIANCE

Together. Leading Care. Better health.

2015 / 2016 Annual Report

ENRICHING LIFE'S JOURNEY TOGETHER



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Listowel Wingham Hospitals Alliance 2015 Annual Meeting Minutes

**Listowel Memorial Hospital Corporation
Wingham and District Hospital Corporation
Wednesday June 10, 2015
Trillium Mutual Insurance Company**

Welcome

Greetings were extended to all members and guests. 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 1910 hours.

2.0 Chair's Remarks

Blair Burns welcomed Corporation members, hospital staff, visitors, and the media and noted he would be chairing the meeting with the assistance of Amy Miller, Chair of the Wingham and District Hospital Board.

Amy Miller introduced the Directors of the Wingham & District Hospital Board and Blair Burns introduced the Listowel Memorial Hospital Board.

3.0 Minutes of the Previous Meeting

MOTIONS:

It was moved by Kris Dekker, seconded by Marilyn Nichol to:

Adopt the minutes of the June 11, 2014 Annual Meeting of the Listowel Memorial Hospital corporation.

Motion Carried

It was moved by Penny Mulvey, seconded by Marg Carswell to:

Adopt the minutes of the June 11, 2014 Annual Meeting of the Wingham and District Hospital corporation.

Motion Carried

4.0 Reports

4.1 Report of the Board Chairs and Chief Executive Officer

Karl Ellis, Amy Miller and Blair Burns presented the report. Highlights from the report were:

- For the past 3 years the Alliance focused on strengthening our organizational effectiveness while responding to the changing health care environment. The Board of Directors has undertaken their responsibilities to govern the Alliance corporations with these two guiding principles in mind
- The organization has been guided by a Clinical Services Plan that was adopted in 2012. This document has directed many of the decisions of the Board since that time as it acknowledges that not all hospital services can be provided at all sites.
- This past year the South West Local Health Integration Network was reviewing the location and utilization of Complex Continuing Care and Rehabilitation beds. The Clinical Services Plan was utilized as a guide for the location and size of CCC and rehab programs within the LWHA. Listowel will operate 15 CCC beds while Wingham will have 5 CCC and 5 Rehab beds going forward.
- The integrated quality and risk framework was also adopted by the Board this past year. This document is exceptionally valuable for a small hospital working very hard with limited resources to comply with the numerous standards, demands and expectations.
- Planning for the Wingham and District Hospital redevelopment has progressed to the point we are able to prepare working construction drawings and tender packages. Construction could begin before the end of 2015 if all projected timelines are met by the hospital and the Ministry of Health and Long Term Care.
- The former Wingham Public School will soon be transformed into a new medical clinic that will create space for our local primary care physicians and the North Huron Family Health Team. The expected benefit for the community is the creation of a single campus of providers that spans the continuum of health care.
- Renovations have occurred at both the Wingham and District Hospital and the Listowel Memorial Hospital with the respect to accessibility. WDH replaced the front stairway with a ramp and LMH welcomed a new dining room with accessible washroom space and the creation of an accessible shower and new tub room.
- Other capital expenditures included the replacement of the IV pumps at both sites, WDH purchased a new ultrasound machine and LMH is expecting the purchase of a new ultrasound machine as well.
- A comprehensive 5 year capital plan was also created this year that will be a valuable resource for the major capital redevelopment and informing the Foundations and community of the ongoing capital needs.
- Operating funds from the province remain frozen for Ontario's hospitals. This resulted in organizational and staffing model changes that were implemented last year.
- Currently, the two Boards meet as a single entity while governing two separate corporations and in the year ahead will redraft the bylaws to formalize the existing practice of a single board governing the hospitals.
- The Board is indebted to the efforts of the many hospital staff, physicians, volunteers and community members on behalf of the LWHA.

4.2 Report of the Chief of Staff – Listowel Memorial Hospital

Dr. Latuskie presented the Report of the Chief of Staff for the Listowel Memorial Hospital, and noted:

- Thanked everyone for attending the Annual General Meeting
- Apologies were given by Dr. Latuskie for not mentioning the CT scanner in his written report as it is a very important issue that is still being worked on very hard
- Listowel Memorial Hospital has had quite a productive year although the presence of Dr. Neable is still missed. Thankfully, Dr. Lauren Haywood has been a valuable addition to the physician staff.
- Recruitment officer, Kim Kowch, has been diligent recruiting new physicians for our area. There is not currently a new physician planning to open a practice here but we are hopeful for the future.
- Information Technology continues to challenge the physicians but there have been some improvements and they continue efforts to optimize the new software.
- There has been good work on various accreditation programs such as lab and pharmacy over the last year. A lot of work goes into each of these processes and we have finite time to deal with some of the apparent duplication.
- Extended thanks to the Board and the excellent staff of the Listowel Memorial Hospital.

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

Dr. Antoniadis presented the Report of the Chief of Staff for the Wingham & District Hospital, and noted:

- This past year has been exceptionally busy at the Wingham and District Hospital. The strength of any institution is dependent on its employees and we continue to be fortunate to have excellent staff.
- Information Technology staff have implemented Accuro and the clinical staff with the support of IT have implemented Hugo. We continue to have daily issues with these programs but the healthcare staff have adapted to these new computer programs exceptionally well.
- Renovations will begin in the Emergency Room and have been completed on the second floor. Planning continues for the areas in the hospital that will be impacted by the capital build.
- The former Wingham Public School redevelopment is progressing well. This is an exciting opportunity to develop a new healthcare hub in Wingham where multiple health care services can be integrated and accessed in one location.
- Although the upcoming year will provide many challenges concerning budgetary constraints, staffing and the usual unforeseen challenges, the strength of our staff positions us well to meet these challenges.

4.4 Treasurer's Report – Listowel Memorial Hospital

Tom Soltys presented the Report of the Treasurer for the Listowel Memorial Hospital. He noted that:

- The Listowel Memorial Hospital Board of Directors is very appreciative of the support that is received from the Listowel Memorial Hospital Foundation
 - The Chief Financial Officer and the Financial Department staff members were thanked for their continued efforts throughout the year
 - Linda Bross and the staff at BDO were also thanked for their support during the audit
- The Listowel Memorial Hospital finished the fiscal year with a surplus of \$80,148 on hospital operations and an overall deficit of \$378,000 after amortization.

4.4.1 Presentation of the Listowel Memorial Hospital Corporation Audited Financial Statements 2015/16:

Linda Bross from BDO Canada presented the independent auditor's report of the Listowel Memorial Hospital:

- BDO has audited the financial statements of the Listowel Memorial Hospital
- Management is responsible for the preparation and fair presentation of the financial statements in accordance with public sector accounting standards for government not-for-profit organizations
- The Auditors are responsible to express an opinion on the financial statements, based on their audit
- Auditors Opinion – The financial statements present fairly, in all material respects, the financial position of Listowel Memorial Hospital as at March 31, 2015
- Revenue for the 2014/15 year was \$19,661,333 while expenses were \$19,581,185 resulting in an operating surplus of \$80,148.

MOTION:

It was moved by Tom Soltys, seconded by Rosemary Rognvaldson to:

Accept the Audited Financial Statements of the Listowel Memorial Hospital for the year ended March 31, 2015, as presented.

Motion Carried

4.4.2 Appointment of Auditors:

MOTION:

It was moved by Kris Dekker, seconded by Tom Soltys to:

Appoint the firm of BDO Canada as Auditors for the Listowel Memorial Hospital for 2015/2016.

Motion Carried

4.5 Treasurer's Report – Wingham and District Hospital

Penny Mulvey presented the Report of the Treasurer for the Wingham and District Hospital and noted that:

- The Wingham and District Hospital Board of Directors is very appreciative of the support that is received from the Wingham and District Hospital Foundation
 - The Chief Financial Officer and the Financial Department staff members were thanked for their continued efforts throughout the year
 - Linda Bross and the staff at BDO were also thanked for their support during the audit
-
- The Wingham and District Hospital finished the fiscal year with a deficit of \$176,062 on hospital operations and an overall deficit of \$469,825 after amortization.

4.5.1 Presentation of the Wingham and District Hospital Corporation Audited Financial Statements 2014/15:

Linda Bross from BDO Canada presented the independent auditor's report of the Wingham and District Hospital:

- BDO has audited the financial statements of the Wingham and District Hospital
- Management is responsible for the preparation and fair presentation of the financial statements in accordance with public sector accounting standards for government not-for-profit organizations
- The Auditors are responsible to express an opinion on the financial statements, based on their audit
- Auditors Opinion – The financial statements present fairly, in all material respects, the financial position of Wingham and District Hospital as at March 31, 2015
- Revenue for the 2014/15 year was \$17,068,131 while expenses were \$17,244,193 resulting in an operating deficit of \$176,062.

MOTION:

It was moved by Marc Pittock, seconded by Penny Mulvey to:
Accept the Wingham and District Hospital's Audited Financial Statements for the year ended March 31, 2015, as presented.

Motion Carried

4.5.2 Appointment of Auditors:

MOTION:

It was moved by Andy McBride, seconded by Trevor Seip to:

Appoint the firm of BDO Canada as Auditors for the Wingham and District Hospital for 2015/2016.

Motion Carried

4.6 Governance & Nominations Committee Report

4.6.1 Blair Burns and Amy Miller recognized the outgoing Board members:
Listowel Memorial Hospital Board

- Robert Johns
- Marilyn Nichol
- Wingham & District Hospital Board
 - Helen Rintoul
 - Gladys Peacock
- Appreciation certificates were presented to Marilyn Nichol and Gladys Peacock for their dedication, and support over the years
- Robert Johns and Helen Rintoul could not attend the meeting

4.6.2 Election of Directors – Listowel Memorial Hospital

MOTION:

It was moved by Tom Soltys, seconded by Marilyn Nichol to:

*Re-appoint Kris Dekker, Rosemary Rognvaldson,
Krishna Beharry and Bert Johnson for a 2-year term.*

Motion Carried

4.6.3 Election of Directors – Wingham and District Hospital

MOTION:

It was moved by Gladys Peacock, seconded by Marg Carswell to:
*Re-appoint Amy Miller, Penny Mulvey, Gord Hunt and Marc
Pittock for a 2-year term.*

Motion Carried

4.7 Report of the Listowel Memorial Hospital Auxiliary

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

4.8 Report of the Auxiliary to Wingham and District Hospital

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

4.9 Report of the Listowel Memorial Hospital Foundation

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

4.10 Report of the Wingham and District Hospital Foundation

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

5.0 By-Law Amendments

5.1.2 Approval of the proposed By-Law Amendments for the Listowel Memorial Hospital

MOTION:

It was moved by Kris Deker, seconded by Bert Johnson to:

Approve the proposed By-Law Amendments for the Listowel Memorial Hospital as presented.

Motion Carried

5.2.2 Approval of the proposed By-Law Amendments for the Wingham and District Hospital

MOTION:

It was moved by Penny Mulvey, seconded by Trevor Seip to:

Approve the proposed By-Law Amendments for the Wingham and District Hospital as presented.

Motion Carried

6.0 Adjournment

MOTION:

It was moved by Andy McBride that:

The Annual Meeting be adjourned at 2000 hours.

Motion Carried

The Boards then convened for the Inaugural Meetings to elect the Executive of the Boards.

.....
Blair Burns, Chair

.....
Karl Ellis, Secretary

REPORTS

Enriching life's journey together. This simple, yet impactful statement has been drafted as the new vision statement of the Listowel Wingham Hospitals Alliance. For the past 13 years, the Listowel Memorial Hospital and Wingham and District Hospital have worked together to ensure the communities they serve have timely access to a wide range of quality health care services guided by a vision statement that directed us to be "Leaders in fully integrated rural hospital-based services". The Alliance has evolved significantly during its history while guided by its inaugural vision. As we reflect back on the past year and look to the future of the Alliance in this annual report, I would encourage you to consider whether we are advancing our vision of "Enriching life's journey together" and offer your thoughts and feedback.

The organization created an initial Clinical Services Plan in 2012. This plan has been refreshed in 2015/16 and will continue to provide guidance to the board as it acknowledges that not all hospital services can be provided at all sites. Choosing a site for a CT service for the Alliance was an example. The South West Local Health Integration Network (SW-LHIN) and the Ministry of Health and Long Term Care (MOHLTC) have both approved a CT to be sited at the Listowel Memorial Hospital. CT will be established as an Alliance service with the goal of providing seamless and welcoming care to all patients regardless of their home community and hospital. We anticipate the first patient scans to take place by March 2017.

Each year we document efforts to improve the care provided in a Quality Improvement Plan. In the year ahead, we will focus on the following 5 objectives:

Timely - reducing the Emergency Department length of stay for admitted patients.

Efficient -reducing the percentage of Alternative Level of Care patients.

Effective - reduction of unplanned readmission rates for patients with Chronic Obstructive Pulmonary Disease (COPD).

Safe - increasing the number of patients that receive medication reconciliation on admission, decreasing the number of injuries associated with falls and decreasing the number of medication incidents that reach the patient while increasing the number of "near miss" medication errors that are reported.

Patient Centred - implementing the Seniors Friendly Framework in the organization and increasing patient satisfaction with the care provided by the organization.

The practice of health care continues to change and the facilities in which health care services are provided must also adapt in order to provide safe, effective care. This past year, a decision was made to build a new primary care medical clinic in the former Wingham Public School. This clinic will house local physicians and the North Huron Family Health Team. Space is being created for new physicians to join the clinic. We welcomed One Care Home and Community Support Services and the Huron County Public

Health Unit into the campus of health care providers. We anticipate additional health care related tenants becoming part of this space in the year ahead.

The tender for redevelopment of the Wingham hospital will also be issued in 2016. This long awaited refurbishment of several departments will provide new space for ambulatory care and visiting specialists, larger space for oncology, pharmacy and sterilization as well as creating day surgery space. We also anticipate replacing the diagnostic imaging equipment in the hospital. Patients, staff and visitors to the hospital have been exceptionally tolerant this year as renovations are underway to relocate some hospital functions to accommodate the anticipated redevelopment.

The Wingham and District Hospital Foundation has been very supportive of capital improvements. The Our Hospital, Our Future capital campaign is working towards a \$4 million target. It has been gratifying to witness the generosity of time by the campaign team and the financial support of the community towards these projects. We expect a similar community response as the Listowel Memorial Hospital Foundation undertakes fundraising activities in support of the CT Scan.

In Listowel, smaller targeted improvements have taken place and are planned. A new elevator has been installed which will improve the security of our first floor inpatient area. Some replacement doors have been installed and we expect to create a new patient and visitor lounge on the second floor along with a new isolation room and accessible washrooms.

Ontario's hospitals continue to struggle to have sufficient operating funds to address patient volumes and inflationary pressures. We have been fortunate to receive a 1% increase in operating funds as part of small, rural and northern hospital funding. As a result, both Listowel and Wingham hospitals ended 2015/16 with surpluses from hospital operations. While budgets remain tight, we were able to add a social worker to staff. This position has been well received and provides a service and expertise that has not been available within the Alliance for a number of years. One of our greatest financial challenges has been addressing a new funding model for chemotherapy treatments. While the underlying issue remains, we have received transitional funding that has allowed us to operate the service within the funding received.

The board continues to hold regular education sessions as part of their board meetings. Topics in the past year included:

- Health care ethics – Robert Butcher
- Healthlinks
- Cancer Care Ontario
- LWHA Health and Safety Program
- Clinical Program Presentations
- Excellent Care for All Act
- Our Hospital, Our Future – WDH Campaign
- Accreditation Canada



Listowel Wingham Hospitals Alliance (LWHA) Governance Report For 2015/2016

Looking ahead we will be focusing on the following initiatives:

- Medically Assisted Death
- Patients First – Ontario’s Action Plan for Health Care
- Wingham Hospital Redevelopment
- Wingham Health Campus
- Listowel CT Scan Implementation
- Strategic Plan Refresh

As the Alliance transitions to a single board governing the two hospital corporations, it also expects to function with a slightly smaller board. New bylaws have been drafted to reflect this structure. Recent strategic planning discussions have focused on how we can take advantage of the Alliance so that the Listowel Wingham Hospitals Alliance is in a position of strength as Ontario embarks on a restructuring of health care.

The Alliance of the Listowel Memorial Hospital and Wingham and District Hospital is an example of what can happen when two organizations decide to work towards a common goal. It takes the efforts of many individuals including Hospital staff, physicians, volunteers and community members to make it successful. We believe that we are “Enriching life’s journey together”.

Respectfully Submitted,

Trevor Seip
Chair, Wingham and District Hospital Board
Co-Chair Listowel Wingham Hospitals Alliance

Rosemary Rognvaldson
Chair, Listowel Memorial Hospital Board
Co-Chair Listowel Wingham Hospitals Alliance

Karl Ellis
President and CEO, Listowel Memorial Hospital
President and CEO, Wingham and District Hospital
Listowel Wingham Hospitals Alliance

CHIEFS OF STAFF REPORTS

Listowel Memorial Hospital Chief of Staff Report 2015/2016

It has been a varied year at Listowel Memorial and I would like to thank Staff, Management, Docs and Board Members for their hard work and adaptability.

ER coverage was challenging this Year and EDCDP were contacted in the last few months due to a relative paucity of shifts by our changing and (slowly) aging Local Docs and somewhat younger loyal Locums. We continue to try to seek new young Docs to assist our present Staff and both Dr Noble and Dr Omar who worked with us as Residents are doing some ER Shifts. Dr Barb Matthews has done sterling work in maintaining our ER Department.

Efforts at recruitment of Medical Staff continue with thanks to Kim Kowch and the Recruitment Committee. We have had a number of possible recruits in the last year and a couple of Docs are at present seriously engaged in a local search for work so we have high hopes.

Our Hospital is maintaining efforts to remain at the cutting edge and the Docs are now all doing bedside Ultrasound in ER thanks to cooperative efforts which have included purchase of a dedicated machine, volunteer subjects from our Staff and Management (often on multiple occasions!) and a good system of peer-training devised by the Docs themselves.

The news of our successful application to be awarded a CT Scanner is very exciting and the charitable efforts to assist funding are to be strongly encouraged. This will greatly enhance practice locally.

Local Practice has also been enhanced recently by the addition of Dr Angela Caines and Dr Adam Maruscak, visiting Specialists in Internal Medicine and General Surgery from Stratford.

There have been great challenges in achieving full coverage for Nursing Staff at times, particularly in Obstetrics, and the cooperation between all levels of Management and Staff has been impressive and has resulted in some forward planning and direction in this area.

This continues to be a rewarding and impressive Community to

Respectfully Submitted,
Dr. Russell Latuskie

TREASURERS' REPORTS

Listowel Memorial Hospital Report of the Treasurer 2015 / 2016

The Resource & Audit Committee of the Board is responsible for oversight of the management of the hospital's financial and human resources. During this fiscal year the Committee switched to a Committee of the Whole format. All board members participate in the Resource and Audit Committee meetings.

The Listowel Memorial Hospital has finished the 2015/16 fiscal year with a \$592,000 surplus from hospital operations. Net income was \$122,000 for the year once amortization of buildings and grants was taken into account. This was quite an improvement over the previous two fiscal years, in particular 2013/2014 where our deficit from operations was \$446,000. Reduced spending on supplies, staffing costs and drugs were key contributors to the improved financial results. We are pleased to submit a balanced budget for 2016/17, and do not anticipate any changes to operations in order to reach this balanced position.

Investment in fixed assets during this fiscal year totaled just under \$1 million. Some of the capital items acquired are noted below. The Committee is pleased to report that our Auditors have issued an unqualified audit opinion for this fiscal year. The Auditor's report and the Financial Statements are contained in this Annual Report.

The Board, the Committee and the whole community appreciate the high level of ongoing support that we receive through the Listowel Memorial Hospital Foundation. During the year the hospital received donations from several community members and businesses that allowed the purchase of needed equipment and vital renovations. These included new equipment for the ER donated by the Drummond family, renovations to accessible washrooms donated by the Trillium Insurance ROOTS program, nursing training supported by RBC, new operating room equipment donated by the Thompson family and many others. In total, donations received from the Foundation during the year were over \$250,000. The hospital also received over \$12,000 in donations from the Auxilliary which was used to purchase equipment for our obstetrical program and support our inpatient activation program as well.

The Foundation has also started their fundraising for the new CT scanner that will be purchased in 2017, with many families already making generous donations.

Respectfully submitted,

Tom Soltys
Treasurer

Wingham and District Hospital Report of the Treasurer 2015 / 2016

The Resource & Audit Committee of the Board is responsible for oversight of the management of the hospital's financial and human resources. During this fiscal year the Committee switched to a Committee of the Whole format. All board members participate in the Resource and Audit Committee meetings. This committee meets regularly during the year and receives reports on financial performance and forecasting, budgeting issues, audit, property and human resource matters.

Investment in fixed assets during this fiscal year totaled over \$2.1 million. There were key investments in hospital infrastructure with renovations taking place to prepare for the MOHLTC funded redevelopment that will start in the next fiscal year. The Rehab program will move into its new space soon, with Reception following shortly after. The hospital appreciates the support of the foundation and received closed to \$100,000 this year which was invested in vital equipment to support our patients. The foundation is currently undertaking a large campaign to help support the hospital through its redevelopment.

The Wingham and District Hospital has finished the 2015/16 fiscal year with a \$144,000 surplus from hospital operations. Much of the improvement from the prior fiscal year relates to one-time accounting adjustments as well as transitional funding received from Cancer Care Ontario to support the oncology program. The hospital does have a balanced budget for the next fiscal year, and anticipates being able to balance results in the coming year.

The Audit Committee is pleased to report that our Auditors have issued an unqualified audit opinion for this fiscal year. The Auditor's report and the Financial Statements are contained in this Annual Report.

Respectfully submitted,

Gord Hunt
Treasurer

Listowel Memorial Hospital
Financial Statements
For the year ended March 31, 2016

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Independent Auditor's Report

To the Board of Directors of Listowel Memorial Hospital

We have audited the accompanying financial statements of Listowel Memorial Hospital, which comprise the statement of financial position as at March 31, 2016 and the statements of operations, changes in net assets, remeasurement gains (losses) and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Listowel Memorial Hospital as at March 31, 2016 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

"BDO CANADA LLP"

Chartered Professional Accountants, Licensed Public Accountants

Wingham, Ontario

May 25, 2016

Listowel Memorial Hospital Statement of Financial Position

March 31	2016	2015
Assets		
Current		
Cash (Note 2)	\$ 822,463	\$ 1,549,037
Accounts receivable (Note 3)	1,267,451	914,505
Inventory	138,512	122,231
Prepaid expenses	277,025	205,507
Current portion of investments (Note 5)	554,000	552,000
	<u>3,059,451</u>	<u>3,343,280</u>
Investments (Note 5)	2,311,236	1,762,163
Other assets (Note 6)	81,554	81,554
Capital assets (Note 7)	24,583,333	25,521,583
	<u>\$ 30,035,574</u>	<u>\$ 30,708,580</u>
Liabilities and Net Assets		
Current		
Accounts payable and accrued liabilities	\$ 1,973,682	\$ 1,771,877
Deferred contributions (Note 8)	58,317	64,317
Current portion of long-term debt (Note 9)	127,923	127,923
	<u>2,159,922</u>	<u>1,964,117</u>
Deferred contributions (Note 8)	845,257	902,230
Long-term debt (Note 9)	554,362	682,285
Post-employment benefits (Note 10)	794,657	770,359
Deferred capital contributions (Note 11)	13,089,879	13,913,458
	<u>17,444,077</u>	<u>18,232,449</u>
Contingencies (Note 14)		
Net Assets		
Invested in capital assets	10,811,170	10,797,919
Unrestricted	1,701,303	1,592,775
	<u>12,512,473</u>	<u>12,390,694</u>
Accumulated remeasurement gains	79,024	85,437
	<u>12,591,497</u>	<u>12,476,131</u>
	<u>\$ 30,035,574</u>	<u>\$ 30,708,580</u>

On behalf of the Board:

	Director
	Director

The accompanying notes are an integral part of these financial statements.

Listowel Memorial Hospital Statement of Changes in Net Assets

For the year ended March 31	2016			2015
	Invested in Capital Assets	Unrestricted	Total	Total
Balance , beginning of year	\$ 10,797,919	\$ 1,592,775	\$ 12,390,694	\$ 12,769,154
Excess (deficiency) of revenue over expenses for the year	(818,174)	939,953	121,779	(378,460)
Investment in capital assets, net	831,425	(831,425)	-	-
Balance , end of year	\$ 10,811,170	\$ 1,701,303	\$ 12,512,473	\$ 12,390,694

Statement of Remeasurement Gains (Losses)

For the year ended March 31	2016		2015
Accumulated remeasurement gains , beginning of year	\$ 85,437	\$	65,660
Unrealized gains (losses) attributable to portfolio investments	(5,097)		14,336
Amounts reclassified to statement of operations:			
Loss (gain) on dispositions of portfolio investments	(1,316)		5,441
Net remeasurement gains (losses) for the year	(6,413)		19,777
Accumulated remeasurement gains , end of year	\$ 79,024	\$	85,437

The accompanying notes are an integral part of these financial statements.

Listowel Memorial Hospital Statement of Operations

For the year ended March 31	2016	2015
Revenue		
Ministry of Health and Long Term Care:		
- Hospital operations	\$ 14,117,400	\$ 13,977,700
- Emergency and on call coverage	1,812,684	1,856,121
Inpatient	179,234	202,698
Outpatient	988,275	1,047,211
Investment income	78,926	71,062
Recoveries and other income	1,955,527	2,046,907
Amortization of deferred capital contributions	521,037	459,634
	19,653,083	19,661,333
Expenses		
Salaries and wages	9,441,139	9,602,724
Medical staff remuneration	2,250,720	2,335,965
Employee benefits	2,624,843	2,753,031
Supplies and other expenses	3,304,235	3,442,951
Medical and surgical supplies	342,579	363,024
Drug expense	210,796	210,053
Amortization of equipment	868,005	851,185
Interest on long-term debt	19,055	22,253
	19,061,372	19,581,186
Excess of revenue over expenses before other revenue and expenses	591,711	80,147
Other revenue (expenses)		
Amortization of deferred capital contributions for building and land improvements	537,894	526,902
Amortization of land improvements and building	(1,007,826)	(985,509)
Excess (deficiency) of revenue over expenses for the year	\$ 121,779	\$ (378,460)

The accompanying notes are an integral part of these financial statements.

Listowel Memorial Hospital Statement of Cash Flows

For the year ended March 31

2016

2015

Cash provided by (used in)

Operating activities

Excess of revenue over (under) expenses for the year	\$ 121,779	\$ (378,460)
Items not involving cash:		
Amortization of property and equipment	1,875,831	1,836,694
Change in employee future benefits liability	24,298	30,370
Deferred contributions recognized as revenue	(62,973)	(58,317)
Amortization of deferred capital contributions	(1,058,931)	(986,536)
Realized loss on sale of investments	(1,316)	5,441
Loss on disposal of property and equipment	1,274	21,483
Changes in non-cash working capital items:		
Accounts receivable	(352,946)	43,417
Inventory	(16,281)	5,841
Prepaid expenses	(71,518)	(47,719)
Accounts payable and accrued liabilities	201,804	(420,849)
	<u>661,021</u>	<u>51,365</u>

Investing activities

Disposal (acquisition) of investments, net	<u>(556,170)</u>	719,319
--	------------------	---------

Capital activities

Purchase of capital assets	(938,854)	(682,199)
Grants and donations for property and equipment	235,352	913,781
Proceeds on disposal	-	4,649
	<u>(703,502)</u>	<u>236,231</u>

Financing activities

Repayment of long-term debt	<u>(127,923)</u>	(127,923)
-----------------------------	------------------	-----------

Net increase (decrease) in cash during the year

(726,574) 878,992

Cash, beginning of year

1,549,037 670,045

Cash, end of year

\$ 822,463 \$ 1,549,037

The accompanying notes are an integral part of these financial statements.

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2016

1. Significant Accounting Policies

Nature and Purpose of Organization

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.

Basis of Presentation

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.

Financial Instruments

The Hospital classifies its financial instruments as either fair value or amortized cost. The Hospital's accounting policy for each category is as follows:

The fair value category includes cash and equity investments. They are initially recognized at cost and subsequently carried at fair value. Changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized, when they are transferred to the statement of operations. Changes in fair value on restricted assets are recognized as a liability until the criterion attached to the restriction has been met. Transaction costs relate to financial instruments in the fair value category are expensed as incurred.

Where a decline in fair value is determined to be other than temporary, the amount of the loss is removed from accumulated remeasurement gains and losses and recognized in the statement of operations. On sale, the amount held in accumulated remeasurement gains and losses associated with that instrument is removed from net assets and recognized in the statement of operations.

The amortized cost category includes bonds, guaranteed investment certificates, accounts receivable, accounts payable and accrued liabilities and long term debt. They are initially recognized at cost and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets. Transaction costs related to financial instrument in the amortized cost category are added to the carrying value of the instrument. Writedowns on financial assets in the amortized cost category are recognized when the amount of a loss is known with sufficient precision and there is no realistic prospect of recovery. Financial assets are then written down to net recoverable value with the writedown being recognized in the statement of operations.

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2016

1. Significant Accounting Policies (continued)

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 Long-term Care (MOHLTC) and the South West Local Health Integration Network (LHIN). The Hospital has entered into a Hospital Service Accountability Agreement (the H-SAA) for fiscal 2016 with the Ministry and LHIN 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/LHIN. 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/LHIN has the right to adjust funding received by the Hospital. The Ministry/LHIN 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/LHIN 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 LHIN 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.

Inventory

Inventory is valued at the lower of average cost and replacement value.

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2016

1. Significant Accounting Policies (continued)

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 these financial statements.

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 to 20 years
Buildings	-	20 to 40 years
Equipment	-	4 to 20 years

**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.

**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 the allowance for doubtful accounts, inventory obsolescence, amortization of capital assets and actuarial estimation of post-employment benefits.

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2016

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

	2016	2015
Patient services	\$ 184,854	\$ 150,507
Other	1,086,010	769,257
	1,270,864	919,764
Less: Allowance for doubtful accounts	(3,413)	(5,259)
	<u>\$ 1,267,451</u>	<u>\$ 914,505</u>

4. Financial Instrument Classification

The following table provides cost and fair value information of financial instruments by category. The maximum exposure to credit risk would be the carrying value as shown below.

	2016			2015
	Fair Value	Amortized Cost	Total	Total
Cash	\$ 822,463	\$ -	\$ 822,463	\$ 1,549,037
Accounts receivable	-	1,267,451	1,267,451	914,505
Investments - GICs	-	2,608,714	2,608,714	2,054,000
Investments - equities	256,522	-	256,522	260,163
Accounts payable	-	(1,973,682)	(1,973,682)	(1,771,877)
Long-term debt	-	(682,285)	(682,285)	(810,208)
	<u>\$ 1,078,985</u>	<u>\$ 1,220,198</u>	<u>\$ 2,299,183</u>	<u>\$ 2,195,620</u>

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2016

4. Financial Instrument Classification (Continued)

The following table provides an analysis of financial instruments that are measured subsequent to initial recognition at fair value, grouped into Levels 1 to 3 based on the degree to which their fair value is observable:

- Level 1 fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities using the latest bid price;
- Level 2 fair value measurements are those derived from inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices); and
- Level 3 fair value measurements are those derived from valuation techniques that includes inputs for the asset or liability that are not based on observable market data (unobservable inputs).

2016				
	Level 1	Level 2	Level 3	Total
Cash	\$ 822,463	-	-	\$ 822,463
Investments - equities	256,522	-	-	256,522
Total	\$ 1,078,985	-	-	\$ 1,078,985

2015				
	Level 1	Level 2	Level 3	Total
Cash	\$ 1,549,037	-	-	\$ 1,549,037
Investments - equities	260,163	-	-	260,163
Total	\$ 1,809,200	-	-	\$ 1,809,200

There were no transfers between Level 1 and Level 2 for the years ended March 31, 2016 and March 31, 2015 . There were also no transfers in or out of Level 3.

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2016

5. Investments

	2016	2015
Sun Life Financial shares (cost - \$20,890)	\$ 64,610	\$ 60,184
Equity Investments (cost - \$156,672, (2015 - \$153,901))	191,912	199,979
Guaranteed Investment Certificates, 2.45% - 2.90%, maturing between June 2015 and July 2018	-	2,054,000
Guaranteed Investment Certificates, 1.90% - 2.90%, maturing between June 2016 and December 2020	2,608,714	-
	2,865,236	2,314,163
Less: current portion	554,000	552,000
	\$ 2,311,236	\$ 1,762,163

6. Other Assets

	2016	2015
Bequest receivable	\$ 81,554	\$ 81,554

The hospital has been named as one of the beneficiaries of an estate. Under the provisions of the estate, an individual has a life interest in the income from the capital invested. At the individual's death, the capital will be transferred to the residual beneficiaries.

7. Capital Assets

	2016		2015	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Land	\$ 1,386,890	\$ -	\$ 1,386,890	\$ -
Land improvements	546,927	346,182	537,321	291,205
Buildings	20,974,266	4,788,452	20,798,130	4,168,592
Equipment	18,471,976	11,772,872	17,487,350	10,555,522
	41,380,059	16,907,506	40,209,691	15,015,319
Construction in progress	110,780	-	327,211	-
	\$ 41,490,839	\$ 16,907,506	\$ 40,536,902	\$ 15,015,319
Net book value		\$ 24,583,333		\$ 25,521,583

The carrying value of capital assets not being amortized because they are under construction and development is \$110,780, (2015 - \$327,211).

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2016

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:

	2016	2015
Balance, beginning of year	\$ 966,547	\$ 1,024,864
Less amounts recognized as revenue in the year	<u>(62,973)</u>	<u>(58,317)</u>
Balance, end of year	<u>\$ 903,574</u>	<u>\$ 966,547</u>

Deferred contributions are comprised of:

	2016	2015
North Perth Family Health Team prepaid rent for medical clinic lease expiring in February 2032	\$ 903,159	\$ 959,772
Other funding	-	6,000
Other prepaid rent	<u>415</u>	<u>775</u>
	<u>903,574</u>	<u>966,547</u>
Less current portion	<u>58,317</u>	<u>64,317</u>
Balance, end of year	<u>\$ 845,257</u>	<u>\$ 902,230</u>

9. Long-Term Debt

	2016	2015
Listowel Memorial Hospital Foundation, prime less 0.5%, loan repayable in monthly instalments of \$10,660 plus interest, due August 2021	\$ 682,285	\$ 810,208
Less current portion	<u>127,923</u>	<u>127,923</u>
	<u>\$ 554,362</u>	<u>\$ 682,285</u>

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

2017	\$ 127,923
2018	127,923
2019	127,923
2020	127,923
2021	127,923

Listowel Memorial Hospital

Notes to Financial Statements

March 31, 2016

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 expensed in the period they come due. Contributions made to the plan during the year by the Hospital amounted to \$780,498 (2015 - \$785,330) 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. HOOPP has reported a \$14.8 billion actuarial surplus at the end of December 2015 (2014 - \$13.9 billion surplus) based on actuarial liabilities of \$49.1 billion (2014 - \$46.9 billion) and actuarial net assets of \$63.9 billion (2014 - \$60.8 billion).

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:

	2016	2015
Accrued benefit obligation	\$ 853,028	\$ 878,408
Unamortized actuarial gain (loss)	(58,371)	(108,049)
Post-employment benefits liability	\$ 794,657	\$ 770,359

In measuring the hospital's accrued benefit obligation, a discount rate of 3.00% (2015 - 2.50%) was assumed. For extended health care costs, a 8% annual rate of increase was assumed then decreasing by 0.25% per year to a rate of 5% and, for dental costs, a 4% annual rate of increase was assumed. The most recent actuarial valuation was prepared as at April 1, 2013. Actual results could differ from this estimate as additional information becomes available in the future.

	2016	2015
Current year benefit cost	\$ 80,688	\$ 65,985
Interest on accrued benefit obligation	22,869	29,826
Amortized actuarial losses	9,411	3,159
Expense for the year	\$ 112,968	\$ 98,970
Benefits paid during the year	\$ 80,688	\$ 65,985

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2016

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.

	<u>2016</u>	<u>2015</u>
Balance, beginning of year	\$ 13,913,458	\$ 13,986,213
Contributions received	235,352	913,781
Amortization of deferred contributions - equipment	(521,037)	(459,634)
Amortization of deferred contributions - building and land improvements	<u>(537,894)</u>	<u>(526,902)</u>
Balance, end of year	<u>\$ 13,089,879</u>	<u>\$ 13,913,458</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 \$255,111 (2015 - \$142,056).

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 \$16,500 (2015 - \$16,000) to the Hospital.

13. Related Party Transactions

The Hospital has an alliance agreement with the Wingham and District Hospital and shares a senior management team and other resources. The Hospital's share of the operating revenues and expenditures, and the assets and liabilities of the alliance have been recorded in the accounts of the Hospital. Shared expenditures paid by Listowel for Wingham are shown as an expense and recovery. As at March 31, 2016 amounts due from Wingham and District Hospital totaled \$235,156 (2015 - \$235,961).

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2016

14. Contingent Liability

The Hospital participates in the Healthcare Insurance Reciprocal of Canada (HIROC), a pooling of the public liability insurance risks of its hospital 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, 2016, with respect to claims.

15. 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, 2016, a 10% movement in stock markets with all other variables held constant, could impact the market value of the equity instruments held by \$25,600 (2015 - \$26,000).

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. In the event of default, the Hospital's cash accounts are insured up to \$500,000.

The Hospital's investment policy operates with the constraints of the investment guidelines issued by the MOHLTC and puts limits on the investment portfolio.

The maximum exposure to investment credit risk is outlined in Note 4.

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.

The Hospital measures its exposure to credit risk based on how long the amounts have been outstanding. An impairment allowance is set up based on the Hospital's historical experience regarding collections.

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2016

15. Financial Instrument Risks (Continued)

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 has a planning and budgeting process in place to help determine the funds required to support the Hospital's normal operating requirements on an ongoing basis. The Hospital ensures that there are sufficient funds to meet its short-term requirements, taking into account its anticipated cash flows from operations and its holdings of cash and investments. Liquidity risk arises primarily from accounts payable and accrued liabilities and long-term debt.

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.

Wingham and District Hospital
Financial Statements
For the year ended March 31, 2016

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Independent Auditor's Report

To the Board of Directors of Wingham and District Hospital

We have audited the accompanying financial statements of Wingham and District Hospital, which comprise the statement of financial position as at March 31, 2016 and the statements of operations, changes in net assets, remeasurement gains (losses) and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Wingham and District Hospital as at March 31, 2016 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

"BDO CANADA LLP"

Chartered Professional Accountants, Licensed Public Accountants

Wingham, Ontario

May 25, 2016

Wingham and District Hospital Statement of Financial Position

March 31	2016	2015
Assets		
Current		
Cash (Note 2)	\$ 746,595	\$ 882,444
Accounts receivable (Note 3)	1,109,531	1,271,805
Inventory	245,949	301,411
Prepaid expenses	136,388	98,808
Current portion of investments (Note 5)	270,000	368,000
	<u>2,508,463</u>	<u>2,922,468</u>
Investments (Note 5)	461,510	734,810
Capital assets (Note 6)	9,970,703	8,744,632
	<u>\$ 12,940,676</u>	<u>\$ 12,401,910</u>

Liabilities and Net Assets

Current		
Accounts payable and accrued liabilities	\$ 2,209,781	\$ 1,777,453
Deferred contributions (Note 7)	5,000	34,500
	<u>2,214,781</u>	<u>1,811,953</u>
Post-employment benefits (Note 9)	551,917	553,060
Deferred capital contributions (Note 10)	5,057,812	4,781,965
	<u>7,824,510</u>	<u>7,146,978</u>
Contingencies and commitments (Note 12)		
Net Assets		
Invested in capital assets	4,745,388	3,962,667
Unrestricted	353,340	1,269,999
	<u>5,098,728</u>	<u>5,232,666</u>
Accumulated remeasurement gains	17,438	22,266
	<u>5,116,166</u>	<u>5,254,932</u>
	<u>\$ 12,940,676</u>	<u>\$ 12,401,910</u>

On behalf of the Board:

Director

Director

The accompanying notes are an integral part of these financial statements.

Wingham and District Hospital Statement of Changes in Net Assets

For the year ended March 31			2016	2015
	Invested in Capital Assets	Unrestricted	Total	Total
Balance , beginning of year	\$ 3,962,667	\$ 1,269,999	\$ 5,232,666	\$ 5,702,491
Excess (deficiency) of revenue over expenses for the year	(559,102)	425,164	(133,938)	(469,825)
Investment in capital assets, net	1,341,823	(1,341,823)	-	-
Balance , end of year	\$ 4,745,388	\$ 353,340	\$ 5,098,728	\$ 5,232,666

Statement of Remeasurement Gains (Losses)

For the year ended March 31	2016	2015
Accumulated remeasurement gains , beginning of year	<u>\$ 22,266</u>	\$ 13,548
Unrealized gains (losses) attributable to portfolio investments	(4,311)	6,278
Amounts reclassified to statement of operations:		
Loss (gain) on dispositions of portfolio investments	(517)	2,440
Net remeasurement gains (losses) for the year	<u>(4,828)</u>	8,718
Accumulated remeasurement gains , end of year	<u>\$ 17,438</u>	\$ 22,266

The accompanying notes are an integral part of these financial statements.

Wingham and District Hospital Statement of Operations

For the year ended March 31	2016	2015
Revenue		
Ministry of Health and Long Term Care:		
- Hospital operations	\$ 12,036,150	\$ 11,916,150
- Emergency and on call coverage	1,600,178	1,603,990
Inpatient	49,600	57,465
Outpatient	621,003	598,014
Investment income	28,086	35,260
Recoveries and other income	2,304,586	2,594,327
Amortization of deferred capital contributions	307,421	262,925
	<u>16,947,024</u>	<u>17,068,131</u>
Expenses		
Salaries and wages	8,139,174	8,554,341
Medical staff remuneration	1,812,932	1,880,167
Employee benefits	2,119,043	2,190,854
Supplies and other expenses	2,756,691	2,735,668
Medical and surgical supplies	342,996	360,668
Drug expense	1,043,603	1,001,033
Amortization of equipment	588,218	521,462
	<u>16,802,657</u>	<u>17,244,193</u>
Excess (deficiency) of revenue over expenses before other revenue and expenses	144,367	(176,062)
Other revenue (expenses)		
Amortization of deferred capital contributions for building and land improvements	53,261	45,742
Amortization of land improvements and building	<u>(331,566)</u>	<u>(339,505)</u>
Deficiency of revenue over expenses for the year	\$ (133,938)	\$ (469,825)

The accompanying notes are an integral part of these financial statements.

Wingham and District Hospital Statement of Cash Flows

For the year ended March 31	2016	2015
Cash provided by (used in)		
Operating activities		
Deficiency of revenue over expenses for the year	\$ (133,938)	\$ (469,825)
Items not involving cash:		
Amortization of property and equipment	919,784	860,967
Change in employee future benefits liability	(1,143)	(8,892)
Amortization of deferred capital contributions	(360,682)	(308,667)
Realized loss on sale of investments	(517)	2,440
Loss on disposal of property and equipment	-	22,660
Changes in non-cash working capital items:		
Accounts receivable	162,274	(462,300)
Inventory	55,462	(24,747)
Prepaid expenses	(37,580)	7,910
Accounts payable and accrued liabilities	432,327	729,516
Deferred contributions	(29,500)	12,349
	<u>1,006,487</u>	<u>361,411</u>
Investing activities		
Disposal (acquisition) of investments, net	<u>366,990</u>	<u>(28,287)</u>
Capital activities		
Purchase of capital assets	(2,145,855)	(1,165,753)
Grants and donations for property and equipment	636,529	541,960
	<u>(1,509,326)</u>	<u>(623,793)</u>
Net decrease in cash during the year	(135,849)	(290,669)
Cash, beginning of year	<u>882,444</u>	<u>1,173,113</u>
Cash, end of year	\$ 746,595	\$ 882,444

The accompanying notes are an integral part of these financial statements.

Wingham and District Hospital Notes to Financial Statements

March 31, 2016

1. Significant Accounting Policies

Nature and Purpose of Organization

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.

Basis of Presentation

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.

Financial Instruments

The Hospital classifies its financial instruments as either fair value or amortized cost. The Hospital's accounting policy for each category is as follows:

The fair value category includes cash and equity investments. They are initially recognized at cost and subsequently carried at fair value. Changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized, when they are transferred to the statement of operations. Changes in fair value on restricted assets are recognized as a liability until the criterion attached to the restriction has been met. Transaction costs relate to financial instruments in the fair value category are expensed as incurred.

Where a decline in fair value is determined to be other than temporary, the amount of the loss is removed from accumulated remeasurement gains and losses and recognized in the statement of operations. On sale, the amount held in accumulated remeasurement gains and losses associated with that instrument is removed from net assets and recognized in the statement of operations.

The amortized cost category includes bonds, guaranteed investment certificates, accounts receivable, accounts payable and accrued liabilities and long term debt. They are initially recognized at cost and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets. Transaction costs related to financial instrument in the amortized cost category are added to the carrying value of the instrument. Writedowns on financial assets in the amortized cost category are recognized when the amount of a loss is known with sufficient precision and there is no realistic prospect of recovery. Financial assets are then written down to net recoverable value with the writedown being recognized in the statement of operations.

Wingham and District Hospital Notes to Financial Statements

March 31, 2016

1. Significant Accounting Policies (continued)

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 Long-term Care (MOHLTC) and the South West Local Health Integration Network (LHIN). The Hospital has entered into a Hospital Service Accountability Agreement (the H-SAA) for fiscal 2016 with the Ministry and LHIN 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/LHIN. 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/LHIN has the right to adjust funding received by the Hospital. The Ministry/LHIN 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/LHIN 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 LHIN 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

March 31, 2016

1. Significant Accounting Policies (continued)

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.									
Inventory	Inventory is valued at the lower of average cost and replacement value.									
Capital assets	<p>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.</p> <p>Capital assets are capitalized on acquisition and amortized on a straight line basis over their estimated useful lives as follows:</p> <table><tr><td>Land improvements</td><td>-</td><td>3 to 20 years</td></tr><tr><td>Buildings</td><td>-</td><td>20 to 40 years</td></tr><tr><td>Equipment</td><td>-</td><td>4 to 20 years</td></tr></table>	Land improvements	-	3 to 20 years	Buildings	-	20 to 40 years	Equipment	-	4 to 20 years
Land improvements	-	3 to 20 years								
Buildings	-	20 to 40 years								
Equipment	-	4 to 20 years								
Retirement and Post-employment Benefits	<p>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:</p> <p>(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.</p> <p>(ii) The costs of the multi-employer defined benefit pension plan are the employer's contributions due to the plan in the period.</p>									
Management Estimates	<p>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.</p>									

Wingham and District Hospital Notes to Financial Statements

March 31, 2016

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

	2016	2015
Ministry of Health and Long-Term Care	\$ 51,748	\$ 45,000
Patient services	162,278	194,891
Other	920,130	1,039,570
	1,134,156	1,279,461
Less: Allowance for doubtful accounts	(24,625)	(7,656)
	\$ 1,109,531	\$ 1,271,805

4. Financial Instrument Classification

The following table provides cost and fair information of financial instruments by category. The maximum exposure to credit risk would be the carrying value as shown below.

	2016			2015
	Fair Value	Amortized Cost	Total	Total
Cash	\$ 746,595	\$ -	\$ 746,595	\$ 882,444
Accounts receivable	-	1,109,531	1,109,531	1,271,805
Investments - GICs	-	640,000	640,000	1,008,000
Investments - equities	91,510	-	91,510	94,810
Accounts payable	-	(2,209,781)	(2,209,781)	(1,777,453)
	\$ 838,105	\$ (460,250)	\$ 377,855	\$ 1,479,606

Wingham and District Hospital Notes to Financial Statements

March 31, 2016

4. Financial Instrument Classification (Continued)

The following table provides an analysis of financial instruments that are measured subsequent to initial recognition at fair value, grouped into Levels 1 to 3 based on the degree to which their fair value is observable:

- Level 1 fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities using the latest bid price;
- Level 2 fair value measurements are those derived from inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices); and
- Level 3 fair value measurements are those derived from valuation techniques that includes inputs for the asset or liability that are not based on observable market data (unobservable inputs).

2016				
	Level 1	Level 2	Level 3	Total
Cash	\$ 746,595	-	-	\$ 746,595
Investments - equities	91,510	-	-	91,510
Total	\$ 838,105	-	-	\$ 838,105

2015				
	Level 1	Level 2	Level 3	Total
Cash	\$ 882,444	-	-	\$ 882,444
Investments - equities	94,810	-	-	94,810
Total	\$ 977,254	-	-	\$ 977,254

There were no transfers between Level 1 and Level 2 for the years ended March 31, 2016 and 2015. There were also no transfers in or out of Level 3.

Wingham and District Hospital Notes to Financial Statements

March 31, 2016

5. Investments

	2016	2015
Equity Investment Portfolio (cost - \$75,926), (2015 - \$74,399))	\$ 91,510	\$ 94,810
Guaranteed Investment Certificates, 1.15% - 3.25%, maturing between May 2015 and May 2019	-	1,008,000
Guaranteed Investment Certificates, 2.30% - 3.25%, maturing between May 2016 and May 2019	640,000	-
	731,510	1,102,810
Less: current portion	270,000	368,000
	<u>\$ 461,510</u>	<u>\$ 734,810</u>

6. Capital Assets

	2016		2015	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Land	\$ 916,541	\$ -	\$ 916,541	\$ -
Land improvements	475,270	91,154	193,464	71,219
Buildings	8,121,976	5,155,130	7,967,210	4,915,811
Equipment	10,997,822	7,245,782	10,068,552	6,690,512
	20,511,609	12,492,066	19,145,767	11,677,542
Construction in progress	1,951,160	-	1,276,407	-
	<u>\$ 22,462,769</u>	<u>12,492,066</u>	<u>20,422,174</u>	<u>11,677,542</u>
Net book value		<u>\$ 9,970,703</u>		<u>\$ 8,744,632</u>

The carrying value of capital assets not being amortized because they are under construction and development is \$1,951,160 (2015 - \$1,276,407).

Wingham and District Hospital Notes to Financial Statements

March 31, 2016

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:

	<u>2016</u>	<u>2015</u>
Balance, beginning of year	\$ 34,500	\$ 22,151
Contributions received during the year	-	32,500
Less amounts recognized as revenue in the year	<u>(29,500)</u>	<u>(20,151)</u>
Balance, end of year	<u>\$ 5,000</u>	<u>\$ 34,500</u>

Deferred contributions are comprised of:

	<u>2016</u>	<u>2015</u>
Prepaid rent	5,000	32,500
Other funding	<u>-</u>	<u>2,000</u>
	5,000	34,500
Less current portion	<u>5,000</u>	<u>34,500</u>
Balance, end of year	<u>\$ -</u>	<u>\$ -</u>

8. 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 \$99,443 (2015 - \$205,951).

Wingham and District Hospital Notes to Financial Statements

March 31, 2016

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 \$558,633 (2015 - \$589,621) 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. HOOPP has reported a \$14.8 billion actuarial surplus at the end of December 2015 (2014 - \$13.9 billion surplus) based on actuarial liabilities of \$49.1 billion (2014 - \$46.9 billion) and actuarial net assets of \$63.9 billion (2014 - \$60.8 billion).

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:

	2016	2015
Accrued benefit obligation	\$ 638,449	\$ 665,503
Unamortized net actuarial gain (loss)	(86,532)	(112,443)
Post-employment benefits liability	\$ 551,917	\$ 553,060

In measuring the hospital's accrued benefit obligation, a discount rate of 3.00% (2015 - 2.75%) was assumed. For extended health care costs, a 7.0% annual rate of increase was assumed beginning in 2015, then decreasing to a 4.75% increase, for dental costs, a 3.75% annual rate of increase was assumed. The most recent actuarial valuation was prepared as at April 1, 2014. Actual results could differ from this estimate as additional information becomes available in the future.

	2016	2015
Current year benefit cost	\$ 31,211	\$ 26,100
Interest on accrued benefit obligation	18,322	23,069
Amortized actuarial (gains) losses	10,246	4,712
Expense for the year	\$ 59,779	\$ 53,881
Benefits paid during the year	\$ 31,211	\$ 26,100

Wingham and District Hospital Notes to Financial Statements

March 31, 2016

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.

	<u>2016</u>	<u>2015</u>
Balance, beginning of year	\$ 4,781,965	\$ 4,548,672
Contributions received	636,529	541,960
Amortization of deferred contributions - equipment	(307,421)	(262,925)
Amortization of deferred contributions - building and land improvements	<u>(53,261)</u>	<u>(45,742)</u>
Balance, end of year	<u>\$ 5,057,812</u>	<u>\$ 4,781,965</u>

11. Related Party Transactions

The Hospital has an alliance agreement with the Listowel Memorial Hospital and shares a senior management team and other resources. The Hospital's share of the operating revenues and expenditures, and the assets and liabilities of the alliance have been recorded in the accounts of the Hospital. Shared expenditures paid by Wingham for Listowel are shown as an expense and recovery. As at March 31, 2016, amounts due to Listowel Memorial Hospital totalled \$235,156 (2015 - \$235,961).

12. Contingencies and Commitments

The Hospital participates in the Healthcare Insurance Reciprocal of Canada (HIROC), a pooling of the public liability insurance risks of its hospital 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, 2016, with respect to claims.

The Hospital has made a commitment for the construction of a clinic for \$4,024,655.

Wingham and District Hospital Notes to Financial Statements

March 31, 2016

13. 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, 2016, a 10% movement in stock markets with all other variables held constant, could impact the market value of the equity instruments held by \$9,150 (2015 - \$9,480).

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.

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 has a planning and budgeting process in place to help determine the funds required to support the Hospital's normal operating requirements on an ongoing basis. The Hospital ensures that there are sufficient funds to meet its short-term requirements, taking into account its anticipated cash flows from operations and its holdings of cash and investments. Liquidity risk arises primarily from accounts payable and accrued liabilities and long-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 to 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. In the event of default, the Hospital's cash accounts are insured up to \$500,000.

The Hospital's investment policy operates within the investment guidelines issued by the MOHLTC and puts limits on the investment portfolio.

The maximum exposure to investment credit risk is outlined in Note 4.

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.

The Hospital measures its exposure to credit risk based on how long the amounts have been outstanding. An impairment allowance is set up based on the Hospital's historical experience regarding collections.

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.

AUXILIARY REPORT

Wingham and District Hospital Auxiliary Annual Report 2015/2016

The Auxiliary holds 4 regular meetings throughout the year in January, April, September and November and our Annual meeting in June. All meetings are on the fourth Monday of each month. Our current membership is 52 and meeting attendance is about 50 percent. Volunteer hours recorded for this year 1780. Anyone is welcome to join for an annual membership fee of five dollars. Our main objective is to provide support to the Wingham and District Hospital in any way possible.

Officers of the Auxiliary are elected bi-annually. Conveners of various committees provide reports to the membership at each meeting. Special guests are invited to meetings, whenever possible, to keep us current on issues of health care, finances, new programs, upgrades and renovations, and other relative topics regarding our hospital and community.

Guest speakers at our meetings included: Joan Chestney, Chair South Central Region attended our September meeting and brought greetings from HAAO and discussed current information and changes taking place at head office. Rob Hutchison and Nicole Jutzi attended our November meeting and provided an informative and excellent presentation on the current renovations to the hospital and the school campus, the current fundraising- Our Hospital/ Our Future campaign and the success of the Radiothon. Also attending this meeting was Joan Chestney to present to our Auxiliary a certificate in honor of 110 year membership to the HAAO, we are the oldest thriving Auxiliary in the South Central Region, hats off to those forward thinking, hardworking dedicated ladies who started this auxiliary and to the ones who continue to make it a great support for our hospital and our community.

Membership involvement this year included spring HAAO Conference in Mount Forest, reviewing highlights of LWHA board and committee meetings with members, assisting with Physician Appreciation days, stocking book case with up to date and interesting books for all to read, making tray favors for special occasion dinner trays, assisting the Oncology Clinic, helping with the Radiothon, operating the Gift Shop, Historian & Secretary recorded Auxiliary & Hospital activities, Executive revised the Auxiliary Constitution and Bylaws and fundraising.

A Bursary was provided to Carly Burke of F.E. Madill Secondary School to further her studies at Guelph University, also a Crash Cart and a Vital Signs Monitor for the Emergency Room was purchased for the Hospital.

Fundraising activities and events that helped us achieve our goals were quilt raffles plus additional prizes, annual spring & fall Rummage sales, annual spring & fall fashion shows, hospital bridge group (Sept – May), hospital euchre group (Nov – Apr.), annual Poinsettia Tea, bake sales, Tag Days, book sales, Gift Shop – operated by Auxiliary Volunteers and the Gift Shop Out Reach Program which was new this year, quite successful and well received in the community.

Due to construction, our business in the Gift Shop has been limited, but we are looking forward to our new shop and location, it will be great. Thanks for your consideration, it is appreciated.



Wingham and District Hospital Auxiliary Annual Report 2015/2016

Thank you to all who support the Auxiliary by volunteering their time and resources. We always welcome new members.

Respectfully submitted,

Trudy Thomson

President of the Auxiliary to the Wingham & District Hospital

FOUNDATIONS REPORTS

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.

The Foundation has held several fundraisers in the last year such as:

- The Spring Gala, June 2015 was held at the Elma Community Centre, Atwood, hosted 256 people to an evening of fine dining, music and auction items. This successful event profited a net \$305,000 towards equipment purchase for the hospital.
- Other events held were the M& M Hamburg BBQ in September 2015, Car & Motorcycle Poker Rally in September and a Radiothon event @ Knox Presbyterian Church, Listowel same day as Radiothon 2015. This Radiothon event has entertainment, bake sale, food booth and generates over \$13,000 from our local donors for Radiothon.

The Foundation now is hosting four events each year bringing awareness of the importance of fundraising for our hospital to the area. The Foundation's new website is updated regularly with events going on and many other donations made by cheque presentation throughout the year.

Upcoming Events for 2016/2017

- Spring Gala 2016, theme "***Oh What a Night***" will be held Saturday, June 4, 2016, hosting 272 people proceeds to "Diagnostic Imaging Bundle" cost in excess of \$275,000. To date Gala 2016 has brought in over \$310,000 corporate dollars!
- LMH Staff Appreciation hosted by LMH Foundation members , Thursday, June 16th, 2016
- BBQ at M & M Meats, date to be determined
- LMHF Car & Motorcycle Poker Rally, Saturday, September 10th, 2016
- Fall Bonanza fundraiser, Knox Presbyterian Church Hall, Saturday, October 15, 2016, proceeds to CT Scanner

Newsletters

The Spring 2016 newsletter scheduled to go out in the mail will announce LMH gets approval for CT Scanner, Dr. Barb Matthews comments, Trillium ROOTS Funding, update on Radiothon Fall 2015, 2 separate generous personal donations to the foundation, third party event held November 2015 by the Listowel Ag Society and many more stories. The Foundation circulated 2 newsletters in the 2015 to over 9200 residents. The newsletters make people aware of what is going on at the Foundation, some of the donations made, in memory donations, and what the current needs are for the hospital.

The Foundation is grateful for the support from the staff at LMH and the citizens and businesses of North Perth and surrounding areas. **The Listowel Memorial Hospital Foundation was able to purchase \$431,901 of equipment in 2015, \$255,110 pd at yearend and the balance of \$176,790 when equipment is purchased this year.**

Respectfully submitted,
LMH Foundation

Radiothon

In 2015, the Wingham & District Hospital Foundation raised over \$85,000 for the purchase of a Operating Room Equipment including gastroscope and colonoscope. On Saturday, October 17, 2015, the Foundation received over \$46,000 in on-air donations and over \$39,000 during the weeks that followed the Radiothon. For the third year in a row the Foundation ran The Great Radiothon Race in conjunction with regular Radiothon day activities. The event raised \$6,300 towards the Radiothon project.

In order to accommodate the business needs of our generous partners at CKNX, the 2016 Radiothon was held on Thursday, May 12th. \$38,660 was received in pledges called in on Radiothon day. To date, \$41,000 has been received and donation towards the 2016 event will continue to be accepted until June 30th. All pledges to the WDH Foundation made during and following the Radiothon will support the *Our Hospital, Our Future* campaign.

The Great Race will continue for its 4th year in 2016, but will remain a fall event scheduled for Saturday, October 1st.

Equipment

The Foundation is pleased to present the Wingham & District Hospital Board with the annual donation in the amount of \$99,443.06. These funds were generated through the Radiothon, memorial and general donations, other events, appeals, bequests and grants received from the Royal Canadian Legion, Canada Post Community Foundation and Charles H. Ivey Foundation during the 2015-2016 fiscal year. The money donated funded the purchase of the following pieces of equipment: two IV pumps, two vital signs monitors, Braselow cart, gastroscope, colonoscope, portable/cardiac vital signs monitor, two pain pumps and a palliative chair. Since its inception the Wingham & District Hospital Foundation, it has donated \$4,213,780 to the Hospital.

Our Hospital, Our Future

The *Our Hospital, Our Future* campaign began fundraising with a full volunteer campaign team in June 2015. The campaign team has focused on meeting one-on-one with individuals, businesses, service clubs and municipals councils to solicit major donations towards the \$4 million fundraising goal. We have 100% financial commitment from the entire campaign management team and the WDH Foundation Board. The average donation is \$23,000 with all donors having the option to pledge those funds over a period of up to five years. Approximately half of the available naming opportunities offered in recognition of gifts over \$25,000 have been claimed. To date, \$2.6 million or 65% of the goal has been raised.

Respectfully submitted,
WDH Foundation

BY-LAW AMENDMENTS

Listowel Wingham Hospitals Alliance

Listowel Memorial Hospital

Wingham and District Hospital

Corporate By Laws

2016



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By-law Number 1 Hospital Name

A By-law relating to the transaction of the business and affairs of the Listowel Memorial Hospital and the Wingham and District Hospital (the “Corporations”).

Be it enacted as a By-law of the Corporations as follows:

Article 1 Interpretation

1.1 Definitions

In this By-law and all other by-laws of the Corporations, unless the context otherwise requires:

- (a) “**Act**” means the Corporations Act (Ontario) and where the context requires, includes the regulations made under it and any statute that may be substituted therefor, as from time to time amended;
- (b) “**Alliance Agreement**” means the alliance agreement between the Corporations
- (b) “**Board**” means the Board of Directors of the Corporations;
- (c) “**Chair**” means the Chair of the Board;
- (d) “**Chair of the Medical Advisory Committee**” means the member of the Medical Advisory Committee appointed by the Board as Chair of the Medical Advisory Committee and Chief of Staff;
- (e) “**Chief Executive Officer**” means, in addition to “administrator” as defined in the *Public Hospitals Act*, the President and Chief Executive Officer of the Corporations;
- (f) “**Chief Nursing Executive**” means the senior nurse employed by the Hospital(s) who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital(s);
- (g) “**Dentist**” means a dental practitioner in good standing with the College of Dental Surgeons of Ontario;
- (h) “**Dental Staff**” means the Dentists who have been appointed by the Board to the Dental Staff;
- (i) “**Director**” means a member of the Board;
- (j) “**Ex-officio**” means membership “by virtue of office” and includes all rights, responsibilities, and power to vote unless otherwise specified;
- (k) “**Extended Class Nursing Staff**” means those Registered Nurses in the Extended Class who are:
 - (i) nurses that are employed by the Hospital and are authorized to diagnose, prescribe for or treat out-patients in the Hospital; and
 - (ii) nurses who are not employed by the Hospital and to whom the Board has granted privileges to diagnose, prescribe for or treat out-patients in the Hospital;
- (l) “**Hospital**” means each of the Listowel Memorial Hospital and the Wingham and District Hospital which are public hospitals operated by the Corporations and “**Hospitals**” means both of them.
- (m) “**Hospital Volunteer Services**” means the auxiliary association(s) and voluntary support organization(s) of the Corporations;
- (n) “**Medical Advisory Committee**” means the Medical Advisory Committee for each corporation established by the board as required by the *Public Hospitals Act*;
- (o) “**Medical Staff**” means the Physicians who have been appointed to the Medical Staff by the Board;
- (p) “**Member**” means members of the Corporation as described in Article 2;

- (q) “**Midwife**” means a midwife in good standing with the College of Midwives of Ontario;
- (r) “**Midwifery Staff**” means the Midwives who have been appointed to the Midwifery Staff by the Board;
- (s) “**Patient**” means, unless otherwise specified or the context otherwise requires, any in-patient or out-patient of the Corporations;
- (t) “**Person**” means and includes any individual, Corporation, partnership, firm, joint venture, syndicate, association, trust, government, government agency, board, commission or authority, or any other form of entity or organization;
- (u) “**Physician**” means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
- (v) “**Professional Staff**” means the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff;
- (w) “**Public Hospitals Act**” means the *Public Hospitals Act* (Ontario), and, where the context requires, includes the regulations made under it and any statute that may be substituted therefor, as from time to time amended;
- (x) “**Registered Nurse in the Extended Class**” means a member of the College of Nurses of Ontario who is a registered nurse and holds an extended certificate of registration under the *Nursing Act, 1991*;
- (y) “**Rules**” means a rule adopted by the Board in accordance with section 16.2; and
- (z) “**Special Resolution**” means a resolution passed by the Directors and confirmed with or without variation by at least two thirds (2/3) of the votes cast by those entitled to vote and voting at a general meeting of the Members of the Corporation duly called for the purpose, or at an annual meeting, or in lieu of such confirmation, by consent in writing of all Members entitled to vote at such meeting.

1.2 Interpretation

In this By-law and in all other by-laws of the Corporations, unless the context otherwise requires, words importing the singular number shall include the plural number and vice versa and references to persons shall include firms and Corporations and words importing one gender shall include the opposite.

Article 2 Membership in the Corporations

2.1 Admission Membership in the Corporations shall be limited to persons interested in furthering the Corporations’ objects, mission, vision and values and shall consist of any person whose application for admission as a Member has been approved by a resolution of the Board.

2.2 Each respective Corporation shall have the following categories of membership:

Listowel Memorial Hospital

(A) Annual Members of the Listowel Memorial Hospital

(i) Subject to section 2.01, a person is eligible to be an Annual Member where he or she pays to the Corporation the annual membership fee for individuals, at least fifteen (15) days before the annual meeting of the Members, in an amount to be determined from time to time by resolution of the Board.

(ii) At the time of the payment of the annual membership fee, the person must:

- a)** be of the full age of eighteen (18) years; and
- b)** have been a resident of the County of Perth, County of Huron, County of Wellington or Region of Waterloo and live within 40 km of the Listowel Memorial Hospital for a continuous period of at least three (3) months immediately prior thereto. In the event that an Annual Member ceases to be a resident of the said area, such person’s membership in the Corporation shall automatically terminate.

(iii) Any annual membership in the Corporation shall be effective from June 1st in one year to May 31st in the

following year.

(B) Life Members of the Listowel Memorial Hospital

- (i) Life Membership that was granted prior to June 2009 will be honoured.

Wingham and District Hospital

(A) Annual Members of the Wingham and District Hospital

- (i) Subject to section 2.01, a person is eligible to be an Annual Member where he or she pays to the Corporation the annual membership fee for individuals, at least fifteen (15) days before the annual meeting of the Members, in an amount to be determined from time to time by resolution of the Board.
- (ii) At the time of the payment of the annual membership fee, the person must:
- a) be of the full age of eighteen (18) years; and
 - b) have been a resident of the County of Huron or the County of Bruce and live within 40 km of the Wingham and District Hospital for a continuous period of at least three (3) months immediately prior thereto. In the event that an Annual Member ceases to be a resident of the said area, such person's membership in the Corporation shall automatically terminate.
- (iv) Any annual membership in the Corporation shall be effective from June 1st in one year to May 31st in the following year.

(B) Life Members of the Wingham and District Hospital

- (i) Life Membership that was granted prior to June 2009 will be honoured.

2.3 Notwithstanding Section 2.2, any member of the Board of Directors shall be considered a member of the Corporations for their entire term on the Board.

2.4 A Member may withdraw from the Corporation by delivering a written resignation to the Secretary. Upon withdrawal, a Member is not entitled to a refund of the membership fee or donation in whole or in part.

2.5 (a) The interest of a Member in the Corporation is not transferable and lapses and ceases to exist:

- (i) upon the death, dissolution, resignation or termination of the Member or otherwise in accordance with this By-Law;
- (ii) when the Member's period of membership expires (if any); or

- (b) The Board may, by at least two-thirds (2/3) of the votes cast at a meeting of the Board, pass a resolution to remove a Member from the membership of the Corporation, and at that time, the interest of such Member in the Corporation shall cease to exist.

Article 3 Meetings of Members

3.1 Location

Meetings of the Members shall be held at the head office of either of the Hospital Corporations or at any place in Ontario as the Board may determine.

3.2 Annual Meetings

In accordance with the *Public Hospitals Act*, the annual meeting of Members shall be held between the 1st day of April and the 31st day of July of each year.

3.3 Calling Meetings

The Board or Chair shall have power to call, at any time, an annual or general meeting of the Members of the Corporation(s).

3.4 Quorum

Four (4) Members of a corporation entitled to vote present in person at a meeting will constitute a quorum at a meeting of Members that corporation.

3.5 Notice

Notice of meetings of Members shall be given by one of the following methods:

- (a) by sending it to each Member entitled to notice by one of the methods set out in section 17.1 addressed to the Members at their most recent addresses as shown on the Corporations' records at least ten (10) days prior to the meeting; or
- (b) by publication at least once a week for two (2) successive weeks next preceding the meeting in a newspaper or newspapers circulated in the municipality or municipalities in which the Members entitled to notice of the Corporations reside as shown by their addresses on the records of the Corporations.

3.6 Votes

- (a) Each Member entitled to vote and in attendance at a meeting shall have the right to exercise one vote.
- (b) At all meetings of Members of the Corporation(s) every question shall be determined by a majority of votes unless otherwise specifically provided by statute or by this By-law.
- (c) Votes at all meetings of Members shall be cast in person and not by proxy.
- (d) Every question submitted to any meeting of Members shall be decided in the first instance by a show of hands and in the case of an equality of votes, whether on a show of hands or at a poll, the chair of the meeting shall have a second vote to break the tie.
- (e) At any meeting of Members, unless a poll is demanded, a declaration by the chair of the meeting that a resolution has been carried or carried unanimously or by a particular majority or lost or not carried by a particular majority shall be conclusive evidence of the fact.
- (f) A poll may be demanded either before or after any vote by show of hands by any Member entitled to vote at the meeting. If a poll is demanded on the election of a chair or on the question of adjournment it shall be taken forthwith without adjournment. If a poll is demanded on any other question or as to the election of Directors, the vote shall be taken by ballot in such manner and either at once, later in the meeting or after adjournment as the chair of the meeting directs. The result of a poll shall be deemed to be the resolution of the meeting at which the poll was demanded. A demand for a poll may be withdrawn.

3.7 Chair of the Meeting

The chair of a meeting of the Members of the Corporation(s) shall be:

- (a) the Chair of the Corporations; or
- (b) a Vice Chair of the Corporations, if the Chair is absent or is unable to act; or
- (c) a chair elected by the Members present if the Chair and Vice Chair(s) are absent or unable to act. The Secretary shall preside at the election of the chair of the meeting, but if the Secretary is not present, the Directors, from those present, shall choose a Director to preside at the election.

3.8 Adjourned Meetings of Members

If within one-half (½) hour after the time appointed for a meeting of the Members of the Corporation(s), a quorum is not present, the meeting shall stand adjourned until a day to be determined by the Board.

3.9 Notice of Adjourned Meetings

Not less than three (3) days notice of an adjourned meeting of Members shall be given in such manner as the Board may determine.

Article 4 Directors

4.1 Composition of Board

The Board shall consist of:

- (a) a total of twelve (12) Directors who satisfy the criteria set out in section 4.3 and who are elected by the Members entitled to vote in accordance with section 4.7 or appointed in accordance with section 4.9 selected as follows:
 - i) six (6) individuals resident in the County of Perth, County of Huron, County of Wellington or Region of Waterloo and live within 40 kilometers of the Listowel Memorial Hospital and elected by members of the Listowel Memorial Hospital.
 - ii) six (6) individuals resident in the County of Huron or County of Bruce and live within 40 kilometers of the Wingham and District Hospital and elected by members of the Wingham and District Hospital.
- (b) the Chief Executive Officer, the Chair(s) of the Medical Advisory Committees, the President(s) of the Medical Staff(s) and Chief Nursing Executive, as *ex-officio* non-voting Directors.

4.2 Duties and Responsibilities

The Board shall govern and oversee the management of the affairs of the Corporations and may exercise all such other powers and do all such other acts and things as the Corporations is, by its charter or otherwise, authorized to exercise and do.

4.3 Qualifications of Directors

No person shall be qualified for election or appointment as a Director referred to in subsection 4.1(a) if he or she:

- (a) is less than eighteen (18) years of age;
- (b) has the status of a bankrupt;
- (c) does not have their principal residence within the area served by the Corporations as established by the Board from time to time; and
- (d) is a *current or former* employee or member of the Professional Staff unless the Board otherwise determines.

4.4 Vacation of Office

The office of a Director shall be automatically vacated:

- (a) if a Director shall resign such office by delivering a written resignation to the Secretary of the Corporations;
- (b) if the Director becomes bankrupt; or
- (c) if, in the case of an elected Director, he or she ceases to meet the requirements of subsection 4.3(c) or becomes a person referred to in subsection 4.3(d) except by resolution of the Board.

Where there is a vacancy in the Board, the remaining Directors may exercise all the powers of the Board so long as a quorum remains in office.

4.5 Removal

The office of a Director may be vacated by a simple majority resolution of the Board:

- (a) if a Director, without being granted a leave of absence by the Board, is absent for three (3) consecutive meetings of the Board, or if a Director is absent for one quarter ($\frac{1}{4}$) or more of the meetings of the Board in any twelve (12) month period;
- or**
- (b) if a Director fails to comply with the *Public Hospitals Act*, the Act, the Corporation's Letters Patent, by-laws, Rules, policies and procedures adopted by the Board, including without limitation, confidentiality and conflict of interest requirements.

4.6 Election and Term

Directors shall be elected and shall retire in rotation as herein provided. The Directors referred to in subsection 4.1(a) shall be elected for a term of two (2) years provided that each such Director shall hold office until the earlier of the date on which their office is vacated pursuant to sections 4.4 or 4.5 or until the end of the meeting at which his or her successor is elected or appointed. Six (6) Directors shall retire from office each year subject to re-election as permitted by section 4.8.

4.7 Nomination Procedure for Election of Directors

Nominations made for the election of Directors at a meeting of Members may be made only by the Board in accordance with the nominating and election procedure prescribed by the Board from time to time. For greater certainty, no nominations shall be accepted by the Members of the Corporations which are not submitted and approved by the Board in accordance with the Board approved process. The decision of the Board as to whether or not a candidate is qualified to stand for election shall be final.

4.8 Maximum Terms

Each Director referred to in subsection 4.1(a) shall be eligible for re-election provided that such Director shall not be elected or appointed for a term that will result in the Director serving more than twelve (12) consecutive years. Such Director may also be eligible for re-election for another term or terms (to a maximum of twelve (12) consecutive years) if two (2) or more years have elapsed since the termination of his or her last term. In determining a Director's length of service as a Director, service prior to the coming into force of this By-law shall be included. Despite the foregoing a Director may, by resolution of the Board, have their maximum term as a Director extended for the sole purpose of that Director succeeding to the office of Chair or serving as Chair. Despite the foregoing, where a Director was appointed to fill an unexpired term of a Director such partial term shall be excluded from the calculation of the maximum years of service.

4.9 Filling Vacancies

So long as there is a quorum of Directors in office, any vacancy occurring in the Board of Directors may be filled by a qualified person appointed for the remainder of the term by the Directors then in office.

In the absence of a quorum of the Board, or if the vacancy has arisen from a failure of the Members to elect the number of Directors required to be elected at any meeting of Members, the Board shall forthwith call a meeting of Members to fill the vacancy. A Director so appointed or elected shall hold office for the unexpired portion of the term vacated.

4.10 Directors Remuneration

The Directors shall serve as such without remuneration and no Director shall directly or indirectly receive any profit from his or her position as such provided that a Director may be reimbursed reasonable expenses incurred by the Director in the performance of his or her duties. *Provided further that members of the Medical Staff or Hospital employee required to serve as Directors of the Corporation in accordance with the Public Hospitals Act or Excellent Care For All Act, as approved by the Board or the Executive Committee, shall be paid for their services to the Corporation in any other capacity.*

Article 5 Meetings of Directors

5.1 Meetings of Directors

The Board shall meet at such times and in such places as may be determined by the Board, the Chair, a Vice Chair or the Chief Executive Officer. Special meetings of the Board may be called by the Chair, a Vice Chair or by the Chief Executive Officer and shall be called by the Secretary upon receipt of the written request of four (4) Directors.

5.2 Regular Meetings

The Board may appoint one (1) or more days for regular meetings of the Board at a place and time named. A copy of any resolution of the Board fixing the place and time of regular meetings of the Board shall be given to each Director forthwith after being passed and no other notice shall be required for any such regular meeting.

5.3 Telephone Meetings

If all the Directors present at or participating in the meeting consent, a meeting of Directors or a meeting of a committee of the

Board may be held by such telephone, electronic or other communication facilities that permit all persons participating in the meeting to communicate with each other simultaneously and instantaneously, and the Director or committee member participating in the meeting by those means is deemed to be present at the meeting.

5.4 Notices

Notice of meetings, other than regular meetings, shall be given to all Directors at least forty-eight (48) hours prior to the meeting. The Chair, a Vice Chair or the Chief Executive Officer may call a meeting on less notice, by such means as are deemed appropriate, provided that notice is given to all Directors and the majority of the Directors consent to the holding of such meeting. In calculating the said forty-eight (48) hour notice period Saturdays, Sundays and statutory holidays shall be excluded.

5.5 Quorum

A majority of the Directors shall constitute a quorum.

5.6 First Meeting of New Board

Provided a quorum of Directors is present, each newly elected Board may, without notice, hold its first meeting immediately following the meeting of Members at which such Board is elected.

5.7 Persons Entitled to be Present

Guests may attend meetings of the Board with the consent of the meeting on the invitation of the Chair or Chief Executive Officer. The Board may adopt a policy from time to time with respect to the attendance of the public at meetings of the Board.

5.8 Voting

Each Director present at a meeting of the Board shall be entitled to one (1) vote on each matter. A Director shall not be entitled to vote by proxy. Any question arising at any meeting of the Board or any committee of the Board, shall be decided by a majority of votes.

5.9 Casting Vote

In the case of an equality of votes, the Chair shall not have a second vote.

5.10 Polls

The vote on any question shall be taken by secret ballot if so demanded by any Director present and entitled to vote. Such ballots shall be counted by the chair of the meeting. Otherwise a vote shall be taken by a show of hands. A declaration by the chair of the meeting that a resolution has been carried by a particular majority or not carried shall be conclusive.

5.11 Adjournment of the Meeting

If within one-half (½) hour after the time appointed for a meeting of the Board a quorum is not present, the meeting shall stand adjourned until a day to be determined by the chair of the meeting.

5.12 Notice of Adjourned Meeting

At least twenty-four (24) hours notice of the adjourned meeting by an appropriate means shall be given to each Director; provided that in calculating such twenty-four (24) hour notice period Saturday, Sundays and statutory holidays shall be excluded.

Article 6 Interest of Directors in Contracts

6.1 Declaration of Conflict

- (a) Any Director who is in any way, directly or indirectly, interested in a contract or proposed contract with the Corporations shall disclose in writing or have entered in the minutes, the nature and extent of such Director's interest in such contract or proposed contract with the Corporations.
- (b) The disclosure required by subsection 6.1(a), shall be made:
 - (i) at the meeting at which a proposed contract is first considered if the Director is present, and otherwise, at the first meeting after the Director becomes aware of the contract or proposed contract;

- (ii) if the Director was not then interested in a proposed contract, at the first meeting after such Director becomes so interested; or
 - (iii) if the Director becomes interested after a contract is made, at the first meeting held after the Director becomes so interested.
- (c) A Director referred to in subsection 6.1(a) is not liable to account for any profit made on the contract by the Director or by a corporate entity, business firm or organization in which the Director has a material interest, provided:
- (i) the Director disclosed the Director's interest in accordance with subsection 6.1(b) or (e); and
 - (ii) the Director has not voted on the contract.
- (d) A Director referred to in subsection 6.1(a) shall not vote on any resolution to approve the contract and shall not take part in the discussion or consideration of, or in any way attempt to influence the voting on any question with respect thereto and shall exit the meeting when the applicable issue is under consideration.
- (e) For the purposes of this section 6.1, a general notice to the Directors by a Director declaring that the person is a director or officer of or has a material interest in a body corporate, business firm or organization and is to be regarded as interested in any contract made therewith, is a sufficient declaration of interest in relation to any contract so made.
- (f) The provisions of this Article are in addition to any conflict of interest policy adopted by the Board from time to time.

Article 7 Protection of Officers and Directors

7.1 Directors Liability

Any Director or officer of the Corporations shall not be liable for any act, receipt, neglect or default of any other Director, officer or employee or for any loss, damage or expense happening to the Corporations through any deficiency of title to any property acquired by the Corporations or for any deficiency of any security upon which any moneys of the Corporations shall be invested or for any loss or damage arising from bankruptcy, insolvency or tortious act of any person including any person with whom any moneys, securities or effects shall be deposited or for any loss, conversion, or misappropriation of or any damage resulting from any dealings with any moneys, securities or other assets belonging to the Corporations or for any other loss, damage or misfortune which may happen in the execution of the duties of such Director's or officer's respective office unless such occurrence is as a result of such Director's or officer's own wilful neglect or default.

7.2 Indemnities to Directors and Others

Every Director or officer of the Corporations and his or her heirs, executors, administrators and estates and effects, respectively, shall from time to time and at all times, be indemnified and saved harmless out of the funds of the Corporations from and against:

- (a) all costs, charges and expenses whatsoever which such Director or officer sustains or incurs in or about any action, suit or proceedings which is brought, commenced or prosecuted against him or her, for or in respect of any act, deed, matter or thing whatsoever, made, done or permitted by him or her, in or about the execution of the duties of his or her office; and
 - (b) all other costs, charges and expenses which he or she sustains or incurs in or about or in relation to the affairs of the Corporations, except such costs, charges or expenses as are occasioned by his or her own wilful neglect or default.
- (c) The indemnity provided for in the preceding paragraph:
- (i) shall not apply to any liability which a Director or officer of the Corporations may sustain or incur as the result of any act or omission as a member of the Professional Staff of the Corporations; and
 - (ii) shall be applicable only if the Director or officer of the Corporations acted honestly and in good faith with a view to the best interests of the Corporations and in the case of criminal or administrative action or proceeding that is enforceable by a monetary penalty, had reasonable grounds for believing that his or her conduct was

lawful.

Article 8 Committees

8.1 Committees

The Board may establish committees from time to time. The Board shall determine the duties of such committees. The committees of the Board shall be:

- (a) Standing Committees, being those committees whose duties are normally continuous; and
- (b) Special Committees, being those committees appointed for specific duties whose mandate shall expire with the completion of the tasks assigned.

8.2 Functions, Duties, Responsibilities and Powers of Committees

The functions, duties, responsibilities and powers of committees shall be provided in the resolution of the Board by which such committee is established or in terms of reference adopted by the Board.

8.3 Committee Members, Chair

Unless otherwise provided by by-law or by Board resolution, the Board shall appoint the members of the committee, the chair of the committee and, if desirable, the vice chair thereof. The members of any committee (other than an Executive Committee, if any) need not be Directors of the Corporations. The members and the chair and vice chair of a committee will hold their office at the will of the Board. Each chair of a Standing Committee shall be a member of the Board. Unless otherwise provided, the Chair and Chief Executive Officer shall be ex-officio members of all committees.

8.4 Procedures at Committee Meetings

Procedures at and quorum for committee meetings shall be determined by the chair of each committee, unless established by the Board by resolution or by way of general committee regulations from time to time.

8.5 Executive Committee

The Board may, but shall not be required to, elect an Executive Committee consisting of not fewer than three (3) elected Directors and may delegate to the Executive Committee any powers of the Board, subject to such restrictions, as may be imposed by the Board by resolution. The Executive Committee shall fix its quorum at not less than a majority of its members. Any Executive Committee member may be removed by a majority vote of the Board.

Article 9 Officers

9.1 Officers

The officers of the Corporations shall include:

- (a) Chair of the Board;
- (b) Chief Executive Officer; and
- (c) Secretary;

and may include one or more Vice Chairs and any such other officers as the Board may by resolution determine. The officers shall be elected or appointed by resolution of the Board at the first meeting of the Board following the annual meeting of Members at which the Directors are elected or at such other times when a vacancy shall occur. A person may hold more than one office.

9.2 Terms of Office

Unless otherwise provided in this By-law, the officers of the Corporations shall hold office for one (1) year from the date of appointment or election or until their successors are elected or appointed in their stead and shall be eligible for reappointment. Officers shall be subject to removal by resolution of the Board at any time.

Article 10 Duties of Officers

10.1 Chair of the Board

The Chair shall be elected by the Board from among the elected Directors. The Chair shall, when present, preside at all meetings of the Members and the Board and shall represent the Corporations and the Board as may be required or appropriate and shall have such other powers and duties as the Board may specify. The Chair shall be an *ex-officio* member of all committees of the Board. The Chair shall be elected annually and shall be eligible for re-election provided that the Chair shall serve no longer than two (2) consecutive years. Notwithstanding the foregoing, where a Director has served two (2) consecutive years as Chair, the Board may, by resolution approved by two-thirds (2/3) resolution of the Board, provide that such member is eligible for re-election as Chair provided, however, that in no event shall such member serve longer than four (4) consecutive years.

10.2 Vice Chairs

A Vice Chair shall, in the absence or disability of the Chair, perform the duties and exercise the powers of the Chair and shall perform such other duties as shall from time to time assigned to the Vice Chair by the Board. Where two (2) or more Vice Chairs are elected they shall be designated First Vice Chair, Second Vice Chair and so on.

The Chair, or failing the Chair, the Board, shall designate which of the Vice Chairs shall perform the duties of the Chair in the Chair's absence.

10.3 Chief Executive Officer

The Chief Executive Officer shall be a Director, the President of the Corporations and the administrator of the Hospital for the purposes of the *Public Hospitals Act*. Subject to the authority of the Board, the Chief Executive Officer shall be responsible for the administration, organization and management of the affairs of the Corporations.

10.4 Secretary

The Secretary shall carry out the duties of the secretary of the Corporations generally and shall attend or cause a recording secretary to attend all meetings of the Members, Board, Executive Committee and other committees to act as a clerk thereof and to record all votes and minutes of all proceedings in the books to be kept for that purpose. The Secretary shall give or cause to be given notice of all meetings of the Members and of the Board of Directors and shall perform such other duties as may be prescribed by the by-laws or the Board.

10.5 Other Officers

The powers and duties of all other officers shall be such as the Board may from time to time determine. Any of the powers and duties of an officer to whom an assistant has been appointed may be exercised and performed by such an assistant unless the Board otherwise directs.

Article 11 Organization and Financial

11.1 Seal

Until changed in accordance with the Act, the seal, an impression whereof is stamped in the margin hereof, shall be the seal of the Corporations.

11.2 Execution of Documents

Subject to section 11.3, deeds, transfers, assignments, contracts, agreements, mortgages, conveyances, obligations, certificates or any other instruments or documents requiring the signature of the Corporations, shall be signed by any one of the Chair or a Vice Chair together with any one of the Chief Executive Officer or a Director and all instruments or documents so signed shall be binding upon the Corporations without any further authorization or formality.

11.3 Other Signing Officers

In addition to the provisions of section 11.2, the Board may from time to time by resolution direct the manner in which and the person or persons by whom any particular instrument or class of instruments or document may or shall be signed. Any signing officer may affix the seal of the Corporations to any instrument or document and may certify a copy of any instrument,

resolution, by-law or other document of the Corporations to be a true copy.

11.4 Banking Arrangements

The banking business of the Corporations or any part thereof shall be transacted with such banks, trust companies or other financial institutions as the Board may, by resolution, from time to time determine.

11.5 Financial Year

Unless otherwise determined by the Board and subject to the *Public Hospitals Act*, the fiscal year end of the Corporations shall be the last day of March in each year.

11.6 Appointment of Auditor

The Members entitled to vote shall, at each annual meeting, appoint an auditor to audit the accounts of the Corporations and to report to the Members at the next annual meeting. The auditor shall hold office until the next annual meeting, provided that the Directors may fill any casual vacancy in the office of auditor. The remuneration of the auditor shall be fixed by the Board of Directors.

11.7 Borrowing Power

Without limiting the borrowing powers of the Corporations as set forth in the Act, the Board may from time to time, on behalf of the Corporations, without authorization of the Members:

- (a) borrow money on the credit of the Corporations;
- (b) issue, sell or pledge securities (including bonds, debentures, notes or other similar obligations, secured or unsecured) of the Corporations; or
- (c) charge, mortgage, hypothecate or pledge all or any of the real or personal property of the Corporations, including book debts and unpaid calls, rights and powers, franchises and undertakings, to secure any securities or for any money borrowed, or other debt, or any other obligation or liability of the Corporations.

11.8 Investments

Subject to the Corporations' charter, the Board is authorized by the corporation to make or receive any investments which the Board in its discretion considers advisable.

Article 12 Books and Records

12.1 Books and Records

The Directors shall see that all necessary books and records of the Corporations required by the by-laws of the Corporations or by any applicable statute or law are regularly and properly kept.

Article 13 Confidentiality

13.1 Confidentiality

Every Director, officer, member of the Professional Staff, member of a committee of the Board, employee and agent of the Corporations shall respect the confidentiality of matters:

- (a) brought before the Board;
- (b) brought before any committee;
- (c) dealt with in the course of the employee's employment or agent's activities; or
- (d) dealt with in the course of the Professional Staff member's activities in connection with the Corporations.

13.2 Board Spokesperson

The Board may give authority to one or more Directors, officers or employees of the Corporations to make statements to the

news media or public about matters brought before the Board.

Article 14 Professional Staff

14.1 Professional Staff

There shall be a Professional Staff of the Hospital whose appointment and functions shall be as set out in the Professional Staff By-law of the Corporations.

Article 15 Matters Required by the *Public Hospitals Act*

15.1 Committees and Programs Required by the *Public Hospitals Act*

The Board shall ensure that the Corporations establishes such committees and undertakes such programs as are required pursuant to the *Public Hospitals Act*, including a medical advisory committee and a fiscal advisory committee.

15.2 Fiscal Advisory Committee

The Chief Executive Officer shall appoint the members of the fiscal advisory committee required to be established pursuant to the regulations under the *Public Hospitals Act*.

15.3 Chief Nursing Executive

The Chief Executive Officer shall ensure there are appropriate procedures in place for the appointment of the Chief Nursing Executive.

15.4 Nurses and other Staff and Professionals on Committees

The Chief Executive Officer shall from time to time approve a process for the participation of the Chief Nursing Executive, nurse managers, and staff nurses, staff and other professionals of the Corporations in decision making related to administrative, financial, operational and planning matters and for the election or appointment of the Chief Nursing Executive, staff nurses or nurse managers and other staff and professionals of the Corporations to those administrative committees approved by the Chief Executive Officer to have a nurse, staff or professional representation.

15.5 Retention of Written Statements

The Chief Executive Officer shall cause to be retained for at least twenty five (25) years, all written statements made in respect of the destruction of medical records, notes, charts and other material relating to patient care and photographs thereof.

15.6 Occupational Health and Safety Program

- (a) Pursuant to the regulations under the *Public Hospitals Act*, there shall be an Occupational Health and Safety Program for the Corporations.
- (b) The program referred to in subsection 15.6(a) shall include procedures with respect to:
 - (i) a safe and healthy work environment in the Corporations;
 - (ii) the safe use of substances, equipment and medical devices in the Corporations;
 - (iii) safe and healthy work practices in the Corporations;
 - (iv) the prevention of accidents to persons on the premises of the Corporations; and
 - (v) the elimination of undue risks and the minimizing of hazards inherent in the Corporations environment.
- (c) The person designated by the Chief Executive Officer to be in charge of occupational health and safety in the Corporations shall be responsible to the Chief Executive Officer or his or her delegate for the implementation of the Occupational Health and Safety Program.
- (d) The Chief Executive Officer shall report to the Board as necessary on matters in respect of the Occupational Health and

Safety Program.

15.7 Health Surveillance Program

- (a) Pursuant to the regulations under the *Public Hospitals Act*, there shall be a Health Surveillance Program for the Corporations.
- (b) The program referred to in section 15.7(a) shall:
 - (i) be in respect of all persons carrying on activities in the Corporations, and
 - (ii) include a communicable disease surveillance program.
- (c) The person designated by the Chief Executive Officer to be in charge of health surveillance in the Corporations shall be responsible to the Chief Executive Officer or his or her delegate for the implementation of the Health Surveillance Program.
- (d) The Chief Executive Officer shall report to the Board as necessary on matters in respect of the Health Surveillance Program.

15.8 Organ Donation

Pursuant to the regulations under the *Public Hospitals Act*, the Board shall approve procedures to encourage the donation of organs and tissues including:

- (a) procedures to identify potential donors; and
- (b) procedures to make potential donors and their families aware of the options of organ and tissue donations, and shall ensure that such procedures are implemented in the Corporations.

Article 16 Rules and Procedures

16.1 Rules of Order

Any questions of procedure at or for any meetings of Members of the Corporations, or the Board, or the Professional Staff, or of any committee, which have not been provided for in this By-law or by the Act or by the *Public Hospitals Act* or regulations thereunder, or the Rules adopted from time to time by the Board or the Professional Staff Rules and Regulations, shall be determined by the chair of such meeting in accordance with the rules of procedure adopted by resolution of the Board, or failing such resolution, adopted by the chair of the meeting.

16.2 Rules

The Board may, from time to time, make such Rules as it may deem necessary or desirable in connection with the management of the business and affairs of the Board and the conduct of the Directors and officers, provided however that any such Rule shall be consistent with the provision of this By-law.

Article 17 Notices

17.1 Notice

Whenever under the provisions of the by-laws of the Corporations notice is required to be given, unless otherwise provided such notice may be given in writing and delivered or sent by prepaid mail, by facsimile transmission or by electronic mail addressed to the Director, officer, member of a committee, Member or auditor at the postal address, the facsimile number or electronic mail address, as the case may be, as the same appears on the books of the Corporations.

If any notice is sent by prepaid mail, it shall, subject to the following paragraph, be conclusively deemed to have been received on the third (3rd) business day following the mailing thereof. If delivered, a notice shall be conclusively deemed to have been received at the time of delivery, or if sent by facsimile transmission or electronic mail, it shall be conclusively deemed to be

received on the next business day after transmission.

Notwithstanding the foregoing provisions with respect to mailing, in the event that it may be reasonably anticipated that, due to any strike, lock out or similar event involving an interruption in postal service, any notice will not be received by the addressee by no later than the third (3rd) business day following the mailing thereof, then the mailing of any such notice as aforesaid shall not be an effective means of sending the same but rather any notice must then be sent by an alternative method which it may reasonably be anticipated will cause the notice to be received reasonably expeditiously by the addressee.

Any person entitled to receive any such notice may waive such notice either before or after the meeting to which such notice refers.

17.2 Computation of Time

In computing the date when notice must be given under any provision requiring a specified number of days' notice of any meeting or other event, the date of giving the notice shall be excluded and the date of the meeting or other event shall be included.

17.3 Omissions and Errors

The accidental omission to give any notice to any Member, Director, officer, member of a committee or the auditor of the Corporations or the non-receipt of any notice by any Member, Director, officer, member of a committee or the auditor of the Corporations or any error in any notice not affecting the substance thereof shall not invalidate any action taken at any meeting held pursuant to such notice or otherwise founded thereon.

17.4 Waiver of Notice

Any Member, Director, officer, member of a committee or the auditor of the Corporations may waive any notice required to be given to him or her under any provision of the *Public Hospitals Act*, the Act or the Letters Patent or the by-laws of the Corporations, and such waiver, whether given before or after the meeting or other event of which notice is required to be given, shall cure any default in giving such notice. Attendance and participation at a meeting constitutes waiver of notice.

Article 18 Amendment of By-laws

18.1 Amendment

Subject to applicable legislation, the provisions of the by-laws of the Corporations may be repealed or amended by by-law enacted by a majority resolution of the Directors at a meeting of the Board of Directors and sanctioned by at least a majority of the Members entitled to vote and voting at a meeting duly called for the purpose of considering the said by-law.

18.2 Effect of Amendment

Subject to the Act and to section 18.3 below, a by-law or an amendment to a by-law passed by the Board has full force and effect:

- (a) from the time the motion was passed, or
- (b) from such future time as may be specified in the motion.

18.3 Member Approval

A by-law or an amendment to a by-law passed by the Board shall be presented for confirmation at the next annual meeting or to a general meeting of the Members of the Corporations called for that purpose. The notice of such annual meeting or general meeting shall refer to the by-law or amendment to be presented.

The Members entitled to vote at the annual meeting or at a general meeting may confirm the by-law as presented or reject or amend it, and if rejected, it thereupon ceases to have effect and if amended, it takes effect as amended.

In any case of rejection, amendment, or refusal to approve the by-law or part of the by-law in force and effect in accordance with any part of this section, no act done or right acquired under any such by-law is prejudicially affected by any such rejection, amendment or refusal to approve.

18.4 Amendments to Professional Staff By-law

Prior to submitting all or any part of the Professional Staff By-law to the process established in sections 18.1 and 18.3, the procedures set out in the Professional Staff By-law shall be followed.

MEDICAL STAFF

Dr. R. Latuskie - Chief of Staff

Dr. A. Qureshi – President

Dr. Barb Matthews – Vice-President

Dr. R. Warren - Secretary

ACTIVE STAFF

Dr. R. Annis
Dr. G. Edmonds
Dr. L. Hayward
Dr. R. Latuskie
Dr. B. Matthews

Dr. A. Qureshi
Dr. P. Rutherford
Dr. T. Suggitt
Dr. R. Warren
Dr. E. Westen

DENTAL STAFF

Dr. K. Clemes	Dr. O. Panich
Dr. N. Hogg	Dr. A. Thompson
Dr. D. Nuhn	Dr. P. Trainor

MIDWIFERY STAFF

Madeline Clin
Mhairi Colgate
Sabrina Connor
Catherine Goudy
Catherine Kipp
Mianh Lamson

Amanda Levencrowne
Jillian Nafziger
Amy Sjaarda
Cynthia Soulliere

NURSE PRACTITIONERS

Martha Leonard

CONSULTING & COURTESY STAFF

Dr. G. Antoniadis
Dr. K. Blaine
Dr. M. Carlson
Dr. M. Chan
Dr. C. Cressey
Dr. Y. Erenberg
Dr. D. Finnigan
Dr. M. Gillett
Dr. J. Guy
Dr. A. Haider
Dr. G. Hancock

Dr. J. Hardwick
Dr. G. Heaton
Dr. B. Hughes
Dr. A. Hussey
Dr. T. Kalos
Dr. M. Klassen
Dr. M. Korvemaker
Dr. M. Mann
Dr. K. Miller
Dr. K. Mir
Dr. W. Papoff
Dr. S. Prasad

Dr. R. Puley
Dr. R. Ramsewak
Dr. C. Ray
Dr. G. Semelhago
Dr. V. Sharma
Dr. O. Spanglet
Dr. D. Stewart
Dr. C. Tamblyn
Dr. S. Tamblyn
Dr. G. Tarulli
Dr. D. Wycoco
Dr. O. Yousef



Wingham and District Hospital Professional Staff 2016/2017

Dr. G. Antoniadis – Chief of Staff

Dr. J. Shuffield – President

Dr. B. Marshall – Vice-President/Secretary/Treasurer

ACTIVE STAFF

Dr. G. Antoniadis
Dr. M. Gear
Dr. B. Marshall

Dr. J. Shuffield
Dr. S. Marshall
Dr. M. Moores

Dr. M. Shubat
Dr. S. Vanderklippe

DENTAL STAFF

Dr. R. Bateman
Dr. Y. Liu

Dr. J. O'Young
Dr. W. Spink

NURSE PRACTITIONERS

Amanda Brown
Robyn Nocilla
Barb Sproul

CONSULTING & COURTESY STAFF

Dr. C. Bloch
Dr. B. Bukala
Dr. M. Carlson
Dr. P. Conlon
Dr. C. Cramer
Dr. D. Dittmer
Dr. G. Edmonds
Dr. Y. Erenberg
Dr. M. Flowers

Dr. R. Gobburu
Dr. J. Kargbo
Dr. M. Korvemaker
Dr. A. Lyons
Dr. K. Mir
Dr. C. O'Neill
Dr. W. Papoff
Dr. F. Perera
Dr. R. Ramsewak

Dr. C. Ray
Dr. J. Schwalm
Dr. S. Sleeth
Dr. O. Spanglet
Dr. H. Sun
Dr. J. Tarulli
Dr. C. Tomlinson
Dr. D. Wycoco
Dr. O' Yousef

***VISITING
CONSULTANTS
CLINICS***

<u>Clinic</u>	<u>Physician</u>	<u>Clinic Held</u>
Dermatology	Dr. A. Haider	Weekly - Thursday
E.N.T.	Dr. B. Hughes	Last Monday of month
Gerontology	Dr. S. Prasad	Last Thursday of month
Internal Medicine	Dr. A. Caines	Twice a month
Internal Medicine – Cardiology	Dr. D. Tamblyn Dr. O. Spanglet	Weekly – Tuesday Weekly – Monday
Internal Medicine – Gastroenterology	Dr. V. Sharma	Weekly - Friday
Neurology	Dr. D. Stewart	Last Friday of month (May – November)
Obstetrics / Gynecology	Dr. G. Hancock Dr. T. Kalos	Bi-Weekly – Wednesday Weekly - Monday
Oral Maxillofacial Surgeon	Dr. N. Hogg	Bi-Weekly - Wednesday
Orthopedics	Dr. J. Guy	Bi-Weekly - Friday
Pediatric	Dr. K. Blaine	Bi-Weekly - Tuesday
Plastic Surgery	Dr. G. Heaton	Bi-Weekly – Tuesday
Surgical	Dr. R. Ramsewak	Weekly – Monday, Wednesday and Friday
Urology	Dr. A. Hussey	Bi-Weekly – Friday

<u>Clinic</u>	<u>Physician</u>	<u>Clinic Held</u>
Cancer Clinic	Dr. Perera	2 nd Tuesday of Month
Cardiology / Echocardiography / Carotid Doppler Studies	Dr. C. Tomlinson Dr. J. Schwalm	Monthly Monthly
Echo Lab	M. Cooper	Weekly - Friday
Internal Medicine – Cardiology	Dr. O. Spanglet	Weekly - Thursday
Internal Medicine – Gastroenterology	Dr. M. Flowers	5 Days per Week
Obstetrical and Gynecology	Dr. C. Bloch	Monthly
Pediatrics	Dr. R. Gobburu	Monthly
Physical Medicine and Rehab	Dr. D. Dittmer	Monthly
Surgical	Dr. Ramsewak Dr. C. O'Neill	Weekly – Tuesday Bi-Weekly - Monday
Urology	Dr. B. Bukala	Monthly



Listowel Wingham Hospitals Alliance Board of Directors 2015/2016

Listowel Memorial Hospital

Chair – Rosemary Rognvaldson

Vice-Chair – Krishna Beharry

Treasurer – Tom Soltys

Directors

Blair Burns

Kris Dekker

Bert Johnson

Ex-Officio Members

Chief of Staff - Dr. Russell Latuskie

President of Medical Staff - Dr. Arif Qureshi

Chief Executive Officer – Karl Ellis

Chief Nursing Executive – Angela Stanley

Wingham and District Hospital

Chair – Trevor Seip

Vice-Chair – Penny Mulvey

Treasurer – Gord Hunt

Directors

Marg Carswell

Andy McBride

Amy Miller

Marc Pittock*

Gord Hunt

Ex-Officio Members

Chief of Staff - Dr. Greg Antoniadis

President of Medical Staff - Dr. Jim Shuffield

Chief Executive Officer – Karl Ellis

Chief Nursing Executive – Angela Stanley

*Marc Pittock retired from the Wingham and District Hospital Board in April 2016