



**Listowel  
Wingham**  
HOSPITALS ALLIANCE

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*Enriching Life's Journey Together*

# **2016 / 2017 Annual Report**

**Respect   Teamwork   Compassion/Caring   Communication**

**Professionalism**



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## **LISTOWEL WINGHAM HOSPITALS ALLIANCE**

### **Annual Meeting of the Corporations of The Listowel Memorial Hospital and The Wingham and District Hospital Wednesday, June 7, 2017**

**1900 hours**

**Trillium Mutual Insurance Offices, Listowel, Ontario**

### **MEETING AGENDA**

- 1.0 Call to Order
- 2.0 Opening Remarks - Welcome to Corporation Members, Hospital Staff and Visitors
- 3.0 Minutes of June 8, 2016 Annual Meeting
- 4.0 Reports
  - 4.1 Report of the Board Chairs and Chief Executive Officer
  - 4.2 Report of the Chief of Staff – Listowel Memorial Hospital
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  - 4.4 Treasurer's Report – Listowel Memorial Hospital
    - 4.4.1 Presentation of the Audited Financial Statements 2016/2017
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    - 4.6.1 Thank you to Outgoing Members
    - 4.6.2 Nomination and Election of Directors for a Two Year Term - Listowel Memorial Hospital
    - 4.6.3 Nomination and Election of Directors for a Two Year Term – Wingham and District Hospital
  - 4.7 Report of the Auxiliary to Listowel Memorial Hospital
  - 4.8 Report of the Auxiliary to Wingham and District Hospital
  - 4.9 Report of the Listowel Memorial Hospital Foundation
  - 4.10 Report of the Wingham and District Hospital Foundation

### **5.0 Adjournment**

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

- a) Chair
- b) 1<sup>st</sup> Vice-Chair
- c) 2<sup>nd</sup> Vice-Chair
- d) Past-Chair
- e) Treasurer
- f) Secretary



# Listowel Wingham Hospitals Alliance 2016 Annual Meeting Minutes

## Listowel Memorial Hospital Corporation Wingham and District Hospital Corporation Wednesday June 8, 2016 Wingham and District Hospital Health Campus

### **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 1903 hours.

### **2.0 Chair's Remarks**

Trevor Seip welcomed Corporation members, hospital staff, visitors, and the media and noted he would be chairing the meeting. Rosemary Rognvaldson, Chair of the Listowel Memorial Hospital Board is unable to attend.

Trevor Seip introduced the Directors of the Wingham & District Hospital Board and the Listowel Memorial Hospital Board.

### **3.0 Minutes of the Previous Meeting**

#### **MOTIONS:**

*It was moved by Andy McBride, seconded by Penny Mulvey to:*

*Adopt the minutes of the June 10, 2015 Annual General Meeting of the Listowel Memorial Hospital Corporation and the Wingham and District Hospital Corporation.*

**Motion Carried**

### **4.0 Reports**

#### **4.1 Report of the Board Chairs and Chief Executive Officer**

Karl Ellis and Trevor Seip presented the report. Highlights from the report were:

- “Enriching Life’s Journey Together” has been drafted as the new vision statement of the Listowel Wingham Hospitals Alliance
- The Clinical Services Plan, that was created in 2012, has been refreshed and will continue to provide guidance to the board
- The Quality Improvement Plan was prepared and will focus on 5 objectives for the upcoming year
  - Timely, Efficient, Safe, Effective, Patient Centered

- The redevelopment of the Wingham and District Hospital has entered Stage 4 - Capital Submission, we are hopeful to tender the refurbishment job by the end of 2016
- Our Hospital Our Future Campaign is moving along financially, a tremendous effort has been put forth by numerous volunteers to help meet the \$4 million dollar campaign target
- The Listowel Memorial Hospital has undergone some recent renovations including a new elevator, an isolation room and accessible washrooms
- Financially both hospitals showed surpluses for the 2015/2016 fiscal year which is great news for the Corporations
- The Ethicist for the Listowel Wingham Hospitals Alliance is scheduled to meet with both Medical Staff's to help provide support to the physicians with the decisions they will have to make regarding Medically Assisted Deaths in Ontario
- The Board of Directors for the Listowel Memorial Hospital and the Wingham and District Hospital should be proud of the fact that they have taken the hospitals from two boards to one board governing two corporations
- Thanks to the Board for their support over the next year

#### **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:

- Thanks to the board members and staff of the hospital over the past year for their hard and adaptability
- The Listowel Memorial Hospital Emergency Department experienced challenges in coverage in the last few months, many locums have helped provide coverage
- The news of being awarded the CT scanner will greatly enhance practice locally
- Dr. Angela Caines and Dr. Adam Maruscak, visiting specialists in Internal Medicine and General Surgery from Stratford, are a welcome addition to the Listowel Memorial Hospital

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

Dr. Antoniadis was unable to attend the Annual General Meeting

#### **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 \$591,711 on hospital operations and an overall surplus of \$121,779 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, 2016
- Revenue for the 2015/16 year was \$19,653,083 while expenses were \$19,531,304 resulting in an operating surplus of \$121,779.

#### **MOTION:**

*It was moved by Krishna Beharry, seconded by Bert Johnson to:*

*Accept the Audited Financial Statements of the Listowel Memorial Hospital for the year ended March 31, 2016, as presented.*

**Motion Carried**

#### **4.4.2 Appointment of Auditors:**

#### **MOTION:**

*It was moved by Tom Soltys, seconded by Krishna Beharry to:*

*Appoint the firm of BDO Canada as Auditors for the Listowel Memorial Hospital for 2016/2017.*

**Motion Carried**

#### **4.5 Treasurer's Report – Wingham and District Hospital**

Gord Hunt 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 surplus of \$144,000 on hospital operations and an overall deficit of \$133,938 after amortization.

#### **4.5.1 Presentation of the Wingham and District Hospital Corporation Audited Financial Statements 2015/16:**

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, 2016
- Revenue for the 2015/16 year was \$16,802,657 while expenses were \$16,936,595 resulting in an operating deficit of \$133,938.

#### **MOTION:**

*It was moved by Gord Hunt, seconded by Amy Miller to:*

*Accept the Wingham and District Hospital's Audited Financial Statements for the year ended March 31, 2016, as presented.*

**Motion Carried**

#### **4.5.2 Appointment of Auditors:**

#### **MOTION:**

*It was moved by Andy McBride, seconded by Penny Mulvey to:*

*Appoint the firm of BDO Canada as Auditors for the Wingham and District Hospital for 2016/2017.*

**Motion Carried**

#### **4.6 By-Law Amendments**

##### **4.6.1 Approval of the proposed By-Law Amendments for the Listowel Memorial Hospital**

###### **MOTION:**

*It was moved by Kris Dekker, seconded by Krishna Beharry to:*

*Approve the proposed Corporate By-Laws for the Listowel Memorial Hospital as presented.*

**Motion Carried**

##### **4.6.2 Approval of the proposed Corporate By-Laws for the Wingham and District Hospital**

###### **MOTION:**

*It was moved by Penny Mulvey, seconded by Gord Hunt to:*

*Approve the proposed Corporate By-Laws for the Wingham and District Hospital as presented.*

**Motion Carried**

#### **4.7 Governance & Nominations Committee Report**

##### **4.7.1 Trevor Seip recognized the outgoing Board members:**

- Wingham and District Hospital Board
  - Andy McBride
  - Marg Carswell
- Listowel Memorial Hospital Board
  - Blair Burns
- Appreciation certificate was presented to Andy McBride, for his dedication, and support over the years
- Marg Carswell and Blair Burns will be presented with their appreciation certificates at a later date
- Marc Pittock was thanked for his time serving as a Board Member, Marc retired from the Wingham and District Hospital Board in April 2016

##### **4.7.2 Election of Directors – Listowel Memorial Hospital**

###### **MOTION:**

*It was moved by Tom Soltys, seconded by Russell Latuskie to:*



*Appoint Kris Dekker, Rosemary Rognvaldson, Krishna Beharry and Bert Johnson for a 1-year term to the Listowel Wingham Hospitals Alliance Board of Directors.*

**Motion Carried**

#### **4.7.3 Election of Directors – Listowel Memorial Hospital**

*It was moved by Krishna Beharry, seconded by Kris Dekker to:*

*Appoint Tom Soltys and Debbie Miller to the Listowel Wingham Hospitals Alliance Board of Directors for a 2-year term.*

**Motion Carried**

#### **4.7.4 Election of Directors – Wingham and District Hospital**

##### **MOTION:**

*It was moved by Andy McBride, seconded by Helen Rintoul to:*

*Appoint Amy Miller, Penny Mulvey and Gord Hunt to the Listowel Wingham Hospitals Alliance Board of Directors for a 1-year term.*

**Motion Carried**

#### **4.7.5 Election of Directors – Wingham and District Hospital**

##### **MOTION:**

*It was moved by Penny Mulvey, seconded by Gord Hunt to:*

*Appoint Trevor Seip, Hugh Clugston and Janice Hallahan to the Listowel Wingham Hospitals Alliance Board of Directors for a 2-year term.*

**Motion Carried**

#### **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 Adjournment**

#### **MOTION:**

*It was moved by Krishna Beharry and seconded by Kris Dekker that:*

*The Annual Meeting be adjourned at 1941 hours.*

**Motion Carried**

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

.....  
Trevor Seip, Chair

.....  
Karl Ellis, Secretary

# ***REPORTS***

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



# **Listowel Wingham Hospitals Alliance Board Chair and Chief Executive Officer Report For 2016 /2017**

## **Mission Vision and Values**

In October, the Board approved the renewed Mission, Vision and Values for the Alliance. We continue to be well served by our vision statement – Enriching Life’s Journey Together. Our Mission has four key pillars:

- Cultivating quality care that is patient centred, timely, efficient, effective, equitable and safe.
- Cultivating a sustainable and resilient environment that is here for future generations.
- Cultivating partnerships to offer a seamless patient experience.
- Cultivating a workplace that nurtures individual and collective potential.

We hope to accomplish this while living our values of respect, teamwork, communication, professionalism and compassion/caring.

These simple, yet important statements have guided our work for the last year and will continue to direct us in the years to come. The following report outlines highlights from our 2016/17 fiscal year.

## ***Quality Care that is Patient-Centered***

### **Accreditation Canada Preparation**

Accreditation preparations continue in anticipation of the on-site survey in November 2017. Internal committees have been working on policies and change projects to ensure we have established all of the required organizational practices. There are a number of governance standards that have been addressed by the board as well.

### **CT Scan**

Our CT project has worked through the procurement, planning and construction phases and we look forward to scanning our first patient in mid June. This is an exceptionally exciting undertaking for the Alliance and many hospital and community members are looking forward to having access to this service close to home.

The Listowel Memorial Hospital Foundation deserves recognition for the quiet, yet effective, campaign they have undertaken in support of the CT Scan. They remain positive that the financial support for this \$2.3 million project will be secured in 2017.

### **Obstetrics**

The Obstetrics task force finalized their report and presented a series of recommendations to the board in February. While there is a strong desire to continue to provide obstetrical care in Listowel, there remains a lot of work to do to ensure the long term viability of the program.



# **Listowel Wingham Hospitals Alliance Board Chair and Chief Executive Officer Report For 2016 /2017**

## **Rehabilitative Care – SW-LHIN**

The Wingham and District Hospital has had the privilege of expanding rehabilitative care in Wingham with the funding of 5 rehab beds and a new outpatient service. These beds are available for patients throughout southwestern Ontario. Seven additional staff were hired in Wingham to support this program. In the early days of this undertaking, we already have several positive patient stories and our hospital staff and physicians are appreciative of the increased clinical activity that has resulted from the expansion.

## **Stroke Care**

While we consistently work to expand clinical care within our communities, there was a recent change which we strongly supported that will reduce some care close to home. Stroke patients from our communities will now have their care in a Designated Stroke Centre. The expectation is that patients will have timely access to tPA (the clot-busting drug), assessment, treatment, acute and rehabilitative stroke care and a secondary stroke prevention clinic. Research has shown that long term outcomes of a stroke are significantly improved if patients have timely access to specialized stroke care and we were supportive of our patients having access to this care, albeit further from home.

## ***Nurturing Individual and Collective Potential***

### **Executive Compensation Framework**

The government issued an Executive Compensation Framework Regulation that requires hospitals to establish benchmarks for designated executive salaries and benefits as well as a public consultation process. The framework must be in place by September 2017.

### **Physician Recruitment**

We enthusiastically welcomed Dr. Derek Gateman and Dr. Lisa Trojnar. Derek has an interest in family medicine and provides inpatient care while Lisa is a GP Anesthetist and also works in ER.

Internal medicine services and an Ear, Nose and Throat specialists were added to our visiting consultant roster in Wingham.

### **Medical Staff Bylaws**

New Professional Staff bylaws were approved during the year. Of significance, each of Listowel and Wingham Hospitals now share identical general corporate bylaws as well as medical staff bylaws.



# **Listowel Wingham Hospitals Alliance Board Chair and Chief Executive Officer Report For 2016 /2017**

## **Vice President Clinical Services and Chief Nursing Executive Recruitment**

Sandra Albrecht did an excellent job in an interim role of VP/CNE. We welcomed Shannon Maier to the board and senior leadership team as Vice President Clinical Services, Chief Nursing Executive in April.

## ***Sustainable and Resilient Environment***

### **Bill 210 – Patients First Act**

A significant structural change took place within the Ontario health care system. The government passed legislation that amalgamated the Community Care Access Centres and Local Health Integration Networks. One of the outcomes of this change has been the expectation of health care organizations working more closely together within smaller regions. We are part of the Huron Perth sub-LHIN region and will be expected to work more closely with hospital, community and primary care providers in this area.

### **Redevelopment Projects**

It takes years to work through the process defined by the Ministry of Health and Long Term Care for capital projects. The long awaited Wingham and District Hospital redevelopment began early in 2017 and we expect to have construction on the site for at least the next two years. A lot of preparatory work took place at the Wingham and District Hospital prior to the major redevelopment beginning. Asbestos abatement took place in numerous areas and our rehabilitation services moved to new space adjacent to the front entrance of the hospital. Admitting and registration are in a new location along with an accessible washroom near the main entrance. Moving clinical services closer to the main entrance of the hospital is one of the objectives of our hospital redevelopment.

In Listowel, we created new isolation rooms and accessible washrooms and undertook a long overdue renovation in the kitchen. Staff at both sites deserve recognition for their patience and perseverance during these construction projects.

### **Operating Financial Results**

The board was pleased to hear that the hospitals received a 1% base budget increase mid year as well as a 2% base increase for 2017/18. These increases have allowed both hospitals to present surplus results for 2016/17 and balanced budgets for 2017/18.



# **Listowel Wingham Hospitals Alliance Board Chair and Chief Executive Officer Report For 2016 /2017**

## **Royal Oaks Health and Wellness Centre**

The construction of a new primary care clinic within the Royal Oaks Health and Wellness Centre was completed and the North Huron Family Health Team along with Wingham physicians and staff have relocated from the hospital to the new clinic. We are hopeful that this new clinic is a key asset in our efforts to recruit new physicians to Wingham.

## **Small, Rural and Northern**

We were very pleased with our allocation of Small, Rural and Northern funding. A large group of hospitals that are part of the regional Cerner system received \$1,434,900 to integrate medical devices with our electronic health record. In addition, we received \$324,000 in partnership with a similar group of hospitals to bring our ECGs on line with our Hospital Information System.

## ***Partnerships for a Seamless Patient Experience***

### **Hospice and Palliative Care**

Following extensive conversations throughout Huron and Perth, the SW-LHIN approved the siting of hospice beds in Stratford and Huron East. The availability of some provincial money has been the catalyst for many communities' interest in hospice beds. We remain committed to providing our communities with end of life care within our hospitals.

### **WDH Foundation Capital Campaign**

The Wingham and District Hospital Foundation held their official celebration in late July as a result of achieving their campaign goal. Over \$4.5 million was donated and earmarked towards the redevelopment activities in Wingham. This is an amazing achievement for the group of hardworking and dedicated individuals who took on this task.

### **Family Health Team and Hospital Board Collaboration**

The boards and leadership from the North Huron Family Health Team, North Perth Family Health Team and the Listowel Wingham Hospitals Alliance met together for the first time. Facilitated by Jim Whaley, many ideas for further collaboration and sharing were explored at the gathering. Opportunities exist to improve our communication between the organizations and with our patients about the health care services available within our communities. There was a strong consensus to have future discussions between the Boards for these three local health care entities.





# **Listowel Wingham Hospitals Alliance Board Chair and Chief Executive Officer Report For 2016 /2017**

As we look back and reflect on 2016/17, there have been a number of significant accomplishments and milestones. Looking forward, we anticipate having plans for some renovations in the Listowel Emergency Room/Triage/Admitting area along with the laboratory. Advancing our electronic health record through clinical documentation and device integration will continue. New diagnostic imaging equipment will be installed at both sites in 2017 as well. Construction in Wingham will continue throughout 2017/18. These are clearly busy organizations and the accomplishments listed would not be possible without a dedicated group of staff, physicians and volunteers along with the support of our community.

Respectfully Submitted,

Gord Hunt  
Chair, Listowel Wingham Hospitals Alliance

Karl Ellis,  
President and CEO, Listowel Wingham Hospitals Alliance

# ***CHIEFS OF STAFF REPORTS***

It has been another interesting Year at LMH.

ER coverage was more stable over the last 12 months and no EDCP coverage has been required recently, thanks to some reliable Locums and flexibility from the local Docs. We have also been fortunate to have help from Dr Patrick Otto and Dr Rick Gergovich from Fergus at times to fill in gaps in our schedule. Once again Dr Barb Matthews has worked hard in this area and deserves our gratitude.

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 we have been fortunate to welcome Dr Lisa Trojnar and Dr Derek Gateman into our Medical Group starting last Fall. Lisa covers ER Shifts and is a GP Anaesthetist and Derek has an increasing Office Practice and covers Inpatients so this greatly adds to our service volume. We still feel that a couple more young Doctors would be needed to have a comfortable level of coverage but we are certainly encouraged by having these keen young people in our midst.

Obstetrics has been very prominent in all our minds in the last Year and there was a great deal of work done on this issue. A Committee was struck and then presented to the Board in the early Spring resulting in acceptance of a plan over the next few Years in Listowel involving Management, Facility planning, Nursing and Medical Staff and hopefully leading to a viable and flourishing program in the future. Challenges with recruitment and retention and public perception were all part of this discussion and it was refreshing to see Patients playing a prominent part in this process. I must thank all involved and from a my Medical standpoint the departing Angela Stanley and remaining Dr Terry Suggitt were particularly hard-working.

Specialist Clinics such as ENT, Urology, Dermatology, Gastroenterology, Orthopedics and OBGyn have continued to provide extended options for our patients with the General Surgeon Dr Adam Maruscak from Stratford being very helpful and if I may say so a delight to refer to. Our Internal Medicine support has been a little less reliable, partly due to Stratford manpower and Winter travel concerns but we are hopeful that a new recruit in the Fall will assist us. Dr Ramsewak continues providing excellent Surgical support and is I understand starting a Botox service outside the Hospital for those in need.

Surely our biggest anticipation is reserved for the upcoming Listowel state of the art CT Scanner which is due to be in operation by mid June and has occupied many hours of planning, preparation, fund-raising, construction and implementation. Thanks are due to all those involved in this fine effort which will greatly enhance patient care and support recruitment of Staff and viability of our Hospital for Years to come.



## **Listowel Memorial Hospital Chief of Staff Report 2016 / 2017**

We continue to appreciate the opportunity to practice in this supportive community with its fine hospital.

Respectfully Submitted,  
Dr. Russell Latuskie



## Wingham and District Hospital Chief of Staff Report 2016 / 2017

The past year has offered both challenges and rewards.

We welcome all the new staff that has joined the Wingham and District Hospital during the past year. We also wish those that have retired or moved on to other careers all the best in the future.

Over the past year, the hospital has made great strides in the renovation of the school. The North Huron family health team has started working there as well as the physicians. There is great hope that this will lead to the recruitment of new physicians in the future. With the ageing physician population, it is imperative for the community to recruit new physicians. I hope that the new physicians will also provide emergency room coverage to reduce our dependence on Emergency Department Locum Program (EDLP). We have been very fortunate to recruit both Ear Nose and Throat and Internal Medicine services this past year.

The North Huron Family health team continues to offer a broad range of services that provide excellent healthcare to our enrolled patients. The weekend clinics continue to be well received with both nursing and social work coverage.

The past year has seen the activation of the rehabilitation beds. This program has allowed funding for a seven-day week physiotherapy and occupational therapy services. This has reduced the length of stay for rehabilitation patients since they now receive therapy on weekends and holidays.

The new CT scan machine in Listowel will be a great asset for our patients.

The hospital will be starting its major renovation soon and hopefully this does not unduly inconvenience the patients and staff.

Moving onwards we hope to offer excellent healthcare to our community and a rewarding work environment

Respectfully submitted,  
Dr. Greg Antoniadis

# ***TREASURER REPORT***



## Listowel Wingham Hospitals Alliance Report of the Treasurer 2016 / 2017

The Resource & Audit Committee of the Board is responsible for oversight of the management of the hospital's financial and human resources. All board members participate in the Resource and Audit Committee meetings.

The Listowel Memorial Hospital had another positive year, with a \$95,000 surplus from hospital operations. This marks the third straight year of operating surpluses for Listowel. Once amortization of buildings and grants was taken into account, a loss of \$460,000 resulted. Cash flow was positive for the year. The surplus from operations was lower than the previous year due to increased sick time and overtime expenses early in the year, as well as inflationary increases in other spending. A balanced budget has been submitted for the 2017/18 fiscal year, and we do not anticipate any changes to operations are required to achieve balanced results.

Wingham and District Hospital had a very strong year, finishing with a \$620,000 surplus from hospital operations. We received one time funding from Cancer Care Ontario to support the transition of the oncology program from global funding to Quality Based Procedure funding. This accounted for the majority of the surplus. Savings in sick time and overtime also helped financial results. Wingham has submitted a balanced budget for the 2017/18 fiscal year, and will not require changes to operations to achieve that result.

Listowel made significant investments in capital assets, upgrading equipment throughout the hospital. The most significant project underway at year end is the installation of a CT scanner for the hospital. This was generously supported by the community through the Listowel Memorial Hospital Foundation. Their tireless fundraising allowed for the purchase of the CT scanner, which will provide a significant improvement in level of care for our patients. Also under construction at year end, and again supported by the Foundation, is an isolation room to allow for better and safer treatment of infectious patients.

Wingham began a three year program of major renovations. Completed during the year was a close to \$5 million investment in the Royal Oaks Health and Wellness Centre. This health care campus will house the Wingham doctor's group, the North Huron Family Health Team, One Care Adult Day Program, Huron Public Health, a retail pharmacy new to the community, and hopefully many other health care related tenants. This new building will make room in the hospital for the major redevelopment that is just underway. This project is supported by the Ministry, and will renovate oncology, pharmacy, ambulatory care, nursing team station, medical device processing and the post surgery recovery unit. This is in addition to the newly developed rehabilitation area. The health campus and the hospital redevelopment projects would not be possible without the amazing support of the community through the fundraising campaign run by the Wingham and District Hospital Foundation. Their efforts have gone a long way to rejuvenating our health care facility and providing a modern, updated facility.

Respectfully submitted,

Tom Soltys - Treasurer

**Listowel Memorial Hospital**  
**Financial Statements**  
For the year ended March 31, 2017

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## Independent Auditor's Report

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### 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, 2017 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, 2017 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 24, 2017

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## Listowel Memorial Hospital Statement of Financial Position

March 31	2017	2016
<b>Assets</b>		
<b>Current</b>		
Cash (Note 2)	\$ 983,320	\$ 822,463
Accounts receivable (Note 3)	2,649,164	1,267,451
Inventory	235,474	138,512
Prepaid expenses	265,846	277,025
Current portion of investments (Note 5)	53,000	554,000
	<u>4,186,804</u>	3,059,451
<b>Investments</b> (Note 5)	1,299,322	2,311,236
<b>Loan receivable</b> (Note 6)	500,000	-
<b>Other assets</b> (Note 7)	81,554	81,554
<b>Capital assets</b> (Note 8)	24,821,784	24,583,333
	<u>\$ 30,889,464</u>	<u>\$ 30,035,574</u>
<b>Liabilities and Net Assets</b>		
<b>Current</b>		
Accounts payable and accrued liabilities	\$ 3,019,536	\$ 1,973,681
Deferred contributions (Note 9)	58,317	58,317
Current portion of long-term debt (Note 10)	127,923	127,923
	<u>3,205,776</u>	2,159,921
<b>Deferred contributions</b> (Note 9)	788,782	845,257
<b>Long-term debt</b> (Note 10)	426,440	554,363
<b>Post-employment benefits</b> (Note 11)	776,529	794,657
<b>Deferred capital contributions</b> (Note 12)	13,431,752	13,089,879
	<u>18,629,279</u>	17,444,077
<b>Commitments</b> (Note 14)		
<b>Contingencies</b> (Note 15)		
<b>Net Assets</b>		
Invested in capital assets	10,835,671	10,811,170
Unrestricted	1,311,843	1,701,303
	<u>12,147,514</u>	12,512,473
Accumulated remeasurement gains	112,671	79,024
	<u>12,260,185</u>	12,591,497
	<u>\$ 30,889,464</u>	<u>\$ 30,035,574</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

<b>For the year ended March 31</b>	<b>2017</b>			<b>2016</b>
	<b>Invested in Capital Assets</b>	<b>Unrestricted</b>	<b>Total</b>	<b>Total</b>
<b>Balance</b> , beginning of year	\$ 10,811,170	\$ 1,701,303	\$ 12,512,473	\$ 12,390,694
Excess (deficiency) of revenue over expenses for the year	(776,615)	411,656	(364,959)	121,779
Investment in capital assets, net	801,116	(801,116)	-	-
<b>Balance</b> , end of year	\$ 10,835,671	\$ 1,311,843	\$ 12,147,514	\$ 12,512,473

## Statement of Remeasurement Gains (Losses)

<b>For the year ended March 31</b>	<b>2017</b>		<b>2016</b>
<b>Accumulated remeasurement gains</b> , beginning of year	<b>\$ 79,024</b>	<b>\$</b>	85,437
Unrealized gains (losses) attributable to portfolio investments	37,962		(5,097)
Amounts reclassified to statement of operations:			
Loss (gain) on dispositions of portfolio investments	(4,315)		(1,316)
Net remeasurement gains (losses) for the year	33,647		(6,413)
<b>Accumulated remeasurement gains</b> , end of year	<b>\$ 112,671</b>	<b>\$</b>	79,024

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

## Listowel Memorial Hospital Statement of Operations

<b>For the year ended March 31</b>	<b>2017</b>	<b>2016</b>
<b>Revenue</b>		
Ministry of Health and Long Term Care:		
- Hospital operations	\$ 14,401,515	\$ 14,117,400
- Emergency and on call coverage	1,806,675	1,812,684
Inpatient	241,160	179,234
Outpatient	1,036,229	988,275
Investment income	60,990	78,926
Recoveries and other income	2,108,398	1,955,527
Amortization of deferred capital contributions-equipment	441,200	521,037
	<b>20,096,167</b>	<b>19,653,083</b>
<b>Expenses</b>		
Salaries and wages	10,111,894	9,441,139
Medical staff remuneration	2,284,282	2,250,720
Employee benefits	2,677,445	2,624,843
Supplies and other expenses	3,642,385	3,304,235
Medical and surgical supplies	262,709	342,579
Drug expense	248,739	210,796
Amortization of equipment	757,389	868,005
Interest on long-term debt	15,857	19,055
	<b>20,000,700</b>	<b>19,061,372</b>
<b>Excess of revenue over expenses before other revenue and expenses</b>	<b>95,467</b>	<b>591,711</b>
<b>Building and land improvements</b>		
Amortization of deferred capital contributions	556,185	537,894
Amortization of building and land improvements	<b>(1,016,611)</b>	<b>(1,007,826)</b>
Net amortization	<b>(460,426)</b>	<b>(469,932)</b>
<b>Excess (deficiency) of revenue over expenses for the year</b>	<b>\$ (364,959)</b>	<b>\$ 121,779</b>

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

## Listowel Memorial Hospital Statement of Cash Flows

**For the year ended March 31**

**2017**

**2016**

### Cash provided by (used in)

#### Operating activities

Excess (deficiency) of revenue over expenses for the year	\$ (364,959)	\$ 121,779
Items not involving cash:		
Amortization of property and equipment	1,774,000	1,875,831
Change in employee future benefits liability	(18,128)	24,298
Deferred contributions recognized as revenue	(56,475)	(62,973)
Amortization of deferred capital contributions	(997,385)	(1,058,931)
Realized loss on sale of investments	(4,315)	(1,316)
Loss on disposal of property and equipment	-	1,274
Changes in non-cash working capital items:		
Accounts receivable	(1,381,713)	(352,946)
Inventory	(96,963)	(16,281)
Prepaid expenses	11,179	(71,518)
Accounts payable and accrued liabilities	1,045,856	201,804
	<u>(88,903)</u>	<u>661,021</u>

#### Investing activities

Disposal (acquisition) of investments, net	1,550,876	(556,170)
Loan advance to related party	(500,000)	-
	<u>1,050,876</u>	<u>(556,170)</u>

#### Capital activities

Purchase of capital assets	(2,012,451)	(938,854)
Grants and donations for property and equipment	1,339,258	235,352
	<u>(1,173,193)</u>	<u>(703,502)</u>

#### Financing activities

Repayment of long-term debt	(127,923)	(127,923)
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#### Net increase (decrease) in cash during the year

160,857 (726,574)

#### Cash, beginning of year

822,463 1,549,037

#### Cash, end of year

\$ 983,320 \$ 822,463

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

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# Listowel Memorial Hospital

## Notes to Financial Statements

March 31, 2017

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### 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**

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

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

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

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

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

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

#### **Inventory**

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

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## Listowel Memorial Hospital Notes to Financial Statements

March 31, 2017

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### 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 and the South West Local Health Integration Network (LHIN). The Hospital has entered into a Hospital Service Accountability Agreement (the H-SAA) for fiscal 2017 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.

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## Listowel Memorial Hospital Notes to Financial Statements

March 31, 2017

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### 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.



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## Listowel Memorial Hospital Notes to Financial Statements

**March 31, 2017**

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### 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.

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### 3. Accounts Receivable

	2017	2016
Patient services	\$ 172,570	\$ 184,854
Other	2,479,918	1,086,010
	2,652,488	1,270,864
Less: Allowance for doubtful accounts	(3,324)	(3,413)
	<u>\$ 2,649,164</u>	<u>\$ 1,267,451</u>

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### 4. 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. Accounts receivable includes \$1,827,997 (2016 - \$581,261) and accounts payable includes \$908,785 (2016 - \$346,104) that are due from/to Wingham and District Hospital.

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### 5. Investments

	2017	2016
Sun Life Financial shares (cost - \$20,890)	\$ 74,880	\$ 64,610
Equity Investments (cost - \$159,255, (2016 - \$156,672))	217,728	191,912
Guaranteed Investment Certificates, 1.90% - 2.90%, maturing between June 2016 and December 2020	-	2,608,714
Guaranteed Investment Certificates, 0.85% - 2.35%, maturing between January 2018 and December 2020	1,059,714	-
	1,352,322	2,865,236
Less: current portion	53,000	554,000
	<u>\$ 1,299,322</u>	<u>\$ 2,311,236</u>

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## Listowel Memorial Hospital Notes to Financial Statements

**March 31, 2017**

### 6. Loan Receivable

	2017	2016
Wingham and District Hospital, 2.25%, interest only payable annually, due August 2021	<b>\$ 500,000</b>	<b>\$ -</b>

### 7. Other Assets

	2017	2016
Bequest receivable	<b>\$ 81,554</b>	<b>\$ 81,554</b>

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.

### 8. Capital Assets

	2017		2016	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Land	<b>\$ 1,386,890</b>	<b>\$ -</b>	<b>\$ 1,386,890</b>	<b>\$ -</b>
Land improvements	<b>548,925</b>	<b>401,988</b>	<b>546,927</b>	<b>346,182</b>
Buildings	<b>21,045,006</b>	<b>5,407,690</b>	<b>20,974,266</b>	<b>4,788,452</b>
Equipment	<b>19,143,318</b>	<b>12,389,767</b>	<b>18,471,976</b>	<b>11,772,872</b>
	<b>42,124,139</b>	<b>18,199,445</b>	<b>41,380,059</b>	<b>16,907,506</b>
Construction in progress	<b>897,090</b>	<b>-</b>	<b>110,780</b>	<b>-</b>
	<b>\$ 43,021,229</b>	<b>\$ 18,199,445</b>	<b>\$ 41,490,839</b>	<b>\$ 16,907,506</b>
Net book value		<b>\$ 24,821,784</b>		<b>\$ 24,583,333</b>

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

## Listowel Memorial Hospital Notes to Financial Statements

**March 31, 2017**

### 9. 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>2017</u>	<u>2016</u>
Balance, beginning of year	\$ 903,574	\$ 966,547
Less amounts recognized as revenue in the year	<u>(56,475)</u>	<u>(62,973)</u>
Balance, end of year	<u>\$ 847,099</u>	<u>\$ 903,574</u>

Deferred contributions are comprised of:

	<u>2017</u>	<u>2016</u>
North Perth Family Health Team prepaid rent for medical clinic lease expiring in February 2032	\$ 846,684	\$ 903,159
Other prepaid rent	<u>415</u>	<u>415</u>
	<u>847,099</u>	<u>903,574</u>
Less current portion	<u>58,317</u>	<u>58,317</u>
Balance, end of year	<u>\$ 788,782</u>	<u>\$ 845,257</u>

### 10. Long-Term Debt

	<u>2017</u>	<u>2016</u>
Listowel Memorial Hospital Foundation, prime less 0.5%, loan repayable in monthly installments of \$10,660 plus interest, due August 2021	\$ 554,363	\$ 682,286
Less current portion	<u>127,923</u>	<u>127,923</u>
	<u>\$ 426,440</u>	<u>\$ 554,363</u>

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

2018	\$ 127,923
2019	127,923
2020	127,923
2021	127,923
2022	42,671

# Listowel Memorial Hospital

## Notes to Financial Statements

**March 31, 2017**

### 11. 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 \$854,452 (2016 - \$780,498) 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 \$15.9 billion actuarial surplus at the end of December 2016 (2015 - \$14.8 billion surplus) based on actuarial liabilities of \$54.5 billion (2015 - \$49.1 billion) and actuarial net assets of \$70.4 billion (2015 - \$63.9 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:

	<b>2017</b>	2016
Accrued benefit obligation	<b>\$ 588,941</b>	\$ 853,028
Unamortized actuarial gain (loss)	<b>187,588</b>	(58,371)
Post-employment benefits liability	<b>\$ 776,529</b>	\$ 794,657

In measuring the hospital's accrued benefit obligation, a discount rate of 3.00% (2016 - 2.50%) was assumed. For extended health care costs, a 6% annual rate of increase was assumed then decreasing by 0.25% per year to a rate of 4.50% and, for dental costs, a 2.75% annual rate of increase was assumed. The most recent actuarial valuation was prepared as at April 1, 2016. Actual results could differ from this estimate as additional information becomes available in the future.

	<b>2017</b>	2016
Current year benefit cost	<b>\$ 44,059</b>	\$ 80,688
Interest on accrued benefit obligation	<b>18,328</b>	22,869
Amortized actuarial losses	<b>(11,437)</b>	9,411
Expense for the year	<b>\$ 50,950</b>	\$ 112,968
Benefits paid during the year	<b>\$ 44,059</b>	\$ 80,688

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## Listowel Memorial Hospital Notes to Financial Statements

**March 31, 2017**

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### 12. 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>2017</u>	<u>2016</u>
Balance, beginning of year	\$ 13,089,879	\$ 13,913,458
Contributions received	1,339,258	235,352
Amortization of deferred contributions - equipment	(441,200)	(521,037)
Amortization of deferred contributions - building and land improvements	<u>(556,185)</u>	<u>(537,894)</u>
Balance, end of year	<u>\$ 13,431,752</u>	<u>\$ 13,089,879</u>

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### 13. 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 \$1,043,426 (2016 - \$255,111).

#### 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 \$15,000 (2016 - \$16,500) to the Hospital.

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### 14. Commitments

The hospital has committed to the purchase and turn-key installation of a CT scanner. The total project is expected to cost approximately \$2,066,245. \$478,858 had been spent on this project prior to March 31, 2017.

Additionally, the hospital has committed to a contract for renovation of an isolation room within the hospital. The total project is expected to cost approximately \$452,844. \$80,951 has been spent on this project prior to March 31, 2017.

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## Listowel Memorial Hospital Notes to Financial Statements

**March 31, 2017**

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### **15. Contingent Liability**

The Hospital participates in the Healthcare Insurance Reciprocal of Canada, 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, 2017, with respect to claims.

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### **16. 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, 2017, a 10% movement in stock markets with all other variables held constant, could impact the market value of the equity instruments held by \$29,300 (2016 - \$25,600).

#### **Interest Rate Risk**

Interest rate risk is the potential for financial loss caused by fluctuations in fair value or future cash flows of financial instruments because of changes in market interest rates. The Hospital is exposed to this risk through its interest bearing investments and term debt.

#### **Credit Risk**

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

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

#### **Liquidity Risk**

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

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

**Wingham and District Hospital**  
**Financial Statements**  
For the year ended March 31, 2017

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## Independent Auditor's Report

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### 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, 2017 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, 2017 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 24, 2017

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## Wingham and District Hospital Statement of Financial Position

March 31	2017	2016
<b>Assets</b>		
<b>Current</b>		
Cash (Note 2)	\$ 526,876	\$ 746,595
Accounts receivable (Note 3)	1,756,608	1,109,531
Inventory	318,636	245,949
Prepaid expenses	123,534	136,388
Current portion of investments (Note 5)	-	270,000
	<u>2,725,654</u>	<u>2,508,463</u>
<b>Investments</b> (Note 5)	-	461,510
<b>Capital assets</b> (Note 6)	<u>14,623,188</u>	<u>9,970,703</u>
	<b>\$ 17,348,842</b>	<b>\$ 12,940,676</b>
<b>Liabilities and Net Assets</b>		
<b>Current</b>		
Bank borrowings (Note 7)	\$ 1,000,000	\$ -
Accounts payable and accrued liabilities	3,572,612	2,209,781
Deferred contributions (Note 8)	8,619	5,000
	<u>4,581,231</u>	<u>2,214,781</u>
<b>Long-term debt</b> (Note 9)	500,000	-
<b>Post-employment benefits</b> (Note 11)	553,942	551,917
<b>Deferred capital contributions</b> (Note 12)	<u>6,294,842</u>	<u>5,057,812</u>
	<u>11,930,015</u>	<u>7,824,510</u>
<b>Commitments</b> (Note 13)		
<b>Contingencies</b> (Note 14)		
<b>Net Assets (Deficiency)</b>		
Invested in capital assets	6,269,130	4,745,388
Unrestricted	<u>(850,303)</u>	<u>353,340</u>
	5,418,827	5,098,728
Accumulated remeasurement gains	-	17,438
	<u>5,418,827</u>	<u>5,116,166</u>
	<b>\$ 17,348,842</b>	<b>\$ 12,940,676</b>

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			2017	2016
	Invested in Capital Assets	Unrestricted	Total	Total
<b>Balance</b> , beginning of year	\$ 4,745,388	\$ 353,340	\$ 5,098,728	\$ 5,232,666
Excess (deficiency) of revenue over expenses for the year	(592,426)	912,525	320,099	(133,938)
Investment in capital assets, net	2,116,168	(2,116,168)	-	-
<b>Balance</b> , end of year	\$ 6,269,130	\$ (850,303)	\$ 5,418,827	\$ 5,098,728

## Statement of Remeasurement Gains (Losses)

For the year ended March 31	2017	2016
<b>Accumulated remeasurement gains</b> , beginning of year	<u>\$ 17,438</u>	<u>\$ 22,266</u>
Unrealized gains (losses) attributable to portfolio investments	6,797	(4,311)
Amounts reclassified to statement of operations:		
Loss (gain) on dispositions of portfolio investments	<u>(24,235)</u>	(517)
Net remeasurement gains (losses) for the year	<u>(17,438)</u>	(4,828)
<b>Accumulated remeasurement gains</b> , end of year	<u>\$ -</u>	<u>\$ 17,438</u>

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

## Wingham and District Hospital Statement of Operations

For the year ended March 31	2017	2016
<b>Revenue</b>		
Ministry of Health and Long Term Care:		
- Hospital operations	\$ 12,416,717	\$ 12,036,150
- Emergency and on call coverage	1,569,188	1,600,178
Inpatient	84,046	49,600
Outpatient	591,749	621,003
Investment income	33,486	28,086
Recoveries and other income	2,322,670	2,304,586
Amortization of deferred capital contributions - equipment	373,291	307,421
	<u>17,391,147</u>	<u>16,947,024</u>
<b>Expenses</b>		
Salaries and wages	8,277,255	8,139,174
Medical staff remuneration	1,798,512	1,812,932
Employee benefits	2,094,381	2,119,043
Supplies and other expenses	2,923,243	2,756,691
Medical and surgical supplies	289,871	342,996
Drug expense	722,069	1,043,603
Amortization of equipment	665,403	588,218
	<u>16,770,734</u>	<u>16,802,657</u>
<b>Excess of revenue over expenses before other revenue and expenses</b>	<u>620,413</u>	<u>144,367</u>
<b>Building and land improvements</b>		
Amortization of deferred capital contributions	350,141	53,261
Amortization of building and land improvements	<u>(650,455)</u>	<u>(331,566)</u>
Net amortization	<u>(300,314)</u>	<u>(278,305)</u>
<b>Excess (deficiency) of revenue over expenses for the year</b>	<u>\$ 320,099</u>	<u>\$ (133,938)</u>

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	2017	2016
<b>Cash provided by (used in)</b>		
<b>Operating activities</b>		
Excess (deficiency) of revenue over expenses for the year	\$ 320,099	\$ (133,938)
Items not involving cash:		
Amortization of property and equipment	1,315,858	919,784
Change in employee future benefits liability	2,025	(1,143)
Amortization of deferred capital contributions	(723,432)	(360,682)
Realized loss (gain) on sale of investments	(22,435)	(517)
Changes in non-cash working capital items:		
Accounts receivable	(647,077)	162,274
Inventory	(72,687)	55,462
Prepaid expenses	12,854	(37,580)
Accounts payable and accrued liabilities	1,362,830	432,327
Deferred contributions	3,619	(29,500)
	<u>1,551,654</u>	<u>1,006,487</u>
<b>Investing activities</b>		
Disposal of investments, net	<u>736,507</u>	<u>366,990</u>
<b>Capital activities</b>		
Purchase of capital assets	(5,968,342)	(2,145,855)
Grants and donations for property and equipment	<u>1,960,462</u>	<u>636,529</u>
	<u>(4,007,880)</u>	<u>(1,509,326)</u>
<b>Financing activities</b>		
Proceeds on issue of long-term debt	500,000	-
Proceeds on issue of short-term debt	<u>1,000,000</u>	<u>-</u>
	<u>1,500,000</u>	<u>-</u>
<b>Net decrease in cash during the year</b>	<b>(219,719)</b>	<b>(135,849)</b>
<b>Cash, beginning of year</b>	<u><b>746,595</b></u>	<u><b>882,444</b></u>
<b>Cash, end of year</b>	<u><b>\$ 526,876</b></u>	<u><b>\$ 746,595</b></u>

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

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## Wingham and District Hospital Notes to Financial Statements

March 31, 2017

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### 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

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

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

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

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

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

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

#### Inventory

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

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## Wingham and District Hospital Notes to Financial Statements

March 31, 2017

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### 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 and the South West Local Health Integration Network (LHIN). The Hospital has entered into a Hospital Service Accountability Agreement (the H-SAA) for fiscal 2017 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.

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## Wingham and District Hospital Notes to Financial Statements

March 31, 2017

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### 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.

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

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## Wingham and District Hospital Notes to Financial Statements

**March 31, 2017**

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### 2. Cash

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

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### 3. Accounts Receivable

	<u>2017</u>	<u>2016</u>
Ministry of Health and Long-Term Care	\$ -	\$ 51,748
Patient services	<b>223,062</b>	162,278
Other	<b>1,564,775</b>	920,130
	<b>1,787,837</b>	1,134,156
Less: Allowance for doubtful accounts	<b>(31,229)</b>	(24,625)
	<b>\$ 1,756,608</b>	<b>\$ 1,109,531</b>

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### 4. 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. Accounts receivable includes \$908,785 (2016 - \$346,104) and accounts payable includes \$1,827,997 (2016 - \$581,261) that are due from/to Listowel Memorial Hospital.

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### 5. Investments

	<u>2017</u>	<u>2016</u>
Equity Investment Portfolio	\$ -	\$ 91,510
Guaranteed Investment Certificates, 2.30% - 3.25%	-	640,000
	-	731,510
Less: current portion	-	270,000
	<b>\$ -</b>	<b>\$ 461,510</b>

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## Wingham and District Hospital Notes to Financial Statements

**March 31, 2017**

### 6. Capital Assets

	2017		2016	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Land	\$ 916,541	\$ -	\$ 916,541	\$ -
Land improvements	552,557	118,888	475,270	91,154
Buildings	8,944,378	5,688,662	8,121,976	5,155,130
Equipment	11,865,723	7,995,857	10,997,822	7,245,782
	<b>22,279,199</b>	<b>13,803,407</b>	20,511,609	12,492,066
Construction in progress	6,147,396	-	1,951,160	-
	<b>\$ 28,426,595</b>	<b>13,803,407</b>	22,462,769	12,492,066
Net book value		<b>\$ 14,623,188</b>		<b>\$ 9,970,703</b>

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

### 7. Bank Indebtedness

	2017	2016
Canadian Imperial Bank of Commerce, prime rate, repayable interest only monthly, due on demand	<b>\$ 1,000,000</b>	\$ -

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## Wingham and District Hospital Notes to Financial Statements

**March 31, 2017**

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### 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:

	2017	2016
Balance, beginning of year	\$ 5,000	\$ 34,500
Contributions received during the year	3,619	-
Less amounts recognized as revenue in the year	-	(29,500)
Balance, end of year	<u>\$ 8,619</u>	<u>\$ 5,000</u>

Deferred contributions are comprised of:

	2017	2016
Prepaid rent	8,619	5,000
Less current portion	<u>8,619</u>	<u>5,000</u>
Balance, end of year	<u>\$ -</u>	<u>\$ -</u>

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### 9. Long-Term Debt

	2017	2016
Listowel Memorial Hospital, 2.25%, repayable interest only monthly, due August 2021	<u>\$ 500,000</u>	<u>-</u>

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### 10. Hospital Foundation and Auxiliary

#### Wingham and District Hospital Foundation

The Wingham and District Hospital Foundation is an independent corporation incorporated without share capital which has its own independent Board of Directors and is a registered charity under the Income Tax Act. The Foundation was established to raise funds for the use of the hospital. Donations received during the year were \$1,577,254 (2016 - \$99,443).

#### Wingham Hospital Auxiliary

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

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## Wingham and District Hospital Notes to Financial Statements

**March 31, 2017**

### 11. 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 \$574,400 (2016 - \$558,633) 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 \$15.9 billion actuarial surplus at the end of December 2016 (2015 - \$14.8 billion surplus) based on actuarial liabilities of \$54.5 billion (2015 - \$49.1 billion) and actuarial net assets of \$70.4 billion (2015 - \$63.9 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:

	<b>2017</b>	<b>2016</b>
Accrued benefit obligation	<b>\$ 625,747</b>	\$ 638,449
Unamortized net actuarial gain (loss)	<b>(71,805)</b>	(86,532)
Post-employment benefits liability	<b>\$ 553,942</b>	\$ 551,917

In measuring the hospital's accrued benefit obligation, a discount rate of 3.00% (2016 - 3.00%) was assumed. For extended health care costs, a 7.0% annual rate of increase was assumed beginning in 2016, 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.

	<b>2017</b>	<b>2016</b>
Current year benefit cost	<b>\$ 30,994</b>	\$ 31,211
Interest on accrued benefit obligation	<b>19,229</b>	18,322
Amortized actuarial (gains) losses	<b>8,768</b>	10,246
Expense for the year	<b>\$ 58,991</b>	\$ 59,779
Benefits paid during the year	<b>\$ 30,994</b>	\$ 31,211

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## Wingham and District Hospital Notes to Financial Statements

**March 31, 2017**

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### 12. 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>2017</u>	<u>2016</u>
Balance, beginning of year	\$ 5,057,812	\$ 4,781,965
Contributions received	1,960,462	636,529
Amortization of deferred contributions - equipment	(373,291)	(307,421)
Amortization of deferred contributions - building and land improvements	<u>(350,141)</u>	<u>(53,261)</u>
Balance, end of year	<u>\$ 6,294,842</u>	<u>\$ 5,057,812</u>

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### 13. Commitments

The hospital has committed to a contract for the redevelopment of the existing hospital site. The total contract is expected to cost approximately \$5,288,397.

Additionally, the hospital has made a commitment for the construction of a clinic. The total project is expected to cost approximately \$3,950,000. \$3,269,704 has been spent on this project prior to March 31, 2017.

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### 14. Contingent Liabilities

The Hospital participates in the Healthcare Insurance Reciprocal of Canada, 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, 2017, with respect to claims.

The hospital has been named as a defendant in a lawsuit. Legal counsel for the hospital has advised that it is premature to make any evaluation of the possible outcome or possible settlement amount of this claim. Consequently, no provision for this claim has been made in the financial statements.

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## Wingham and District Hospital Notes to Financial Statements

March 31, 2017

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### 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.

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

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

#### Liquidity Risk

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

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

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# ***BY-LAW AMENDMENTS***

**Listowel Wingham Hospitals Alliance**

**Listowel Memorial Hospital**

**Wingham and District Hospital**

**Professional Staff By Laws**

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**February 2017**

*Listowel Memorial Hospital  
Wingham and District Hospital  
PROFESSIONAL STAFF BY-LAW, February 2017*

**Article 1**

Definitions and Interpretation

**1.1 Definitions**

In this By-law, the following words and phrases shall have the following meanings, respectively:

- (a) **“Board”** means the Board of Directors of the Corporation;
- (b) **“Chair of the Medical Advisory Committee”** means the member of the Professional Staff appointed to serve as the Chief of Staff;
- (c) **“Chief Executive Officer”** means, in addition to ‘administrator’ as defined in the *Public Hospitals Act*, the President and Chief Executive Officer of the Corporation;
- (d) **“Chief Nursing Executive”** means the senior nurse employed by the Hospital who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital;
- (e) **“Chief of Staff”** means the member of the Professional Staff appointed by the Board to serve as Chief of Staff in accordance with the regulations under the *Public Hospitals Act*;
- (f) **“Credentials Committee”** means the committee established by the Medical Advisory Committee to review applications for appointment and reappointment to the Professional Staff and to make recommendations to the Medical Advisory Committee and if no such committee is established it shall mean the Medical Advisory Committee;
- (g) **“Dental Staff”** means those Dentists appointed by the Board to attend or perform dental services for patients in the Hospital;
- (h) **“Dentist”** means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (i) **“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;
- (j) **“Hospital”** means the Public Hospital operated by the Corporation;



- (k) “**Impact Analysis**” means a study to determine the impact upon the resources of the Corporation of the proposed appointment of an applicant for appointment to the Professional Staff or an application by a member of the Professional Staff for additional privileges;
- (l) “**Medical Advisory Committee**” means the committee established pursuant to Article 9;
- (m) “**Medical Staff**” means those Physicians who are appointed by the Board and who are granted privileges to practice medicine in the Hospital;
- (n) “**Midwife**” means a Midwife in good standing with the College of Midwives of Ontario;
- (o) “**Midwifery Staff**” means those Midwives who are appointed by the Board and granted privileges to practice Midwifery in the Hospital;
- (p) “**Patient**” means, unless otherwise specified or the context otherwise requires, any in-patient or out-patient of the Corporation;
- (q) “**Physician**” means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
- (r) “**Policies**” means the administrative, human resources, clinical and professional policies of the Hospital and includes policies and procedures adopted by the Board pursuant to Article 2;
- (s) “**Professional Staff**” means the Medical Staff, Dental Staff, Midwifery Staff and members of Extended Class Nursing Staff who are not employees of the Corporation;
- (t) “**Professional Staff Human Resources Plan**” means the plan developed for the hospital in accordance with Section 9.3;
- (u) “**Public Hospitals Act**” means the *Public Hospitals Act* (Ontario), and, where the context requires, includes the regulations made thereunder;
- (v) “**Registered Nurse in the Extended Class**” means a member of the College of Nurses of Ontario who is a Registered Nurse and who holds an extended certificate of registration under the *Nursing Act, 1991*; and
- (w) “**Rules and Regulations**” means the Rules and Regulations governing the practice of the Medical, Dental, Midwifery and Extended Class Nursing Staff in the Hospital and includes Rules and Regulations which have been approved by the Board after considering the recommendation of the Medical Advisory Committee.

## 1.2 Interpretation

In this by-law and in all other by-laws of the Corporation, 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**

### **Rules and Regulations and Policies**

#### **2.1 Rules and Regulations and Policies and Procedures**

(1) The Board, after consulting with the Professional Staff Association and considering the recommendation of the Medical Advisory Committee, may make Rules and Regulations as it deems necessary, including rules and regulations for patient care and safety and the conduct of members of the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff.

(2) The Board, after considering the recommendation of the Medical Advisory Committee, may adopt policies and procedures applicable to the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff, including policies and procedures that are consistent with Rules and Regulations and support the implementation of Rules and Regulations.

## **Article 3**

### **Honourary Staff Designation**

#### **3.1 Honourary Staff**

(1) An individual may be honoured by the Board by being designated as a member of the Honourary Staff of the Corporation, for such term as the Board deems appropriate, because he or she:

(a) is a former member of the Professional Staff who has retired from active practice; and/or

(b) has contributed to the Hospital and has an outstanding reputation or made an extraordinary accomplishment.

(2) Members of the Honourary Staff:

(a) shall not have privileges or provide patient care;

(b) shall not have regularly assigned clinical, academic or administrative duties or responsibilities;

(c) may attend, but shall not vote at, Professional Staff meetings, and shall not be eligible to hold elected or appointed offices in the Professional Staff; and

(d) shall not be bound by the attendance requirements of the Professional Staff.

## **Article 4**

### **Appointment and Reappointment to Professional Staff**

#### **4.1 Appointment and Revocation**

(1) The Board, after considering the recommendations of the Medical Advisory Committee, shall appoint annually a Medical Staff and may appoint a Dental Staff, Midwifery Staff and the nonemployed members of the Extended Class Nursing Staff and shall grant such privileges as it deems appropriate to each member of the Professional Staff so appointed.

(2) All applications for appointment and reappointment to the Professional Staff shall be processed in accordance with the provisions of this By-law and the *Public Hospitals Act*.

(3) The Board may, at any time, make, revoke or suspend any appointment to the Professional Staff or restrict the privileges of any member of the Professional Staff in accordance with the provisions of this By-law and the *Public Hospitals Act*.

#### **4.2 Term of Appointment**

(1) Subject to subsection 4.1(3), each appointment to the Professional Staff shall be for a term of up to one (1) year.

(2) Where a member of the Professional Staff has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:

(a) unless subsection 4.2(2)(b) applies, until the reappointment is granted or not granted by the Board; or

(b) in the case of a member of the Medical Staff and where the reappointment is not granted by the Board and there is a right of appeal to the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

#### **4.3 Qualifications and Criteria for Appointment to the Professional Staff**

(1) Only applicants who meet the qualifications and satisfy the criteria set out in this By-law are eligible to be a member of, and appointed to, the Professional Staff of the Corporation.

(2) An applicant for appointment to the Professional Staff must meet the following qualifications:

(a) have adequate training and experience for the privileges requested;

(b) have a demonstrated ability to:

(i) provide patient care at an appropriate level of quality and efficiency;

- (ii) work and communicate with, and relate to, others in a co-operative, collegial and professional manner;
- (iii) communicate with, and relate appropriately to, patients and patients' relatives and/or substitute decision makers;
- (iv) participate in the discharge of staff, committee, teaching responsibilities, and other duties appropriate to staff category;
- (v) meet an appropriate standard of ethical conduct and behaviour; and
- (vi) govern himself or herself in accordance with the requirements set out in this By-law, the Hospital's mission, vision and values, Rules and Regulations and Policies;

(c) have maintained the level of continuing professional education required by the applicable regulatory College;

(d) have up-to-date inoculations, screenings and tests as may be required by the occupational health and safety policies and practices of the Hospital, the *Public Hospitals Act* or other legislation;

(e) demonstrate adequate control of any significant physical or behavioural impairment affecting skill, attitude or judgment that might impact negatively on patient care or the operations of the Corporation; and

(f) have current membership in the Canadian Medical Protective Association or professional practice liability coverage appropriate to the scope and nature of the intended practice.

(3) In addition to the qualifications set out in subsection 4.3(2), an applicant for appointment to the Medical Staff must meet the following qualifications:

(a) be qualified to practice medicine and licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Physicians and Surgeons of Ontario or an equivalent certificate from their most recent licensing body; and

(b) have a current Certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario or the equivalent certificate from their most recent licensing body.

(4) In addition to the qualifications set out in subsection 4.3(2), an applicant for appointment to the Dental Staff must meet the following qualifications:

(a) be qualified to practice dentistry and licensed pursuant to the laws of Ontario and have a letter of good standing from the Royal College of Dental Surgeons of Ontario or the equivalent letter from their most recent licensing body; and

(b) have a current Certificate of Professional Conduct from the Royal College of Dental Surgeons or the equivalent certificate from their most recent licensing body.

(5) In addition to the qualifications set out in subsection 4.3(2), an applicant for appointment to the Midwifery Staff must meet the following qualifications:

(a) be qualified to practice midwifery and be licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Midwives of Ontario or an equivalent certificate from their most recent licensing body; and

(b) have a current Certificate of Professional Conduct from the College of Midwives of Ontario or the equivalent certificate from their most recent licensing body.

(6) In addition to the qualifications set out in subsection 4.3(2), an applicant for appointment to the Extended Class Nursing Staff must meet the following qualifications:

(a) be qualified to practice as a nurse in the extended class and hold a current, valid Annual Registration Payment Card as a registered nurse in the extended class with the College of Nurses of Ontario; and

(b) have a letter of good standing from the Ontario College of Nurses or their most recent licensing body.

(7) All appointments will require an Impact Analysis demonstrating that the Hospital has the resources to accommodate the applicant and that the applicant meets the needs of the hospital as described in the Professional Staff Human Resources Plan.

(8) In addition to any other provisions of the By-law, including the qualifications set out in subsections 4.3(2), 4.3(3), 4.3(4), 4.3(5) and 4.3(6), the Board may refuse to appoint any applicant to the Professional Staff on any of the following grounds:

(a) the appointment is not consistent with the need for service, as determined by the Board from time to time;

(b) the Professional Staff Human Resources Plan and/or the Impact Analysis of the Corporation does not demonstrate sufficient resources to accommodate the applicant; or

(c) the appointment is not consistent with the strategic plan and mission of the Corporation.

#### **4.4 Application for Appointment to the Professional Staff**

(1) The Chief Executive Officer or delegate shall supply a copy of, or information on how to access a form of the application and the mission, vision, values and strategic plan of the Corporation, the bylaws and the Rules and Regulations and appropriate Policies, to each Physician, Dentist, Midwife or Registered Nurse in the Extended Class who expresses in writing an intention to apply for appointment to the Professional Staff.

(2) An applicant for appointment to the Professional Staff shall submit to the Chief Executive Officer one (1) original application in the prescribed form together with signed consents to enable the Hospital to make inquiries of the applicable College and other hospitals, institutions and facilities where the applicant has previously provided professional services or received professional training to allow the Hospital to fully investigate the qualifications and suitability of the applicant.

(3) Prior to the consideration of an applicant for appointment, each applicant shall visit the Corporation for an interview with the Chief of Staff/Chair of the Medical Advisory Committee or delegate, the Chief Executive Officer or delegate and other appropriate members of the Professional Staff.

#### **4.5 Procedure for Processing Applications for Appointment to the Professional Staff**

(1) Upon receipt of a complete application, the Chief Executive Officer shall deliver each original application forthwith to the Medical Advisory Committee through the Chair of the Medical Advisory Committee or delegate, who shall keep a record of each application received and then refer the original application forthwith to the chair of the Credentials Committee.

(2) The Credentials Committee shall review all materials in the application, ensure all required information has been provided, investigate the professional competence and verify the qualifications of the applicant, consider whether the qualifications and criteria required by section 4.3 are met and shall submit a report as to its assessment and recommendation to the Medical Advisory Committee at its next regular meeting.

(3) The Medical Advisory Committee shall:

(a) receive and consider the report and recommendations of the Credentials Committee;

(b) review the application with reference to the Professional Staff Human Resources Plan and Impact Analysis; and

(c) send, within sixty (60) days of the date of receipt by the Chief Executive Officer of a complete application, notice of its recommendations to the Board and the applicant, in accordance with the *Public Hospitals Act*.

(4) Notwithstanding subsection 4.5(3)(c), the Medical Advisory Committee may make its recommendation later than sixty (60) days after receipt of the application if, prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and to the applicant that a final recommendation cannot be made within such sixty (60) day period and gives written reasons therefor.

- (5) Where the Medical Advisory Committee recommends the appointment, it shall specify the category of appointment and the specific privileges it recommends the applicant be granted.
- (6) Where the Medical Advisory Committee does not recommend appointment or where the recommended appointment or privileges differ from those requested, the Medical Advisory Committee shall inform the applicant that he or she is entitled to:
- (a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the receipt by the applicant of notice of the recommendation; and
  - (b) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the applicant of the written reasons referred to in subsection 4.5(6)(a).
- (7) Where the applicant does not request a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
- (8) Where an applicant requests a hearing by the Board, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and Article 6.
- (9) The Board shall consider the Medical Advisory Committee recommendations within the time frame specified by the *Public Hospitals Act*.
- (10) The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to, the Professional Staff Human Resources Plan, Impact Analysis, strategic plan and the Corporation's ability to operate within its resources.

#### **4.6 Temporary Appointment**

- (1) Notwithstanding any other provision of this By-law, the Chief Executive Officer or delegate, after consultation with the Chief of Staff/Chair of the Medical Advisory Committee or delegate may:
- (a) grant a temporary appointment and temporary privileges to a Physician, Dentist, Midwife or Registered Nurse in the Extended Class provided that such appointment shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported; and
  - (b) continue a temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee, until the next meeting of the Board.
- (2) A temporary appointment of a Physician, Dentist, Midwife or Registered Nurse in the Extended Class may be made for any reason including:

(a) to meet a specific singular requirement by providing a consultation and/or operative procedure; or

(b) to meet an urgent unexpected need for a medical, dental, midwifery or extended class nursing service.

(3) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted pursuant to section 4.6(1) for such period of time and on such terms as the Board determines.

(4) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.

(5) The temporary appointment shall specify the category of appointment and any limitations, restrictions or special requirements.

#### **4.7 Application for Reappointment to the Professional Staff**

(1) Each year, each member of the Professional Staff desiring reappointment to the Professional Staff shall make written application on the prescribed form to the Chief Executive Officer before the date specified by the Medical Advisory Committee.

(2) Each application for reappointment to the Professional Staff shall contain the following information:

(a) a restatement or confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Rules and Regulations from time to time;

(b) either:

(i) a declaration that all information on file at the Hospital from the applicant's most recent application is up-to-date, accurate and unamended as of the date of the current application; or

(ii) a description of all material changes to the information on file at the Hospital since the applicant's most recent application, including without limitation: an updated curriculum vitae including any additional professional qualifications acquired by the applicant since the previous application and information regarding any completed disciplinary or malpractice proceedings restriction in privileges or suspensions during the past year;

(c) a report of the Chief Staff or designate in accordance with a performance evaluation process approved by the Board from time to time, which report shall include the Chief of Staff's recommendation with respect to reappointment with the Hospital;



(d) the category of appointment requested and a request for either the continuation of, or any change in, existing privileges;

(e) if requested, a current Certificate of Professional Conduct or equivalent from the appropriate college or licensing body;

(f) confirmation that the member has complied with the disclosure duties set out in Section 7.7(d); and

(g) such other information that the Board may require, respecting competence, capacity and conduct, having given consideration to the recommendation of the Medical Advisory Committee.

(3) In the case of any application for reappointment in which the applicant requests additional privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.

(4) Application for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and section 4.5 of this By-law.

#### **4.8 Qualifications and Criteria for Reappointment to the Professional Staff**

(1) In order to be eligible for reappointment:

(a) the applicant shall continue to meet the qualifications and criteria set out in section 4.3;

(b) the applicant shall have conducted himself or herself in compliance with this By-law, the Hospital's values, Rules and Regulations, and Policies; and

(c) the applicant shall have demonstrated appropriate use of Hospital resources in accordance with the Professional Staff Human Resources Plan and the Rules and Regulations and Policies of the Corporation.

#### **4.9 Application for Change of Privileges**

(1) Each member of the Professional Staff who wishes to change his or her privileges, shall submit, on the prescribed form, to the Chief Executive Officer, an application listing the change of privileges requested, and providing evidence of appropriate training and competence and such other matters as the Board may require.

(2) The Chief Executive Officer shall refer any such application forthwith to the Medical Advisory Committee through the Chief of Staff/Chair of the Medical Advisory Committee or delegate, who shall keep a copy of each application received and shall then refer the original application forthwith to the chair of the Credentials Committee.

(3) The Credentials Committee shall investigate the professional competence, verify the qualifications of the applicant for the privileges requested and shall submit a report of its

findings to the Medical Advisory Committee at its next regular meeting. The report shall contain a list of privileges, if any, that it recommends that the applicant be granted.

(4) The application shall be processed in accordance with and subject to the requirements of sections 4.8 and subsections 4.5(3) to 4.5(10) of this By-law.

#### **4.10 Leave of Absence**

(1) Upon request of a member of the Professional Staff to the Chief of Staff, a leave of absence of up to twelve (12) months may be granted, after receiving the recommendation of the Medical Advisory Committee, by the Chief of Staff/Chair of the Medical Advisory Committee or delegate,

(a) in the event of extended illness or disability of the member, or

(b) in other circumstances acceptable to the Board, upon recommendation of the Chair of the Medical Advisory Committee or delegate.

(2) After returning from a leave of absence granted in accordance with subsection 4.10(1), the member of the Professional Staff may be required to produce a medical certificate of fitness from a physician acceptable to the Chief of Staff/Chair of the Medical Advisory Committee or delegate. The Chief of Staff/Chair of the Medical Advisory Committee or delegate may impose such conditions on the privileges granted to such member as appropriate.

(3) Following a leave of absence of longer than twelve (12) months, a member of the Professional Staff shall be required to make a new application for appointment to the Professional Staff in the manner and subject to the criteria set out in this By-law.

### **Article 5**

#### **Monitoring, Suspension and Revocation**

##### **5.1 Monitoring Practices and Transfer of Care**

(1) Any aspect of patient care or Professional Staff conduct being carried out in the Corporation may be reviewed without the approval of the member of the Professional Staff responsible for such care by the Chief of Staff/Chair of the Medical Advisory Committee or delegate.

(2) Where any member of the Professional Staff or Corporation staff reasonably believes that a member of the Professional Staff is incompetent, attempting to exceed his or her privileges, incapable of providing a service that he or she is about to undertake, or acting in a manner that exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury, such individual shall communicate that belief forthwith to one of the Chief of Staff/Chair of the Medical Advisory Committee (or delegate), and the Chief Executive Officer (or delegate), so that appropriate action can be taken.

(3) The Chief Staff or delegate where he or she believes it to be in the best interest of the patient, shall have the authority to examine the condition and scrutinize the treatment of any patient in the hospital and to make recommendations to the attending Professional Staff member or any

consulting Professional Staff member involved in the patient's care and, if necessary, to the Medical Advisory Committee. If it is not practical to give prior notice to the Chief of Staff/Chair of the Medical Advisory Committee, notice shall be given as soon as possible.

(4) If the Chief of Staff/Chair of the Medical Advisory Committee or delegate becomes aware that, in his or her opinion a serious problem exists in the diagnosis, care or treatment of a patient, the officer shall forthwith discuss the condition, diagnosis, care and treatment of the patient with the attending member of the Professional Staff. If changes in the diagnosis, care or treatment satisfactory to the Chief of Staff/Chair of the Medical Advisory Committee or delegate, as the case may be, are not made, he or she shall forthwith assume the duty of investigating, diagnosing, prescribing for and treating the patient.

(5) Where the Chief of Staff/Chair of the Medical Advisory Committee or delegate has cause to take over the care of a patient, the Chief Executive Officer, the Chief of Staff/Chair of the Medical Advisory Committee, as the case may be, and one other member of the Medical Advisory Committee, the attending member of the Professional Staff, and the patient or the patient's substitute decision maker shall be notified in accordance with the *Public Hospitals Act*. The Chief of Staff/Chair of the Medical Advisory Committee or delegate shall file a written report with the Medical Advisory Committee within forty eight (48) hours of his or her action.

(6) Where the Medical Advisory Committee concurs in the opinion of the Chair of the Medical Advisory Committee or delegate who has taken action under subsection 5.1(4) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer and the Board of the problem and the action taken.

## **5.2 Suspension, Restriction or Revocation of Privileges**

- (1) The Board may, at any time, in a manner consistent with the *Public Hospitals Act* and this By-law, revoke or suspend any appointment of a member of the Professional Staff or revoke, suspend, restrict or otherwise deal with the Privileges of a member of the Professional Staff.
- (2) Any administrative or leadership appointment of the member of the Professional Staff will automatically terminate upon the restriction, revocation or suspension of privileges or, revocation of appointment, unless otherwise determined by the Board.
- (3) Where an application for appointment or reappointment is denied or, the privileges of a member of the Professional Staff have been restricted, suspended or revoked, by reason of incompetence, negligence or misconduct, or the member resigns from the Professional Staff during the course of an investigation into his or her competence, negligence or misconduct, the Chief Executive Officer shall prepare and forward a detailed written report to the member's regulatory body as soon as possible, and not later than thirty (30) days.

## **5.3 Immediate Action**

- (1) The Chief Executive Officer or delegate or Chief of Staff/Chair of the Medical Advisory Committee or delegate may temporarily restrict or suspend the privileges of any member of the Professional Staff, in circumstances where in their opinion the member's conduct, performance or competence:

- (a) exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury; or
- (b) is or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within the Hospital,

and immediate action must be taken to protect patients, health care providers, employees and any other person at the Hospital from harm or injury.

(2) Before the Chief Executive Officer or delegate, the Chief of Staff/Chair of the Medical Advisory Committee or delegate, takes action authorized in subsection 5.3(1), they shall first consult with one of the other of them. If such prior consultation is not possible or practicable under the circumstances, the person who takes the action authorized in subsection 5.3(1) shall provide immediate notice to the others. The person who takes the action authorized in subsection 5.3(1) shall forthwith submit a written report on the action taken with all relevant materials and/or information to the Medical Advisory Committee.

#### **5.4 Non-Immediate Action**

(1) The Chief Executive Officer or delegate, the Chief of Staff/Chair of the Medical Advisory Committee or delegate, may recommend to the Medical Advisory Committee that the privileges of any member of the Professional Staff be restricted, suspended or revoked in any circumstances where in their opinion the member's conduct, performance or competence:

- (a) fails to meet or comply with the criteria for annual reappointment; or
- (b) exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury; or
- (c) is or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Hospital or impact negatively on the operations of the Hospital; or
- (d) fails to comply with the Hospital's by-laws, Rules and Regulations, or Policies, the *Public Hospitals Act* or any other relevant law.

(2) Prior to making a recommendation as referred to in subsection 5.4(1), an investigation may be conducted. Where an investigation is conducted it may be assigned to an individual within the Hospital other than the Medical Advisory Committee or an external consultant.

#### **5.5 Referral to Medical Advisory Committee for Recommendations**

(1) Following the temporary restriction or suspension of privileges under section 5.3, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a member of the Professional Staff under section 5.4, the following process shall be followed;

(a) the Chief of Staff/Chair of the Medical Advisory Committee or delegate or Chief Executive Officer or delegate shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation, as the case may be, with all relevant materials and/or information;

(b) a date for consideration of the matter will be set, not more than ten (10) days from the time the written report is received by the Medical Advisory Committee;

(c) as soon as possible, and in any event, at least forty-eight (48) hours prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of,

(i) the time and place of the meeting;

(ii) the purpose of the meeting; and

(iii) a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation.

(2) The date for the Medical Advisory Committee to consider the matter under s.5.5(1)(b) may be extended by,

(a) an additional five (5) days in the case of a referral under s.5.3; or

(b) any number of days in the case of a referral under s.5.4,

if the Medical Advisory Committee considers it necessary to do so.

(3) The Medical Advisory Committee may:

(a) set aside the restriction or suspension of privileges; or

(b) recommend to the Board a suspension or revocation of the appointment or a restriction, suspension or revocation of privileges on such terms as it deems appropriate. Notwithstanding the above, the Medical Advisory Committee may also refer the matter to a committee of the Medical Advisory Committee.

(4) If the Medical Advisory Committee recommends the continuation of the restriction or suspension or a revocation of privileges or recommends a revocation of appointment and/or makes further recommendations concerning the matters considered at its meeting, the Medical Advisory Committee shall within twenty-four (24) hours of the Medical Advisory Committee meeting provide the member with written notice of the Medical Advisory Committee's recommendation.

(5) The written notice shall inform the member that he or she is entitled to:

(a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the member's receipt of the notice of the recommendation; and

(b) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the member of the written reasons requested.

(6) If the member requests written reasons for the recommendation under s.5.5(5), the Medical Advisory Committee shall provide the written reasons to the member within forty-eight (48) hours of receipt of the request.

## **Article 6**

### **Board Hearing**

#### **6.1 Board Hearing**

(1) A hearing by the Board shall be held when one of the following occurs:

(a) the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment or requested privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or

(b) the Medical Advisory Committee makes a recommendation to the Board that the privileges of a member of the Professional Staff be restricted, suspended or revoked or an appointment be revoked and the member requests a hearing.

(2) The Board will name a place and time for the hearing.

(3) In the case of immediate suspension or revocation of privileges, the Board hearing shall be held within seven (7) days of the date the applicant or members requests the hearing under s.6.1(1). In the case of non-immediate suspension or revocation of privileges, subject to subsection 6.1(4), the Board hearing will be held as soon as practicable but not later than twenty eight (28) days after the Board receives the written notice from the member or applicant requesting the hearing.

(4) The Board may extend the time for the hearing date if it is considered appropriate.

(5) The Board will give written notice of the hearing to the applicant or member and to the Medical Advisory Committee at least five (5) days before the hearing date.

(6) The notice of the Board hearing will include:

(a) the place and time of the hearing;

(b) the purpose of the hearing;

(c) a statement that the applicant or member and Medical Advisory Committee will be afforded an opportunity to examine prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;

(d) a statement that the applicant or member may proceed in person or be represented by counsel, call witnesses and tender documents in evidence in support of his or her case;

(e) a statement that the time for the hearing may be extended by the Board on the application of any party; and

(f) a statement that if the applicant or member does not attend the meeting, the Board may proceed in the absence of the applicant or member, and the applicant or member will not be entitled to any further notice in the hearing.

(7) The parties to the Board hearing are the applicant or member, the Medical Advisory Committee and such other persons as the Board may specify.

(8) The applicant or member requiring a hearing and the Medical Advisory Committee shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be used in evidence.

(9) Members of the Board holding the hearing will not have taken part in any investigation or consideration of the subject matter of the hearing and will not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.

(10) The findings of fact of the Board pursuant to a hearing will be based exclusively on evidence admissible or matters that may be noticed under the *Statutory Powers Procedure Act*.

(11) No member of the Board will participate in a decision of the Board pursuant to a hearing unless they are present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board will be given unless all members so present participate in the decision.

(12) The Board shall make a decision to follow, amend or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to, the considerations set out in sections 4.3, 4.8 and 4.9 respectively.

(13) A written copy of the decision of the Board will be provided to the applicant or member and to the Medical Advisory Committee.

(14) Service of a notice to the parties may be made personally or by registered mail addressed to the person to be served at their last known address and, where notice is served by registered mail, it will be deemed that the notice was served on the third (3rd) day after the day of mailing unless the person to be served establishes that they did not, acting in good faith, through absence, accident, illness or other causes beyond their control, receive it until a later date.

## **Article 7**

### **Professional Staff Categories and Duties**

#### **7.1 Professional Staff Categories**

(1) The Medical Staff, Dental Staff and Midwifery Staff shall be divided into the following groups:

- (a) Active;
- (b) Associate;
- (c) Courtesy;
- (d) Locum Tenens; and
- (e) such categories as may be determined by the Board from time to time having given consideration to the recommendation of the Medical Advisory Committee.

(2) The Extended Class Nursing Staff may be divided into such categories as the Board may from time to time determine having given consideration to the recommendation of the Medical Advisory Committee.

#### **7.2 Active Staff**

(1) The Active Staff shall consist of those Physicians, Dentists and Midwives appointed to the Active Staff by the Board and who have completed satisfactory service as Associate Staff of at least one (1) year or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.

(2) Except where approved by the Board, no Physician, Dentist or Midwife with an active staff appointment at another Hospital, shall be appointed to the Active Staff.

(3) Each member of the Active Staff shall:

- (a) have admitting privileges unless otherwise specified in their appointment;
- (b) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
- (c) be responsible to the Chief of Staff to which they have been assigned for all aspects of patient care;



(d) act as a supervisor of other members of the Medical Staff, Dental Staff, Midwifery Staff or Extended Class Nursing Staff when requested by the Chief of Staff/Chair of the Medical Advisory Committee or delegate to which they have been assigned;

(e) fulfil such on-call requirements as may be established in accordance with Section 9.3(f)(c) ;

(f) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff/Chair of the Medical Advisory Committee from time to time;

(g) if a Physician, be entitled to attend and vote at meetings of the Professional Staff and be eligible to be an elected or appointed officer of the Professional Staff; and

(h) if a Dentist, Nurse Practitioner or Midwife, be entitled to attend meetings of the Professional Staff but shall not have a vote or be eligible to hold an elected or appointed office of the Professional Staff.

### **7.3 Associate Staff**

(1) Physicians, Dentists or Midwives who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Associate Staff. In no event shall an appointment to the Associate Staff extend beyond two (2) years.

(2) Each member of the Associate Staff shall:

(a) have admitting privileges unless otherwise specified in their appointment;

(b) work under the supervision of an Active Staff member named by the Chair of the Medical Advisory Committee or delegate to whom he or she has been assigned;

(c) undertake such duties in respect of patients as may be specified by the Chair of the Medical Advisory Committee or delegate;

(d) fulfil such on call requirements as may be established by the Hospital in accordance with the Professional Staff Human Resources Plan and the Rules and Regulations and Policies;

(e) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff/Chair of the Medical Advisory Committee or delegate from time to time;

(f) if a Physician, be entitled to attend and vote at Professional Staff meetings but shall not be eligible to be an elected or appointed officer of the Professional Staff; and

(g) if a Dentist or Midwife, be entitled to attend Professional Staff meetings but shall not have a vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office of the Professional Staff.

- (3) (a) At six (6) month intervals following the appointment of an Associate Staff member to the Professional Staff, the Active Staff member by whom the Associate Staff member has been supervised shall complete a performance evaluation and shall make a written report to the Chair of the Medical Advisory Committee or delegate, concerning:

(i) the knowledge and skill that has been shown by the Associate Staff member;

(ii) the nature and quality of his or her work in the Corporation; and

(iii) his or her performance and compliance with the criteria set out in subsection 4.3(2). The Chief of Staff/Chair of the Medical Advisory Committee or delegate shall forward such report to the Credentials Committee.

(b) Upon receipt of the report referred to in subsection 7.3(3)(a), the appointment of the member of the Associate Staff shall be reviewed by the Credentials Committee, which shall make a recommendation to the Medical Advisory Committee.

(c) If any report made under subsections 7.3(3)(a) or 7.3(3)(b) is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend the appointment of the Associate Staff member be terminated.

(d) No member of the Associate Staff shall be recommended for appointment to the Active Staff unless they have been a member of the Associate Staff for at least one (1) year. In no event shall an appointment to the Associate Staff be continued for more than two (2) years.

#### **7.4 Courtesy Staff**

(1) The Courtesy Staff shall consist of those Physicians, Dentists and Midwives appointed by the Board to the Courtesy Staff in one or more of the following circumstances:

(a) the applicant meets a specific service need of the Corporation; or

(b) where the Board deems it otherwise advisable and in the best interests of the Corporation.

(2) Members of the Courtesy Staff shall:

(a) have such limited privileges as may be granted by the Board on an individual basis;

(b) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;

- (c) be responsible to the Chief of Staff for all aspects of patient care; and
- (d) be entitled to attend Professional Staff meetings but shall not have a vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office of the Professional Staff.

### **7.5 Locum Tenens Staff**

(1) Locum Tenens Staff consist of Physicians, Dentists or Midwives who have been admitted to the Locum Tenens Staff by the Board in order to meet specific clinical needs for a defined period of time in one or more of the following circumstances:

- (a) to be a planned replacement for a Physician, Dentist or Midwife for specified period of time; or

- (b) to provide episodic or limited surgical or consulting services.

(2) The appointment of a Physician, Dentist or Midwife as a member of the Locum Tenens Staff may be for up to one (1) year subject to renewal for a further period of up to one (1) additional year. The Board, having considered the recommendation of the Medical Advisory Committee may permit renewal beyond two (2) years in exceptional circumstances.

(3) A Locum Tenens Staff shall:

- (a) have admitting privileges unless otherwise specified in their appointment;

- (b) work under the supervision of an Active Staff member assigned by the Chair of the Medical Advisory Committee or delegate; and

- (c) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board.

(4) Locum Tenens Staff shall not, subject to determination by the Board in each individual case attend or vote at Professional Staff meetings or be elected or appointed to any office of the Professional Staff.

### **7.6 Extended Class Nursing Staff**

(1) The Board, having given consideration to the advice of the Medical Advisory Committee, will delineate the privileges for each member of the Extended Class Nursing Staff who is not an employee of the Corporation.

(2) (a) Each new applicant for appointment to the Extended Class Nursing Staff shall be appointed for an initial probationary period of one (1) year.

- (b) Prior to completion of the one (1) year probationary period, a performance evaluation for a member of the Extended Class Nursing Staff shall be completed by the Chief of

Staff or delegate in consultation with the Chief Nursing Executive, concerning the knowledge and skill that has been shown by the Extended Class Nursing Staff member, the nature and quality of his or her work and his or her performance and compliance with the criteria set out in subsection 4.3(2) and such report shall be forwarded to the Credentials Committee.

(c) The Credential Committee shall review the report referred to in subsection 7.6(2)(b) and shall make a recommendation to the Medical Advisory Committee which shall in turn make a recommendation to the Board.

(3) A member of the Extended Class Nursing Staff shall be entitled to attend but not vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office in the Professional Staff.

### **7.7 Duties of Professional Staff**

Each member of the Professional Staff:

(a) is accountable to and shall recognize the authority of the Board through and with the Chair of the Medical Advisory Committee, and Chief Executive Officer.

(b) shall co-operate with and respect the authority of:

(i) the Chief of Staff/Chair of the Medical Advisory Committee and the Medical Advisory Committee;

(ii) the Chief Executive Officer; and

(c) shall perform the duties, undertake the responsibility and comply with the provisions set out in this By-law and the Rules and Regulations and Policies.

(d) shall forthwith advise the Chief of Staff/Chair of the Medical Advisory Committee of the commencement of any College disciplinary proceeding, proceedings to restrict or suspend privileges at other hospitals, or malpractice actions.

## **Article 8**

### **Leadership Positions**

#### **8.1 Professional Staff Leadership Positions**

(1) The following positions shall be appointed in accordance with this By-law:

(a) Chief of Staff/Chair of the Medical Advisory Committee;

(2) The following positions may be appointed in accordance with this By-law:

(a) Vice Chair of the Medical Advisory Committee;

- (b) Any other position as determined by the Board from time to time;
- (3) Notwithstanding any other provision in this By-law, in the event that the term of office of any person referred to in this section shall expire before a successor is appointed the appointment of the incumbent may be extended.
- (4) An appointment to any position referred to in subsections 8.1(1) or 8.1(2) may be made on an acting or interim basis where there is a vacancy in any office referred to in this section or while the person holding any such office is absent or unable to act.
- (5) An appointment to any position referred to in subsections 8.1(1) or 8.1(2) may be revoked at any time by the Board.
- (6) The Board shall receive and consider the input of the appropriate Professional Staff before it makes an appointment to a Professional Staff leadership position.

## **8.2 Appointment of Chair of the Medical Advisory Committee**

The Chief of Staff shall be Chair of the Medical Advisory Committee.

## **8.3 Responsibilities and Duties of Chair of the Medical Advisory Committee**

(1) The Chair of the Medical Advisory Committee shall:

- (a) be a member of the Board;
  - (b) be the Chair of the Medical Advisory Committee;
  - (c) be an *ex-officio* member of all Medical Advisory Committee sub-committees; and
  - (d) report regularly to the Board on the work and recommendations of the Medical Advisory Committee.
- (2) The Chair of the Medical Advisory Committee shall, in consultation with the Chief Executive Officer, designate an alternate to act during the absence of both the Chair of the Medical Advisory Committee and the Vice Chair of the Medical Advisory Committee, if any.

## **8.4 Appointment and Duties of Vice Chair of the Medical Advisory Committee**

A Vice Chair of the Medical Advisory Committee may be appointed by the Board. The Vice Chair of the Medical Advisory Committee, if appointed, shall be a member of the Medical Advisory Committee and shall act in the place of the Chair of the Medical Advisory Committee if the Chair of the Medical Advisory Committee is absent or unable to act, and shall perform such duties as assigned from time to time by the Chair of the Medical Advisory Committee; provided that the Vice Chair shall not be a director of the Hospital unless appointed as Chair of the Medical Advisory Committee on an acting or interim basis in accordance with subsection 8.1(4).

## **Article 9**

### **Medical Advisory Committee**

#### **9.1 Composition of Medical Advisory Committee**

(1) The Medical Advisory Committee shall consist of the following voting members one of whom shall be the Chair in accordance with Section 9.2:

- (a) the member(s) of the Medical Staff who is/are appointed by the Board as Chair and Vice Chair respectively of the Medical Advisory Committee;
- (b) the President, Vice President and Secretary of the Professional Staff; and
- (c) such other members of the Medical Staff as may be appointed by the Board from time to time.

(2) In addition, the following shall be entitled to attend the meetings of the Medical Advisory Committee without a vote:

- (a) the Chief Executive Officer;
- (b) the Chief Nursing Executive; and
- (c) any Vice President of the Hospital.

#### **9.2 Recommendations of Medical Advisory Committee**

The Medical Advisory Committee shall consider and make recommendations and report to the Board, in accordance with the *Public Hospitals Act* and the regulations pertaining thereto.

#### **9.3 Medical Advisory Committee Duties and Responsibilities**

The Medical Advisory Committee shall, perform the duties and undertake the responsibilities set out in the *Public Hospitals Act*, including:

- (a) make recommendations to the Board concerning the following matters:
  - (i) every application for appointment or reappointment to the Professional Staff and any request for a change in privileges;
  - (ii) the privileges to be granted to each member of the Professional Staff;
  - (iii) the by-laws and Rules and Regulations respecting the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff;
  - (iv) the revocation, suspension or restrictions of privileges of any member of the Professional Staff;

- (v) the quality of care provided in the Hospital by the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff; and
- (b) supervise the clinical practice of medicine, dentistry, midwifery and extended class nursing in the Hospital;
- (c) appoint the Medical Staff members of all committees established under section 9.4;
- (d) receive reports of the committees of the Medical Advisory Committee;
- (e) advise the Board on any matters referred to the Medical Advisory Committee by the Board; and
- (f) where the Medical Advisory shall develop a Professional Staff Human Resources Plan in accordance with the Hospital Strategic Plan. The Plan shall be developed by the Chief of Staff, after receiving and considering the input of the members of the Professional Staff and shall be approved by the Board. The Plan shall include,
  - (a) the required number and expertise of the Professional Staff;
  - (b) reasonable on-call requirements for members of the Professional Staff;
  - (c) a process for equitably distributing changes of resources to the members of the Professional Staff;
  - (d) a process for making decisions with respect to changes of Hospital resources;
 And
  - (e) a dispute resolution process regarding decisions made under subsection (d) above; and

where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under subsection 2(a)(v) of the Hospital Management Regulation (965) under the *Public Hospitals Act*, the Medical Advisory Committee shall make recommendations about those issues to the Hospital's quality committee established under subsection 3(1) of the *Excellent Care for All Act*.

#### **9.4 Establishment of Committees of the Medical Advisory Committee**

(1) The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special sub-committees of the Medical Advisory Committee as may be necessary or advisable from time to time for the Medical Advisory Committee *to perform its duties under the Public Hospitals Act* or the by-laws of the Hospital.

(2) The terms of reference and composition for any standing or special sub-committees of the Medical Advisory Committee may be set out in the Rules and Regulations or in a resolution of the Board, on recommendation of the Medical Advisory Committee. The Medical Staff members of any such subcommittee of the Medical Advisory Committee shall be appointed by the Medical Advisory Committee and other committee members may be appointed by the Board.

#### **9.5 Quorum for Medical Advisory Committee and Sub-Committee Meeting**

A quorum for any meeting of the Medical Advisory Committee, or a sub-committee thereof, shall be a majority of the members entitled to vote.

## **Article 10**

### **Meetings – Professional Staff**

#### **10.1 Regular, Annual and Special Meetings of the Professional Staff**

(1) At least four (4) meetings of the Professional Staff will be held each year, one of which shall be the annual meeting.

(2) The President of the Professional Staff may call a special meeting of the Professional Staff. Special meetings shall be called by the President of the Professional Staff on the written request of any three (3) members of the Active Staff entitled to vote if there are less than 10 active medical staff and five (5) members of the Active Staff entitled to vote if there are ten (10) or greater Active Staff.

(3) A written notification of each meeting of Professional Staff (including the annual meeting or any special meeting) shall be given by the Secretary of the Professional Staff to the Professional Staff at least fourteen (14) days in advance of the meeting by posting a notice of the meeting in a conspicuous place in the Hospital. Notice of special meetings shall state the nature of the business for which the special meeting is called.

(4) The period of time required for giving notice of any special meeting may be waived in cases of emergency by the majority of those members of the Professional Staff present and entitled to voting at the special meeting, as the first item of business of the meeting.

#### **10.2 Quorum**

If the number of Active Medical Staff is less than ten (10), three (3) members of the Professional Staff entitled to vote and present in person shall constitute a quorum at any annual, regular, or special meeting of the Professional Staff.

If the number of Active Medical Staff is ten (10) or greater, 50% of the Professional Staff entitled to vote and present in person shall constitute a quorum at any annual, regular, or special meeting of the Professional Staff.

#### **10.3 Rules of Order**

The procedures for meetings of the Professional Staff not provided for in this By-law or the Rules and Regulations or Policies shall be governed by the rules of order adopted by the Board.

#### **10.4 Medical Staff Meetings**

Meetings of the Professional Staff held in accordance with this Article shall be deemed to meet the requirement to hold meetings of the Medical Staff pursuant to the *Public Hospitals Act*.

## **Article 11**

### **Officers of the Professional Staff**

#### **11.1 Officers of the Professional Staff**



(1) The provisions of this Article 12 with respect to the officers of the Professional Staff shall be deemed to satisfy the requirements of the *Public Hospitals Act* with respect to officers of the Medical Staff. For greater certainty, the President, Vice President and Secretary of the Professional Staff shall be deemed to be the President, Vice President and Secretary of the Medical Staff.

(2) The officers of the Professional Staff will be:

(a) the President;

(b) the Vice President;

(c) the Secretary; and

(d) such other officers as the Professional Staff may determine.

(3) The officers of the Professional Staff shall be elected annually for a term of one (1) year by a majority vote of the voting members of the Professional Staff in attendance and voting at a meeting of the Professional Staff.

(4) The officers of the Professional Staff may serve a maximum eight (8) consecutive years in office. An officer may be re elected to the same position following a break in continuous service of at least one (1) year.

(5) The officers of the Professional Staff may be removed from office prior to the expiry of their term by a majority vote of the voting members of the Professional Staff in attendance and voting at a meeting of the Professional Staff called for such purpose.

(6) If the position of any elected Professional Staff officer that becomes vacant during the term may be filled by a vote of the majority of the members of the Professional Staff present and voting at a regular meeting of the Professional Staff or at a special meeting of the Professional Staff called for that purpose. The election of such Professional Staff member shall follow the process in section 11.3. The Professional Staff member so elected to office shall fill the office until the next annual meeting of the Professional Staff.

### **11.2 Eligibility for Office**

Only Physicians who are members of the Active Staff may be elected or appointed to any position or office of the Professional Staff.

### **11.3 Nominations and Election Process**

(1) A nominating committee shall be constituted through a process approved by the Professional Staff on recommendation of the officers of the Professional Staff.

(2) At least twenty-one (21) days before the annual meeting of the Professional Staff, the nominating committee shall circulate or post in a conspicuous place at each site of the Corporation, a list of the names of those who are nominated to stand for the offices of the Professional Staff that are to be filled by election, in accordance with the Regulations under the *Public Hospitals Act* and this By-law.

(3) Any further nominations shall be made in writing to the Secretary of the Professional Staff up to seven (7) days before the annual meeting of the Professional Staff.

#### **11.4 President of the Professional Staff**

(1) The President of the Professional Staff shall:

- (a) preside at all meetings of the Professional Staff;
- (b) act as a liaison between the Professional Staff, the Chief Executive Officer, and the Board with respect to matters concerning the Professional Staff
- (c) support and promote the values and strategic plan of the Corporation.

(2) The President of the Professional Staff shall:

- (a) be a member of the Medical Advisory Committee; and
- (b) be an *ex-officio* Director of the Board and as a Director, fulfill fiduciary duties to the Corporation.

#### **11.5 Vice President of the Professional Staff**

(1) The Vice President of the Professional Staff shall:

- (a) in the absence or disability of the President of the Professional Staff, act in place of the President, perform his or her duties and possess his or her powers as set out in subsection 11.4(1);
- (b) perform such duties as the President of the Professional Staff may delegate to him or her; and
- (c) be a member of the Medical Advisory Committee;

#### **11.6 Secretary of the Professional Staff**

The Secretary of the Professional Staff will:

- (a) attend to the correspondence of the Professional Staff;
- (b) ensure notice is given and minutes are kept of Professional Staff meetings;

- (c) maintain the funds and financial records of the Professional Staff and provide a financial report at the annual meeting of the Professional Staff;
- (d) disburse funds at the direction of the Professional Staff, as determined by a majority vote of the Professional Staff members entitled to vote who are present and vote at a Professional Staff meeting;
- (e) be a member of the Medical Advisory Committee; and
- (f) in the absence or disability of the Vice President of the Professional Staff perform the duties and possess the powers of the Vice President as set out in subsection 11.5(1).

### **11.7 Other Officers**

The duties of any other officers of the Professional Staff shall be determined by the Professional Staff.

## **Article 12**

### **Amendments**

#### **12.1 Amendments to Professional Staff By-law**

Prior to submitting amendments to this By-law to the approval processes applicable to the Corporation's by-laws;

- (a) notice specifying the proposed By-law or amendments thereto shall be made available for review by the Professional Staff;
- (b) the Professional Staff shall be afforded an opportunity to comment on the proposed amendment(s); and
- (c) the Medical Advisory Committee may make recommendations to the Board concerning the proposed amendment.

#### **12.2 Repeal and Restatement**

This By-law repeals and restates in its entirety the by-laws of the Corporation previously enacted with respect to the Professional Staff.

***GOVERNANCE AND  
NOMINATIONS  
COMMITTEE REPORT***



# **Listowel Wingham Hospitals Alliance Governance and Nominations Committee Report For 2016 /2017**

The Governance and Nominations Committee would like to appoint the following members to the Listowel Wingham Hospitals Alliance Board of Directors for a two-year term ending in 2019.

- Krishna Beharry
- Kris Dekker
- Bert Johnson
- Rosemary Rognvaldson

The Governance and Nominations Committee would like to appoint the following members to the Listowel Wingham Hospitals Alliance Board of Directors for a two-year term ending in 2019.

- Gord Hunt
- Doug Miller
- Penny Mulvey

# ***AUXILIARY REPORTS***

The Listowel Memorial Hospital Auxiliary started the year with 20 members. Due to personal reasons, three members resigned by the year's end.

The 2016 Executive consisted of President Susan Anderson, Vice President Roslind Danbrook, Treasurer Verna Ropp and Secretary Beth Norman. Ten meetings were held, each on the first Wednesday of the month from September to June. Eight meetings were held at the Outpatients Building, June's dinner meeting was held at Veky's restaurant and December's Christmas meeting was held at the home of member Mary Kerr.

In February, the club was able to donate \$15,500 raised in 2015 to the LMH Foundation to be used to purchase equipment for the hospital and assist with refurbishing costs of the kitchenette on first floor.

Fund raising efforts for the year 2016 include the following:

**Bakes Sales:** Valentine's, Easter, May Greenhouse fund raiser, Thanksgiving, CT scan fund raiser, Christmas bazaar, cookie walk

**Greenhouse Mother's Day Plant Sale:** Held at Listowel Greenhouses, included bake sale and Frank donated a percentage of hanging basket sales to the LMH Auxiliary

**Perennial Plant Sale:** Held at Mary Kerr's home, involved the sale of plants donated by members and friends

**CF Awareness and Fund Raising Event:** A few members took gift shop items and set up a booth at this event

**CT Scan Fundraiser:** lunch booth and bake sale

#### **Christmas Bazaar**

**Gift Shop:** Continued to be a great fund raising locale. The ability to use debit and credit through the hospital reception was an added bonus to the gift shop. The gift shop was mobile again this year visiting Caresscent Care Retirement Home and CF Fundraiser in Monkton.

**Kinette Donation:** This year we benefitted from the Kinettes' Spaghetti Dinner. The Kinettes gave the Auxiliary \$1,000 from their fund raiser to be put toward the first floor kitchenette project.

**Other Activities:** included providing patient tray favours (Valentine's Day, Easter, Thanksgiving and Christmas) and assisting with decorating for the Foundation's spring gala.



## **Listowel Memorial Hospital Auxiliary Annual Report 2016 / 2017**

The LMH Auxiliary Facebook Page continued to be a fun way to share news and events. We even included FB page “Like and Share” contest in March with the prize being a selfie stick, won by Karen Allen. The page, at times, reached over 500 people.

2016 proved to be another successful year for the LMH Auxiliary.

Respectfully submitted,  
Beth Norman, Auxiliary Secretary



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 55 and meeting attendance is about 50 percent or more. Volunteer hours recorded for this year 2574. 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: Barbara Major-McEwen, Executive Director of the NHFH Team attended our June meeting and gave us an update on all the excellent programs being offered and all the professional staff available to provide care, e.g. Nurse Practitioners, Diabetes Nurse, Respiratory Care, Smoking Cessation Counselling and Pharmacy Specialist (James Brown), Social Workers, Alzheimer's' Education and Hearing Clinic. Nicole Yutzi attended our September meeting to present to our Auxiliary a certificate in honor of reaching \$100,000 in donations to the hospital. Karl Ellis attended our November meeting and updated the members on the current and ongoing renovations taking place at the hospital and the Royal Oaks Health and Wellness Centre.

Membership involvement this year included the Auxiliary submitting a square for the hospital quilt that was raffled off to help with renovations. Several members attended the HAAO Spring Conference in St. Mary's. President presented annual report of the Auxiliary to the hospital board members. 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, providing tray favors for special occasion dinner trays, assisting the oncology clinic, helping with the radiothon, operating the gift shop, historian and secretary recorded Auxiliary and hospital activities, Auxiliary donated item to "Dining for Docs" silent auction, president attended President's Day in Seaforth, members attended hospital christmas party – nice evening, Auxiliary purchasing a donor plaque to be placed on the wall outside new gift shop, organized a "Meet and Greet" at the "Alice Munro Library" in November – successful – 6 new members joined that day.



## **Wingham and District Hospital Auxiliary Annual Report 2016 / 2017**

Two \$500 bursaries were provided to Kirsten VanderVlies and Megan Stute from F.E. Madill Secondary School to further their studies in the Health and Science Programs they are pursuing. Also a new chair for Oncology Department and two “Pressure Relief Mattresses” were purchased for the Hospital.

Fundraising activities and events that helped us achieve our goals were quilt raffles plus additional prizes, annual spring and fall rummage sales, annual spring and fall fashion shows, hospital bridge group (Sept-May), hospital euchre group (Nov – Apr), annual poinsettia tea and bake sale, tag days, book sales, gift shop – operated by Auxiliary volunteers, gift shop outreach program.

Due to construction, we have moved to a temporary location in the emergency department, working out okay, thanks to the staff for their help with the move and solving the little hiccups that have arose since – much appreciated! Looking forward to our new gift shop and location.

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

Respectfully submitted,

Trudy Thomson

President of the Auxiliary to the Wingham & District Hospital

# ***FOUNDATION 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 2016 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 \$327,000 towards DI equipment for the hospital.
- Other events through the year were the Staff Appreciation Lunch in June, Car & Motorcycle Poker Rally in September and a CT Scanner project kickoff @ Knox Presbyterian Church, Listowel. This event had entertainment, bake sale, food booth and generated over \$12,500 from our local donors.
- The 'CT Scanner' campaign started in September 2016 with larger donors secured and other donations coming in. The Naming Rights Donor for the Diagnostic Imaging Department was achieved with and additional five other Donors for other DI room naming rights. These Donors donated over \$1.3 million alone. The goal for the CT Scanner was \$2.2 million dollars and was successfully raised by February 2017. The CT Scanner is to be up and running at LMH by mid to late June 2017.
- Chris Kurz ran an event in the March 2017 Paddyfest parade which generated over \$25K for the purchase of a portable fetal monitor
- The Listowel Kinsmen donated ½ of the Pot of Gold from the March 2017 Paddyfest event for the CT Scanner
- McDonald's, Listowel just ran their McHappy Day and the Foundation will be receiving ½ of their proceeds

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 2017/2018***

- Spring Gala 2017, theme "**ALOHA**" will be held Saturday, June 3, 2017, hosting 272 people proceeds to "CT Scanner". To date Gala 2017 has brought in over \$300,000 corporate dollars!
- LMH Staff Appreciation hosted by LMH Foundation members , Thursday, June 15<sup>th</sup>, 2017
- Third Party Event, Crabby Joes, Listowel all gross proceeds from Wednesday, June 21, 2017 to LMHF
- LMHF Car & Motorcycle Poker Rally, Saturday, September 10<sup>th</sup>, 2016
- Fall Bonanza fundraiser, Knox Presbyterian Church Hall, Saturday, October 15, 2016, proceeds to CT Scanner



## Listowel Memorial Hospital Foundation Annual Report 2016 / 2017

### ***Newsletters***

The Spring 2017 newsletter is scheduled to go out in mid May 2017. This newsletter will update residents on status of the CT Scanner and other events and news for the LMHF. The Foundation circulated 2 newsletters in the 2016 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 \$410,538.83 of equipment in 2016, paid at yearend this year. This does not include any of the 'CT Scanner' payments that were paid also.**

Respectfully submitted,  
LMH Foundation



## Wingham and District Hospital Foundation Annual Report 2016 / 2017

### ***Fundraising***

During the 2016-2017 fiscal year, the Wingham & District Hospital Foundation received \$1,233,973 in donations. This was comprised, in part, by:

- \$46,027 Radiothon 2016
- \$50,480 Bequests
- \$959,102 Capital Campaign.

The remainder was comprised of general donations, memorial donations and donations designated towards specific equipment or departments.

Average donation: \$820

Average cost per dollar raised: \$0.07

(these numbers reflect a focus on major gifts in this fiscal year – may not reflect typical annual giving)

### ***Annual Donation***

For the 2016-2017 fiscal year, the WDH Foundation funded medical equipment and facility upgrades for the Wingham & District Hospital totaling \$1,577,254.47 – the largest annual donation in the organization's history.

These funds were generated through the *Our Hospital, Our Future* capital campaign, the CKNX Healthcare Heroes Radiothon, memorial and general donations, other events, appeals, bequests and grants. The funds donated supported the purchase of the following: major hospital redevelopments, 5 hi-lo beds, 2 air mattresses, 2 Clinitek Status, 2 digital imaging stretchers, 3 vital signs monitors and a cardiac ultrasound probe.

Since its inception the Wingham & District Hospital Foundation, it has donated \$5,791,034 to the Hospital.

### ***Radiothon***

At the 2016 CKNX Healthcare Heroes Radiothon held on May 12<sup>th</sup>, the Wingham & District Hospital Foundation raised over \$46,000 towards the ongoing *Our Hospital, Our Future* campaign to benefit the major redevelopment project

The 4<sup>th</sup> annual Great Hospital Race also raised funds towards the radiothon project. In accordance with tradition, it was held in October and raised \$6,500. This event will return for a 5<sup>th</sup> year on October 14, 2017.



## Wingham and District Hospital Foundation Annual Report 2016 / 2017

### ***Our Hospital, Our Future***

The *Our Hospital, Our Future* campaign came to a formal conclusion in July 2016. The campaign raised \$4.6 million towards the major redevelopment project at the Wingham & District Hospital. This total will continue to be collected in pledge installments through 2020. Thirty-two naming opportunities have been claimed by major donors to the campaign in recognition of their contributions of \$25,000 or more. While the campaign has officially closed, donations towards the \$17 million total cost of the redevelopment project continue to be accepted and campaign volunteers continue to act as advocates in the community.

Respectfully submitted,  
WDH Foundation

***MEDICAL STAFF***





# Listowel Memorial Hospital Professional Staff 2017/2018

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

## ASSOCIATE STAFF

Dr. D. Gateman  
Dr. L Trojnar

## MIDWIFERY STAFF

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

Amanda Levencrowne  
Jillian Nafziger  
Amy Sjaarda  
Cynthia Soulliere  
Emily Roth  
Alexandria Nickels

## NURSE PRACTITIONERS

Martha Leonard  
Jessie Rumble

## CONSULTING & COURTESY STAFF

Dr. G. Antoniadis  
Dr. K. Blaine  
Dr. A. Caines  
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. A. Kara  
Dr. M. Klassen  
Dr. M. Mann  
Dr. A. Maruscak  
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. O. Yousef



# Listowel Memorial Hospital Professional Staff 2017/2018

## CONSULTING STAFF - LONDON XRAY ASSOCIATES

Dr. J. Amann  
Dr. B. Nachum  
Dr. S. Chhibber  
Dr. D. Cool  
Dr. W. Dawson  
Dr. G. Garvin  
Dr. A. Islam  
Dr. Z. Kassam  
Dr. A. Kornecki  
Dr. R. Kozak  
Dr. L. Lopes  
Dr. A. Lu  
Dr. A. Mercado

Dr. G. Muscedere  
Dr. P. Ohorodnyk  
Dr. S. Osman  
Dr. W. Pavlosky  
Dr. S. Potoczny  
Dr. M. Ricketts  
Dr. J. Rogers  
Dr. W. Romano  
Dr. M. Roth  
Dr. A. Shastry  
Dr. O. Shmuilovich  
Dr. D. Taves  
Dr. K. Tyler



# Wingham and District Hospital

## Professional Staff

### 2017/2018

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

#### NURSE PRACTITIONERS

Amanda Brown  
Robyn Nocilla  
Cheryl Marks

#### 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. A. Kara  
Dr. J. Kargbo  
Dr. M. Korvemaker  
Dr. A. Lyons  
Dr. J. McKenna  
Dr. K. Mir  
Dr. C. O'Neill  
Dr. W. Papoff  
Dr. F. Perera

Dr. J. Ramakrishna  
Dr. R. Ramsewak  
Dr. C. Ray  
Dr. J. Schwalm  
Dr. S. Sleeth  
Dr. O. Spanglet  
Dr. H. Sun  
Dr. C. Tomlinson  
Dr. O' Yousef

**CONSULTING STAFF - LONDON XRAY ASSOCIATES**

Dr. J. Amann  
Dr. B. Nachum  
Dr. S. Chhibber  
Dr. D. Cool  
Dr. W. Dawson  
Dr. G. Garvin  
Dr. A. Islam  
Dr. Z. Kassam  
Dr. A. Kornecki  
Dr. R. Kozak  
Dr. L. Lopes  
Dr. A. Lu  
Dr. A. Mercado

Dr. G. Muscedere  
Dr. P. Ohorodnyk  
Dr. S. Osman  
Dr. W. Pavlosky  
Dr. S. Potoczny  
Dr. M. Ricketts  
Dr. J. Rogers  
Dr. W. Romano  
Dr. M. Roth  
Dr. A. Shastry  
Dr. O. Shmuilovich  
Dr. D. Taves  
Dr. K. Tyler

***VISITING  
CONSULTANTS  
CLINICS***



# Listowel Memorial Hospital Visiting Consultants 2017/2018

<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 Dr. A. Maruscak	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 <sup>nd</sup> Tuesday of Month
Cardiology / Echocardiography / Carotid Doppler Studies	Dr. C. Tomlinson	Monthly
Echo Lab	M. Cooper	Weekly - Friday
ENT	Dr. J. McKenna Dr. J. Ramakrishna	Monthly
Internal Medicine	Dr. A. Kara	
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 2016/2017**

## **Listowel Wingham Hospitals Alliance**

**Chair** – Gord Hunt

**1<sup>st</sup> Vice-Chair** – Rosemary Rognvaldson

**2<sup>nd</sup> Vice-Chair** - Penny Mulvey

**Past Chair** - Trevor Seip

**Treasurer** – Tom Soltys

**Secretary** - Karl Ellis

### Directors

Krishna Beharry

Kristine Dekker

Bert Johnson

Debbie Miller

Hugh Clugston

Janice Hallahan

Amy Miller

Trevor Seip

### Ex-Officio Members

**Chief of Staff Listowel Memorial Hospital** - Dr. Russell Latuskie

**President of Medical Staff Listowel Memorial Hospital** - Dr. Arif Qureshi

**Chief of Staff Wingham and District Hospital** - Dr. Greg Antoniadis

**President of Medical Staff Wingham and District Hospital** - Dr. Jim Shuffield

**Chief Executive Officer** – Karl Ellis

**Chief Nursing Executive** – Angela Stanley (Resigned January 2017)

**Acting Chief Nursing Executive** - Sandra Albrecht

**Chief Nursing Executive** - Shannon Maier (effective April 2017)