



**Listowel
Wingham**
HOSPITALS ALLIANCE

Enriching Life's Journey Together

2017 / 2018 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 13, 2018

1900 Hours

**Wingham and District Hospital Board Room
Wingham, 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 7, 2017 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
 - 4.3 Report of the Chief of Staff – Wingham and District Hospital
 - 4.4 Treasurer's Report – Listowel Wingham Hospitals Alliance
 - 4.4.1 Presentation of the Audited Financial Statements for the Listowel Memorial Hospital 2017/2018
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 - 4.7 Report of the Auxiliary to Wingham and District Hospital
 - 4.8 Report of the Listowel Memorial Hospital Foundation
 - 4.9 Report of the Wingham and District Hospital Foundation
- 5.0 Adjournment
 - A meeting of the Listowel Wingham Hospitals Alliance Board of Directors shall take place immediately following the Annual Meeting where the Board shall elect/appoint the following Officers:
 - a) Chair
 - b) 1st Vice Chair
 - c) 2nd Vice Chair
 - d) Past-Chair
 - e) Treasurer
 - f) Secretary



Listowel Wingham Hospitals Alliance 2017 Annual General Meeting Minutes

Listowel Memorial Hospital Corporation
Wingham and District Hospital Corporation
Wednesday June 7, 2017
Trillium Insurance, Listowel

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

Welcome the corporation members, hospitals staff, board members and community members

3.0 Minutes of the Previous Meeting

MOTION:

*It was moved by **Amy Miller**, seconded by **Kris Dekker** to:
Adopt the minutes of the June 8, 2016 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, Chief Executive Officer presented the report.

Highlights from the report include:

- A new Mission statement has been developed with the use of the word Cultivating to acknowledge our rural location.
- Staff are busy preparing for Accreditation that is happening this fall
- The CT scanner will be operational on Monday June 12th, 2017 at the Listowel Memorial Hospital
 - All are welcome to attend the CT Open house on June 20th
- Recognition to Ron Coghlin, Listowel Memorial Hospital Foundation Chair, for his continued efforts in raising funds for the CT Scanner
- A significant amount of work is ahead of the Listowel Memorial Hospital to sustain the Obstetrics Program
- Will continue to provide palliative care - Hospice within the hospital program
- The Wingham and District Hospital expanded the Rehabilitative care program and are now offering seven day a week service for rehab patients.

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- Stroke patients will be sent to District Stroke Centres for acute and rehabilitative care.
- Dr. Derek Gateman and Dr. Lisa Trojnar have joined the medical staff of the Listowel Memorial Hospital
- Shannon Maier started with the Organization in April accepting the position of Vice President Clinical Services / Chief Nursing Executive
- Redevelopment of the Wingham and District Hospital has begun and will continue over at least the next two years
- The Listowel Memorial Hospital we soon have an isolation room and accessible washrooms thank you to staff for their patience during this renovation
- The Royal Oaks Health and Wellness Centre in Wingham is officially open with a ribbon cutting ceremony being held on Thursday June 15th
 - Thank you to the Wingham Hospital Foundation for their fundraising efforts
- In April a joint meeting between the North Huron Family Health Team board, The North Perth Family Health Team Board and the Hospital Board was held and proven to be very successful and informative
- Anticipate having plans for renovations in the Listowel Memorial Hospital Emergency Room / Triage / Admitting along with the laboratory
- New Diagnostic Imaging equipment will be installed at both sites in 2017 as well

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.

Highlights from the report include:

- Thanks to Kim Kowch and the recruitment committee, the Listowel Memorial Hospital has acquired two new young doctors
- We continue to focus our efforts on maintaining the Obstetrical program
- Internal medicine support has been less than satisfactory but hopeful to rectify the situation in the fall
- Looking forward to the operation of the CT Scanner and thank you to all those involved for making this program possible in Listowel

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 and Wingham and District Hospital

Tom Soltys presented the Report of the Treasurer for the Listowel Wingham Hospitals Alliance.

Highlights from the report include:

- The Listowel Memorial Hospital had surplus of \$95,000 from hospital operations

Listowel Wingham Hospitals Alliance 2017 Annual General Meeting Minutes

- A balanced budget is expected for both hospitals
- Wingham and District Hospital finished the year with a surplus of \$620,000 from hospital operations
- The Wingham and District Hospital received a one-time funding from Cancer Care Ontario was received to support the transition of the Oncology program from global funding to quality based procedure funding
- Thanks to Linda Bross and staff at BDO for all their work

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

MOTION:

*It was moved by **Debbie Miller**, seconded by **Tom Soltys** to:
Accept the Audited Financial Statements of the Listowel Memorial Hospital for the year ended March 31, 2017 as presented.*

Motion Carried

4.4.2 Appointment of Auditors:

MOTION:

*It was moved by **Hugh Clugston**, seconded by **Tom Soltys** to:
Appoint the firm of BDO Canada as Auditors for the Listowel Memorial Hospital for 2017/2018.*

Motion Carried

4.5.1 Wingham and District Hospital Corporation Audited Financial Statements 2016/17:

MOTION:

*It was moved by **Penny Mulvey**, seconded by **Krishna Beharry** to:
Accept the Wingham and District Hospital's Audited Financial Statements for the year ended March 31, 2017 as presented.*

Motion Carried

4.5.2 Appointment of Auditors:

MOTION:

*It was moved by **Tom Soltys**, seconded by **Penny Mulvey** to:*

Appoint the firm of BDO Canada as Auditors for the Wingham and District Hospital for 2017/2018.

Motion Carried

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4.6 Professional Staff By-Laws

4.6.1 Approval of the proposed Professional Staff By-Laws the Listowel Memorial Hospital

MOTION:

*It was moved **Krishna Beharry** by seconded by **Kris Dekker** to:
Approve the Professional Staff By-Laws for the Listowel
Memorial Hospital as presented.*

Motion Carried

4.6.2 Approval of the proposed Professional Staff By-Laws for the Wingham and District Hospital

MOTION:

*It was moved by **Amy Miller**, seconded by **Penny Mulvey** to:
Approve the Professional Staff By-Laws for the Wingham and
District Hospital as presented.*

Motion Carried

4.7 Governance & Nominations Committee Report

4.7.3 Election of Directors – Listowel Memorial Hospital

MOTION:

*It was moved by **Janice Hallahan**, seconded by **Debbie Miller** to:
Appoint:
**Krishna Beharry, Kris Dekker, Bert Johnson, Rosemary
Rognvaldson** to the Listowel Wingham Hospitals Alliance
Board of Directors for a 2-year term ending in 2019*

Motion Carried

4.7.5 Election of Directors – Wingham and District Hospital

MOTION:

*It was moved by **Krishna Beharry**, seconded by **Tom Soltys** to:
Appoint:
Gord Hunt, Doug Miller, Penny Mulvey to the Listowel
Wingham Hospitals Alliance Board of Directors for a 2-year
term ending in 2019.*

Motion Carried



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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. Ron Coghlin, Listowel Memorial Hospital Foundation Board Chair recognized the community for their generous support of the CT Scanner. He also noted that the Gala was a very successful event this year raising more money than ever before.

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 **Amy Miller** that:*

The Annual Meeting be adjourned at 1932 hours.

Motion Carried

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

.....
Gord Hunt, Chair

.....
Karl Ellis, Secretary

REPORTS

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

Listowel Wingham Hospitals Alliance

Report of the Board Chair & Chief Executive Officer 2017 / 2018

Annual Report

An annual report is an opportunity to both reflect on the activities of the last year and anticipate the future initiatives of the organization. This past year was a busy and productive period.

Quality Care that is Patient-Centered

Accreditation Canada Award

An on-site Accreditation Canada survey in November 2017 resulted in an initial accreditation award with Commendation. Upon review, this award was upgraded to the highest level of award, Exemplary. The organization was justifiably proud of this achievement.

Emergency Departments

Both sites experienced an increase in emergency room visits of approximately 10%. While the volumes remain manageable with existing resources, a single year increase of this magnitude has resulted in the need to consider changes to our approach to ER care.

Visiting Hours

Open visiting hours are now in place. The transition to this was not difficult as open visiting hours had informally been in place for some time.

Diagnostic Imaging

The opening of the CT Scan in June was one of the highlights of the year. A total of 1,626 scans were completed between the opening and the end of our fiscal year in March. The Listowel Memorial Hospital Foundation hosted an open house to recognize the community generosity in support of this \$2.3 million project.

General radiography and fluoroscopy diagnostic imaging equipment has been replaced at both sites. In addition, 3D breast imaging is now available with mammograms at Listowel.

The support of the Wingham and District Hospital Foundation and Listowel Memorial Hospital Foundation was key to the replacement of diagnostic imaging equipment.

Obstetrics

Following the final report of the Obstetrics task force, renovations have begun to refresh the Obstetrics facilities and planning is underway to launch the MORE OB program in support of our obstetrics program.

Listowel Wingham Hospitals Alliance

Report of the Board Chair & Chief Executive Officer 2017 / 2018

Electronic Clinical Documentation

We continue our journey towards a fully electronic health record. Vitals signs monitors are now automatically integrated in our post anesthetic unit and the emergency department. Nursing documentation is also electronic in the emergency departments.

Quality Improvement Plan

In completing our Quality Improvement Plan for 2017/18, we were disappointed that we were unable to improve the ER wait time for admitted patients. We continue to work towards the goal of reducing ER wait times. CT utilization decreased in Wingham and increased significantly in Listowel. On a positive note, medication reconciliation on discharge rates improved and patient satisfaction remained high. In 2018/19 we will be focusing improvement initiatives on joy at work, workplace violence and mental health and addictions.

The board adopted a new Quality Framework to guide the quality improvement efforts within the organization.

Nurturing Individual and Collective Potential

Executive Compensation Framework

Despite best efforts by the hospital, the government has not yet approved the Executive Compensation Framework. It will be delayed further as a result of the provincial election.

Physician Recruitment

Both hospitals and communities continue to work hard at ensuring sufficient physicians are available to serve our communities. After 32 years, we wish Dr. Michael Shubat all the best in his retirement. The North Huron Family Health Team and Wingham and District Hospital have been jointly supporting the Lucknow Medical Clinic until the anticipated arrival of Dr. Justin Puntillo and Dr. Sean Henderson later this summer. Both will practice in Lucknow as well as provide inpatient and emergency services in Wingham.

Listowel is welcoming Dr. Anthony Davies to a GP anesthetist, emergency, family medicine and inpatient practice. Dr. Davies will be assuming many of Dr. Rex Warren's patients. Dr. Warren will be transitioning to retirement in the months ahead.

Having adequate access to general internal medicine services remains a challenge at both sites.

Collective Bargaining

It was a busy year for collective bargaining activities. New local agreements were negotiated with CUPE, SEIU and ONA.

Listowel Wingham Hospitals Alliance

Report of the Board Chair & Chief Executive Officer 2017 / 2018

Joint Celebrations

A joint Christmas Party and Long Service Award ceremony were held for the first time in the history of the Alliance. With over 20% of hospital staff having a role at both sites, the opportunity to socialize together was well received.

Leadership Transitions

Sandra Albrecht will be assuming a new role in the organization providing leadership to our Laboratory, Diagnostic Imaging, Facilities and Projects. Brent Boshart, after over 30 years of dedicated service, plans to retire in October 2018. The position of Chief Financial Officer has been vacant for most of this fiscal year. Efforts continue to recruit a Chief Financial Officer. In the meantime we thank all of those staff members who have stepped up to ensure that the finances of both hospitals continue to be properly managed.

Board Transitions

Janice Hallahan resigned from the board and was replaced by Dale Gilchrist. We will be welcoming Conor O'Keefe to the board at our annual meeting and wishing a former board chair, Trevor Seip all the best as he departs the board after serving 8 years.

Sustainable and Resilient Environment

Redevelopment Projects

Construction continued at the Wingham and District Hospital and with contractors expected to be on site until the fall of 2019. A significant, unanticipated structural issue with the building delayed the project by several months. Staff and patients will be moving into our new oncology and pharmacy space in late July. The Foundation office, 2nd floor team station and Auxiliary gift shop will be available shortly after.

New boardroom and meeting space was developed within the former primary care space in Wingham. Non-clinical staff and functions were also moved to this area to allow development of patient care space closer to the main entrance in Wingham.

Operating Financial Results

The board was pleased to hear that the hospitals received a 2% base budget increase for 2018/19 subject to final approval by the legislature. This increase helped achieve balanced budgets for 2018/19. A similar increase in 2017/18 has allowed both hospitals to present modest surplus results for 2017/18.

Listowel Wingham Hospitals Alliance Report of the Board Chair & Chief Executive Officer 2017 / 2018

Partnerships for a Seamless Patient Experience

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 continue to dedicate time to developing stronger relationships between the organizations at a governance level. In February, all three organizations met together to review the Quality Improvement Plans of the organizations. While there are no shared indicators, there are shared quality improvement initiatives and change ideas being implemented. Opportunities exist to further strengthen the relationship between these corporations.

Board Education and Collaboration

In an ongoing effort to remain up to date with current health care topics and provide an opportunity for discussion with other health care providers, the board regularly invites other organizations to present as part of board education. This year, education was focused on the accreditation survey. The board did have the opportunity to discuss the challenges in the long term care sector with a representative from Caressant Care.

Social Media

The launch of a Listowel Wingham Hospitals Alliance Facebook page and Instagram account were successful, particularly for our recruitment activities. The Facebook account is maintained in parallel with a Twitter account.

As we look back and reflect on 2017/18, there have been a number of significant accomplishments and milestones. Looking forward, we will continue to develop plans for renovations to the Listowel laboratory. We also anticipate having new day surgery and medical device reprocessing departments in Wingham. We hope to have a new website in place during the coming year. A kick-off to our clinical documentation project that will advance our electronic health record is expected to take place in the fall of 2018.

Our dedicated staff, physicians and volunteers continue to consistently deliver high quality care to our very supportive community. We plan to continue this good work in 2018/19.

Respectfully Submitted,
Rosemary Rognvaldson
Chair, Listowel Wingham Hospitals Alliance

Karl Ellis,
President and CEO, Listowel Wingham Hospitals Alliance

CHIEFS OF STAFF REPORTS

It has been a Year of change with success and some challenge at LMH.

ER coverage was challenging once again with a maternity leave and a pending retirement leading to the need for Emergency Department Locum Program (EDLP) assistance once again to fill some of our shifts. Dr. Matthews and Kim Kowch have once again done some excellent work keeping the Emergency Room roster up to date and viable.

Recruitment of staff continues to be one of our biggest challenges and we have been very fortunate to be about to welcome Dr. Anthony Davies into our practice with an anticipated start date of July 1st. His wife Juliana is a nurse practitioner and will be joining the clinic staff in the early fall as well.

Obstetrics has once again been very prominent in all our minds in the last year and there was a great deal of work done on this issue. Doctors now have a weekly on-call roster to cover this area and renovations to the obstetric unit are taking place to support our commitment to ongoing obstetric care. We are also actively recruiting any family medicine grads with an interest in obstetrics, although this is a difficult task nowadays with many grads preferring to practice with onsite obstetrician support. Midwifery continues to be active in our Hospital and with Dr. Davies joining us we will have three anaesthetists able to provide epidurals.

Our Ambulatory Care clinics have been very busy and continue to be well supported and popular with visiting specialists. We are also hopeful that Dr. Pierce from Stratford will add some Internal Medicine expertise to our practice soon.

Mental Health has been a major area of strife recently with a very depleted medical staff compliment in our local referral centre in Stratford and some real challenges in achieving transport and admission of emergent cases from our centre. It seems that there are some steps in the right direction occurring recently with a new more enlightened approach to transport seeming to emerge.

Fantastic work by our accreditation team this year achieved the top result possible and they should all be congratulated heartily for their hard work and dedication.

Our CT scanner is now providing invaluable assistance to our practice and has been open 24/7 since December. I know I speak for all our Staff in congratulating those responsible for obtaining and maintaining this service.

Finally I must anticipate the retirement this summer of one of our finest physicians, Dr. Rex Warren. Dr. Warren has worked tirelessly in this town and is a highly regarded member of our staff and will be sorely missed even with the arrival of the excellent Dr. Davies to take on much of his busy practice. We wish Rex well.

Thank you to the Board Members, Management and Staff for continuing to make our Hospital a fine example of rural excellence

Respectfully Submitted,
Dr. Russell Latuskie

The past year has offered both challenges and rewards.

The most notable change and challenge regarding the medical staff was the retirement of Dr. Shubat. With the help of the family health team, the local physicians and our locum physicians we have been able to provide healthcare to those patients in his practice. With the fantastic work by the recruitment committee we have two new physicians that will be taking over his practice starting July.

The Wingham hospital is entering into a transition period with regards to the medical staff. Over the next few years several members of the medical staff will be retiring. Hopefully the recruitment committee will be as successful in recruiting new physicians for the upcoming retiring physicians.

Accreditation went extremely well this year. The institution receive the highest accolades. All those involved did an excellent job.

The new rehabilitation program at the Wingham Hospital has been quite a benefit to patients. We have patients coming from within the region and sometimes outside the region for rehabilitation. These patients receive physiotherapy and occupational therapy seven days a week or as needed while in hospital. This has helped patients return home in a timelier manner and in better health.

The new CT scan machine in Listowel has been a great benefit to patients.

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

The Wingham Hospital continues to undergo major renovations. The staff have done an excellent job in minimizing inconveniences to patients and staff.

One of the major challenges in the future will be healthcare staffing. The ageing physician and allied health services population will be difficult to replace.

Moving onwards we hope to offer excellent healthcare to the community at large.

The medical staff would like to offer our appreciation to all those involved in providing healthcare and the associated support services to our patients.

Respectfully submitted
Dr. Greg Antoniadis

TREASURER REPORT

Listowel Wingham Hospitals Alliance Report of the Treasurer 2017 / 2018

The Listowel Wingham Hospitals Alliance has functioned with a Committee of the Whole structure for 3 years. This results in the entire board receiving detailed financial reports and participating in all discussions with respect to the non-clinical and financial operations of the Hospital. The Committee of the Whole also functions as the audit committee for both corporations. Although they are governed by a single board, The Listowel Memorial Hospital and Wingham and District Hospital remain separate corporations.

Financial results and statistics summarizing clinical activities are presented separately for the two corporations. The financial results of the two corporations reflect similar operating results with surpluses from hospital operations and breakeven results after accounting for net amortization of building and land improvements. In Listowel the operating surplus is \$462,137 (2017 - \$95,467) and excess of revenue over expenses is \$7,604 (2017 - [\$264,959]). Wingham ended the year with an operating surplus of \$462,699 (2017 - \$620,413) and excess of revenue over expenses is \$3,494 (2017 - \$320,099).

The operating surplus at each site is a result of a number of items including a 2% increase in funding for the year when we only expected 1%. In addition, the vacant Chief Financial Officer role resulted in a savings for the hospitals. Amortization was impacted at both sites as a result of the delayed timing of major capital project and capital equipment purchases. Although drug expenses in Wingham were much higher than expected, there is an offsetting recovery from Cancer Care Ontario for the majority of these costs. In Wingham, we also continue to receive \$355,000 of transitional funding from Cancer Care Ontario as they work to move smaller sites to a new funding formula for cancer treatments. This funding is expected to be received in 2018/19 but is not guaranteed beyond that time.

Both corporations made significant investments in capital assets throughout the year. The impact of these expenditures can be seen on the balance sheet of both corporations. There is a reduction in working capital, an increase in net capital assets, an increase in debt and an increase in deferred capital contributions.

The major capital redevelopment in Wingham will continue for at least 15 months. The impact to cashflow should diminish as we expect to start receiving the Ministry of Health and Long Term Care portion of the project funding. A cashflow schedule has also been established with the Wingham and District Hospital Foundation for their commitment to the project costs. In Listowel, the completion of the CT project and the replacement of major diagnostic imaging and anaesthetic equipment are infrequent events that are not expected to recur for at least 10 years. These projects received significant support from the Listowel Memorial Hospital Foundation. Once again, both communities have expressed their faith and support in their local hospitals through their financial support of the Foundations.

Listowel Wingham Hospitals Alliance Report of the Treasurer 2017 / 2018

In 2018/19, the Listowel Wingham Hospitals Alliance is expected to appoint auditors following a request for proposal process. We also expect an additional 2% in base funding which should allow us to maintain close to balanced financial results this upcoming fiscal year. Having a number of collective bargaining agreements finalized also provides more clarity with respect to our wage costs.

In terms of Hospital operations, we are mindful of significant increases in emergency department volumes at both sites, while inpatient volumes remain on the decline. As a board, we will be looking into obtaining a better understanding of the reasons for these trends and the potential long term impact on the hospitals.

As a board, we are hopeful that the Chief Financial Officer role will be filled this year. In the absence of a Chief Financial Officer, the board has been highly appreciative of the support and financial reporting provided by Kerri Steven.

Respectfully submitted,
Tom Soltys, Board Treasurer
Listowel Memorial Hospital
Wingham and District Hospital

Listowel Memorial Hospital
Financial Statements
For the year ended March 31, 2018

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Tel: 519 357 3231
Fax: 519 357 3230
www.bdo.ca

BDO Canada LLP
47 Alfred Street West
PO Box 1420
Wingham Ontario N0G 2W0 Canada

Independent Auditor's Report

To the Board of Directors of Listowel Memorial Hospital

We have audited the accompanying financial statements of Listowel Memorial Hospital, which comprise the statement of financial position as at March 31, 2018 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, 2018 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

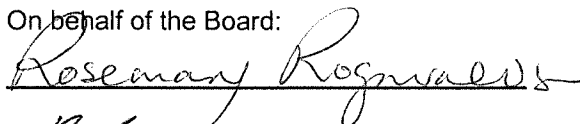
Chartered Professional Accountants, Licensed Public Accountants

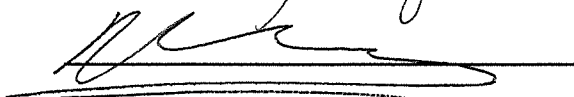
Wingham, Ontario
May 30, 2018

Listowel Memorial Hospital Statement of Financial Position

March 31	2018	2017
Assets		
Current		
Cash (Note 2)	\$ 460,789	\$ 983,320
Accounts receivable (Note 3)	1,001,294	1,740,379
Inventory	239,719	235,474
Prepaid expenses	240,899	265,846
Current portion of investments (Note 5)	-	53,000
	<u>1,942,701</u>	<u>3,278,019</u>
Investments (Note 5)	1,205,098	1,299,322
Loan receivable (Note 6)	1,000,000	500,000
Bequest receivable	81,554	81,554
Capital assets (Note 7)	<u>26,567,739</u>	<u>24,821,784</u>
	\$ 30,797,092	\$ 29,980,679
Liabilities and Net Assets		
Current		
Accounts payable and accrued liabilities	\$ 1,917,673	\$ 2,110,751
Deferred contributions (Note 8)	58,317	58,317
Current portion of long-term debt (Note 9)	<u>127,923</u>	<u>127,923</u>
	<u>2,103,913</u>	<u>2,296,991</u>
Deferred contributions (Note 8)	732,325	788,782
Long-term debt (Note 9)	298,517	426,440
Post-employment benefits (Note 10)	752,278	776,529
Deferred capital contributions (Note 11)	<u>14,667,423</u>	<u>13,431,752</u>
	<u>18,554,456</u>	<u>17,720,494</u>
Commitments (Note 13)		
Contingencies (Note 14)		
Net Assets		
Invested in capital assets	11,473,879	10,835,671
Unrestricted	<u>681,239</u>	<u>1,311,843</u>
	<u>12,155,118</u>	<u>12,147,514</u>
Accumulated remeasurement gains	<u>87,518</u>	<u>112,671</u>
	<u>12,242,636</u>	<u>12,260,185</u>
	\$ 30,797,092	\$ 29,980,679

On behalf of the Board:

 Director

 Director

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

Listowel Memorial Hospital Statement of Changes in Net Assets

For the year ended March 31	2018			2017
	Invested in Capital Assets	Unrestricted	Total	Total
Balance , beginning of year	\$ 10,835,671	\$ 1,311,843	\$ 12,147,514	\$ 12,512,473
Excess (deficiency) of revenue over expenses for the year	(794,895)	802,499	7,604	(364,959)
Investment in capital assets, net	1,433,103	(1,433,103)	-	-
Balance , end of year	\$ 11,473,879	\$ 681,239	\$ 12,155,118	\$ 12,147,514

Statement of Remeasurement Gains (Losses)

For the year ended March 31	2018		2017
Accumulated remeasurement gains , beginning of year	\$ 112,671	\$	79,024
Unrealized gains (losses) attributable to portfolio investments	6,409		37,962
Amounts reclassified to statement of operations:			
Loss (gain) on dispositions of portfolio investments	(31,562)		(4,315)
Net remeasurement gains (losses) for the year	(25,153)		33,647
Accumulated remeasurement gains , end of year	\$ 87,518	\$	112,671

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

Listowel Memorial Hospital Statement of Operations

For the year ended March 31	2018	2017
Revenue		
Ministry of Health and Long Term Care		
- Hospital operations	\$ 14,691,331	\$ 14,401,515
- Emergency and on call coverage	1,806,472	1,806,675
Inpatient	201,598	241,160
Outpatient	1,359,870	1,036,229
Investment income	65,482	60,990
Recoveries and other income	1,131,730	1,116,004
Amortization of deferred capital contributions-equipment	601,682	441,200
	19,858,165	19,103,773
Expenses		
Salaries and wages	9,194,084	9,119,500
Medical staff remuneration	2,481,698	2,284,282
Employee benefits	2,769,057	2,677,445
Supplies and other expenses	3,397,438	3,642,385
Medical and surgical supplies	367,006	262,709
Drug expense	232,042	248,739
Amortization of equipment	942,044	757,389
Interest on long-term debt	12,659	15,857
	19,396,028	19,008,306
Excess of revenue over expenses before other revenue and expenses	462,137	95,467
Building and land improvements		
Amortization of deferred capital contributions	582,771	556,185
Amortization of building and land improvements	(1,037,304)	(1,016,611)
Net amortization	(454,533)	(460,426)
Excess (deficiency) of revenue over expenses for the year	\$ 7,604	\$ (364,959)

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

Listowel Memorial Hospital Statement of Cash Flows

For the year ended March 31

2018

2017

Cash provided by (used in)

Operating activities

Excess (deficiency) of revenue over expenses for the year	\$ 7,604	\$ (364,959)
Items not involving cash:		
Amortization of property and equipment	1,979,348	1,774,000
Change in employee future benefits liability	(24,251)	(18,128)
Deferred contributions recognized as revenue	(56,457)	(56,475)
Amortization of deferred capital contributions	(1,184,453)	(997,385)
Realized loss (gain) on sale of investments	(31,562)	(4,315)
Changes in non-cash working capital items:		
Accounts receivable	739,084	(472,928)
Inventory	(4,245)	(96,963)
Prepaid expenses	24,946	11,179
Accounts payable and accrued liabilities	(193,075)	137,071
	<u>1,256,939</u>	<u>(88,903)</u>

Investing activities

Disposal of investments, net	153,633	1,550,876
Loan advance to related party	(500,000)	(500,000)
	<u>(346,367)</u>	<u>1,050,876</u>

Capital activities

Purchase of capital assets	(3,725,304)	(2,012,451)
Grants and donations for property and equipment	2,420,124	1,339,258
	<u>(1,805,180)</u>	<u>(1,173,193)</u>

Financing activities

Repayment of long-term debt	(127,923)	(127,923)
-----------------------------	-----------	-----------

Net increase (decrease) in cash during the year

(522,531) 160,857

Cash, beginning of year

983,320 822,463

Cash, end of year

\$ 460,789 \$ 983,320

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

Listowel Memorial Hospital

Notes to Financial Statements

March 31, 2018

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.

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2018

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 2018 with the 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.

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2018

1. Significant Accounting Policies (continued)

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

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

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

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

**Retirement and
Post-employment
Benefits**

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

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

**Management
Estimates**

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

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2018

2. Cash

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

3. Accounts Receivable

	<u>2018</u>	<u>2017</u>
Patient services	\$ 229,866	\$ 172,481
Other	374,163	652,010
Due from Wingham and District Hospital	<u>402,296</u>	<u>919,212</u>
	1,006,325	1,743,703
Less: Allowance for doubtful accounts	<u>(5,031)</u>	<u>(3,324)</u>
	<u>\$ 1,001,294</u>	<u>\$ 1,740,379</u>

4. Related Party Transactions

The Hospital has an alliance agreement with the Wingham and District Hospital and shares a management team and other resources. The services resulted in staff charges of \$397,912 (2017 - \$471,278) from Wingham and District Hospital. The Hospital provided staff services to Wingham and District Hospital which resulted in recoveries of \$1,098,783 (2017 - \$992,394). At March 31, 2018, accounts receivable includes \$402,296 (2017 - \$919,212) that is due from Wingham and District Hospital. These transactions are in the normal course of operations and are measured at the exchange amount of consideration established and agreed to by the related parties.

5. Investments

	<u>2018</u>	<u>2017</u>
Sun Life Financial shares (cost - \$20,890)	\$ 81,587	\$ 74,880
Equity Investments (cost - \$93,882, (2017 - \$159,255))	116,797	217,728
Guaranteed Investment Certificates, 0.85% - 2.35%, maturing between January 2018 and December 2020	-	1,059,714
Guaranteed Investment Certificates, 1.90% - 2.35%, maturing between June 2019 and December 2020	<u>1,006,714</u>	-
	1,205,098	1,352,322
Less: current portion	<u>-</u>	<u>53,000</u>
	<u>\$ 1,205,098</u>	<u>\$ 1,299,322</u>

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2018

6. Loan Receivable

	2018	2017
Wingham and District Hospital, 2.25%, interest only payable annually, due March 2022	\$ 1,000,000	\$ 500,000

7. Capital Assets

	2018		2017	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Land	\$ 1,386,890	\$ -	\$ 1,386,890	\$ -
Land improvements	554,108	458,107	548,925	401,988
Buildings	22,443,955	6,057,560	21,045,006	5,407,690
Equipment	22,229,118	13,654,049	19,143,318	12,389,767
	46,614,071	20,169,716	42,124,139	18,199,445
Construction in progress	123,384	-	897,090	-
	\$ 46,737,455	\$ 20,169,716	\$ 43,021,229	\$ 18,199,445
Net book value		\$ 26,567,739		\$ 24,821,784

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

8. Deferred Contributions

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

	2018	2017
Balance, beginning of year	\$ 847,099	\$ 903,574
Less amounts recognized as revenue in the year	(56,457)	(56,475)
Balance, end of year	\$ 790,642	\$ 847,099

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2018

8. Deferred Contributions (Continued)

Deferred contributions are comprised of:

	<u>2018</u>	<u>2017</u>
North Perth Family Health Team prepaid rent for medical clinic lease expiring in February 2032	\$ 790,227	\$ 846,684
Other prepaid rent	415	415
	<u>790,642</u>	847,099
Less current portion	<u>58,317</u>	58,317
Balance, end of year	<u>\$ 732,325</u>	<u>\$ 788,782</u>

9. Long-Term Debt

	<u>2018</u>	<u>2017</u>
Listowel Memorial Hospital Foundation, prime less 0.5%, loan repayable in monthly installments of \$10,660 plus interest, due August 2021	\$ 426,440	\$ 554,363
Less current portion	<u>127,923</u>	127,923
	<u>\$ 298,517</u>	<u>\$ 426,440</u>

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

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

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2018

10. Post-Employment Benefits

Pension Plan

Substantially all of the employees of the hospital are eligible to be members of the Healthcare of Ontario Pension Plan (HOOPP). The plan is a multi-employer plan and therefore the Hospital's contributions are accounted for as if the plan were a defined contribution plan with the Hospital's contributions being expensed in the period they come due. Contributions made to the plan during the year by the Hospital amounted to \$878,630 (2017 - \$854,452) 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 \$18.2 billion actuarial surplus at the end of December 2017 (2016 - \$15.9 billion surplus) based on actuarial liabilities of \$59.6 billion (2016 - \$54.5 billion) and actuarial net assets of \$77.8 billion (2016 - \$70.4 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:

	2018	2017
Accrued benefit obligation	\$ 576,541	\$ 588,941
Unamortized actuarial gain (loss)	175,737	187,588
Post-employment benefits liability	\$ 752,278	\$ 776,529

In measuring the hospital's accrued benefit obligation, a discount rate of 3.10% (2017 - 3.00%) 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.

	2018	2017
Current year benefit cost	\$ 44,727	\$ 44,059
Interest on accrued benefit obligation	18,472	18,328
Amortized actuarial losses	(11,851)	(11,437)
Expense for the year	\$ 51,348	\$ 50,950
Benefits paid during the year	\$ 44,727	\$ 44,059

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2018

11. Deferred Capital Contributions

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

	<u>2018</u>	<u>2017</u>
Balance, beginning of year	\$ 13,431,752	\$ 13,089,879
Contributions received	2,420,124	1,339,258
Amortization of deferred contributions - equipment	(601,682)	(441,200)
Amortization of deferred contributions - building and land improvements	(582,771)	(556,185)
Balance, end of year	<u>\$ 14,667,423</u>	<u>\$ 13,431,752</u>

12. Hospital Foundation and Auxiliary

Listowel Memorial Hospital Foundation

The Listowel Memorial Hospital Foundation is an independent corporation incorporated without share capital which has its own independent Board of Directors and is a registered charity under the Income Tax Act. The Foundation was established to raise funds for the use of the hospital. Donations received during the year were \$2,114,300 (2017 - \$1,043,426).

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 (2017 - \$15,000) to the Hospital.

13. Commitments

The hospital has committed to the purchase and turn-key installation of a digital radiography system. The total project is expected to cost approximately \$464,931.

14. 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, 2018, with respect to claims.

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2018

15. Financial Instrument Risks

Market Risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate as a result of market factors. Market factors include three types of risk: interest rate risk, currency risk, and equity risk. The Hospital is not exposed to significant currency risk or equity risk as it does not transact materially in foreign currency or hold significant equity financial instruments. The Hospital's investment policy limits equity instruments to 10% of the fair value of the total investment portfolio. At March 31, 2018, a 10% movement in stock markets with all other variables held constant, could impact the market value of the equity instruments held by \$19,800 (2017 - \$29,300).

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.

16. Comparative Amounts

The comparative amounts presented in the financial statements have been restated to conform to the current year's presentation.

Wingham and District Hospital
Financial Statements
For the year ended March 31, 2018

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Tel: 519 357 3231
Fax: 519 357 3230
www.bdo.ca

BDO Canada LLP
47 Alfred Street West
PO Box 1420
Wingham Ontario N0G 2W0 Canada

Independent Auditor's Report

To the Board of Directors of Wingham and District Hospital

We have audited the accompanying financial statements of Wingham and District Hospital, which comprise the statement of financial position as at March 31, 2018 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, 2018 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 30, 2018

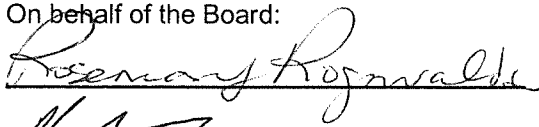
Wingham and District Hospital Statement of Financial Position

March 31	2018	2017
Assets		
Current		
Cash (Note 2)	\$ 1,332,031	\$ 526,876
Accounts receivable (Note 3)	1,222,349	847,823
Inventory	324,039	318,636
Prepaid expenses	138,760	123,534
	<u>3,017,179</u>	1,816,869
Capital assets (Note 5)	<u>17,585,024</u>	14,623,188
	<u>\$ 20,602,203</u>	\$ 16,440,057

Liabilities and Net Assets

Current		
Bank borrowings (Note 6)	\$ 1,000,000	\$ 1,000,000
Accounts payable and accrued liabilities	1,784,317	2,663,827
Deferred contributions (Note 7)	41,809	8,619
Current portion of long-term debt (Note 8)	80,700	-
	<u>2,906,826</u>	3,672,446
Deferred contributions (Note 7)	103,333	-
Long-term debt (Note 8)	3,894,200	500,000
Post-employment benefits (Note 9)	557,002	553,942
Deferred capital contributions (Note 10)	<u>7,718,521</u>	6,294,842
	<u>15,179,882</u>	11,021,230
Commitments (Note 12)		
Contingencies (Note 13)		
Net Assets (Deficiency)		
Invested in capital assets	4,366,200	6,269,130
Unrestricted	1,056,121	(850,303)
	<u>5,422,321</u>	5,418,827
	<u>\$ 20,602,203</u>	\$ 16,440,057

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	2018			2017
	Invested in Capital Assets	Unrestricted	Total	Total
Balance , beginning of year	\$ 6,269,130	\$ (850,303)	\$ 5,418,827	\$ 5,098,728
Excess (deficiency) of revenue over expenses for the year	(766,575)	770,069	3,494	320,099
Investment in capital assets, net	(1,136,355)	1,136,355	-	-
Balance , end of year	\$ 4,366,200	\$ 1,056,121	\$ 5,422,321	\$ 5,418,827

Statement of Remeasurement Gains (Losses)

For the year ended March 31	2018	2017
Accumulated remeasurement gains , beginning of year	\$ -	\$ 17,438
Unrealized gains (losses) attributable to portfolio investments	-	6,797
Amounts reclassified to statement of operations:		
Loss (gain) on dispositions of portfolio investments	-	(24,235)
Net remeasurement gains (losses) for the year	-	(17,438)
Accumulated remeasurement gains , end of year	\$ -	\$ -

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

Wingham and District Hospital Statement of Operations

For the year ended March 31	2018	2017
Revenue		
Ministry of Health and Long Term Care		
- Hospital operations	\$ 12,806,885	\$ 12,416,717
- Emergency and on call coverage	1,569,189	1,569,188
Inpatient	51,733	84,046
Outpatient	647,726	591,749
Investment income	8,011	33,486
Recoveries and other income	2,405,468	1,907,009
Amortization of deferred capital contributions - equipment	441,974	373,291
	<u>17,930,986</u>	<u>16,975,486</u>
Expenses		
Salaries and wages	8,168,544	7,861,594
Medical staff remuneration	1,805,678	1,798,512
Employee benefits	2,159,549	2,094,381
Supplies and other expenses	2,997,487	2,901,358
Medical and surgical supplies	310,024	289,871
Drug expense	1,171,439	722,069
Amortization of equipment	749,344	665,403
Interest expense	106,222	21,885
	<u>17,468,287</u>	<u>16,355,073</u>
Excess of revenue over expenses before other revenue and expenses	<u>462,699</u>	<u>620,413</u>
Building and land improvements		
Amortization of deferred capital contributions	85,415	350,141
Amortization of building and land improvements	<u>(544,620)</u>	<u>(650,455)</u>
Net amortization	<u>(459,205)</u>	<u>(300,314)</u>
Excess of revenue over expenses for the year	<u>\$ 3,494</u>	<u>\$ 320,099</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	2018	2017
Cash provided by (used in)		
Operating activities		
Excess (deficiency) of revenue over expenses for the year	\$ 3,494	\$ 320,099
Items not involving cash:		
Amortization of property and equipment	1,293,964	1,315,858
Change in employee future benefits liability	3,060	2,025
Amortization of deferred capital contributions	(527,389)	(723,432)
Realized loss (gain) on sale of investments	-	(22,435)
Changes in non-cash working capital items:		
Accounts receivable	(374,526)	(647,077)
Inventory	(5,403)	(72,687)
Prepaid expenses	(15,226)	12,854
Accounts payable and accrued liabilities	(879,514)	1,362,830
Deferred contributions	136,524	3,619
	<u>(365,016)</u>	<u>1,551,654</u>
Investing activities		
Disposal of investments, net	<u>-</u>	<u>736,507</u>
Capital activities		
Purchase of capital assets	(4,255,797)	(5,968,342)
Grants and donations for property and equipment	1,951,068	1,960,462
	<u>(2,304,729)</u>	<u>(4,007,880)</u>
Financing activities		
Proceeds on issue of long-term debt	3,500,000	500,000
Proceeds on issue of short-term debt	-	1,000,000
Repayment of long-term debt	(25,100)	-
	<u>3,474,900</u>	<u>1,500,000</u>
Net increase (decrease) in cash during the year	805,155	(219,719)
Cash, beginning of year	<u>526,876</u>	<u>746,595</u>
Cash, end of year	<u>\$ 1,332,031</u>	<u>\$ 526,876</u>

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

Wingham and District Hospital Notes to Financial Statements

March 31, 2018

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.

Wingham and District Hospital Notes to Financial Statements

March 31, 2018

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 2018 with the LHIN that sets out the rights and obligations of the parties to the H-SAA in respect of funding provided to the Hospital by the Ministry/LHIN. The H-SAA also sets out the performance standards and obligations of the Hospital that establish acceptable results for the Hospital's performance in a number of areas.

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

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

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

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

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

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

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

Wingham and District Hospital Notes to Financial Statements

March 31, 2018

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.

Wingham and District Hospital Notes to Financial Statements

March 31, 2018

2. Cash

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

3. Accounts Receivable

	2018	2017
Ministry of Health and Long-Term Care	\$ 42,866	\$ -
Patient services	147,693	223,062
Other	1,042,838	655,990
	1,233,397	879,052
Less: Allowance for doubtful accounts	(11,048)	(31,229)
	\$ 1,222,349	\$ 847,823

4. Related Party Transactions

The Hospital has an alliance agreement with the Listowel Memorial Hospital and shares a management team and other resources. The services resulted in staff charges of \$1,098,783 (2017 - \$992,394) from Listowel Memorial Hospital. The Hospital provided services to Listowel Memorial Hospital which resulted in recoveries of \$397,912 (2017 - \$471,278). At March 31, 2018, accounts payable includes \$402,296 (2017 - \$919,212) that is due to Listowel Memorial Hospital. These transactions are in the normal course of operations and are measured at the exchange amount of consideration established and agreed to by the related parties.

Wingham and District Hospital Notes to Financial Statements

March 31, 2018

5. Capital Assets

	2018		2017	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Land	\$ 916,541	\$ -	\$ 916,541	\$ -
Land improvements	1,176,922	174,656	552,557	118,888
Buildings	13,857,596	6,092,219	8,944,378	5,688,662
Equipment	13,547,511	8,785,062	11,865,723	7,995,857
	29,498,570	15,051,937	22,279,199	13,803,407
Construction in progress	3,138,391	-	6,147,396	-
	\$ 32,636,961	15,051,937	28,426,595	13,803,407
Net book value		\$ 17,585,024		\$ 14,623,188

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

6. Bank Indebtedness

	2018	2017
Canadian Imperial Bank of Commerce, prime rate, repayable interest only monthly, due on demand	\$ 1,000,000	\$ 1,000,000

Wingham and District Hospital Notes to Financial Statements

March 31, 2018

7. Deferred Contributions

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

	<u>2018</u>	<u>2017</u>
Balance, beginning of year	\$ 8,619	\$ 5,000
Contributions received during the year	200,000	3,619
Less amounts recognized as revenue in the year	<u>(63,477)</u>	<u>-</u>
Balance, end of year	<u>\$ 145,142</u>	<u>\$ 8,619</u>

Deferred contributions are comprised of:

	<u>2018</u>	<u>2017</u>
Prepaid rent	145,142	8,619
Less current portion	<u>41,809</u>	<u>8,619</u>
Balance, end of year	<u>\$ 103,333</u>	<u>\$ -</u>

8. Long-Term Debt

	<u>2018</u>	<u>2017</u>
Listowel Memorial Hospital, 2.25%, repayable interest only monthly, due March 2022	\$ 1,000,000	\$ 500,000
Royal Bank of Canada, 3.65%, repayable \$15,400 monthly principal and interest, due October 2022	<u>2,974,900</u>	<u>-</u>
	3,974,900	500,000
Less current portion	<u>80,700</u>	<u>-</u>
	<u>\$ 3,894,200</u>	<u>\$ 500,000</u>

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

2019	\$ 80,700
2020	80,630
2021	83,623
2022	1,086,726
2023	2,643,221

Wingham and District Hospital Notes to Financial Statements

March 31, 2018

9. Post-Employment Benefits

Pension Plan

Substantially all of the employees of the hospital are eligible to be members of the Healthcare of Ontario Pension Plan (HOOPP). The plan is a multi-employer plan and therefore the Hospital's contributions are accounted for as if the plan were a defined contribution plan with the Hospital's contributions being expenses in the period they come due. Contributions made to the plan during the year by the Hospital amounted to \$591,759 (2017 - \$574,400) 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 \$18.2 billion actuarial surplus at the end of December 2017 (2016 - \$15.9 billion surplus) based on actuarial liabilities of \$59.6 billion (2016 - \$54.5 billion) and actuarial net assets of \$77.8 billion (2016 - \$70.4 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:

	2018	2017
Accrued benefit obligation	\$ 545,757	\$ 625,747
Unamortized net actuarial gain (loss)	11,245	(71,805)
Post-employment benefits liability	\$ 557,002	\$ 553,942

In measuring the hospital's accrued benefit obligation, a discount rate of 3.10% (2017 - 3.00%) was assumed. For extended health care costs, a 7.0% annual rate of increase was assumed beginning in 2017, then decreasing to a 4.50% increase, for dental costs, a 2.75% annual rate of increase was assumed. The most recent actuarial valuation was prepared as at April 1, 2017. Actual results could differ from this estimate as additional information becomes available in the future.

	2018	2017
Current year benefit cost	\$ 24,635	\$ 30,994
Interest on accrued benefit obligation	16,991	19,229
Amortized actuarial (gains) losses	71	8,768
Expense for the year	\$ 41,697	\$ 58,991
Benefits paid during the year	\$ 24,635	\$ 30,994

Wingham and District Hospital Notes to Financial Statements

March 31, 2018

10. Deferred Capital Contributions

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

	<u>2018</u>	<u>2017</u>
Balance, beginning of year	\$ 6,294,842	\$ 5,057,812
Contributions received	1,951,068	1,960,462
Amortization of deferred contributions - equipment	(441,974)	(373,291)
Amortization of deferred contributions - building and land improvements	<u>(85,415)</u>	<u>(350,141)</u>
Balance, end of year	<u>\$ 7,718,521</u>	<u>\$ 6,294,842</u>

11. Hospital Foundation and Auxiliary

Wingham and District Hospital Foundation

The Wingham and District Hospital Foundation is an independent corporation incorporated without share capital which has its own independent Board of Directors and is a registered charity under the Income Tax Act. The Foundation was established to raise funds for the use of the hospital. Donations received during the year were \$1,328,828 (2017 - \$1,577,254).

Wingham Hospital Auxiliary

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

12. Commitments

The hospital has committed to a contract for the redevelopment of the existing hospital site. The total contract is expected to cost approximately \$5,493,931. \$1,631,041 has been spent on this project prior to March 31, 2018.

Additionally, the hospital has made a commitment for the turn key installation of a digital radiography system. The total project is expected to cost approximately \$465,950. \$105,926 has been spent on this project prior to March 31, 2018.

Wingham and District Hospital Notes to Financial Statements

March 31, 2018

13. 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, 2018, 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.

Wingham and District Hospital Notes to Financial Statements

March 31, 2018

14. Financial Instrument Risks

Market Risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate as a result of market factors. Market factors include three types of risk: interest rate risk, currency risk, and equity risk. The Hospital is not exposed to significant currency risk or equity risk as it does not transact materially in foreign currency or hold significant equity financial instruments.

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.

15. Comparative Amounts

The comparative amounts presented in the financial statements have been restated to conform to the current year's presentation.

***GOVERNANCE AND
NOMINATIONS
COMMITTEE REPORT***

Listowel Wingham Hospitals Alliance Report of the Governance and Nominations Committee

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 2020.

- Hugh Clugston
- Dale Gilchrist
- Conor O’Keefe
- Tom Soltys
- Debbie Miller

AUXILIARY REPORTS

Listowel Memorial Hospital Report of the Auxiliary 2017 / 2018

The Listowel Memorial Hospital Auxiliary consists of 17 members and meets on the first Wednesday of each month except for July and August.

We also have several ladies from the community who help run our gift shop at the hospital.

Highlights from the year include:

- September – Guest speaker on Infectious Diseases and Prevention Control for Hospital Auxiliary members and gift shop volunteers
- October – Thanksgiving Bake Sale, Helped with the Radiothon lunch / back sale
- November – Held Christmas Bazaar and bakes sale
- December – Cookie sale, our meeting was cancelled this month due to the stormy weather
- January – Installation of officers by Karl Ellis and review of Constitution, reviewed the wish list from the hospital departments, gift for the New Years Baby
- February – Bake sale, donated \$15,000 to the Listowel Memorial Hospital to buy various items on the wish list for use for patients
- March – Easter back sale
- April – Volunteer appreciation evening
- May – Listowel greenhouse hanging plant and bake sale fundraiser, perennial plant sale
- June – Helped decorate for Hospital Gala, dinner meeting at a local restaurant
- We also make tray favours for patients at Thanksgiving, Christmas, Valentine's Day and Easter.
- It was a busy and successful year for our members who enjoy the support from hospital staff and the public.

Respectfully submitted,

Marilyn Nichol

President of the Auxiliary to Listowel Memorial Hospital

Wingham and District Hospital Report of the Auxiliary 2017 / 2018

The Wingham and District Hospital Auxiliary had another successful year. Below is a list of highlights:

- Volunteer Hours recorded for this year 2,574.
- Our Auxiliary hosted the HAAO Spring Conference for our Region in April 2017
- We have created a Logo for our Auxiliary
- Put our Letter head on paper for stationary purposes – more professional
- One of our members sits on the Senior Friendly Committee at Hospital
- Our Auxiliary members have new Name Tags, so when volunteering out in community, we are easily recognized
- Donor Plaque is being designed and ordered to place on wall outside our new Gift Shop
- Tag Days Outreach to Teeswater was new in May 2017, and very successful again this year
- Two members received Life Membership Awards in June 2017
- Organized and ran a Euchre Party in conjunction with Radiothon for Hospital – raised \$125.00 – fun afternoon
- Members helped out at Royal Oaks H & W centre for June, July and August to direct patients to the different areas
- Two \$500.00 bursaries were presented to Leigha Thompson and Emma Strome
- We have purchased 5 Pressure Relief Mattresses in 2016/2017 and plan on buying 2 more this year
- We hosted a “Meet & Greet” in Lucknow on May 9, 2018 – poorly attended
- Poinsettia Tea and Bake Sale in December very successful
- New committee has been set up to run our Gift Shop when it opens this summer – very exciting
- Auxiliary Volunteers have been helping at the Hospital for the the past few weeks directing all visitors, patients and other traffic through the Emergency Department, as the Front Admittance Entrance was closed.

Thanks once again to Listowel Wingham Hospitals Alliance CEO, Karl Ellis and the Hospital Board members for the lovely lunch catered to the Auxiliary volunteers at our Spring Rummage Sale, it was appreciated and enjoyed by all.

Respectfully submitted by,

Trudy Thomson

President of the Auxiliary to 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 2017 was held at the Elma Community Centre, Atwood, hosted 264 people to an evening of fine dining, music and auction items. This successful event profited a net \$325,000 towards the CT Scanner for the hospital.
- Other events through the year were the Staff Appreciation Lunch in June, Car & Motorcycle Poker Rally in September, CKNX HealthCare Heroes Radiothon and event at Knox Presbyterian Church, Listowel (same day as Radiothon) in October. The Radiothon campaign project goal for LMHF was \$75,000 to go towards an 'Anesthetic Machine with Vital Signs Monitor for the OR', goal reached!
- The 'CT Scanner' campaign was winding down from April 1, 2017 to December 31, 2017. The CT Scanner campaign goal was \$2.2 million dollars and by end of December 31, 2017 \$2.7 million dollars was raised. The extra donations above the CT goal will go towards another Diagnostic Imaging machine a 'Digital Radiography' machine with a cost of \$457,000. This machine is to be installed Summer 2018.
- Many third Party events were ran to support DI equipment

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 2018/2019

- Spring Gala 2018, theme "***Meet Me in Paris***" will be held Saturday, June 2, 2018, hosting 266 people proceeds to 3 important areas of LMH – Obstetrics, Cardiac Care, and Operating Rooms. To date Gala 2018 has brought in over \$331,000 corporate dollars!
- LMH Staff Appreciation hosted by LMH Foundation members , Thursday, June 14th, 2018
- LMHF Car & Motorcycle Poker Rally, Saturday, September 22nd, 2018
- CKNX HealthCare Heroes Radiothon and Knox Presbyterian Church Hall event, Saturday, October 20th, 2018, proceeds to 'Patient mobility and comfort items including patient lifts, bathtubs, beds & mattresses, wheelchairs and recliners'. Goal \$75,000

Newsletters

Spring 2018 newsletter was mailed out early in May 2018. This newsletter will update residents on status of events and news for the LMHF. The Foundation circulated 2 newsletters in 2017 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 \$2,582,126.04 of equipment in 2017/2018 paid throughout the year before yearend. This includes all of 'CT Scanner', some of Isolation Room costs, Tomosynthesis for Mammo in DI and a Portable Fetal Monitor.

Respectfully submitted,
LMH Foundation

During the 2017-2018 fiscal year, the Wingham & District Hospital Foundation received \$1,121,142 in donations. This was comprised, in part, by: \$64,908 Radiothon, \$90,552 Bequests, and \$819,346 Pledge Payments to Redevelopment Project. The remainder was comprised of general donations, memorial donations and donations designated towards specific equipment or departments.

The average donation was \$532

Annual Donation

For 2017-2018 fiscal year, the WDH Foundation funded equipment and facility upgrades totaling \$1,328,828.

These funds were generated through pledge payments to the redevelopment project, the CKNX Healthcare Heroes Radiothon, memorial and general donations, other events, appeals, bequests and grants. The funds donated supported the purchase of the following: Hard construction costs associated with the redevelopment, digital radiology equipment, fluoroscope, anaesthetic machine with vital signs monitor, air mattresses (funds donated by auxiliary), palliative lounge chair, portable defibrillators for Royal Oaks, bronoscope, EMR cars, cardiac monitoring system and 32 patient room TVs.

Since its inception the Wingham & District Hospital Foundation, it has donated \$7,119,862 to the Hospital.

Radiothon

At the 2017 CKNX Healthcare Heroes Radiothon held on October 19, 2017, the Wingham & District Hospital Foundation raised over \$60,000 towards an anaesthetic machine for the operating room.

The 5th annual Great Hospital Race also raised funds towards the radiothon project. In accordance with tradition, it was held the Saturday prior to Radiothon and raised \$7,900. This event will return for a 6th year on October 13, 2018.

Foundation Website

In February 2018, the WDH Foundation launched a new website. Compared to the previous fiscal quarter, the number of online donations received has doubled since the launch of the new site.

Notable Donations

A few of the memorable 2017-2018 donations were received from: The LeVan Family Foundation, Royal Canadian Legion Charitable Foundation, Wallenstein Feed Foundation, Takla Foundation Auxiliary to Wingham & District Hospital, FK Morrow Foundation, Co-Operators, Pine Echo Camp and Power Workers' Union.

Respectfully submitted,
WDH Foundation

MEDICAL STAFF

Listowel Memorial Hospital Professional Staff 2018 / 2019

Dr. R. Latuskie - Chief of Staff

Dr. A. Qureshi – President

Dr. Barb Matthews – Vice-President

Currently vacant - Secretary

ACTIVE STAFF

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

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

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Dr. N. Hogg
Dr. D. Nuhn
Dr. O. Panich
Dr. A. Thompson

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Dr. A. Davies

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Mhairi Colgate
Sabrina Blaise
Catherine Goudy
Catherine Kipp
Amanda Levenson

Lia McKelvey
Jillian Nafziger
Amy Sjaarda
Cynthia Soulliere
Emily Roth
Alexandria Nickels

NURSE PRACTITIONER

Jessie Rumble

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Dr. A. Almanfud
Dr. M. Babapulle
Dr. M. Chamberlain
Dr. D. Desai
Dr. M. Pearce
Dr. H. Warren
Dr. A. Yip

Dr. G. Antoniadis – Chief of Staff

Dr. J. Shuffield – President

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

ACTIVE STAFF

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Dr. M. Gear
Dr. B. Marshall

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

Dr. S. Vanderklippe

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

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Robyn Nocilla
Cheryl Marks

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Dr. D. Cool
Dr. W. Dawson
Dr. G. Garvin
Dr. R. Gratton
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. M. Rochon
Dr. J. Rogers
Dr. W. Romano
Dr. M. Roth
Dr. O. Shmuilovich
Dr. D. Taves
Dr. K. Tyler

***VISITING
PHYSICIAN
CLINICS***

Listowel Memorial Hospital Visiting Physicians 2018 / 2019

<u>Clinic</u>	<u>Physician</u>	<u>Clinic Held</u>
Dermatology	Dr. A. Haider	Weekly - Wednesday
E.N.T.	Dr. B. Hughes	Last Monday of month
General	Dr. A. Maruscak	Weekly
Surgery	Dr. S. Prasad	Last Thursday of month
Gerontology	Dr. A. Caines	Twice a month
Internal Medicine – Cardiology	Dr. D. Tamblyn Dr. O. Spanglet	Bi-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 Three Mondays / Month
Oral Maxillofacial Surgeon	Dr. N. Hogg	Bi-Weekly - Wednesday
Orthopedics	Dr. J. Guy	Monthly - Friday
Pediatric	Dr. K. Blaine	Bi-Weekly - Tuesday
Plastic Surgery	Dr. G. Heaton	Bi-Weekly – Tuesday
Surgical	Dr. R. Ramsewak	Weekly – Monday, Wednesday and Thursday
Urology	Dr. A. Hussey	Bi-Weekly – Friday

Wingham and District Hospital Visiting Physicians 2018 / 2019

<u>Clinic</u>	<u>Physician</u>	<u>Clinic Held</u>
Cancer Clinic	Dr. Perera	Quarterly
Cardiology / Echocardiography / Carotid Doppler Studies	Dr. C. Tomlinson	Monthly
Echo Lab	M. Cooper	Weekly - Friday
ENT	Dr. J. McKenna	Bi-Monthly
Gerontologist	Dr. A. Peel	3 Mondays / Month
Internal Medicine	Dr. A. Kara	Monthly
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. A. DiLabio	Weekly – Tuesday Bi-Weekly - Monday
Urology	Dr. B. Bukala	Monthly

Listowel Wingham Hospitals Alliance

Chair – Rosemary Rognvaldson

1st Vice-Chair – Penny Mulvey

2nd Vice-Chair – Krishna Beharry

Past Chair – Gord Hunt

Treasurer – Tom Soltys

Secretary - Karl Ellis

Directors

Kristine Dekker

Bert Johnson

Debbie Miller

Hugh Clugston

Doug Miller

Trevor Seip

Dale Gilchrist

(effective November 2017)

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 - Shannon Maier