



Listowel Wingham Hospitals Alliance

2018 / 2019

Annual Report



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LISTOWEL WINGHAM HOSPITALS ALLIANCE

Annual Meeting of the Corporations of The Listowel Memorial Hospital and The Wingham and District Hospital

Wednesday June 12, 2019

1900 Hours

Listowel Outpatient Building

Listowel, Ontario

MEETING AGENDA

- 1.0 Call to Order
- 2.0 Opening Remarks - Welcome to Corporation Members, Hospital Staff and Visitors
- 3.0 Minutes of June 13, 2018 Annual Meeting
- 4.0 Reports
 - 4.1 Report of the Board Chair and Chief Executive Officer
 - 4.2 Report of the Chief of Staff – Listowel Memorial Hospital
 - 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 2018/2019
 - 4.4.2 Presentation of the Audited Financial Statements for the Wingham and District Hospital 2018/2019
 - 4.4.3 Appointment of Auditors for 2019/2020
 - 4.5 Governance and Nominations Committee Report
 - 4.5.1 Thank you to Outgoing Members
 - 4.5.2 Nomination and Election of Directors for a Two Year Term - Listowel Memorial Hospital
 - 4.5.3 Nomination and Election of Directors for a Two Year Term – Wingham and District Hospital
 - 4.6 Report of the Auxiliary to Listowel Memorial Hospital
 - 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

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**Listowel Memorial Hospital Corporation
Wingham and District Hospital Corporation
Wednesday June 13, 2018
Wingham and District Hospital, Board Room**

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 1900 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 **Hugh Clugston**, seconded by **Tom Soltys** to:
Adopt the minutes of the June 7, 2017 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:

- The Listowel Wingham Hospitals Alliance was accredited with the highest level of award, Exemplary
- CT scanner was opened in June of 2017 at the Listowel Memorial Hospital with a total of 1,626 scans completed at the end of the fiscal year in March
- With the support of both the Listowel Memorial Hospital Foundation and the Wingham and District Hospital Foundation general radiography and fluoroscopy diagnostic imaging equipment has been replaced at both hospitals
- Renovations have begun in the obstetrics department in Listowel and planning is underway to launch the MORE OB program
- After 32 years of service Dr. Mike Shubat retired from the Wingham and District Hospital and his practice in Lucknow

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- The North Huron Family Health Team and Wingham and District Hospital are pleased to welcome Dr. Justine Puntillo and Dr. Sean Henderson who joining will be joining us in July
- The North Perth Family Health Team and the Listowel Memorial Hospital will welcome Dr. Anthony Davies this summer
- Dr. Rex Warren has announced his plans to retire this summer, we wish Dr. Warren all the best in the future
- Brent Boshart, after 30 years of dedicated service, plans to retire in October
- Sandra Albrecht will be transitioning into her new role, Chief Operations Officer, providing leadership to the Laboratory, Diagnostic Imaging, Facilities and Projects Departments
- Efforts continue to recruit a Chief Financial Officer
- The Board welcomed Dale Gilchrist in November, taking over for Janice Hallahan who resigned late last summer
- After serving as a Board member for 8 years Trevor Seip will be leaving us and we are pleased to welcome Conor O'Keefe to the Board of Directors
- We look forward to moving into the new oncology and new pharmacy spaces in Wingham later this summer, plans for an open house are scheduled for early this fall

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:

- Having the CT available has made an incredible difference to practices
- Very gratifying to see Dr. Davies will be joining our physician team this summer although we are sad to see Dr. Warren go we wish him all the best
- All the patients rostered to Dr. Warren will be taken over by Dr. Gateman or Dr. Davies
- Congratulations to the staff of The Listowel Wingham Hospitals Alliance for receiving the Exemplary Accreditation Award

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:

- Year end operating surpluses at both hospitals were almost identical
- The Listowel Memorial Hospital ended the year with a surplus of \$462,137

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- The Wingham and District Hospital ended the year with a surplus of \$462,699
- In the absence of a Chief Financial Officer the Board would like to extend their thanks to Kerri Steven, Financial Analyst, for a job well done filling in for that vacancy
- On behalf of the Board of Directors thank you to BDO and Linda Bross for their audit services over the past years

4.4.1 Listowel Memorial Hospital Corporation Audited Financial Statements 2017/18:

MOTION:

*It was moved by **Tom Soltys**, seconded by **Krishna Beharry** to:
Accept the Audited Financial Statements of the Listowel Memorial Hospital for the year ended March 31, 2018 as presented.*

Motion Carried

4.4.2 Wingham and District Hospital Corporation Audited Financial Statements 2017/18:

MOTION:

*It was moved by **Tom Soltys**, seconded by **Gord Hunt** to:
Accept the Wingham and District Hospital's Audited Financial Statements for the year ended March 31, 2018 as presented.*

Motion Carried

4.4.3 Appointment of Auditors:

MOTION:

*It was moved by **Krishna Beharry**, seconded by **Dale Gilchrist** to:
Appoint the firm of Vodden, Bender and Seebach as Auditors for the Listowel Memorial Hospital for 2018/2019.*

MOTION:

*It was moved by **Doug Miller**, seconded by **Penny Mulvey** to:
Appoint the firm of Vodden, Bender and Seebach as Auditors for the Wingham and District Hospital for 2018/2019.*

Motion Carried

Listowel Wingham Hospitals Alliance 2018 Annual General Meeting Minutes

4.5 Governance & Nominations Committee Report

4.5.1 Thank you to Outgoing Member Trevor Seip

R. Rognvaldson presented T. Seip with a certificate of appreciation

T. Seip expressed his gratitude to the staff and the board members for his 8 years spent on the board

4.5.2 Election of Directors – Listowel Memorial Hospital

MOTION:

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

Appoint:

Tom Soltys and Debbie Miller to the Listowel Wingham

*Hospitals Alliance Board of Directors for a 2-year term ending
in 2020*

Motion Carried

4.5.3 Election of Directors – Wingham and District Hospital

MOTION:

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

Appoint:

Hugh Clugston, Dale Gilchrist and Conor O’Keefe to the

*Listowel Wingham Hospitals Alliance Board of Directors for a
2-year term ending in 2020.*

Motion Carried

4.6 Report of the Auxiliary to Listowel Memorial Hospital

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

4.7 Report of the Auxiliary to the Wingham and District Hospital

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

4.8 Report of the Listowel Memorial Hospital Foundation

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

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4.9 Report of the Wingham and District Hospital Foundation

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

Chair Rognvaldson thanked both Foundations for their significant contributions to both hospitals

5.0 Adjournment

MOTION:

*It was moved by **Penny Mulvey** that:*

The Annual Meeting be adjourned at 1924 hours.

Motion Carried

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

.....
Rosemary Rognvaldson, Chair

.....
Karl Ellis, Secretary

REPORTS

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



Listowel Wingham Hospitals Alliance Report of the Board Chair and Chief Executive Officer 2018/2019

Annual Report

One of the realities of the Ontario health care system is that it exists within a constant environment of change. As we reflect on the activities of the last year, we can be justifiably proud of the work we have done to improve the health care services provided in our communities.

Quality Care that is Patient-Centered

Oncology Services

The redeveloped oncology and pharmacy space was opened in Wingham. The oncology space has been described as the nicest clinical space in the hospital and has been treating an increasing volume of patients. Treatment days have been increased to 4 per week to accommodate the additional volume and Dr. Moores began supporting this service. Funding of this clinic remains a concern due to the per treatment formula utilized by Cancer Care Ontario. We do have the benefit of some transition funding for the next couple years.

Integral to the operation of the oncology clinic is the adjacent pharmacy. Our pharmacy facilities and staff are compliant with new higher standards expected of pharmacies that compound medications, becoming one of the first small hospitals in the province to achieve these standards.

Pharmacy and clinical staff professionally managed the underdosing of patients that resulted from medication remaining in tubing following treatments. No patients were negatively impacted.

MyChart

Patients will soon have electronic access to their hospital medical records through MyChart, a patient portal developed and supported by Sunnybrook Hospital.

Surgical Services

Redevelopment in Wingham necessitated the closure of the OR and the creation of a temporary procedure area where scopes and other minor procedures continue to be performed. A group of Stratford surgeons provided rotational surgical coverage following Dr. Ravi Ramsewak's medical leave. We have experienced a modest drop in surgical volumes through the many changes to this clinical service.

Diagnostic Imaging

Both sites were thrilled to have state of the art fluoroscopy and general radiology equipment installed this year. We can confidently say that LWHA has diagnostic imaging technology that would be the envy of any small hospital in Ontario. The support of the Wingham and District

Report of the Board Chair and Chief Executive Officer

Hospital Foundation and Listowel Memorial Hospital Foundation was key to the replacement of diagnostic imaging equipment.

Obstetrics

Cosmetic renovations have been completed in our Listowel Obstetrics facilities. Staff and physicians are well engaged in the MORE OB program.

Clinical Documentation

All partner hospitals have now committed to the improvements to our electronic clinical documentation which will be known as MyChart. We have already taken steps to convert to electronic documentation in the emergency departments.

Quality Improvement Plan

Our Quality Improvement Plan for 2018/19 was highly focused with efforts focused on improving joy at work, workplace violence and mental health and addictions. Our work in 2019/20 will continue with planned improvements in these 3 areas.

Nurturing Individual and Collective Potential

Physician Transitions

Dr. Justin Puntillo and Dr. Sean Henderson began working with us in the summer of 2018 and have been patiently working from the Royal Oaks Health and Wellness Centre while renovations are completed to the Lucknow Clinic. Dr. Anthony Davies also joined us in the summer and has been providing GP anesthetist, emergency, family medicine and inpatient practice in Listowel.

Recruitment efforts continued to be successful with Dr. Regina Mbuva joining Wingham in November and Dr. Elizabeth Seary and Ian Cameron joining Listowel in January. All of these physicians are providing emergency, family medicine and inpatient services with Dr. Cameron also working in maternal child.

After long and distinguished careers, we wished both Dr. Marie Gear and Dr. Paul Rutherford all the best in their retirements. Prior to her retirement, Dr. Gear learned that she would be awarded the College of Physicians and Surgeons Council Award.

In the coming year, we hope to recruit a surgeon to serve both Listowel and Wingham hospitals as well as an obstetrician/gynecologist to enhance our maternity program.

Leadership Transitions

After over 30 years of service, Brent Boshart began a well deserved retirement from his role as Chief Information Officer. Barb Major McEwan joined us in the late fall as Chief Financial Officer.

Report of the Board Chair and Chief Executive Office

Board Member Transitions

We have now experienced 3 full years of one board formally governing our two hospital corporations. Kris Dekker has completed a full term of 12 years of service and will be stepping away from the board. Kris served as Chair of the Listowel Memorial Hospital through the transition of CEOs. Dr. Russell Latuskie is also expected to pass on the role of Chief of Staff later this summer. Rosemary Rognvaldson, who has served as Board Chair in the past, will return to the Board table as a patient representative in the coming year. At our annual meeting we will be welcoming Lee Anderson and Rick Boisvert to board positions.

Sustainable and Resilient Environment

Redevelopment Projects

A well attended community open house provided us with the opportunity to show off our pharmacy, oncology, diagnostic imaging, foundation, auxiliary, rehab and team station space. We are now in our new medical device reprocessing department and construction continues on our day surgery space. Once this is complete, the project moves to the final phase which will create new ambulatory care space for visiting specialists. We anticipate finalizing the project early in 2020.

Royal Oaks Health and Wellness Centre continues to grow as a community hub of health and social services for Wingham and area. The Huron Early Years Centre will be renovating two classrooms in the facility in order to expand their Wingham presence. Royal Oaks also won an accessibility award from the County of Huron for incorporating accessible design into the facility.

In Listowel, plans are underway to refurbish laboratory space which has not had a refresh in anyone's memory. The laboratory will be relocated for the better part of a year to the second floor of the hospital to allow the renovations to take place. Hospital maintenance staff are leading this work.

There is often hospital infrastructure that is crucial to our operations that is not visible or front of mind on a day to day basis. Our hospital network and phone system are two such systems and both will be replaced this fiscal year.

Operating Financial Results

After ending 2018/19 with modest surpluses, each hospital will receive a 1% funding increase for 2019/20. Balanced budgets are in place for the 2019/20 fiscal year. In addition, the two hospitals combined will receive \$776,000 of small, rural and northern hospital transformation funding. This amount is significantly higher than we have historically received and we were also pleased to learn that it will be added to our annual base funding rather than received through an annual application process.

Partnerships for a Seamless Patient Experience

Family Health Team and Hospital Board Collaboration

As Ontario undertakes a significant restructuring of health care services, the boards and leadership from the North Huron Family Health Team, North Perth Family Health Team and the Listowel Wingham Hospitals Alliance continue to consider how we can work together locally to strengthen our governance. Following a joint board meeting to discuss The People's Health Care Act, the boards committed to further discussions on our local governance model.

Ontario Health Teams

The restructuring of health care will result in the dissolution of the Local Health Integration Networks and the creation of Ontario Health Teams. Significant effort will need to be invested to ensure a strong and vibrant local health care system is available to serve the residents of North Perth, Wingham and area regardless of the structure and governance of the health system.

Listowel Memorial Hospital – 100th Anniversary of Incorporation

Health care services undoubtedly existed in Listowel prior to 1919, however, the 100th anniversary of the incorporation of the Listowel Memorial Hospital on June 10, 1919 is an event worth celebrating. We look forward to a community BBQ, staff and retiree reunion and some public acknowledgement of this milestone.

Future Oriented Board Considerations

The hospital board spent significant time at their annual planning retreat as well as at their regular meetings considering the role of the hospitals in an ever changing health care environment. To their credit, the board accepted that they have a broader responsibility to our local citizens to ensure that access to health care services is available across the health care spectrum including beyond the walls of the hospital. This strategic direction seemed to have been created with a sense of foresight when reconciled with the direction of the new provincial government. We look forward to the development and implementation of local initiatives that increase the access to quality local health care services.

Respectfully Submitted,

Penny Mulvey
Chair, Listowel Wingham Hospitals Alliance

Karl Ellis,
President and CEO, Listowel Wingham Hospitals Alliance

CHIEFS OF STAFF REPORTS

This has been a Year of happy consolidation in some areas and considerable challenge in others.

We were fortunate to welcome recent graduates Dr Elizabeth Seary and Dr Ian Cameron to our local group this year and with Dr Anthony Davies joining last Summer we now have a much more reasonable workload in the Clinic and in ER. Dr Davies is Anaesthesia-trained and both Dr Cameron and Dr Seary work in ER and Clinic with Dr Cameron taking on a big role in Obstetrics too. We are blessed with an almost complete Staff complement for the first time in my living memory and were faced with the happy task of trying to squeeze all our workers into the Fischer Family Health Care Centre as a result. With some reorganization this has now been achieved.

ER coverage was a much more stable and manageable endeavour this Year with all Shifts now being covered by Local Docs alone with adopted local Dr Kate Miller and semi-retiree Dr Rex Warren providing excellent support. We no longer use EDLP, providing better continuity and less cost to our system

Unfortunately, we must also mention a major retirement with Dr Paul Rutherford hanging up his stethoscope (and portable Ultrasound monitor) after over 50 years of hard graft and untiring Community support. I can think of no-one who has given more of themselves for our Local Medical system and we cannot thank Paul enough for his energy, insight and counsel. He will be sorely missed and Meetings will be very different and surely less entertaining and animated without him. On a personal note my lunchtimes in the cafeteria will not hold the same prospect of encyclopaedic debate or defending every opinion I hold and I will miss this. I'm sure you will join me in wishing Dr Rutherford all the best in his retirement.

Our other major challenge regarding Medical Staff this year has involved the recent illness of our lone General Surgeon Dr Ravi Ramsewak. As many of you will be aware late in 2018 he suffered a devastating neurological disease and has been unable to work since this time. He is now improving and we are hopeful of a full recovery but this illness has left us having to cover General Surgery locally and making considerable changes to our Obstetric program, with minimal access to local C-Sections. Stratford Surgeons have stepped up to the plate and we must thank Dr Adam Maruscak for spearheading this effort which has resulted in very reasonable volumes of daytime hours' coverage here and increased cooperation out of hours' transfers to Stratford too. We are now trying very hard to recruit a surgeon into this role and there has been much debate about this issue with our Recruitment Committee working hard now.

Obstetrics has benefitted from the arrival of Dr Cameron but the absence of Dr Ramsewak and C-section capability has made practice much more difficult and stymied our attempts to increase volumes in Labour and Delivery. We have discussed recruiting an Obstetrician to work locally and have also had assistance in performing local routine C-sections by the excellent Dr Tibor Kalos from Stratford. This remains an area of considerable challenge for us.

Listowel Memorial Hospital Chief of Staff Report 2018 / 2019

We are enjoying increased support from Internal Medicine now with Dr Offir Spanglet from KW continuing visits and Stress Tests and now Dr Eric Van Oosten and Dr Michael Peirce visiting from Stratford.

There has been an increased focus on Mental Health in the last year and we thank the Staff for their work on this area of concern, especially with regard to emergency transport and the ER experience for these patients.

I cannot close without expressing some apprehension about the major changes occurring in the Provincial Healthcare environment. I must thank Karl and his Management team for keeping us abreast of these developments and trust we will all be vigilant and energetic in our response and planning for this presently fog-enveloped future.

This is my last Year as Chief of Staff and I want to thank everyone I have worked with on the Board for their untiring work and support. I have seen many changes and must say most have been for the better and all have been faced with a positive attitude here. I must give special thanks to Karl Ellis, who has been CEO for most of my term and confirm what you all already know; namely that he is an utter pleasure to work with and is an excellent choice for a buddy "in the Trenches". I will be asking you to welcome Dr Terry Suggitt as our next Chief and have confidence in her ability to maintain high standards locally and advance our services to the Community

Thank you to the Board Members, Management and Staff for continuing to make our Hospital a pleasure to work in and a safe place in which to recover from illness.

Respectfully Submitted,
Dr. Russell Latuskie

We have had a year of significant change at the Wingham and District Hospital.

Dr. Sean Henderson and Dr. Justin Puntillo joined us last summer and have been practicing from the Royal Oaks Clinic while they await renovations to the Lucknow Clinic. Dr. Regina Mbuva joined us later in 2018 and has taken over Dr. Gear's clinic in Teeswater.

While Dr. Mark Moores has stepped away from working in emergency, the addition of 3 new physicians, who all provide emergency coverage, has greatly improved our ER staffing. We no longer have the need to access to the Emergency Department Locum Program that provides backup coverage for emergency departments. Dr. Moores has started providing services to an increasingly busy oncology clinic.

Dr. Gear's retirement from the Wingham and District Hospital and her beloved Teeswater Clinic was honoured by the College of Physicians and Surgeons of Ontario with their Council Award. Only 4 of these are awarded each year. The Council Award is presented at each meeting of Council to honour outstanding Ontario doctors who have demonstrated excellence and come closest to meeting society's vision of an "ideal physician".

We were saddened to lose the services of Dr. Ravi Ramsewak and remain hopeful that his absence is temporary. Recruitment of a new surgeon in partnership with Listowel is underway. Our operating room has been closed for construction with procedures now taking place in temporary space in our Emergency department and patients' preparation and recovery occurring in the former oncology clinic. This has been working well, although we are all looking forward to seeing our new day surgery space later this fall.

The physicians have also been pleased with the new team station. The space is functional and allows physicians, nurses and other professionals to collaborate together within shared space. Staff and physicians will be pleased when the renovations in the hospital are completed.

We appreciate the focus on mental health and understand there are efforts underway in the hospital and community to improve services in this area.

The hospital and North Huron Family Health Team continue to collaborate well together and the transition to Mary Atkinson as a shared Executive Director with the North Perth Family Health Team is going well.

Respectfully Submitted,
Dr. Greg Antoniadis

TREASURER REPORT

Listowel Wingham Hospitals Alliance Report of the Treasurer 2018 / 2019

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

Both corporations received an unqualified audit report from our new auditing firm, Seebach & Company. Financial results and statistics on clinical activities are presented separately for the corporations. The financial results of both reflect similar operating results, with surpluses from operations, and deficiencies after amortization of building and land improvements. Listowel's operating surplus was \$358,211 (2018 - \$462,137) and excess [deficiency] of revenue over expenses was [\$95,690] (2018 - \$7,604). Wingham ended the year with a small operating surplus of \$78,260 (2018 - \$462,699) and excess [deficiency] of revenue over expenses of [\$412,481] (2018 - \$3,494). Both corporations experienced improved working capital positions for the year.

The operating surplus for Wingham is a result of revenue ahead of budget by \$184,841 due to an additional MOHLTC unbudgeted 1% funding increase and increases in all other revenues. Offsetting the additional revenues were increases in compensation and supplies, although total compensation finished \$82,447 under budget mainly due to the 8 month vacancy in the CFO position. Although drug expenses in Wingham were much higher than expected, there was an offsetting recovery from Cancer Care Ontario for the majority of these costs. We received \$354,950 of transitional funding for 2018/19 which will be reduced to \$273,936 for 2019/20 as Cancer Care Ontario moves smaller sites to a new funding formula for cancer treatments. Going forward we expect to receive \$111,900 of transition funding annually Cancer Care.

Similarly to Wingham, the operating surplus for Listowel resulted from an additional unbudgeted 1% funding increase and all other revenues contributing to the surplus. Total compensation finished \$174,145 under budget due to the 8 month CFO vacancy, future benefits, vacancies and onboarding of new employees at different pay grids.

The Health Services Accountability Agreement for 2019/20 has been amended for Wingham to receive up to \$494,765 and Listowel to receive up to \$561,226 in increased base funding. The increased base funding consists of General Growth and 1% for Small Hospitals - \$149,045 for Listowel and \$130,960 for Wingham. The remainder is for a conversion of 2018/19 One-Time Investment to Base funding for Transformation Fund. Overall, great news for the LWHA!

We continue to be grateful to both communities for their financial support through their Foundations. This allows both corporations to purchase much needed equipment that is not funded through the Ministry of Health and Long Term Care.

Listowel Wingham Hospitals Alliance Report of the Treasurer 2018 / 2019

In terms of Hospital operations, we are tracking several indicators including Alternate Level of Care, Oncology Chemo Visits by month and ER visits. This coming year we will also be tracking percentage of conservable bed days. Overall, we continue to strive to understand the reasons for the patient care trends, the potential long term impact to the hospitals, and how we can position both hospitals, along with our health care partners, to best serve our communities.

Respectfully submitted,
Tom Soltys, Board Treasurer

**LISTOWEL MEMORIAL HOSPITAL
FINANCIAL STATEMENTS
MARCH 31, 2019**

SEEBACH & COMPANY
Chartered Professional Accountants

INDEPENDENT AUDITOR'S REPORT

To the Board of Governors and Members of Listowel Memorial Hospital

Opinion

We have audited the accompanying financial statements of Listowel Memorial Hospital ("the Hospital"), which are comprised of the statement of financial position as at March 31, 2019 and the statements of operations, changes in net assets, remeasurement gains (losses) and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

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

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Hospital in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

INDEPENDENT AUDITOR'S REPORT (continued)

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Hospital's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Hospital to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

Other Matter

The financial statements for the year ended March 31, 2018 were audited by another auditor who expressed an unmodified opinion on those financial statements on May 30, 2018.

Seebach & Company

Chartered Professional Accountants
Licensed Public Accountants

Clinton, Ontario
May 22, 2019

LISTOWEL MEMORIAL HOSPITAL
BALANCE SHEET

See Accompanying Notes to Financial Statements

As at March 31	2019	2018
ASSETS		
Current assets		
Cash	826,518	460,789
Short-term investments (note 5)	430,000	-
Accounts receivable (note 3)	739,220	1,001,294
Inventories	245,108	239,719
Prepaid expenses	297,862	240,899
	<u>2,538,708</u>	<u>1,942,701</u>
Investments (note 5)	655,880	1,205,098
Loan receivable (note 6)	1,000,000	1,000,000
Bequest receivable	81,554	81,554
Capital assets, net book value (note 7)	<u>26,261,973</u>	<u>26,567,739</u>
	<u>\$ 30,538,115</u>	<u>\$ 30,797,092</u>
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable and accrued liabilities (note 4)	2,021,010	1,917,673
Deferred contributions (note 8)	58,317	58,317
Current portion of long-term debt (note 9)	127,926	127,923
	<u>2,207,253</u>	<u>2,103,913</u>
Long term liabilities		
Deferred contributions (note 8)	675,895	732,325
Long-term debt (note 9)	170,591	298,517
Post-employment benefits (note 10)	740,547	752,278
Deferred capital contributions (note 11)	<u>14,647,979</u>	<u>14,667,423</u>
	<u>18,442,265</u>	<u>18,554,456</u>
Net assets		
Invested in capital assets	11,315,477	11,473,879
Unrestricted	<u>743,951</u>	<u>681,239</u>
	<u>12,059,428</u>	<u>12,155,118</u>
Accumulated remeasurement gains	<u>36,422</u>	<u>87,518</u>
	<u>12,095,850</u>	<u>12,242,636</u>
	<u>\$ 30,538,115</u>	<u>\$ 30,797,092</u>

On behalf of the Board:

AW Clugston Director

Penny Mulvey Director

LISTOWEL MEMORIAL HOSPITAL**STATEMENT OF OPERATIONS**

See Accompanying Notes to Financial Statements

For the Year Ended March 31	2019	2018
Revenue		
Ministry of Health and Long-Term Care		
- Hospital operations	14,842,453	14,691,331
- Emergency and on call coverage	1,751,127	1,806,472
Inpatient	272,993	201,598
Outpatient	1,580,902	1,359,870
Investment income	78,515	65,482
Recoveries and other income	1,503,138	1,131,730
Amortization of deferred capital contributions - equipment	682,506	601,682
	20,711,634	19,858,165
Expenses		
Salaries and wages	9,478,298	9,194,084
Medical staff remuneration	2,598,740	2,481,698
Employee benefits	2,845,070	2,769,057
Supplies and other expenses	3,643,692	3,397,438
Medical and surgical supplies	425,365	367,006
Drug expense	251,667	232,042
Amortization of equipment	1,101,130	942,044
Interest on long-term debt	9,461	12,659
	20,353,423	19,396,028
Excess of revenue over expenses before other revenue and expenses	358,211	462,137
Building and land improvements		
Amortization of deferred capital contributions	633,649	582,771
Amortization of building and land improvements	(1,087,550)	(1,037,304)
	(453,901)	(454,533)
Excess (deficiency) of revenue over expenses for the year	(\$ 95,690)	\$ 7,604

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

For the Year Ended March 31	2019		2018	
	Invested in Capital Assets	Unrestricted	Total	Total
Balance, beginning of year	11,473,879	681,239	12,155,118	12,147,514
Excess (deficiency) of revenues over expenses	(872,525)	776,835	(95,690)	7,604
Investment in capital assets, net	714,123	(714,123)	-	-
Balance, end of year	<u>11,315,477</u>	<u>743,951</u>	<u>\$ 12,059,428</u>	<u>\$ 12,155,118</u>

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

For the Year Ended March 31	2019	2018
Accumulated remeasurement gains (losses), beginning of year	<u>87,518</u>	<u>112,671</u>
Unrealized holding gains (losses) attributable to portfolio investments	(3,276)	6,409
Amounts reclassified to statement of operations:		
Loss (gain) on dispositions of portfolio investments	<u>(47,820)</u>	<u>(31,562)</u>
	<u>(51,096)</u>	<u>(25,153)</u>
Accumulated remeasurement gains (losses), end of year	<u><u>\$ 36,422</u></u>	<u><u>\$ 87,518</u></u>

LISTOWEL MEMORIAL HOSPITAL**STATEMENT OF CASH FLOWS**

See Accompanying Notes to Financial Statements

For the Year Ended March 31	2019	2018
Operating activities		
Excess of revenue over expenses for the year	(95,690)	7,604
Items not requiring (not providing) cash		
Amortization expense	2,188,680	1,979,348
Amortization of deferred capital grants and donations	(1,316,155)	(1,184,453)
Realized loss (gain) on sale of investments	(47,820)	(31,562)
Working capital provided from operations	729,015	770,937
Cash provided from (used for) changes in operational balances		
Accounts receivable	262,074	739,085
Inventory	(5,389)	(4,245)
Prepaid expenses	(56,963)	24,947
Accounts payable and accrued liabilities	103,337	(193,078)
Post-employment benefits	(11,731)	(24,251)
Deferred contributions	(56,430)	(56,457)
Cash provided from (used for) operating activities	963,913	1,256,938
Investing activities		
Disposals of investments, net	115,942	153,634
Loan advance to related party	-	(500,000)
	115,942	(346,366)
Capital activities		
Net disposals (purchases) of capital assets	(1,882,914)	(3,725,304)
Deferred building and equipment grants and donations	1,296,711	2,420,124
	(586,203)	(1,305,180)
Financing activities		
Net proceeds (repayments) from long-term debt	(127,923)	(127,923)
	(127,923)	(127,923)
Increase (decrease) in cash	365,729	(522,531)
Cash, beginning of year	460,789	983,320
Cash, end of year	\$ 826,518	\$ 460,789

LISTOWEL MEMORIAL HOSPITAL

NOTES TO FINANCIAL STATEMENTS

For the Year Ended March 31, 2019

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

1. Significant accounting policies

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

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

a) Revenue recognition

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

Under the Health Insurance Act and Regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health and 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 2019 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 (continued)

For the Year Ended March 31, 2019

1. Significant accounting policies (Continued)

b) Inventories

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

c) Capital assets

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

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

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

d) Contributed services

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

e) Retirement and Post-employment Benefits

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

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

f) Management Estimates

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

LISTOWEL MEMORIAL HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2019

1. Significant accounting policies (Continued)

g) Financial instruments

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

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

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

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

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

2. Cash

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

3. Accounts Receivable

	2019	2018
Patient services	265,382	229,866
Other	374,107	374,163
Due from Wingham and District Hospital	<u>101,646</u>	<u>402,296</u>
	741,135	1,006,325
Less: Allowance for doubtful accounts	<u>(1,915)</u>	<u>(5,031)</u>
	<u>\$ 739,220</u>	<u>\$ 1,001,294</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 \$402,868 (2018: \$397,912) from Wingham and District Hospital. The Hospital provided staff services to Wingham and District Hospital which resulted in recoveries of \$1,221,825 (2018: \$1,098,783). At March 31, 2019, accounts receivable includes \$180,980 (2018: \$402,296) that is due from Wingham and District Hospital. These transactions are in the normal course of operations and are measured at the exchange amount of consideration established and agreed to by the related parties.

LISTOWEL MEMORIAL HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2019

5. Investments

	2019	2018
Sun Life Financial shares (cost: \$42,744)	79,166	81,587
Equity Investments (cost: \$nil, (2018: \$93,882))	-	116,797
Guaranteed Investment Certificates, 1.90% - 2.35% maturing between June 2019 and December 2020	<u>1,006,714</u>	<u>1,006,714</u>
	1,085,880	1,205,098
Less current portion	<u>430,000</u>	<u>-</u>
	<u>\$ 655,880</u>	<u>\$ 1,205,098</u>

6. Loan Receivable

	2019	2018
Wingham and District Hospital, 2.25%, interest only payable annually, due March 2022	<u>\$ 1,000,000</u>	<u>\$ 1,000,000</u>

7. Capital Assets

	Cost	Accumulated Amortization	Net Book Value 2019	Net Book Value 2018
Land	1,386,890	-	1,386,890	1,386,890
Land improvements	567,178	513,623	53,555	96,001
Buildings	22,915,995	6,753,044	16,162,951	16,386,395
Equipment	<u>23,536,722</u>	<u>14,885,573</u>	<u>8,651,149</u>	<u>8,575,069</u>
	48,406,785	22,152,240	26,254,545	26,444,355
Construction in progress	<u>7,428</u>	<u>-</u>	<u>7,428</u>	<u>123,384</u>
	<u>\$ 48,414,213</u>	<u>\$ 22,152,240</u>	<u>\$ 26,261,973</u>	<u>\$ 26,567,739</u>

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

8. Deferred Contributions

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

	2019	2018
Balance, beginning of year	790,642	847,099
Contributions received during the year	-	-
Less: amounts recognized as revenue in the year	<u>(56,430)</u>	<u>(56,457)</u>
Balance, end of year	<u>\$ 734,212</u>	<u>\$ 790,642</u>

Deferred contributions are comprised of:

	2019	2018
North Perth Family Health Team prepaid rent for medical clinic lease expiring in February 2032	733,797	790,227
Other prepaid rent	<u>415</u>	<u>415</u>
	734,212	790,642
Less: current portion	<u>58,317</u>	<u>58,317</u>
Balance, end of year	<u>\$ 675,895</u>	<u>\$ 732,325</u>

LISTOWEL MEMORIAL HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2019

9. Long-Term Debt

	2019	2018
Listowel Memorial Hospital Foundation, prime less 0.5%, loan receivable in monthly installments of \$10,660 plus interest, due August 2021	298,517	426,440
Less: current portion	<u>127,926</u>	<u>127,923</u>
	<u>\$ 170,591</u>	<u>\$ 298,517</u>

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

2019/2020	127,923
2020/2021	127,923
2021/2022	42,671
2022/2023	-
2023/2024	-

10. Post-Employment Benefits

Pension Plan

Substantially all of the employees of the hospital are eligible to be members of the Healthcare of Ontario Pension Plan (HOOPP). The plan is a multi-employer plan and therefore the Hospital's contributions are accounted for as if the plan were a defined contribution plan with the Hospital's contributions being expenses in the period they come due. Contributions made to the plan during the year by the Hospital amounted to \$914,169 (2018: \$878,630) 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.

LISTOWEL MEMORIAL HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2019

10. Post-Employment Benefits (continued)

Other Benefits

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

	2019	2018
Accrued benefit obligation	595,948	576,541
Unamortized net actuarial gain (loss)	<u>144,599</u>	<u>175,737</u>
Post-employment benefits liability	<u>\$ 740,547</u>	<u>\$ 752,278</u>

In measuring the Hospital's accrued benefit obligation, a discount rate of 2.80% (2018: 3.10%) was assumed. For extended health care costs, a 6% annual rate of increase was assumed, then decreasing by 0.25% per year to an ultimate rate of 4.50% per annum increase; and, for dental costs, a 2.75% annual rate of increase was assumed. The most recent actuarial valuation was prepared as at April 1, 2019. Actual results could differ from this estimate as additional information becomes available in the future.

	2019	2018
Current year benefit cost	46,114	44,727
Interest on accrued benefit obligation	18,306	18,472
Amortized actuarial (gains) losses	<u>(11,851)</u>	<u>(11,437)</u>
Expense for the year	<u>\$ 52,569</u>	<u>\$ 51,348</u>
Benefits paid during the year	<u>\$ 46,114</u>	<u>\$ 44,727</u>

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.

	2019	2018
Balance, beginning of year	14,667,423	13,431,752
Contributions received	1,296,711	2,420,124
Amortization of deferred contributions - equipment	(682,506)	(601,682)
Amortization of deferred contributions - building and land improvements	<u>(633,649)</u>	<u>(582,771)</u>
Balance, end of year	<u>\$ 14,647,979</u>	<u>\$ 14,667,423</u>

LISTOWEL MEMORIAL HOSPITAL

NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2019

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 \$874,373 (2018: \$2,114,300).

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 \$13,000 (2018: \$15,000) to the Hospital.

13. Commitments

The Hospital has made a commitment for the installation of a hospital and clinic wide network and phone system replacement. The total project is expected to cost approximately \$326,532. As at March 31, 2019, the project has not yet started.

14. Financial Instrument Risks

Market risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate as a result of market factors. Market factors include three types of risk: interest rate risk, currency risk, and equity risk. The Hospital is not exposed to significant currency risk or equity risk as it does not transact materially in foreign currency or hold significant equity financial instruments. The Hospital's investment policy limits equity instruments to 10% of the fair value of the total investment portfolio. At March 31, 2019, a 10% movement in stock markets with all other variables held constant, could impact the market value of the equity instruments held by \$7,900 (2018 - \$19,800).

Interest rate risk

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

Credit risk

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

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

LISTOWEL MEMORIAL HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2019

14. Financial Instrument Risks (continued)

Liquidity risk

Liquidity risk is the risk that the Hospital will not be able to meet its financial obligations as they fall due. The Hospital 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. 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, 2019, with respect to claims.

WINGHAM AND DISTRICT HOSPITAL
FINANCIAL STATEMENTS
MARCH 31, 2019

SEEBACH & COMPANY
Chartered Professional Accountants

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Wingham District Hospital

Opinion

We have audited the accompanying financial statements of Wingham District Hospital ("the Hospital"), which are comprised of the statement of financial position as at March 31, 2019 and the statements of operations and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

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

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Hospital in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

INDEPENDENT AUDITOR'S REPORT (continued)

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Hospital's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Hospital to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

Other Matter

The financial statements for the year ended March 31, 2018 were audited by another auditor who expressed an unmodified opinion on those financial statements on May 30, 2018.

Seebach & Company

Chartered Professional Accountants
Licensed Public Accountants


Clinton, Ontario
May 22, 2019

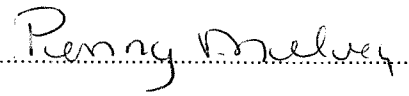
WINGHAM AND DISTRICT HOSPITAL
BALANCE SHEET

See Accompanying Notes to Financial Statements

As at March 31	2019	2018
ASSETS		
Current assets		
Cash	1,360,835	1,332,031
Accounts receivable (note 3)	964,964	1,222,349
Inventories	377,027	324,039
Prepaid expenses	196,312	138,760
	<u>2,899,138</u>	<u>3,017,179</u>
Capital assets, net book value (note 5)	20,733,415	17,585,024
	<u><u>\$ 23,632,553</u></u>	<u><u>\$ 20,602,203</u></u>
LIABILITIES AND NET ASSETS		
Current liabilities		
Bank borrowings (note 6)	1,000,000	1,000,000
Accounts payable and accrued liabilities (note 4)	1,811,770	1,784,317
Deferred contributions (note 7)	40,000	41,809
Current portion of long-term debt (note 8)	80,700	80,700
	<u>2,932,470</u>	<u>2,906,826</u>
Long term liabilities		
Deferred contributions (note 7)	63,333	103,333
Long-term debt (note 8)	3,816,084	3,894,200
Post-employment benefits (note 9)	571,433	557,002
Deferred capital contributions (note 10)	11,239,393	7,718,521
	<u>18,622,713</u>	<u>15,179,882</u>
Net assets		
Invested in capital assets	4,597,238	4,366,200
Unrestricted	412,602	1,056,121
	<u>5,009,840</u>	<u>5,422,321</u>
	<u><u>\$ 23,632,553</u></u>	<u><u>\$ 20,602,203</u></u>

On behalf of the Board:

..... Director

..... Director

WINGHAM AND DISTRICT HOSPITAL**STATEMENT OF OPERATIONS**

See Accompanying Notes to Financial Statements

For the Year Ended March 31	2019	2018
Revenue		
Ministry of Health and Long-Term Care		
- Hospital operations	13,087,476	12,806,885
- Emergency and on call coverage	1,569,189	1,569,189
Inpatient	70,690	51,733
Outpatient	603,611	647,726
Investment income	12,657	8,011
Recoveries and other income	2,773,801	2,405,468
Amortization of deferred capital contributions - equipment	507,914	441,974
	18,625,338	17,930,986
Expenses		
Salaries and wages	8,226,165	8,168,544
Medical staff remuneration	1,808,497	1,805,678
Employee benefits	2,310,315	2,159,549
Supplies and other expenses	3,299,968	2,997,487
Medical and surgical supplies	352,261	310,024
Drug expense	1,509,284	1,171,439
Amortization of equipment	874,075	749,344
Interest expense	166,513	106,222
	18,547,078	17,468,287
Excess of revenue over expenses before other revenue and expenses	78,260	462,699
Building and land improvements		
Amortization of deferred capital contributions	148,429	85,415
Amortization of building and land improvements	(639,170)	(544,620)
	(490,741)	(459,205)
Excess (deficiency) of revenue over expenses for the year	(\$ 412,481)	\$ 3,494

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

For the Year Ended March 31	2019		2018	
	Invested in Capital Assets	Unrestricted	Total	Total
Balance, beginning of year	4,366,200	1,056,121	5,422,321	5,418,827
Excess (deficiency) of revenues over expenses	(856,902)	444,421	(412,481)	3,494
Investment in capital assets, net	1,087,940	(1,087,940)	-	-
Balance, end of year	<u>4,597,238</u>	<u>412,602</u>	<u>\$ 5,009,840</u>	<u>\$ 5,422,321</u>

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

See Accompanying Notes to Financial Statements

For the Year Ended March 31	2019	2018
Operating activities		
Excess of revenue over expenses for the year	(412,481)	3,494
Items not requiring (not providing) cash		
Amortization expense	1,513,245	1,293,961
Amortization of deferred capital grants and donations	(656,343)	(527,389)
Working capital provided from operations	444,421	770,066
Cash provided from (used for) changes in operational balances		
Accounts receivable	257,385	(374,526)
Inventory	(52,988)	(5,403)
Prepaid expenses	(57,552)	(15,226)
Accounts payable and accrued liabilities	27,453	(879,510)
Post-employment benefits	14,431	3,060
Deferred contributions	(41,809)	136,523
Cash provided from (used for) operating activities	591,341	(365,016)
Capital activities		
Net disposals (purchases) of capital assets	(4,661,636)	(4,255,797)
Deferred building and equipment grants and donations	4,177,215	1,951,068
	(484,421)	(2,304,729)
Financing activities		
Proceeds from issue of long-term debt	-	3,500,000
Net proceeds (repayments) from long-term debt	(78,116)	(25,100)
	(78,116)	3,474,900
Increase (decrease) in cash	28,804	805,155
Cash, beginning of year	1,332,031	526,876
Cash, end of year	\$ 1,360,835	\$ 1,332,031

WINGHAM AND DISTRICT HOSPITAL

NOTES TO FINANCIAL STATEMENTS

For the Year Ended March 31, 2019

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

1. Significant accounting policies

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

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

The significant accounting policies are summarized as follows:

a) Revenue recognition

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

Under the Health Insurance Act and Regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health and 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 2018-2019 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 (continued)

For the Year Ended March 31, 2019

1. Significant accounting policies (Continued)

b) Inventories

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

c) Capital assets

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

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

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

d) Contributed services

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

e) Retirement and Post-employment Benefits

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

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

f) Management Estimates

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

WINGHAM AND DISTRICT HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2019

1. Significant accounting policies (Continued)

g) Financial instruments

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

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

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

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

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

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

2. Cash

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

3. Accounts Receivable

	2019	2018
Ministry of Health and Long-Term Care	39,172	42,866
Patient services	113,206	147,693
Other	<u>817,819</u>	<u>1,042,838</u>
	970,197	1,233,397
Less: Allowance for doubtful accounts	<u>(5,233)</u>	<u>(11,048)</u>
	<u>\$ 964,964</u>	<u>\$ 1,222,349</u>

4. Related Party Transactions

The Hospital has an alliance agreement with the Listowel Memorial Hospital and shares a management team and other resources. The services resulted in staff charges of \$1,221,825 (2018: \$1,098,783) from Listowel Memorial Hospital. The Hospital provided services to Listowel Memorial Hospital which resulted in recoveries of \$402,868 (2018: \$397,912). At March 31, 2019, accounts payable includes \$180,980 (2018: \$402,296) that is due to Listowel Memorial Hospital. These transactions are in the normal course of operations and are measured at the exchange amount of consideration established and agreed to by the related parties.

WINGHAM AND DISTRICT HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2019

5. Capital Assets

	Cost	Accumulated Amortization	Net Book Value 2019	Net Book Value 2018
Land	916,541	-	916,541	916,541
Land improvements	1,176,922	238,813	939,916	1,002,266
Buildings	18,036,858	6,575,661	11,461,197	7,765,377
Equipment	<u>14,845,177</u>	<u>9,656,825</u>	<u>5,188,352</u>	<u>4,762,449</u>
	34,977,305	16,471,299	18,506,006	14,446,633
Construction in progress	<u>2,227,409</u>	-	<u>2,227,409</u>	<u>3,138,391</u>
	<u>\$ 37,204,714</u>	<u>\$ 16,471,299</u>	<u>\$ 20,733,415</u>	<u>\$ 17,585,024</u>

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

6. Bank Indebtedness

	2019	2018
Canadian Imperial Bank of Commerce, prime rate, repayable interest only monthly, due on demand	\$ 1,000,000	\$ 1,000,000

7. Deferred Contributions

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

	2019	2018
Balance, beginning of year	145,142	8,619
Contributions received during the year	-	200,000
Less: amounts recognized as revenue in the year	<u>(41,809)</u>	<u>(63,477)</u>
Balance, end of year	<u>\$ 103,333</u>	<u>\$ 145,142</u>

Deferred contributions are comprised of:

	2019	2018
Prepaid rent	103,333	145,142
Less: current portion	<u>40,000</u>	<u>41,809</u>
Balance, end of year	<u>\$ 63,333</u>	<u>\$ 103,333</u>

WINGHAM AND DISTRICT HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2019

8. Long-Term Debt

	2019	2018
Listowel Memorial Hospital, 2.25%, repayable interest only monthly, due March 2022	1,000,000	1,000,000
Royal Bank of Canada, 3.65%, repayable \$15,400 monthly principal and interest, due October 2022	<u>2,896,784</u>	<u>2,974,900</u>
	3,896,784	3,974,900
Less: current portion	<u>80,700</u>	<u>80,700</u>
	<u>\$ 3,816,084</u>	<u>\$ 3,894,200</u>

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

2019/2020	80,700
2020/2021	84,100
2021/2022	1,087,100
2022/2023	2,644,884
2023/2024	-

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 \$602,238 (2018: \$591,759) and are included in employee benefits on the statement of operations. Variances between actuarial funding estimates and the actual experience could be material and any differences are funded by participating members.

WINGHAM AND DISTRICT HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2019

9. Post-Employment Benefits (continued)

Other Benefits

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

	2019	2018
Accrued benefit obligation	576,715	545,757
Unamortized net actuarial gain (loss)	<u>5,282</u>	<u>11,245</u>
Post-employment benefits liability	<u>\$ 571,433</u>	<u>\$ 557,002</u>

In measuring the Hospital's accrued benefit obligation, a discount rate of 2.80% (2018: 3.10%) was assumed. For extended health care costs, a 6.0% annual rate of increase was assumed beginning in 2019, then decreasing to an ultimate rate of 4.50% per annum increase; and, for dental costs, a 2.75% annual rate of increase was assumed. The most recent actuarial valuation was prepared as at April 1, 2019. Actual results could differ from this estimate as additional information becomes available in the future.

	2019	2018
Current year benefit cost	25,399	24,635
Interest on accrued benefit obligation	17,267	16,991
Amortized actuarial (gains) losses	<u>71</u>	<u>71</u>
Expense for the year	<u>\$ 42,737</u>	<u>\$ 41,697</u>
Benefits paid during the year	<u>\$ 25,399</u>	<u>\$ 24,635</u>

10. Deferred Capital Contributions

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

	2019	2018
Balance, beginning of year	7,718,521	6,294,842
Contributions received	4,177,215	1,951,068
Amortization of deferred contributions - equipment	(507,914)	(441,974)
Amortization of deferred contributions - building and land improvements	<u>(148,429)</u>	<u>(85,415)</u>
Balance, end of year	<u>\$ 11,239,393</u>	<u>\$ 7,718,521</u>

WINGHAM AND DISTRICT HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2019

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 \$1,906,120 (2018 - \$1,328,828).

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 \$5,755,995. \$4,368,495 has been spent on this project prior to March 31, 2019.

Additionally, the Hospital has made a commitment for the installation of a hospital and clinic wide network and phone system replacement. The total project is expected to cost approximately \$336,016. As at March 31, 2019, the project has not yet started.

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, 2019, 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.

***GOVERNANCE AND
NOMINATIONS
COMMITTEE REPORT***

Listowel Wingham Hospitals Alliance Report of the Governance and Nominations Committee

The Governance and Nominations Committee is nominating the following members to the Listowel Wingham Hospitals Alliance Board of Directors for a two-year term ending in 2021.

From the Listowel Memorial Hospital service area:

- Lee Anderson
- Krishna Beharry
- Rick Boisvert
- Bert Johnson

From the Wingham and District Hospital service area:

- Gord Hunt
- Doug Miller
- Penny Mulvey

The Governance and Nominations Committee is nominating Rosemary Rognvaldson as a non-voting patient representative on the Listowel Wingham Hospitals Alliance Board of Directors for a two year term.

AUXILIARY REPORTS

Listowel Memorial Hospital Report of the Auxiliary 2018 / 2019

The LMH Auxiliary is pleased to work for the good of Listowel Memorial Hospital. We continue to meet on the first Wednesday of each month excluding July and August. It is our mandate to work to the best of our ability to provide for patient care in the hospital.

During the past twelve months we have done this through various fundraisers that included several bake sales, working with The Listowel Greenhouses at our annual hanging basket sale on Mother's Day weekend, running a food booth at the Annual Radiothon, an on-line and ongoing fundraiser with Mabel's Labels, our annual Christmas Bazaar and of course our Gift Centre located in the main entrance.

We have assisted the Hospital Foundation with the setting of tables for the Gala and we also provide tray favours to all patients at major holidays.

We were delighted in January 2019 to spend the \$13,000 that we raised in 2018 and purchase a hi-lo bed for Medicine, a vein locator device for Emergency and designated the remainder of our donation to needed wheelchairs.

Sadly, we have had several active members pass away in the past year as well as some who have resigned for various reasons. Our membership has dwindled but we will continue to do all we can to support LMH.

We thank Karl Ellis, Michelle Matheson, the staff at the front desk and all the staff at LMH who support us and our work at LMH!

Respectfully submitted,
Rhonda Beirnes
President of the Auxiliary to the Listowel Memorial Hospital

Listowel Memorial Hospital Report of the Auxiliary 2018 / 2019

The Wingham and District Hospital Auxiliary was formed in 1906 and currently has 70 members. The yearly membership dues are \$500. The new gift shop opened October 1, 2018 which is a great location, beautiful merchandise and awesome sales. There were a total of 900 volunteer hours recorded for the year.

The volunteer appreciation luncheon, organized by the hospital in April for our Auxiliary members (volunteer appreciation week) was much appreciated and enjoyed by all.

In order to share responsibilities of the chair position, co-chairs are being used with a 2-year term for each executive position. HAAO has dissolved, which was our governing body and information centre. We are forming our own association in Region 2.

Special guests are invited to some of our meetings whenever possible to keep us current on issues of healthcare, finance, new programs, upgrades & renovations and other relative topics regarding our hospital and community.

Our fundraisers in the spring and fall were quite successful. They included a fashion show, rummage sales, tag day, poinsettia tea and bake sale, quilt raffles, mini iPad raffle along with euchre and bridge games.

Each year, two \$500 bursaries are presented to F.E. Madill students who are pursuing studies in the healthcare field.

At our Annual Meeting in June, we are presenting two members with a 25 year and 50 year pin.

With our fundraising money, we continue to purchase equipment items needed for our hospital and patient care. This year we bought a CO2 insufflator & irrigation pump for the OR scopes (cost \$7,695) and a lift for the inpatient unit (cost \$8,172) along with two more pressure relief mattresses (cost \$5,800). This quarter we are purchasing a tempo lift for the inpatient unit (cost \$14,200).

Thanks to all who support the Auxiliary by volunteering their time and talents. New members are always welcome.

Respectfully submitted,
Trudy Thomson
Co-Chair of the Auxiliary to Wingham and 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.

The Foundation has held several fundraisers in the last year:

- The Spring Gala, June 2018, was held at the Elma Community Centre, Atwood and hosted 264 people to an evening of fine dining, music and auction items. This successful event profited a net \$364,000 towards equipment and renovation for Obstetrics, Cardiac Care and Operating rooms 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 in October. The Radiothon campaign project goal for LMHF was \$75,000 to go towards 'Patient Mobility & Comfort Items' and our goal was reached!
- 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 beyond the CT goal went to support a 'Digital Radiography' machine in our diagnostic imaging department with a cost of \$457,000.

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

Upcoming Events for 2019/2020

- Spring Gala 2019, theme "***Festa Italiana***" will be held Saturday, June 1, 2019, hosting 264 people with proceeds to 'Lab Renovation' at LMH. To date Gala 2019 has brought in over \$610,000 corporate and specific donation to the Lab project!
- LMHF Car & Motorcycle Poker Rally, Saturday, September 14, 2019
- CKNX HealthCare Heroes Radiothon and Knox Presbyterian Church Hall event, Saturday, October 19th, 2019, proceeds to 'Lab Renovation'. Goal \$75,000

Newsletters

Our spring 2019 newsletter was mailed out early in May 2019. This newsletter updated residents on the status of events and news for the LMHF. The Foundation circulated 2 newsletters in 2018 to over 9,300 households. The newsletters help with awareness of what is going on at the Foundation, some of the donations made, in memory donations and the current needs of 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 \$905,737.00 of equipment in 2018/2019. This includes all of Gala project equipment, Radiothon equipment committed and the Digital Radiography machine.**

Respectfully submitted, LMH Foundation

Wingham and District Hospital Report of the Foundation 2018 / 2019

Fundraising

During the 2018-2019 fiscal year, the Wingham & District Hospital Foundation received \$935,858 in donations. This was comprised, in part, by: \$68,610 radiothon, \$8,372 bequests, and \$587,440 pledge payments to redevelopment. The remainder was comprised of general donations, memorial donations and donations designated towards specific equipment or departments.

The average donation was \$432.

Annual Donation

For the 2018-2019 fiscal year, the WDH Foundation funded equipment and facility upgrades totaling \$1,906,119.64. This is the single largest annual contribution the Foundation has made to the Hospital in its over 40 year history.

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: Construction costs associated with the redevelopment, Scope Pilot system, hi-lo beds, tempo lifts, furniture, air mattresses, CO₂ insulator, irrigation pump, keyhole bath tub, patient chairs, stress test machine, transport ventilator and an endoscopic tower.

Since its inception the Wingham & District Hospital Foundation, it has donated \$9,025,981 to the Hospital.

Radiothon

At the 2018 CKNX Healthcare Heroes Radiothon held on October 20, 2018, the Wingham & District Hospital Foundation raised over \$68,000 towards a 3D Scope Pilot System.

The 6th annual Great Hospital Race also raised funds towards the Radiothon project. In accordance with tradition, it was held the Saturday prior to the Radiothon and raised \$12,600. The 2018 race had the largest attendance and the most successful fundraising outcome to date from this event. The Great Hospital Race will return for its 7th year on October 5, 2019.

Open House

Foundation board members welcomed select donors to an open house reception in October to give them a first look at some of the newly renovated spaces. This opportunity to thank and steward the donors was much appreciated by both the board and the donors.

Notable Donations

A few of the memorable 2018-2019 donations were received from: 2017 Huron County International Plowing Match, Bruce Power, Royal Canadian Legion Charitable Foundation, Wallenstein Feed Foundation, Auxiliary to Wingham & District Hospital, Lucknow & District Kinsmen, and Power Workers' Union.

MEDICAL STAFF

Dr. R. Latuskie - Chief of Staff

Dr. A. Qureshi – President

Dr. Barb Matthews – Vice-President

Dr. D. Gateman - Secretary

ACTIVE STAFF

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Dr. I. Cameron
Dr. A. Davies
Dr. G. Edmonds
Dr. D. Gateman
Dr. L. Hayward
Dr. R. Latuskie

Dr. B. Matthews
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Dr. T. Suggitt
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Dr. D. Nuhn
Dr. Y. Liu
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Dr. O. Panich
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Dr. J. O'Young
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HONOURARY STAFF

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MIDWIFERY STAFF

Madeline Clin
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Catherine Kipp
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Amanda Levenbrown
Jillian Nafziger
Amy Sjaarda
Cynthia Soulliere
Emily Roth
Alexandria Nickels
Lia McKelvey

NURSE PRACTITIONERS

Jessie Rumble
Julie Murtha
Juliana Nwachukwu

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Dr. K. Blaine
Dr. M. Carlson
Dr. M. Chan
Dr. A. DiLabio
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Dr. D. Finnigan
Dr. R. Gergovich
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Dr. R. Warren
Dr. L. Williams
Dr. O. Yousef



Listowel Memorial Hospital Professional Staff 2019 / 2020

COURTESY STAFF - LONDON XRAY ASSOCIATES

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

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



Listowel Memorial Hospital Professional Staff 2019 / 2020

COURTESY STAFF - ST. MARY'S CARDIOLOGISTS

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



Wingham and District Hospital Professional Staff 2019 / 2020

Dr. G. Antoniadis – Chief of Staff

Dr. J. Shuffield – President

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

ACTIVE STAFF

Dr. G. Antoniadis

Dr. B. Marshall

Dr. J. Shuffield

Dr. S. Marshall

Dr. M. Moores

Dr. S. Vanderklippe

Dr. J. Puntillo

Dr. S. Henderson

Dr. R. Mbuva

ASSOCIATE STAFF

HONOURARY STAFF

Dr. M. Gear

NURSE PRACTITIONERS

DENTAL STAFF

Dr. C. Han

Dr. Y. Liu

Dr. J. O'Young

Dr. W. Spink

Kathleen Durfy

Cheryl Marks

CONSULTING & COURTESY STAFF

Dr. C. Bloch

Dr. B. Bukala

Dr. M. Carlson

Dr. P. Conlon

Dr. C. Cramer

Dr. A. Di Labio

Dr. D. Dittmer

Dr. R. Dworkin

Dr. G. Edmonds

Dr. Y. Erenberg

Dr. M. Flowers

Dr. R. Gergovich

Dr. D. Gateman

Dr. R. Gobburu

Dr. A. Kara

Dr. J. Kargbo

Dr. A. Lyons

Dr. J. McKenna

Dr. K. Mir

Dr. A. Peel

Dr. F. Perera

Dr. R. Ramsewak

Dr. J. Schwalm

Dr. S. Sleeth

Dr. O. Spanglet

Dr. H. Sun

Dr. L. Trojnar

Dr. C. Tomlinson

Dr. O' Yousef

COURTESY STAFF - LONDON XRAY ASSOCIATES

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Dr. W. Romano
Dr. M. Roth
Dr. O. Shmuilovich
Dr. D. Taves
Dr. K. Tyler
Dr. C. Van Der Pol

***VISITING
CONSULTANTS
CLINICS***

<u>Clinic</u>	<u>Physician</u>	<u>Clinic Held</u>
Dermatology	Dr. A. Haider	Weekly – Wednesday 1 Friday / month
E.N.T.	Dr. B. Hughes	Last Monday of month
General Surgery	Dr. A. Maruscak	2 x Week
Gerontology	Dr. S. Prasad	Last Thursday of month @ Clinic
Internal Medicine	Dr. M. Peirce Dr. E. Van Oosten	Twice a month
Internal Medicine – Cardiology	Dr. D. Tamblyn Dr. O. Spanglet	Weekly – Tuesday Weekly – Monday
Internal Medicine – Gastroenterology	Dr. V. Sharma	Weekly - Friday
Neurology	Dr. A. Kaleel Dr. D. Stewart	Every 3 Months Approx. Last Friday of month (May – November)
Obstetrics / Gynecology	Dr. G. Hancock Dr. T. Kalos	Weekly – Wednesday Weekly - Monday
Oral Maxillofacial Surgeon/Dental	Dr. N. Hogg Dr. K. Clemes Dr. O. Panich Dr. D. Huhn Dr. O' Young Dr. A Thompson Dr. Y. Liu Dr. C. Han Dr. Spink	Bi-Weekly – Wednesday
Orthopedics	Dr. J. Guy	Bi-Weekly - Friday
Paediatric	Dr. K. Blaine	Bi-Weekly - Tuesday
Plastic Surgery	Dr. G. Heaton	Bi-Weekly – Tuesday



Listowel Memorial Hospital Visiting Consultants 2019 / 2020

<u>Clinic</u>	<u>Physician</u>	<u>Clinic Held</u>
Surgical	Dr. R. Ramsewak Stratford Surgeons; Dr. O'Neill, McWilliam, Lefebvre, DiLabio	Temporarily Off Assisting with OR's
Urology	Dr. A. Hussey	Bi-Weekly – Friday

<u>Clinic</u>	<u>Physician</u>	<u>Clinic Held</u>
Cancer Clinic	Dr. Perera	Quarterly
Cardiology / Echocardiography / Carotid Doppler Studies	Dr. C. Tomlinson	Monthly
Dermatology	Dr. R. Dworkin	Twice a Month
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	Temporarily Off Bi-Weekly - Monday
Urology	Dr. B. Bukala	Monthly