

Annual Report *2011 - 2012*



Listowel Memorial Hospital
93rd Annual Report



Wingham and District Hospital
105th Annual Report

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Minutes of Listowel Wingham Hospital Alliance Annual Meeting June 7, 2012

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- Reports of the Hospitals' Foundations

Medical Staff

Visiting Consultants - Clinics

Board of Directors

LISTOWEL WINGHAM HOSPITALS ALLIANCE
Listowel Memorial Hospital Corporation
Wingham and District Hospital Corporation
ANNUAL MEETING
Wednesday, June 8, 2011
Listowel Agricultural Hall

1.0 Call to Order

The meeting was called to order at 1905 hours.

2.0 Opening Remarks

Margaret Stapleton welcomed Corporation members, hospital staff and visitors. She then turned the meeting over to Andy McBride who acted as the moderator for the meeting.

Mr. McBride welcomed everyone and noted that the meeting is considered to be concurrent meetings of the two corporations.

3.0 Minutes of the Previous Meeting

MOTIONS:

It was moved by Rob Hutchison, seconded by Amy Miller to:

Adopt the minutes of the June 9, 2010 Annual Meeting of the Wingham and District Hospital Corporation.

Motion Carried

It was moved by Tom Soltys, seconded by Bert Johnson to:

Adopt the minutes of the June 9, 2010 Annual Meeting of the Listowel Memorial Hospital Corporation.

Motion Carried

4.0 Reports

4.1 Report of the Boards Chairpersons

Margaret Stapleton presented the Chairs' Report in the absence of Kris Dekker. Highlights from the report were:

- Leadership Development consumed much of the Board's time
 - Thank you to the ad hoc selection committee for their efforts
- Quality – two successful accreditations
 - Hospital Accreditation in November and Laboratories Accreditation in April
 - Thanks to the Board and staff for all their dedication and hard work in making this happen

- Financial – new VP Operations, Chris Turner
 - Has resulted in greatly enhanced reporting to the Board
- Communication and Community
 - Staff Forums were held in each community and were well received
- Governance
 - New members were provided with an enhanced orientation program
 - Many members have attended various training sessions
- Out-going Board Members
 - Out-going Board Members were thanked
 - Mary Chippa – 12 year commitment – huge role on Quality Committee
 - Diane Thompson – for HR expertise on the Ad Hoc Search Committee
 - Ray Reynen – governance and resource involvement
- Welcome to two new Board Members – Penny Mulvey and Sandra Campbell

Margaret then introduced the rest of the Board Members who were present.

4.2 Report of the President & Chief Executive Officer

Karl Ellis presented his report by highlighting some areas:

- Thanks for welcome received to the communities and organization by staff, physicians, Board members and volunteers, and appreciation for the level of confidence and trust that has been placed on him
- Communication, both internally and externally of the results and outcomes of the work we do is important to our stakeholders – efforts being made to expand the means and frequency of internal communication through e-mail, message boards and forums
- Strong Senior Leadership Team – welcome to Janet Brooks, Chief Human Resources Officer, and Angela Stanley, V.P. Clinical Services and Chief Nursing Executive, who join Chris Turner, V.P. Operations and Chief Financial Officer and Karl
- Coming Years – planning to conduct sessions during the fall of 2011 to establish the strategic focus of the LWHA for the next 3 – 5 years
- The LHIN has funded a project that will map the patient journey through the health care system in North Huron and North Perth – goal is to identify where improvements can be made in the systems which will ultimately improve the patient experience
- Accomplishments
 - Accreditation Canada award
 - MOHLTC visit to Wingham
 - Fisher Family Primary Care Centre construction in Listowel
 - North Perth Physician Recruitment Committee formed
 - Dr. Stephen Vanderklippe coming to Wingham in January 2012
 - Ontario Laboratory Accreditation
 - London Regional Cancer Program commitment to Wingham
 - Patient Flow & Access Project – ONE Number implementation
- Collective commitment and dedication is necessary to provide the best care possible for the people we serve.

Karl then introduced Warren Howard from the L.M.H. Foundation Board and Mark TarBush, former L.M.H. Foundation Board Member.

He also introduced Andrew Smith, Banner reporter.

4.3 Report of the Chief of Staff – Listowel Memorial Hospital

Dr. Latuskie provided the Report of the Chief of Staff for the Listowel Memorial Hospital, which is included in the Annual Report. He:

- Expressed his congratulations to the Alliance in receiving their Accreditation Award
- Congratulated Dr. Rob Annis for his hard work in his role as Cancer Care Ontario Primary Care Lead and his active role in our LHIN
- Noted that the Fisher Family Primary Care Centre construction is well underway and will result in much better recruitment opportunities and a much better patient experience
- Welcomed Dr. Ravi Ramsewak, General Surgeon, and thanked those at the Hospital and Clinic who worked hard to achieve his present paid and credentialed position
- Noted that Obstetrics volumes are up and staffing concerns seem to be lessening
- Stated that transfers of ill patients to other centres has become a major challenge – new programs such as “Life and Limb” and “One Number” are designed to help this difficulty
- Noted that there have recently been a number of changes in key personnel
- Reported that we now have a Recruitment Committee which is gaining strength and we are planning to hire a formal recruiter

4.4 Report of the Chief of Staff – Wingham & District Hospital

Dr. Moores presented the Report of the Chief of Staff for the Wingham & District Hospital, noting that:

- Dr. Stephen Vanderklippe plans to establish a medical practice in Wingham (January 2012)
- Wingham is also pleased to have the services of our new general surgeon, Dr. Ravi Ramsewak
- Dr. Jim Shuffield, General Practitioner, joined the Wingham and District Health Centre and has since rostered a full practice
- He is pleased to welcome Karl Ellis and Angela Stanley to their roles at LWHA
- Still awaiting a funding announcement for W.D.H.

Dr. Moores noted that Liz Phelan retired the end of March after many years at W.D.H. in several roles and deserves special recognition for her contribution to the success of the Alliance and wished her all the best.

4.5 Treasurer’s Report – Listowel Memorial Hospital

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

- LMH finished the 2010/2011 fiscal year with a surplus of \$379,032 on Hospital operations and a small overall surplus of \$75,110
- Capital purchases of approximately \$1.5M continue to improve our infrastructure
- The Fisher Family Primary Care Centre is well underway and will hopefully assist with recruitment and retention of health professionals

4.5.1 Presentation of the Listowel Memorial Hospital Corporation Audited Financial Statements 2010/11:

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

- BDO has audited the financial statements of the Listowel Memorial Hospital and a summary of significant accounting policies and other explanatory information is contained in the report
- Management is responsible for the preparation and fair presentation of the financial statements and for internal control as is determined necessary to enable the preparation of financial statements
- The Auditors are responsible to express an opinion on the financial statements, based on their audit
- Opinion – The financial statements present fairly, in all material respects, the financial position of Listowel Memorial Hospital as at March 31, 2011 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

MOTION:

It was moved by Bob Johns, seconded by Mark TarBush to:

Accept the Audited Financial Statements of the Listowel Memorial Hospital for the year ended March 31, 2011, as presented.

Motion Carried

4.5.2 Appointment of Auditors:

MOTION:

It was moved by Tom Soltys, seconded by Bert Johnson to:

Appoint the firm of BDO Canada as Auditors for the Listowel Memorial Hospital for 2011-2012.

Ken Petrie pointed out that BDO Canada was appointed, last year, for the years 2010-2011, 2011-2012 and 2012-2013 and felt it was not necessary to have a motion to appoint them for the year 2011-2012.

Karl Ellis responded by saying that we have a corporate obligation to appoint our auditors yearly.

Motion Carried

4.6 **Treasurer's Report – Wingham & District Hospital**

Amy Miller presented the Report of the Treasurer for the Wingham & District Hospital. She noted that:

- The Wingham & District Hospital planned for a break-even position for the 2010/2011 fiscal year end and through various cost-saving measures managed to end with a small surplus
- Amy expressed thanks to Liz Phelan in having Cancer Care Ontario guarantee us funding for the Oncology Program and also to the W.D.H. Foundation for their continued support

4.6.1 Presentation of the Wingham & District Hospital Corporation Audited Financial Statements 2010/11:

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

- BDO has audited the financial statements of the Wingham & District Hospital and a summary of significant accounting policies and other explanatory information is contained in the report
- Management is responsible for the preparation and fair presentation of the financial statements and for internal control as is determined necessary to enable the preparation of financial statements
- The Auditors are responsible to express an opinion on the financial statements, based on their audit
- Opinion – The financial statements present fairly, in all material respects, the financial position of Wingham & District Hospital as at March 31, 2011 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

MOTION:

It was moved by Amy Miller, seconded by Helen Rintoul to:

Accept the Wingham and District Hospital's Audited Financial Statements for the year ended March 31, 2011, as presented.

Motion Carried

4.6.2 Appointment of Auditors:

MOTION:

It was moved by Marg Carswell, seconded by Margaret Stapleton to:

Appoint the firm of BDO Canada as Auditors for the Wingham and District Hospital for 2011-2012.

Motion Carried

4.7 Governance & Nominations Committee Report

- #### 4.7.1
- Blair expressed appreciation to the outgoing members noting that they will be missed and that their input and contribution made to the Board was valued.

4.7.2 Election of Directors – Listowel Memorial Hospital

MOTION:

It was moved by Blair Burns, seconded by Tom Soltys to:

Re-appoint Kris Dekker, Bert Johnson, Ken Petrie and Dave Calder for a 2-year term.

Motion Carried

Blair noted that there is still one vacancy left on the L.M.H. Board but that the Committee has several people in mind and will conduct interviews to come up with a replacement.

4.7.3 Election of Directors – Wingham and District Hospital

MOTION:

It was moved by Margaret Stapleton, seconded by Marg Carswell to:

Re-appoint Rob Hutchison (Central Zone) and Amy Miller (Western Zone) for a 2-year term.

Motion Carried

MOTION:

It was moved by Amy Miller, seconded by Helen Rintoul to:

Appoint Sandra Campbell (Central Zone) and Penny Mulvey (Member-At-Large) for a 2-year term.

Motion Carried

4.8 Report of the Listowel Memorial Hospital Auxiliary

Mary Kerr noted the Auxiliary Report was available in the Annual Report.

4.9 Report of the Auxiliary to Wingham & District Hospital

Helen Rintoul noted that the WDH Auxiliary had a new fundraiser 'May Tag Days' and that the Annual Meeting of the Auxiliary will take place on June 27, 2011.

4.10 Report of the Listowel Memorial Hospital Foundation

Warren Howard, L.M.H. Foundation member reported that the Foundation had a good year and that the First Annual Gala was very successful.

4.11 Report of the Wingham & District Hospital Foundation

It was noted that the Logan Hallahan event was quite successful again this year.

5.0 By-Law Amendments

5.1 By-Law Amendments for the Listowel Memorial Hospital

It was reported to the group that a considerable amount of time was spent by Karl, Andy and Kris, with help from Denise and Debbie, reviewing and making changes to the By-Laws.

Most of the changes are related to the Excellent Care for All Act and other Acts that have been legislated.

5.1.1 Review of Proposed By-Law Amendments for the Listowel Memorial Hospital

- As noted above

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

MOTION

It was moved by Blair Burns, seconded by Bob Johns to:

Approve the proposed By-Law amendments for the Listowel Memorial Hospital.

Motion Carried

5.2 By-Law Amendments for the Wingham & District Hospital

5.2.1 Review of Proposed By-Law Amendments for the Wingham & District Hospital

- As noted above

5.2.2 Approval of Proposed By-Law Amendments for the Wingham & District Hospital

MOTION

It was moved by Rob Hutchison, seconded by Margaret Stapleton to:

Approve the proposed By-Law amendments for the Wingham & District Hospital.

Motion Carried

5.0 **Adjournment**

MOTION

It was moved by Tom Soltys that:

The Annual Meeting be adjourned at 1947 hours.

Motion Carried

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

Margaret Stapleton, Chair

Karl Ellis, Secretary

Listowel Wingham Hospitals Alliance Governance Report for 2011/12

The Directors of the Listowel Memorial Hospital and the Wingham and District Hospital have been entrusted with the responsibility to ensure that our local Hospitals are able to fulfill their mission of providing the best possible care for the people we serve. While the demands of this responsibility continue to increase, the Board looks for new opportunities to make sure that our local hospitals are in a position to meet the health care needs of our communities today and in the years ahead. This Report summarizes some of the activities undertaken in the last year by the Board and the Hospitals to meet this goal.

Strategic Planning

Significant time and energy was spent on considering the future of the Alliance and its Hospitals. Board members considered the current state of our Alliance hospitals, the Provincial healthcare climate and the pending health system reform. Representatives of the major Hospital stakeholders, including Family Health Teams, Physicians, Foundations, Management and Boards, gathered for facilitated discussions. The outcome was a clear direction to develop a Clinical Services Plan and a Human Resources Plan. The Clinical Services Plan will determine the health services that our communities need and it will suggest the most appropriate site and sizing of those services. The Human Resources Plan will define the personnel that will be required to provide those clinical services and it will recommend a recruitment and retention strategy to ensure that the organization has the people it needs. Understanding what services we need and the people needed to provide them is crucial information for our two local Health Professional Recruitment Committees.

The Board reconfirmed the principles established in the original Alliance Agreement negotiated 10 years ago. The Alliance Board appreciates the time and energy of all involved in the enhanced process undertaken in the past year.

Leadership Development

The Hospitals continue to develop and strengthen leadership capacity throughout the organizations. Numerous projects have been undertaken by the leadership team, in addition to its ongoing management of the day to day affairs of the Hospitals. The leadership team members must be commended for their boundless energies invested in maintaining and improving health care in our communities.

Quality

The Board has approved the second annual, provincially mandated, Quality Improvement Plan (QIP). We have learned a lot as an organization through the preparation and monitoring of these plans. The Board has been enthused by the development of a Quality Framework and supports the renewed focus on quality by Staff and Physicians. Everyone is committed to ensuring that the experience of every patient is the best and safest it can be in our Hospitals.

Infrastructure

The North Perth Community is still excited following the recent opening of the Fisher Family Primary Care Centre. All local patients of the North Perth Family Health Team and the Family Physicians are now being seen in the same facility. Constructed, owned and operated by the Listowel Memorial Hospital, the facility would not have been possible without the generous support of numerous community members and the Listowel Memorial Hospital Foundation.

The Listowel Memorial Hospital is also undertaking some smaller renovation projects in the older sections of the facility, including a new palliative care suite, an upgraded team station and improved isolation rooms.

Last August, the Wingham Community was thrilled to receive the long-awaited approval of the Phase I renovations to the Wingham and District Hospital. This redevelopment had been planned over the last 10 years and would have rejuvenated key clinical departments including emergency, ambulatory care, surgery, sterilization and diagnostic imaging. The elation was short lived as the Liberal Government chose to cancel a short list of hospital redevelopments in the province this past March, as part of the budget process. Despite this disappointment, the Wingham and District Hospital and its supporting Foundation continue to be committed to ensuring that modern health care facilities are available to our community. Plans are currently being developed to undertake smaller, targeted renovations utilizing our own sources of funds, where necessary.

Accountability and Resources

Provincial finances continue to challenge the ability of the Government and South West Local Health Integration Network to provide timely funding announcements. Despite these delays and the expectation of no funding increase, the Hospitals have been able to prepare balanced budgets for 2012/2013. These balanced budgets follow a year-end that resulted in a small deficit in Wingham and a small surplus in Listowel. Both Hospitals remain financially healthy and continue to benefit from strong community and Foundation support for their capital purchases.

Communications

A newsletter will be sent to all households in the areas served by the Listowel Memorial Hospital and Wingham and District Hospital. This edition of the newsletter is intended to inform residents of the relationship between the two Hospitals and will provide information about the local Auxiliaries, Family Health Teams and Foundations. Future editions of the newsletters will begin to inform our communities about the health care services available close to home in our Hospitals.

The Board has seriously considered its legislated obligation to provide information to interested community members. Significant information is disclosed on the Alliance website and the Board proactively engaged members of the local press in a discussion about how to improve transparency in its governance and business activities.

Governance

Three new members joined our Boards to fill vacancies during the past year. Penny Mulvey and Sandra Campbell joined the Wingham and District Hospital Board last June, while, more recently, Kathy

Mitchell has become a member of the Listowel Memorial Hospital Board. A broad range of skills is required to ensure that the Boards functions effectively and the Boards use a matrix to identify required skill sets for new members.

The complexity of the health care environment necessitates that education sessions be a regular part of Board meetings. The Ontario Hospital Association (OHA) continues to be the primary avenue for both receiving topical information and advocating on behalf of the Hospitals. Listowel Board member Bert Johnson presently serves on the Region 5 OHA Council and CEO Karl Ellis has been invited to join the Small, Rural and Northern Hospitals Provincial Leadership Council of the OHA.

The activities of the Board included developing an annual work plan and undertaking a comprehensive evaluation of the performance of the Chief Executive Officer. Succession plans for Board and Senior Management positions have also been addressed. Board meeting effectiveness continues to be evaluated on a semi-annual process and the two Boards are working very well together. The Professional Staff Bylaws for both sites are being reviewed and a new credentialing policy is being developed.

The Board must extend thanks to our retiring members. Margaret Stapleton is to be commended for her outstanding 12 year commitment to our organization, during which she brought strong leadership as Chair during a period of transition. Ken Petrie, who contributed a wealth of knowledge of business and finance, has also retired. Dr. Mark Moores has completed his term as Chief of Staff for the Wingham and District Hospital and Dr. Greg Antoniadis has agreed to assume that position. The Directors are very grateful for the contribution of those local Physicians who take time to serve on the Hospital Board, in addition to their many other responsibilities.

The Alliance Hospitals maintain a vision of being leaders in fully integrated, rural hospital-based health services. We continue to value honesty, openness, compassion, courage, teamwork, leadership and innovation. Comments and feedback from our community, that will assist us in improving the healthcare services being provided, are always appreciated.

Respectfully Submitted,

Andy McBride
Chair Wingham and District Hospital Board
Co-Chair Listowel Wingham Hospitals Alliance

Kris Dekker,
Chair Listowel Memorial Hospital Board
Co-Chair Listowel Wingham Hospitals Alliance

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

**Listowel Memorial Hospital
Chief of Staff Report
2011-2012**

This completes my second year as Chief of Staff in Listowel and there have been some important changes during this time. Once again, I would like to thank my fellow Board Members for their time and effort as well as their expertise.

I must start with the completion and opening of the Fisher Family Primary Care Centre, which promises to transform our Medical Practice and vastly improve the patient experience. I must thank all the parties involved in its successful construction and note what a great advertisement it is for cooperation between Provincial and Municipal levels of Government, Hospital and Family Health Team Management and Boards, Hospital Foundation, Doctors and Clinic Staff, Local Business, and especially the Community itself, so well exemplified by the Fisher Family's generosity. Over the last 3 months we have noticed significant improvements in our working environment as a result of this new development, though many of the advantages of the FFPCC (even new initials to learn!) will be in the future, such as increased opportunities to recruit new Physicians.

The Recruitment process itself has received much more formal attention in Listowel with the activities of the Recruitment Committee, including provision of a new furnished apartment for Residents and Locums and the crucial appointment of Kimberley Kowch in an innovative shared role with the Municipality for Recruitment of Professionals. This will relieve busy Physicians of some of this work and add some expertise in several needed areas. I would say, however, that we need aggressive efforts to continue as we are still 2-3 Doctors below par.

Of late, we have been fortunate in attracting a young ER Locum, Dr. Reza Akef, to help with coverage of shifts, and this has allowed better balance for local Physicians trying to age gracefully while providing comprehensive care in OB, ER, OR, Inpatient and Clinic settings.

It has been a quieter year (in a good way) on the Nursing Staff front with Physicians perceiving a positive reorganization materializing, some improvement in the sustainability of some young staff, as well as good training and education policies.

The Ambulatory Care experience has been very positive with a fine group of visiting Specialists who admit to enjoying coming to our facility and relish the atmosphere and organization here. With a busy Dermatologist, ENT Surgeon, Urologist, Internal Medicine Specialists, General Surgeons, Maxillo-Facial Surgeon, Orthopaedic Surgeon, OB-Gyns, and a Gastroenterologist, I believe we have excellent access to care. With our Clinical Program Planning in progress at a Board level this is obviously one of our ongoing priorities.

There continue to be some challenges regarding patient transfers to other Facilities, but with ambitious programs such as the "One Number" initiative and the "Life and Limb" policy there are efforts afoot to improve these within our LHIN. Patient transport is another major issue for us as EMS struggles with the balance between response times and providing ongoing necessary transfer service.

Finally, Information Technology is set to fulfill some of its promise with the “HUGO” project set to start over the next year and our Hospital being proactive in its approach to this important safety and quality initiative with some renovations already planned and key individuals identified. Much work remains to be done, but I congratulate Management on their approach and look forward to 2013.

Respectfully Submitted,

Dr. Russell Latuskie

Wingham and District Hospital
Chief of Staff Report
2011-2012

This report completes my third year as Chief of Staff. The last 12 months finds continuing changes and challenges, which has been the same theme for last 3 years.

Dr. Stephen Vanderklippe has joined the hospital and community as a family physician running a family practice, ER coverage, and inpatient care. He has been a welcome addition, and his youth and energy are revitalizing.

The Emergency Room continues to be a physician staffing challenge. With the addition of Dr. Vanderklippe, it is expected that the EDCDP, which has been helping us with unfilled ER shifts, will most likely come to a close. A teleconference will take place in the near future to determine the end date. This will put a strain on our existing ER physicians, but hopefully over the past few years we have recruited sufficient new intermittent ER locum coverage that they will be able to help cover the additional shifts. It is certainly our hope to utilize the private Med Emerg service as little as possible given that it is extremely expensive for the hospital.

We are now completing the first fiscal year with our new Administration, and I am pleased to see how they are adopting a new approach to many areas. Certainly there is much work still ahead, and with the ongoing changes from the Ministry of Health this has put Administration in a very challenging position. New Legislation continues to be developed with very little input from rural hospitals, and we are forced to often fall in line with policies developed based on urban models. To date, Administration has done their best to meet these challenges. I look forward to continuing to work with Administration, albeit outside the Chief of Staff role, as we move forward with the adaptation to the latest changes as well as hopefully resurfacing old programs that would be a welcome return to Wingham.

As I am sure all of you share, I was deeply disappointed with the Provincial Government's decision to cancel our redevelopment project. Outside of my personal opinions regarding the politics of this decision, I find our community was very wounded by this. I appreciate Administration's immediate change of direction in moving towards small projects we can achieve through local funding to accomplish some of the upgrades we require until we are able to gain larger project support from the Ministry of Health.

It is with much gratitude and thanks that I welcome Dr. Greg Antoniadis to be our new Chief of Staff effective July 1, 2012. Dr. Antoniadis' many years of experience at Wingham and District Hospital along with his work at other facilities gives him good insight and wisdom as he steps into the Chief of Staff role. With his taking over this role, it is my intention to return to the "Chief" of Emergency role.

I thank the Board and Administration for working with me in the last 3 years and appreciate all that we have accomplished.

Respectfully Submitted,

Dr. Mark Moores

**Listowel Memorial Hospital
Report of the Treasurer
2011/2012**

I am pleased to announce that the Listowel Memorial Hospital finished the 2011/12 fiscal year with a surplus of \$72,716 on Hospital operations. Amortization of fixed assets net of deferred contributions resulted in a deficit for the year of \$225,862. Capital expenditures increased significantly in 2011/12 (\$4.3 million compared to \$1.5 million in the prior year) due to the construction of the Fisher Family Primary Care Clinic. This project will come in under its budgeted cost of \$4.9 million. The hospital's working capital position decreased to from 3.5 to 1 at the end of 2011 to 1.15 to 1 at the end of 2012; part of this decrease is due to our decision to make investments in longer term securities to improve investment yields.

The Audit Committee is also pleased to report that our Auditors have issued an unqualified audit opinion for the 2011/2012 fiscal year.

The Provincial Government's decision to not increase base funding for 2012/2013 will make it difficult to achieve a balanced budget while continuing to provide the services our community has been accustomed to. Management and staff will continue to work diligently to find efficiencies throughout the hospital operations in order to deal with funding cutbacks.

Respectfully submitted,

Tom Soltys
Treasurer

Listowel Memorial Hospital
Financial Statements
For the year ended March 31, 2012

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Independent Auditor's Report

To the Board of Directors of Listowel Memorial Hospital

We have audited the accompanying financial statements of the Listowel Memorial Hospital, which comprise the balance sheet as at March 31, 2012 and the statements of changes in net assets, operations and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Listowel Memorial Hospital as at March 31, 2012 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

BDO Canada LLP

Chartered Accountants, Licensed Public Accountants

Wingham, Ontario
May 24, 2012

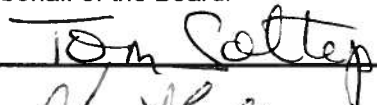
Listowel Memorial Hospital Balance Sheet


March 31	2012	2011
Assets		
Current		
Cash (Note 1)	\$ 617,147	\$ 6,516,349
Accounts receivable	748,300	837,759
Inventory	80,999	84,679
Prepaid expenses	207,469	187,936
Current portion of investments (Note 2)	1,020,000	-
	<u>2,673,915</u>	<u>7,626,723</u>
Investments (Note 2)	2,411,727	20,890
Other assets (Note 3)	81,554	81,554
Property and equipment (Note 4)	26,056,025	23,236,554
	<u>\$ 31,223,221</u>	<u>\$ 30,965,721</u>

Liabilities and Net Assets

Current		
Accounts payable and accrued liabilities	\$ 1,847,433	\$ 2,011,471
Deferred revenue	407,583	85,000
Current portion of employee future benefits (Note 5)	69,232	50,346
	<u>2,324,248</u>	<u>2,146,817</u>
Employee future benefits liability (Note 5)	611,271	610,925
Deferred revenue	263,472	526,944
Deferred contributions (Note 6)	13,943,424	13,374,367
	<u>17,142,415</u>	<u>16,659,053</u>
Contingencies (Note 10)		
Net Assets		
Invested in property and equipment	12,112,601	9,862,187
Unrestricted	1,968,205	4,444,481
	<u>14,080,806</u>	<u>14,306,668</u>
	<u>\$ 31,223,221</u>	<u>\$ 30,965,721</u>

On behalf of the Board:





Director

Director

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

Listowel Memorial Hospital Statement of Changes in Net Assets

For the year ended March 31	2012			2011
	Invested in Property and Equipment	Unrestricted	Total	Total
Balance , beginning of year	\$ 9,862,187	\$ 4,444,481	\$ 14,306,668	\$ 14,006,558
Excess of revenue over (under) expenses for the year	(818,152)	592,290	(225,862)	75,110
Investment in property and equipment, net	3,068,566	(3,068,566)	-	-
Contribution for the purchase of land	-	-	-	225,000
Balance , end of year	\$ 12,112,601	\$ 1,968,205	\$ 14,080,806	\$ 14,306,668

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

Listowel Memorial Hospital Statement of Operations

For the year ended March 31	2012	2011
Revenue		
Ministry of Health and Long Term Care	\$ 15,547,629	\$ 15,024,273
Inpatient	316,298	462,455
Outpatient	943,908	934,933
Investment income	94,056	53,830
Recoveries and other income	1,593,139	1,416,596
Amortization of deferred contributions	242,056	307,845
	<u>18,737,086</u>	<u>18,199,932</u>
Expenses		
Salaries and wages	9,037,816	8,595,161
Medical staff remuneration	2,217,557	2,007,190
Employee benefits	2,389,242	2,368,762
Supplies and other expenses	3,594,621	3,366,076
Medical and surgical supplies	422,859	395,076
Drug expense	232,325	286,303
Amortization of equipment	769,950	802,332
	<u>18,664,370</u>	<u>17,820,900</u>
Excess of revenue over expenses before building amortization	72,716	379,032
Amortization of land improvements and building	(786,936)	(784,416)
Amortization of deferred contributions for building and land improvements	<u>488,358</u>	<u>480,494</u>
Excess (deficiency) of revenue over expenses for the year	\$ (225,862)	\$ 75,110

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

Listowel Memorial Hospital Statement of Cash Flows

For the year ended March 31	2012	2011
Cash provided by (used in)		
Operating activities		
Excess of revenue over (under) expenses for the year	\$ (225,862)	\$ 75,110
Items not involving cash		
Amortization of property and equipment	1,548,566	1,573,595
Change in employee future benefits liability	19,232	1,685
Amortization of deferred contributions	(730,414)	(788,339)
Loss on disposal of property and equipment	-	4,713
	<u>611,522</u>	<u>866,764</u>
Changes in non-cash working capital balances (Note 9)	<u>(31,321)</u>	<u>92,957</u>
	<u>580,201</u>	<u>959,721</u>
Investing activities		
Acquisition of investments, net	(3,410,837)	-
Acquisition of property and equipment	(4,368,037)	(1,527,118)
Grants and donations for property and equipment	1,299,471	1,239,271
Contribution for land	-	225,000
	<u>(6,479,403)</u>	<u>(62,847)</u>
Net increase (decrease) in cash during the year	(5,899,202)	896,874
Cash, beginning of year	<u>6,516,349</u>	<u>5,619,475</u>
Cash, end of year	<u>\$ 617,147</u>	<u>\$ 6,516,349</u>

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

Listowel Memorial Hospital Summary of Significant Accounting Policies

March 31, 2012

Nature and Purpose of Organization

The Listowel Memorial Hospital is incorporated without share capital under the laws of the Province of Ontario. The hospital is principally involved in providing health services to North Perth and the surrounding area.

Under the Health Insurance Act and the regulations thereto, the hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the South West Local Health Integration Network. These financial statements reflect agreed funding arrangements approved by the Ministry with respect to the year ended March 31, 2012.

The hospital is a registered charity under the Income Tax Act and, as such, is exempt from income tax and may issue income tax receipts to donors.

Basis of Accounting and Presentation

The financial statements have been prepared using the accrual basis of accounting. The accrual basis of accounting recognizes revenues as they become available and measurable; expenses are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

The financial statements do not include the assets, liabilities and activities of related organizations which are not operated by the hospital.

Use of Estimates

The preparation of financial statements in accordance with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from management's best estimates as additional information becomes available in the future. Use of estimates primarily relates to property and equipment and employee future benefits.

Financial Instruments

The Hospital utilizes various financial instruments. Unless otherwise noted, it is management's opinion that the company is not exposed to significant interest, currency or credit risks arising from these financial instruments and the carrying amounts approximate fair values.

All transactions related to financial instruments are recorded on a trade date basis.

The Hospital classifies its financial instruments into one of the following categories based on the purpose for which the asset was acquired. The Hospital's accounting policy for each category is as follows:

Listowel Memorial Hospital Summary of Significant Accounting Policies

March 31, 2012

Financial

Instruments (cont'd)

Held-for-trading

This category is comprised of cash and investments. They are carried in the balance sheet at fair value with changes in fair value recognized in the income statement. Transaction costs related to instruments classified as held-for-trading are expensed as incurred.

Loans and receivables

These assets are non-derivative financial assets resulting from the delivery of cash or other assets by a lender to a borrower in return for a promise to repay on a specified date or dates, or on demand. They arise principally through the provision of goods and services to customers (accounts receivable), but also incorporate other types of contractual monetary assets. They are initially recognized at fair value and subsequently carried at amortized cost, using the effective interest rate method, less any provision for impairment. Transaction costs related to loans and receivables are expensed as incurred.

Held-to-maturity investments

These assets are non-derivative financial assets with fixed or determinable payments and fixed maturities that the company's management has the positive intention and ability to hold to maturity and comprises certain investments in debt securities. These assets are initially recognized at fair value and subsequently carried at amortized cost, using the effective interest rate method, less any provision for impairment. Transaction costs related to held-to-maturity investments are expensed as incurred.

Other financial liabilities

Other financial liabilities includes all financial liabilities other than those classified as held-for-trading and comprises trade payables and other short-term monetary liabilities. These liabilities are initially recognized at fair value and subsequently carried at amortized cost using the effective interest rate method. Transaction costs related to other financial liabilities are expensed as incurred.

Revenue Recognition

The hospital follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. 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. Endowment contributions are recognized as direct increases in net assets.

Other revenue is recognized when earned, as services are rendered or as products are delivered. The amount of the revenue must be fixed or determinable and collectibility reasonably assured.

Listowel Memorial Hospital Summary of Significant Accounting Policies

March 31, 2012

Capital Contributions Restricted contributions received by the hospital for the purchase of property and equipment are deferred and recognized as revenue on the same basis as the amortization expense related to the acquired assets.

**Contributed Materials
and Services**

Contributed materials and services which are used in the normal course of the hospital's operations and would otherwise have been purchased are recorded at their fair value at the date of contribution if fair value can be reasonably estimated.

Volunteers contribute their time to assist the hospital in carrying out its service delivery activities. Because of the difficulty of determining the fair value, contributed services are not recognized in the financial statements.

Inventory

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

**Property and
Equipment**

Purchased property and equipment are recorded at cost. Contributed property and equipment are recorded at fair value at the date of contribution. Amortization is provided on a straight line basis over the assets' estimated useful lives as follows:

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

Renovations

The cost of renovations to the hospital building which significantly increase its useful life and capacity are capitalized as part of the cost of the related capital asset. Renovation costs to adapt the hospital building to changed operating conditions or to maintain operating efficiency are recorded as an expense in the period they are incurred.

Listowel Memorial Hospital Summary of Significant Accounting Policies

March 31, 2012

Employee Future Benefits

The hospital provides post-employment health, dental and life insurance benefits to eligible retired employees. The accrued benefit obligation for these benefits is actuarially determined using the projected benefit method prorated on service, and incorporates management's best estimate of salary escalation, retirement ages of employees, and expected benefit costs.

Actuarial gains and losses in a year are combined with the unamortized balance of gains and losses from prior years. The portion of the total that exceeds ten percent of the accrued benefit obligation is amortized over the average remaining service period of the active employees. Past service costs arising from plan amendments are amortized over the future years of service of active employees.

Defined contribution plan accounting is applied to the hospital's multi-employer defined benefit pension plan. Contributions for current and past service costs are expensed in the year in which they become due.

New Accounting Pronouncements

Accounting Standards for Not-for-Profit Organizations (NPO)

For year ends beginning on or after January 1, 2012, government NPO's have the option of adopting Public Sector Accounting Standards plus the Section 4200 series of NPO specific standards with minor modifications or Public Sector Accounting Standards excluding the new 4200 series. Until the date of transition to the new standards, all NPO's will continue to follow the current Canadian Institute of Chartered Accountants Handbook – Accounting Part V – Pre-Changeover Standards.

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2012

1. 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.

2. Investments

	<u>2012</u>	<u>2011</u>
Sun Life Financial shares	\$ 36,499	\$ 20,890
Equity Investment Portfolio	165,228	-
Guaranteed Investment Certificates, 1.26% - 2.90%, maturing between June 2012 and June 2016	<u>3,230,000</u>	-
	3,431,727	20,890
Less: current portion	<u>1,020,000</u>	-
	<u>\$ 2,411,727</u>	<u>\$ 20,890</u>

The equity investments listed above are non-derivative financial assets and have been classified as held for trading financial instruments. The fair values of these investments were determined by reference to public price quotations in an active market.

The unrealized loss on the equity investment portfolio of \$5,199 and the unrealized gain on the Sun Life shares of \$15,619 is included in investment income.

3. Other Assets

	<u>2012</u>	<u>2011</u>
Bequest receivable	<u>\$ 81,554</u>	<u>\$ 81,554</u>

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

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2012

4. Property and Equipment

	2012		2011	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Land	\$ 1,386,890	\$ -	\$ 1,386,890	\$ -
Land improvements	445,873	156,513	445,873	134,665
Buildings	15,998,468	2,468,084	15,971,024	2,022,715
Equipment	14,256,164	7,452,252	13,993,185	7,060,486
	32,087,395	10,076,849	31,796,972	9,217,866
Construction in progress	4,045,479	-	657,448	-
	36,132,874	10,076,849	32,454,420	9,217,866
Net book value		\$ 26,056,025		\$ 23,236,554

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2012

5. Employee Future Benefits

Pension Plan

Substantially all of the employees of the hospital are eligible to be members of the Healthcare of Ontario Pension Plan, which is a multi-employer final average pay contributory pension plan. The contributions to the plan during the year totalled \$674,323 (2011 - \$628,622) and are included in employee benefits on the statement of operations.

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:

	<u>2012</u>	<u>2011</u>
Accrued benefit obligation	\$ 810,532	\$ 639,280
Unamortized net actuarial gain (loss)	(62,934)	21,991
Unamortized past service cost	(67,095)	-
	<u>680,503</u>	<u>661,271</u>
Less current portion included in accounts payable	(69,232)	(50,346)
Employee future benefits liability	<u>\$ 611,271</u>	<u>\$ 610,925</u>

Effective April 1, 2011, the cost sharing arrangements of the plan was amended pursuant to collective bargaining agreements. The plan amendments resulted in an increase of \$78,278 in the accrued benefit obligation and the unamortized past service costs.

In measuring the hospital's accrued benefit obligation, a discount rate of 4.0% (2011 - 5.25%) was assumed to determine the accrued benefit obligation and a discount rate of 4.0% (2011 - 5.25%) was assumed to determine the benefit cost. For extended health care costs, a 6% annual rate of increase was assumed and, for dental costs, a 3% annual rate of increase was assumed. The most recent actuarial valuation was prepared as at April 1, 2010. Actual results could differ from this estimate as additional information becomes available in the future.

Other information about the hospital's plan is as follows:

	<u>2012</u>	<u>2011</u>
Expense for the year	\$ 69,232	\$ 50,346
Benefits paid during the year	49,123	48,661

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2012

6. Deferred Contributions Related to Property and Equipment

Deferred contributions related to property and equipment represent restricted contributions with which hospital assets have been purchased. The change in the deferred contributions balance for the period is as follows:

	<u>2012</u>	<u>2011</u>
Balance, beginning of year	\$ 13,374,367	\$ 12,923,435
Contributions received	1,299,471	1,239,271
Amortization of deferred contributions - equipment	(242,056)	(307,845)
Amortization of deferred contributions - building and land improvements	<u>(488,358)</u>	<u>(480,494)</u>
Balance, end of year	<u>\$ 13,943,424</u>	<u>\$ 13,374,367</u>

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2012

7. Related Party Transactions

Listowel Memorial Hospital Foundation

The hospital exercises significant influence over the Listowel Memorial Hospital Foundation by virtue of its ability to appoint some of the Foundation's Board of Directors. The Foundation was established to raise funds for the use of the hospital, is incorporated without share capital under the laws of the Province of Ontario, and is a registered charity under the Income Tax Act.

The hospital pays expenses on behalf of the Foundation which are offset by recoveries from the Foundation. At March 31, 2012, the net amount receivable for these expenses was \$8,568 (2011 - \$6,511).

	<u>2012</u>	<u>2011</u>
Donations received from the Listowel Memorial Hospital Foundation during the year	\$ 1,272,662	\$ 450,000

North Perth Family Health Team

The North Perth Family Health Team is a not-for-profit organization incorporated by letters patent in the province of Ontario without share capital. The Organization is funded by the Ministry of Health and Long-term Care. The organization provides comprehensive primary health care services through an interdisciplinary team of health care professionals to the residents of North Perth and surrounding area. The Listowel Memorial Hospital and the North Perth Family Health Team work closely together to achieve common objectives regarding health care in the community.

The hospital pays expenses on behalf of the Family Health Team which are offset by recoveries from the Family Health Team. At March 31, 2012, the net amount receivable for these expenses was \$30,170 (2011 - \$25,657).

	<u>2012</u>	<u>2011</u>
Rent charged to Family Health Team for the year	\$ 20,262	\$ 30,205
I/T support charged to Family Health Team for the year	10,000	10,000
Contribution from the Family Health Team for the Fisher Health Centre	-	848,609

Listowel Cradle Club Hospital Auxiliary

The Listowel Cradle Club 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 Listowel Memorial Hospital Foundation to be used for the purchase of equipment and supplies for the hospital. During the year, the Auxiliary donated \$10,532 to the Hospital.

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2012

7. Related Party Transactions (continued)

Wingham and District Hospital

The Hospital has an alliance agreement with the Wingham and District Hospital and shares a senior management team and other resources. The Hospital's share of the operating revenues and expenditures, and the assets and liabilities of the alliance have been recorded in the accounts of the Hospital. Shared expenditures paid by Listowel for Wingham are shown as an expense and recovery.

8. Capital Management

For the purposes of capital management, the hospital has defined capital as its net asset balance. The hospital's objective with respect to capital management is to maintain a sufficient net asset balance to fund current and future hospital operations.

The Ministry of Health and Long-Term Care has created regional Local Health Integration Networks (LHIN) that are responsible for the funding and organization of health care services. Listowel Memorial Hospital has negotiated a Hospital Service Accountability Agreement for the 2012 fiscal year with the South West LHIN. This agreement requires the submission of budgets and sets out performance standards.

9. Statement of Cash Flows

The change in non-cash working capital balances is made up as follows:

	2012	2011
Decrease (increase) in accounts receivable	\$ 89,458	\$ (436,624)
Decrease (increase) in inventory	3,680	34,236
Decrease (increase) in prepaid expenses	(19,534)	(82,780)
Increase (decrease) in accounts payable	(164,036)	493,125
Increase (decrease) in deferred revenue	59,111	85,000
	<u>\$ (31,321)</u>	<u>\$ 92,957</u>

Listowel Memorial Hospital Notes to Financial Statements

March 31, 2012

10. Contingent Liability

The Listowel Memorial Hospital has entered into an agreement with Healthcare Insurance Reciprocal of Canada (HIROC), a reciprocal insurance company licensed under the Insurance Act, (Ontario). HIROC provides insurance coverage on a pooling basis to its subscribers. The Listowel Memorial Hospital is liable for its proportionate share of any assessment for losses experienced by the pool during each policy year that it is a subscriber.

Wingham and District Hospital Report of the Treasurer for 2011/2012

The Resource Committee is responsible for overseeing the management of the Hospital's financial and human resources. The committee consists of the Board Chairperson, the Board Vice-Chairperson, the Chief of Medical Staff, the Board Treasurer and two Directors. The committee members for the 2011/2012 year were Andy McBride, Amy Miller, Dr. Mark Moores, Trevor Seip, Rob Hutchison, and Penny Mulvey respectively.

The committee met five times during the past year jointly with the LMH Resource Committee. The Hospital had originally planned for a break-even position for the 2011/2012 fiscal year however due to some increased financial pressures and some one-time costs we are anticipating a deficit of \$195,523. This is decline from last year's \$28,116 surplus. The Hospital invested approximately \$575,000 in capital equipment while maintaining a working capital of \$1.34 million.

The Board, Committee and the community appreciate the continued support we receive from the Foundation. This year the Foundation gave \$210,157 toward various items from our capital list, as a result of the sponsored CKNX Radiothon and other initiatives.

Even with the cancellation of the redevelopment project for the Hospital the Committee, Senior Management and the Board are making strides to ensure that some of the opportunities that existed in that plan for the infrastructure are going ahead in some capacity.

The Audit Committee is another financial committee which met twice this year. The committee consists of the Board Treasurer and two Directors; which are Trevor Seip, Rob Hutchison and Amy Miller respectively. This committee met with the Auditor and the Senior Management on May 31, 2012 to review the Financial Statements and to make a recommendation to the Board. The Auditor's report and the Financial Statements are contained in this Annual Report.

On behalf of the Resource Committee and the Board of Directors, I would like to extend a tremendous thanks to our Senior Management Team and the WDH staff for bringing us through another fiscal year.

Respectfully submitted,

Trevor Seip
Treasurer

Wingham and District Hospital
Financial Statements
For the year ended March 31, 2012

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

Independent Auditor's Report

To the Members of Wingham and District Hospital

We have audited the accompanying financial statements of the Wingham and District Hospital, which comprise the balance sheet as at March 31, 2012 and the statements of changes in net assets, operations and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Wingham and District Hospital as at March 31, 2012 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

BDO Canada LLP

Chartered Accountants, Licensed Public Accountants

Wingham, Ontario
May 31, 2012

Wingham and District Hospital Balance Sheet

March 31

2012

2011

Assets

Current

Cash (Note 1)	\$ 1,077,111	\$ 1,249,815
Accounts receivable	597,911	879,672
Inventory	276,308	209,300
Prepaid expenses	177,156	212,160
Current portion of investments (Note 2)	526,000	-
	<u>2,654,486</u>	<u>2,550,947</u>

Investments (Note 2)	1,158,947	1,680,063
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Property and equipment (Note 3)	<u>6,844,624</u>	<u>6,810,361</u>
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	<u>\$ 10,658,057</u>	<u>\$ 11,041,371</u>
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Liabilities and Net Assets

Current

Accounts payable and accrued liabilities	\$ 1,247,609	\$ 1,044,035
Current portion of employee future benefits	67,503	39,913
	<u>1,315,112</u>	<u>1,083,948</u>

Employee future benefits liability (Note 4)	528,711	518,025
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Deferred contributions (Note 5)	<u>1,942,212</u>	<u>2,117,365</u>
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	<u>3,786,035</u>	<u>3,719,338</u>
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Contingencies (Note 9)

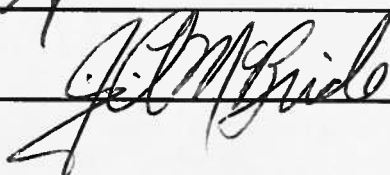
Net Assets

Invested in property and equipment	4,902,411	4,692,996
Unrestricted	<u>1,969,611</u>	<u>2,629,037</u>
	<u>6,872,022</u>	<u>7,322,033</u>

	<u>\$ 10,658,057</u>	<u>\$ 11,041,371</u>
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On behalf of the Board:





Director

Director

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

Wingham and District Hospital Statement of Changes in Net Assets

For the year ended March 31	2012			2011
	Invested in Property and Equipment	Unrestricted	Total	Total
Balance, beginning of year	\$ 4,692,996	\$ 2,629,037	\$ 7,322,033	\$ 7,535,988
Excess of revenue over (under) expenses for the year	(397,330)	(52,681)	(450,011)	(213,955)
Investment in property and equipment, net	606,745	(606,745)	-	-
Balance, end of year	\$ 4,902,411	\$ 1,969,611	\$ 6,872,022	\$ 7,322,033

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

Wingham and District Hospital Statement of Operations

For the year ended March 31	2012	2011
Revenue		
Ministry of Health and Long Term Care	\$ 13,580,684	\$ 13,259,031
Inpatient	150,351	205,013
Outpatient	612,110	587,389
Investment income	47,119	16,873
Recoveries and other income	2,227,766	2,530,850
Amortization of deferred contributions	433,674	375,830
	<u>17,051,704</u>	<u>16,974,986</u>
Expenses		
Salaries and wages	8,175,630	7,800,530
Medical staff remuneration	2,140,033	2,025,746
Employee benefits	2,280,418	2,115,867
Supplies and other expenses	2,898,776	3,016,460
Medical and surgical supplies	337,288	346,976
Drug expense	842,196	1,029,916
Amortization of equipment	572,886	611,375
	<u>17,247,227</u>	<u>16,946,870</u>
Excess of revenue over (under) expenses before building amortization	(195,523)	28,116
Amortization of land improvements and building	(286,695)	(274,456)
Amortization of deferred contributions for building and land improvements	32,207	32,385
Deficiency of revenue over expenses for the year	<u>\$ (450,011)</u>	<u>\$ (213,955)</u>

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

Wingham and District Hospital Statement of Cash Flows

For the year ended March 31	2012	2011
Cash provided by (used in)		
Operating activities		
Excess of revenue under expenses for the year	\$ (450,011)	\$ (213,955)
Items not involving cash		
Amortization of property and equipment	859,581	885,831
Change in employee future benefits liability	38,276	12,485
Amortization of deferred contributions	(465,881)	(408,215)
Loss on disposal of property and equipment	3,630	4,536
	<u>(14,405)</u>	280,682
Changes in non-cash working capital balances (Note 8)	<u>453,330</u>	<u>(258,013)</u>
	<u>438,925</u>	22,669
Investing activities		
Acquisition of investments, net	(4,884)	(8,040)
Acquisition of property and equipment	(897,473)	(564,093)
Grants and donations for property and equipment	290,728	371,966
	<u>(611,629)</u>	<u>(200,167)</u>
Net decrease in cash and investments during the year	(172,704)	(177,498)
Cash and investments, beginning of year	<u>1,249,815</u>	<u>1,427,313</u>
Cash and investments, end of year	<u>\$ 1,077,111</u>	<u>\$ 1,249,815</u>

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

Wingham and District Hospital Summary of Significant Accounting Policies

March 31, 2012

Nature and Purpose of Organization

The Wingham and District Hospital is incorporated without share capital under the laws of the Province of Ontario. The hospital is principally involved in providing health services to the Wingham area.

Under the Health Insurance Act and the regulations thereto, the hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Southwest Local Health Integration Network (LHIN). These financial statements reflect agreed funding arrangements approved by the Ministry with respect to the year ended March 31, 2012.

The hospital is a registered charity under the Income Tax Act and, as such, is exempt from income tax and may issue income tax receipts to donors.

Basis of Accounting and Presentation

The financial statements have been prepared using the accrual basis of accounting. The accrual basis of accounting recognizes revenues as they become available and measurable; expenses are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

The financial statements do not include the assets, liabilities and activities of related volunteer organizations which are not operated by the hospital.

Use of Estimates

The preparation of financial statements in accordance with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from management's best estimates as additional information becomes available in the future. Use of estimates primarily relates to property and equipment and employee future benefits.

Financial Instruments

The Hospital utilizes various financial instruments. Unless otherwise noted, it is management's opinion that the company is not exposed to significant interest, currency or credit risks arising from these financial instruments and the carrying amounts approximate fair values.

All transactions related to financial instruments are recorded on a trade date basis.

The Hospital classifies its financial instruments into one of the following categories based on the purpose for which the asset was acquired. The Hospital's accounting policy for each category is as follows:

Wingham and District Hospital Summary of Significant Accounting Policies

March 31, 2012

Financial Instruments (cont'd)

Held-for-trading

This category is comprised of cash and investments. They are carried in the balance sheet at fair value with changes in fair value recognized in the income statement. Transaction costs related to instruments classified as held-for-trading are expensed as incurred.

Loans and receivables

These assets are non-derivative financial assets resulting from the delivery of cash or other assets by a lender to a borrower in return for a promise to repay on a specified date or dates, or on demand. They arise principally through the provision of goods and services to customers (accounts receivable), but also incorporate other types of contractual monetary assets. They are initially recognized at fair value and subsequently carried at amortized cost, using the effective interest rate method, less any provision for impairment. Transaction costs related to loans and receivables are expensed as incurred.

Held-to-maturity investments

These assets are non-derivative financial assets with fixed or determinable payments and fixed maturities that the company's management has the positive intention and ability to hold to maturity and comprises certain investments in debt securities. These assets are initially recognized at fair value and subsequently carried at amortized cost, using the effective interest rate method, less any provision for impairment. Transaction costs related to held-to-maturity investments are expensed as incurred.

Other financial liabilities

Other financial liabilities includes all financial liabilities other than those classified as held-for-trading and comprises trade payables and other short-term monetary liabilities. These liabilities are initially recognized at fair value and subsequently carried at amortized cost using the effective interest rate method. Transaction costs related to other financial liabilities are expensed as incurred.

Revenue Recognition

The hospital follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. 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. Endowment contributions are recognized as direct increases in net assets.

Other revenue is recognized when earned, as services are rendered or as products are delivered. The amount of the revenue must be fixed or determinable and collectibility reasonably assured.

Wingham and District Hospital Summary of Significant Accounting Policies

March 31, 2012

Capital Contributions Restricted contributions received by the hospital for the purchase of property and equipment are deferred and recognized as revenue on the same basis as the amortization expense related to the acquired assets.

Contributed Materials and Services Contributed materials and services which are used in the normal course of the hospital's operations and would otherwise have been purchased are recorded at their fair value at the date of contribution if fair value can be reasonably estimated.

Volunteers contribute their time to assist the hospital in carrying out its service delivery activities. Because of the difficulty of determining the fair value, contributed services are not recognized in the financial statements.

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

Property and Equipment Purchased property and equipment are recorded at cost. Contributed property and equipment are recorded at fair value at the date of contribution. Amortization is provided on a straight line basis over the assets' estimated useful lives as follows:

Land improvements	-	10 to 25 years
Buildings	-	25 to 50 years
Building service equipment	-	5 to 20 years
Equipment	-	3 to 10 years

Renovations The cost of renovations to the hospital building which significantly increase its useful life and capacity are capitalized as part of the cost of the related capital asset. Renovation costs to adapt the hospital building to changed operating conditions or to maintain operating efficiency are recorded as an expense in the period they are incurred.

Wingham and District Hospital Summary of Significant Accounting Policies

March 31, 2012

**Employee
Future Benefits**

The hospital provides post-employment health, dental and life insurance benefits to eligible retired employees. The accrued benefit obligation for these benefits is actuarially determined using the projected benefit method prorated on service, and incorporates management's best estimate of salary escalation, retirement ages of employees, and expected benefit costs.

Actuarial gains and losses in a year are combined with the unamortized balance of gains and losses from prior years. The portion of the total that exceeds ten percent of the accrued benefit obligation is amortized over the average remaining service period of the active employees. Past service costs arising from plan amendments are amortized over the future years of service of active employees.

Defined contribution plan accounting is applied to the hospital's multi-employer defined benefit pension plan. Contributions for current and past service costs are expensed in the year in which they become due.

**New Accounting
Pronouncements**

Accounting Standards for Not-for-Profit Organizations (NPO)

For year ends beginning on or after January 1, 2012, government NPO's have the option of adopting Public Sector Accounting Standards plus the Section 4200 series of NPO specific standards with minor modifications or Public Sector Accounting standards excluding the new 4200 series. Until the date of transition to the new standards, all NPO's will continue to follow the current Canadian Institute of Chartered Accountants Handbook – Accounting Part V – Pre-Changeover Standards.

Wingham and District Hospital Notes to Financial Statements

March 31, 2012

1. Cash

Cash consists of bank deposits that are held at one chartered bank. The accounts earn interest at a rate of bank prime less 1.75%, payable monthly.

2. Investments

	<u>2012</u>	<u>2011</u>
Equity Investment Portfolio	\$ 78,321	\$ -
Guaranteed Investment Certificates, 0.60% to 0.90%, maturing between May and August 2011	-	1,680,063
Guaranteed Investment Certificates, 1.25% to 3.25%, maturing between May 2012 and May 2016	<u>1,606,626</u>	-
	<u>1,684,947</u>	1,680,063
Less: current portion	<u>526,000</u>	-
	<u>\$ 1,158,947</u>	<u>\$ 1,680,063</u>

The equity investments listed above are non-derivative financial assets and have been classified as held for trading financial instruments. The fair values of these investments were determined by reference to public price quotations in an active market.

The unrealized loss on these equity investments of \$4,008 is included in investment income.

Wingham and District Hospital Notes to Financial Statements

March 31, 2012

3. Property and Equipment

	2012		2011	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Land	\$ 648,188	\$ -	\$ 648,188	\$ -
Land improvements	190,024	43,084	190,024	31,232
Building and building service equipment	7,521,192	4,222,380	7,209,773	4,017,606
Equipment	7,429,474	4,971,656	6,917,200	4,358,899
Construction in progress	292,866	-	252,913	-
	\$ 16,081,744	\$ 9,237,120	\$ 15,218,098	\$ 8,407,737
Net book value		\$ 6,844,624		\$ 6,810,361

Wingham and District Hospital Notes to Financial Statements

March 31, 2012

4. Employee Future Benefits

Pension Plan

Substantially all of the employees of the hospital are eligible to be members of the Healthcare of Ontario Pension Plan, which is a multi-employer final average pay contributory pension plan. The contributions to the plan during the year totalled \$602,765 (2011 - \$580,861) and are included in employee benefits on the statement of operations.

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:

	<u>2012</u>	<u>2011</u>
Accrued benefit obligation	\$ 689,918	\$ 511,203
Unamortized experience gain (loss)	(25,229)	46,735
Unamortized past service cost	(68,475)	-
	<u>596,214</u>	<u>557,938</u>
Less current portion	(67,503)	(39,913)
Employee future benefits liability	<u>\$ 528,711</u>	<u>\$ 518,025</u>

Effective April 1, 2011, the cost sharing arrangements of the plan was amended pursuant to collective bargaining agreements. The plan amendments resulted in an increase of \$79,887 in the accrued benefit obligation and the unamortized past service costs.

In measuring the hospital's accrued benefit obligation, a discount rate of 4.0% (2011 - 5.25%) was assumed to determine the accrued benefit obligation and a discount rate of 4.0% (2011 - 5.25%) was assumed to determine the benefit cost. For extended health care costs, a 7.5% annual rate of increase was assumed declining to 5% and, for dental costs, a 3.5% annual rate of increase was assumed. The most recent actuarial valuation was prepared as at April 1, 2011. Actual results could differ from this estimate as additional information becomes available in the future.

Other information about the hospital's plan is as follows:

	<u>2012</u>	<u>2011</u>
Expense for the year	\$ 67,503	\$ 39,913
Benefits paid during the year	29,227	27,427

Wingham and District Hospital Notes to Financial Statements

March 31, 2012

5. Deferred Contributions Related to Property and Equipment

Deferred contributions related to property and equipment represent restricted contributions with which hospital assets have been purchased. The change in the deferred contributions balance for the period is as follows:

	<u>2012</u>	<u>2011</u>
Balance, beginning of year	\$ 2,117,365	\$ 2,153,614
Contributions received	290,728	371,966
Amortization of deferred contributions - equipment	(433,674)	(375,830)
Amortization of deferred contributions - building and land improvements	<u>(32,207)</u>	<u>(32,385)</u>
Balance, end of year	<u>\$ 1,942,212</u>	<u>\$ 2,117,365</u>

6. Related Party Transactions

Wingham and District Hospital Foundation

Wingham and District Hospital exercises significant influence over Wingham and District Hospital Foundation by virtue of its ability to appoint some of the Foundation's board of directors. The Foundation was established to raise funds for the use of the hospital, is incorporated without share capital under the laws of the Province of Ontario, and is a registered charity under the Income Tax Act. During the year ended March 31, 2012, the Foundation provided donations totaling \$210,157 (2011 - \$189,006) to the Hospital.

Listowel Memorial Hospital

The Hospital participates in an alliance with Listowel Memorial Hospital ("LMH") that results in some staff working at both locations. As at March 31, 2012, accounts receivable includes \$159,240 (2011 - \$130,099) owed to the Hospital by LMH and accounts payable and accrued liabilities includes \$135,650 (2011 - \$78,073) owed by the Hospital to LMH.

Wingham and District Hospital Notes to Financial Statements

March 31, 2012

7. Capital Management

For the purposes of capital management, the hospital has defined capital as its net asset balance. The hospital's objective with respect to capital management is to maintain a sufficient net asset balance to fund current and future hospital operations.

The Ministry of Health and Long-Term Care has created regional Local Health Integration Networks (LHIN) that are responsible for the funding and organization of health care services. Wingham and District Hospital has negotiated a Hospital Service Accountability Agreement for the 2012 fiscal year with the South West LHIN. This agreement requires the submission of budgets and sets out performance standards.

8. Statement of Cash Flows

The change in non-cash working capital balances is made up as follows:

	<u>2012</u>	<u>2011</u>
Decrease (increase) in accounts receivable	\$ 281,760	\$ (95,391)
Decrease (increase) in inventory	(67,008)	(32,685)
Decrease (increase) in prepaid expenses	35,004	16,736
Increase (decrease) in accounts payable	<u>203,574</u>	<u>(146,673)</u>
	<u>\$ 453,330</u>	<u>\$ (258,013)</u>

9. Contingent Liability

Wingham and District Hospital has entered into an agreement with Healthcare Insurance Reciprocal of Canada (HIROC), a reciprocal insurance company licensed under the Insurance Act, (Ontario). HIROC provides insurance coverage on a pooling basis to its subscribers. Wingham and District Hospital is liable for its proportionate share of any assessment for losses experienced by the pool during each policy year that it is a subscriber.

Report of the Listowel Memorial Hospital Auxiliary 2011/12

Nineteen members formed the 2011/12 Auxiliary. There were 10 monthly meetings held in the hospital cafeteria. The Executive for 2011 were: Jan Leasa, President; Beth Norman, Vice-President; Dawna Voll, Secretary; and Beth Annett, Treasurer.

The Auxiliary successfully raised \$10,435 for the hospital from our fundraiser events. Of this, \$6,000 went towards the purchase of an ECG machine in Emergency, and the balance was spent on smaller items with various departments. In March, our Money Market accounts were closed due to the low interest rate received.

2011 Bake Sales

- February – Valentine's Day
- March – St. Patrick's Day
- May – 2-Day sale at Listowel Greenhouse
- June – Father's Day
- October – Thanksgiving Day
- November – Christmas Bazaar

2011 Fundraisers

- Listowel Greenhouse 2-day hanging basket sale/book sale/raffle draw
- Small recipe book sales
- New Orleans Pizza coupon sales
- Palmerston Market sales – Saturday mornings throughout the summer
- Christmas bazaar and bake sale
- Christmas décor and raffle draw of donated items

In January 2011, the Auxiliary dropped the title 'Cradle Club' from its constitution, as the group does much more now than when first founded and selling only baby knitted articles and layettes. A \$25 gift certificate is donated to the New Year's baby.

In the spring of 2011, the gift centre was moved to the new main lobby. This has been a very successful location with an increase in sales. Twenty-one volunteers staff the gift centre, covering 3 shifts from Monday to Friday and sometimes Saturday. A buying committee was formed, which keeps the gift centre well stocked with new and interesting articles. Twice during the year, we held discount sales at the gift centre for hospital staff appreciation.

The Auxiliary hosted their annual volunteer appreciation evening in April with cake, fruit and refreshments. Entertainment was provided by public speaking contestants from the local schools.

Tray favours were provided for inpatients on Valentine's Day, Easter, Thanksgiving Day, and Christmas Day.

Mary Kerr, our Auxiliary's connection to the Foundation and LWHA Board, attended regular meetings and kept the Auxiliary informed of upcoming plans and changes and how these affect the Auxiliary.

In September, some of our members attended a hospital seminar on infection control and proper hand hygiene to avoid contamination and prevent the spread of disease.

It was a very successful year.

Respectfully submitted,

Dawna Voll
Secretary

Report of the Auxiliary to Wingham and District Hospital 2011/12

The Auxiliary holds five regular meetings throughout the year in January, April, June, September and November on the fourth Monday of the month. Membership totals approximately fifty, and meeting attendance is around fifty percent. Anyone is welcome to join for an annual membership fee of five dollars. Our main objective is to provide support to the Wingham and District Hospital in any possible way.

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

Membership involvement this year included spring and fall HAAO conferences, operating the Gift Shop, assisting visitors at the main entrance, OHA Annual Convention, LWHA Board and committee meetings, assisting with Physician Appreciation days, circulation of books and magazines to patients, making tray favours for special occasion dinner trays, assisting the Oncology Clinic, and fundraising. A bursary was provided to Kendra Campbell of F.E. Madill Secondary School to further her studies at Brock University.

Fundraising activities that help us achieve our goals are raffles, spring and fall rummage sales, hospital bridge group (Sept. – May), hospital euchre group (Nov. – Mar.), annual Poinsettia Tea, May tag days, and sales from the Gift Shop. All were well supported by our community.

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

Respectfully submitted,

Helen Rintoul
Auxiliary Representative to the
Wingham & District Hospital Board

Listowel Memorial Hospital

Medical Staff 2011/12

Dr. R. Latuskie - Chief of Staff

Dr. A. Qureshi – President

Dr. Barb Matthews – Vice-President

Dr. R. Warren - Secretary

ACTIVE STAFF

Dr. R. Annis
Dr. G. Edmonds
Dr. R. Latuskie
Dr. B. Matthews
Dr. B. Neable

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

DENTAL STAFF

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

CONSULTING & COURTESY STAFF

Dr. R. Akef
Dr. G. Antoniadis
Dr. K. Blaine
Dr. M. Bucur
Dr. M. Carlson
Dr. J. Conners
Dr. C. Cressey
Dr. C. Donald
Dr. Y. Erenberg
Dr. M. Gillett
Dr. J. Guy
Dr. A. Haider
Dr. G. Hancock
Dr. J. Hardwick

Dr. B. Hughes
Dr. A. Hussey
Dr. T. Kalos
Dr. M. Korvemaker
Dr. M. Klassen
Dr. M. Mann
Dr. D. Mowbray
Dr. Y. Moyal
Dr. C. Omole
Dr. W. Papoff
Dr. S. Prasad
Dr. R. Puley
Dr. R. Ramsewak
Dr. E. Scott

Dr. G. Semelhago
Dr. V. Sharma
Dr. O. Spanglet
Dr. P. Squires
Dr. D. Stewart
Dr. C. Tamblyn
Dr. S. Tamblyn
Dr. G. Tarulli
Dr. S. Tejpar
Dr. D. Stewart
Dr. J. Vettters
Dr. D. Wycoco
Dr. O. Yousef

Wingham & District Hospital

Medical Staff 2011/2012

Dr. M. Moores – Chief of Staff

Dr. S. Marshall – President

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

ACTIVE STAFF

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

Dr. S. Marshall
Dr. M. Moores
Dr. M. Shubat
Dr. S. Vanderklippe

DENTAL STAFF

Dr. R. Bateman
Dr. D. Hall
Dr. Y. Liu
Dr. D. Magee
Dr. W. Spink

CONSULTING & COURTESY STAFF

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

Dr. R. Gasparelli
Dr. M. Ispahany
Dr. M. Korvemaker
Dr. L. Krishna
Dr. M. Loubani
Dr. E. MacRae
Dr. A. Montgomery
Dr. D. Mowbray
Dr. C. Omole

Dr. W. Papoff
Dr. F. Perera
Dr. R. Ramsewak
Dr. T. Rheaume
Dr. J. Schwalm
Dr. S. Sleeth
Dr. O. Spanglet
Dr. P. Squires
Dr. C. Tomlinson
Dr. J. Vettters

Listowel Memorial Hospital

Visiting Consultants

Clinic	Physician	Clinic Held
Paediatric	Dr. K. Blaine	Bi-Weekly – Tuesday
Cardiology	Dr. D. Tamblyn Dr. M. Gillett Dr. O. Spanglet	Weekly – Tuesday Weekly – Thursday Weekly - Monday
Dermatology	Dr. A. Haider	Weekly - Wednesday
Obstetrics/Gynaecology	Dr. G. Hancock Dr. T. Kalos	Bi-Weekly – Wednesday Bi-Weekly – Tuesday
Surgical	Dr. C. Omole Dr. R. Ramsewak	Weekly – Thursday and some Wednesdays Weekly – Monday, Wednesday and Friday
Gastroenterology	Dr. V. Sharma	Bi-Weekly - Friday
Urology	Dr. A. Hussey	1 st & 3 rd Friday
Gerontology	Dr. S. Prasad/Dr. G. Sarkaria	Quarterly
Orthopaedics	Dr. J. Guy	2 nd & 4 th Friday
E.N.T.	Dr. B. Hughes	Bi-Weekly
Oral & Maxillofacial Surgeon	Dr. N. Hogg	Bi-Weekly Wednesday

Wingham & District Hospital

Visiting Consultants

<u>Clinic</u>	<u>Physician</u>	<u>Clinic Held</u>
Cancer Clinic	Dr. Perera	Monthly - 2 nd Tues.
Cardiology/Echocardiography/ Carotid Doppler Studies*	Dr. C. Tomlinson* Dr. A. Montgomery Dr. J. Schwalm	Monthly Monthly
Echo Lab	Mr. Mike Cooper	Weekly - Friday
Ear, Nose, Throat	Dr. E. MacRae	Twice Monthly
Geriatric Outreach Program	Dr. Crilly / Team	As needed
Internal Medicine	Dr. M. Flowers	4 days per week
Internal Medicine	Dr. O. Spanglet	Weekly - Thursday
Obstetrical & Gynecology	Dr. C. Bloch	Monthly
Paediatrics	Dr. P. Squires	Monthly
Physical Medicine & Rehab	Dr. D. Dittmer	Monthly
Surgical	Dr. C. Omole	Monday & Tuesday
Surgical	Dr. R. Ramsewak	Tuesday & Thursday
Urologist	Dr. B. Bukala	Monthly

Listowel Memorial Hospital Foundation Report 2011/2012

The Listowel Memorial Hospital Foundation has had a very good year bringing the profile of the Foundation to a new level for local residents and surrounding areas.

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

- The Spring Gala, June 2011 was held at the Listowel Golf Course, hosted 220 people to an evening of fine dining, music and auction items. This successful event profited a net \$210,000 towards purchase for the hospital.
- Other events held were the Perennial Plant Sale, Car & Motorcycle Poker Rally, June 2011, golf tournament with the doctor recruitment committee in September, 2 BBQ's in September, Radiothon event @ Knox Presbyterian Church, Listowel and a concert by the Schneider Male Chorus from Kitchener in November.
- The Perennial Plant sale was held in May 2012 and was very successful.

The Foundation now is hosting four events each year bringing awareness of the importance of fundraising for our hospital to the area. The Foundation's new website, which went live September 2011, is profiled in the Foundation Newsletters and updated regularly.

Upcoming Events for 2012/2013

- Spring Gala 2012, theme "Fire & Ice" will be held Saturday, June 2, 2012, hosting 288 people, proceeds to "Cardiac Monitoring Equipment" cost in excess of \$200,000.
- Car & Motorcycle Poker Rally in June
- BBQ at M & M Meats in June
- Fall fundraiser, proceeds to Radiothon 2012

Newsletters

The spring newsletter just went out in May 2012 and the Foundation has already received donations from the newsletter. The Foundation circulated 2 newsletters in the Spring 2011 and Fall 2011 to over 8500 residents. The newsletters make people aware of what is going on at the Foundation, some of the donations made, in memory donations, and what the current needs are for the hospital. The newsletters have been very well received and generated over \$40,000 for the Foundation in 2011.

The new Fisher Family Primary Care Centre was completed in February 2012 and the clinic staff, doctors, and North Perth Health Team moved in late February. The open house was held in April 2012.

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 \$210,000 of equipment in 2011.

Respectfully submitted,

LMH Foundation

Wingham & District Hospital Foundation Report 2011/2012

Radiothon

In 2011, the Wingham & District Hospital Foundation raised over \$95,000 for the purchase of operating room equipment. On Saturday, October 15, 2011, the Foundation received over \$70,000 in on-air donations and over \$25,000 during the weeks that followed the Radiothon. The 2012 Radiothon will be held on Saturday, October 20, 2012. The Foundation's fundraising goal for this year's Radiothon is \$106,000 for 3 telemetry transmitters, 2 bedside monitors, upgrades to the central station and a defibrillator (subject to minor changes).

Logan Hallahan Memorial BBQ & Comedy Evening

The Hallahan family will be hosting the 3rd annual Logan Hallahan Memorial Fundraiser benefitting the Wingham & District Hospital Foundation. The 2011 BBQ and dance generated over \$26,000 for the purchase of equipment. This year's event will take place on Saturday, June 16, 2012 at the Belgrave Community Centre Arena. The BBQ and children's events, will run from 5 p.m. – 7 p.m. and will be followed by a live auction from 7 p.m. – 9 p.m. A comedy show, presented by Yuk Yuk's Toronto, will follow from 9 p.m. – 11 p.m. Proceeds from the event will purchase pediatric equipment for the Wingham & District Hospital.

Equipment

On May 3, 2012, the Foundation was pleased to officially present the Wingham & District Hospital Board with a cheque in the amount of \$210,147. These funds were generated through the Radiothon, memorial donations, and other events in 2011. The money donated funded the purchase of the following pieces of equipment: Gastroscope, Scope Cabinet, Dental Machine, Yellow Fin Stirrups with Side Rail, Life Assist and Storage Cart, IV Infusion Pump, Laproscopes and Lenses, Vital Signs Monitors for Acute Care Department, Oncology Department and Emergency Room, Wound Vacuum, Mechanical Lift, Oncology Equipment, and Hematology Analyzer.

Capital Campaign

The Wingham & District Hospital Foundation is sad to announce that the provincial budget released on March 27, 2012 eliminated funds which were previously designated for the redevelopment of small hospitals. This means that the five year redevelopment plan for the Wingham & District Hospital has been postponed indefinitely. This news is disappointing for the entire community as the Hospital has not undergone a redevelopment for 25 years and improvements are greatly needed. Despite the project being tabled by the government, the Foundation is committed to continue raising funds towards the urgent improvements. Special attention will be given to the operating/recovery room, day surgery, sterilization facilities, emergency, ambulatory care, oncology, and nursing/team station as these areas have been identified as requiring improvements.

Spring Newsletter

The 3rd edition of the WDH Foundation spring newsletter hit mail boxes on April 18, 2012. It has received positive feedback from the community and is generating additional donations. We intend to begin producing the newsletter bi-annually with the next edition scheduled for November 2012.

Respectfully submitted,

WDH Foundation

**Listowel Memorial Hospital
Board of Directors
2011/2012**

Chair – Ms. Kris Dekker
Vice-Chair – Mr. Blair Burns
Treasurer – Mr. Tom Soltys

Directors
Mr. David Calder
Mr. Robert Johns
Mr. Bert Johnson
Ms. Kathy Mitchell
Mr. Ken Petrie

Appointed Member
Representative of Auxiliary - Ms. Mary Kerr

Ex-Officio Members
Chief of Staff - Dr. Russell Latuskie
President of Medical Staff - Dr. Arif Qureshi
Chief Executive Officer - Karl Ellis
Chief Nursing Executive - Angela Stanley

**Wingham and District Hospital
Board of Directors
2011/2012**

Chair – Mr. Andy McBride
Vice-Chair – Ms. Amy Miller
Treasurer – Mr. Trevor Seip

Directors
Ms. Sandra Campbell
Ms. Marg Carswell
Mr. Rob Hutchison
Ms. Penny Mulvey
Ms. Margaret Stapleton

Appointed Member
Representative of Auxiliary - Ms. Helen Rintoul

Ex-Officio Members
Chief of Staff - Dr. Mark Moores
President of Medical Staff - Dr. Shaun Marshall
Chief Executive Officer - Karl Ellis
Chief Nursing Executive - Angela Stanley