

TABLE OF CONTENTS

Minutes of Listowel Wingham Hospital Alliance Annual Meeting June 10, 2009

Reports:

- Report of the Board Chairs
- Report of the Interim Chief Executive Officer
- Reports of the Chiefs of Staff
- Treasurer's Reports
- Audited Financial Statements
- Governance and Nominations Committee Report
- Quality and Risk Committee Report
- Strategic Planning Committee Report
- Reports of the Hospitals Auxiliaries

Medical Staff

Visiting Consultants - Clinics

Board of Governors

LISTOWEL WINGHAM HOSPITALS ALLIANCE
Listowel Memorial Hospital Corporation
Wingham & District Hospital Corporation
ANNUAL MEETING
Wednesday, June 10, 2009 – 1900 Hours
Kin Station - Listowel

1.0 Call to Order

The meeting was called to order at 1900 hours.

2.0 Opening Remarks

Treves Lucas welcomed Corporation members, hospital staff and visitors and introduced John VanBastelaar who brought greetings from the SW LHIN.

Mr. VanBastelaar congratulated the two Corporations for their commitment as an Alliance and the work they do. He expressed his thanks for inviting him to represent the LHIN at this meeting and offered continued success to the LWHA.

Mr. VanBastelaar was thanked for his kind words.

3.0 Minutes of the Previous Meeting

It was noted that the meeting tonight is considered to be concurrent meetings of the 2 Hospital Corporations.

MOTIONS:

Treves Lucas moved the adoption of the minutes of the June 12, 2008 Annual meeting of the Listowel Memorial Hospital Corporation.

Motion Carried

Rob Hutchison moved the adoption of the minutes of the June 12, 2008 Annual meeting of the Wingham & District Hospital Corporation.

Motion Carried

4.0 Reports

4.1 Report of the Boards Chairpersons

Treves Lucas presented the report of the Board Chairs noting that:

- For the first time as an Alliance, community forums were held in both Listowel and Wingham

- Two key initiatives were implemented across the sites that will provide significant enhancement to our patient care – activation of the Electronic Health Record and the Automated system
- First full year under the Hospital Services Accountability Agreement – finished year with both hospitals in sound financial shape
- Working with the Family Health Team and Community Services to improve the range and accessibility of care available to our patients.

4.2 Report of the Chief Executive Officer

Margrét Comack informed the audience that there were two articles available at the back for anyone interested:

- Community Report
- Working Together as One

Margrét then presented her report, as printed in the Annual Report.

She stated that she was very proud of the accomplishments that have been made over the past year, i.e. IT-HIS connectivity, AutoMed system in our Pharmacy Department at Wingham, North Perth Family Health Team is now fully staffed, North Huron Family Health Team is up and running.

The Southwest LHIN has several projects underway, one of which is a Blueprint Project – staff members participated in a 2-day Symposium.

Access to Primary care continues to be a challenge, particularly in Wingham.

Priorities going forward will be:

1. Financial Management
2. Facility Development
3. Program Planning
4. Communication and Education with our community stakeholders

Many challenges lie ahead.

Margrét expressed her thanks to the Board Chairs, Board Members, Senior Management Team, Executive Assistants and Chiefs of Staff and physician colleagues.

Margrét then made a presentation to Dr. Marie Gear who is retiring as Chief of Staff from the Wingham & District Hospital. Dr. Gear has held this position since 1996.

4.3 Report of the Chief of Staff – Listowel Memorial Hospital

Dr. Annis stated that we have faced many challenges with more to come in the next year and said he finds it useful to put them into the context of the American Patient Centred Medical Home model. It places our Hospital in the middle of our community's primary care home, where it belongs. The U.S. model has a number of measurable deliverables that put the patient at the centre of care, i.e. accessibility, safety, evidence based decision making, collaboration and evidence of information flow with the patient.

He also noted that 50% of Ontario hospitals are experiencing deficits and significant cutbacks or closure and that we too are at risk.

Some accomplishments over the past year include:

- Electronic Health Record – connects most of the local community primary care givers & the Cerner system connects us to tertiary based information
- SWO DI project – patients no longer have to leave town to get immediate radiology reporting
- Inclusion of midwives to our care staff
- Growth of specialist availability – keeping care close to home
- Patient safety and performance was not jeopardized with the recent threatened pandemic as we had a plan developed and calmly put it into action
- Integration with the Family Health Team and Family Health Network

L.M.H. is a key part of our primary care home and to sustain this we need to:

- Maintain our core services
- Answer to the orphan patient issues

Dr. Annis expressed his thanks to Treves Lucas and the Board, Margrét and Dr. Latuskie.

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

Dr. Gear noted this would be her last report as Chief of Staff and announced that Dr. Mark Moores would be the new Chief of Staff.

She stated she was proud of the Alliance Board and Margrét and her Senior Management Team.

W.D.H. continues to provide the core services of medicine, surgery, chronic care and emergency coverage – had to give up obstetrics this past year due to lack of medical manpower, both physician and nursing. The hospital was also unable to keep its primary care clinic.

The hospital struggled with E.R. coverage but managed to keep the Department open 24/7 with the return of one physician after a year away and recruitment of some new locums.

The hospital has been able to recruit 1 new specialist and have another who has expressed an interest in starting a clinic.

The IT Health Information System project was huge but already showing some major benefits for patient care.

The new AutoMed pharmacy system also provides a big improvement in patient safety.

The North Huron Family Health Team continues to grow and develop programs.

Dr. Gear stated that she had recently had an experience with a family member needing hospital care and she was very proud of the hospital staff.

4.5 Treasurer's Report – Listowel Memorial Hospital

Mike Shepski read his report as printed in the Annual Report.

4.6 Treasurer's Report – Wingham & District Hospital

Steve Jackson summarized his report as printed in the Annual Report.

He noted that the Foundation's financial support to the Wingham & District Hospital for the year was nearly \$500,000.00. Foundation Board Members in attendance were introduced.

4.7 Governance & Nominations Committee Report

Kris Dekker presented the Governance & Nominations Committee Report noting that some of the accomplishments of the Committee during the year were:

- Governance Evaluation Review
- Board Education
- Revamped Board Orientation
- By-Law and Policy review
- Skills Matrix Assessment

4.8 Quality & Communications Committee Report

Mary Chippa presented the Quality & Communications Committee Report.

She started by thanking her Co-Chair, June Veitch, and members of the Committee. She also thanked Margrét and the Management Team for their dedication and ever increasing effort to improve the safety and quality of care for every individual who comes to our hospitals.

Mary noted that in order to integrate quality, risk management and patient safety, a Performance Indicator Template was implemented to improve reporting and show how well we are doing against the standards in Ontario.

As of September 2008, the LWHA must report cases of Hospital Acquired Infections to the public and beginning April 2009, the LWHA is required to report Hand Hygiene Compliance.

4.9 Strategic Planning Committee Report

Margaret Stapleton presented the Strategic Planning Committee Report.

She noted that some of the accomplishments of the Committee were:

- New Mission, Vision and Values statement
- New corporate logo was approved

- Community Forums were held in each community to provide up-to-date information on the Alliance

A number of other strategic priorities, as listed in the Annual Report, were identified.

5.0 **Business:**

5.1 5.1.1 Presentation of the Listowel Memorial Hospital Corporation Audited Financial Statements 2008/09

Mike Shepski introduced Ray Roswell from the firm of Hoyles & Roswell.

Ray referred to the Listowel Memorial Hospital audited financial statement for the year ended March 31, 2009, and noted that the hospital had a clean audit and is in a sound financial position. Ray also stated that the future depends on Ministry funding and sound financial management.

MOTION

It was moved by Mike Shepski and seconded by Tom Soltys that:

The Listowel Memorial Hospital's Audited Financial Statements for the year ended March 31, 2009, be accepted as presented.

Motion Carried

5.1.2 Appointment of Auditors for the Listowel Memorial Hospital Corporation for 2009/2010

MOTION

It was moved by Mike Shepski and seconded by Mark TarBush that:

The firm of Hoyles and Roswell be appointed as auditors for the Listowel Memorial Hospital for the 2009-2010 year.

Motion Carried

5.1.3 Presentation of the Wingham & District Hospital Corporation Audited Financial Statements 2008/2009

Steve Jackson called on Jeff Taylor to provide comments and answer questions.

Jeff referred to the Wingham & District Hospital audited financial statement for the year ended March 31, 2009, and noted that the hospital had a clean audit and there were no recommendations.

MOTION

It was moved by Steve Jackson and seconded by Marie Gear that:

The Wingham & District Hospital's Audited Financial Statements for the year ended March 31, 2009, be accepted as presented.

Motion Carried

- 5.1.4 Appointment of Auditors for the Wingham and District Hospital Corporation for 2009/2010

MOTION

It was moved by Steve Jackson and seconded by Noreen Gnay that:

The firm of KPMG be appointed as auditors for the Wingham & District Hospital for the 2009-2010 year.

Motion Carried

- 5.2 Kris Dekker noted that the By-Laws for both the Wingham & District Hospital Corporation and the Listowel Memorial Hospital Corporation were reviewed and revisions made making these virtually identical By-Laws with some site-specific sections.

A number of further changes, mostly housekeeping, were noted and will be made to the final copy.

- 5.2.1 Approval of By-Law Revisions – Wingham & District Hospital Corporation

MOTION

It was moved by Andy McBride and seconded by Steve Jackson that:

The Wingham & District Hospital By-laws, as distributed and amended, be approved.

Motion Carried

- 5.2.2 Approval of By-Law Revisions – Listowel Memorial Hospital

Dr. Rutherford expressed concern with the process and notification for amending By-Laws.

MOTION

It was moved by Kris Dekker and seconded by Mike Shepski that:

The Listowel Memorial Hospital By-laws, as distributed and amended, be approved.

1 vote opposed
Motion Carried

5.3 5.3.1 Thank you to Outgoing Members

A presentation was made, by Rob Hutchison, to Wayne McDonagh for his service to the W.D.H. Board and LWHA Board.

Larry Gordon from the L.M.H. Board was not present.

Rob also made a presentation to Dr. Marie Gear who will also be stepping down from the Board.

5.3.2 Election of Directors – Listowel Memorial Hospital Corporation Board

MOTION

It was moved by June Veitch and seconded by Dr. R. Annis that:

The Listowel Memorial Hospital Board reappoint Mike Shepski, Treves Lucas, Kris Dekker and John MacDonald for a 2-year term.

Motion Carried

5.3.3 Election of Directors – Wingham & District Hospital Corporation Board

MOTION

It was moved by Rob Hutchison and seconded by Helen Rintoul that:

The Wingham & District Hospital Board reappoint Mary Chippa (Central Zone), Rob Hutchison (Central Zone) and Steve Jackson (Member at Large) for a 2-year term.

Motion Carried

MOTION

It was moved by Rob Hutchison and seconded by Helen Rintoul that:

The Wingham & District Hospital Board appoint Amy Miller (Western Zone) for a 2-year term.

Motion Carried

A number of questions from the floor were then addressed relating to:

- LHIN Study
- Wingham & District Hospital Redevelopment
- Oncology and Colorectal Screening
- Core Programs, i.e. Obstetrics in Wingham
- Specialists

6.0 **Adjournment**

MOTION

It was moved by Verna Steffler and seconded by Steve Jackson that:

The Annual Meeting of the Wingham & District Hospital Corporation be adjourned.

Motion Carried

MOTION

It was moved by June Veitch and seconded by Kris Dekker that:

The Annual Meeting of the Listowel Memorial Hospital Corporation be adjourned.

Motion Carried

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

Treves Lucas, Chair

Rob Hutchison, Chair

Margrét Comack, Secretary

REPORTS

**Listowel Wingham Hospitals Alliance
Alliance Board Chairs Report
2009/2010**

Now into our eighth year as an Alliance and our third joint Annual General Meeting, we continue to further evolve in our journey together as an integrated alliance of two separate hospital corporations in two neighbouring communities. Our shared goals and objectives have evolved further this year into joint subcommittees across the Alliance, working together on our commonalities including strategic direction and cooperatively addressing the different issues each site faces.

The Alliance structure certainly has been invaluable when facing the loss of our long time Chief Executive Officer (CEO), Margaret Comack, to retirement this past fall. Ms. Comack was instrumental in the formation of the Alliance and her vision built the solid foundation for this evolving alliance structure. Our search for our next CEO is ongoing at present with the assistance of the Promeus Inc. recruiting firm with the goal to fill the position by early fall. The Board is committed to hiring someone who can further advance our Alliance structure while assisting us to address the challenges of health care in our rural communities and exploring further opportunities of cooperation and integration with partners such as our local Family Health Teams (FHT). Community Forums are penciled in for the fall to introduce our new CEO to our communities.

Other board activities have focused around the strategic priorities set by the Board in the previous year.

Financial Stability

After extensive work by the Board and its subcommittees, led by the tireless management team, both hospitals were able to end this fiscal year in sound financial shape. Balanced budgets remain an essential part of our governance responsibility under the Local Health Integration Network (LHIN) structure. Going forward, with the uncertainty of funding at this juncture for maintaining operations, the partnership with both sites' Foundations will become even more crucial to fund even basic equipment expenditures in order to provide safe, quality care to our patients in our communities into the future.

Master Program and Facilities and Infrastructure

Scope of services continues to be on the Board radar with particular emphasis in this past year on moving forward the facility upgrade plans for Wingham & District Hospital (WDH) through innovative methods of securing government funding and approvals in this climate of fiscal restraint. Listowel Memorial Hospital (LMH) plans for a primary care facility to co-house physicians and the FHT and other health providers is expected to commence construction early this summer.

Human Resource Strategy

Recruitment and development of existing human resources continues to be a priority item for the Board with emphasis at present on the CEO vacancy. Wingham's community-based Health Professional Recruitment Committee is offered Board thanks and congratulations for their

recruitment of one family physician for Wingham and a surgeon over both sites in this past year. Interest has been shown from Listowel in formation of a similar type of committee.

Communication and Community Engagement

This area has become so complex and important to Board functioning that over this past year we have split this function from the Quality subcommittee and formed a new separate committee to plan and implement a comprehensive communication strategy. We are presently working with a consultant to formulate this plan starting with anticipated CEO announcements later this summer and community forums in the fall.

Governance and Board Development

Board governance structure examination was undertaken late last year and this project is currently awaiting leadership from our new CEO, recognizing that new blood will bring new and exciting ideas of functioning forward to the Board. The governance review will be further impacted by recently released Ontario Hospital Association (OHA) prototype Board By-Laws. Ongoing learning for our volunteer Board, and particularly our new members, has remained a critical part of all Board meetings to further enhance the skills and understanding of all Board members as they undertake ensuring a local voice for health care in both of our communities. Members continue involvement in other educational and engagement opportunities as offered with the LHIN, Ministry of Health (MOH) and OHA.

Safety and Quality

Safety and quality care in our hospitals continues to be a strategic priority with extensive planning by the Board and, in particular, the senior management team for Accreditation in November of 2010. Over this board year, the Quality committee was divested of its communication role and refocused solely on quality of care and patient safety. Past initiatives involving Electronic Health Record and AutoMed pharmacy system are just two ongoing projects that continue to roll out over time that improve the safety for our patients.

Special mention needs to be made at this juncture, of the Board's extreme gratitude towards Ms. Liz Phelan who stepped up to be the Interim CEO while still maintaining her duties as Vice-President of Clinical Services. Liz has stepped up in every sense of the word---offering freely her time, and experience, and guiding the Board and senior management through a time of transition. In addition, the senior management team has also shown great skill, strength and innovation during this transition period. We also would be remiss if we did not thank all staff from both sites for their exemplary professionalism and commitment to providing quality health care in both our communities. Lastly we wish to thank the dedicated volunteer Board members who have shown over and over this year that they take their responsibilities to the Listowel and Wingham communities very seriously.

TOGETHER. LEADING CARE. BETTER HEALTH.

Respectfully submitted,

Kris Dekker (LMH) and Margaret Stapleton (WDH)
Listowel Wingham Hospitals Alliance Co-Chairs

**Listowel Wingham Hospitals Alliance
Report of the Chief Executive Officer - Interim
2009/2010**

The past year has posed many challenges and changes, particularly to the Leadership structure. However, we are very pleased to report that we managed to balance our budgets and have reported a modest surplus at fiscal yearend.

The Hospital Service Accountability Agreement (HSAA) has been extended for 2010/2011, however to date we have not received any details on funding from the Southwest Local Health Integration Network (SW LHIN). It is expected that once a funding announcement has been made, we will have a number of weeks to submit a balanced budget for both sites.

The Alliance has met most of the required performance indicators. Emergency volumes, day surgery volumes, ambulatory care and complex continuing care numbers are within target. Both sites have shown a decrease in acute care days, reflective of the fact that more patients are treated in an ambulatory care setting than as an inpatient.

The specialty programs at both sites continue to show growth, both the Oncology program at Wingham and the Breast Health centre in Listowel. Of note, Cancer Care Ontario reconciled funding for 08/09 and 09/10, which enabled the Wingham site to balance.

We welcomed a Physician Assistant, Mark Johnston, and new family physician, Dr. Jim Shuffield, to the Wingham site. At Listowel, we have credentialed two new midwives and are currently finalizing the recruitment of a new surgeon, Dr. Ravi Rameswak, who will work with Dr. Omole between the Alliance sites. We have also recruited Dr. Spanglet, Internal Medicine, to Wingham to replace Dr. Ray Flowers who recently retired.

Both sites support the education of students. We offer placements to Medical students, Nursing and Allied Health professionals. High school students gain experience in the Co-Op Program. We also have Pharmacy and Office Administration student placements this year. It takes a lot of extra work to coach and mentor students. The physicians and staff should be commended for their dedication to teaching the next generation of health professionals. It is particularly important to give these students the rural experience and hope they will return to work in our area when they graduate.

We continue to expand Information Technology. We have been linked with the Cerner Hospital Information System for more than a year and have recently added the surgical program to this system. The LWHA website is undergoing a new look and so too is the intranet, an internal resource for staff to access education, policies and communication. We introduced webmail accounts for all staff as well as online pay statements. The AutoMed unit dose medication dispensing system has been in place for more than a year. The Wingham site dispenses medications daily for both sites and medications are sent by courier to Listowel.

Redevelopment plans continue to advance for both sites. Listowel will see the commencement of a new primary care clinic. This is expected to start mid July and will house both the Family Health Team and the Family Health Network. A project has been approved to redevelop and expand the Family Health Team area at the Wingham site. The Capital Planning branch of the Ministry of Health made us aware that the Wingham site would not be receiving funds for their Master program, however we can apply for small project funding that will allow for significant site improvements. Thus we are currently revisiting the Master Program, Master Plan for the fifth time.

The Alliance will be accredited in November 2010. We have been preparing for the past year. The surveyors will be on site for 3 days. Accreditation has changed since 2007, with the program being called Qmentum. We have 13 teams working between two sites, covering every area from governance and leadership to medicine and ambulatory care. Each team completes a set of standards and is then sent a roadmap of areas that need attention. There is also an expectation that 31 Required Organizational Practices are met. The surveyors will follow the journey of a patient throughout their health care encounter and will speak to physicians and staff along the way. Staff should be commended for the additional workload and their commitment to the Accreditation process. The teams have been led by Cherie Dolmage and Dawn Cleland as Accreditation leads.

Many new mandatory projects and legislation have challenged the workload of the Leadership Team including accessibility training, new procurement guidelines, violence and safety in the workplace safety standards, hand hygiene project, Pandemic preparedness including H1N1, medication reconciliation, new Surgical Safety checklist, Patient Flow and Access Project and new standards for infection control sterilization and reprocessing to name a few.

Following direction from the Provincial budget, all non-union and Management staff have accepted a two year wage freeze. We continue to honour the negotiated collective agreements with our unionized staff.

The South West Local Health Integration Network has several initiatives underway including the Blueprint project. This is focused on scope of services and where they will be located. Some will be offered locally, others regionally, and for specialized services at tertiary care centres. The emphasis is on non duplication of services and centres of excellence. There are also several planning teams exploring options for supply chain management and single benefit carriers to curtail costs. We are represented on all of the teams including an area table with all of the health care providers in Huron-Perth.

We face a challenging future in health care. Fiscal restraints, recruitment of Physicians and health care professionals will force radical change in health care delivery. We need to offer better services, faster and more cost effective, as close to home as possible.

There are so many people I would like to thank and would like to start with the Team that is by my side every day. Their dedication to the Listowel Wingham Hospitals Alliance is extraordinary. With the retirement of Margaret Comack and the shift in the Team, we managed to complete a very successful and productive year for the Alliance. We would like to say farewell to Linda

Deans and wish Bob Sangster all of the very best in his retirement. We would also like to thank Denise Mino and Debbie Wilson, Executive Assistants, for their support, professionalism and their commitment to assisting me, the Leadership Team and the Board.

We would also like to sincerely thank Margaret Stapleton and Kris Decker, Board Chairs. Their dedication and volunteerism should be commended and their personal support of my role for the past 6 months has been truly appreciated. The time and energy that volunteer Board members donate to the Alliance is remarkable and we would like to express our gratitude to each and every one of you.

There are also many volunteers who support our Hospitals, without the dedication and commitment of the Foundations we would not have the state of the art equipment and facilities that we have today. We would also like to thank the Listowel Cradle Club and the Wingham Hospital Auxiliary. Thank you for all of your tireless efforts to ensure we have what we need.

We are also indebted to Dr. Rob Annis and Dr. Mark Moores, Chiefs of Staff, who despite a busy office and hospital practice also support the Board and Leadership during very challenging times.

Finally, on a personal note, I would like to thank the Leadership Team, the Physicians and Board for their faith in me in this interim role. Together we have achieved great things for our Hospitals and I will be forever grateful for your friendship and support.

Respectfully submitted

Liz Phelan

Listowel and Wingham Hospitals Alliance
Leadership Team
2009/2010

Liz Phelan	Interim CEO / Vice President, Clinical Services	
Linda Deans	Vice President, Operations	
Cherie Dolmage	Director, Clinical Services	(WDH only)
Dawn Cleland	Director, Clinical Services	(LMH only)
Kevin Webb	Director, Diagnostics	
Bob Sangster	Director, Support / Facilities	
Brent Boshart	Chief Information Officer	
Lynne Hopper	Manager, Health Records & Patient Registration	
Ray McNichol	Manager, Projects	
Nancy McGill	Manager, Nutrition & Food Services	(LMH only)
Justine Ball	Coordinator, Occupational Health Services	
Nancy Brown	Infection Prevention & Control	
Chris Armstrong	Consultant, Human Resources	

CHIEFS OF STAFF REPORTS

**Listowel Memorial Hospital
Chief of Staff Report
2009/2010**

A Good Place to Start

2009/2010 will be defined as a year of transition for us here at the Listowel Memorial Hospital. Our Alliance Board's efforts to recruit a new CEO after Margret Comack's somewhat abrupt departure will ultimately result in a new beginning for the Hospital. The new CEO will find Listowel, and the Alliance, to be a good place to start.

Our Alliance Board has never been more effective or functional. We have drawn closer together as a two-hospital alliance with many of the shared challenges faced this year. Potential deficits, management human resource issues, and the slow hemorrhage of our joint obstetrical service are all examples of significant hurdles that the Board has worked diligently and cooperatively on over the last months. In fact, probably the single biggest risk to our joint corporate adventure is that this volunteer Board has too much on its plate, and will burn out one member at a time.

In Listowel, our new surgical, diagnostic imaging, and emergency room reconstruction puts us in a favourable long-term position. We will soon be joined by a new General Surgeon, Dr. Ravi Ramsewak, and will work towards an expanded surgical program in step with Cancer Care Ontario's strategic plan. For us, this will mean the addition of sentinel node biopsies to our Breast program, and expanded colorectal surgery including laparoscopic resections. Dr. Omole, soon to retire, has served our two communities well and is owed great appreciation.

Our complex continuing care ward is being retooled to become both a truly complex patient treatment ward, as well as a reactivation service that will help to maximize the independence of our frail elderly when they become ill. This is in line with the SW LHIN's philosophy of "aging at home", and with the recent LHIN review of the appropriateness of our complex ward patients, it is good that we are being proactive.

However, despite the rosy long-term outlook for the surgical program, our obstetrical and emergency services are at risk, and both in the medium term. With the unanswered human resource challenges facing emergency room staffing across our LHIN, Seaforth Hospital has been forced to close its emergency room overnight, and the Stratford Alliance is now planning to close its small hospital emergency rooms overnight in the coming years. Other LHIN's, and I'm thinking of Niagara in particular here, have closed emergency rooms despite community and local Board objections. Our number of obstetrical cases declines constantly every year – a trend that I believe to be reversible with community input and a creative Alliance Birthing Center Plan.

Our Hospital continues to be well integrated with the local caregivers via the developing North Perth Family Health Team, and our relationship as 2 Hospitals and 2 FHT's is a model of integration for the Province. One significant issue emerging from this for the Alliance Board is "What will be the Boards involvement in the developing Community Electronic Health Record?" that will move in a significantly new direction over the next year as the physicians and FHT's potentially change software vendors.

Personally, one of my proudest achievements this year was the improvement of the chronic “late discharge summary” problem. This has plagued Boards and Chiefs since I came to town 16 years ago. By bringing all of the players into the same room for only 1 hour, including the physicians, the nurses, and the medical records staff, we were able to make significant changes to “the system”, and the numbers improved dramatically.

And so it is with mixed feelings that I end my term as Chief of Staff here tonight. I have enjoyed the challenges and the people over the last 5 years. The Board, management, and staff of the Alliance Hospitals are hardworking, caring, enjoyable to be around, and serve their communities well. But the position can be difficult, and has taken a significant personal toll on me. I am happy to hand over the reins to Dr. Russell Latuskie, and am confident that he will be as effective here as a leader as he has been for the North Perth FHT. I also want to acknowledge Liz Phelan and Kris Dekker, who have both worked diligently and in difficult circumstance to move us forward despite the many challenges.

When I took this job 5 years ago, it was my goal to see a new primary care building erected with communal effort. I sincerely thank the Board for the responsibility they have taken on to make this dream soon turn into a reality. The addition of this structure will make us not only finally recruitable, but a leader in integrated community based care, which, for the new CEO, will be not a good, but a great place to start.

Respectfully submitted,

Dr. Rob Annis

Wingham & District Hospital
Chief of Staff Report
2009/2010

As I look back over the past year, and my first year as Chief of Staff, it has been a year of changes and challenges. Of course, with all change comes opportunity. Some of the changes that come to mind include the retirement of Dr. Ray Flowers; after 40 years of dedicated service, it is with sadness that we see Dr. Flowers retire. We have seen change with Dr. Gear stepping down as Chief of Staff and the retirement Margrét Comack. Yet with these losses, we have also gained. We congratulate Dr. Shaun Marshall, who completed his GP-Anesthesiologist training almost a year ago; skills that will benefit our patients and support our surgical program. We have gained Dr. James Shuffield, who joined our active staff as a new family physician to our area. Our Emergency Department has gained from the addition of Mark Johnson, Physician Assistant, who joins us from active military service. A new Internist, Dr. Offir Spanglet, has joined us, which will allow seamless transfer of care for Internal Medicine consults, stress tests, etc. as Dr. Flowers retires. We anxiously await the arrival of Dr. Ravi Rameswak, General Surgeon, who is looking to join the Alliance by the end of the summer.

Physician recruitment efforts are continual with the support of our Recruitment Officer, Jan McKague, and the Wingham & Area Recruitment Committee. We have several hopeful potential recruits to pursue as they await graduation, licensure, etc. We can only hope that our success in the last year will continue as we attempt to recruit these new physicians. Their profound interest in obstetrics helps us to be hopeful of restarting our Obstetric program in Wingham. The Obstetrical program has continued to be closed over the last 1 ½ years, though with the interest of these potential new physicians as well as some new midwives to our area, we are hopeful that we will be able to restart this valuable program in the future.

The cancer programs continue to be a strong and successful. We are able to provide treatment for patients closer to home. The success of the Chemotherapy and Colon Cancer Check programs will depend on a sustainable funding model from Cancer Care Ontario.

Our Emergency Department continues to be a challenge in the area of physician staffing. We have only 4 local physicians to cover shifts and the necessary follow up work. Yet this has been matched with success in filling shifts by our regular ER locum physicians, through the recruitment of some new ER locum physicians, the Health Force Ontario Emergency ER Staffing program, the Restricted Registration Program, and a private staffing agency. Many of these programs require the ongoing support of our regular staff. We have yet to be forced to close our ER. We have had increasing interest and training in ER ultrasound amongst the physicians. With the support of the Hospital Foundation, we were able to purchase an ultrasound unit for the ER, providing advanced investigation for our patients. Not only has this improved care, but Dr. Marshall and I were also published in the last year regarding ER ultrasound.

We continue to improve and tighten relations with our Family Health Team. This growing and supportive relationship between the hospital and the Family Health Team has been supportive to our physicians and has increased services.

Our inpatient care units continue to be busy, and despite the challenges of shortages in nursing, physician, and allied health staff, I am proud to see us scoring well above provincial averages on quality of care indexes.

As we look to the future, I believe we need to aggressively support our core services, including our medical care and surgical programs. It will be very exciting to have a new General Surgeon joining us, as we know Dr. Omole is approaching retirement. This will certainly aid in keeping our Surgical program viable as well as being a support to hopefully restarting our Obstetrical program.

In closing, there have been many changes creating some profound challenges, yet through these the Administration and Board have faced them and worked hard to see the opportunities for improvement. I would like to thank the Board for the many volunteer hours of work, particularly with the challenge of recruiting a new CEO. I look forward to this recruitment coming to fruition in the near future. I would also like to thank the Administration and our Interim CEO, Liz Phelan, for keeping us progressing forward. My sincere thanks to the frontline staff, our RNs, RPNs, Allied and Technical staff, and our support staff in the different departments for the excellent care they give, for their extra hours, and for doing this with kindness and smiles.

Respectfully submitted,

Dr. Mark Moores

TREASURERS REPORTS

Listowel Memorial Hospital
Report of the Treasurer
2009/2010

This past fiscal year has been a challenging one, but in spite of this the hospital has managed to achieve an operating surplus of \$381,980 due in part to the dedicated efforts of our management team. We continued to invest in our hospital's infrastructure through improvements in Information Technology Systems and our Operating Room suites. The Information System implemented in 2009 continues to evolve. Our linkages with the London tertiary centers improves overall patient care information for the residents of our catchment area.

Despite the challenging budgetary times, the hospital has managed to increase it's overall working capital position. Our Balance Sheet continues to reflect a very strong current ratio of 4:1.

As stated last year, the hospital made strategic investments to support our vision of a campus style Family Health model. These investments, together with a great deal of effort from the Foundation, the community, management staff and the Board, supported by financial contributions from the Foundation, private donors, our municipality, and private businesses will result in a new Family Health Clinic for the citizens of Listowel and area. The hospital will own the facility, and plans are coming together for a ground breaking ceremony in the very near future. Stay tuned for a date for this exciting event. We believe that this new facility will place us in a very competitive situation when we look to attract new medical professionals to our community.

Continuing to achieve a balanced budget, and providing the services that we have all become accustomed to will become increasingly difficult as we face declining health care budgets and increasing costs. We envision that replacement of capital items and equipment will necessarily be supported by private rather than government funding.

It's been said many times that the only constant today is change, and the health care sector is no different. We anticipate ongoing changes to our model of care and a more regionalized approach to planning health services. It is our objective to involve all stakeholders as these changes occur.

Respectfully submitted,

Mike Shepski
Treasurer

LISTOWEL MEMORIAL HOSPITAL
Financial Statements
Year Ended March 31, 2010

LISTOWEL MEMORIAL HOSPITAL
Year Ended March 31, 2010

Contents

	Page
Auditors' Report	1
Statement of Financial Position	2
Statement of Changes in Net Assets	3
Statement of Operations	4
Statement of Cash Flow	5
Notes to the Financial Statements	6-14

Hoyles & Roswell

*Chartered Accountants
Professional Corporation*

380 Wallace Avenue North
Listowel, Ontario N4W 1L3

Tel.: (519) 291-1251
Fax: (519) 291-4714
E-Mail: office@hoynos.com

Auditors' Report

**To the Chairperson and the Members of the Board of Trustees of
Listowel Memorial Hospital**

We have audited the statement of financial position of Listowel Memorial Hospital as at March 31, 2010 and the statements of operations, changes in net assets and cash flow for the year then ended. These financial statements are the responsibility of the hospital's management. 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 plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the hospital as at March 31, 2010 and the results of its operations and the changes in its financial position for the year then ended in accordance with the Canadian generally accepted accounting principles.

Hoyles & Roswell Chartered Accountants Professional Corporation

Authorized to practise public accounting by The Institute of Chartered Accountants of Ontario.

Listowel, Canada
May 25, 2010

LISTOWEL MEMORIAL HOSPITAL
Statement of Financial Position as at March 31, 2010

	2010	2009
ASSETS		
Current		
Cash	\$ 5,619,475	\$ 3,056,193
Short term investments	-	1,454,461
Receivables (Note 3)	401,133	500,836
Inventories	118,915	116,051
Prepays	105,156	139,790
	<u>6,244,679</u>	<u>5,267,331</u>
Investments (Note 4)	102,444	102,444
Capital assets (Note 5)	<u>23,287,745</u>	<u>24,443,790</u>
	<u>\$ 29,634,868</u>	<u>\$ 29,813,565</u>

LIABILITIES AND NET ASSETS

Current		
Payables and accruals (Note 6)	\$ 1,568,881	\$ 1,688,040
Long term		
Deferred revenue and donations (Note 7)	13,450,380	13,602,362
Accrued post retirement benefits (Note 9)	609,049	588,596
	<u>15,628,310</u>	<u>15,878,998</u>
Net assets	<u>14,006,558</u>	<u>13,934,567</u>
	<u>\$ 29,634,868</u>	<u>\$ 29,813,565</u>

Commitment (Note 14)

Approved by:

Director: Tom Soltis
 Director: [Signature]

LISTOWEL MEMORIAL HOSPITAL**Statement of Changes in Net Assets for the year ended March 31, 2010**

	Investment in capital assets		Unrestricted		Total	
	2010	2009	2010	2009	2010	2009
Balance, beginning of year	\$ 11,252,066	\$ 11,257,300	\$ 2,682,501	\$ 2,779,820	\$ 13,934,567	\$ 14,037,120
Excess (deficiency) of revenues over expenses	(844,569)	(831,284)	918,560	728,731	71,991	(102,553)
Net change in investment in capital assets	(43,187)	826,050	43,187	(826,050)	-	-
Balance, end of year (Note 8)	\$ 10,364,310	\$ 11,252,066	\$ 3,642,248	\$ 2,682,501	\$ 14,006,558	\$ 13,934,567

See accompanying notes to the financial statements.

LISTOWEL MEMORIAL HOSPITAL
Statement of Operations for the year ended March 31, 2010

	2010	2009
Revenues		
Ministry of Health	\$ 15,593,789	\$ 15,088,210
In-patient - other	519,340	498,793
Out-patient - other	95,778	87,011
Amortization of deferred revenue and donations	363,537	353,670
Investment income	24,051	119,708
Recoveries and other	1,172,140	1,128,303
Gain (loss) on disposal of assets	(719)	-
	17,767,916	17,275,695
Expenses		
Salaries and wages	8,353,681	8,303,133
Employee benefits	2,219,867	2,202,534
Medical staff remuneration - ER/On Call	1,512,934	1,506,440
Medical staff remuneration - other	429,689	378,438
Supplies and other	3,387,549	3,174,753
Medical and surgical supplies	341,726	377,989
Drugs	217,272	238,144
Amortization - equipment	923,218	881,951
	17,385,936	17,063,382
Excess of revenues over expenses from operations	381,980	212,313
Amortization - building and service equipment	(783,018)	(776,393)
Amortization of deferred revenue and donations, capital building	473,029	461,527
Excess (deficiency) of revenues over expenses	\$ 71,991	\$ (102,553)

See accompanying notes to the financial statements.

LISTOWEL MEMORIAL HOSPITAL
Statement of Cash Flow for the year ended March 31, 2010

	2010	2009
Cash flows from operating activities		
Excess (deficiency) of revenues over expenses	\$ 71,991	\$ (102,553)
Items not affecting cash:		
Amortization - equipment	897,398	870,088
Amortization - building and service equipment	783,018	776,393
Loss on disposal of assets	719	-
Amortization of grants and donations	(836,566)	(808,159)
Deferred revenue - operating grants	129,144	237,782
Changes in non-cash working capital:		
Receivables	99,703	(35,589)
Inventories	(2,864)	9,803
Prepays	34,634	(96,620)
Payables and accruals	(127,696)	(246,322)
Net cash provided by operating activities	1,049,481	604,823
Cash flows from financing activities		
Donation - Listowel Memorial Hospital Foundation	342,518	234,561
Deferred revenue proceeds	212,921	147,278
Accrued post-retirement benefits	20,453	8,692
Net cash provided by financing activities	575,892	390,531
Cash flows from investing activities		
Change in investments	1,454,461	322,127
Additions to capital assets	(516,552)	(2,652,951)
Net cash provided by (used in) investing activities	937,909	(2,330,824)
Net increase (decrease) in cash	2,563,282	(1,335,470)
Cash at the beginning of the year	3,056,193	4,391,663
Cash at the end of the year	\$ 5,619,475	\$ 3,056,193

LISTOWEL MEMORIAL HOSPITAL

Notes to Financial Statements

Year Ended March 31, 2010

1. Nature of organization

Listowel Memorial Hospital provides health care services to North Perth and the surrounding area. The hospital is incorporated without share capital under the Corporations Act of Ontario and is a charitable organization within the meaning of the Income Tax Act.

2. Summary of significant accounting policies

The financial statements have been prepared by management in accordance with generally accepted accounting principles as follows:

i) Basis of accounting and presentation

The financial statements have been prepared using the accrual basis of accounting. Under the accrual method, revenue is recognized when earned and expenses are recognized when incurred.

The financial statements do not include the assets, liabilities, and activities of organizations such as The Listowel Memorial Hospital Foundation or the Listowel Cradle Club Hospital Auxillary, which, although related to the Hospital, are not operated by it.

ii) Revenue recognition

The Hospital follows the deferral method of accounting for donations and government grants.

Operating grants are recognized as revenue in the period to which they relate. Any grants approved but not received at the end of the year are accrued.

Revenues such as provincial grants and donations restricted for the purchase of capital assets are deferred and amortized on a straight-line basis at a rate corresponding with the amortization rate for the related capital assets.

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.

Revenues from patient billings, recoveries, and rentals are recognized when the service is provided or the goods are sold.

Investment revenue is recognized as revenue when earned.

iii) Inventories

Inventories are valued at the lower of cost and replacement cost. Cost is determined on the weighted average cost basis for central stores, food services, and pharmacy inventories and first-in, first-out basis for laboratory and medical-sutures inventories.

LISTOWEL MEMORIAL HOSPITAL

Notes to Financial Statements

Year Ended March 31, 2010

2. Summary of significant accounting policies (Continued)

iv) Pledges

The amount of any pledges to donate funds to the Hospital is not included in revenues until such time as funds are received, with the exception of bequests where the amount to be received can be reasonably determined.

v) Investments

Short and long term investments are recorded at cost. Should the market value of investments become lower than cost and this decline in value is considered to be permanent, the investments are written down to market value.

vi) Capital assets

Capital assets are recorded at cost. Capital assets less than \$2,000 are expensed as minor equipment purchases.

Capital assets are amortized on the straight-line basis over their estimated lives using the following annual rates:

Parking lot	5%
Buildings	2.5% - 5%
Equipment	5% - 25%

vii) Renovations

The costs 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 assets. Renovation costs to adapt the hospital buildings to changed operating conditions or to maintain normal operating efficiency are expensed as incurred.

viii) Vacation pay

Vacation pay is accrued for all employees.

ix) Ministry of Health funding

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 Ministry of Health. These financial statements reflect agreed funding arrangements approved by the ministry with respect to the year ended March 31, 2010. Any excess of revenues over expenses earned during a fiscal year may be retained by the Hospital. There is no commitment that deficits incurred by the Hospital will be funded. Therefore, to the extent that deficits are incurred and not funded, future operations may be affected.

LISTOWEL MEMORIAL HOSPITAL

Notes to Financial Statements

Year Ended March 31, 2010

2. Summary of significant accounting policies (Continued)

x) Employee benefit plans

Employee benefit plan obligations are accrued. The cost of retirement benefits earned by employees is actuarially determined using the projected benefit method pro rated on service and management's best estimate of salary escalation, retirement ages of employees and expected health care costs.

xi) Financial instruments

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

Held-for-trading

Financial instruments classified as held-for-trading are reported at fair value at each balance sheet date, and any change in fair value is recognized in excess of revenue over expenses in the period during which the change occurs. Transaction costs are expensed when incurred. Cash and restricted cash have been classified as held-for-trading.

Held-to-maturity investments

Financial instruments classified as held-to-maturity investments are carried at amortized cost using the effective interest method. Interest income or expense is included in excess of revenue over expenses over the expected life of the instrument. Transaction costs are capitalized to the asset.

Loans and receivables and other financial liabilities

Financial instruments classified as loans and receivables and other financial liabilities are carried at amortized cost using the effective interest method. Transaction costs are expensed when incurred.

Accounts receivable and long-term receivables have been classified as loans and receivables.

Accounts payable and accrued liabilities have been classified as other financial liabilities.

xii) Contributed services

A number of volunteers contribute their time to assisting the Hospital. The fair value of these contributions are not readily determinable and, as such, are not reflected in the financial statements.

xiii) Use of estimates

The preparation of financial statements, in conformity with the Canadian accounting principles, require management to make estimates and assumptions that affect the amounts reported in the financial statements and the accompanying notes. Actual results could differ from these estimates.

LISTOWEL MEMORIAL HOSPITAL

Notes to Financial Statements

Year Ended March 31, 2010

3. Receivables

	2010	2009
Ministry of Health	\$ 120,624	\$ 77,871
Insurers, patients, and other	184,399	147,961
Wingham & District Hospital	73,784	237,581
GST recoverable	29,067	42,973
	<u>407,854</u>	<u>506,386</u>
Less: Allowance for doubtful accounts	6,721	5,550
	<u>\$ 401,133</u>	<u>\$ 500,836</u>

4. Investments

	2010	2009
Estate receivable - the hospital has been named as a residual beneficiary of an estate. Under the provisions of the estate, an individual has a life interest in the income from the capital invested. At her death, the capital will be transferred to the residual beneficiaries.	\$ 81,554	\$ 81,554
1,542 Sun Life Financial shares (market value \$50,377; 2009 - \$35,219)	20,890	20,890
	<u>\$ 102,444</u>	<u>\$ 102,444</u>

5. Capital assets

	Cost	Accumulated Amortization	2010 Net Book Value	2009 Net Book Value
Land	\$ 1,127,334	\$ -	\$ 1,127,334	\$ 1,127,334
Parking lot	445,873	110,344	335,529	360,344
Buildings	15,925,312	1,580,305	14,345,007	14,713,052
Equipment	13,446,531	6,000,923	7,445,608	8,243,060
	<u>30,945,050</u>	<u>7,691,572</u>	<u>23,253,478</u>	<u>24,443,790</u>
Construction in progress	24,267	-	24,267	-
Deposit on property	10,000	-	10,000	-
	<u>\$30,979,317</u>	<u>\$ 7,691,572</u>	<u>\$23,287,745</u>	<u>\$24,443,790</u>

6. Payables and accruals

	2010	2009
Trade payables	\$ 686,351	\$ 1,042,800
Wingham & District Hospital	157,391	52,559
Accrued vacation pay	400,850	389,767
Accrued salaries	113,925	74,260
Accrued post-retirement benefits	50,537	50,000
Other accrued liabilities	159,827	78,654
	<u>\$ 1,568,881</u>	<u>\$ 1,688,040</u>

LISTOWEL MEMORIAL HOSPITAL

Notes to Financial Statements

Year Ended March 31, 2010

7. Deferred revenue and donations

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

	<u>2010</u>	<u>2009</u>
Balance, beginning of year	\$ 13,602,362	\$ 13,797,939
Add: Additional grant contributions received during the year:		
Buildings	187,365	154,317
Other	129,144	237,782
Additional donation contributions received during the year:		
Buildings	-	113,445
Equipment	155,913	108,277
Land purchased subsequent to year end (Note 15)	225,000	-
Other	(12,838)	12,838
Less: Amortization of deferred contributions		
Buildings	(473,029)	(461,527)
Equipment	(363,537)	(353,670)
Other	-	(7,039)
Balance, end of year	<u>\$ 13,450,380</u>	<u>\$ 13,602,362</u>
Deferred donations		
Capital assets	\$ 4,335,959	\$ 4,309,617
Other	-	12,838
Deferred grant revenue		
Capital assets	8,587,476	8,882,107
Other	526,945	397,800
	<u>\$ 13,450,380</u>	<u>\$ 13,602,362</u>

8. Investment in capital assets

i) Investment in capital assets is calculated as follows:

	<u>2010</u>	<u>2009</u>
Capital assets	\$ 23,287,745	\$ 24,443,790
Amounts financed by deferred contributions	(12,923,435)	(13,191,724)
	<u>\$ 10,364,310</u>	<u>\$ 11,252,066</u>

LISTOWEL MEMORIAL HOSPITAL

Notes to Financial Statements

Year Ended March 31, 2010

8. Investment in capital assets (Continued)

ii) Change in net assets invested in capital assets is calculated as follows:

	2010	2009
Deficiency of revenues over expenses:		
Amortization of deferred contributions, equipment	\$ 363,537	\$ 353,670
Amortization of deferred contributions, buildings	473,029	461,527
Amortization of capital assets	(1,680,416)	(1,646,481)
Loss on disposal of capital assets	(719)	-
	<u>\$ (844,569)</u>	<u>\$ (831,284)</u>
Net change in investment in capital assets:		
Additions to capital assets	\$ 525,091	\$ 1,202,089
Increase in deferred contributions, capital assets	(568,278)	(376,039)
	<u>\$ (43,187)</u>	<u>\$ 826,050</u>

9. Accrued post retirement benefits

The Hospital has a number of defined benefit plans providing pension, extended health care, dental, life insurance and long-term disability. Substantially all employees of the Hospital are eligible to be members of the Hospitals of Ontario Pension Plan (HOOPP), which is a multi-employer final average pay contributory pension plan. The plan is a defined benefit plan, which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay. The Board of Trustees, representing plan members and employers, is responsible for overseeing the management of the pension plan, including investment of the assets and administration of the benefits. HOOPP provides pension services to approximately 252,700 active and retired members and approximately 348 employers.

Each year, an independent actuary determines the funding status of HOOPP by comparing the actuarial value of invested assets to the estimated present value of all pension benefits that members have earned to date. The results of the most recent valuation, prepared as at December 31, 2009, disclosed total actuarial liabilities of \$32.0 billion in respect of benefits accrued for service with actuarial assets at that date of \$32.6 billion indicating an actuarial surplus of \$536 million. Because HOOPP is a multi-employer plan, any pension plan surpluses or deficits are a joint responsibility of Ontario hospital and their employees. As a result, the Hospital does not recognize any share of the HOOPP surplus or deficit. The Hospital's contributions made to the HOOPP during the year amounted to \$627,774 (2009 - \$598,775).

At March 31, 2010, the Hospital's accrued benefit liability relating to post-employment benefits plans for extended health care, dental and life insurance is \$659,586 (2009 - \$638,596). This amount has been determined from the most recent actuarial valuation as at April 1, 2010.

LISTOWEL MEMORIAL HOSPITAL

Notes to Financial Statements

Year Ended March 31, 2010

9. Accrued post retirement benefits (Continued)

The significant actuarial assumptions adopted in estimating the Hospital's accrued benefits liability are as follows:

Discount rate:	
Beginning of year	5.75%
End of year	5.75%
Dental benefits cost escalation	3.00%
Medical benefits cost escalation	
- extended health care	6% for 10 years, 5.5% for 5 years and 5% thereafter

i) The accrued non-pension benefit liability is calculated as follows:

	2010	2009
Accrued benefit liability - beginning of year	\$ 638,596	\$ 626,060
Expense	55,242	46,156
Contributions by hospital	(34,252)	(33,620)
Accrued benefit liability - end of year	<u>\$ 659,586</u>	<u>\$ 638,596</u>

ii) The non-pension benefit expense for the year is calculated as follows:

	2010	2009
Cost of benefits	\$ 18,383	\$ 17,848
Interest on benefit obligation	36,859	36,002
Amortization of net actuarial (gain) loss		(7,694)
	<u>\$ 55,242</u>	<u>\$ 46,156</u>

iii) The accrued benefit obligation is reconciled to the accrued benefit liability as follows:

	2010	2009
Accrued benefits obligation at year end	\$ 614,582	\$ 643,177
Less: unamortized net actuarial gain (loss)	45,004	(4,581)
Accrued benefit liability at year end	<u>\$ 659,586</u>	<u>\$ 638,596</u>

iv) Sensitivity analysis

A one percentage change in assumed health and dental care cost trend rates would have the following effects for 2010:

	Increase	Decrease
Service and interest cost for fiscal 2010	\$ 4,841	\$ (4,296)
Accrued benefit obligation as March 31, 2010	\$ 39,681	\$ (36,376)

LISTOWEL MEMORIAL HOSPITAL

Notes to Financial Statements

Year Ended March 31, 2010

10. Related parties

i) The Listowel Memorial Hospital Foundation

The Listowel Memorial Hospital Foundation is a not-for-profit organization incorporated by letters patent without share capital in the province of Ontario and is registered as a charity under the Income Tax Act. Its purpose is to raise funds for the hospital. The following transactions occurred during the year:

Expenses paid on behalf of the Listowel Memorial Hospital Foundation are shown as expenses and recoveries. At year end, the net amount receivable for these expenses was \$2,780 (2009: \$2,308). The following transactions also occurred during the year:

- a) Donations totaling \$358,792 (2009: \$264,817) were provided to the Hospital by the Listowel Memorial Hospital Foundation and a corporation wholly owned by the Foundation.

ii) 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.

Expenses paid on behalf of the North Perth Family Health Team are shown as expenses and recoveries. At year end, the net amount receivable for these expenses and rental revenue is \$37,281 (2009: \$19,657). The following transactions also occurred during the year:

- a) Rent totaling \$25,968 (2009: \$21,975) was paid to the Hospital.
- b) Information technology support \$10,000 (2009: \$Nil) was paid to the Hospital.

iii) Listowel Cradle Club Hospital Auxiliary

The Listowel Cradle Club Hospital Auxiliary raises funds for the Listowel Memorial Hospital through the sale of items at its gifts centre and other fundraising activities. The organization annually donates funds to The Listowel Memorial Hospital Foundation to be used for the purchase of equipment and supplies for the Listowel Memorial Hospital.

iv) Wingham & District Hospital

The hospital has an alliance with Wingham & District Hospital and shares senior management.

The hospital's share of the operating revenues and expenditures, and 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 a recovery.

LISTOWEL MEMORIAL HOSPITAL

Notes to Financial Statements

Year Ended March 31, 2010

11. Financial Instruments

It is management's opinion that the company is not exposed to significant currency, credit or interest rate risk. The fair value of these financial instruments approximates their carrying value, unless otherwise noted.

12. Indemnity Insurance

On July 1, 1987, a group of health care organizations, ("subscribers"), formed Healthcare Insurance Reciprocal of Canada ("HIROC"). HIROC is registered as a Reciprocal pursuant to provincial Insurance Acts, which permit persons to exchange with other persons reciprocal contracts of indemnity insurance. HIROC facilitates the provision of liability insurance coverage to health care organizations in the provinces of Ontario, Manitoba, Saskatchewan and Newfoundland. Subscribers pay annual premiums, which are actuarially determined, and are subject to assessment for losses in excess of such premiums, if any, experienced by a group of subscribers for the years in which they were a subscriber. No such assessments have been made to March 31, 2010.

13. Economic dependence

The Hospital received 85% (2009: 85%) of its total revenue for the year from the Ministry of Health and Long Term Care.

14. Commitment

The hospital had committed to purchase a property for a total cost of \$258,597. At March 31, 2010, \$10,000 has been paid.

15. Capital disclosures

The Hospital's objective in managing capital is to ensure sufficient liquidity to meet its monthly operating requirements and undertake program initiatives for the benefit of its purposes, while at the same time taking a conservative approach towards management of financial risk. The Hospital's capital is comprised of its net assets. The Hospital's primary use of capital is to finance capital expenditures, future projects and ongoing operations. The Hospital currently funds these requirements out of its internally generated cash flows. The Hospital is not subject to any externally imposed capital requirements.

***Wingham and District Hospital
Report of the Treasurer
2009/2010***

The Resource Committee is responsible for overseeing finance, audit, property and human resource matters. The committee consists of the Board Chairperson, the Board Vice-Chairperson, the Chief of the Medical Staff, the Board Treasurer and two Directors. The Board Vice-Chairperson is the Chair of this committee. The committee members for 2009/2010 were Margaret Stapleton, Rob Hutchison, Dr. Mark Moores, Andy McBride, Alan Reed and Amy Miller. Unfortunately, due to a conflict of interest issue, Alan Reed resigned from the Board in March 2010 and has not yet been replaced. This committee met four times in the past year and all meetings were held jointly with the LMH Resource Committee. A fifth meeting was proposed but was cancelled due to a scheduling conflict. One important matter arising this past year was a change in the investment policy that allows a maximum of 10% of hospital investments to be in equities. This change was made due to the very low interest rates currently available.

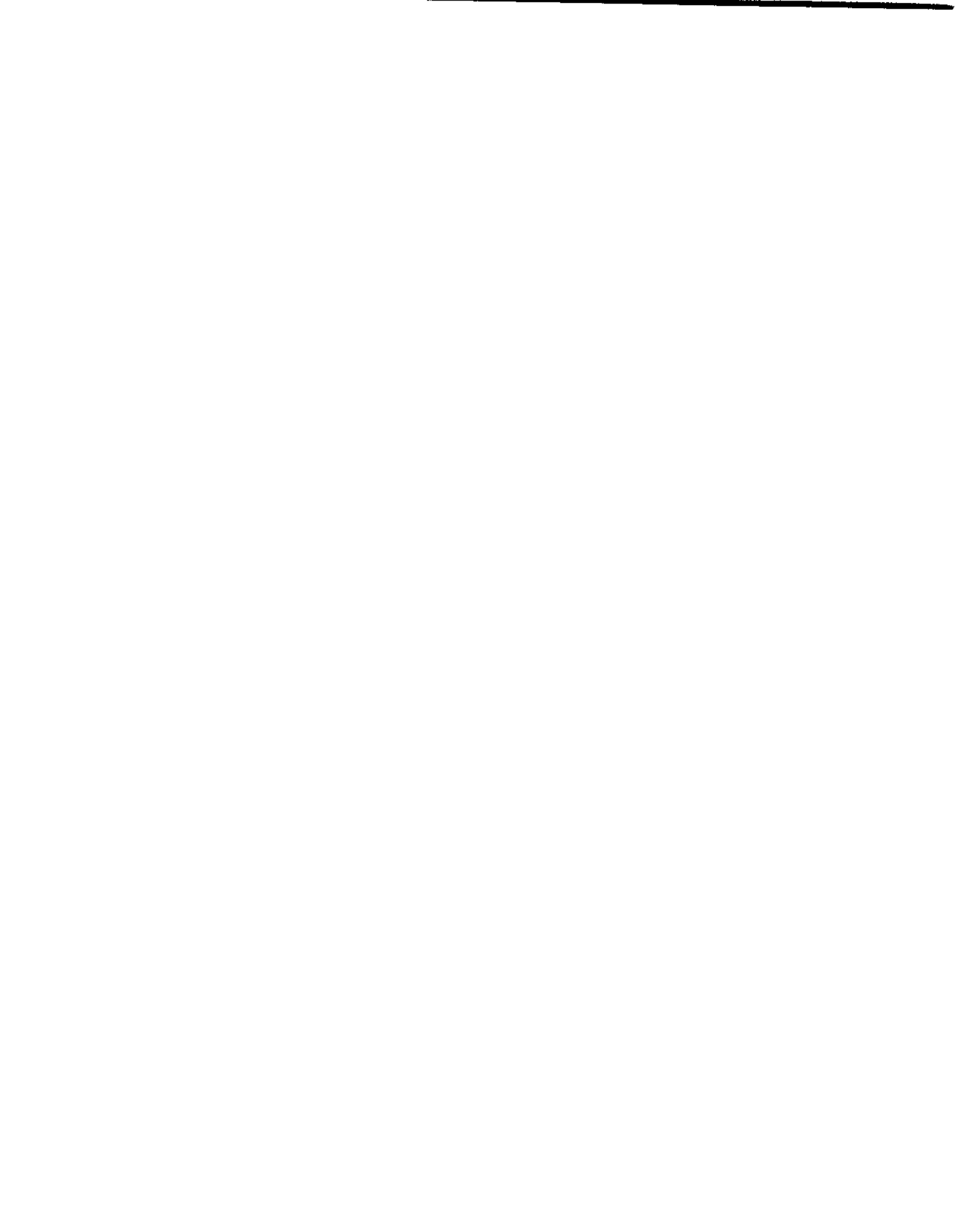
The Hospital planned for a balanced financial position for the 2009/2010 fiscal year and, through various cost-saving measures and revenue enhancements, has managed to end the year with a surplus of \$10,000. One significant factor in this regard is that, thanks to the determined efforts of Interim CEO Liz Phelan, we were finally able to secure our funding from Cancer Care Ontario for the past two years, in the amount of \$255,000.

The Hospital invested \$716,135 in capital equipment this past year while maintaining working capital at more than \$3 million. The generous contributions of the Hospital Foundation greatly assist in this capital investment. The 2009 Foundation sponsored CKNX Radiothon raised funds for the purchase of a gastroscope and a digital pediatric colonoscope. The total financial support from the Foundation this year was nearly \$124,000. We are grateful to all who support the Foundation.

Another related financial committee is the Audit Committee which has three primary responsibilities, namely: (1) to ensure that the Hospital Corporation is in compliance with the laws, rules, regulations and contracts that govern it; (2) to review the management information and control systems; and (3) to review legal issues and insurance claims on an annual basis. This committee consists of the Board Treasurer and two Directors, that is, Andy McBride, Marg Carswell and Amy Miller, for this year. This committee met with the Auditor and senior management on May 20, 2010 to review the Financial Statements and make a recommendation to the Board. Accordingly, the Auditor's Report and final Financial Statement are included in this Annual Report.

On behalf of the Resource Committee and the Board of Directors, I would like to thank our Senior Management Team and all the WDH staff for successfully bringing us through a challenging year.

Respectfully submitted,
Andy McBride
Treasurer



Financial Statements of

WINGHAM AND DISTRICT HOSPITAL

Year ended March 31, 2010



KPMG LLP
Chartered Accountants
140 Fullarton Street Suite 1400
PO Box 2305
London ON N6A 5P2
Canada

Telephone (519) 672-4880
Fax (519) 672-5684
Internet www.kpmg.ca

AUDITORS' REPORT

To the Chairperson and Board of Directors of Wingham and District Hospital

We have audited the statement of financial position of Wingham and District Hospital as at March 31, 2010 and the statements of operations, changes in net assets, and cash flows for the year then ended. These financial statements are the responsibility of the Hospital's management. 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 plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Wingham and District Hospital as at March 31, 2010 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Chartered Accountants, Licensed Public Accountants

London, Canada

May 7, 2010

WINGHAM AND DISTRICT HOSPITAL

Statement of Financial Position

March 31, 2010, with comparative figures for 2009

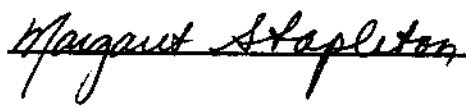
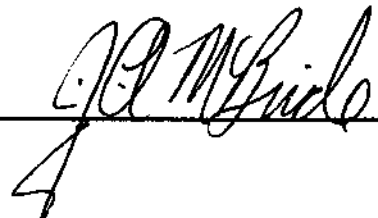
	2010	2009
Assets		
Current assets:		
Cash and investments (note 9)	\$ 3,099,336	\$ 3,596,995
Accounts receivable	795,189	372,335
Inventories	176,615	202,137
Prepaid expenses and deposits	217,988	254,660
	<u>4,289,128</u>	<u>4,426,127</u>
Property, buildings and equipment (note 3)	7,136,635	7,323,564
	<u>\$ 11,425,763</u>	<u>\$ 11,749,691</u>

Liabilities and Net Assets

Current liabilities:		
Accounts payable and accrued liabilities	\$ 1,190,708	\$ 1,252,418
Current portion of employee future benefits (note 4)	33,065	25,261
	<u>1,223,773</u>	<u>1,277,679</u>
Employee future benefits (note 4)	512,388	512,687
Deferred contributions, property, buildings and equipment (note 5)	2,153,614	2,203,611
Net assets:		
Investment in property, buildings and equipment (note 6)	4,983,021	5,119,953
Unrestricted	2,552,967	2,635,761
	<u>7,535,988</u>	<u>7,755,714</u>
	<u>\$ 11,425,763</u>	<u>\$ 11,749,691</u>

See accompanying notes to financial statements.

On behalf of the Board:

 Governor  Governor

WINGHAM AND DISTRICT HOSPITAL

Statement of Operations

Year ended March 31, 2010, with comparative figures for 2009

	2010	2009
Revenues:		
Ontario Ministry of Health and Long-Term Care, Global Funding	\$ 11,210,507	\$ 10,926,650
Ontario Ministry of Health and Long-Term Care, Special Funding	30,000	8,091
Inpatient	111,739	181,691
Outpatient	574,398	602,656
Alternative funding	1,705,050	1,546,255
Recoveries and miscellaneous sales	2,158,494	1,621,961
Investment income	5,204	84,787
Amortization of deferred contributions	361,490	312,220
Donations	6,325	9,213
	<u>16,163,207</u>	<u>15,293,524</u>
Expenses:		
Salaries, wages and benefits	9,516,642	9,085,386
Medical staff remuneration	266,383	240,764
Emergency room physician incentives	1,705,050	1,546,255
Inpatient service supplies	238,703	150,934
Ambulatory service supplies	62,108	63,002
Diagnostic and therapeutic supplies	1,009,231	914,968
Administration, support service and miscellaneous expense	908,501	722,196
Plant operation and maintenance	472,646	498,526
Patient food service supplies	108,913	114,430
Marketed service supplies	131,720	139,051
Medical and surgical expenses	298,933	311,134
Drug expenses	793,462	868,308
Bad debts	1,448	1,930
Equipment amortization	638,497	569,486
	<u>16,152,237</u>	<u>15,226,370</u>
Excess of revenues over expenses from operations	10,970	67,154
Building amortization	(263,081)	(241,420)
Amortization of deferred contributions, capital-building	32,385	32,385
Deficiency of revenues over expenses	\$ (219,726)	\$ (141,881)

See accompanying notes to financial statements.

WINGHAM AND DISTRICT HOSPITAL

Statement of Changes in Net Assets

Year ended March 31, 2010, with comparative figures for 2009

	Investment in property, buildings and equipment		Unrestricted		Total 2009
	2010	2009	2010	2009	
Balance, beginning of year	\$ 5,119,953	\$ 4,922,007	\$ 2,635,761	\$ 2,975,588	\$ 7,755,714
Excess (deficiency) of revenues over expenses (note 6)	(509,189)	(466,301)	289,463	324,420	(219,726)
Net change in investment in property, buildings and equipment	372,257	664,247	(372,257)	(664,247)	-
Balance, end of year	\$ 4,983,021	\$ 5,119,953	\$ 2,552,967	\$ 2,635,761	\$ 7,535,988
					\$ 7,755,714

See accompanying notes to financial statements.

WINGHAM AND DISTRICT HOSPITAL

Statement of Cash Flows

Year ended March 31, 2010, with comparative figures for 2009

	2010	2009
Cash provided by (used in):		
Operating activities:		
Deficiency of revenues over expenses	\$ (219,726)	\$ (141,881)
Adjustments for:		
Amortization of property, buildings and equipment	901,578	810,906
Loss on disposal of property, buildings and equipment	1,486	-
Amortization of deferred contributions, capital	(361,490)	(312,220)
Amortization of deferred contributions, capital-building	(32,385)	(32,385)
Changes in non-cash operating working capital:		
Accounts receivable	(422,854)	1,860
Inventories	25,522	(14,846)
Prepaid expenses and deposits	36,672	(109,027)
Accounts payable and accrued liabilities	(61,710)	371,099
Employee future benefits	7,505	(4,733)
	(125,402)	568,773
Financing activities:		
Deferred contributions, capital	343,878	641,277
Investing activities:		
Additions to property, buildings and equipment	(716,135)	(1,305,524)
Decrease in cash and investments	(497,659)	(95,474)
Cash and investments, beginning of year	3,596,995	3,692,469
Cash and investments, end of year	\$ 3,099,336	\$ 3,596,995
Represented by:		
Cash	\$ 1,427,313	\$ 1,927,220
Investments	1,672,023	1,669,775
	\$ 3,099,336	\$ 3,596,995

See accompanying notes to financial statements.

WINGHAM AND DISTRICT HOSPITAL

Notes to Financial Statements

Year ended March 31, 2010

Wingham and District Hospital (the "Hospital") was incorporated under the Ontario Business Corporations Act on March 23, 1937. The Hospital is principally involved in providing health care services to the northern portion of Huron County and the southern portion of Bruce County.

The Hospital is funded primarily by the Province of Ontario in accordance with funding policies established by the Ontario Ministry of Health and Long-Term Care ("Ministry" and "MOHLTC") and the Local Health Integration Network ("LHIN"). Any excess of revenue over expenses earned during a fiscal year may be retained by the Hospital. The Ministry's stated policy is that deficits incurred by the Hospital will not be funded, and this policy has been consistently followed. Therefore, to the extent that deficits are incurred and not funded, future operations may be affected. The LHIN provides operating funding including base funding, which is expected to be received on an annual basis, and special funding, which is non-recurring in nature, and consequently is unconfirmed for future years.

The Hospital entered into a Hospital Service Accountability Agreement ("HSAA") with the LHIN. This agreement sets out the rights and obligations of the two parties in respect of funding provided to the Hospital by the Ministry for fiscal 2010. The LHIN has since extended this agreement to include fiscal 2011. The HSAA sets out the funding provided to the Hospital together with performance standards and obligations of the Hospital that establish acceptable performance results for the Hospital.

If the Hospital does not meet certain performance standards or obligations, the Ministry has the right to adjust some funding streams received by the Hospital. Given that the Ministry is not required to communicate funding adjustments until after the submission of year-end data, the amount of revenue recognized in these financial statements represents management's best estimates of amounts earned during the year.

1. Significant accounting policies:

The financial statements have been prepared by management in accordance with generally accepted accounting principles. The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of revenues and expenses during the period. Significant items subject to such estimates and assumptions include the valuation of accounts receivable, the carrying amount of capital assets and the employee future benefits liability. Actual results could differ from these estimates making it reasonably possible that a change in these estimates could occur in the near term.

WINGHAM AND DISTRICT HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2010

1. Significant accounting policies (continued):

(a) Basis of accounting and presentation:

The financial statements represent the operations of the Hospital and do not include assets, liabilities and activities of any organization such as The Wingham and District Hospital Foundation and volunteer associations, which, although related to the Hospital, are not operated by it.

(b) Revenue recognition:

The Hospital follows the deferral method of accounting for contributions which include donations and government grants. Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of an accounting period are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period.

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

Contributions restricted for the purchase of property, buildings and equipment are deferred and amortized into revenue on a straight-line basis, at a rate corresponding with the amortization rate for the related capital assets.

Revenues from inpatient and outpatient billings, preferred accommodation, and recoveries and sales are recognized when the goods are sold or the service is provided.

Revenue related to the ambulance service and the emergency room sessional coverage is recorded as revenue in the period to which it relates.

(c) Inventories:

Inventories are valued at the lower of cost and replacement cost on a weighted-average basis.

(d) Investments:

Investments are recorded at market value in accordance with the designations made in note 1(j).

WINGHAM AND DISTRICT HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2010

1. Significant accounting policies (continued):

(e) Impairment of long-lived assets:

Long-lived assets, including property, buildings and equipment and purchased intangibles subject to amortization, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to estimated undiscounted future cash flows expected to be generated by the asset. If the carrying amount of an asset exceeds its estimated future cash flows, an impairment charge is recognized by the amount by which the carrying amount of the asset exceeds the fair value of the asset. Assets to be disposed of would be separately presented in the balance sheet and reported at the lower of the carrying amount or fair value less costs to sell, and are no longer depreciated. The asset and liabilities of a disposed group classified as held for sale would be presented separately in the appropriate asset and liability sections of the balance sheet.

(f) Property, buildings and equipment:

Purchased property, buildings and equipment are recorded at cost. Repairs and maintenance costs are charged to expense. Betterments, which extend the estimated life of an asset, are capitalized.

Property, buildings and equipment are amortized on a straight-line basis using the following annual rates:

Asset	Rate
Land improvements	4% - 10%
Buildings	3% - 5%
Furniture and equipment	5% - 20%

Property, buildings and equipment are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to its estimated undiscounted future cash flows expected to be generated by the asset. If the carrying amount of an asset exceeds its estimated future cash flow, an impairment charge is recognized by the amount by which the carrying amount of the asset exceeds the fair value of the asset.

WINGHAM AND DISTRICT HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2010

1. Significant accounting policies (continued):

(g) Contributed services:

A substantial number of volunteers contribute a significant amount of their time each year. Because of the difficulty of determining the fair value, contributed services are not recognized in the financial statements.

(h) Employee future benefits:

The Hospital accrues its obligations for employee future benefits. The cost of employee future benefits earned by employees is actuarially determined using the projected benefit method pro-rated on services and management's best estimate of expected plan investment performance, salary escalation, retirement ages and expected health care costs.

For the defined contribution pension plan, the Hospital's contributions continue to be expensed as incurred.

Past service costs arising from plan amendments are deferred and amortized on a straight-line basis over the average remaining service period of employees active at the date of the amendment which is determined to be nine years per the actuary valuation report.

(i) Use of estimates:

The preparation of the financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting periods. Actual results could differ from those estimates.

WINGHAM AND DISTRICT HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2010

1. Significant accounting policies (continued):

(i) Financial instruments:

Financial assets and financial liabilities:

Financial assets and financial liabilities are initially recognized at fair value and their subsequent measurement is dependent on their classification as described below. Their classification depends on the purpose for which the financial instruments were acquired or issued, their characteristics, and the Hospital's designation of such instruments. The standards require that all financial assets and liabilities be classified either as held-for-trading ("HFT"), available-for-sale ("AFS"), held to maturity ("HTM"), loans and receivables or other liabilities. The standards require that all financial assets and liabilities, including all derivatives, be measured at fair value with the exception of loans and receivables, debt securities classified as HTM, and AFS financial assets that do not have quoted market prices in an active market.

Classification of financial instruments.

The Hospital has classified its financial instruments as follows:

- (i) Cash and investments have been designated as HFT on the basis that this most accurately reflects the nature of these items. HFT financial assets and liabilities are typically acquired for resale or settlement prior to maturity. They are measured at fair value at the balance sheet date. Interest earned, interest accrued, gains and losses realized on disposal and unrealized gains and losses from market fluctuations are included in the statement of operations.
- (ii) Accounts receivable have been designated as loans and receivables and are measured at amortized cost.
- (iii) Accounts payable and accrued liabilities, and current and long-term debt have been designated as other liabilities. After their initial fair value measurement, they are measured at amortized cost.

WINGHAM AND DISTRICT HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2010

1. Significant accounting policies (continued):

(j) Financial instruments (continued):

Transaction costs:

Transaction costs related to HFT financial assets are expensed to investment income as incurred.

The fair value of a financial instrument is the amount of consideration that would be agreed upon in an arm's length transaction between knowledgeable, willing parties who are under no compulsion to act. The fair value of a financial instrument on initial recognition is the transaction price, which is the fair value of the consideration given or received. Subsequent to initial recognition, the fair values of financial instruments that are quoted in active markets are based on bid prices for financial assets held and offer prices for financial liabilities. When independent prices are not available, fair values are determined by using valuation techniques which refer to observable market data. These include comparisons with similar instruments where market observable prices exist, discounted cash flow analysis, option pricing models and other valuation techniques commonly used by market participants.

2. Change in accounting policy:

On April 1, 2009, the Hospital adopted the following new accounting standard issued by the Canadian Institute of Chartered Accountants ("CICA"):

Effective April 1, 2009, the Hospital retroactively adopted the changes to the recommendations in CICA Handbook Section 4400: *Financial Statement Presentation for Not-for-Profit Organizations* that eliminates the requirement to separately disclose the amount of net assets invested in property, buildings and equipment. The Hospital elected to maintain details regarding the amount of net assets invested in property, buildings and equipment and the calculation of this amount. As a result, there is no impact on the financial statements.

WINGHAM AND DISTRICT HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2010

3. Property, buildings and equipment:

			2010	2009
	Cost	Accumulated amortization	Net book value	Net book value
Land	\$ 648,188	\$ -	\$ 648,188	\$ 495,782
Land improvements	187,502	19,152	168,350	154,054
Buildings	7,104,051	3,819,169	3,284,882	3,489,169
Furniture and equipment	6,522,785	3,721,247	2,801,538	2,921,502
Construction in progress	233,677	-	233,677	263,057
	\$ 14,696,203	\$ 7,559,568	\$ 7,136,635	\$ 7,323,564

4. Employee future benefits:

(a) Pension Plan:

Substantially all full time employees of the Hospital are members of the Hospitals of Ontario Pension Plan ("the Plan"). This Plan is a multi-employer, defined benefit pension plan.

Employer contributions to the Plan on behalf of employees amounted to \$20,695,000 (2009 - \$20,504,000). The most recent actuarial valuation for accounting purposes was completed by the Plan as at December 31, 2008. The December 31, 2009 audited financial statements disclose a smoothed assets value of \$32,556,000 with accrued going concern liabilities of \$32,020,000 resulting in a going concern surplus of \$536,000.

Employer contributions made to the Plan during the year by the Hospital amount to \$550,871 (2009 - \$528,022).

WINGHAM AND DISTRICT HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2010

4. Employee future benefits (continued):

(b) Other employee future benefits:

The reconciliation of the funded status of the defined benefit plans, excluding the pension plan, to the amounts recorded in the financial statements is as follows:

	2010	2009
Accrued benefit obligation	\$ 450,613	\$ 438,104
Fair value of plan assets	-	-
Funded status deficit	450,613	438,104
Balance of unamortized amounts	94,840	99,844
Accrued benefit liability	545,453	537,948
Less current portion	(33,065)	(25,261)
	\$ 512,388	\$ 512,687
Current service costs	\$ 7,612	\$ 9,609
Interest cost	32,397	27,833
Amortization of net actuarial gain	(6,944)	(12,181)
Net benefit plan expense	\$ 33,065	\$ 25,261

WINGHAM AND DISTRICT HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2010

4. Employee future benefits (continued):

(b) Other employee future benefits (continued):

The significant assumptions used are as follows:

	2010	2009
Accrued benefit obligation as of March 31:		
Discount rate	7.50%	7.50%
Benefit costs for year ended March 31:		
Discount rate	7.50%	7.50%
Dental cost increase	4.00%	4.00%
Health care cost trends rates:		
Initial rate	7.50%	7.50%
Ultimate rate	5.00%	5.00%
Year ultimate rate reached	2020	2020

Employee future benefits expenses, excluding the pension plan, recognized in the year:

	2010	2009
Defined benefit plans	\$ 33,065	\$ 25,261

WINGHAM AND DISTRICT HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2010

5. Deferred contributions, property, buildings and equipment:

Deferred contributions related to property, buildings and equipment represent the unamortized amount and unspent amount of donations and grants received for the purchase of property, buildings and equipment. The amortization of capital contributions is recorded as revenue in the statement of operations.

	2010	2009
Balance, beginning of year	\$ 2,203,611	\$ 1,906,939
Additional contributions received	343,878	641,277
Less amortization of deferred contributions	(361,490)	(312,220)
Less amortization of deferred contributions, capital-building	(32,385)	(32,385)
Balance, end of year	\$ 2,153,614	\$ 2,203,611

The balance of unamortized capital contributions related to property, buildings and equipment consists of the following:

	2010	2009
Unamortized capital contributions used to purchase assets	\$ 2,153,614	\$ 2,203,611

6. Investment in property, buildings and equipment:

(a) Investment in property, buildings and equipment is calculated as follows:

	2010	2009
Property, buildings and equipment	\$ 7,136,635	\$ 7,323,564
Amounts financed by:		
Deferred contributions	(2,153,614)	(2,203,611)
	\$ 4,983,021	\$ 5,119,953

WINGHAM AND DISTRICT HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2010

6. Investment in property, buildings and equipment (continued):

(b) Change in net assets invested in property, buildings and equipment is calculated as follows:

	2010	2009
Deficiency of revenues over expenses:		
Amortization of deferred contributions, property, buildings and equipment	\$ 361,490	\$ 312,220
Amortization of deferred contributions, capital-building	32,385	32,385
Amortization of property, buildings and equipment	(901,578)	(810,906)
Loss on disposal of property, buildings and equipment	(1,486)	-
	\$ (509,189)	\$ (466,301)
Net change in investment in capital assets:		
Purchase of property, buildings and equipment	\$ 716,135	\$ 1,305,524
Increase in deferred contributions, property, buildings and equipment	(343,878)	(641,277)
	\$ 372,257	\$ 664,247

7. Related entities:

Wingham and District Hospital Foundation (the "Foundation") is incorporated without share capital under the laws of Canada and is a registered charity under the Income Tax Act, Canada. The Foundation was established to raise funds for the use of the Hospital. During the year ended March 31, 2010, the Foundation provided donations totaling \$123,683 (2009 - \$484,161) to the Hospital.

The Hospital participates in a staff sharing program for administrative personnel with Listowel Memorial Hospital ("LMH"). As at March 31, 2010, accounts receivable includes \$156,954 (2009 - \$52,559) owed to the Hospital by LMH. As at March 31, 2010, accounts payable and accrued liabilities includes \$60,500 (2009 - \$4,653) owed by the Hospital to LMH.

WINGHAM AND DISTRICT HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2010

8. Financial instruments:

(a) Fair values:

The carrying value of the Hospital's financial assets and liabilities, consisting of cash and bank indebtedness, accounts receivable, accounts payable and accrued liabilities, approximate their fair values due to the relatively short periods to maturity of the instruments. The fair value of investments is disclosed in note 9.

(b) Risk management:

The Hospital is subject to market risk, and interest rate risk with respect to its investment portfolio. To manage these risks, the Hospital has an investment policy setting out a target mix of investments designed to provide optimal return within reasonable risk tolerances.

The Hospital is exposed to financial risk that arises from the interest rate differentials between the market interest rate and the rates on its cash and bank indebtedness. Changes in variable interest rates could cause unanticipated fluctuations in the Hospital's operating results.

9. Cash and investments:

	2010	2009
Cash and cash equivalents	\$ 1,427,313	\$ 1,925,730
Government bonds	1,672,023	1,671,265
	<u>\$ 3,099,336</u>	<u>\$ 3,596,995</u>

Cash and investments are recorded at market value.

10. Comparative figures:

Certain of the 2009 comparative figures have been reclassified to conform with the financial statement presentation adopted in the current year.

COMMITTEE REPORTS

Listowel Wingham Hospitals Alliance Governance & Nominations Committee Report - 2009/2010

The members of this Committee in 2009/2010 were John MacDonald, Kris Dekker, Ray Reynen, and Bert Johnson from the Listowel Board and Rob Hutchison, Marg Carswell, Margaret Stapleton, and Andy McBride from the Wingham Board. John MacDonald was the Chair. Since the 2008/2009 Report was prepared, this Committee met 5 times, in June, October, November, January, and February. Unfortunately, our April meeting had to be cancelled due to insufficient attendance; however, we will be meeting again prior to the Annual General Meeting.

As a result of these meetings, the following actions have been undertaken or are in process.

- Recommended nominations to both Boards at the AGM.
- Received and reviewed the Board Effectiveness Assessment, as prepared by Dr. R. Leblanc.
- Received and reviewed the Governance Review Report, as prepared by The Berkeley Group. Further action on this matter has been postponed until a new CEO is in place.
- Nominated Bert Johnson and Blair Burns to fill the vacant positions on the LMH Board that occurred due to the resignations of T. Lucas and L. Gordon.
- Nominated Diane Thomson to fill the vacant position on the WDH Board that occurred due to resignation of S. Jackson.
- Provided orientation and mentors for all new Board Members.
- Assisted with the establishment of Communications Committees for each site.
- Assisted with the coordination of the Board Retreat held on October 30th.
- Recommended that the Alliance website be upgraded and include an online Board Member orientation process as well as a link to the Board Manual.
- Recommended retaining Dr. R. Leblanc to assist us with an Individual Board Member Competency Survey to be done in the fall of 2010.
- Recommended making education a regular Board agenda item which has resulted in the following presentations; Southwest CCAC by a Board Member and the CEO, Governance Opportunities by R. Leblanc, Quality & Risk Management by L. Phelan, Ethics by Dr. R. Butcher, and the HPHA VISION 2013 by CEO Andrew Williams.
- Recommended that Board Member Manuals be updated.
- Suggested that the OHA be requested to convene a one-day seminar on Governance in Huron-Perth for which the planning is underway.
- Reviewing Board Succession planning.
- Recommended that Board Education be a line item in the next budget.
- Currently preparing a new Policy regarding Meeting Agendas.
- Prepared new Policies regarding *Duties, Responsibilities and Agreement of Every Director and Confidentiality of Alliance Board Business and Affairs*, as well as an *Agreement and Pledge of Confidentiality* to be signed by each Director, and recommended the adoption of these to the Board.
- Currently considering the question of who should chair the Joint Conference Committees.
- Recommended the review of the OHA Prototype Board By-laws.

Thank you to all Committee members, M. Comack and L. Phelan for assistance this past year.

Respectfully Submitted,
John MacDonald, Chair & Andy McBride, Member

**Listowel Wingham Hospitals Alliance
Quality & Risk Committee Report
2009/2010**

In September 2010 the Committee changed its name and scope from Quality & Communications Committee to the Quality & Risk Committee. The Committee is accountable to review and ensure key performance indicators, outcomes and standards are met, and that any risks are identified and managed. A separate Communications Committee will be taking on the responsibilities of public reporting and engagement with the community we serve.

Every Staff member, Director and Associate of the Listowel Wingham Hospitals Alliance (LWHA) is accountable for Safety and Quality. The LWHA Executive and Management Team review Performance Indicators with the Quality & Risk Committee at bi-monthly meetings.

Thank you to those who complete and send in the confidential questionnaires. It is through the results of these satisfaction questionnaires that we know how well you feel we are caring for our patients that visit the hospital. The Picker Survey reports for the months from January to March 2009 for the Acute Care Experience showed an overall Satisfaction Rating of 96.4%, which is ranked above the Ontario average of 92.7%. The Emergency Department Patient Experience showed an overall rating of 92%, well above the Ontario average of 83.3%. There is ongoing review and planning to prioritize and continually improve in all areas. For example, even though there may be a wait time, staff can improve the care given to the patient and family by taking time to communicate and help those waiting to understand. The patient experience is as important as the outcome.

Infection Control Public Reporting is ongoing and can be viewed on the hospital website. Since April 2009, LWHA is required to report Hand Hygiene Compliance. LWHA will continue with training and education. The most recent data was submitted to the Ministry of Health April 15, 2010 and is posted on the hospital website. A significant improvement since 2009! Check the website as you will be amazed at the amount of public reporting that is available.

Risk MonitorPro Reports monitor incidents for patient safety such as falls or medications errors. The goal is to prevent risk or harm to any patient such as adverse drug events. The Auto-Med medication delivery system was introduced this past year and ongoing monitoring and evaluation shows a decline in the severity and number of medication errors. You may notice if you are admitted to hospital, a comprehensive medication list is requested. All healthcare providers review this list against medication orders while in hospital and on discharge to reduce the risk of adverse drug events. In accordance with the Institute for Safe Medication Practices Canada, many common abbreviations are not to be used because they may look like another abbreviation, measurement or symbol. Quarterly audits will be completed to test for compliance and will then be reported to the Medical Staff, Nursing and the Board.

Accreditation preparation has been ongoing this year with Accreditation scheduled for November 2010. Accreditation Canada has restructured its process. Accreditors will follow how care is provided to a patient from entry to the hospital through to discharge and include

representation of all care providers in their review while making their site visits. Several areas are examined by the Accreditation process including Governance. Online Questionnaires have been completed by all committees representing each of these areas. The responses provide "Road Maps" to provide feedback on the Alliance's performance in each area. Indicators are identified for improvement in each area. With these Road Maps, members of each committee have met to develop solutions to areas of concern and strategies to reach these solutions. We achieved a three year Accreditation on our last review in 2007. Our Leadership Team, staff members, physicians and Board members are all working diligently to achieve a three year Accreditation again in 2010.

Thank you to the Leadership Team for their dedication and ever increasing effort to improve the safety and quality of care for every individual who comes to our hospitals. Thank you to all the members of the Quality & Risk Committee who gave their time and support this past year. It was greatly appreciated!

Sincerely,

Mary Chippa & June Williamson
Co- Chairs, Quality & Risk Committee
Listowel Wingham Hospitals Alliance

**Listowel Wingham Hospitals Alliance
Strategic Planning Committee Report
2009/2010**

The Strategic Planning Committee oversees the strategic planning for the Alliance by ensuring that the strategic planning framework is in place. Annually, the committee determines the relevance of the existing strategic plan in relation to current health care issues and the environment in which our facilities operate. This committee is comprised of members from both facilities and those members look at the role of strategic planning jointly on behalf of the Alliance. In these changing and challenging times, it is necessary to combine our efforts so that both hospitals have long term viability.

Over the past year, the Strategic Planning Committee met through the summer and fall of 2009 to prepare the Hospital Services Accountability Agreement for 2010/11 and 2011/12. Strategies were formulated to achieve balanced budgets as mandated by the Ministry of Health.

Strategic Priorities were developed for 2009/2010. Priority areas were Financial Stability, Master Program, Human Resource Strategy, Facilities and Infrastructure, Communication and Community Engagement, and Governance and Board Development. In all discussions, positive opportunities are sought for integration in the Alliance.

Liz Phelan, Interim CEO, has assumed leadership of the Alliance with the retirement of Margret Comack in December 2009, and has defined her goals around our strategic plan. We look forward to the successful recruitment of a new CEO to lead us into the future to continue to provide quality health care to the residents of our communities.

I thank the members of the Strategic Planning Committee for their commitment to the planning for the future of the Alliance. As well, we acknowledge and appreciate the contribution and devotion of our Interim CEO, Liz Phelan, and the Senior Leadership Team.

Respectfully submitted,

June Williamson
Margaret Stapleton
Co-Chairs
LWHA Strategic Planning Committee

AUXILIARY REPORTS

Report of the Listowel Cradle Club – Hospital Auxiliary 2009/2010

The L.M.H. Cradle Club – Hospital Auxiliary meets the first Wednesday of each month, except for July & August, at 7:30 p.m. in the hospital cafeteria.

Marilyn Nichol presided as President, Dawna Voll as Secretary, Beth Annett as Treasurer and Rhonda Beirnes as Vice-President.

Membership was 19 with 2 new members joining in the second half of 2009. We lost 2 members due to illness.

The Club, throughout the whole year, anxiously awaited the construction of our new modular Gift Centre. As of the end of December, there was still no progress. This was a disappointing time since our sales had also fallen drastically.

Fundraising by the Club resulted in over \$11,000.00 being rewarded towards patient needs and equipment to be used within the hospital for patient care. Each department can request towards a 'Wish List'. The Club decides according to the funds available.

Bake Sale Fundraisers:

1. Valentines in February
2. St. Patrick's in March
3. Easter in April
4. Thanksgiving in October

3 Big Fundraisers

1. Spring – Listowel Greenhouse & bake sale along with a 1200 ticket raffle draw resulting in 3 - \$100.00 prizes.
2. Fall Bazaar & raffle ticket draw (1200) with 6 - \$50.00 winners.

Both of these fundraisers were very successful.

3. A jewellery fundraiser by Silpadad, sponsored by Stacey Boyd-Burgers was held in February and also resulted in good monies for the Club.

A Volunteer Appreciation Night was held in April to say 'thank you' to all the volunteers who support the Club and Hospital. Cake and fruit, along with drinks and some entertainment were enjoyed.

The club also supplies tray favours for the patients on special occasions, eg. Easter, Thanksgiving and Christmas, as well as buying small gifts for the chronic patients on their birthdays.

In November, our Nominating Committee selected the 2010 Executive which took over at our Annual Meeting in January 2010. President – Rhonda Beirnes, Secretary – Dawna Voll, Treasurer – Beth Annett and Vice-President – Jan Leasa.

In December we met for our regular meeting and enjoyed a social evening with extra goodies and fun.

2009 was a very successful year. 2010 will be a challenging year, trying to bring new items and ideas into the Gift Centre to increase interest and sales.

Thanks to all our workers, members and volunteers, we will succeed to better things.

Respectfully submitted,

Dawna Voll
Secretary 2009 L.M.H. Cradle Club

**LISTOWEL CRADLE
CLUB HOSPITAL
AUXILLIARY**
Financial Statements
Year Ended December 31, 2009
(Unaudited)

LISTOWEL CRADLE CLUB HOSPITAL AUXILLIARY

Year Ended December 31, 2009

(Unaudited)

Contents

	Page
Review Engagement Report	1
Statement of Financial Position	2
Statement of Change in Net Assets	3
Statement of Operations	4
Notes to the Financial Statements	5

Hoyles & Roswell

*Chartered Accountants
Professional Corporation*

380 Wallace Avenue North
Listowel, Ontario N4W 1L3

Tel.: (519) 291-1251
Fax: (519) 291-4714
E-Mail: office@hoyros.com

Review Engagement Report

**To the Members of the
Listowel Cradle Club Hospital Auxilliary**

We have reviewed the balance sheet of Listowel Cradle Club Hospital Auxilliary as at December 31, 2009 and the statements of operations and change in fund balance for the year then ended. Our review was made in accordance with Canadian generally accepted standards for review engagements and accordingly consisted primarily of enquiry, analytical procedures and discussion related to information supplied to use by the company.

A review does not constitute an audit and consequently we do not express an audit opinion on these financial statements.

Based on our review, nothing has come to our attention that causes us to believe that these financial statements are not, in all material respects, in accordance with Canadian generally accepted accounting principles.

Hoyles + Roswell Chartered Accountants Professional Corporation

Authorized to practise public accounting by The Institute of Chartered Accountants of Ontario.

Listowel, Ontario, Canada
January 27, 2010

LISTOWEL CRADLE CLUB HOSPITAL AUXILLIARY

Statement of Financial Position as at December 31, 2009

(Unaudited)

	2009	2008
ASSETS		
Cash	\$ 332	\$ 143
Investments	9,270	11,260
Inventory	500	500
	\$ 10,102	\$ 11,903
NET ASSETS		
Unrestricted net assets	\$ 10,102	\$ 11,903

On behalf of the board

Director: _____

Director: _____

LISTOWEL CRADLE CLUB HOSPITAL AUXILLIARY

Statement of Change in Net Assets for the year ended December 31, 2009

(Unaudited)

	2009		2008
Net assets, beginning of year	\$ 11,903	\$	11,376
Excess (deficiency) of revenues over expenses	(1,801)		527
Net assets, end of the year	\$ 10,102	\$	11,903

LISTOWEL CRADLE CLUB HOSPITAL AUXILLIARY
Statement of Operations for the year ended December 31, 2009
(Unaudited)

	2009	2008
Revenues		
Gift centre	\$ 2,157	\$ 2,606
Fundraising	9,199	11,548
Interest	25	183
Miscellaneous	389	336
	11,770	14,673
Expenses		
Donations and gifts - Listowel Memorial Hospital	11,589	10,002
- other	59	78
Gift centre	789	696
Fundraising	1,134	3,370
	13,571	14,146
Excess (deficiency) of revenues over expenses	\$ (1,801)	\$ 527

LISTOWEL CRADLE CLUB HOSPITAL AUXILLIARY

Notes to Financial Statements

Year Ended December 31, 2009

(Unaudited)

1. Summary of significant accounting policies

Basis of accounting and presentation

The financial statements have been prepared using the accrual basis of accounting. Under the accrual method, revenue is recognized when earned and expenses are recognized when incurred.

Revenue

Revenue is recognized when goods are sold.

Inventory

Inventory is valued at the lower of cost and net realizable value with the cost being determined on a first-in, first-out basis.

Contributed services

Volunteers contribute their time to carry out day-to-day operations of the organization and the making of items for sale. Because of the difficulty of determining the fair market value, contributed services are not recognized in the financial statements.

Use of estimates

The preparation of financial statements, in conformity with Canadian generally accepted accounting principles, requires management to make estimates and assumptions that affect the amounts reported in the financial statements and the accompanying notes. Actual results could differ from these estimates.

2. Financial instruments

Interest rate risk

Client has invested in money market funds that do not have a fixed interest rate risk therefore, interest may fluctuate depending on economic conditions.



Auxiliary to the Wingham and District Hospital 2009/2010

The Auxiliary holds 5 general meetings throughout the year. Membership totals 62 and meeting attendance is approximately 50%. Meetings are scheduled on the fourth Monday of the month at 1:30pm. New members are always welcome.

The executive members are President – Verna Steffler, Vice-President – Janice Taylor, Treasurer – Noreen Gnaey, and Secretary – Catharine Mulvey.

The Auxiliary is able to donate funds toward our hospital through fundraising events during the year, which include spring and fall rummage sales, raffles of donated items such as quilts, afghans, etc. Euchre is a new event this year and joins regular and marathon bridge sessions on our calendar. The annual Poinsettia Tea attracted over 130 guests this year, and was held in a member's lovely home. Door prizes, Christmas tea and treats, and live Christmas music made the event quite enjoyable.

Members organize and sell items in the Gift Shop on a daily basis. The magazine and book trolley is accessible outside the Gift Shop for sales of donated reading material.

These activities enabled the Auxiliary to purchase two vital signs monitors for use in our hospital, bursary for a deserving F.E. Madill student, purchase items for new baby arrival, teen volunteer activities, and patient tray favours on special occasions.

The region 2 Hospital Auxiliary Association of Ontario spring and fall conferences were in New Hamburg and Exeter, and several Wingham Auxiliary members attended. A number of Auxiliary members volunteer at the front entrance to assist visitor access with the controlled entrance system and to give directions to patient rooms. This is a new venture and we feel it is a worthwhile endeavour.

The President and a fellow member attended the physician appreciation event to demonstrate support and appreciation to our doctors. Several members enjoyed the Fireside Café physician recruitment fundraising events in the past year.

The Auxiliary Constitution is being revised by the executive and will be presented for membership approval.

The teen volunteer coordinator, Victoria Hoy, has had new members join the group.

The Auxiliary has had another busy year and our members' dedication to volunteering many hours help to provide resources for our hospital projects.

We thank you for your continued support.

Respectfully submitted,

Helen Rintoul
Auxiliary Representative to the
Wingham & District Hospital Board

MEDICAL STAFF

Listowel Memorial Hospital

Medical Staff 2009/2010

Dr. R. Annis - Chief of Staff

Dr. R. Latuskie – President

Dr. A. Qureshi – 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. N. Hogg
Dr. D. Nuhn
Dr. A. Shellnutt
Dr. P. Trainor

CONSULTING & COURTESY STAFF

Dr. G. Antoniadis
Dr. K. Blaine
Dr. J. Brow
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. Klassen
Dr. M. Mann
Dr. D. Mowbray
Dr. C. Omole
Dr. W. Papoff
Dr. S. Prasad
Dr. R. Puley

Dr. E. Scott
Dr. G. Semelhago
Dr. O. Spanglet
Dr. P. Squires
Dr. C. Tamblyn
Dr. S. Tamblyn
Dr. S. Tejpar
Dr. D. Templeman
Dr. G. Sarkaria
Dr. D. Stewart
Dr. J. Veters

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 – Monday
Surgical	Dr. C. Omole Dr. J. Hardwick	Weekly – Thursday and Some Wednesdays Monthly
Gastroenterology	Dr. J. Brow	Weekly – Tuesday
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

Medical Staff 2009/2010

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

DENTAL STAFF

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

CONSULTING & COURTESY STAFF

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

Dr. R. Flowers
Dr. M. Korvemaker
Dr. L. Krishna
Dr. M. Loubani
Dr. E. MacRae
Dr. B. McKee
Dr. A. Montgomery
Dr. D. Mowbray
Dr. C. Omole

Dr. W. Papoff
Dr. F. Perera
Dr. L. Saville
Dr. J. Schwalm
Dr. S. Sleeth
Dr. O. Spanglet
Dr. P. Squires
Dr. C. Tomlinson
Dr. C. Tong
Dr. J. Vettters

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
Hearing Aid Technician	Mark McIntyre	Twice Monthly
Internal Medicine	Dr. M. Flowers	4 days per week
Internal Medicine	Dr. R. Flowers	Mon., Wed., Fri.
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	Mon. & Tues.
Urologist	Dr. B. Bukala	Monthly