

# *Annual Report* *2012 - 2013*



Listowel Memorial Hospital  
94<sup>th</sup> Annual Report



Wingham and District Hospital  
106<sup>th</sup> Annual Report

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- Reports of the Hospitals' Foundations

#### **Medical Staff**

#### **Visiting Consultants - Clinics**

#### **Board of Directors**

**LISTOWEL WINGHAM HOSPITALS ALLIANCE**  
**Listowel Memorial Hospital Corporation**  
**Wingham and District Hospital Corporation**  
**ANNUAL MEETING**  
**Thursday, June 7, 2012**  
**Wingham Royal Canadian Legion**

**Welcome**

Greetings were extended to all members and guests. Mr. McBride noted that the meeting is a concurrent meeting of the two corporations.

**Presentation**

Prior to the business portion of the meeting, Cathy Kelly of the South West Community Care Access Centre (SW CCAC) gave a brief, informative presentation on the SW CCAC services and special initiatives.

**1.0 Call to Order**

The meeting was called to order at 1935 hours.

**2.0 Chair's Remarks**

Andy McBride welcomed Corporation members, hospital staff and visitors, and noted he would be chairing the meeting with the assistance of Blair Burns, Vice-Chair of the Listowel Memorial Hospital Board.

Blair Burns expressed that the two Boards have a very diverse group of skills, work well together and support one another. Board members for both corporations and key guests were introduced.

**3.0 Minutes of the Previous Meeting**

Minor grammatical corrections were noted on pages 2 and 5.

MOTIONS:

It was moved by Bert Johnson, seconded by Blair Burns to:

*Adopt the minutes of the June 8, 2011 Annual Meeting of the Listowel Memorial Hospital corporation.*

Motion Carried

It was moved by Rob Hutchison, seconded by Trevor Seip to:

*Adopt the minutes of the June 8, 2011 Annual Meeting of the Wingham and District Hospital corporation.*

Motion Carried

#### **4.0 Reports**

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

Andy McBride, Blair Burns and Karl Ellis presented the report. Highlights from the report were:

- The Board has devoted a significant amount of time to strategic planning, which has revealed our need to develop a clinical services plan and a human resources plan
  - The Alliance agreement that was negotiated 10 years ago was reviewed and reconfirmed
- Quality has been an area of significant workload over the past year with the development of the mandated Quality Improvement Plan
- The North Perth community is very excited about the opening of the Fisher Family Primary Care Centre
- Despite the disappointment of the cancellation of the Wingham redevelopment project, the hospital is moving forward with self-funded renovation projects
- A community newsletter was produced and sent to households in the areas served by the Alliance to inform of our activities and encourage involvement
- New members from the past year were appreciated for the extra work necessary to come up to speed with Board work in a timely fashion
- Reflection offered on how the Boards functioned in the past versus current
  - demonstrated that the sum of the whole is certainly greater than the individual parts
  - Working together requires a balance of working between the activities of both sites
  - Both successes and disappointments are shared
  - Leadership functions across both sites, and communications are seamless across the sites
- Boards, Foundations, Auxiliaries, community members, leadership team, assistants and staff were thanked

##### **4.2 Report of the Chief of Staff – Listowel Memorial Hospital**

Dr. Latuskie presented the Report of the Chief of Staff for the Listowel Memorial Hospital, and noted:

- Fisher Family Primary Care Centre has positively changed a core element of primary care in North Perth
  - Hopefully the new clinic will prove helpful in recruitment of new physicians

- Recruitment has advanced in the past year in sharing an employee with the municipality who is dedicated to recruitment
- A locum has been recruited to assist with emergency department coverage
- Rejuvenation of the nursing staff is evident and seems bolstered by education opportunities and a positive attitude
- Changes will be coming to the electronic medical record that will start the process to reduce the number of ways and places patient records are kept and thus improve quality and safety

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

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

- There has been a lot of change and challenge over the past year
  - Our emergency department staffing has improved through the compilation of a large locum pool and the addition of Dr. Vanderklippe
  - Appreciation was expressed to the Leadership Team for quickly switching focus after the redevelopment project cancellation
  - After a full year of working with a new Leadership Team, the facilities are bright and alive with positive change
- Dr. Antoniadis will be taking on the role of the Chief of Staff effective July 1<sup>st</sup> 2012

#### **4.4 Treasurer's Report – Listowel Memorial Hospital**

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

- LMH finished the 2011/2012 fiscal year with a surplus of \$72,000 on Hospital operations though with an overall deficit of \$225,000 after amortization
- Capital purchases increased significantly this year with the Fisher Family Primary Care Centre, which will be complete once the second parking lot is finished

##### **4.4.1 Presentation of the Listowel Memorial Hospital Corporation Audited Financial Statements 2011/12:**

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

- BDO has audited the financial statements of the Listowel Memorial Hospital. A summary of significant accounting policies and other explanatory information is contained in the report
- Management is responsible for the preparation and fair presentation of the financial statements and for internal control as is determined necessary to enable the preparation of financial statements
- The Auditors are responsible to express an opinion on the financial statements, based on their audit

- Opinion – The financial statements present fairly, in all material respects, the financial position of Listowel Memorial Hospital as at March 31, 2012.

MOTION:

It was moved by Tom Soltys, seconded by Bob Johns to:

*Accept the Audited Financial Statements of the Listowel Memorial Hospital for the year ended March 31, 2012, as presented.*

Motion Carried

#### 4.4.2 Appointment of Auditors:

MOTION:

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

*Appoint the firm of BDO Canada as Auditors for the Listowel Memorial Hospital for 2012/2013.*

Motion Carried

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

Trevor Seip presented the Report of the Treasurer for the Wingham & District Hospital and noted that:

- Resource Committee oversees both the financial and human resources
- The Wingham & District Hospital finished the fiscal year with a deficit of \$195,000 which is a decline from the small surplus last year
  - There were one-time expenses related to expired medication disposal and pay equity catch up that contributed significantly to the deficit
- Capital equipment investment was approximately \$575,000
- Working capital has been maintained at 1.3M
- The Foundation contributed \$210,000 as a result of the Radiothon and other initiatives
- Leadership and the Resource Committee are making plans for infrastructure improvements, despite the cancellation of the redevelopment project
- Thanks was expressed to the Leadership Team and the staff for bringing us through another tight year

##### 4.5.1 Presentation of the Wingham & District Hospital Corporation Audited Financial Statements 2011/12:

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

- BDO has audited the financial statements of the Wingham & District Hospital. A summary of significant accounting policies and other explanatory information is contained in the report
- Management is responsible for the preparation and fair presentation of the financial statements and for internal control as is determined necessary to enable the preparation of financial statements
- The Auditors are responsible to express an opinion on the financial statements, based on their audit
- Opinion – The financial statements present fairly, in all material respects, the financial position of Wingham & District Hospital as at March 31, 2012.

**MOTION:**

It was moved by Penny Mulvey, seconded by Sandra Campbell to:  
*Accept the Wingham and District Hospital's Audited Financial Statements for the year ended March 31, 2012, as presented.*

- On a query whether the Ministry or the LHIN decide the hospital's funding, Chris Turner noted that the LHIN is informed by the Ministry, though the LHIN does have some leeway

Motion Carried

**4.5.2 Appointment of Auditors:**

**MOTION:**

It was moved by Trevor Seip, seconded by Rob Hutchison to:

*Appoint the firm of BDO Canada as Auditors for the Wingham and District Hospital for 2012/2013.*

Motion Carried

**4.6 Governance & Nominations Committee Report**

- 4.6.1 Congratulations and appreciation was expressed to outgoing member Margaret Stapleton who leaves the Wingham Board after the maximum 12 years of continuous volunteering. Margaret Stapleton noted that she leaves the Board knowing we have accomplished better quality of care for the patients and better quality of life for the staff. Appreciation was expressed to Dr. Moores who is the outgoing Chief of Staff at Wingham and District Hospital. Dr. Moores joined the Board in 2006 as the President of the Medical Staff. Ken Petrie left the Listowel Board earlier in the year and was thanked for his contributions.

#### 4.6.2 Election of Directors – Listowel Memorial Hospital

##### MOTION:

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

*Re-appoint Blair Burns, Robert Johns, Tom Soltys, and Kathy Mitchell for a 2-year term.*

Motion Carried

The nominating committee was pleased to nominate Rosemary Rognvaldson to fill the vacancy on the Listowel Board. Rosemary brings a wealth of community experience with her.

##### MOTION:

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

*Appoint Rosemary Rognvaldson for a 1-year term.*

Motion Carried

#### 4.6.3 Election of Directors – Wingham and District Hospital

##### MOTION:

It was moved by Penny Mulvey, seconded by Sandra Campbell to:

*Re-appoint Trevor Seip (Central), Marg Carswell (North Eastern), and Andy McBride (At Large) for a 2-year term.*

Motion Carried

The Board was fortunate to have two individuals interested in the South Eastern Zone vacancy, Kathy Sebastian and Gladys Peacock. Both individuals were given the opportunity to introduce themselves, review their experiences, and express why they are interested in being part of the Board.

An election was scrutinized by Linda Bross and Jason Schiestel of BDO. Gladys Peacock received 9 votes and Kathy Sebastian received 8 votes.

##### MOTION:

It was moved by Marg Carswell, seconded by Mary Lou Cameron to:

*Appoint Gladys Peacock (South Eastern) for a 2-year term.*

Motion Carried

MOTION:

It was moved by Amy Miller, seconded by Trevor Seip to:

*Destroy the ballots.*

Motion Carried

4.7 Report of the Listowel Memorial Hospital Auxiliary

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

4.8 Report of the Auxiliary to Wingham & District Hospital

The Auxiliary Report was available in the Annual Report for review. Helen Rintoul thanked the community for its support which in turn helps the Auxiliary's commitment to support the hospital.

4.9 Report of the Listowel Memorial Hospital Foundation

The Foundation report was available in the Annual Report for review.

4.10 Report of the Wingham & District Hospital Foundation

The Foundation report was available in the Annual Report for review. It was noted that the Foundation's Annual Meeting will be held on Monday, June 18, 2012.

**5.0 Adjournment**

MOTION

It was moved by John Mann that:

*The Annual Meeting be adjourned at 2045 hours.*

Motion Carried

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

Andy McBride, Chair

Karl Ellis, Secretary

# ***REPORTS***

## **Listowel Wingham Hospitals Alliance Governance Report 2012/13**

Board Members of the Listowel Memorial Hospital and the Wingham and District Hospital have accepted the important responsibility of governing our local Hospitals to ensure they are able to fulfill their mission of providing the best possible care for the people we serve today and in the future. A major focus in the last year has been developing a plan that will guide decision-making with respect to clinical services in the future. Beyond that important work, this Report summarizes some of the activities undertaken during the past year by the Board and the Hospitals.

### ***Strategic Planning***

The Board has spent significant time and energy on a Clinical Services Plan for the Hospitals. The foundation for the Clinical Services Plan was based on data that described the population served by the Listowel and Wingham Hospitals, the health care services they currently utilize and the expected health care services our communities will need in the future. The Plan then suggested the most appropriate site and sizing for those services.

A critical aspect of the Plan was the definition of core services that will be provided at both Hospitals. Emergency rooms, inpatient beds, operating rooms, ambulatory care and diagnostic services will all be available at each site. The Clinical Services Plan also recommended that the Hospitals take advantage of existing expertise, equipment and facilities and determined specialty services that would be available at one of the two sites.

In Listowel, the site specialties include:

- Women's health including breast screening and obstetrics
- Ear, nose and throat (otolaryngology)
- Post Acute Specialty Services – primarily senior friendly inpatient care in anticipation of a discharge home or transfer to a different care setting

In Wingham, the site specialties include:

- Chemotherapy (medical oncology)
- Urology
- Rehabilitation (cardiac, stroke and joint)

The Hospitals are also committed to preparing a Human Resources Plan that will define the personnel required to provide the clinical services. It will recommend a recruitment and retention strategy to ensure that the organization has the skilled staff it needs. Understanding what services our community needs and the people needed to provide care is crucial information for our two local Health Professional Recruitment Committees.

In addition to adopting the Clinical Services Plan, the Board also developed a strategic plan framework based on the principles established in the original Alliance Agreement.

The Board will direct its attention from now through 2015 on the following key directions:

- **Quality, Safe, Patient-Centred Care**
  - Provide safe, effective, timely access to our hospitals
  - Focus on quality, patient safety and risk management
- **Human Resources**
  - Value our people by providing a positive, safe, supportive workplace
- **Operational Effectiveness**
  - Ensure a stable financial status
  - Provide safe, functional equipment and facilities
- **Supporting Partnerships**
  - Support a flexible and innovative approach to our partnerships

### ***Hospital Leadership***

The Board wishes Chris Turner, VP/Chief Financial Officer all the best as he pursues career opportunities outside of health care. The Board has also been very appreciative of the administrative support provided by Denise Mino. Denise is remaining with the organization and will be taking on a new career challenge in the finance department.

### ***Quality***

As the organization becomes more experienced with the preparation and monitoring of the provincially mandated Quality Improvement Plans (QIP), the documents and quality outcomes also improve. The 3<sup>rd</sup> annual QIP was significantly influenced by the Hospital Board. Over the course of the next year, management has been directed to focus on the following Priority 1 improvement initiatives:

- Hand hygiene compliance
- Rate of patient falls in hospital
- Number of medication errors
- Staff influenza vaccinations rates

One of the most significant patient safety initiatives underway in the Hospitals is the implementation of a medication management system that will also see physicians and other providers entering their patient care orders directly into the Hospital information system. Scanning and barcoding technology will ensure that all patients receive the right dose of the right medication at the right time. Financing of this effort is being collectively shared by the Hospitals, the Foundations and the South West Local Health Integration Network. This project is being undertaken in partnership with 8 other hospitals and will go live at Listowel and Wingham in early 2014.

Improving quality in the Hospitals is a task that takes collective effort and commitment. Hospital Board Members and management will continue to work closely to ensure that all patients receive quality, safe patient-centred care in our Hospitals.

### ***Infrastructure***

In April, the Wingham community was very pleased to host the Ontario Minister of Rural Affairs, Jeff Leal, who announced the approval of capital improvements to the Wingham and District Hospital. These renovations will rejuvenate emergency, ambulatory care, oncology, pharmacy, sterilization, day surgery, team station and inpatient facilities. Provincial funding covers 90% of construction costs but none of the related equipment. The broader community and the Wingham and District Hospital Foundation will be asked to support the local share of this project and the related equipment needs. Construction of these long-awaited renovations will begin in the spring of 2014.

In the meantime, renovations are underway in Wingham to create a triage space in the emergency room along with accessible washroom facilities and a decontamination shower.

The Listowel Memorial Hospital has undertaken several smaller renovation projects in the older sections of the facility. A new palliative care suite was opened in the last year and a significantly larger, more functional team station was created on the second floor. The Hospitals will continue to undertake smaller, targeted renovations to improve our facilities.

### ***Accountability and Resources***

Health System Funding Reform resulted in the Board spending a significant amount of time understanding the provincial directions and the impact on local hospital financing. Unfortunately, delayed provincial funding announcements and implementation have increased uncertainty in this area. Despite delays and the expectation of no funding increase, the Hospitals have been able to prepare balanced budgets for 2013/2014. These balanced budgets follow a year-end that resulted in small deficits in Wingham and Listowel. Both Hospitals remain financially healthy and continue to benefit from strong community and Foundation support.

### ***Communications***

The second annual newsletter will arrive in all households in the areas served by our Hospitals in early June. This edition of the newsletter describes the Clinical Services Plan adopted by the Board and continues to inform our communities about the services available in the Hospitals and the changes underway to improve patient care.

### ***Governance***

Gladys Peacock joined the Wingham and District Hospital Board at the Annual Meeting in June while Rosemary Rognvaldson joined the Listowel Memorial Hospital Board. Ensuring that a broad range of skills is present at the Board table and that plans are in place for future board leaders is a key function of the Hospital Board.

Board members may serve a maximum of 12 consecutive years with a normal term being 2 years. After serving for 11 years on the Board of the Wingham and District Hospital, including 3 years as Board Chair, Rob Hutchinson submitted his resignation to the Board at its May meeting. Rob's experienced input and many governance skills will certainly be missed by all of us.

The complexity of the health care system requires that the Board Members spend time and effort to keep up to date. Over the course of the last year, Board education sessions were presented on the following topics:

- Huron Perth Mental Health and Addictions
- Provincial Human Resources
- North Huron and North Perth Family Health Team
- South West Local Health Integration Network
  - Primary Care Network
  - Integrated Health Services Plan
- Accreditation Canada
- Health System Funding Reform

### ***Looking Ahead***

This Report and our Annual Meeting reflect on the past year and the various activities and accomplishments of the organization. At its monthly meetings, the Hospital Board spends a significant portion of its time looking forward with a goal of ensuring that vibrant health care services are available in our communities. Beyond this overarching consideration, the Board is also preparing for an Accreditation Canada survey scheduled for November 2013. Board members are eager to see the new medication administration system begin operation in January 2014. An oversight function will be part of the Board's contribution to the redevelopment project at the Wingham and District Hospital. Ensuring that the Hospitals are well positioned as the health system funding reforms are implemented in the Province will also occupy Board time and energy in the year ahead.

Once again, we would like to thank the many Hospital staff, physicians, volunteers and community members for their individual and combined contributions to health care within the Listowel Wingham Hospitals Alliance.

Respectfully Submitted,

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

Bert Johnson  
Chair, Listowel Memorial Hospital Board  
Co-Chair Listowel Wingham Hospitals Alliance

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

# ***CHIEFS OF STAFF REPORTS***

**Listowel Memorial Hospital  
Chief of Staff Report  
2012-2013**

I have completed my first term of three years as Chief of Staff and am only too aware of the fixed limit of two terms for this demanding and hotly contested post. Seriously though, I do want to thank my fellow Board Members for all their fine work and donated time.

This year has been a challenging one with regard to Physician Manpower in Listowel with a gradual ageing of the Medical Staff manifesting itself as difficulty fully covering ER shifts and a need for assistance from Locums and more recently Provincial EDCDP (Health Force Ontario) support. With this help, we have managed well and have been fortunate to maintain contact with some very capable ER physicians such as Dr. Matthew Chan and Dr. Kate Miller. I would like to thank Karl Ellis and his Management Team as well as Kim Kowch, our Recruitment Officer, for their contributions to this effort. The Physicians found this support indispensable under the circumstances.

Recruitment efforts continue to be a priority with many possible leads being followed up over the year and once again Kim Kowch's post being vital in this respect. I would also commend Dr. Arif Qureshi for his role in the Student Education post locally and would note that next year we have a full roster of Medical Residents coming to Listowel for part of their training for 1-2 month blocks. This process of educating Medical Trainees in their last 1-2 years has proven invaluable to recruitment in other communities such as Fergus and we have high hopes.

Assisting in attracting Medical Professionals is our modern Fischer Family Health Care Centre facility completed last year and the continuing renovations to the Hospital with a new Nursing Station design completed on the 2nd Floor and ongoing plans for improvement in Pharmacy and Obstetric areas and a fully functional Palliative Care "Suite" on 1st Floor.

Information Technology continues to contribute to Medical Practice and planning for the HUGO project with its potential for improved safety continues afoot with cooperation among many Hospital sites including London Health Sciences Centre and our Alliance to tailor this system to our needs. Including as it does Computer Order Entry for Physicians, this represents a major challenge and we are working towards the planned 2014 go-live date. We have also recently started using the First-Net system in ER with better understanding of patient flow through the department.

Our Clinical Services Plan has received ample attention in the last year and I believe we have a better understanding of our present and potential future strengths as a result. It has also facilitated an exchange of ideas between the two sites of the Alliance and will hopefully aid in recruitment and retention of Professionals in the future if we implement it wisely. Listowel continues to be well served by its complement of Specialists in the Ambulatory care area with Dr. Heaton (Plastic Surgeon) starting work this year and Dr. Haider (Dermatology) increasing his visits. Dr. Ravi Ramsewak, our resident General Surgeon, continues his busy practice at both sites as well as Palmerston.

I must mention with some sadness the passing of Dr. Charles Omole, who granted this community extraordinary service for many years as it's only General Surgeon and brought such advances as Laparoscopic Surgery. The Listowel Medical Staff feels this loss both personally and professionally and our condolences go to his family and friends.

Respectfully Submitted,

Dr. Russell Latuskie

**Wingham and District Hospital  
Chief of Staff Report  
2012-2013**

Another year has gone by and we are all hopefully grayer and wiser. This year, we have had some wonderful developments. There was a major announcement by the Ministry of funding for significant renovations to the hospital. While this will take some time to initiate, it is fantastic that the hospital will experience significant updates. The renovations to the Emergency Department have been proceeding well and should be completed by the start of June. The physicians and staff have been excellent at working in modified arrangements during this time.

Overall, physician manpower has been steady. We were saddened by the passing of our friend and colleague, Dr. Charles Omole, who gave many dedicated years to our community. We have recently been very fortunate to recruit Dr. Craig O'Neill as a visiting General Surgeon, and he is holding clinics and doing minor procedures at the Wingham site. Thank you to our Recruiter, Jan McKague, for her successes in finding new locums and continued efforts in the search for family physicians.

The Administration has continued to manage the challenges of staffing, funding and politics quite well. The Government is introducing a new funding model, and hopefully this new model that is based on illness/diagnosis will not have an untoward outcome on the funding of the hospital.

We look forward to the challenges that the next year will bring.

Respectfully Submitted,

Dr. Greg Antoniadis

# ***TREASURERS' REPORTS***

**Listowel Memorial Hospital  
Report of the Treasurer  
2012/2013**

Listowel Memorial Hospital finished the 2012/13 fiscal year with a deficit of \$62,949 from Hospital operations. This result was achieved in spite of a zero percent funding increase for the fiscal year and inflationary pressures in expenses. Amortization of fixed assets net of deferred contributions resulted in an overall deficit for the year of \$408,203 (2011/2012 deficit was \$299,366). Capital expenditures of \$2.1M in 2012/13 included a new chemistry analyzer, more than \$200k in Operating Room equipment, a new palliative care room and a second floor team station. The hospital's liquidity remains strong with a working capital or current ratio of 1.4, and our financial strength is supported by long term investments of \$2.36 million at year end. This will be important as we move into a second year in a row with no base funding increases.

Our Financial Statement presentation has changed significantly with the adoption of public sector accounting standards for government not-for-profit organizations. Adoption of these new standards requires the hospital to record unrealized investment gains or losses differently than prior years. Adjustments were also required to the presentation of post employment benefits. These changes included reclassification of items in the previous fiscal year as well, resulting in the restatement of the 2012 operating surplus of \$71,716 to a small deficit of \$808 in 2012. The additional notes to the financial statements provide more information than what was available in previous years on a number of topics.

The Audit Committee is also pleased to report our Auditors have issued an unqualified audit opinion for the 2012/2013 fiscal year.

The Provincial Government's decision to not increase base funding for the second year in a row continues to make it difficult to achieve the Province's mandate of a balanced budget while providing the services our community has been accustomed to. In addition, the government is implementing changes to the way hospital operations are funded through the introduction of a Quality Based Procedure funding model. As always, our focus is on finding efficiencies throughout the hospital operations in order to deal with funding cutbacks and ensuring levels of service to our community are not impacted.

Respectfully submitted,

Tom Soltys  
Treasurer

**Listowel Memorial Hospital**  
**Financial Statements**  
**For the year ended March 31, 2013**

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## Independent Auditor's Report

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### To the Board of Directors of Listowel Memorial Hospital

We have audited the accompanying financial statements of the Listowel Memorial Hospital, which comprise the statements of financial position as at March 31, 2013, March 31, 2012 and April 1, 2011 and the statements of changes in net assets, operations, remeasurement gains (losses) and cash flows for the years ended March 31, 2013 and March 31, 2012, and a summary of significant accounting policies and other explanatory information.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

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

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

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

### Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Listowel Memorial Hospital as at March 31, 2013, March 31, 2012 and April 1, 2011 and the results of its operations and its cash flows for the years ended March 31, 2013 and March 31, 2012 in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

### "BDO CANADA LLP"

Chartered Accountants, Licensed Public Accountants

Wingham, Ontario

May 22, 2013



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BDO Canada LLP, a Canadian limited liability partnership, is a member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

## Listowel Memorial Hospital Statement of Financial Position

	March 31 2013	March 31 2012	April 1 2011
<b>Assets</b>			
<b>Current</b>			
Cash (Note 4)	\$ 1,176,277	\$ 617,147	\$ 6,516,349
Accounts receivable	1,681,605	748,300	837,759
Inventory	120,372	80,999	84,679
Prepaid expenses	129,218	207,469	187,936
Current portion of investments (Note 6)	552,000	1,020,000	-
	<u>3,659,472</u>	<u>2,673,915</u>	<u>7,626,723</u>
Investments (Note 6)	2,363,250	2,411,727	20,890
Other assets (Note 7)	81,554	81,554	81,554
Capital assets (Note 8)	26,587,141	26,056,025	23,236,554
	<u>\$ 32,691,417</u>	<u>\$ 31,223,221</u>	<u>\$ 30,965,721</u>
<b>Liabilities and Net Assets</b>			
<b>Current</b>			
Accounts payable and accrued liabilities	\$ 2,281,361	\$ 2,374,377	\$ 2,538,415
Deferred contributions (Note 9)	107,062	144,111	85,000
Current portion of long-term debt (Note 10)	127,926	-	-
Current portion of post-employment benefits	75,415	69,232	50,346
	<u>2,591,764</u>	<u>2,587,720</u>	<u>2,673,761</u>
Deferred contributions (Note 9)	1,018,865	848,609	1,375,553
Long-term debt (Note 10)	938,128	-	-
Post-employment benefits (Note 12)	631,049	604,917	531,047
Deferred capital contributions (Note 13)	13,817,892	13,094,815	11,998,814
	<u>18,997,698</u>	<u>17,136,061</u>	<u>16,579,175</u>
<b>Contingencies (Note 16)</b>			
<b>Net Assets</b>			
Invested in capital assets	12,769,248	12,961,210	10,710,796
Unrestricted	899,299	1,125,950	3,675,750
	<u>13,668,547</u>	<u>14,087,160</u>	<u>14,386,546</u>
Accumulated remeasurement gains	25,172	-	-
	<u>13,693,719</u>	<u>14,087,160</u>	<u>14,386,546</u>
	<u>\$ 32,691,417</u>	<u>\$ 31,223,221</u>	<u>\$ 30,965,721</u>

On behalf of the Board:

  
\_\_\_\_\_  
  
\_\_\_\_\_

Director

Director

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

## Listowel Memorial Hospital Statement of Changes in Net Assets

For the year ended March 31			2013	2012
	Invested in Capital Assets	Unrestricted	Total	Total
Balance, beginning of year	\$ 12,961,210	\$ 1,125,950	\$ 14,087,160	\$ 14,386,546
Excess (deficiency) of revenue over expenses for the year	(803,670)	395,467	(408,203)	(299,386)
Investment in capital assets, net	611,708	(611,708)	-	-
Reclassification of unrealized gains on adoption of PS 3450 (Note 3)	-	(10,410)	(10,410)	-
<b>Balance, end of year</b>	<b>\$ 12,769,248</b>	<b>\$ 899,299</b>	<b>\$ 13,668,547</b>	<b>\$ 14,087,160</b>

## Statement of Remeasurement Gains (Losses)

For the year ended March 31	2013	2012
Accumulated remeasurement gains, beginning of year	\$ -	\$ -
Reclassification on adoption of PS 3450, Financial Instruments (Note 3)	10,410	-
Net remeasurement gains for the year Unrealized gains (losses) attributable to portfolio investments	14,762	-
<b>Accumulated remeasurement gains, end of year</b>	<b>\$ 25,172</b>	<b>\$ -</b>

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

## Listowel Memorial Hospital Statement of Operations

For the year ended March 31	2013	2012
<b>Revenue</b>		
Ministry of Health and Long Term Care	\$ 15,519,534	\$ 15,547,629
Inpatient	240,451	316,298
Outpatient	1,003,162	943,908
Investment income	79,432	102,278
Recoveries and other income	2,656,741	1,593,139
Amortization of deferred capital contributions	301,535	242,056
	<u>19,800,855</u>	<u>18,745,308</u>
<b>Expenses</b>		
Salaries and wages	9,842,435	9,037,816
Medical staff remuneration	2,288,661	2,217,557
Employee benefits	2,516,735	2,470,988
Supplies and other expenses	3,848,856	3,594,621
Medical and surgical supplies	385,237	422,859
Drug expense	199,836	232,325
Amortization of equipment	760,657	769,950
Interest on long-term debt	21,387	-
	<u>19,863,804</u>	<u>18,746,116</u>
<b>Excess (deficiency) of revenue over expenses before building amortization</b>	<b>(62,949)</b>	<b>(808)</b>
Amortization of land improvements and building	(864,000)	(786,936)
Amortization of deferred capital contributions for building and land improvements	518,746	488,358
<b>Excess (deficiency) of revenue over expenses for the year</b>	<b>\$ (408,203)</b>	<b>\$ (299,386)</b>

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

## Listowel Memorial Hospital Statement of Cash Flows

For the year ended March 31	2013	2012
<b>Cash provided by (used in)</b>		
<b>Operating activities</b>		
Deficiency of revenue over expenses for the year	\$ (408,203)	\$ (299,386)
Items not involving cash:		
Amortization of property and equipment	1,623,951	1,548,566
Change in employee future benefits liability	32,315	92,756
Deferred contributions recognized as revenue	(51,963)	(36,254)
Amortization of deferred capital contributions	(820,281)	(730,414)
Deferred contributions	185,170	95,365
Changes in non-cash working capital items:		
Accounts receivable	(933,305)	89,458
Inventory	(39,373)	3,680
Prepaid expenses	78,252	(19,534)
Accounts payable and accrued liabilities	(93,018)	(164,036)
	<u>(426,455)</u>	<u>580,201</u>
<b>Investing activities</b>		
Disposal (acquisition) of investments, net	<u>531,239</u>	<u>(3,410,837)</u>
<b>Capital activities</b>		
Purchase of capital assets	(2,155,066)	(4,368,037)
Grants and donations for property and equipment	<u>1,543,358</u>	<u>1,299,471</u>
	<u>(611,708)</u>	<u>(3,068,566)</u>
<b>Financing activities</b>		
Proceeds on issue of long-term debt	1,161,966	-
Repayment of long-term debt	<u>(95,912)</u>	<u>-</u>
	<u>1,066,054</u>	<u>-</u>
<b>Net increase (decrease) in cash during the year</b>	<b>559,130</b>	<b>(5,899,202)</b>
<b>Cash, beginning of year</b>	<u>617,147</u>	<u>6,516,349</u>
<b>Cash, end of year</b>	<u><b>\$ 1,176,277</b></u>	<u><b>\$ 617,147</b></u>

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

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## **Listowel Memorial Hospital Notes to Financial Statements**

**March 31, 2013**

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### **1. Significant Accounting Policies**

#### **Nature and Purpose of Organization**

The Listowel Memorial Hospital is incorporated without share capital under the laws of the Province of Ontario. The hospital is principally involved in providing health services to North Perth and the surrounding area. The Hospital is a registered charity under the Income Tax Act and, as such, is exempt from income tax and may issue income tax receipts to donors.

#### **Basis of Presentation**

The financial statements of the Hospital have been prepared in accordance with Canadian public sector accounting standards for government not-for-profit organizations, including the 4200 series of standards, as issued by the Public Sector Accounting Board ("PSAB for Government NPOs"). The Listowel Memorial Hospital Foundation is a separate entity whose financial information is reported separately from the Hospital.

#### **Financial Instruments**

The Hospital classifies its financial instruments as either fair value or amortized cost. The Hospital's accounting policy for each category is as follows:

The fair value category includes cash and equity investments. They are initially recognized at cost and subsequently carried at fair value. Changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized, when they are transferred to the statement of operation. Changes in fair value on restricted assets are recognized as a liability until the criterion attached to the restriction has been met. Transaction costs relate to financial instruments in the fair value category are expensed as incurred.

Where a decline in fair value is determined to be other than temporary, the amount of the loss is removed from accumulated remeasurement gains and losses and recognized in the statement of operations. On sale, the amount held in accumulated remeasurement gains and losses associated with that instrument is removed from net assets and recognized in the statement of operations.

The amortized cost category includes bonds, guaranteed investment certificates, accounts receivable, accounts payable and accrued liabilities and long term debt. They are initially recognized at cost and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets. Transaction costs related to financial instrument in the amortized cost category are added to the carrying value of the instrument. Writedowns on financial assets in the amortized cost category are recognized when the amount of a loss is known with sufficient precision and there is no realistic prospect of recovery. Financial assets are then written down to net recoverable value with the writedown being recognized in the statement of operations.

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## Listowel Memorial Hospital Notes to Financial Statements

**March 31, 2013**

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### **1. Significant Accounting Policies (continued)**

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

Under the Health Insurance Act and Regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health and Long-term Care ("MOHLTC") and the South West Local Health Integration Network ("LHIN"). The Hospital has entered into a Hospital Service Accountability Agreement (the "H-SAA") for fiscal 2013 with the Ministry and LHIN that sets out the rights and obligations of the parties to the H-SAA in respect of funding provided to the Hospital by the Ministry/LHIN. The H-SAA also sets out the performance standards and obligations of the Hospital that establish acceptable results for the Hospital's performance in a number of areas.

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

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.

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

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

Externally restricted investment income is accounted for as a liability until the restrictions imposed on the income have been met by the Hospital.

Revenue from patient services is recognized when the service is provided.

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

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## Listowel Memorial Hospital Notes to Financial Statements

**March 31, 2013**

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### 1. Significant Accounting Policies (continued)

**Contributed Services** Volunteers contribute numerous hours to assist the Hospital in carrying out certain charitable aspects of its service delivery activities. The fair value of these contributed services is not readily determinable and, as such, is not reflected in these financial statements.

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

**Capital assets** Purchased capital assets are recorded at cost less accumulated amortization. Contributed capital assets are recorded at fair value at the date of contribution. Repairs and maintenance costs are charged to expense. Betterments that extend the estimated life of an asset are capitalized. When a capital asset no longer contributes to the Hospital's ability to provide services or the value of future economic benefits associated with the capital asset is less than its net book value, the carrying value of the capital asset is reduced to reflect the decline in the asset's value. Construction in progress is not amortized until construction is substantially complete and the assets are ready for use.

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

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

**Retirement and  
Post-employment  
Benefits**

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

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

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## Listowel Memorial Hospital Notes to Financial Statements

March 31, 2013

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### 1. Significant Accounting Policies (continued)

#### Management Estimates

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

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### 2. First-time Adoption of Public Sector Accounting Standards

Effective April 1, 2012, the Hospital adopted the requirements of the new accounting framework, Canadian Public Sector Accounting Standards for Government Not-for-Profit Organizations (PSAB for Government NPOs). These are the Hospital's first financial statements prepared in accordance with this framework and the transitional provisions of Section 2125, First-time Adoption by Government Organizations have been applied. Section 2125 requires retrospective application of the accounting standards with certain elective exemptions and mandatory exceptions. The accounting policies set out in the Note 1 - Significant Accounting Policies have been applied in preparing the financial statements for the year ended March 31, 2013, the comparative information presented in these financial statements for the year ended March 31, 2012 and in the preparation of an opening PSAB for Government NPOs statement of financial position at the date of transition of April 1, 2011 with the exception of PS 3450 - Financial Instruments which has been applied with an effective date of April 1, 2012 (see Note 3 - Change in Accounting Policy).

The Hospital issued financial statements for the year ended March 31, 2012 using generally accepted accounting principles prescribed by the CICA Handbook – Accounting Part V - Pre-changeover Accounting Standards. The adoption of PSAB for Government NPOs resulted in adjustments to the previously reported assets, liabilities, net assets, deficiency of revenue over expenditures and cash flows of the Hospital. An explanation of how the transition from pre-changeover Canadian GAAP to PSAB for Government NPOs has affected the Hospital's financial position, operations, changes in net assets and cash flows is set out in the following notes.

The following exemptions and exceptions were used at the date of transition to Canadian public sector accounting standards for government not-for-profit organizations:

#### Optional exemptions

##### **Business Combinations**

The Hospital elected to not retroactively apply the provisions PS 2510 - Additional Areas of Consolidation to periods prior to the date of transition to PSAB for Government NPOs. As such, assets, liabilities and net assets have not been restated that may been required to if the provisions of PS 2510 had been applied retroactively.

## Listowel Memorial Hospital Notes to Financial Statements

**March 31, 2013**

### 2. First-time Adoption of Public Sector Accounting Standards (Continued)

#### **Actuarial Gains and Losses**

Pre-changeover GAAP allowed the Hospital to only recognize actuarial gains and losses that exceeded certain prescribed amounts ("the corridor approach"). PSAB for Government NPOs requires the amortization of actuarial gains and losses on employee future benefits to be amortized over the estimated average remaining service life of employees. Retroactive application of this approach would require the Hospital to split the cumulative actuarial gains and losses from the inception of the plan until the date of transition to PSAB for Government NPOs into a recognized portion and an unrecognized portion. The Hospital has elected to recognize all cumulative actuarial gains and losses at the date of transition to PSAB for Government NPOs directly in net assets. Actuarial gains and losses subsequent to the date of transition to PSAB for Government NPOs are accounted for in accordance with PS 3250 - Retirement Benefits.

#### Mandatory exceptions

##### **Estimates**

The estimates previously made by the Hospital under pre-changeover Canadian GAAP were not revised for the application of PSAB for Government NPOs except where necessary to reflect any difference in accounting policy or where there was objective evidence that those estimates were in error. As a result, the Hospital has not used hindsight to revise estimates.

#### Reconciliation of net assets and deficiency of revenue over expenses

In preparing these financial statements, management has amended certain accounting policies previously applied in the pre-changeover Canadian GAAP financial statements to comply with PSAB for Government NPOs. The comparative figures for March 31, 2012 were restated to reflect these adjustments. The following reconciliations and explanatory notes provide a description of the effect of the transition from pre-changeover Canadian GAAP to PSAB for Government NPOs on net assets and deficiency of revenues over expenses:

	March 31 2012	April 1 2011
Opening net assets, Pre-changeover Accounting Standards	\$ 14,080,806	\$ 14,306,668
Decrease in post-employee benefits (discussed below)	6,354	79,878
Opening net assets, PSAB	<u>\$ 14,087,160</u>	<u>\$ 14,386,546</u>
		March 31 2012
Excess (deficiency) of revenue over expenses, Pre-changeover Accounting Standards		\$ (225,862)
Increase in employee benefits expense (discussed below)		<u>73,524</u>
Excess (deficiency) of revenue over expenses, PSAB		<u>\$ (299,386)</u>

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## Listowel Memorial Hospital Notes to Financial Statements

**March 31, 2013**

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### **2. First-time Adoption of Public Sector Accounting Standards (Continued)**

#### **Explanations for Adjustments to PSAB for Government NPOs**

**(a) Amortization of actuarial gains/losses**

As discussed in Note 2 - First Time Adoption of Public Sector Accounting Standards, Optional Exemptions, the Hospital has elected to recognize actuarial gains and losses at the date of transition to PSAB for Government NPOs directly in net assets.

**(b) Discount rate used to calculate post-employment benefits**

PSAB for Government NPOs requires these liabilities to be calculated with a discount rate that is equal to either the Hospital's rate of borrowing or the rate of return on the plan assets. Pre-changeover GAAP required the discount rate to be equal to the yield on high quality corporate bonds. The Hospital has chosen to discount these liabilities using its rate of borrowing.

**(c) Immediate recognition of plan amendments**

PSAB for Government NPOs requires the immediate recognition of the effect of plan amendments, whereas pre-changeover GAAP required the effect of plan amendments to be amortized based on the estimated average remaining service life of the affected employee group. The Hospital had unamortized amounts relating to a plan amendment in the form of the recognition of compensation for past service pursuant to an amended collective bargaining agreement.

These changes resulted in changes to the related liabilities and charges to net income as described above.

#### **Statement of Cash Flows for the year ended March 31, 2012**

The transition to PSAB for Government NPOs had no impact on total operating or financing activities on the statement of cash flows. The change in deficiency of revenue over expenses for the year ended March 31, 2012 has been offset by adjustments to operating activities. The transition to PSAB for Government NPOs resulted in the reclassification of cash receipts and outflows relating to the acquisition of capital assets from investing activities to capital activities. The capital section of the statement of cash flows did not exist prior to the transition to PSAB for Government NPOs.

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## Listowel Memorial Hospital Notes to Financial Statements

**March 31, 2013**

### 3. Change in Accounting Policy

On April 1, 2012, the Hospital adopted Public Accounting Standards PS 1201 - Financial Statement Presentation, PS 2601 - Foreign Currency Translation and PS 3450 - Financial Instruments. The standards were adopted prospectively from the date of adoption. The new standards provide comprehensive requirements for the recognition, measurement, presentation and disclosure of financial instruments and foreign currency transactions.

Under PS 3450, all financial instruments, including derivatives, are included on the statement of financial position and are measured either at fair value or amortized cost based on the characteristics of the instrument and the Hospital's accounting policy choices (see Note 1 - Significant Accounting Policies).

In accordance with the provisions of this new standard, the Hospital reflected the following adjustment. On April 1, 2012, a decrease of \$10,410 to unrestricted net assets and an increase of \$10,410 to accumulated remeasurement gains (losses) due to the reclassification of unrealized remeasurement gains (losses).

### 4. Cash

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

### 5. Financial Instrument Classification

The following table provides cost and fair information of financial instruments by category. The maximum exposure to credit risk would be the carrying value as shown below.

	2013			2012
	Fair Value	Amortized Cost	Total	Total
Cash	\$ 1,176,277	\$ -	\$ 1,176,277	\$ 617,147
Accounts receivable	-	1,681,605	1,681,605	748,300
Investments - GICs	-	2,710,000	2,710,000	-
Investments - equities	205,250	-	205,250	201,727
Accounts payable	-	(2,281,361)	(2,281,361)	(2,374,377)
Long-term debt	-	(1,066,054)	(1,066,054)	-
	<b>\$ 1,381,527</b>	<b>\$ 1,044,190</b>	<b>\$ 2,425,717</b>	<b>\$ (807,203)</b>

## Listowel Memorial Hospital Notes to Financial Statements

**March 31, 2013**

### 5. Financial Instrument Classification (Continued)

The following table provides an analysis of financial instruments that are measured subsequent to initial recognition at fair value, grouped into Levels 1 to 3 based on the degree to which their fair value is observable:

- Level 1 fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities using the latest bid price;
- Level 2 fair value measurements are those derived from inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices); and
- Level 3 fair value measurements are those derived from valuation techniques that includes inputs for the asset or liability that are not based on observable market data (unobservable inputs).

	Level 1	Level 2	Level 3	Total
<b>March 31, 2013</b>				
Cash	\$ 1,176,277	-	-	\$ 1,176,277
Investments - equities	205,250	-	-	205,250
<b>Total</b>	<b>\$ 1,381,527</b>	<b>-</b>	<b>-</b>	<b>\$ 1,381,527</b>

There were no transfers between Level 1 and Level 2 for the years ended March 31, 2013 and March 31, 2012. There were also no transfers in or out of Level 3.

### 6. Investments

	2013	2012
Sun Life Financial shares (cost - \$20,890)	\$ 42,744	\$ 36,499
Equity Investment Portfolio (cost - \$159,188 (2012 - \$170,427))	162,506	165,228
Guaranteed Investment Certificates, 1.74% - 2.90%, maturing between June 2013 and June 2017	2,710,000	-
Guaranteed Investment Certificates, 1.26% - 2.90%, maturing between June 2012 and June 2016	-	3,230,000
	2,915,250	3,431,727
Less: current portion	552,000	1,020,000
	<b>\$ 2,363,250</b>	<b>\$ 2,411,727</b>

## Listowel Memorial Hospital Notes to Financial Statements

**March 31, 2013**

### 7. Other Assets

	2013	2012
Bequest receivable	<u>\$ 81,554</u>	<u>\$ 81,554</u>

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

### 8. Capital Assets

	2013		2012	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Land	\$ 1,386,890	\$ -	\$ 1,386,890	\$ -
Land improvements	537,321	183,503	445,873	156,513
Buildings	20,587,683	2,975,355	15,998,468	2,468,084
Equipment	15,531,751	8,514,649	14,256,164	7,452,252
	<u>38,043,645</u>	<u>11,673,507</u>	<u>32,087,395</u>	<u>10,076,849</u>
Construction in progress	217,003	-	4,045,479	-
	<u>38,260,648</u>	<u>11,673,507</u>	<u>36,132,874</u>	<u>10,076,849</u>
Net book value		<u>\$ 26,587,141</u>		<u>\$ 26,056,025</u>

### 9. Deferred Contributions

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

	2013	2012
Balance, beginning of year	\$ 992,720	\$ 933,609
Less amounts recognized as revenue in the year	(51,963)	(36,254)
Contributions received during the year	<u>185,170</u>	<u>95,365</u>
Balance, end of year	<u>\$ 1,125,927</u>	<u>\$ 992,720</u>

## Listowel Memorial Hospital Notes to Financial Statements

**March 31, 2013**

### 9. Deferred Contributions (Continued)

Deferred contributions are comprised of:

	2013	2012
North Perth Family Health Team prepaid rent for medical clinic lease expiring in February 2032	\$ 1,072,687	\$ 848,609
Other funding	48,746	144,111
Other prepaid rent	4,494	-
	<u>1,125,927</u>	<u>992,720</u>
Less current portion	<u>107,062</u>	<u>144,111</u>
Balance, end of year	<u>\$ 1,018,865</u>	<u>\$ 848,609</u>

### 10. Long-Term Debt

	2013	2012
Listowel Memorial Hospital Foundation, prime less 0.5%, loan repayable in monthly instalments of \$10,660 plus interest, due August 2021	\$ 1,066,054	\$ -
Less current portion	<u>127,926</u>	<u>-</u>
	<u>\$ 938,128</u>	<u>\$ -</u>

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

2014	\$ 127,923
2015	127,923
2016	127,923
2017	127,923
2018	127,923

### 11. Comparative Amounts

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

## Listowel Memorial Hospital Notes to Financial Statements

**March 31, 2013**

### 12. Post-Employment Benefits

#### Pension Plan

Substantially all of the employees of the hospital are eligible to be members of the Healthcare of Ontario Pension Plan, which is a multi-employer final average pay contributory pension plan. The contributions to the plan during the year totaled \$700,954 (2012 - \$674,323) and are included in employee benefits on the statement of operations.

#### Other Benefits

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

	2013	2012
Accrued benefit obligation	\$ 717,249	\$ 704,647
Unamortized net actuarial gain (loss)	(10,785)	(30,498)
	<u>706,464</u>	<u>674,149</u>
Less current portion included in accounts payable	(75,415)	(69,232)
Post-employment benefits liability	<u>\$ 631,049</u>	<u>\$ 604,917</u>

During 2012, the cost sharing arrangements of the plan was amended pursuant to collective bargaining agreements. The plan amendments resulted in an increase of \$78,278 in the accrued benefit obligation and is included in the expense reported for 2012.

In measuring the hospital's accrued benefit obligation, a discount rate of 3.9% (2012 - 4.25%) was assumed to determine the accrued benefit obligation and a discount rate of 3.9% (2012 - 4.25%) was assumed to determine the benefit cost. For extended health care costs, a 6.5% annual rate of increase was assumed for 5 years then decreasing to a 5% increase over the next 10 years and, for dental costs, a 3.5% annual rate of increase was assumed. The most recent actuarial valuation was prepared as at April 1, 2013. Actual results could differ from this estimate as additional information becomes available in the future.

	2013	2012
Current year benefit cost	\$ 40,429	\$ 36,906
Interest on accrued benefit obligation	30,750	33,293
Amortization of past service costs	-	72,557
Amortized actuarial losses	<u>4,236</u>	<u>-</u>
Expense for the year	<u>\$ 75,415</u>	<u>\$ 142,756</u>
Benefits paid during the year	<u>\$ 45,655</u>	<u>\$ 49,123</u>

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## Listowel Memorial Hospital Notes to Financial Statements

**March 31, 2013**

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### 13. Deferred Capital Contributions

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

	<u>2013</u>	<u>2012</u>
Balance, beginning of year	\$ 13,094,815	\$ 12,525,758
Contributions received	1,543,358	1,299,471
Amortization of deferred contributions - equipment	(301,535)	(242,056)
Amortization of deferred contributions - building and land improvements	<u>(518,746)</u>	<u>(488,358)</u>
Balance, end of year	<u>\$ 13,817,892</u>	<u>\$ 13,094,815</u>

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### 14. Hospital Foundation and Auxiliary

#### Listowel Memorial Hospital Foundation

The Listowel Memorial Hospital Foundation is an independent corporation incorporated without share capital which has its own independent Board of Directors and is a registered charity under the Income Tax Act. The Foundation was established to raise funds for the use of the hospital. Donations received during the year were \$429,665 (2012 - \$1,272,662).

The hospital pays some expenses on behalf of the Foundation which are offset by recoveries from the Foundation. At March 31, 2012, the net amount receivable for these expenses was \$629 (2012 - \$8,568).

#### Listowel Cradle Club Hospital Auxiliary

The Listowel Cradle Club Hospital Auxiliary is a volunteer organization affiliated with the Listowel Memorial Hospital and is engaged in a wide range of services for the betterment of the Hospital. The organization periodically transfers funds to the Listowel Memorial Hospital Foundation to be used for the purchase of equipment and supplies for the hospital. During the year, the Auxiliary donated \$18,000 (2012 - \$10,532) to the Hospital.

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## **Listowel Memorial Hospital Notes to Financial Statements**

**March 31, 2013**

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### **15. Related Party Transactions**

The Hospital has an alliance agreement with the Wingham and District Hospital and shares a senior management team and other resources. The Hospital's share of the operating revenues and expenditures, and the assets and liabilities of the alliance have been recorded in the accounts of the Hospital. Shared expenditures paid by Listowel for Wingham are shown as an expense and recovery. As at March 31, 2013 amounts due from (to) Wingham and District Hospital totaled \$146,502 (2011 - (\$23,590)).

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### **16. Contingent Liability**

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

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### **17. Financial Instrument Risks**

#### **Market Risk**

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate as a result of market factors. Market factors include three types of risk: interest rate risk, currency risk, and equity risk. The Hospital is not exposed to significant currency risk or equity risk as it does not transact materially in foreign currency or hold significant equity financial instruments. The Hospital's investment policy limits equity instruments to 10% of the fair value of the total investment portfolio. At March 31, 2013, a 10% movement in stock markets with all other variables held constant, could impact the market value of the equity instruments held by \$20,500.

#### **Credit Risk**

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

The maximum exposure to investment credit risk is outlined in Note 5.

Accounts receivable are primarily due from OHIP, the Ministry of Health and Long-term Care and patients. Credit risk is mitigated by the financial solvency of the provincial government and the highly diversified nature of the patient population.

## Listowel Memorial Hospital Notes to Financial Statements

**March 31, 2013**

### 17. Financial Instrument Risks (Continued)

The Hospital measures its exposure to credit risk based on how long the amounts have been outstanding. An impairment allowance is set up based on the Hospital's historical experience regarding collections. The amounts outstanding at year end were as follows:

	Total	Current	31-61 days	61-90 days	91-120 days	121 + days
MOHLTC	\$ 492,496	\$ 492,496	\$ -	\$ -	\$ -	\$ -
Patient services	282,138	183,435	23,489	36,177	6,497	32,540
Other	924,124	651,532	17,560	45,722	-	209,310
Gross receivables	1,698,758	1,327,463	41,049	81,899	6,497	241,850
Less: impairment allowances	(17,153)	-	-	-	-	(17,153)
Net receivables	\$ 1,681,605	\$ 1,327,463	\$ 41,049	\$ 81,899	\$ 6,497	\$ 224,697

The amounts aged greater than 120 days owing from patients have a corresponding impairment allowance set up against them based on the Hospital's past experience. Management has reviewed the individual balances and established the impairment allowance based on the credit quality of the debtors and their past history of payment.

#### Interest Rate Risk

Interest rate risk is the potential for financial loss caused by fluctuations in fair value or future cash flows of financial instruments because of changes in market interest rates.

The Hospital is exposed to this risk through its interest bearing investments and term debt.

At March 31, 2013, a 1% fluctuation in interest rates, with all other variables held constant, would have an estimated impact on the fair value of the bonds of \$27,100.

#### Liquidity Risk

Liquidity risk is the risk that the Hospital will not be able to meet its financial obligations as they fall due. The Hospital has a planning and budgeting process in place to help determine the funds required to support the Hospital's normal operating requirements on an ongoing basis. The Hospital ensures that there are sufficient funds to meet its short-term requirements, taking into account its anticipated cash flows from operations and its holdings of cash and investments. Liquidity risk arises primarily from accounts payable and accrued liabilities and long-term debt.

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

**Wingham and District Hospital  
Report of the Treasurer  
2012/2013**

The Resource Committee of the Board is responsible for overseeing the management of the Hospital's financial and human resources. For the 2012/2013 year, committee members were Andy McBride, Amy Miller, Dr. Jim Shuffield, Rob Hutchison, Penny Mulvey and Trevor Seip. The committee met during the past year jointly with the LMH Resource Committee.

The Hospital reported a deficit from hospital operations of \$90,952 for the Fiscal Year ended March 31, 2013. Investment in capital equipment was \$1,010,021 while maintaining a working capital of \$1.37 million.

The Board, Committee and the community appreciate the continued support we receive from the Foundation. This year, the Foundation donated \$259,441 toward various items from our capital list as a result of the sponsored CKNX Radiothon and other initiatives.

Our Financial Statement presentation has changed as a result of the adoption of Public Sector Accounting Standards for government not-for-profit organizations. Adoption of these new standards requires WDH to record unrealized investment gains or losses and post employment benefits differently than prior years. These changes included reclassification of items in the previous fiscal year as well, resulting in the restatement of the 2012 operating deficit of \$195,523 to \$250,187. The additional notes to the financial statements provide more information than what was available in previous years on a number of topics.

The Audit Committee is pleased to report that our Auditors have issued an unqualified audit opinion for the 2012/2013 fiscal year. This committee consists of the Board Treasurer, Trevor Seip, and Board members Sandra Campbell and Rob Hutchison. The Audit committee met with the Auditor and the Senior Management on May 29, 2013 to review the Financial Statements and to make a recommendation to the Board. The Auditor's report and the Financial Statements are contained in this Annual Report.

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

Respectfully submitted,

Trevor Seip  
Treasurer

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**Wingham and District Hospital**  
**Financial Statements**  
For the year ended March 31, 2013

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Wingham Ontario N0G 2W0 Canada

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## Independent Auditor's Report

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

We have audited the accompanying financial statements of the Wingham and District Hospital, which comprise the statements of financial position as at March 31, 2013, March 31, 2012 and April 1, 2011 and the statements of changes in net assets, operations, remeasurement gains (losses) and cash flows for the years ended March 31, 2013 and March 31, 2012, and a summary of significant accounting policies and other explanatory information.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

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

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

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

### Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Wingham and District Hospital as at March 31, 2013, March 31, 2012 and April 1, 2011 and the results of its operations and its cash flows for the years ended March 31, 2013 and March 31, 2012 in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

**"BDO CANADA LLP"**

Chartered Accountants, Licensed Public Accountants

Wingham, Ontario

May 29, 2013

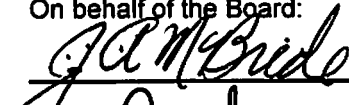
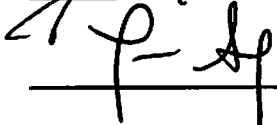
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BDO Canada LLP, a Canadian limited liability partnership, is a member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

## Wingham and District Hospital Statement of Financial Position

	March 31 2013	March 31 2012	April 1 2011
<b>Assets</b>			
<b>Current</b>			
Cash (Note 4)	\$ 939,110	\$ 1,077,111	\$ 1,249,815
Accounts receivable	1,743,697	597,911	879,672
Inventory	245,047	276,308	209,300
Prepaid expenses	106,336	177,156	212,160
Current portion of investments (Note 6)	70,000	526,000	-
	<u>3,104,190</u>	<u>2,654,486</u>	<u>2,550,947</u>
Investments (Note 6)	1,057,542	1,158,947	1,680,063
Capital assets (Note 7)	6,995,950	6,844,624	6,810,360
	<u>\$ 11,157,682</u>	<u>\$ 10,658,057</u>	<u>\$ 11,041,370</u>
<b>Liabilities and Net Assets</b>			
<b>Current</b>			
Accounts payable and accrued liabilities	\$ 1,671,262	\$ 1,247,609	\$ 1,044,033
Current portion of post-employment benefits	59,028	67,503	39,913
	<u>1,730,290</u>	<u>1,315,112</u>	<u>1,083,946</u>
Post-employment benefits (Note 9)	512,896	495,393	430,044
Deferred capital contributions (Note 10)	2,366,560	1,942,212	2,117,365
	<u>4,609,746</u>	<u>3,752,717</u>	<u>3,631,355</u>
<b>Contingencies (Note 14)</b>			
<b>Net Assets</b>			
Invested in capital assets	4,629,390	4,902,412	4,692,995
Unrestricted	1,916,823	2,002,928	2,717,020
	<u>6,546,213</u>	<u>6,905,340</u>	<u>7,410,015</u>
Accumulated remeasurement gains	1,723	-	-
	<u>6,547,936</u>	<u>6,905,340</u>	<u>7,410,015</u>
	<u>\$ 11,157,682</u>	<u>\$ 10,658,057</u>	<u>\$ 11,041,370</u>

On behalf of the Board:

  
\_\_\_\_\_  
  
\_\_\_\_\_

Director

Director

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

## Wingham and District Hospital Statement of Changes in Net Assets

For the year ended March 31			2013	2012
	Invested in Capital Assets	Unrestricted	Total	Total
Balance, beginning of year	\$ 4,902,412	\$ 2,002,928	\$ 6,905,340	\$ 7,410,015
Excess (deficiency) of revenue over expenses for the year	(547,311)	185,767	(361,544)	(504,675)
Investment in capital assets, net	274,289	(274,289)	-	-
Reclassification of unrealized gains on adoption of PS 3450 (Note 3)	-	2,417	2,417	-
Balance, end of year	\$ 4,629,390	\$ 1,916,823	\$ 6,546,213	\$ 6,905,340

## Statement of Remeasurement Gains (Losses)

For the year ended March 31	2013	2012
Accumulated remeasurement gains, beginning of year	\$ -	\$ -
Reclassification on adoption of PS 3450, Financial Instruments (Note 3)	(2,417)	-
Net remeasurement gains for the year		
Unrealized gains (losses) attributable to portfolio investments	4,140	-
Accumulated remeasurement gains, end of year	\$ 1,723	\$ -

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

## Wingham and District Hospital Statement of Operations

For the year ended March 31	2013	2012
<b>Revenue</b>		
Ministry of Health and Long Term Care	\$ 13,597,964	\$ 13,580,684
Inpatient	86,962	93,316
Outpatient	662,092	669,145
Investment income	42,015	47,119
Recoveries and other income	3,115,367	2,224,136
Amortization of deferred capital contributions	278,349	433,674
	<u>17,782,749</u>	<u>17,048,074</u>
<b>Expenses</b>		
Salaries and wages	8,530,562	8,194,622
Medical staff remuneration	2,089,017	2,140,033
Employee benefits	2,251,194	2,316,091
Supplies and other expenses	2,884,520	2,895,146
Medical and surgical supplies	318,702	337,287
Drug expense	1,245,123	842,196
Amortization of equipment	554,583	572,886
	<u>17,873,701</u>	<u>17,298,261</u>
<b>(Deficiency) Excess of revenue over expenses before building amortization</b>	<b>(90,952)</b>	<b>(250,187)</b>
Amortization of land improvements and building	(307,632)	(286,695)
Amortization of deferred capital contributions for building and land improvements	<u>37,040</u>	<u>32,207</u>
<b>Deficiency of revenue over expenses for the year</b>	<b>\$ (361,544)</b>	<b>\$ (504,675)</b>

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

## Wingham and District Hospital Statement of Cash Flows

For the year ended March 31	2013	2012
<b>Cash provided by (used in)</b>		
<b>Operating activities</b>		
Deficiency of revenue under expenses for the year	\$ (361,544)	\$ (504,675)
Items not involving cash		
Amortization of property and equipment	862,215	859,581
Change in employee future benefits liability	9,028	92,939
Amortization of deferred capital contributions	(315,389)	(465,881)
Loss on disposal of property and equipment	485	3,630
Changes in non-cash working capital items:		
Accounts receivable	(1,145,786)	281,760
Inventory	31,261	(67,008)
Prepaid expenses	70,819	35,004
Accounts payable and accrued liabilities	423,654	203,574
	<u>(425,257)</u>	<u>438,924</u>
<b>Investing activities</b>		
Disposal (acquisition) of investments, net	<u>561,545</u>	<u>(4,883)</u>
<b>Capital activities</b>		
Disposal (Purchase) of capital assets, net	(1,014,026)	(897,473)
Grants and donations for property and equipment	<u>739,737</u>	<u>290,728</u>
	<u>(274,289)</u>	<u>(606,745)</u>
<b>Net decrease in cash during the year</b>	<b>(138,001)</b>	<b>(172,704)</b>
<b>Cash, beginning of year</b>	<b><u>1,077,111</u></b>	<b><u>1,249,815</u></b>
<b>Cash, end of year</b>	<b>\$ 939,110</b>	<b>\$ 1,077,111</b>

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

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## Wingham and District Hospital Notes to Financial Statements

**March 31, 2013**

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### **1. Significant Accounting Policies**

#### **Nature and Purpose of Organization**

The Wingham & District Hospital is incorporated without share capital under the laws of Canada. The hospital is principally involved in providing health services to North Huron and the surrounding area. The Hospital is a registered charity under the Income Tax Act and, as such, is exempt from income tax and may issue income tax receipts to donors.

#### **Basis of Presentation**

The financial statements of the Hospital have been prepared in accordance with Canadian public sector accounting standards for government not-for-profit organizations, including the 4200 series of standards, as issued by the Public Sector Accounting Board ("PSAB for Government NPOs"). The Wingham and District Hospital Foundation is a separate entity whose financial information is reported separately from the Hospital.

#### **Financial Instruments**

The Hospital classifies its financial instruments as either fair value or amortized cost. The Hospital's accounting policy for each category is as follows:

The fair value category includes cash and equity investments. They are initially recognized at cost and subsequently carried at fair value. Changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized, when they are transferred to the statement of operation. Changes in fair value on restricted assets are recognized as a liability until the criterion attached to the restriction has been met. Transaction costs relate to financial instruments in the fair value category are expensed as incurred.

Where a decline in fair value is determined to be other than temporary, the amount of the loss is removed from accumulated remeasurement gains and losses and recognized in the statement of operations. On sale, the amount held in accumulated remeasurement gains and losses associated with that instrument is removed from net assets and recognized in the statement of operations.

The amortized cost category includes bonds, guaranteed investment certificates, accounts receivable, accounts payable and accrued liabilities and long term debt. They are initially recognized at cost and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets. Transaction costs related to financial instrument in the amortized cost category are added to the carrying value of the instrument. Writedowns on financial assets in the amortized cost category are recognized when the amount of a loss is known with sufficient precision and there is no realistic prospect of recovery. Financial assets are then written down to net recoverable value with the writedown being recognized in the statement of operations.

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## Wingham and District Hospital Notes to Financial Statements

**March 31, 2013**

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### **1. Significant Accounting Policies (continued)**

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

Under the Health Insurance Act and Regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health and Long-term Care ("MOHLTC") and the South West Local Health Integration Network ("LHIN"). The Hospital has entered into a Hospital Service Accountability Agreement (the "H-SAA") for fiscal 2013 with the Ministry and LHIN that sets out the rights and obligations of the parties to the H-SAA in respect of funding provided to the Hospital by the Ministry/LHIN. The H-SAA also sets out the performance standards and obligations of the Hospital that establish acceptable results for the Hospital's performance in a number of areas.

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

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.

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

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

Externally restricted investment income is accounted for as a liability until the restrictions imposed on the income have been met by the Hospital.

Revenue from patient services is recognized when the service is provided.

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

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## Wingham and District Hospital Notes to Financial Statements

March 31, 2013

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### 1. Significant Accounting Policies (continued)

<b>Contributed Services</b>	Volunteers contribute numerous hours to assist the Hospital in carrying out certain charitable aspects of its service delivery activities. The fair value of these contributed services is not readily determinable and, as such, is not reflected in these financial statements.						
<b>Inventory</b>	Inventory is valued at the lower of average cost and replacement value.						
<b>Capital assets</b>	<p>Purchased capital assets are recorded at cost less accumulated amortization. Contributed capital assets are recorded at fair value at the date of contribution. Repairs and maintenance costs are charged to expense. Betterments that extend the estimated life of an asset are capitalized. When a capital asset no longer contributes to the Hospital's ability to provide services or the value of future economic benefits associated with the capital asset is less than its net book value, the carrying value of the capital asset is reduced to reflect the decline in the asset's value. Construction in progress is not amortized until construction is substantially complete and the assets are ready for use.</p> <p>Capital assets are capitalized on acquisition and amortized on a straight line basis over their estimated useful lives as follows:</p> <table><tr><td>Land improvements</td><td>- 20 years</td></tr><tr><td>Buildings</td><td>- 20 to 40 years</td></tr><tr><td>Equipment</td><td>- 4 to 20 years</td></tr></table>	Land improvements	- 20 years	Buildings	- 20 to 40 years	Equipment	- 4 to 20 years
Land improvements	- 20 years						
Buildings	- 20 to 40 years						
Equipment	- 4 to 20 years						
<b>Retirement and Post-employment Benefits</b>	<p>The Hospital provides defined retirement and post-employment health, dental and life insurance benefits to eligible retired employees. The Hospital has adopted the following policies with respect to accounting for these employee benefits:</p> <p>(i) The costs of post-employment benefits are actuarially determined using management's best estimate of health care costs and discount rates. Adjustment to these costs arising from changes in estimates and experience gains and losses are amortized to income over the estimated average remaining service life of the employee groups on a straight line basis. Plan amendments, including past service costs are recognized as an expense in the period of the plan amendment.</p> <p>(ii) The costs of the multi-employer defined benefit pension plan are the employer's contributions due to the plan in the period.</p>						
<b>Management Estimates</b>	<p>The preparation of financial statements in accordance with PSAB for Government NPOs requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the period. Actual results could differ from management's best estimates as additional information becomes available in the future. Areas of key estimation include determination of allowance for doubtful accounts, and estimation of post-employment benefits.</p>						

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## Wingham and District Hospital Notes to Financial Statements

**March 31, 2013**

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### **2. First-time Adoption of Public Sector Accounting Standards**

Effective April 1, 2012, the Hospital adopted the requirements of the new accounting framework, Canadian Public Sector Accounting Standards for Government Not-for-Profit Organizations (PSAB for Government NPOs). These are the Hospital's first financial statements prepared in accordance with this framework and the transitional provisions of Section 2125, First-time Adoption by Government Organizations have been applied. Section 2125 requires retrospective application of the accounting standards with certain elective exemptions and mandatory exceptions. The accounting policies set out in the Note 1 - Significant Accounting Policies have been applied in preparing the financial statements for the year ended March 31, 2013, the comparative information presented in these financial statements for the year ended March 31, 2012 and in the preparation of an opening PSAB for Government NPOs statement of financial position at the date of transition of April 1, 2011 with the exception of PS 3450 - Financial Instruments which has been applied with an effective date of April 1, 2012 (see Note 3 - Change in Accounting Policy).

The Hospital issued financial statements for the year ended March 31, 2012 using generally accepted accounting principles prescribed by the CICA Handbook – Accounting Part V - Pre-changeover Accounting Standards. The adoption of PSAB for Government NPOs resulted in adjustments to the previously reported assets, liabilities, net assets, deficiency of revenue over expenditures and cash flows of the Hospital. An explanation of how the transition from pre-changeover Canadian GAAP to PSAB for Government NPOs has affected the Hospital's financial position, operations, changes in net assets and cash flows is set out in the following notes.

The following exemptions and exceptions were used at the date of transition to Canadian public sector accounting standards for government not-for-profit organizations:

#### Optional exemptions

##### **Business Combinations**

The Hospital elected to not retroactively apply the provisions PS 2510 - Additional Areas of Consolidation to periods prior to the date of transition to PSAB for Government NPOs. As such, assets, liabilities and net assets have not been restated that may been required to if the provisions of PS 2510 had been applied retroactively.

##### **Actuarial Gains and Losses**

Pre-changeover GAAP allowed the Hospital to only recognize actuarial gains and losses that exceeded certain prescribed amounts ("the corridor approach"). PSAB for Government NPOs requires the amortization of actuarial gains and losses on employee future benefits to be amortized over the estimated average remaining service life of employees. Retroactive application of this approach would require the Hospital to split the cumulative actuarial gains and losses from the inception of the plan until the date of transition to PSAB for Government NPOs into a recognized portion and an unrecognized portion. The Hospital has elected to recognize all cumulative actuarial gains and losses at the date of transition to PSAB for Government NPOs directly in net assets. Actuarial gains and losses subsequent to the date of transition to PSAB for Government NPOs are accounted for in accordance with PS 3250 - Retirement Benefits.

## Wingham and District Hospital Notes to Financial Statements

**March 31, 2013**

### 2. First-time Adoption of Public Sector Accounting Standards (Continued)

#### Mandatory exceptions

##### **Estimates**

The estimates previously made by the Hospital under pre-changeover Canadian GAAP were not revised for the application of PSAB for Government NPOs except where necessary to reflect any difference in accounting policy or where there was objective evidence that those estimates were in error. As a result, the Hospital has not used hindsight to revise estimates.

#### Reconciliation of net assets and deficiency of revenue over expenses

In preparing these financial statements, management has amended certain accounting policies previously applied in the pre-changeover Canadian GAAP financial statements to comply with PSAB for Government NPOs. The comparative figures for March 31, 2012 were restated to reflect these adjustments. The following reconciliations and explanatory notes provide a description of the effect of the transition from pre-changeover Canadian GAAP to PSAB for Government NPOs on net assets and deficiency of revenues over expenses:

	March 31 2012	April 1 2011
Opening net assets, Pre-changeover Accounting Standards	\$ 6,872,022	\$ 7,322,033
Decrease in post-employee benefits (discussed below)	33,318	87,982
Opening net assets, PSAB	<u>\$ 6,905,340</u>	<u>\$ 7,410,015</u>
		March 31 2012
Deficiency of revenue over expenses, Pre-changeover Accounting Standards		\$ (450,011)
Increase in employee benefits expense (discussed below)		<u>54,664</u>
Deficiency of revenue over expenses, PSAB		<u>\$ (504,675)</u>

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## Wingham and District Hospital Notes to Financial Statements

**March 31, 2013**

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### **2. First-time Adoption of Public Sector Accounting Standards (Continued)**

#### Explanations for Adjustments to PSAB for Government NPOs

(a) Amortization of actuarial gains/losses

As discussed in Note 2 - First Time Adoption of Public Sector Accounting Standards, Optional Exemptions, the Hospital has elected to recognize actuarial gains and losses at the date of transition to PSAB for Government NPOs directly in net assets.

(b) Discount rate used to calculate post-employment benefits

PSAB for Government NPOs requires these liabilities to be calculated with a discount rate that is equal to either the Hospital's rate of borrowing or the rate of return on the plan assets. Pre-changeover GAAP required the discount rate to be equal to the yield on high quality corporate bonds. The Hospital has chosen to discount these liabilities using its rate of borrowing.

(c) Immediate recognition of plan amendments

PSAB for Government NPOs requires the immediate recognition of the effect of plan amendments, whereas pre-changeover GAAP required the effect of plan amendments to be amortized based on the estimated average remaining service life of the affected employee group. The Hospital had unamortized amounts relating to a plan amendment in the form of the recognition of compensation for past service pursuant to an amended collective bargaining agreement.

These changes resulted in changes to the related liabilities and charges to net income as described above.

#### Statement of Cash Flows for the year ended March 31, 2012

The transition to PSAB for Government NPOs had no impact on total operating or financing activities on the statement of cash flows. The change in deficiency of revenue over expenses for the year ended March 31, 2012 has been offset by adjustments to operating activities. The transition to PSAB for Government NPOs resulted in the reclassification of cash receipts and outflows relating to the acquisition of capital assets from investing activities to capital activities. The capital section of the statement of cash flows did not exist prior to the transition to PSAB for Government NPOs.

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## Wingham and District Hospital Notes to Financial Statements

**March 31, 2013**

### 3. Change in Accounting Policy

On April 1, 2012, the Hospital adopted Public Accounting Standards PS 1201 - Financial Statement Presentation, PS 2601 - Foreign Currency Translation and PS 3450 - Financial Instruments. The standards were adopted prospectively from the date of adoption. The new standards provide comprehensive requirements for the recognition, measurement, presentation and disclosure of financial instruments and foreign currency transactions.

Under PS 3450, all financial instruments, including derivatives, are included on the statement of financial position and are measured either at fair value or amortized cost based on the characteristics of the instrument and the Hospital's accounting policy choices (see Note 1 - Significant Accounting Policies).

In accordance with the provisions of this new standard, the Hospital reflected the following adjustment. On April 1, 2012, an increase of \$2,417 to unrestricted net assets and a decrease of \$2,417 to accumulated remeasurement gains (losses) due to the reclassification of unrealized remeasurement gains (losses).

### 4. Cash

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

### 5. Financial Instrument Classification

The following table provides cost and fair information of financial instruments by category. The maximum exposure to credit risk would be the carrying value as shown below.

	2013			2012
	Fair Value	Amortized Cost	Total	Total
Cash	\$ 939,110	\$ -	\$ 939,110	\$ 1,077,111
Accounts receivable	-	1,743,697	1,743,697	597,911
Investments - GICs	-	1,050,000	1,050,000	-
Investments - equities	77,542	-	77,542	78,321
Accounts payable	-	(1,671,262)	(1,671,262)	(1,247,609)
	<b>\$ 1,016,652</b>	<b>\$ 1,122,435</b>	<b>\$ 2,139,087</b>	<b>\$ 505,734</b>

## Wingham and District Hospital Notes to Financial Statements

**March 31, 2013**

### 5. Financial Instrument Classification (Continued)

The following table provides an analysis of financial instruments that are measured subsequent to initial recognition at fair value, grouped into Levels 1 to 3 based on the degree to which their fair value is observable:

- Level 1 fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities using the latest bid price;
- Level 2 fair value measurements are those derived from inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices); and
- Level 3 fair value measurements are those derived from valuation techniques that includes inputs for the asset or liability that are not based on observable market data (unobservable inputs).

	Level 1	Level 2	Level 3	Total
<b>March 31, 2013</b>				
Cash	\$ 939,110	-	-	\$ 939,110
Investments - equities	77,542	-	-	77,542
<b>Total</b>	<b>\$ 1,016,652</b>	<b>-</b>	<b>-</b>	<b>\$ 1,016,652</b>

There were no transfers between Level 1 and Level 2 for the years ended March 31, 2013 and March 31, 2012. There were also no transfers in or out of Level 3.

### 6. Investments

	2013	2012
Equity Investment Portfolio (cost - \$75,819 (2012 - \$80,738))	77,542	78,321
Guaranteed Investment Certificates, 2.15% - 3.25%, maturing between May 2013 and May 2017	1,050,000	-
Guaranteed Investment Certificates, 1.25% - 3.25%, maturing between May 2012 and May 2016	-	1,606,626
	1,127,542	1,684,947
Less: current portion	70,000	526,000
	<b>\$ 1,057,542</b>	<b>\$ 1,158,947</b>

## Wingham and District Hospital Notes to Financial Statements

**March 31, 2013**

### 7. Capital Assets

	2013		2012	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Land	\$ 648,188	\$ -	\$ 648,188	\$ -
Land improvements	193,464	52,290	190,024	43,084
Buildings	7,689,321	4,441,213	7,521,192	4,222,380
Equipment	8,020,644	5,565,664	7,429,474	4,971,656
	<b>16,551,617</b>	<b>10,059,167</b>	<b>15,788,878</b>	<b>9,237,120</b>
Construction in progress	503,500	-	292,866	-
	<b>\$ 17,055,117</b>	<b>10,059,167</b>	<b>16,081,744</b>	<b>9,237,120</b>
Net book value		<b>\$ 6,995,950</b>		<b>\$ 6,844,624</b>

### 8. Comparative Amounts

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

## Wingham and District Hospital Notes to Financial Statements

**March 31, 2013**

### 9. Post-Employment Benefits

#### Pension Plan

Substantially all of the employees of the hospital are eligible to be members of the Healthcare of Ontario Pension Plan, which is a multi-employer final average pay contributory pension plan. The contributions to the plan during the year totaled \$589,577 (2012 - \$602,765) and are included in employee benefits on the statement of operations.

#### Other Benefits

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

	2013	2012
Accrued benefit obligation	\$ 530,346	\$ 600,305
Unamortized net actuarial gain (loss)	41,578	(37,409)
	571,924	562,896
Less current portion included in accounts payable	(59,028)	(67,503)
Post-employment benefits liability	\$ 512,896	\$ 495,393

During 2012, the cost sharing arrangements of the plan was amended pursuant to collective bargaining agreements. The plan amendments resulted in an increase of \$79,887 in the accrued benefit obligation and is included in the expense reported for 2012.

In measuring the hospital's accrued benefit obligation, a discount rate of 3.9% (2012 - 4.25%) was assumed to determine the accrued benefit obligation and a discount rate of 3.9% (2012 - 4.25%) was assumed to determine the benefit cost. For extended health care costs, a 6.5% annual rate of increase was assumed then decreasing to a 5% increase over the next 10 years and, for dental costs, a 3.5% annual rate of increase was assumed. The most recent actuarial valuation was prepared as at April 1, 2013. Actual results could differ from this estimate as additional information becomes available in the future.

	2013	2012
Current year benefit cost	\$ 28,995	\$ 25,243
Interest on accrued benefit obligation	25,683	27,500
Amortization of past service costs	-	69,424
Amortized actuarial losses	4,350	-
Expense for the year	\$ 59,028	\$ 122,167
Benefits paid during the year	\$ 74,356	\$ 29,227

## Wingham and District Hospital Notes to Financial Statements

**March 31, 2013**

### 10. Deferred Capital Contributions

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

	<u>2013</u>	<u>2012</u>
Balance, beginning of year	\$ 1,942,212	\$ 2,117,365
Contributions received	739,737	290,728
Amortization of deferred contributions - equipment	(278,349)	(433,674)
Amortization of deferred contributions - building and land improvements	<u>(37,040)</u>	<u>(32,207)</u>
Balance, end of year	<u>\$ 2,366,560</u>	<u>\$ 1,942,212</u>

### 11. Wingham & District Hospital Foundation

The Wingham & District Hospital Foundation is an independent corporation incorporated without share capital which has its own independent Board of Directors and is a registered charity under the Income Tax Act. The Foundation was established to raise funds for the use of the hospital. Donations received during the year were \$259,441 (2012 - \$210,157).

### 12. Related Party Transactions

The Hospital has an alliance agreement with the Listowel Memorial Hospital and shares a senior management team and other resources. The Hospital's share of the operating revenues and expenditures, and the assets and liabilities of the alliance have been recorded in the accounts of the Hospital. Shared expenditures paid by Listowel for Wingham are shown as an expense and recovery. As at March 31, 2013 amounts due to (from) Listowel Memorial Hospital totaled \$146,502 (2011 - (\$23,590)).

## Wingham and District Hospital Notes to Financial Statements

**March 31, 2013**

### 13. Financial Instrument Risks

#### Market Risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate as a result of market factors. Market factors include three types of risk: interest rate risk, currency risk, and equity risk. The Hospital is not exposed to significant currency risk or equity risk as it does not transact materially in foreign currency or hold significant equity financial instruments. The Hospital's investment policy limits equity instruments to 10% of the fair value of the total investment portfolio. At March 31, 2013, a 10% movement in stock markets with all other variables held constant, could impact the market value of the equity instruments held by \$7,754.

#### Credit Risk

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

The maximum exposure to investment credit risk is outlined in Note 5.

Accounts receivable are primarily due from OHIP, the Ministry of Health and Long-term Care and patients. Credit risk is mitigated by the financial solvency of the provincial government and the highly diversified nature of the patient population.

The Hospital measures its exposure to credit risk based on how long the amounts have been outstanding. An impairment allowance is set up based on the Hospital's historical experience regarding collections. The amounts outstanding at year end were as follows:

	<b>Total</b>	<b>Current</b>	<b>31-61 days</b>	<b>61-90 days</b>	<b>91-120 days</b>	<b>121 + days</b>
<b>MOHLTC</b>	<b>\$ 482,113</b>	<b>\$ 482,113</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Patient services</b>	<b>151,342</b>	<b>129,181</b>	<b>14,379</b>	<b>1,643</b>	<b>1,620</b>	<b>4,519</b>
<b>Other</b>	<b>1,113,923</b>	<b>599,459</b>	<b>80,952</b>	<b>95,623</b>	<b>58,411</b>	<b>279,478</b>
<b>Gross receivables</b>	<b>1,747,378</b>	<b>1,210,753</b>	<b>95,331</b>	<b>97,266</b>	<b>60,031</b>	<b>283,997</b>
<b>Less: impairment allowances</b>	<b>(3,681)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(3,681)</b>
<b>Net receivables</b>	<b>\$ 1,743,697</b>	<b>\$ 1,210,753</b>	<b>\$ 95,331</b>	<b>\$ 97,266</b>	<b>\$ 60,031</b>	<b>\$ 280,316</b>

The amounts aged greater than 120 days owing from patients have a corresponding impairment allowance set up against them based on the Hospital's past experience. Management has reviewed the individual balances and established the impairment allowance based on the credit quality of the debtors and their past history of payment.

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## **Wingham and District Hospital Notes to Financial Statements**

**March 31, 2013**

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### **13. Financial Instrument Risks (Continued)**

#### **Interest Rate Risk**

Interest rate risk is the potential for financial loss caused by fluctuations in fair value or future cash flows of financial instruments because of changes in market interest rates.

The Hospital is exposed to this risk through its interest bearing investments.

#### **Liquidity Risk**

Liquidity risk is the risk that the Hospital will not be able to meet its financial obligations as they fall due. The Hospital has a planning and budgeting process in place to help determine the funds required to support the Hospital's normal operating requirements on an ongoing basis. The Hospital ensures that there are sufficient funds to meet its short-term requirements, taking into account its anticipated cash flows from operations and its holdings of cash and investments. Liquidity risk arises primarily from accounts payable and accrued liabilities and long-term debt.

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

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### **14. Contingent Liability**

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

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# ***AUXILIARY REPORTS***

## **Report of the Listowel Memorial Hospital Auxiliary 2012/13**

The Auxiliary met monthly, excluding July and August, at the hospital cafeteria on the first Wednesday of the month. Nineteen members answered the roll calls, which new members joining in November.

The year was very successful, earning \$11,112 dollars to donate to the hospital. Six thousand dollars went towards a partial cost of the ECG machine in Emergency, with the remainder being spent on individual departmental needs from the wish lists. After receiving Karl Ellis' input, it was decided by the auxiliary to invest our earnings in larger capital items for the hospital. In 2013, \$6000 will be allocated towards a med cart for Obstetrics. The Auxiliary will be acknowledged for their purchases.

In January 2012, Karl Ellis assisted with installing the new executive:

President:	Beth Norman
Vice President:	May Kerr
Treasurer:	Verna Ropp
Secretary:	Dawna Voll
Convenors:	remain unchanged

Again, our gift centre buying committee did a great job of keeping our gift centre full of interesting items for sale. As well, we have our dedicated knitters and sewers. The gift centre is staff by 28 volunteers, but we are always looking for more. The open hours of the gift centre changed this year to accommodate the public and staff (Monday – Friday from 11:00am – 4:00pm and 6:30pm – 8:00pm, and by chance on Saturday). Sales have been great with a profit of over \$6,770 has been achieved to date. Thank you to all who make it happen. In April, a 10% discount on purchases was offered to our volunteers in appreciation.

The Auxiliary switched banks, moving to the Bank of Nova Scotia under the control of our Treasurer, as with our name change from Cradle Club to Auxiliary the CIBC could no longer accommodate our needs without monthly charges.

### **2012 Auxiliary Activities:**

- Created tray favours for patients for holidays of Valentine's Day, Easter, Thanksgiving and Christmas
- Donated \$25 gift certificate to the New Years baby in January
- In February, Sue Anderson and Beth Norman worked on quotes from vending machine operators to have one installed in the Emergency waiting room, which relieved the gift centre of selling snack food and drinks
- Additional memory boxes will be manufactured as our supply is getting low
- Meeting guest speakers for the year were Donna Snider from Fletcher's who gave a demonstration on springtime urn inserts, wraths and other home décor, and Pauline Daugherty from the Canadian Cancer Society who discussed early detection and prevention of colon and breast cancers

- The Auxiliary participated in a vendor's night at St. Mary's Catholic School, giving good attendance and exposure
- The annual dinner out and meeting in June was followed by our Listowel Greenhouse fundraiser raffle draw that resulted in three \$100 winners
- Also in June, a few members volunteered their time to help set up for the Foundation's Gala event in Atwood
- A large number of knitted newborn hats were donated to the Nicholl's family to take to Guatemala
- In November, the nominating committee formed the new executive for 2013 and all positions were filled successfully
- In December, the year was closed by having the regular meeting followed by a social time with games, gift exchange, and lunch provided by the current executive members

#### 2012 Fundraising:

- Bake sales were held for Valentine's Day, Easter, Spring at Listowel Greenhouse, Thanksgiving, and the Christmas Bazaar
- Listowel Greenhouse donated 10% of hanging basket sales on May 11<sup>th</sup> and 12<sup>th</sup>, raffle tickets were sold, and a barbeque was held
- In the summer months, jams, jellies and relishes were prepared at the Agricultural Hall kitchen for fall sales
- The Pennies for Patients container was placed at the gift centre and over \$400 has been collected to date
- Fifteen percent of ER vending machine sales is returned to the Auxiliary
- Soundsation Choir performed on December 1<sup>st</sup>
- Christmas Bazaar and raffle were held in November

It was a very successful year. Thanks again for everyone's support.

Respectfully submitted,

Dawna Voll  
Secretary

## **Report of the Auxiliary to Wingham and District Hospital 2012/13**

The Auxiliary holds regular meetings throughout the year in January, April, June, September and November on the fourth Monday of the month. Attendance is approximately half of our total membership. Anyone is most welcome to join for an annual membership fee of five dollars. The Auxiliary's main objective is to fundraise in order to support the Wingham and District Hospital in any way possible. Our goal this year is to purchase a combination bed/lounge chair for Palliative Care.

Fundraising activities include raffles, spring and fall rummage sales, hospital bridge group (Sept. – May), hospital euchre group (Nov. – Mar.), annual Poinsettia Tea, May tag days, Gift Shop sales, and used book sales. All of these activities are very well supported by our community.

This year our members attended the spring and fall HAAO conferences, worked in the Gift Shop, organized items for the rummage sales, distributed books throughout the hospital, made tray favours for special events throughout the year, and helped out at hospital clinics. The Auxiliary volunteers also assist at the main entrance by directing visitors in the evening.

An annual bursary is awarded to an F.E. Madill Secondary School student to further his/her studies in health care.

Thank you to all who support the Auxiliary by donating valuable time and resources.

Respectfully submitted,

Helen Rintoul  
Auxiliary Representative to the  
Wingham & District Hospital Board

# ***FOUNDATIONS***

## **Listowel Memorial Hospital Foundation Report 2012/2013**

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

The Foundation has held several fundraisers in the last year including:

- The Spring Gala, June 2012 was held at the Elma Community Centre, Atwood, hosted 275 people to an evening of fine dining, music and auction items. This successful event netted a profit \$265,000.
- Other events held were the Perennial Plant Sale, Car & Motorcycle Poker Rally, M& M Hamburg BBQ, golf tournament with the doctor recruitment committee, Radiothon event at Knox Presbyterian Church the same day as Radiothon that included entertainment, bake sale, food booth and generated over \$18,000 from our local donors for the Radiothon.

The Foundation now is hosting four events to increase awareness in the community of the importance of fundraising for our hospital. The Foundation's new website is updated regularly with events and cheque presentations throughout the year.

### ***Upcoming Events for 2013/2014***

- Spring Gala 2013, theme "Mardi Gras" will be held June 1, 2013, hosting 256 people with proceeds to "Portable Digital Radiology unit and Electronic Operating Table" cost in excess of \$225,000.
- LMH Staff Appreciation hosted by LMH Foundation members, June 20, 2013
- BBQ at M & M Meats June 21, 2013
- Physician Committee & LMHF Golf Tournament, September 4, 2013
- Radiothon Knox Presbyterian Church Hall event, October 19<sup>th</sup>, 2013

### ***Newsletters***

The Spring 2013 newsletter went out in May showcasing our Renovated Palliative Care Unit on first floor and the renovation to the 2<sup>nd</sup> floor Nursing Station. The Foundation circulated newsletters in the Spring and Fall of 2012 to over 8500 residents. The newsletters raise awareness of what is going on at the Foundation, highlight some of the donations made, recognize memorial donations, and review what the current needs are for the hospital. The newsletters have been very well received and generate donations and awareness.

### ***New Donor Wall***

The Foundation is currently working on a new Donor Recognition Wall that will be placed next to the current circle of care donor wall. Donors will be recognized at specified levels and will date back to donations from January 2008.

The Foundation is grateful for the support of the staff at LMH and the citizens and businesses of North Perth and surrounding areas. The Listowel Memorial Hospital Foundation was able to purchase \$430,000 of equipment in 2012.

Respectfully submitted,

## **Wingham and District Hospital Foundation Report 2012/2013**

### ***Radiothon***

In 2012, the Wingham and District Hospital Foundation raised over \$74,000 for the purchase of 3 telemetry transmitters and accessories. On October 20, 2012, the Foundation received over \$52,000 in on-air donations and over \$22,000 during the weeks that followed the Radiothon. The 2013 Radiothon will be held on October 19, 2013. The Foundation's fundraising goal for this year's Radiothon is \$90,000 for an Operating Room Table and Stretchers (subject to minor changes).

### ***Logan Hallahan Memorial BBQ & Comedy Evening***

The Hallahan family will again host the 4<sup>th</sup> annual Logan Hallahan Memorial Fundraiser benefitting the Wingham & District Hospital Foundation. The 2012 BBQ and Comedy Show generated over \$18,000 for the purchase of equipment. This year's event will take place on June 8, 2013 at the Belgrave Community Centre Arena. The BBQ and children's events will run from 5 p.m. – 7 p.m. and will be followed by live and silent auctions from 7 p.m. – 9 p.m.

### ***Equipment***

On April 24, 2013, the Foundation was pleased to officially present the Wingham and District Hospital Board with a cheque in the amount of \$247,772. These funds were generated through the Radiothon, memorial donations, and other events in 2012. The money donated funded the purchase of the following pieces of equipment: Telemetry system, chemistry analyzer, colonoscope, 3 electric beds and over tables, bladder scanner, and IV pump. Additionally, the Foundation distributed the funds it received which were designated to specific programs within the Hospital. Donations were also made to oncology outpatient services, the diabetes education program and the palliative care unit.

### ***Grants Received***

The Foundation was lucky to be the recipient of two grants this year. The Royal Canadian Legion Ontario Command Charitable Trust granted the Foundation with \$3,700 for the purchase of an IV Pump. The TD Bank Group granted the Foundation with \$5,000 for the purchase of a vital signs monitor.

### ***Donor Wall***

Over the past year, the Foundation has undertaken the task of replacing the current donor recognition wall with a new more modern version. The Foundation selected Brook Recognition systems for the design, creation, installation, and maintenance of the new wall. Upon unveiling the new donor wall, the Foundation will switch from using five recognition categories to seven. All donors who are named on the current wall will continue to be recognized at the correct corresponding level on the new wall. Upon informing donors of the new donor wall project and of their current recognition level, the Foundation received over \$55,000 in donations from donors wishing to increase their recognition level. That total includes a generous pledge of \$25,000 from Westcast Industries who wished to be recognized at the highest level. The installation of the donor wall is scheduled for the summer of 2013.

Respectfully submitted,

# ***MEDICAL STAFF***

## Listowel Memorial Hospital

### Professional Staff 2012/13

Dr. R. Latuskie - Chief of Staff

Dr. A. Qureshi – President

Dr. Barb Matthews – Vice-President

Dr. R. Warren - Secretary

#### ACTIVE STAFF

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

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

#### DENTAL STAFF

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

#### MIDWIFERY STAFF

Kimberly Cleland  
Mhairi Colgate  
Sabrina Connor  
Catherine Goudy  
Catherine Kipp

Mianh Lamson  
Amanda Levencrowne  
Laura Pierce  
Amy Sjaarda  
Cynthia Soulliere

#### NURSE PRACTITIONERS

Wendy Dunn  
Lorna Labbe

#### CONSULTING & COURTESY STAFF

Dr. G. Antoniadis  
Dr. K. Blaine  
Dr. M. Bucur  
Dr. M. Carlson  
Dr. J. Connors  
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. G. Heaton  
Dr. B. Hughes  
Dr. A. Hussey  
Dr. T. Kalos  
Dr. M. Korvemaker  
Dr. M. Klassen  
Dr. M. Mann  
Dr. K. Miller  
Dr. D. Mowbray  
Dr. C. Omole  
Dr. W. Papoff  
Dr. S. Prasad  
Dr. R. Puley

Dr. R. Ramsewak  
Dr. E. Scott  
Dr. G. Semelhago  
Dr. V. Sharma  
Dr. O. Spanglet  
Dr. P. Squires  
Dr. D. Stewart  
Dr. C. Tamblyn  
Dr. S. Tamblyn  
Dr. G. Tarulli  
Dr. S. Tejpar  
Dr. J. Vettors  
Dr. D. Wycoco  
Dr. O. Yousef

# Wingham and District Hospital

## Professional Staff 2012/2013

Dr. G. Antoniadis – Chief of Staff

Dr. J. Shuffield – President

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

### ACTIVE STAFF

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

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

Dr. M. Shubat  
Dr. S. Vanderklippe

### DENTAL STAFF

Dr. R. Bateman  
Dr. J. Hall  
Dr. Y. Liu

Dr. J. O'Young  
Dr. D. Magee  
Dr. W. Spink

### NURSE PRACTITIONERS

Alison Clark  
Robyn Hewson

### CONSULTING & COURTESY STAFF

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

Dr. R. Gasparelli  
Dr. M. Korvemaker  
Dr. L. Krishna  
Dr. M. Loubani  
Dr. E. MacRae  
Dr. A. Montgomery  
Dr. D. Mowbray  
Dr. C. Omole  
Dr. C. O'Neill  
Dr. W. Papoff  
Dr. F. Perera

Dr. R. Ramsewak  
Dr. H. Ringrose  
Dr. J. Schwalm  
Dr. S. Sleeth  
Dr. O. Spanglet  
Dr. P. Squires  
Dr. J. Tarulli  
Dr. C. Tomlinson  
Dr. J. Veters  
Dr. D. Wycoco  
Dr. O' Yousef

## Listowel Memorial Hospital

### Visiting Consultants

Clinic	Physician	Clinic Held
Dermatology	Dr. A. Haider	Weekly – Wednesday
E.N.T.	Dr. B. Hughes	Bi-Weekly
Gerontology	Dr. S. Prasad	Monthly
Internal Medicine - Cardiology	Dr. D. Tamblyn	Weekly – Tuesday
	Dr. M. Gillett	Weekly – Thursday
	Dr. O. Spanglet	Weekly – Monday
Internal Medicine - Gastroenterology	Dr. V. Sharma	Bi-Weekly – Friday
Neurology	Dr. D. Stewart	Monthly – Friday
Obstetrics/Gynaecology	Dr. G. Hancock	Bi-Weekly – Wednesday
	Dr. T. Kalos	Bi-Weekly – Monday
Oral & Maxillofacial Surgeon	Dr. N. Hogg	Bi-Weekly – Wednesday
Orthopaedics	Dr. J. Guy	Bi-Weekly – Friday
Paediatric	Dr. K. Blaine	Bi-Weekly – Tuesday
Plastic Surgery	Dr. G. Heaton	Bi-Weekly – Tuesday
Surgical	Dr. R. Ramsewak	Weekly – Tuesday, Wednesday and Thursday
Urology	Dr. A. Hussey	Bi-Weekly – Friday

## Wingham & District Hospital

### Visiting Consultants

<u>Clinic</u>	<u>Physician</u>	<u>Clinic Held</u>
Cancer Clinic	Dr. Perera	Monthly - 2 <sup>nd</sup> Tues.
Cardiology/Echocardiography/ Carotid Doppler Studies*	Dr. C. Tomlinson*	Monthly
	Dr. A. Montgomery	Monthly
	Dr. J. Schwalm	Monthly
Echo Lab	Mr. Mike Cooper	Weekly - Friday
Ear, Nose, Throat	Dr. E. MacRae	Twice Monthly
Geriatric Outreach Program	Dr. Crilly / Team	As needed
Internal Medicine - Cardiology	Dr. O. Spanglet	Weekly - Thursday
Internal Medicine - Gastroenterology	Dr. M. Flowers	5 days per week
Obstetrical & Gynecology	Dr. C. Bloch	Monthly
Paediatrics	Dr. P. Squires	Monthly
Physical Medicine & Rehab	Dr. D. Dittmer	Monthly
Surgical	Dr. R. Ramsewak	Weekly - Monday
	Dr. C. O'Neill	Bi-Weekly - Tuesday
Urology	Dr. B. Bukala	Monthly

**Listowel Memorial Hospital  
Board of Directors  
2012/2013**

**Chair** – Ms. Bert Johnson  
**Vice-Chair** – Mr. Blair Burns  
**Treasurer** – Mr. Tom Soltys

Directors

Ms. Kris Dekker  
Mr. David Calder  
Mr. Robert Johns  
Ms. Kathy Mitchell  
Ms. Rosemary Rognvaldson

Appointed Member

**Representative of Auxiliary** - Ms. Mary Kerr

Ex-Officio Members

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

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**Wingham and District Hospital  
Board of Directors  
2012/2013**

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

Directors

Ms. Sandra Campbell  
Ms. Marg Carswell  
Mr. Rob Hutchison  
Ms. Penny Mulvey  
Ms. Gladys Peacock

Appointed Member

**Representative of Auxiliary** - Ms. Helen Rintoul

Ex-Officio Members

**Chief of Staff** - Dr. Greg Antoniadis  
**President of Medical Staff** - Dr. Jim Shuffield  
**Chief Executive Officer** - Karl Ellis  
**Chief Nursing Executive** - Angela Stanley