



Listowel Wingham Hospitals Alliance
2020 / 2021
Annual Report



Listowel Wingham Hospitals Alliance Annual General Meeting Table of Contents

- **2021 Meeting Agenda**
- **Minutes of Listowel Wingham Hospital Alliance Annual Meeting June 10, 2020**
- **Reports:**
 - Report of the Board Chair and President & Chief Executive Officer
 - Reports of the Chiefs of Staff
 - Report of the Treasurer
 - Audited Financial Statements
 - Report of the Governance and Nominations Committee
 - Report of the Listowel Memorial Hospital Auxiliary
 - Report of the Wingham and District Hospital Auxiliary
 - Report of the Listowel Memorial Hospital Foundation
 - Report of the Wingham and District Hospital Foundation
- **Medical Staff**
- **Visiting Physicians - Clinics**
- **Board of Directors**



LISTOWEL WINGHAM HOSPITALS ALLIANCE

Annual Meeting of the Corporations of The Listowel Memorial Hospital and The Wingham and District Hospital Wednesday, June 9, 2021 1900 Hours WebEx

MEETING AGENDA

- 1.0 Call to Order
- 2.0 Opening Remarks - Welcome to Corporation Members, Hospital Staff and Visitors
- 3.0 Minutes of June 10, 2020 Annual Meeting
- 4.0 Reports
 - 4.1 Report of the Board Chair and Chief Executive Officer
 - 4.2 Report of the Chief of Staff – Listowel Memorial Hospital
 - 4.3 Report of the Chief of Staff – Wingham and District Hospital
 - 4.4 Treasurer’s Report – Listowel Wingham Hospitals Alliance
 - 4.4.1 Presentation of the Audited Financial Statements for the Listowel Memorial Hospital 2020/2021
 - 4.4.2 Presentation of the Audited Financial Statements for the Wingham and District Hospital 2020/2021
 - 4.4.3 Appointment of Auditors for 2021/2022
 - 4.5 Governance and Nominations Committee Report
 - 4.5.1 Thank you to Outgoing Members
 - 4.5.2 Nomination and Election of Directors
 - 4.6 Report of the Auxiliary to the Listowel Memorial Hospital
 - 4.7 Report of the Auxiliary to the Wingham and District Hospital
 - 4.8 Report of the Listowel Memorial Hospital Foundation
 - 4.9 Report of the Wingham and District Hospital Foundation
 - 4.10 LWHA Corporate By-Laws (separate attachment)

Suggested Motions:

THAT the Members of the Listowel Memorial Hospital Corporation confirm the Corporate By-Laws for the Listowel Memorial Hospital as presented.

THAT the Members of the Wingham and District Hospital Corporation confirm the Corporate By-Laws for the Wingham and District Hospital as presented.

5.0 Adjournment

A meeting of the Listowel Wingham Hospitals Alliance Board of Directors shall take place immediately following the Annual Meeting where the Board shall elect/appoint the following Officers:

- a) Chair
- b) 1st Vice Chair
- c) 2nd Vice Chair




LISTOWEL WINGHAM HOSPITALS ALLIANCE

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

Wednesday, June 9, 2021

1900 Hours

WebEx

- 
- A horizontal bar composed of six colored segments: light green, lime green, dark green, blue, light blue, and light green.
- d) Past-Chair
 - e) Treasurer
 - f) Secretary

Listowel Wingham Hospitals Alliance 2020 Annual General Meeting Minutes

Listowel Memorial Hospital Corporation
Wingham and District Hospital Corporation
Wednesday June 10, 2020
Teleconference

Welcome

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

1.0 Call to Order

The meeting was called to order at 1902 hours.

2.0 Chair's Remarks

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

3.0 Minutes of the Previous Meeting

MOTION: Moved By: Bert Johnson Seconded By: Dale Gilchrist

To adopt the minutes of the June 12, 2019 Annual General Meeting of the Listowel Memorial Hospital Corporation and the Wingham and District Hospital Corporation.

Motion Carried

4.0 Reports

4.1 Report of the Board Chair and Chief Executive Officer

Karl Ellis, Chief Executive Officer presented the report.

Highlights from the report include:

- This is K. Ellis' tenth report at the Annual Meeting.
- For years, the redevelopment project in Wingham has been ongoing. Now that it's nearing completion, similar efforts will be focused on Listowel.
- The past year has been affected by the pandemic, as well as the Cyber attack. However, LWHA is moving forward in the development of the Ontario Health Team.
- Welcome to Kelly Finlayson, as she joins LWHA as VP Clinical Services / CNE.
- K. Ellis extended gratitude to S. Albrecht, B. Major-McEwan, C. Dolmage, and M. Martin for their support during this year. Additional recognition of Dr. T. Suggitt and K. Beharry was stated for their leadership.
- K. Ellis thanked T. Soltys and G. Hunt for their commitment to the Board of Directors.

Listowel Wingham Hospitals Alliance 2020 Annual General Meeting Minutes

- K. Ellis expressed appreciation for the LWHA Board of Directors for their support and dedication.
- Welcome to Jessica Weber and Sharon Skinn as they join the LWHA Board.
- Upcoming initiatives include Accreditation, scheduled for 2021, and resuming the Neighbourhood of Care project.
- Surgical procedures are being brought back following the initial ramping down of services during the pandemic.

4.2 Report of the Chief of Staff – Listowel Memorial Hospital

Dr. Suggitt presented the Report of the Chief of Staff for the Listowel Memorial Hospital.

Highlights from the report include:

- Acknowledgement of the many surprises during the year.
- With Dr. Davies leaving, along with two maternity leaves from the medical staff, the Emergency Department has relied on support from EDLP. J. McKague-Weishar has been helpful in securing regular locum coverage.
- The Surgical program has welcomed Dr. Rana. C-Sections are available in Listowel, and the number of births at LMH has increased.

4.3 Report of the Chief of Staff – Wingham and District Hospital

- Dr. Antoniadis was unable to attend, but included his report in the package.

4.4 Treasurer’s Report – Listowel Memorial Hospital and Wingham and District Hospital

Doug Miller presented the Report of the Treasurer for the Listowel Wingham Hospitals Alliance.

Highlights from the report include:

- A surplus has been reported for both sites.
- While the organization has dealt with Code Grey and COVID-19, it has coped well.
- D. Miller expressed appreciation to the LMH Foundation and the WDH Foundation, as well as both Auxiliaries.
- D. Miller recognized the auditors for their excellent relationship with staff.

4.4.1 Listowel Memorial Hospital Corporation Audited Financial Statements 2019/2020:

Auditors report

- The Auditor’s Report was reviewed in May at the Board of Directors meeting.

Listowel Wingham Hospitals Alliance 2020 Annual General Meeting Minutes

- Was able to provide an opinion on the validity and reliability of the hospital financials. A clean audit report was issued for both hospitals
- Appreciation to B. Major-McEwan and team, along with LWHA management for their cooperation.
- B. Major-McEwan explained that the Ministry's funding increase of 1.9% at each site was the same as previous years.
- B. Major-McEwan expressed appreciation for the LMH Foundation and the WDH Foundation.

Chief Financial Officer

- **Listowel results**
- **Wingham results**

MOTION: Moved By: Tom Soltys Seconded By: Debbie Miller
To accept the Audited Financial Statements of the Listowel Memorial Hospital for the year ended March 31, 2020 as presented.

Motion Carried

4.4.2 Wingham and District Hospital Corporation Audited Financial Statements 2019/2020:

MOTION: Moved By: Doug Miller Seconded By: Gord Hunt
To accept the Wingham and District Hospital's Audited Financial Statements for the year ended March 31, 2020 as presented.

Motion Carried

4.4.3 Appointment of Auditors:

MOTION: Moved By: Bert Johnson Seconded By: Rick Boisvert
To appoint the firm of Seebach and Company as Auditors for the Listowel Memorial Hospital for 2020/2021.

MOTION: Moved by: Dale Gilchrist Seconded By: Hugh Clugston
To appoint the firm of Seebach and Company as Auditors for the Wingham and District Hospital for 2020/2021.

Motion Carried

4.5 **Governance & Nominations Committee Report**

4.5.1 Thank you to Outgoing Members, Tom Soltys and Gord Hunt.

Listowel Wingham Hospitals Alliance 2020 Annual General Meeting Minutes

4.5.2 Election of Directors – Listowel Memorial Hospital

MOTION: Moved By: Bert Johnson Seconded By: Rick Boisvert
To appoint to the Listowel Wingham Hospitals Alliance Board of Directors for a 2-year term ending in 2022

- Debbie Miller
- Jessica Weber

Motion Carried

4.5.3 Election of Directors – Wingham and District Hospital

MOTION: Moved By: Debbie Miller Seconded By: Doug Miller
To appoint to the Listowel Wingham Hospitals Alliance Board of Directors for a 2-year term ending in 2022.

- Hugh Clugston
- Dale Gilchrist
- Connor O’Keefe
- Sharon Skinn

Motion Carried

4.6 Report of the Auxiliary to Listowel Memorial Hospital

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

4.7 Report of the Auxiliary to the Wingham and District Hospital

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

4.8 Report of the Listowel Memorial Hospital Foundation

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

4.9 Report of the Wingham and District Hospital Foundation

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



Listowel Wingham Hospitals Alliance 2020 Annual General Meeting Minutes

5.0 Adjournment

MOTION: Moved By: Andy McBride Seconded By: Rosemary Rognvaldson

That the Annual General Meeting be adjourned at 1931 hours.

Motion Carried

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

.....
Krishna Beharry, Chair

.....
Karl Ellis, Secretary

REPORTS

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

Annual Report

The annual report from 2019/2020 outlined two significant events that defined the year for the Listowel Wingham Hospitals Alliance (LWHA): a cyber security event and the world wide COVID-19 pandemic. Once again, the past year has been defined by two events. The continuing pandemic and a major flood following a water main break in Listowel were the experiences that consumed significant organizational time and energy in 2020/2021. This report also highlights several other events and accomplishments that may have been overshadowed by our response to the pandemic and flood restoration

Quality Care that is Patient-Centered

COVID-19

LWHA's pandemic experience this year included a significant role in assisting others and also responding to the pandemic impact on our organization. We have been assisting hospitals in London, Stratford and elsewhere by accepting patients in order to allow them to provide intensive care to COVID patients and to decompress some bed challenges in other areas of the province. We accepted patients from long term care homes in Listowel and Stratford that were struggling to cope. Further, a number of staff, leaders and physicians spent considerable time and effort supporting the Caressant Care Long Term Care and Retirement Home in Listowel following a devastating COVID-19 outbreak. Additional support was also provided to local retirement homes. Five nursing staff were seconded briefly to the Stratford General Hospital to allow them to increase ICU capacity. All of this was done while continuing to operate a COVID testing centre and support local vaccination efforts.

The Listowel Memorial Hospital managed a COVID outbreak on the second floor through the last 2 ½ weeks of 2020. The exceptional staff and physician response resulted in a relatively short-lived outbreak.

Oncology Services

Treatment volumes continue to increase in the Wingham oncology clinic. The clinic has now increased to 5 treatment days per week in order to accommodate the patient caseload.

Clinical Documentation

In the midst of everything else, LWHA increased the scope and volume of clinical

documentation captured within our electronic medical record. The MyChart system now contains nursing and allied health clinical notes and documentation.

Quality Improvement Plan

While formal Quality Improvement Plans were not required by Health Quality Ontario, LWHA continued to concentrate on improving care through efforts focused on joy at work, workplace violence, conservable patient days and mental health and addictions. Our work in 2020/21 will continue with planned improvements in patient falls, workplace civility, mental health and conservable patient days along with implementation of the policy and procedure repository.

Nurturing Individual and Collective Potential

Physician Transitions

We were pleased to welcome Dr. Raji Sextus to permanent practice in Listowel following a long-term locum period. Dr. Jeff Dietrich will be joining the Listowel group in July 2021. After 11 years of practice in Wingham, Dr. Jim Shuffield retired in April 2021 and the community remains hopeful that a replacement will soon be announced.

Staff Transitions

Following 22 years with the LWHA, Cherie Dolmage took a senior position in London. Her former position was renamed Vice President Human Resources and filled by Rhonda Scheeringa.

Board Member Transitions

Sharon Skinn and Jessica Weber joined the LWHA Board at the 2020 annual meeting. Krishna Beharry, former Board Chair, Debbie Miller and Lee Anderson will be stepping away from the board. Dr. Greg Antoniadis will be replaced by Dr. Stephen Vanderklippe as the Chief of Staff in Wingham.

Sustainable and Resilient Environment

Listowel Memorial Hospital Flooding

Around 4am, a 4 inch watermain under the hospital burst open resulting in water covering 80 to 90% of the ground level of the Listowel Memorial Hospital. The flooding resulted in the relocation of the following staff and functions:

- Outpatient Physiotherapy
- Laboratory

- Environmental Services
- Stores, materials and linens
- Staff lounge and locker rooms
- Morgue
- Information technology staff
- Maintenance staff and workshop
- Health Information and health records
- Nutrition and Food Services and the cafeteria
- Ambulatory Care
- Hospital Auxiliary
- COVID Testing Centre

The Emergency Department was temporarily relocated to allow for restoration work. As examples of resiliency and staff focus on patient care, the hospital never closed the emergency department and not a single meal service was missed. Our laboratory staff were particularly disappointed as the flooding damaged the newly renovated laboratory space.

We capitalized on departmental and corridor closures on the first floor to update several areas that were looking tired. These areas saw new flooring, ceilings, lighting and fresh paint along with the removal of some hazardous materials. Paper health records were also scanned and will be stored electronically.

Foundation Support

We continue to appreciate exceptional support from our two Foundations. The Listowel Memorial Hospital Foundation purchased a house on Davidson Avenue for use as locum and medical student accommodation. In addition to this, they provided funding for a new team station on the first floor, updated the medication management system and raised money for a new palliative care suite. In Wingham, the Foundation also anticipates supporting a new palliative care suite in 2021 in addition to over \$300,000 of support for various equipment purchases and renovations.

Fisher Family Primary Care Centre

The Fisher Clinic is less than 10 years old and we are actively investigating the possibility of expanding the clinic in order to have sufficient capacity for the number of medical practitioners required to support this growing community.

Operating Financial Results

We were fortunate this fiscal year as the Ministry of Health provided a 1% base increase to hospital funding as well as reimbursed the hospital for any incremental COVID related expenses incurred along with lost revenue related to the pandemic. Some one time revenue from prior years was also recognized in Wingham. The hospitals ended the year with modest operating surpluses of \$501,599 in Listowel and \$394,958 in Wingham and breakeven results after amortization.

Partnerships for a Seamless Patient Experience

Ontario Health Teams

While the Huron Perth and Area Ontario Health Team was approved in December 2019, the pandemic has definitely slowed progress on this initiative. The group has received some Ministry funding and has hired a project coordinator, administrative assistant and a digital advisor. A key initiative was to create a single Infection Prevention and Control (IPAC) approach across Huron and Perth. It is expected that smaller organizations without dedicated IPAC resources will benefit greatly from this collective effort.

The Huron Perth Ontario Health Team is expected to make additional progress in 2021/22 on populating various governance committees, improving services for heart failure patients and creating a roadmap for health information technology investments by the Team.

Family Health Team Collaboration

The North Huron Family Health Team and North Perth Family Health Team have amalgamated into a single corporation with a single leadership. Having a similar organization structure for both primary care and acute care in our communities has many advantages that will serve our patients well as the health care system makes plans around the Ontario Health Team model.

Neighbourhood of Care Project

The hospital, along with home and community care providers were enthused to have advanced the idea of a new model of home care for North Huron. This Local Health Integration Network funded model would have resulted in the creation of a team of home care providers responsible for offering home care to a defined population. Unfortunately, this exciting project continues to be delayed by the pandemic. Ontario Health, Home and Community Care and local service providers remain interested in resuming this project once the pandemic restrictions and organizational capacity allow.

Future Oriented Board Considerations

An Accreditation Canada survey scheduled for November 2021 will consume some board and hospital energy through the next fiscal year. The pandemic will undoubtedly define many items impacting health care in the years ahead. Provincial finances will be influenced for a long period of time by the pandemic and hospital financing will remain uncertain. There is a strong desire and expectation that the increased level of cooperation amongst health care providers will continue after the pandemic is over. While a provincial election expected in 2022 may change the political landscape, the LWHA remains committed to partnerships that result in a seamless patient experience. We are confident that the Listowel Wingham Hospitals Alliance remains well positioned to continue providing for the health care needs of our communities.

Respectfully Submitted,
Dr. Hugh Clugston
Chair, Listowel Wingham Hospitals Alliance

Karl Ellis,
President and CEO, Listowel Wingham Hospitals Alliance

CHIEFS OF STAFF REPORTS



Listowel Memorial Hospital
Chief of Staff
Report to the Board
June 2021

Covid-19 pandemic occupied much of the past year. I am honoured to have worked with the LMH family through this pandemic. The second wave of the pandemic tested us locally as case numbers in North Perth were the highest in Huron-Perth. During that period, we had outbreaks in our hospital as well as our local retirement homes and nursing homes, and unfortunately members of our community lost their lives to COVID. The staff and physicians at LMH stepped up and provided exceptional care for those patients not only in the hospital, but also by going in and working in those other settings.

Because coping with a pandemic was not enough, we also had to handle a flood that affected approximately 80% of the lower floor of the hospital. This is where most of our acute care is provided. Our staff and physicians again showed how adaptable they are, by coping with working out of a temporary ER space (during the beginning of the second wave of the pandemic) and having limited laboratory tests available on site, to name a couple of the challenges.

Despite all the above, I am seeing light at the end of the tunnel. With vaccinations increasing, I am hoping that a significant fourth wave will not happen, and we can move forward into the new reality that the pandemic will leave us with. I am sure that the staff and physicians at LMH will manage any new challenges with the grace and fortitude they have shown over the past year.

Respectfully submitted
Dr. Terry Suggitt



Wingham and District Hospital
Chief of Staff
Report to the Board
June 2021

The past year has been both challenging and rewarding .

The COVID-19 pandemic has exposed many strengths and weaknesses of our hospital system. We will hopefully use this information to strengthen our hospitals for the next pandemic and for the aging population.

The clinical services offered at the hospital have been limited to some degree by the pandemic. The vaccination program is going relatively well and hopefully by the end of the summer patient's that wish to be vaccinated will have received both doses of the vaccine. This should then allow life to return to a new normal. Emerging from the pandemic will have its own challenges. The back log of surgical procedures and investigations that need to be done will take time to resolve.

Our surgical program was significantly reduced with the illness of Dr. Ramsewak and the operating room renovations . The surgical program is now increasing the services it offers with the addition of Dr. Zeeshan.

Acute care, emergency, rehabilitation medicine, and chemotherapy services have functioned well through the pandemic.

Dr. Peel has set up her geriatric medicine practice in the Royal Oak's building which is fantastic for our patients. Dr. Peel also does geriatric consults in the hospital.

Dr. Shuffield has recently retired and we have an excellent prospect for his replacement. The medical staff would like to thank Dr. Shuffield for all his years of service and we wish him well in the future.

I would like to thank all the staff at the Wingham and District Hospital for their hard work and dedication during these extremely challenging times.

Respectfully,

Dr. Greg Antoniadis

Wingham and District Hospital
Chief of Staff
Report to the Board
June 2021



TREASURER REPORT

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

Both corporations received an unqualified audit report from Seebach & Company. Financial results and statistics on clinical activities are presented separately for the corporations. This past year has been challenging with the uncertainty of the pandemic. A variety of COVID funding types were provided throughout the year to offset increased compensation, supplies and to provide for lost revenue. The Listowel Memorial Hospital experienced a significant flood in early October resulting in additional operating and capital expenses. The vast majority of these expenses were covered by our insurance provider HIROC. The past year also saw our usual patient volume patterns shift. Despite the challenging year, both organizations recorded a surplus from operations. Listowel's operating surplus was \$501,599 and excess [deficiency] of revenue over expenses was 36,276. Wingham ended the year with an operating surplus of \$394,958 and excess [deficiency] of revenue over expenses of [\$57,252].

The operating surplus for Wingham is a result of the ministry's targeted one-time surge beds investment in the amount of \$150,000 for two beds. The prior year 4 bed short term transitional care funding received in Nov 2019 was recognized as an adjustment of \$338,863. This adjustment was supported with data demonstrating capacity for the additional 4 beds during this time period. A fifth day was added to Oncology to address volume pressures. Along with a procedural rate of \$300 per systemic treatment there was transitional funding of \$146,117 provided for the fiscal year. The Wingham Hospital received incremental revenues through the year to support the additional COVID expenses. At March 31st the COVID expenses submitted and accrued included \$264,812 for supplies and wages, as well as, \$41,400 for Lost Revenue. The Redevelopment Project was completed and the change orders submitted to the Ministry in March 2021. Bank borrowings of \$350,000 were added to assist with the hold back payment for Redevelopment. The 4th quarter current ratio is 0.76 where the target set within the Hospital Services Accountability Agreement is greater than 0.95. The contributing factors to this is the \$1M loan due in March 2022 and the \$315,000 demand loan as of March 31, 2021. The total margin for the 4th quarter is 1.67% where the target is to be greater than zero.

Similar to Wingham, the operating surplus for Listowel resulted from the ministry targeted one-time surge beds investment in the amount of \$91,000 for one bed. There is also \$254,182 for inventory lost in the flood which will be paid for by insurance. The Listowel Hospital received incremental revenues through the year to support the additional COVID expenses. At March 31st the COVID expenses submitted and accrued included \$453,150 for supplies and wages, as well as, \$100,500 for Lost Revenue. The 4th quarter current ratio is 2.08 where the

target set within the Hospital Services Accountability Agreement is greater than 1.21. The total margin for the 4th quarter is 2.06% where the target is to be greater than zero. The Sun Life Financial Shares increased by \$28,126. The hospitals investment policy limits equity instruments to 10% of the fair market value of the total investment portfolio. With the gain in the past year, the Sun Life Financial shares the percent is 14% of the total \$688,340 investment. Given the current environment and the understanding that a 10% movement in stock markets with all other variables held constant could impact the market value of the equity by \$9800, the board has opted to continue with the current investment portfolio and allocations.

For fiscal 2021/22, the MOH has not provided operational funding announcements, to date, as they are currently working on the Broad Based Reconciliation Process for 2020/21. The Hospital Infrastructure Renewal preliminary funding allocations were provided in April 2021. These are subject to annual appropriation by the Legislative Assembly of Ontario. An additional business case was submitted requesting \$500,000 for a generator at the Wingham Hospital.

We are grateful to both communities for their financial support through their Foundations. This allows both corporations to purchase much needed equipment that is not funded through the Ministry of Health.

In terms of Hospital operations, we have continued to track indicators including Occupancy, Surgical Procedures, Ambulatory Care Visits, Alternate Level of Care, percent Discharges with Conservable Bed Days, Oncology Chemo Visits by month and Emergency Department visits. The indicator results have been impacted with the focus on the pandemic. In addition, we reviewed costs, lengths of stay, conservable discharges, ambulatory care visits and day surgery interventions to nine of our peer hospitals. This was a great way to understand how Listowel and Wingham were performing in relationship to their peers. Although the pandemic will continue to have an impact into fiscal 2021/22, we will continue to evaluate patient care trends, the potential hospital impact, and how we can position both hospitals, along with our health care partners, to continue to best serve our communities today and for the years ahead.

Respectfully submitted,
Doug Miller, Board Treasurer

LISTOWEL MEMORIAL HOSPITAL
FINANCIAL STATEMENTS
MARCH 31, 2021

SEEBACH & COMPANY
Chartered Professional Accountants

INDEPENDENT AUDITOR'S REPORT

To the Board of Governors and Members of Listowel Memorial Hospital

Opinion

We have audited the accompanying financial statements of Listowel Memorial Hospital ("the Hospital"), which are comprised of the statement of financial position as at March 31, 2021 and the statements of operations, changes in net assets, remeasurement gains (losses) and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital as at March 31, 2021, and its financial performance and its cash flows for the year then ended in accordance with Canadian public sector accounting standards (PSAB).

Basis for Opinion

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

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

INDEPENDENT AUDITOR'S REPORT (continued)

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

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

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



Chartered Professional Accountants
Licensed Public Accountants

Clinton, Ontario
May 26, 2021

**LISTOWEL MEMORIAL HOSPITAL
BALANCE SHEET**

See Accompanying Notes to Financial Statements

As at March 31	2021	2020
ASSETS		
Current assets		
Cash	549,037	1,558,215
Short-term investments (note 5)	590,408	576,714
Accounts receivable (note 3)	2,321,848	1,052,151
Loan receivable (note 6)	1,000,000	
Inventories	289,767	262,440
Prepaid expenses	257,224	293,372
	5,008,284	3,742,892
Investments (note 5)	97,932	69,806
Loan receivable (note 6)	-	1,000,000
Bequest receivable	81,554	81,554
Capital assets, net book value (note 7)	24,908,592	25,363,755
	\$ 30,096,362	\$ 30,258,007
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable and accrued liabilities (note 4)	2,310,176	2,370,182
Deferred contributions (note 8)	58,317	58,317
Current portion of long-term debt (note 9)	42,671	127,926
	2,411,164	2,556,425
Long term liabilities		
Deferred contributions (note 8)	562,846	619,520
Long-term debt (note 9)	-	42,668
Post-employment benefits (note 10)	748,342	740,675
Deferred capital contributions (note 11)	14,012,403	14,096,514
	17,734,755	18,055,802
Net assets		
Invested in capital assets	10,853,518	11,096,647
Unrestricted	1,452,901	1,078,496
	12,306,419	12,175,143
Accumulated remeasurement gains	55,188	27,062
	12,361,607	12,202,205
	\$ 30,096,362	\$ 30,258,007

On behalf of the Board:

.....  Director

  Director

LISTOWEL MEMORIAL HOSPITAL**STATEMENT OF OPERATIONS**

See Accompanying Notes to Financial Statements

For the Year Ended March 31	2021	2020
Revenue		
Ministry of Health		
- Hospital operations	16,812,835	15,140,453
- Emergency and on call coverage	2,169,160	1,744,118
Inpatient	218,651	226,252
Outpatient	1,447,173	1,641,850
Investment income	8,989	34,778
Recoveries and other income	1,407,214	1,560,703
Amortization of deferred capital contributions - equipment	981,186	887,775
	23,045,208	21,235,929
Expenses		
Salaries and wages	10,398,871	9,708,088
Medical staff remuneration	2,988,776	2,647,519
Employee benefits	3,026,701	2,964,420
Supplies and other expenses	4,113,771	3,779,125
Medical and surgical supplies	569,917	386,923
Drug expense	235,917	267,773
Amortization of equipment	1,206,591	1,230,786
Interest on long-term debt	3,065	6,261
	22,543,609	20,990,895
Excess of revenue over expenses before other revenue and expenses	501,599	245,034
Building and land improvements		
Amortization of deferred capital contributions	684,301	645,468
Amortization of building and land improvements	(1,149,624)	(1,104,709)
	(465,323)	(459,241)
Excess (deficiency) of revenue over expenses for the year	\$36,276	(\$ 214,207)

LISTOWEL MEMORIAL HOSPITAL
STATEMENT OF CHANGES IN NET ASSETS

See Accompanying Notes to Financial Statements

For the Year Ended March 31			2021	2020
	Invested in Capital Assets	Unrestricted	Total	Total
Balance, beginning of year	11,096,647	1,078,496	12,175,143	12,059,428
Excess (deficiency) of revenues over expenses	(690,728)	727,004	36,276	(214,207)
Contributed land (note 12)	95,000		95,000	329,922
Investment in capital assets, net	352,599	(352,599)		
Balance, end of year	10,853,518	1,452,901	\$ 12,306,419	<u>\$12,175,143</u>

LISTOWEL MEMORIAL HOSPITAL
STATEMENT OF CASH FLOWS

See Accompanying Notes to Financial Statements

For the Year Ended March 31	2021	2020
Operating activities		
Excess of revenue over expenses for the year	36,276	(214,207)
Items not requiring (not providing) cash		
Amortization expense	2,356,215	2,335,495
Amortization of deferred capital grants and donations	(1,665,487)	(1,533,243)
Working capital provided from operations	727,004	588,045
Cash provided from (used for) changes in operational balances		
Accounts receivable	(1,269,697)	(312,931)
Inventory	(27,327)	(17,332)
Prepaid expenses	36,148	4,490
Accounts payable and accrued liabilities	(60,006)	349,172
Post-employment benefits	7,667	128
Deferred contributions	(56,674)	(56,375)
Cash provided from (used for) operating activities	<u>(642,885)</u>	555,197
Investing activities		
Disposals of investments, net	(13,694)	430,000
	<u>(13,694)</u>	430,000
Capital activities		
Net disposals (purchases) of capital assets	(1,901,052)	(1,437,277)
Less: value of contributed capital assets	95,000	329,922
Deferred building and equipment grants and donations	1,581,376	981,778
	<u>(224,676)</u>	(125,577)
Financing activities		
Net proceeds (repayments) from long-term debt	(127,923)	(127,923)
	<u>(127,923)</u>	(127,923)
Increase (decrease) in cash	(1,009,178)	731,697
Cash, beginning of year	<u>1,558,215</u>	_ 826,518
Cash, end of year	<u>\$549,037</u>	<u>\$1,558,215</u>

LISTOWEL MEMORIAL HOSPITAL

NOTES TO FINANCIAL STATEMENTS

For the Year Ended March 31, 2021

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

1. Significant accounting policies

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

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

a) Revenue recognition

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

Under the Health Insurance Act and Regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health and the South West Local Health Integration Network (LHIN) / Ontario Health. The Hospital has entered into a Hospital Service Accountability Agreement (the H-SAA) for fiscal 2020/2021 with the LHIN / Ontario Health 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 / Ontario Health has the right to adjust funding received by the Hospital. The Ministry / LHIN / Ontario Health 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 / Ontario Health funding received by the Hospital during the year may be increased or decreased subsequent to year-end.

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

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

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

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

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

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

LISTOWEL MEMORIAL HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2021

1. Significant accounting policies (Continued)

b) Inventories

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

c) Capital assets

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

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

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

d) Contributed services

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

e) Retirement and Post-employment Benefits

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

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

f) Management Estimates

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

LISTOWEL MEMORIAL HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2021

1. Significant accounting policies (Continued)

g) Financial instruments

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

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

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

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

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

2. Cash

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

3. Accounts Receivable

	2021	2020
Ministry of Health	658,987	
Patient services	248,251	198,465
Other	983,978	336,824
Due from Wingham and District Hospital	<u>435,889</u>	518,754
	2,327,105	<u>1,054,043</u>
Less: Allowance for doubtful accounts	<u>(5,257)</u>	<u>(1,892)</u>
	<u>\$ 2,321,848</u>	<u>\$ 1,052,151</u>

4. Related Party Transactions

The Hospital has an alliance agreement with the Wingham and District Hospital and shares a management team and other resources. The services resulted in staff charges of \$482,347 (2020: \$464,084) from Wingham and District Hospital. The Hospital provided staff services to Wingham and District Hospital which resulted in recoveries of \$1,321,812 (2020: \$1,265,441). At March 31, 2021, accounts receivable includes \$435,889 (2020: \$715,859) that is due from Wingham and District Hospital. These transactions are in the normal course of operations and are measured at the exchange amount of consideration established and agreed to by the related parties.

LISTOWEL MEMORIAL HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2021

5. Investments

	2021	2020
Sun Life Financial shares (cost: \$42,744)	97,932	69,806
High interest savings account and short-term investment certificates	<u>590,408</u>	<u>576,714</u>
	688,340	646,520
Less current portion	<u>590,408</u>	<u>576,714</u>
	<u>\$ 97,932</u>	<u>\$ 69,806</u>

6. Loan Receivable

	2021	2020
Wingham and District Hospital, 2.25%, interest only payable annually, due March 2022	<u>\$1,000,000</u>	<u>\$1,000,000</u>

7. Capital Assets

	Cost	Accumulated Amortization	Net Book Value 2021	Net Book Value 2020
Land	1,557,256	-	1,457,256	1,457,256
Land improvements	826,734	626,242	200,492	256,801
Buildings	24,207,626	8,204,138	16,003,488	16,009,681
Equipment	<u>25,081,753</u>	<u>18,006,144</u>	<u>7,075,609</u>	<u>7,640,017</u>
	51,673,369	26,836,845	24,836,845	25,363,755
Construction in progress	<u>71,747</u>	<u>-</u>	<u>71,747</u>	<u>-</u>
	<u>\$51,745,116</u>	<u>\$ 26,836,845</u>	<u>\$ 24,908,592</u>	<u>\$ 25,363,755</u>

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

8. Deferred Contributions

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

	2021	2020
Balance, beginning of year	677,837	734,212
Contributions received during the year		
Less: amounts recognized as revenue in the year	<u>(56,674)</u>	<u>(56,375)</u>
Balance, end of year	<u>\$621,163</u>	<u>\$677,837</u>

Deferred contributions are comprised of:

	2021	2020
North Perth Family Health Team prepaid rent for medical clinic lease expiring in February 2032	620,748	677,422
Other prepaid rent	415	<u>415</u>
	621,163	677,837
Less: current portion	<u>58,317</u>	<u>58,317</u>
Balance, end of year	<u>\$562,846</u>	<u>520</u>

**LISTOWEL MEMORIAL HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)**

For the Year Ended March 31, 2021

9. Long-Term Debt

	2021	2020
Listowel Memorial Hospital Foundation, prime less 0.5%, loan receivable in monthly installments of \$10,660 plus interest, due August 2021	42,671	170,594
Less: current portion	42,671	<u>127,926</u>
	<u>I</u>	668

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

2021/2022	\$42,671
2022/2023	
2023/2024	
2024/2025	
2025/2026	

10. Post-Employment Benefits

Pension Plan

Substantially all of the employees of the hospital are eligible to be members of the Healthcare of Ontario Pension Plan (HOOPP). The plan is a multi-employer plan and therefore the Hospital's contributions are accounted for as if the plan were a defined contribution plan with the Hospital's contributions being expenses in the period they come due. Contributions made to the plan during the year by the Hospital amounted to \$929,929 (2020: \$919,453) and are included in employee benefits on the statement of operations. Variances between actuarial funding estimates and the actual experience could be material and any differences are funded by participating members.

LISTOWEL MEMORIAL HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2021

10. Post-Employment Benefits (continued)

Other Benefits

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

	2021	2020
Accrued benefit obligation	691,940	667,474
Unamortized net actuarial gain (loss)	<u>56,402</u>	<u>73,201</u>
Post-employment benefits liability	<u>\$748,342</u>	<u>\$740,675</u>

In measuring the Hospital's accrued benefit obligation, a discount rate of 3.00% (2020: 3.00%) was assumed. For extended health care costs, a 5.25% annual rate of increase was assumed, then decreasing to an ultimate rate of 3.57% per annum increase; and, for dental costs, a 3.00%-4.75% annual rate of increase was assumed. The most recent actuarial valuation was prepared as at April 1, 2021. Actual results could differ from this estimate as additional information becomes available in the future.

	2021	2020
Current year benefit cost	75,403	75,458
Interest on accrued benefit obligation	21,090	19,738
Amortized actuarial (gains) losses	<u>(9,097)</u>	<u>(9,370)</u>
Expense for the year	1.1.\$L39_Q	U\$.826
Benefits paid during the year	1.1.\$.403	1.1.\$.458

11. Deferred Capital Contributions

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

	2021	2020
Balance, beginning of year	14,096,514	14,647,979
Contributions received	1,581,376	981,778
Amortization of deferred contributions - equipment	(981,186)	(887,775)
Amortization of deferred contributions - building and land improvements	<u>(684,301)</u>	<u>(645,468)</u>
Balance, end of year	<u>\$14,012,403</u>	<u>\$ 14,096,514</u>

LISTOWEL MEMORIAL HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2021

12. Hospital Foundation and Auxiliary

Listowel Memorial Hospital Foundation

The Listowel Memorial Hospital Foundation is an independent corporation incorporated without share capital which has its own independent Board of Directors and is a registered charity under the Income Tax Act. The Foundation was established to raise funds for the use of the hospital. Donations received during the year were \$574,335 (2020: \$329,922).

During the year, the Hospital received a contribution of a parcel of property from the Foundation valued at \$359,743. The property was contributed to the Hospital with the purpose of using the land for Hospital operations.

Listowel Hospital Auxiliary

The Listowel Hospital Auxiliary is a volunteer organization affiliated with the Listowel Memorial Hospital and is engaged in a wide range of services for the betterment of the Hospital. The organization periodically transfers funds to the Hospital to be used for the purchase of equipment and supplies for the hospital. During the year, the Auxiliary donated \$31,000 (2020: \$0) to the Hospital.

13. Commitments

The Hospital has installed a replacement hospital and clinic wide network and phone system. A five-year lease in the amount of \$302,942 was signed during the 2019/2020 fiscal year. The remaining lease payments at March 31, 2021 were \$204,520.

14. Financial Instrument Risks

Market risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate as a result of market factors. Market factors include three types of risk: interest rate risk, currency risk, and equity risk. The Hospital is not exposed to significant currency risk or equity risk as it does not transact materially in foreign currency or hold significant equity financial instruments. The Hospital's investment policy limits equity instruments to 10% of the fair value of the total investment portfolio. At March 31, 2021, a 10% movement in stock markets with all other variables held constant, could impact the market value of the equity instruments held by \$9,800 (2020: \$7,000).

Interest rate risk

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

LISTOWEL MEMORIAL HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2021

14. Financial Instrument Risks (continued)

Credit risk

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

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

Liquidity risk

Liquidity risk is the risk that the Hospital will not be able to meet its financial obligations as they fall due. The Hospital is exposed to this risk mainly in respect of its accounts payable and long-term debt. The Hospital expects to meet these obligations as they become due by generating sufficient cash flow from operations.

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

15. Contingent Liability

The Hospital participates in the Healthcare Insurance Reciprocal of Canada, a pooling of the public liability insurance risks of its healthcare members. Members of the pool pay annual premiums, which are actuarially determined. Members are subject to assessment for losses, if any, experienced by the pool for the year in which they were members. No assessments have been made to March 31, 2021, with respect to claims.

16. Financial impact of COVID-19 pandemic

The global COVID-19 pandemic disrupted economic activities and supply chains throughout 2020/21. This disruption from the virus is expected to be continue to at least the end of the second quarter when the vaccine roll out is anticipated to be complete. Given the dynamic nature of these circumstances, the duration of business disruption and the related financial impact cannot be reasonably estimated beyond tracking of incremental costs for compensation and supplies.

The Hospital experienced a decline in the number of ambulatory care and emergency patients. The government committed to incremental coverage of COVID expenses for 2020/21 and this commitment continues for 2021/22; however, likely with updated criteria. The government is also working on a process to address lost revenue. As the Hospital's main source of funding is the Ministry of Health, there has been no impact on the collectability of its accounts receivable balance. Management is monitoring the COVID-19 impact on its financial condition, operations, suppliers, industry, and workforce.

WINGHAM AND DISTRICT HOSPITAL
FINANCIAL STATEMENTS
MARCH 31, 2021

SEEBACH & COMPANY
Chartered Professional Accountants

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Wingham District Hospital

Opinion

We have audited the accompanying financial statements of Wingham District Hospital ("the Hospital"), which are comprised of the statement of financial position as at March 31, 2021 and the statements of operations and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital as at March 31, 2021, and its financial performance and its cash flows for the year then ended in accordance with Canadian public sector accounting standards (PSAB).

Basis for Opinion

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

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

INDEPENDENT AUDITOR'S REPORT (continued)

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control.

Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Hospital's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Hospital to cease to continue as a going concern.

Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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



Chartered Professional Accountants
Licensed Public Accountants

Clinton, Ontario
May 26, 2021

**WINGHAM AND DISTRICT HOSPITAL
BALANCE SHEET**

See Accompanying Notes to Financial Statements

As at March 31	2021	2020
ASSETS		
Current assets		
Cash	623,983	1,356,308
Accounts receivable (note 3)	1,592,592	1,618,342
Inventories	504,600	660,867
Prepaid expenses	287,002	274,860
	<u>3,008,177</u>	<u>3,910,377</u>
Capital assets, net book value (note 5)	22,040,127	21,510,873
	<u>\$ 25,048,304</u>	<u>\$ 25,421,250</u>
LIABILITIES AND NET ASSETS		
Current liabilities		
Bank borrowings (note 6)	315,000	
Accounts payable and accrued liabilities (note 4)	2,557,661	2,981,783
Deferred contributions (note 7)	23,333	40,000
Current portion of long-term debt (note 8)	1,087,100	84,100
	<u>3,983,094</u>	<u>3,105,883</u>
Long term liabilities		
Deferred contributions (note 7)	-	23,333
Long-term debt (note 8)	2,649,897	3,733,145
Post-employment benefits (note 9)	620,659	580,541
Deferred capital contributions (note 10)	13,104,959	13,231,401
	<u>20,358,609</u>	<u>20,674,303</u>
Net assets		
Invested in capital assets	4,883,171	4,462,227
Unrestricted	(193,476)	284,720
	<u>4,689,695</u>	<u>4,746,947</u>
	<u>\$ 25,048,304</u>	<u>\$ 25,421,250</u>

On behalf of the Board:

..... .. Director

---^o---).]----- Director

WINGHAM AND DISTRICT HOSPITAL**STATEMENT OF OPERATIONS**

See Accompanying Notes to Financial Statements

For the Year Ended March 31	2021	2020
Revenue		
Ministry of Health		
- Hospital operations	14,837,648	13,344,484
- Emergency and on call coverage	1,903,002	1,620,372
Inpatient	184,590	88,477
Outpatient	508,019	574,819
Investment income	2,315	16,063
Recoveries and other income	5,036,191	4,444,560
Amortization of deferred capital contributions - equipment	764,323	795,182
	23,236,088	20,883,957
Expenses		
Salaries and wages	8,976,443	8,410,804
Medical staff remuneration	2,108,169	1,851,465
Employee benefits	2,408,422	2,303,342
Supplies and other expenses	3,465,349	3,686,265
Medical and surgical supplies	693,792	402,268
Drug expense	4,082,967	2,994,910
Amortization of equipment	973,695	964,011
Interest expense	132,293	152,723
	22,841,130	20,765,788
Excess of revenue over expenses before other revenue and expenses	394,958	118,169
Building and land improvements		
Amortization of deferred capital contributions	563,381	447,423
Amortization of building and land improvements	(1,015,591)	(828,485)
	(452,210)	(381,062)
Excess (deficiency) of revenue over expenses for the year	(\$57,252)	(\$262,893)

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

For the Year Ended March 31			2021	2020
	Invested in Capital Assets	Unrestricted	Total	Total
Balance, beginning of year	4,462,227	284,720	4,746,947	5,009,840
Excess (deficiency) of revenues over expenses	(661,582)	604,330	(57,252)	(262,893)
Investment in capital assets, net	1,082,526	(1,082,526)		
Balance, end of year	4,883,171	(193,476)	\$4,689,695	-\$4,746,947

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

See Accompanying Notes to Financial Statements

For the Year Ended March 31	2021	2020
Operating activities		
Excess of revenue over expenses for the year	(57,252)	(262,893)
Items not requiring (not providing) cash		
Amortization expense	1,989,286	1,792,496
Amortization of deferred capital grants and donations	(1,327,704)	(1,242,605)
Working capital provided from operations	604,330	286,998
Cash provided from (used for) changes in operational balances		
Accounts receivable	25,750	(653,378)
Inventory	156,267	(283,840)
Prepaid expenses	(12,142)	(78,548)
Accounts payable and accrued liabilities	(424,122)	1,170,013
Post-employment benefits	40,118	9,108
Deferred contributions	(40,000)	(40,000)
Cash provided from (used for) operating activities	350,201	410,353
Capital activities		
Net disposals (purchases) of capital assets	(2,518,540)	(2,569,954)
Deferred building and equipment grants and donations	1,201,262	3,234,613
	(1,317,278)	664,659
Financing activities		
Net proceeds (repayments) from short-term bank borrowings	315,000	(1,000,000)
Net proceeds (repayments) from long-term debt	(80,248)	(79,539)
	234,752	(1,079,539)
Increase (decrease) in cash	(732,325)	(4,527)
Cash, beginning of year	1,356,308	1,360,835
Cash, end of year	\$623,983	\$1,356,308

WINGHAM AND DISTRICT HOSPITAL NOTES TO FINANCIAL STATEMENTS

For the Year Ended March 31, 2021

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

1. Significant accounting policies

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

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

The significant accounting policies are summarized as follows:

a) Revenue recognition

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

Under the Health Insurance Act and Regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health and the South West Local Health Integration Network (LHIN) / Ontario Health. The Hospital has entered into a Hospital Service Accountability Agreement (the H-SAA) for fiscal 2020-2021 with the LHIN / Ontario Health 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 / Ontario Health. 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 / Ontario Health has the right to adjust funding received by the Hospital. The Ministry/ LHIN / Ontario Health 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 / Ontario Health funding received by the Hospital during the year may be increased or decreased subsequent to year-end.

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

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

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

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

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

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

WINGHAM AND DISTRICT HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2021

1. Significant accounting policies (Continued)

b) Inventories

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

c) Capital assets

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

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

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

d) Contributed services

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

e) Retirement and Post-employment Benefits

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

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

f) Management Estimates

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

WINGHAM AND DISTRICT HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2021

1. Significant accounting policies (Continued)

g) Financial instruments

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

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

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

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

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

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

2. Cash

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

3. Accounts Receivable

	2021	2020
Ministry of Health	604,291	337,252
Patient services	112,034	115,278
Other	<u>778,376</u>	<u>1,167,854</u>
	1,592,671	1,620,384
Less: Allowance for doubtful accounts	<u>(79)</u>	<u>(2,042)</u>
	<u>\$1,592,592</u>	<u>\$1,618,342</u>

4. Related Party Transactions

The Hospital has an alliance agreement with the Listowel Memorial Hospital and shares a management team and other resources. The services resulted in staff charges of \$1,321,812 (2020: \$1,265,441) from Listowel Memorial Hospital. The Hospital provided services to Listowel Memorial Hospital which resulted in recoveries of \$482,347 (2020: \$464,084). At March 31, 2021, accounts payable includes \$435,889 (2020: \$715,859) that is due to Listowel Memorial Hospital. These transactions are in the normal course of operations and are measured at the exchange amount of consideration established and agreed to by the related parties.

WINGHAM AND DISTRICT HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2021

5. Capital Assets

	Cost	Accumulated Amortization	Net Book Value 2021	Net Book Value 2020
Land	916,541	-	916,541	916,541
Land improvements	1,286,381	370,039	916,342	878,636
Buildings	23,240,586	8,097,066	15,143,520	14,018,403
Equipment	16,616,505	11,565,5225	5,050,980	5,266,067
	<u>42,060,013</u>	<u>20,032,630</u>	<u>22,027,383</u>	<u>21,079,647</u>
Construction in progress	12,744	-	12,744	431,226
	<u>\$42,072,757</u>	<u>\$ 20,032,630</u>	<u>\$22,040,127</u>	<u>\$21,510,873</u>

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

6. Bank Indebtedness

	2021	2020
Canadian Imperial Bank of Commerce, prime rate, repayable \$5,833 monthly principal plus interest, due on demand	\$ 315,000	\$

7. Deferred Contributions

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

	2021	2020
Balance, beginning of year	63,333	103,333
Contributions received during the year		
Less: amounts recognized as revenue in the year	<u>(40,000)</u>	<u>(40,000)</u>
Balance, end of year	<u>333</u>	<u>333</u>

Deferred contributions are comprised of:

	2021	2020
Prepaid rent and operational funding	23,333	63,333
Less: current portion	23,333	<u>40,000</u>
Balance, end of year	<u>I</u>	<u>333</u>

WINGHAM AND DISTRICT HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2021

8. Long-Term Debt

	2021	2020
Listowel Memorial Hospital, 2.25%, repayable interest only monthly, due March 2022	1,000,000	1,000,000
Royal Bank of Canada, 3.65%, repayable \$15,400 monthly principal and interest, due October 2022	<u>2)36,997</u> 3,736,997	<u>2,817,245</u> 3,817,245
Less: current portion	<u>1,087,100</u>	<u>84100</u>
	<u>\$2,649,897</u>	<u>\$3,733,145</u>

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

2021/2022	\$1,087,100
2022/2023	2,649,897
2023/2024	
2024/2025	
2025/2026	

9. Post-Employment Benefits

Pension Plan

Substantially all of the employees of the hospital are eligible to be members of the Healthcare of Ontario Pension Plan (HOOPP). The plan is a multi-employer plan and therefore the Hospital's contributions are accounted for as if the plan were a defined contribution plan with the Hospital's contributions being expenses in the period they come due. Contributions made to the plan during the year by the Hospital amounted to \$638,647 (2020: \$613,434) and are included in employee benefits on the statement of operations. Variances between actuarial funding estimates and the actual experience could be material and any differences are funded by participating members.

WINGHAM AND DISTRICT HOSPITAL
NOTES TO FINANCIAL STATEMENTS (continued)

For the Year Ended March 31, 2021

9. Post-Employment Benefits (continued)

Other Benefits

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

	2021	2020
Accrued benefit obligation	968,442	573,132
Unamortized net actuarial loss (gain)	<u>(347,783)</u>	<u>7,409</u>
Post-employment benefits liability	<u>\$620,659</u>	<u>\$580,541</u>

In measuring the Hospital's accrued benefit obligation, a discount rate of 3.00% (2020: 3.00%) was assumed. For extended health care costs, a 6.0% annual rate of increase was assumed beginning in 2019, then decreasing to an ultimate rate of 4.50% per annum increase; and, for dental costs, a 2.75% annual rate of increase was assumed. The most recent actuarial valuation was prepared as at April 1, 2021. Actual results could differ from this estimate as additional information becomes available in the future.

	2021	2020
Current year benefit cost	50,098	27,120
Interest on accrued benefit obligation	28,879	16,402
Amortized actuarial (gains) losses	<u>26,273</u>	<u>1,698</u>
Expense for the year	U,Q\$.250	<u>220</u>
Benefits paid during the year	i2Q.098	.i.II,1_20

10. Deferred Capital Contributions

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

	2021	2020
Balance, beginning of year	13,231,401	11,239,393
Contributions received	1,201,262	3,234,613
Amortization of deferred contributions - equipment	(764,323)	(795,182)
Amortization of deferred contributions - building and land improvements	<u>(563,381)</u>	<u>(447,423)</u>
Balance, end of year	<u>\$ 13,104,959</u>	<u>\$13,231,401</u>

**WINGHAM AND DISTRICT HOSPITAL
NOTES TO FINANCIAL STATEMENTS {continued}**

For the Year Ended March 31, 2021

11. Hospital Foundation and Auxiliary

Wingham and District Hospital Foundation

The Wingham and District Hospital Foundation is an independent corporation incorporated without share capital which has its own independent Board of Directors and is a registered charity under the Income Tax Act. The Foundation was established to raise funds for the use of the hospital. Donations received during the year were \$302,440 (2020: \$609,788).

Wingham Hospital Auxiliary

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

12. Commitments

The Hospital has installed a replacement hospital and clinic wide network and phone system. A five-year lease in the amount of \$322,479 was signed during the 2019/2020 fiscal year. The remaining lease payments at March 31, 2021 were \$213,708.

13. Contingent Liabilities

The Hospital participates in the Healthcare Insurance Reciprocal of Canada, a pooling of the public liability insurance risks of its healthcare members. Members of the pool pay annual premiums, which are actuarially determined. Members are subject to assessment for losses, if any, experienced by the pool for the year in which they were members. No assessments have been made to March 31, 2021, with respect to claims.

The Hospital has been named as a defendant in lawsuits. Legal counsel for the Hospital has advised that it is premature to make any evaluation of the possible outcome or possible settlement amount of these claims. Consequently, no provision for these claims have been made in the financial statements.

14. Financial impact of COVID-19 pandemic

The global COVID-19 pandemic disrupted economic activities and supply chains throughout 2020/21. This disruption from the virus is expected to be continue to at least the end of the second quarter when the vaccine roll out is anticipated to be complete. Given the dynamic nature of these circumstances, the duration of business disruption and the related financial impact cannot be reasonably estimated beyond tracking of incremental costs for compensation and supplies.

The Hospital experienced a decline in the number of ambulatory care and emergency patients. The government committed to incremental coverage of COVID expenses for 2020/21 and this commitment continues for 2021/22; however, likely with updated criteria. The government is also working on a process to address lost revenue. As the Hospital's main source of funding is the Ministry of Health, there has been no impact on the collectability of its accounts receivable balance. Management is monitoring the COVID-19 impact on its financial condition, operations, suppliers, industry, and workforce.

***GOVERNANCE AND
NOMINATIONS
COMMITTEE REPORT***

The Executive, Governance and Nominations Committee is nominating the following members to the Listowel Wingham Hospitals Alliance Board of Directors for the term indicated.

From the Listowel Memorial Hospital service area:

- Stacey Ash – 2 year term ending in 2023
- Rick Boisvert – 1 year term ending in 2022
- Bert Johnson – 1 year term ending in 2022
- Susan McLaughlin – 2 year term ending in 2023
- Janice Pape – 2 year term ending in 2023

From the Wingham and District Hospital service area:

- Penny Mulvey – 2 year term ending in 2023
- Doug Miller - 2 year term ending in 2023

The Executive, Governance and Nominating Committee is recommending the following individuals be appointed to the Executive Committee of the Listowel Wingham Hospitals Alliance:

- Dale Gilchrist, Chair
- Jes Weber, Vice Chair
- Doug Miller - Treasurer
- Hugh Clugston – Past Chair
- Karl Ellis – President and CEO
- Dr. Terry Suggitt – Chief of Staff – Listowel
- Dr. Stephen Vanderklippe – Chief of Staff - Wingham

AUXILIARY REPORTS

Listowel Memorial Hospital

The past year for the LMH Auxiliary has been different to say the least!

We have been able to run several fundraisers virtually and safely.

Our gift centre had to be removed from the front entrance area due to the flood.

We were able to assist the hospital by doing the shopping to furnish the house that the hospital owns to accommodate visiting and transitioning staff.

We sincerely hope for the day to come when we can resume gift shop sales, hold meetings together as a group and thank in person the wonderful staff of LMH for their dedication to the healthcare of our community.

Respectfully submitted,

Rhonda Beirnes

President of the Auxiliary to the Listowel Memorial Hospital

Wingham and District Hospital

Formed in 1906

Current membership 56

Our Auxiliary has not been able to meet since January 2020, fundraising has been limited and Gift Shop closed due to the Pandemic.

We did take on a project for the hospital to purchase some new décor items for the 2 houses owned by the hospital to make them more appealing and comfortable, e.g. new bedding, pillows, bedspreads, curtains, pictures, lamps, plants, new towels etc. The donation of a large mirror and couch and chair for the living room at Catherine St house. by members was much appreciated. It was fun shopping and we are always happy to help the hospital anyway we can.

We held a very successful Bake Sale in a garage November 27th & 28th, 2020, also held a Quilt Raffle April 1, 2021, winners of Quilt - Doug & Gayle Neil, Gift Card - Tom Hawkins
We also purchased a Treadmill for the Rehab department.

2 \$500.00 Bursaries are presented to FE Madill students each year who are pursuing studies in the Healthcare field

We are looking forward to things opening up again and we can get back to fundraising and supporting the hospital by purchasing much needed equipment for patient care.

Respectfully submitted

Trudy Thomson

Past Chair of the Auxiliary to the Wingham and District Hospital

FOUNDATION REPORTS

Listowel Memorial Hospital Foundation Report 2020/2021

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 considering Covid-19 still is very much a part of everyone's life.

The Foundation only held a couple of fundraisers in the last year due to Covid-19:

- The LMHF Spring Gala was postponed to Friday, October 30th, 2020 at the Elma Community Centre in Atwood. With Covid-19 numbers still too high to hold an actual Gala in October the Foundation offered a "Thank you dinner" picked up by Gala corporate donors and LMH doctors at the Elma Community Centre. The three course meal was prepared by Alex Petter and safely placed in our donors vehicles when it was their scheduled pick up time. The dinner was a huge success and the non Gala 2020 event raised more than \$504,000 net to fund the Gala projects, first floor nursing team station renovation, a second Palliative care unit on first floor and other capital items.
- The CKNX Healthcare Heroes Radiothon 2020 went ahead on Saturday, October 17, 2020 and was remotely done with calls into CKNX and donors would pledge their donation to one of ten Hospitals. LMHF netted \$73,000 from their designated Radiothon donations until end of November 2020.

The Foundation usually participates in four events each year bringing awareness of the importance of fundraising for our hospital to the area. This year due to Covid-19 the Foundation was unable to hold all their annual events.

Upcoming Events for 2021/2022

- Spring Gala 2021, theme "**Garden Party**" was postponed until Saturday, September 25, 2021 due to COVID-19. The Foundation will make a decision whether the Gala in September will be able to host guests to Elma or whether there will be another "Thank you dinner" again for corporate donors. This decision will be made by the board in June 2021. Proceeds are to a 'replacement Mammography machine at LMH'. Goal is \$350,000.
- To date Gala 2021 has brought in over \$420,000 corporate donations.
- LMHF Car & Motorcycle Poker Rally, Saturday, September 11, 2021 dependent on status of Covid-19. Proceeds Radiothon 2021 project.
- CKNX HealthCare Heroes Radiothon and Knox Presbyterian Church Hall event (Covid-19 pending), Saturday, October 16th, 2021 proceeds to replacement Mammography machine. Goal \$70,000

Newsletters

Spring 2021 newsletter was mailed out early in May 2021. This newsletter will update residents on status of events and news for the LMHF. The Foundation circulated 2 newsletters in 2020 to 9600 households.



Listowel Memorial Hospital Foundation
Report to the Board
June 2021

The Listowel Memorial Hospital Foundation was able to purchase \$554,701.51 of equipment and other items in 2020/2021 yearend. There is a balance due to LMH of \$210,000.00 for second Palliative Care unit. This includes all of Gala project equipment, Radiothon equipment committed and a house purchase on Davidson Street for LMH. Therefore, total for year 2020/2021 is \$764,701.51.

The Foundation is grateful for the support from the citizens and businesses of North Perth and surrounding areas.

Respectfully submitted, LMH Foundation

Fundraising

During the 2019-2020 fiscal year, the Wingham & District Hospital Foundation received \$1.01 million in donations. This was comprised, in part, by: \$67,700 Radiothon, \$300,645 Bequests, and \$227,000 Pledge Payments to Redevelopment Project. The remainder was comprised of general donations, memorial donations and donations designated towards specific equipment or departments.

The average donation was \$532.

Annual Donation

For 2020-2021 fiscal year, the WDH Foundation funded equipment and facility upgrades totaling \$302,440.

These funds were generated through pledge payments to the redevelopment project, the CKNX Healthcare Heroes Radiothon, memorial and general donations, other events, appeals, bequests and grants as well as contributions from the Auxiliary. The funds donated supported the purchase of the following: Electrosurgical generator, specimen fridge, blood bank, urinalysis machine, coagulation analyzer, recumbent bike, treadmill, infusion pumps, gastroscopes, colonoscopies, stretchers, iMop, tonometer and ultrasound department renovations.

Since its inception the Wingham & District Hospital Foundation, it has donated \$9,938,209 to the Hospital.

Radiothon

At the 2020 CKNX Healthcare Heroes Radiothon held on October 17, 2020, the Wingham & District Hospital Foundation raised over \$67,000 towards a lab equipment, specifically a specimen refrigerator, blood bank, coagulation analyzer and urinalysis device.

The 8th annual Great Hospital Race also raised funds towards the radiothon project. While it transitioned to a virtual event for 2020, it held remained a successful event with strong corporate sponsorship support. In accordance with tradition, the race was held the Saturday prior to Radiothon and raised \$9,600.

Notable Donations

A few of the memorable 2020-2021 donations were received from: Lucknow & District Co-Op, Rod & Joanne McDonagh, Larry Hudson Chevrolet Buick, Leslie Motors, Bruce Power, Joe Kerr Limited, Wallenstein Feed Foundation and the Power Workers' Union.

MEDICAL STAFF



Listowel Memorial Hospital Professional Staff 2021 / 2022

Dr. T. Suggitt - Chief of Staff

Dr. D. Gateman – President

Dr. R. Latuskie – Vice-President

Dr. A. Qureshi - Secretary

ACTIVE STAFF

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

Dr. A. Qureshi
Dr. Z. Rana
Dr. E. Seary
Dr. T. Suggitt
Dr. L. Trojnar
Dr. E. Westen

DENTAL STAFF

Dr. N. Hogg
Dr. Y. Liu
Dr. D. Nuhn
Dr. J. O’Young
Dr. O. Panich
Dr. A. Thompson

ASSOCIATE STAFF

Dr. R. Sextus

MIDWIFERY STAFF

S. Blaise
M. Brawley
M. Clin
M. Colgate
L. Fischer
C. Goudy
V. Groulx
C. Kipp
J. Nafziger

A. Nickels
E. Roth
A. Ryan
T. Sabri
C. Siberry-Miller
C. Soulliere
A. Sjaarda

NURSE PRACTITIONERS

Julie Murtha
Daniel Goodman

CONSULTING & COURTESY STAFF

Dr. G. Antoniadis
Dr. M. Chan
Dr. M. Curtis
Dr. A. Daters
Dr. A. DiLabio
Dr. H. Duque-
Rendon
Dr. D. Eickmeier
Dr. Y. Erenberg
Dr. R. Gergovich
Dr. M. Ghattas
Dr. J. Guy
Dr. A. Haider
Dr. G. Hancock

Dr. G. Heaton
Dr. B. Hughes
Dr. A. Hussey
Dr. B. Hutten-
Czapski
Dr. A. Kaleel
Dr. A. Kara
Dr. M. Klassen
Dr. A. Maruscak
Dr. M. McWilliam
Dr. K. Miller
Dr. K. Mir
Dr. E. Nelson
Dr. M. Peirc6E1 of 69

Dr. A. Peel
Dr. M. Peirce
Dr. N. Potvin
Dr. A. Qureshi
Dr. V. Sancı
Dr. J. Schultz
Dr. G. Semelhago
Dr. V. Sharma
Dr. O. Spanglet
Dr. C. Tamblyn
Dr. S. Tamblyn
Dr. E. Van Oosten
Dr. R. Warren
Dr. R. Wong
Dr. O. Yousef



Listowel Memorial Hospital Courtesy Staff 2021 / 2022



COURTESY STAFF - ST. MARY'S CARDIOLOGISTS

Dr. S. Ali
Dr. M. Babapulle
Dr. D. Desai
Dr. M. Pearce
Dr. A. Yip

Dr. S. Vander Klippe – Chief of Staff
Dr. M. Moores - President
Dr. B. Marshall – Vice President / Secretary / Treasurer

ACTIVE STAFF

Dr. G. Antoniadis
Dr. S. Henderson
Dr. B. Marshall
Dr. S. Marshall
Dr. R. Mbuva
Dr. M. Moores

Dr. A. Peel
Dr. J. Puntillo
Dr. Z. Rana
Dr. S. Vander Klippe

ASSOCIATE STAFF

DENTAL STAFF

Dr. Kaeley Hanna
Dr. Y. Liu
Dr. J. O’Young

NURSE PRACTITIONERS

Kathleen Durfy

CONSULTING & COURTESY STAFF

Dr. J. Almasi
Dr. C. Bloch
Dr. B. Bukala
Dr. P. Conlon
Dr. M. Curtis
Dr. A. Daters
Dr. A. Di Labio
Dr. D. Dittmer
Dr. H. Duque-Rendon
Dr. R. Dworkin
Dr. G. Edmonds
Dr. D. Eickmeier
Dr. M. Ellaway
Dr. Y. Erenberg

Dr. M. Flowers
Dr. D. Gateman
Dr. R. Gergovich
Dr. M. Ghattas
Dr. R. Gobburu
Dr. L. Hayward
Dr. A. Kara
Dr. J. Kargbo
Dr. A. Lyons
Dr. B. Matthews
Dr. J. McKenna
Dr. K. Mir
Dr. E. Ng
Dr. N. Potvin

Dr. A. Qureshi
Dr. J. Schultz
Dr. J. Shuffield
Dr. S. Sleeth
Dr. O. Spanglet
Dr. C. Tomlinson
Dr. L. Trojnar
Dr. O. Yousef

COURTESY STAFF - LONDON XRAY ASSOCIATES

Dr. J. Amann	Dr. A. Mangat
Dr. H. Banner	Dr. A. Mercado
Dr. I. Ben-Nachum	Dr. G. Muscedere
Dr. S. Chhibber	Dr. P. Ohorodnyk
Dr. K. Cunningham	Dr. S. Osman
Dr. W. Dawson	Dr. W. Pavlosky
Dr. E. Durrant	Dr. S. Potoczny
Dr. G. Garvin	Dr. M. Ricketts
Dr. A. Goel	Dr. J. Rogers
Dr. R. Gratton	Dr. V. Ramlal
Dr. D. Hocking	Dr. W. Romano
Dr. J. Howey	Dr. M. Roth
Dr. A. Islam	Dr. F. Salehi
Dr. V. Kalia	Dr. O. Shmuilovich
Dr. V. Kalia	Dr. S. Speer
Dr. Z. Kassam	Dr. D. Taves
Dr. N. Khan	Dr. P. Vora
Dr. A. Kornecki	Dr. E. Zhang
Dr. R. Kozak	
Dr. A. Lam	

***VISITING
PHYSICIAN
CLINICS***

<u>Clinic</u>	<u>Physician</u>	<u>Clinic Held</u>
Dermatology	Dr. A. Haider	Weekly – Wednesday 1 Friday / month
E.N.T.	Dr. B. Hughes	Last Monday of month
General Surgery	Dr. A. Maruscak	Once per Week
Internal Medicine	Dr. M. Peirce Dr. E. Van Oosten	Twice a month
Internal Medicine – Cardiology	Dr. O. Spanglet	Weekly – Monday
Internal Medicine – Gastroenterology	Dr. V. Sharma	Weekly - Friday
Neurology	Dr. A. Kaleel	Every 3 Months Approx.
Obstetrics / Gynecology	Dr. G. Hancock	Weekly – Wednesday
Oral Maxillofacial Surgeon/Dental	Dr. N. Hogg Dr. O. Panich Dr. D. Nuhn Dr. O' Young Dr. A.Thompson Dr. Y. Liu Dr. C. Han	Bi-Weekly – Wednesday
Orthopedics	Dr. J. Guy	Bi-Weekly - Friday
Pediatric	Dr. K. Blaine	Bi-Weekly - Tuesday
Plastic Surgery	Dr. G. Heaton	Bi-Weekly – Tuesday



Listowel Memorial Hospital Visiting Consultants



Clinic

Physician

Clinic Held

Surgical

Dr. Z. Rana

Weekly

Urology

Dr. A. Hussey

Bi-Weekly – Friday

<u>Clinic</u>	<u>Physician</u>	<u>Clinic Held</u>
Cardiology / Echocardiography / Carotid Doppler Studies	Dr. C. Tomlinson	Monthly
Family Physician Practicing Dermatology	Dr. R. Dworkin	Twice a Month
Echo Lab	M. Cooper	Weekly - Friday
ENT	Dr. J. McKenna	Bi-Monthly
Geriatrics	Dr. A. Peel	3 Days per Week
Internal Medicine	Dr. A. Kara	Monthly
Internal Medicine – Cardiology	Dr. O. Spanglet	Weekly - Thursday
Internal Medicine – Gastroenterology	Dr. M. Flowers	5 Days per Week
Oral Maxillofacial Surgeon/Dental	Dr. O' Young Dr. K. Hanna	Monthly
Pediatrics	Dr. R. Gobburu	Monthly
Physical Medicine and Rehab	Dr. D. Dittmer	Monthly
Surgical	Dr. A. DiLabio Dr. Z. Rana	Bi-Weekly - Monday 2 Days per Week
Urology	Dr. B. Bukala	Monthly

Listowel Wingham Hospitals Alliance

Chair – Hugh Clugston

1st Vice-Chair – Dale Gilchrist

2nd Vice-Chair – Lee Anderson

Past Chair – Krishna Beharry

Treasurer – Doug Miller

Patient Representative – Rosemary Rognvaldson

Secretary - Karl Ellis

Directors

Rick Boisvert

Bert Johnson

Debbie Miller

Jes Weber

Sharon Skinn

Conor O'Keefe

Ex-Officio Members

Chief of Staff Listowel Memorial Hospital - Dr. Terry Suggitt

President of Medical Staff Listowel Memorial Hospital - Dr. Derek Gateman

Chief of Staff Wingham and District Hospital - Dr. Greg Antoniadis

President of Medical Staff Wingham and District Hospital - Dr. Stephen Vander Klippe

President and CEO – Karl Ellis

Vice President of Clinical Services and Quality – Kelly Finlayson