



**Listowel Wingham Hospitals  
Alliance  
2022/2023  
Annual Report**

---

# Listowel Wingham Hospitals Alliance Annual General Meeting Table of Contents

- **2023 Meeting Agenda**
- **Minutes of Listowel Wingham Hospital Alliance Annual Meeting June 8, 2022**
- **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 21, 2023 1730 Hours LMH Outpatient Building

### MEETING AGENDA

- 1.0 Call to Order
- 2.0 Opening Remarks - Welcome to Corporation Members, Hospital Staff and Visitors
- 3.0 Minutes of June 8, 2022 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 2022/2023
    - 4.4.2 Presentation of the Audited Financial Statements for the Wingham and District Hospital 2022/2023
    - 4.4.3 Appointment of Auditors for 2023/2024
  - 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

#### 5.0 Confirmation of Corporate By-Laws

#### 6.0 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) Vice Chair
- c) Past-Chair
- d) Treasurer
- e) Secretary

# Listowel Wingham Hospitals Alliance 2022 Annual General Meeting Minutes

Listowel Memorial Hospital Corporation  
Wingham and District Hospital Corporation  
Wednesday, June 8, 2022  
WebEx / WD Boardroom / LM Outpatient Building

## Welcome

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

### 1.0 Call to Order

The meeting was called to order at 1900 hours.

### 2.0 Chair's Remarks

D. Gilchrist welcomed the corporation members, hospitals staff, board members.

### 3.0 Minutes of the Previous Meeting

**MOTION: Moved By: P. Mulvey**

**Seconded By: J. Weber**

*To adopt the minutes of the June 9, 2021 Annual General Meeting of the Listowel Memorial Hospital Corporation and the Wingham and District Hospital Corporation.*

**Motion Carried**

### 4.1 Reports

#### 4.1 Report of the Board Chair and Chief Executive Officer

Karl Ellis, Chief Executive Officer and D. Gilchrist, Board Chair presented the report.

Highlights from the report include:

- D. Gilchrist commended the staff, physicians and administration at both sites for handling the past year's workload. D. Gilchrist acknowledged the Alliance for its exemplary Accreditation score, and for managing the Health Human Resources challenges.
- D. Gilchrist and K. Ellis recognized J. Leslie for her work as VP CNE since accepting the role this year.
- Thank you to new Board members, J. Pape, S. Ash and S. McLaughlin for their significant contributions.
- D. Gilchrist expressed appreciation for the Foundations and Auxiliaries.
- K. Ellis noted that this is the third annual report that has referenced the pandemic. A positive result of this has been the collaboration between the hospitals in the South West.

# Listowel Wingham Hospitals Alliance 2022 Annual General Meeting Minutes

- K. Ellis highlighted the importance of physician recruitment and welcomed Dr. Mousa in Wingham.
- K. Ellis acknowledged the contributions of outgoing Board members, S. Skinn, H. Clugston and B. Johnson, noting that both H. Clugston and B. Johnson have served as Board Chair in the past.
- Listowel flood restorations are complete.
- Capital requests have been submitted.
- Looking forward to continue the expansion work at the Fisher Clinic.
- Ontario Health Teams will continue.
- K. Ellis looks forward to another year working with the Board and noted that the Strategic Plan will be developed in the year ahead.

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

Dr. Terry Suggitt, Chief of Staff (LMH) presented the report.

Highlights from the report include:

- Dr. Suggitt recognized Dr. Jeff Dietrich for taking on the remaining patients from Dr. Davies' practice.
- 30% of LMH Emerge shifts are now covered by locum physicians.
- The Surgical program is doing well. Dr. Rana has been a welcome addition.
- Health Human Resources have impacted the OBS program, resulting in closures.
- Dr. Suggitt recognized Dr. Trojnar for ensuring vaccination was available to North Perth residents. North Perth has the highest number of children (between ages 5-11) vaccinated in all of Huron Perth.
- Dr. Hayward is completing her Masters in Public Health.
- Dr. Suggitt expressed appreciation for her role as Chief of Staff.

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

Dr. Vander Klippe was unable to attend, his report was included 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:

- Both hospitals have received an unqualified report from the auditor as expected.
- LMH has a surplus; WDH has a deficit. Neither are significant.
- A Bankers Acceptance Loan was implemented with an interest rate of 4.28% for 20 years.
- D. Miller acknowledged the Foundations and Auxiliaries for their significant equipment purchases.

# Listowel Wingham Hospitals Alliance 2022 Annual General Meeting Minutes

- D. Miller recognized B. Major-McEwan and hospital staff for their ongoing efforts during trying times.
- B. Johnson was pleased that the Sunlife shares were retained.

#### 4.4.1 Listowel Memorial Hospital Corporation Audited Financial Statements 2020/2021:

##### Auditors report

- Present fairly in all material respects.
- Management is responsible for preparing statements and ensuring controls are present.
- Both reports are considered clean and qualified.
- Reports were reviewed and discussed in detail with the Board.
- Thanks to B. Major-McEwan and hospital management for cooperation.

##### Chief Financial Officer

- Listowel results
- Wingham results

#### 4.4.2 Listowel Memorial Hospital Corporation Audited Financial Statements 2021/2022:

**MOTION: Moved By: B. Johnson Seconded By: S. Skinn**

*To accept the Audited Financial Statements of the Listowel Memorial Hospital for the year ended March 31, 2022 as presented.*

**Motion Carried**

#### 4.4.2 Wingham and District Hospital Corporation Audited Financial Statements 2021/2022:

**MOTION: Moved By: D. Miller Seconded By: P. Mulvey**

*To accept the Wingham and District Hospital's Audited Financial Statements for the year ended March 31, 2022 as presented.*

**Motion Carried**

#### 4.4.3 Appointment of Auditors:

**MOTION: Moved By: J. Pape Seconded By: J. Weber**

*To appoint the firm of Seebach and Company as Auditors for the Listowel Memorial Hospital for 2022/2023.*

# Listowel Wingham Hospitals Alliance 2022 Annual General Meeting Minutes

**MOTION: Moved by: D. Miller      Seconded By: S. Skinn**  
*To appoint the firm of Seebach and Company as Auditors for the  
Wingham and District Hospital for 2022/2023.*

**Motion Carried**

## **4.5      Governance & Nominations Committee Report**

### **4.5.1      Thank you to Outgoing Members**

- D. Gilchrist thanked B. Johnson, H. Clugston and S. Skinn for their contributions.

### **4.5.2      Election of Directors**

**MOTION: Moved By: P. Mulvey      Seconded By: S. Ash**  
*To appoint to the Listowel Wingham Hospitals Alliance Board  
of Directors for a 2-year term ending in 2024*

- Jes Weber
- Rick Boisvert
- Claude Leroux
- Rosalea Beyersbergen
- Sheena Haines
- Conor O'Keefe
- Dale Gilchrist (1 year term ending in 2023)

**Motion Carried**

## **4.6      Report of the Auxiliary to Listowel Memorial Hospital**

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

- K. Ellis acknowledged the Auxiliaries for their contributions.
- Gift shops have re-opened.

## **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.

- K. Ellis appreciated the 100% funding for mammography unit.

## **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 2022 Annual General Meeting Minutes

## 5.0 Adjournment

**MOTION: Moved By: S. Skinn      Seconded By: R. Boisvert**

*That the Annual General Meeting be adjourned at 1925 hours.*

**Motion Carried**

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

.....  
Dale Gilchrist, Chair

.....  
Karl Ellis, Secretary



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

## Annual Report

As we gradually feel less impact from the COVID-19 pandemic, it is nice to focus on other highlights of the past year in our annual report.

## Governance

### Strategic Plan

The board spent substantial time this year considering the requirements of a strategic plan that will guide the organization for the next 3 to 4 years. The plan as drafted acknowledges some of the challenges that exist in the system and the need to consider the role of a small hospital in a more integrated health care system. There is also a clear focus on supporting our staff, leaders and physicians.

### Ethicist

After a long association with Dr. Robert Butcher, the Alliance is now receiving ethical consultations and support from the Health Ethics Alliance at Sunnybrook.

### Board Recruitment

With a long list of substantial projects and initiatives underway, the Board has been focused on ensuring the required expertise exists at the Board table to guide this work. Unexpected vacancies have resulted in the need to recruit more new Board members than anticipated.

## Quality Care that is Patient-Centered

### Diagnostic Imaging Expansions

We were pleased to have Lisa Thompson, MPP announce the approval of operating funding for an MRI in Wingham. Our physicians, leadership and board have collectively decided that implementation of CT in Wingham is a more urgent need that cannot wait until the completion of MRI. A high volume of patients requiring this diagnostic combined with the cost, logistics and inconvenience of transferring patients for CT has resulted in it taking priority. In Listowel, we were pleased to bring new mammography equipment into service and have added contrast mammography.

### Hospital Services and Staffing

We had the disappointing need to close both of our emergency departments along with our Listowel obstetrics service at various times in the last year. The closures were related to nursing and laboratory staffing shortages and our physicians continued to be stretched to fill all of the scheduled shifts. Short term medical and maternity leaves continue to place a strain

on our nursing staff complement.

The Emergency Department challenges exist across the entire province and the South West Hospitals are collectively working on the issue including initiatives that focused on transportation, mental health and addictions and the spectrum of emergency services that exist in the South West.

### **Quality Improvement Plan**

We had mixed results in achieving our objectives on our quality improvement plan this year. New IV pumps were not implemented due to delays in the regional procurement process. Our employee mental health project made advances and we have included a staff psychological health and safety initiative on the 2023/24 plan. Improvements are also targeted at increasing patient and family feedback along with safety and security in our facilities.

### **COVID 19**

While COVID 19 is not front of mind for most people, there is still an impact within hospitals and the health care system. During the year we stopped actively screening at our entrances and closed our testing centre. Masking is still present within hospitals, however, these requirements have also been relaxed consistent with Public Health Ontario guidance.

### **Laboratory Staffing Model**

In order to address a shortage of Medical Laboratory Technicians and support our patients and clinicians with a full spectrum of laboratory services, we undertook work to transform our laboratory staffing model to incorporate additional medical laboratory assistants working at their maximum scope.

## ***Nurturing Individual and Collective Potential***

### **Bill 124**

The 2019 legislation that capped most public sector wages at 1% was found unconstitutional. This is having significant negative impacts on hospital financial results as arbitrators consider re-opener clauses in collective agreements and award up to 3 years of significant retroactive payments. The legislation also had a negative impact on public sector bargaining and employee morale.

### **Staff Transitions**

We have welcomed Becky Bloemberg to the role of Corporate Financial Officer while wishing Barb Major McEwan all the best in her role as Executive Director of the Clinton Family Health Team. The Board is also feeling well supported by Jade Devries as she replaced Meghan Martin.

### **Board Member Transitions**

Rosalea Beyersbergen, Sheena Haines and Claude Leroux joined the Board in June 2022. Penny Mulvey's is finalizing 12 years of service on the Board including a term as Chair. She continues to serve the hospital as a director of the Wingham and District Hospital Foundation. Doug Gilchrist has also served as chair and is ending his time with the board in June. Janny Pape is stepping away from the board following the June annual meeting while Claude Leroux left mid term.

### **Day Care**

Our current staff demographic is resulting in a large number of inevitable maternity and parental leaves. Our staff consistently reported challenges finding suitable day care in order to return to work. We worked closely with our local municipalities on provincial advocacy and business case development to support them in their efforts to create additional day care spaces. LWHA considered the idea of operating our own day care and chose to support the municipalities that were already operating facilities.

### **Collective Bargaining**

With 5 collective agreements across two sites, it sometimes seems that our human resources leadership is always negotiating. This perception was reality this past year as contract expiry, increased grievance and arbitration activity and Bill 124 impacts resulted in many local discussions.

### **Residency Program**

Dr. Derek Gateman has taken advantage of the expansion of family medicine residency spaces within Ontario medical schools to make a case for a rural hospital residency program. A program of this nature would expand the education of family medicine residents in our community with the long term goal of these physicians remaining here to establish their practice.

### **Clinical Extern Program and Funding**

It was exciting to see the implementation of a clinical extern programs at both sites. Our program was focused on hiring RN and RPN students with 12 individuals joining us in the first iteration. These students will have an excellent opportunity to learn while supporting our front-line nursing staff. The program will also serve as part of our nursing recruitment strategy moving forward.

## *Sustainable and Resilient Environment*

### **Listowel Memorial Hospital Capital Proposal**

We have received and responded to the questions and feedback from the Ministry of Health - Capital Branch on our LMH redevelopment proposal. Unfortunately, there are a large number

of proposals currently awaiting approval from the Province. We did not receive funding in the 2023 provincial budget.

### **Supply Chain and Inflationary Pressures**

The recent supply chain and inflationary pressures have had a significant impact on our financial results and purchasing staff. While the effects have been felt throughout the organization, it is most publicly visible when the cost of our capital purchases far exceed the previously targeted budget amounts which impacts our Foundations and Auxiliaries.

### **Foundation and Auxiliary Support**

The support of our Foundations and Auxiliaries continues to be impressive. The Listowel Memorial Hospital Foundation transferred over \$600,000 to the Hospital while also supporting physician recruitment in the community. In Wingham, the Foundation provided almost \$500,000 while also supporting physician recruitment. Each of our two Auxiliaries provided over \$20,000 in support to each hospital.

### **Fisher Family Primary Care Centre**

Architects have been engaged to prepare the detailed design and tender documents for the expansion to the Fisher Clinic. The Listowel Memorial Hospital Foundation and the Listowel Memorial Hospital are committed to supporting the expansion. The rest of the financing for the building will be obtained through borrowing which will be repaid through rental payments.

### **Sarah Avenue Renovations**

The Out Patient building on Sarah Avenue is 30 years old and requires a refresh. This overdue project will include new doors, flooring, windows and lighting along with an accessible bathroom on the ground floor.

### **Operating Financial Results**

The Ministry of Health provided a 2% base increase to hospital funding and have committed to an additional 2% next year. This is clearly not sufficient in our current inflationary environment. Uncertain terms of the collective bargaining agreements is also a concern. Due to the impact of the retroactive payments as a result of Bill 124, Listowel ended the year with a deficit of \$677,229 in Listowel and Wingham a deficit of \$807,505. Advocacy efforts continue through the Ontario Hospital Association to have the province fund the impact of Bill 124.

### **Collaborative Benefits Initiative**

The Listowel Wingham Hospitals Alliance has committed to explore a Collaborative Benefits Initiative sponsored by the Ontario Hospital Association and the Hospital Insurance Reciprocal of Canada. The planned outcome is province wide provider of health, life and dental benefits for hospital employees.

### *Partnerships for a Seamless Patient Experience*

#### **Huron Perth and Area Ontario Health Team**

Timing and circumstances have resulted in LWHA not participating in the Huron Perth and Area Ontario Health Team accreditation expected to take place in 2024. We were an active participant in the development of the strategic plan for the OHT and will be identifying ways in which LWHA can support the advancement of the objectives in that plan.

#### **Long Term Care**

Despite several announcements of funding for long awaited Long Term Care beds in our area, none of the construction projects have started. The provincial funding model does not make the building and operation of long term care beds a viable business. We remain concerned about access to long term care and will continue to support our local homes in their quest to rebuild.

#### **Regional Shared Services**

There are a number of regional shared services that have served clinical and support services of hospitals in the South West for a number of years that have ceased or at risk of disbanding. Included is the OneNumber service and the Health Care Materials Management Service. Things must necessarily change as time and circumstances require, however, we have had concerns about the reasoning and approach to changing some of these long standing arrangements.

#### **South West Regional Cancer Program**

We continued efforts to expand the volume of patients served by the Wingham oncology clinic. Since moving to a 5 day per week program, we have some additional capacity available. Conversations with the Grand River Regional Cancer Program were positive and may result in future opportunities to treat patients of that program once they have new information technology in place.

#### **Physician Recruitment Committees**

The local physician recruitment efforts are funded through a combination of municipal, foundation, family health team and hospital contributions. Each physician recruitment committee has municipal membership as a result of the significant municipal contributions to the recruitment effort. Both recruitment committees endorsed a new recruitment strategy focused on how municipal partners can further assist with the task of physician recruitment.

#### **Patient Partner Council**

Our Patient Partner Council remains a small and active group. Efforts this year were undertaken to hear more feedback from patients and to increase membership.

## Governance Report 2023

---

Respectfully Submitted,

Jessica Weber  
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, 2023**

It is that time of year again where I reflect on the past year for the medical staff of LMH. Access to primary care for all is a major challenge facing the Canadian Healthcare System and we are not immune to this at Listowel Memorial Hospital. As Listowel grows, there are more patients we are caring for in our hospital system who do not have a family physician with local hospital privileges. System solutions will have to come so that we can continue to provide the excellent care we do to our patients.

Our local medical staff has remained status quo. Jan McKague has been working hard to change that to a positive equation. We continue to have residents and medical students that spend time with us during their training. Dr. Gateman has been working with Schulich School of Medicine & Dentistry to get a full-time family medicine residency positions here in Listowel. We are hopeful that this will become a reality in the near future as it is a great opportunity for recruitment.

Last summer we saw our first closures of our Emergency Department. Up to this point none of the closures have occurred as a result of no available physician. Currently there are 8 local physicians still providing ED coverage. Dr. Kate Miller, who has been a regular locum consistently covering 4-5 shifts a month for the past 10 years, is retiring from emergency medicine at the end of June. She has been a great help in keeping our department open. I wish her well. We still rely on the Emergency Department Locum Program (EDLP) to cover the rest of the ED shifts.

The surgical program at Listowel continues to progress, although staffing shortages have affected availability. We are grateful to be able to provide elective and emergency surgical services to our community as much as we can.

Our obstetrical family physicians continue to run a weekly OB clinic to provide prenatal care to local families. We are maintaining our birth rate at this point.

Outpatient services are thriving. We were able to recruit gastroenterologists, Drs. Nguyen and Diab, to replace Dr. Sharma. They are here two times a month. Dr. Li has joined as an allergist which is a great service to be able to offer to our community and she at this time comes weekly. In the New Year we were able to also offer Fibroscan to our local community. This is a test that indicates how much thickening or scarring is occurring in the liver and who may need further assessment.

Thank you to the medical staff and hospital staff who help make my job easier. I look forward to working with everyone as we navigate the changes that are coming in our health system.

Respectfully Submitted  
Dr. Terry Suggitt



**Wingham and District Hospital**  
**Chief of Staff**  
**Report to the Board**  
**June, 2023**

This past year came with tremendous variety in patient care. Changing pandemic management strategies have finally allowed a reduction in masking in non-clinical settings, and improved access to visiting family and friends for our inpatients. A more enduring pandemic effect, however, seems to be the grave challenges to human resources – in particular, lab, nursing, and physicians. Recruitment efforts have only recently met with some success, and shortages have resulted in repeated closures of our emergency department, and limited on-call surgery availability. Just this month, we sustained our first ED closure due to a physician vacancy in our ED.

In terms of quality of care, I believe we are in a season of rebuilding and consolidating. It was noted that a number of our clinicians applying for hospital credentials are delayed in their continuing medical education; it is expected that this will improve over the coming year. The recruitment of new staff requires much effort in training, which it is hoped will pay off. We have a new lab staffing model in Wingham that affects access to important results, including transfusion of cross-matched blood. However, without this, it is likely that we would have more closures due to lack of staffing.

We continue to depend on a number of ED locums, and are thankful for the EDLP program that helps coordinate ED physicians to staff our department. In-patient care continues to be provided by our local family physician team, who also oversee our satellite chemotherapy unit, in partnership with the London Regional Cancer Centre. We are thankful for the increased presence of internal medicine doctors from Stratford, who are now coming two to three times per month and providing consultations and cardiac stress-testing, along with reading of ECGs, and echocardiograms – along with the St. Mary's cardiology group. It is anticipated that ENT day surgeries will again be conducted in Wingham, and plans are being made for cystoscopy as well. A hoped-for physiatry clinic with provision of interventions for treatment of some forms of chronic pain has not yet come to fruition.

As a medical staff, we continue to be firmly committed to the long-term provision of excellent care, close to home. We enjoy healthy, collegial relationships and regularly cover each other to allow for education and vacation time. There is a struggle to achieve adequate physician representation on hospital sub-committees, as scheduling often interferes with clinical care hours. Our hospital administration continues to prioritize physician communication, which has improved in the past year. Recruitment of medical staff has become more urgent in the past year, and we are without any firm commitments at present. We continue to be strongly supported by the Recruitment Committee, with a current focus on training of medical students and residents to increase familiarity and comfort with our rural geography and practice. In fact, plans are in the works to develop a full-time family medicine residency training site, along with Listowel!

It has become clear that the provision of safe, timely, and effective acute-care services requires in-hospital access to computed tomography (CT). As a medical staff, we have expressed strong

Page 1 of 2  
Respectfully Submitted by: Dr. Stephen Vander Klippe  
WDH Chief of Staff  
June 2023



**Wingham and District Hospital**  
**Chief of Staff**  
**Report to the Board**  
**June, 2023**

preference to prioritize provision of CT service in Wingham, over magnetic resonance imaging (MRI) – as CT is utilized more heavily in diagnosis and monitoring of most urgent and emergent health concerns. Thankfully the LWHA Board and Wingham Hospital Foundation have been supportive of this approach. The regional coordination of health-care continues to be of great interest to us locally. There are active discussions taking place around acute / emergency care, home-care (including community paramedicine home visits, a relatively new service), and primary care: including diabetes, congestive heart failure / COPD, mental health and addictions, and rural ED access – much of this coordinated by our Huron-Perth OHT. Several hospitals appear to be moving ahead with plans to implement MRI imaging. London Health Sciences has acted in ways that are more inward-focused in the past year, making it more challenging to access both clinical and logistical support. Much advocacy continues to take place, to raise the importance of working together so patients in our region are able to receive care at the right time and place.

In summary, it has been a busy, active year. We are oriented toward the provision of excellent health care to our communities, in coordination with regional partners. There is a grave need for further recruitment, particularly of family physicians with emergency department or anesthesia training. We are optimistic that plans currently in the works will serve to increase the availability of health-care workers in the medium and long-term.

Sincerely,

Dr. Stephen Vander Klippe MD CCFP

Page 2 of 2  
Respectfully Submitted by: Dr. Stephen Vander Klippe  
WDH Chief of Staff  
June 2023

# ***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 continued to be challenging as we moved out of the pandemic due to ongoing inflation, supply chain shortages and Health Human Resources. One area of new funding in 22-23 was the COVID Temporary Summer Locum Program (CTSLPE) which ran for the entire year. This funding was submitted on behalf of the physicians and reimbursed as it was received. Total claimed from June to March 2023 for each site is Listowel \$437,313 and Wingham \$457,615. This funding contributed heavily to LWHA in keeping our Emergency Departments staffed in 2022-2023.

The re-opening of Bill 124 wage suppression legislation at the end of March resulted in the requirement for each site to incur a one time liability at year end. The Ontario Nurses Association (ONA) settled for a 0.75%, 1% and 2% increase from 2020-2022. All other bargaining units are currently in negotiation.

Wingham's operating deficit of \$801,055 resulted from increased revenue over budget including an additional Ministry of Health 2% funding increase of \$147,898, an additional \$911,677 in COVID Incremental and one-time funding along with an increase of \$101,974 in recovery revenue. A decrease of \$95,961 in amortization in grants and donations, a net decrease of \$200,497 in (CCO) Cancer Care Ontario, Drugs and Transitional Funding net of drug recovery also impacted the results. Compensation exceeded budget by \$652,778 (\$618,242 is Bill 124) due to increased overtime, sick time. Medical Fee for Service over budget by (\$538,208) with \$457,615 offset by the CTSLPE program mentioned above. Supplies exceeded budget by \$207,978. Small Rural and Northern Funding for the year was \$363,765 and this funding was targeted towards quality improvements, social work and cyber security. All funding was utilized.

The operating deficit for Listowel of \$677,230 is driven by increased revenue of \$1,141,403. Increased Ministry funding of \$86,753 plus one time funding of \$1,186,683 for COVID, CTSLPE, and Nursing Incentive. Compensation was over budget by \$1,277,955 (\$724,257 is Bill 124), medical fees for services of \$319,934 (offset by CTSLPE mentioned above in revenue) along with increased expenses for supplies/sundry of \$333,886. Listowel received \$412,226 from the Small Rural and Northern funding and the funds were also focused in towards quality improvements, social work and cyber security. All funding was utilized.

For fiscal 2022/2023, Ontario Health has announced a 2% operational funding increase for both Hospitals. The Hospital Infrastructure Renewal (HIRF) preliminary funding allocations were provided. These are subject to annual appropriation by the Legislative Assembly of Ontario. An additional \$398,600 was received for the generator funding provided originally in 20/21. We also received \$863,583 for the HVAC in Listowel. Due to supply chain issues HIRF carry over for 2022-2023 of \$983,251 (Listowel) and \$976,636 (Wingham) was approved.

We are grateful to both communities for their financial support through their Foundations. This allows both corporations to purchase equipment that is not funded by 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 continued to be impacted with the COVID directives/waves in early 2022-2023 however we are seeing rates move towards normal expected levels as the Province shifts out of the Pandemic. Our greatest challenge now is in the areas of Health Human Resources resulting in the need to continue to review our staffing models in both Clinical and Corporate service areas. In addition, 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,  
Susan McLaughlin, Board Treasurer

**LISTOWEL MEMORIAL HOSPITAL  
FINANCIAL STATEMENTS  
MARCH 31, 2023**

**SEEBACH & COMPANY**  
*Chartered Professional Accountants*

## **INDEPENDENT AUDITOR'S REPORT**

---

To the Board of Directors 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, 2023 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, 2023, 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 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.

*Seebach & Company*

Chartered Professional Accountants  
Licensed Public Accountants

Clinton, Ontario  
May 31, 2023

**LISTOWEL MEMORIAL HOSPITAL  
BALANCE SHEET**

See Accompanying Notes to Financial Statements

As at March 31	2023	2022
<b>ASSETS</b>		
Current assets		
Cash	2,653,808	2,303,075
Short-term investments (note 5)	1,736,549	592,001
Accounts receivable (note 3)	1,800,757	1,673,058
Inventories	363,276	319,911
Prepaid expenses	400,272	284,665
	6,954,662	5,172,710
Investments (note 5)	97,362	107,632
Bequest receivable	81,554	81,554
Capital assets, net book value (note 6)	22,822,843	24,241,119
	<b>\$ 29,956,421</b>	<b>\$ 29,603,015</b>
<b>LIABILITIES AND NET ASSETS</b>		
Current liabilities		
Accounts payable and accrued liabilities (note 4)	3,594,510	2,432,029
Deferred contributions (note 7)	58,317	58,317
	3,652,827	2,490,346
Long term liabilities		
Deferred contributions (note 7)	449,932	506,389
Post-employment benefits (note 8)	782,230	758,270
Deferred capital contributions (note 9)	14,219,075	13,783,054
Asset retirement obligations (note 10)	57,425	-
	19,161,489	17,538,059
Net assets		
Invested in capital assets	8,603,768	10,458,065
Unrestricted	2,136,546	1,542,004
	10,740,314	12,000,069
Accumulated remeasurement gains	54,618	64,887
	10,794,932	12,064,956
	<b>\$ 29,956,421</b>	<b>\$ 29,603,015</b>

On behalf of the Board:

..... Director

..... Director

**LISTOWEL MEMORIAL HOSPITAL****STATEMENT OF OPERATIONS**

See Accompanying Notes to Financial Statements

<b>For the Year Ended March 31</b>	<b>2023</b>	<b>2022</b>
<b>Revenue</b>		
Ministry of Health / Ontario Health		
- Hospital operations	17,153,189	17,189,403
- Emergency and on call coverage	1,964,479	1,989,166
Inpatient	409,925	271,301
Outpatient	1,883,582	1,740,691
Investment income	53,417	4,411
Recoveries and other income	1,070,306	1,170,298
Amortization of deferred capital contributions - equipment	1,125,097	1,138,875
	<u>23,659,995</u>	<u>23,504,145</u>
<b>Expenses</b>		
Salaries and wages	10,404,782	10,398,495
Medical staff remuneration	3,520,034	3,121,124
Employee benefits	4,106,231	3,209,514
Supplies and other expenses	4,274,014	4,505,111
Medical and surgical supplies	502,361	483,926
Drug expense	320,156	305,832
Amortization of equipment	1,209,647	1,247,641
Interest on long-term debt	-	325
	<u>24,337,225</u>	<u>23,271,968</u>
<b>Excess of revenue over expenses before other revenue and expenses</b>	<u>(677,230)</u>	<u>232,177</u>
<b>Building and land improvements</b>		
Amortization of deferred capital contributions	734,489	716,847
Amortization of building and land improvements	(1,259,589)	(1,255,374)
	<u>(525,100)</u>	<u>(538,527)</u>
<b>Excess (deficiency) of revenue over expenses for the year</b>	<u><u>(\$ 1,202,330)</u></u>	<u><u>(\$ 306,350)</u></u>

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

<b>For the Year Ended March 31</b>			<b>2023</b>	<b>2022</b>
	Invested in Capital Assets	Unrestricted	Total	Total
<b>Balance, beginning of year</b>	10,458,065	1,542,004	<b>12,000,069</b>	12,306,419
Excess (deficiency) of revenues over expenses	(609,650)	(592,680)	<b>(1,202,330)</b>	(306,350)
Restatement of asset retirement obligations (note 10)	-	(57,425)	<b>(57,425)</b>	-
Investment in capital assets, net	(1,244,647)	1,244,647	-	-
<b>Balance, end of year</b>	<u>8,603,768</u>	<u>2,136,546</u>	<b><u>\$ 10,740,314</u></b>	<u>\$ 12,000,069</u>

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

<b>For the Year Ended March 31</b>	<b>2023</b>	<b>2022</b>
Accumulated remeasurement gains (losses), beginning of year	<b>64,887</b>	55,188
Unrealized holding gains (losses) attributable to portfolio investments	<u>(10,269)</u>	<u>9,699</u>
<b>Accumulated remeasurement gains (losses), end of year</b>	<b><u>\$ 54,618</u></b>	<b><u>\$ 64,887</u></b>

**LISTOWEL MEMORIAL HOSPITAL****STATEMENT OF CASH FLOWS**

See Accompanying Notes to Financial Statements

<b>For the Year Ended March 31</b>	<b>2023</b>	<b>2022</b>
<b>Operating activities</b>		
Excess of revenue over expenses for the year	(1,202,330)	(306,350)
Items not requiring (not providing) cash		
Amortization expense	2,469,236	2,503,015
Amortization of deferred capital grants and donations	(1,859,586)	(1,855,722)
Working capital provided from operations	(592,680)	340,943
Cash provided from (used for) changes in operational balances		
Accounts receivable	(127,699)	648,790
Inventory	(43,365)	(30,144)
Prepaid expenses	(115,607)	(27,441)
Accounts payable and accrued liabilities	1,162,481	121,853
Post-employment benefits	23,960	9,928
Deferred contributions	(56,457)	(56,457)
Cash provided from (used for) operating activities	<u>250,633</u>	<u>1,007,472</u>
<b>Investing activities</b>		
Disposals of investments, net	(1,144,547)	(1,594)
Loan repayments from (advance to) related party	-	1,000,000
	<u>(1,144,547)</u>	<u>998,406</u>
<b>Capital activities</b>		
Net disposals (purchases) of capital assets	(1,050,960)	(1,835,542)
Deferred building and equipment grants and donations	2,295,607	1,626,373
	<u>1,244,647</u>	<u>(209,169)</u>
<b>Financing activities</b>		
Net proceeds (repayments) from long-term debt	-	(42,671)
	-	<u>(42,671)</u>
<b>Increase (decrease) in cash</b>	<b>350,733</b>	<b>1,754,038</b>
<b>Cash, beginning of year</b>	<b><u>2,303,075</u></b>	<b><u>549,037</u></b>
<b>Cash, end of year</b>	<b><u>\$ 2,653,808</u></b>	<b><u>\$ 2,303,075</u></b>

# LISTOWEL MEMORIAL HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

---

For the Year Ended March 31, 2023

---

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 Ontario Health. The Hospital has entered into a Hospital Service Accountability Agreement (the H-SAA) for fiscal 2022/2023 with 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 / 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 / Ontario Health has the right to adjust funding received by the Hospital. The Ministry / 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 / 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 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, 2023**

---

**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

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

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, actuarial estimation of post-employment benefits, and asset retirement obligations.

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

**For the Year Ended March 31, 2023**

**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**

	<b>2023</b>	<b>2022</b>
Ministry of Health	448,910	801,106
Patient services	446,253	273,459
Other	483,948	260,129
Due from Wingham and District Hospital	<u>430,258</u>	<u>342,517</u>
	1,819,258	1,677,211
Less: Allowance for doubtful accounts	<u>(8,501)</u>	<u>(4,153)</u>
	<u>\$ 1,800,757</u>	<u>\$ 1,673,058</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 \$551,370 (2022: \$557,740) from Wingham and District Hospital. The Hospital provided staff services to Wingham and District Hospital which resulted in recoveries of \$1,480,992 (2022: \$1,206,883). At March 31, 2023, accounts receivable includes \$430,147 (2022: \$342,517) 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, 2023**

**5. Investments**

	<b>2023</b>	<b>2022</b>
Sun Life Financial shares (cost: \$42,744)	97,362	107,632
High interest savings account and short-term investment certificates	<u>1,736,549</u>	<u>592,001</u>
	1,833,911	699,633
Less current portion	<u>1,736,549</u>	<u>592,001</u>
	<u>\$ 97,362</u>	<u>\$ 107,632</u>

**6. Capital Assets**

	<b>Cost</b>	<b>Accumulated Amortization</b>	<b>Net Book Value 2023</b>	<b>Net Book Value 2022</b>
Land	1,557,256	-	1,557,256	1,557,256
Land improvements	826,734	736,699	90,035	144,182
Buildings	25,366,224	9,910,547	15,455,677	16,002,642
Equipment	<u>26,516,816</u>	<u>20,796,986</u>	<u>5,719,875</u>	<u>6,537,039</u>
	<u>\$ 54,267,075</u>	<u>\$ 31,444,232</u>	<u>\$ 22,822,843</u>	<u>\$ 24,241,119</u>

**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:

	<b>2023</b>	<b>2022</b>
Balance, beginning of year	564,706	621,163
Contributions received during the year	-	-
Less: amounts recognized as revenue in the year	<u>(56,457)</u>	<u>(56,457)</u>
Balance, end of year	<u>\$ 508,249</u>	<u>\$ 564,706</u>

Deferred contributions are comprised of:

	<b>2023</b>	<b>2022</b>
North Perth Family Health Team prepaid rent for medical clinic lease expiring in February 2032	507,834	564,291
Other prepaid rent	<u>415</u>	<u>415</u>
	508,249	564,706
Less: current portion	<u>58,317</u>	<u>58,317</u>
Balance, end of year	<u>\$ 449,932</u>	<u>\$ 506,389</u>

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

**For the Year Ended March 31, 2023**

**8. 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 \$935,124 (2022: \$934,568) 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.

**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:

	<b>2023</b>	<b>2022</b>
Accrued benefit obligation	752,254	656,211
Unamortized net actuarial gain (loss)	<u>29,976</u>	<u>102,059</u>
Post-employment benefits liability	<u>\$ 782,230</u>	<u>\$ 758,270</u>

In measuring the Hospital's accrued benefit obligation, a discount rate of 3.60% (2022: 2.90%) was assumed. For extended health care costs, a 5.27% annual rate of increase was assumed, then decreasing to an ultimate rate of 3.57% per annum increase; and, for dental costs, a 3.57%-5.00% annual rate of increase was assumed. The most recent actuarial valuation was prepared as at April 1, 2022 extrapolated to March 31, 2023. Actual results could differ from this estimate as additional information becomes available in the future.

	<b>2023</b>	<b>2022</b>
Current year benefit cost	72,217	78,692
Interest on accrued benefit obligation	30,796	21,167
Amortized actuarial (gains) losses	<u>(3,365)</u>	<u>(8,427)</u>
Expense for the year	<u>\$ 99,648</u>	<u>\$ 91,432</u>
Benefits paid during the year	<u>\$ 75,688</u>	<u>\$ 78,692</u>

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

**For the Year Ended March 31, 2023**

**9. 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.

	<b>2023</b>	<b>2022</b>
Balance, beginning of year	13,783,054	14,012,403
Contributions received	2,295,607	1,626,373
Amortization of deferred contributions - equipment	(1,125,097)	(1,138,875)
Amortization of deferred contributions - building and land improvements	<u>(734,489)</u>	<u>(716,847)</u>
Balance, end of year	<u>\$ 14,219,075</u>	<u>\$ 13,783,054</u>

**10. Asset retirement obligations**

Effective April 1, 2022, Listowel Memorial Hospital adopted the new accounting standard PS 3280, Asset Retirement Obligations, issued by the Canadian Public Sector Accounting Board. This standard provides guidance over the reporting of legal obligations associated with the retirement of capital assets that are either currently in productive use or no longer in productive use and controlled by the entity, and the corresponding abatement costs to retire the assets.

The Hospital has adopted the standard using the modified retroactive method, which uses assumptions and discount rates as of April 1, 2022. Using a costing model provided by the Ministry of Health, the hospital calculated the value of obligation at that date to be \$57,425. The opening balance of unrestricted net assets as at April 1, 2022 was reduced, and associated ARO liability recorded at the assessed value at that time. In subsequent periods, the liability will be adjusted for accretion expenses to reflect the anticipated future costs at retirement.

**11. 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 \$601,465 (2022: \$675,202).

**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 \$20,100 (2022: \$0) to 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 \$302,942 was signed during the 2019/2020 fiscal year. The remaining lease payments at March 31, 2023 were \$75,250.

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

---

**For the Year Ended March 31, 2023**

---

**13. Financial Instrument Risks**

**Market risk**

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate as a result of market factors. Market factors include three types of risk: interest rate risk, currency risk, and equity risk. The Hospital is not exposed to significant currency risk or equity risk as it does not transact materially in foreign currency or hold significant equity financial instruments. The Hospital's investment policy limits equity instruments to 10% of the fair value of the total investment portfolio. At March 31, 2023, a 10% movement in stock markets with all other variables held constant, could impact the market value of the equity instruments held by \$9,700 (2022: \$10,800).

**Interest rate risk**

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

**Credit risk**

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

Accounts receivable are primarily due from OHIP, the Ministry of Health, Ontario Health, 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.

**14. 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, 2023, with respect to claims.

**WINGHAM AND DISTRICT HOSPITAL  
FINANCIAL STATEMENTS  
MARCH 31, 2023**

**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, 2023 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, 2023, 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 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.

*Seebach & Company*

Chartered Professional Accountants  
Licensed Public Accountants

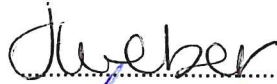
Clinton, Ontario  
May 31, 2023


**WINGHAM AND DISTRICT HOSPITAL  
BALANCE SHEET**

See Accompanying Notes to Financial Statements

As at March 31	2023	2022
<b>ASSETS</b>		
Current assets		
Cash	1,470,224	573,517
Accounts receivable (note 3)	1,937,488	1,733,266
Inventories	719,682	681,733
Prepaid expenses	227,507	232,436
	<u>4,354,901</u>	<u>3,220,952</u>
Capital assets, net book value (note 5)	19,780,911	20,777,855
	<u>\$ 24,135,812</u>	<u>\$ 23,998,807</u>
<b>LIABILITIES AND NET ASSETS</b>		
Current liabilities		
Bank borrowings (note 6)	175,000	245,000
Accounts payable and accrued liabilities (note 4)	3,508,449	2,116,445
Current portion of long-term debt (note 8)	118,000	102,400
	<u>3,801,449</u>	<u>2,463,845</u>
Long term liabilities		
Long-term debt (note 8)	3,462,000	3,553,969
Post-employment benefits (note 9)	684,548	658,920
Deferred capital contributions (note 10)	13,433,362	13,314,494
Asset retirement obligations (note 11)	47,493	-
	<u>21,428,852</u>	<u>19,991,228</u>
Net assets		
Invested in capital assets	2,592,549	3,561,992
Unrestricted	114,411	445,587
	<u>2,706,960</u>	<u>4,007,579</u>
	<u>\$ 24,135,812</u>	<u>\$ 23,998,807</u>

On behalf of the Board:

..... Director

..... Director



**WINGHAM AND DISTRICT HOSPITAL****STATEMENT OF OPERATIONS**

See Accompanying Notes to Financial Statements

<b>For the Year Ended March 31</b>	<b>2023</b>	<b>2022</b>
<b>Revenue</b>		
Ministry of Health / Ontario Health		
- Hospital operations	14,979,979	14,473,549
- Emergency and on call coverage	1,983,125	1,913,998
Inpatient	61,791	88,644
Outpatient	673,683	602,139
Investment income	3,235	186
Recoveries and other income	6,024,525	4,779,280
Amortization of deferred capital contributions - equipment	982,518	1,113,358
	<u>24,708,856</u>	<u>22,971,154</u>
<b>Expenses</b>		
Salaries and wages	9,135,740	9,089,623
Medical staff remuneration	2,721,315	2,164,492
Employee benefits	3,090,056	2,484,922
Supplies and other expenses	4,025,467	3,853,197
Medical and surgical supplies	505,393	578,743
Drug expense	4,922,322	3,805,242
Amortization of equipment	910,926	1,062,811
Interest expense	198,692	133,622
	<u>25,509,911</u>	<u>23,172,652</u>
<b>Excess of revenue over expenses before other revenue and expenses</b>	<u>(801,055)</u>	<u>(201,498)</u>
<b>Building and land improvements</b>		
Amortization of deferred capital contributions	610,045	599,146
Amortization of building and land improvements	(1,062,116)	(1,079,764)
	<u>(452,071)</u>	<u>(480,618)</u>
<b>Excess (deficiency) of revenue over expenses for the year</b>	<u><u>(\$ 1,253,126)</u></u>	<u><u>(\$ 682,116)</u></u>

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

<b>For the Year Ended March 31</b>				<b>2023</b>	<b>2022</b>
	Invested in Capital Assets	Unrestricted	Total	Total	
<b>Balance, beginning of year</b>	3,561,992	445,587	<b>4,007,579</b>	4,689,695	
Excess (deficiency) of revenues over expenses	(380,479)	(872,647)	<b>(1,253,126)</b>	(682,116)	
Restatement of asset retirement obligations (note 11)	-	(47,493)	<b>(47,493)</b>	-	
Investment in capital assets, net	(588,964)	588,964	-	-	
<b>Balance, end of year</b>	<u>2,592,549</u>	<u>114,411</u>	<b><u>\$ 2,706,960</u></b>	<u>\$ 4,007,579</u>	

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

See Accompanying Notes to Financial Statements

<b>For the Year Ended March 31</b>	<b>2023</b>	<b>2022</b>
<b>Operating activities</b>		
Excess of revenue over expenses for the year	(1,253,126)	(682,116)
Items not requiring (not providing) cash		
Amortization expense	1,973,042	2,142,575
Amortization of deferred capital grants and donations	(1,592,563)	(1,712,504)
Working capital provided from operations	(872,647)	(252,045)
Cash provided from (used for) changes in operational balances		
Accounts receivable	(204,222)	(140,674)
Inventory	(37,949)	(177,133)
Prepaid expenses	4,929	54,566
Accounts payable and accrued liabilities	1,392,004	(441,216)
Post-employment benefits	25,628	38,261
Deferred contributions	-	(23,333)
Cash provided from (used for) operating activities	<u>307,743</u>	<u>(941,574)</u>
<b>Capital activities</b>		
Net disposals (purchases) of capital assets	(976,098)	(880,303)
Deferred building and equipment grants and donations	1,711,431	1,922,039
	<u>735,333</u>	<u>1,041,736</u>
<b>Financing activities</b>		
Net proceeds (repayments) from short-term bank borrowings	(70,000)	(70,000)
Net proceeds (repayments) from long-term debt	(76,369)	(80,628)
	<u>(146,369)</u>	<u>(150,628)</u>
<b>Increase (decrease) in cash</b>	<b>896,707</b>	<b>(50,466)</b>
<b>Cash, beginning of year</b>	<u><b>573,517</b></u>	<u><b>623,983</b></u>
<b>Cash, end of year</b>	<u><u><b>\$ 1,470,224</b></u></u>	<u><u><b>\$ 573,517</b></u></u>

## WINGHAM AND DISTRICT HOSPITAL NOTES TO FINANCIAL STATEMENTS

---

**For the Year Ended March 31, 2023**

---

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 Ontario Health. The Hospital has entered into a Hospital Service Accountability Agreement (the H-SAA) for fiscal 2022-2023 with 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 / 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 / Ontario Health has the right to adjust funding received by the Hospital. The Ministry / 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 / 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 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, 2023**

---

**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

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

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, actuarial estimation of post-employment benefits, and asset retirement obligations.

**WINGHAM AND DISTRICT HOSPITAL**  
**NOTES TO FINANCIAL STATEMENTS (continued)**

**For the Year Ended March 31, 2023**

**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**

	<b>2023</b>	<b>2022</b>
Ministry of Health	757,176	809,903
Patient services	142,074	135,584
Other	<u>1,042,253</u>	<u>788,321</u>
	1,941,503	1,733,808
Less: Allowance for doubtful accounts	<u>(4,015)</u>	<u>(542)</u>
	<u>\$ 1,937,488</u>	<u>\$ 1,733,266</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 \$1,480,992 (2022: \$1,206,883) from Listowel Memorial Hospital. The Hospital provided services to Listowel Memorial Hospital which resulted in recoveries of \$551,370 (2022: \$557,740). At March 31, 2023, accounts payable includes \$430,147 (2022: \$342,517) 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, 2023**

**5. Capital Assets**

	<b>Cost</b>	<b>Accumulated Amortization</b>	<b>Net Book Value 2023</b>	<b>Net Book Value 2022</b>
Land	916,541	-	916,541	916,541
Land improvements	1,289,998	507,595	782,403	851,053
Buildings	23,933,225	9,906,689	14,026,536	14,455,231
Equipment	17,462,141	13,406,710	4,055,431	4,555,030
	<u>\$ 43,601,905</u>	<u>\$ 23,820,994</u>	<u>\$ 19,780,911</u>	<u>\$ 20,777,855</u>

**6. Bank Indebtedness**

	<b>2023</b>	<b>2022</b>
Canadian Imperial Bank of Commerce, prime rate, repayable \$5,833 monthly principal plus interest, due on demand	\$ 175,000	\$ 245,000

**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:

	<b>2023</b>	<b>2022</b>
Balance, beginning of year	-	23,333
Contributions received during the year	-	-
Less: amounts recognized as revenue in the year	-	(23,333)
Balance, end of year	<u>\$ -</u>	<u>\$ -</u>

Deferred contributions are comprised of:

	<b>2023</b>	<b>2022</b>
Prepaid rent and operational funding	-	-
Less: current portion	-	-
Balance, end of year	<u>\$ -</u>	<u>\$ -</u>

**WINGHAM AND DISTRICT HOSPITAL**  
**NOTES TO FINANCIAL STATEMENTS (continued)**

**For the Year Ended March 31, 2023**

**8. Long-Term Debt**

	<b>2023</b>	<b>2022</b>
Royal Bank of Canada, repayable \$29,000 quarterly (rising to \$66,000 quarterly) principal plus interest, due October 2042	3,580,000	1,000,000
Royal Bank of Canada, 3.65%, repayable \$15,400 monthly blended principal and interest, due October 2022	-	<u>2,656,369</u>
	<u>3,580,000</u>	<u>3,656,369</u>
Less: current portion	<u>118,000</u>	<u>102,400</u>
	<u>\$ 3,462,000</u>	<u>\$ 3,553,969</u>

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

2023/2024	\$ 118,000
2024/2025	121,000
2025/2026	125,000
2026/2027	132,000
2027/2028	136,000

The Wingham and District Hospital entered into a Bankers Acceptance and Interest Rate Swap agreement March 31, 2022 for \$1,000,000, with an additional advance in October 2022 for \$2,595,000, with a term of 20.75 years at an indicative swap rate of 3.40%, a credit spread of 0.88% with an indicative all-in rate of 4.28%.

**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 \$680,468 (2022: \$681,773) 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, 2023**

**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:

	<b>2023</b>	<b>2022</b>
Accrued benefit obligation	920,035	917,006
Unamortized net actuarial loss (gain)	<u>(235,487)</u>	<u>258,086</u>
Post-employment benefits liability	<u>\$ 684,548</u>	<u>\$ 658,920</u>

In measuring the Hospital's accrued benefit obligation, a discount rate of 2.90% (2022: 2.90%) was assumed. For extended health care costs, a 5.37% annual rate of increase was assumed beginning in 2020, 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, 2022. Actual results could differ from this estimate as additional information becomes available in the future.

	<b>2023</b>	<b>2022</b>
Current year benefit cost	49,458	52,300
Interest on accrued benefit obligation	33,357	28,593
Amortized actuarial (gains) losses	<u>22,599</u>	<u>26,928</u>
Expense for the year	<u>\$ 105,414</u>	<u>\$ 107,821</u>
Benefits paid during the year	<u>\$ 49,458</u>	<u>\$ 52,300</u>

**10. Deferred Capital Contributions**

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

	<b>2023</b>	<b>2022</b>
Balance, beginning of year	13,314,494	13,104,959
Contributions received	1,711,431	1,922,039
Amortization of deferred contributions - equipment	(982,518)	(1,113,358)
Amortization of deferred contributions - building and land improvements	<u>(610,045)</u>	<u>(599,146)</u>
Balance, end of year	<u>\$ 13,433,362</u>	<u>\$ 13,314,494</u>

**WINGHAM AND DISTRICT HOSPITAL**  
**NOTES TO FINANCIAL STATEMENTS (continued)**

---

**For the Year Ended March 31, 2023**

---

**11. Asset Retirement Obligations**

Effective April 1, 2022, Wingham District Hospital adopted the new accounting standard PS 3280, Asset Retirement Obligations, issued by the Canadian Public Sector Accounting Board. This standard provides guidance over the reporting of legal obligations associated with the retirement of capital assets that are either currently in productive use or no longer in productive use and controlled by the entity, and the corresponding abatement costs to retire the assets.

The Hospital has adopted the standard using the modified retroactive method, which uses assumptions and discount rates as of April 1, 2022. Using a costing model provided by the Ministry of Health, the hospital calculated the value of obligation at that date to be \$47,493. The opening balance of unrestricted net assets as at April 1, 2022 was reduced, and associated ARO liability recorded at the assessed value at that time. In subsequent periods, the liability will be adjusted for accretion expenses to reflect the anticipated future costs at retirement.

**12. 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 \$478,440 (2022: \$870,326).

**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. Donations received during the year were \$17,107 (2022: \$0).

**13. 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, 2023 were \$75,250.

**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.

**Interest rate risk**

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

***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:

- Kailey Fallis – 3 year term ending in 2026
- Derek Mendez – 3 year term ending 2026

From the Wingham and District Hospital service area:

- Jean Montgomery – 3 year term ending 2026
- Mark Foxtton – 3 year term ending 2026

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

- Doug Miller, Chair
- Stacey Ash, Vice Chair
- Susan McLaughlin, Treasurer
- Jessica Weber, Past Chair
- Karl Ellis, President and CEO
- Dr. Terry Suggitt, Chief of Staff – Listowel
- Dr. Stephen Vander Klippe, Chief of Staff – Wingham

# ***AUXILIARY REPORTS***

### **Listowel Memorial Hospital**

Auxiliary Members were able to continue fundraising efforts on a full-time basis, with some minor Covid-related precautions. Several new members were welcomed over the year. The Gift Shop was fully re-opened and experienced a successful year, and several other former initiatives were once again repeated during the year. New initiatives included participation in the 1<sup>st</sup> Community Volunteer Fair; sales of gift baskets provided by Homegrown; and a highly successful fall online auction. The Auxiliary was able to donate \$20,100 to the Hospital as follows: \$11,000 for a new fetal monitor, \$6,000 for a trauma stretcher, and \$3,100 for a laparoscopic grasper.

Respectfully submitted,  
Rhonda Beirnes  
President

### **Wingham and District Hospital**

Current Membership: 80

We have held several successful fundraisers this year and our Gift Shop is doing well.

The Auxiliary purchased:

- Bipap Addition
- Oncology Cart
- Glucometer
- Ultrasound Stretcher

For a total of \$19,362.38 for the year 2022/2023

We will continue to fundraise and support our hospital, patients, staff and community with quality equipment as needed.

We thank the hospital staff and every one in our community and surrounding communities for their generous support all year

A special thank you to our dedicated volunteers who help with our fundraisers all year – “without volunteers very little would happen”!

Respectfully submitted,  
Trudy Thomson  
Past Chair

# ***FOUNDATION REPORTS***

## **Listowel Memorial Hospital Foundation Report 2022/2023**

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 was still part of everyone's life for part of 2022.

The Foundation held the following fundraisers in the last year:

- The LMHF Spring Gala was postponed to Saturday, October 22, 2022 at the Elma Community Centre in Atwood. The gala was held in person again and raised more than \$620,000 net to fund these capital projects: 'Laparoscopic tower for the OR', 'Ultrasound machine for Diagnostic Imaging' and 'two portable ultrasound machines, one for OB and one for Emerge'.
- The CKNX Healthcare Heroes Radiothon 2022 went ahead on Saturday, October 15, 2022 and was remotely done with calls into CKNX and donors would pledge their donation to one of ten Hospitals. LMHF netted \$86,000 from their designated Radiothon donations until end of November 2022.
- Canvassing has already started to support the Foundation's commitment to the Fisher Clinic renovation. The Foundation has committed to support \$4 million dollars of this project. There is already \$2.3 million dollars committed with a balance of \$1.7 million to reach our goal of \$4 million.

The Foundation did not hold their annual Car & Motorcycle Poker Rally due to the concern of Covid still within the community.

### **Upcoming Events for 2023/2024**

- Spring Gala 2023, theme "**Puttin on the Ritz**" will be held on Saturday, June 3<sup>rd</sup>, 2023 at the Listowel Golf Club. Proceeds are to fund 'IV pumps for the entire Hospital' and a 'Chemistry Analyzer for the Lab' and other capital equipment. Goal is \$470,000.
- To date Gala 2023 has brought in over \$480,000 corporate donations.
- LMHF Car & Motorcycle Poker Rally will be on Saturday, September 16, 2023 at Boyd Motor in Kurtzville.
- CKNX HealthCare Heroes Radiothon and Knox Presbyterian Church Hall event will be held on Saturday, October 21st, 2023 proceeds to various items for the OR. Goal is \$70,000.

### **Newsletters**

Spring 2023 newsletter was mailed out mid May 2023. This newsletter will update residents on status of events and news for the LMHF. The Foundation circulated 2 newsletters in 2022 to 9600 households.





**Listowel Memorial Hospital Foundation**  
**Report to the Board**  
**June 2023**

The Listowel Memorial Hospital Foundation was able to purchase \$601,465.13 of equipment and other items in 2022/2023 yearend. This includes all of Gala project equipment, Radiothon equipment committed. The extra \$2.3 million dollars raised to fund the renovation of the Fisher Clinic will be paid to the Hospital once the project has started hopefully Fall 2023.

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

Respectfully submitted, LMH Foundation



**Wingham and District Hospital Foundation**  
**Report to the Board**  
**June 2023**

**Fundraising**

During the 2022-2023 fiscal year, the Wingham & District Hospital Foundation received \$1.04 million in donations. This was comprised, in part, by: \$87,560 Radiothon, \$341,900 Bequests, and \$58,320 designated to the Oncology department. The remainder was comprised of general donations, memorial donations and donations designated towards other specific equipment or departments.

The average donation was \$308.

**Annual Donation**

For 2022-2023 fiscal year, the WDH Foundation funded equipment and facility upgrades totaling \$478,440.

These funds were generated through 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: Inpatient TVs and phones, supply cart, glucometer, BiPap, IV pump fleet replacement, ultrasound stretcher, cardiac monitor upgrades, centrifuge, ENT scopes, med cart and workstations on wheels, staff change room refresh, AED, Netflix for Oncology and contribution to the Recruitment Committee

Since its inception the Wingham & District Hospital Foundation, it has donated \$11,286,973 to the Hospital.

**Radiothon**

At the 2022 CKNX Healthcare Heroes Radiothon held on October 15, 2022, the Wingham & District Hospital Foundation raised over \$87,000 cardiac monitor upgrades.

The 10<sup>th</sup> annual Great Hospital Race also raised funds towards the radiothon project. The event celebrated the milestone year with a mix of new challenges and returning fan favourites. The event raised \$15,000.

# ***MEDICAL STAFF***

Dr. T. Suggitt – Chief of Staff

Dr. D. Gateman – President

Dr. A. Qureshi – Vice-President

Dr. R. Sextus - Secretary

**ACTIVE STAFF**

Dr. R. Annis  
Dr. I. Cameron  
Dr. J. Dietrich  
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. R. Sextus  
Dr. T. Suggitt  
Dr. M. Trojnar  
Dr. E. Western

**DENTAL STAFF**

Dr. N. Hogg  
Dr. D. Nuhn  
Dr. O. Panich  
Dr. A. Thompson

**MIDWIFERY STAFF**

I. Bertens  
S. Blaise  
M. Brawley  
M. Colgate  
M. Falvo  
C. Goudy  
V. Groulx  
C. Kipp

J. Nafziger  
A. Nickels  
A. Ryan  
T. Sabri  
A. Sjaarda  
C. Soulliere  
M. Teodonno  
E. Witkowski

**NURSE PRACTITIONERS**

Daniel Goodman  
Julie Murtha

**CONSULTING & COURTESY STAFF**

Dr. J. Almasi  
Dr. K. Blaine  
Dr. M. Chan  
Dr. C. Cressy  
Dr. M. Curtis  
Dr. A. Daters  
Dr. A. Di Labio  
Dr. A. Diab  
Dr. H. Duque Rendon  
Dr. F. Eshaghian  
Dr. J. Guy  
Dr. A. Haider  
Dr. G. Hancock  
Dr. M. Hanna  
Dr. G. Heaton

Dr. J. Huang  
Dr. B. Hughes  
Dr. B. Hutten-Czapski  
Dr. A. Kara  
Dr. J. Kargbo  
Dr. M. Klassen  
Dr. J. Law  
Dr. L. Li  
Dr. P. Marotta  
Dr. A. Maruscak  
Dr. K. Miller  
Dr. K. Mir  
Dr. A. Nguyen  
Dr. D. Ondrejicka  
Dr. A. Peel

Dr. M. Peirce  
Dr. N. Potvin  
Dr. A. Qureshi  
Dr. M. Rodowa  
Dr. V. Sanci  
Dr. J. Schultz  
Dr. A. Stoesser  
Dr. G. Semelhago  
Dr. T. Steinmann  
Dr. S. Tamblyn  
Dr. E. van Oosten  
Dr. R. Warren  
Dr. R. Wong  
Dr. A. Zayachkowski

Dr. S. Vander Klippe – Chief of Staff  
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. M. Mousa  
Dr. A. Peel  
Dr. J. Puntillo  
Dr. Z. Rana  
Dr. S. Vander Klippe

**DENTAL STAFF**

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

**CONSULTING & COURTESY STAFF**

Dr. J. Almasi  
Dr. C. Barry  
Dr. C. Bloch  
Dr. B. Bukala  
Dr. A. Cheema  
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. Gateman  
Dr. R. Gobburu  
Dr. J. Green  
Dr. L. Hayward  
Dr. A. Kara  
Dr. J. Kargbo  
Dr. A. Lyons  
Dr. P. Marotta  
Dr. B. Matthews

Dr. J. McKenna  
Dr. K. Mir  
Dr. E. Ng  
Dr. M. Peirce  
Dr. N. Potvin  
Dr. A. Qureshi  
Dr. J. Schultz  
Dr. S. Sleeth  
Dr. T. Steinmann  
Dr. M. Trojnar  
Dr. E. van Oosten



**Listowel Memorial Hospital  
Wingham and District Hospital  
Courtesy Staff  
2023/2024**



**COURTESY STAFF - ST. MARY'S CARDIOLOGISTS**

Dr. S. Ali  
Dr. M. Babapulle  
Dr. D. Desai  
Dr. T. Haffner  
Dr. U. Manian  
Dr. R. Matiasz  
Dr. V. Mihajlovic  
Dr. A. Natarajan  
Dr. C. Tamblyn  
Dr. H. Warren  
Dr. A. Yip

***VISITING  
CONSULTANTS  
CLINICS***

## Listowel Memorial Hospital Visiting Consultants 2023/2024

<b>Clinic</b>	<b>Physician</b>	<b>Clinic Held</b>
Allergist	Dr. L. Li	Weekly
Dental	Dr. O. Panich	Twice / Month
Dermatology	Dr. A. Haider	Weekly
E.N.T.	Dr. B. Hughes	Once / Month
Gastroenterology	Dr. A Diab Dr. A Nguyen	Monthly
General Surgery	Dr. Z. Rana Dr. A. Maruscak	Daily Once / Week
Internal Medicine	Dr. M. Peirce Dr. E. van Oosten	Twice / Month
Obstetrics / Gynecology	Dr. M. Rodowa Dr. G. Hancock	Weekly
Oral and Maxillofacial	Dr. N. Hogg	Once / Month
Orthopedics	Dr. J. Guy	Bi-Weekly
Pediatric	Dr. K. Blaine	Bi-Weekly
Plastic Surgery	Dr. G. Heaton	Three Times / Month
Urology	Dr. J. Law	Bi-Weekly



<b>Clinic</b>	<b>Physician</b>	<b>Clinic Held</b>
Cardiology / Echocardiography / Carotid Doppler Studies	Dr. C. Barry Dr. T. Haffner	Twice / Month
Dermatology	Dr. R. Dworkin	Three Days / Month
Echo Lab	M. Cooper	Weekly
E.N.T.	Dr. J. McKenna	Bi-Monthly
General Surgery	Dr. A. Hobbs Dr. T. Parrington Dr. Z. Rana	Once / Week Twice / Week
Gynecology	Dr. C. Bloch	Monthly
Internal Medicine	Dr. A. Kara	Monthly
Internal Medicine – Gastroenterology	Dr. M. Flowers	Five Days / Week
Oral Maxillofacial Surgeon / Dental	Dr. J. O’Young Dr. K. Hanna	Monthly
Pediatrics	Dr. R. Gobburu	Monthly
Physical Medicine and Rehab	Dr. D. Dittmer	Monthly
Rapid Access Clinic (MSK Specialist)	I. Wood	Once / Week
Urology	Dr. B. Bukala	Monthly

*Listowel Wingham Hospitals Alliance*

**Chair** – Jessica Weber

**Vice-Chair** – Doug Miller

**2<sup>nd</sup> Vice-Chair** – Stacey Ash

**Past Chair** – Dale Gilchrist

**Treasurer** – Susan McLaughlin

**Patient Representative** – Rosemary Rognvaldson

**Secretary** – Karl Ellis

**Directors**

Rosalea Beyersbergen

Rick Boisvert

Sheena Haines

Claude Leroux (to April 5, 2023)

Penny Mulvey

Conor O’Keefe

Janny Pape

**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. Stephen Vander Klippe

**President and CEO** – Karl Ellis

**Vice President of Clinical Services and Quality** – Justine Leslie