Strathroy Middlesex General Hospital Financial Statements For the year ended March 31, 2020

For the year ended March 31, 2020

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# **Independent Auditor's Report**

To the Board of Directors Strathroy Middlesex General Hospital

# Opinion

We have audited the financial statements of Strathroy Middlesex General Hospital (the Entity), which comprise the statements of financial position as at March 31, 2020, and the statement of changes in net assets, 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 Entity as at March 31, 2020, and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

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

In preparing the financial statements, management is responsible for assessing the Entity'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 Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity'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.

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 Entity'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 Entity'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 Entity 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 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.

# BDO Canada LLP

Chartered Professional Accountants, Licensed Public Accountants Strathroy, Ontario June 24, 2020

# Strathroy Middlesex General Hospital Statement of Financial Position

March 31	2020	2019
Assets Current Cash Accounts receivable (Note 17) Inventory (Note 4) Prepaid expenses	\$ 6,261,656 1,353,128 111,348 393,613	\$ 5,414,834 928,177 113,882 431,268
Capital assets (Note 5)	8,119,745 <u>24,340,662</u>	6,888,161 24,032,041
	\$ 32,460,407	\$ 30,920,202
Liabilities and Net Assets Current Accounts payable and accrued liabilities (Note 3) Current portion of long-term debt (Note 8) Current portion of obligation under capital lease (Note 9)	\$ 5,982,187 237,016 12,591 6,231,794	\$ 5,026,134 171,335 26,979 5,224,448
Deferred contributions relating to capital assets (Note 7) Post-employment benefits (Note 10) Obligation under capital lease (Note 9) Long-term debt (Note 8)	22,312,885 809,700 30,127 660,426 30,044,932	21,807,160 860,000 42,719 653,724 28,588,051
Net assets Unrestricted	2,415,475	2,332,151
	\$ 32,460,407	\$ 30,920,202

On behalf of the Board of Directors:

Bornie Twyford Director

Director

# Strathroy Middlesex General Hospital Statement of Changes in Net Assets

For the year ended March 31	2020	2019
Balance, beginning of year	\$ 2,332,151	\$ 2,473,774
Revenues (deficiences) over expenditures	83,324	(141,623)
Balance, end of year	\$ 2,415,475	\$ 2,332,151

# Strathroy Middlesex General Hospital Statement of Operations

For the year ended March 31	2020	2019
Revenue		
Ministry of Health and Long-Term Care	\$34,906,815	\$ 33,817,272
Patient revenues	3,205,174	3,035,081
Differential and co-payment	392,006	399,966
Recoveries and miscellaneous	3,482,508	3,251,158
Amortization of deferred capital contributions, equipment	523,378	676,494
Other votes (Note 19)	11,550	11,550
	42,521,431	41,191,521
Expenses		
Salaries and wages	19,278,668	18,649,142
Employee benefits	4,670,633	4,452,718
Employee future benefits (Note 10)	17,200	12,200
Medical staff payments	6,188,819	5,699,601
Supplies and other expenses	7,051,013	6,830,982
Medical and surgical supplies	3,371,024	3,455,020
Drugs	741,594	733,802
Amortization - equipment (Note 5)	952,183	1,352,813
Other votes (Note 19)	11,550	11,550
	42,282,684	41,197,828
	· · ·	· ·
Operating excess of revenue over expenses	238,747	(6,307)
Other		
Amortization of deferred capital contributions, building	1,332,770	1,168,588
Amortization of buildings and land improvements (Note 5)	(1,488,193)	(1,303,904)
	(155,423)	(135,316)
Revenues (deficiences) over expenses	\$ 83,324	\$ (141,623)

# Strathroy Middlesex General Hospital Statement of Cash Flows

For the year ended March 31	2020	2019
Cash provided by (used in)		
Operating activities  Deficiency of revenues over expenses Items not involving cash    Amortization (Gain) loss on disposal of capital assets    Amortization of deferred contributions relating to capital assets Decrease in post-employment benefits liability	\$ 83,324 2,440,376 2,558 (1,856,148) (50,300) 619,810	\$ (141,623) 2,656,717 45,516 (1,845,082) (52,300) 663,228
Net changes in non-cash working capital balances: Accounts receivable Inventory Prepaid expenses Accounts payable and accrued liabilities	(424,951) 2,534 37,655 956,053	890,445 (13,501) 66,780 (1,620,317) (13,365)
Capital activities Purchase of capital assets Proceeds on disposal of capital assets Contributions received for capital assets	(2,751,554) - 2,361,873 (389,681)	(5,023,733) 18,798 3,754,380 (1,250,555)
Financing activities Payments on capital lease Proceeds from long-term debt Repayment of long-term debt	(26,980) 322,038 (249,656) 45,402	(63,727) 646,567 (195,330) 387,510
Increase (decrease) in cash and equivalents during the year	846,822	(876,410)
Cash and equivalents, beginning of year	5,414,834	6,291,244
Cash and equivalents, end of year	\$ 6,261,656	\$ 5,414,834

### March 31, 2020

## 1. Significant Accounting Policies

## Nature of Organization

Strathroy Middlesex General Hospital (the "Hospital") provides health care services to the residents of Strathroy and surrounding areas. The Hospital, incorporated without share capital under the Corporations Act of Ontario, is a charitable organization within the meaning of the Income Tax Act (Canada).

The Hospital is a registered charity and, as such, is exempt from income taxes under the Income Tax Act (Canada).

### **Basis of Accounting**

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

## **Contributed Services**

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

#### **Revenue Recognition**

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

Under the Health Insurance Act and Regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health and Long-term Care ("MOHLTC"), and the South West Local Health Integration Network ("SW LHIN"). The hospital has entered into a Hospital Service Accountability Agreement (the "H-SAA") for fiscal 2020 with the MOHLTC and SW LHIN that sets out the rights and obligations of the parties to the H-SAA in respect of funding provided to the Hospital by the MOHLTC/SW LHIN. The H-SAA also sets out the performance standards and obligations of the Hospital that establish acceptable results for the Hospital's performance in a number of areas.

#### March 31, 2020

## 1. Significant Accounting Policies (continued)

### Revenue Recognition (continued)

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

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

Unrestricted contributions are recognized as revenue when received or receivable if the amount 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 SW LHIN and accordingly the amortization of buildings has been reflected as an undernoted item in the statement of operations with the corresponding realization of revenue for deferred contributions.

The revenues from government volume-based services and from chargeable-to-patient activities are recognized when the services are provided/performed.

Inventory

Inventory is valued at the lower of cost and net realizable value. Cost is determined on the first-in first-out basis. Inventory consists of pharmaceuticals that are used in the Hospital's operations and not for sale purposes.

#### March 31, 2020

## 1. Significant Accounting Policies (continued)

## **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 useful life of an asset are capitalized. When a capital asset no longer contributes to the Hospital's ability to provide services or the value of future economic benefits associated with the capital asset is less than its net book value, the carrying value of the capital asset is reduced to reflect the decline in the asset's value. Construction in progress is not amortized until construction is substantially complete and the assets are ready for use.

Capital assets are capitalized on acquisition and amortized on a straight-line basis over their useful lives, which has been estimated to be as follows:

Building and related service equipment 5 - 40 years Major equipment 3 - 20 years Buildings for future expansion 20 years

# Retirement and Post-Employment Benefits

The Hospital provides defined retirement and postemployment benefits to certain employee groups. These benefits include pension, health and dental. The Hospital has adopted the following policies with respect to accounting for these employee benefits:

- (i) The costs of post-employment future benefits are actuarially determined using management's best estimate of health care costs, disability recovery rates 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 are the employer's contributions due to the plan in the period.
- (iii) The discount used in the determination of the abovementioned liabilities is equal to the Hospital's internal rate of borrowing.

### March 31, 2020

## 1. Significant Accounting Policies (continued)

#### Pension Plan

The Hospital participates in a multi-employer defined benefit pension plan, however, sufficient information is not available to use defined benefit accounting. Therefore, the Hospital accounts for the plan as if it were a defined contribution plan, recognizing contributions as an expense in the year to which they relate.

#### **Financial Instruments**

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

#### Fair value

This category includes cash.

#### **Amortized cost**

This category includes accounts receivable, accounts payable and accrued liabilities. They are initially recognized at cost and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets.

Transaction costs related to financial instruments in the amortized cost category are added to the carrying value of the instrument.

Writedowns on financial assets in the amortized cost category are recognized when the amount of a loss is known with sufficient precision, and there is no realistic prospect of recovery. Financial assets are then written down to net recoverable value with the writedown being recognized in the statement of operations.

#### Management Estimates

The preparation of financial statements in conformity with PSAB for Government NPOs requires management to make estimates and assumptions that affect the reported amount 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 these estimates. Areas of key estimation include determination of the allowance for doubtful accounts, actuarial estimation of post-employment benefits, and amortization of capital assets and deferred revenue.

## March 31, 2020

# 1. Significant Accounting Policies (continued)

Leases meeting certain criteria are accounted for as capital

leases. The imputed interest is charged against income and the capitalized value is amortized over its estimated useful life. Obligations under capital lease are reduced by lease payments

net of imputed interest.

Leases not meeting certain criteria are accounted for as operating leases. These costs are expensed according to the

period for which they relate.

MOHLTC and SW LHIN Funding Under the Health Insurance Act and the regulations thereto,

the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the MOHLTC and SW LHIN. The financial statements reflect agreed funding arrangements approved by the MOHLTC and SW LHIN

with respect to the year ended March 31, 2020.

Vacation Pay Vacation pay is accrued for all employees as entitlement is

earned.

# March 31, 2020

# 2. Financial Instrument Classification

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

			2020			2019
	Fair Value	Amortized Cost	Total	Fair Value	Amortized Cost	
Cash Accounts receivable Accounts payable ar		\$ - 1,353,128	\$6,261,656 1,353,128	\$5,414,834 -	\$ - 928,177	\$5,414,834 928,177
accrued liabilitie Long-term debt		5,982,187 897,441	5,982,187 897,441	- -	5,026,134 825,059	5,026,134 825,059
	\$6,261,656	\$8,232,756	§14,494,412	\$5,414,834	\$6,779,370	\$12,194,204

The cash is a level 1 fair value measurement which are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities using the last bid price.

3. Accounts Payable and Accrued Liabilities	2020	2019		
Ministry of Health and Long-term Care Trade Wages and other accruals	\$ 1,391,170 482,567 4,108,450 \$ 5,982,187	\$	1,173,488 496,289 3,356,357 5,026,134	
4. Inventory	2020		2019	
Pharmacy inventory	\$ 111,348	\$	113,882	

Inventory is carried at cost, which exceeds net realizable value.

March 31, 2020

5. Capital Assets			202	20			2019
		Cost	Accumula Amortizat			Cost	Accumulated Amortization
Land	\$	92,528	\$	-	\$	92,528	\$ -
Building and related service equipment Major equipment Construction in progress		,000,956 ,137,720 -	23,768,1 21,122,3			11,682,355 23,753,842 1,016,731	22,279,983 20,233,432 -
	\$69	,231,204	\$44,890,5	42	\$ 6	6,545,456	\$ 42,513,415
Net book value			\$24,340,6	62			\$ 24,032,041
The amortization charge for the	year	is as follow	S:			2020	2019
Building Equipment				\$	1,488 952	3,193 2,183	\$ 1,303,904 1,352,813
				\$	2,440	),376	\$ 2,656,717

Included in major equipment is equipment under capital lease with a cost of \$64,191 (2019 - \$318,856) and accumulated amortization of \$23,537 (2019 - \$265,363). Amortization expense includes amortization on equipment under capital lease of \$12,838 (2019 - \$61,631).

Capital asset additions in 2020 amounted to \$3,066,264 (2019 - \$4,830,709) in building and related service equipment, \$448,867 (2019 - \$1,794,636) in major equipment, \$2,557,782 (2019 - \$3,956,495) in construction in progress, and \$239,284 in land improvements (2019 - \$nil), totaling \$6,072,913 (2019 - \$10,581,840). There were transfers of \$3,558,646 (2019 - \$5,495,071) from construction in progress and asset retirements of \$69,431 (2019 - \$564,138) in major equipment.

### 6. Bank Indebtedness

As at March 31, 2020, the Hospital had \$6,000,000 in available credit (2019 - \$6,000,000), consisting of a \$5,000,000 operating line (2019 - \$5,000,000) and \$1,000,000 (2019 - \$1,000,000) in available transfers from Four Counties Health Services. At year end, there were no draws on the operating line and \$714,508 (2019 - \$546,682) was drawn from Four Counties Health Services.

# March 31, 2020

# 7. Deferred Contributions Relating to Capital Assets

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.

	2020	2019
Balance, beginning of year Contributions received Amortized to revenue	\$21,807,160 2,361,873 (1,856,148)	\$ 19,897,862 3,754,380 (1,845,082)
Balance, end of year	\$22,312,885	\$ 21,807,160

As at March 31, 2020 there was \$713,234 (2019 - \$471,349) of deferred capital contributions received which were not spent.

# 8. Long-term Debt

Long-term debt reported on the statement of financial position is comprised of the following:

	 2020	2019
Equipment loan - 0% interest, due February 2022, repayable in monthly installments of \$7,954, secured by operating room equipment with a carrying value of \$97,248.	\$ 182,934	\$ 278,377
Equipment Ioan - 3% interest, due September 2025, repayable in monthly installments of \$7,584, unsecured	457,185	546,682
Equipment Ioan - 3% interest, due March 2024, repayable in monthly installments of \$5,787, unsecured	257,323	
Less: current portion	\$ 897,442 237,016	\$ 825,059 171,335
	\$ 660,426	\$ 653,724

March 31, 2020

# 8. Long-term Debt (continued)

Principal repayments required on long-term debt over the next five years and thereafter are as follows:

Year	Amount
2021	\$ 237,016
2022	232,735
2023	149,663
2024	149,288
2025	88,354
Thereafter	 40,386
	\$ 897,442

Amounts to be recovered from the Strathroy Middlesex General Hospital Foundation over the next five years in relation to the equipment loan disclosed above are as follows:

Year	Amount
2021	\$ 237,016
2022	232,735
2023	149,663
2024	149,288
2025	88,354
Thereafter	 40,386
	\$ 897,442

March 31, 2020

9. Obligation Under Capital Lease		
	 2020	2019
Obligation under capital lease - 2.87%, due November 2019, repayable in semi-annual installments of \$12,726 principal and interest	\$ -	\$ 12,548
Obligation under capital lease - 5.17% due May 2019, repayable in monthly installments of \$1,309 principal and interest	<del>-</del>	2,602
Obligation under capital lease - 6.25% due May 2023, repayable in monthly installments of \$1,242 principal and interest	42,718	54,548
Less current portion	42,718 12,591	69,698 26,979
	\$ 30,127	\$ 42,719

Obligations under capital lease are secured by specific digital imaging equipment.

Principal payments required on obligations under capital lease for the next four years are as follows:

Year	Amount
2021	\$ 12,591
2022	13,400
2023	14,262
2024	 2,465
	\$ 42,718

March 31, 2020

### 10. Post-Employment Benefits

#### Retirement Benefits

The Healthcare of Ontario Pension Plan (HOOPP) has substantially all of the full-time employees enrolled in it. On October 1, 2015, all part-time and non-full-time employees became eligible to join the Plan immediately. Some of the part-time employees are enrolled into HOOPP. Contributions to the plan made during the year by the Hospital on behalf of these employees amounted to \$1,777,209 (2019 - \$1,717,160). Contributions to the plan made during the year by the employees amounted to \$1,410,479 (2019 - \$1,362,824). These are included in the "Employee Benefits" section of the Statement of Operations. For 2020, the Hospital had a liability of \$308,301 (2019 - \$288,531), associated with the Pension Plan.

As a result of restructuring and staff reductions, early retirement packages have been made available to eligible Hospital employees. Eligible full-time employees who opted for early retirement received a continuation of their current health care benefits, up to the age of 65.

The Hospital also pays 50% of the premiums for health and dental benefits of the Ontario Nurses' Association (ONA) members that retired after April 1, 2011, from the date of retirement until the individual reaches the age of 65.

The "Employee future benefit" liability is actuarially determined using the projected accrued benefit cost method, pro-rata on service, and reflects Management's best estimate of future cost trends associated with such benefits and interest rates. The Plan amendments are amortized over the expected average remaining service to full eligibility of the active employees. The cumulative gains and losses in excess of 10% of the beginning of the year accrued benefit obligation are amortized over the expected average remaining service to the expected retirement age of active employees (10.3 years).

March 31, 2020

# 10. Post-Employment Benefits (continued)

Information about the Hospital's accrued benefit obligation relating to its post-retirement benefit plan at March 31, 2020, is as follows:

	2020	2019
Accrued benefit obligation	\$603,000	\$606,000
Less unamortized losses:		
Unamortized past service costs	-	-
Unamortized net actuarial (gain)/loss	206,700	254,000
Accrued Benefit Liability - End of Year	\$809,700	\$ 860,000

The significant actuarial assumptions used in estimating the Hospital's accrued benefit obligations are as follows:

Discounted rate:	
Beginning of year	3.18%
End of year	3.29%
Weighted average health care trend rate	
Initial	6.1%
Ultimate	4.0%
Year "Ultimate" reached	2038

The actuarial valuation is for the period April 1, 2019 through March 31, 2020. Included in Employee Benefits on the Statement of Operations is an amount of \$17,200 (2019 - \$12,200) related to employee future benefits.

	2020	2019
Current Year Benefit cost:	\$ 25,900	\$ 24,200
Interest on accrued benefit obligation	19,500	19,900
Amortized actuarial loss	(28,200)	(31,900)
Total Expense	\$17,200	\$ 12,200

Above amounts exclude pension contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), a multi-employer plan, described above.

#### March 31, 2020

## 11. Related Entities

### a) Strathroy Middlesex General Hospital Foundation

The Strathroy Middlesex General Hospital Foundation is a separate legal entity. The Foundation raises funds for capital acquisition and other related purposes of the Hospital. The Foundation is incorporated under the Corporations Act of Ontario and is a registered charity under the Income Tax Act (Canada).

At March 31, 2020, the Hospital has a receivable from the Foundation of \$223,306 (2019 - \$2,746).

During the year, the Foundation transferred \$654,300 (2019 - \$520,877) to the Hospital to be used for the purchase of capital assets and \$361,609 (2019 - \$619,790) for operations (education and capital lease).

## b) Strathroy Middlesex General Hospital Auxiliary

The Auxiliary is an ancillary volunteer organization that is a registered charity under the Income Tax Act (Canada). Under its constitution and by-laws the stated purpose of the Auxiliary is to assist the Hospital and the community.

#### c) Four Counties Health Services

Strathroy Middlesex General Hospital is related to Four Counties Health Services as they are controlled by the same Board of Directors. Staff resources are shared by the hospital. During the year, Strathroy Middlesex General Hospital recovered remuneration of \$1,440,096 (2019 - \$1,318,129) from Four Counties Health Services, and reimbursed Four Counties Health Services \$350,987 (2019 - \$276,369) for remuneration paid by Four Counties Health Services. Joint purchases of supplies are expensed to each Hospital at point of purchase. At March 31, 2020, \$377,323 (2019 - \$183,283) was included in accounts receivable and \$114,111 (2019 - \$34,045) was included in accounts payable, relating to balances owing from/to Four Counties Health Services.

In the prior year, \$646,567 was advanced from Four Counties Health Services for the purchase of a new Radiology Suite. The loan is recorded at amortized cost and payments in the year amounted to \$105,000 including \$15,503 for interest. See note 8 for more details.

During the year, \$322,038 has been advanced from Four Counties Health Services for the purchase of new Scopes. The loan is recorded at amortized cost and payments in the year amounted to \$68,933 including \$4,218 for interest. See note 8 for more details.

All transactions between Strathroy Middlesex General Hospital and its related parties are recorded at cost.

#### 12. Economic Dependence

The Hospital received 84% of its total revenue for the year ended March 31, 2020 (2019 - 84%) from the SW LHIN and Ministry of Health and Long-Term Care.

March 31, 2020

## 13. Capital Management

The Hospital's primary objective when managing capital is to safeguard the entity's ability to deliver comprehensive family-centred patient care in a rural and community-focused health service setting in collaboration and integration with our healthcare partners. The Hospital defines its capital as its cash and net assets, both restricted and unrestricted.

The Hospital monitors its cash position on a weekly basis and reviews the current ratio and working capital position on a monthly basis.

The Hospital manages the capital structure and makes adjustments to it in light of changes in economic conditions and the risk characteristics of the underlying assets. The Strathroy Middlesex General Hospital Foundation provides the annual capital equipment support, which is paid on a predetermined basis during the fiscal year. In order to adjust the capital structure the Hospital may sell or purchase investments, utilize the approved operating line of credit, or any advances from the SW LHIN. Longer term borrowing arrangements with financial institutions are also in place.

There have been no changes in what the Hospital defines as capital, or the objectives, policies and procedures for managing capital, in the year.

# March 31, 2020

# 14. Public Sector Salary Disclosure Act

The Public Sector Salary Disclosure Act requires that the Hospital disclose in its annual statement, the amount of salary and benefits paid in excess of \$100,000.

For the Calendar year, 2019:	Salary	Taxable benefits
Todd Stepanuik, President and Chief Executive Officer	\$201,689	\$867
Rosemary Frketich, Vice President Clinical Services/ Chief Nursing Officer	\$130,936	\$605
Kimberly Jenkins, Site Director, Four Counties Health Services/Patient Care Manager	\$121,349	\$578
Marianne Lewis, Registered Nurse	\$119,156	\$840
Maureen Loft, Clinical Nurse Specialist/Nurse Practitioner	\$117,060	\$556
Gale Zottl, Registered Nurse	\$110,825	\$408
Nancy Switzer, Registered Nurse	\$110,215	\$509
Jennifer Rascao, Patient Care Manager	\$107,147	\$508
Lorne Campbell, Finance Manager	\$106,993	\$508
Nicole Fragassi-Arbique, Patient Care Manager	\$106,433	\$505
Jaime Moniz, Registered Nurse	\$104,310	\$457
Dawn Wolfs, Registered Nurse	\$104,264	\$464
Keri Jones, Registered Nurse	\$102,999	\$697
Sherry Larocque, Registered Nurse	\$102,986	\$464
Paula Knott, Registered Nurse	\$102,136	\$445
Lisa Mcleod-Seeley, Registered Nurse	\$101,493	\$445
Jeffery Brock, Information Systems and Telecommunications Manager	\$100,506	\$478
Anna Newell, Manager of Diagnostic Imaging and Cardiac Services	\$100,441	\$455

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## 14. Public Sector Salary Disclosure Act (continued)

Generally, the Act defines salary as the amount received by an employee required by the Income Tax Act (Canada) and defines benefits as amounts reported to Revenue Canada, Taxation, under the Income Tax Act (Canada).

# 15. Contingencies and Commitments

The Hospital has been named defendant in certain legal actions. The final liability, if any, of these claims is indeterminable as the Hospital has established defense actions and further, in the opinion of legal counsel and the Hospital's insurance adjustors, should any claim be successful, it would be subject to material coverage by the hospital's policies of insurance. See Note 18 regarding HIROC contingencies.

The Hospital is committed under an equipment lease agreement for rental of a CT scanner. Monthly payments of \$8,300 commenced in fiscal 2018, and will continue until fiscal 2024, when the lease term ends. The Strathroy Middlesex General Hospital Foundation has committed to fund the equipment lease through transfers to the Hospital.

At yearend, the Hospital was committed to purchase capital equipment related to COVID-19 totaling \$186,166. The equipment had not arrived before the end of the year.

### 16. Supplementary Information

Additional cash flow information is as follows:

	2020		2019	
Interest paid in the year Interest received in the year	\$	23,007 98,039	\$ 5,114 75,986	

### 17. Financial Instrument Risk Management

#### 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 to its cash and accounts receivable. The Hospital holds it cash accounts with federally regulated chartered banks who are insured by the Canadian Deposit Insurance Corporation. In the event of default, the Hospital's cash accounts are insured up to \$100,000 (2019 - \$100,000).

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

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

		Past Due			
	Total Curren	31-60 at days	61-90 days	91-120 days	> 120 days
Inpatients Outpatients OHIP Miscellaneous	\$ 68,166 \$ 50,105 49,479 24,940 252,524 191,780 1,007,959 828,318	12,459 56,780	1,171 \$ 6,497 929 7,632	- \$ 1,216 843 152,433	4,440 4,367 2,192 1,300
Gross receivables Less: impairment allowances	1,378,128 1,095,143 (25,000) (25,000	·	16,229 -	154,492 -	12,299 -
Net receivables	\$ <u>1,353,128</u> \$1,070,143	3 \$ 99,966 \$	16,229 \$	154,492 \$	12,299

The amounts aged greater than 90 days owing from patients that have not had corresponding impairment allowance setup against them are collectible based on the Hospital's past experience. Management has reviewed the individual balances and based on credit quality of debtors and their past history of payment.

### March 31, 2020

## 17. Financial Instrument Risk Management (continued)

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.

# Market risk

Market risk is the risk that the fair value or 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 or equity risk as it does not transact materially in foreign currency or hold equity financial instruments.

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.

### 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 capital lease obligation.

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.

# Liquidity rate risk

Liquidity risk is the risk that the Hospital will not be able to meet all cash outflow obligations as they come due. The Hospital mitigates this risk by monitoring cash activities and expected outflows through extensive budgeting and maintaining investments that may be converted to cash in the near-term if unexpected cash outflows arise. The follow table sets out the contractual maturities (representing undiscounted contractual cash-flows of financial liabilities):

	6 months	6 months to  6 months 1 year			1 - 5 years	
Accounts payable Long-term debt	\$ 5,982,187 118,288	\$	- 118,729	\$	- 660,424	
	\$ 6,100,475	\$	118,729	\$	660,424	

#### March 31, 2020

#### 18. HIROC

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

Since its inception in 1987 HIROC has accumulated an unappropriated surplus, which is the total of premiums paid by all subscribers plus investment income less the obligation for claims reserves and expenses and operating expenses. Each subscriber which has an excess of premium plus investment income over the obligation for their allocation of claims reserves and expenses and operating expenses may be entitled to receive distributions of their share of the unappropriated surplus at the time such distributions are declared by the Board of Directors of HIROC.

#### 19. Other Votes

Other votes reflects a separate funding stream from the MOHLTC/SW LHIN for programs not typically part of the base, QBP, Wait Time, or HBAM funding. Other votes consists of the funding and related expenses for municipal taxes.

#### 20. Subsequent Events

On March 11, 2020 the World Health Organization declared the Coronavirus COVID-19 (COVID- 19) outbreak a pandemic.

From the declaration of the pandemic to the date of approval of these financial statements, the Hospital implemented several initiatives including:

Enhanced infection prevention control measures including screening, isolations, increased use of personal protective equipment and increased cleaning;

Suspension of some services, and cancellation of elective surgeries and less urgent diagnostic procedures. This was done in order to create capacity for pandemic response and limit the potential for transmission within the Hospital;

The purchase of equipment and supplies, and the hiring of additional staff, in order to create capacity for pandemic response.

As a result of these actions, the Hospital experienced increases in operating costs.

## a) Current year transactions:

For the year ended March 31, 2020, the Hospital incurred COVID-related expenses of \$228,319, and has recognized \$nil of revenue from these programs. These amounts have been recorded in the appropriate expense lines in the statement of operations.

# March 31, 2020

# 20. Subsequent Events (continued)

b) Subsequent events related to COVID-19:

The Ministry has also committed to providing additional funding to Ontario Hospitals for COVID-related operating and capital costs in the subsequent period. At the date of the approval of these financial statements, the amount, timing and eligibility for this funding is not known. As such, an estimate of the financial effect of this funding is not practicable at this time.

The ultimate duration and magnitude of the COVID-19 pandemic's impact on the Hospital's operations and financial position is not known. An estimate of the financial effect of the pandemic on the Hospital is not practicable at this time.