

# **Northumberland Hills Hospital**

## **Financial Statements**

**For the year ended March 31, 2022**

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## INDEPENDENT AUDITORS' REPORT

To the Board of Directors of Northumberland Hills Hospital

### **Opinion**

We have audited the financial statements of the Northumberland Hills Hospital (the "Entity"), which comprise:

- the statement of financial position as at March 31, 2022
- the statement of revenue and expenses for the year then ended
- the statement of changes in net assets (deficiency) for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies.

(Hereinafter referred to as the "financial statements").

In our opinion, the accompanying financial statements, present fairly, in all material respects, the financial position of the Entity as at March 31, 2022, its results of operations, its remeasurement gains and losses and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

### **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 "**Auditors' Responsibilities for the Audit of the Financial Statements**" section of our auditors' 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 the financial statements in accordance with Canadian public sector accounting standards, 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.

### ***Auditors' 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 auditors' 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 the 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 auditors' 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 auditors' 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.
- 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.

*KPMG LLP*

Chartered Professional Accountants, Licensed Public Accountants

Kingston, Canada

June 2, 2022

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# Northumberland Hills Hospital

## Statement of Financial Position

As at	March 31, 2022	March 31, 2021
<b>Assets</b>		
<b>Current assets</b>		
Cash	\$ 9,343,091	\$ 7,207,403
Accounts receivable, net of allowance for doubtful accounts (Note 2)	9,098,828	6,999,202
Inventories	1,316,793	1,359,787
Prepaid expenses	<u>2,157,837</u>	<u>1,064,974</u>
	21,916,549	16,631,366
<b>Capital assets (Note 3)</b>	<u>49,407,327</u>	<u>46,001,617</u>
	<u>\$ 71,323,876</u>	<u>\$ 62,632,983</u>
<b>Liabilities and Net Assets (Deficiency)</b>		
<b>Current liabilities</b>		
Accounts payable and accrued liabilities	\$ 11,679,785	\$ 8,401,395
Accrued salaries and benefits	6,118,021	6,367,108
Current portion of accrued employee benefit liability (Note 5)	175,400	219,700
Current term portion of equipment contract (Note 8)	192,380	260,826
Deferred revenue	-	165,678
	<u>18,165,586</u>	<u>15,414,707</u>
<b>Long-term liabilities</b>		
Accrued employee benefit liability (Note 5)	4,297,646	4,404,838
Deferred capital contributions (Note 6)	45,955,219	41,242,850
Long term portion of equipment contract (Note 8)	<u>331,743</u>	<u>524,123</u>
	<u>50,584,608</u>	<u>46,171,811</u>
	68,750,194	61,586,518
<b>Contingent liabilities (Note 9)</b>		
<b>Commitments (Note 10)</b>		
<b>Net assets (deficiency)</b>		
Internally restricted	4,500,000	4,500,000
Unrestricted deficiency	<u>(1,926,318)</u>	<u>(3,453,535)</u>
<b>Net assets</b>	<u>2,573,682</u>	<u>1,046,465</u>
	<u>\$ 71,323,876</u>	<u>\$ 62,632,983</u>

Approved by the Board of Directors

 Director

 Director

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## Northumberland Hills Hospital

### Statement of Revenue and Expenses

For the year ended March 31	2022	2021
<b>Revenue</b>		
Base operating funding	\$ 55,334,254	\$ 53,983,518
One-time operating funding (Note 17)	10,035,554	7,891,931
Separately funded programs - other votes	4,180,814	4,712,405
Separately funded programs - satellite renal program	2,171,749	2,201,652
Patient revenue	10,303,121	9,754,662
Differential and co-payment revenue	955,970	835,313
Other revenue	6,276,846	4,483,641
Amortization of deferred capital contributions related to major equipment and software licences (Note 7)	1,905,771	1,713,610
	<u>91,164,079</u>	<u>85,576,732</u>
<b>Expenses</b>		
Salaries and wages	40,016,928	37,402,489
Employee benefits	9,460,523	8,778,859
	<u>49,477,451</u>	<u>46,181,348</u>
Medical remuneration	9,592,680	8,650,563
Medical and surgical supplies	3,012,181	2,626,142
Drugs and medical gases	6,656,516	4,689,830
Supplies	3,157,509	2,918,503
Equipment and maintenance	3,956,041	3,950,071
Professional fees	1,396,245	952,097
Referred out contracted services	2,233,821	2,397,419
Interest (Note 4)	37,500	48,246
Sundry	1,335,950	1,126,007
Separately funded programs - other votes	4,180,814	4,712,405
Separately funded programs - satellite renal program	2,480,948	2,452,523
Amortization of major equipment and software licences (Note 7)	1,903,474	1,700,238
	<u>89,421,130</u>	<u>82,405,392</u>
<b>Excess of revenue over expenses before the undernoted</b>	<b>1,742,949</b>	<b>3,171,340</b>
Gain on disposal of capital assets	-	4,710
Amortization of deferred capital contributions related to land improvements, buildings and building service equipment (Note 7)	1,439,427	1,437,090
Amortization of land improvements, buildings and building service equipment (Note 7)	(1,655,159)	(1,553,165)
<b>Excess of revenue over expenses</b>	<b>\$ 1,527,217</b>	<b>\$ 3,059,975</b>

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**Northumberland Hills Hospital**

**Statement of Changes in Net Assets (Deficiency)**

<b>For the year ended March 31</b>	<b>Unrestricted</b>	<b>Internally Restricted</b>	<b>2022</b>	<b>2021</b>
Net assets (deficiency), beginning of year	\$ (3,453,535)	\$ 4,500,000	\$ 1,046,465	\$ (2,013,510)
Excess of revenue over expenses	1,527,217	-	1,527,217	3,059,975
Net assets (deficiency), end of year	\$ (1,926,318)	\$ 4,500,000	\$ 2,573,682	\$ 1,046,465

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**Northumberland Hills Hospital****Statement of Cash Flows**

<b>For the year ended March 31</b>	<b>2022</b>	<b>2021</b>
<b>Cash provided by (used in)</b>		
<b>Operating activities</b>		
Excess of revenue over expenses	\$ 1,527,217	\$ 3,059,975
Adjustment for items which do not affect cash		
Amortization of deferred capital contributions	(3,345,198)	(3,150,700)
Amortization of capital assets	3,558,633	3,253,403
Post-retirement employee benefits expense for year	49,300	116,000
	<u>1,789,952</u>	<u>3,278,678</u>
Net increase in non-cash working capital (Note 14)	<u>(486,663)</u>	<u>(611,240)</u>
	<u>1,303,289</u>	<u>2,667,438</u>
<b>Financing activities</b>		
Payments on equipment contract	<u>(260,826)</u>	<u>(275,843)</u>
<b>Capital activities</b>		
Proceeds from disposal of capital assets	-	19,631
Purchase of capital assets	(6,964,342)	(4,896,956)
Loss on disposal of capital assets	-	(4,710)
Donations and capital grants	8,057,567	2,620,280
Gain on disposal of funded assets	-	(14,921)
	<u>1,093,225</u>	<u>(2,276,676)</u>
<b>Increase in cash</b>	2,135,688	114,919
<b>Cash at beginning of year</b>	<u>7,207,403</u>	<u>7,092,484</u>
<b>Cash at end of year</b>	<u>\$ 9,343,091</u>	<u>\$ 7,207,403</u>

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# Northumberland Hills Hospital

## Summary of Significant Accounting Policies

Year ended March 31, 2022

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<b>Accounting Standards</b>	<p>On April 1, 2012, the Hospital adopted Canadian public sector accounting standards. The Hospital has also elected to apply the 4200 standards for government not-for-profit organizations.</p>
<b>Revenue Recognition</b>	<p>Northumberland Hills Hospital ("Hospital") is funded primarily by the Province of Ontario in accordance with accountability and contractual arrangements entered into with the Ministry of Health ("Ministry") and Ontario Health. Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of an accounting period are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period. One-time funding is recognized when the terms and conditions of the grant are met.</p> <p>The Hospital follows the deferral method of accounting for contributions which include donations and government grants. 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. Externally restricted contributions are recognized as revenue in the year in which the related expenses are recognized. Contributions restricted 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.</p> <p>Revenue from the Ontario Health Insurance Plan, preferred accommodation and other revenue is recognized when the goods are sold or the service is provided.</p>
<b>Contributed Services</b>	<p>A substantial number of volunteers contribute a significant amount of their time each year. The fair value of these contributed services is not recorded in the financial statements.</p>
<b>Inventories</b>	<p>Inventories are measured at the lower of cost and net realizable value by using first-in, first-out inventory and/or weighted average costing methodology.</p>
<b>Capital Assets</b>	<p>Capital assets are recorded at cost. Betterments which extend the estimated life of an asset are capitalized. Repairs and maintenance costs are charged to expense. Gains and losses on the disposal of capital assets are credited or charged to operations in the year of disposal. Interest costs incurred on debt incurred for assets under construction are capitalized until the asset is placed in service.</p> <p>When a capital asset no longer contributes to the Hospital's ability to provide services, its carrying amount is written down to its residual value.</p> <p>Construction in progress is not amortized until the project is complete and the facilities come into use.</p> <p>Equipment under leases that effectively transfer substantially all of the benefits and risks of ownership to the Hospital as lessee is recorded as a capital asset at the present value of the minimum payments under the lease with a corresponding liability for the related lease obligation. Charges to expenses are made for amortization of the equipment and interest inherent in the lease obligation. Leases not meeting the conditions of a capital lease are treated as operating leases.</p>

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# Northumberland Hills Hospital

## Summary of Significant Accounting Policies

Year ended March 31, 2022

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### Capital Assets (continued)

Capital assets are amortized according to Ministry guidelines on a straight-line basis using the following annual rates:

Buildings	2.50%
Building service equipment	5%
Land improvements	5% to 20%
Equipment	5% to 20%
Software licences and related costs	20%

### Employee Future Benefits

The Hospital accrues its obligations for employee benefit plans. The cost of non-pension post-retirement and post-employment benefits earned by employees is actuarially determined using the projected benefit method pro-rated on service and management's best estimate of salary escalation (where applicable), retirement ages of employees and expected health care costs.

Actuarial gains (losses) on the accrued benefit obligation arise from differences between actual and expected experience and from changes in the actuarial assumptions used to determine the accrued benefit obligation. The net accumulated actuarial gains (losses) are amortized over the average remaining service period of active employees. The expected average remaining service life to retirement of the active employees covered by the other retirement benefits plan is 14 years (2021 - 12 years).

Past service costs arising from plan amendments are recognized immediately in the period the plan amendments occur.

The Hospital is an employer member of the Healthcare of Ontario Pension Plan, which is a multi-employer, defined benefit pension plan. The Hospital has adopted defined contribution plan accounting principles for the Plan because insufficient information is available to apply defined benefit plan accounting principles. Contributions to the multi-employer defined benefit plan are expensed when due.

The most recent funding of this multi-employer pension plan conducted as at December 31, 2021 disclosed actuarial assets of \$114.4 billion with accrued pension liabilities of \$85.9 billion, resulting in a surplus of \$28.5 billion. This valuation also confirmed that the plan was fully funded on a solvency basis as at December 31, 2021 based on the assumptions and methods adopted for the valuation.

### Financial Instruments

Financial instruments are recorded at fair value on initial recognition. Financial instruments are subsequently recorded at cost or amortized cost unless management has elected to carry the instruments at fair value. Management has not elected to subsequently carry financial instruments at fair value.

Long term debt is recorded at amortized cost.

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## Northumberland Hills Hospital

### Summary of Significant Accounting Policies

Year ended March 31, 2022

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**Use of Estimates**

In preparing the financial statements in accordance with Canadian public sector accounting standards, management is required to make estimates and assumptions to determine the reported amounts of assets and liabilities, the disclosure of contingent liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

**Statement of Remeasurement Gains and Losses**

A statement of remeasurement gains and losses has not been provided as there are no significant unrealized gains or losses at March 31, 2022.

# Northumberland Hills Hospital

## Notes to the Financial Statements

Year ended March 31, 2022

### 1. Economic Environment

#### a. Nature of Business

The Hospital is engaged in the provision of various health care services within Northumberland County. The Hospital is a registered charity under the *Income Tax Act* (Canada) and accordingly is exempt from income taxes, provided certain requirements of the *Income Tax Act* (Canada) are met.

#### b. Economic Dependence

The Hospital is dependent on an on-going basis on the Ministry of Health and/or CE LHIN as the primary funding source for operating activities. This year, provincial funding was equivalent to 92% of the total operating revenue (2021 - 94%).

### 2. Accounts Receivable

	March 31, 2022	March 31, 2021
Accounts receivable:		
Ministry of Health/Ontario Health	\$ 2,619,813	\$ 3,578,188
Foundation (Note 12)	3,948,046	1,463,634
Other receivables	2,566,162	1,990,445
	<u>9,134,021</u>	<u>7,032,267</u>
Less allowance for doubtful accounts	<u>(35,193)</u>	<u>(33,065)</u>
	<u>\$ 9,098,828</u>	<u>\$ 6,999,202</u>

### 3. Capital Assets

	March 31, 2022		
	Cost	Accumulated Amortization	Net Book Value
Land and land improvements	\$ 1,309,148	\$ 268,493	\$ 1,040,655
Buildings and building service equipment	62,205,726	27,298,369	34,907,357
Equipment	39,550,214	32,308,790	7,241,424
Software licenses and related costs	10,722,203	4,504,312	6,217,891
	<u>\$ 113,787,291</u>	<u>\$ 64,379,964</u>	<u>\$ 49,407,327</u>
	March 31, 2021		
	Cost	Accumulated Amortization	Net Book Value
Land and land improvements	\$ 1,309,148	\$ 262,312	\$ 1,046,836
Buildings and building service equipment	59,626,257	25,649,391	33,976,866
Equipment	38,136,723	30,738,568	7,398,155
Software licences and related costs	4,634,908	4,346,773	288,135
	<u>\$ 103,707,036</u>	<u>\$ 60,997,044</u>	<u>\$ 42,709,992</u>
Capital work-in-progress	\$ 3,291,625	\$ -	\$ 3,291,625
	<u>\$ 106,998,661</u>	<u>\$ 60,997,044</u>	<u>\$ 46,001,617</u>

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# Northumberland Hills Hospital

## Notes to the Financial Statements

Year ended March 31, 2022

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### 4. Interest

#### a. Bank Operating Line of Credit

The Hospital has an unsecured bank operating line of credit of \$4.5 million at March 31, 2022 (2021 - \$4.5 million) at a fixed interest rate of 3.20%. The line of credit is undrawn as at March 31, 2022 (2021 - \$Nil). This arrangement is reviewed annually with the bank.

The Hospital has a non-revolving credit facility with a cap of \$1.2 Million (2021 - \$1.2 Million) to assist with financing the cogeneration equipment and associated leasehold improvements, with interest at the Bank's prime lending rate. As at March 31, 2022 this revolving credit was not drawn upon (2021 - undrawn).

In fiscal 2020, the Hospital opened a new bank account designated towards investment in the new Clinical Information System. The balance as at March 31, 2022 was \$4,525,814 (2021 - \$4,506,302).

Bank interest expense incurred during the year on the operating line of credit was \$3,220 (2021 - \$60).

#### b. Interest on Equipment Lease

The Hospital entered a 36 month unsecured lease arrangement for surgical equipment (Note 8), bearing interest at 3.68%, repayable in annual instalments due May 2021. Interest recognized for the year ended March 31, 2022 amounted to \$3,502 (2021 - \$8,241). This lease was repaid during the year.

The Hospital entered into a 66 month lease agreement for an Automatic Drug Dispensing Unit for Pharmacy (Note 8). The imputed interest rate is 4.89% annually, and the interest recognized for the year ended March 31, 2022 amounted to \$30,778 (2021 - \$39,945).

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# Northumberland Hills Hospital

## Notes to the Financial Statements

Year ended March 31, 2022

### 5. Accrued Employee Benefit Liability

The Hospital provides extended health care, dental and life insurance benefits to certain employees upon retirement. Costs for employee future benefits are accrued over the periods in which employees earn the benefits through service.

The date of the most recent actuarial valuation used to measure the accrued benefit obligation was March 31, 2021. The following actuarial assumptions were used in estimating the Hospital's post-retirement benefits expense and the accrued benefit liability:

Discount rate for calculation of net benefit costs	3.00%	per annum (2021 - 3.10%)
Discount rate for disclosure at end of period	3.70%	per annum (2021 - 3.00%)
Dental benefits cost escalation	3.00%	per annum (2021 - 3.00%)
Medical benefits cost escalation - extended health care	5.57%	per annum (2021 - 5.57%)

Total ~~employee-future-benefits~~ expense for the year is as follows:

	2022	2021
Current service cost	\$ 152,500	\$ 164,900
Interest on accrued employee benefits	81,700	99,300
Amortization of actuarial gains	(184,900)	(148,200)
	<u>\$ 49,300</u>	<u>\$ 116,000</u>
		<u>0</u>

Information with respect of the Hospital's post-retirement and post-employment employee benefit liabilities is as follows:

	2022	2021
Accrued employee benefit liability, beginning of year	\$ 4,582,800	\$ 4,687,200
Expense for the year	49,300	116,000
Employee benefits paid for the year	(219,700)	(220,400)
Accrued employee benefit liability, end of year	4,412,400	4,582,800
Less current portion	(175,400)	(219,700)
	<u>\$ 4,237,000</u>	<u>\$ 4,363,100</u>
Other long term accrued liabilities	\$ 60,646	\$ 41,738
	<u>\$ 4,297,646</u>	<u>\$ 4,404,838</u>

Accrued employee benefit liabilities at year-end include the following components:

	2022	2021
Accrued employee benefit obligation	\$ 2,487,400	\$ 2,679,100
Unamortized actuarial gains	1,925,000	1,903,700
Accrued employee benefit liability	<u>\$ 4,412,400</u>	<u>\$ 4,582,800</u>

# Northumberland Hills Hospital

## Notes to the Financial Statements

Year ended March 31, 2022

### 6. Deferred Capital Contributions

Deferred capital contributions related to capital assets represent the unamortized amount of donations and grants received for the purchase of capital assets.

During the fiscal year the Hospital received Health Infrastructure Renewal Fund (HIRF) funding through the Ministry of Health totalling \$1,005,000 (2021 - \$263,773). The funding has been fully used for its intended purpose. Approval was granted to carry forward unspent funds in the amount of \$nil (2021 - \$109,184).

The continuity of deferred capital contributions is as follows:

	2022	2021
Capital contributions received in year from:		
Northumberland Hills Hospital Foundation (Note 13)	\$ 6,525,514	\$ 2,055,550
Northumberland Hills Hospital Auxiliary	120,000	40,000
Ministry of Health	<u>1,412,053</u>	<u>524,730</u>
	8,057,567	2,620,280
Less amortization of deferred capital contributions (Note 7)	(3,345,198)	(3,150,700)
Less amounts related to capital assets disposed of in year	<u>-</u>	<u>(14,921)</u>
Increase (decrease) in year	4,712,369	(545,341)
Balance at beginning of year	<u>41,242,850</u>	<u>41,788,191</u>
Balance at end of year	<u>\$ 45,955,219</u>	<u>\$ 41,242,850</u>

### 7. Amortization

a. Amortization of Deferred Capital Contributions related to:	2022	2021
Major equipment and software licences	\$ 1,905,771	\$ 1,713,610
Land improvements, buildings and building service equipment, and interest for hospital construction	<u>1,439,427</u>	<u>1,437,090</u>
	<u>\$ 3,345,198</u>	<u>\$ 3,150,700</u>
b. Amortization of Capital Assets	2022	2021
Major equipment and software licences	\$ 1,903,474	\$ 1,700,238
Land improvements, buildings and building service equipment	<u>1,655,159</u>	<u>1,553,165</u>
	<u>\$ 3,558,633</u>	<u>\$ 3,253,403</u>

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**Northumberland Hills Hospital**  
**Notes to the Financial Statements**

Year ended March 31, 2022

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**8. Long Term Portion of Equipment Contract**

	2022	2021
<b>Surgical Equipment:</b>		
Equipment loan, unsecured, bearing interest at 3.68%, repayable in annual instalments due May 2021	\$ -	\$ 68,446
Less - current portion	<u>-</u>	<u>(68,446)</u>
	<u>\$ -</u>	<u>\$ -</u>

This was repaid during the year.

	2022	2021
<b>Automatic Drug Dispensing Unit:</b>		
Capital lease, unsecured, bearing imputed interest of 4.89%, repayable in blended monthly installments of \$18,596 net of HST rebates	\$ 524,123	\$ 716,503
Less - current portion	<u>(192,380)</u>	<u>(192,380)</u>
	<u>\$ 331,743</u>	<u>\$ 524,123</u>

Scheduled repayments are as follows: 2023- \$202,006; 2024- \$212,113;  
2025- \$110,004

Total current term portion of equipment contract	\$ 192,380	\$ 260,826
Long term portion of equipment contract	<u>331,743</u>	<u>524,123</u>
	<u>\$ 524,123</u>	<u>\$ 784,949</u>

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# Northumberland Hills Hospital

## Notes to the Financial Statements

Year ended March 31, 2022

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### 9. Contingent Liabilities

#### a. Potential Claims

The nature of the Hospital's activities is such that there is usually litigation pending or in prospect at any time. With respect of claims at March 31, 2022, management believes the Hospital has valid defenses and appropriate insurance coverages in place. In the event any claims are successful, management is of the opinion that such claims will not have a material effect on the Hospital's financial position.

#### b. Health Insurance Reciprocal of Canada ("HIROC")

The Hospital became a member of the Healthcare Insurance Reciprocal of Canada ("HIROC") on April 1, 2014. HIROC is registered as a Reciprocal pursuant to Provincial Insurance Acts, which permits persons to exchange with other persons reciprocal contracts of indemnity insurance. HIROC facilitates the provision of liability insurance coverage of health care organizations in the provinces of Ontario, Manitoba, Saskatchewan and Newfoundland. Subscribers pay annual premiums, which are actuarially determined, and are subject to assessment for losses in excess of such premiums, if any, experienced by the group of subscribers for the years in which they were a subscriber. No such assessments have been made to March 31, 2022.

Since its inception in 1987, HIROC has accumulated an un-appropriated 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 un-appropriated surplus at the time such distributions are declared by the Board of Directors of HIROC. There are no distributions to or receivables from HIROC as of March 31, 2022.

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### 10. Commitments

The Hospital is committed to a minimum of annual lease payments relating to separately funded programs under various property and vehicle leases to the end of the lease term as follows:

2023	\$	259,885
2024		233,883
2025		136,432

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# Northumberland Hills Hospital

## Notes to the Financial Statements

Year ended March 31, 2022

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### 11. Guarantees

In the normal course of business, the Hospital enters into agreements that may contain guarantees. The Hospital's significant outstanding guarantees include:

- a. Indemnity is provided to all directors and/or officers of the Hospital for various items including, but not limited to, all costs to settle suits or actions due to association with the Hospital, subject to certain restrictions. The Hospital has purchased directors' and officers' liability insurance to mitigate the cost of any potential future suits or actions. The term of the indemnification is not explicitly defined, but is limited to the period over which the indemnified party served as a trustee, director or officer of the Hospital. The maximum amount of any potential future obligation cannot be reasonably estimated.
- b. In the normal course of business, the Hospital enters into agreements that include indemnities in favour of third parties, such as purchase and sale agreements, confidentiality agreements, engagement letters with advisors and consultants, outsourcing agreements, leasing contracts, information technology agreements and service agreements. These indemnification agreements may require the Hospital to compensate counterparties for losses incurred by the counterparties as a result of breaches in representation and regulations or as a result of litigation claims or statutory sanctions that may be suffered by the counterparty as a consequence of the transaction. The terms of these indemnities are not explicitly defined and the maximum amount of any potential reimbursement cannot be reasonably estimated.

The nature of these indemnification agreements prevents the Hospital from making an estimate of the maximum exposure owing to the difficulties in assessing the amount of liability from unpredictable future events as well as from the unlimited coverage offered to counterparties. Historically, the Hospital has not made any significant payments nor are any currently anticipated under such or similar agreements. Therefore, no amount has been accrued with respect of these agreements.

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### 12. Related Parties

#### a. Northumberland Hills Hospital Foundation

The Northumberland Hills Hospital Foundation (the Foundation), which raises funds for the Hospital, is a separate corporate entity and disburses funds at the discretion of its own Board of Directors. The accounts of the Foundation have not been included in these financial statements. The Foundation has reimbursed the Hospital for salaries, benefits and other expenses incurred by the Foundation in the amount of \$435,098 (2021 - \$460,147), which are recorded on a cost recovery basis. The Foundation has also provided contributions to the Hospital for equipment needs as outlined in Note 6. Accounts Receivable includes \$3,948,046 from the Foundation as at March 31, 2022 (2021 - \$1,463,634), comprised of Q4 Call on Cash of \$3,915,496 (2021 - \$1,409,108), and Foundation operating expenses for March 2022 \$32,550 (2021 - \$54,526).

#### b. Auxiliary to the Northumberland Hills Hospital

The net assets and results of the operations of the Auxiliary are not included in the financial statements of the Hospital.

The Hospital has an economic interest in the Auxiliary to the Northumberland Hills Hospital by way of the Hospital holding resources that are used by the Auxiliary to produce revenue.

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# Northumberland Hills Hospital

## Notes to the Financial Statements

Year ended March 31, 2022

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### 13. Financial Risks and Concentration of Credit Risk

#### a. Credit Risk

Credit risk refers to the risk that a counterpart may default on its contractual obligations resulting in a financial loss. The Hospital is exposed to credit risk with respect to the accounts receivable.

The Hospital assesses, on a continuous basis, accounts receivable and provides for any amounts that are not collectible in the allowance of doubtful accounts. The maximum exposure to credit risk of the Hospital at March 31, 2022 is the carrying value of these assets.

The carrying amount of accounts receivable is valued with consideration for an allowance for doubtful accounts. The amount of any related impairment loss is recognized in the statement of revenue and expenses. Subsequent recoveries of impairment losses related to accounts receivable are credited to the statement of revenue and expenses. The balance of the allowance for doubtful accounts at March 31, 2022 was \$35,193 (2021 - \$33,065).

As at March 31, 2022 \$520,358 (2021 - \$353,532) of trade accounts receivable were past due, but not impaired.

There have been no significant changes to the credit risk exposure from 2021.

#### b. Liquidity Risk

Liquidity risk is the risk that the Hospital will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The Hospital manages its liquidity risk by monitoring its operating requirements. The Hospital prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations.

Accounts payable and accrued liabilities are generally due within 60 days of receipt of an invoice.

There have been no significant changes to the liquidity risk exposure from 2021.

#### c. Interest Rate Risk

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the Hospital to cash flow interest rate risk. The Hospital is exposed to this risk through its available credit facilities.

There have been no significant changes to the interest rate risk exposure from 2021.

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### 14. Net Changes in Non-cash Working Capital Components Relating to Operations:

	2022	2021
Increase (decrease) in assets:		
Accounts Receivable	\$ (2,099,626)	\$ (4,336,621)
Inventories	42,994	(154,318)
Prepaid Expenses	(1,092,863)	19,667
Increase (decrease) in liabilities:		
Accounts Payable and Accrued Liabilities	3,278,389	3,259,157
Accrued Salaries and Benefits	(249,087)	636,998
Deferred Revenue	(165,678)	165,678
Employee Benefit Liability	(200,792)	(201,801)
Net change in non-cash working capital	<u>\$ (486,663)</u>	<u>\$ (611,240)</u>

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# Northumberland Hills Hospital

## Notes to the Financial Statements

Year ended March 31, 2022

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### 15. Pension Costs

Substantially all of the employees of the Hospital are members of the Healthcare of Ontario Pension Plan (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees of the participating members of the Ontario Hospital Association. Contributions to the plan made during the year by the Hospital on behalf of its employees amounted to \$3,383,863 (2021 - \$3,220,796) and are included in the statement of revenue and expenses.

Pension expense is based on Plan management's best estimates, in consultation with its actuaries, of the amount, required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. The funding objective is for employer contributions to the Plan to remain a constant percentage of employees' contributions.

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The Plan's 2021 Annual Report indicates the plan is fully funded at 120%.

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### 16. Implementation of Clinical Information System

In February 2019, the Hospital signed a Memorandum of Understanding with six other partner hospitals in the region for the implementation of a Clinical Information System ("CIS"). This was a transformational project that spanned multiple years and was undertaken in collaboration with other hospitals. The project went live in December 2021. The cost of the project was approximately \$6M and is recorded as part of software licenses and related costs within capital assets on the Statement of Financial Position. This project was funded through contributions from the Foundation and the Auxiliary.

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# Northumberland Hills Hospital

## Notes to the Financial Statements

Year ended March 31, 2022

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### 17. Ministry of Health pandemic funding:

In connection with the ongoing coronavirus pandemic ("COVID-19"), the Ministry of Health ("Ministry") has announced a number of funding programs intended to assist hospitals with incremental operating and capital costs and revenue decreases resulting from COVID-19. In addition to these funding programs, the Ministry is also permitting hospitals to redirect unused funding from certain programs towards COVID-19 costs, revenue losses and other operational pressures through a broad-based funding reconciliation.

While the Ministry has provided guidance with respect to the maximum amount of funding potentially available to the Hospital, as well as criteria for eligibility and revenue recognition, this guidance continues to evolve and is subject to revision and clarification subsequent to the time of approval of these financial statements. The Ministry has also indicated that all funding related to COVID-19 is subject to review and reconciliation, with the potential for adjustments during the subsequent fiscal year.

Management's estimate of Ministry revenue for COVID-19 is based on the most recent guidance provided by Ministry and the impacts of COVID-19 on the Hospital's operations, revenue and expenses. Any adjustments to Management's estimate of Ministry revenue will be reflected in the Hospital's financial statements in the year of settlement.

Details of the Ministry funding for COVID-19 recognized as revenue in the current year are summarized below:

	2022	2021
Funding for incremental COVID-19 operating expenses	\$ 2,157,182	\$ 2,245,218
Funding for revenue losses resulting from COVID-19	-	1,135,474
Funding for pandemic pay	-	1,074,757
Funding for assessment centre	726,721	677,958
Funding for temporary physician funding	474,983	47,768
Funding for temporary wage enhancement	7,535	1,952
	<u>\$ 3,366,421</u>	<u>\$ 5,183,127</u>

In addition to the above, the Hospital also received \$407,053 (2021 - \$260,957) in Ministry funding for COVID-19 related capital expenditures which has been recorded as an addition to deferred capital contributions during the year.

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### 18. COVID-19 impacts

In response to COVID-19 and consistent with guidance provided by the Ministry and other government agencies, the Hospital has implemented a number of measures to protect patients and staff from COVID-19. In addition, the Hospital has actively contributed towards the care of COVID-19 patients and the delivery of programs that protect public health.

The Hospital continues to respond to the pandemic and plans for continued operational and financial impacts during the 2022-23 fiscal year and beyond. Management has assessed the impact of COVID-19 and believes there are no significant financial issues that compromise its ongoing operations on the basis of continued government support to address financial challenges related to the pandemic. The outcome and timeframe to a recovery from the current pandemic is highly unpredictable, thus it is not practicable to estimate and disclose its effect on future operations at this time.