



FINANCIAL STATEMENTS

MARCH 31, 2017

Our Vision: Outstanding Care - No Exceptions!

Our Mission: Deliver an outstanding patient care experience driven by a passionate commitment to excellence.



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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of Windsor Regional Hospital

We have audited the accompanying financial statements of Windsor Regional Hospital, which comprise the statement of financial position as at March 31, 2017 the statements of revenue and expense, changes in net assets, statement of remeasurement gains and losses and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, 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.

Auditors' Responsibility

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

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

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



Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Windsor Regional Hospital as at March 31, 2017, 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.

KPMG LLP

Chartered Professional Accountants, Licensed Public Accountants

June 22, 2017
Windsor, Canada


STATEMENT OF FINANCIAL POSITION

Year ended March 31, 2017

	2017 \$ (000)	2016 \$ (000)
ASSETS		
Current assets:		
Cash	-	4,413
Accounts receivable, net (Note 2)	23,047	19,299
Inventories	3,768	4,122
Prepaid and deferred charges	3,295	2,322
Due from related parties (Note 14)	690	302
	30,800	30,458
Investments held for capital purposes (Note 3)	4,516	3,972
Capital assets: (Note 4)		
Cost	375,657	362,470
Less: Accumulated amortization	200,002	188,055
	175,655	174,415
Total assets	210,971	208,845
LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS		
Current liabilities:		
Bank indebtedness (Note 5)	5,623	-
Accounts payable and accrued liabilities (Note 6 and 16)	69,322	64,485
Current portion of accrued benefit liabilities (Note 7)	1,035	1,002
Current portion of loans payable (Note 8)	2,264	2,175
	78,244	67,662
Long-Term liabilities:		
Loans payable (Note 8)	40,778	43,047
Accrued sick leave entitlements	7,074	6,832
Accrued benefit liabilities (Note 7)	19,161	18,018
Deferred capital grants net of amortization (Note 9)	118,648	117,608
Interest rate swaps	2,105	2,731
	187,766	188,236
Net assets - unrestricted	(52,934)	(44,322)
Accumulated remeasurement losses	(2,105)	(2,731)
Commitments and contingencies (Notes 12, 13 and 18)		
Total liabilities, deferred contributions and net assets	210,971	208,845

See accompanying notes to financial statements

On behalf of the Board:



Lynne Watts
Chairperson



Leanne Leech
Treasurer

WINDSOR REGIONAL HOSPITAL

STATEMENT OF CHANGES IN NET ASSETS

Year ended March 31, 2017

	2017 \$ (000)	2016 \$ (000)
Balance, beginning of year	(44,322)	(23,149)
Deficiency of revenue over expense	(8,612)	(21,173)
Balance, end of year	(52,934)	(44,322)

See accompanying notes to financial statements

WINDSOR REGIONAL HOSPITAL

STATEMENT OF ACCUMULATED REMEASUREMENT LOSSES

Year ended March 31, 2017

	2017 \$ (000)	2016 \$ (000)
Balance, beginning of year	(2,731)	(2,647)
Unrealized gain (loss) attributable to interest rate swap	626	(84)
Balance, end of year	(2,105)	(2,731)

See accompanying notes to financial statements

WINDSOR REGIONAL HOSPITAL

STATEMENT OF REVENUE AND EXPENSE

Year ended March 31, 2017

	2017 \$ (000)	2016 \$ (000)
Revenue:		
Provincial programs	406,504	396,518
Patient services	34,521	35,512
Other fees and revenue	43,209	47,047
	484,234	479,077
Expense:		
Salaries and wages	232,626	236,438
Employee benefits	56,163	55,362
Employee future benefits (Note 7)	2,209	2,315
Medical staff remuneration	51,683	54,386
Medical and surgical supplies	33,534	33,602
Drugs and medicines	42,530	41,741
Other supplies and expense	60,212	59,473
Equipment rental	1,803	1,729
Amortization of capital assets	12,086	15,204
	492,846	500,250
Deficiency of revenue over expense for the year	(8,612)	(21,173)

See accompanying notes to financial statements

WINDSOR REGIONAL HOSPITAL

STATEMENT OF CASH FLOWS

Year ended March 31, 2017

	2017 \$ (000)	2016 \$ (000)
CASH FLOWS FROM (USED IN) OPERATING ACTIVITIES:		
Deficiency of revenue over expense for the year	(8,612)	(21,173)
Add items not involving cash:		
Loss on disposal of assets	307	-
Amortization of capital assets (Note 4)	12,086	15,204
Deferred grant amortization (Note 9)	(5,910)	(6,476)
	(2,129)	(12,445)
Cash flows from (used in) changes in operating balances (Note 10)	7,825	(215)
Cash flows from (used in) operating activities	5,696	(12,660)
CASH FLOWS FROM (USED IN) CAPITAL ACTIVITIES:		
Additions to capital assets	(18,190)	(16,459)
Capital grants and donations received (Note 9)	11,507	4,244
Cash flow (used in) capital activities	(6,683)	(12,215)
CASH FLOWS FROM (USED IN) INVESTING ACTIVITIES:		
Investments held for capital purposes (Note 3)	(544)	(543)
Cash flow used in investing activities	(544)	(543)
CASH FLOWS FROM (USED IN) FINANCING ACTIVITIES:		
Accounts receivable, capital (Note 2)	(6,520)	1,623
Bank Indebtedness	5,623	-
Loans payable	(2,180)	1,438
Accounts payable, capital (Note 6)	195	250
Cash flows from financing activities	(2,882)	3,311
DECREASE IN CASH FOR THE YEAR	(4,413)	(22,107)
CASH, BEGINNING OF YEAR	4,413	26,520
CASH, END OF YEAR	-	4,413

See accompanying notes to financial statements

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2017

1. Nature of business and significant accounting policies:

Windsor Regional Hospital (Hospital) is incorporated without share capital under the laws of Ontario. The Hospital is a registered charity and as such, is exempt from tax.

The Hospital follows Canadian Public Sector Accounting Standards and Section 4200 standards for government not-for-profit organizations.

A summary of the significant policies arising from these standards is presented below.

a) Operation of the Hospital:

The financial statements include all the operations of Windsor Regional Hospital including the Windsor Regional Cancer Centre. The Hospital operates under various regulations of the Ministry of Health and Long-Term Care and other regulatory bodies. The Windsor Regional Cancer Centre operates and is funded under the guidelines of Cancer Care Ontario.

Operating grants are received from the above Ministries. In addition, revenue is generated from the provision of various patient services and treatments, as well as from ancillary and investment activities.

The Hospital administers certain funds whose activities are not reflected in the accompanying statements, such as the Windsor Regional Hospital Foundation.

b) Revenue recognition:

The Hospital is funded primarily by the Province of Ontario. Operating grants are recorded as revenue in the period to which they relate. Grants approved, but not received at the end of the accounting period, are accrued. Where a portion of the grant relates to a future period, it is deferred and recognized in that subsequent period.

Capital grants received for the purpose of funding acquisitions of depreciable assets are deferred and amortized to income on a straight-line basis over the estimated useful service life of the related asset using the Hospital's amortization rates. Grants received for the purpose of funding land acquisition costs are recorded in equity and not deferred and amortized.

c) Inventories:

Inventories are valued at the lower of cost and net realizable value, with cost being determined substantially on a first-in, first-out basis.

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2017

1. Nature of business and significant accounting policies: (Cont'd)

d) Capital assets:

Capital assets are recorded at acquisition cost. The amortization rates are determined through Ministry Guidelines. Amortization is provided on a straight-line basis over the estimated useful life of the asset using rates of 2 percent to 5 percent per annum for buildings, 4 percent to 10 percent per annum for land improvements, 33 percent for computer software and licenses and varying rates from 5 percent to 20 percent per annum for equipment commencing in the month of acquisition. Land acquisition costs are not amortized.

Repairs and maintenance costs are charged to expense. Betterments which extend the estimated life of an asset are capitalized. Long-lived assets, including land and buildings subject to amortization, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying value of an asset may not be recoverable.

e) Employee future benefits:

The Hospital accrues its obligation of future benefits as the employees render the services necessary to earn these benefits. The actuarial determination of accrued benefit obligations for future benefits uses the projected benefit method prorated on service and incorporates management's best estimate of termination rates, retirement age and expected inflation rate with respect to employee benefit costs. Actuarial gains (losses) related to the Post employment Plan are amortized over the average remaining service lifetime of the active employees. Any actuarial gains (losses) in the Employees on Long-Term Disability Plan are recognized as income (expense) immediately. The average remaining service period of the active employees is 14.1 years (14.1 years in previous valuation – 2016).

Plan amendments are immediately recognized in the year of the effective change. Under PSAB, if there exists an actuarial gain at the time of introduction of a plan amendment that results in a past service loss, the gain is to be offset against the past service loss before any recognition of the amendment takes place. Similar requirements apply if the amendment decreases liabilities and an actuarial loss exists under the plan at the time of the amendment. Curtailment gains or losses are immediately recognized as either a reduction or an increase to employee future benefits expense.

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2017

1. Nature of business and significant accounting policies: (Cont'd)

f) Financial instruments:

Financial instruments are recorded at fair value on initial recognition. Derivative instruments are reported at fair value. For all other financial instruments, the Hospital has elected to record all investments at their fair value as they are managed and evaluated on a fair value basis.

Unrealized changes in fair value are recognized in the Statement of Accumulated Remeasurement Losses until they are realized, when they are transferred to the Statement of Revenue and Expense.

Transaction costs (if any) incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred. All other financial instruments are adjusted by transaction costs (if any) incurred on acquisition and financing costs (if any), which are amortized using a straight-line method.

All financial assets are assessed for impairment on an annual basis. When a decline is determined to be other than temporary, the amount of the loss is reported in the Statement of Revenue and Expense and any unrealized gain or loss is adjusted through the Statement of Accumulated Remeasurement Losses.

When the asset is sold, the unrealized gains and losses previously recognized in the Statement of Accumulated Remeasurement Losses are reversed and recognized in the Statement of Revenue and Expense.

Long-Term debt is recorded at cost. The related interest rate swaps are recorded at fair value.

The Standards require the Hospital to classify fair value measurements using a fair value hierarchy, which includes three levels of information that may be used to measure fair value.

- Level 1 – Unadjusted quoted market prices in active markets for identical assets or liabilities;
- Level 2 – Observable or corroborated inputs, other than level 1, such as quoted prices for similar assets or liabilities in active markets or market data for substantially the full term of the assets or liabilities; and
- Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities.

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2017

1. Nature of business and significant accounting policies: (Cont'd)

g) Vacation pay and sick leave:

The Hospital accrues vacation pay and sick leave entitlements for amounts vested and owing to its employees at the year end. Non-vested sick leave benefits available to its employees under Long-Term disability plans are recorded when paid.

h) 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. Contributed materials are also not recognized in these financial statements.

i) Use of estimates:

The preparation of the financial statements, in conformity with Canadian generally accepted accounting principles, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the dates of the financial statements and the reported amounts of revenues and expenses during the reporting periods. Actual results could differ from those estimates. Significant items subject to such estimates include the allowance for doubtful accounts receivable, the carrying value of capital assets and related deferred capital grants, the estimated impact of unsettled labour contracts, pay equity agreements and certain accrued liabilities, as well as accrued benefit liabilities.

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2017

2. Accounts receivable:

Accounts receivable consist of:

	March 31, 2017 \$ (000)	March 31, 2016 \$ (000)
Ministry of Health and Long-Term Care – operating	1,299	4,424
Ministry of Health and Long-Term Care – capital	7,703	1,183
Insurers and patients	7,218	8,270
Sales tax recoveries	2,384	1,218
Due from Hôtel-Dieu Grace Healthcare (Note 17)	1,568	829
Cancer Care Ontario drug funding	1,309	754
Other	2,791	3,491
	24,272	20,169
Allowance for doubtful accounts	(1,225)	(870)
	23,047	19,299

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2017

3. Investments held for capital purposes:

The Hospital is holding funds for capital purposes. These funds have a carrying value that approximates market value.

The changes in the investments are summarized below:

	2017 \$ (000)	2016 \$ (000)
Balance, beginning of year	3,972	3,429
Interest earned in the year	39	38
Preferred accommodation, capital charge	505	505
	4,516	3,972

These investments are classified as level 2.

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2017

4. Capital assets:

Capital assets consist of:

March 31, 2017

	\$ (000)		
	Cost	Accumulated Amortization	Net Book Value
Land	6,232	-	6,232
Land improvements	3,183	3,180	3
Buildings	200,918	82,090	118,828
Equipment	127,907	103,276	24,631
Computer software and licenses	12,514	11,456	1,058
Construction in progress	24,903	-	24,903
	375,657	200,002	175,655

March 31, 2016

	\$ (000)		
	Cost	Accumulated Amortization	Net Book Value
Land	6,232	-	6,232
Land improvements	3,183	3,167	16
Buildings	199,157	77,058	122,099
Equipment	120,704	96,669	24,035
Computer software and licenses	11,773	11,161	612
Construction in progress	21,421	-	21,421
	362,470	188,055	174,415

The amount of amortization included in the statements of revenue and expense is \$12,086,000 (\$15,204,000 in 2016).

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2017

5. Bank indebtedness:

The Hospital has available for its use a revolving credit facility in the amount of \$15 million along with a \$2.6 million revolving credit facility for specific equipment. As of March 31, 2017, the revolving credit facility is in use in the amount of \$5,623,000.

6. Accounts payable and accrued liabilities:

Accounts payable and accrued liabilities consist of:

	2017 \$ (000)	2016 \$ (000)
Accounts payable - trade	13,544	11,045
Accounts payable - capital	695	500
Vacation pay entitlement	22,282	22,535
Accrued salaries and benefits	19,276	17,991
Payroll withholdings	6,448	6,591
Ministry of Health and Long-Term Care/LHIN	5,556	4,578
Deferred revenue – Cancer Care Ontario	552	-
Deferred revenue – Other	107	112
Due to Hôtel-Dieu Grace Healthcare (Note 17)	-	290
Other	862	843
	69,322	64,485

Included in accounts payable and accrued liabilities are government remittances payable of \$3,813,000 (\$3,595,000 - March 31, 2016), which include amounts for HST and payroll related matters.

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2017

7. Accrued benefit liabilities/obligations:

The Hospital provides certain post employment benefits to qualifying employees. The Hospital's obligation is currently unfunded and requires contributions from both the Hospital and its former employees depending on the nature of the benefits. The Hospital has two types of obligations as follows:

- ◆ Unfunded benefit program relating to employees receiving certain benefits from the long-term disability benefit program sponsored by the Hospital.
- ◆ Unfunded post employment life, health and dental benefits offered to qualifying active employees and retirees.

For post employment benefits, the most recent actuarial valuation is as of March 31, 2017. The next required valuation will be as of March 31, 2020. The year end disclosure of the benefits related to Long-Term disability is based on the March 31, 2017 valuation.

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

	Employees on Long-Term Disability	Post Employment
◆ Medical trend rate - Initial	6.66%	6.76%
- Ultimate	4.00%	4.00%
- Year of Ultimate level	2036	2036
◆ Dental care cost trend rate – first 10 years	4.00%	4.00%
◆ Dental care cost trend rate – next 10 years	4.00%	4.00%
◆ Discount rate – beginning of year	3.76%	3.76%
◆ Discount rate – end of year	3.56%	3.56%

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2017

7. Accrued benefit liabilities/obligations: (Cont'd)

Sensitivity Analysis - Assumed healthcare cost trend rates and discount rates have a significant effect on amounts reported for healthcare plans. A one percentage point change in assumed healthcare cost trend rates and a half of one percent change in the discount rate would have the following effect for 2016-2017:

	<u>Increase (000's)</u>	<u>Decrease (000's)</u>
Health Care Trend Rate (+/- 1.0%):		
Total service and interest costs	191	(160)
Benefit obligation at March 31, 2017	1,653	(1,415)
 Discount Rate (+/- 0.5%):		
Total service and interest costs	(26)	27
Benefit obligation at March 31, 2017	(1,189)	1,333

Information about the Hospital's obligations and plan assets is as follows:

	2017 \$ (000)			2016 \$ (000)		
	Employees on Long-Term Disability	Post Employment	Total	Employees on Long-Term Disability	Post Employment	Total
Accrued benefit obligations:						
Balance at beginning of year	1,394	18,454	19,848	1,282	20,829	22,111
Current service cost	-	908	908	-	1,000	1,000
Interest costs	50	726	776	41	706	747
Expected termination from						
Long-Term disability payments	(134)	-	(134)	(138)	-	(138)
Actuarial (gain) loss	248	492	740	69	(3,097)	(3,028)
Benefits paid	(110)	(923)	(1,033)	(100)	(984)	(1,084)
Plan amendments	36	(929)	(893)	-	-	-
Expected reserve for new claims	176	-	176	240	-	240
 Balance at end of year	 1,660	 18,728	 20,388	 1,394	 18,454	 19,848
Plan assets:						
Balance at beginning of year	-	-	-	-	-	-
Employer contributions	110	923	1,033	100	984	1,084
Benefits paid	(110)	(923)	(1,033)	(100)	(984)	(1,084)
 Balance at end of year	 -	 -	 -	 -	 -	 -
Funded status – (deficit)	(1,660)	(18,728)	(20,388)	(1,394)	(18,454)	(19,848)
Unamortized net actuarial losses	-	192	192	-	828	828
	(1,660)	(18,536)	(20,196)	(1,394)	(17,626)	(19,020)
Current portion	130	905	1,035	110	892	1,002
Long-Term portion	1,530	17,631	19,161	1,284	16,734	18,018

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2017

7. Accrued benefit liabilities/obligations: (Cont'd)

The Hospital's net employee future benefit expense is as follows:

	2017 \$ (000)			2016 \$ (000)		
	Employees on Long-Term Disability	Post Employment	Total	Employees on Long-Term Disability	Post Employment	Total
Current service cost	-	908	908	-	1,000	1,000
Interest cost	50	726	776	41	706	747
Expected terminations from						
Long-Term disability benefits	(134)	-	(134)	(138)	-	(138)
Amortization of prior service costs	36	(929)	(893)	-	-	-
Amortization of actuarial loss	248	1,128	1,376	69	397	466
Expected reserve for new claims	176	-	176	240	-	240
Total expense	376	1,833	2,209	212	2,103	2,315

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2017

8. Long-Term liabilities:

The Hospital has the following Long-Term liabilities as at March 31:

	2017 \$ (000's)	2016 \$ (000's)
Committed non-revolving instalment loan funded through unsecured banker's acceptances with a minimum stamping fee of .35% per annum, and subject to an interest rate-swap agreement which effectively fixes the underlying banker's acceptance rate applicable to this loan at 5.035% until November 30, 2030. The principal and interest payments are made each month.	10,320	10,837
Committed non-revolving unsecured instalment loan funded at a five year fixed rate of 2.44% maturing March 28, 2021 with blended monthly payment of principal and interest of \$52,613.	2,403	2,969
Bank loan due February 2030, comprised of four tranches with each tranche bearing its own interest rate. The loan is unsecured and is being amortized over a 25 year period. The terms are as follows:		
2.86% interest rate renewable on February 12, 2024 with blended monthly payments of principal and interest of \$23,241	3,907	4,070
2.69% interest rate renewable on February 12, 2022 with blended monthly payments of principal and interest of \$42,121	7,184	7,496
5.00% interest rate renewable on February 15, 2020 with blended monthly payments of principal and interest of \$58,440	8,296	8,574
5.60% interest rate maturing on February 15, 2030 with blended monthly payments of principal and interest of \$80,580	10,932	11,276
Total Long-Term debt	43,042	45,222
Less: current portion	2,264	2,175
	40,778	43,047

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2017

8. Long-Term debt: (Cont'd)

The annual scheduled principal payments for these loans are as follows:

2018	2,264,000
2019	2,355,000
2020	2,419,000
2021	9,610,000
2022	7,172,000
Thereafter	<u>19,222,000</u>
 Total	 <u>\$43,042,000</u>

9. Deferred capital grants:

Deferred capital grants consist of:

March 31, 2017

	\$ (000)		
	Grant	Accumulated Amortization	Net
Land improvements	434	430	4
Buildings	134,803	40,946	93,857
Equipment	61,034	51,770	9,264
Construction in progress	15,523	-	15,523
	<u>211,794</u>	<u>93,146</u>	<u>118,648</u>

March 31, 2016

	\$ (000)		
	Grant	Accumulated Amortization	Net
Land improvements	434	417	17
Buildings	133,696	37,579	96,117
Equipment	59,793	49,240	10,553
Construction in progress	10,921	-	10,921
	<u>204,844</u>	<u>87,236</u>	<u>117,608</u>

The amount of amortization included in the statement of revenue and expense is \$5,910,000 (\$6,476,000 in 2016).

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2017

9. Deferred capital grants: (Cont'd)

During the year, capital grants and donations were received from:

	2017 \$ (000)	2016 \$ (000)
Windsor Essex County Cancer Centre Foundation	40	444
Windsor Regional Hospital Foundation	431	46
Ministry of Health and Long-Term Care – HIRF	812	985
Ministry of Health and Long-Term Care – Capital Planning Grant	8,384	1,583
Cancer Care Ontario	1,741	532
Other	99	654
	11,507	4,244

10. Cash flow information:

Cash flows from (used in) changes in the following operating balances are as follows:

	2017 \$ (000)	2016 \$ (000)
Accounts receivable, non capital	2,772	1,162
Inventories	354	57
Prepaid and deferred charges	(973)	634
Due from related parties	(388)	763
Accounts payable and accrued liabilities, non capital	4,642	(4,056)
Accrued sick leave entitlements	242	(5)
Accrued benefit liabilities	1,176	1,230
	7,825	(215)

Interest paid during the year amounted to \$2,009,000 (\$2,061,000 in 2016).

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2017

11. Pension expense:

Substantially, all of the employees of the Hospital are eligible to be members of the Hospital of Ontario Pension Plan (HOOPP), which is a multi-employer final average pay contributory pension plan. Employer contributions made to the Plan during the year by the Hospital amounted to \$18,417,000 (\$18,888,000 in 2016). These amounts are included in employee benefits expense in the statement of revenue and expense. The most recent actuarial valuation of the plan as at December 31, 2016 indicates that the plan is fully funded (2015 – fully funded).

12. Operating leases:

Under the terms of various non-capital equipment leases expiring through 2022, the Hospital is committed to lease payments aggregating approximately as follows:

▪ 2018	\$1,995,000
▪ 2019	\$1,954,000
▪ 2020	\$1,939,000
▪ 2021	\$1,939,000
▪ 2022	\$1,772,000

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2017

13. Contingent liabilities:

- a) The Hospital is subject to various lawsuits, disputes, labour grievances and other items for which the Hospital may be liable. In the opinion of management, the ultimate resolution of any current lawsuits, disputes, and/or grievances which are not covered by insurance, would not have a material effect on the financial position or results of operations. Any difference between the provision recorded in the Hospital's accounts, if any, and the actual settlement would be recognized in the financial statements in the year of settlement.

In addition, the Hospital has made provisions for the estimated impact of unsettled labour contracts. Any difference in final settlement from that estimated will be recorded in the period in which the settlement becomes known.

- b) The Hospital is a member of the Healthcare Insurance Reciprocal of Canada (HIROC) which was established by hospitals and other organizations to self-insure. If the aggregate premiums paid after actuarial determination are not sufficient to cover claims, the Hospital will be required to provide additional premium payments on a proportional basis. Similarly, if HIROC has accumulated an unappropriated surplus, which are the total premiums paid by all subscribers plus investment income, less the obligation for claim reserves, expenses and operating expenses, these surpluses may be paid out to the members on a proportional basis. As at March 31, 2017, no assessments or refund of premiums has been made.
- c) The Hospital along with Bluewater Health (BH), Chatham-Kent Health Alliance (CKHA), Hôtel-Dieu Grace Healthcare (HDGH) and Leamington District Memorial Hospital (LDMH) operates a not-for-profit without share capital under the laws of the Province of Ontario shared service organization called TransForm Shared Service Organization (TransForm). Transform was a result of the amalgamation of PROcure Healthcare, which provided the purchasing and payment responsibilities and Consolidated Health Information Services (CHIS), which provided Information Technology/Information System services for the five hospitals. The Hospital has provided a guarantee to TransForm's bank in the amount of \$567,000.

The five member hospitals of TransForm have also provided a guarantee with respect to equipment that has been leased for TransForm's regional data centre. This guarantee from the respective hospitals limits the amount not to exceed the outstanding lease payments and is capped at the amount outstanding at the time of default. The guaranty limits is pro-rationally dispersed amongst the TransForm member hospitals based upon the funding formula outlined in their Regular Member Service Agreement. For the Hospital, this represents \$759,000 or 46.47% of the lease obligation outstanding as at March 31, 2017.

WINDSOR REGIONAL HOSPITAL

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14. Related party transactions:

The Hospital administers the receipt and disbursement of funds on behalf of Windsor Regional Hospital Foundation (formerly known as Windsor/Essex Hospitals Foundation).

The Hospital relies heavily on the Foundation to raise funds for its benefit. The Foundation is a registered charity and is classified as a public foundation under Section 149.1 (1)(g) of the Income Tax Act (Canada) and as such, is exempt from tax. At March 31, 2017, net resources of the Foundation amounted to \$17,955,000 (\$19,935,000 in 2016) of which \$15,834,000 (\$17,285,000 in 2016) is externally restricted for specific purposes. The balance is available, at the discretion of the Foundation's Board of Directors, to the Hospital for other purposes. For the year ended March 31, 2017, the Foundation had deficiency of revenue over expense of \$1,980,000 (\$1,031,000 excess revenue over expense in 2016).

The amount owing from the Foundation as at March 31, 2017 is \$690,000 (\$302,000 as at March 31, 2016). These amounts are settled as mutually agreed upon in the next fiscal year.

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2017

17. Hospital Services Realignment:

On October 1, 2013, Windsor Regional Hospital (Hospital) and Hôtel-Dieu Grace Healthcare (HDGH) completed a program transfer of programs and services. On that date, the Hospital assumed the governance and management of the programs and services that remained at the Ouellette Campus and the employees at that site became employees of Windsor Regional Hospital. HDGH assumed the governance and management of the programs and services at the Hospital's former Tayfour Campus. The employees at that Campus became the employees of HDGH.

As part of this agreement, HDGH entered into a ninety-nine (99) year lease with the Hospital for the buildings on that Campus and as part of that lease, they are responsible for all operating costs related to that site.

The Hospital entered in a seven (7) year operating lease with HDGH with an option to extend for up to twenty-one (21) years less a day, with an annual base rent of \$1. During the term of the lease, the Hospital is responsible for all operating expenses. In addition, the Hospital will pay HDGH a monthly payment of \$49,228 until July 31, 2017. These payments made from parking revenue at the Ouellette Campus are pursuant to a loan between HDGH and their bank related to a parking garage on that site.

HDGH has entered into a purchase service agreement with the Hospital for certain services such as lab. These recoveries are settled as part of our normal course of business.

18. Financial risks:

a) 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 budgets and cash flow forecasts to ensure it has sufficient funds to fulfill its obligations. There has been no change to the risk exposures from 2016.

b) Interest rate risk

The Hospital is exposed to interest rate risk on its investments and on its bank loan and loans payable.

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2017

19. Third Party Review of Ministry Funding

In fiscal year 2012-13, the Ministry of Health and Long Term Care introduced Health System Funding Reform and one of the components of that funding model is a Health Based Allocation Method (HBAM) which accounts for approximately forty percent (40%) of our funding. HBAM calculations are based on two year old hospital data and using that data, it helps to determine the hospital's share of the provincial health care funding.

The Program Transfer that took place in 2013-14 has created challenges for the Ministry in applying this HBAM model to our funding. As a result, it is the opinion of the Hospital that we have been financially disadvantaged, as the HBAM model did not properly account for the services provided by Windsor Regional Hospital following the Program Transfer. As a result, the Hospital asked the Ministry of Health and Long Term Care for a Third Party to review the HBAM model and its impact on the Hospital's funding using the actual service volumes of Windsor Regional Hospital since the program transfer occurred.

The Ministry has agreed to engage a third party to review Windsor Regional Hospital's funding. This review has been initiated but is not complete and therefore the Hospital has not reflected in these financial statements any increases in Ministry funding that may arise from this review.