



FINANCIAL STATEMENTS

MARCH 31, 2022

Our Vision: Outstanding Care - No Exceptions!

Our Mission: Provide quality person-centered health care services to our community.

We respectfully acknowledge that the Windsor Regional Hospital occupies the traditional, ancestral, and contemporary lands of the Niswi Ishkodewan Anishinaabeg: The Three Fires Confederacy (Ojibwe, Odawa, and Potawatomi). We acknowledge the land and the surrounding waters for sustaining us and we are committed to protecting and restoring these lands and waters from environmental degradation.



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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of Windsor Regional Hospital

Opinion

We have audited the financial statements of Windsor Regional Hospital (the "Hospital"), which comprise:

- the statement of financial position as at March 31, 2022
- the statement of changes in net assets for the year then ended
- the statement of accumulated remeasurement gains (losses) for the year then ended
- the statement of revenue and expense for the year then ended
- the statement of cash flows for the year then ended
- and the 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 Hospital as at March 31, 2022, and its results of operations, its changes in net assets, its remeasurement 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 responsibility 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 Hospital in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other 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.



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Responsibility of Management and Those Charged with Governance for the 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 Hospital's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Hospital or to cease operations or has no realistic alternative but to do so.

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

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 risk 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, internal 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 purposes of expressing an opinion on the effectiveness of the Hospital's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.



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- 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 the events or conditions that may cast significant doubt on the Hospital's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our 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 Hospital's 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

Windsor, Canada

June 22, 2022

WINDSOR REGIONAL HOSPITAL

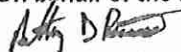
STATEMENT OF FINANCIAL POSITION

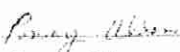
Year ended March 31, 2022, with comparative information for 2021.

	2022 \$ (000)	2021 \$ (000)
ASSETS		
Current assets:		
Cash	140,919	119,892
Cash restricted for special purposes (Note 3)	5,552	5,422
Accounts receivable, net (Note 2)	72,044	106,049
Inventories	6,235	5,711
Prepaid and deferred charges	3,825	3,729
Due from related parties (Note 17)	3,490	2,522
	232,065	243,325
Investments held for capital purposes (Note 4)	7,860	-
Long term investments (Note 5)	26,952	25,022
Capital assets: (Note 6)		
Cost	506,637	482,519
Less: Accumulated amortization	272,394	254,722
	234,243	227,797
	501,120	496,144
LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS		
Current liabilities:		
Accounts payable and accrued liabilities (Note 8)	125,022	125,120
Current portion of accrued benefit liabilities (Note 9)	1,329	1,196
Current portion of capital lease	-	495
Current portion of loans payable (Note 10)	3,466	3,355
	129,817	130,166
Long-Term liabilities:		
Loans payable (Note 10)	36,177	39,641
Debentures (Note 11)	200,000	200,000
Accrued sick leave entitlements	5,915	6,758
Capital lease	-	933
Accrued benefit liabilities (Note 9)	24,696	23,478
Deferred capital grants net of amortization (Note 12)	133,269	124,933
Interest rate swaps	621	1,234
	400,678	396,977
Net assets - unrestricted	(29,776)	(29,776)
Accumulated remeasurement gains/losses	401	(1,223)
Commitments and contingencies (Notes 15 and 16)	-	-
	501,120	496,144

See accompanying notes to financial statements

On behalf of the Board:


 Anthony Paniccia
 Chairperson


 Penny Allen
 Treasurer

WINDSOR REGIONAL HOSPITAL

STATEMENT OF CHANGES IN NET ASSETS

Year ended March 31, 2022, with comparative information for 2021.

	2022 \$ (000)	2021 \$ (000)
Balance, beginning of year	(29,776)	(72,992)
Excess of revenue over expense	-	43,216
Balance, end of year	(29,776)	(29,776)

See accompanying notes to financial statements

WINDSOR REGIONAL HOSPITAL

STATEMENT OF ACCUMULATED REMEASUREMENT GAINS/(LOSSES)

Year ended March 31, 2022, with comparative information for 2021.

	2022 \$ (000)	2021 \$ (000)
Balance, beginning of year	(1,223)	(1,795)
Unrealized gain attributable to interest rate swap	613	561
Unrealized gain attributable to long term investment	1,011	11
Balance, end of year	401	(1,223)

See accompanying notes to financial statements

WINDSOR REGIONAL HOSPITAL

STATEMENT OF REVENUE AND EXPENSE

Year ended March 31, 2022, with comparative information for 2021.

	2022 \$ (000)	2021 \$ (000)
Revenue:		
Provincial programs (Note 22)	551,202	509,601
Patient services	34,976	31,733
Other fees and revenue	54,443	47,375
	640,621	588,709
Expense:		
Salaries and wages	272,728	260,466
Employee benefits	68,530	64,378
Employee future benefits (Note 9)	2,546	2,051
Medical staff remuneration	64,115	58,057
Medical and surgical supplies	41,516	40,468
Drugs and medicines	76,960	67,631
Other supplies and expense	93,900	76,188
Equipment rental	2,654	3,623
Amortization of capital assets	17,672	14,534
	640,621	587,396
Surplus of revenue over expense before other income/ (expense) items	-	1,313
Other income (expense) items (Note 21)	-	41,903
Surplus of revenue over expense for the year	-	43,216

See accompanying notes to financial statements

WINDSOR REGIONAL HOSPITAL

STATEMENT OF CASH FLOWS

Year ended March 31, 2022, with comparative information for 2021.

	2022 \$ (000)	2021 \$ (000)
CASH FLOWS FROM OPERATING ACTIVITIES:		
Surplus of revenue over expense for the year	-	43,216
Add items not involving cash:		
Amortization of capital assets (Note 6)	17,672	14,534
Deferred grant amortization (Note 12)	(7,675)	(7,260)
	9,997	50,490
Cash flows from (used) in changes in operating balances (Note 13)	35,919	(49,250)
Cash flows from operating activities	45,916	1,240
CASH FLOWS USED IN CAPITAL ACTIVITIES:		
Additions to capital assets	(24,118)	(45,880)
Capital grants and donations received (Note 12)	16,011	10,530
Cash flow used in capital activities	(8,107)	(35,350)
CASH FLOWS USED IN INVESTING ACTIVITIES:		
Long term investments	(919)	(25,011)
Investments held for capital purposes (Note 4)	(7,860)	6,044
Cash flow used in investing activities	(8,779)	(18,967)
CASH FLOWS FROM (USED IN) FINANCING ACTIVITIES:		
Accounts receivable, capital (Note 2)	-	-
Debenture issue (Note 11)	-	200,000
Bank indebtedness	-	(30,723)
Capital lease	(1,428)	(654)
Loans payable	(3,353)	2,309
Accounts payable, capital (Note 8)	(3,222)	2,037
Cash flows from financing activities	(8,003)	172,969
NET CHANGE IN CASH FOR THE YEAR	21,027	119,892
CASH, BEGINNING OF YEAR	119,892	-
CASH, END OF YEAR	140,919	119,892

See accompanying notes to financial statements

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2022

1. Nature of business and significant accounting policies:

Windsor Regional Hospital (the "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 other regulatory bodies. The Windsor Regional Cancer Centre operates and is funded under the guidelines of Ontario Health.

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

b) Revenue recognition:

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, 2022

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. No amortization is taken on construction in progress assets until they are placed in use.

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 13.22 years (14.52 years in previous valuation – 2021).

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, 2022

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. All other financial instruments are subsequently recorded at cost or amortized cost unless management has elected to carry the instruments at fair value. The Hospital has elected to record all investments at 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, 2022

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 Public Sector Accounting Standards 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 net realizable value of inventory, 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, including amounts recoverable by the Ministry, as well as accrued benefit liabilities.

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2022

2. Accounts receivable:

Accounts receivable consist of:

	2022 \$ (000)	2021 \$ (000)
Ministry of Health – operating	47,318	82,829
Ministry of Health – capital	2,325	2,325
Insurers and patients	9,638	9,184
Sales tax recoveries	2,757	3,116
Ontario Health – drug funding	2,773	2,231
Other	8,266	7,864
	73,077	107,549
Allowance for doubtful accounts	(1,033)	(1,500)
	72,044	106,049

3. Cash restricted for special purposes:

Cash restricted for special purposes consists of:

	2022 \$ (000)	2021 \$ (000)
Cash	5,552	5,422

These funds are restricted to fund the interest payments on the debenture. The account will be funded throughout the year with cash generated from operations. These investments are classified as Level 1.

4. Investments held for capital purposes:

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

The changes in the investments are summarized below:

	2022 \$ (000)	2021 \$ (000)
Balance, beginning of year	-	6,044
Ministry capital grant funding received	7,608	-
Windsor Cancer Centre Foundation grant	500	-
Interest earned in the year	8	16
Preferred accommodation, capital charge	-	161
Used for capital purposes	(256)	(799)
Transfer to cash restricted for special purposes	-	(5,422)
	7,860	-

These investments are classified as Level 1.

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2022

5. Long term investments:

The Hospital established a sinking fund in March 2021 with an initial investment of \$25 million and has engaged two investment managers to invest these funds. The purpose of the sinking fund is to be used to retire the debenture on its maturity on November 18, 2060. The Hospital may from time to time make additional capital contributions as approved by the Hospital's Board of Directors. These externally managed funds are comprised of the following:

Amounts in 000's

Fund 1	March 31, 2022		Allocation at Market Value	Permissible Range	March 31, 2021		Allocation at Market Value
	Market Value	Cost			Market Value	Cost	
Cash equivalents	\$ -	\$ -	0.0%	2-20%	\$ 1,625	\$ 1,625	13.0%
Domestic equities	7,467	7,146	55.8%	35-60%	5,399	5,375	43.1%
Global equities	5,904	5,617	44.2%	35-60%	5,510	5,511	43.9%
Total Fund 1	13,371	12,763	100.0%		12,534	12,511	100.0%
Fund 2							
Cash equivalents	\$ 1,516	\$ 1,543	11.1%	2-20%	\$ 9,580	\$ 9,566	76.7%
Domestic equities	5,917	5,100	43.6%	35-60%	1,346	1,361	10.8%
Global equities	6,148	6,525	45.3%	35-60%	1,562	1,573	12.5%
Total Fund 2	13,581	13,168	100.0%		12,488	12,500	100.0%
Total							
Cash equivalents	\$ 1,516	\$ 1,543	5.6%	2-20%	\$11,205	\$ 11,191	44.8%
Domestic equities	13,384	12,246	49.7%	35-60%	6,745	6,736	26.9%
Global equities	12,052	12,141	44.7%	35-60%	7,072	7,084	28.3%
Total	26,952	25,930	100.0%		25,022	25,011	100.0%

These funds are classified as Level 1.

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2022

6. Capital assets:

Capital assets consist of:

March 31, 2022

	\$ (000)		
	Cost	Accumulated Amortization	Net Book Value
Land	12,354	-	12,354
Land improvements	3,266	3,202	64
Buildings	222,806	109,172	113,634
Equipment	189,766	145,185	44,581
Computer software and licenses	59,681	14,835	44,846
Construction in progress	18,764	-	18,764
	506,637	272,394	234,243

March 31, 2021

	\$ (000)		
	Cost	Accumulated Amortization	Net Book Value
Land	12,354	-	12,354
Land improvements	3,183	3,183	-
Buildings	221,050	103,874	117,176
Equipment	169,229	134,661	34,568
Computer software and licenses	14,111	13,004	1,107
Construction in progress	62,592	-	62,592
	482,519	254,722	227,797

The amount of amortization included in the statement of revenue and expense is \$17,672,000 (\$14,534,000 in 2021). The Hospital capitalized no interest on the HIS project in the year (\$314,000 in 2021) as the Hospital repaid the credit facility used to finance the HIS project in fiscal 2021.

7. Bank indebtedness:

The Hospital has available for its use a demand operating credit facility in the amount of \$30 million (\$30 million – March 31, 2021). As at March 31, 2022, the Hospital did not utilize this facility (\$nil – March 31, 2021).

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2022

8. Accounts payable and accrued liabilities:

Accounts payable and accrued liabilities consist of:

	2022 \$ (000)	2021 \$ (000)
Accounts payable - trade	24,556	28,465
Accounts payable - capital	2,208	5,430
Vacation pay entitlement	22,737	24,990
Accrued salaries and benefits	26,729	17,821
Payroll withholdings	9,619	9,083
Ministry of Health/Ontario Health	36,755	35,392
Deferred revenue – Ministry of Health/Ontario Health	231	1,454
Deferred revenue – Ontario Health/Cancer Care Ontario	1,094	747
Deferred revenue – Other	26	828
Other	1,067	910
	125,022	125,120

Included in accounts payable and accrued liabilities are government remittances payable of \$6,956,000 (\$4,877,000 - March 31, 2021), which include amounts for HST and payroll related matters.

9. 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.

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2022

9. Accrued benefit liabilities/obligations: (cont'd)

For post employment benefits, the most recent actuarial valuation is as of March 31, 2022. The next required valuation will be as of March 31, 2026. The year end disclosure of the benefits related to Long-Term disability is based on the March 31, 2022 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	4.60%	4.32%
- Ultimate	4.05%	3.80%
- Year of Ultimate level	2040	2040
◆ 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	3.21%	3.21%
◆ Discount rate – end of year	3.89%	3.89%

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 2021-2022:

	<u>Increase (000's)</u>	<u>Decrease (000's)</u>
Health Care Trend Rate (+/- 1.0%):		
Total service and interest costs	137	(117)
Benefit obligation at March 31, 2022	1,275	(1,107)
Discount Rate (+/- 0.5%):		
Total service and interest costs	(7)	7
Benefit obligation at March 31, 2022	(1,085)	1,211

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2022

9. Accrued benefit liabilities/obligations: (cont'd)

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

	2022 \$ (000)			2021 \$ (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	2,530	21,954	24,484	2,532	21,019	23,551
Current service cost	-	1,069	1,069	-	1,029	1,029
Interest costs	78	723	801	79	711	790
Expected termination from Long-Term disability payments	(298)	-	(298)	(353)	-	(353)
Actuarial (gain) loss	616	(4,387)	(3,771)	149	103	252
Benefits paid	(203)	(993)	(1,196)	(225)	(908)	(1,133)
Expected reserve for new claims	264	-	264	348	-	348
Balance at end of year	2,987	18,366	21,353	2,530	21,954	24,484
Plan assets:						
Balance at beginning of year	-	-	-	-	-	-
Employer contributions	203	993	1,196	225	908	1,133
Benefits paid	(203)	(993)	(1,196)	(225)	(908)	(1,133)
Balance at end of year	-	-	-	-	-	-
Funded status – (deficit)	(2,987)	(18,366)	(21,353)	(2,530)	(21,954)	(24,484)
Unamortized net actuarial losses	-	(4,672)	(4,672)	-	(191)	(191)
	(2,987)	(23,038)	(26,025)	(2,530)	(22,145)	(24,675)
Current portion	253	1,076	1,329	203	993	1,196
Long-Term portion	2,734	21,962	24,696	2,327	21,152	23,478

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2022

9. Accrued benefit liabilities/obligations: (cont'd)

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

	2022			2021		
	\$ (000)			\$ (000)		
	Employees on Long-Term Disability	Post Employment	Total	Employees on Long-Term Disability	Post Employment	Total
Current service cost	-	1,069	1,069	-	1,029	1,029
Interest cost	78	723	801	79	711	790
Expected terminations from Long-Term disability benefits	(298)	-	(298)	(353)	-	(353)
Amortization of actuarial loss	616	94	710	149	88	237
Expected reserve for new claims	264	-	264	348	-	348
Total expense	660	1,886	2,546	223	1,828	2,051

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2022

10. Loans payable:

The Hospital has the following loans payable as at March 31:

	2022 \$ (000's)	2021 \$ (000's)
Committed non-revolving instalment loan funded through unsecured bankers' acceptances with a minimum stamping fee of .35% per annum, and subject to an interest rate-swap agreement which effectively fixes the underlying bankers' acceptance rate applicable to this loan at 5.035% until November 30, 2030. The principal and interest payments are made each month.	7,319	7,980
Committed non-revolving instalment loan funded through unsecured bankers' acceptances with a minimum stamping fee of 0.70% per annum. The principal and interest payments are made each month until maturity at October 15, 2040. The effective interest rate at March 31, 2022 was 1.63% (March 31, 2021 – 1.22%).	5,575	5,875
The Hospital has a \$6.8 million equipment facility with \$2.8 million utilized as at March 31, 2022 (\$3.8 million as at March 31, 2021) at the following interest rates and repayment terms:		
3.26% interest rate renewable on April 9, 2024 with blended monthly payments of principal and interest of \$29,261	706	1,029
2.46% interest rate renewable on March 18, 2025 with blended monthly payments of principal and interest of \$32,154	1,115	1,468
2.46% interest rate renewable on March 18, 2025 with blended monthly payments of principal and interest of \$27,748	962	1,267
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	3,010	3,200
2.83% interest rate renewable on February 12, 2029 with blended monthly payments of principal and interest of \$42,526	5,516	5,868
2.84% interest rate renewable on February 15, 2030 with blended monthly payments of principal and interest of \$50,514	6,548	6,962
5.60% interest rate maturing on February 15, 2030 with blended monthly payments of principal and interest of \$80,580	8,892	9,347
Total loans payable	39,643	42,996
Less: current portion	3,466	3,355
	36,177	39,641

Interest rate swap is considered a Level 2 instrument.

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2022

10. Loans payable: (cont'd)

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

2023	3,466,000
2024	3,382,000
2025	3,175,000
2026	2,531,000
2027	2,629,000
Thereafter	<u>24,460,000</u>
 Total	 <u>\$39,643,000</u>

11. Debentures:

On November 18, 2020, the Hospital issued \$200 million of Series A Senior Unsecured Debentures to fund capital projects and provide working capital. The debentures bear interest at 2.711% which is payable semi-annually on May 18 and November 18, with the principal to be repaid on November 18, 2060. Interest paid during the year amounted to \$5,422,000 (\$1,960,832 in 2021) is included in other supplies and expenses.

12. Deferred capital grants:

Deferred capital grants consist of:

March 31, 2022

		\$ (000)	
	Grant	Accumulated Amortization	Net
Land improvements	434	434	-
Buildings	154,982	60,390	94,592
Equipment	81,570	66,531	15,039
Construction in progress	23,638	-	23,638
	260,624	127,355	133,269

March 31, 2021

		\$ (000)	
	Grant	Accumulated Amortization	Net
Land improvements	434	434	-
Buildings	153,693	56,299	97,394
Equipment	77,163	62,947	14,216
Construction in progress	13,323	-	13,323
	244,613	119,680	124,933

The amount of amortization included in the statement of revenue and expense is \$7,675,000 (\$7,260,000 in 2021).

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2022

12. Deferred capital grants: (cont'd)

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

	2022 \$ (000)	2021 \$ (000)
Windsor Cancer Centre Foundation	1,497	970
Windsor Regional Hospital Foundation	2,347	1,597
Ministry of Health – Capital	3,944	-
Ministry of Health – HIRF	1,384	1,168
Ministry of Health – COVID-19	143	5,874
Ministry of Health – Capital Planning Grant Stage 2	5,242	-
Ontario Health	1,381	736
Other	73	185
	16,011	10,530

13. Cash flow information:

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

	2022 \$ (000)	2021 \$ (000)
Cash restricted for special purposes	(130)	(5,422)
Accounts receivable, non-capital	34,005	(85,253)
Inventories	(524)	(572)
Prepaid and deferred charges	(96)	1,530
Due from related parties	(968)	(406)
Accounts payable and accrued liabilities, non-capital	3,124	40,133
Accrued sick leave entitlements	(843)	(176)
Accrued benefit liabilities	1,351	916
	35,919	(49,250)

Interest paid during the year amounted to \$6,918,000 (\$3,532,000 in 2021).

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2022

14. Pension expense:

Substantially, all of the employees of the Hospital are eligible to be members of the Healthcare 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 \$21,838,000 (\$21,365,000 in 2021). 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, 2021 indicates that the plan is fully funded (2020 – fully funded).

15. Leases:

Under the terms of various non-capital equipment leases expiring through 2027, the Hospital is committed to lease payments aggregating approximately as follows:

▪ 2023	\$2,489,000
▪ 2024	\$2,324,000
▪ 2025	\$2,196,000
▪ 2026	\$2,206,000
▪ 2027	\$2,216,000

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2022

16. 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, 2022, 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 Erie Shores Healthcare (ESH) 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 provides the purchasing and payment responsibilities and Information Technology/Information System services for the five hospitals. TransForm has \$1,300,000 in banking credit facilities of which none were used as at March 31, 2022 (\$1,300,000 as at March 31, 2021). For every dollar used, the Hospital has provided a guarantee of 28.73% for the amount used.

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 guarantee limit 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 \$13,458 (\$48,659 in 2021) or 47.4% of the lease obligation outstanding as at March 31, 2022.

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2022

17. Related party transactions:

The Hospital administers the receipt and disbursement of funds on behalf of Windsor Regional Hospital 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, 2022, net resources of the Foundation amounted to \$20,639,000 (\$19,966,000 in 2021) of which \$19,799,000 (\$18,802,000 in 2021) 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, 2022, the Foundation had excess revenue over expense of \$672,000 (\$5,693,000 excess of revenue over expense in 2021).

The amount owing from the Foundation as at March 31, 2022 is \$3,490,000 (\$2,522,000 as at March 31, 2021). These amounts are settled as mutually agreed upon in the next fiscal year.

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2022

18. TransForm:

TransForm provides Information Technology/Information Systems services and purchasing and payment services at rates designed to reflect the costs and expenses incurred by TransForm in the normal course of business. Annual operating expenses are allocated between the five participating organizations based on the provincial government funding provided to each hospital as of the most recent fiscal year. In addition, the Hospital contributes toward approved capital improvements and other costs incurred by TransForm for those projects identified as being solely for its benefit.

During the year, the Hospital paid \$21,864,000 (2021 - \$33,395,000) to TransForm for Information Technology/Information Systems services and for purchasing and payment services. Included in this amount is \$4,834,000 (\$12,819,000 in 2021) related to the HIS project. The balance payable to TransForm at March 31, 2022 is \$866,000 (\$4,712,000 in 2021) and has been included in accounts payable.

19. Hospital Accountability Agreement – Year End Total Margin:

Under the terms of the annual Hospital Accountability Agreement between the Hospital and the Ministry of Health / Erie St. Clair Health Care Integration Network, the Hospital is expected to achieve a year end total margin that must not be less than \$ Nil. Year end total margin is defined as “The amount by which total revenues exceed total expenses, excluding the impact of facility amortization and interest on long-term liabilities, in a given year”.

Calculation of year end total margin:

	2022 \$ (000)	2021 \$ (000)
Surplus of revenue over expense for the year	-	43,216
Add: net building amortization	1,227	1,536
interest on long-term liabilities	6,918	3,532
Year end total margin	8,145	48,284

The Hospital met this performance indicator in 2022 (2021 – indicator met).

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2022

20. 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 2021.

b) Interest rate risk

The Hospital is exposed to interest rate risk on its investments and on its bank loan and loans payable. There has been no change to the risk exposures from 2021.

- c) In response to COVID-19 and consistent with guidance provided by the Ministry of Health 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 2023 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. 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.

21. Other income (expense) items:

Other income (expense) items include special charges and provisions not ordinarily associated with ongoing operations of the Hospital. Included in this category are the following items:

	2022 \$ (000)	2021 \$ (000)
Ministry of Health working capital funding	-	42,904
Professional fees (legal and other) related to a legal case	-	(1,001)
	-	41,903

WINDSOR REGIONAL HOSPITAL

Notes to Financial Statements

YEAR ENDED MARCH 31, 2022

22. Ministry of Health pandemic funding:

In connection with the ongoing coronavirus pandemic ("COVID-19), the Ministry of Health 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 of Health is also permitting hospitals to redirect unused funding from certain programs towards COVID-19 costs, revenue losses and other budgetary pressures through a broad-based funding reconciliation.

While the Ministry of Health 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. The Ministry of Health has 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 of Health revenue for COVID-19 is based on the most recent guidance provided by Ministry of Health and the impacts of COVID-19 on the Hospital's operations, revenues and expenses. As a result of Management's estimation process, the Hospital has determined a range of reasonably possible amounts that are considered by Management to be realistic, supportable and consistent with the guidance provided by the Ministry of Health. However, given the potential for future changes to funding programs that could be announced by the Ministry of Health, the Hospital has recognized revenue related to COVID-19 based on the lower end of the range. Any adjustments to Management's estimate of Ministry of Health revenues will be reflected in the Hospital's financial statements in the year of settlement.

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

	2022 \$ (000)	2021 \$ (000)
Funding for incremental COVID-19 operating expenses	\$38,497	\$36,820
Funding for COVID-19 assessment & testing centre	2,285	2,282
Uninsured patient revenue funding	1,852	3,000
Funding for revenue losses resulting from COVID-19	-	5,511
Broad-based funding reconciliation for other eligible costs and revenue losses	6,444	9,483
Temporary physician funding	8,465	5,033
Pandemic Pay	-	7,015
	<u>\$57,543</u>	<u>\$69,144</u>

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Notes to Financial Statements

YEAR ENDED MARCH 31, 2022

22. Ministry of Health pandemic funding: (cont'd)

In addition to the above, the Hospital has also recognized \$749,000 in Ministry of Health funding for COVID-19 related capital expenditures (\$5,874,000 - March 31, 2021), which has been recorded as an addition to deferred capital contributions during the year.