

FINANCIAL STATEMENTS MARCH 31, 2023

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.



KPMG LLP 618 Greenwood Centre 3200 Deziel Drive Windsor ON N8W 5K8 Canada Telephone (519) 251-3500 Fax (519) 251-3530

INDEPENDENT AUDITOR'S 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, 2023
- 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, 2023, 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 "Auditor's Responsibilities for the Audit of the Financial Statements" section of our auditor's 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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Emphasis of Matter – Comparative Information

We draw attention to Note 1(k) to the financial statements, which explains that certain comparative information presented for the year ended March 31, 2022 has been restated.

Note 1(k) explains the reason for the restatement and also explains the adjustments that were applied to restate certain comparative information.

Our opinion is not modified in respect of this matter.

Other Matter - Comparative Information

As part of our audit of the financial statements for the year ended March 31, 2023, we also audited the adjustments that were applied to restate certain comparative information presented for the year ended March 31, 2022. In our opinion, such adjustments are appropriate and have been properly applied.

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.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of 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.
- 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 auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Hospital'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, 2023

STATEMENT OF FINANCIAL POSITION

	2023	2022
	\$ (000)	\$ (000)
		(as restated
400570		– note 1(k)
ASSETS Current assets:		
Cash	146,463	140,919
Cash restricted for special purposes (Note 3)	7,274	5,552
Accounts receivable, net (Note 2)	49,897	72,044
Inventories	6,429	6,235
Prepaid and deferred charges	5,161	3,825
Due from related parties (Note 19)	2,250	3,490
	217,474	232,065
Investments held for capital purposes (Note 4)	5,187	7,860
Long term investments (Note 5)	27,490	26,952
Capital assets: (Note 6)		
Cost	534,455	506,637
Less: Accumulated amortization	292,931	272,394
	241,524	234,243
	491,675	501,120
LIADULITIES DEEEDDED CONTRIBUTIONS AND NET ASSETS		
LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS Current liabilities:		
Accounts payable and accrued liabilities (Note 8)	142,754	125,022
Current portion of accrued benefit liabilities (Note 9)	1,436	1,329
Current portion of loans payable (Note 10)	3,653	3,466
	147,843	129,817
Long-Term liabilities:		
Long-Term liabilities: Loans payable (Note 10)	32.846	36.177
Loans payable (Note 10)	32,846 200.000	36,177 200,000
	32,846 200,000 1,657	36,177 200,000 1,657
Loans payable (Note 10) Debentures (Note 11) Asset Retirement Obligation (Note 12) Accrued sick leave entitlements	200,000	200,000
Loans payable (Note 10) Debentures (Note 11) Asset Retirement Obligation (Note 12) Accrued sick leave entitlements Accrued benefit liabilities (Note 9)	200,000 1,657 5,685 24,600	200,000 1,657 5,915 24,696
Loans payable (Note 10) Debentures (Note 11) Asset Retirement Obligation (Note 12) Accrued sick leave entitlements Accrued benefit liabilities (Note 9) Deferred capital grants net of amortization (Note 14)	200,000 1,657 5,685 24,600 131,170	200,000 1,657 5,915 24,696 133,269
Loans payable (Note 10) Debentures (Note 11) Asset Retirement Obligation (Note 12) Accrued sick leave entitlements Accrued benefit liabilities (Note 9)	200,000 1,657 5,685 24,600 131,170 313	200,000 1,657 5,915 24,696 133,269 621
Loans payable (Note 10) Debentures (Note 11) Asset Retirement Obligation (Note 12) Accrued sick leave entitlements Accrued benefit liabilities (Note 9) Deferred capital grants net of amortization (Note 14)	200,000 1,657 5,685 24,600 131,170	200,000 1,657 5,915 24,696 133,269
Loans payable (Note 10) Debentures (Note 11) Asset Retirement Obligation (Note 12) Accrued sick leave entitlements Accrued benefit liabilities (Note 9) Deferred capital grants net of amortization (Note 14) Interest rate swaps	200,000 1,657 5,685 24,600 131,170 313	200,000 1,657 5,915 24,696 133,269 621
Loans payable (Note 10) Debentures (Note 11) Asset Retirement Obligation (Note 12) Accrued sick leave entitlements Accrued benefit liabilities (Note 9) Deferred capital grants net of amortization (Note 14)	200,000 1,657 5,685 24,600 131,170 313 396,271	200,000 1,657 5,915 24,696 133,269 621 402,335
Loans payable (Note 10) Debentures (Note 11) Asset Retirement Obligation (Note 12) Accrued sick leave entitlements Accrued benefit liabilities (Note 9) Deferred capital grants net of amortization (Note 14) Interest rate swaps Net assets - unrestricted	200,000 1,657 5,685 24,600 131,170 313 396,271 (52,784)	200,000 1,657 5,915 24,696 133,269 621 402,335 (31,433)

See accompanying notes to financial statements

On behalf of the Board:

Anthony Paniccia Chairperson lan McLeod Treasurer

STATEMENT OF CHANGES IN NET ASSETS

Year ended March 31, 2023, with comparative information	ı for 2022.	
	2023	2022
	\$ (000)	\$ (000) (as restated – note 1(k))
Balance, beginning of year Asset Retirement Obligation (Note 12) Excess of revenue over expense	(31,433) - (21,351)	(29,776) (1,657) -
Balance, end of year	(52,784)	(31,433)

See accompanying notes to financial statements

STATEMENT OF ACCUMULATED REMEASUREMENT GAINS/(LOSSES)

Year ended March 31, 2023, with comparative information for 2022.		
	2023 \$ (000)	2022 \$ (000)
Balance, beginning of year	401	(1,223)
Unrealized gain attributable to interest rate swap	308	613
Unrealized (loss)/gain attributable to long term investment	(364)	1,011
Balance, end of year	345	401

See accompanying notes to financial statements

STATEMENT OF REVENUE AND EXPENSE

	2023	2022
	\$ (000)	\$ (000)
Revenue:		
Provincial programs (Note 23)	553,613	551,202
Patient services	40,043	34,976
Other fees and revenue	64,336	54,443
	657,992	640,621
Expenses:		
Salaries and wages	302,571	272,728
Employee benefits	68,736	68,530
Employee future benefits (Note 9)	1,339	2,546
Medical staff remuneration	65,928	64,115
Medical and surgical supplies	42,539	41,517
Drugs and medicines	83,103	76,960
Other supplies and expense	92,051	93,900
Equipment rental	2,521	2,654
Amortization of capital assets	20,555	17,671
	679,343	640,621
Deficiency of revenue over expenses for the year	(21,351)	-

See accompanying notes to financial statements

STATEMENT OF CASH FLOWS

Year ended March 31, 2023, with comparative information for 2022.		
	2023 \$ (000)	2022 \$ (000)
CASH FLOWS FROM OPERATING ACTIVITIES:		
Deficiency of revenue over expenses for the year Add items not involving cash:	(21,351)	-
(Gain) on disposal of assets Amortization of capital assets (Note 6) Deferred grant amortization (Note 14)	(18) 20,555 (8,073)	- 17,671 (7,675)
	(8,887)	9,996
Cash flows from (used) in changes in operating balances (Note 15)	36,372	35,919
Cash flows from operating activities	27,485	45,915
CASH FLOWS USED IN CAPITAL ACTIVITIES:		
Additions to capital assets Capital grants and donations received (Note 14)	(27,818) 5,974	(24,117) 16,011
Cash flow used in capital activities	(21,844)	(8,106)
CASH FLOWS USED IN INVESTING ACTIVITIES: Long term investments Investments held for capital purposes (Note 4)	(902) 2,673	(919) (7,860)
Cash flow used in investing activities	1,771	(8,779)
CASH FLOWS FROM (USED IN) FINANCING ACTIVITIES:		
Accounts receivable, capital (Note 2)	1,623	- (4.400)
Capital lease Loans payable Accounts payable, capital (Note 8)	(3,144) (347)	(1,428) (3,353) (3,222)
Cash flows from financing activities	(1,868)	(8,003)
NET CHANGE IN CASH FOR THE YEAR	5,544	21,027
CASH, BEGINNING OF YEAR	140,919	119,892
CASH, END OF YEAR	146,463	140,919

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

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 income 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) <u>Inventories</u>:

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

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

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) MES Capital Lease:

The Hospital entered into an agreement with GE Healthcare Canada for long-term managed equipment services (MES) that includes new equipment, equipment replacement at specified periods in time and maintenance on this equipment. The agreement is being treated as a capital lease as substantially all of the benefits and risks associated with ownership are transferred to the Hospital.

Assets under capital lease are recorded with an offsetting obligation in the period in which new equipment is delivered to the Hospital. The equipment is amortized in a manner consistent with capital assets owned by the Hospital and the obligation including interest thereon is expensed over the term of the lease.

The maintenance component of the lease is expensed over the term of the lease.

The agreement was effective as of April 1, 2023 and as such there are no accounting implications in the financial statements for the year ended March 31, 2023.

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

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

f) <u>Employee future benefits</u>:

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 (13.22 years in previous valuation – 2022).

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.

g) 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.

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

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

g) <u>Financial instruments</u>: (Cont'd)

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.

h) 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.

i) 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.

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

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

j) <u>Use of estimates</u>:

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.

k) <u>Asset Retirement Obligations</u>:

i) Adoption of New Accounting Standard

On April 1, 2022, the Hospital adopted Public Accounting Standard PS 3280 – Asset Retirement Obligations. The new accounting standard addresses the reporting of legal obligations associated with the retirement of certain tangible capital assets, such as asbestos removal in certain Hospital facilities and remediation associated with underground fuel tanks owned by the Hospital. The standard was adopted on the modified retrospective basis at the date of adoption. Under the modified retrospective method, the discount rate and assumptions used on initial recognition are those as of the date of adoption of the standard.

On April 1, 2021, the Hospital recognized an asset retirement obligation relating to facilities owned by the Hospital that contain asbestos as well as underground fuel tanks on properties owned by the Hospital. The building was originally opened in 1928, had an expected useful life of 40 years and is fully amortized. The fuel tanks were purchased in 1991-92, had an expected useful life of 20 years and are fully amortized. The ARO for both the building and the fuel tanks was recognized as an increase to the opening accumulated deficit and as a liability on April 1, 2021.

In accordance with the provisions of this new standard, the Hospital reflected the following adjustments at April 1, 2021:

 An asset retirement obligation in the amount of \$1,657,000, representing an estimate of the current obligations.

An increase to Opening Accumulated Deficit of \$1,657,000, as a result of the recognition of the liability and accompanying increase in depreciation expense.

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

- 1. Nature of business and significant accounting policies: (Cont'd)
 - k) Asset Retirement Obligations: (Cont'd)
 - ii) Accounting Policy

The Hospital recognizes the fair value of an asset retirement obligation ("ARO") when all of the following criteria have been met:

- There is a legal obligation to incur retirement costs in relation to a tangible capital asset;
- The past transaction or event giving rise to the liability has occurred;
- It is expected that future economic benefits will be given up; and
- A reasonable estimate of the amount can be made.

A liability for the removal of asbestos-containing materials in certain Hospital facilities and underground fuel tanks owned by the Hospital has been recognized based on estimated future expenses. Actual remediation costs incurred are charged against the ARO to the extent of the liability recorded. Differences between the actual remediation costs incurred and the associated liability recorded within the financial statements are recognized in the Statement of Operations at the time of remediation occurs.

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

2. Accounts receivable:

Cash

Accounts receivable consist of:

	2023 \$ (000)	2022 \$ (000)
Ministry of Legath apprating	22 445	47 210
Ministry of Health – operating	22,115	47,318
Ministry of Health – capital	702	2,325
Insurers and patients	10,662	9,638
Sales tax recoveries	3,349	2,757
Ontario Health – drug funding	2,807	2,773
Other	11,130	8,266
	50,765	73,077
Allowance for doubtful accounts	(868)	(1,033)
	49,897	72,044
3. Cash restricted for special purposes:		
Cash restricted for special purposes consists of:		
	2023	2022
	\$ (000)	\$ (000)

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.

7,274

5,552

4. <u>Investments held for capital purposes</u>:

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:

	2023 \$ (000)	2022 \$ (000)
Balance, beginning of year	7,860	_
Ministry capital grant funding received	-	7,608
Windsor Cancer Centre Foundation grant	547	500
Interest earned in the year	133	8
Used for capital purposes	(3,353)	(256)
	5,187	7,860

These investments are classified as Level 1.

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

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 0	00's			
Fund 1	<u>Maro</u> Market Value	ch 31, 2023 Cost	Allocation at Market Value	Permissible Range	March 31, 2 Market Value	2022 Cost	Allocation at Market Value
Cash equivalents Domestic equities Global equities	\$ 1,645 5,784 6,349	\$ 1,645 5,640 5,656	11.9% 42.0% 46.1%	2-20% 35-60% 35-60%	\$ - 7,467 5,904	\$ - 7,146 5,617	0% 55.8% 42.2%
Total Fund 1	13,778	12,941	100.0%		13,371	12,763	100.0%
Fund 2 Cash equivalents Domestic equities	\$ 1,304 5,979	\$ 1,326 5,534	9.5% 43.6%	2-20% 35-60%	\$1,516 5,917	\$1,543 5,100	11.1% 43.6%
Global equities Total Fund 2	6,429 13,712	7,031 13,891	46.9% 100.0%	35-60%	6,148 13,581	6,525 13,168	45.3% 100.0%
Total Cash equivalents	\$ 2.949	\$ 2.971	10.7%	2-20%	\$ 1,51	6 \$ 1,543	5.6%
Domestic equities Global equities	11,763 12,778	11,174 12,687	42.8% 46.5%	35-60% 35-60%	13,38 12,05	4 12,246	49.7% 44.7%
Total	27,490	26,832	100.0%		26,95	2 25,930	100.0%

These funds are classified as Level 1.

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

6. Capital assets:

Capital assets consist of:

March 31, 2023

		\$ (000)	
	Cost	Accumulated Amortization	Net Book Value
Land	12,354	-	12,354
Land improvements	3,266	3,210	56
Buildings	226,098	114,494	111,604
Equipment	205,365	157,074	48,291
Computer software and licenses	59,689	18,153	41,536
Construction in progress	27,683	-	27,683
	534,455	292,931	241,524

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

The amount of amortization included in the statement of revenue and expense is \$20,555,000 (\$17,671,000 in 2022).

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, 2022). As at March 31, 2023, the Hospital did not utilize this facility (\$nil – March 31, 2022).

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

8. Accounts payable and accrued liabilities:

Accounts payable and accrued liabilities consist of:

	2023 \$ (000)	2022 \$ (000)
Accounts payable - trade	28,462	24,556
Accounts payable - capital Vacation pay entitlement	1,861 22,405	2,208 22,737
Accrued salaries and benefits Payroll withholdings Ministry of Health Optorio Health	56,358 12,776 18,723	26,729 9,619
Ministry of Health/Ontario Health Deferred revenue – Ministry of Health/Ontario Health Deferred revenue – Ontario Health/Cancer Care Ontario	196 196 867	36,755 231 1,094
Deferred revenue – Other Other	133 973	26 1,067
	142,754	125,022

Included in accounts payable and accrued liabilities are government remittances payable of \$7,870,000 (\$6,956,000 - March 31, 2022), 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.

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

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

For post employment benefits, the most recent actuarial valuation is as of March 31, 2023. 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, 2023 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 - Ultimate - Year of Ultimate level	4.82% 4.05% 2040	4.52% 3.80% 2040
•	Dental care cost trend	rate – first 10 years	5.27%	5.27%
•	Dental care cost trend	rate – next 10 years	4.51%	4.51%
•	Discount rate – beginn	ing of year	3.89%	3.89%
•	Discount rate – end of	year	4.04%	4.04%

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 2022-2023:

	Increase (000's)	Decrease (000's)
Health Care Trend Rate (+/- 1.0%):		
Total service and interest costs	65	(60)
Benefit obligation at March 31, 2023	600	(559)
Discount Rate (+/- 0.5%):		
Total service and interest costs	(6)	5
Benefit obligation at March 31, 2023	(1,057)	1,177

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

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

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

		2023 \$ (000)			2022 \$ (000)	
o	Employees n Long-Term Disability	Post Employment	Total	Employees on Long-Term Disability	Post Employment	Total
Accrued benefit obligations:						
Balance at beginning of	0.007	40.000	04.050	0.500	04.054	04.404
year	2,987	18,366	21,353	2,530	21,954	24,484
Current service cost	-	660	660	- 70	1,069	1,069
Interest costs	111	719	830	78	723	801
Expected termination from Long-Term disability paymen	its (234)		(234)	(298)		(298)
Actuarial (gain) loss	(178)	(340)	(518)	616	(4,387)	(3,771)
Benefits paid	(253)	(1,077)	(1,330)	(203)	(993)	(1,196)
Expected reserve for	(200)	(1,077)	(1,550)	(200)	(333)	(1,130)
new claims	498	_	498	264	_	264
Balance at end of year	2,931	18,328	21,259	2,987	18,366	21,353
D						
Plan assets:						
Balance at beginning of year	-	4.077	4 000	-	-	4 400
Employer contributions	253	1 077	1,330	203	993	1,196
Benefits paid	(253)	(1.077)	(1,330)	(203)	(993)	(1,196)
Balance at end of year	-	-	-	-	-	-
Funded status – (deficit)	(2,931)	(18,328)	(21,259)	(2,987)	(18,366)	(21,353)
Unamortized net actuarial losse		(4,777)	(4,777)	(2,507)	(4,672)	(4,672)
-		(, ,	(, ,		(, - ,	(, - ,
	(2,931)	(23,105)	(26,036)	(2,987)	(23,038)	(26,025)
Current portion	258	1,178	1,436	253	1,076	1,329
Long-Term portion	2,673	21,927	24,600	2,734	21,962	24,696

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

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

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

2023 2022 \$ (000) \$ (000) Total **Employees** Post **Employees** Post Total Employment on Long-Term **Employment** on Long-Term Disability Disability 660 1,069 Current service cost 660 1,069 Interest cost 111 719 830 78 723 801 Expected terminations from Long-Term disability benefits (234)(234)(298)(298)Amortization of actuarial (gain)/ loss (178)(237)616 94 (415)710 Expected reserve for new claims 498 498 264 264 197 660 Total expense 1,142 1,339 1,886 2,546

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

10. Loans payable:

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

	2023 \$ (000's)	2022 \$ (000's)
Committed non-revolving instalment loan funded through unsecured bankers' acceptances with a minimum stamping fee of 0.35% 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.	6,626	7,319
Committed non-revolving instalment loan funded through unsecured bankers' acceptances with a minimum stamping fee of 0.80% per annum. The principal and interest payments are made each month until maturity At October 15, 2040. The interest rate is the bankers' acceptance rate plus the stamping fee.	5,275	5,575
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:		
Committed non-revolving instalment loan funded through unsecured bankers' acceptances with a minimum stamping fee of 0.80% per annum. The principal and interest payments are made each month until maturity At July 18, 2027. The interest rate is the bankers' acceptance rate plus the stamping fee.	320	-
3.26% interest rate renewable on April 9, 2024 with blended monthly payments of principal and interest of \$29,261	373	706
2.46% interest rate renewable on March 18, 2025 with blended monthly payments of principal and interest of \$32,154	752	1,115
2.46% interest rate renewable on March 18, 2025 with blended monthly payments of principal and interest of \$27,748	649	962
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	2,814	3,010
2.83% interest rate renewable on February 12, 2029 with blended monthly payments of principal and interest of \$42,526	5,157	5,516
2.84% interest rate renewable on February 15, 2030 with blended monthly payments of principal and interest of \$50,514	6,122	6,548
5.60% interest rate maturing on February 15, 2030 with blended monthly payments of principal and interest of \$80,580	8,411	8,892
Total loans payable	36,499	39,643
Less: current portion	3,653	3,466
	32,846	36,177

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

10. Loans payable: (cont'd)

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

3,653,000
3,245,000
2,600,000
2,698,000
2,750,000
<u>21,553,000</u>
\$ <u>36,499,000</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 (\$5,422,000 in 2022) is included in other supplies and expenses.

12. Asset Retirement Obligations:

The Hospital has accrued for asset retirement obligations related to the legal requirement for the removal or remediation of asbestos-containing materials in certain facilities as well as underground fuel tanks on properties owned by the Hospital. The obligation is determined based on the estimated undiscounted cash flows that will be required in the future to remove or remediate the asbestos containing material and any soil contaminants in accordance with current legislation.

The change in the estimated obligation during the year consists of the following:

	2023	2022	
Balance, beginning of year	\$ 1,657	\$ -	
Adjustment on adoption of PS 3280 asset			
retirement obligation standard	-	1,657	
Opening balance, as restated	1,657	1,657	
Less: obligations settled during the year	-	-	
Total obligation at March 31	1,657	1,657	
Less: current portion reported in accounts payable			
and accrued liabilities	-	-	
Balance, end of year	\$ 1,657	\$ 1,657	

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

13. MES Lease Obligation:

In fiscal 2023, the Hospital entered into a lease agreement for certain equipment under managed equipment services with GE Healthcare Canada. This is a 15 year agreement effective April 1, 2023 until March 31, 2038. This agreement requires monthly payment of principal plus interest and maintenance costs. The lease has an interest rate of 6.18%, expiring on March 31, 2038, at which time the Hospital has the option to purchase the equipment.

14. Deferred capital grants:

Deferred capital grants consist of:

March 31	, 2023
----------	--------

		\$ (000)	
		Accumulated	
	Grant	Amortization	Net
Land improvements	434	434	
Buildings	156,075	64,568	91,507
Equipment	85,884	70,426	15,458
Construction in progress	24,205	10,420	24,205
Construction in progress	24,203	-	24,203
	266,598	135,428	131,170
March 31, 2022			
		\$ (000)	
		Accumulated	
	Grant	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
	20,000		20,000
	260,624	127,355	133,269

The amount of amortization included in the statement of revenue and expense is \$8,073,000 (\$7,675,000 in 2022).

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

14. Deferred capital grants: (cont'd)

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

	2023 \$ (000)	2022 \$ (000)
Windsor Cancer Centre Foundation Windsor Regional Hospital Foundation Ministry of Health – Capital Ministry of Health – HIRF Ministry of Health – COVID-19 Ministry of Health – Capital Planning Grant Stage 2 Ontario Health Other	547 661 - 1,347 755 128 2,536	1,497 2,347 3,944 1,384 143 5,242 1,381 73
	5,974	16,011

15. Cash flow information:

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

	2023 \$ (000)	2022 \$ (000)
Cash restricted for special purposes Accounts receivable, non-capital Inventories Prepaid and deferred charges Due from related parties Accounts payable and accrued liabilities, non-capital Accrued sick leave entitlements Accrued benefit liabilities	(1,722) 20,524 (194) (1,336) 1,240 18,079 (230)	(130) 34,005 (524) (96) (968) 3,124 (843) 1,351
	36,372	35,919

Interest paid during the year amounted to \$6,971,000 (\$6,918,000 in 2022).

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

16. 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 \$21,410,000 (\$21,838,000 in 2022). 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, 2022 indicates that the plan is fully funded (2021 – fully funded).

17. Commitments:

a) Non-Capital Leases:

Under the terms of various non-capital equipment leases expiring through 2028, the Hospital is committed to lease payments aggregating approximately as follows:

•	2024	\$2,363,000
•	2025	\$2,235,000
•	2026	\$2,244,000
•	2027	\$1,870,000
•	2028	\$1.880.000

b) MES Agreement:

The Hospital has entered into a long-term managed equipment services contract with GE Healthcare Canada over 15 years [Note 13].

The following is a schedule of commitments at a nominal dollar value:

	\$
2024	13,555,000
2025	13,256,000
2026	13,521,000
2027	13,792,000
2028	14,068,000
2029 and thereafter	157,119,000
Total minimum commitments	\$225,311,000

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

18. 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 and the actual settlement would be recognized in the financial statements in the year of settlement.

The Hospital makes provisions for liabilities where the amount can be reasonably estimated and the event giving rise to the liability is likely to occur.

- 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, 2023, 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, 2023 (\$1,300,000 as at March 31, 2022). 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 \$nil (\$13,458 in 2022) as there are no guaranteed lease obligation outstanding as at March 31, 2023.

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

18. Contingent liabilities: (Cont'd)

d) On November 29, 2022, the Ontario Superior Court rendered a decision to declare the *Protecting a Sustainable Public Sector for Future Generations Act*, *2019*, known as Bill 124, to be void and of no effect. On December 29, 2022, The Province of Ontario appealed the Superior Court's decision, but has not sought a stay of decision. As a result it is expected that Bill 124 will not likely be reinstated. This ruling has triggered reopener provisions that required renewed negotiations with certain labour groups on compensation for the years that were previously capped by the legislation. The Hospital has recorded liabilities based on subsequent settlement amounts and management's estimate of potential settlement amounts.

19. 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, 2023, net resources of the Foundation amounted to \$21,881,000 (\$20,639,000 in 2022) of which \$20,974,000 (\$19,799,000 in 2022) 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, 2023, the Foundation had excess revenue over expense of \$1,242,000 (\$673,000 excess of revenue over expense in 2022).

The amount owing from the Foundation as at March 31, 2023 is \$2,250,000 (\$3,490,000 as at March 31, 2022). These amounts are settled as mutually agreed upon in the next fiscal year.

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

20. 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 \$16,479,000 (2022 - \$21,864,000) to TransForm for Information Technology/Information Systems services and for purchasing and payment services. Included in this amount is \$nil (\$4,834,000 in 2022) related to the HIS project. The balance payable to TransForm at March 31, 2023 is \$1,959,000 (\$866,000 in 2022) and has been included in accounts payable.

21. 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:

	2023 \$ (000)	2022 \$ (000)
Deficiency of revenue over expense for the year	(21,351)	-
Add: net building amortization interest on long-term liabilities	1,152 6,971	1,227 6,918
Year end total margin	(13,228)	8,145

The Hospital did not meet this performance indicator in 2023 (2022 – indicator met) as a result of the impacts of operating and inflationary pressures. The Hospital in undertaking a review of operational performance against peer benchmarking data to identify potential cost reduction strategies for 2023-24 and beyond. The Ontario Hospital Association (OHA) continues to advocate for funding increases to hospitals in light of these operating and inflationary pressures. These initiatives are undertaken to bring this indicator into compliance at the earliest possible date.

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

22. 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. Due to Bill 124 reopener clauses in most collective bargaining agreements there is the potential for the Hospital to make substantial retroactive payments upon settlement.

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 2022.

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.

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

23. 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:

	2023 \$ (000)	2022 \$ (000)
Funding for incremental COVID-19 operating expenses	\$11,382	\$ 38,497
Funding for COVID-19 assessment & testing centre	1,913	2,285
Uninsured patient revenue funding	3,492	1,852
Broad-based funding reconciliation for other eligible costs		
and revenue losses	7,853	6,444
Temporary physician funding	6,281	8,465
	\$30,921	\$ 57,543

Notes to Financial Statements

YEAR ENDED MARCH 31, 2023

23. Ministry of Health pandemic funding: (Cont'd)

In addition to the above, the Hospital has also recognized \$33,000 in Ministry of Health funding for COVID-19 related capital expenditures (\$749,000 - March 31, 2022), which has been recorded as an addition to deferred capital contributions during the year.