

2023 WDMH AGM Reports

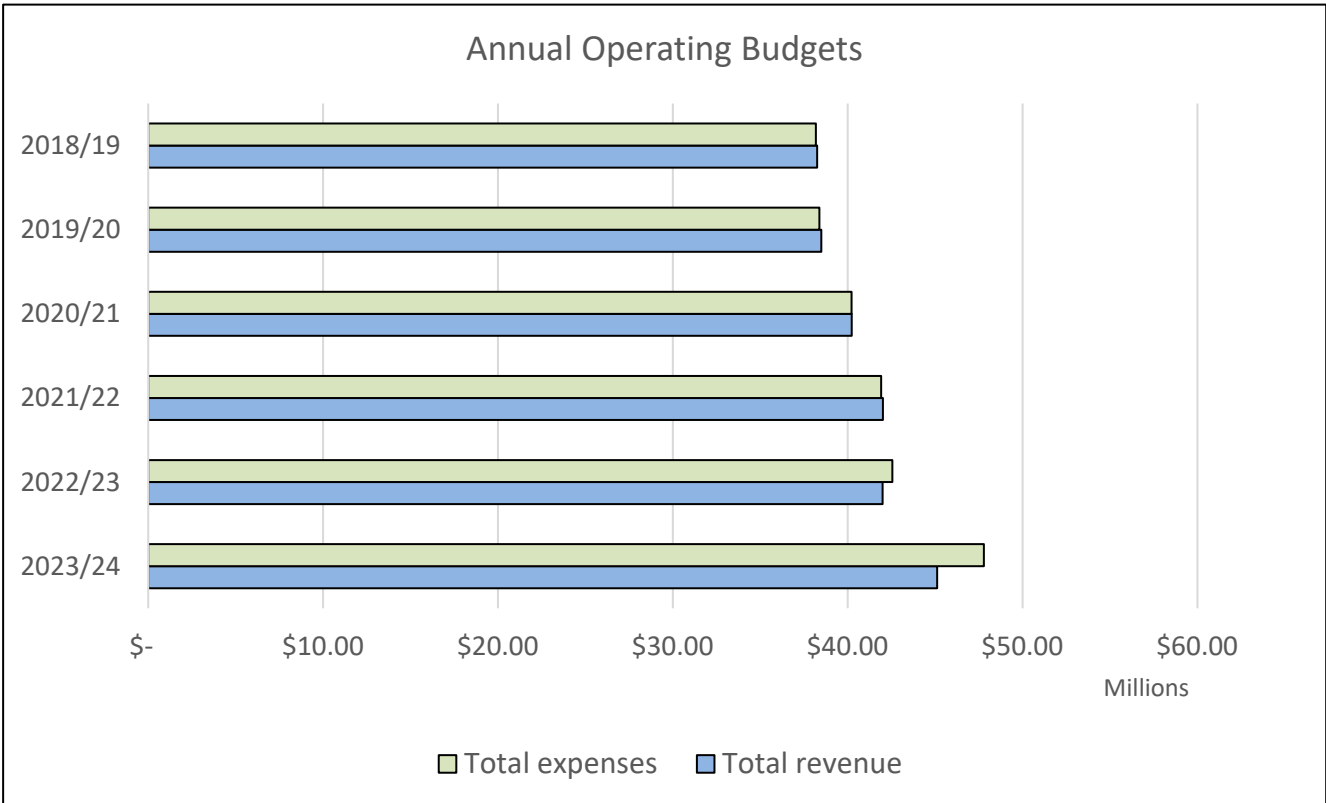
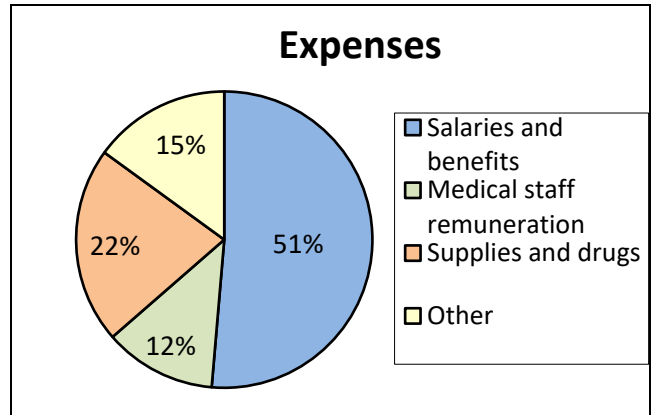
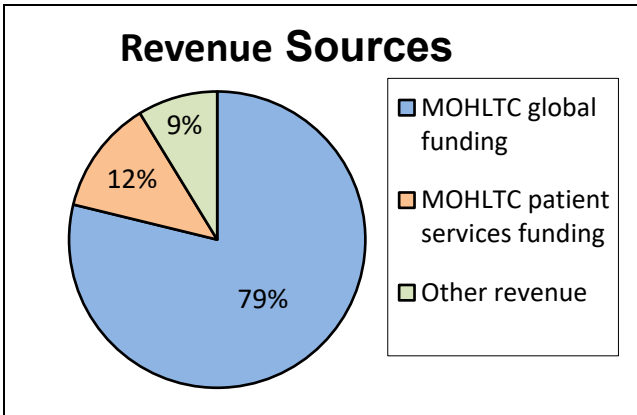
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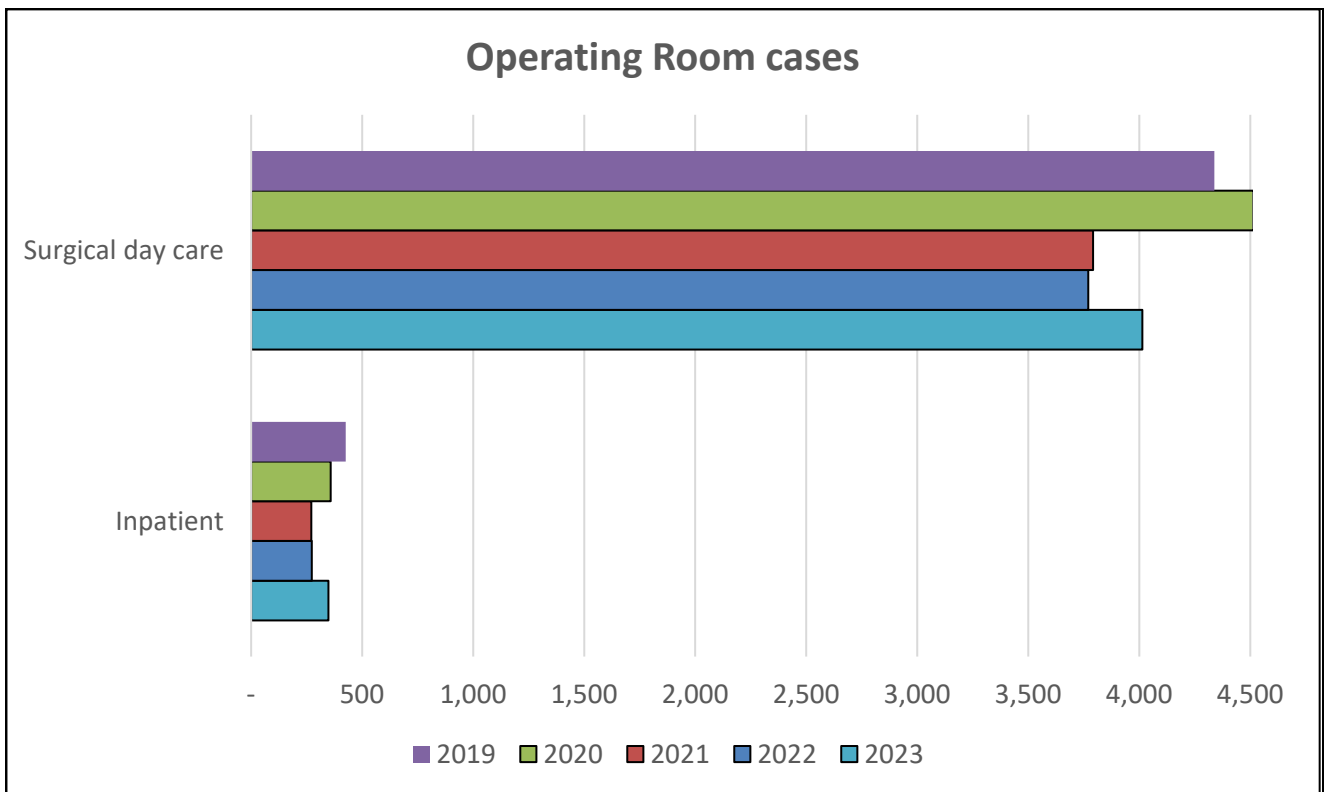
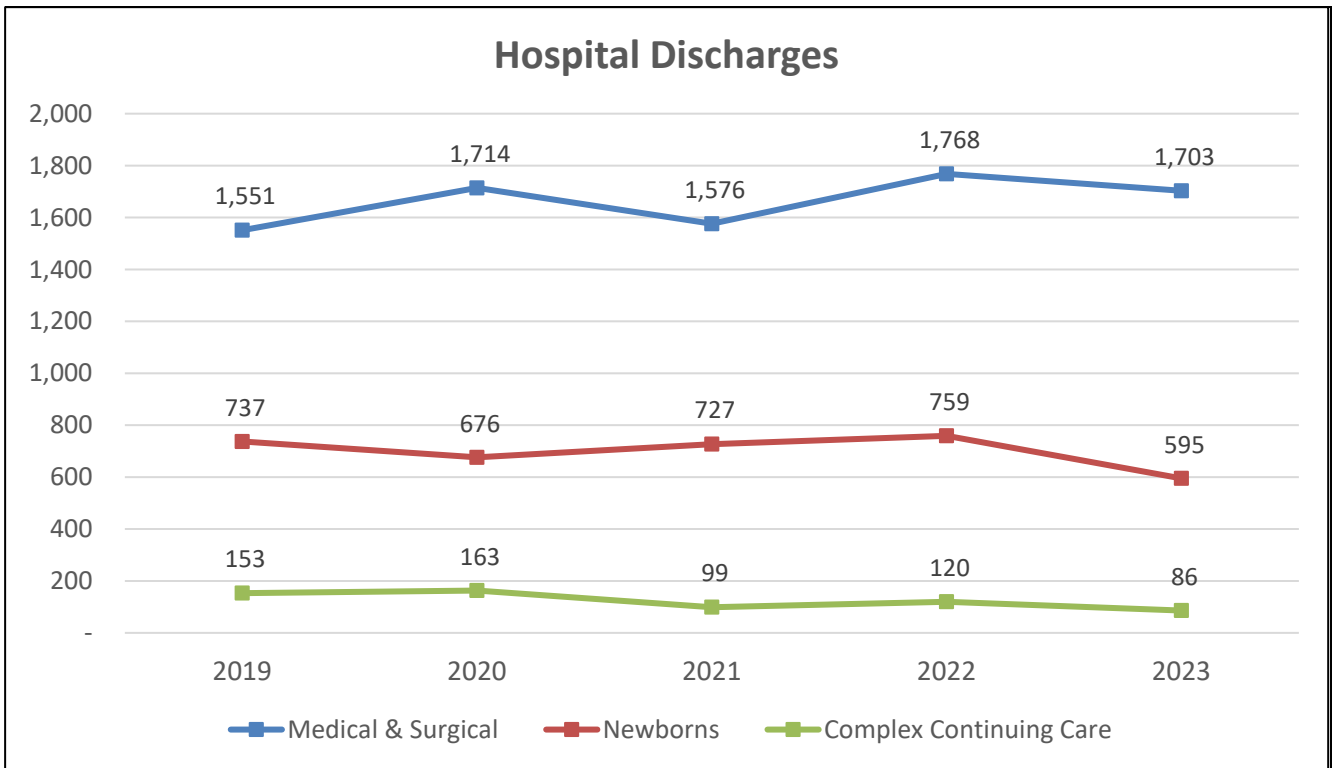
ANNUAL REPORT OF TREASURER 2022-2023

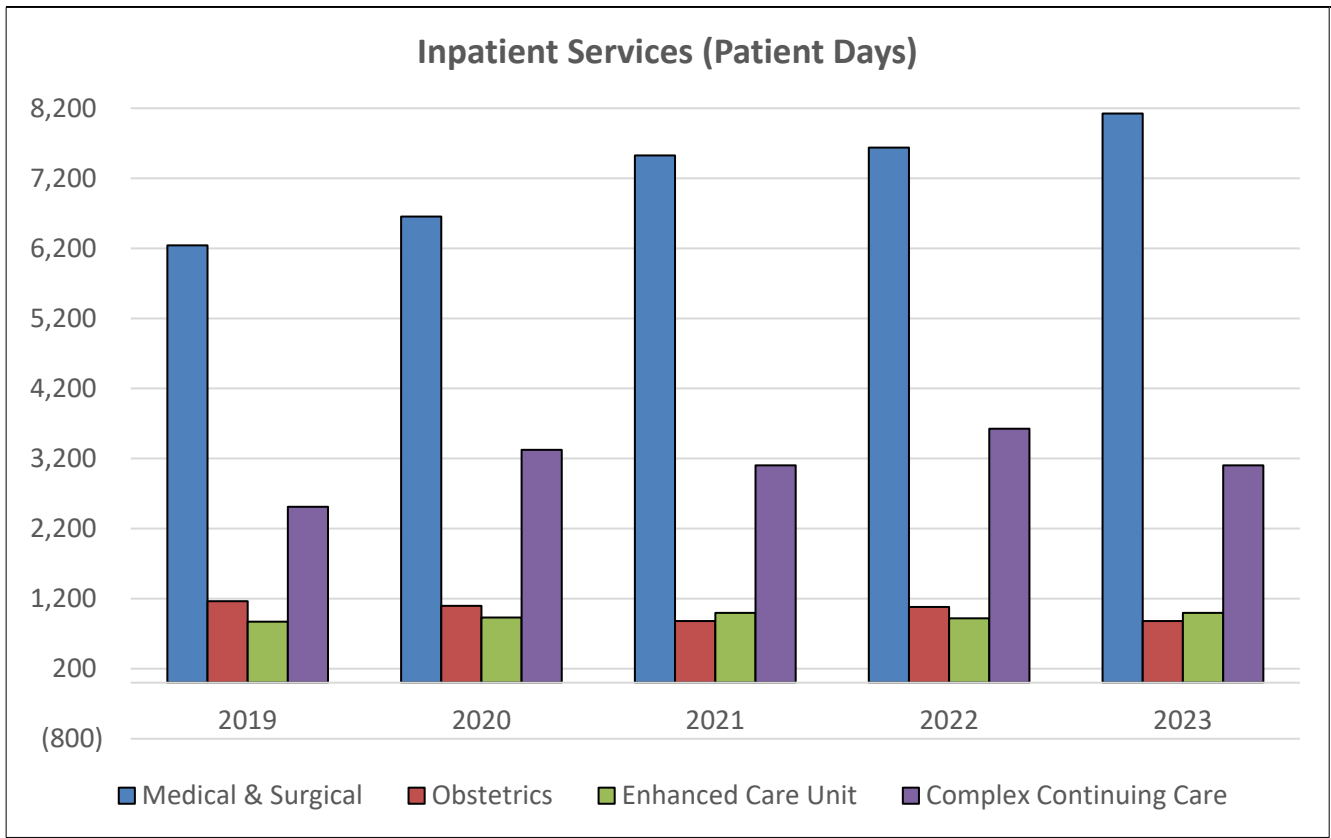
Financial Results:

The hospital reported a yearend deficit of \$2,359,805 from hospital operations and a total deficit of \$2,568,594 for March 31, 2023.



Activity:





Outpatient Services (Visits)

	2022/2023	2021/2022	2020/2021	2019/2020	2018/2019
Diagnostic Imaging	37,211	36,900	32,125	36,809	36,419
Emergency visits	23,103	21,964	19,554	23,625	23,150
Medical/Surgical Clinics	8,440	8,908	6,557	8,987	9,880
Hemodialysis	3,356	3,457	3,530	3,230	3,441
Ontario Breast Screening Program	2,869	2,590	1,570	2,735	2,720
Chemotherapy	2,292	2,447	2,542	2,304	2,610
Cardiology	2,150	1,862	1,562	1,576	1,618
Prenatal Clinic	1,236	1,899	1,754	2,057	2,118
Ophthalmology Clinic	1,203	656	356	1,615	1,923
Gynecology Clinic	671	705	528	1,462	1,887
COVID Assessment Centre	-	9,293	18,478	-	-

As Treasurer, I would like to take this opportunity to thank the entire Leadership Team.

Respectfully submitted,

Annik Blanchard
Treasurer

Financial Statements of

**WINCHESTER DISTRICT
MEMORIAL HOSPITAL**

And Independent Auditor's Report thereon

Year ended March 31, 2023

DRAFT

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of the Winchester District Memorial Hospital

Opinion

We have audited the financial statements of the Winchester District Memorial Hospital, which comprise:

- the statement of financial position as at March 31, 2023
- the statement of operations for the year then ended
- the statement of changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

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

In our opinion, the accompanying financial statements, present fairly, in all material respects, the financial position of the Winchester District Memorial Hospital as at March 31, 2023, and its results of operations, changes in net assets, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "***Auditor's Responsibilities for the Audit of the Financial Statements***" section of our auditor's report.

We are independent of the Winchester District Memorial 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 ethical responsibilities in accordance with these requirements.

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

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Winchester District Memorial 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 Winchester District Memorial Hospital or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Winchester District Memorial 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 risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Winchester District Memorial 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 events or conditions that may cast significant doubt on the Winchester District Memorial 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 Winchester District Memorial Hospital 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.

Chartered Professional Accountants, Licensed Public Accountants

Ottawa, Canada

Date

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Statement of Financial Position

March 31, 2023, with comparative information for 2022

	2023	2022
Assets		
Current assets:		
Cash	\$ 744,716	\$ 340,404
Accounts receivable (note 2)	2,684,861	4,621,170
Due from related entities (note 3(b))	79,688	139,983
Inventories of supplies	652,207	662,023
Prepaid expenses	1,050,361	1,166,415
	<u>5,211,833</u>	<u>6,929,995</u>
Capital assets (note 4)	57,517,498	55,075,109
	<u>\$ 62,729,331</u>	<u>\$ 62,005,104</u>
Liabilities, Deferred Contributions and Net Assets		
Current liabilities:		
Short-term borrowing (note 6)	\$ 2,915,545	\$ 1,524,034
Accounts payable and accrued liabilities	12,049,310	8,691,623
Deferred revenue	170,249	112,520
	<u>15,135,104</u>	<u>10,328,177</u>
Employee future benefits (note 5)	2,328,262	2,235,597
Deferred capital contributions (note 7)	42,755,964	44,362,735
Total liabilities	<u>60,219,330</u>	<u>56,926,509</u>
Net assets:		
Invested in capital assets (note 8)	15,627,218	12,018,323
Restricted	331,625	331,625
Unrestricted deficiency	(13,448,842)	(7,271,353)
	<u>2,510,001</u>	<u>5,078,595</u>
Commitments, contingencies and guarantees (note 11)		
	<u>\$ 62,729,331</u>	<u>\$ 62,005,104</u>

See accompanying notes to financial statements.

On behalf of the Board:

President and Chairman

Chief Executive Officer

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Statement of Operations

Year ended March 31, 2023, with comparative information for 2022

	2023	2022
Revenue:		
Ontario Ministry of Health:		
Base funding	\$ 29,930,492	\$ 29,339,930
OHIP funding	5,702,392	5,693,152
Satellite program	3,897,580	3,255,452
One-time funding	2,245,488	3,014,972
Recoveries and other	2,660,199	1,938,988
Other patient	531,181	439,181
Amortization of deferred contributions related to equipment (note 7)	802,088	724,247
Investment	3,435	876
	45,772,855	44,406,798
Expenses:		
Salaries and wages	18,808,615	17,868,962
Supplies and other	10,306,356	9,894,113
Employee benefits	5,910,396	5,737,792
Medical staff remuneration	5,891,460	5,593,484
Drugs and medical gases	4,028,959	3,381,930
Medical and surgical supplies	1,567,453	1,750,154
Amortization of equipment	1,393,052	883,932
Rental/lease of equipment	174,101	221,529
Bad debts	52,268	12,418
	48,132,660	45,344,314
Excess (deficiency) of revenue over expenses before undernoted items	(2,359,805)	(937,516)
Other vote programs:		
Dillabough Centre operations (note 9)	(19,086)	(20,946)
Municipal taxes	4,050	-
Amortization of deferred contributions related to buildings (note 7)	1,480,171	1,523,307
Amortization of buildings	(1,843,924)	(1,695,583)
Management fee from Rural Healthcare Innovations (note 3(a))	170,000	170,000
	(208,789)	(23,222)
Excess (deficiency) of revenue over expenses	\$ (2,568,594)	\$ (960,738)

See accompanying notes to financial statements.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Statement of Changes in Net Assets

Year ended March 31, 2023, with comparative information for 2022

	Invested in capital assets (note 7)	Restricted	Unrestricted	2023 Total	2022 Total
Balance, beginning of year	\$ 12,018,323	\$ 331,625	\$ (7,271,353)	\$ 5,078,595	\$ 6,039,333
Excess (deficiency) of revenue over expenses	–	–	(2,568,594)	(2,568,594)	(960,738)
Purchase of capital assets (note 4)	5,696,569	–	(5,696,569)	–	–
Amortization of capital assets (note 4)	(3,254,180)	–	3,254,180	–	–
Amortization of deferred capital contributions (note 7)	2,282,259	–	(2,282,259)	–	–
Deferred capital contributions used	(1,115,753)	–	1,115,753	–	–
Balance, end of year	\$ 15,627,218	\$ 331,625	\$ (13,448,842)	\$ 2,510,001	\$ 5,078,595

See accompanying notes to financial statements.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Statement of Cash Flows

Year ended March 31, 2023, with comparative information for 2022

	2023	2022
Cash provided by (used for):		
Operating activities:		
Excess of revenue over expenses	\$ (2,568,594)	\$ (960,738)
Items not involving cash:		
Amortization of capital assets	3,254,180	2,597,789
Amortization of deferred capital contributions (note 7)	(2,282,259)	(2,247,554)
Net increase in employee future benefits liability (note 5)	92,665	97,809
Net change in non-cash working capital (note 10)	5,537,890	2,072,219
	<u>4,033,882</u>	<u>1,559,525</u>
Capital activities:		
Deferred capital contributions received (note 7)	675,488	1,800,037
Purchase of capital assets	(5,696,569)	(4,261,680)
	<u>(5,021,081)</u>	<u>(2,461,643)</u>
Investing activities:		
Net increase (decrease) in short-term borrowings	1,391,511	(375,968)
	<u>404,312</u>	<u>(1,278,086)</u>
Net increase (decrease) in cash		
	404,312	(1,278,086)
Cash, beginning of year	340,404	1,618,490
	<u>744,716</u>	<u>340,404</u>
Cash, end of year	\$	\$
	744,716	340,404

See accompanying notes to financial statements.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements

Year ended March 31, 2023

The Winchester District Memorial Hospital (the "Hospital") was incorporated in 1944 under the laws of Ontario, and commenced operations on December 28, 1948. The Hospital is a community-based organization providing acute and chronic care services for the residents of its service area. The Hospital is a registered charity and is exempt from income tax under the Income Tax Act (Canada).

These financial statements reflect the assets, liabilities and operations of the Hospital. They do not include the assets, liabilities or operations of WDMH Foundation or its auxiliaries which, although associated with the Hospital, are separately managed, and report to separate Boards of Trustees.

1. Significant accounting policies:

The financial statements have been prepared by management in accordance with Canadian Public Sector Accounting Standards including the 4200 standards for government not-for-profit organizations and include the following significant accounting policies:

(a) Basis of presentation:

The Hospital follows the deferral method of accounting for government not-for-profit organizations.

(b) Revenue recognition:

Under the Health Insurance Act and Regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ontario Ministry of Health ("MOH"). Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of an accounting period are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period.

Revenue from the Ontario Health Insurance Plan ("OHIP"), other patient care and marketed services, is recognized when the goods are sold, or the service is provided.

The Hospital receives funding for operations for certain programs from the MOH. The final amount of operating revenue recorded cannot be determined until the MOH has reviewed the Hospital's financial and statistical returns for the year. Any adjustments arising from the MOH review is recorded in the period in which the adjustment is made.

Externally restricted contributions are recognized as revenue in the year in which the conditions for the restriction have been met. Contributions restricted for the purchase of capital assets are deferred and amortized into revenue on a straight-line basis, at a rate corresponding with the amortization rate for the related capital assets.

Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2023

1. Significant accounting policies (continued):

(c) Financial instruments:

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

Unrealized changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized, when they are transferred to the statement of operations. The Hospital does not have any amounts to record on the statement of remeasurement gains and losses and therefore this statement has not been included in these financial statements.

Financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the 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 operations and any unrealized gain is adjusted through the statement of remeasurement gains and losses.

When the asset is sold, the unrealized gains and losses previously recognized in the statement of remeasurement gains and losses are reversed and recognized in the statement of operations.

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 inactive 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.

A statement of remeasurement gains and losses is not presented in these financial statements as the Hospital does not have financial instruments requiring remeasurement.

(d) Foreign currency transactions

Transactions involving foreign currencies are converted into Canadian dollar equivalents using rates of exchange in effect at the time of the transactions.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2023

1. Significant accounting policies (continued):

(e) Capital assets:

Purchased capital assets, other than minor equipment, are recorded at cost.

Minor equipment replacements are expensed in the year of replacement. Assets under construction are capitalized and are not amortized until the project is complete and the assets are ready for productive use.

When a capital asset no longer contributes to the Hospital's ability to provide services, its carrying amount is written down to its residual value.

Amortization is provided on a straight-line basis over the expected useful life as follows:

Asset	Term
Buildings	20 to 50 years
Hospital equipment	3 to 20 years

(f) Employee future benefits:

The Hospital provides defined retirement and other future benefits for substantially all retirees and employees. These future benefits include life insurance and health care benefits.

The Hospital accrues its obligations under the defined benefit plans as the employees render the services necessary to earn the other retirement benefits. The actuarial determination of the accrued benefit obligations for other retirement benefits uses the projected benefit method prorated on service (which incorporates management's best estimate of future salary levels, other cost escalation, retirement ages of employees and other actuarial factors). The most recent actuarial valuation of the benefit plans for funding purposes was as of March 31, 2021, and the next required valuation will be as of March 31, 2024.

Actuarial gains (losses) on plan assets arise from the difference between the actual return on plan assets for a period and the expected return on plan assets for that period. Actuarial gains (losses) on the accrued benefit obligation arise from differences between actual and expected experience and from changes in the actuarial assumptions used to determine the accrued benefit obligation. The net accumulated actuarial gains (losses) are amortized over the average remaining service period of active employees. These defined benefit plans are not funded.

The average remaining service period of active employees covered by the employee benefit plans is 14 years (2022 – 14 years).

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2023

1. Significant accounting policies (continued):

(f) Employee future benefits (continued):

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

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

(g) Inventories of supplies:

Inventories of supplies are stated at the lower-of-cost and the net realizable amount. Inventory is determined on the average basis, less a provision for any obsolete or unusable inventory on hand.

(h) Contributed services:

A substantial number of volunteers contribute a significant amount of their time each year. Because of the difficulty of determining the fair value, contributed services are not recognized in the financial statements.

(i) Use of estimates:

The preparation of financial statements 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 date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from these estimates. These estimates are reviewed annually and as adjustments become necessary, they are recognized in the financial statements in the period they become known.

Amounts subject to significant estimates include the assumptions used in determining the employee future benefits liability and Ministry of Health pandemic funding (note 13).

(j) Related party transactions:

Monetary related party transactions and non-monetary related party transactions that have commercial substance are measured at the exchange amount when they are in the normal course of business, except when the transaction is a non-monetary exchange of a product or property held for sale in the normal course of operations. Where the transaction is not in the normal course of operations, it is measured at the exchange amount when there is a substantive change in the ownership of the item transferred and there is independent evidence of the exchange amount.

All other related party transactions are measured at the carrying amount.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2023

2. Accounts receivable:

	2023	2022
Ontario Ministry of Health	\$ 708,276	\$ 1,901,669
Champlain LHIN	-	336,800
Ontario Health Insurance Plan	379,011	425,892
Other	1,647,574	2,006,809
	2,734,861	4,671,170
Less allowance for doubtful accounts	50,000	50,000
	\$ 2,684,861	\$ 4,621,170

3. Related party transactions:

(a) The Winchester District Memorial Hospital Auxiliary:

The Hospital has an economic interest in the Winchester District Memorial Hospital Auxiliary (the "Auxiliary"). The Auxiliary participates in fundraising activities to provide funding for the purchase of equipment for the Hospital. During 2022, the Auxiliary provided \$68,884 (2022 - \$75,544) in donations to the Hospital. Of this donated amount, \$75,544 (2022 - \$21,025) has been included in deferred contributions related to capital assets.

(b) The Winchester District Memorial Hospital Foundation:

The Hospital has an economic interest in the Winchester District Memorial Hospital Foundation (the "Foundation"). The Foundation raises, receives and maintains funds for the financing of major equipment, capital construction or needed renovations of the Hospital and Rural Healthcare Innovations. During 2023, the Foundation provided \$1,143,828 (2022 - \$1,475,715) in donations to the Hospital. Of this donated amount, \$670,430 (2022 - \$385,249) has been included in other revenue and \$473,398 (2022 - \$1,090,466) has been included in deferred capital contributions related to capital assets. As at March 31, 2023, the Foundation owes the Hospital \$79,688 (2022 - \$139,983) for its share of expenses incurred during the year and donations to be paid.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2023

3. Related party transactions (continued):

(b) The Winchester District Memorial Hospital Foundation:

The assets, liabilities and results of operations for the Foundation for the year ended March 31 are as follows:

	2023	2022
Financial position:		
Total assets	\$ 7,165,163	\$ 7,356,054
Total liabilities	\$ 144,679	\$ 186,875
Net assets	7,020,484	7,169,179
Total liabilities and net assets	\$ 7,165,163	\$ 7,356,054
Results of operations:		
Total revenue	\$ 1,699,205	\$ 3,166,864
Total operating expenses	704,072	617,449
Total contributions to the Hospital	1,143,828	1,475,715
Excess (deficiency) of revenue over expenses	\$ (148,695)	\$ 1,073,700

(c) Rural Healthcare Innovations

Winchester District Memorial Hospital (the "Hospital") is related to Rural Healthcare Innovations ("RHI") by virtue of having common executive management personnel. The Hospital and RHI operate as individual corporations and healthcare providers, have separate Board of Directors, receive their own funding from the Government and are separate employers. RHI is a registered charity and is incorporated under the laws of Ontario.

The Hospital had a short-term loan receivable of \$100,000 from RHI which was non-interest bearing, unsecured and had no fixed terms of repayment. In the year, RHI paid off the entire balance of this loan receivable.

In the year, The Hospital charged a management fee to RHI of \$170,000 (2021 - \$170,000) to reimburse the Hospital for management and other services. Any other transactions between the Hospital and RHI are recorded at the exchange amount. At year-end, the Hospital had an amount receivable of \$168,100 (2021 - \$681,834) from RHI.

RHI controls Dundas Manor Limited, a private company by virtue of owning 100% of its common shares. The Hospital had no transactions directly with Dundas Manor Limited in the year.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2023

4. Capital assets:

	Cost	Accumulated amortization	2023 Net book value	2022 Net book value
Land	\$ 1,047,873	\$ -	\$ 1,047,873	\$ 1,047,873
Buildings:				
Hospital	71,413,291	25,424,141	45,989,150	47,227,305
Dillabough Centre	996,785	423,678	573,106	590,312
Total land and buildings	73,457,949	25,847,818	47,610,130	48,865,490
Hospital equipment	25,172,662	15,744,440	9,428,222	3,011,529
Assets under construction	479,146	-	479,146	3,198,090
	\$ 99,109,757	\$ 41,592,258	\$ 57,517,498	\$ 55,075,109

During the year, the Hospital disposed of capital assets with a cost of \$419,717 (2022 - \$484,240) and accumulated amortization of \$413,575 (2022 - \$471,357) resulting in a loss on disposal of capital assets of \$6,142 (2022 - \$12,883), which has been included in amortization expense.

Cost and accumulated amortization at March 31, 2022 amounted to \$93,832,904 and \$38,757,795, respectively.

5. Employee future benefits:

(a) Health, dental and life insurance plans

The Hospital provides extended health care and dental insurance benefits to its employees and extends this coverage to the post-retirement period. The measurement date used to determine the accrued benefit obligation is March 31, 2023. The most recent actuarial valuation of employee future benefits was completed as **at March 31, 2021**.

At March 31, 2023, the Hospital's liability associated with the benefit plan is as follows:

	2023	2022
Accrued benefit obligation	\$ 2,209,251	\$ 2,221,282
Unamortized experience gains (losses)	119,011	14,315
Employee future benefit liability	\$ 2,328,262	\$ 2,235,597

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2023

5. Employee future benefits (continued):

(a) Health, dental and life insurance plans (continued)

The Hospital's defined benefit plan is not funded, resulting in a plan deficit equal to the accrued benefit obligation.

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

	2023	2022
Discount rate	4.04%	3.89%
Dental cost increases	4.00%	4.00%
Extended healthcare cost escalations	8.00%	8.00%
Expected average remaining service life of employees	15.21 years	14.21 years

The employee future benefit liability change is comprised of:

	2023	2022
Current service cost	\$ 129,080	\$ 134,470
Interest on accrued benefit obligation during the year	86,771	71,326
Amortization of net experience losses	(1,539)	7,862
Benefit payments made by the Hospital during the year	(121,647)	(115,849)
	\$ 92,665	\$ 97,809

(b) Healthcare of Ontario Pension Plan:

Substantially all full-time employees of the Group are eligible to be members of the Healthcare of Ontario Pension Plan (the "Plan"). This Plan is a multi-employer, defined benefit pension plan. Employer contributions to the Plan during the year amounted to \$1,567,588 (2022 - \$1,544,069). These amounts are included in employee benefits expense in the statement of operations.

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

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The most recent triennial actuarial valuation of the Plan as at December 31, 2021, indicates the Plan is fully funded.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2023

6. Short-term borrowing:

The Hospital has revolving demand loans of \$6,000,000 and \$3,000,000 which bear interest at prime plus 0.75%. At March 31, 2023, the Hospital has drawn \$2,915,545 (2022 - \$1,524,034) on this facility.

7. Deferred capital contributions:

Deferred capital contributions related to capital assets represent the unamortized amount and unspent amount of donations and grants received for the purchase of capital assets. The amortization of deferred capital contributions is recorded as revenue in the statement of operations.

The changes in the deferred balance for the year are as follows:

	2023	2022
Balance, beginning of year	\$ 44,362,735	\$ 44,810,252
Add contributions received during the year	675,488	1,800,037
Less amounts amortized for buildings	(1,480,171)	(1,523,307)
Less amounts amortized for equipment	(802,088)	(724,247)
	\$ 42,755,964	\$ 44,362,735

The balance of unamortized and unspent funds consists of the following:

	2023	2022
Unamortized capital contributions	\$ 41,890,280	\$ 43,056,786
Unspent contributions	865,684	1,305,949
	\$ 42,755,964	\$ 44,362,735

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2023

8. Net assets invested in capital assets:

	2023	2022
Capital assets	\$ 57,517,498	\$ 55,075,109
Less amounts financed by deferred contributions (note 7)	(41,890,280)	(43,056,786)
	\$ 15,627,218	\$ 12,018,323

9. Dillabough Centre operations:

	2023	2022
Rental revenue	\$ 59,583	\$ 55,037
Rental operating costs	61,466	57,707
Amortization of capital assets	17,204	18,276
Total expenses	78,670	75,983
Deficiency of revenue over expenses	\$ (19,087)	\$ (20,946)

10. Change in non-cash operating working capital:

	2023	2022
Accounts receivable	\$ 1,936,309	\$ 53,208
Due from related entities	60,295	30,114
Inventories of supplies	9,816	114,390
Prepaid expenses and deposits	116,054	(89,733)
Accounts payable and accrued liabilities	3,357,687	1,937,947
Deferred revenue	57,729	26,293
	\$ 5,537,890	\$ 2,072,219

11. Commitments, contingencies and guarantees:

(a) Legal matters and litigation

The nature of the Hospital's activities is such that there is usually litigation pending or in prospect at any time. There were no specific claims noted by Management at year-end and any potential claims are covered under the Hospital's insurance policy. No provision has been made for a loss in these financial statements, and any potential claims will not have a material adverse effect on the statement of financial position or results of operations.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2023

11. Commitments, contingencies and guarantees (continued):

(b) Healthcare Insurance Reciprocal of Canada:

A group of hospitals, including the Hospital, have formed the Healthcare Insurance Reciprocal of Canada ("HIROC"). HIROC is a pooling of the public liability insurance risks of its members. All members of the pool pay annual premiums which are actuarially determined. All members are subject to assessment for losses in excess of such premiums, if any, experienced by the pool for the years in which they were members, and these losses could be material. No reassessments have been made to March 31, 2023.

(c) Indemnification of Directors:

To the extent permitted by law the Hospital indemnifies present and former directors and officers against certain claims that may be made against them as a result of their service as directors or officers. The Hospital purchases directors' and officers' liability insurance that may be available in certain instances. The nature and likelihood of these arrangements preclude the Hospital from making a reasonable estimate of the maximum potential amount the Hospital could be required to pay to counterparties. The Hospital believes the likelihood that it will incur significant liability under these arrangements is remote and accordingly, no amount has been recorded in the financial statements for these guarantees.

(d) Employment matters:

During the normal course of operations, the Hospital is involved in certain employment related negotiations and other matters and has recorded accruals based on management's estimate of potential settlement amounts where these amounts are reasonably determinable and deemed likely to occur.

(e) Bill 124:

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 the Government has not sought a stay of decision. 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.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2023

12. Financial risks and concentration of risk:

The Hospital is subject to the following risks from its financial instruments:

(a) Credit risk:

Credit risk refers to the risk that a counterparty may default on its contractual obligations resulting in a financial loss. The Hospital is exposed to this risk relating to its cash, investments, and accounts receivable. The Hospital holds its cash accounts with federally regulated chartered banks who are insured by the Canadian Deposit Insurance Corporation.

The Hospital's receivables are with governments, government funding agencies, patients and residents and corporate entities. The Hospital believes that these receivables do not have significant credit risk in excess of allowances for doubtful accounts that have been established.

(b) Liquidity risk:

Liquidity risk is the risk that the Hospital will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The Hospital manages its liquidity risk by monitoring its operating requirements. The Hospital prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations. Accounts payable and accrued liabilities are generally due within 30 days of receipt of an invoice.

The Hospital has recorded a liability at March 31, 2023 for the estimated impact of retroactive salary increases related to the repeal of Bill 124 which capped public sector salary growth to 1% per annum for three years. It remains uncertain whether the Ministry of Health will directly fund this expense. The Hospital has sufficient financial arrangements in place, including the revolving demand loans disclosed in note 6, to settle this one-time obligation in the short-term.

The Hospital's liquidity risk has increased in the year due to the effect of operating losses on its overall liquidity. The Hospital will require sufficient and timely funding from the Ministry of Health to fulfil its obligations on a timely basis and at a reasonable cost.

(c) Market risk:

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate as a result of market factors. Market factors include three types of risk: currency risk, interest rate risk and other price risk.

(i) Interest rate risk:

Interest rate risk is the potential for financial loss caused by fluctuations in fair value or future cash flows of financial instruments because of changes in market interest rates. The Hospital is exposed to this risk through its short-term borrowing as disclosed in note 6.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2023

12. Financial risks and concentration of risk (continued):

(c) Market risk (continued):

(ii) Currency and other price risk:

The Hospital believes it is not subject to significant currency or other price risk from its financial instruments as it holds insignificant amounts in foreign currencies and does not hold investments traded in an active market.

Other than liquidity risk disclosed above, the Hospital's financial risks arising from its financial instruments have not changed significantly in the year. Management believes that its financial risks are appropriately mitigated and do not pose a significant risk to the Hospital's operations. There have been no significant changes in the policies, procedures and methods used to manage these risks in the year.

13. Ministry of Health pandemic funding:

In connection with the ongoing coronavirus pandemic (COVID-19), MOH and MLTC have announced a number of funding programs intended to assist hospitals and long-term care homes with incremental operating and capital costs and revenue decreases resulting from COVID-19. In addition to these funding programs, the MOH 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 MOH and MLTC have provided guidance with respect to the maximum amount of funding potentially available to the Hospital, as well as criteria for eligibility and revenue recognition, this guidance continues to evolve and is subject to revision and clarification subsequent to the time of approval of these financial statements. The MOH and MLTC have also indicated that all funding related to COVID-19 is subject to review and reconciliation, with the potential for adjustments during the subsequent fiscal year.

Management's estimate of MOH and MLTC revenue for COVID-19 is based on the most recent guidance provided by MOH and MLTC, and the impacts of COVID-19 on the Hospital's operations, revenues and expenses. Management has analyzed the requirements and has provided an estimate for the supportable amounts based on the current available information. Any adjustments to Management's estimate of MOH and MLTC revenues will be reflected in the Hospital's financial statements in the year of settlement.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2023

13. Ministry of Health pandemic funding (continued):

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

	2023	2022
Funding for incremental COVID-19 operating expenses	\$ 1,199,803	\$ 1,679,132
Funding for revenue losses resulting from COVID-19		–
Funding for Nurses Retention Incentive	337,148	284,082
	<u>\$ 1,536,951</u>	<u>\$ 1,963,214</u>

In addition to the above, the Hospital has also recognized \$ NIL (2022 - \$213,800) in MOH funding for COVID-19 related capital expenditures, which has been recorded as an addition to deferred capital contributions during the year.

14. Implementation of new accounting standard:

On April 1, 2021, 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. 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.

The implementation of this standard did not require the Hospital to reflect any adjustments in these financial statements as the Hospital does not have any significant legal obligations with respect to the retirement of its tangible capital assets.

15. Comparative information:

Certain 2022 comparative information has been reclassified to conform with the financial statement presentation adopted for 2023.



Report of the WDMH Foundation WDMH Annual General Meeting June 27, 2023

The WDMH Foundation team is honoured to work with our generous donors to raise funds for Winchester District Memorial Hospital. Here is a brief overview of just some of the wonderful ways our donors supported local health care this past year:

- The WDMH Foundation disbursed over **\$1.14 million** to the hospital this past year. This money has been used to purchase **222** new pieces of equipment to care for patients. This equipment includes everything from smart phones to support Epic – WDMH’s new electronic health record system – to a new stress test system, to a new scale for the chemotherapy unit.
- One area of our fundraising program that we are particularly proud of is **legacy or planned giving**. We are so grateful to donors who choose to remember WDMH in their legacy planning. We were very touched to receive **12 planned gifts** this past year, totaling **\$327,563**.
- The pandemic forced us to cancel our popular signature event in 2022, but nothing could stop **The Judy Lannin Christmas Wish Tree**. There were **475 gifts**, totaling **\$65,508**. Another amazing year!
- Individuals and community groups also stepped up to raise money. There were **24 events** last year, which is twice as many as the year before. The total given through these events was **\$92,387**.
- **Lynne’s Club** is our monthly giving program. We have **184** active members – up from 159 last year. Since 2011, this program has raised **\$520,943**.
- Grateful patients made **75 tribute gifts** through the **Honour Your Caregiver Program**. It was their way of saying thank you to amazing WDMH staff. That total reached **\$23,690**.

The WDMH Foundation team also raises funds for **Dundas Manor Long-Term Care Home**. In fact, much of our work this past year has centred around the plans to build a brand-new home for the residents. The team worked closely with our volunteer campaign cabinet behind the scenes and we launched the public Expanding the Circle of Compassionate Care campaign on June 14th.

The estimated cost of the new Dundas Manor is \$63 million, and the government is providing \$45 million. That means that our campaign goal is \$18 million. It may sound daunting, but we are well on our way. To date, more than **\$11.1 million** has been given by our generous community. And we know that they will continue to be behind us every step of the way during the campaign.

Thank you to the essential front-line workers at Winchester District Memorial Hospital and Dundas Manor who have provided such wonderful care this past year. WDMH and the WDMH Auxiliary are celebrating their 75th birthday this year and Dundas Manor is celebrating its 45th birthday. What amazing milestones for our community.

Thank you to the WDMH Foundation Board of Directors and the WDMH Foundation team for your fantastic work.

And, as always, a huge thank you to all our donors. We continue to ask for support, and you continue to step up and give. We are so grateful.

Thank you, everyone!

A handwritten signature in blue ink, appearing to read "Kristen Casselman".

Kristen Casselman
Managing Director
WDMH Foundation



ANNUAL REPORT OF THE WDMH AUXILIARY 2022-2023

This past year, despite COVID-19, the WDMH Auxiliary has continued to carry on its proud tradition of assisting Winchester District Memorial Hospital (WDMH) through volunteering and fundraising. Like WDMH, the WDMH Auxiliary is also celebrating its 75th Anniversary.

Accomplishments:

- It has been wonderful to welcome some volunteers back to WDMH this past year. The Auxiliary Board continues to meet and plan for the future.
- As part of its 75th Anniversary celebrations, the Auxiliary hosted a sold-out Tea and Fashion Show on May 6th. A highlight of the day was a cheque presentation by the Auxiliary to WDMH of \$233, 141. The money will be used to purchase nine patient care equipment items for various departments at WDMH.
- A 50/50 draw was held this year, raising \$1,250. The winner was announced at the Fashion Show. Congratulations to Kevin Marquette.
- The WDMH Gift Shoppe continues to be a shopping destination choice – with a wide selection of merchandise, thanks to our volunteer team.
- Two local high school students have been selected to receive the WDMH Auxiliary Bursary – Eshal Ali from Seaway District High School who is attending Queen’s University in the fall and Fiona Tuck from Ecole Secondaire Catholique Embrun who is attending St. Lawrence College in Kingston in the fall. Each student was presented with a \$750 bursary at their graduation.
- The Volunteer Appreciation Luncheon was held on June 21st at the Chesterville Legion.
- Planning for the coming year is already underway. The Auxiliary Bazaar will take place on September 29th. A 50/50 draw will be held at Christmas.

We extend our thanks to our amazing WDMH family for their work over the past year.

Louise Arsenault
Co-Chair
WDMH Auxiliary

Elinor Jordan
Co-Chair
WDMH Auxiliary



ANNUAL REPORT OF THE CHIEF OF STAFF 2022-2023

After another year as Chief of Staff, I continue to feel honoured to serve alongside the professional staff at Winchester District Memorial Hospital (WDMH). This past year, our dedicated hospital teams exerted great effort to keep all units open to as much capacity as possible despite staffing issues and human resource instability throughout the region and province. They did this while providing excellent patient care in a safe environment. Our community is very fortunate to have a hospital with such dedicated and committed staff.

Quality / Services and Partnerships / Integration

Quality

The Medical Advisory Committee (MAC) continues to hold monthly Morbidity and Mortality Rounds. These sessions provide learning opportunities via case review and teaching. All people working in the hospital are welcome to attend these rounds.

The MAC remains vigilant regarding staff credentials and overall quality of care. Continued attention is paid to careful review of unanticipated outcomes as well as staff responsibilities regarding timely and complete documentation. Quality reviews continue to take place as necessary.

EPIC

The launch of Epic at WDMH was a significant undertaking and, although smooth, the project is still a work in progress as physicians and staff find glitches and new ways of working in the Electronic Medical Record (EMR). Physician engagement was key to the successful launch and Dr. Jones-Delcorde excelled in his role as Chief Medical Information Officer (CMIO) to educate and keep the physicians apprised of project status and next steps. Moving forward, we welcome Dr. Carlos Cunha to his role as EPIC Lead and appreciate Dr. Jones-Delcorde's new leadership role at WDMH as Family Medicine Postgraduate Program Site Director.

Coronavirus

The hospital continued to be cautious over the past year regarding COVID-19 spread and remained vigilant for all infectious diseases. Some restrictions were lifted while others remain. Protocols have been regularly reviewed and revised as required, while keeping patient and staff safety in mind.

Our People

Over the past year, we have welcomed 27 new professional staff to WDMH, spanning multiple departments and skill sets.

Provider fatigue and shortfalls due to isolation needs remained challenging in 2022-23. The MAC is sincerely grateful for the commitment and expertise of all our professional staff and for the

dedication and hard work delivered by our department chiefs to guide us through recovery from these difficult years.

The MAC extends its appreciation and thanks to Dr. Crystal Doyle who served two terms as Chief of Emergency Medicine from January 2017 to January 2023. Her leadership was integral to keeping our ER safe through the pandemic. Dr. Megan Argue has stepped in as Interim Chief of Emergency Medicine.

In the past year, the MAC has also welcomed Dr. Joseph Phillips as Chief of Family Medicine and Dr. Matt McNevin as Chief of Anesthesia. Both Chiefs initially held interim positions. In September, we thanked Dr. Patricia Moussette for being the Chief of Anesthesia for four years.

Dr. Carole Dennie has recently become Interim Chief of Medical Imaging. We appreciate the fine work delivered by Dr. Richard Aviv during his term as Chief of Medical Imaging.

WDMH continues to have a robust complement of credentialed staff, with a total of 225 members renewing their privileges for the 2023-2024 year commencing June 1, 2023. At that time, WDMH also said farewell to 22 Professional Staff who chose not to renew their privileges. Below is a departmental breakdown of our Professional Staff by primary service:

- 57 Medical Imaging Physicians
- 31 Surgical Staff, including 1 Dentist, surgeons from General Surgery, Gynecology, Ophthalmology, Urology, Plastic Surgery, Otolaryngology (ENT) and Surgical Assistants
- 39 Family Medicine Physicians, including 4 Physicians regularly providing GP Obstetrical Services
- 47 Medicine Physicians, including both internal medicine generalists and various sub-specialists from respiratory, neurology, rheumatology, sleep medicine, nephrology, and oncology support for chemotherapy.
- 18 Emergency Medicine Physicians
- 14 Anaesthesia Physicians
- 7 Obstetricians/Gynecologists, including 3 Physicians providing obstetrical ultrasound interpretation only
- 12 Midwives

Respectfully,



Chief of Staff



ANNUAL REPORT OF THE QUALITY COMMITTEE 2022-2023

Throughout this last year, Winchester District Memorial Hospital (WDMH) has continued to work on quality initiatives to support patient care. Our goal is to improve each patient's experience and health outcomes by ensuring safe and quality care. The following is a summary of our achievements related to quality and safety in the last fiscal year.

Patient Care Improvement Plan (PCIP)

The PCIP outlines our yearly quality priorities and we have reported on our progress throughout the year. These performance indicators focus the efforts of our care teams and support our Commitment Statement, to deliver compassionate excellence close to home.

As a result of the implementation of our new EPIC documentation system, we have not been able to compile a complete year of comparable data to fully analyze each indicator. However, we are able to assess most indicators for at least a portion of the year and can report on the following:

- Hospital Acquired Delirium

Overall, the monthly rate remained under the 12% target. This represents the patients with delirium acquired while in hospital. Many of the interventions to prevent this, such as socializing during exercise class and eating meals together, were suspended during COVID-19. Gradually these restrictions are being lifted and we should expect ongoing positive performance in this area.

We did not meet our PCIP targets for the following indicators:

- Physician Notification of Suspected Sepsis at ED Triage

We do not have a full year's worth of data to report on due to the conversion to EPIC. The monthly trend varied significantly between 69-86% prior to EPIC implementation. With EPIC, this notification to the physician occurs electronically. A new indicator will be developed for next year to look at the time interval to administration of an antibiotic post notification. This is important as outcomes improve with early antibiotic administration.

- Workplace Violence Incidents

The annual target is 10% (which represents the volume of incidents /total full-time equivalent positions). Last year, the rate achieved was 13%. Much education has occurred over the last year to highlight the importance of reporting these incidents and calling CODE WHITES as appropriate. A CODE WHITE is an overhead page to summon immediate assistance to manage any violent persons within the hospital that may pose a danger to themselves or others. The increase in staff education and awareness is reflected in the increased reporting.

- Time to Inpatient Bed

We have data from April to October of 2022 and the time from decision to admit to inpatient bed

was 287 minutes for the 90th percentile and 60 minutes for the 50th percentile wait time. Our hospital bed occupancy remains high, and the hospital admits to a limited number of private rooms until COVID-19 screening results are known. These two factors contribute to increased wait time in the Emergency Department once a decision to admit is made. Clinical teams are continuously looking at improving this flow and decreasing wait times.

▪ Patient Satisfaction – Patient and Family Centred Care

For this last fiscal year, the hospital reported a 95% satisfaction level on this indicator, slightly below the desired target of 97%. Visitor restriction due to COVID-19 precautions at the beginning of the year, as well as long wait times to be admitted to an inpatient bed, contributed to the results.

▪ Operating Room Scheduling Accuracy

Since EPIC implementation in the fall of 2022, this indicator has not achieved the target rate of 82%. There is much education going on with the surgeons' offices related to all the changes in booking cases in the EPIC system. This indicator should improve over the next year.

For 2023-24, the new Patient Care Improvement Plan (PCIP) indicators will include the following indicators and targets:

- Antibiotic Medication Administration within 1 hour for Patients Diagnosed with Sepsis in the ER – 75% or greater
- Patient Experience-Information received at discharge – 85% or more
- Hospital-Acquired Delirium target is reduced to 12% or less
- Workplace Violence Incidents Annual Rate - 10% or less
- OR scheduling accuracy to increase to 82% or more
- The 50th percentile time to an inpatient bed for ED admissions has been modified to 66 minutes, and the 90th percentile time to an inpatient bed will decrease to 240 minutes or less
- New - Routine notification rate for deceased organ and tissue donation within specified time frames – 80% or greater
- New - Medication reconciliation upon discharge will achieve 86%
- New - Mean percentile wait time for CT Scan Priority 4 – will decrease to 75 days

Patient Safety/Quality Improvement Initiatives:

Many quality improvements and patient safety initiatives were implemented over the last year. A few examples include:

Epic - The most impactful and transformational initiative was the implementation of EPIC, our integrated health record and documentation system. WDMH joined several other hospitals in the Atlas Alliance, a network of hospitals that share the EPIC platform (including The Ottawa Hospital). A successful upgrade then occurred in May 2023. Advantages include:

- ✓ Seamless transmission of orders, results of diagnostic investigations and referrals
- ✓ Enhanced communication amongst team members
- ✓ Access to patient information anywhere, anytime
- ✓ Sharing of information between hospitals and providers

Education and follow-up are ongoing for the teams.

GIMRAC (General Internal Medicine Rapid Assessment Clinic) – Launched in early 2022, this partnership between the Emergency Department and Internal Medicine physicians was created to provide timely follow-up care for certain complex patients who are at high risk of repeat visits to the ED. Patients are referred to the clinic and are seen within 72 hours of discharge from the ED. This initiative will be expanding this year to the inpatient unit for patients who require urgent follow-up post discharge.

Website enhancements – The WDMH website was updated to include a Mental Health quick link which collates information on a variety of supports available in the community. This will help the public navigate these services to access the most appropriate ones to meet their needs.

Rapid Response Remote Monitoring – This initiative was launched to support certain patients discharged from the Emergency Department. It supports complex patients with medication management, education, and follow-up care to keep the patient at home safely and decrease readmissions to hospital.

CT Scan Wait Times – Wait times had peaked in 2022 due to a shortage of contrast medium. The contrast shortage has been resolved. Wait times are beginning to improve, thanks to efforts in recruitment of technologists and changes in scheduling.

Launch of a volunteer program in ER – Led by our PFEC Chair, Debra McLean, a volunteer is assigned to the Emergency Department to support anxious patients and visitors. This is proving to have positive impacts and more volunteers are being recruited to extend the hours of volunteer support.

Preventing Violence in the Workplace – A committee focused on the prevention of violence in the workplace was created and has produced a series of recommendations based on a comprehensive audit and staff feedback.

COVID-19 Precautions and Safety - Our COVID-Operations team continues to meet and provide recommendations to senior management related to updates and changes to our precautions and safety measures. The COVID-Ops team ensures that recommendations are aligned with regional and provincial directions and other evidence-based recommendations.

Patient and Family Engagement Committee (PFEC)

Our Patient & Family Engagement Committee (PFEC) remains vibrant with between 6 and 8 community members actively participating. Members are involved in the following initiatives:

Participation and involvement in various workgroups – Representatives sit on WDMH's Recruitment and Retention Committee and PFEC.

Interviews – Representatives are involved in interviews for various positions in the hospital.

Hospital planning and Initiatives – The committee provides feedback on WDMH's annual strategic priorities and the committee is updated on any new clinical initiatives launched within the hospital.

Senior Friendly Committee

The Senior Friendly Hospital Committee continues to work on implementing key initiatives to support the needs of our senior patients. The following programs have been the focus of the team over the last year:

“Take Sleep Seriously”- This initiative was launched on the Complex Continuing Care Unit to ensure that frail seniors achieve quality sleep which is extremely important in preventing hospital acquired delirium. Medications are reviewed by the pharmacy department and medication times are adjusted to prevent waking the patient during the night as much as possible. Ear plugs are made available and lights are automatically dimmed on the unit at 10 pm. Any unnecessary alarm volumes are decreased or removed in the rooms to reduce interruptions.

Stimulating the Mind - These patient activities have been reactivated after being put on hold due to COVID-19. This group of activities allow patients to socialize while also taking part in physical and mental exercises.

Daily Dose of Dialogue – This is an initiative to prevent hospital acquired delirium. It involves volunteers trained by our research department and social worker. Volunteers are assigned patients at risk of delirium and spend up to 30 minutes daily, actively engaging in dialogue with the patient.

Move On Program – The team focuses on ambulating at risk patients three times a day to prevent functional decline while in hospital. The goal is to mobilize the patient within their functional abilities to reduce functional decline, length of stay, and delirium and improve overall outcomes.

Environmental Scan – The committee completed an environmental scan conducted by volunteers which identified recommendations to enhance certain aspects of the hospital related to elderly patients and visitors. Enhancements will be made to painting certain areas, signage in the main entrance, and internal hospital signage.

Research

The WDMH research department reached a new milestone by securing our participation in 11 Health Canada-approved multinational clinical trials that serve different patient populations, such as immunocompromised adults with COVID-19 infections, elderly patients at risk of urinary tract infections, heart failure patients with preserved ejection fraction, and patients with severe COPD (Chronic Obstructive Pulmonary Disease). As a result, the research department was able to offer new innovative treatments to our patients. Over 400 patient visits were completed and over 30 physicians and staff were engaged in research activities. The department achieved and surpassed all external quality monitoring visit requirements.

Conclusion

Over the next year, we will continue to focus on patient care initiatives to support quality care and provide a safe work environment. We are proud of the services we provide to our community and continue to pursue compassionate excellence in all we do.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "J. Milburn". The signature is fluid and cursive, with a large initial "J" and a long, sweeping underline.

Jennifer Milburn
Chair, Quality Committee



ANNUAL REPORT OF BOARD CHAIR AND CEO 2022-2023

In 2023, Winchester District Memorial Hospital (WDMH) is celebrating its 75th birthday, looking back on the past seven decades of caring. In this report, we are pleased to provide an overview of the past year.

To begin, thank you to the WDMH team - close to 900 staff, physicians, volunteers, and students. Each day, our team works together to fulfill our commitment of Compassionate Excellence.

Thank you as well to our local communities for your ongoing support. From your positive feedback to your acts of kindness (particularly throughout the pandemic), we are grateful.

And thank you to our closest colleagues - the WDMH Auxiliary (who are also celebrating their 75th birthday this year), the Patient and Family Engagement Committee, Dundas Manor Long-Term Care Home, our partners in the Community Care and Dillabough buildings, as well as the donors and staff at the WDMH Foundation. Together, we care for our local communities.

We hope this is the last year that we begin our report by talking about COVID-19. We are so grateful to the WDMH team and our local communities for your vigilance and commitment to keeping everyone safe. That commitment will not change as we slowly ease some of the stringent restrictions that have been in place for more than three years.

Here are just some of the other programs and initiatives that we are proud of this year:

- Quality and patient safety remain our #1 priority. We are guided by the Patient Care Improvement Plan (PCIP) and the targets that we set each year.
- We care for more than 80,000 patients annually. Patient satisfaction remains very high thanks to our committed team.
- It was an Epic year at WDMH with the implementation of our new electronic health record system. It uses the latest technology to securely store, organize, and access patient records and impacts every area of the hospital. Simply put, patients will get better access to their own health information and more seamless care from their providers. Thank you to the WDMH team for a successful implementation after many hours of hard work.
- Programs and services are being added or expanded, including a Pulmonary Function Testing Clinic and a Lung Screening Program. We have also launched a volunteer program in the Emergency Department to support patients and families.
- We continue to work with our local health partners to advance the Great River Ontario Health Team.

- Our appreciation is extended to the Finance team for another clean audit as confirmed by the external auditors. For the first time in 15 years, WDMH has a deficit and like hospitals across the province, we are working closely with the Ministry of Health to find solutions.
- Our research program is growing. WDMH is now a leader in Health Canada-approved clinical trials, supporting patients and offering benefits such as new treatments or better drug options.
- WDMH is an employer of choice as we have welcomed new staff, physicians, and midwives. In fact, we are almost fully staffed, despite the health human resources challenges over the past several years. We also continue to welcome students throughout the hospital.
- Through Recreation Committee events, our Commitment Awards, and community initiatives such as the Christmas Angel program, our team continues to take time to have fun and be #WDMHProud.
- The WDMH Foundation has had another wonderful year of working with generous donors to support both WDMH and Dundas Manor, including the launch of the campaign for the new long-term care home.

In closing, thank you to our community volunteers – those who provide input on the Patient and Family Engagement Committee and hospital committees, our Board of Directors who provide vision and leadership, and WDMH Auxiliary members and volunteers who work at the hospital and fundraise for much-needed equipment.

We welcome input from our local communities and encourage everyone to visit our website and follow us on social media. You can also sign up for CONNECT, our e-newsletter. Thank you for being part of Team WDMH!

Respectfully submitted,



Bruce Millar
Chair
WDMH Board of Directors



Cholly Boland
President & CEO
WDMH