

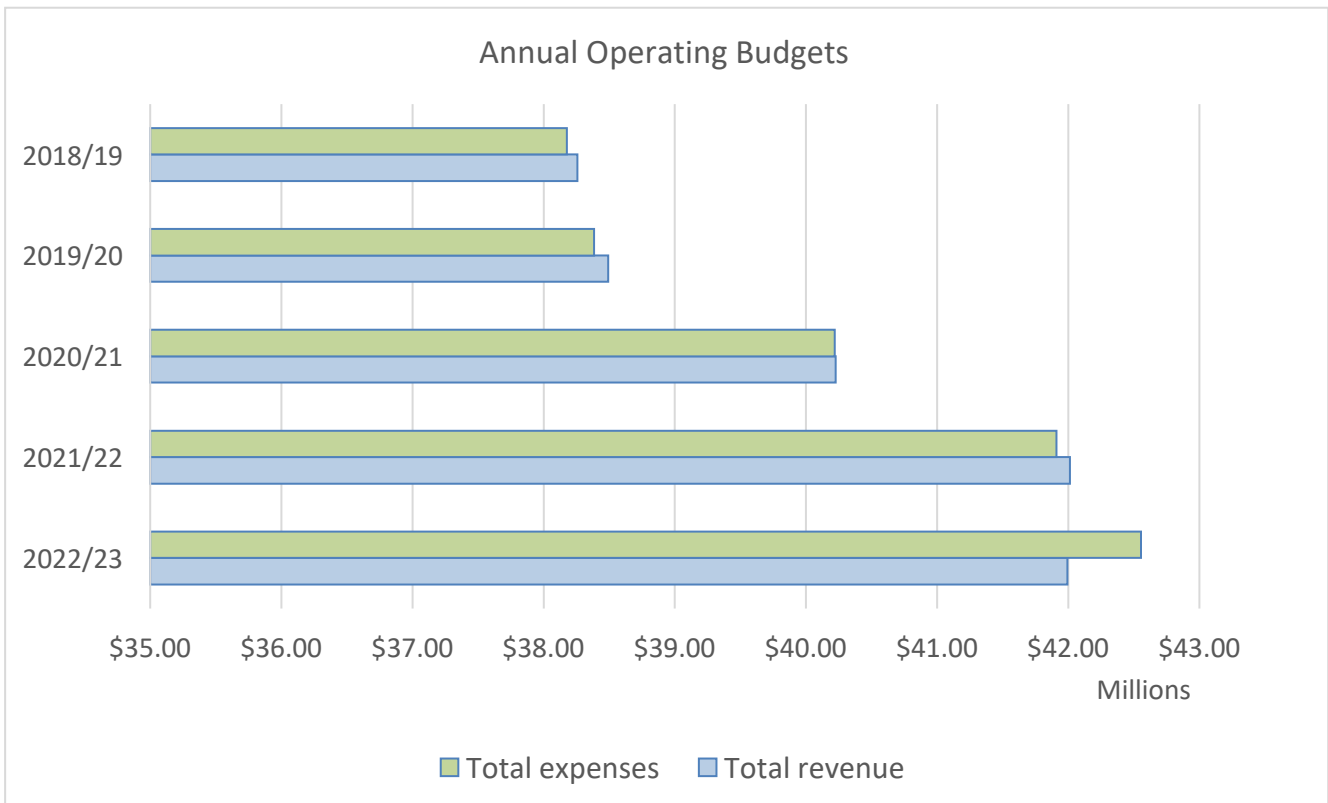
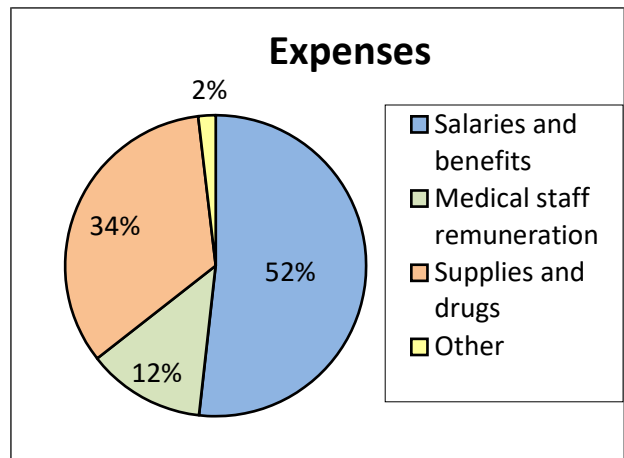
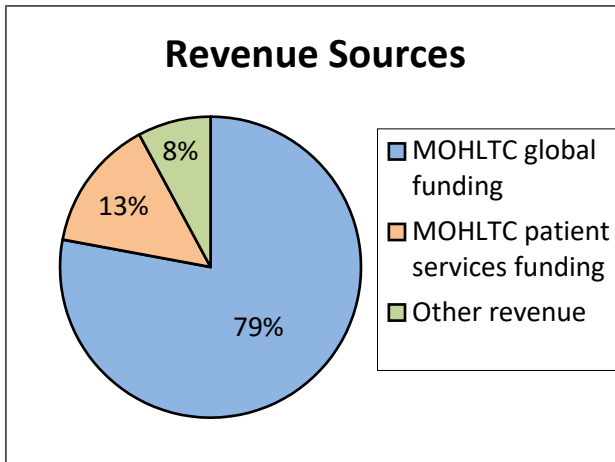
2022 WDMH AGM Reports

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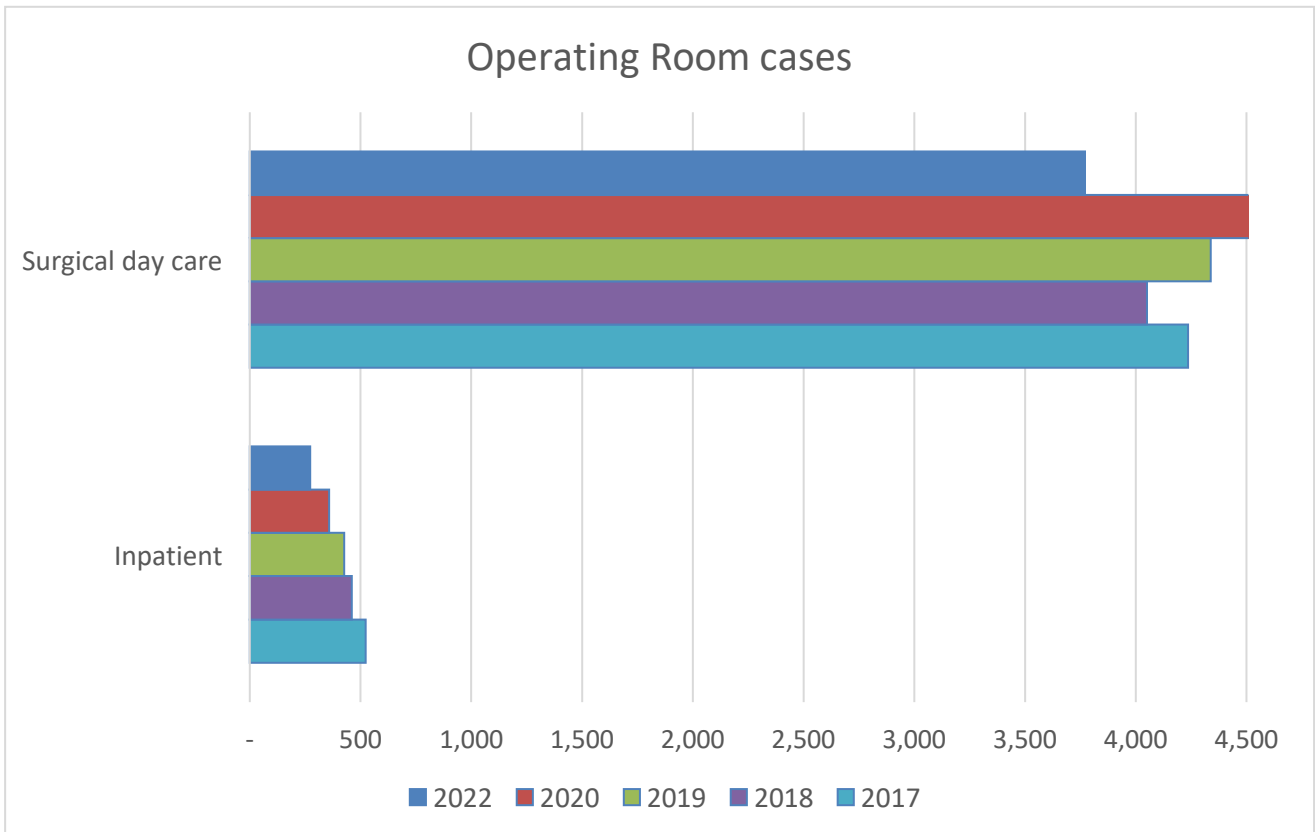
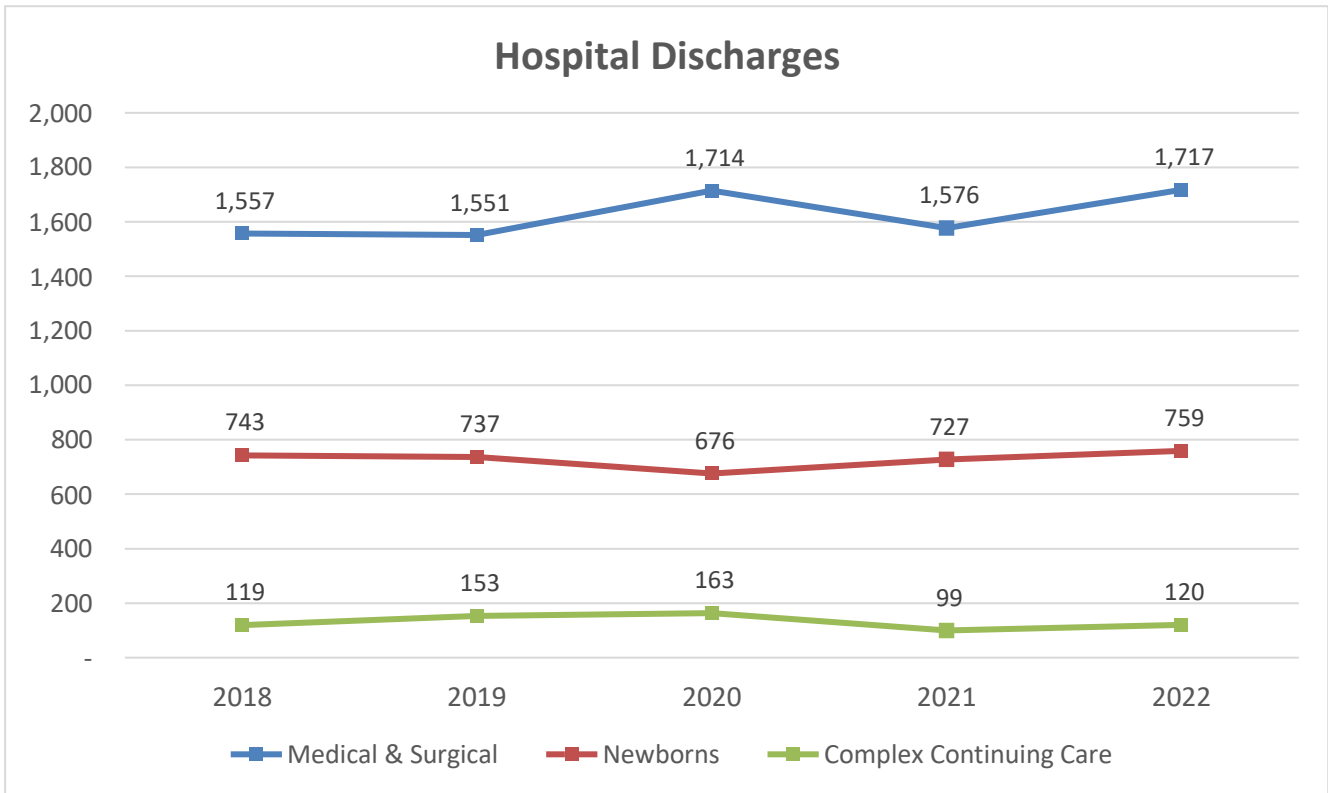
ANNUAL REPORT OF THE TREASURER 2021 – 2022

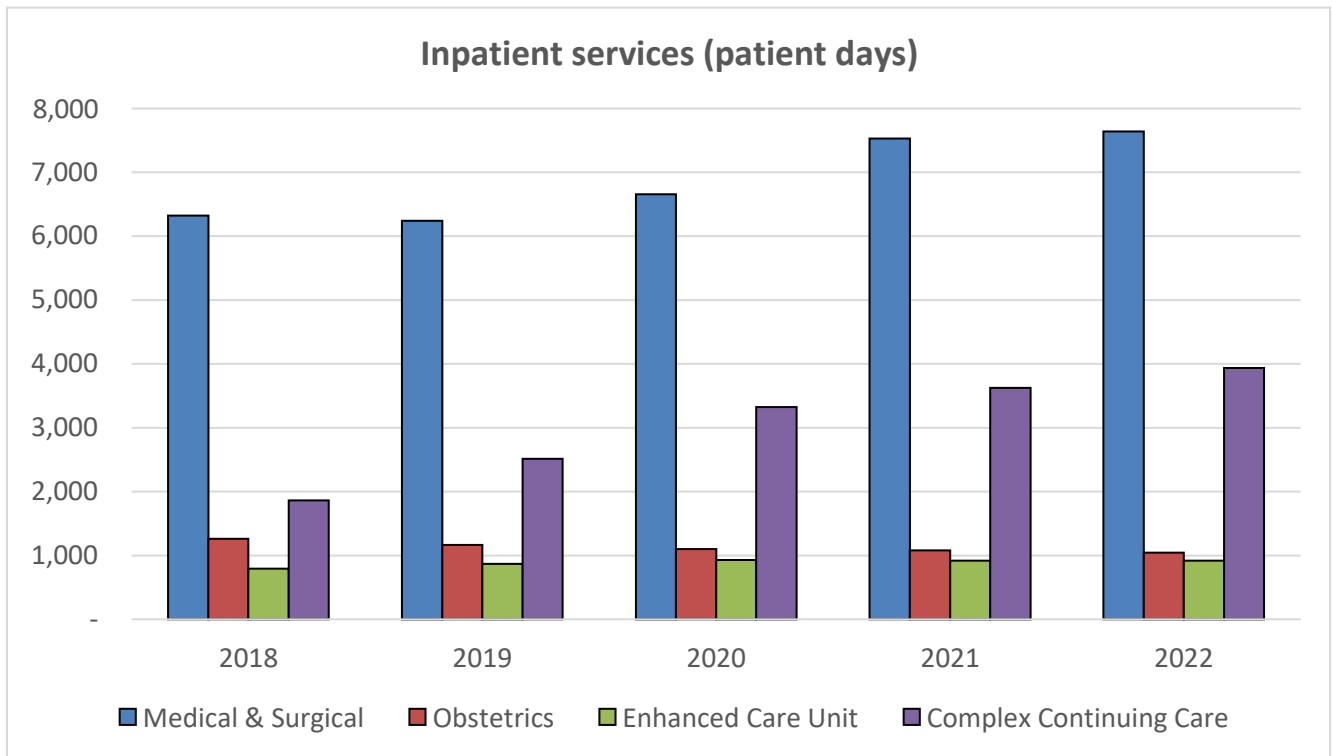
Financial Results:

The hospital reported a yearend deficit of \$767,515 from hospital operations and a total deficit of \$960,738 for March 31, 2022.



Activity:





Outpatient services (visits)

	2021/2022	2020/2021	2019/2020	2018/2019	2017/2018
Diagnostic Imaging	36,900	32,125	36,809	36,419	35,981
Emergency visits	21,964	19,554	23,625	23,150	23,618
COVID Assessment Centre	9,293	18,478	-	-	-
Medical/Surgical Clinics	8,908	6,557	8,987	9,880	8,677
Hemodialysis	3,457	3,530	3,230	3,441	3,517
Chemotherapy	2,447	2,542	2,304	2,610	2,373
Prenatal Clinic	1,899	1,754	2,057	2,118	2,373
Ontario Breast Screening Program	2,590	1,570	2,735	2,720	2,496
Cardiology	1,862	1,562	1,576	1,618	1,590
Gynecology Clinic	705	528	1,462	1,887	1,875
Ophthalmology Clinic	656	356	1,615	1,923	2,105

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

Respectfully submitted,

Renee Belhumeur
Treasurer

Financial Statements of

**WINCHESTER DISTRICT
MEMORIAL HOSPITAL**

And Independent Auditors' Report thereon

Year ended March 31, 2022



KPMG LLP
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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, 2022
- 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, 2022, and its results of operations, changes in net assets, and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the “***Auditors’ Responsibilities for the Audit of the Financial Statements***” section of our auditors’ report.

We are independent of the 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

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



Page 3

- 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 auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the 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.

A handwritten signature in black ink that reads 'KPMG LLP'. The signature is written in a cursive, slightly slanted style. Below the signature is a horizontal line that starts under the 'K' and ends under the 'P'.

Chartered Professional Accountants, Licensed Public Accountants

Ottawa, Canada

June 16, 2022

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Statement of Financial Position

March 31, 2022, with comparative information for 2021

	2022	2021
Assets		
Current assets:		
Cash	\$ 340,404	\$ 1,618,490
Accounts receivable (note 2)	4,621,170	4,674,378
Due from related entities (note 3(b))	139,983	170,097
Inventories	662,023	776,413
Prepaid expenses	1,166,415	1,076,682
	<u>6,929,995</u>	<u>8,316,060</u>
Capital assets (note 4)	55,075,109	53,411,218
	<u>\$ 62,005,104</u>	<u>\$ 61,727,278</u>

Liabilities, Deferred Contributions and Net Assets

Current liabilities:		
Short-term borrowing (note 6)	\$ 1,524,034	\$ 1,900,002
Accounts payable and accrued liabilities	8,691,623	6,753,676
Deferred revenue	112,520	86,227
	<u>10,328,177</u>	<u>8,739,905</u>
Employee future benefits (note 5)	2,235,597	2,137,788
Deferred capital contributions (note 7)	44,362,735	44,810,252
Total liabilities	<u>56,926,509</u>	<u>55,687,945</u>
Net assets:		
Invested in capital assets (note 8)	12,018,323	9,530,512
Restricted	331,625	331,625
Unrestricted deficiency	(7,271,353)	(3,822,804)
	<u>5,078,595</u>	<u>6,039,333</u>
Commitments, contingencies and guarantees (note 11)		
	<u>\$ 62,005,104</u>	<u>\$ 61,727,278</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, 2022, with comparative information for 2021

	2022	2021
Revenue:		
Ontario Ministry of Health:		
Base funding	\$ 29,339,930	\$ 28,782,309
OHIP funding	5,693,152	4,514,036
Satellite program	3,255,452	3,443,943
One-time funding	3,014,972	5,456,414
Recoveries and other	1,983,988	1,735,850
Other patient	439,181	445,659
Amortization of deferred contributions related to equipment (note 7)	724,247	580,665
Investment	876	1,089
	<u>44,451,798</u>	<u>44,959,965</u>
Expenses:		
Salaries and wages	17,868,962	17,950,931
Supplies and other	9,894,113	10,038,667
Employee benefits	5,737,792	5,524,433
Medical staff remuneration	5,593,484	5,494,977
Drugs and medical gases	3,381,930	3,575,676
Medical and surgical supplies	1,750,154	1,308,673
Amortization of equipment	883,932	743,490
Rental/lease of equipment	221,529	230,871
Bad debts	12,418	-
	<u>45,344,314</u>	<u>44,867,718</u>
Excess (deficiency) of revenue over expenses before undernoted items	(892,516)	92,247
Other vote programs:		
Dillabough Centre operations (note 9)	(20,946)	(15,805)
Amortization of deferred contributions related to buildings (note 7)	1,523,307	1,501,795
Amortization of buildings	(1,695,583)	(1,656,342)
Working capital funding (note 14)	-	139,300
Management fee from Rural Healthcare Innovations	125,000	170,000
	<u>(68,222)</u>	<u>138,948</u>
Excess (deficiency) of revenue over expenses	<u>\$ (960,738)</u>	<u>\$ 231,195</u>

See accompanying notes to financial statements.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Statement of Changes in Net Assets

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

	Invested in capital assets (note 7)	Restricted	Unrestricted	2022 Total	2021 Total
Balance, beginning of year	\$ 9,530,512	\$ 331,625	\$ (3,822,804)	\$ 6,039,333	\$ 5,808,138
Excess (deficiency) of revenue over expenses	–	–	(960,738)	(960,738)	231,195
Purchase of capital assets (note 4)	4,261,680	–	(4,261,680)	–	–
Amortization of capital assets (note 4)	(2,597,789)	–	2,597,789	–	–
Amortization of deferred capital contributions (note 7)	2,247,554	–	(2,247,554)	–	–
Deferred capital contributions used	(1,423,634)	–	1,423,634	–	–
Balance, end of year	\$ 12,018,323	\$ 331,625	\$ (7,271,353)	\$ 5,078,595	\$ 6,039,333

See accompanying notes to financial statements.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Statement of Cash Flows

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

	2022	2021
Cash provided by (used for):		
Operating activities:		
Excess of revenue over expenses	\$ (960,738)	\$ 231,195
Items not involving cash:		
Amortization of capital assets	2,597,789	2,418,110
Amortization of deferred capital contributions (note 7)	(2,247,554)	(2,082,461)
Net increase in employee future benefits liability (note 5)	97,809	117,470
Net change in non-cash working capital (note 10)	2,072,219	(313,803)
	<u>1,559,525</u>	<u>370,511</u>
Capital activities:		
Deferred capital contributions received (note 7)	1,800,037	1,325,762
Purchase of capital assets	(4,261,680)	(2,279,134)
	<u>(2,461,643)</u>	<u>(953,372)</u>
Investing activities:		
Net increase (decrease) in short-term borrowings	(375,968)	1,900,002
Net increase (decrease) in cash	<u>(1,278,086)</u>	<u>1,317,141</u>
Cash, beginning of year	1,618,490	301,349
Cash, end of year	<u>\$ 340,404</u>	<u>\$ 1,618,490</u>

See accompanying notes to financial statements.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements

Year ended March 31, 2022

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 contributions which includes provincial government allocations, other contributions and grants.

(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, 2022

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.

(d) Inventories:

Inventories 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.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2022

1. Significant accounting policies (continued):

(e) Capital assets:

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

Minor equipment replacements are expensed in the year of replacement. Construction in progress is not amortized until the project is complete and the facilities come into use.

Amortization is provided on a straight-line basis over the following terms:

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

(f) Employee benefit plans:

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 14.21 years (2021 - 13.21 years).

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2022

1. Significant accounting policies (continued):

(f) Employee benefit plans (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) 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.

(h) 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).

2. Accounts receivable:

	2022	2021
Ontario Ministry of Health	\$ 1,901,669	\$ 919,205
Champlain LHIN	336,800	1,029,840
Ontario Health Insurance Plan	425,892	498,576
Other	2,006,809	2,276,757
	4,671,170	4,724,378
Less allowance for doubtful accounts	50,000	50,000
	\$ 4,621,170	\$ 4,674,378

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2022

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 \$75,544 (2021 - \$Nil) in donations to the Hospital. Of this donated amount, \$21,025 (2021 - \$Nil) 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 2022, the Foundation provided \$1,416,406 (2021 - \$330,227) in donations to the Hospital. Of this donated amount, \$325,941 (2021 - \$57,507) has been included in other revenue and \$1,090,466 (2021 - \$272,720) has been included in deferred capital contributions related to capital assets. As at March 31, 2022, the Foundation owes the Hospital \$139,983 (2021 - \$220,271) for its share of expenses incurred during the year and donations to be paid.

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

	2022	2021
Financial position:		
Total assets	\$ 7,356,054	\$ 6,281,472
Total liabilities	\$ 186,875	\$ 185,993
Net assets	7,169,179	6,095,479
Total liabilities and net assets	\$ 7,356,054	\$ 6,281,472
Results of operations:		
Total revenue	\$ 3,166,864	\$ 4,587,962
Total operating expenses	617,449	608,161
Total contributions to the Hospital	1,475,715	332,927
Excess of revenue over expenses	\$ 1,073,700	\$ 3,646,874

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2022

4. Capital assets:

	Cost	Accumulated amortization	2022 Net book value	2021 Net book value
Land	\$ 1,047,873	\$ –	\$ 1,047,873	\$ 1,047,873
Buildings:				
Hospital	70,807,522	23,580,217	47,227,305	47,353,240
Dillabough Centre	996,785	406,473	590,312	607,516
Total land and buildings	72,852,180	23,986,690	48,865,490	49,008,629
Hospital equipment	17,782,634	14,771,105	3,011,529	2,878,346
Assets under construction	3,198,090	–	3,198,090	1,524,243
	<u>\$ 93,832,904</u>	<u>\$ 38,757,795</u>	<u>\$ 55,075,109</u>	<u>\$ 53,411,218</u>

During the year, the Hospital disposed of capital assets with a cost of \$484,240 (2021 - \$31,891) and accumulated amortization of \$471,357 (2021 - \$31,891) resulting in a loss on disposal of capital assets of \$12,883 (2021 - \$Nil).

Cost and accumulated amortization at March 31, 2021 amounted to \$90,042,581 and \$36,631,363, respectively.

5. Employee future benefits:

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, 2022. The most recent actuarial valuation of employee future benefits was completed as at March 31, 2021.

At March 31, 2022 the Hospital's liability associated with the benefit plan is as follows:

	2022	2021
Accrued benefit obligation	\$ 2,221,282	\$ 2,213,261
Unamortized experience gains (losses)	14,315	(75,473)
Employee future benefit liability	<u>\$ 2,235,597</u>	<u>\$ 2,137,788</u>

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2022

5. Employee future benefits (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:

	2022	2021
Discount rate	3.89%	3.21%
Dental cost increases	4.00%	4.00%
Extended healthcare cost escalations	8.00%	8.00%
Expected average remaining service life of employees	14.21 years	13.21 years

The employee future benefit liability change is comprised of:

	2022	2021
Current service cost	\$ 134,470	\$ 118,469
Interest on accrued benefit obligation during the year	71,326	72,769
Amortization of net experience losses	7,862	21,252
Benefit payments made by the Hospital during the year	(115,849)	(95,020)
	\$ 97,809	\$ 117,470

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 \$1,544,069 (2021 - \$1,481,163). 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, 2019 indicates the Plan is fully funded.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2022

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, 2022, the Hospital has drawn \$1,524,034 (2021 - \$1,900,002) 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:

	2022	2021
Balance, beginning of year	\$ 44,810,252	\$ 45,566,951
Add contributions received during the year	1,800,037	1,325,761
Less amounts amortized for buildings	(1,523,307)	(1,501,795)
Less amounts amortized for equipment	(724,247)	(580,665)
	<u>\$ 44,362,735</u>	<u>\$ 44,810,252</u>

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

	2022	2021
Unamortized capital contributions	\$ 43,056,786	\$ 43,880,706
Unspent contributions	1,305,949	929,546
	<u>\$ 44,362,735</u>	<u>\$ 44,810,252</u>

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2022

8. Invested in capital assets:

	2022	2021
Capital assets	\$ 55,075,109	\$ 53,411,218
Less amounts financed by deferred contributions (note 7)	(43,056,786)	(43,880,706)
	\$ 12,018,323	\$ 9,530,512

9. Dillabough Centre operations:

	2022	2021
Rental revenue	\$ 55,037	\$ 28,931
Rental operating costs	57,707	26,458
Amortization of capital assets	18,276	18,278
Total expenses	75,983	44,736
Deficiency of revenue over expenses	\$ (20,946)	\$ (15,805)

10. Change in non-cash operating working capital:

	2022	2021
Accounts receivable	\$ 53,208	\$ (1,195,742)
Due from related entities	30,114	35,873
Inventories	114,390	(375,025)
Prepaid expenses and deposits	(89,733)	6,898
Accounts payable and accrued liabilities	1,937,947	1,207,175
Deferred revenue	26,293	7,018
	\$ 2,072,219	\$ (313,803)

11. Commitments, contingencies and guarantees:

- (a) 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, 2022

11. Commitments, contingencies and guarantees (continued):

- (b) 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, 2022.
- (c) 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.

12. Financial risks and concentration of risk:

The Hospital is subject to financial risks from its financial instruments as follows:

(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 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. The balance of the allowance for doubtful accounts at March 31, 2022 is \$50,000 (2021 - \$50,000).

(b) Liquidity risk:

Liquidity risk refers to 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.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2022

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

(c) Market risk:

Market risk refers to 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.

The Hospital believes it is not subject to significant interest rate, foreign currency or other price risks arising from its financial instruments.

These financial risks have not changed significantly from the prior 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, 2022

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:

	2022	2021
Funding for incremental COVID-19 operating expenses	\$ 1,679,132	\$ 2,339,487
Funding for revenue losses resulting from COVID-19	–	1,029,840
Funding for Nurses Retention Incentive	284,082	–
	<u>\$ 1,963,214</u>	<u>\$ 3,369,327</u>

In addition to the above, the Hospital has also recognized \$213,800 (2021 - \$318,804) in MOH funding for COVID-19 related capital expenditures, which has been recorded as an addition to deferred capital contributions during the year.

14. Ministry of Health financial and operating pressures funding:

In April 2022, the Hospital was advised that it was eligible for one-time funding to support hospitals with urgent in-year financial and operating pressures for 2021-22. The Hospital is eligible to receive this funding based on defined eligibility criteria with the stipulation that the funding will only be used to address urgent in-year financial and operating pressures affecting existing programs and services and will not to be used for new programs or expansions to existing programs.

As at the date of approval of these financial statements, the MOH has provided its preliminary estimate of financial and operating pressures funding of \$1,000,000 which has been recognized as One-Time Funding Pandemic revenue. The MOH has indicated that the final amount of funding is subject to further analysis and validation by the MOH. Any future adjustments to this financial and operating pressures funding 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, 2022

15. COVID-19 impacts:

In March of 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization and has had significant financial, market, health and societal impacts. In response to COVID-19 and consistent with guidance provided by the MOH 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.

Financial statements are required to be adjusted for events occurring between the date of the financial statements and the date of the auditors' report which provide additional evidence relating to conditions that existed at year-end. Management has assessed the financial impacts and there are no additional adjustments required to the financial statements at this time.

The Hospital continues to respond to the pandemic and plans for continued operational and financial impacts during the 2022 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.



Report of the WDMH Foundation WDMH Annual General Meeting June 28, 2022

It has been an amazing year of giving!

Here's is a brief overview of some of the wonderful ways our donors supported local health care this past year:

- Over \$1.4 million was disbursed to the hospital this year. Of that, \$1.1 million was for the purchase of medical equipment.
- We were able to purchase 107 new pieces of equipment to care for patients. That list includes 70 new instruments for surgeons to use for minimally invasive surgery. Those pieces alone totaled close to \$100,000.
- The pandemic forced us to cancel our gala last spring, but nothing could stop The Judy Lannin Christmas Wish Tree. There were 560 gifts, totaling \$73,500.
- Individuals and community groups also stepped up to raise money. There were 12 events, raising \$334,000. This includes the incredible Catch the Ace lottery organized by the Kin Club of Russell.
- Our Lynne's Club members continue to provide monthly donations to the Foundation. We have 159 active members. Since 2011, this program has raised more than \$450,000.
- Grateful patients made 80 tribute gifts through the Honour Your Caregiver Program. It was their way of saying thank you to amazing WDMH staff. That total reached \$16,000.
- And finally, we were very touched to receive 19 planned gifts totaling almost 1.3 million dollars. We are so grateful that WDMH was a charity of choice for these legacy gifts.

Much of the Foundation's work this year has centred around Dundas Manor and the plans to build a brand-new home for its residents. We continue to work with our volunteer Campaign Cabinet, meet with lead donors, and get ready for the public campaign launch next year. We know that local communities will be behind us every step of the way.

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.

Thank you to the WDMH Foundation Board of Directors and the WDMH Foundation staff 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 be 'Peter Krajcovic', written in a cursive style.

Peter Krajcovic
Chair, Board of Directors
WDMH Foundation



Report of the WDMH Auxiliary WDMH Annual General Meeting June 28, 2022

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.

Accomplishments:

- The Board continues to meet. Thank you to Debbie DeCooman who has stepped down as Co-Chair and welcome to Louise Arseneault who assumes the role with Elinor Jordan.
- The Auxiliary responded to an urgent WDMH need for Trophon sterilization equipment. \$70,000 was provided for the equipment as well as renovations to the procedure room
- The WDMH Gift Shoppe team continues to pivot to online sales when the store cannot be open. Thank you to everyone for your support.
- Bursary applications were received from four schools. Two successful recipients were chosen – one from Tagwi Secondary School and one from North Dundas District High School. Each student was presented with a \$500 bursary at their graduation.
- Planning for the coming year is already underway. A 50/50 draw will be held in the fall. In 2023, along with WDMH, the Auxiliary will celebrate 75 years of service. Special events to commemorate this milestone are being planned.

We are excited that volunteers are slowly returning to WDMH to assume their duties throughout the hospital. It will be good to be back. We extend our thanks to our amazing WDMH family for their work over the past year.

Elinor Jordan
Co-Chair
WDMH Auxiliary

Louise Arseneault
Co-Chair
WDMH Auxiliary



Winchester
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ANNUAL REPORT OF THE CHIEF OF STAFF 2021-2022

After another 'COVID' year as Chief of Staff, I continue to feel privileged to serve alongside the professional staff at Winchester District Memorial Hospital (WDMH). I am astonished by and admire the resiliency, creativity, and dedication of our Professional staff. This past year, our dedicated hospital team 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 - all 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 hospital staff are welcome to attend these rounds.

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.

WDMH has embarked on a shared Quality Improvement Partnership Program with the College of Physicians and Surgeons of Ontario (CPSO). Our Emergency Department (ED) Physicians, coordinated by Dr. Crystal Doyle and Dr. Kheira Jolin-Dahel, are committed to continued quality improvement in the ED and their proposal has been accepted by the CPSO. This great opportunity meets both personal physician quality improvement needs as well as enhancing program quality at WDMH. This excellent initiative is expected to gradually involve most or all clinical programs at WDMH.

Services

WDMH saw the addition of a General Internal Medicine Rapid Assessment Clinic to improve urgent access to internal medicine assessments. An ED Rapid Assessment and Follow-up Clinic is under development, and Pulmonary Function Testing is returning soon as well. Sleep studies have resumed. WDMH has been able to avoid severe service restrictions through much of COVID-19 and we continue to offer a full spectrum of care to our community.

EPIC

Dr. Adam Jones-Delcorde, Chief Medical Information Officer (CMIO), is doing a brilliant job keeping the Professional Staff informed during our EPIC transition by regularly sharing information related to training, implementation, and preparation. WDMH is leading in our communication efforts prior to EPIC - Go Live on November 5, 2022. Physician engagement is key to success and Dr. Jones-Delcorde continues to excel in his role as CMIO and EPIC physician lead. The overall impact that EPIC implementation will have on our teams during this transition has not gone unnoticed. We will make every effort to ensure the transition is as smooth as possible.

Coronavirus

While it was our hope that the pandemic would quickly resolve, the MAC nevertheless continued to monitor, advise on, and communicate changes in service delivery, visitor policies, and infection control protocols throughout the past year. The Winchester COVID-19 Assessment Centre remained open and servicing our community, however vaccinations are no longer provided there. To allow staff to return to hospital work, the Assessment Centre hours have been reduced in response to decreased demand. As the province begins to relax safety measures again relating to the Coronavirus, WDMH continues to be vigilant to keep staff safe and healthy as well as protect our patients.

Our People

Over the past year, we have welcomed 22 new Professional Staff to WDMH, spanning multiple departments and skill sets.

Provider fatigue and shortfalls due to isolation needs have been challenging. Staff continue to step up to keep WDMH operating as close to full capacity as possible, whether it is to cover inpatient care or to be more present at a birth due to nursing shortages. The MAC is sincerely grateful for the commitment and expertise of all our Professional Staff and for the dedication and extremely hard work delivered by our department chiefs. The MAC extends its appreciation and thanks to Dr. Christopher Mykytyshyn who was Chief of Family Medicine from January to December 2021. His leadership was integral to keeping our inpatient units staffed during this past year and we are grateful for the participation of Dr. Joseph Phillips as Interim Chief of Family Medicine going forward into 2022-2023.

WDMH continues to have a robust complement of credentialed staff, with a total of 225 members renewing their privileges for the 2022-2023 year commencing June 1, 2022. At that time, WDMH also said farewell to 17 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
- 29 Surgical Staff, including 1 Dentist, with surgeons from General Surgery, Gynecology, Ophthalmology, Urology, Plastic Surgery, Otolaryngology (ENT) and Surgical Assistants
- 43 Family Medicine Physicians, including 4 Physicians regularly providing GP Obstetrical Services
- 48 Medicine Physicians, including both internal medicine generalists and various sub-specialists from respirology, neurology, rheumatology, sleep medicine, nephrology, and oncology support for chemotherapy.
- 18 Emergency Medicine Physicians
- 14 Anaesthesia Physicians
- 5 Obstetricians/Gynecologists, including 1 Physician providing ultrasound interpretation
- 11 Midwives

Respectfully,



Dr. Brian Devin
Chief of Staff



Winchester
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ANNUAL REPORT OF THE QUALITY COMMITTEE 2021 - 2022

Patient Care Improvement Plan

Throughout this pandemic 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 Patient Care Improvement Plan (PCIP) focuses on our yearly priorities, helping us measure the impact of our initiatives. These performance indicators are essential for our Care Teams and support our Commitment Statement, while delivering compassionate excellence close to home.

Last year, we were pleased to exceed most of our PCIP targets, achieving:

- 85% compliance with Physician Notification of Suspected Sepsis when presenting at the Emergency Department (ED)
- 98% compliance with Newborn Procedural Pain Management (heel prick)
- 14% compliance for patients who acquired delirium during their hospital stay
- 82% compliance for Operating Room scheduling accuracy
- Average of 60 minutes for time to an inpatient bed for ED admissions (50% percentile)

In 2021-22 year, we did not meet our PCIP targets for the following indicators:

- 95% for Patient Satisfaction and Family and Patient-Centred Care (target 97% or more)
- 18% for Workplace Violence Incidents Annual Rate (target 5% or less)
- 245 minutes for 90th Percentile to Inpatient Bed for ED Admissions (target 180 minutes)

Patient Satisfaction scored 2% below the target. Based on discussions with patients and families, visitor restrictions during the pandemic significantly impacted this indicator. Other than compassionate exceptions, visitations were not allowed within the hospital to reduce the spread of COVID-19. The restrictions were in place for more than 6 months throughout the year, and patients were encouraged to use virtual means to support communication with loved ones.

The Workplace Violence Incidents scored 13% above the target. All workplace incidents were reviewed to explore opportunities for improvement. Many of the incidents were related to long wait times and pandemic restrictions such as vaccination requirements and visitor restrictions. Education on de-escalating aggressive behaviour and violence in the workplace continues for frontline staff.

The 90th Percentile to Inpatient Bed for ED Admissions scored 65 minutes above the target. This was often due to increased demand for inpatient beds and high acuity. With the increased needs, two additional beds were opened during peak times (May and June) to support transfers from the ED to an inpatient unit. The Patient Flow Working Group continues to meet regularly and implemented the following changes: daily bed management meetings with Clinical Managers and the Discharge Planning Team; additional nursing resources in ED and ECU to support patient flow; and increased communication between the various departments. A review of monthly data is done to explore

trends and any opportunity to increase patient flow.

For 2022-23, the new Patient Care Improvement Plan (PCIP) indicators will include the following indicators and targets:

- Physician Notification of Suspected Sepsis at ED Triage to increase to 85% or higher
- Patient Satisfaction-Family and Patient-Centred Care maintain their target of 97% or greater
- Hospital-Acquired Delirium target is reduced to 14% or less
- Workplace Violence Incidents Annual Rate to increase to 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 60 minutes, and the 90th percentile time to an inpatient bed will increase to 240 minutes

Patient Safety/Quality Improvement Initiatives:

✓ Many quality improvements and patient safety initiatives were implemented to support quality care. Below are some examples of our Patient and Family Engagement Committee (PFEC) accomplishments:

- Discussion on pandemic restrictions within the hospital and required vaccination for visitors and family members
- Exploration of additional communication of mental health programs in our community and providing feedback on the WDMH external website on services in our region
- Review of various pamphlets that are provided to patients upon discharge, such as the patient checklist when discharged home and urinary catheter care document
- Review patient satisfaction scores and discuss opportunities for improvement
- Participation and involvement in different workgroups such as WDMH recruitment and retention, Client Engagement Focus Group with Accreditation surveyors and Regional Patient and Family Advisory Council (PFAC)
- Involvement in virtual interviews for various positions in the hospital
- Discussion on the implementation of our new Electronic Health Record system called Epic, and additional benefits for patients and family members, including access to MyChart
- Participation and providing feedback at the annual WDMH strategic priorities review with leadership

✓ The Senior Friendly Hospital Committee continues to work on implementing many initiatives to support the needs of our senior patients. This work will continue in 2022-23 to evaluate the impact on patient care. The initiatives include:

- Creating a Hospital Acquired Delirium team to implement strategies to help prevent and reduce delirium among patients 65 and older during their hospital stay. These strategies involve placing clocks and calendars in all patient rooms, improving medication administration times and dimming lights between specific times.
- Increasing awareness of seniors' needs among hospital staff and providing Gentle Persuasive Approach (GPA) training to support geriatric needs and care

- Restarting the *Stimulating the Mind* patient activities (pending COVID-19), which allows patients to socialize and take part in physical and mental exercises
 - Continuing to support the "MOVEON" strategy, ensuring inpatients 65 and older are being mobilized
- ✓ Patient satisfaction and quality of care remain our priority. As a result, various initiatives in the past year were put in place to ensure quality care:
- Implementation of the Peripherally Inserted Central Catheters (PICC) where patients may receive this procedure at WDMH without having to transfer to other facilities
 - Collaboration between leadership and physicians to review wait times for procedures at WDMH and implement initiatives to reduce wait times for patients and our community
 - Implementation of Quality Improvement Huddle Boards to maximize communication and opportunities for improvement with frontline staff
 - Collaborate with external hospital partners to transfer our patients as quickly as possible from other hospitals to WDMH (repatriation)

In the past year, WDMH also received *Exemplary Standing* with Accreditation Canada with a grade of 99.3%. This designation demonstrates our commitment to quality and patient safety while striving for compassionate excellence. Next year, we will continue to focus on patient care initiatives to support quality care and provide a safe work environment during the pandemic. We are proud of the services we provide to our community and continue to pursue compassionate excellence in all we do.

Respectfully submitted,

Holly Brown
Chair, Quality Committee



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ANNUAL REPORT OF THE BOARD CHAIR AND CEO 2021-2022

The theme of our *Report to the Community* this year is 'one team'. And we have an amazing one.

We want to thank the Winchester District Memorial Team (WDMH) team - close to 1,000 staff, physicians, volunteers, and trainees. Your commitment to keeping our patients, community, and each other safe is inspiring.

We also want to thank our local communities for your incredible support. You have been behind Team WDMH throughout the pandemic. We are humbled and grateful for the many acts of kindness.

And wrapped around WDMH are our colleagues at the WDMH Auxiliary, the Patient and Family Engagement Committee, Dundas Manor Long-Term Care Home, the Community Care and Dillabough buildings, as well as the donors and staff at the WDMH Foundation. A team of health professionals caring for our local communities.

We've got this. It's something we've been saying a lot at WDMH, and we mean it. The pandemic has presented many challenges both at WDMH and in our communities. But our team has been innovative and remained vigilant against the spread of the virus. And we have much more to celebrate, beyond this commendable response to COVID-19:

- First and foremost, WDMH was awarded Accreditation with Exemplary Standing in January, exceeding national standards for patient safety and quality of patient care.
- We continue to follow strict protocols to keep everyone safe at WDMH. Our team also leads the COVID-19 Assessment and Vaccination Centre at the Lion's Hall in Winchester.
- Quality and patient safety remain our #1 priority. We achieved most of our 2021-22 Patient Care Improvement Plan (PCIP) targets and continue to work on others as part of our 2022-23 PCIP.
- New programs and services have been added, including an internal medicine clinic and a new PICC line service to support chemotherapy patients and others so they don't have to travel to another hospital for this procedure.
- Extensive planning for Epic, our new digital health record system, is underway.
- We continue to work with our local health partners to advance the Upper Canada, Cornwall and Area Ontario Health Team.
- Last year, we welcomed 795 babies at WDMH – a record number.
- We also welcomed new staff, physicians, and midwives and we are actively recruiting for more health care professionals to join our team. We embraced students throughout the hospital.
- Our research program is growing. For the first time, WDMH will be involved in global clinical trials.

- Our appreciation is extended to the Finance team for another clean audit as confirmed by the external auditors.
- Despite the pandemic, Team WDMH found ways to have fun and show that we are #WDMHProud - through Recreation Committee events, our Commitment Awards, and community initiatives such as the Christmas Angel program.
- The WDMH Foundation continues to amaze us as the team develops special relationships with community members and organizations – with wonderful results. Thank you to our WDMH and Dundas Manor donors.

Finally, we want to shine a light on community volunteers. We have missed the WDMH Auxiliary members over the past year and look forward to welcoming them back. We are grateful to the community volunteers who sit on the Patient and Family Engagement Committee and various hospital committees. And we want to thank the Board of Directors for your vision and leadership during this unique time in health care.

Teams work together and we want to stay connected. 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,



James Pitruniak
Chair
WDMH Board of Directors



Cholly Boland
President & CEO
WDMH