

Clinton Public Hospital

Financial statements

March 31, 2022



Independent auditor's report

To the Board of Directors of
Clinton Public Hospital

Opinion

We have audited the financial statements of **Clinton Public Hospital** [the "Hospital"], which comprise the statement of financial position as at March 31, 2022, and the statement of changes in net assets, statement of operations and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital as at March 31, 2022, and its results of operations 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 report. We are independent of the Hospital in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other 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 public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Hospital's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Hospital or to cease operations, or has no realistic alternative but to do so.

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

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these 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 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 Hospital's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Hospital 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.

We 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.

Ernst & Young LLP

London, Canada
June 7, 2022

Chartered Professional Accountants
Licensed Public Accountants



Clinton Public Hospital

Incorporated without share capital under the laws of Ontario

Statement of financial position

As at March 31

	2022	2021
	\$	\$
Assets		
Current		
Cash	3,354,920	2,368,434
Accounts receivable <i>[note 3]</i>	352,214	461,952
Grant receivable	13,394	11,904
Inventories <i>[note 5]</i>	148,656	116,386
Prepaid expenses	103,021	59,779
Total current assets	3,972,205	3,018,455
Property and equipment, net <i>[note 6]</i>	8,909,653	8,331,742
	12,881,858	11,350,197
Liabilities and net assets		
Current		
Accounts payable and accrued liabilities	1,094,562	376,093
Due to other Alliance entity <i>[note 4]</i>	304,704	132,069
Accrued salaries and wages	893,900	710,568
Current portion of post-employment benefits <i>[note 8[b]]</i>	81,578	87,542
Demand loans and current portion of term debt <i>[note 7]</i>	1,170,467	989,777
Total current liabilities	3,545,211	2,296,049
Term debt <i>[note 7]</i>	293,635	428,960
Post-employment benefits <i>[note 8[b]]</i>	1,271,046	1,241,002
Deferred contributions, capital <i>[note 9]</i>	5,159,639	4,737,241
Total liabilities	10,269,531	8,703,252
Commitments and contingencies <i>[note 11]</i>		
Net assets	2,612,327	2,646,945
	12,881,858	11,350,197

See accompanying notes

On behalf of the Board:



Board Chair



Treasurer

Clinton Public Hospital

Statement of changes in net assets

Year ended March 31

	2022	2021
	\$	\$
Net assets, beginning of year	2,646,945	2,557,310
Excess (deficiency) of revenue over expenses the year	(34,618)	89,635
Net assets, end of year	2,612,327	2,646,945

See accompanying notes

Clinton Public Hospital

Statement of operations

Year ended March 31

	2022	2021
	\$	\$
Revenue		
Ontario Health funding <i>[note 4]</i>	11,471,773	11,606,623
In-patient services	—	—
Out-patient services	1,607,100	1,531,100
Preferred accommodation	8,505	15,930
Chronic co-payment	54,727	52,958
Other revenue	194,365	169,191
Unrestricted donation and bequests	6,220	10,584
Amortization of deferred contributions, capital – equipment	296,652	312,257
	13,639,342	13,698,643
Expenses		
Salaries and wages	6,566,484	6,831,221
Medical staff remuneration	1,533,244	1,514,934
Employee benefits	2,032,884	1,936,642
Supplies and other expenses	2,148,648	2,098,038
Medical and surgical supplies	393,197	298,644
Drugs	191,392	185,472
Amortization of equipment	522,811	473,889
Interest – non-building <i>[note 7]</i>	2,708	2,016
	13,391,368	13,340,856
Excess of revenue over expenses before the following	247,974	357,787
Amortization of deferred contributions, capital – buildings and land improvements	233,742	197,535
Amortization of buildings and land improvements	(507,933)	(466,020)
Interest on demand loans <i>[note 7]</i>	(9,076)	(10,623)
Gain on disposal of equipment	675	10,956
	(282,592)	(268,152)
Excess (deficiency) of revenue over expenses for the year	(34,618)	89,635

See accompanying notes

Clinton Public Hospital

Statement of cash flows

Year ended March 31

	2022	2021
	\$	\$
Operating activities		
Excess (deficiency) of revenue over expenses for the year	(34,618)	89,635
Add (deduct) items not involving cash		
Amortization of equipment	522,811	473,889
Amortization of buildings and land improvements	507,933	466,020
Gain on disposal of equipment	(675)	(10,956)
Amortization of deferred contributions, capital – equipment	(296,652)	(312,257)
Amortization of deferred contributions, capital – buildings and land improvements	(233,742)	(197,535)
Post-employment benefits	24,080	20,764
	<u>489,137</u>	<u>529,560</u>
Net change in non-cash working capital balances related to operations [note 13]	<u>1,107,172</u>	<u>941,878</u>
Cash provided by operating activities	<u>1,596,309</u>	<u>1,471,438</u>
Capital activities		
Purchase of property and equipment	(1,619,938)	(2,007,954)
Proceeds on disposal of property and equipment	11,958	11,862
Cash used in capital activities	<u>(1,607,980)</u>	<u>(1,996,092)</u>
Financing activities		
Proceeds of demand loans	252,700	186,000
Repayment of demand loans	(207,335)	(495,843)
Contributions received related to capital	952,792	1,298,632
Cash provided by financing activities	<u>998,157</u>	<u>988,789</u>
Net increase in cash during the year	<u>986,486</u>	<u>464,135</u>
Cash, beginning of year	<u>2,368,434</u>	<u>1,904,299</u>
Cash, end of year	<u>3,354,920</u>	<u>2,368,434</u>

See accompanying notes

Clinton Public Hospital

Notes to financial statements

March 31, 2022

1. Purpose of the organization

Clinton Public Hospital [the “Hospital”] was incorporated without share capital under the *Corporations Act* (Ontario). The Hospital is a registered charity under the *Income Tax Act* (Canada) and, as such, is exempt from income tax. The Hospital is funded primarily by Ontario Health. Any excess of revenue over expenses earned during a fiscal year may be retained by the Hospital. There is no commitment that deficits incurred by the Hospital will be funded. Therefore, to the extent that deficits are incurred and not funded, future operations may be affected.

The Hospital, along with Seaforth Community Hospital, St. Marys Memorial Hospital and Stratford General Hospital, is a member of the Huron Perth Healthcare Alliance [the “Alliance”] and the individual hospitals’ financial results are influenced by this membership [note 4].

The Hospital operates under a Hospital Service Accountability Agreement [“H-SAA”] with Ontario Health. This agreement sets out the rights and obligations of the two parties in respect of funding provided to the Hospital by Ontario Health. The H-SAA sets out the funding provided to the Hospital together with performance standards and obligations of the Hospital that establish acceptable results for the Hospital’s performance.

If the Hospital does not meet certain performance standards and obligations, Ontario Health has the right to adjust some funding streams received by the Hospital. Given that Ontario Health is not required to communicate funding adjustments until after the submission of the year-end data, the amount of revenue recognized in these financial statements represents management’s best estimates of amounts earned during the year.

2. Summary of significant accounting policies

These financial statements are prepared in accordance with the *CPA Canada Public Sector Accounting Handbook*, which sets out generally accepted accounting principles for government not-for-profit organizations in Canada. The Hospital has chosen to use the standards specific to government not-for-profit organizations as set out in PS 4200 to PS 4270. The significant accounting policies are summarized as follows:

[a] Basis of presentation and use of estimates

The financial statements represent the operations of the Hospital and do not include the assets, liabilities and activities of affiliated organizations such as the Clinton Public Hospital Foundation [the “Foundation”] and volunteer associations, which, although affiliated with the Hospital, are not operated or controlled by it.

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities as at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. The significant estimation processes relate to employee future benefits, revenue recognized from Ontario Health, valuation of accounts receivable, and the useful life of property and equipment. Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future periods affected. Although some variability is inherent in these estimates, management believes that the amounts recorded are appropriate. Actual results could differ from those estimates.

Clinton Public Hospital

Notes to financial statements

March 31, 2022

COVID-19 global pandemic

The Hospital's results and operations have been and will continue to be impacted by the outbreak of COVID-19. The COVID-19 pandemic gives rise to heightened uncertainty as it relates to accounting estimates and increases the need to apply judgment in evaluating the economic and market environment and its impact on significant estimates. The impact of COVID-19 has led to significant volatility in the global equity and fixed income markets. It is uncertain how this volatility may impact the valuation and income of portfolio investments. Additionally, there is a higher degree of uncertainty related to revenue recognition including the treatment of government reimbursement for hospital incurred incremental expenses. The duration and impact of the COVID-19 outbreak remains unknown at this time, as does the ongoing efficacy of the government and central bank monetary and fiscal interventions designed to stabilize economic conditions and slow the spread of the disease. As a result, it is not possible to reliably estimate the length and severity of these developments nor the impact on the financial position and financial results of the Hospital in future years.

[b] Revenue recognition

The Hospital follows the deferral method of accounting for contributions, which include donations and government grants. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be estimated and collection is reasonably assured. Externally restricted contributions are initially deferred when recorded in the accounts and recognized as revenue in the year in which the related expenses are recognized. Contributions restricted for the purchase of property and equipment are initially deferred and amortized to revenue on the same basis as the amortization rate for the related property and equipment.

Revenue from patient services, non-patient services and preferred accommodation is recognized when the services have been provided or when the goods have been sold.

[c] Inventories

Inventories are valued at the lower of replacement cost and net realizable value on a weighted average basis. Reviews for obsolete, damaged and expired items are done on a regular basis, and any items that are found to be obsolete, damaged or expired are written off when such determination is made.

[d] Property and equipment

Property and equipment are valued at the cost incurred by the Hospital at the date of acquisition. All direct costs and interest related to building and equipment projects are capitalized during the period of construction until the project is complete.

Amortization is provided on a straight-line basis over the following estimated useful lives of the assets:

Tangible

Land improvements	10–40 years
Buildings	10–50 years
Furnishings and equipment	3–25 years
Computer hardware	3–5 years

Intangible

Computer software	3–5 years
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Notes to financial statements

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No amortization is recorded on construction in progress until the related assets are put into productive use.

Property and equipment are reviewed for impairment whenever events or changes in circumstances indicate that the asset no longer has any long-term service potential to the Hospital. When an item of property and equipment no longer contributes to the Hospital's ability to provide services, its carrying amount is written down to residual value.

[e] Contributed materials and services

Volunteers contribute a significant amount of time each year. Due to the difficulty of determining the fair value, these contributed services are not recognized or disclosed in the financial statements and related notes. Contributed materials are recognized in the financial statements at their fair market value if the fair value can be reasonably estimated.

[f] Post-employment benefits

The Hospital accrues its obligations for post-employment benefits and the related costs, net of plan assets measured at fair value. The cost of post-employment benefits earned by employees is actuarially determined using the projected accrued benefit method pro-rated on service using best estimates of salary escalation, retirement ages of employees and expected health care costs. The discount rate used to determine the accrued benefit obligation was determined by reference to the Hospital's cost of borrowing rate. Differences arising from past service costs are expensed in the period of plan amendment. Differences arising from changes in assumptions and actuarial gains and losses are recognized in income on a straight-line basis over the expected average remaining service life of active employees, which is equal to 16.6 years.

[g] Multi-employer defined benefit plan

Defined contribution plan accounting is applied to the multi-employer defined benefit plan, whereby contributions are expensed on an accrual basis, as the Hospital has insufficient information to apply defined benefit plan accounting.

[h] Financial instruments

All financial instruments are initially recorded on the statement of financial position at fair value. They are subsequently valued at fair market value, cost or amortized cost as follows:

[i] Accounts receivable are carried at amortized cost, net of any provision for impairment.

[ii] Accounts payable and accrued liabilities, accrued salaries and wages, and demand loans are carried at cost.

Transaction costs related to financial assets and financial liabilities measured using amortized cost are capitalized with the value of the instrument and amortized to income using the effective interest rate method. All other transaction costs are expensed as incurred.

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Notes to financial statements

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[i] Remeasurement gains or losses

Remeasurement gains or losses are reported according to their nature, including changes in market value for derivatives, portfolio investments in equity instruments and financial instruments that have been designated to the fair value category. Also included are gains or losses in foreign exchange for items denominated in a foreign currency. As at March 31, 2022, there was no change in the accumulative deficiency of revenue over expenses for the fair value changes or foreign currency translation. Therefore, a statement of remeasurement gains and losses has not been disclosed.

[j] Going concern

Management has made an assessment of the Hospital's ability to continue as a going concern and is satisfied that the Hospital has the resources to continue its operations for the foreseeable future. Management considered the impact of COVID-19 in its assessment of the Hospital's ability to continue as a going concern. Although COVID-19 has had an impact on the Hospital's operations, as well as the funding and operations of its related entities, the Hospital has sufficient liquidity to maintain current operations as well as the additional operational demands relating to the Hospital's continued COVID-19 response.

3. Accounts receivable

Accounts receivable consist of the following:

	2022	2021
	\$	\$
Ontario Health	234,235	377,341
Insurers and patients	128,690	102,652
Other	9,489	13,159
	<u>372,414</u>	<u>493,152</u>
Less allowance for doubtful accounts	20,200	31,200
	<u>352,214</u>	<u>461,952</u>

4. Huron Perth Healthcare Alliance

The combined operating surplus/deficit of the Alliance is shared based on the percent interest of each member hospital in the Alliance. Ontario Health revenue is adjusted between the four hospitals within the Alliance through a "Paymaster" account, to reflect the appropriate operating surplus/deficit.

	2022	2021
	\$	\$
Clinton Public Hospital provincial funding	11,059,959	11,361,106
Adjustment for the Hospital's share of the Alliance operating surplus/deficit	411,814	245,517
Provincial funding adjusted revenue	<u>11,471,773</u>	<u>11,606,623</u>

Property and equipment expenditures not funded by the local foundations and post-employment benefits are shared by all four hospitals based on their respective percent interest in the Alliance.

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The amount owing to Stratford General Hospital as at March 31, 2022 is \$304,704 [2021 – \$132,069]. This amount is non-interest bearing with no set repayment terms.

Transactions are in the normal course of business and recorded at the exchange amount, which is the amount agreed upon by both parties.

5. Inventories

During the year, the Hospital expensed \$406,894 [2021 – \$333,826] of inventories. There were no write-downs of inventories to net realizable value or any write-down reversals during the year or prior year.

6. Property and equipment

Property and equipment consist of the following:

	2022		
	Cost	Accumulated amortization	Net book value
	\$	\$	\$
Tangible			
Land	85,246	—	85,246
Land improvements	141,421	90,352	51,069
Buildings	12,306,450	6,857,901	5,448,549
Furnishings and equipment	7,398,948	5,193,712	2,205,236
Computer hardware	1,077,861	900,691	177,170
Construction in progress	766,653	—	766,653
	21,776,579	13,042,656	8,733,923
Intangible			
Computer software	1,796,074	1,620,344	175,730
	23,572,653	14,663,000	8,909,653
	2021		
	Cost	Accumulated amortization	Net book value
	\$	\$	\$
Tangible			
Land	85,246	—	85,246
Land improvements	141,421	83,769	57,652
Buildings	11,069,081	6,356,550	4,712,531
Furnishings and equipment	6,826,668	5,402,760	1,423,908
Computer hardware	1,021,239	842,982	178,257
Construction in progress	1,649,400	—	1,649,400
	20,793,055	12,686,061	8,106,994
Intangible			
Computer software	1,693,618	1,468,870	224,748
	22,486,673	14,154,931	8,331,742

Clinton Public Hospital

Notes to financial statements

March 31, 2022

7. Demand loans and term debt

The Hospital has a joint and several obligation for the borrowings of the Alliance under the following loan facilities with the Canadian Imperial Bank of Commerce ["CIBC"] and Royal Bank of Canada ["RBC"].

- [a] Revolving demand facility [the "Facility"] of \$7,000,000 with RBC to finance general operating requirements. The Facility bears interest at the bank's prime rate [2.70%] minus 0.65%. As at March 31, 2022, nil [2021 – nil] has been drawn on the Facility by the Alliance.
- [b] Revolving demand facility [the "Capital Facility"] of \$25,000,000 [2021 – \$25,000,000] with RBC to finance the acquisition of capital assets, including property and equipment. The Capital Facility bears interest at various rates depending on the term. As at March 31, 2022, \$6,915,000 [2021 – \$9,795,000] has been drawn on the Capital Facility by the Alliance, of which \$1,106,633 [2021 – \$962,967] is attributable to the Hospital.
- [c] Term facility [the "SSRP Facility"] with RBC that was used to finance the completion of the Stratford Site Redevelopment Project. The SSRP Facility bears interest at the bank's prime rate [2.70%] minus 0.65%. As at March 31, 2022, \$1,288,418 [2021 – \$1,432,418] is outstanding from the Alliance on the SSRP Facility, of which nil [2021 – nil] is attributable to the Hospital. Interest payments are made monthly on the 26th day of each month, and annual principal payments are due March 31 of the respective year. The maturity date of the SSRP Facility is March 31, 2024.
- [d] A committed instalment loan [the "Co-Gen Facility"] with CIBC that is being used to finance the Energy Co-Generation Project at the Stratford site. The Co-Gen Facility bears interest at the bank's prime rate [2.45%] minus 0.75% and is due on demand. As at March 31, 2022, \$1,072,405 [2021 – \$3,255,500] is outstanding from the Alliance, of which \$357,468 [2021 – \$455,770] is attributable to the Hospital. The commitment period of the Co-Gen Facility will expire on April 30, 2024.
- [e] Revolving lease line of credit [the "Lease Facility"] of \$9,000,000 with RBC, by way of lease agreements with RBC, to finance the acquisition of capital assets, including equipment and software. The Lease Facility bears interest at the applicable rate contained in the respective lease agreement entered. As at March 31, 2022, nil [2021 – nil] has been drawn on the Lease Facility by the Alliance.

As at March 31, 2022, the total outstanding borrowings of the Alliance amounted to \$9,275,823 [2021 – \$14,482,918]. Of this amount, the Hospital has a \$1,464,102 draw [2021 – \$1,418,737] from the Capital Facility to finance the acquisition of capital assets.

Loans that the lender can require to be repaid on demand are classified as current liabilities. Management does not believe that the demand features will be exercised in the current year. Principal repayments required on term debt over the next three years are as follows:

	\$
2023	63,833
2024	63,833
2025	229,802
	<u>357,468</u>

Clinton Public Hospital

Notes to financial statements

March 31, 2022

8. Post-employment benefits

[a] Pension plan

Substantially all of the full-time employees of the Hospital are members of the Healthcare of Ontario Pension Plan [the "HOOPP"]. As the HOOPP is a multi-employer, defined benefit pension plan, no actuarial liability has been recorded on the Alliance's financial statements. Employer contributions to the HOOPP are expensed as contributions are due.

Employer contributions to the HOOPP during the year by the Hospital amounted to \$569,916 [2021 – \$555,258]. The most recent actuarial valuation for financial reporting purposes completed by the HOOPP as at December 31, 2021 disclosed net assets available for benefits of \$114,414 million [2020 – \$103,983 million] with pension obligations of \$85,902 million [2020 – \$79,852 million], resulting in a surplus of \$28,512 million [2020 – \$24,131 million]. The cost of pension benefits is determined by the HOOPP at \$1.26 per every dollar of employee contributions. As at December 31, 2021, the HOOPP was 120% funded [2020 – 119%].

[b] Post-employment benefits

Retirees and surviving spouses of retirees are eligible for life insurance, drug, other medical, dental and hospital benefits covered under the non-pension post-employment benefit plan [the "Plan"] after they turn 55. The Plan is funded on a pay-as-you-go basis, and the Hospital funds on a cash basis as benefits are paid. During the year, benefits paid totalled \$23,706 [2021 – \$35,506].

The most recent full actuarial valuation for funding purposes was completed by the Alliance's independent actuaries as at March 31, 2020.

The following table presents information related to the Hospital's post-employment benefits as at March 31, including the amounts recorded on the statement of financial position and components of net periodic benefit cost:

	2022	2021
	\$	\$
Accrued benefit obligation		
Balance, beginning of year	1,088,724	1,017,520
Current service cost	72,702	68,012
Interest cost	32,312	32,718
Benefits paid	(63,462)	(60,620)
Actuarial loss (gain)	(101,780)	31,094
Balance, end of year	1,028,496	1,088,724
Unamortized net actuarial gain	324,128	239,820
Post-employment benefits	1,352,624	1,328,544
Less current portion	81,578	87,542
	1,271,046	1,241,002

The accrued benefit obligation for non-pension post-employment benefits is included in long-term liabilities as post-employment benefits, with the current portion of post-employment benefits separately disclosed. Unamortized actuarial gains are amortized over the expected average remaining service life of employees of the Alliance.

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Notes to financial statements

March 31, 2022

The Hospital's benefit plan expense is as follows:

	2022 \$	2021 \$
Current service cost	72,702	68,012
Interest cost	32,312	32,716
Amortization of net actuarial gain	(17,472)	(19,348)
Post-employment benefits expense	87,542	81,380

The significant actuarial assumptions adopted in measuring the Hospital's accrued benefit obligation and the expense for post-employment benefits are as follows:

	2022 %	2021 %
Discount rate – net accrued benefit expense	2.86	3.10
Discount rate – accrued benefit obligation	3.67	2.86
Extended health care premium increases	6.00	6.10
Dental premium increases	4.50	4.50

The extended health care premiums are expected to decrease by 0.117% per annum to an ultimate rate of 3.9%. The expected average remaining service life of active employees is 16.57 years.

9. Deferred contributions, capital

Deferred contributions related to property and equipment are as follows:

	2022 \$	2021 \$
Balance, beginning of year	4,737,241	3,948,401
Additional contributions received		
Ontario Health	527,232	302,333
Foundation [note 12]	469,408	996,299
Amounts amortized to revenue	(530,394)	(509,792)
Amounts reduced due to disposal of equipment	(43,848)	—
Balance, end of year	5,159,639	4,737,241

There was \$192,350 in unspent contributions included in the balance of unamortized capital contributions related to property and equipment [2021 – \$62,422].

Clinton Public Hospital

Notes to financial statements

March 31, 2022

10. Deferred contributions, expenses of future periods

Deferred contributions, expenses of future periods represent unspent externally restricted contributions, grants and donations. The balance for the year ended March 31, 2022 is nil [2021 – nil].

11. Commitments and contingencies

The Hospital from time to time enters into multi-year service contracts in the normal course of operations. The amounts committed to these service contracts for the next five years and thereafter are as follows:

	\$
2023	974,407
2024	738,122
2025	423,916
2026	286,901
2027	164,514
Thereafter	340,708
	<u>2,928,568</u>

The Hospital is involved from time to time as plaintiff or defendant in various legal actions that arise in the normal course of operations. Any contingent gains arising on such actions are included in income when they are assured. Provisions for contingent losses are provided at such time as management concludes that a loss is likely and can be estimated. As at March 31, 2022, management believes adequate provision for losses has been made in the accounts.

The Hospital routinely engages in collective bargaining and is subject to various human rights matters under provincial legislation when employees or groups within the bargaining units file grievances against the Hospital or when the collective bargaining agreements are negotiated, which may result in retroactive pay.

The Hospital has a joint and several obligation for the borrowings of the Alliance under various loan facilities with CIBC and RBC. As at March 31, 2022, the total outstanding borrowings of the Alliance amounted to \$9,275,823 [2021 – \$14,482,918]. Of this amount, the Hospital has drawn \$1,464,102 [2021 – \$1,418,737] [note 7].

12. Related party transactions

Related party transactions during the year, not separately disclosed in the financial statements, include the following:

- [a] The Hospital receives donations from the Foundation. The Foundation has its own Board of Directors and is independent of the Hospital. The Foundation is incorporated under the laws of Ontario. It is registered as a public foundation and, as such, is exempt from income taxes and able to issue donation receipts for income tax purposes. The assets, liabilities, revenue and expenses of the Foundation have not been included in these financial statements.

Donations of \$469,408 [2021 – \$996,299] were received from the Foundation for equipment purchases and capital projects. These amounts have been included in deferred contributions, capital.

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[b] Alliance operations – Stratford General Hospital is acting as the central financial processing entity for the Alliance, processing all accounts payable and payroll distributions for all four hospitals in the Alliance from its bank account. The Hospital reimburses Stratford General Hospital for its expenditures on a monthly basis [note 4].

Transactions are in the normal course of business and recorded at the exchange amount, which is the amount agreed upon by both parties.

13. Statement of cash flows

The net change in non-cash working capital balances related to operations consists of the following:

	2022	2021
	\$	\$
Decrease (increase) in current assets		
Accounts receivable	109,738	(279,457)
Grant receivable	(1,490)	(11,904)
Due from other Alliance entity	—	688,080
Inventories	(32,270)	6,297
Prepaid expenses	(43,242)	18,431
	<u>32,736</u>	<u>421,447</u>
Increase (decrease) in current liabilities		
Accounts payable and accrued liabilities	718,469	187,326
Due to other Alliance entity	172,635	132,069
Accrued salaries and wages	183,332	201,036
	<u>1,074,436</u>	<u>520,431</u>
	<u>1,107,172</u>	<u>941,878</u>

14. Financial instruments and risk management

Risks and uncertainties

The Hospital is exposed to a range of financial risks including interest rate risk, credit risk and liquidity risk. The Hospital manages these risks in accordance with the Hospital's internal policies. The Hospital's results and operations have been and will continue to be impacted by the COVID-19 pandemic. The adverse effects include but are not limited to fluctuations in interest rates, increase in counterparty credit risk, volatility in financial markets and disruptions of operations. Significant uncertainty remains regarding the breadth and depth of these events and the long-term impact on the Hospital.

Interest rate risk

Interest rate risk refers to the effect on the future cash flows of a financial instrument due to fluctuations in interest rates. The Hospital is exposed to financial risk that arises from fluctuations in the interest rate on its credit facilities because the interest rate is linked to the banker's acceptance rate, which changes from time to time. Changes in variable interest rates could cause unanticipated fluctuations in the Hospital's operating results.

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Credit risk

Credit risk arises from the possibility that the entities from which the Hospital receives funding may experience difficulty and be unable to fulfill their obligations. The majority of the Hospital's accounts receivable are owed by government agencies with good credit standing. As at year-end, patient and other accounts receivable totalled \$138,179 [2021 – \$115,811]. As a result, the requirement for credit risk related reserves for accounts receivable is minimal. The Hospital has no significant concentration of credit risk with any one individual customer. There are no significant past due or impaired balances as at March 31, 2022.

Liquidity risk

Liquidity risk is the risk of the Hospital being unable to meet its obligations as they fall due. The Hospital manages its liquidity risk by forecasting cash flows from operations and anticipated investing, capital and financing activities, and maintaining credit facilities to ensure it has sufficient available funds to meet current and foreseeable financial requirements.

The majority of accounts payable and accrued liabilities and accrued salaries and wages are expected to be settled in the next fiscal year. The maturities of other financial liabilities are provided in the notes to the financial statements related to those liabilities.