

Financial Statements of

**NORTH BAY REGIONAL  
HEALTH CENTRE**

Year ended March 31, 2019



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## INDEPENDENT AUDITORS' REPORT

To the Board of Directors of North Bay Regional Health Centre

### ***Opinion***

We have audited the financial statements of North Bay Regional Health Centre (the "Hospital"), which comprise:

- the statement of financial position as at March 31, 2019
- the statement of operations for the year then ended
- the statement of statement of changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- the statement of remeasurement losses for the year then ended
- and the notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements")

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital as at March 31, 2019, 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 responsibility under those standards are further described in the "***Auditors' Responsibilities for the Audit of the Financial Statements***" section of our auditors' report.

We are independent of the Hospital in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other responsibilities in accordance with these requirements.

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

### ***Responsibility 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.

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

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

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

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

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

We also:

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the Hospital's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to the events or conditions that may cast significant doubt on the Hospital's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Hospital's to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.



- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

*KPMG LLP*

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Chartered Professional Accountants, Licensed Public Accountants

North Bay, Canada  
June 13, 2019

# NORTH BAY REGIONAL HEALTH CENTRE

## Statement of Operations

Year ended March 31, 2019, with comparative information for 2018  
(In thousands of dollars)



	2019	2018
<b>Revenue:</b>		
Ministry of Health and Long-Term Care / North East Local Health Integration Network	\$ 193,023	190,167
Cancer Care Ontario	9,042	8,574
Patient services	12,856	12,232
Preferred accommodation	2,038	2,079
Other	7,436	6,270
Uniquely funded programs (note 14)	28,667	26,630
Amortization of deferred capital contributions - equipment	1,330	1,299
	<u>254,392</u>	<u>247,251</u>
<b>Expenses:</b>		
Salaries and wages	107,234	105,493
Benefit contributions	35,441	37,022
Medical staff remuneration	20,197	19,860
Drugs	8,123	7,149
Medical and surgical supplies	7,524	7,398
Amortization - equipment	4,633	4,830
Other supplies and services	34,659	33,843
Uniquely funded programs (note 14)	28,667	26,717
	<u>246,478</u>	<u>242,312</u>
<b>Excess of revenue over expenses</b>		
before the undernoted	7,914	4,939
Amortization of deferred capital contributions - buildings	9,989	10,183
Amortization of buildings	(11,038)	(11,045)
Government contribution for interest on other long-term obligations	18,625	19,055
Interest on long-term obligations	(20,295)	(20,660)
Gain on disposal of capital assets	-	2,147
<b>Excess of revenue over expenses</b>	<b>\$ 5,195</b>	<b>4,619</b>

See accompanying notes to financial statements.

# NORTH BAY REGIONAL HEALTH CENTRE

## Statement of Financial Position

March 31, 2019, with comparative information for 2018  
(In thousands of dollars)



	2019	2018
<b>Assets</b>		
<b>Current assets:</b>		
Cash	\$ 19,702	325
Accounts receivable (note 2)	8,125	6,157
Inventories	2,589	2,464
Prepaid expenses	2,017	1,951
Current portion of long-term receivables (note 4)	8,532	690
	<u>40,965</u>	<u>11,587</u>
Capital assets (note 3)	478,328	479,366
Long-term receivables (note 4)	324,013	1,521
	<u>\$ 843,306</u>	<u>492,474</u>

## Liabilities, Deferred Contributions and Deficiency in Net Assets

<b>Current liabilities:</b>		
Bank indebtedness (note 5)	\$ -	1,089
Accounts payable and accrued liabilities (note 6)	50,727	48,245
Deferred contributions	2,736	2,382
Current portion of long-term obligations (note 7)	18,335	9,802
	<u>71,798</u>	<u>61,518</u>
Long-term obligations (note 7)	366,043	360,732
Interest rate swaps	2,892	-
Deferred capital contributions (note 8)	414,756	84,612
Post-retirement benefit obligation (note 9)	15,579	15,677
	<u>871,068</u>	<u>522,539</u>
Deficiency in net assets (note 15)	(24,870)	(30,065)
Accumulated remeasurement losses	(2,892)	-
	<u>(27,762)</u>	<u>(30,065)</u>
Commitments and contingencies (note 12)		
	<u>\$ 843,306</u>	<u>492,474</u>

See accompanying notes to financial statements.

On behalf of the Board:

 Director

 Director

# NORTH BAY REGIONAL HEALTH CENTRE

## Statement of Changes in Deficiency in Net Assets

Year ended March 31, 2019, with comparative information for 2018  
(In thousands of dollars)



		2019	2018
Deficiency in net assets, beginning of year	\$	(30,065)	(34,684)
Excess of revenue over expenses		5,195	4,619
Deficiency in net assets, end of year	\$	(24,870)	(30,065)

See accompanying notes to financial statements.

# NORTH BAY REGIONAL HEALTH CENTRE

## Statement of Cash Flows

Year ended March 31, 2019, with comparative information for 2018  
(In thousands of dollars)



	2019	2018
<b>Cash flows from operating activities:</b>		
Excess of revenue over expenses	\$ 5,195	4,619
Adjustments for:		
Amortization of capital assets	15,671	15,875
Amortization of deferred capital contributions	(11,319)	(11,482)
Increase (decrease) in post-employment benefit obligation	(98)	509
Loss (gain) on disposal of capital assets	-	(2,147)
	<u>9,449</u>	<u>7,374</u>
Change in non-cash working capital:		
Decrease (increase) in accounts receivable	(1,968)	10,613
Increase in inventories	(125)	(39)
Decrease (increase) in prepaid expenses	(66)	307
Increase in accounts payable and accrued liabilities	2,482	3,004
Increase (decrease) in deferred contributions	354	(220)
	<u>10,126</u>	<u>21,039</u>
<b>Cash flows from investing activities:</b>		
Decrease (increase) in long-term receivables	(330,334)	740
<b>Cash flows from capital activities:</b>		
Purchase of capital assets	(14,633)	(4,612)
Proceeds from disposal of capital assets	-	2,432
	<u>(14,633)</u>	<u>(2,180)</u>
<b>Cash flows from financing activities:</b>		
Deferred capital contributions received	341,463	10,938
Principal repayment of long-term obligations	(8,992)	(8,744)
Proceeds on long-term obligations	22,836	169
Decrease in bank indebtedness	(1,089)	(22,401)
	<u>354,218</u>	<u>(20,038)</u>
<b>Net increase (decrease) in cash</b>	<b>19,377</b>	<b>(439)</b>
Cash, beginning of year	325	764
<b>Cash, end of year</b>	<b>\$ 19,702</b>	<b>325</b>

See accompanying notes to financial statements.



# NORTH BAY REGIONAL HEALTH CENTRE

## Statement of Remeasurement Losses

Year ended March 31, 2019, with comparative information for 2018

(In thousands of dollars)



	2019	2018
Remeasurement losses, beginning of year	\$ -	\$ -
Unrealized losses attributable to:		
Derivative - interest rate swaps	(2,892)	-
Remeasurement losses, end of year	\$ (2,892)	\$ -

See accompanying notes to financial statements.

# NORTH BAY REGIONAL HEALTH CENTRE

Notes to Financial Statements



Year ended March 31, 2019  
(In thousands of dollars)

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The North Bay Regional Health Centre (the "Health Centre") is incorporated without share capital under the laws of Ontario. Its principal activity is the provision of health care services in the District of Nipissing, Ontario and mental health services in Northeastern Ontario. The Health Centre is a registered charity under the Income Tax Act and, accordingly, is exempt from income taxes under section 149 of the Income tax Act.

## 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. A statement of remeasurement gains and losses has not been included as there are no matters to report therein.

### (a) Revenue recognition:

The Health Centre accounts for contributions, which include donations and government grants, under the deferral method of accounting.

Under the Health Insurance Act and Regulations thereto, the Health Centre is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health and Long-term Care ("MOHLTC") and the North East Local Health Integration Network ("NELHIN"). 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 the subsequent period.

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

Externally restricted contributions are recognized as revenue in the period in which the related expenses are recognized.

Contributions restricted for the purchase of capital assets are deferred and amortized into revenue on the straight-line basis, at rates corresponding to those of the related capital assets.

Revenue from patient and other services is recognized when the service is provided.

### (b) Inventories:

Inventories are stated at the lower of average cost and net realizable value. Cost comprises all costs to purchase, convert and any other costs in bringing the inventories to their present location and condition.

# NORTH BAY REGIONAL HEALTH CENTRE

Notes to Financial Statements



Year ended March 31, 2019  
(In thousands of dollars)

## 1. Significant accounting policies (continued):

### (c) Capital assets:

Capital assets are recorded at cost. Assets acquired under capital leases are initially recorded at the present value of the future minimum lease payments and amortized over the useful life of the assets. Minor equipment replacements are expensed in the year of replacement.

Construction in progress is not amortized until construction is complete and the facilities come into use.

Amortization is provided on the straight-line basis at the following range of annual rates:

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Buildings, roads, sidewalks and landscaping	Various rates to 10%
Leasehold improvements	Various rates to 20%
Furniture and equipment	Various rates to 33%
Equipment under capital leases	30%

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Long-lived assets, including capital assets subject to amortization, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability is measured by a comparison of the carrying amount to the estimated undiscounted future cash flows expected to be generated by the asset. If the carrying amount of the asset exceeds its estimated future cash flows, an impairment charge is recognized by the amount by which the carrying amount of the asset exceeds the fair value of the asset. When quoted market prices are not available, the Health Centre uses the expected future cash flows discounted at a rate commensurate with the risks associated with the recovery of the asset as an estimate of fair value.

Assets to be disposed of would be separately presented in the statement of financial position and reported at the lower of the carrying amount or fair value less costs to sell, and are no longer amortized. The asset and liabilities of a disposed group classified as held for sale would be presented separately in the appropriate asset and liability sections of the statement of financial position.

### (d) Related entities:

The notes to financial statements include information for the following entity (note 11):

North Bay Regional Health Centre Foundation ("NBRHC Foundation")

# NORTH BAY REGIONAL HEALTH CENTRE

Notes to Financial Statements



Year ended March 31, 2019  
(In thousands of dollars)

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## 1. Significant accounting policies (continued):

### (e) Employee post-retirement benefits:

The Health Centre accrues its obligations for employee benefit plans. The cost of non-pension post-retirement and post-employment benefits earned by employees is actuarially determined using the projected benefit method pro-rated on service and management's best estimate of retirement ages of employees and expected health care costs.

Actuarial gains (losses) on the accrued benefit obligation arise from changes in 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. The average remaining service period of the active employees covered by the employee benefit plan is 16 years.

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

The Health Centre is an employer member of the Health Care of Ontario Pension Plan (the "Plan"), which is a multi-employer, defined benefit pension plan. The Health Centre has adopted defined contribution plan accounting principles for this Plan because insufficient information is available to apply defined benefit plan accounting principles. The Health Centre records as pension expense the current service cost, amortization of past service costs and interest costs related to the future employer contributions to the Plan for past employee service.

### (f) Funding adjustments:

The Health Centre receives grants from the NELHIN, MOHLTC and Cancer Care Ontario for specific services. Pursuant to the related agreements, if the Health Centre does not meet specified levels of activity, the MOHLTC, NELHIN or Cancer Care Ontario may be entitled to seek recoveries. Should any amounts become recoverable, the recoveries would be charged to operations in the period in which the recovery is determined to be payable. Should programs and activities incur a deficit, the Health Centre records any recoveries thereon when additional funding is received or receivable if the amounts can be reasonably estimated and collection is reasonably assured.

### (g) Contributed services:

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

# NORTH BAY REGIONAL HEALTH CENTRE

Notes to Financial Statements



Year ended March 31, 2019  
(In thousands of dollars)

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## 1. Significant accounting policies (continued):

### (h) Financial instruments:

All financial instruments are initially recorded on the statement of financial position at fair value.

All investments, if any, held in equity instruments that trade in an active market are recorded at fair value. Management has elected to record investments at fair value as they are managed and evaluated on a fair value basis. Freestanding derivative instruments that are not equity instruments that are quoted in an active market are subsequently measured 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.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred.

All financial assets are assessed for impairment on an annual basis. Where a decline in fair value is determined to be other than temporary, the amount of the loss is recognized in the statement of operations and any unrealized gain is adjusted through the statement of remeasurement gains and losses. On sale, the statement of remeasurement gains and losses associated with that instrument are reversed and recognized in the statement of operations.

Financial instruments are classified into fair value hierarchy Levels 1, 2 or 3 for the purposes of describing the basis of the inputs used to determine the fair market value of those amounts recorded a fair value, as described below:

Level 1	Fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities
Level 2	Fair value measurements are those derived from market-based inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly
Level 3	Fair value measurements are those derived from valuation techniques that include inputs for the asset or liability that are not based on observable market data

### (i) Use of estimates:

The preparation of the 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 periods specified. Significant items subject to such estimates and assumptions include the carrying amount of capital assets; valuation allowances for receivables, and inventories; valuation of financial instruments; and assets and obligations related to employee future benefits. Actual results could differ from those estimates.

# NORTH BAY REGIONAL HEALTH CENTRE

Notes to Financial Statements



Year ended March 31, 2019  
(In thousands of dollars)

## 1. Significant accounting policies (continued):

### (i) Use of estimates (continued):

During the year, the Hospital recorded a long-term receivable and associated deferred grant from the MOHLTC representing the present value of annual grants through to 2041 to fund the principal repayment component of the Hospital's agreement with Plenary Health North Bay GP. The change in estimate is as a result of the continuing process of the Hospital obtaining new information on the likelihood of approval of the appropriation by the Legislature of Ontario. In future fiscal years, the long-term receivable will be drawn down for the grant received from the Province annually. The deferred grant will also be drawn down, as the annual amount received is recognized in revenue.

These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in earnings in the year in which they become known.

## 2. Accounts receivable:

	2019	2018
MOHLTC/NELHIN – operating	\$ 1,520	1,224
Cancer Care Ontario	567	208
Insurers and patients	3,423	2,628
Other	2,615	2,097
	<u>\$ 8,125</u>	<u>6,157</u>

The reported balance of accounts receivable are net of an allowance for doubtful accounts of \$477 (2018 - \$457).

# NORTH BAY REGIONAL HEALTH CENTRE

Notes to Financial Statements

Year ended March 31, 2019  
(In thousands of dollars)



## 3. Capital assets:

2019	Cost	Accumulated Amortization	Net book Value
Land	\$ 1,643	—	1,643
Buildings, roads, sidewalks and landscaping	529,240	93,672	435,568
Leasehold improvements	2,041	1,827	214
Furniture and equipment	122,532	81,629	40,903
	<u>\$ 655,456</u>	<u>177,128</u>	<u>478,328</u>

2018	Cost	Accumulated Amortization	Net book Value
Land	\$ 1,600	—	1,600
Buildings, roads, sidewalks and landscaping	528,325	83,106	445,219
Leasehold improvements	2,041	1,651	390
Furniture and equipment	109,687	77,530	32,157
	<u>\$ 641,653</u>	<u>162,287</u>	<u>479,366</u>

# NORTH BAY REGIONAL HEALTH CENTRE

Notes to Financial Statements



Year ended March 31, 2019  
(In thousands of dollars)

## 4. Long-term receivables:

	2019	2018
Capital project funding (i)	\$ 331,316	–
Municipal contributions (ii)	886	771
Recruitment loans:		
Acute care physicians (iii)	343	1,322
Psychiatrists (iv)	–	118
	332,545	2,211
Current portion of long-term receivables	(8,532)	(690)
	\$ 324,013	1,521

(i) The Hospital has recorded a long-term receivable relating to funding from the MOHLTC relating to the construction of the new NBRHC facility. The MOHLTC has committed to fund 92.65% of principal repayments relating to the construction obligation, which amounted to \$357,591 at March 31, 2019. The funding receivable is recorded at the net present value of MOHLTC grants to be received monthly, with the last monthly grant to be received in June 2040. The net present value is calculated using the effective interest rate method and a discount rate of 5.55%, which is the rate used for the related long-term obligation. Information concerning the long-term obligation relating to the NBRHC facility is included in note 7.

The Hospital has recorded the grant receivable in the current fiscal year, reflecting a change in management's estimate concerning the probability of collection of future grant payments. As this reflects a change in management estimate, it has been recorded on a prospective basis with no adjustment of the prior year's financial information.

(ii) Municipal contributions receivable are recorded at their net present value using the effective interest rate method and a discount rate of 4.75%.

(iii) Recruitment loans for acute care physicians and psychiatrists are non-interest bearing and partially forgivable provided certain contractual conditions are met by the recipient physician.

(iv) The reported balance of long-term receivable are net of an allowance for doubtful accounts of \$Nil (2018 - \$118).

## 5. Bank indebtedness:

The Health Centre has an available unsecured line of credit of \$35,000 (2018 - \$35,000) that bears interest at the bank's prime lending rate less 0.75%. At March 31, 2019, the amount drawn against this facility is \$Nil (2018 - \$953).



# NORTH BAY REGIONAL HEALTH CENTRE

Notes to Financial Statements



Year ended March 31, 2019  
(In thousands of dollars)

## 6. Accounts payable and accrued liabilities:

	2019	2018
Accounts payable and accrued liabilities:		
- NELHIN/MOHLTC	\$ 6,696	6,117
- Cancer Care Ontario	1,063	443
- Other funding agencies	3,066	3,376
- Trade payables	18,826	17,318
Payroll accruals:		
- Salaries and wages	10,842	10,989
- Employee deductions payable	3,384	3,206
- Vacation pay and other entitlements	6,850	6,796
	<b>\$ 50,727</b>	<b>48,245</b>

## 7. Long-term obligations:

	2019	2018
Long-term obligation, unsecured, payable in monthly instalments of \$2,389, bearing interest at 5.55%, final instalment due June 2040	\$ 357,591	366,160
Available \$3 million credit facility, unsecured, principal repayable on each draw in equal annual instalments over a period of six years, bearing interest at bank prime lending interest rate	884	1,088
Long-term obligation, secured over related assets, payable in monthly instalments of \$21, bearing interest at 4.00% and due in 2036	3,164	3,286
Long-term obligation, payable in monthly instalments of \$66, bearing interest at 3.39% and due in 2029	14,903	-
Long-term obligation, due on demand and requiring payments of interest only at prime less 0.75%	7,836	-
	<b>384,378</b>	<b>370,534</b>
Current portion of long-term obligations	(18,335)	(9,802)
	<b>\$ 366,043</b>	<b>360,732</b>

# NORTH BAY REGIONAL HEALTH CENTRE

Notes to Financial Statements



Year ended March 31, 2019  
(In thousands of dollars)

## 7. Long-term obligations:

The Hospital has entered into interest rate derivative agreements to manage the volatility of interest rates. The Hospital has converted floating rate debt for fixed rate debt. The fair value of the interest rate swaps of (\$2,892) (2018 - \$Nil) has been determined using Level 3 of the fair value hierarchy. The related derivative agreements are in place until the maturity of the debt.

Scheduled principal repayments in each of the next five years and thereafter are as follows:

2020	\$	18,335
2021		10,224
2022		10,762
2023		11,328
2024		11,855
Thereafter		321,874
	\$	384,378

## 8. Deferred capital contributions:

Deferred capital contributions represent the unamortized and unspent balances of donations and grants restricted for capital asset acquisitions. Details of the continuity of these funds are as follows:

	2019	2018
Balance, beginning of year	\$ 84,612	85,156
Contributions received or recognized during the year	341,463	10,938
Less: amounts amortized to revenue	(11,319)	(11,482)
Balance, end of year	\$ 414,756	84,612

Included in the contributions received or recognized during the year is \$331,316 of MOHLTC funding receivable in connection with the construction of the new NBRHC facility. Additional information concerning this funding is included in note 4.

# NORTH BAY REGIONAL HEALTH CENTRE

Notes to Financial Statements



Year ended March 31, 2019  
(In thousands of dollars)

## 9. Post-employment benefit obligation:

The Health Centre sponsors a post-retirement defined benefit plan for medical, life insurance and dental benefits for employees with various cost-sharing arrangements as determined by their collective agreements and conditions of employment. The valuation of the employee future benefits was completed as at March 31, 2019.

The accrued benefit obligation is recorded in the financial statements as follows:

	2019	2018
Balance, beginning of year	\$ 15,677	15,168
Add: Benefit costs	848	1,449
	16,525	16,617
Less: Benefit contributions	(946)	(940)
Balance, end of year	\$ 15,579	15,677

Similar to most post-employment benefit plans (other than pension) in Canada, the Health Centre's plan is not pre-funded, resulting in plan deficit equal to the accrued benefit obligation.

The significant actuarial assumptions adopted in measuring the Health Centre's accrued benefit obligations are as follows:

	2019	2018
Discount rate	5.43%	5.51%
Dental cost trend rates	2.75%	2.75%

Extended health care costs are 6.25% (2018 – 6.50%), decreasing by 0.25% per annum to an ultimate rate of 4.50%.

## 10. Pension plan:

The majority of full-time and part-time employees of the Health Centre are eligible to be members of the Plan which is a multi-employer defined benefit plan. Contributions to the Plan made during the year on behalf of employees amounted to \$10,397 (2018 - \$10,189).

# NORTH BAY REGIONAL HEALTH CENTRE

Notes to Financial Statements

Year ended March 31, 2019  
(In thousands of dollars)



## 11. Related entity:

The Health Centre has an economic interest in the NBRHC Foundation. The NBRHC Foundation was incorporated by Letters Patent under the Ontario Corporations Act on September 30, 1999 as a not-for-profit organization and is a registered charity under the Income Tax Act. Its primary goal is to provide ongoing resources for patient-focused care, education and research.

During the current year, the Health Centre received total contributions of \$1,199 from the NBRHC Foundation (2018 - \$2,177).

## 12. Commitments and contingencies:

### (a) Lifecycle and maintenance costs

In February 2007, the former North Bay General Hospital ("NBGH") signed an agreement with Plenary Health North Bay GP ("Plenary") to build, maintain and finance the NBRHC facility. Plenary commenced facility construction in March 2007 with substantial completion in June 2010.

Upon completion of construction, annual payments of approximately \$6.8 million for lifecycle and facility maintenance costs commenced for a period of 30 years, with the final payment due in May 2041. A portion of the payment is subject to indexing for increases in cost of living, labour, insurance and energy and utilities.

The MOHLTC has approved an annual grant to fund the lifecycle component of these payments, with funding for the MOHLTC's share of the facility maintenance costs incorporated into the Health Centre's operating grants.

### (b) HealthCare Insurance Reciprocal of Canada:

The Health Centre is a member of the HealthCare Insurance Reciprocal of Canada ("HIROC"). HIROC is a pooling of the liability insurance risk of its members. All members pay annual deposit premiums which are actuarially determined and are subject to further assessment for losses, if any, experienced by the pool for the years in which they are members. As at March 31, 2019, no assessments have been received by the Health Centre.

# NORTH BAY REGIONAL HEALTH CENTRE

Notes to Financial Statements

Year ended March 31, 2019  
(In thousands of dollars)



## 12. Commitments and contingencies (continued):

### (c) Legal matters and litigation:

The Health Centre is involved in certain legal matters and litigation, the outcomes of which are not presently determinable. The loss, if any, from these contingencies will be accounted for in the periods in which the matters are resolved. With the exception of specific matters noted below, management is of the opinion that these matters are mitigated by adequate insurance coverage.

Prior to the current year, the NBGH was named as a co-defendant in a statement of claim. The action is claiming damages that are in excess of the insurance coverage that the NBGH held at the time of the incident. It is the Health Centre's position and that of its legal counsel that the likelihood of loss, if any, is not determinable at this time and the Health Centre has not recorded a liability for any amount relating to this claim. Damages and legal costs, if any, relating to this matter would be recognized in the year they become determinable.

Prior to the current year the NBGH was named as a co-defendant in a statement of claim where the date of occurrence was prior to the current insurance policy period. There is a dispute between the previous and current insurers as to which policy coverage extends to this claim. It is the Health Centre's position and that of its legal counsel that the likelihood of loss that is not covered by insurance, if any, is not determinable at this time and the Health Centre has not recorded a liability for any amount relating to this claim. Damages and legal costs, if any, relating to this matter would be recognized in the year they become determinable.

### (d) Employment matters:

During the normal course of business, the Health Centre is involved in certain employment related negotiations and has recorded accruals based on management's estimate of potential settlement amounts where these amounts are reasonably determinable. Where amounts are not reasonably determinable, costs, if any, relating to these matter would be recognized when known.

### (e) Letters of credit:

As at March 31, 2019, \$Nil (2018 - \$Nil) of letters of credit have been issued with respect to performance contracts. These arrangements are secured by a general security agreement.

### (f) Health Information System project:

The Hospital has committed to a multi-year capital project to replace the Health Information System. The total approved capital budget for the project is \$28.5 million, with a project completion date of October 2019. Of this amount, \$14.4 million has been incurred as at March 31, 2019 and is included in construction in progress in fixed assets.

In addition to the capital costs, additional ongoing maintenance costs will be incurred over the life of the contract, which will be recognized as an expense in the year incurred.

# NORTH BAY REGIONAL HEALTH CENTRE

Notes to Financial Statements

Year ended March 31, 2019  
(In thousands of dollars)



## 13. Financial risks and concentration of credit risk:

### (a) Credit risk:

Credit risk refers to the risk that a counterparty may default on its contractual obligations resulting in a financial loss. The Health Centre is exposed to credit risk with respect to accounts receivable and other investments.

The Health Centre assesses, on a continuous basis, accounts receivable and provides for any amounts that are not collectible in the allowance for doubtful accounts. The maximum exposure to credit risk of the Health Centre at March 31, 2019 is the carrying value of these assets.

Management considers credit risk to be minimal as most of the accounts receivable balance is collected in a timely fashion.

There have been no significant changes to the credit risk exposure from 2018.

### (b) Liquidity risk:

Liquidity risk is the risk that the Health Centre will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The Health Centre manages its liquidity risk by monitoring its operating requirements. The Health Centre prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations.

Accounts payable and accrued liabilities are generally due within 60 days of receipt of an invoice.

There have been no significant changes to the liquidity risk exposure from 2018.

# NORTH BAY REGIONAL HEALTH CENTRE

Notes to Financial Statements



Year ended March 31, 2019  
(In thousands of dollars)

## 14. Uniquely funded programs:

The Health Centre administers a number of programs which are separately funded. The revenues and expenses related to these programs are recorded separately from the base funding operations of the Health Centre and any excess or deficiency of revenue over expenses is settled with the funding agencies on an annual basis.

### (a) MOHLTC/NELHIN funded programs:

	2019	2018
Revenue:		
Community mental health	\$ 9,116	7,134
Substance abuse	2,568	2,785
Community support services	39	49
Central ambulance communication center	2,588	2,598
POMS	27	27
Other programs	35	189
	<u>14,373</u>	<u>12,782</u>
Expenses:		
Community mental health	9,116	7,214
Substance abuse	2,568	2,805
Community support services	39	49
Central ambulance communication center	2,588	2,598
POMS	27	27
Other programs	35	171
	<u>14,373</u>	<u>12,864</u>
Excess (deficiency) of revenue over expenses	\$ -	(82)

# NORTH BAY REGIONAL HEALTH CENTRE

Notes to Financial Statements

Year ended March 31, 2019  
(In thousands of dollars)



## 14. Uniquely funded programs (continued):

(b) Other government funded programs:

	2019	2018
Revenue:		
Land ambulance service	\$ 7,337	7,019
Grants assistance – Autism Grants	695	1,050
Grants assistance – ECE Prov Grants	4,547	3,261
Wordplay	1,715	1,689
Client information management system	–	829
	14,294	13,848
Expenses:		
Land ambulance service	7,337	7,019
Grants assistance – Autism Grants	695	1,050
Grants assistance – ECE Prov Grants	4,547	3,261
Wordplay	1,715	1,694
Client information management system	–	829
	14,294	13,853
Excess (deficiency) of revenue over expenses	\$ –	(5)

## 15. Internally restricted net assets:

Included in net assets is an amount restricted from the sale of certain properties, net of demolition costs in the amount of \$1,756 (2018 – \$1,756). The internally restricted funds will be used to finance future capital investments for which no source of funds are available.

The balance of internally restricted net assets is determined as follows:

Internally restricted net assets, beginning of year	\$ 1,756
Proceeds on sale of properties	–
Disposition costs	–
Internally restricted net assets, end of year	\$ 1,756

## 16. Comparative information:

Certain comparative information has been reclassified from those previously presented to conform to the presentation of the 2019 financial statements.