

Dryden Regional Health Centre
Financial Statements
March 31, 2021

Dryden Regional Health Centre
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For the year ended March 31, 2021

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Management's Responsibility for Financial Reporting

To the Audit Committee of Dryden Regional Health Centre:

The accompanying financial statements of the Dryden Regional Health Centre and all the information provided in this annual report are the responsibility of management and have been approved by the Board of Directors.

The financial statements have been prepared by management in accordance with Canadian public sector accounting principles. Financial statements are not precise since they include certain amounts based on estimates and judgements. When alternative accounting methods exist, management has chosen those it deems appropriate in the circumstances, in order to ensure their financial statements are presented fairly, in all material respects.

The Health Centre maintains systems of internal accounting and administrative controls of high quality, consistent with reasonable cost. Such systems are designed to provide reasonable assurance that the financial information is relevant, reliable and the Health Centre's assets are appropriately accounted for and adequately safeguarded.

The Board of Directors are responsible for ensuring that management fulfills its responsibilities for financial reporting and is ultimately responsible for reviewing and approving the financial statements.

The Board of Directors review the Health Centre's financial statements and recommend their approval. The Board of Directors meet periodically with management, as well as the external auditors, to discuss internal controls over the financial reporting issues, to satisfy themselves that each party is properly discharging their responsibilities, and to review the annual report, the financial statements and the external auditor's report. The Board of Directors take this information into consideration when approving the financial statements for issuance to the members. The Board of Directors also consider the engagement of the external auditors.

The financial statements have been audited by MNP LLP in accordance with Canadian generally accepted auditing standards on behalf of the members. MNP LLP has full access to the Board of Directors.

Board Chair

Chief Executive Officer

To the Board of Directors of Dryden Regional Health Centre:

Opinion

We have audited the financial statements of Dryden Regional Health Centre (the "Health Centre"), which comprise the statement of financial position as at March 31, 2021, and the statements of operations, changes in net assets and 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 Health Centre as at March 31, 2021, and the results of its operations, changes in net assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

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

Supplementary Information

The supplementary information contained in the schedules of revenue and expenses is presented for the purpose of additional analysis and is not part of the basic audited financial statements. The information in the schedules was derived from the accounting records tested in forming an opinion on the financial statements as a whole.

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 Health Centre'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 Health Centre or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Health Centre'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 Health Centre'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 Health Centre'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 Health Centre 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.

Thunder Bay, Ontario

May 26, 2021

MNP LLP

Chartered Professional Accountants

Licensed Public Accountants

MNP
LLP

Dryden Regional Health Centre
Statement of Financial Position

As at March 31,	2021	2020
Current Assets		
Cash (Note 2)	\$ 766,980	\$ 1,967,011
Accounts Receivable (Note 3)	5,045,258	1,487,289
Inventories (Note 4)	543,755	555,252
Prepaid Expenses	301,183	313,086
Other Current Assets	235,125	94,813
Total Current Assets	6,892,301	4,417,451
Non-Current Assets		
Capital Assets (Note 5)	16,219,885	17,452,189
Total Assets	\$ 23,112,186	\$ 21,869,640
Current Liabilities		
Accounts Payable (Note 6)	\$ 5,511,750	\$ 5,036,219
Due to Related Parties (Note 13)	176,326	128,593
Deferred Contributions (Note 7)	450,256	338,005
Current Portion of Capital Lease Payable (Note 8)	100,031	100,031
Current Portion of Long-term Debt (Note 9)	147,222	142,165
Total Current Liabilities	6,385,585	5,745,013
Long-Term Liabilities		
Post-Employment Benefits and Compensated Absences Liability (Note 10)	439,545	440,851
Capital Lease (Note 8)	208,397	308,428
Long-Term Debt (Note 9)	391,372	538,594
Deferred Capital Contributions (Note 11)	9,450,243	10,109,595
Total Long-Term Liabilities	10,489,557	11,397,468
Net Assets		
Invested in Capital Assets (Note 12)	6,718,936	7,353,758
Unrestricted	(481,892)	(2,626,599)
Closing Net Assets Balance	6,237,044	4,727,159
Total Liabilities and Net Assets Balance	\$ 23,112,186	\$ 21,869,640

Approved on behalf of the Board:

Director

Director

The accompanying notes are an integral part of these financial statements.

Dryden Regional Health Centre
Statement of Operations

For the year ended March 31,	2021	2020
Revenue		
Ministry of Health Base Allocation	\$ 19,593,465	\$ 19,212,165
Ministry of Health Pandemic Funding (Note 17)	1,798,776	-
Bundled Care (Quality Based Funding)	2,080,577	1,085,487
One-Time Payments	94,174	866,625
Paymaster for VSP Funding	204,323	217,257
Hospital On Call Coverage Funding	585,441	565,400
Alternate Funding Agreement Program Funding	1,633,029	1,336,181
Cancer Care Ontario Funding	131,869	186,921
Other Revenue (Schedule 1)	3,731,219	4,275,359
Amortization of Equipment Grants/Donations	112,026	208,996
Total Revenue	29,964,899	27,954,391
Expenses		
Salaries and Wages (Schedule 3)	14,249,964	13,789,979
Employee Benefits (Schedule 4)	3,292,725	3,337,655
Employee Benefits Future Costs (Note 10)	2,100	7,300
Medical Staff Remuneration (Schedule 5)	3,252,425	2,902,870
Supplies and Other Expenses (Schedule 6)	5,067,106	4,721,013
Drugs (Note 4)	1,238,405	1,272,471
Medical and Surgical Supplies (Note 4)	1,174,613	1,013,434
Bad Debts	151,488	200,437
Amortization of Equipment	608,359	605,956
Transfer to Kenora Rainy River Regional Lab Program Inc. (Note 13)	241,420	241,420
Total Expenses	29,278,605	28,092,535
Surplus (Deficiency) of Revenue over Expenses from Hospital Operations	686,294	(138,144)
Other Items		
Amortization of Building Grants/Donations	615,427	626,667
Amortization of Land Improvements and Building	(937,746)	(945,100)
Ministry of Health Working Funds Initiative (Note 16)	1,194,800	-
Interest on Long-term Liabilities	(21,560)	(12,622)
	850,921	(331,055)
Other Votes and Programs - Revenues (Schedule 2)	4,388,320	4,811,000
Other Votes and Programs - Expenses (Schedule 2)	(4,415,650)	(4,828,472)
	(27,330)	(17,472)
Surplus (Deficiency) of Revenue Over Expenses for the Year	\$ 1,509,885	\$ (486,671)

The accompanying notes are an integral part of these financial statements.

Dryden Regional Health Centre
Statement of Changes in Net Assets

For the year ended March 31, 2021

	Invested in Capital Assets	Unrestricted	2021 Total
Balance, beginning of year	\$ 7,353,758	\$ (2,626,599)	\$ 4,727,159
Excess (deficiency) of revenue over expenses for the year (Note 12)	(818,652)	2,328,537	1,509,885
Net changes in investment in capital assets (Note 12)	183,830	(183,830)	-
Balance, end of year	<u>\$ 6,718,936</u>	<u>\$ (481,892)</u>	<u>\$ 6,237,044</u>

For the year ended March 31, 2020

	Invested in Capital Assets	Unrestricted	2020 Total
Balance, beginning of year	\$ 6,338,289	\$ (1,124,459)	\$ 5,213,830
Excess (deficiency) of revenue over expenses for the year (Note 12)	(715,393)	228,722	(486,671)
Net changes in investment in capital assets (Note 12)	1,730,862	(1,730,862)	-
Balance, end of year	<u>\$ 7,353,758</u>	<u>\$ (2,626,599)</u>	<u>\$ 4,727,159</u>

The accompanying notes are an integral part of these financial statements.

Dryden Regional Health Centre
Statement of Cash Flows

March 31,	2021	2020
Cash Provided By (Used In) Operating Activities		
Surplus (Deficiency) of Revenue over Expenses for the year	\$ 1,509,885	\$ (486,671)
Items Not Involving Cash		
Amortization	1,546,105	1,551,056
Amortization of Deferred Capital Contributions	<u>(727,453)</u>	<u>(835,663)</u>
	<u>2,328,537</u>	<u>228,722</u>
Changes in Non-Cash Working Capital Balances		
Accounts Receivable	(3,557,969)	633,924
Inventory	11,497	(127,749)
Prepaid Expenses	11,903	(124,487)
Other Current Assets	(140,312)	45,194
Accounts Payable	475,530	(2,250,981)
Deferred Contributions	112,251	(70,538)
Post-Employment Benefits	<u>(1,306)</u>	<u>11,587</u>
	<u>(3,088,406)</u>	<u>(1,883,050)</u>
	<u>(759,869)</u>	<u>(1,654,328)</u>
Financing Activities		
Capital Lease Payments	(100,031)	(95,105)
Borrowing of Long-Term Debt	-	750,000
Repayment of Long-Term Debt	(142,165)	(69,241)
Due to Related Parties	<u>47,733</u>	<u>24,819</u>
	<u>(194,463)</u>	<u>610,473</u>
Capital Activities		
Purchase of Capital Assets	(313,800)	(1,733,317)
Contributions Received for Capital Activities	<u>68,101</u>	<u>300,738</u>
	<u>(245,699)</u>	<u>(1,432,579)</u>
Decrease in Cash and Equivalents	(1,200,031)	(2,476,434)
Cash, Beginning of Year	1,967,011	4,443,445
Cash, End of Year	<u>\$ 766,980</u>	<u>\$ 1,967,011</u>
Supplemental Disclosure		
Interest Received	\$ 8,900	\$ 36,887
Interest Paid	\$ 21,560	\$ 12,622

The accompanying notes are an integral part of these financial statements.

March 31, 2021

1. Significant Accounting Policies

Nature and Purpose of Organization

Dryden Regional Health Centre (the "Health Centre") provides health care services to the residents of the City of Dryden and surrounding areas. The Health Centre, incorporated without share capital under the Corporations Act of Ontario, is a charitable organization within the meaning of the Income Tax Act. The Health Centre is a not-for-profit organization and, as such, is exempt from Income Taxes under the Income Tax Act.

In addition to the Health Centre's operating fund which reflects the activities of the day-to-day operations of the Health Centre, the financial statements also include the activities of the following programs:

Ministry of Health

- Community Mental Health Programs
- Community Addictions Programs
- Community Problem Gambling Program
- Community Supportive Housing Program
- Primary Care Nurse Practitioner Program

Other

- Dryden Area Family Health Team
- Municipal Taxes

The operating results of these programs are recorded in Schedule 2 to the financial statements and the assets and liabilities of these programs appear on the statement of financial position of the Health Centre. Program surpluses and deficits are recorded as repayable or receivable in the year incurred and adjustment settlements by the Ministries or other funders are recorded when settled.

Basis of Accounting and Presentation

The financial statements of the Health Centre have been prepared in accordance with Canadian public sector accounting standards for government not-for-profit organizations, including the 4200 series of standards, as issued by the Public Sector Accounting Board.

The Dryden Regional Health Services Foundation is a separate entity whose financial information is reported separately from the Health Centre. Certain operating expenses of Dryden Regional Health Services Foundation are included as part of the day-to-day operations of Dryden Regional Health Centre. Substantially all accounts payable and payroll functions are administered by Dryden Regional Health Centre. Daily transactions are recorded through an inter-fund account included on the statement of financial position of both Dryden Regional Health Centre and Dryden Regional Health Services Foundation.

The financial statements do not include the assets, liabilities and activities of the Kenora-Rainy-River Regional Laboratory Program Inc. which is a separate organization operated jointly by the hospitals in the district. The program is funded by the Ministry of Health through the Health Centre allocation.

March 31, 2021

1. Significant Accounting Policies (continued)

Revenue Recognition

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

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 ("MOH"), and the Local Health Integration Network ("LHIN"). The Health Centre has entered into a Hospital Service Accountability Agreement (the "H-SAA") for fiscal 2021 with the MOH and LHIN that sets out the rights and obligations of the parties to the H-SAA in respect of funding provided to the Health Centre by the MOH/LHIN. The H-SAA also sets out the performance standards and obligations of the Health Centre that establish acceptable results for the Health Centre's performance in a number of areas.

If the Health Centre does not meet its performance standards or obligations, the MOH/LHIN has the right to adjust funding received by the Health Centre. The MOH/LHIN is not required to communicate certain funding adjustments until after the submission of year-end data. Since this data is not submitted until after the completion of the financial statements, the amount of MOH/LHIN funding received by the Health Centre during the year may be increased or decreased subsequent to year-end.

Contributions approved but not received at year-end are accrued. Where a portion of a contribution relates to a future period, it is deferred and recognized in that subsequent period.

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

Restricted contributions related to general operations are recognized as revenue in the year in which the related expenses are incurred.

Restricted contributions for the acquisition of capital assets are deferred and amortized into revenue at a rate corresponding with the amortization rate for the related capital assets.

Unrestricted investment income is recognized when earned. Restricted investment income is recognized in the year in which the related expenses are recognized.

Patient related revenues are recognized as revenue when services are rendered and the amount to be received can be reasonably estimated and collection is reasonably assured.

Recoveries are recognized as revenue when the amount of the recovery can be reasonably estimated and collection is reasonably assured.

Cash and Cash Equivalents

Cash and cash equivalents include balances with a chartered bank and cash on hand. Cash subject to restrictions that prevent its use for current purposes is included in restricted.

March 31, 2021

1. Significant Accounting Policies (continued)

Inventories

Inventories are stated at the lower of cost and net realizable value. Cost is determined on an average cost basis with the exception of Drugs, which are determined on a First-In, First-Out basis. Inventories consist of medical and general supplies that are used in the Health Centre's operations and not for resale purposes.

Capital Assets

Purchased capital assets are recorded at cost less accumulated amortization. Contributed capital assets are recorded at fair value at the date of contribution. Repairs and maintenance costs are charged to expense. Betterments that extend the estimated useful life of an asset are capitalized.

Work-in-progress is not amortized until construction is substantially complete and the assets are ready for use.

Capital assets are capitalized on acquisition and amortized on a straight-line basis over their useful lives, which has been estimated to be as follows:

Paving	10 years
Buildings	10 to 40 years
Building Service Equipment	10 years
Equipment	5 to 10 years
Information Systems Equipment	3 to 5 years
Equipment Under Capital Lease	5 to 10 years

Long-lived Assets and Discontinued Operations

Long-lived assets consist of capital assets. Long-lived assets held for use are measured and amortized as described in the applicable accounting policies. When the Health Centre determines that a long-lived asset no longer has any long-term service potential to the Health Centre, the excess of its net carrying amount over any residual value is recognized as an expense in the statement of operations. Write-downs are not reversed.

Leases

A lease that transfers substantially all of the benefits and risks of ownership is classified as a capital lease. At the inception of a capital lease, an asset and a payment obligation are recorded at an amount equal to the lesser of the present value of the minimum lease payments and the property's fair market value. Assets under capital leases are amortized on a declining balance basis, over their estimated useful lives. All other leases are accounted for as operating leases and rental payments are expensed as incurred.

An agreement contains a lease where the arrangement conveys a right to use the underlying tangible asset, and whereby its fulfillment is dependent on the use of the specific tangible asset. After the inception of the arrangement, a reassessment of whether the arrangement contains a lease is made only in the event that:

- there is a change in contractual terms;
- a renewal option is exercised or an extension is agreed upon by the parties to the arrangement;
- there is a change in the determination of whether the fulfillment of the arrangement is dependent on the use of the specific tangible asset; or
- there is a substantial physical change to the specified tangible asset.

March 31, 2021

1. Significant Accounting Policies (continued)

Deferred Revenue

Deferred revenue is received from contributors who have restricted use of the funds for specific purposes. Recognition of these amounts as revenue is deferred to periods when the specific expenditures are made.

Deferred Contributions Related to Capital Assets

Deferred contributions related to capital assets represent the unamortized portion of contributed capital assets and restricted contributions that were used to purchase the Health Centre's capital assets. Recognition of these amounts as revenue is deferred to periods when the related capital assets are amortized.

Financial Instruments

The Health Centre classifies its financial instruments as either fair value or amortized cost. The Health Centre's accounting policy for each category is as follows:

Fair Value

This category includes cash, cash equivalents and derivatives.

They are initially recognized at cost and subsequently carried at fair value. Changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized, when realized they are transferred to the Statement of Operations. Changes in fair value on restricted assets are recognized as a liability until the criterion attached to the restrictions has been met.

Transaction costs related to financial instruments in the fair value category are expensed as incurred.

Where a decline in fair value is determined to be other than temporary, the amount of the loss is removed from accumulated remeasurement gains and losses and recognized in the Statement of Operations. On sale, the amount held in accumulated remeasurement gains and losses associated with that instrument is removed from net assets and recognized in the Statement of Operations.

The Health Centre does not have any remeasurement gains or losses. As a result, the financial statements do not include a statement of remeasurement gains and losses.

Amortized Cost

This category includes accounts receivable, accounts payable, accrued liabilities and amounts due to LHIN/MOH/other agencies. They are initially recognized at cost and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets.

Transaction costs related to financial instruments in the amortized cost category are added to the carrying value of the instrument. Write-downs on financial assets in the amortized cost category are recognized when the amount of a loss is known with sufficient precision, and there is no realistic prospect of recovery. Financial assets are then written down to net recoverable value with the write-down being recognized in the Statement of Operations.

March 31, 2021

1. Significant Accounting Policies (continued)

Contributed Services

There are a substantial number of volunteers who contribute a significant amount of their time each year to Dryden Regional Health Centre. The fair value of these contributed services is not readily determinable and, as such, is not reflected in these financial statements.

Retirement, Post-Employment Benefits and Compensated Absences

The Health Centre provides defined retirement, post-employment benefits and compensated absences to certain employee groups. These benefits include pension, health and dental and vesting sick leave. The Health Centre has adopted the following policies with respect to accounting for these employee benefits:

- i) The costs of post-employment future benefits are actuarially determined using management's best estimate of health care costs, disability recovery rates and discount rates. Adjustments to these costs arising from changes in estimates and experience gains and losses are amortized to income over the estimated average remaining service life of the employee groups on a straight-line basis. Plan amendments, including past service costs, are recognized as an expense in the period of the plan amendment.
- ii) The costs of the multi-employer defined benefit pension plan are the employer's contributions due to the plan in the year.
- iii) The cost of vesting sick leave benefits are determined by management based on the employee's current pay rate and their accumulated time. The adjustments to these costs each year are based on salary increases or fluctuations in accumulated time and are reflected in the expenses for the year.
- iv) The discount rate used in the determination of the above mentioned liabilities is equal to the Health Centre's internal rate of borrowing.

Use of Estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period.

Accounts receivable are stated after evaluation as to their collectability and an appropriate allowance for doubtful accounts is provided where considered necessary.

Accounts payable and accruals are estimated based on historical charges for unbilled goods and services at year-end.

Deferred contributions related to capital assets and capital asset amortization are based on the estimated useful lives of capital assets.

Employee future benefits are based on actuarial valuations.

These estimates and assumptions are reviewed periodically and, as adjustments become necessary they are reported in excess of revenue over expenses in the periods in which they become known.

Dryden Regional Health Centre
Notes to Financial Statements

March 31, 2021

2. Cash

Dryden Regional Health Centre's bank account is held at one chartered bank. In the normal course of operations, the Health Centre is exposed to credit risk from having bank account balances over the amounts insured by the Canadian Deposit Insurance Corporation. The bank account earns interest at prime less 1.75%.

The Health Centre has an overall credit facility of \$1,000,000, including a revolving line of credit bearing interest at prime, repayable on demand, and corporate Visas repayable on demand and in accordance with standard terms and conditions. The credit facilities were not used at year-end.

3. Accounts Receivable

	2021	2020
Ministry of Health	\$ 3,990,208	\$ 603,861
Insurers and Patients	374,776	337,592
Other	680,274	545,836
	\$ 5,045,258	\$ 1,487,289

4. Inventories

	Balance as at April 1, 2020	Purchases	Expensed	Balance as at March 31, 2021
Drugs	\$ 377,007	\$ 1,217,700	\$ 1,238,405	\$ 356,302
Medical and Surgical Supplies	150,813	1,183,568	1,174,612	159,769
Other	27,432	457,506	457,254	27,684
	\$ 555,252			\$ 543,755

5. Capital Assets

	2021		2020	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Land	\$ 193,010	\$ -	\$ 193,010	\$ -
Paving	561,928	557,833	561,928	550,627
Buildings	28,984,610	18,349,321	28,957,584	17,591,793
Building Service Equipment	3,739,060	1,142,099	3,621,411	969,087
Work-in-Progress	235,508	-	364,908	-
Equipment	8,274,139	6,026,252	7,984,417	5,519,684
Information Systems Equipment	287,236	280,192	278,432	278,432
Equipment under Capital Lease	775,949	475,858	775,949	375,827
	\$43,051,440	\$ 26,831,555	\$42,737,639	\$25,285,450
Net Book Value		\$ 16,219,885		\$ 17,452,189

During the year capital assets were acquired with an aggregate cost of \$313,800 (2020 - \$2,233,470) using operating cash flows.

Dryden Regional Health Centre
Notes to Financial Statements

March 31, 2021

6. Accounts Payable	2021	2020
Trade	\$ 1,676,654	\$ 1,964,743
Accrued Salaries and Benefits	2,413,106	2,154,921
Due to Kenora District Services Board	7,236	7,180
Due to Dryden Regional Health Services Foundation	2,000	-
Ministry of Health		
Community Mental Health and Case Management Programs	363,591	252,642
Supportive Housing Program	49,362	48,126
Family Health Team	365,367	221,608
Primary Care Nurse Practitioner Program	303,636	130,032
Hospital Infrastructure Renewal Fund	40,918	-
Small Hospital Transformation Fund	233,928	233,928
Visiting Specialist Program	43,967	14,609
Ministry of Finance - Ambulance Co-Payment	11,985	8,430
	\$ 5,511,750	\$ 5,036,219

7. Deferred Contributions

Deferred contributions represent unspent externally restricted funding that has been received and relates to a subsequent year. Changes in the contributions deferred to future periods are as follows:

	2021	2020
Balance, beginning of year	\$ 338,005	\$ 408,543
Contributions received during the year	420,270	169,556
Contributions utilized during the year	(308,019)	(240,094)
Balance, end of year	\$ 450,256	\$ 338,005

Deferred contributions are comprised of:

	2021	2020
End of Life Program	\$ 4,166	\$ 4,166
Quality Improvement & Innovation Partnership	28,082	28,082
Still Me Program	-	1,550
Staff for Staff Committee	10,083	4,944
OCAN/Treat Project	39,522	32,362
KDSB HFG Funding	123,037	127,000
RBC Foundation	20,000	20,000
OHIP Professional Fees	3,106	3,106
National Research	5,000	5,000
Adam Moir Medical Prof Corp	2,524	2,524
Firefly Funding	109,021	48,556
BPSO - RNAO	70,000	25,000
Cultural Sensitivity Training	35,715	35,715
	\$ 450,256	\$ 338,005

**Dryden Regional Health Centre
Notes to Financial Statements**

March 31, 2021

8. Capital Lease

	2021	2020
Lease repayable at \$8,335.89 monthly, interest free, due April 2025. Lease is secured by asset with a carrying value of \$300,092.	\$ 308,428	\$ 408,459
Less current portion	<u>100,031</u>	<u>100,031</u>
	<u>\$ 208,397</u>	<u>\$ 308,428</u>

Repayment for the next four years:		2022	\$		100,031
		2023			100,031
		2024			100,031
		2025			8,335
			\$		<u>308,428</u>

9. Long-Term Debt

	2021	2020
Loan, bearing interest fixed at 3.5%, repayable in blended monthly payments of \$13,643.81, maturing September 30, 2024. Loan is unsecured.	\$ 538,594	\$ 680,759
Less current portion	<u>147,222</u>	<u>142,165</u>
	<u>\$ 391,372</u>	<u>\$ 538,594</u>

Repayment for the next four years:		2022	\$		147,222
		2023			152,458
		2024			157,880
		2025			81,034
			\$		<u>538,594</u>

10. Post-Employment Benefits and Compensated Absences Liability

The following tables outline the components of the Health Centre's post-employment benefits and compensated absences liabilities and the related expenses.

	2021		
	Post-Employment Benefits	Vesting Sick Leave	Total Liability
Accrued benefit obligation	\$ 901,700	\$ 58,545	\$ 960,245
Unamortized actuarial gain (loss)	(520,700)	-	(520,700)
Total Liability	<u>\$ 381,000</u>	<u>\$ 58,545</u>	<u>\$ 439,545</u>

	2020		
	Post-Employment Benefits	Vesting Sick Leave	Total Liability
Accrued benefit obligation	\$ 258,100	\$ 61,951	\$ 320,051
Unamortized actuarial gain	120,800	-	120,800
Total Liability	<u>\$ 378,900</u>	<u>\$ 61,951</u>	<u>\$ 440,851</u>

Dryden Regional Health Centre
Notes to Financial Statements

March 31, 2021

10. Post-Employment Benefits and Compensated Absences Liability (continued)

	2021		
	Post-Employment Benefits	Vesting Sick Leave	Total Expense
Current year benefits costs	\$ 17,200	\$ (3,406)	\$ 13,794
Amortized actuarial gain (loss)	(12,500)	-	(12,500)
Interest on accrued benefit obligation	9,800	-	9,800
Employee contributions	(12,400)	-	(12,400)
	<u>\$ 2,100</u>	<u>\$ (3,406)</u>	<u>\$ (1,306)</u>
	2020		
	Post-Employment Benefits	Vesting Sick Leave	Total Expense
Current year benefits costs	\$ 18,000	\$ 4,287	\$ 22,287
Amortized actuarial gain (loss)	(11,400)	-	(11,400)
Interest on accrued benefit obligation	8,400	-	8,400
Employee contributions	(7,700)	-	(7,700)
	<u>\$ 7,300</u>	<u>\$ 4,287</u>	<u>\$ 11,587</u>

Above amounts exclude pension contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), a multi-employer plan, described below.

Retirement Benefits

Substantially all of the full-time employees and some of the part-time employees are members of HOOPP. The plan is a multi-employer plan and therefore the Health Centre's contributions are accounted for as if the plan were a defined contribution plan with the Health Centre's contributions being expensed in the period they become due. Contributions made to the plan during the year by the Health Centre amounted to \$1,252,400 (2020 - \$1,227,830).

Post-Employment Benefits

The Health Centre extends post-employment life insurance, health and dental benefits to certain employee groups subsequent to their retirement. The Health Centre recognizes these benefits as they are earned during the employee's tenure of service. The related benefit liability was determined by an actuarial valuation study.

The major assumptions employed for the valuations are as follows:

a) Discount Rate

The present value as at March 31, 2021 of the future benefits was determined using a discount rate of 3.00% (2020 - 3.75%).

b) Extended Health Care Trend Rates

Extended health care costs were assumed to increase at 6.00% per annum in 2021 and decrease by 0.25% per annum thereafter to an ultimate rate of 4.00%.

c) Dental Costs

Dental costs were assumed to increase at 4.0% per annum.

**Dryden Regional Health Centre
Notes to Financial Statements**

March 31, 2021

10. Post-Employment Benefits and Compensated Absences Liability (continued)

Vesting Sick Leave

The Health Centre allocates to one employee group a specified number of days each year for use as compensated absences in the event of illness or injury. Employees are permitted to accumulate their unused allocation each year, up to the allowable maximum provided in their employment agreements. Accumulated days may be used in future years to the extent that the employee's illness or injury exceeds the current year's allocation of days. Sick days are paid out at the salary in effect at the time of usage. The related benefit liability was determined by management.

For this employee group, these sick days vest and are eligible for cash reimbursement upon retirement up to a prescribed maximum described in their employment agreements.

To value the vesting sick leave, management used the current salary rates for the employees affected and their current accumulated balances to estimate the liability as of March 31, 2021.

11. Deferred Capital Contributions

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

	2021	2020
Balance, beginning of the year	\$ 10,109,595	\$ 10,644,520
Grants received during the year	68,101	300,738
Amortization	(727,453)	(835,663)
Balance, end of the year	\$ 9,450,243	\$ 10,109,595

As at March 31, 2021 there was \$257,722 (2020 - \$419,623) of deferred capital contributions received which were not yet utilized.

12. Net Assets Invested in Capital Assets

a) Investment in capital assets is calculated as follows:

	2021	2020
Capital Assets	\$ 16,219,885	\$ 17,452,189
Amounts financed by Capital Lease	(308,428)	(408,459)
Amounts financed by Utilized Deferred Contributions (\$9,450,243 Total Deferred Contributions)	(9,192,521)	(9,689,972)
	\$ 6,718,936	\$ 7,353,758

Dryden Regional Health Centre
Notes to Financial Statements

March 31, 2021

12. Net Assets Invested in Capital Assets (continued)

b) The change in net assets invested in capital assets is calculated as follows:

	2021	2020
Excess (deficiency) of revenue over expenses:		
Amortization of Deferred Grants and Donations related to:		
Equipment/Software Licences	\$ 112,026	\$ 208,996
Buildings	615,427	626,667
Amortization related to:		
Equipment/Software Licences	(608,359)	(605,956)
Buildings	(937,746)	(945,100)
	\$ (818,652)	\$ (715,393)
Net change in investment in capital assets:	2021	2020
Purchase of Capital Assets	\$ 313,800	\$ 2,233,470
Repayment of Capital Lease	100,031	95,105
Amounts funded by Deferred Grants and Donations	(230,001)	(597,713)
	183,830	1,730,862
	\$ (634,822)	\$ 1,015,469

13. Due to/from Related Parties.

Dryden Regional Health Centre exercises significant influence over Kenora-Rainy River Regional Laboratory Program Inc. (the "Organization") by virtue of its ability to appoint some of the Organization's Board of Directors. The operations of Kenora-Rainy River Regional Laboratory Program Inc. are included as part of the day-to-day operations of Dryden Regional Health Centre. The Organization does not maintain its own bank account, therefore all cash transactions of the Organization are administered by Dryden Regional Health Centre. As well, all accounts receivable, accounts payable and payroll functions are the responsibility of those departments of Dryden Regional Health Centre. All transactions are recorded through an inter-fund account on the books of both Kenora-Rainy River Regional Laboratory Program Inc. and Dryden Regional Health Centre.

Related party transactions (unless otherwise noted) are in the normal course of operations and are measured at the exchange value (the amount of consideration established and agreed to by the related parties), which approximates the arm's length equivalent value for provision of services.

At the end of the year, the amounts (due to)/from related parties are as follows:

	2021	2020
Due to Kenora-Rainy River Regional Laboratory Program Inc.	\$ (176,326)	\$ (128,593)

The amounts (due to)/from the related parties are due on demand, interest free, and fluctuate based on operating cash flows.

March 31, 2021

14. Contingent Liability

Dryden Regional Health Centre has been in contact with their lawyers concerning a number of claims and possible claims. In the opinion of management, the outcome of the claims and possible claims, are not determinable. An estimate of the Health Centre's potential liability arising from these claims and possible claims cannot be made at this time.

The Health Centre is contingently liable to the Ministry of Health for any expenditures that it may have made in contravention of the contract agreements with the Ministry of Health. The actual amount of any contingent liability is not determinable.

15. Economic Dependence

The organization receives the majority of its funding from the Ministry of Health and is therefore economically dependent on its government department.

16. Ministry of Health Working Funds Initiative

In March 2021, the Health Centre was advised that it was eligible for one-time funding to address its working capital deficit. The Health Centre is eligible to receive this funding based on defined eligibility criteria with the stipulation that the funding will only be used to reduce the Health Centre's working capital deficit and is not to be used for operating purposes.

As at the date of approval of these financial statements, the MOH has provided a preliminary estimate of working capital funding and has indicated that the final amount of funding is subject to further analysis and validation by the MOH. Any future adjustments to working capital funding will be reflected in the Health Centre's financial statements in the year of settlement.

17. Ministry of Health Pandemic Funding

In connection with the ongoing coronavirus pandemic (COVID-19), the MOH has announced a number of funding programs intended to assist hospitals with incremental operating and capital costs and revenue decreases resulting from COVID-19. In addition to these funding programs, the 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 has provided guidance with respect to the maximum amount of funding potentially available to the Health Centre, 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 has 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 revenue for COVID-19 is based on the most recent guidance provided by MOH and the impacts of COVID-19 on the Health Centre's operations, revenues and expenses. As a result of Management's estimation process, the Health Centre has determined a range of reasonably possible amounts that are considered by Management to be realistic, supportable and consistent with the guidance provided by the MOH. However, given the potential for future changes to funding programs that could be announced by the MOH, the Health Centre has recognized revenue related to COVID-19 based on the lower end of the range. Any adjustments to Management's estimate of MOH revenues will be reflected in the Health Centre's financial statements in the year of settlement.

Dryden Regional Health Centre
Notes to Financial Statements

March 31, 2021

17. Ministry of Health Pandemic Funding (continued)

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

	2021
Funding for incremental COVID-19 operating expenses	\$ 925,227
COVID-19 one-time renovations	58,300
COVID-19 assessment centre funding	197,182
Funding for revenue losses resulting from COVID-19	199,799
Pandemic pay funding	375,038
Other pandemic funding	43,230
	<u>\$ 1,798,776</u>

18. COVID-19 Impacts

In response to COVID-19 and consistent with guidance provided by the MOH and other government agencies, the Health Centre has implemented a number of measures to protect patients and staff from COVID-19. In addition, the Health Centre has actively contributed towards the care of COVID-19 patients and the delivery of programs that protect public health.

The Health Centre 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.

Dryden Regional Health Centre
Notes to Financial Statements

March 31, 2021

19. Financial Instrument Risk

Credit Risk

Credit risk is the risk of financial loss to the Health Centre if a debtor fails to make payments of interest and principal when due. The Health Centre is exposed to this risk relating to its cash, debt holdings in its investment portfolio and accounts receivable. The Health Centre holds its cash accounts with a federally regulated chartered bank which is insured by the Canadian Deposit Insurance Corporation. In the event of default, the Health Centre's cash accounts are insured up to \$100,000.

Accounts receivable are primarily due from OHIP, the Ministry of Health and patients. Credit risk is mitigated by the financial solvency of the provincial government and the highly diversified nature of the patient population.

The Health Centre measures its exposure to credit risk based on how long the amounts have been outstanding. Accounts received that are not considered to be collectible are written off at year-end based on the Hospital's historical experience regarding collections. The amounts outstanding at year-end were as follows:

		2021					
		Total	Current	Past Due			
				1-30	31-60	61-90	91 +
MOH/LHIN	\$	3,990,208	\$ 3,990,208	\$ -	\$ -	\$ -	\$ -
Insurers and Patients		374,776	43,315	86,215	89,424	31,025	124,797
Other		680,274	620,051	46,963	-	3,312	9,948
	\$	<u>5,045,258</u>	<u>\$ 4,653,574</u>	<u>\$ 133,178</u>	<u>\$ 89,424</u>	<u>\$ 34,337</u>	<u>\$ 134,745</u>

		2020					
		Total	Current	Past Due			
				1-30	31-60	61-90	91 +
MOH/LHIN	\$	603,861	\$ 603,861	\$ -	\$ -	\$ -	\$ -
Insurers and Patients		337,592	16,869	71,417	75,190	16,766	157,350
Other		545,836	477,195	54,418	389	-	13,834
	\$	<u>1,487,289</u>	<u>\$ 1,097,925</u>	<u>\$ 125,835</u>	<u>\$ 75,579</u>	<u>\$ 16,766</u>	<u>\$ 171,184</u>

The amounts aged greater than 90 days owing from patients that have not had a corresponding impairment allowance setup against them are collectible based on the Health Centre's past experience. Management has reviewed the individual balances based on the credit quality of the debtors and their past history of payment. There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the risk.

Market Risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate as a result of market factors. Market factors include three types of risk: interest rate risk, currency risk and equity risk. The Health Centre is not exposed to significant currency or equity risk as it does not transact materially in foreign currency.

March 31, 2021

19. Financial Instrument Risk (continued)

Market Risk (continued)

There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the risk.

Interest Rate Risk

Interest rate risk is the potential for financial loss caused by fluctuations in fair value or future cash flows of financial instruments because of changes in market interest rates. The Health Centre is exposed to this risk through its capital leases.

There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the risk.

Liquidity Risk

Liquidity risk is the risk that the Health Centre will not be able to meet all cash outflow obligations as they come due. The Health Centre mitigates this risk by monitoring cash activities and expected outflows through extensive budgeting and maintaining investments that may be converted to cash in the near-term if unexpected cash outflows arise. The following table sets out the contractual maturities (representing undiscounted contractual cash flows of financial liabilities):

	2021			
	Within 6 months	6 months to 1 year	1-5 years	> 5 years
Accounts payable	\$ 5,511,750	\$ -	\$ -	\$ -
	2020			
	Within 6 months	6 months to 1 year	1-5 years	> 5 years
Accounts payable	\$ 5,036,219	\$ -	\$ -	\$ -

There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the risk.

Dryden Regional Health Centre
Schedule 1 - Other Revenue
(Unaudited)

For the year ended March 31,	2021	2020
Inpatient Revenue		
Non-Residents of the Province	\$ 50,311	\$ 80,780
Non-Residents of Canada	-	23,100
Workplace Safety & Insurance Board	6,384	3,165
Insured/Uninsured Residents	31,000	12,400
	<u>87,695</u>	<u>119,445</u>
Outpatient Revenue		
Ontario Health Insurance Plan	718,322	818,054
Federal Government	718	412
Non-Residents of the Province	140,773	178,737
Non-Residents of Canada	5,096	94,451
Workplace Safety & Insurance Board	40,909	53,937
Insured/Uninsured Residents	37,511	38,824
Ambulance	37,140	42,975
	<u>980,469</u>	<u>1,227,390</u>
Co-Payment Revenue		
A.L.C. Patients	<u>161,406</u>	<u>182,800</u>
Differential Revenue		
Acute Care Patients	<u>23,200</u>	<u>19,975</u>
Recoveries		
Non-Patient Food Services	131,501	159,768
CCAC Contract for Therapeutic Services	288,184	273,964
Investment Revenue	8,900	36,887
Compensation and Services	932,388	954,617
Management Fees	12,000	12,000
Materials	183,440	184,376
Rentals	207,984	310,635
Oncology Drug Cost	683,839	784,837
Miscellaneous	30,213	8,665
	<u>2,478,449</u>	<u>2,725,749</u>
Total Other Revenue	<u>\$ 3,731,219</u>	<u>\$ 4,275,359</u>

Dryden Regional Health Centre
Schedule 2 - Other Votes and Programs
(Unaudited)

For the year ended March 31,	2021	2020
Community Mental Health Programs		
Revenue		
Ministry of Health Base Allocation	\$ 1,262,527	\$ 1,441,988
Compensation & Services Recovery	-	45,100
Total Revenue	1,262,527	1,487,088
Operating Expenses		
Salaries and Wages	867,300	738,679
Employee Benefits	231,488	181,281
Sessional Fees	11,795	5,905
Supplies and Other Expenses	122,038	274,745
Rent and Utilities	26,320	15,780
Total Operating Expenses	1,258,941	1,216,390
Net Revenue Before Amount Repayable	3,586	270,698
Amount Repayable to Ministry of Health	(11,238)	(270,698)
Net Revenue (Expense)	\$ (7,652)	\$ -
Community Addictions Programs		
Revenue		
Ministry of Health Base Allocation	\$ 768,102	\$ 930,177
Operating Expenses		
Salaries and Wages	472,904	694,253
Employee Benefits	70,103	195,166
Supplies and Other Expenses	82,668	31,926
Rent and Utilities	7,965	8,832
Total Operating Expenses	633,640	930,177
Net Revenue Before Amount Repayable	134,462	-
Amount Repayable to Ministry of Health	(134,462)	-
Net Revenue	\$ -	\$ -
Community Problem Gambling Program		
Revenue		
Ministry of Health Base Allocation	\$ 82,693	\$ 82,693
Operating Expenses		
Salaries and Wages	82,805	81,309
Employee Benefits	19,566	18,856
Total Operating Expenses	102,371	100,165
Net Expense	\$ (19,678)	\$ (17,472)

Dryden Regional Health Centre
Schedule 2 (Continued) - Other Votes and Programs
(Unaudited)

For the year ended March 31,	2021	2020
Community Supportive Housing Program		
Revenue		
Ministry of Health Base Allocation	\$ 50,228	\$ 48,400
Operating Expenses		
Rent Supplement	48,993	33,158
Net Revenue Before Amount Repayable	<u>1,235</u>	<u>15,242</u>
Amount Repayable to Ministry of Health	(1,235)	(15,242)
Net Revenue	<u>\$ -</u>	<u>\$ -</u>
Dryden Area Family Health Team		
Revenue		
Ministry of Health Base Allocation	\$ 2,025,940	\$ 1,985,140
Services Recovery	20,705	41,027
Total Revenue	<u>2,046,645</u>	<u>2,026,167</u>
Operating Expenses		
Salaries and Benefits	1,579,595	1,642,915
Supplies and Other Expenses	323,290	310,667
Total Operating Expenses	<u>1,902,885</u>	<u>1,953,582</u>
Net Revenue Before Amount Repayable	<u>143,760</u>	<u>72,585</u>
Amount Repayable to Ministry of Health	(143,760)	(72,585)
Net Revenue	<u>\$ -</u>	<u>\$ -</u>
Municipal Taxes		
Revenue		
Ministry of Health Base Allocation	\$ 3,075	\$ 3,075
Operating Expenses		
Municipal Taxes	3,075	3,075
Net Revenue	<u>\$ -</u>	<u>\$ -</u>

Dryden Regional Health Centre
Schedule 2 (Continued) - Other Votes and Programs
(Unaudited)

For the year ended March 31,	2021	2020
Primary Care Nurse Practitioner Program		
Revenue		
Ministry of Health Base Allocation	\$ 175,050	\$ 233,400
Operating Expenses		
Salaries	-	79,113
Benefits	1,446	18,172
Supplies	-	4,985
Total Operating Expenses	1,446	102,270
Net Revenue Before Amount Repayable	173,604	131,130
Amount Repayable to Ministry of Health	(173,604)	(131,130)
Net Revenue	\$ -	\$ -

Dryden Regional Health Centre
Schedule 3 - Salaries and Wages
(Unaudited)

For the year ended March 31,	2021	2020
Salaries and Wages		
Patient Care		
Inpatient Wards	\$ 3,793,041	\$ 3,705,541
Operating Room	762,680	648,793
Ambulatory Care	2,661,109	2,333,294
Clinical Laboratory	746,296	684,292
Diagnostic Imaging	602,809	574,888
Diabetes Education	185,687	170,773
Therapeutic Services	1,012,723	974,542
Total Patient Care	9,764,345	9,092,123
Support Services		
General Administration	1,860,281	2,175,874
Physical Plant	324,552	345,892
Environmental Services	712,104	651,998
Food Services	509,073	520,179
Patient Information	465,319	457,421
Marketed Services	305,575	260,403
Materials Management	308,715	286,089
Total Support Services	4,485,619	4,697,856
Total Salaries and Wages	\$ 14,249,964	\$ 13,789,979

Dryden Regional Health Centre
Schedule 4 - Employee Benefits
(Unaudited)

For the year ended March 31,	2021	2020
Employee Benefits		
Canada Pension Plan	\$ 551,335	\$ 492,892
Hospital Pension Plan	1,145,299	1,088,469
Employment Insurance	207,579	197,955
Workplace Safety & Insurance Board	78,208	126,183
Long-Term Disability Insurance	268,300	214,583
Employer Health Tax	284,409	266,337
Semi-Private Insurance	3,735	14,115
Extended Health Care Insurance	241,855	279,041
Dental Insurance	45,999	155,611
Group Life and Accidental Death & Dismemberment	58,814	54,058
EAP Program	20,034	7,127
WSIB NEER Surcharge	-	15,262
Benefit and Vacation % in Lieu	387,158	426,022
Total Employee Benefits	\$ 3,292,725	\$ 3,337,655

Dryden Regional Health Centre
Schedule 5 - Medical Staff Remuneration
(Unaudited)

For the year ended March 31,	2021	2020
Medical Staff Remuneration		
Honorariums	\$ 378,267	\$ 304,865
Emergency Physician Group	1,633,029	1,341,181
Hospital On Call Coverage	595,102	576,043
Assault & Domestic Violence	5,133	5,000
Clinical Laboratory	18,470	18,545
Diagnostic Imaging	622,424	657,236
Total Medical Staff Remuneration	\$ 3,252,425	\$ 2,902,870

Dryden Regional Health Centre
Schedule 6 - Supplies and Other Expenses
(Unaudited)

For the year ended March 31,	2021	2020
Supplies and Other Expenses		
Patient Care		
Inpatient Wards	\$ 101,952	\$ 122,692
Operating Room	54,460	54,661
Ambulatory Care	602,931	189,933
Clinical Laboratory	488,330	516,663
Diagnostic Imaging	255,495	285,441
Diabetes Education	11,260	15,290
Therapeutic Services	187,909	193,903
In-Home Nursing	1,760	2,078
Child and Youth Services	4,639	2,057
Total Patient Care	1,708,736	1,382,718
Support Services		
General Administration	1,369,464	1,382,318
Health System Development	354,964	126,929
Physical Plant	841,491	1,008,687
Environmental Services	90,785	93,982
Food Services	367,161	397,141
Patient Information	42,787	46,803
Marketed Services	155,478	145,850
Materials Management	136,240	136,585
Total Support Services	3,358,370	3,338,295
Total Supplies and Other Expenses	\$ 5,067,106	\$ 4,721,013

Dryden Regional Health Centre
Schedule 7 - Diabetes Education Program
(Unaudited)

For the year ended March 31,	2021	2020
Revenue		
Ministry of Health Base Allocation	\$ 237,397	\$ 237,397
Donations	-	2,000
Total Revenue	<u>237,397</u>	<u>239,397</u>
Operating Expenses		
Salaries and Wages	185,688	170,773
Employee Benefits	45,324	52,006
Supplies and Other Expenses	4,170	8,290
Rent and Utilities	7,000	7,000
Total Operating Expenses	<u>242,182</u>	<u>238,069</u>
Net Revenue (Expense)	<u>\$ (4,785)</u>	<u>\$ 1,328</u>