

AGENDA

MEETIN	NG:	Annual General Meeting	DATE:	June 24 th , 2019		
			TIME:	6:45pm-Refreshments 7:00pm-AGM		
LOCAT	ION:	AMGH Cafeteria		7.000		
CHAIR:		Mike Niglas	RECORDER:	Alana Ross		
CORPC MEMBE	ERS:	Allan Ball, Rowland Howe, Fred Lange, Mike Niglas, Donna Partridge, Bruce Qu Teichert, Melitta Wasylciw, Dr. K. Space	igley, Bob Robson, Pa	aul Ross, Pamela Somers, Brenda		
REGRE						
GUEST		Services); Shawn Lynn (Chair, Foundation Ferris (President, Auxiliary); Dr. H. Wats (Retired Board Member)	Paul Seebach (Auditor-Seebach & Company); Jimmy Trieu (CIO/VP Corporate & Support Services); Shawn Lynn (Chair, Foundation); Shannon LaHay (Executive Director, Foundation); Kim Ferris (President, Auxiliary); Dr. H. Watson (incoming President of Medical Staff); Dennis Schmidt (Retired Board Member)			
ITEM	AGENDA T	OPIC	DESIGNATE	OUTCOME		
1.		RDER/WELCOME				
1.1	Welcome		Mike Niglas			
1.2	Confirmation	n of Notice to Members and Quorum	Bruce Quigley			
2.	PREVIOUS	ANNUAL MEETING MINUTES				
2.1	Previous Mi • Motion to	nutes approve the Minutes of June 25th, 2018	Mike Niglas	Approval Attached: • 2018-06-25-Board Minutes		
2.2	Business fro	om Previous Minutes	Mike Niglas			
3.	REPORTS					
3.1	Report from	Chair of the Board	Mike Niglas	Information		
3.2	•	President / CEO tion of Community Report 2018/19	Bruce Quigley	Attached: • 2018/2019 AMGH Facts & Stats		
3.3	Report from	Chief of Staff	Patrick Conlon	Attached: • 2019-06-24-Annual Report to Board-CofS		
3.4	Report from	President of Medical Staff	Kim Spacek	• (Pending)		
3.5	Report from	CNE	Samantha Marsh	• (Pending)		
3.6	Report from	·	Kim Ferris	Attached: • 2019-06-24-Annual Report to Board- Auxiliary		
3.7	Report from	Foundation	Shawn Lynn / Shannon LaHay	• (Pending)		
3.8	Motion to a	ccept Reports	Mike Niglas	Approval		
4.	AUDITORS	FINANCIAL REPORT				
4.1		uditor's Report-Seebach & Company	Paul Seebach	Attached: • 2019-03-31-Audited Financial Statement- Final		
4.2	Statements		Pam Somers	Approval		
4.3		approve Appointment Seebach & as Auditor for 2019/2020	Pam Somers	Approval		

5.	NEW BUSINESS				
5.1	Governance and Nominating Committee	Glen McNeil	Approval		
	Nomination & Election of Directors				
a)	Election of Director nominated by Auxiliary	Glen McNeil	Approval		
b)	Election of Director nominated by Foundation	Glen McNeil	Approval		
c)	Re-election of Directors: Mr. R. Howe, Mr. Fred Lange, Mrs. D. Partridge, Mr. B. Robson, Mr. P. Ross	Glen McNeil	Approval		
d)	Appointment of Ex-Offico Directors Mr. B. Quigley (CEO); Ms. S. Marsh (CNE/VP of Clinical Services); Dr. K. Spacek (Chief of Staff); Dr. H. Watson (President of Medical Staff)	Glen McNeil	Approval		
e)	Recognition of Chair Mr. Mike Niglas	Glen McNeil	Approval		
f)	Recognition of Retiring Directors Mr. Dennis Schmidt; Dr. Patrick Conlon	Glen McNeil	Approval		
6.	ADJOURNMENT				
6.1	Motion to adjourn the meeting The Board of Directors will hold the first meeting of the year immediately following the Annual Meeting in the Boardroom	Mike Niglas	Approval		
Refreshments will be served at the beginning of the meeting					

	=	Minutes F	or.	Members Annual General Meeting					
	AR/A	Date	UI .		T:ma		7:00=== 7:05===		
F	The state of the s	A		June 25 th , 2018	Time		7:02pm-7:35pm		
₽ ♦ + %		Chair		Mike Niglas	Recorder		Alana Ross		
		Present		Allan Ball, Gwen Brimmer, Rowland How Niglas, Bruce Quigley, Bob Robson, Pau Hoy, David Greer					
E .		Regrets		Donna Partridge, Pam Somers					
14	POPUTA	Absent							
	SPILL	Guests		Paul Seebach, Auditor (Vodden, Bender & Seebach), Kim Ferris (President of Auxiliary), Melitta Wasylciw, (Past President of Auxiliary), Shawn Lynne (Chair, Foundation), Myles Murdock (Past Chair, Foundation); Shannon Lahay (Foundation); Dr. K. Spacek; Dr. Kittmer; Dr. Daters; Fred & Linda Lange (Community); Rabidoux, Keith (Community)					
#	Items		•	scussion Points & Decisions	Action Items			By Whom	By When
1.	CALL TO O	RDER / WE							
1.1	Welcome			ke Niglas welcomed all and called the mee					
1.2 2. 2.1	Confirmation to Members Quorum PREVIOUS Motion to ap Previous Min	ANNUAL Moprove the	Aux of M Mr. Mr. EETING	AMGH Board consists of 16 individuals, in iliary and the Foundation, and four (4) nor ledical Staff, and the Chief Nursing Execu Ten (10) voting members were present, the Members of the Corporation, were presequigley confirmed that the Notice of the Aquigley confirmed quorum was met as permitted in MINUTES vious minutes were recommended to be roved	-voting directors, inc tive. All are voting m wo (2) regrets were int. GM was delivered to r By-Laws MOVED: Mr. I	cluding nember receive all management A. Bal R. Horappro he An	the Chief Executive ers of the AMGH Corped; and Dr. S. Space embers via email, as I we we the June 26th,	Officer, Chief of coration. ek, Mr. D. Greer	Staff, President and Mr. M. Hoy,
2.2	Report of Bu		• No (discussion					
3.	REPORTS								•
3.1	Report from the Board	Chair of	doct Ack Oncomea	reports of the Board Chair, President / CE ument, which was included in the Annual I nowledgement was made of the commitm Despite challenging financial circumstand security of our employees and visitors Improvements to patient care include a 2 is now a safer environment for staff and per se again, AMGH received Accreditation with assurable indicators rd and Leadership reviewed the Strategic served from various stakeholders	Facts & Stats Report ent and engagement ces, the Board contino and General Surgeon, patients due to chang the Commendation in	(inclu t of the nues to a Gei ges th Octob	ded in package and per Board of Directors: o support quality patientatrics Specialist; and at were made per 2017, achieving a	posted on www. ent care; and the d the 24/7 Emer score of 98% or	amgh.ca) e safety and gency Department n over 2000

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		The final document is expected to be presented to the Board this fall, and will provide AMGH with a clear road map into the future Although provide for the expected dedication of the Diseases the ultimate a histories is to provide high reality action.
		 Although grateful for the support and dedication of the Directors, the ultimate objective is to provide high quality patient care, close to home, for the residents of Huron County and these services are dependent on all of our care providers, AMGH Staff, Managers and Executives, and to them, on behalf of the Board, Mr. Niglas extended heartfelt thanks and gratitude
3.2	Report from President / CEO • Presentation of Community Report 2016/17	 Presentation of Community Report 2017 / 2018 Mr. Quigley noted that he is pleased and proud to be President / CEO at AMGH, and extended appreciation in working with our talented, committed, and dedicated Board and staff to navigate through these trying times Focus will remain on AMGH being very important contributors to the Huron County Health system and beyond, as we are working hard to build relationships, trust and communication with Medical and Hospital Staff, Municipal Partners, the Foundation, the Auxiliary, and Peer Organizations
3.3	Report from Chief of Staff	See Annual Fact & Stats Report
3.4	Report from Foundation	 Highlights from the Foundation include: Building and strengthening relationships; ability to demonstrate to the community that AMGH and AMGH Foundation are aligned in providing quality healthcare close to home Approval of nearly \$450K in donations for the purchase of priority patient care equipment, including an x-ray machine, blanket warmer, Neonatal incubator, vital signs monitor, family sleep chairs, syringe pump infuser, and a digital colposcope; as well as equipment for Mental Health, Medical Imaging, Emergency Department, and other locations in the Hospital The AMGH Foundation profile is growing and building relationships within the community, producing a significant increase in the number of third party events held in support of the hospital, and ensuring that the Hospital and Foundation remain an integral part of the community The Foundation has engaged Consultants 'Campaign Coaches' to guide them through the next steps of determining the best campaign goal and plan Further to the completion of a staffing review, the Foundation Board selected Shannon Lahay as the Foundation's Executive Director, and Abigale Lamb as the Foundation's Administrative Coordinator
3.5	Report from Chief Nursing Executive	See Annual Fact & Stats Report
3.6	Report from Auxiliary	 Welcome to Kim Ferris, President of Auxiliary Highlights from the Auxiliary include: The Auxiliary consists of over 65 volunteers who provide over 10,000 volunteer hours annually The Auxiliary celebrates its 97th year of service to the AMGH hospital this year Our 'Volunteers with Heart' are visible within the community raising funds with tag days, hot dog days, card parties, raffles, Easter and Christmas bake sales, chocolate bar sales, and the Hospital Gift Shop From fund raising efforts this year, the Auxiliary has donated \$16K to AMGH for the purchase of a medication fridge, eleven bedside patient tables and eleven wall mounted isolation holders; as well as awarding education bursaries to four staff members, and one bursary to a graduating GDCI student in the fall 'Volunteers with Heart' also dedicate their time to performing many services throughout the hospital, including portering in the emergency department; assisting in day surgery, out-patient and flu clinics; providing assistance in speech therapy and mental health activities; making appointment reminder calls; and, providing seasonal tray favours for inpatients and treats for staff during Nursing Week Auxiliary members are included on the Board and Health and Wellness committees
3.7	President of Medical	Dr. Moore enjoyed her time as President of Medical Staff and thanked everyone for their patience and support
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wiii iut	es of the board of Directo	i s iviceting-Adivi	June 25, 2016	Page 3
3.8	Motion to accept Reports	significant contribution at the Board Leve	fidedicated physicians at AMGH cal Staff to provide more structure, with expectations of providing a more)
4.	AUDITORS FINANCIAL	REPORT		
4.1	Review of Auditor's Report	Mr. P. Seebach provided a short overview of the Auditor's Report and Audited Financial Statements to March 31 st , 2018; discussion included circumstances around the deficit		
4.2	Report of the Board on Audited Financial Statements	Based on the recommendation of the Board meeting of June 4 th , 2018, Mr. R. Howe made the motion to approve the Auditor's Report and Audited Financial Statements	MOVED: Mr. R. Howe SECONDED: Dr. J. Moore MOTION: To approve the Auditor's Report and Audited Financial Statements to March 31 st , 2018 as recommended by the Board on June 4 th , 2018. CARRIED.	
4.3	Motion to approve Appointment of Vodden, Bender & Seebach as Auditor for 2017 / 2018	Approval	MOVED: Mr. R. Howe SECONDED: Mrs. B. Major-McEwan MOTION: To approve the appointment of Vodden, Bender and Seebach as Auditor for 2018 / 2019. CARRIED.	
5.	NEW BUSINESS		· · · · · · · · · · · · · · · · · · ·	
5.1	Application for Supplementary Letters Patent	 Further to submission of the revised Corporate By-Laws in 2016, the Canada Revenue Agency (CRA) advised (one year later) that there is a requirement to address the issue of what happens to the assets of the Corporation in event that the Corporation is dissolved On the advice of lawyers at Miller Thomson, it was recommended that we provide with an application for Supplementary Letters Patent, as opposed to making an adjustment to our By-Laws The Board passed a resolution at its January 8th meeting recommending that we proceed with this application In order to finalize the application, a 	MOVED: Mr. D. Schmidt SECONDED: Dr. S. Spacek MOTION: BE IT RESOLVED THAT: 1. The Corporation apply for the issue of Supplementary Letters Patent, substantially in the form of the Application submitted to this meeting. 2. Any two (2) Officers of the Corporation, or any one (1) Officer together with any one (1) Director of the Corporation, are authorized and directed to do, execute and perform all acts, documents and instruments necessary or desirable to give full force and effect to the foregoing, including, without limitation, the execution and delivery to Office of the	

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		resolution was presented in the agenda, and requires the approval of the membership by at least a 2/3 rd majority	Public Guardian and Trustee and the Ministry of Government and Consumer Services of the Application and all other required documents. 3. The persons executing the Application are hereby authorized and directed to make such technical changes in the Application as may be required by the Office of the Public Guardian and Trustee or the Ministry of Government and Consumer Services, with no further recourse to the Board of Directors or Members to approve or confirm such changes, and any such amendments made by such persons shall be conclusive evidence of the need to make such amendments and are hereby ratified, sanctioned and approved. CARRIED.	
5.2	Presentation of	Amendment to Professional Staff By-Laws	MOVED: Dr. H. Watson	
	Amended and	requiring approval	SECONDED: Dr. Robson	
	Restated	It was recommended to change the quorum	MOTION: Be it resolved that:	
	Bylaw 2017-1	requirements for Medical Staff Association	1. Part II, Section 74 (e) of the Alexandra	
		(MSA) meetings to mirror the Medical	Marine & General Bylaw No. 2017-1 is	
		Advisory Committee (MAC) quorum	amended to read: "Quorum: A	
		requirement	Quorum at any meeting of the Medical	
		Motion made by MSA to MAC on March	Staff shall be five (5) voting members	
		21 st , 2018; motion made by MAC to Board	of the Medical Staff."; 2. A copy of the Amendment shall be	
		on April 0th, 2018; Board resolution passed	submitted to the Charities Directorate	
		on April 9 th , 2018 (motion included in package):	of the Canada Revenue Agency to	
		Part II, Section 74 (e) deleted and	update their files. CARRIED.	
		replaced with the following:		
		"Quorum: A Quorum at any meeting of		
		the Medical Staff shall be five (5) voting		
		members of the Medical Staff		
		The Amended and Revised By-Laws may		
		be reviewed upon request at the		
		Administrative offices or at www.amgh.ca		
5.3	Governance and	Mr. McNeil feels privileged to be the Chair of		
	Nominating	Governance & Nominating committee and is		
	Committee	committed to the Board members to protect		
	Nomination & Floation of	interests of hospital; Mr. McNeil made the		
	Election of	following recommendations for approval		
	Directors			

a) Election of Director nominated by Auxiliary	 According to Section 13 a ii (Board Composition), the Corporation's Auxiliary shall nominate one individual for election as a Director. The Auxiliary has nominated 	MOVED: Mr. G. McNeil SECONDED: Mr. R. Howe MOTION: That Melitta Wasylciw be	
	Melitta Wasylciw	elected as a Director of the Alexandra Marine & General Hospital Corporation. CARRIED.	
b) Election of Director nominated by Foundation	 According to Section 13 a iii (Board Composition), the Corporation's Foundation shall nominate one individual for election as a Director. The Foundation has nominated Brenda Teichert 	MOVED: Mr. G. McNeil SECONDED: Mr. A. Ball MOTION: That Brenda Teichert be elected as a Director of the Alexandra Marine & General Hospital Corporation. CARRIED.	
election of Directors: Mrs. P. Somers Mr. M. Niglas Mr. A. Ball Mr. B. Robson Mr. P. Ross Mr. D. Schmidt	 According to Section 13 a i D (Board Composition) Directors will be elected for a three year term: Mrs. P. Somers second three year term comes to an end at this AGM. A resolution was passed by Governance & Nominating on April 20th and approved by Board on May 14th that the committee recommends that Mrs. P. Somers be re-elected for a further three year term. Mike Niglas' second three year term comes to an end at this AGM. A resolution was passed by Governance & Nominating on April 20th and approved by Board on May 14th that the committee recommends that Mr. M. Niglas be re-elected for a further three year term. Mr. A. Ball's second three year term comes to an end at this AGM. A resolution was passed by Governance & Nominating on April 20th and approved by Board on May 14th that the committee recommends that Mr. A. Ball be re-elected for a further three year term. Elections to complete vacant terms Mr. P. Ross has been elected to complete the vacancy left by Mr. M. Armstrong Mr. B.Robson has been elected to complete the vacancy left by Mrs. J. 	MOVED: Mr. G. McNeil SECONDED: Ms. S. Marsh MOTION: That Mrs. P. Somers, Mr. M. Niglas and Mr. A. Ball be re-elected for a further three year term. CARRIED. MOVED: Mr. G. McNeil SECONDED: Mrs. B. Teichert MOTION: That Mr. B. Robson and Mr. P. Ross be elected to fill the unexpired terms created by vacancies on the Board. CARRIED. MOVED: Mr. G. McNeil SECONDED: Mr. B. Robson MOTION: That Mr. D. Schmidt be re- elected for a one year term pending the election of a successor. CARRIED.	

		Duncan Re-election for one year Mr. D. Schmidt has been elected for a further one year term until the election of a successor can be made		
d)	Appointment of Ex- Officio Directors	 According to Section 13 a iv (Board Composition), the following non-voting ex officio directors shall be appointed annually: Chief of Staff President of the Medical Staff Chief Executive Officer Chief Nursing Executive 	MOVED: Mr. G. McNeil SECONDED: Mr. A. Ball MOTION: That the following non- voting ex officio directors be appointed for an annual term: Dr. Patrick Conlon, Chief of Staff; Dr. K. Spacek, President of the Medical Staff; Bruce Quigley, Chief Executive Officer; Samantha Marsh, Chief Nursing Executive. CARRIED.	
e)	Recognition of Retiring Directors	Mrs. G. Brimmer, Dr. H. Watson, Dr. J. Moore were recognized for their contributions to the AMGH Board of Directors and presented with certificates		
6.	ADJOURNMENT			
6.1	Adjournment	Motion to adjourn the meeting: The Board of Directors will hold the first meeting of the year immediately following the Annual General Meeting, in the Cafeteria	MOVED: Dr. S. Spacek MOTION: To adjourn the Annual General Meeting of June 25 th , 2018 at 7:35pm. CARRIED.	



2018-2019 Facts & Stats

Our Mission:

Providing high quality, patient-centred care to our community, delivered by a dedicated team

Our Vision:

Further develop and strengthen health system partnerships to meet the evolving needs of our community

Our Values:

Integration

Compassion

Accountability

Respect

Excellence







It gives us great pleasure to report that AMGH has had yet another successful year serving patients, their families and the community. It is as a result of the dedicated work of the very competent and highly engaged group of physicians, nurses, technical and support staff that has made this is possible.

The AMGH volunteer Board continues to work towards delivering high quality, accessible and sustainable programming at your local hospital. This year's achievements include:

- Refresh of AMGH's Mission, Vision and Values
- A new 3 year strategic plan
- Implementation of MyChart

- Lab accreditation
- Pharmacy accreditation
- Launch of Capital Campaign

The healthcare landscape is changing with the recent government announcement of Ontario Health Teams. AMGH participated in submission for a Huron Perth Ontario Health Team along with 50 plus other organizations in the region. This demonstrates the truly collaborative nature that health service providers within the region are committed to pursuing for better outcomes for the patients and their families.

The organization experienced challenges in recruiting nursing staff this year and is committed to working with local colleges and training facilities to recruit new hires. This recruiting challenge will continue in all areas as the workforce grows older and there are fewer staff available to fill vacancies. On a positive note, this year's Staff Recognition event honored 33 staff who have a total of over 145 years of dedicated service to AMGH.

The continued financial support of the AMGH Foundation and Auxiliary has allowed AMGH to acquire leading edge technology, which in turn, provides our physicians and staff with the valuable equipment needed to provide highest possible quality care. The Board, Staff and Physicians would like to recognize the very significant contribution to AMGH by the AMGH Foundation and the Auxiliary. AMGH continues to focus on its financial stewardship under challenging fiscal constraints. During the 2018/2019 fiscal year, AMGH operated within a negative margin of half of one percent of operating budget, while remaining able to successfully deliver high quality, comprehensive programs and services.

Moving forward, the AMGH Board, Staff, Physicians, and Volunteers remain committed to advancing high quality health care services to its patients and their families.

We would like to extend a sincere thank you to all the Volunteers who have played an integral role in providing services to our patients. This group of strong and committed community-minded individuals are an essential part of the AMGH family.

Respectfully,

Mike Niglas Bruce Quigley Dr. Patrick Conlon Samantha Marsh

262 Employees29 Physicians/Specialists

111 Nurses 71 Volunteers

Auxiliary

AMGH is extremely grateful to have a Hospital Auxiliary that works tirelessly to promote the organization and raise much needed funds for patient equipment and staff education. A few of their events include: Summer hot dog days, Tag days at local businesses, a Christmas Sale, and the Hospital Gift Shop. This year, the Auxiliary held it's first, and very successful, Spring Fashion Show. The Auxiliary has membership on the AMGH Health & Wellness Committee, and Volunteers in multiple Hospital departments such as ER, surgical day care and ambulatory care.

On behalf of our staff and patients we thank you!

Our Auxiliary is an integral part of our healthcare team.

Foundation

Thank you to our AMGH Foundation and their generous donors!

Donations are essential to fund key equipment purchases and allow

AMGH to respond to the healthcare needs of Huron County. This year,
the AMGH Foundation has embarked on a Capital Campaign with a goal
of \$3.5M!

Approved Capital Funding provided by AMGH Foundation (\$323,312), Auxiliary (\$15,900) and other Donors: \$339,212

Finance

Total Hospital Operations Revenue\$25,664,011
Total Hospital Operations Expense \$25,804,941
Operational Surplus /(Deficit) (\$140,930)

Quality

Our ongoing commitment to providing an exceptional patient experience:

AMGH has worked diligently to meet the needs of our patients; survey results reported that patients would recommend AMGH to family and friends at least 97% of the time.

Patient fall rates, hand hygiene, workplace safety, follow-up of concerns within 3-5 business days, completion of Discharge Summaries within 48 hours, patients receiving enough information upon discharge, and hospital infection rates are among many of the indicators that AMGH continues to monitor with a view to continuous quality improvement.

AMGH Centres of Excellence

Mammography941



To Donate:

Alexandra Marine and General Hospital Foundation 120 Napier St, Goderich ON N7A 1W5 519-524-8508



amgh.foundation@amgh.ca www.amghfoundation.ca

Contact Us:

Alexandra Marine and General Hospital 120 Napier St, Goderich ON N7A 1W5 519-524-8323

amgh.administration@amgh.ca www.amgh.ca/wearelistening











ALEXANDRA MARINE AND GENERAL HOSPITAL

120 Napier Street Goderich, Ontario N7A IW5 519-524-8323 – Telephone

519-524-8504 - Fax (Administration) or (519) 524-8513 (Psychiatry) Fax

Email: amgh.administration@amgh.on.ca

CHIEF OF STAFF - YEAR-END REPORT

I am pleased to report that AM&GH has had another successful year. The hospital continues to provide a full range of high quality of services. Acuity levels remain high and occupancy rates have been high but at a generally manageable level. As expected, there has been a seasonal increase in demand for hospital services.

The hospital continues to try and incorporate changes to the electronic health record system. This process has provided a number of challenges given the different electronic health care providers across the system and acclimatizing staff to a new system. This remains a work in progress.

The hospital continues to look for partnership opportunities. A recent positive development has been a plan to establish a closer working relationship with Stratford General Hospital in the provision of Internal Medicine Services at AM&GH. This service will complement existing outpatient medical clinics as well as provide enhanced back up to inpatient services.

The Hospital Foundation has been active in a fund-raising campaign to obtain a new CT scanner and enhance the mental health facilities in hospital, which ultimately will positively impact upon safety and quality care.

The hospital continues to be held in high regard in the community and patient satisfaction surveys remain very favorable.

It has been my privilege to serve as Chief of Staff of AM&GH over the last year.

Respectfully submitted,

P. Conlon, MD, FRCPC Chief of Medical Staff

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Hospital Auxiliary Annual Report June, 2019

As the Hospital Auxiliary celebrates its 98th year of service to the Alexandra Marine and General Hospital, I am honoured to represent over 60 members as the President. As always, 2018-2019 was another extremely busy and successful year for our Auxiliary.

"Volunteers don't necessarily have the time.....they just have the heart." This anonymous quote is a fitting way to describe the work of our volunteers.

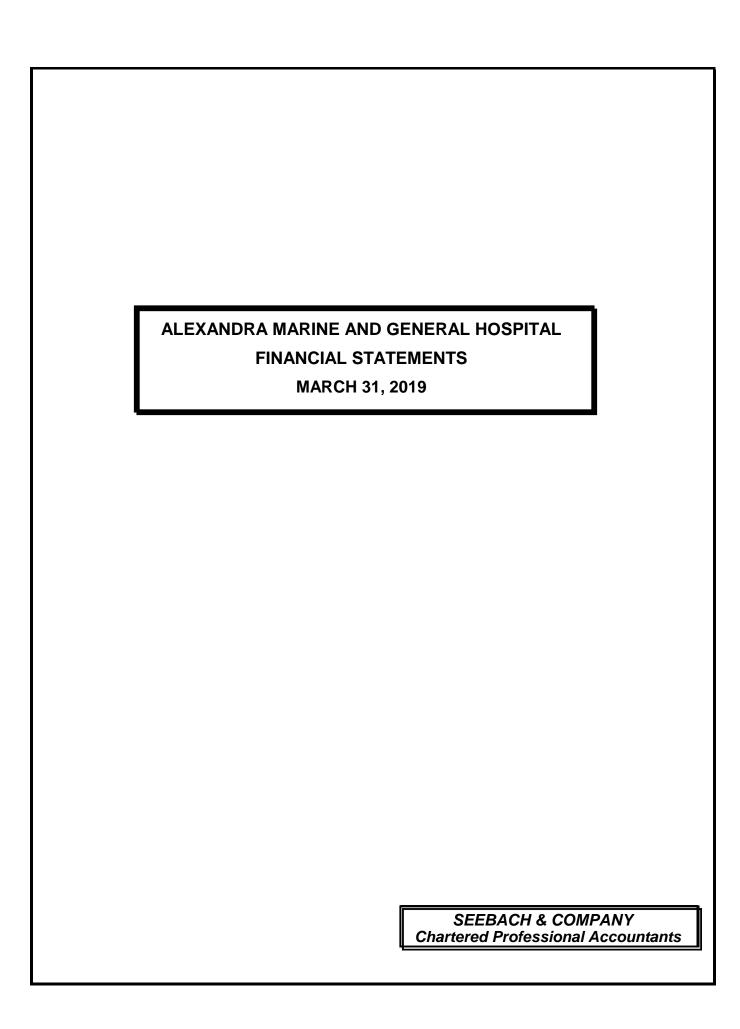
Our 'volunteers with heart' were seen in the community throughout the year raising much needed funds for the hospital with our Easter Bake Sale and Raffle, our Annual Tag Day, Hot Dog Days at Zehrs, Hot Dog Luncheons and Mini Bake Sales at AMGH, Chocolate Bar Sales, Comedy Show, Card Party, Christmas Bake Sale and Raffle, Domino's Pizza Coupon Booklets promotion and operating the Hospital Gift Shop. Of course, our most successful event was our 'Spring Into Fashion- Just What the Doctor Ordered' Fashion Show held in April. With the proceeds of our fundraising efforts this year, we are absolutely thrilled to be donating \$4000, from the Fashion Show profits to purchase a C-Section Case Cart. An additional \$15000 is also being donated to purchase hospital equipment. We also awarded bursaries to four hospital employees and one graduating GDCI student.

But, fundraising isn't the only part of our auxiliary activities. 'Volunteers with heart' can also be found in the hospital performing many services, including portering in the emergency department, assisting in day surgery and in out-patient flu clinics, helping in the prenatal and diabetic clinics, working in the speech therapy department and with mental health activities, assisting Dr. Peel in geriatrics, calling patients to remind them of appointments, and providing seasonal tray favours for inpatients and treats for staff. We also have members on the Health and Wellness Committee, the Community Advisory Committee and on the hospital Board.

Upcoming events include three Hot Dog Luncheons/Mini Bake Sales at AMGH on June 26, July 31 and August 28 from 11- 1pm; Hot Dog Days at Zehrs on July 5, 6 and 7; A Celtic Blue Ceilidh at St. Joseph's Community Centre in Kingsbridge on September 20; Cookie/Muffin Dough Sales in the fall and of course our annual Christmas Bake Sale and Raffle in December.

Our Auxilians come from all walks of life - but they have one thing in common — the decision they've made to volunteer their abilities and time in order to ensure the continued well-being of our hospital. Needless to say, we love our hospital and hope to continue to provide thousands of volunteer hours annually in its support.

Respectfully submitted by Kim Ferris, President, AMGH Auxiliary



Seebach & Company Chartered Professional Accountants

P.O. Box 758 41 Ontario Street CLINTON, ONTARIO N0M 1L0 Tel:(519) 482-7979 Fax:(519) 482-5761 vbs@vbsca.ca

INDEPENDENT AUDITOR'S REPORT

To the Board of Governors and Members of Alexandra Marine and General Hospital

Opinion

We have audited the accompanying financial statements of Alexandra Marine and General Hospital ("the Hospital"), which are comprised of the balance sheet as at March 31, 2019 and the operating fund statement of revenue and expenses 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 Hospital as at March 31, 2019, and its financial performance and its cash flows for the year then ended in accordance with Canadian public sector accounting standards (PSAB).

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Hospital in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with PSAB, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Seebach & Company Chartered Professional Accountants

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INDEPENDENT AUDITOR'S REPORT (continued)

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

- Identify and assess the risks of material misstatement of the financial statements, whether due
 to fraud or error, design and perform audit procedures responsive to those risks, and obtain
 audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of
 not detecting a material misstatement resulting from fraud is higher than for one resulting from
 error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the
 override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit
 procedures that are appropriate in the circumstances, but not for the purpose of expressing an
 opinion on the effectiveness of the Hospital's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Hospital's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Hospital to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated 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.

Seebach & Company
Chartered Professional Accountants
Licensed Public Accountants

Clinton, Ontario May 22, 2019

ALEXANDRA MARINE AND GENERAL HOSPITAL BALANCE SHEET

As at March 31	2019	2018
ASSETS		
Current assets		
Cash	871,761	597,047
Accounts receivable	1,049,016	1,110,643
Inventories	348,639	326,941
Prepaid expenses	165,302	139,958
	2,434,718	2,174,589
Capital assets, net book value (note 3)	13,525,174	14,153,099
	\$ 15,959,892	\$ 16,327,688
LIABILITIES AND NET ASSETS Current liabilities		
Accounts payable and accrued liabilities (note 4)	3,496,272	3,025,264
Employee future benefits (note 7)	168,100	165,900
Employee fatare benefite (note 1)	3,664,372	3,191,164
Long term liabilities	3,004,372	3,131,104
Long-term debt (note 5)	138,395	186,046
Deferred capital contributions (note 6)	5,519,701	5,819,602
Employee future benefits (note 7)	1,452,200	1,426,200
	10,774,668	10,623,012
Not consts		
Net assets Invested in capital assets	7,867,078	8,147,451
Unrestricted	(2,681,854)	(2,442,775)
Officestricted		
	5,185,224	5,704,676
	\$ 15,959,892	\$ 16,327,688
On behalf of the board of governors:		
Member		
Member		

ALEXANDRA MARINE AND GENERAL HOSPITAL OPERATING FUND STATEMENT OF REVENUE AND EXPENSES

For the Year Ended March 31	2019	2018
Revenue		
LHIN Base funding	17,441,264	17,093,672
One time funding	291,300	8,030
LHIN/MOHLTC recoveries	(1,156)	(24,849)
Other MOHLTC funding	2,622,487	2,642,142
Paymaster funding	438,686	374,834
Other votes funding (note 9)	1,881,117	1,849,164
Cancer Care Ontario	42,428	43,863
Recoveries and miscellaneous	608,393	573,633
Patient revenues and OHIP	1,613,518	1,459,299
Differential and copayment	174,481	138,020
Amortization of deferred capital contributions - equipment	551,493	506,755
· · ·	25,664,011	24,664,563
Expenses		21,001,000
Salaries and benefits	15,270,129	15,155,964
Medical staff remuneration	3,489,426	3,504,505
Supplies and other expenses	3,390,168	3,281,886
Medical and surgical supplies	570,925	581,664
Drugs and medical gases	406,473	356,866
Rental and lease expenses	40,912	42,007
Bad debts	37,761	36,289
Other votes expenses (note 9)	1,882,602	1,852,535
Amortization - equipment	716,545	746,077
7 thorazation equipment	25,804,941	25,557,793
	25,004,541	25,557,795
Excess (deficiency) of revenue over expenses		
from Hospital operations	(140,930)	(893,230)
Other items affecting operations		
Amortization of deferred capital contributions - building		
and building service equipment	276,997	278,825
Amortization - building and building service equipment	(655,519)	(653,507)
	(378,522)	(374,682)
	(370,322)	(374,002)
Excess (deficiency) of revenue over expenses for the year	(\$ 519,452)	<u>(\$ 1,267,912)</u>

ALEXANDRA MARINE AND GENERAL HOSPITAL STATEMENT OF CHANGES IN NET ASSETS

For the Year Ended March 31			2019	2018
	Invested in Capital Assets	Unrestricted	Total	Total
Balance, beginning of year	8,147,451	(2,442,775)	5,704,676	6,972,588
Excess (deficiency) of revenues over expenses	(545,267)	25,815	(519,452)	(1,267,912)
Transfer between funds	264,894	(264,894)	-	-
Balance, end of year	7,867,078	(2,681,854)	\$ 5,185,224	\$ 5,704,676

ALEXANDRA MARINE AND GENERAL HOSPITAL OPERATING FUND STATEMENT OF CASH FLOWS

For the Year Ended March 31	2019	2018
Operating activities		
Operating activities Excess of revenue over expenses for the year	(519,452)	(1,267,912)
Items not requiring (not providing) cash	(,,	(',= ' ', ' '= ',
Amortization expense	1,372,064	1,399,584
Amortization of deferred capital grants and donations	(828,490)	(785,580)
Loss (gain) on disposal of capital assets	1,693	-
Working capital provided from operations	25,815	(653,908)
Cash provided from (used for) changes in operational balances	•	,
Accounts receivable	61,627	30,401
Inventory	(21,698)	(24,158)
Prepaid expenses	(25,344)	20,112
Accounts payable and accrued liabilities	471,008	(1,689)
Employee future benefits - current	2,200	4,800
Deferred revenue		(6,356)
Cash provided from (used for) operating activities	513,608	(630,798)
Investing activities		
Net disposals (purchases) of capital assets	(745,832)	(225,522)
Financing activities		
Net proceeds (repayments) from long-term debt	(47,651)	(39,116)
Deferred building and equipment grants and donations	528,589	284,698
Employee future benefits - long-term	26,000	4,400
	506,938	249,982
Increase (decrease) in cash	274,714	(606,338)
Cash, beginning of year	597,047	1,203,385
Cash, end of year	\$ 871,761	\$ 597,047

For the Year Ended March 31, 2019

Alexandra Marine and General Hospital was incorporated by letters patent under the Ontario Business Corporations Act on June 3, 1901.

The Hospital is principally involved in providing health care services to the residents of the Town of Goderich and surrounding municipalities of Huron County. The Hospital is incorporated without share capital under the Corporations Act (Ontario) and is a charitable organization within the meaning of the Income Tax Act (Canada).

1. Significant accounting policies

The financial statements have been prepared in accordance with the Public Sector Accounting Handbook ("PS") which sets out Canadian generally accepted accounting principles ("GAAP") for government not-for-profit organizations ("GNPOs") in Canada. The Hospital has chosen to use the standards specified for GNPOs set out in PS 4200 to PS 4270. The significant accounting policies are summarized as follows:

a) Revenue recognition

The Hospital follows the deferral method of accounting for contributions that include donations and government grants.

The Hospital is primarily funded by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health and Long-Term Care (MOHLTC) and the South West Local Health Integration Network ("SW-LHIN").

Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of the accounting period are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period. These financial statements reflect arrangements with the Ministry of Health and Long-Term Care with respect to the year ended March 31, 2019.

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

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

Revenue from the insurance plans, preferred accommodations, and marketed services is recognized when the goods are sold or the service is provided, the amounts can be reasonably estimated and collection is reasonably assured.

b) Inventories

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

c) Capital assets

Capital assets are recorded at cost. Assets are amortized over their estimated useful lives using the following rates on a straight-line basis:

Land improvements	10 - 20 years
Buildings	20 - 50 years
Building service equipment	10 - 25 years
Equipment	5 - 10 years
Computer equipment	3 - 5 years

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

For the Year Ended March 31, 2019

1. Significant accounting policies (continued)

d) Contributed services

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

e) Employee future benefits

The benefit obligation is amortized over the average remaining service period of the active employees. The cost of retirement benefits earned by employees is actuarially determined using the projected unit method pro-rated on service and management's best estimate of retirement ages of employees and expected health and dental care costs.

f) Use of estimates

The preparation of the financial statements in conformity with Canadian Public Sector Accounting Standards requires management to make estimates and assumptions that affect the reporting amounts of assets and liabilities and disclosure of contingent assets and liabilities at the dates of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant items subject to such estimates and assumptions include the carrying amount of capital assets; valuation of receivables, inventories; and obligations related to employee future benefits. Actual results could differ from those estimates. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in operations in the year in which they are known.

g) Financial instruments

The financial instruments are classified into one of five categories: held-for-trading, held-to-maturity, loans and receivables, available-for-sale financial assets or other financial liabilities. All financial instruments are measured in the balance sheet at fair value except for loans and receivables, held-to-maturity investments and other financial liabilities which are measured at amortized cost. Subsequent measurement and changes in fair value will depend on their initial classification, as follows: held-for-trading financial assets are measured at fair value and changes in fair value are recognized in net earnings; available-for-sale financial instruments are measured at fair value with unrealized changes in fair value recorded in the statement of changes in net assets until the investment is derecognized or impaired at which time the amounts would be recorded in the operating fund statement of revenue and expenses.

In accordance with the Canadian Public Sector Accounting Standards the Hospital has undertaken the following:

- Designated cash and short-term investments as held-for-trading, being measured at fair value.
- (ii) Accounts receivable are classified as loans and receivables, which are measured at amortized cost.
- (iii) Marketable securities are designated as available-for-sale, which are recorded at fair value.
- (iv) Accounts payable and accrued liabilities and long-term debt are classified as other financial liabilities, which are measured at amortized cost.

For the Year Ended March 31, 2019

1. Significant accounting policies (continued)

g) Financial instruments (continued)

No financial statement recognition is given to embedded derivatives or non-financial contracts with derivative characteristics.

The Hospital also complies with PS 3450, "Financial Instruments", for the presentation and disclosure of financial instruments and non-financial derivatives.

The Hospital has elected to account for transactions as at the trade date.

h) Funding adjustments

The Hospital receives grants from the MOHLTC and the South West Local Health Integration Network (SWLHIN) for specific services. Pursuant to the related agreements, if the Hospital does not meet specified levels of activity, the MOHLTC or SWLHIN is entitled to seek refunds. Should any amounts become refundable, the refunds would be charged to operations in the period in which the refund is determined to be payable. Should programs and activities incur a deficit, the Hospital records any recoveries thereon in the period in which collection is received.

2. Restricted investments

Restricted investments reflect the investment of unused donations received from donors, restricted for future Hospital expenditures, and interest earned on those contributions.

The Hospital currently holds no investments.

3. Capital assets

	Cost	Accumulated	Net Book	Net Book
		Amortization	Value 2019	Value 2018
Land	153,868	-	153,868	153,868
Land improvements	207,780	102,318	105,462	40,539
Buildings	16,397,758	7,055,955	9,341,803	9,700,468
Building service equipment	4,957,179	3,346,932	1,610,247	1,750,763
Equipment	12,293,368	10,600,180	1,693,188	1,957,133
Computer hardware/software	3,007,608	2,387,002	620,606	550,328
•	\$ 37,017,561	\$ 23,492,387	\$ 13,525,174	\$ 14,153,099

4. Accounts payable and accrued liabilities

Accounts payable and accrued liabilities consist of:

	2019	2018
Trade payables	1,214,402	1,004,716
Salaries and deductions payable	1,117,247	1,158,094
Accrued vacation and statutory holiday payable	556,400	570,610
Other liabilities	608,223	<u>291,844</u>
	<u>\$ 3,496,272</u>	\$ 3,025,264

For the Year Ended March 31, 2019

5. Long-term obligations

2019 2018

CT2 Loan, 2.91% per annum for rate term expiring January 2021, blended monthly payments of principal and interest of \$4,368, due December 2022

\$ 138,395 \$ 186,046

Effective January 2015, the Foundation took over payments on the CT2 loan. The principal and interest payments are paid directly to TD by the Foundation. Since the Foundation is making the payments on all outstanding loans, no current portion has been recognized on the balance sheet, as the payments due in the next year will not be made from current assets of the Hospital. Principal due within each of the next five years on the long-term debt is as follows:

	C12 loan
2020	49,038
2021	50,485
2022	38,872
	\$ 138,395

6. Deferred capital contributions related to capital assets

Deferred capital contributions related to capital assets represent the unamortized amount received for the purchase of capital assets and consists of the following:

	2019	2018
Balance, beginning of year	5,819,602	6,320,484
Additional contributions	528,589	284,698
Less: Amounts amortized to revenue	(828,490)	(785,580)
Balance, end of year	<u>\$ 5,519,701</u>	\$ 5,819,602

For the Year Ended March 31, 2019

7. Employee future benefits

The Alexandra Marine and General Hospital provides extended health care, dental and semi-private benefits to eligible retired employees. An independent actuarial study of the post-retirement benefits has been undertaken. The most recent valuation of the employee future benefits was prepared as at March 31, 2019.

At March 31, 2019 the Hospital's accrued benefit obligation related to post-retirement benefit plans was \$1,620,300 (2018: \$1,592,100), as detailed in the table below.

	2019	2018
Balance, beginning of year	1,592,100	1,582,900
Benefit cost	165,900	168,700
Contributions by the Hospital	(137,700)	(159,500)
Balance, end of year	1,620,300	1,592,100
Less: current portion	<u>168,100</u>	<u>165,900</u>
Long-term accrued benefit liability	<u>\$ 1,452,200</u>	\$ 1,426,200

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

Discount rate	2019	2018
Beginning of year	3.37%	3.56%
End of year	3.18%	3.37%
General inflation	CPI rate is used	

8. Invested in capital assets

a) Net assets invested in capital assets are calculated as follows:

	2019	2018
Capital assets, net book value	13,525,174	14,153,099
Amounts financed by:		
Deferred capital contributions	(5,519,701)	(5,819,602)
Obligations under long-term debt	(138,395)	(186,046)
	\$ 7,867,078	\$ 8,147,451

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

b) Orlange in the assets invested in adpital assets is calculated as follows.		
	2019	2018
Excess of expenses over revenues:		
Gain on disposal of capital assets	(1,693)	-
Amortization of deferred capital contributions	,	
related to capital assets	828,490	785,580
Amortization of capital assets	(1,372,064)	(1,399,584)
·	\$ (545,267)	\$ (614,004)
Net change in investments in capital assets:		
Purchase of capital assets	745,832	225,522
Capital assets funded by deferred	,	,
capital contributions	(528,589)	(284,698)
Reduction in long-term debt	` 47,651 [′]	` 39,116 [′]
Proceeds on disposal of capital assets	-	-
	\$ 264,894	\$ (20,060)

For the Year Ended March 31, 2019

9. Other votes

The Alexandra Marine and General Hospital operates programming which is funded separately from general hospital operations. The LHIN funds the Community Mental Health Program (CMHP) and the Ministry of Children and Youth Services (MCYS) funds the Preschool Speech and Language Program (PSLP).

	2019	2018
Revenues		
Community Mental Health Program	1,689,073	1,654,030
Preschool Speech and Language Program	192,044	195,134
, , , , , ,	\$ 1,881,117	\$ 1,849,164
Expenses		
Community Mental Health Program	1,689,073	1,654,030
Preschool Speech and Language Program	193,529	198,505
	\$ 1,882,602	\$ 1,852,535

10. Pension plan

Employees of the Hospital are eligible to be members of the Hospitals of Ontario Pension Plan (HOOPP) which is a multi-employer final average pay contributory pension plan. Contributions made to the Plan during the year by the Hospital amounted to \$1,081,049 (2018: \$1,059,964) and are included in the operating fund statement of revenue and expenses.

11. Economic interest

The Hospital has an economic interest in the Alexandra Marine and General Hospital Foundation. The Foundation was established to solicit funds on behalf of the Hospital. The Foundation has net assets totalling \$2,699,722 (2018: \$954,290) for the benefit of the Hospital.

12. Financial risks and concentration of credit risks

Credit risk

Credit risk refers to the risk that a counterpart may default on its contractual obligations resulting in a financial loss. The Hospital is exposed to credit risk with respect to the accounts receivable.

The Hospital 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 Hospital at March 31, 2019 is the carrying value of these assets.

The carrying amount of accounts receivable is valued with consideration for an allowance for doubtful accounts. The amount of any related impairment loss is recognized in the operating fund statement of revenue and expenses. Subsequent recoveries of impairment losses related to accounts receivable are credited to the operating fund statement of revenue and expenses. The balance of the allowance for doubtful accounts at March 31, 2019 is \$73,000 (2018: \$69,000).

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

For the Year Ended March 31, 2019

12. Financial risks and concentration of credit risks (continued)

Liquidity risk

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

The Hospital is projecting increased liquidity risk exposure in the 2019/20 fiscal year.

Market risk

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the Hospital's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investments.

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

Interest rate risk

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

At March 31, 2019, all of the Hospital's long-term debt was at fixed interest rates, with the exception of advances under the bank credit facility.

There has been no change to the interest rate risk exposure from 2018.