Financial Statements of

ST. THOMAS-ELGIN GENERAL HOSPITAL

Year ended March 31, 2017

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INDEPENDENT AUDITORS' REPORT

To the Board of Governors of St. Thomas-Elgin General Hospital

We have audited the accompanying financial statements of St. Thomas-Elgin General Hospital, which comprise the statement of financial position as at March 31, 2017, the statement of operations and changes in net assets, and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of St. Thomas-Elgin General Hospital as at March 31, 2017 and its results of operations and its cash flows for the year then ended, and its remeasurement gains and losses for the year ended March 31, 2017 in accordance with Canadian public sector accounting standards.

KPMG LLP

Chartered Professional Accountants, Licensed Public Accountants

June1, 2017

London, Canada

ST. THOMAS-ELGIN GENERAL HOSPITAL
Statement of Financial Position

March 31, 2017, with comparative information for 2016

	2017	2016
Assets		
Current assets:		
Cash	$ 1,489,667	$ 3,517,718
Accounts receivable (note 2)	2,562,980	3,060,357
Due from Hospital Foundation (note 11 (a))	164,734	131,627
Inventories	877,901	837,301
Prepaid expenses	784,675	687,110
	5,879,957	8,234,113
Capital assets (note 3)	64,012,512	61,083,166
Restricted investments (note 6)	18,863	24,792
	$ 69,911,332	$ 69,342,071
Liabilities, Deferred Contributions and Net Assets		
Current liabilities:		
Bank indebtedness (note 4)	$ 335,942	$ 1,528,489
Accounts payable and accrued liabilities	8,381,269	8,140,787
Vacation liability	2,529,490	2,551,604
Due to Hospital Auxiliary (note 11 (b))	41,617	131,821
Current portion of long-term debt (note 5)	981,883	953,733
Total current liabilities	12,270,201	13,306,434
Long-term debt (note 5)	5,750,141	6,735,709
Sick leave liability	187,012	269,973
Employee future benefits (note 7 (b))	3,406,400	3,221,600
	21,613,754	23,533,716
Deferred capital contributions (note 8)	36,998,672	33,869,983
Net assets:		
Unrestricted	11,280,043	11,913,580
Restricted (note 6)	18,863	24,792
	11,298,906	11,938,372
Commitments (note 12)		
Contingencies (note 13)		
	$ 69,911,332	$ 69,342,071

See accompanying notes to financial statements.

On behalf of the Board:

Dawn P. Roberts Governor _______________ Governor

ST. THOMAS-ELGIN GENERAL HOSPITAL

Statement of Operations

Year ended March 31, 2017, with comparative information for 2016

	2017	2016
Revenues:		
Local Health Integration Network Funding	$ 74,288,101	$ 71,106,465
Patient revenue from other payers	11,125,530	11,120,772
Recoveries and miscellaneous revenue	6,459,082	6,228,536
Differential and co-payment revenues	775,591	843,008
Amortization of deferred contributions related to equipment	497,132	620,158
Gain on sale of marketable securities	-	371,075
Total revenues	93,145,436	90,290,014
Expenses:		
Salaries and wages	41,971,098	42,608,669
Employee benefits	12,211,304	11,582,753
	54,182,402	54,191,422
Medical staff remuneration	13,495,207	13,147,415
Supplies and equipment	15,140,653	14,050,976
Amortization of equipment	2,401,735	2,440,632
Medical and surgical supplies	4,064,455	4,212,747
Drugs	2,747,081	2,865,138
Interest, short-term	59,463	72,275
Bad debts	83,726	92,403
	37,992,320	36,881,586
Total expenses	92,174,722	91,073,008
Surplus (deficit) from operations before the undernoted	970,714	(782,994)
Other revenue (expenses):		
Amortization of deferred contributions related to buildings	630,924	596,884
Interest, long-term debt	(206,766)	(236,259)
Amortization of building	(2,034,338)	(1,913,244)
	(1,610,180)	(1,552,619)
Surplus (deficit)	$ (639,466)	$ (2,335,613)

See accompanying notes to financial statements.

ST. THOMAS-ELGIN GENERAL HOSPITAL

Statements of Changes in Net Assets

Year ended March 31, 2017, with comparative information for 2016

March 31, 2017	Restricted	Unrestricted	Total
Balance, beginning of year	$ 24,792	$ 11,913,580	$ 11,938,372
Deficit	-	(639,466)	(639,466)
Transfer (note 6)	(5,929)	5,929	-
Balance, end of year	$ 18,863	$ 11,280,043	$ 11,298,906

March 31, 2016	Restricted	Unrestricted	Total
Balance, beginning of year	$ 42,440	$ 14,231,545	$ 14,273,985
Deficit	-	(2,335,613)	(2,335,613)
Transfer (note 6)	(17,648)	17,648	-
Balance, end of year	$ 24,792	$ 11,913,580	$ 11,938,372

See accompanying notes to financial statements.

ST. THOMAS-ELGIN GENERAL HOSPITAL

Statement of Cash Flows

Year ended March 31, 2017, with comparative information for 2016

	2017	2016
Cash provided by (used in):		
Operating activities:		
Deficit	$ (639,466)	$ (2,335,613)
Items not involving cash:		
Amortization of capital assets	4,436,073	4,353,876
Amortization of deferred contributions	(1,128,056)	(1,217,042)
Gain on sale of marketable securities	-	(371,075)
Vacation liability	(22,114)	36,027
Sick leave liability	(82,961)	(189,553)
Employee future benefits	184,800	165,700
Changes in non-cash operating working capital (note 9)	476,383	97,249
	3,224,659	539,569
Financing activities:		
Bank indebtedness	(1,192,547)	286,997
Repayment of long-term debt	(957,418)	(928,438)
Contributions received related to capital assets	4,256,745	3,344,738
	2,106,780	2,703,297
Investing activities:		
Purchase of capital assets	(7,365,419)	(7,126,364)
Proceeds on sale of marketable securities	-	371,076
Net change in restricted investment	5,929	17,648
	(7,359,490)	(6,737,640)
Decrease in cash	(2,028,051)	(3,494,774)
Cash, beginning of year	3,517,718	7,012,492
Cash, end of year	$ 1,489,667	$ 3,517,718

See accompanying notes to financial statements.

The St. Thomas-Elgin General Hospital (the "Hospital") is incorporated without share capital under the Companies Act of Ontario. The Hospital is a registered charity under the Income Tax Act and accordingly is exempt from income taxes, provided certain requirements of the Income Tax Act are met.

The Hospital is a 156-bed facility providing 24-hour coverage in medicine, surgery, obstetrics, pediatrics, anaesthesia, mental health, emergency and family medicine. The Hospital serves the residents of St. Thomas and Elgin County.

The Hospital is primarily funded by the Province of Ontario in accordance with funding policies established by the Ontario Ministry of Health and Long-Term Care ("MoHLTC") and the Local Health Integration Network ("LHIN"). Any excess of revenues over expenses earned during a fiscal year may be retained by the Hospital. There is currently no commitment by the MoHLTC to fund deficits from hospital operations incurred by the Hospital. Therefore, to the extent that deficits are incurred and not funded, future operations may be affected. The MoHLTC provides operating funding including base funding which is expected to be received on an annual basis, and special funding, which is non-recurring in nature, and consequently is unconfirmed for future years.

The Hospital operates under a Hospital Service Accountability Agreement ("H-SAA") with the Southwest Local Health Integration Network ("SW LHIN") under the direction of the MoHLTC. This agreement sets out the rights and obligations of the two parties in respect of funding provided to the Hospital together with performance standards and obligations of the Hospital that establish acceptable results for the Hospital's performance.

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

1. Significant accounting policies:

The financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards including the Section 4200 standards for government not-for-profit organizations. Significant accounting policies of the Hospital are summarized as follows:

(a) Revenue recognition:

The deferral method of accounting for contributions which includes donations and government grants is as follows:

Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of an accounting period are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period.

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 other than endowment contributions are recognized as revenue in the year in which the related expenses are incurred.

Contributions restricted for the purchase of capital assets are recorded as deferred capital contributions and amortized into revenue on a straight line basis, at a rate corresponding with the amortization rate for the related capital assets.

Revenues from sources other than the MoHLTC and SW LHIN are recognized as services are rendered and collection is reasonably assured.

1. Significant accounting policies (continued):

(b) Inventories:

Inventories, consisting of hospital supplies, are valued at the lower of cost on a weighted average basis and replacement cost.

(c) Restricted investments:

Restricted investments are recorded at fair value.

(d) Capital assets:

Capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution. Assets acquired under capital leases are amortized over the estimated life of the assets or over the lease term, as appropriate. Repairs and maintenance costs are charged to expense. Betterments which extend the estimated life of an asset are capitalized. When a capital asset no longer contributes to the Hospital's ability to provide services, its carrying amount is written down to its residual value.

Amortization of original cost and any corresponding deferred contributions are calculated on a straight-line basis using the following annual rates over the estimated useful lives of the assets:

Asset	Rate
Building	2.0%
Equipment (not including software)	5.0% - 20.0%
Equipment (software)	33.3%

Construction in progress comprises construction and development costs and capitalized interest. No amortization is recorded until construction is substantially complete and the assets are ready for productive use.

1. Significant accounting policies (continued):

(e) Financial instruments:

Financial instruments are recorded at fair value on initial recognition. Derivative instruments and equity instruments that are quoted in an active market are reported at fair value. All other financial instruments are subsequently recorded at cost or amortized cost unless management has elected to carry the instruments at fair value. Management has elected to record all investments at fair value as they are managed and evaluated on a fair value basis.

Unrealized changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized, when they are transferred to the statement of operations. Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred. All other financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the straight-line method (or effective interest rate method). Long-term debt is recorded at cost.

All financial assets are assessed for impairment on an annual basis. When a decline is determined to be other than temporary, the amount of the loss is reported in the statement of operations and any unrealized gain is adjusted through the statement of remeasurement gains and losses.

When the asset is sold, the unrealized gains and losses previously recognized in the statement of remeasurement gains and losses are reversed and recognized in the statement of operations. There are no items to be reported on the statement of remeasurement gains and losses, and as a result, the statement has not been prepared.

The Hospital classifies fair value measurements using a fair value hierarchy, which includes three levels of information that may be used to measure fair value:

Level 1 – Unadjusted quoted market prices in active markets for identical assets or liabilities;

Level 2 – Observable or corroborated inputs, other than level 1, such as quoted prices for similar assets or liabilities in inactive markets or market data for substantially the full term of the assets or liabilities; and

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities.

1. Significant accounting policies (continued):

(f) Employee future benefits:

The Hospital provides non-pension post-retirement benefit including health, dental and life insurance benefits. The Hospital accrues its obligations under the non-pension post-retirement benefit as the employees render the services necessary to earn the post-employment benefits. The actuarial determination of the accrued benefit obligations uses the projected benefit method pro-rated on service using best estimates of salary escalation, retirement ages of employees, and expected health care and dental costs. The most recent actuarial valuation of the benefit plan for funding purposes was as of March 31, 2017.

Actuarial gains (losses) on plan assets arise from the difference between the actual return on plan assets for a period and the expected return on plan assets for that period. Actuarial gains (losses) on the accrued benefit obligation arise from differences between actual and expected experience and from changes in the actuarial assumptions used to determine the accrued benefit obligation.

The net accumulated actuarial gains (losses) are amortized over the average remaining service period of active employees. The average remaining service period of the active employees covered by the post-employment benefits plan is 13 years (2016 - 13 years).

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

Substantially all full time employees of the Hospital are members of the Healthcare of Ontario Pension Plan (the "Plan"). This Plan is a multi-employer, defined benefit pension plan, As this is a multi-employer plan, no liability has been recorded in the Hospital's financial statements.

(g) Contributed services:

A substantial number of volunteers contribute a significant amount of their time each year. However, because of the difficulty of determining the fair value, contributed services are not recognized in the financial statements. During the year, volunteers contributed 30,936 hours of services (2016 - 28,664).

1. Significant accounting policies (continued):

(h) Use of estimates:

The preparation of the financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year. Significant items subject to such estimates and assumptions include the carrying amount of property, plant and equipment, contingent liabilities, and obligations related to employee future benefits. Actual results could differ from those estimates.

2. Accounts receivable:

	2017	2016
Provincial Ministry of Health	$ 201,879	$ 62,503
Provincial other	247,593	272,666
Other	2,164,516	2,781,325
	2,613,988	3,116,494
Provision for doubtful accounts (note 14 (a))	(51,008)	(56,137)
	$ 2,562,980	$ 3,060,357

3. Capital assets:

			2017	2016
	Cost	Accumulated amortization	Net book value	Net book value
Land	$ 23,583	$ -	$ 23,583	$ 23,583
Building	76,284,545	34,413,833	41,870,712	42,551,322
Equipment	32,719,321	20,631,528	12,087,793	11,683,035
Construction in progress	10,030,424	-	10,030,424	6,825,226
	$119,057,873	$ 55,045,361	$ 64,012,512	$ 61,083,166

During the year, additions to capital assets consisted of $4,186,331 (2016 - $3,920,564) for equipment and buildings and $3,205,199 (2016 - $3,205,800) for the redevelopment project.

4. Credit facilities:

The following credit facilities have been established for the Hospital by a Canadian chartered bank:

(i) Unsecured operating line of credit of $6,000,000 at prime rate minus 0.80%. At March 31, 2017, $335,942 (2016 - $1,528,489) was drawn against this facility;

(ii) Unsecured demand revolving credit of $10,000,000 to assist with the redevelopment project at prime rate minus 0.75%. At March 31, 2017, nil was drawn against this facility;

(iii) Unsecured demand construction loan of $275,000 to assist with the redevelopment project. At March 31, 2017, nil was drawn against this facility; and

(iv) Long-term debt as described in note 5.

5. Long-term debt:

	2017	2016
Capital loan, unsecured, payable in monthly blended payments of $46,258, at prime (2.70% at March 31, 2017), minus 0.75%, balance due May 31, 2024, committed facility expires on April 30, 2018	$ 3,671,847	$ 4,153,888
3.87% Capital loan, unsecured, payable in quarterly blended payments of $151,340, balance due November 30, 2022, committed facility expires on April 30, 2018	3,060,177	3,535,554
	6,732,024	7,689,442
Less current portion	981,883	953,733
	$ 5,750,141	$ 6,735,709

Regular annual principal payments required on long-term debt for the next two fiscal years and thereafter are due as follows, however, it is management's intention to renew these facilities upon their expiry as has been the case in prior years:

2018	$ 981,883
2019	5,750,141
	$ 6,732,024

6. Restricted investments:

The Hospital holds certain contributions as restricted funds to reflect the wishes of donors. These investments are held in cash and short-term deposits.

7. Employee future benefits:

(a) Pension plan:

Substantially all full time employees of the Hospital are members of the Healthcare of Ontario Pension Plan (the "Plan"). This Plan is a multi-employer, defined benefit pension plan.

Employer contributions to the Plan on behalf of employees amounted to $3,515,681 (2016 - $3,315,821).

The audited financial statements of the Healthcare of Ontario Pension Plan at December 31, 2016, disclosed a net assets value of $70.4 billion with accrued going concern liabilities relating to pension obligations of $54.4 billion, resulting in a going concern surplus of $16 billion, or a 22% surplus (2016 - 22%).

(b) Other employee future benefits:

The non-pension post-retirement benefit plan is a defined benefit plan funded on a cash basis by contributions from the Hospital.

The current benefit costs for the Hospital's benefit plan, which is included in salaries and wages in the statement of operations, is as follows:

	2017	2016
Current benefit cost	$ 227,300	$ 227,700
Interest costs	122,900	113,200
Amortization of net actuarial loss	43,600	52,300
Current benefit cost	$ 393,800	$ 393,200

The unamortized actuarial gain (loss) is amortized over the expected average remaining service life.

Information about the Hospital's accrued non-pension benefits liability as at March 31, 2017 is as follows:

	2017	2016
Accrued benefit obligation	$ 2,127,100	$ 3,659,200
Unamortized net actuarial gain (loss)	1,279,300	(437,600)
Net benefit liability	$ 3,406,400	$ 3,221,600

7. Employee future benefits (continued):

(b) Other employee future benefits (continued):

The significant actuarial assumptions adopted in measuring the Hospital's accrued non-pension benefit obligations as at March 31, 2017 are as follows:

	2017	2016
Discount rate for accrued benefit obligations	3.92 %	3.25 %
Discount rate for net benefit expense	3.25 %	3.00 %
Health cost trends:		
Initial rate	8.00 %	7.00 %
Ultimate rate (rate reached in 2037)	4.00 %	5.00 %

Other information about the Hospital's non-pension defined benefit plans as at March 31, 2017 are as follows:

	2017	2016
Employer contributions	$ 209,000	$ 227,500
Benefits paid	209,000	227,500

8. Deferred capital contributions:

Deferred capital contributions related to capital assets represent the unamortized amount of contributions received for the purchase of capital assets. The amortization of deferred capital contributions is recorded as revenue in the statement of operations.

	2017	2016
Balance, beginning of year	$ 33,869,983	$ 31,742,287
Additional contributions	4,256,745	3,344,738
Amounts amortized to revenue	(1,128,056)	(1,217,042)
Balance, end of year	$ 36,998,672	$ 33,869,983

Of the balance at year end $34,090,119 (2016 - $29,152,052) has been spent on capital projects with $2,908,553 (2016 - $4,717,931) to be spent in future periods.

9. Changes in non-cash operating working capital:

	2017	2016
Accounts receivable	$ 497,377	$ (273,979)
Due from the Hospital Foundation	(33,107)	(89,036)
Inventories	(40,600)	(71,825)
Prepaid expenses	(97,565)	(90,388)
Accounts payable and accrued liabilities	240,482	555,188
Due to the Hospital Auxiliary	(90,204)	67,289
	$ 476,383	$ 97,249

10. Capital management:

In managing capital, the Hospital focuses on liquid resources available for operations. The need for sufficient liquidity is considered in the preparation of an annual budget and in the monitoring of cash flows and actual operating results compared to the budget. The Hospital will, where appropriate, finance capital assets through long-term loans which have an amortization period matching that of the assets being financed. As at March 31, 2017, the Hospital has authorized funds of $6,000,000 available through its operating line of credit, of which $335,942 has been drawn against this facility. As at March 31, 2017, the Hospital has met its objective of having sufficient liquidity to meet its current obligations.

11. Related entities:

(a) St. Thomas-Elgin General Hospital Foundation:

St. Thomas-Elgin General Hospital Foundation (the "Foundation") is a related entity incorporated without share capital under the laws of Ontario. The Foundation is independent, but exists to support designated programs and services within the Hospital. During the year, the Foundation provided funds to the Hospital totaling $2,206,065 (2016 - $1,922,344) which have been recorded as deferred capital contributions.

The Hospital provides the Foundation with accounting and payroll services as well as rental space at no cost to the Foundation.

As the Hospital does not control the Foundation, its results are not included in these financial statements.

(b) St. Thomas-Elgin General Hospital Auxiliary:

The St. Thomas-Elgin General Hospital Auxiliary (the "Auxiliary") operates the gift shop within the Hospital and undertakes other fundraising and volunteer activities for the benefit of the Hospital.

The Hospital provides the Auxiliary rental space at no cost to the Auxiliary.

As the Hospital does not control the Auxiliary, its results are not included in these financial statements.

12. Commitments:

(a) The Hospital is currently undertaking a construction project called "The Redevelopment Project" which will see a new building on the North West side of the property. The agreement will proceed as a build and finance alternative financing and procurement project under Infrastructure Ontario, with the Hospital and the Ministry sharing in the total project cost.

In November 2015, the Hospital entered into a project agreement with a third party company, EllisDon Infrastructure STEGH Inc. (“Project Co”) to build and finance the buildings constructed.

Project Co has guaranteed a price of $63,303,384 for the cost of the work and cost of the financing. The Hospital’s total share for the construction related costs of the Project is $5,020,000 and the remaining share of costs is estimated to be $5,020,000.

The Hospital has also committed for the replacement of a roof in the amount of $2,400,000. As at March 31, 2017 the cash advanced was $477,000.

12. Commitments (continued):

(b) The Hospital leases certain equipment and vehicles and has several service contract agreements. These leases and contracts expire at various dates and require aggregate future minimum payments of $3,417,094. Minimum payments required over the next five years are as follows:

2018	$ 1,036,931
2019	715,703
2020	706,979
2021	524,664
2022	432,817
	$ 3,417,094

13. Contingencies:

The Hospital is subject to certain actual and potential legal claims, which arise in the normal course of operations. As at March 31, 2017, the hospital has a number of outstanding claims or possible claims arising out of alleged damages caused by hospital and medical professional staff. A provision has been recorded in the financial statements after giving consideration to the Hospital's insurance coverage.

14. Financial risks:

(a) Credit risk:

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

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, 2017 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 statement of operations. Subsequent recoveries of impairment losses related to accounts receivable are credited to the statement of operations. The balance of the allowance for doubtful accounts at March 31, 2017 is $51,008 (2016 - $ 56,137).

As at March 31, 2017, $161,171 (2016 - $136,233) of trade accounts receivable were past due, but not impaired.

There have been no significant changes to the credit risk exposure from 2016.

14. Financial risks (continued):

(b) 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.

Accounts payable and accrued liabilities are generally due within 45 days of receipt of an invoice. The contractual maturities of the long-term debt is disclosed in note 5.

There have been no significant changes to the liquidity risk exposure from 2016.

(c) 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.

Financial assets and financial liabilities with variable interest rates expose the Hospital to cash flow interest rate risk. The Hospital is exposed to this risk through its long-term debt as disclosed in note 5.

There has been no significant change to the interest rate risk exposure from 2016.

15. Other information, Diabetes Education Program:

During the year, the Hospital received $261,275 (2016 - $246,775) to support the Diabetes Education Program. Expenses for the program during the year totalled $268,089 (2016- $267,108).