



Reports of the 2025 Annual General Meeting

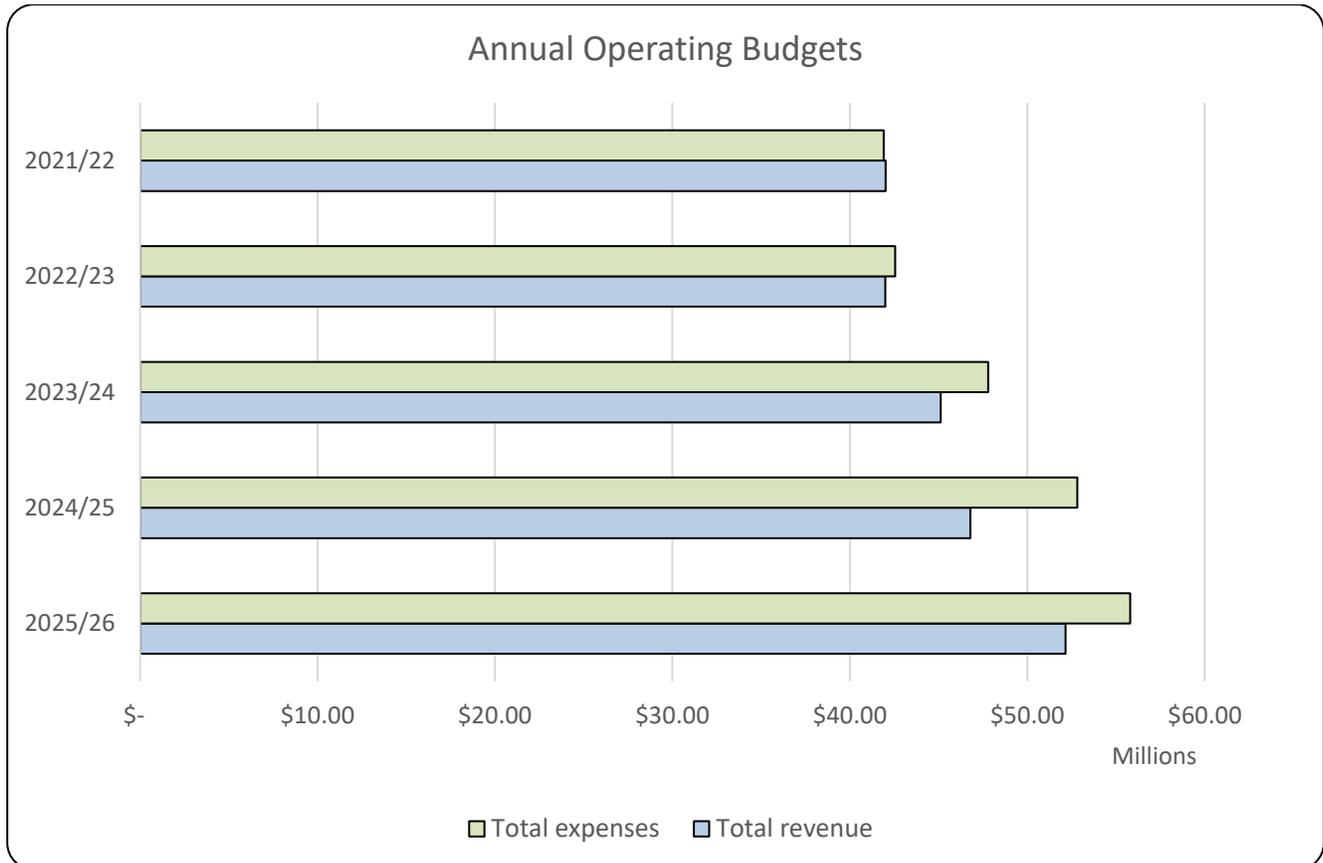
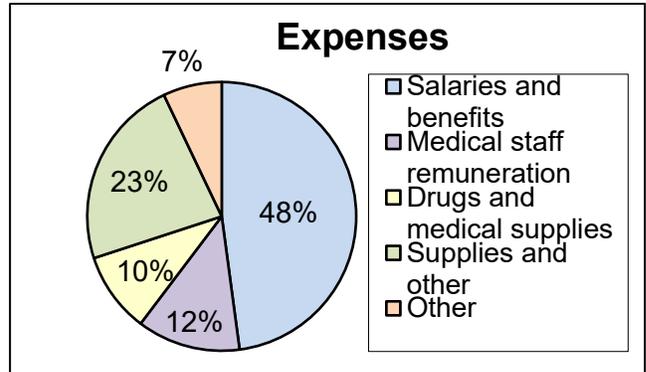
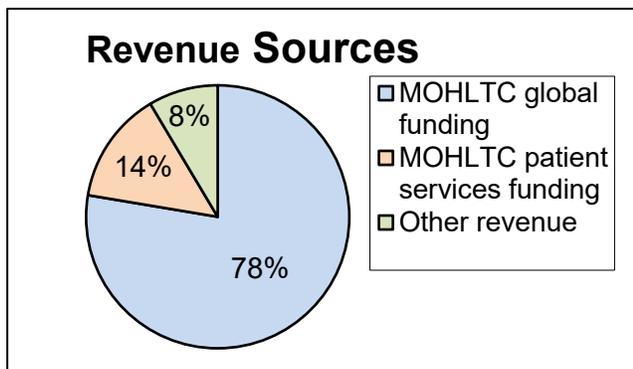
June 24, 2025

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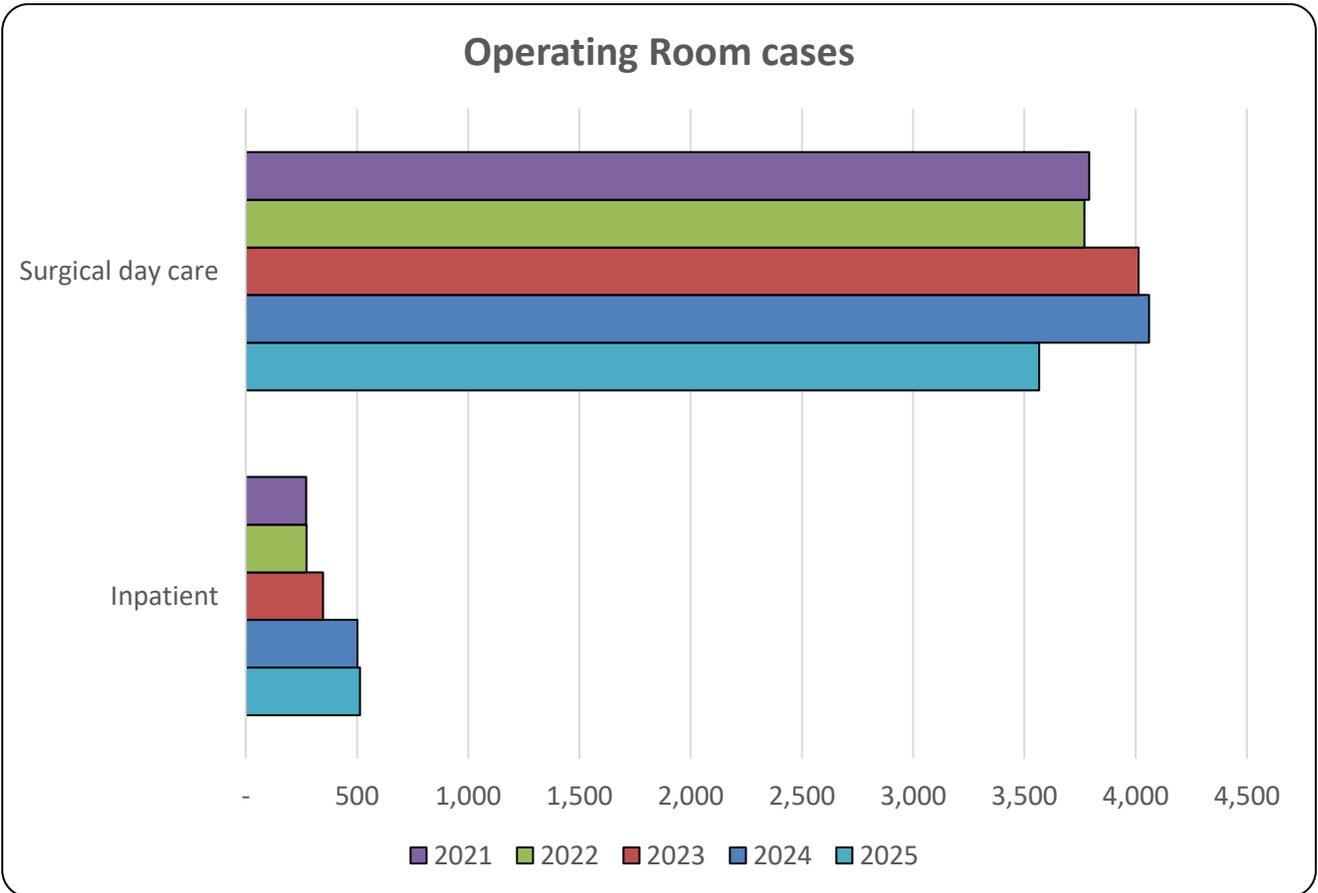
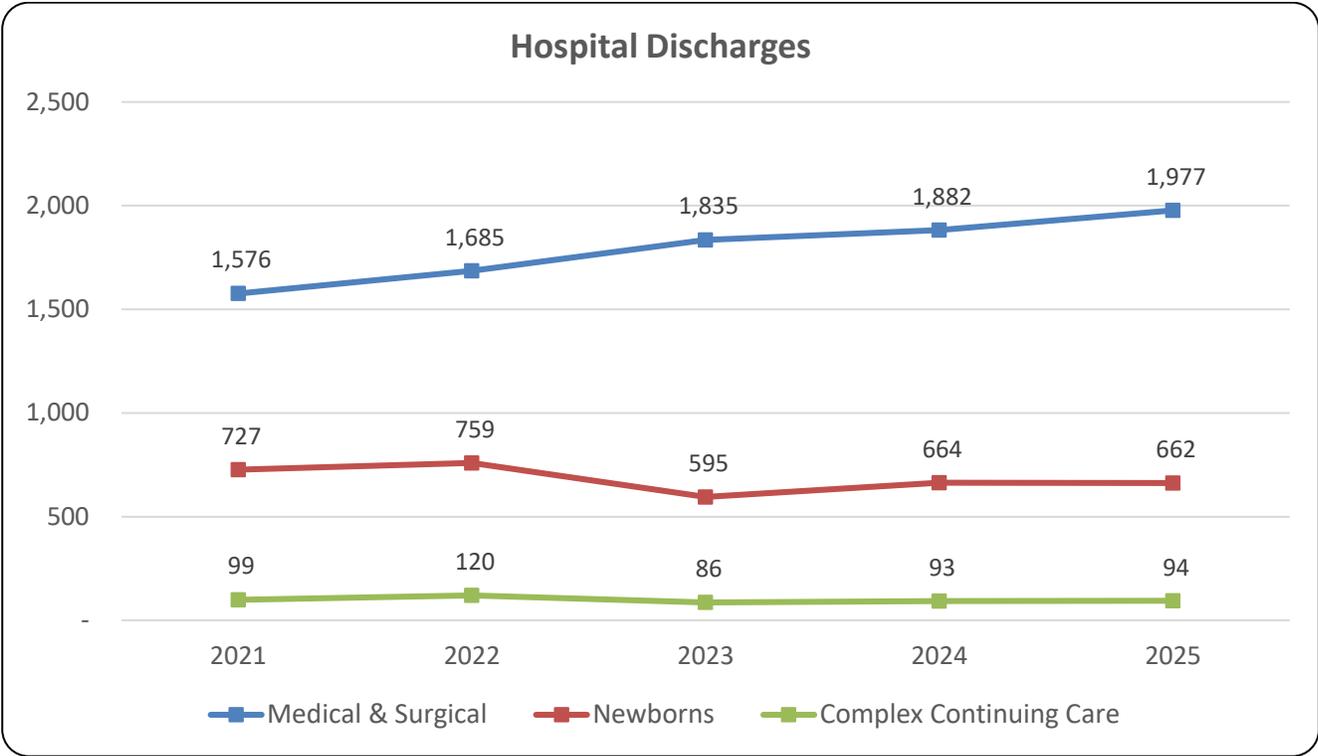
ANNUAL REPORT OF THE TREASURER 2024 – 2025

Financial Results:

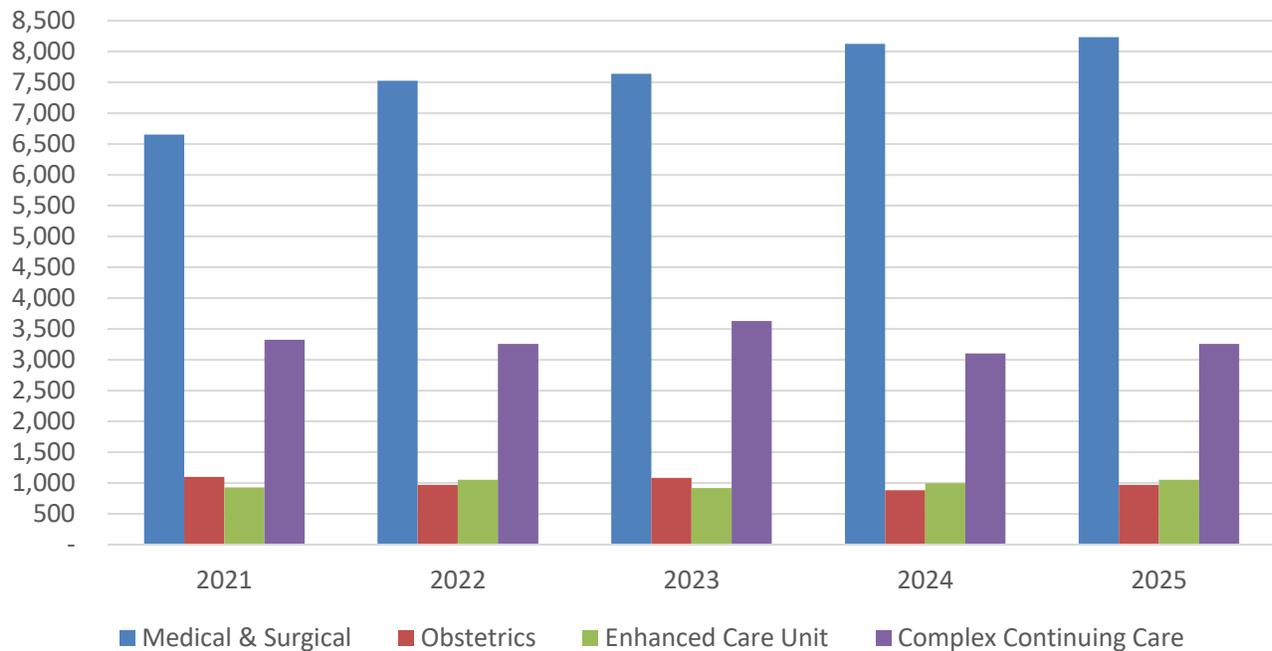
The hospital reported a yearend deficit of \$2,890,224 from hospital operations and a total deficit of \$3,117,412 for March 31, 2025.



Activity:



Inpatient services (patient days)



Outpatient Services (Visits)

	2024/2025	2023/2024	2022/2023	2021/2022	2020/2021
Diagnostic Imaging	43,599	39,608	37,211	36,900	32,125
Emergency visits	23,123	22,888	23,103	21,964	19,554
Medical/Surgical Clinics	8,228	7,311	8,440	8,908	6,557
Ontario Breast Screening Program	4,924	3,856	2,869	2,590	1,570
Hemodialysis	3,236	3,274	3,356	3,457	3,530
Chemotherapy	2,093	2,016	2,292	2,447	2,542
Prenatal Clinic	1,921	1,894	1,236	1,899	1,754
Gynecology Clinic	872	949	671	705	528
Cardiology	533	727	1,550	1,862	1,562
Ophthalmology Clinic	-	580	1,203	656	356
COVID Assessment Centre	-	-	-	9,293	18,478

As Treasurer, I would like to take this opportunity to thank the entire Leadership Team.

Respectfully submitted,

Tyson Roffey
Treasurer

Financial Statements of

**WINCHESTER DISTRICT
MEMORIAL HOSPITAL**

And Independent Auditor's Report thereon

Year ended March 31, 2025

DRAFT

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of the Winchester District Memorial Hospital

Opinion

We have audited the financial statements of the Winchester District Memorial Hospital, which comprise:

- the statement of financial position as at March 31, 2025
- the statement of operations for the year then ended
- the statement of changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements").

In our opinion, the accompanying financial statements, present fairly, in all material respects, the financial position of the Winchester District Memorial Hospital as at March 31, 2025, and its results of 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 auditor's report.

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

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

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, 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 Winchester District Memorial 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 Winchester District Memorial Hospital or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Winchester District Memorial 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 the financial statements.

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

We also:

- Identify and assess the 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 Winchester District Memorial 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 Winchester District Memorial 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 Winchester District Memorial Hospital to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- 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.

Chartered Professional Accountants, Licensed Public Accountants

Ottawa, Canada

(date)

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Statement of Financial Position

March 31, 2025, with comparative information for 2024

	2025	2024
Assets		
Current assets:		
Accounts receivable (note 2)	\$ 3,427,868	\$ 3,987,980
Due from related entities (note 3(b))	100,997	246,646
Inventories of supplies	551,696	674,124
Prepaid expenses	821,446	699,236
	<u>4,902,007</u>	<u>5,607,986</u>
Capital assets (note 4)	51,725,817	53,889,298
	<u>\$ 56,627,824</u>	<u>\$ 59,497,284</u>
Liabilities, Deferred Contributions and Net Assets		
Current liabilities:		
Bank indebtedness	\$ 1,184,450	\$ 688,650
Short-term borrowing (note 6)	2,497,572	2,717,202
Accounts payable and accrued liabilities	10,910,761	10,513,039
Deferred revenue	342,174	336,660
	<u>14,934,957</u>	<u>14,255,551</u>
Employee future benefits (note 5)	2,503,868	2,373,598
Deferred capital contributions (note 7)	41,349,160	41,910,884
Total liabilities	<u>58,787,985</u>	<u>58,540,033</u>
Net assets:		
Invested in capital assets (note 8)	11,106,216	12,864,215
Restricted	331,625	331,625
Unrestricted deficiency	(13,598,002)	(12,238,589)
	<u>(2,160,161)</u>	<u>957,251</u>
Commitments, contingencies and guarantees (note 11)		
	<u>\$ 56,627,824</u>	<u>\$ 59,497,284</u>

See accompanying notes to financial statements.

On behalf of the Board:

_____ President and Chairman

_____ Chief Executive Officer

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Statement of Operations

Year ended March 31, 2025, with comparative information for 2024

	2025	2024
Revenue:		
Ontario Ministry of Health:		
Base funding	\$ 33,997,310	\$ 30,516,594
OHIP funding	7,422,739	6,701,967
Satellite program	5,418,923	4,833,046
One-time funding	2,305,039	4,430,479
Recoveries and other	2,788,616	2,280,415
Other patient	985,050	725,471
Amortization of deferred contributions related to equipment (note 7)	821,647	881,452
Investment	51	2,878
	<u>53,739,375</u>	<u>50,372,302</u>
Expenses:		
Salaries and wages	20,244,230	19,689,056
Supplies and other	13,002,911	11,625,881
Employee benefits	6,869,746	6,463,625
Medical staff remuneration	7,036,567	6,620,087
Drugs and medical gases	5,473,504	4,836,624
Medical and surgical supplies	1,549,182	1,648,519
Amortization of equipment	2,209,564	2,293,833
Rental/lease of equipment	154,051	160,005
Bad debts	89,844	69,425
	<u>56,629,599</u>	<u>53,407,055</u>
Deficiency of revenue over expenses before undernoted items	(2,890,224)	(3,034,753)
Reimbursement of prior year Bill 124 costs (note 11(e))	–	1,725,010
Other vote programs:		
Dillabough Centre operations (note 9)	(20,528)	(36,876)
Amortization of deferred contributions related to buildings (note 7)	1,506,824	1,504,809
Amortization of buildings	(1,873,484)	(1,870,940)
Management fee from Rural Healthcare Innovations (note 3(a))	160,000	160,000
	<u>(227,188)</u>	<u>(243,007)</u>
Deficiency of revenue over expenses	<u>\$ (3,117,412)</u>	<u>\$ (1,552,750)</u>

See accompanying notes to financial statements.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Statement of Changes in Net Assets

Year ended March 31, 2025, with comparative information for 2024

	Invested in capital assets (note 8)	Restricted	Unrestricted	2025 Total	2024 Total
Balance, beginning of year	\$ 12,864,215	\$ 331,625	\$ (12,238,589)	\$ 957,251	\$ 2,510,001
Deficiency of revenue over expenses	—	—	(3,117,412)	(3,117,412)	(1,552,750)
Purchase of capital assets (note 4)	1,944,814	—	(1,944,814)	—	—
Loss on disposal of capital assets (note 4)	(8,432)	—	8,432	—	—
Amortization of capital assets (note 4)	(4,099,863)	—	4,099,863	—	—
Amortization of deferred capital contributions (note 7)	2,328,471	—	(2,328,471)	—	—
Deferred capital contributions used (note 7)	(1,922,989)	—	1,922,989	—	—
Balance, end of year	\$ 11,106,216	\$ 331,625	\$ (13,598,002)	\$ (2,160,161)	\$ 957,251

See accompanying notes to financial statements.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Statement of Cash Flows

Year ended March 31, 2025, with comparative information for 2024

	2025	2024
Cash provided by (used for):		
Operating activities:		
Deficiency of revenue over expenses	\$ (3,117,412)	\$ (1,552,750)
Items not involving cash:		
Amortization of capital assets	4,099,863	4,181,978
Amortization of deferred capital contributions (note 7)	(2,328,471)	(2,386,261)
Loss on disposal of capital assets (note 4)	8,432	1,195
Net increase in employee future benefits liability (note 5)	130,270	45,336
Net change in non-cash working capital (note 10)	1,109,215	(2,510,729)
	(98,103)	(2,221,231)
Capital activities:		
Deferred capital contributions received (note 7)	1,766,747	1,541,181
Purchase of capital assets	(1,944,814)	(1,437,473)
Sale of land (note 3(c))	—	882,500
	(178,067)	986,208
Financing activities:		
Net decrease in short-term borrowings	(219,630)	(198,343)
Net decrease in cash	(495,800)	(1,433,366)
Cash (bank indebtedness), beginning of year	(688,650)	744,716
Bank indebtedness, end of year	\$ (1,184,450)	\$ (688,650)

See accompanying notes to financial statements.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements

Year ended March 31, 2025

The Winchester District Memorial Hospital (the "Hospital") was incorporated in 1944 under the laws of Ontario and commenced operations on December 28, 1948. The Hospital is a community-based organization providing acute and chronic care services for the residents of its service area. The Hospital is a registered charity and is exempt from income tax under the Income Tax Act (Canada).

These financial statements reflect the assets, liabilities and operations of the Hospital. They do not include the assets, liabilities or operations of WDMH Foundation or its auxiliaries which, although associated with the Hospital, are separately managed, and report to separate Boards of Trustees.

1. Significant accounting policies:

The financial statements have been prepared by management in accordance with Canadian Public Sector Accounting Standards including the 4200 standards for government not-for-profit organizations and include the following significant accounting policies:

(a) Basis of presentation:

The Hospital follows the deferral method of accounting for government not-for-profit organizations.

(b) Revenue recognition:

Under the Health Insurance Act and Regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ontario Ministry of Health ("MOH"). 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.

Revenue from the Ontario Health Insurance Plan ("OHIP"), other patient care and marketed services, is recognized when the goods are sold, or the service is provided.

The Hospital receives funding for operations for certain programs from the MOH. The final amount of operating revenue recorded cannot be determined until the MOH has reviewed the Hospital's financial and statistical returns for the year. Any adjustments arising from the MOH review is recorded in the period in which the adjustment is made.

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

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.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

1. Significant accounting policies (continued):

(b) Revenue recognition (continued):

Revenues related to the sale of goods or provision of services are recognized in the year in which the underlying transaction or event occurred, performance obligations fulfilled, and future economic benefits are measurable and expected to be obtained. These revenues include patient services, recoveries, and other revenues.

(c) Financial instruments:

Financial instruments are recorded at fair value on initial recognition and are subsequently recorded at cost or amortized cost unless management has elected to carry the instruments at fair value. Management has not elected to carry any of its financial instruments at fair value.

Unrealized changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized, when they are transferred to the statement of operations. The Hospital does not have any amounts to record on the statement of remeasurement gains and losses and therefore this statement has not been included in these financial statements.

Financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the straight-line method.

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.

The Standards require the Hospital to classify 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.

A statement of remeasurement gains and losses is not presented in these financial statements as the Hospital does not have financial instruments requiring remeasurement.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

1. Significant accounting policies (continued):

(d) Foreign currency transactions:

Transactions involving foreign currencies are converted into Canadian dollar equivalents using rates of exchange in effect at the time of the transactions.

(e) Capital assets:

Purchased capital assets, other than minor equipment, are recorded at cost.

Minor equipment replacements are expensed in the year of replacement. Assets under construction are capitalized and are not amortized until the project is complete and the assets are ready for productive use.

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 is provided on a straight-line basis over the expected useful life as follows:

Asset	Term
Buildings	20 to 50 years
Hospital equipment	3 to 20 years

(f) Employee future benefits:

The Hospital provides defined retirement and other future benefits for substantially all retirees and employees. These future benefits include life insurance and health care benefits.

The Hospital accrues its obligations under the defined benefit plans as the employees render the services necessary to earn the other retirement benefits. The actuarial determination of the accrued benefit obligations for other retirement benefits uses the projected benefit method prorated on service (which incorporates management's best estimate of future salary levels, other cost escalation, retirement ages of employees and other actuarial factors). The most recent actuarial valuation of the benefit plans for funding purposes was as of March 31, 2025, and the next required valuation will be as of March 31, 2028.

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. These defined benefit plans are not funded.

The average remaining service period of active employees covered by the employee benefit plans is 12.17 years (2024 - 11.17 years).

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

1. Significant accounting policies (continued):

(f) Employee future benefits (continued):

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

The Hospital is an employer member of the Healthcare of Ontario Pension Plan, which is a multi-employer, defined benefit pension plan. The Hospital has adopted defined contribution plan accounting principles for this Plan because insufficient information is available to apply defined benefit plan accounting principles.

(g) Inventories of supplies:

Inventories of supplies are stated at the lower-of-cost and the net realizable amount. Inventory is determined on the average basis, less a provision for any obsolete or unusable inventory on hand.

(h) Contributed services:

A substantial number of 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.

(i) Use of estimates:

The preparation of 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 period. Actual results could differ from these estimates. These estimates are reviewed annually and as adjustments become necessary, they are recognized in the financial statements in the period they become known.

Amounts subject to significant estimates include the assumptions used in determining the employee future benefits liability and Ministry of Health pandemic funding.

(j) Related party transactions:

Monetary related party transactions and non-monetary related party transactions that have commercial substance are measured at the exchange amount when they are in the normal course of business, except when the transaction is a non-monetary exchange of a product or property held for sale in the normal course of operations. Where the transaction is not in the normal course of operations, it is measured at the exchange amount when there is a substantive change in the ownership of the item transferred and there is independent evidence of the exchange amount.

All other related party transactions are measured at the carrying amount.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

2. Accounts receivable:

	2025	2024
Ontario Ministry of Health	\$ 1,349,045	\$ 2,215,334
Ontario Health Insurance Plan	415,821	379,496
Other	1,738,002	1,468,150
	3,502,868	4,062,980
Less allowance for doubtful accounts	75,000	75,000
	\$ 3,427,868	\$ 3,987,980

3. Related party transactions:

(a) The Winchester District Memorial Hospital Auxiliary:

The Hospital has an economic interest in the Winchester District Memorial Hospital Auxiliary (the "Auxiliary"). The Auxiliary participates in fundraising activities to provide funding for the purchase of equipment for the Hospital. During 2025, the Auxiliary provided \$103,680 (2024 - \$162,747) in donations to the Hospital. Of this donated amount, \$103,680 (2024 - \$153,918) has been included in deferred contributions related to capital assets.

(b) The Winchester District Memorial Hospital Foundation:

The Hospital has an economic interest in the Winchester District Memorial Hospital Foundation (the "Foundation"). The Foundation raises, receives and maintains funds for the financing of major equipment, capital construction or needed renovations of the Hospital and Rural Healthcare Innovations. During 2025, the Foundation provided \$1,102,922 (2024 - \$922,994) in donations to the Hospital. Of this donated amount, \$17,831 (2024 - \$65,938) has been included in other revenue and \$1,085,091 (2024 - \$857,056) has been included in deferred capital contributions related to capital assets. As at March 31, 2025, the Foundation owes the Hospital \$100,997 (2024 - \$246,646) for its share of expenses incurred during the year and donations to be paid.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

3. Related party transactions (continued):

(b) The Winchester District Memorial Hospital Foundation (continued):

The assets, liabilities and results of operations for the Foundation for the year ended March 31 are as follows:

	2025	2024
Financial position:		
Total assets	\$ 2,154,979	\$ 8,391,150
Total liabilities	\$ 77,182	\$ 293,131
Net assets	2,077,797	8,098,019
Total liabilities and net assets	\$ 2,154,979	\$ 8,391,150
Results of operations:		
Total revenue	\$ 3,368,632	\$ 6,868,753
Total operating expenses	792,968	993,963
Total contributions to the Hospital and RHI	8,595,886	4,797,255
Excess (deficiency) of revenue over expenses	\$ 6,020,222	\$ 1,077,535

(c) Rural Healthcare Innovations:

Winchester District Memorial Hospital (the "Hospital") is related to Rural Healthcare Innovations ("RHI") by virtue of having common executive management personnel. RHI is a registered charity and is incorporated under the laws of Ontario.

In the year, the Hospital charged a management fee to RHI of \$160,000 (2024 - \$160,000) to reimburse the Hospital for management and other services. Any other operating transactions between the Hospital and RHI are recorded at the exchange amount. At year-end, the Hospital had an accounts receivable of \$15,778 (2024 - \$208,814) from RHI.

In 2024, the Hospital transferred land to RHI with a net book value of \$882,500. The Hospital received cash proceeds for the transfer in the year ending March 31, 2024.

RHI controls Dundas Manor Limited, a private company by virtue of owning 100% of its common shares. The Hospital had no transactions directly with Dundas Manor Limited in the year.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

4. Capital assets:

			2025	2024
	Cost	Accumulated amortization	Net book value	Net book value
Land	\$ 165,373	\$ -	\$ 165,373	\$ 165,373
Buildings:				
Hospital	72,776,775	29,168,564	43,608,211	44,961,868
Dillabough Centre	996,785	457,698	539,087	555,902
Total land and buildings	73,938,933	29,626,262	44,312,671	45,683,143
Hospital equipment	24,344,171	17,379,836	6,964,335	8,169,844
Assets under construction	448,811	-	448,811	36,311
	\$ 98,731,915	\$ 47,006,098	\$ 51,725,817	\$ 53,889,298

Cost and accumulated amortization at March 31, 2024 amounted to \$99,425,235 and \$45,535,937, respectively.

During the year, the Hospital disposed of capital assets with a cost of \$2,638,135 (2024 - \$250,292) and accumulated amortization of \$2,630,225 (2024 - \$249,097) resulting in a loss on disposal of capital assets of \$7,910 (2022 - \$1,195), which has been included in amortization expense.

In 2024, the Hospital transferred land with a net book value of \$882,500 to RHI as disclosed in note 3(c).

5. Employee future benefits:

(a) Health, dental and life insurance plans:

The Hospital provides extended health care and dental insurance benefits to its employees and extends this coverage to the post-retirement period. The measurement date used to determine the accrued benefit obligation is March 31, 2025. The most recent actuarial valuation of employee future benefits was completed as at March 31, 2025.

At March 31, 2025, the Hospital's liability associated with the benefit plan is as follows:

	2025	2024
Accrued benefit obligation	\$ 2,609,160	\$ 2,492,666
Unamortized experience gains (losses)	(105,292)	(119,068)
Employee future benefit liability	\$ 2,503,868	\$ 2,373,598

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

5. Employee future benefits (continued):

(a) Health, dental and life insurance plans (continued):

The Hospital's defined benefit plan is not funded, resulting in a plan deficit equal to the accrued benefit obligation.

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

	2025	2024
Discount rate	3.89%	3.95%
Dental cost increases	4.00%	4.00%
Extended healthcare cost escalations	8.00%	8.00%
Expected average remaining service life of employees	12.17 years	11.17 years

The employee future benefit liability change is comprised of:

	2025	2024
Current service cost	\$ 183,874	\$ 122,139
Interest on accrued benefit obligation during the year	98,851	89,513
Amortization of net experience losses	10,825	(13,524)
Benefit payments made by the Hospital during the year	(163,280)	(152,792)
	\$ 130,270	\$ 45,336

(b) Healthcare of Ontario Pension Plan:

Substantially all full-time employees of the Group are eligible to be 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 during the year amounted to \$1,750,503.94 (2024 - \$1,686,660). These amounts are included in employee benefits expense in the statement of operations.

Pension expense is based on Plan management's best estimates, in consultation with its actuaries, of the amount, required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. The funding objective is for employer contributions to the Plan to remain a constant percentage of employees' contributions.

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The most recent triennial actuarial valuation of the Plan as at December 31, 2024, indicates the Plan is fully funded.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

6. Short-term borrowing:

The Hospital has a re-advanceable demand of up to \$6,000,000 which bears interest at prime plus 0.75% and a revolving operating demand loan of up to \$3,000,000 which bear interest at prime plus 5.70%. At March 31, 2025, the Hospital has drawn a total of \$2,497,573 (2024 - \$2,717,202) on these facilities.

7. Deferred capital contributions:

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

The changes in the deferred balance for the year are as follows:

	2025	2024
Balance, beginning of year	\$ 41,910,884	\$ 42,755,964
Add contributions received during the year	1,766,747	1,541,181
Less amounts amortized for buildings	(1,506,824)	(1,504,809)
Less amounts amortized for equipment	(821,647)	(881,452)
	\$ 41,349,160	\$ 41,910,884

The balance of unamortized and unspent funds consists of the following:

	2025	2024
Unamortized capital contributions	\$ 40,619,601	\$ 41,025,083
Unspent contributions	729,559	885,801
	\$ 41,349,160	\$ 41,910,884

In the year, the Hospital used \$1,922,989 (2024 - \$1,521,064) of unspent deferred capital contributions for the acquisition of capital assets.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

8. Net assets invested in capital assets:

	2025	2024
Capital assets	\$ 51,725,817	\$ 53,889,298
Less amounts financed by deferred contributions (note 7)	(40,619,601)	(41,025,083)
	\$ 11,106,216	\$ 12,864,215

9. Dillabough Centre Operations:

	2025	2024
Rental revenue	\$ 66,311	\$ 64,129
Rental operating costs	70,024	83,800
Amortization of capital assets	16,815	17,205
Total expenses	86,839	101,005
Deficiency of revenue over expenses	\$ (20,528)	\$ (36,876)

10. Change in non-cash operating working capital:

	2025	2024
Accounts receivable	\$ 560,112	\$ (1,303,119)
Due from related entities	145,649	(166,958)
Inventories of supplies	122,428	(21,917)
Prepaid expenses and deposits	(122,210)	351,125
Accounts payable and accrued liabilities	397,722	(1,536,271)
Deferred revenue	5,514	166,411
	\$ 1,109,215	\$ 2,510,729

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

11. Commitments, contingencies and guarantees:

(a) Legal matters and litigation:

The nature of the Hospital's activities is such that there is usually litigation pending or in prospect at any time. There were no specific claims noted by Management at year-end and any potential claims are covered under the Hospital's insurance policy. No provision has been made for a loss in these financial statements, and any potential claims will not have a material adverse effect on the statement of financial position or results of operations.

(b) Healthcare Insurance Reciprocal of Canada:

A group of hospitals, including the Hospital, have formed the Healthcare Insurance Reciprocal of Canada ("HIROC"). HIROC is a pooling of the public liability insurance risks of its members. All members of the pool pay annual premiums which are actuarially determined. All members are subject to assessment for losses in excess of such premiums, if any, experienced by the pool for the years in which they were members, and these losses could be material. No reassessments have been made to March 31, 2025.

(c) Indemnification of Directors:

To the extent permitted by law the Hospital indemnifies present and former directors and officers against certain claims that may be made against them as a result of their service as directors or officers. The Hospital purchases directors' and officers' liability insurance that may be available in certain instances. The nature and likelihood of these arrangements preclude the Hospital from making a reasonable estimate of the maximum potential amount the Hospital could be required to pay to counterparties. The Hospital believes the likelihood that it will incur significant liability under these arrangements is remote and accordingly, no amount has been recorded in the financial statements for these guarantees.

(d) Employment matters:

During the normal course of operations, the Hospital is involved in certain employment related negotiations and other matters and has recorded accruals based on management's estimate of potential settlement amounts where these amounts are reasonably determinable and deemed likely to occur.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

11. Commitments, contingencies and guarantees (continued):

(e) Bill 124:

On November 29, 2022, the Ontario Superior Court rendered a decision to declare the *Protecting a Sustainable Public Sector for Future Generations Act, 2019*, known as Bill 124, to be void and of no effect. On December 29, 2022, The Province of Ontario appealed the Superior Court's decision, but the Government has not sought a stay of decision. This ruling triggered reopener provisions that required renewed negotiations with certain labour groups on compensation for the years that were previously capped by the legislation. The Hospital has made payments as required for settled contracts, and recorded liabilities based on subsequent settlement amounts and management's estimate of potential settlement amounts.

In fiscal 2024, the Ministry of Health provided funding to the Hospital to partially offset the cost of both the retroactive adjustments related to prior years, and the current year impact on salaries and wages. The funding received with respect to the retroactive adjustments is presented separately in the statement of operations. The Ministry of Health has not committed to providing funding to offset the additional costs related to the impact of Bill 124.

12. Financial risks:

The Hospital is subject to the following risks from its financial instruments:

(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 this risk relating to its cash, investments, and accounts receivable. The Hospital holds its cash accounts with federally regulated chartered banks who are insured by the Canadian Deposit Insurance Corporation.

The Hospital's receivables are with governments, government funding agencies, patients and residents and corporate entities. The Hospital believes that these receivables do not have significant credit risk in excess of allowances for doubtful accounts that have been established.

(b) Liquidity risk:

Liquidity risk is the risk that the Hospital will be unable to settle 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 30 days of receipt of an invoice.

The Hospital's liquidity risk has increased in the year due to the adverse effect of on-going annual operating losses on its overall liquidity, requiring the Hospital to short-term borrow on its line of credit. The Hospital will require sufficient and timely funding from the Ministry of Health of Ontario to settle its obligations on a timely basis and at a reasonable cost.

WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

12. Financial risks (continued):

(c) 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: currency risk, interest rate risk and other price risk.

(i) 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 Hospital is exposed to this risk through its short-term borrowing as disclosed in note 6.

(ii) Currency and other price risk:

The Hospital believes it is not subject to significant currency or other price risk from its financial instruments as it holds insignificant amounts in foreign currencies and does not hold investments traded in an active market.

Other than liquidity risk disclosed above, the Hospital's financial risks arising from its financial instruments have not changed significantly in the year. Management believes that its financial risks are appropriately mitigated and do not pose a significant risk to the Hospital's operations in the short term. There have been no significant changes in the policies, procedures and methods used to manage these risks in the year.



Winchester
District
Memorial
Hospital

ANNUAL REPORT OF THE CHIEF OF STAFF 2024-2025

I continue to feel honoured to serve alongside the professional staff at Winchester District Memorial Hospital (WDMH). Our community is very fortunate to have a hospital with such dedicated and committed staff. The Medical Staff at WDMH consistently reflect the core values of WDMH and work closely with colleagues from all disciplines and skill sets within the hospital. Through 2024-25, the medical staff have continued to maintain stability with respect to coverage and staffing of core services. Our ER maintained 100% availability for care, which is becoming exceptional for small hospitals in Canada.

I appreciate the ongoing, positive, collaborative relationships the medical staff have with all hospital staff and look forward to continued collaboration in 2025-2026.

Quality / Services and Partnerships / Integration

Quality

The Medical Advisory Committee (MAC) continues to hold monthly Morbidity and Mortality Rounds. These sessions provide learning opportunities via case review and teaching. All health professionals working in the hospital are welcome to attend these rounds.

MAC remains vigilant regarding staff credentials and overall quality of care. Continued attention is paid to careful review of unanticipated outcomes as well as staff responsibilities regarding timely and complete documentation. Quality reviews continue to take place as necessary, with rapid and sustained implementation of recommended changes.

Some initiatives that have taken place recently include the replacement of our CT scanner, with expected completion by June 16, 2025. Staff safety badges are available to employed and credentialed medical staff to support a safer work environment. A clinical relocation of services including the Birthing Unit, Cardiac Services, the Enhance Care Unit and Complex Continuing Care took place in March, creating new efficiencies and improving patient care. This change has improved staff safety and has brought some teams together. We continue to search for opportunities to reduce administrative burden and increase the proportion of time spent providing care, including ongoing investigation of AI Scribes and other related smart technology.

EPIC

The optimization and customization of Epic are ongoing with regular updates and a continued proactive approach to solutions for effective and efficient use.

Regional

WDMH continues to be an integral and integrated participant in the provision of coordinated care across Eastern Ontario, with participation in several regional initiatives as well as continued presence and input to the developing Great River Ontario Health Team. Further regional integration is anticipated over the coming years.

Our People

The MAC extends its appreciation and thanks to Dr. Peters & Dr. Hamilton who have both recently stepped down from their leadership roles with MSO and the Infection Control Committee respectively.

We are excited to welcome Dr. Vik Bhagirath as the incoming MSO President and Dr. Chris Mykytyshyn as the new physician lead for Infection Control.

WDMH continues to have a robust complement of credentialed staff, with a total of 229 members renewing their privileges for the 2025-2026 year commencing June 1, 2025. At that time, WDMH also said farewell to 17 Professional Staff who chose not to renew their privileges. Below is a departmental breakdown of our Professional Staff by primary service:

- 65 Medical imaging physicians
- 50 Medicine physicians, including both internal medicine generalists and various sub-specialists from respiratory, neurology, rheumatology, sleep medicine, nephrology, and medical oncology
- 41 Family medicine physicians, including 4 physicians regularly providing GP obstetrical services
- 28 Surgical staff, including surgeons from general surgery, urology, plastic surgery, otolaryngology (ENT) and surgical assistants
- 17 Emergency medicine physicians
- 14 Anaesthesia physicians
- 7 Obstetricians/gynecologists, including 2 physicians providing obstetrical ultrasound interpretation only
- 7 Midwives

Finally, WDMH continues to be a highly sought after location for family medicine residency. Our residency site continues to attract superb candidates and was fully matched, despite decreasing numbers of graduates choosing family medicine nationally. Many of our previous residents have established a long-term connection with WDMH, further supporting our ability to deliver great care close to home.

Respectfully,



Chief of Staff



ANNUAL REPORT OF THE QUALITY COMMITTEE 2024-2025

Winchester District Memorial Hospital (WDMH) has continued to work on quality initiatives to support patient care. Our goal is to improve each patient's experience and health outcomes by ensuring safe and quality care. The following is a summary of our achievements related to quality and safety in the last fiscal year.

Patient Care Improvement Plan (PCIP)

The Patient Care Improvement Plan (PCIP) outlines annual quality priorities and associated performance indicators that drive improvement efforts across the organization. The 2024–2025 indicators were selected to align with WDMH's Commitment Statement to deliver compassionate excellence close to home.

Indicators meeting or exceeding targets:

- **Workplace Violence Incidents Resulting in Lost time**

WDMH continues to maintain a strong workplace violence prevention program. This includes the use of the RIMs reporting system and mandatory Non-Violent Crisis Intervention (NVCI) training for all staff. The number of mocks conducted have also increased, including a mock code silver and purple conducted in the fall of 2024 in partnership with the Ontario Provincial Police. To date, no reported incidents have resulted in lost time. Education efforts continue to reinforce the importance of reporting all incidents, including verbal, physical, or sexual violence.

- **Medication Reconciliation Upon Discharge**

A manual audit revealed a system issue within Epic, where transfers to other facilities were not being accurately captured. Since identifying this in August 2024, manual chart reviews have been implemented to ensure data accuracy, resulting in consistent achievement of targets. This issue has been reported to the Atlas Alliance Epic support team.

- **90th percentile Ambulance offload time**

WDMH consistently outperforms the provincial average for ambulance offload times and remains a regional leader in this area. Ongoing improvements include collaboration with SD&G Paramedics to implement the Fit2Sit program, supporting more efficient transitions of care.

Indicators not yet at target, but demonstrating improvement:

- **Operating Room Scheduling Accuracy**

This metric continues to be impacted by the unpredictable nature of surgical cases and intraoperative adjustments. Variability in procedure duration and Epic documentation changes mid-case contribute to challenges in maintaining scheduling accuracy.

- **Do patients feel they received adequate information at discharge (completely satisfied)**

With the transition to Qualtrics electronic surveys, feedback suggests areas for improvement. In response, inpatient teams have implemented discharge rounding to proactively address patient concerns and gather real-time feedback before discharge.

- **Mean Percentile Wait Time for CT Priority 4**

Although the target was met in March 2024, ongoing CT machine downtimes due to equipment aging impacted performance during the 24-25 fiscal year. A new CT scanner contract has been secured, and the transition is underway, with a go-live of the new CT scanner expected June 16th, 2025.

- **Rate of staff who have completed equity/diversity/inclusion/antiracism education**

Gradual improvements throughout the year were noted. Completion continues to be reinforced through manager follow-ups and quarterly departmental reports. Staff are reminded this education is mandatory via the Surge platform.

- **Rate of patients who leave the Emergency Department without being seen by a physician**

This target was not met. Contributing factors include prolonged wait times and patients reviewing results in MyChart prior to physician assessment. AI tools are currently being trialed to improve patient throughput and support more efficient care delivery. In addition, there is an active working group reviewing Emergency Department processes and workflows.

- **90th percentile ED Length of Stay**

Increased volumes, particularly low-acuity visits, and delays in inpatient admissions (due to extended stays and isolation requirements) continue to challenge this metric. Improvement strategies are in development to address throughput and capacity issues.

None of the PCIP indicators have shown to be moving off target in 2024-25.

For 2025-26, the new PCIP indicators will include the following indicators and targets:

Indicator	Target
Rate of ED Patients Leaving Without Being Seen	≤ 8%
90th Percentile Ambulance Offload Time	≤ 30 minutes
90th Percentile ED Time to Initial Physician Assessment	≤ 414 minutes
Mean Wait Time for CT – Priority 4	≤ 74 days
“Completely Satisfied” with Information at Discharge	≥ 80%
Staff Completion of EDI/Anti-Racism Education	≥ 90%
Medication Reconciliation at Discharge	≥ 92%
Workplace Violence Incidents Resulting in Lost Time	0%

Patient Safety/Quality Improvement Initiatives:

Many quality improvements and patient safety initiatives were implemented over the last year. A few examples include:

Hand Hygiene

Enhanced audit processes using a newly developed smart form to track the Four Moments of Hand Hygiene. Regular audits, both structured and random, support continued adherence.

Education Program

WDMH's education strategy continues to grow:

- Clinical orientation expanded to include an additional day of basic skills and half a day of ECU-specific training.
- Internal training spots are now offered externally to generate revenue.
- Partnerships with Ontario Health and uOttawa support the delivery of ED-specific education and neonatal resuscitation training.

Workplace Violence Prevention Committee

New staff safety badges allow for discreet calls for assistance, with location tracking and automated announcements through the paging system. The hospital has also developed a new Service and Protection Agent role to further supports de-escalation and operational tasks hospital-wide. This role is expected to be implemented by summer 2025.

Pay for result – Emergency Department

Funding will continue in 2025–2026. A refreshed action plan is being developed to enhance ED performance and patient flow.

Patient and Family Engagement Committee (PFEC)

PFEC remains active with 6–8 community members and is integral to hospital planning and decision-making. This year, members have contributed in a number of ways, including:

- Participation in internal committees (e.g., Recruitment & Retention, Workplace Violence Prevention, Senior Friendly Hospital)
- Involvement in hospital interviews
- Consultation on strategic priorities and clinical initiatives

Senior Friendly Committee

The Senior Friendly Hospital Committee continues to work on implementing key initiatives to support the needs of our senior patients. The following programs have been the focus of the team over the last year:

Post-Discharge Appointments

Patients with COPD, CHF, ACS, or diabetes are now booked with their primary care provider within one week of discharge to support continuity of care.

Whiteboard Communication Project

Whiteboards have been ordered, with 50% installed as part of a trial. Effectiveness will be evaluated through interviews led by the Research team before full implementation.

Essential Care Partners Program

This program is now formally launched at WDMH, with plans to become one of the few hospitals offering formal training for Essential Care Partners by late 2025–2026.

Conclusion

Over the next year, we will continue to focus on patient care initiatives to support quality care and provide a safe work environment. We are proud of the services we provide to our community and continue to pursue compassionate excellence in all we do.

Respectfully submitted



Eric Stevens

Chair, Quality Committee



ANNUAL REPORT OF THE WDMH FOUNDATION 2024-2025

As we wrap up a year of transition, growth and incredible generosity, I want to extend my deepest gratitude to our donors. The WDMH Foundation team is honoured to work with our generous community to raise funds for Winchester District Memorial Hospital and Dundas Manor Long-Term Care Home. Here is a brief overview of just some of the wonderful ways our donors supported local health care this past year:

- The WDMH Foundation has written a cheque to Winchester District Memorial Hospital for **\$1,102,921.07** this year – incredible! Among other things, this money has been used to purchase **12** new pieces of equipment to care for patients, including a new vital patient monitoring system valued at almost half a million dollars, as well as making a deposit on the new CT scanner, which is being installed as we speak!
- Some donors choose to give a future gift to health care through **legacy or planned giving**. We are so grateful to donors who choose to remember WDMH or Dundas Manor this way. This past year, there were **10 estate gifts**, totaling almost **\$400,000**: 9 for WDMH, and 1 for Dundas Manor.
- Even in June, we are still thinking about **The Judy Lannin Christmas Wish Tree**. This annual tradition every December warms our hearts as families give in honour or memory of loved ones – all in support of our hospital. Unfortunately, the mail strike had an impact on this mailout. While the number of gifts was way down, the amount raised almost matched last year. There were **278 gifts**, totaling **\$52,605**.
- Have you met Dunwin, our Foundation mascot? This gentle but gigantic elephant is showing up at more and more community-hosted events. These are events that individuals and community groups organize on our behalf. Last year was incredibly busy, as **48 such events** were held in support of WDMH and Dundas Manor – raising **\$400,864!** This includes the incredible Catch the Ace lottery organized by the Kin Club of Russell, with a jackpot currently at over \$550,000.
- Another cherished program at the WDMH Foundation is **Lynne's Club** - our monthly giving program. We have **128** active members. Since 2011, this program has raised almost **\$620,000** for patient care.
- Finally, there is the **Honour Your Caregiver Program** where grateful patients donate as a way of saying thank you to amazing WDMH staff. There were 22 gifts made this past year, totaling \$2,850.
- Next door to the hospital, it has also been a whirlwind year at **Dundas Manor Long-Term Care Home**. One year ago, we launched the **Expanding the Circle of Compassionate Care** campaign to help build the new Manor. From The Grand Parade to Smile Cookies to the Raise the Roof Bike Night event... our community has stepped up in a big way to help build this special new home in our community.

The estimated cost of the new Dundas Manor is \$63 million, and the government is providing \$45 million: leaving our community campaign goal at \$18 million. Today, our total stands at over \$14.5 million and counting – with everyone's help, we will achieve this. Thank you to those who have already donated and to all those considering a gift to Dundas Manor.

This was a year of change and new beginnings. I'm honored to have stepped into the role of Executive Director, and I've been warmly welcomed by a community that is deeply committed to compassionate care and innovation. In addition to Justine and Erin, we've welcomed back Hanna from her maternity leave, and were excited to have Jillian join our team last month. I am also incredibly grateful to each of you — thank you for your fantastic work, continued dedication, and compassion for our donors and each other.

At the same time, we've said a heartfelt farewell to a long-serving staff member who helped shape the foundation into what it is today. We are grateful for Kristen's dedication and care over the years. Her contributions helped lay the groundwork for many of the successes we're building on today. We thank her sincerely and wish her all the best in her next chapter.

A huge thank you to our board of directors: your guidance, time, and unwavering commitment have been instrumental in navigating this year of transition. Your leadership ensures that we remain focused, accountable, and ambitious. We extend our deepest appreciation to the Hospital and Manor Boards, as well as all of our dedicated volunteers, for your unwavering commitment to providing health care close to home. Your efforts make a meaningful difference in our community every day.

To the wonderful staff and physicians at both WDMH and Dundas Manor — thank you all for the incredible care and compassion you provide. Our patients, residents and families appreciate all you do — and that shows in the gifts we receive.

The unwavering support of every one of you has made this year one of real impact. Because of you, we've been able to fund critical equipment, support patient-centered programs, and invest in the future of care in our community. These accomplishments are not just numbers or headlines—they are stories of lives touched, families supported, and futures made brighter. Your belief in our mission is what makes all of this possible.

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The Foundation has proudly served our community for thirty years. While much has changed over the past three decades, our core purpose remains the same: we care for one another. We all want access to excellent health care close to home, and we all understand that it takes a village to make that possible.

Thank you to our incredibly supportive communities who share their stories with us every day and remind us how vital local health care is. We are truly honoured to work alongside you to help make our community even stronger.

Thank you all for your trust, your generosity, and your belief in what we can accomplish together. Wishing you and your loved ones a safe and relaxing summer.



Cindy Ault Peters
Executive Director
WDMH Foundation



ANNUAL REPORT OF THE WDMH AUXILIARY 2024-2025

This past year, the WDMH Auxiliary has continued to carry on its proud tradition of assisting Winchester District Memorial Hospital (WDMH) through volunteering and fundraising.

To Note:

- The WDMH Auxiliary will merge with the WDMH Foundation this year. This will streamline the auditing efforts and increase efficiency for our Auxiliary members. Thank you to all involved in planning this merger.
- The Gift Shoppe has had a big year! The new purchasers have filled the store with lovely new items, and we have had record sales days in 2024-2025!
- Four local bursary recipients were chosen, each for \$1000. They will be presented later this month.
- WDMH Auxiliary Total assets as of May 31, 2025 are \$197,176.08.

Auxiliary Gifts to WDMH this year:

- 2 Ultrasound Probes - \$19,717.76
- 1 Vending Machine with tap/bank card capabilities – \$20,250.00
- Hot/Cold table for Food Services – \$17,000
- 3 beds for Med/Surg - \$33,935

Upcoming events for our volunteers:

- Volunteer Appreciation Luncheon, June 24th, at the Morrisburg Legion
- The Annual Bazaar will be September 26, 2024 in the WDMH Lobby

We extend our thanks to our amazing WDMH family for their work over the past year.

Louise Arsenault
Chair
WDMH Auxiliary



ANNUAL REPORT OF BOARD CHAIR AND CEO 2024-2025

To begin, thank you to the WDMH team - close to 900 staff, physicians, volunteers, and students. Each day, our team works together to fulfill our commitment of Compassionate Excellence.

Thank you as well to our local communities for your ongoing support. From your positive feedback to your acts of kindness, we are grateful.

And thank you to our closest colleagues - the WDMH Auxiliary, the Patient and Family Engagement Committee, Dundas Manor Long-Term Care Home, our partners in the Community Care and Dillabough buildings, as well as the donors and staff at the WDMH Foundation. Together, we care for our local communities.

We are so grateful to the WDMH team and our local communities for your vigilance and commitment to keeping everyone safe during a lengthy respiratory illness season this year.

Here are just some of the initiatives and highlights of what we are proud of this year:

- Quality and patient safety remain our #1 priority. We are guided by the Patient Care Improvement Plan and strive to achieve all the targets set each fiscal year.
- We care for more than 80,000 patients annually. Patient satisfaction remains very high thanks to our committed team.
- We continue to collaborate with the Atlas Alliance to explore the capabilities of our electronic health documentation system, Epic, and advocate for workflows that suit smaller hospitals.
- We have added Dermatology and Rheumatology to the list of services we provide, and we are re-integrating virtual mental health services.
- Our Emergency Room continues to implement many strategies to reduce wait times and improve efficiencies.
- We continue to work with our local health partners to advance the Great River Ontario Health Team and look forward to providing guidance and assisting with future endeavours in Primary Care Networks.
- WDMH is an employer of choice as we have welcomed new staff, physicians, and midwives and continue to be nearly fully staffed. Despite the health human resources challenges over the past several years we have implemented initiatives such as our Clinical Scholar program and the hiring of Clinical Externs. We take pride in not having used staffing agencies to fill any positions.
- We joined forces with Dundas Manor to host our second annual Job Fair.

- We welcomed 189 students throughout this past academic year. We are currently welcoming our paramedic students back to the ER since before the pandemic and are introducing ER residents, both to practice intubation.
- Through Recreation Committee events, our Commitment Awards, and community initiatives such as the Star Tree program, our team continues to take time to have fun and be #WDMHProud.
- The WDMH Foundation has had another wonderful year of working with generous donors to support both WDMH and the Dundas Manor Redevelopment, including the proposal of an MRI.

None of what we do would be possible without our community volunteers – those who provide input on the Patient and Family Engagement Committee and hospital committees, our Board of Directors who provide vision and leadership, and WDMH Auxiliary members and volunteers who work at the hospital and fundraise for much-needed equipment. We sincerely thank you for all you do for us.

We welcome input from our local communities and encourage everyone to visit our website and follow us on social media. You can also sign up for CONNECT, our e-newsletter. Thank you for being part of Team WDMH!

Respectfully submitted,



Jennifer Milburn
Chair
WDMH Board of Directors



Cholly Boland
President & CEO
WDMH