



## Reports of the 2026 Annual General Meeting

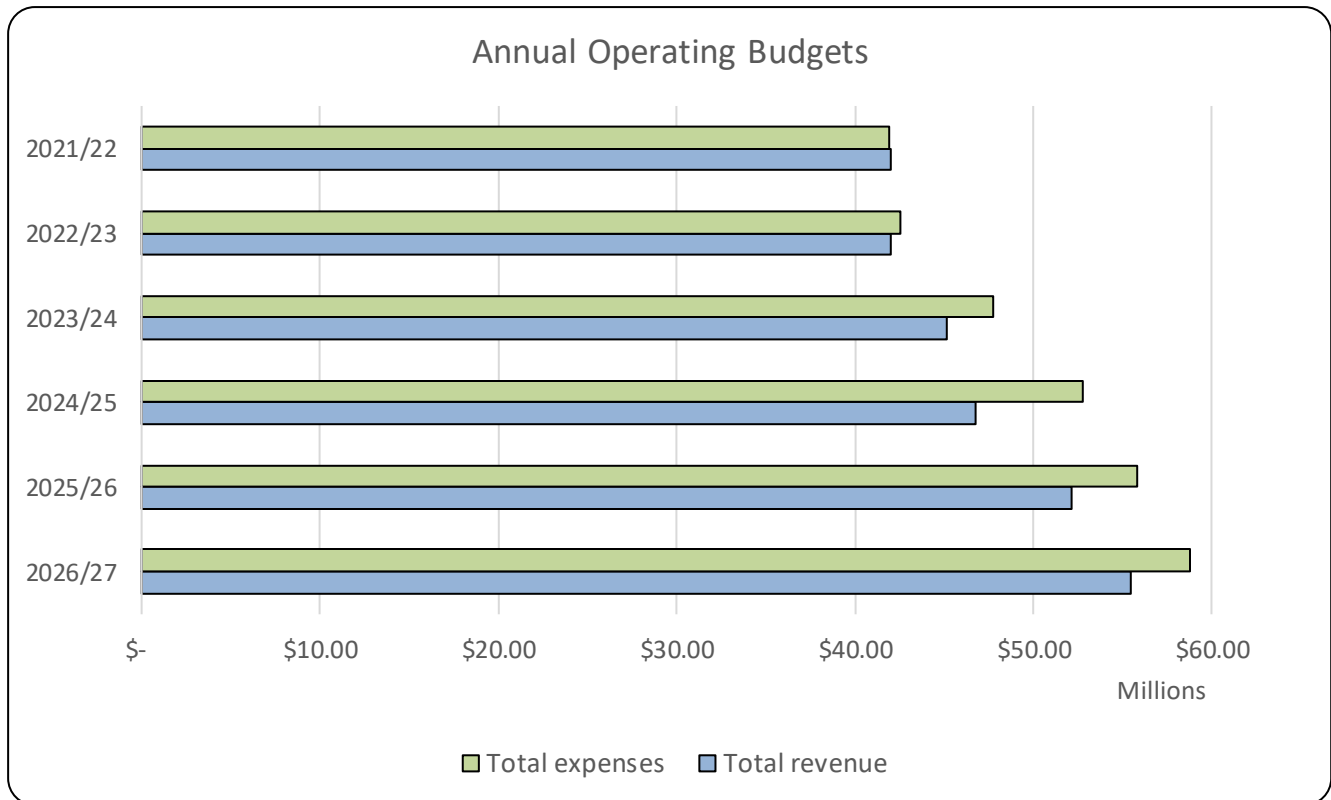
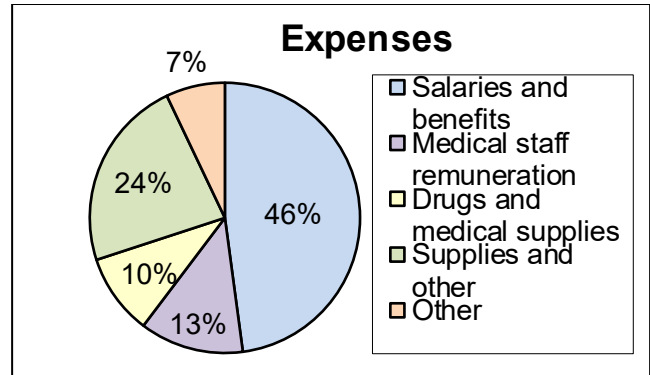
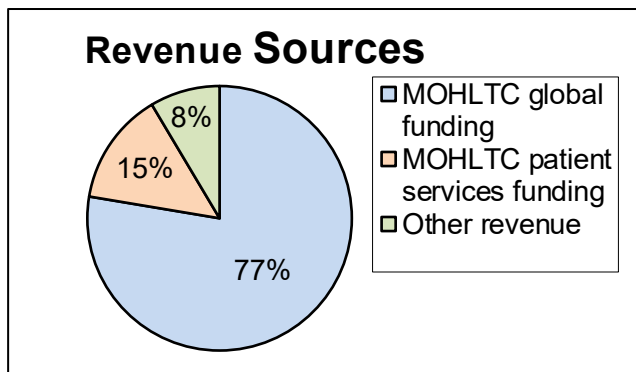
June 23, 2026

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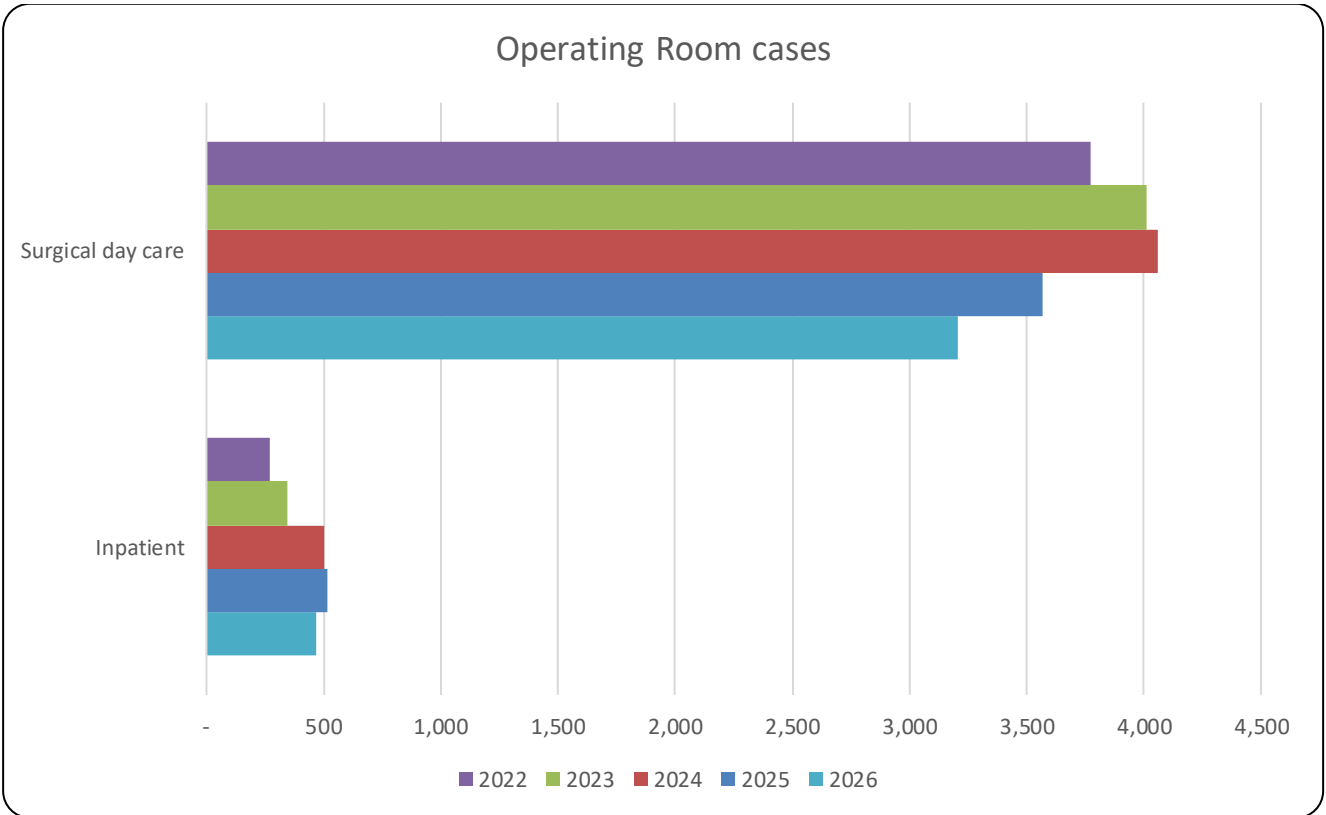
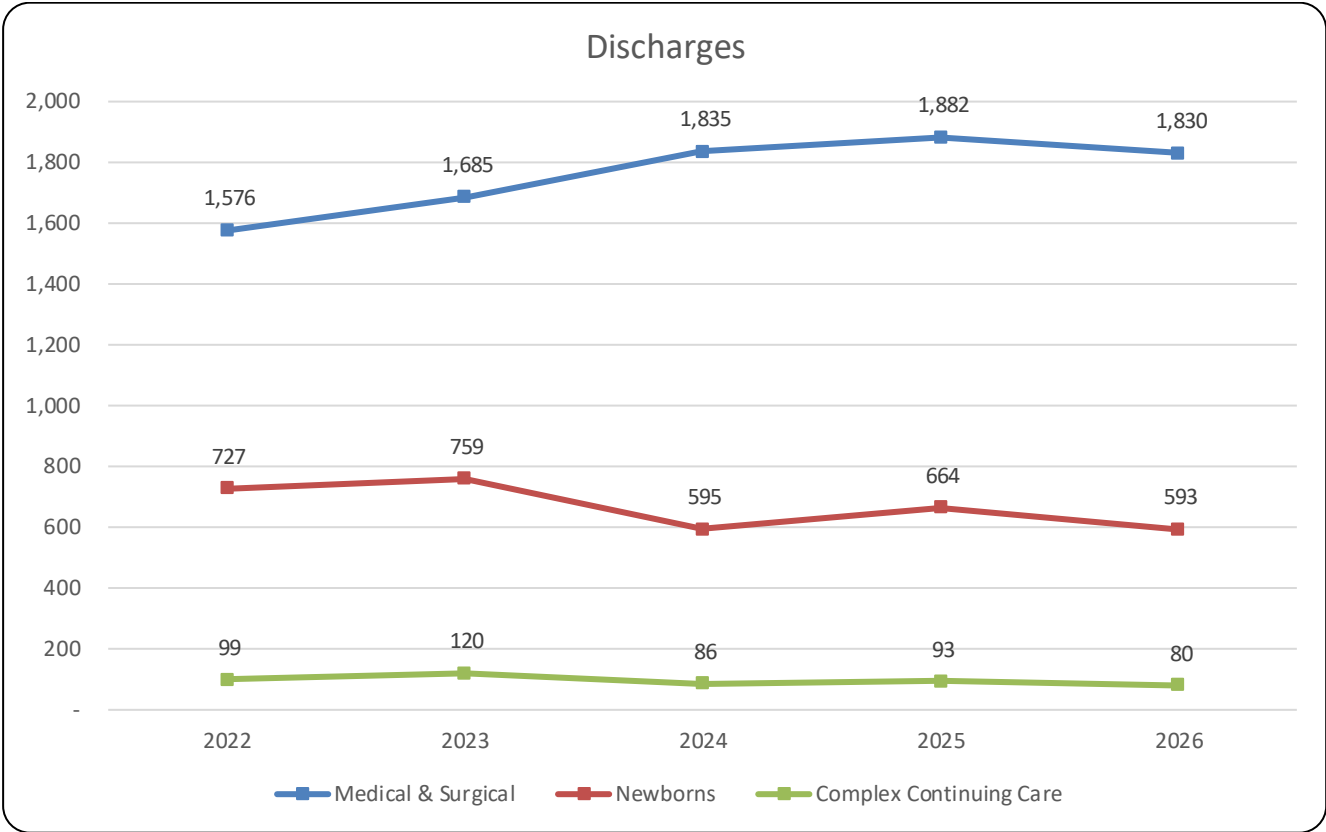
## ANNUAL REPORT OF THE TREASURER 2025 – 2026

### Financial Results:

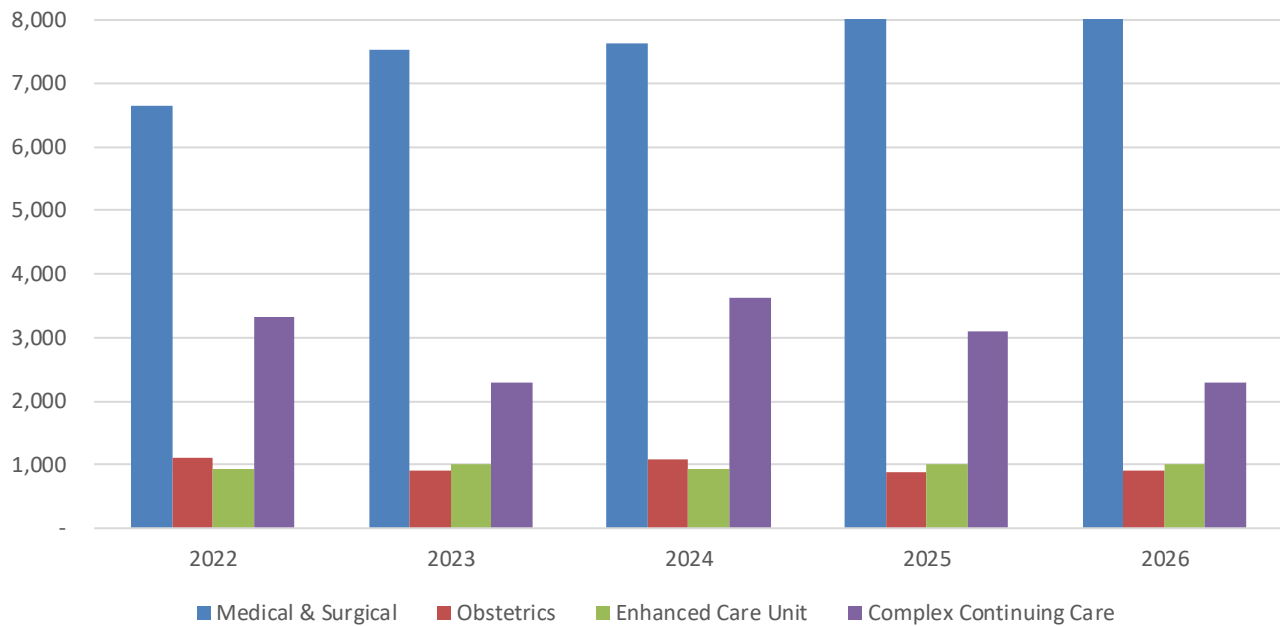
The hospital reported a yearend surplus of \$193,599 from hospital operations and a total surplus of \$84,068 for March 31, 2025.



# Activity:



### Inpatient services (patient days)



### Outpatient Services (Visits)

	2021/2022	2022/2023	2023/2024	2024/2025	2025/2026
Diagnostic Imaging	36,900	37,211	39,608	32,600	33,897
Emergency visits	21,964	23,103	22,888	23,123	24,423
Medical/Surgical Clinics	8,908	8,440	7,311	9,234	9,985
Ontario Breast Screening Program	2,590	2,869	3,856	4,927	4,918
Hemodialysis	3,457	3,356	3,274	3,236	3,078
Chemotherapy	2,447	2,292	2,016	2,093	2,201
Prenatal Clinic	1,899	1,236	1,894	1,921	2,139
Ontario Lung Screening Program	-	-	356	694	1,010
Gynecology Clinic	705	671	949	872	991
Cardiology	1,862	1,550	727	533	443
Ophthalmology Clinic	656	1,203	580	-	18

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

Respectfully submitted,

Tyson J. Roffey  
WDMH Board, Treasurer

Financial Statements of

**WINCHESTER DISTRICT  
MEMORIAL HOSPITAL**

And Independent Auditor's Report thereon

Year ended March 31, 2026

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# WINCHESTER DISTRICT MEMORIAL HOSPITAL

## Statement of Financial Position

March 31, 2026, with comparative information for 2025

	2026	2025
<b>Assets</b>		
Current assets:		
Cash	\$ 663,536	\$ —
Accounts receivable (note 2)	3,468,782	3,051,151
Due from related entities (notes 3(a) and 3(b))	606,738	477,714
Inventories of supplies	587,978	551,696
Prepaid expenses	916,036	821,446
	<u>6,243,070</u>	<u>4,902,007</u>
Capital assets (note 4)	51,753,728	51,725,817
	<u>\$ 57,996,798</u>	<u>\$ 56,627,824</u>
<b>Liabilities, Deferred Contributions and Net Assets</b>		
Current liabilities:		
Bank indebtedness	\$ —	\$ 1,184,450
Short-term borrowing (note 6)	2,314,661	2,497,572
Accounts payable and accrued liabilities	11,448,335	10,910,761
Deferred revenue	473,225	342,174
	<u>14,236,221</u>	<u>14,934,957</u>
Employee future benefits (note 5)	2,638,635	2,503,868
Deferred capital contributions (note 7)	43,198,035	41,349,160
Total liabilities	<u>60,072,891</u>	<u>58,787,985</u>
Net assets:		
Invested in capital assets (note 8)	9,078,569	11,106,216
Restricted	331,625	331,625
Unrestricted deficiency	(11,486,287)	(13,598,002)
	<u>(2,076,093)</u>	<u>(2,160,161)</u>
Commitments, contingencies and guarantees (note 11)		
	<u>\$ 57,996,798</u>	<u>\$ 56,627,824</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, 2026, with comparative information for 2025

	2026	2025
<b>Revenue:</b>		
Ontario Ministry of Health:		
Base funding	\$ 37,261,867	\$ 33,997,310
OHIP funding	9,511,265	7,422,739
Satellite program	6,431,769	5,418,923
One-time funding	4,971,393	2,305,039
Recoveries and other	3,322,376	2,788,616
Other patient	976,859	985,050
Amortization of deferred contributions related to equipment (note 7)	955,611	821,647
Investment	6,045	51
	<u>63,437,185</u>	<u>53,739,375</u>
<b>Expenses:</b>		
Salaries and wages	21,812,735	20,244,230
Supplies and other	15,338,244	13,002,911
Employee benefits	7,243,775	6,869,746
Medical staff remuneration	8,264,038	7,036,567
Drugs and medical gases	6,452,488	5,473,504
Medical and surgical supplies	1,571,490	1,549,182
Amortization of equipment	2,286,994	2,209,564
Rental/lease of equipment	210,945	154,051
Bad debts	62,877	89,844
	<u>63,243,586</u>	<u>56,629,599</u>
Excess (deficiency) of revenue over expenses before undernoted items	193,599	(2,890,224)
<b>Other vote programs:</b>		
Dillabough Centre operations (note 9)	(27,842)	(20,528)
Amortization of deferred contributions related to buildings (note 7)	1,516,684	1,506,824
Amortization of buildings	(1,758,373)	(1,873,484)
Management fee from Rural Healthcare Innovations (note 3(b))	160,000	160,000
	<u>(109,531)</u>	<u>(227,188)</u>
Excess (deficiency) of revenue over expenses	<u>\$ 84,068</u>	<u>\$ (3,117,412)</u>

See accompanying notes to financial statements.

# WINCHESTER DISTRICT MEMORIAL HOSPITAL

## Statement of Changes in Net Assets

Year ended March 31, 2026, with comparative information for 2025

	Invested in capital assets (note 8)	Restricted	Unrestricted	2026 Total	2025 Total
Balance, beginning of year	\$ 11,106,216	\$ 331,625	\$ (13,598,002)	\$ (2,160,161)	\$ 957,251
Excess (deficiency) of revenue over expenses	–	–	84,068	84,068	(3,117,412)
Purchase of capital assets (note 4)	4,109,368	–	(4,109,368)	–	–
Loss on disposal of capital assets (note 4)	(19,274)	–	19,274	–	–
Amortization of capital assets (note 4)	(4,062,183)	–	4,062,183	–	–
Amortization of deferred capital contributions (note 7)	2,472,295	–	(2,472,295)	–	–
Deferred capital contributions used (note 7)	(4,527,853)	–	4,527,853	–	–
<b>Balance, end of year</b>	<b>\$ 9,078,569</b>	<b>\$ 331,625</b>	<b>\$ (11,486,287)</b>	<b>\$ (2,076,093)</b>	<b>\$ (2,160,161)</b>

See accompanying notes to financial statements.

# WINCHESTER DISTRICT MEMORIAL HOSPITAL

## Statement of Cash Flows

Year ended March 31, 2026, with comparative information for 2025

	2026	2025
Cash provided by (used for):		
Operating activities:		
Excess (deficiency) of revenue over expenses	\$ 84,068	\$ (3,117,412)
Items not involving cash:		
Amortization of capital assets	4,062,183	4,099,863
Amortization of deferred capital contributions (note 7)	(2,472,295)	(2,328,471)
Loss on disposal of capital assets (note 4)	19,274	8,432
Net increase in employee future benefits liability (note 5)	134,767	130,270
Net change in non-cash working capital (note 10)	(8,902)	1,109,215
	1,819,095	(98,103)
Capital activities:		
Deferred capital contributions received (note 7)	4,321,170	1,766,747
Purchase of capital assets	(4,109,368)	(1,944,814)
	211,802	(178,067)
Financing activities:		
Net decrease in short-term borrowings	(182,911)	(219,630)
Net increase (decrease) in cash	1,847,986	(495,800)
Bank indebtedness, beginning of year	(1,184,450)	(688,650)
Cash (bank indebtedness), end of year	\$ 663,536	\$ (1,184,450)

See accompanying notes to financial statements.

# WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements

Year ended March 31, 2026

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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, 2026

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## 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, 2026

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## 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 13.17 years (2025 - 12.17 years).

# WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2026

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## 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.

### (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, 2026

## 2. Accounts receivable:

	2026	2025
Ontario Ministry of Health	\$ 1,294,413	\$ 1,349,045
Ontario Health Insurance Plan	403,025	415,821
Other	1,846,344	1,361,285
	3,543,782	3,126,151
Less allowance for doubtful accounts	75,000	75,000
	\$ 3,468,782	\$ 3,051,151

## 3. Related party transactions:

### (a) The Winchester District Memorial Hospital Foundation:

Effective April 1, 2025, the operations, assets and liabilities of the Winchester District Memorial Hospital Auxiliary (the "Auxiliary") were transferred to and assumed by the Winchester District Memorial Hospital Foundation (the "Foundation"). The Auxiliary was a separately incorporated not for profit organization whose purpose was to support the Hospital through fundraising and related activities.

The transfer was completed pursuant to approvals by the Boards of Directors of the Auxiliary and the Foundation and represents a reorganization between related entities under common control. The Hospital was not a party to the transaction and did not assume any assets or liabilities as part of the transfer.

Following the transfer, the Foundation continues to raise, manage and distribute funds in support of the Hospital. All donor-imposed restrictions on funds raised by the Auxiliary prior to the transfer continue to be administered by the Foundation in accordance with the original donor intentions.

Comparative information has not been restated, as the Auxiliary and the Foundation were separate legal and reporting entities in the prior year.

# WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2026

### 3. Related party transactions (continued):

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

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 2026, the Foundation provided \$3,230,634 (2025 - \$1,102,922) in donations to the Hospital. Of this donated amount, \$20,318 (2025 - \$17,831) has been included in other revenue and \$3,210,316 (2025 - \$1,085,091) has been included in deferred capital contributions related to capital assets. As at March 31, 2026, the Foundation owes the Hospital \$433,498 (2025 - \$100,997) for its share of expenses incurred during the year and donations to be paid.

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

	2026	2025
Financial position:		
Total assets	\$ 1,609,871	\$ 2,154,979
Total liabilities	\$ 448,779	\$ 77,182
Net assets	1,161,092	2,077,797
Total liabilities and net assets	\$ 1,609,871	\$ 2,154,979
Results of operations:		
Total revenue	\$ 2,781,799	\$ 3,368,632
Total operating expenses	685,387	792,968
Total contributions to the Hospital and RHI	3,230,635	—
Excess (deficiency) of revenue over expenses	\$ (1,134,223)	\$ 2,575,664

(b) Rural Healthcare Innovations:

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.

# WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2026

### 3. Related party transactions (continued):

#### (b) Rural Healthcare Innovations (continued):

In the year, the Hospital charged a management fee to RHI of \$160,000 (2025 - \$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 \$173,258 (2025 - \$376,717) from RHI.

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.

### 4. Capital assets:

			2026	2025
	Cost	Accumulated amortization	Net book value	Net book value
Land	\$ 165,373	\$ –	\$ 165,373	\$ 165,373
Buildings:				
Hospital	73,020,271	30,926,937	42,093,334	43,608,211
Dillabough Centre	996,785	474,513	522,272	539,087
Total land and buildings	74,182,429	31,401,450	42,780,979	44,312,671
Hospital equipment	24,661,589	17,053,285	7,608,304	6,964,335
Assets under construction	1,364,445	–	1,364,445	448,811
	\$ 100,208,463	\$ 48,454,735	\$ 51,753,728	\$ 51,725,817

Cost and accumulated amortization at March 31, 2025 amounted to \$98,731,915 and \$47,006,098, respectively.

During the year, the Hospital disposed of capital assets with a cost of \$2,809,234 (2025 - \$2,638,135) and accumulated amortization of \$2,789,960 (2025 - \$2,630,225), resulting in a loss on disposal of capital assets of \$19,274 (2025 - \$8,432). The disposal of these assets resulted in the derecognition of related deferred capital contributions of \$176,414 (2025 - \$Nil).

# WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2026

## 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, 2026. The most recent actuarial valuation of employee future benefits was completed as at March 31, 2026.

At March 31, 2026, the Hospital's liability associated with the benefit plan is as follows:

	2026	2025
Accrued benefit obligation	\$ 2,673,626	\$ 2,609,160
Unamortized experience losses	(34,991)	(105,292)
<b>Employee future benefit liability</b>	<b>\$ 2,638,635</b>	<b>\$ 2,503,868</b>

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:

	2026	2025
Discount rate	3.88%	3.89%
Dental cost increases	4.00%	4.00%
Extended healthcare cost escalations	8.00%	8.00%
Expected average remaining service life of employees	13.17 years	12.17 years

The employee future benefit liability change is comprised of:

	2026	2025
Current service cost	\$ 176,028	\$ 183,874
Interest on accrued benefit obligation during the year	101,944	98,851
Amortization of net experience losses	9,795	10,825
Benefit payments made by the Hospital during the year	(153,000)	(163,280)
	<b>\$ 134,767</b>	<b>\$ 130,270</b>

# WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2026

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## 5. Employee future benefits (continued):

### (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 \$1,848,483 (2025 - \$1,750,503). 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.

## 6. Short-term borrowing:

During the year, the Hospital replaced its existing credit facilities with a Canadian chartered bank. The former facilities consisted of a \$6.0 million demand term loan bearing interest at prime plus 0.75% and a \$3.0 million revolving operating demand facility, under which \$2,497,572 was drawn and repayable on demand as at March 31, 2025.

The new credit facilities comprise a \$6.0 million revolving term loan, a \$6.0 million revolving lease line of credit, and a \$3.0 million revolving operating demand facility, bearing interest at bank prime plus 0.50%. At March 31, 2026, \$2,314,661 was drawn under these facilities.

The new facilities are used primarily to finance general operation with the ability to use for capital assets, with repayment terms established at the time of each drawdown. This change reflects a shift from operating and demand-based borrowing arrangements to primarily capital-focused revolving credit facilities.

# WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2026

## 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:

	2026	2025
Balance, beginning of year	\$ 41,349,160	\$ 41,910,884
Add contributions received during the year	4,321,170	1,766,747
Less amounts amortized for buildings	(1,516,684)	(1,506,824)
Less amounts amortized for equipment	(955,611)	(821,647)
	<u>\$ 43,198,035</u>	<u>\$ 41,349,160</u>

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

	2026	2025
Unamortized capital contributions	\$ 42,675,159	\$ 40,619,601
Unspent contributions	522,876	729,559
	<u>\$ 43,198,035</u>	<u>\$ 41,349,160</u>

In the year, the Hospital used \$4,527,853 (2025 - \$1,922,989) of unspent deferred capital contributions for the acquisition of capital assets.

# WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2026

## 8. Net assets invested in capital assets:

	2026	2025
Capital assets	\$ 51,753,728	\$ 51,725,817
Less amounts financed by deferred contributions (note 7)	(42,675,159)	(40,619,601)
	\$ 9,078,569	\$ 11,106,216

## 9. Dillabough Centre Operations:

### (a) Dillabough Centre:

Restricted net assets of \$331,625 (2025 - \$331,625) represent funds internally restricted by the Hospital relating to the Dillabough Centre. These funds are to be used for the ongoing operations, maintenance and future capital requirements of the rental property and are not available for general operations.

### (b) Operations:

	2026	2025
Rental revenue	\$ 76,487	\$ 66,311
Rental operating costs	87,514	70,024
Amortization of capital assets	16,815	16,815
Total expenses	104,329	86,839
Deficiency of revenue over expenses	\$ (27,842)	\$ (20,528)

## 10. Change in non-cash operating working capital:

	2026	2025
Accounts receivable	\$ (214,172)	\$ 560,112
Due from related entities	(332,483)	145,649
Inventories of supplies	(36,282)	122,428
Prepaid expenses and deposits	(94,590)	(122,210)
Accounts payable and accrued liabilities	537,574	397,722
Deferred revenue	131,051	5,514
	\$ (8,902)	\$ 1,109,215

# WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2026

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## 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, 2026.

(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, 2026

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## 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 credit risk relating to its cash and accounts receivable.

The hospital holds its cash with federally regulated chartered banks. While these balances are insured by the Canada Deposit Insurance Corporation ("CDIC"), such insurance is subject to limits. Management does not believe that the Hospital is exposed to significant credit risk on its cash as it is held with major financial institutions.

The Hospital's receivables are with governments, government funding agencies, patients, residents and corporate entities. The Hospital believes that these receivables do not have significant credit risk in excess of allowances for doubtful accounts (note 2).

### (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.

As at March 31, 2026, current liabilities exceed current assets by \$7.9 million. The Hospital recorded a positive operating cash flow in the current year and did not report an operating deficit in 2026; operating deficits occurred only in 2025 and 2024 and are not expected to recur. Those prior deficits reduced working capital and moved the Hospital into an overall net asset deficit position. Management has identified several contributing factors, including uncertainty in Ministry funding and inflationary cost pressures, and continues to pursue measures to address these financial challenges. In the short term, the Hospital intends to rely on existing credit facilities and efficiency savings, and it maintains an elevated level of reliance on the Ministry of Health and Ontario Health for assistance with operating and capital requirements.

# WINCHESTER DISTRICT MEMORIAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2026

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## 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.

## 13. Comparative information:

Certain 2025 comparative information has been reclassified to conform with the financial statement presentation adopted for 2026.



## ANNUAL REPORT OF THE CHIEF OF STAFF 2025-2026

It is a pleasure to share the annual report of the Medical Advisory Committee. I appreciate the ongoing trust and consideration of the Hospital Board. We continue to benefit from a dedicated and committed staff who care deeply about our community and our ability to deliver excellent care close to home. 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 2025, the medical staff have continued to remain stable with respect to coverage and continuous staffing of most core services.

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 regular Morbidity and Mortality Rounds. These sessions provide case-based opportunities for learning 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 particular emphasis on continuous quality improvement to enhance the care we provide.

Some initiatives that have taken place include adoption of digital medication dispensing cabinets in the operating rooms and focused, ongoing work to minimize waits in the Emergency Department.

#### *Information Technology*

WDMH continues to embrace technology in a careful, safe manner, with EPIC continuing to provide the backbone of our patient care information system. Development and implementation of artificial intelligence (AI) technology progresses, with emphasis on improved patient and provider experience while maintaining maximum protection for patient privacy and information security. Examples include the adoption of AI Scribe technology in Emergency Department.

#### *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.

WDMH is an active participant in the CHEO Kids Come First program which brings some pediatric surgeries closer to home.

### **Our People**

The MAC extends its appreciation Dr. Malika Oberoi, who completed her term as Chief of Surgery and welcomes Drs. Ben Carrier and Ronnie Borsuk as co-Chiefs of Surgery.

We wish to thank Dr. Carlos Cunha for his work as our Epic Lead and we are excited to welcome Dr. Nathan Chiarlitti as our new Chief Medical Information Officer.

We continue to seek opportunities to stabilize and expand our services where needed, particularly including recruitment of at least one additional obstetrician to stabilize and potentially expand our Birthing Program, with opportunities for new growth in areas such as Cardiology and Gastroenterology.

WDMH continues to have a robust complement of credentialed staff, with a total of ~216 members maintaining hospital privileges for the 2025-2026 year commencing June 1, 2025.

Over the past year, WDMH also said farewell to 24 Professional Staff who chose not to renew their privileges, with approximately the same number of new physicians joining WDMH. Below is a departmental breakdown of our Professional Staff by primary service:

- 66 Medical Imaging Physicians
- 23 Surgical Staff, including surgeons from General Surgery, Urology, Plastic Surgery, Otolaryngology (ENT) and Surgical Assistants
- 44 Family Medicine Physicians, including 5 Physicians regularly providing GP Obstetrical Services
- 42 Medicine Physicians, including both internal medicine generalists and various sub-specialists from respiratory, neurology, rheumatology, sleep medicine, nephrology, and oncology support for chemotherapy.
- 15 Emergency Medicine Physicians
- 13 Anaesthesia Physicians
- 7 Obstetricians/Gynecologists, including 2 Physicians providing obstetrical ultrasound interpretation only
- 8 Midwives

Respectfully,



Chief of Staff



## ANNUAL REPORT OF THE QUALITY COMMITTEE 2025-2026

Winchester District Memorial Hospital (WDMH) continues to advance quality initiatives that support safe, effective, and patient-centered care. Our goal is to improve each patient's experience and health outcomes while delivering compassionate excellence close to home. The following summarizes our key achievements in quality and safety over the past fiscal year.

### **Patient Care Improvement Plan (PCIP)**

The Patient Care Improvement Plan (PCIP) outlines annual quality priorities and performance indicators that drive improvement across the organization. The 2025–2026 indicators align with WDMH's Commitment Statement.

#### *Indicators meeting or exceeding targets:*

##### **Medication Reconciliation at Discharge**

Medication reconciliation compliance remains strong, supported by individualized follow-up when discrepancies are identified.

##### **Mean Wait Time for CT – Priority 4**

Following the launch of the new CT scanner in June 2025, expanded evening and weekend coverage has supported both Emergency Department (ED) flow and outpatient access. Steady improvement has been observed throughout the year.

##### **90th Percentile Ambulance Offload Time**

WDMH continues to outperform the provincial average and remains a regional leader. The Fit2Sit program with SD&G Paramedics supports timely transitions of care, with discussions underway to expand this model to other services.

##### **90th Percentile ED Wait Time to Physician Initial Assessment**

Improvements have been achieved through targeted strategies from the Pay-for-Results initiative, including enhanced staffing during peak periods and technology-enabled workflow efficiencies. ED flow remains a key organizational priority.

##### **ED Left Without Being Seen Rate**

Rates have steadily decreased over the fiscal year, supported by improvements in ED processes and patient flow initiatives.

#### *Indicators Improving but Not Yet at Target*

##### **Workplace Violence Incidents Resulting in Lost Time**

WDMH maintains a robust workplace violence prevention program, including RIMs reporting, mandatory Non-Violent Crisis Intervention (NVC) training, personal alarms, and the introduction of an overnight Service Protection Agent (August 2025). While there was one incident resulting in lost time early in the year, no further lost-time incidents have occurred. Ongoing education emphasizes the importance of reporting all incidents.

##### **Patient Experience – Information at Discharge (Completely Satisfied)**

Following the transition to Qualtrics surveys, opportunities for improvement were identified. Inpatient teams have

implemented discharge rounding to proactively address patient concerns and enhance communication prior to discharge.

#### Staff Completion of Equity, Diversity, Inclusion, and Anti-Racism Education

Completion rates have improved steadily, with ongoing reinforcement through manager follow-up and departmental reporting. This mandatory education continues to be monitored through the Surge platform.

#### Overall Performance

No PCIP indicators showed a declining trend during 2025–2026.

For 2026-27, the new PCIP indicators will include the following indicators and targets:

<b>Indicator</b>	<b>Target</b>
Rate of ED Patients Leaving Without Being Seen	≤ 7%
90th Percentile Ambulance Offload Time	≤ 25 minutes
90th Percentile ED Time to Initial Physician Assessment	≤ 340 minutes
Mean Wait Time for CT – Priority 4	≤ 57 days
“Completely Satisfied” with Information at Discharge	≥ 80%
Staff Completion of EDI/Anti-Racism Education	≥ 85%
Medication Reconciliation at Discharge	≥ 94%
Workplace Violence Incidents Resulting in Lost Time	0%

#### Patient Safety and Quality Improvement Initiatives

Several new initiatives were put in place this year to strengthen safety and quality of care. Some of the most impactful ones included:

##### Workplace Violence Prevention Committee

The introduction of the Service Protection Agent role has been positively received, contributing to an increased sense of safety among staff, particularly during evening and night shifts.

##### Emergency Department Flow

A new initiative this year was the introduction of ambient AI scribe technology for consenting patients. This has improved the efficiency of physician documentation, supporting more streamlined workflows.

#### Patient and Family Engagement Committee (PFEC)

PFEC remains an active and valued partner in hospital planning, with 6–8 community members contributing to key initiatives. This year, PFEC members:

- Participated in internal committees (e.g., Recruitment & Retention, Workplace Violence Prevention, Senior Friendly Hospital)
- Provided input on strategic priorities and clinical initiatives
- Developed an annual report summarizing their contributions

##### Senior Friendly Committee

The Senior Friendly Hospital Committee continues to advance initiatives that support the needs of older adults:

##### Daily Dose of Dialogue

Reintroduced on the Complex Continuing Care Unit, with dedicated volunteers currently being onboarded.

### Whiteboard Communication Project

New patient whiteboards were implemented in all inpatient rooms. This tool enhances communication between care teams, patients, and families. Standardization efforts are underway to optimize their use, and effectiveness is being evaluated.


### Group Exercise and Activities

Structured group programming is being reintroduced to support patient mobility, engagement, and socialization, with implementation planned in the coming months.

### Conclusion

WDMH remains committed to advancing quality care and fostering a safe environment for patients and staff. We are proud of the progress achieved and will continue to build on this foundation to deliver high-quality, patient-centered care for our community.

Respectfully submitted



Eric Stevens

Chair, Quality Committee



# Patient & Family Engagement Committee

## ANNUAL REPORT 2025-2026

There are 6-8 active Community members who sit on our WDMH PFEC Committee. Below are the key achievements and initiatives of the group over the 2025-2026 year.

<b>QUALITY &amp; SAFETY</b>	<ul style="list-style-type: none"><li>• Regularly integrated Patient Stories</li><li>• Voice concerns and shared ideas</li><li>• Supported Hospital Initiatives; ED zoning, bedside rounding, disclosure auditing</li></ul>
<b>ENGAGEMENT OF POLICIES &amp; NEW INITIATIVES</b>	<ul style="list-style-type: none"><li>• Reviewed and provided feedback for multiple policies: Disclosure of Adverse Events, Critical Incident Management, Permission to Contact for Research, Quality &amp; Safety Policy</li><li>• Supported exploration of AI for clinical documentation support, digital health initiatives- MyChart Bedside, Proactive diagnostic booking, and improved food services after hours</li></ul>
<b>EDUCATION &amp; VISIBILITY</b>	<ul style="list-style-type: none"><li>• Participation in corporate orientation</li><li>• Media Release</li><li>• Patient Handbook poster</li><li>• Actively involved with 2025 Accreditation Visit</li></ul>
<b>TIME &amp; INVESTMENT</b>	<p>PFEC Member have sat on many different committees within WDMH:</p> <ul style="list-style-type: none"><li>• Workplace Violence Prevention</li><li>• Recruitment &amp; Retention</li><li>• Senior Friendly</li><li>• Quality Committee</li></ul> <p>That's about 24 hours of Committee time invested in WDMH from a patient perspective!</p>



## ANNUAL REPORT OF THE WDMH FOUNDATION 2025-2026

As we come together for our AGM, I've been reflecting on the past year — and what stands out most is the incredible strength, generosity, and commitment of this community.

It has been another year of change and growth across healthcare and philanthropy, and while there have certainly been challenges along the way, there have also been so many successes worth celebrating. Through it all, one thing has remained constant: the dedication of the people who support WDMH and Dundas Manor and believe in the importance of exceptional healthcare close to home.

This year, you continued to invest in patient care, support the building of the new manor, strengthen partnerships, and build momentum for the future. Every piece of new equipment, every inch of construction in the new home, and every step forward was possible because people came together to make it happen.

Total revenue this year was \$2,781,799 – thank you! Here is a brief overview of just some of the wonderful ways our donors supported local health care this past year:

- The Foundation has given WDMH **\$3,230,636** this year – how incredible is that! Among other things, this money has been used to purchase **12** new pieces of equipment to care for patients, including the final payment for the new CT scanner, and Automated Dispensing Cabinets – together valued at over \$2.7 million.
- Legacy and Planned Giving commitments continue to grow! This could mean giving a gift in the future through an estate or giving now through gifts of shares. This past year, there were **6 estate gifts for WDMH** totaling almost **\$548,000**, and **27 gifts of shares: \$63,098 for WDMH; \$55,596 for Dundas Manor, and \$120,793 for Health Care Undesignated** (either WDMH or Dundas Manor, wherever it is needed most).
- 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. This year the number of gifts was back up to normal with **413 gifts** – double that of last year – totaling **\$77,267**.
- Community Hosted Events continue to have a huge impact at both WDMH and Dundas Manor. These are events that are organized on our behalf by individuals and groups in the community. Last year we supported **49** of these events – which raised a total of **\$504,389!** This includes the incredible Catch the Ace lottery organized by the Kin Club of Russell, with a jackpot currently at over \$110,000. And Dunwin, our mascot has been appearing at more events, including the drive-through at Tim Hortons for Smile Cookie week.
- Another cherished program at the WDMH Foundation is **Lynne's Club** - our monthly giving program. We gained over 20 new monthly donors this year and now have **143** active members. Since 2011, this program has raised almost **\$638,000** 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 13 gifts made this past year, totaling \$2,260.

- It has also been another whirlwind year at **Dundas Manor**. It has been an intensive few years of fundraising for the **Expanding the Circle of Compassionate Care campaign** to help build the new home – which is 90% complete. Our incredible community has continued to support this project – and we are closing in on \$16 million raised – thanks to the generosity of our amazing donors! Thank you to those who have already donated and to all those considering a gift to Dundas Manor.

Changes at the Foundation continued this year, and we are grateful to have added Sada Fairthorne to our team as our Donor Care & Support Coordinator. We have also incorporated the Auxiliary and Gift Shoppe into the Foundation. It has been a year of learning and growth — adapting to changes in some of the software we use, implementing new processes, and collaborating with the wonderful Auxiliary group. We are embracing innovation, introducing new ideas, revamping our programs, and continuing to build a stronger Foundation.

What hasn't changed is the commitment of our donors, our community and our boards of directors.

To you, our donors — thank you. Your generosity continues to inspire us every day. Whether you attended an event, made a monthly donation, sponsored an event, left a legacy gift, or supported us in memory of a loved one, please know that your contributions truly make a difference. You are helping ensure that patients and families in our region have access to outstanding care when they need it most.

To the members of our 3 boards of directors; thank you for your leadership, guidance, and unwavering commitment to the Foundation, the hospital, the manor and our team. Your thoughtful stewardship, passion for local healthcare, and support of staff continue to move us forward and position us for long-term success.

I also want to recognize our hospital staff, physicians, midwives and volunteers. Every day, you show compassion, professionalism, and resilience in ways that often go unseen. The care you provide and the kindness you show to patients and families leave a lasting impact – something we are reminded of often when donors share their stories and reasons for giving. Thank you for working with us, supporting our efforts, and making time for us when we need information or assistance.

To our community partners, local businesses, service clubs, municipalities, and supporters — thank you for standing behind local healthcare. The strong sense of community across our region is remarkable and reminds us that we can achieve more when we work together.

As we look ahead, there is so much excitement about the future. For the hospital – expanded services – new specialists – the hope that we will be approved for an MRI. For Dundas Manor – the completion of the building – open houses – grand opening – move-in day! As we continue to raise awareness, deepen relationships, and prepare for important initiatives, we are reminded that the progress we are making is only possible because of the many people who care so deeply about WDMH and the patients and residents we serve.

On behalf of the entire Foundation team, thank you for your trust, your generosity, and your belief in what we do. It is a privilege to do this work, and we are truly grateful to be part of such a caring and supportive community.

Together, we are making a lasting difference.



Cindy Ault Peters  
Executive Director  
WDMH Foundation



## ANNUAL REPORT OF THE WDMH AUXILIARY 2025-2026

This past year, the WDMH Auxiliary has continued to support Winchester District Memorial Hospital (WDMH) through dedicated volunteering and fundraising efforts.

### **To note:**

- Over the past year, the WDMH Auxiliary has merged with the WDMH Foundation, who now manage most of the Auxiliary's financial activities. This partnership is working well and has resulted in cost savings, particularly by reducing fees required for year-end financial reporting. The Auxiliary still has sole decision-making power on the use of their funds and will also contribute to the Foundation for these services.
- The Gift Shoppe continues to achieve record sales due to the excellent selection provided by our buyers and sales have continued to increase. Many customers appreciate the convenience of shopping locally. Lynn Dillabough diligently reviews daily financials for the Gift Shoppe. Thank you, Lynn, for your continued support.
- WDMH Auxiliary's total assets as of March 31, 2026 are \$194,297.
- Three bursaries of \$1,000 each will be awarded to high school students within our jurisdiction. These will be presented by members of our volunteer team.

### **Auxiliary Gifts to WDMH this year:**

- 1 Vending Machine with tap/bank card capabilities – \$13,098.00
- 2 Stryker beds for Med/Surg - \$34,163.72
- Glidescope for OR - \$20,378.00
- Cold/Hot table for Food Services – \$17,332.51

### **Upcoming Events for our Volunteers:**

- Volunteer Appreciation Luncheon will be held on June 11, 2026 from 1:00 – 3:00 p.m. (arrival at 12:30 p.m.) at the beautiful Stonecrop Acres Winery.
- The Annual Auxiliary Fashion Show will be returning this year on Saturday, September 12, 2026 at the Morrisburg Legion Hall, featuring fashions from Biba (Morrisburg) and Main Street Clothing (Winchester and Kemptville).
- The Annual Auxiliary Bazaar will take place on October 2, 2026 in the WDMH Lobby.

We extend our sincere thanks to our dedicated volunteers and the WDMH family for their continued commitment and support over the past year.

Louise Arsenault  
Chair  
WDMH Auxiliary



**ANNUAL FINANCIAL REPORT OF  
THE WDMH AUXILIARY  
2025-2026**

Auxiliary General Fund

	2026	2025
<b>Revenue</b>		
Donations	\$19,703.74*	\$54,211.00
Interest	\$2,905.07	\$4,946.00
<b>Expenses</b>		
Operating	\$381.52	\$12,691.00
Professional and other fees	\$13,884.59	\$21,199.00
Student bursaries	\$4,000.00	\$1,500.00
Disbursements to WDMH	\$84,972.23	\$103,680.00
<b>Deficiency of revenue over expenses</b>	<b>\$80,629.53</b>	<b>-\$79,913.00</b>

*\*Funds received by the WDMH Foundation 'In Memoriam' to the General Equipment Fund can no longer be transferred to the Auxiliary as they are no longer a separate corporation. Still waiting for direction from the auditors on if / how to reflect that appropriately.*

Gift Shoppe

	2026	2025
<b>Revenue</b>		
Gift Shoppe Sales	\$81,866.32	\$56,475.00
Inventory		
Beginning	\$20,102.00	\$24,597.00
Purchases	\$45,060.00	\$26,453.00
Inventory Ending	\$24,320.90	\$20,102.00
Gross Profit	\$41,025.22	\$25,527.00
<b>Expenses</b>		
Office and operating	\$1,088.73	\$530.00
Other	\$955.06	\$350.00
Bank charges	\$477.69	\$160.00
<b>Excess of Revenue over expenses</b>	<b>\$38,503.74</b>	<b>\$24,487.00</b>

GICs at RBC Dominion Securities \$134,029



## **ANNUAL REPORT OF BOARD CHAIR AND CEO**

*Confident in Care. Grateful for Community.*

### **2025-2026**

As we look back on the past year at Winchester District Memorial Hospital, what stands out is not only our confidence, but what we have done together to strengthen it.

We have built confidence through the work of our people. Nearly 900 staff, physicians, volunteers, and learners continue to show up every day with skill, compassion, and a strong sense of purpose. Over the past year, their efforts have supported a stable and engaged workforce that is nearly fully staffed, allowing us to deliver consistent, high-quality care.

We have also strengthened confidence through the trust of our patients and families. This year, we provided care through more than 93,000 patient visits. More importantly, we continued to hear that people feel respected, supported, and well cared for when they come to WDMH. That feedback reflects the everyday actions of our team and reinforces that we are delivering on our commitment to compassionate care.

At the same time, we have taken important steps to improve access to care close to home. Over the past year, we have increased awareness of key services available at WDMH, including dermatology, neurology, cardiac testing, and cancer navigation. By helping more people understand what is available here, we are making it easier for patients to receive care in their own community.

We have also expanded access through partnership. Our collaboration with CHEO has brought more pediatric procedures to WDMH, helping to reduce wait times and allowing children and families to receive care closer to home. This is a meaningful step forward for our region and a strong example of how working together strengthens the system as a whole.

This year, we also made progress in advancing innovation and learning. A highlight was enrolling the first patient in Canada in an international heart failure clinical trial. This milestone was achieved by our research team, who continue to push forward research in a rural healthcare setting. Their leadership is helping ensure that patients in our community have access to leading edge care and new treatment opportunities, close to home.

We continued to invest in the future by welcoming learners and supporting hands on training opportunities. By doing so, we are helping to build a strong and sustainable healthcare workforce, while also creating an environment where people feel supported to learn, grow, and stay.

Behind each of these achievements is a team that is dedicated, resilient, and focused on continuous improvement. Over the past year, we have strengthened our position as an employer of choice

supporting our people and creating the stability needed to sustain high quality care now and into the future.

We have also continued to manage our resources responsibly, balancing current demands with thoughtful planning and targeted investments in our people, equipment, and infrastructure.

Our partners remain essential to this progress, and we are deeply grateful for the role our community plays in sustaining care close to home. The WDMH Auxiliary and Foundation, Dundas Manor, the Patient and Family Engagement Committee, and our health system partners all contribute to a connected, compassionate system that reflects the needs and values of the people we serve

Looking ahead, our confidence continues to grow grounded in what we have achieved together and in the strength of our people, partnerships, and care.

To everyone who contributes to WDMH, thank you. Your dedication makes this work possible. We are proud of what we have accomplished together and honoured to continue serving this community.

Respectfully submitted,



Jennifer Milburn  
Chair  
WDMH Board of Directors



Cholly Boland  
President & CEO  
WDMH