Financial statements of



March 31, 2020



Statement of Management Responsibility

The accompanying financial statements of Royal Victoria Regional Health Centre have been prepared by management in accordance with Canadian public sector accounting principles, and the integrity and objectivity of these statements are management's responsibilities. Management is also responsible for all the statements and schedules, and for ensuring that this information is consistent, where appropriate, with the information contained in the financial statements.

Management is also responsible for implementing and maintaining a system of internal controls to provide reasonable assurance that reliable information is produced.

The Board of Directors is responsible for ensuring that management fulfills its responsibilities for financial reporting and internal control and exercises this responsibility through the Finance and Audit Committee of the Board. The Finance and Audit Committee meets with management and the external auditors no fewer than two times a year.

The external auditors, Deloitte LLP, conduct an independent examination, in accordance with Canadian generally accepted auditing standards, and express their opinion on the financial statements. Their examination includes a review and evaluation of the Health Centre's system of internal control and appropriate tests and procedures to provide reasonable assurance that the financial statements are presented fairly in accordance with Canadian public sector accounting standards. The external auditors have full and free access to the Finance and Audit Committee of the Board and meet with it on a regular basis.

On behalf of Royal Victoria Regional Health Centre

Janice skot

President & Chief Executive Officer

Ben Petersen

Executive Vice President, Corporate Services & Chief Financial Officer

Ren Keterser

May 26, 2020 Barrie, Canada



Deloitte LLP 400 Applewood Crescent Suite 500 Vaughan ON L4K 0C3 Canada

Tel: 416-601 6150 Fax: 416-601 6151 www.deloitte.ca

Independent Auditor's Report

To the Board of Directors of Royal Victoria Regional Health Centre

Opinion

We have audited the financial statements of Royal Victoria Regional Health Centre (the "Health Centre"), which comprise the statement of financial position as at March 31, 2020, and the statements of operations and changes in net assets, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Health Centre as at March 31, 2020, and the results of its operations, changes in net assets, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

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

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants Licensed Public Accountants

Deloitte LLP

May 26, 2020

Statement of operations and changes in net assets

Year ended March 31, 2020 (In thousands of dollars)

		2020	2019
	Notes	\$	\$
Revenue			
NSMLHIN and MOH hospital programs		267,913	258,169
Ontario Health - Cancer Care Ontario Division ("OH-CCO")		46,619	38,356
Patient revenue		27,580	27,163
Recoveries and other		21,027	17,429
Specifically funded programs	10	10,012	9,362
Amortization of deferred capital contributions	7	18,834	18,374
		391,985	368,853
Expenses			
Salaries, wages and benefits	8	204,281	194,695
Medical staff remuneration		37,993	35,392
Medical and surgical supplies		24,512	22,755
Drugs		29,937	24,434
Equipment, maintenance and utilities		17,806	16,221
Other supplies and services		33,673	32,417
Specifically funded programs	10	10,046	9,364
Amortization of capital assets		28,378	27,887
		386,626	363,165
Excess of revenue over expenses		5,359	5,688
Net assets, beginning of year		50,273	44,585
Net assets, end of year		55,632	50,273

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

Statement of financial position

As at March 31, 2020 (In thousands of dollars)

		2020	2010
		2020	2019
	Notes	\$	\$_
Assets			
Current assets			
Cash	3	72,465	77,783
Accounts receivable	4	23,467	15,479
Inventories		2,552	2,215
Prepaid expenses		3,534	3,766
		102,018	99,243
		•	
Investment in joint venture	9 (c)	161	161
Capital assets	5	337,071	351,447
		439,250	450,851
		,	.00/001
Liabilities			
Current liabilities			
Accounts payable and accrued liabilities	6	80,699	82,088
Accounts payable and accided habilities	0	80,099	02,000
Deferred capital contributions	7	202.154	207.000
Deferred capital contributions		292,154	307,998
Employee future benefits	8	10,765	10,492
	_	383,618	400,578
Commitments and contingencies	12		
Net assets		55,632	50,273
		439,250	450,851

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

Director

On Behalf of the Board

Statement of cash flows

Year ended March 31, 2020 (In thousands of dollars)

	Notes	2020 \$	2019 \$
Operating activities			
Excess of revenues over expenses		5,359	5,688
Items not affecting cash			
Loss on disposal of capital assets		90	109
Amortization of capital assets		28,378	27,887
Amortization of deferred capital contributions	7	(18,834)	(18,374)
Deferred capital contributions recognized as revenue	7	(113)	_
Employee post-retirement benefits expense	8	517	496
Change in non-cash working capital	11	(9,542)	3,690
		5,855	19,496
Capital activities Additions to capital assets		(14,119)	(18,307)
Proceeds on disposal of capital assets		27	(10.207)
		(14,092)	(18,307)
Financing activities			
Increase in deferred capital contributions	7	3,103	5,582
Contributions to employee post-retirement benefits	8	(184)	(163)
		2,919	5,419
(Decrease) increase in cash during the year		(5,318)	6,608
Cash, beginning of year		77,783	71,175
Cash, end of year		72,465	77,783

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

Notes to the financial statements

March 31, 2020 (In thousands of dollars)

1. Nature of the organization

Royal Victoria Regional Health Centre ("the Health Centre") is incorporated without share capital under the Canada Business Corporations Act as a charitable organization and is a registered charity within the meaning of the Income Tax Act (Canada). The Health Centre is principally involved in providing health care services to the residents of the Simcoe Muskoka region.

2. Summary of significant accounting policies

Basis of presentation

The financial statements of the Health Centre have been prepared in accordance with Canadian public sector accounting standards including PS4200-4270 pertaining to government not-for-profit organizations, and include the following significant accounting policies.

Revenue recognition

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

Under the Health Insurance Act and Regulations thereto, the Health Centre is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health ("MOH") and the North Simcoe Muskoka Local Health Integration Network ("NSMLHIN").

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 is related to a future period, it is deferred and recognized in that subsequent period. Revenues earned are reported based on modifications in funding formulas. Revenues earned are subject to adjustments as a result of reconciliation processes performed by the MOH.

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

Externally restricted contributions are recognized as revenue in the year in which the related expenses are recognized or when the requirements to earn the contributions have occurred.

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 asset.

Revenue from patient and other services is recognized when the services are provided.

Contributed services

The Health Centre is dependent on the voluntary services of many individuals. Since these services are not normally purchased by the Health Centre and because of the difficulty in estimating their fair market value, these services are not recorded in these financial statements.

Financial instruments

All financial instruments reported on the statement of financial position of the Health Centre are measured as follows:

Cash Amortized cost
Receivables Amortized cost
Current liabilities Amortized cost

Notes to the financial statements

March 31, 2020 (In thousands of dollars)

2. Summary of significant accounting policies (continued)

Inventories

Inventories are valued at the lower of cost and replacement cost. For inventories of stores, cost has been determined on the weighted average basis. All other inventories are valued on the first-in, first-out basis.

Capital assets

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution. Betterments which extend the estimated life of an asset are capitalized. Projects in progress, including related financing costs, is recorded based on expenses incurred as at March 31, 2020. Amortization of projects in progress will commence upon completion of the project. When an asset no longer contributes to the Health Centre's ability to provide services, its carrying amount is written down to its residual value.

Amortization based on the estimated useful life of the asset is calculated as follows:

Buildings 40 or 50 years
Building components 5 to 20 years
Building service equipment 5 to 20 years
Leasehold Improvements Lease term
Equipment 5 to 20 years
Equipment under capital leases 5 to 20 years
Land improvements 5 to 20 years

In the year that the asset is put into use, amortization is taken for the full year.

Use of estimates

The preparation of financial statements in accordance with Canadian public sector accounting standards requires management to make estimates that affect the reported amounts of assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses for the reporting period.

Accounts involving significant estimates include accounts receivable, capital assets, certain accounts payable and accrued liabilities, and employee future benefits. Actual results could differ from management's estimates as additional information becomes available in the future.

Investment in joint venture

The Health Centre owns 50% of the common shares of Royal ProResp Inc. The Health Centre has appointed 50% of the members of the joint venture's Board of Directors and as a result, has joint control over the strategic operating, investing and financing policies of the corporation. The remaining 50% interest is held by an unrelated party. The activity of this joint venture is included in the accompanying statements following the equity method (Note 9 (c)).

Employee future benefits

The Health Centre accrues its obligations for employee future benefit plans. The cost of non-pension post-retirement and post-employment benefits earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of retirement ages of employees and expected heath care costs.

Notes to the financial statements

March 31, 2020 (In thousands of dollars)

2. Summary of significant accounting policies (continued)

Employee future benefits (continued)

Actuarial gains and losses on the accrued benefit obligation arise from changes in actuarial assumptions used to determine the accrued benefit obligation and are amortized over the average remaining service period of the active employees. Past service costs arising from plan amendments are recognized in the year that the plan amendments occur.

The Health Centre is an employer member of the Healthcare of Ontario Pension Plan, which is a multiemployer, defined benefit pension plan. The Health Centre has adopted defined contribution plan accounting principles for this Plan because insufficient information is available to apply defined benefit plan accounting principles (Note 8).

Impairment of long lived assets

When conditions indicate a tangible capital asset no longer contributes to the Health Centre's ability to provide services, or that the failure of future economic benefits associated with the tangible capital asset is less than its net book value, the cost of the tangible capital asset will be reduced to reflect the decline in the asset's value.

3. Cash and bank indebtedness

The Health Centre's bank accounts are held at a chartered bank. The operating bank accounts earn interest at prime less 1.60% calculated on the daily balances up to \$100,000.

The Health Centre has the following credit facilities available with the Bank of Montreal:

- (a) Revolving line of credit to a maximum authorized amount of \$20,000.
- (b) Multi-draw term loan to a maximum authorized amount of \$15,000.
- (c) Multi-draw term loan to a maximum authorized amount of \$20,000.

All of the above facilities bear interest at prime less .25% and are unused as at March 31, 2020 (prime less 0.25% and unused in 2019). These facilities are unsecured and are due on demand.

4. Accounts receivable

	\$	2019 \$
MOH/NSMLHIN	3,759	2,922
OH-CCO	7,467	4,693
The Royal Victoria Regional Health Centre Foundation	950	343
Other	11,291	7,521
Balance, end of year	23,467	15,479

2020

2010

Notes to the financial statements

March 31, 2020

(In thousands of dollars)

5. Capital assets

	Cost \$	Accumulated amortization \$	2020 Net book value \$	2019 Net book value \$
Land	2 007		2.007	2.007
Land	2,097	_	2,097	2,097
Buildings and building	296,736	77,913	218,823	226,663
components Building service	290,730	77,913	210,023	220,003
equipment	145,615	78,806	66,809	71,930
Leasehold improvements	1,700	166	1,534	, 1,550 —
Equipment	150,710	117,368	33,342	35,671
Land improvements	12,446	9,371	3,075	3,144
Projects in progress	11,391	_	11,391	11,942
	620,695	283,624	337,071	351,447

6. Accounts payable and accrued liabilities

	2020 \$	2019 \$
MOH/NSMLHIN OH-CCO Payroll related liabilities Other accounts payable and accrued liabilities Deferred revenue Balance, end of year	7,772 6 26,513 27,694 18,714 80,699	11,001 1,556 26,438 24,214 18,879 82,088

7. Deferred capital contributions

	2020	2019
	\$	\$
Balance, beginning of year	307,998	320,790
Additional contributions	3,103	5,582
Amounts amortized to revenue	(18,834)	(18,374)
Amounts recognized as revenue	(113)	
Balance, end of year	292,154	307,998

Notes to the financial statements

March 31, 2020 (In thousands of dollars)

8. Employee future benefits

(a) Pension plan

Substantially all of the employees of the Health Centre are members of the Healthcare of Ontario Pension Plan ("HOOPP") which is a multiemployer defined benefit, final average earnings, and contributory pension plan. The Health Centre's contributions to HOOPP during the year amounted to \$14,766 (\$14,365 in 2019), of which \$14,116 (\$13,857 in 2019) is included in salaries, wages and benefits expenses, \$537 (\$487 in 2019) is included in specifically funded programs expenses in the statement of operations, and \$113 (\$21 in 2019) is included in capital assets.

The most recent actuarial valuation of the plan as at December 31, 2019 indicates the Plan is 119% (121% in 2018) funded. Because the plan is a multiemployer plan, any pension plan surpluses or deficits are a joint responsibility of Ontario Hospital Association members and their employees. As a result, the Health Centre does not recognize any share of the Plan surplus or deficit. The Health Centre records estimated liabilities for accrued employee benefits in the year they are earned.

(b) Other employee future benefits

The Health Centre shares the cost of post-retirement extended healthcare and dental benefits with full time employees upon retirement, at any age for SEIU Local 1 members and for Non-Union, OPSEU and ONA members if they retire between ages 57-64. These benefits end at the earlier of the member's death or at age 65.

The significant actuarial assumptions adopted in estimating the Health Centre's accrued benefit obligation are as follows:

Discount rate 3.1% (3.0% in 2019) per annum

Dental benefits cost escalation 4.0% (4.0% in 2019) per annum

Extended healthcare cost escalation 6.7% (7.0% in 2019) decreasing by 0.3% per annum to ultimate rate of 4.0%

Included in salaries, wages and benefits in the statement of operations is an amount of \$517 (\$496 in 2019) regarding non-pension benefit expense.

The following amounts have been calculated using the most recent actuarial valuation as at September 30, 2018. The next full valuation of the plan will be as at September 30, 2021.

The accrued non-pension liability as at March 31, 2020 is calculated as follows:

Accrued benefit liability, beginning of year Expense Funding contributions
Accrued benefit liability, end of year Less: current portion included in accounts payable and accrued liabilities
Long-term portion

2020	2019
\$	\$
10,733	10,400
517	496
(184)	(163)
11,066	10,733
·	
(301)	(241)
10,765	10,492

Notes to the financial statements

March 31, 2020

(In thousands of dollars)

8. Employee future benefits (continued)

(b) Other employee future benefits (continued)

The non-pension benefit expense for the year is calculated as follows:

	2020	2019
	\$	\$
Accrual for services Interest on accrued benefits Amortization of Actuarial gains	470 248	367 274
during the period	(201)	(145)
Expense for the year	517	496

The accrued benefit liability as at March 31, 2020 is calculated as follows:

	2020 \$	2019 \$_
Accrued benefit obligation Unamortized actuarial gains	8,179 2,887	7,854 2,879
	11,066	10,733

9. Related entities

(a) Royal Victoria Regional Health Centre Auxiliary Inc.

The Health Centre has an economic interest in the Royal Victoria Regional Health Centre Auxiliary Inc. ("the Auxiliary"). The Auxiliary supports and assists the Health Centre, its staff and the Foundation in providing the best level of patient care through support services; in part as overseen by the volunteer services department of the Health Centre. The Health Centre does not exercise control or significant influence over the Auxiliary and consequently these financial statements do not include assets, liabilities and activities of the Auxiliary.

(b) The Royal Victoria Regional Health Centre Foundation

The Royal Victoria Regional Health Centre Foundation ("the Foundation") was established to raise and manage funds for the benefit of the Health Centre. The Foundation is incorporated as a public foundation under the - Ontario Corporations Act and is a registered Charity under the Income Tax Act. The net assets and results of operations of the Foundation are not included in the statements of the Health Centre. As at December 31, 2019, an amount of \$34,595 (\$30,173 as at December 31, 2018) of the Foundation's net assets is subject to restricted use or conditions imposed by donors.

During the year the Foundation contributed \$540 (\$1,655 in 2019) to the Health Centre for the purchase of capital assets, which was recorded as deferred capital contributions. The Health Centre also received from the Foundation \$368 (\$204 in 2019) for small equipment and educational purposes.

Notes to the financial statements

March 31, 2020 (In thousands of dollars)

9. Related entities (continued)

(c) Investment in joint venture

The Health Centre has a 50% interest in a profit oriented joint venture - Royal ProResp Inc., which is primarily engaged in providing home respiratory care services and products.

The amount of \$161 (\$161 in 2019) reported on the statement of financial position as investment in joint venture, represents the Health Centre's share of the retained earnings of the joint venture.

Management fees in the amount of \$530 (\$469 in 2019) are included in Recoveries and other on the statement of operations. Amounts due from ProResp Inc. in the amount of \$459 (\$400 in 2019) are included in accounts receivable on the statement of financial position.

10. Specifically funded programs

The Health Centre administers a number of programs which are specifically funded by the MOH, NSMLHIN and other agencies. The revenues and expenses related to these programs are recorded separately from the base funding operations of the Health Centre and any excess or deficiency of revenues over expenses is settled with the MOH and other agencies on an annual basis. As at March 31, 2020, the Health Centre has included in accounts payable an amount of \$1,188 (\$1,183 in 2019) as due to the MOH and other agencies and has included in accounts receivable an amount of \$52 (\$49 in 2019) as due from the MOH and other agencies related to these programs.

	2020	2019
	\$	\$
Revenue		
Community Mental Health and Substance Abuse		
Programs	5,236	4,609
Primary Care Asthma Program	58	57
Children's Speech and Language Program - County		
of Simcoe	810	810
Other Programs	3,908	3,886
	10,012	9,362
Expenses		
Community Mental Health and Substance Abuse Programs	5,236	4,609
Primary Care Asthma Program	58	57
Children's Speech and Language Program - County		
of Simcoe	810	810
Other Programs	3,942	3,888
	10,046	9,364

Notes to the financial statements

March 31, 2020 (In thousands of dollars)

11. Net change in non-cash working capital balances

	2020 \$	2019 \$_
Accounts receivable Inventories Prepaid expenses Accounts payable and accrued liabilities	(7,988) (337) 232 (1,449) (9,542)	(1,255) (545) (579) 6,069 3,690

Decreases in assets and increases in liabilities are sources of funds. Increases in assets and decreases in liabilities are uses of funds (indicated by brackets).

12. Commitments and contingencies

(a) The Health Centre has various operating lease and service agreements with future minimum payments. For one of the operating leases included below, the Health Centre has committed sub-leases from third parties amounting to \$1,216, plus operating costs.

	\$
2021	3,632
2022	651
2023	646
2024	646
2025	646
2026 and thereafter	4,037
	10,258

- (b) The nature of the Health Centre's activities is such that there is usually litigation pending or in progress at any one time. With respect to claims as at March 31, 2020, it is management's position that the Health Centre has valid defenses and appropriate insurance coverage in place. In the event any claims are successful, management believes such claims are not expected to have a material effect on the Health Centre's financial position.
- (c) A group of healthcare institutions, including the Health Centre, are members of the Healthcare Insurance Reciprocal of Canada ("HIROC"). HIROC is a pooling of the liability insurance risk of its members. All members pay annual deposit premiums which are actuarially determined and are subject to further assessment for losses, if any, experienced by the pool for the years in which they were members. The most recent Annual Report available for HIROC is as at December 31, 2018 and is not in a deficit position.

2010

Notes to the financial statements

March 31, 2020

(In thousands of dollars)

13. Ministry of Health ("MOH")/physician agreements

(a) Emergency Physician alternative funding agreement

The Health Centre has an agreement with the emergency physicians and the MOH for alternative funding for emergency services. The revenues and expenses included in the statement of operations are as follows:

	2020	2019
	\$	\$
Funding from MOH	8,970	8,044
Other revenue	255	254
	9,225	8,298
Medical staff remuneration		
Payments to physicians	9,175	8,248
Administration	50	50
	9,225	8,298
	_	_

(b) Physician on call coverage

The Health Centre has an agreement with the MOH for Physician on Call Coverage. The revenue and expenses included in the statement of operations are as follows:

	2020 \$	2019
Funding from MOH Medical staff remuneration Payments to physicians	2,958	2,944
	2,958	2,944
	_	_

14. Financial instruments and risk management

Establishing fair value

The carrying value of cash, short term investments, accounts receivable, grants receivable, accounts payable and accrued liabilities, approximates their fair value because of the relatively short period to maturity of the instruments.

Credit risk

Credit risk relates to the potential for financial loss due to one party to a financial instrument will fail to discharge an obligation. The Health Centre is exposed to credit risk on its accounts receivable.

Interest rate risk

Interest rate risk relates to the potential for financial loss caused by fluctuations in fair value of future cash flows of financial instruments because of changes in market interest rates.

Notes to the financial statements

March 31, 2020 (In thousands of dollars)

15. Pandemic response

On March 11, 2020, the World Health Organization characterized the outbreak of a strain of the novel coronavirus ("COVID-19") as a pandemic which has resulted in a series of public health and emergency measures that have been put into place to combat the spread of the virus.

As a result of the COVID-19 pandemic, the Health Centre experienced a change in the demand for its services and incurred unbudgeted pandemic response expenditures. The Health Centre has tracked expenditures related to its pandemic response and will apply for reimbursement of hospital-incurred expenditures once provincial processes for such reimbursement are finalized. Any recoveries that may be received in the future will be recognized in the period in which approval is obtained.

The duration and impact of the COVID-19 pandemic is unknown at this time and it is not possible to reliably estimate the impact that the severity and length of the pandemic will have on the financial results and condition of the Health Centre in future periods.

16. Comparative figures

Certain prior year figures have been reclassified to conform to the financial statement presentation adopted in the current year.