Financial Statements of

QUEENSWAY CARLETON HOSPITAL

Year ended March 31, 2024

Table of Contents

Year ended March 31, 2024

		Page
Ma	anagement Report	
Ind	dependent Auditor's Report	
Fir	nancial Statements:	
	Statement of Financial Position	1
	Statement of Operations	2
	Statement of Changes in Net Assets	3
	Statement of Cash Flows	4
	Notes to Financial Statements	5

MANAGEMENT REPORT

Management's Responsibility for the Financial Statements

The accompanying financial statements of Queensway Carleton Hospital (the "Hospital") as at and for the year ended March 31, 2024 are the responsibility of the Hospital's management and have been prepared in accordance with Canadian public sector accounting standards. The accounting policies followed by the Hospital are included in the summary of significant accounting policies outlined in note 2 to the financial statements. The preparation of financial statements necessarily involves the use of estimates based on management's judgement, particularly when transactions affecting the current accounting period cannot be finalized with certainty until future periods.

The Hospital's management maintains a system of internal control designed to provide reasonable assurance that assets are safeguarded, transactions are properly authorized and recorded, and reliable financial information is available on a timely basis for preparation of the financial statements. These systems are monitored and evaluated by management.

The Audit Committee of the Board of Directors meets with management and the external auditors to review the financial statements and discuss any significant financial reporting or internal control matters prior to the Board of Directors' approval of the financial statements.

The financial statements have been audited by KPMG LLP, Chartered Professional Accountants, Licensed Public Accountants, independent external auditors appointed by the Hospital. The accompanying Independent Auditor's Report outlines their responsibilities, the scope of their examination and their opinion on the Hospital's financial statements.

- At

June 3, 2024



KPMG LLP 150 Elgin Street, Suite 1800 Ottawa, ON K2P 2P8 Canada Telephone 613 212 5764 Fax 613 212 2896

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Queensway Carleton Hospital

Opinion

We have audited the financial statements of Queensway Carleton Hospital (the "Hospital"), which comprise:

- the statement of financial position as at March 31, 2024
- the statement of operations for the year then ended
- the statement of changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies.

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

In our opinion, the accompanying financial statements, present fairly, in all material respects, the financial position of the Hospital as at March 31, 2024, and its results of operations, changes in net assets, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "*Auditor's Responsibilities for the Audit of the Financial Statements*" section of our auditor's report.

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

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



Page 2

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

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

We also:

• Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

• Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital 's internal control.



Page 3

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Hospital's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Hospital to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

KPMG LLP

Chartered Professional Accountants, Licensed Public Accountants Ottawa, Canada June 3, 2024

Statement of Financial Position

March 31, 2024, with comparative information for 2023 (In thousands of dollars)

	2024	2023
Assets		
Current assets:		
Cash	\$ 31,807	\$ 22,811
Short-term investments (note 5)	46,800	40,000
Accounts receivable (note 6) Due from Queensway Carleton Hospital	16,518	17,431
Foundation (note 16)	803	741
Inventories	2,414	3,326
Prepaid expenses	2,975	3,644
	101,317	87,953
Long-term investments (note 5)	_	15,000
Cash held for capital purposes (note 11)	6,755	9,970
Capital assets (note 7)	224,346	227,199
	\$ 332,418	\$ 340,122
Liabilities and Net Assets Current liabilities: Accounts payable and accrued liabilities	\$ 80,457	\$ 89,756
Accrued vacation and overtime pay	7,823	7,043
Deferred revenue (note 9)	1,126	1,245
	89,406	98,044
Employee future benefits liability (note 10)	6,534	6,596
Deferred contributions related to capital assets (note 11) Asset retirement obligations (note 12)	193,998 1,551	197,119
Asset retirement obligations (note 12)	291,489	<u>1,322</u> 303,081
Net assets:		
Invested in capital assets (note 13)	35,552	38,728
Unrestricted	 5,377	(1,687
	40,929	37,041
Commitments, guarantees and contingent liabilities (notes 14 and 15)		

See accompanying notes to financial statements.

On behalf of the Board:

atul S. Ceganort.

A. Hudini

Director

Director

Statement of Operations

Year ended March 31, 2024, with comparative information for 2023 (In thousands of dollars)

	2024	2023
Revenue:		
Funding from governments	\$ 240,535	\$ 223,629
Inpatient and outpatient	8,031	6,601
Ontario Health Insurance Plan	15,258	15,035
Preferred accommodation	3,607	2,813
Recoveries and other	17,539	12,395
Amortization of deferred contributions		
related to major equipment	9,686	9,970
	294,656	270,443
Expenses:		
Salaries and benefits	207,484	187,536
Medical and surgical supplies	15,553	14,011
Drugs	4,977	4,835
Supplies and other	52,990	47,179
Amortization of major equipment	13,233	12,487
	294,237	266,048
Excess of revenue over expenses before undernoted	419	4,395
Amortization of deferred contributions related to buildings	8,251	7,904
Amortization of buildings and other	(10,858)	(10,609)
Excess (deficiency) of revenue over expenses before undernoted	(2,188)	1,690
Bill 124 retroactive funding (note 21)	8,826	_
Bill 124 retroactive wage adjustments (note 21)	(2,750)	(7,038)
Excess (deficiency) of revenue over expenses	\$ 3,888	\$ (5,348)

See accompanying notes to the financial statements.

Statement of Changes in Net Assets

Year ended March 31, 2024, with comparative information for 2023 (In thousands of dollars)

	 vested in al assets	Unrestr	icted	Total 2024	Total 2023
Net assets, beginning of year	38,728	(1	,687)	37,041	42,389
Excess (deficiency) of revenue over expenses	_	3	8,888	3,888	(5,348)
Net change in net assets invested in capital assets (note 13)	(3,176)	3	8,176	_	_
Balance, end of year	\$ 35,552	\$ 5	5,377	\$ 40,929	\$ 37,041

See accompanying notes to the financial statements.

Statement of Cash Flows

Year ended March 31, 2024, with comparative information for 2023 (In thousands of dollars)

	2024	2023
Cash provided by (used in):		
Operating activities:		
Excess (deficiency) of revenue over expenses	\$ 3,888	\$ (5,348)
Items not involving cash:		
Amortization of capital assets	24,091	23,096
Amortization of contributions related		
to capital assets	(17,937)	(17,874)
Net change in employee future benefits liability (note 10)	(62)	(99)
Increase in asset retirement obligations (note 12)	229	
Net change in non-cash operating working capital (note 18)	(6,206)	8,098
	4,003	7,873
Investing activities:		
Purchase of investments	_	(55,000)
Maturity of investments	8,200	7,500
Net change in cash held for capital purposes	3,215	3,357
	11,415	(44,143)
Capital activities:		
Purchase of capital assets	(21,238)	(22,730)
Contributions received for capital assets	`14 ,816	16,665
	(6,422)	(6,065)
Increase (decrease) in cash	8,996	(42,335)
Cash, beginning of year	22,811	65,146
Cash, end of year	\$ 31,807	\$ 22,811

See accompanying notes to the financial statements.

Notes to Financial Statements

Year ended March 31, 2024 (Tabular amounts in thousands of dollars)

1. Nature of entity:

Queensway Carleton Hospital (the "Hospital") is a provincially funded, charitable, not-for-profit organization providing health care within various clinical programs in an inpatient and outpatient setting. It is a secondary referral hospital that provides primary and secondary services to the residents of the City of Ottawa and specifically to the West Ottawa community and portions of the Ottawa Valley.

The Hospital is incorporated without share capital under the Ontario Business Corporations Act. The Hospital is a charity under the Income Tax Act, and as such, is exempt from income taxes.

2. Significant accounting policies:

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards for government not-for-profit organizations and include the following significant accounting policies:

(a) Revenue recognition:

The Hospital follows the deferral method of accounting for contributions.

The Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ontario Ministry of Health ("MOH") and Ontario Health East. Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of the year are accrued. Where a portion of a grant is related to a future period, it is deferred and recognized in that subsequent period. The final amount of operating revenue recorded cannot be confirmed until the MOH has reviewed the Hospital's financial and statistical returns for the year. Any adjustments arising from the MOH review are recorded in the period in which the adjustment is made.

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.

Contributions restricted for the purchase of capital assets, together with any interest earned thereon, are deferred and amortized to revenue on a straight-line basis, at a rate corresponding with the amortization rate for the related capital assets.

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

Investment income is included in the statement of operations and includes dividend and interest income, realized gains and losses on disposal of investments, amortization of bond discounts and, if applicable, charges for other than temporary impairment of investments. Unrealized gains and losses are recorded in the statement of remeasurement gains and losses.

Notes to Financial Statements (continued)

Year ended March 31, 2024 (Tabular amounts in thousands of dollars)

2. Significant accounting policies (continued):

(b) Financial instruments:

The Hospital's financial instruments are measured as follows:

Cash	Fair value
Short-term investments	Amortized cost
Accounts receivable	Amortized cost
Due from Queensway Carleton Hospital Foundation	Amortized cost
Long-term investments	Amortized cost
Cash held for capital purposes	Fair value
Accounts payable and accrued liabilities	Amortized cost
Accrued vacation and overtime pay	Amortized cost

Unrealized changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized. When the financial instrument is derecognized, the unrealized gains and losses previously recognized in the statement as remeasurement gains and losses are reversed and recognized in the statement of operations.

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

All non-derivative 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 or loss is reversed from the statement of remeasurement gains and losses.

(c) Inventories:

Inventories of supplies are valued at the lower of average cost and replacement cost, less a provision for any obsolete or unusable inventory on hand.

(d) Investments:

Purchases of investments are recorded on the settlement date.

(e) Capital assets:

Capital assets are recorded at cost. Minor equipment replacements are expensed in the year of replacement. Construction in progress comprises construction, development costs and interest capitalized during the construction period. Capital assets are reviewed for impairment whenever events or changes in circumstances indicate that their carrying amount may not be recoverable.

Notes to Financial Statements (continued)

Year ended March 31, 2024 (Tabular amounts in thousands of dollars)

2. Significant accounting policies (continued):

(e) Capital assets (continued):

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 the straight-line basis over the following useful lives:

Asset	Useful life
Land improvements	up to 25 years
Buildings	up to 40 years
Building service equipment	up to 35 years
Major equipment	up to 10 years

Construction in progress and various projects in process are not amortized until the project is complete and the assets come into use.

(f) Asset retirement obligations:

An asset retirement obligation is recognized when, as at the financial reporting date, all of the following criteria are met:

- There is a legal obligation to incur retirement costs in relation to a tangible capital asset;
- The past transaction or event giving rise to the liability has occurred;
- It is expected that future economic benefits will be given up; and
- A reasonable estimate of the amount can be made.

The liability for the removal of asbestos in the buildings owned by the Hospital has been recognized based on estimated future expenses on closure of the site and post-closure care.

Actual remediation costs incurred are charged against the asset retirement obligation to the extent of the liability recorded. Differences between the actual remediation costs incurred and the associated liability recorded within the financial statements are recognized in the statement of operations at the time of remediation occurs.

(g) Employee future benefits:

The Hospital accrues its obligations for benefit plans as the employees render the services necessary to earn these benefits. The cost of post-retirement benefits earned by employees is actuarially determined using the projected benefit method pro-rated on service, and management's best estimate of retirement ages of employees and expected health and dental care costs. The most recent actuarial valuation of the benefit plans was performed as at April 1, 2022 and extrapolated to March 31, 2024. The next required valuation will be as at April 1, 2025.

Notes to Financial Statements (continued)

Year ended March 31, 2024 (Tabular amounts in thousands of dollars)

2. Significant accounting policies (continued):

(g) Employee future benefits (continued):

Actuarial gains or 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 excess of the net accumulated actuarial gains or losses over the accrued benefit obligation is amortized over the expected average remaining service period of active employees. The expected average remaining service period of the active employees covered by the benefit plans is fourteen years (2023 - fourteen years).

Adjustments arising from plan amendments are recognized immediately in the period of plan amendment.

The Hospital is an employer member of the Hospitals 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.

(h) Donated services and assets:

Volunteers donate significant time each year to assist the Hospital in carrying out its services. These donated services are not recognized in the financial statements because of the difficulty associated with measurement.

Contributions of capital assets are recorded at fair value at the date of contribution.

(i) Use of estimates:

The preparation of financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Such estimates include judgments as to the valuation of the employee future benefits liability. Actual results could differ from these estimates. These estimates are reviewed annually, and as adjustments become necessary, they are recorded in the financial statements in the period they become known.

Notes to Financial Statements (continued)

Year ended March 31, 2024 (Tabular amounts in thousands of dollars)

3. Implementation of new accounting standard:

PS 3400 Revenue

On April 1, 2023, the Hospital adopted Public Sector Accounting Standard PS 3400 – *Revenue*. This new standard provides requirements for the recognition, measurement, presentation, and disclosure of revenue transactions. This standard was adopted prospectively from the date of adoption. The implementation of this standard did not require the Hospital to reflect any adjustments in these financial statements.

4. Capital management:

The Hospital defines its capital as deferred contributions related to capital assets and its net assets.

Through the management of its capital, the Hospital strives to maintain and expand capacity, where possible, to continue operations, including the renewal of capital assets, in order to remain a viable charitable, not-for-profit organization providing health care services. The Hospital relies on grants from the MOH and other government agencies as well as community contributions through the Queensway Carleton Hospital Foundation (note 16). The Hospital's definition of capital has not changed from the prior year, and the Hospital has complied with the conditions and requirements of capital grants and contributions throughout the year.

5. Investments:

Investments consist of:

	2024		2024 Cost and
	Fair value	carı	ying value
Short-term investments: Bank redeemable term deposit, face value \$31,800,000, interest rate of prime less 1.43%, maturity date April 1, 2024	\$ 31,800	\$	31,800
Bank non-redeemable term deposit, face value \$15,000,000, interest rate of 5.40%, maturity date April 1, 2024	15,000		15,000
Total investments	\$ 46,800	\$	46,800

Notes to Financial Statements (continued)

Year ended March 31, 2024 (Tabular amounts in thousands of dollars)

5. Investments (continued):

		2023		2023 Cost and
		Fair value	carr	ying value
Short-term investments: Bank redeemable term deposit, face value \$40,000,000, interest rate of prime less 1.43%,	Â	10.000	¢	10.000
maturity date April 1, 2024	\$	40,000	\$	40,000
Long-term investments: Bank non-redeemable term deposit, face value \$15,000,000, interest rate of 5.40%,				
maturity date April 1, 2024		15,000		15,000
Total investments	\$	55,000	\$	55,000

The Hospital's bank term deposits have a total face value of \$46,800,000 (2023 - \$55,000,000).

6. Accounts receivable:

	2024	2023
Accounts receivable from patients	\$ 6,361	\$ 5,702
Ontario Ministry of Health	5,630	8,445
Eastern Ontario Regional Laboratory		
Association (note 16)	100	199
Champlain Health Supply Services (note 16)	758	647
Other	7,350	4,978
	20,199	19,971
Less: allowance for doubtful accounts	(3,681)	(2,540)
	\$ 16,518	\$ 17,431

The allowance for doubtful accounts relates to amounts receivable from patients and other sources and is determined based on prior experience with similar accounts, and the Hospital's estimate of potential uncollectible amounts.

Notes to Financial Statements (continued)

Year ended March 31, 2024 (Tabular amounts in thousands of dollars)

7. Capital assets:

		Cost	Accumulated ost amortization		2024 Net book value	2023 Net book value
Land improvements Buildings Building service equipmen Major equipment Construction-in-progress	\$ t	1,831 201,811 96,831 82,520 5,459	\$	1,809 64,950 51,031 46,316 –	\$ 22 136,861 45,800 36,204 5,459	\$ 130 138,948 44,812 40,295 3,014
	\$	388,452	\$	164,106	\$ 224,346	\$ 227,199

Cost and accumulated amortization as at March 31, 2023 amounted to \$500,222,000 and \$273,023,000, respectively.

During the year, the Hospital expired assets with a cost of \$126,708,000 (2023 - \$Nil) and accumulated depreciation of \$126,708,000 (2023 - \$Nil) and disposed of assets with a cost of \$6,300,000 (2023 - \$Nil) and accumulated depreciation of \$5,810,000 (2023 - \$Nil) for a net loss on disposal of \$490,000 (2023 - \$Nil) which is included in amortization of major equipment on the statement of operations.

8. Line of credit:

The Hospital has an available line of credit of \$10,000,000 (2023 - \$10,000,000) with a corporate bank, of which no amount was drawn against at March 31, 2024. This line of credit is unsecured and bears interest at prime less 0.85% (2023 - prime less 0.85%).

Notes to Financial Statements (continued)

Year ended March 31, 2024 (Tabular amounts in thousands of dollars)

9. Deferred revenue:

	2024	2023
Balance, beginning of year Amount received during the year Amount recognized as revenue Amount reclassified from accounts payable Amount reclassified to accounts receivable	\$ 1,245 252,430 (249,772) 4,880 (2,815)	\$ 1,652 233,496 (224,251) 3,094 (4,654)
Amount reclassified to deferred contributions related to capital assets	(4,842)	(8,092)
Balance, end of year	\$ 1,126	\$ 1,245

10. Employee future benefits liability:

The Hospital has defined post-retirement benefit plans covering certain employee groups. These plans provide health and dental benefits to eligible employees up to the age of 65.

The reconciliation of the funded status of the benefit plans to the amount recorded in the financial statements is as follows:

	2024	2023
Accrued benefit obligation and funded status - plan deficit Unamortized actuarial losses	\$ 4,481 2,053	\$ 4,439 2,157
Employee future benefits liability	\$ 6,534	\$ 6,596

The following table provides details of the net change in employee future benefits liability during the year ended March 31:

	2024	2023
Benefit expense, included in the statement of operations Payments made by the Hospital during the year	\$ 142 (204)	\$ 140 (239)
Net change in employee future benefits liability	\$ (62)	\$ (99)

Notes to Financial Statements (continued)

Year ended March 31, 2024 (Tabular amounts in thousands of dollars)

10. Employee future benefits liability (continued):

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

	2024	2023
Discount rate for calculation of net benefit costs	4,50%	3.60%
Discount rate for calculation of accrued benefit obligation	4.70	4.50
Dental costs rate increase	5.00	5.00
Extended health care costs rate increase	5.27	5.27
Expected average remaining service life of employees	14 years	14 years

11. Deferred contributions related to capital assets:

Deferred contributions related to capital assets represent the unamortized balance of grants and donations received for the purchase of capital assets, plus any interest earned thereon. The amortization of deferred contributions related to capital assets is recorded as revenue in the statement of operations. The changes for the year are as follows:

	2024	2023
Balance, beginning of year Contributions received during the year: Ontario Ministry of Health (net contributions	\$ 197,119	\$ 198,328
received less payable) Queensway Carleton Hospital Foundation Other	4,841 7,302 2,305	8,092 6,205 2,062
Interest earned on cash held for capital purposes Amortization to revenue during the year	368 (17,937)	306 (17,874)
Balance, end of year	\$ 193,998	\$ 197,119

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

	2024	2023
Unspent capital contributions Unamortized capital contributions	\$ 6,755 187,243	\$ 9,970 187,149
	\$ 193,998	\$ 197,119

Notes to Financial Statements (continued)

Year ended March 31, 2024 (Tabular amounts in thousands of dollars)

12. Asset retirement obligations:

The Hospital's asset retirement obligations consist of several obligations as follows upon the adoption of *PS 3280 Asset Retirement Obligations*:

(a) Asbestos obligation:

The Hospital owns and operates buildings that are known to have asbestos, which represents a health hazard upon demolition of the building and there is a legal obligation to remove it. The Hospital recognized an obligation relating to the removal and post-removal care of the asbestos in these buildings as estimated at April 1, 2023. The buildings are fully amortized. The timing of post-closure care cannot yet be reasonably estimated, so no discounting has been applied to the liability.

(b) Fuel storage tanks:

The Hospital owns fuel storage tanks which represents an environmental hazard upon removal and decommissioning and there are legal obligations regarding how they must be removed. The tanks are fully amortized. The timing of post-closure care cannot yet be reasonably estimated, so no discounting has been applied to the liability.

The asset retirement obligations at year end are as follows:

	2024	2023
Fuel storage tanks Asbestos removal	\$ 66 1,485	\$ 66 1,256
	\$ 1,551	\$ 1,322

During the year, the Hospital recognized a cost escalation adjustment related to asbestos removal in the amount of \$229,000 (2023 - \$Nil).

Notes to Financial Statements (continued)

Year ended March 31, 2024 (Tabular amounts in thousands of dollars)

13. Net assets invested in capital assets:

Net assets invested in capital assets are calculated as follows:

	2024	2023
Capital assets Less amounts financed by:	\$ 224,346	\$ 227,199
Deferred contributions Asset retirement obligations (note 12)	(187,243) (1,551)	(187,149) (1,322)
Net assets invested in capital assets	\$ 35,552	\$ 38,728

Net change in net assets invested in capital assets during the year is calculated as follows:

	2024	2023
Purchase of capital assets Amounts funded by deferred contributions Changes in unspent contributions Adjustment of asset retirement obligations (note 12) Amortization of deferred contributions	\$ 21,238 (14,816) (3,215) (229)	\$ 22,730 (16,665) (3,357) –
related to capital assets Amortization of capital assets	17,937 (24,091)	17,874 (23,096)
Net change in net assets invested in capital assets	\$ (3,176)	\$ (2,514)

14. Commitments and guarantees:

(a) Operating leases:

In July 1973, the Hospital entered into a lease with the National Capital Commission ("NCC") for approximately 50 acres on which the Hospital is located. The lease was amended in November 2006 to extend it to July 2048 at an annual lease cost of \$1.00.

(b) Hospital redevelopment project:

In 2021, the Hospital received approval from the MOH to award the construction contract for the Mental Health project. The total project is estimated to cost \$15,800,000 including architect and related fees and equipment. The total project spend to date at March 31, 2024 was \$14,600,000 (2023 - \$11,698,000). The MOH has approved a maximum capital grant for the project of \$9,059,000. The balance of the project will be funded by the Queensway Carleton Hospital Foundation and the Queensway Carleton Hospital. The project was substantially complete by March 31, 2024.

Notes to Financial Statements (continued)

Year ended March 31, 2024 (Tabular amounts in thousands of dollars)

15. Contingent liabilities:

(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. With respect to claims at March 31, 2024, management believes the Hospital has valid defences and appropriate insurance coverage in place. In the event any claims are successful, management believes that such claims are not expected to have material effect on the Hospital's financial position.

To the extent permitted by law, the Hospital has indemnified its past, present and future directors, officers, employees and volunteers against expenses (including legal expenses), judgments, and any amount actually or reasonably incurred by them in connection with any action, suit or proceeding in which the directors are sued as a result of their service if they acted honestly and in good faith with a view to the best interest of the Hospital. The Hospital has purchased directors' and officers' liability insurance with respect to this indemnification. 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.

(b) Healthcare Insurance Reciprocal of Canada:

A group of hospitals, including the Hospital, 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 reassessment for losses, 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, 2024.

(c) 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.

Notes to Financial Statements (continued)

Year ended March 31, 2024 (Tabular amounts in thousands of dollars)

15. Contingent liabilities (continued):

(d) Bill 124:

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

(e) Letters of credit:

The Hospital is contingently liable under two (2) letters of credit:

- A letter of credit in the amount of \$217,000 as required by the Hospital's site plan agreement with the City of Ottawa related to the 2014 completion of the construction of the Hospital's Phase 3A Redevelopment project.
- ii) A letter of credit for \$50,000 as required by the Hospital's site plan agreement with the City of Ottawa related to the Mental Health project per note 14(b).

16. Related party transactions:

(a) Queensway Carleton Hospital Foundation:

The Hospital has an economic interest in the Queensway Carleton Hospital Foundation (the "Foundation"). The Foundation is incorporated without share capital under the Ontario Business Corporations Act. The Foundation is a charity under the Income Tax Act, and as such, is exempt from income taxes. The Foundation was established to raise, receive, maintain and manage funds to be distributed towards various programs and capital projects of the Hospital.

During the year ended March 31, 2024, the Foundation contributed \$7,302,000 (2023 - \$6,205,000) to the Hospital for capital purposes. In addition, the Foundation contributed \$35,000 (2023 - \$12,000) in other contributions. As at March 31, 2024, the Foundation has a fund balance of \$14,692,000 (2023 - \$15,629,000).

Notes to Financial Statements (continued)

Year ended March 31, 2024 (Tabular amounts in thousands of dollars)

16. Related party transactions (continued):

(a) Queensway Carleton Hospital Foundation (continued):

In 2009, the Hospital signed a twenty-year License Agreement with the Foundation whereby the Foundation has the exclusive right to operate the parking facilities in exchange for a onetime upfront license fee in the amount of \$11,927,000 plus applicable taxes, equal to the fair value of the parking facilities at the time of the agreement. In connection with the License Agreement, in 2009, the Hospital and the Foundation signed two separate agreements whereby the Foundation purchases services from the Hospital for maintenance, repair, security and management of the parking facilities. For the year ended March 31, 2024, the Foundation paid the Hospital \$1,354,000 (2023 - \$1,303,000) for maintenance, repairs, and security and \$245,000 (2023 - \$209,000) for management of the parking facilities.

(b) Ottawa Hospitals Food Association (formerly Hospital Food Services Inc.):

The Hospital was a founding member of Healthcare Food Services. Inc. ("HFS"). HFS was established to provide food services, respectively to member hospitals on a cost-of-service basis.

On May 13, 2019, the Board of Directors of HFS finalized the sale of substantially all of the assets of HFS to a third-party purchaser. As unanimously agreed upon by the Member Hospitals and the Board of Directors of HFS, the net proceeds of the HFS sale will be distributed to each of the member Hospital's respective Foundations. Effective the date of sale, HFS changed its operating name to Ottawa Hospitals Food Association ("OHFA").

Also, as part of the closing conditions, the Hospital committed to purchase food products through an agreed upon supply agreement for three years ending May 2023.

On July 11, 2023 (2023 - February 27, 2023), the Board Directors of OHFA approved a motion to distribute \$2,000 (2023 - \$367,000) to the member hospital Foundation's based on their share. This represented the final distribution to member hospitals of amounts remaining. The Queensway Carleton Hospital Foundation's share of the distribution is 6.05% (2023 - 6.05%), and the Foundation received a donation of \$177 (2023 - \$22,000) in July 2023 (2023 - March 2023).

(c) Ottawa Regional Hospital Linen Services Incorporated:

The Hospital is a founding member Ottawa Regional Hospital Linen Services Incorporated ("ORHLS"). ORHLS was established to provide laundry and linen services to member hospitals on a cost-of-service basis. ORHLS is incorporated without share capital under the Ontario Business Corporations Act. ORHLS is a not-for-profit organization under the Income Tax Act (Canada), and as such, is exempt from income taxes. The Hospital maintains an economic interest in ORHLS.

Notes to Financial Statements (continued)

Year ended March 31, 2024 (Tabular amounts in thousands of dollars)

16. Related party transactions (continued):

(c) Ottawa Regional Hospital Linen Services Incorporated (continued):

At March 31, 2024, the Hospital had an economic interest in ORHLS of \$2,993,000 (2023 - \$2,642,000) of total net assets of \$23,325,000 (2023 - \$20,600,000).

For the year ended March 31, 2024, the Hospital provided a total of \$2,043,000 (2023 - \$2,168,000) to ORHLS for linen services. This amount has been included in supplies and other on the statement of operations.

Included in accounts payable at March 31, 2024 is a payable to ORHLS of \$188,000 (2023 - \$144,000).

(d) Eastern Ontario Regional Laboratory Association:

The Hospital is a founding member of Eastern Ontario Regional Laboratory Association ("EORLA"). EORLA was established to provide laboratory services to member hospitals on a cost-of-service basis. EORLA is incorporated without share capital under the Ontario Business Corporations Act. EORLA is a not-for-profit organization under the Income Tax Act (Canada), and as such, is exempt from income taxes. The Hospital maintains an economic interest in EORLA.

EORLA charges member hospitals, including the Hospital, on a cost-per-test basis. Included in supplies and other expenses are \$9,819,000 (2023 - \$8,194,000) in laboratory charges from EORLA.

Included in accounts receivable at March 31, 2024 is a receivable from EORLA of \$100,000 (2023 - \$199,000).

Included in accounts payable at March 31, 2024 is a payable to EORLA of \$1,031,000 (2023 - \$Nil).

(e) Champlain Health Supply Services:

The Hospital is a founding member of Champlain Health Supply Services ("CHSS"). CHSS was established to provide sourcing, procurement, and logistics services to member hospitals. CHSS is incorporated without share capital under the Ontario Business Corporations Act. CHSS is a not-for-profit organization under the Income Tax Act, and as such, is exempt from income taxes. The Hospital maintains an economic interest in CHSS.

Included in supplies and other expenses are \$164,000 (2023 - \$154,000) for the Hospital's portion of CHSS' operating expenses.

Included in accounts payable at March 31, 2024 is a payable to CHSS of \$164,000 (2023 - \$154,000).

Included in accounts receivable at March 31, 2024 is a receivable from CHSS of \$758,000 (2023 - \$647,000) for payments made by the Hospital on behalf of CHSS.

Notes to Financial Statements (continued)

Year ended March 31, 2024 (Tabular amounts in thousands of dollars)

17. Pension plan:

Substantially all of the employees of the Hospital are members of the Healthcare of Ontario Pension Plan (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees of the participating members of the Ontario Hospital Association. Plan members will receive benefits based on the length of service and on the average of annualized earnings during the five consecutive years prior to retirement, termination or death that provide the highest earnings.

Pension assets consist of investment grade securities. Market and credit risk on these securities are managed by the Plan by placing plan assets in trust and through the Plan investment policy.

Pension expense is based on Plan management's best estimates, in consultation with its actuaries, of the amount, together with the salary contributed by employees, 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 actuarial valuation of the Plan as at December 31, 2023 indicated the Plan is fully funded. Contributions to the Plan made during the year by the Hospital on behalf of its employees amounted to \$11,954,000 (2023 - \$10,048,000) and are included in the statement of operations.

18. Net change in non-cash operating working capital:

	2024	2023
Accounts receivable	\$ 913	\$ 3,024
Due from Queensway Carleton Hospital Foundation	(62)	(139)
Inventories	912	344
Prepaid expenses	669	(301)
Accounts payable and accrued liabilities	(9,299)	5,316
Accrued vacation and overtime pay	780	261
Deferred revenue	(119)	(407)
Net change in non-cash operating working capital	\$ (6,206)	\$ 8,098

Notes to Financial Statements (continued)

Year ended March 31, 2024 (Tabular amounts in thousands of dollars)

19. Financial instruments:

(a) Fair value:

The carrying values of receivable from governments, accounts receivable, accounts payable and accrued liabilities, and accrued vacation and overtime pay approximates fair value due to the relatively short period to maturity of the instruments.

The fair value of the due from Queensway Carleton Hospital Foundation balance is not determinable due to the related party nature of the receivable.

(b) Fair value hierarchy:

Financial instruments are grouped into Levels 1 to 3 based on the degree to which fair value is observable:

- Level 1 fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities;
- Level 2 fair value measurements are those derived from inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e., as prices) or indirectly (i.e., derived from prices); and,
- Level 3 fair value measurements are those derived from valuation techniques that include inputs for the asset or liability that are not based on observable market data (unobservable inputs).

The fair value hierarchy requires the use of observable market inputs whenever such inputs exist. A financial instrument is classified to the lowest level of the hierarchy for which a significant input has been considered in measuring fair value.

Cash (including cash held for capital purchases), short-term and long-term investments are classified as a level 1 financial asset.

There were no transfers between levels for the year ended March 31, 2024.

(c) Financial instrument risk management:

The Hospital is exposed to various financial risks through its transactions and holdings in financial instruments.

Credit risk:

Credit risk arises from the potential that a counterparty to an investment will fail to perform its obligations. Concentrations of credit risk exists when a significant proportion of investments are invested in securities with similar characteristics or subject to similar economic, political, or other conditions.

Notes to Financial Statements (continued)

Year ended March 31, 2024 (Tabular amounts in thousands of dollars)

19. Financial instruments (continued):

(c) Financial instrument risk management (continued):

Credit risk (continued):

The Hospital is exposed to credit risk on its accounts receivable and receivable from Governments. The maximum exposure to credit risk is the carrying value reported in the statement of financial position. Credit risk is mitigated through collection practices and the diverse nature of amounts with accounts receivable and receivable from Governments.

The Hospital considers receivables to be past due when they are over 90 days old. At March 31, 2024, the balance of receivables over 90 days is \$261,000 (2023 - \$90,000). Of this amount, \$4,000 (2023 - \$23,000) is receivable from partner hospital organizations. The Hospital does not consider these amounts to be impaired due to the nature of the receivables and the nature of the counterparty. The remaining balance relates to patient and other receivables. The Hospital actively manages and monitors these receivables balances. An impairment allowance is set up based on the Hospital's historical experience regarding collections.

Liquidity risk:

Liquidity risk is the risk that the Hospital will not be able to meet all cash flow obligations as they come due. The Hospital mitigates this risk by monitoring cash activities and expected outflows through extensive budgeting and cash flow analysis.

Accounts payable and accrued vacation and overtime pay mature within one year.

The Hospital has recorded a liability at March 31, 2024 for the estimated impact of retroactive salary increases related to the repeal of Bill 124 which capped public sector salary growth to 1% per annum for three years. It remains uncertain whether the Ministry of Health will directly fund this expense. The Hospital has sufficient financial arrangements in place including an operating line of credit to settle this one-time obligation in the short-term.

The Hospital's liquidity risk has increased in the year due to the ongoing impacts of the Bill 124 reopener provisions on the Hospital's salaries and wages. The Hospital will require sufficient and timely funding from the Ministry of Health to fulfil its obligations on a timely basis and at a reasonable cost.

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: interest rate risk, currency risk and other price risk.

Notes to Financial Statements (continued)

Year ended March 31, 2024 (Tabular amounts in thousands of dollars)

19. Financial instruments (continued):

(c) Financial instrument risk management (continued):

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 due to changes in market interest rates.

The Hospital is not exposed to significant interest rate risks arising from its financial instruments. The Hospital has established strict guidelines that are monitored regularly and does not hold or issue derivative financial instruments for trading or speculative purposes.

Currency and other price risk:

The Hospital is not exposed to significant currency or other price risk.

The Hospital's financial risks have increased during the year due to rising interest rates, inflation and market fluctuations. Management believes that these financial risks are appropriately mitigated and do not pose significant risk to the Hospital's operations. There have been no significant changes in the policies, procedures, and methods used to manage these risks in the year.

20. Ministry of Health pandemic funding:

In connection with the coronavirus pandemic ("COVID-19"), the MOH announced a number of funding programs intended to assist hospitals with incremental operating and capital costs resulting from COVID-19. In addition to these funding programs, the MOH permitted hospitals to redirect unused funding from certain programs towards COVID-19 costs and other budgetary pressures through a broad-based funding reconciliation.

The MOH provided guidance with respect to the maximum amount of funding potentially available to the Hospital, as well as criteria for eligibility and revenue recognition. The MOH has also indicated that all funding related to COVID-19 is subject to review and reconciliation, with the potential for adjustments during subsequent fiscal years.

Management's estimate of MOH revenue for COVID-19 is based on the most recent guidance provided by MOH and the impacts of COVID-19 on the Hospital's operations and expenses. Management has analyzed the requirements and has provided an estimate for the supportable amounts based on the current available information.

Notes to Financial Statements (continued)

Year ended March 31, 2024 (Tabular amounts in thousands of dollars)

20. Ministry of Health pandemic funding (continued):

Details of the MOH funding for COVID-19 recognized as revenue are summarized below:

	2024	2023
Funding for incremental COVID-19 operating expenses Other COVID-19 Funding, including employee and physician pandemic pay, health human resources	\$ _	\$ 2,084
and assessment centre Pandemic prevention and containment funding	_	4,987 1,014
	\$ _	\$ 8,085

In addition to the above, the Hospital has also recognized \$Nil (2023 - \$62,000) in MOH funding for COVID-19 related capital expenditures, which has been recorded as an addition to deferred capital contributions during the year.

The Hospital also received funding to open additional beds during the pandemic, as well as other one-time programs introduced by the MOH. The amounts are included in funding from governments on the statement of operations.

21. Bill 124:

On November 29, 2022, the Ontario Superior Court rendered a decision to declare the Protecting a Sustainable Public Sector for Future Generations Act, 2019, known as Bill 124, to be void and of no effect. This ruling has triggered reopener provisions that required renewed negotiations with certain labour groups on compensation for years that were previously capped by the legislation. During the year, the Hospital paid a total of \$9,788,000 in retroactive wage adjustments to eligible employees as a result of the reopener provisions. Ongoing impacts of the reopener provisions are reflected in the Hospital's current wage rates and are included in the reported amount of salaries and benefits.

The MOH has provided the Hospital with funding to offset the cost of the retroactive wage adjustments, as well as ongoing impacts up to March 31, 2024.

The expenses incurred for retroactive wage adjustments of \$2,750,000 (2023 - \$7,038,000) and the associated MOH funding of \$8,826,000 (2023 - \$Nil) has been presented separately in the statement of operations.

22. Comparative information:

Certain 2023 comparative information has been reclassified to conform with the financial statement presentation adopted for 2024.