

Hanover and District Hospital
Financial Statements
For the year ended March 31, 2019

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Independent Auditor's Report

To the Members Hanover and District Hospital

Opinion

We have audited the financial statements of Hanover and District Hospital (the Entity), which comprise the statement of financial position as at March 31, 2019 and the statements of operations, changes in net assets, cash flows and remeasurement gains and losses for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at March 31, 2019, and its results of operations, its remeasurement gains and losses, its change in net assets, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Entity 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 these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Entity'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 Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity'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 these 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 Entity'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 Entity'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 Entity 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

Hanover, Ontario
May 23, 2019

Hanover and District Hospital Statement of Financial Position

March 31 2019 2018

Assets

Current

Cash (Note 2)	\$ 799,998	\$ 1,508,316
Due from Ontario Ministry of Health and Long-Term Care	7,137	7,137
Accounts receivable	1,212,353	302,711
Inventory	40,676	45,238
Prepaid expenses	255,952	188,919
	2,316,116	2,052,321

Investments held for capital purposes (Note 3) 5,275,821 5,372,484

Capital assets (Note 4) 10,560,240 8,090,842

\$18,152,177 **\$ 15,515,647**

Liabilities and Net Assets

Current

Accounts payable and accrued liabilities \$ 2,192,999 \$ 1,658,446

Retirement benefit liability (Note 5) 444,700 450,100

Deferred capital contributions (Note 6) 3,599,958 1,642,759

6,237,657 3,751,305

Contingencies (Note 10)

Net Assets

Invested in capital assets (Note 7) 6,960,281 6,448,083

Unrestricted 4,746,118 5,289,869

11,706,399 11,737,952

Accumulated remeasurement gains 208,121 26,390

11,914,520 11,764,342

\$18,152,177 **\$ 15,515,647**

On behalf of the Board:

_____ Chair

_____ Vice Chair

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

Hanover and District Hospital Statement of Changes in Net Assets

For the year ended March 31	2019			2018
	Invested in Capital Assets	Unrestricted	Total	Total
Balance , beginning of year	\$ 6,448,083	\$ 5,289,869	\$11,737,952	\$ 11,762,856
Excess of revenue over (under) expenses for the year	(389,019)	357,466	(31,553)	(24,904)
Investment in capital assets, net	901,217	(901,217)	-	-
Balance , end of year	\$ 6,960,281	\$ 4,746,118	\$11,706,399	\$ 11,737,952

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

Hanover and District Hospital Statement of Operations

For the year ended March 31	2019	2018
Revenue		
Ministry of Health and Long-Term Care (Page 7)	\$ 16,299,343	\$ 16,023,495
Other (Page 7)	<u>2,628,882</u>	<u>2,352,238</u>
	<u>18,928,225</u>	<u>18,375,733</u>
Expenses		
Salaries and wages	8,519,848	8,318,148
Medical staff remuneration	2,096,675	2,037,356
Employee benefits	2,420,513	2,272,614
Supplies and other expenses	4,192,246	4,117,317
Medical and surgical supplies	641,362	613,489
Drug expense	284,893	282,604
Bad debts	21,175	10,371
Amortization of equipment	546,355	523,160
Other votes - taxes	<u>7,500</u>	<u>7,500</u>
	<u>18,730,567</u>	<u>18,182,559</u>
Excess of revenue over expenses before building amortization	197,658	193,174
Amortization of deferred contributions for land improvements and building	40,458	38,490
Amortization of land improvements and building	<u>(269,669)</u>	<u>(256,568)</u>
Excess (deficiency) of revenue over expenses for the year	\$ (31,553)	\$ (24,904)

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

Hanover and District Hospital Schedule of Operating Revenue

For the year ended March 31	2019	2018
Ministry of Health and Long-Term Care Revenue		
Ministry allocation	\$ 14,386,900	\$ 14,104,100
Special purpose funding	128,837	137,271
Municipal tax funding	7,500	7,500
Alternate payment plan	1,278,477	1,276,995
Hospital On Call Coverage (HOCC)	497,629	497,629
	\$ 16,299,343	\$ 16,023,495
Other Revenue		
Income from patient activities	\$ 1,264,004	\$ 1,248,522
Accommodation charges	238,333	286,223
Donations	41,625	33,335
Amortization of deferred contributions for equipment	123,931	76,488
Marketed services	436,046	439,158
Investment income	172,765	157,227
Gain on disposal of capital assets	262,616	-
Other	89,562	111,285
	\$ 2,628,882	\$ 2,352,238

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

Hanover and District Hospital Statement of Cash Flows

For the year ended March 31	2019	2018
Cash provided by (used in)		
Operating activities		
Excess of revenue under expenses for the year	\$ (31,553)	\$ (24,904)
Items not involving cash		
Amortization of capital assets	816,024	779,728
Change in employee future benefits liability	(5,400)	(10,000)
Amortization of discount on investments	(5,701)	(16,718)
Realized gain on disposal of investments	47,883	76
Unrealized gain on investments	(133,848)	-
Amortization of deferred contributions	(164,389)	(114,978)
Gain on disposal of capital assets	(262,616)	-
	260,400	613,204
Changes in non-cash working capital balances (Note 9)	(437,559)	207,551
	(177,159)	820,755
Capital activities		
Acquisition of capital assets	(3,421,959)	(1,026,255)
Grants and donations for capital assets	2,121,588	628,359
Proceeds from sale of capital assets	399,154	-
	(901,217)	(397,896)
Investing activities		
Proceeds on disposal of investments	1,768,762	535,051
Acquisition of investments	(1,398,704)	(624,620)
	370,058	(89,569)
Net increase (decrease) in cash during the year	(708,318)	333,290
Cash, beginning of year	1,508,316	1,175,026
Cash, end of year	\$ 799,998	\$ 1,508,316

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

Hanover and District Hospital Statement of Remeasurement Gains and Losses

<u>For the year ended March 31</u>	<u>2019</u>	<u>2018</u>
Accumulated remeasurement gains, beginning of year	\$ 26,390	\$ 37,370
Unrealized gains (losses) attributable to investments for the year	133,848	(10,980)
Realized losses reclassified to statement of operations	47,883	-
Net remeasurement gains (losses) for the year	181,731	(10,980)
Accumulated remeasurement gains, end of year	\$ 208,121	\$ 26,390

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

Hanover and District Hospital Notes to Financial Statements

March 31, 2019

1. Significant Accounting Policies

Nature and Purpose of Organization

Hanover and District Hospital is a non-profit organization incorporated without share capital under the Corporations Act of Ontario. The hospital is a registered charity under the Income Tax Act (Canada) and, as such, is exempt from income tax and may issue income tax receipts to donors.

The hospital is principally involved in providing health care services to the Hanover area. It is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health and Long-Term Care.

Basis of Presentation

The financial statements of Hanover and District Hospital are the representations of management. They have been prepared in accordance with Canadian public sector accounting standards for government not-for-profit organizations, including the 4200 series of standards, as issued by the Public Sector Accounting Board ("PSAB for Government NPOs").

The financial statements do not include the assets, liabilities and activities of related volunteer organizations which are not operated by the hospital, including the Hanover and District Hospital Foundation and the Hanover and District Hospital Auxiliary.

Management Estimates

The preparation of financial statements in accordance with PSAB for government NPOs requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates as additional information becomes available in the future. Use of estimates primarily relates to amortization of capital assets and actuarial estimation of the retirement benefits liability.

Hanover and District Hospital Notes to Financial Statements

March 31, 2019

1. Significant Accounting Policies (continued)

Financial Instruments

Cash and equity instruments quoted in an active market are measured at fair value. Accounts receivable, accounts payable, and long-term debt are measured at cost or amortized cost. The carrying amount of each of these financial instruments is presented on the statement of financial position.

Unrealized gains and losses from changes in the fair value of financial instruments are recognized in the statement of remeasurement gains and losses. Upon settlement, the cumulative gain or loss is reclassified from the statement of remeasurement gains and losses and recognized in the statement of operations. Interest and dividends attributable to financial instruments are reported in the statement of operations.

When investment income and realized and unrealized gains and losses from changes in the fair value of financial instruments are externally restricted, the investment income and fair value changes are recognized as revenue in the period in which the resources are used for the purpose specified.

For financial instruments measured using amortized cost, the effective interest rate method is used to determine interest revenue or expense.

All financial assets are tested annually for impairment. When financial assets are impaired, impairment losses are recorded in the statement of operations.

Transaction costs are added to the carrying value for financial instruments measured using cost or amortized cost. Transaction costs are expensed for financial instruments measured at fair value.

Hanover and District Hospital Notes to Financial Statements

March 31, 2019

1. Significant Accounting Policies (continued)

Revenue Recognition

The Hospital follows the deferral method of accounting for contributions, which include donations and government transfers.

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 and Long-Term Care ("Ministry"), and the Local Health Integration Network ("LHIN"). The hospital has entered into a Hospital Service Accountability Agreement (the H-SAA) for fiscal 2019 with the Ministry and LHIN that sets out the rights and obligations of the parties to the H-SAA in respect of funding provided to the hospital by the Ministry/LHIN. The H-SAA also sets out the performance standards and obligations of the hospital that establish acceptable results for the hospital's performance in a number of areas.

If the hospital does not meet its performance standards or obligations, the Ministry/LHIN has the right to adjust funding received by the hospital. The Ministry/LHIN is not required to communicate certain funding adjustments until after the submission of year end data. Since this data is not submitted until after the completion of the financial statements, the amount of the Ministry/LHIN funding received by the hospital during the year may be increased or decreased subsequent to the year end.

Government transfers are recognized in the financial statements as revenue in the period that the events giving rise to the transfer occur; providing that the transfer is authorized, eligibility criteria, if any, have been met by the recipient, and a reasonable estimate of the amount can be made.

Government transfers restricted by legislation, regulation or agreement, and not available for general hospital purposes, is reported as deferred revenue on the balance sheet. The revenue is reported on the statement of operations in the year in which it is used for the specified purpose.

Restricted contributions received by the hospital for the acquisition of capital assets are deferred and recognized as revenue on the same basis as the amortization expense related to the acquired assets.

Other revenue is recognized as the services are rendered or the goods are delivered, providing the amount is fixed or determinable and collectability is reasonably assured.

Hanover and District Hospital Notes to Financial Statements

March 31, 2019

1. Significant Accounting Policies (continued)

Contributed Services

Volunteers contribute approximately 4,058 hours (2018 - 4,160 hours) to assist the hospital in carrying out its service delivery activities. The fair value of these contributed services is not readily determinable and, as such, is not recognized in the financial statements.

Cash and Cash Equivalents

Cash and cash equivalents consist of cash on hand and bank balances. All investments held for capital purposes are treated as investing activities.

Capital Assets

Purchased capital assets are carried at cost less accumulated amortization. Contributed capital assets are recorded at fair value at the date of contribution. Amortization is provided on a straight line basis over the assets' estimated useful lives, which is 80 years for buildings and 5-15 years for equipment.

Retirement Benefits

The hospital provides post-employment health, dental and life insurance benefits to eligible retired employees. The accrued benefit obligation for these benefits is actuarially determined using the projected benefit method prorated on service, and incorporates management's best estimate of salary escalation, retirement ages of employees, and expected benefit costs.

Adjustment to these costs arising from changes in estimates and experience gains and losses are amortized to income over the estimated average remaining service life of the employee groups on a straight line basis. Past service costs arising from plan amendments are charged to income in the year of the plan amendment.

Defined contribution plan accounting is applied to the hospital's multi-employer defined benefit pension plan. Contributions for current and past service costs are expensed in the year in which they become due.

2. Cash

Cash consists of bank deposits that are held at one chartered bank. The accounts earn interest at a rate of bank prime less 2% on balances up to \$3,000,000 and bank prime less 1.75% on balances over \$3,000,000, payable monthly.

Hanover and District Hospital Notes to Financial Statements

March 31, 2019

3. Investments Held for Capital Purposes

	2019	2018
Guaranteed investment certificates	\$ -	\$ 587,697
Mutual funds and equities	5,275,821	4,784,787
	\$ 5,275,821	\$ 5,372,484

Guaranteed investment certificates and government debt securities matured in fiscal 2019, with an effective interest rate of 2.4% (2018 - 2.4%). Interest is receivable annually and at maturity. The fair value of the investments was determined by reference to public price quotations in an active market.

Mutual funds and equities have a cost of \$5,054,860 (2018 - \$4,749,889).

4. Capital Assets

	2019		2018	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Land	\$ 278,748	\$ -	\$ 403,132	\$ -
Land improvements	880,779	714,021	880,779	674,358
Building and building service equipment	11,452,170	5,793,578	10,472,108	5,563,663
Construction in progress	805,521	-	416,975	-
Equipment	12,399,208	8,748,587	10,545,590	8,389,721
	\$25,816,426	\$15,256,186	\$ 22,718,584	\$ 14,627,742
Net book value		\$10,560,240		\$ 8,090,842

The carrying value of capital assets not being amortized because they are under construction, development, or have been removed from service is \$805,521 (2018 - 416,975).

Hanover and District Hospital Notes to Financial Statements

March 31, 2019

5. Post-Employment Benefits

Pension Plan

Substantially all of the employees of the hospital are eligible to be members of the Hospitals of Ontario Pension Plan, which is a multi-employer final average pay contributory pension plan. The contributions made to the plan during the year totaled \$720,465 (2018 - \$661,968) by the hospital, and \$571,797 (2018 - \$525,372) by the employees. The hospital's contributions are included in employee benefits on the statement of operations. At December 31, 2018, the pension plan reported a surplus of \$13.9 billion (2017 - \$18.2 billion).

Retirement Benefits

The hospital provides post-employment health care, dental and life insurance benefits to eligible retired employees. The hospital's accrued benefit obligation and liability at March 31 is determined as follows:

	<u>2019</u>	<u>2018</u>
Accrued benefit obligation	\$ 373,200	\$ 381,800
Unamortized actuarial losses	<u>71,500</u>	<u>68,300</u>
Liability	<u>\$ 444,700</u>	<u>\$ 450,100</u>

The most recent actuarial valuation was prepared as at March 31, 2017. The actuarial valuation was based on a number of assumptions about future events, such as inflation rates, interest rates, medical inflation rates, and employee turnover and mortality. The assumptions used reflect the hospital's best estimates. In measuring the hospital's accrued benefit obligation, a discount rate of 3.20% was assumed to determine the accrued benefit obligation and a discount rate of 3.90% was assumed to determine the benefit cost. For extended health care costs, a 6% annual rate of increase was assumed for 2019, decreasing by 0.25% per annum to an ultimate rate of 4.5%. For dental costs a 2.75% annual rate of increase was assumed. Actual results could differ from this estimate as additional information becomes available in the future.

Hanover and District Hospital Notes to Financial Statements

March 31, 2019

5. Post-Employment Benefits (continued)

The total expense related to post-employment benefits other than pensions includes the following components:

	2019	2018
Current year benefit cost	\$ 16,900	\$ 16,400
Interest on accrued benefit obligation	12,200	12,500
Amortization of actuarial losses	3,200	3,200
Total expense for the year	32,300	32,100
Benefit payments	(37,700)	(42,100)
Change in liability for the year	\$ (5,400)	\$ (10,000)

6. Deferred Contributions Related to Capital Assets

Deferred contributions related to capital assets represent restricted contributions with which hospital capital assets have been purchased. The change in the deferred contributions balance for the year is as follows:

	2019	2018
Balance, beginning of year	\$ 1,642,759	\$ 1,129,378
Contributions received	2,121,588	628,359
Amortization recognized as revenue during the year	(164,389)	(114,978)
Balance, end of year	\$ 3,599,958	\$ 1,642,759

Hanover and District Hospital Notes to Financial Statements

March 31, 2019

7. Net Assets Invested in Capital Assets

Net assets invested in capital assets is made up as follows:

	2019	2018
Capital assets	\$ 10,560,240	\$ 8,090,842
Less amounts financed by Deferred contributions	(3,599,959)	(1,642,759)
Balance, end of year	\$ 6,960,281	\$ 6,448,083

8. Related Party Transactions

Hanover and District Hospital Foundation

Hanover and District Hospital exercises significant influence over Hanover and District Hospital Foundation by virtue of its ability to appoint some of the Foundation's board of directors. The Foundation was established to raise funds for the use of the hospital, is incorporated without share capital under the laws of the Province of Ontario, and is a registered charity under the Income Tax Act.

Hanover and District Hospital Auxiliary

The Hanover and District Hospital Auxiliary is a volunteer organization affiliated with the Hanover and District Hospital and is engaged in a wide range of services for the betterment of the hospital. The organization periodically transfers funds to the hospital.

The following contributions and recoveries were received or receivable during the year:

	2019	2018
Hanover and District Hospital Foundation	\$ 1,399,569	\$ 604,011
Hanover and District Hospital Auxiliary	31,625	23,335

These transactions are measured at the exchange amount, which is the amount of consideration established and agreed to by the related parties.

Hanover and District Hospital Notes to Financial Statements

March 31, 2019

9. Statement of Cash Flows

The change in non-cash working capital balances is made up as follows:

	<u>2019</u>	<u>2018</u>
Decrease (increase) in accounts receivable	\$ (909,642)	\$ 39,662
Decrease (increase) in inventory	4,562	1,723
Decrease (increase) in prepaid expenses	(67,033)	38,934
Increase (decrease) in accounts payable	<u>534,554</u>	<u>127,232</u>
	<u>\$ (437,559)</u>	<u>\$ 207,551</u>

10. Contingent Liabilities

Hanover and District Hospital participates in the Healthcare Insurance Reciprocal of Canada (HIROC), a reciprocal insurance company licensed under the Insurance Act, (Ontario), and a pooling of the public liability insurance risks of its hospital members. Members of the pool pay annual premiums, which are actuarially determined. Members are subject to assessment for losses, if any, experienced by the pool for the year in which they were members. No assessments have been made to March 31, 2019 with respect to claims.

Hanover and District Hospital Notes to Financial Statements

March 31, 2019

11. Financial Instrument Risk Management

The hospital's financial instruments consist of cash, accounts receivable, investments held for capital purposes, and accounts payable. The hospital's financial instruments are exposed to certain financial risks, including credit risk, interest rate risk, liquidity risk, and other price risk. Unless otherwise noted, it is management's opinion that the hospital is not exposed to significant interest, currency, or credit risks arising from these financial instruments.

General objectives, policies, and processes

The Board of Directors has overall responsibility for the determination of the organization's risk management objectives and policies and, while retaining ultimate responsibility for them, it has delegated the authority for designing and operating processes that ensure effective implementation of the objectives and policies to the organization's management. The Board of Directors receives monthly reports through which it reviews the effectiveness of the processes put in place and the appropriateness of the objectives and policies it sets.

The Ministry of Health and Long-Term Care has created regional Local Health Integration Networks (LHIN) that are responsible for the funding and organization of health care services. Hanover and District Hospital has negotiated a Hospital Service Accountability Agreement for the 2019 fiscal year with the South West LHIN. This agreement requires the submission of budgets and sets out performance standards, including maintaining a current ratio between 0.8 and 2.0.

Market Risk

Market risk is the risk that the fair value of 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 equity risk. The Hospital is not exposed to significant currency risk as it does not transact materially in foreign currency. The hospital's investment policy limits equity instruments to 30% of the fair value of the total investment portfolio. At March 31, 2019, a 10% movement in stock markets with all other variables held constant, could impact the market value of the equity instruments held by \$175,064 (2018 - \$147,909).

Interest rate risk

Interest rate risk is the risk of 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 exposed to interest rate risk through its interest-bearing investments. The organization's objective is to minimize interest rate risk by locking in fixed rates on its investments when possible and holding the investments until maturity.

Hanover and District Hospital Notes to Financial Statements

March 31, 2019

11. Financial Instruments Risk Management (continued)

Credit risk

Credit risk is the risk of financial loss caused by a debtor failing to make payments of interest and principal when due. The hospital is exposed to credit risk through its cash and investment certificates in its investment portfolio, and accounts receivable.

The hospital holds its cash accounts at a federally regulated chartered bank and is insured under the Canadian Deposit Insurance Corporation up to \$100,000.

Accounts receivable are primarily due from the Ministry of Health and Long-Term Care and OHIP. Credit risk is mitigated by the financial solvency of the provincial government. At March 31, 2019, there are no significant accounts receivable that are past due.

The hospital's investments include investment certificates, government debt securities and equities.

The hospital's maximum exposure to credit risk is the carrying value of the financial assets.

Liquidity risk

Liquidity risk is the risk that the hospital will not be able to meet its financial obligations as they fall due. The hospital has a planning and budgeting process in place to help determine the funds required to support the hospital's normal operating requirements on an ongoing basis. The hospital ensures that there are sufficient funds to meet its short-term requirements, taking into account its anticipated cash flows from operations and its holdings of cash.

At March 31, 2019, the hospital's accounts payable are due on demand.
