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# Financial statements of William Osler Health System

March 31, 2022

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## Independent Auditor's Report

To the Board of Directors of  
William Osler Health System

### Opinion

We have audited the financial statements of William Osler Health System (the "Hospital"), which comprise the statement of financial position as at March 31, 2022, and the statements of operations and changes in fund balance, remeasurement gains and losses, 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 Hospital as at March 31, 2022, 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 Hospital in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian 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'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 Hospital's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the 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.

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.

*Deloitte LLP*

Chartered Professional Accountants  
Licensed Public Accountants  
June 7, 2022

**William Osler Health System**  
**Statement of financial position**

As at March 31, 2022  
(In thousands of dollars)

	Notes	2022 \$	2021 \$
<b>Assets</b>			
Current assets			
Cash	3	132,511	72,179
Accounts receivable			
Ministry of Health and Ontario Health		31,865	64,643
Other		27,596	26,793
Contributions receivable	4	25,431	24,006
Inventories		12,394	11,293
Prepaid expenses and deposits		9,048	6,272
		<b>238,845</b>	205,186
Contributions receivable	4	464,289	489,720
Restricted cash and investments	5	62,507	61,817
Prepaid expenses and deposits	10	18,608	21,845
Investments in joint ventures	6	2,107	1,927
Capital assets	7	1,116,258	1,156,591
		<b>1,902,614</b>	1,937,086
<b>Liabilities</b>			
Current liabilities			
Accounts payable and accrued liabilities	9	220,701	174,773
Derivative liability	8	146	500
Deferred contributions		11,467	10,504
Capital lease obligations	10	7,140	7,164
Obligations – buildings	11	30,238	28,476
Revolving credit facility	8	—	7,122
Non-revolving credit facility	8	4,345	4,192
		<b>274,037</b>	232,731
Contingencies and commitments	10, 17 and 18		
Employee future benefits	14	37,884	35,401
Capital lease obligations	10	22,221	25,125
Obligations – buildings	11	563,274	593,512
Derivative liability	8	1,156	5,482
Revolving credit facility	8	—	12,394
Non-revolving credit facility	8	65,386	69,731
Legal defence fund	17	10,242	9,662
Deferred capital contributions	13	883,612	914,226
		<b>1,583,775</b>	1,665,533
<b>Fund balance</b>		<b>46,104</b>	44,804
Accumulated remeasurement losses		(1,302)	(5,982)
		<b>44,802</b>	38,822
		<b>1,902,614</b>	1,937,086

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

Approved by the Board

, Director

, Director

## William Osler Health System

### Statement of operations and changes in fund balance

Year ended March 31, 2022

(In thousands of dollars)

	Notes	2022 \$	2021 \$
<b>Revenue</b>			
Ministry of Health and Ontario Health		<b>802,735</b>	789,136
Patient revenue		<b>73,800</b>	64,262
Other income		<b>23,592</b>	22,666
Amortization of deferred capital contributions – equipment	13	<b>7,672</b>	8,248
Amortization of deferred capital contributions – buildings	13	<b>31,919</b>	31,916
Funding of interest – buildings	11	<b>45,374</b>	47,618
One time working capital grant	23	<b>—</b>	29,362
		<b>985,092</b>	993,208
<b>Expenses</b>			
Salaries, wages and benefits	14	<b>607,261</b>	590,952
Medical, surgical supplies and drugs		<b>95,101</b>	84,342
Supplies and other expenses	17	<b>173,609</b>	167,135
Amortization of equipment		<b>21,990</b>	23,579
Amortization of buildings		<b>37,645</b>	37,657
Interest cost on buildings	11	<b>48,186</b>	50,336
		<b>983,792</b>	954,001
Excess of revenue over expenses		<b>1,300</b>	39,207
Fund balance, beginning of year		<b>44,804</b>	5,597
<b>Fund balance, end of year</b>		<b>46,104</b>	44,804

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

**William Osler Health System****Statement of rereasurement gains and losses**

Year ended March 31, 2022

(In thousands of dollars)

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	<b>2022</b>	2021
	<b>\$</b>	<b>\$</b>
<b>Accumulated rereasurement losses, beginning of year</b>	<b>(5,982)</b>	(12,312)
Net rereasurement gains for the year	<b>4,680</b>	6,330
<b>Accumulated rereasurement losses, end of year</b>	<b>(1,302)</b>	(5,982)

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

## William Osler Health System

### Statement of cash flows

Year ended March 31, 2022

(In thousands of dollars)

	Notes	2022 \$	2021 \$
<b>Operating activities</b>			
Excess of revenues over expenses for the year		1,300	39,207
Items not affecting cash			
Joint venture – equity recorded	6	(180)	(177)
Amortization of deferred capital contributions	13	(39,591)	(40,164)
Amortization of capital assets		59,635	61,236
Increase in employee future benefits		2,483	2,375
Legal defence fund obligation		580	574
Net change in non-cash working capital	15	74,989	(8,682)
		<b>99,216</b>	<b>54,369</b>
<b>Capital activities</b>			
Purchase of capital assets, net of disposals	7	(19,302)	(36,456)
Contributions received	4	24,006	21,950
Deferred capital contributions received, net of disposals	13	13,955	19,594
		<b>18,659</b>	<b>5,088</b>
<b>Investing activity</b>			
Investments restricted for Brampton Civic Hospital ("BCH") and Peel Memorial Centre for Integrated Health and Wellness ("PMC")	5	(173)	(4,047)
<b>Financing activities</b>			
Osler's share of BCH and PMC financing	13	(5,141)	(5,502)
Net decrease in long term prepaid expenses and deposits		3,237	2,062
Net change in capital leases and building obligations		(31,404)	(20,323)
Repayment of revolving credit facility	8	(19,516)	(7,132)
Repayment of non-revolving credit facility	8	(4,192)	(4,044)
Net contribution to legal defence fund	5	(517)	(564)
Interest earned on redevelopment funds		163	4,027
		<b>(57,370)</b>	<b>(31,476)</b>
Net change in cash during the year		<b>60,332</b>	23,934
Cash, beginning of year		<b>72,179</b>	48,245
<b>Cash, end of year</b>		<b>132,511</b>	72,179

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

# William Osler Health System

## Notes to the financial statements

March 31, 2022

(In thousands of dollars)

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### 1. Operations

William Osler Health System ("Osler") provides healthcare services to Brampton, Etobicoke, and surrounding areas. These services are provided through Etobicoke General Hospital ("EGH"), Brampton Civic Hospital ("BCH"), Peel Memorial Centre for Integrated Health and Wellness ("PMC") and several satellite sites. Osler is a registered charity under the Income Tax Act and, accordingly, is exempt from income taxes provided certain requirements of the Income Tax Act are met.

Osler is funded primarily by the Province of Ontario in accordance with budget arrangements established by both the Ministry of Health (the "Ministry") and Ontario Health ("OH"). Osler has entered into a Hospital Service Accountability Agreement ("H-SAA") with OH that sets out the obligations as well as the minimum performance standards that must be met by Osler.

Any excess of revenue over expenses with respect to base funding during a fiscal year is not required to be returned. However, if Osler does not meet its performance standards or obligations under the H-SAA, OH has the right to adjust funding received by Osler. Osler accrues for known clawback amounts. As at March 31, 2022, management is of the opinion that Osler is in compliance with the obligations and minimum performance standards under the H-SAA.

### 2. Significant accounting policies

#### *Basis of presentation*

Management has prepared these financial statements in accordance with Canadian public sector accounting standards including the 4200 series of standards as issued by the Public Sector Accounting Board of the Chartered Professional Accountants of Canada.

These financial statements do not include the assets, liabilities or operations of William Osler Health System Foundation (the "Foundation") or William Osler Health System Volunteers Association, as the respective organizations are not controlled by Osler, maintain their own accounts and report separately from Osler to their own governing bodies (Note 16).

#### *Revenue recognition*

Osler follows the deferral method of accounting for restricted contributions, whereby restricted contributions are recognized as revenue in the same period in which the related expenses are incurred.

Under the Health Insurance Act (Ontario) and the regulations thereunder, Osler is ultimately funded by the Province of Ontario in accordance with funding arrangements established by the Ministry. Grants and funding authorized by the Ministry/OH as of the end of the fiscal year, and for which a specific purpose or use has been identified, are recognized as revenue when there is reasonable assurance that the Hospital has complied with, and will continue to comply with, all conditions necessary to earn the grant. The recognition of revenue associated with such grants requires management to make estimates and assumptions based on the best information available at the time of preparation of these financial statements. Final funding approved is subject to the funders' reconciliation process, and could differ from these estimates. Refer to Note 22 for further discussion on funding relating to COVID-19 pandemic response, and Note 23 for working capital funding.

**2. Significant accounting policies (continued)**

*Revenue recognition (continued)*

Grants for which revenue has been earned but not received at the end of the fiscal year are accrued as receivable. Where a portion of a grant received relates to a future period, it is deferred and recognized in that subsequent fiscal year.

Externally restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Contributions and investment income 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 of the related capital assets.

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

*Financial instruments*

All financial instruments, including derivatives, are included on the statement of financial position and are measured either at fair value, cost or amortized cost based on the characteristics of the instrument and Osler's accounting policy choices.

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

Cash	Amortized cost
Restricted cash and investments	Fair value
Accounts receivable	Amortized cost
Accounts payable and accrued liabilities	Amortized cost
Derivative liability	Fair value
Revolving credit facility	Amortized cost
Non-revolving credit facility	Amortized cost

Financial instruments measured at fair value are initially recognized at cost and subsequently carried at fair value. Unrealized changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized, when they are transferred to the statement of operations and changes in fund balance. Transaction costs related to financial instruments in the fair value category are expensed as incurred.

Where a decline in fair value is determined to be other than temporary, the amount of the loss is removed from accumulated remeasurement gains and losses, and recognized into the statement of operations and changes in fund balance. On sale or disposal, the amount held in accumulated remeasurement gains and losses associated with that instrument is removed from net assets and recognized in the statement of operations and changes in fund balance.

Financial instruments measured at amortized cost are initially recognized at cost, and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets. Transaction costs related to financial instruments in the amortized cost category are added to the carrying value of the instrument.

Write downs on financial assets in the amortized cost category are recognized when the amount of a loss is known with sufficient precision, and there is no realistic prospect of recovery. Financial assets are then written down to net recoverable value with the write down being recognized in the statement of operations and changes in fund balances.

**William Osler Health System**  
**Notes to the financial statements**

March 31, 2022  
(In thousands of dollars)

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**2. Significant accounting policies (continued)**

*Contributed materials and services*

A substantial number of volunteers contribute significant time each year to Osler. Due to the difficulty of determining the fair value, these contributed services are not recognized in the financial statements. Contributed materials are recorded, when received, at fair value.

*Joint ventures*

Investments in jointly controlled entities are accounted for using the modified equity method, whereby the investment is initially recorded at cost and adjusted thereafter to recognize Osler's share of the jointly controlled entity's net surplus or deficit for its fiscal year ending within Osler's fiscal year. Any distributions received are accounted for as a reduction in the investment.

*Inventories*

Inventories are valued at the lower of cost and net realizable value. Cost is determined by the average weighted cost method.

*Capital assets*

Capital assets are recorded at acquisition cost. Contributed capital assets are recorded at fair value at the date of acquisition. Expenditures for new facilities or expenditures that substantially increase the useful lives of existing capital assets are capitalized. Renovation costs to maintain normal operating efficiency are expensed as incurred. Maintenance, repairs and minor replacements are also expensed as incurred. Amortization is recorded on a straight-line basis over the estimated useful lives of the assets at the following annual rates:

Land improvements	2% – 10%
Buildings	2% – 20%
Equipment	4% – 33%

Construction-in-progress represents expenditures incurred for projects currently underway. Upon completion, the related construction-in-progress will be transferred to the appropriate capital asset category and amortization will commence.

Osler reviews long-lived assets for impairment whenever events or changes in circumstances indicate the carrying amount of an asset may not be recoverable and exceeds its fair value. The impairment loss, if any, is the excess of carrying value over its fair value.

*Capital leases*

Capital assets leased on terms that transfer substantially all of the benefits and risks of ownership to Osler are treated as capital leases and are accounted for as though a capital asset had been purchased and a liability assumed. Where the lease terms do not transfer substantially all of the benefits and risks of ownership to Osler, these leases are accounted for as operating leases, wherein lease payments are expensed as incurred.

**William Osler Health System**  
**Notes to the financial statements**

March 31, 2022

(In thousands of dollars)

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**2. Significant accounting policies (continued)**

*Employee future benefits*

Employees of Osler are eligible to be members of the Healthcare of Ontario Pension Plan, which is a multi-employer high five-year average pay contributory pension plan, and employees are entitled to certain other post-employment retirement benefits. Defined contribution plan accounting is applied to the multi-employer defined benefit plan whereby contributions are expensed when due.

Osler accrues its obligations under non-pension employee benefits as full-time employees render services. The cost of non-pension post-retirement benefits earned by employees is actuarially determined using the projected benefit method pro-rated on service and management's best estimate assumptions of retirement ages of employees and expected health care costs.

Actuarial gains or losses are amortized over the average remaining service period of the active employees. The average remaining service period of active employees is 14 years. Future cost escalation affects the amount of employee future benefits. The accrued benefit obligation related to employee benefits is discounted using current interest rates based on management's best estimate in consultation with their actuary.

Adjustments arising from plan amendments are recognized in the year when the plan amendments occur.

*Use of estimates*

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenues and expenses during the reporting period. Estimates are used when accounting for a number of items including, but not limited to provision for accounts receivable, amortization of capital assets, recognition of deferred revenue, recognition of certain revenues based on patient volumes, amortization of deferred capital contributions, recording of accrued liabilities, provisions for claims defence costs, provisions for employee benefits and market valuation of interest rate swaps. Actual results could differ from those estimates.

**William Osler Health System**  
**Notes to the financial statements**

March 31, 2022

(In thousands of dollars)

**3. Cash**

Under revised directions received from the Ministry in 2000 and 2001, Osler was required to plan for the redevelopment of facilities at EGH and PMC to meet the needs of the growing communities served by Osler. The following funds are externally restricted and internally allocated for these projects.

	<b>2022</b>	2021
	<b>\$</b>	\$
Ministry funding in excess of spending/ (spending in excess of funding) to date for redevelopment		
PMC	<b>5,577</b>	5,577
EGH	<b>(3,623)</b>	(3,615)
	<b>1,954</b>	1,962
Osler funds designated for redevelopment		
PMC	<b>1,834</b>	4,455
EGH	<b>27,070</b>	27,414
	<b>28,904</b>	31,869
Funds held for redevelopment	<b>30,858</b>	33,831
Funds available for operations	<b>101,653</b>	38,348
	<b>132,511</b>	72,179

**4. Contributions receivable**

*(a) Brampton Civic Hospital*

In August 2003, Osler entered into a project agreement with The Healthcare Infrastructure Company of Canada ("THICC") to design, build, finance, and property manage BCH. The agreed upon services included facility design, construction, project financing, building maintenance, laundry, materials management, housekeeping, portering, food services, and security. Construction was completed in July 2007 and all services were transferred from Peel Memorial to BCH in October 2007.

Effective January 18, 2013 the terms of the project agreement were assigned to Fengate (WOHC).

Effective September 2016, Osler performed market comparison for the services included in the project agreement and, as a result, the following services were awarded to various other providers: laundry, housekeeping, portering and security.

As part of the project funding agreement with the Ministry, Osler has made operating and capital financial commitments for BCH (Notes 10 and 11).

The Ministry has committed, over a 25-year period, to fund 91.05% of the BCH building capital cost base and related interest cost. In addition to its 8.95% share of the capital cost base, Osler will fund the entire cost of the parking facility. As part of its agreement with the Ministry, Osler is required to maintain a sinking fund, managed by a trust company (Note 5). Osler is required to hold all non-clinical ancillary revenues, including parking, in the sinking fund until the sinking fund is fully funded. To date, Osler's share of the commitments has been met through the sinking fund which is fully funded at March 31, 2022.

The capital cost base is calculated as shown below and has been discounted using an effective interest rate of 6.3% to match the obligation (Note 11).

**William Osler Health System**  
**Notes to the financial statements**

March 31, 2022

(In thousands of dollars)

**4. Contributions receivable (continued)**

*(b) Peel Memorial Centre for Integrated Health and Wellness*

On May 26, 2014, Osler entered into a financial arrangement with Plenary Health to design, build, finance and maintain PMC. Construction was completed in October 2016. The agreed upon services include facility design, construction project financing and building maintenance.

As part of the project funding agreement with the Ministry, Osler has made operating and capital financial commitments for PMC (Notes 10 and 11).

The Ministry has committed, over a 30 year period, to fund 90.62% of the PMC building capital cost base and related interest cost. In addition to its 9.38% share of the capital cost base, Osler will fund the entire cost of the parking facility. As part of its agreement with the Ministry, Osler is required to maintain a sinking fund, managed by a trust company (Note 5). Osler is required to hold funds invested in the sinking fund equal to six months of Osler's share of future payments under the agreement. To date, Osler's share of the commitments has been met and the sinking fund is fully funded at March 31, 2022.

The capital cost base is calculated as shown below and has been discounted using an effective interest rate of 3.1% to match the obligation (Note 11).

*(c) Etobicoke General Hospital Step 1 Patient Tower*

On May 3, 2016, Osler entered into a financial arrangement with Etobicoke Healthcare Partnership to design, build, finance and maintain ("DBFM") the Etobicoke General Hospital Step 1 Patient Tower. Construction began in June 2016 and reached substantial completion in February 2019.

As part of the DBFM Agreement with the Ministry, Osler has made financial commitments for the Etobicoke General Hospital Step 1 Patient Tower (Notes 10 and 11). The Ministry has committed, over a 30 year period, to fund 90.27% of the Patient Tower building capital cost base and related interest cost.

The capital cost base is calculated as shown below and has been discounted using an effective interest rate of 4.6% to match the obligation (Note 11).

	<b>BCH</b>	<b>PMC</b>	<b>EGH</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>
Original principal obligation	<b>550,409</b>	<b>289,920</b>	<b>217,433</b>
Harmonized Sales Tax	<b>10,053</b>	<b>5,362</b>	<b>4,109</b>
Osler's 100% share of construction cost of parking facility	<b>(38,828)</b>	<b>(21,994)</b>	<b>—</b>
<b>Capital cost base</b>	<b>521,634</b>	<b>273,288</b>	<b>221,542</b>
Funded as follows			
Ministry	<b>474,948</b>	<b>247,654</b>	<b>199,835</b>
Osler	<b>46,686</b>	<b>25,634</b>	<b>21,707</b>
	<b>521,634</b>	<b>273,288</b>	<b>221,542</b>

The contributions receivable for BCH are accreted using an interest rate of 6.3%, resulting in interest income being recognized of \$26,908 (\$28,771 in 2021), which represents the Ministry's share of the interest expense attributable to the obligation (Note 11).

**William Osler Health System**  
**Notes to the financial statements**

March 31, 2022

(In thousands of dollars)

**4. Contributions receivable (continued)**

The contributions receivable for PMC are accreted using an interest rate of 3.1%, resulting in interest income being recognized of \$7,285 (\$7,268 in 2021), which represents the Ministry's share of the interest expense attributable to the obligation (Note 11).

The contributions receivable for EGH are accreted using an interest rate of 4.6% resulting in an interest income being recognized of \$4,636 (\$4,591 in 2021), which represents the Ministry's share of the capitalized interest and of the interest expense attributable to the obligation (Note 11).

The following is a continuity schedule of the contributions receivable from the Ministry:

	<b>2022</b>	2021
	<b>\$</b>	\$
Amount receivable, beginning of year	<b>513,726</b>	535,676
Contributions received during year	<b>(24,006)</b>	(21,950)
Amount receivable, end of year	<b>489,720</b>	513,726
Current portion	<b>25,431</b>	24,006
Long-term portion	<b>464,289</b>	489,720
	<b>489,720</b>	513,726

**5. Restricted cash and investments**

	<b>2022</b>	2021
	<b>\$</b>	\$
Legal defence fund	<b>13,488</b>	12,970
Sinking fund	<b>49,019</b>	48,847
	<b>62,507</b>	61,817

Effective January 1, 2012, Osler entered into an agreement with Health Care Insurance Reciprocal of Canada ("HIROC") whereby the cost of investigating and defending any litigation claims are borne by Osler. To fund the expected payments, Osler transfers funds to an operating account managed by HIROC Management Limited ("HML") as Osler's appointed agent. The cash and investment balance is \$13,488 (\$12,970 in 2021).

Osler's sinking fund is held in trust by a custodian and managed under the direction of an investment manager. Investment income of \$163 (\$4,027 in 2021) was earned in the year and is included in deferred capital contributions on the statement of financial position.

The investments are recorded at fair value and the components are as follows:

	<b>Fair value</b>	<b>2022</b>
	<b>\$</b>	<b>Cost</b>
	<b>\$</b>	<b>\$</b>
Cash and cash equivalents	<b>353</b>	<b>353</b>
Bonds and mortgages	<b>39,611</b>	<b>40,402</b>
Equities	<b>9,055</b>	<b>5,083</b>
	<b>49,019</b>	<b>45,838</b>

**William Osler Health System**  
**Notes to the financial statements**

March 31, 2022

(In thousands of dollars)

**5. Restricted cash and investments (continued)**

	Fair value	2021 Cost
	\$	\$
Cash and cash equivalents	26	26
Bonds and mortgages	39,417	38,385
Equities	9,404	5,843
	<u>48,847</u>	<u>44,254</u>

**6. Investments in joint ventures**

Osler has a 50% interest in the William Osler ProResp Inc. joint venture. Osler's share of the net surplus in William Osler ProResp Inc. for the fiscal year of \$188 (\$185 in 2021) has been included in other income on the statement of operations and changes in fund balance. Dividends received of \$8 (\$8 in 2021) have been accounted for as a reduction in the cost of the investment.

Management fees were earned by Osler from William Osler ProResp Inc. in the amount of \$265 (\$265 in 2021) and have been included in other income and accounts receivable – other as at March 31, 2022.

**7. Capital assets**

	Cost	Accumulated amortization	2022 Net book value	2021 Net book value
	\$	\$	\$	\$
Land	20,510	—	20,510	20,510
Land improvements	6,402	4,406	1,996	2,066
Buildings	1,376,815	377,301	999,514	1,030,566
Equipment	407,034	321,598	85,436	92,153
Construction-in-progress	8,802	—	8,802	11,296
	<u>1,819,563</u>	<u>703,305</u>	<u>1,116,258</u>	<u>1,156,591</u>

Buildings include existing building service equipment and leasehold improvements. During the year, capital assets and equipment were acquired at an aggregate cost of \$19,302, net of disposals (\$36,456 in 2021).

**8. Credit facilities and derivative liability**

Osler has available unsecured credit facilities of \$35,000 (\$35,000 in 2021). These facilities bear interest at prime, of which no amount is outstanding at March 31, 2022 (\$nil in 2021). Osler also has the availability of a revolving lease line of credit of \$5,000 and a revolving demand facility by way of letters of credit and letters of guarantee of \$5,000, bearing interest at 0.85% per annum. These facilities have not been drawn upon as at March 31, 2022.

In fiscal 2015, Osler provided the Corporation of the City of Brampton a letter of credit in the amount of \$1,419 for indemnity towards certain construction at the site of PMC. The balance on this letter of credit as at March 31, 2022 is \$139 (\$139 in 2021), and no amounts were drawn on the instrument as at March 31, 2022.

**William Osler Health System**  
**Notes to the financial statements**

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(In thousands of dollars)

**8. Credit facilities and derivative liability (continued)**

In fiscal 2016, Osler provided Alectra Utilities Corp., formerly Hydro One Brampton Networks Inc., ("Alectra"), a letter of credit in the amount of \$618 for indemnity towards certain construction at the site of PMC. The balance on this letter of credit as at March 31, 2022 is \$618 (\$618 in 2021), and no amounts were drawn on the instrument as at March 31, 2022.

In fiscal 2017, Osler provided City of Toronto a letter of credit in the amount of \$586 for indemnity towards certain construction at the EGH site. The balance on this letter of credit as at March 31, 2022 is \$586 (\$586 in 2021), and no amounts were drawn on the instrument as at March 31, 2022.

Credit facilities are comprised of committed revolving and non-revolving credit facilities and are reflected as a liability on the statement of financial position as follows:

	<b>2022</b>	2021
	<b>\$</b>	\$
Credit facilities		
Facility 1 – Non-revolving credit facility (a)	<b>31,835</b>	34,337
Facility 2 – Non-revolving credit facility (b)	<b>37,896</b>	39,586
Facility 6 – Revolving credit facility (d)	–	19,516
	<b>69,731</b>	93,439
Less: current portion	<b>(4,345)</b>	(11,314)
	<b>65,386</b>	82,125

Facility 5 – a treasury risk management facility is comprised of interest rate swaps. The fair value of the interest rate swaps was calculated using the discounted cash flow method and is reflected as a derivative liability on the statement of financial position as follows:

	<b>2022</b>	2021
	<b>\$</b>	\$
Facility 5 – Derivative liability (c)		
Interest rate swap on		
Facility 1 – Non-revolving credit facility	<b>1,345</b>	3,608
Interest rate swap on		
Facility 2 – Non-revolving credit facility	<b>(43)</b>	2,374
	<b>1,302</b>	5,982
Less: current portion	<b>146</b>	500
	<b>1,156</b>	5,482

On May 26, 2014 as part of the PMC and EGH redevelopment projects, Osler entered into an agreement with the Bank of Montreal ("BMO") to establish the following:

- (a) Facility 1 – a committed non-revolving credit facility with a maximum principal amount not to exceed \$53,000 for the purpose of financing a portion of the PMC redevelopment project. This facility bears interest at the Canadian Dealer Offered Rate ("CDOR") plus 0.34%. At March 31, 2022, the outstanding principle balance is \$31,835 (\$34,337 in 2021).

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**8. Credit facilities and derivative liability (continued)**

- (b) Facility 2 – a committed non-revolving credit facility with a maximum principal amount not to exceed \$44,000 for the purpose of financing a portion of the EGH redevelopment project. This facility bears interest at the CDOR plus 0.34%. At March 31, 2022, the outstanding principle balance is \$37,896 (\$39,586 in 2021).

On July 7, 2017, the agreement was amended to transfer the unutilized credit of \$9,574 from Facility 1 to Facility 2 to provide a maximum principal amount not to exceed \$53,574.

- (c) Facility 5 – a treasury risk management facility to enable hedging of interest rate risk in connection to Facilities 1, 2 or 6.

Osler is exposed to interest rate cash flow risk with respect to its floating rate debt and has endeavored to mitigate this risk by entering into an interest rate swap that fixes the rate over the term of the debt for Facility 1 at 3.911%. At March 31, 2022, the fair value of the interest rate swap agreement resulted in a liability of \$1,345 (\$3,608 in 2021).

Osler is exposed to interest rate cash flow risk with respect to its floating rate debt and has endeavored to mitigate this risk by entering into an interest rate swap that fixes the rate over the term of the debt for Facility 2 at 3.16%. At March 31, 2022, the fair value of the interest rate swap agreement resulted in an asset of \$43 (liability of \$2,374 in 2021).

- (d) Facility 6 – a demand revolving credit facility in the maximum principal amount not to exceed \$33,000 at any time for the purposes of financing hospital capital equipment purchases. This facility bears interest at the Canadian Dollar Offered Rate (CDOR) plus 0.55%. At March 31, 2022 the outstanding principle is \$nil (\$19,516 in 2021).

**9. Accounts payable and accrued liabilities**

	<b>2022</b>	2021
	\$	\$
Accounts payable	<b>58,432</b>	52,919
Accounts payable – Ministry	<b>73,718</b>	40,676
Accrued liabilities		
Salaries, wages and employee benefits	<b>83,743</b>	77,460
Other	<b>4,808</b>	3,718
	<b>220,701</b>	174,773

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**10. Capital lease obligations, operating commitments, prepaid expenses and deposits**

Osler has entered into various capital lease obligations for computer and medical equipment. The effective interest rate of the capital leases ranges from 0.38% to 6.80%.

	Capital equipment leases \$
2023	7,913
2024	6,414
2025	5,022
2026	3,913
2027	2,898
and thereafter	<u>5,660</u>
	31,820
Less: amount representing interest	<u>2,459</u>
	29,361
Less: current portion	<u>7,140</u>
Long-term portion	<u><u>22,221</u></u>

Operating commitments include payments related to operational and maintenance services at BCH, PMC, EGH and Etobicoke Wellness Centre ("EWC"). The future minimum annual payments consist of the following:

	Operating commitments \$
2023	56,401
2024	42,786
2025	40,153
2026	39,659
2027	39,776
and thereafter	<u>359,243</u>
	<u><u>578,018</u></u>

Effective May 1, 2015, Osler entered into a Managed Equipment Services agreement (the "MES agreement") with Siemens Canada Limited ("Siemens") to provide Osler with access to technology, equipment and infrastructure for a variety of diagnostic equipment for a period of 15 years. Under the terms of the MES agreement, Siemens will provide services related to the procurement, installation, and commissioning of capital assets in accordance with an Equipment Replacement Plan as well as the maintenance, training and on-site technical support services for the equipment acquired as part of the agreement. As equipment is acquired, it is accounted for as capital leases and is included in capital assets (Note 7) and capital lease obligations. Maintenance, training and support service costs are expensed as incurred and are included in the statement of operations and changes in fund balance. Due to the timing of service payments, payments made in advance of capital purchases and scheduled maintenance are recorded as prepaid expenses and deposits in the statement of financial position.

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(In thousands of dollars)

**10. Capital lease obligations, operating commitments, prepaid expenses and deposits (continued)**

Future annual services payments related to the MES agreement consist of the following:

	Capital expenditures \$	Operating commitments \$	Annual service payments \$
2023	818	5,823	6,641
2024	1,178	5,959	7,137
2025	1,662	6,627	8,289
2026	2,060	6,904	8,964
2027	3,012	6,986	9,998
2028 and thereafter	44,069	18,653	62,722
	<u>52,799</u>	<u>50,952</u>	<u>103,751</u>
Less: amount representing interest	2,698		
	<u>50,101</u>		

**11. Obligations – buildings**

The long-term obligations related to BCH, PMC, EGH and EWC require annual payments as follows:

	\$
2023	67,550
2024	63,330
2025	60,906
2026	60,444
2027	64,535
and thereafter	650,258
	<u>967,023</u>
Amount representing interest	<u>(373,511)</u>
	593,512
Less: current portion	30,238
Long-term portion	<u>563,274</u>

The obligations are anticipated to be funded through a combination of Ministry grants (Note 4), a municipal grant, Foundation grants, hospital funds, and income arising from contractual rights (Note 12).

**William Osler Health System**  
**Notes to the financial statements**

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**11. Obligations – buildings (continued)**

Interest on the long-term obligations and on the non-revolving credit facilities (Note 8) included in the statement of operations and changes in fund balance for BCH was \$30,715 (\$32,877 in 2021) for PMC was \$8,619 (\$8,685 in 2021), for EGH was \$5,877 (\$5,893 in 2021), and for EWC was \$2,975 (\$2,881 in 2021). These amounts were funded as follows:

	<b>2022</b>	2021
	\$	\$
Ministry's share	<b>38,829</b>	40,630
Osler's share, funded through other income	<b>1,404</b>	1,486
Osler's share, funded through amortization of deferred capital contributions	<b>5,141</b>	5,502
	<b>45,374</b>	47,618

**12. Contractual rights**

Osler has entered into various agreements giving rise to contractual rights to receive payments for subleased space at the EWC and income from other retail facilities at BCH and EGH. Future annual payments consist of the following:

	Contractual rights \$
2023	2,153
2024	1,924
2025	1,932
2026	1,670
2027	1,643
and thereafter	5,487
	<u>14,809</u>

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**13. Deferred capital contributions**

Deferred capital contributions represent the unamortized contributions and donations, which have been or will be expended on capital assets. Amortization of these contributions is recorded as revenues in the statement of operations and changes in fund balance, on a straight-line basis, at a rate corresponding with the amortization rate of the related capital asset.

	<b>2022</b>	2021
	<b>\$</b>	\$
Deferred capital contributions		
Balance, beginning of year	<b>914,226</b>	936,271
Contributions received during the year, net of disposals	<b>13,955</b>	19,594
Interest earned	<b>163</b>	4,027
Less:		
Amounts amortized to revenue		
Equipment	<b>(7,672)</b>	(8,248)
Buildings	<b>(31,919)</b>	(31,916)
Funding of Osler's share of BCH and PMC financing costs	<b>(5,141)</b>	(5,502)
Balance, end of year	<b>883,612</b>	914,226

During the year, Osler recorded contributions of \$8,397 (\$12,232 in 2021) from the Ministry, \$5,016 (\$7,108 in 2021) from the Foundation, and \$559 (\$254 in 2021) from other sources, net of disposals of \$17 (nil in 2021).

**14. Pension plan and other employee future benefits**

*Pension plan*

Employees of Osler are eligible to be members of the Healthcare of Ontario Pension Plan (the "Plan"). Contributions made to the Plan during the year by Osler of \$30,881 (\$30,292 in 2021) are included in the salaries, wages and benefits expense in the statement of operations and changes in fund balance.

*Employee future benefits*

Employees of Osler are entitled to certain post-employment benefits. Osler recognizes the present value of its obligation from these benefits as they are earned.

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**14. Pension plan and other employee future benefits (continued)**

*Employee future benefits (continued)*

The date of the last actuarial valuation was March 31, 2020. Both pension plan and employee future benefits are included in salaries, wages and benefit expenses on the statement of operations and changes in fund balance.

	<b>2022</b>	2021
	<b>\$</b>	\$
Change in employee future benefits obligation		
Employee future benefits obligation, beginning of year	<b>40,743</b>	38,930
Plan amendment	<b>(414)</b>	—
Current service cost	<b>3,034</b>	2,943
Interest cost	<b>1,319</b>	1,261
Actuarial gain	<b>(2,768)</b>	—
Benefits paid	<b>(2,432)</b>	(2,391)
Employee future benefits obligation, end of year	<b>39,482</b>	40,743
Unamortized actuarial losses	<b>(1,598)</b>	(5,342)
Employee future benefits liability, end of year	<b>37,884</b>	35,401
Plan expense		
Current service cost	<b>3,034</b>	2,943
Interest cost	<b>1,319</b>	1,261
Amortization of actuarial losses	<b>562</b>	562
Net benefit expense	<b>4,915</b>	4,766

**William Osler Health System**  
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**14. Pension plan and other employee future benefits (continued)**

*Employee future benefits (continued)*

The significant actuarial assumptions adopted in estimating Osler's accrued benefit obligation are of a long-term nature consistent with the nature of employee future benefits, as follows:

	<b>2022</b>	2021
Discount rate for accrued benefit obligation, end of period (%)	<b>3.10%</b>	3.10%
Discount rate for net benefit cost, current period (%)	<b>3.70%</b>	3.10%
Dental benefits cost escalation (%)	<b>3.0% in 2022, increasing to an ultimate rate of 3.57% per annum</b>	3.0% in 2021, increasing to an ultimate rate of 3.57% per annum
Medical benefits costs escalation, extended health care	<b>5.37% in 2022, decreasing to an ultimate rate of 3.57% per annum</b>	5.37% in 2021, decreasing to an ultimate rate of 3.57% per annum
Average remaining service period of active employees to retirement who are expected to receive benefits under the benefit plan (years)	<b>14</b>	14
Average remaining service period of active employees to full eligibility who are expected to receive benefits under the benefit plan (years)	<b>14</b>	14

**15. Net change in non-cash working capital items**

	<b>2022</b>	2021
	\$	\$
Accounts receivable – Ministry of Health and Ontario Health	<b>32,778</b>	(57,039)
Accounts receivable – other	<b>(803)</b>	(1,128)
Inventories	<b>(1,101)</b>	(3,605)
Current portion of prepaid expenses and deposits	<b>(2,776)</b>	(588)
Deferred contributions	<b>963</b>	5,806
Accounts payable and accrued liabilities	<b>45,928</b>	47,872
	<b>74,989</b>	(8,682)

**William Osler Health System**  
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**16. Related entities**

- (a) The Foundation, an independent non-profit organization, raises funds for Osler for use in acquiring capital equipment, renovations and operations. Osler is considered related to the Foundation as the Foundation raises funds and holds resources solely for the benefit of Osler. The Foundation's contributions towards building and equipment were \$806 (\$1,315 in 2021) for BCH, \$2,452 (\$3,200 in 2021) for PMC, \$1,758 (\$2,542 in 2021) for EGH and \$1,505 (\$1,291 in 2021) to support operating expenditures during the fiscal year. Included in accounts receivable – other as at March 31, 2022 is \$157 (\$139 in 2021) due from the Foundation.
- (b) The William Osler Volunteers Association (the "Volunteers") is an independent non-profit organization that raises funds in support of Osler and provides volunteer services at its hospitals. Osler is considered related to the Volunteers as the Volunteers provide support solely for the benefit of Osler. Included in accounts receivable – other as at March 31, 2022 is \$47 (\$23 in 2021) due from the Volunteers.
- (c) In conjunction with two other hospitals, Osler is a member of West GTA Healthcare Shared Services Corporation, operating as Shared Services West ("SSW"). SSW is a non-profit corporation, administered by a board of directors, which includes representation from each of the three member hospitals. SSW provides purchasing, contract management and logistics services to Osler. In fiscal 2022, Osler paid membership fees to SSW in the amount of \$2,497 (\$2,578 in 2021). During the year, Osler paid an additional \$53 (\$19 in 2021) to SSW for other services and also received \$51 (\$51 in 2021) in fees for providing resources to SSW. As at March 31, 2022, the net balance was a payable to SSW of \$51 (a receivable of \$2 in 2021).

**17. Liability insurance and contingencies**

A group of hospitals, including Osler, are members of HIROC. HIROC is a pooling of liability insurance risks of its members. All members of the pool pay annual deposit premiums, which are actuarially determined and are expensed in the current year. These premiums are subject to further assessment for the experience of gains and losses, by the pool, for the years in which Osler was a member. During fiscal 2022, no negative assessments (none in 2021) have been received.

Since its inception in 1987, HIROC has accumulated an unappropriated surplus, which is the total of premiums paid by all subscribers plus investment income less the obligation for claims reserves and expenses and operating expenses. Each subscriber that has an excess of premium plus investment income over the obligation for their allocation of claims reserves and expenses and operating expenses may be entitled to receive distributions of their share of the unappropriated surplus at the time such distributions are declared by the Board of Directors of HIROC. There are no distributions receivable from HIROC as of March 31, 2022.

From time to time, Osler is named in lawsuits related to its activities. It is not possible to determine the merits of these claims or to estimate the possible financial liability, if any, to Osler. Accordingly, no provision has been made for loss in these financial statements. In management's view, these claims should not have a material adverse effect on the financial position of Osler.

Osler entered into an agreement with HIROC whereby HIROC will provide indemnity insurance, however the cost of investigating and defending any litigation claims would be borne by Osler. Osler has appointed HIROC Management Limited to act as agent for Osler for such claims defence costs in accordance with an Agency Agreement. Costs associated with claims arising prior to January 1, 2012 will be borne by HIROC. Costs of defending claims that arise subsequent to January 1, 2012 are based on claims defence costs incurred by HIROC in the past. For the year ended March 31, 2022, a provision of \$2,065 (\$2,570 in 2021) for the defence costs of such claims is included as supplies and other expenses in the statement of operations and changes in fund balance.

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**18. Guarantees**

In the normal course of business, Osler has entered into agreements that meet the definition of a guarantee and may include indemnities in favour of third parties. Osler's primary guarantees are as follows:

- (a) Indemnity has been provided to all directors and officers of Osler for various items including, but not limited to, all costs to settle suits or actions due to association with Osler, subject to certain restrictions. Osler has purchased directors' and officers' liability insurance to mitigate the cost of any potential future suits or actions. The term of indemnification is not explicitly defined, but is limited to the period over which the indemnified party served as a director or officer of Osler. The maximum amount of any potential future payment cannot be reasonably estimated.
- (b) In the normal course of business, Osler has entered into agreements that include indemnities in favour of third parties. These indemnification agreements may require Osler to compensate counterparties for losses incurred by the counterparties as a result of breaches in representation and regulations or as a result of litigation claims or statutory sanctions that may be suffered by the counterparty as a consequence of the transaction.

The nature of these indemnification agreements prevents Osler from making a reasonable estimate of the maximum exposure due to the difficulties in assessing the amount of liability which stems from the unpredictability of future events and the uncertainty of amounts owed to counterparties. Historically, Osler has not made any significant payments under such or similar indemnification agreements and, therefore, no amount has been accrued in the statement of financial position with respect to these agreements.

**19. Diabetes Satellite Programs**

In accordance with the Ministry Memorandum dated August 9, 2014, the information below reflects the revenues and eligible expenditures for the Diabetes Satellite Programs for the fiscal year.

	<b>Adult Diabetes \$</b>	<b>2022 Pediatric Education \$</b>	Adult Diabetes \$	2021 Pediatric Education \$
Revenue				
Ontario Health	<b>1,027</b>	<b>250</b>	1,027	250
Other income	<b>2</b>	—	—	—
	<b>1,029</b>	<b>250</b>	1,027	250
Expenditures				
Salaries, wages and benefits	<b>1,003</b>	<b>250</b>	1,153	250
Supplies and other (including purchased services)	<b>27</b>	—	10	—
	<b>1,030</b>	<b>250</b>	1,163	250
Excess of expenditures over revenue for the year	<b>(1)</b>	—	(136)	—

## **William Osler Health System**

### **Notes to the financial statements**

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#### **20. Ontario health team**

Osler is a member of a network of health service providers participating in the Central West Ontario Health Team ("CW OHT"). During the year, Osler received \$750 (\$375 in 2021) under a Transfer Payment Agreement with OH as the fundholder for the CW OHT. Reflected in the statement of operations and changes in fund balance are salaries, wages and benefits of \$614 (\$92 in 2021) and supplies and other expenses of \$35 (\$9 in 2021) related to the activities of the CW OHT. At March 31, 2022, Osler has recorded \$375 (\$274 in 2021) of deferred contributions on the statement of financial position related to this funding.

#### **21. Financial instruments**

##### *Risks arising from financial instruments and risk management*

Osler is exposed to a variety of financial risks including market and credit risk. Osler's overall risk management program focuses on the unpredictability of financial markets and seeks to minimize potential adverse effects on Osler's financial performance. Osler is exposed to interest rate risk and market risk with regard to its long-term investments, which is minimized due to a conservative investment policy that has been approved by the Ministry.

##### *Credit risk*

Credit risk arises from cash and investments held with financial institutions and credit exposures to patients on outstanding accounts receivable balances. The maximum exposure to credit risk is equal to the carrying value of the financial assets. The objective of managing counterparty credit risk is to prevent losses in financial assets. Cash is held at a major financial institution that has a high credit rating assigned to it by international credit rating agencies minimizing any potential exposure to credit risk. Osler assesses the credit quality of the counterparties, taking into account their financial position, past experience and other factors.

##### *Liquidity risk*

Liquidity risk results from Osler's potential inability to meet its obligations associated with the financial liabilities as they become due. Osler monitors its operations and cash flows to ensure current and future obligations will be met. Osler believes its current sources of liquidity are sufficient to cover its currently known short and long-term cash obligations.

##### *Establishing fair value*

The carrying value of cash, accounts receivable, long-term receivable, accounts payable and accrued liabilities approximates their fair value because of the relatively short period to maturity of the instruments. The fair value of long-term debt is not materially different from its carrying values as it bears interest at variable rates and has financing conditions similar to these currently available to Osler.

The fair value of guarantees and letters of credit is based on fees currently charged for similar agreements or on the estimated cost to terminate them or otherwise settle the obligations with the counterparties at the reported borrowing date. In situations in which there is no market for these guarantees and they were issued without explicit costs, it is not practicable to determine their fair value with sufficient reliability. Unless otherwise noted, it is management's opinion that Osler is not subject to significant interest or currency risk arising from these instruments.

The fair value of the interest rate swaps are determined using the discounted cash flow method.



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**Notes to the financial statements**

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**21. Financial instruments (continued)**

*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 two types of risk: interest rate risk and equity risk.

*(a) Interest rate risk*

Interest rate risk is the potential for financial loss caused by fluctuations in fair value or future cash flows of financial instruments because of changes in market interest rates. Osler is exposed to interest rate risk on its credit facilities. For its credit facilities, Osler has entered into interest rate swap agreements in order to manage the impact of fluctuating interest rates. Osler's policy is not to utilize derivative instruments for trading or speculative purposes. Therefore, fluctuations in market interest rates would not impact future cash flows and operations relating to the credit facilities.

*(b) Equity risk*

Equity risk is the risk that the fair value of equity investments will fluctuate because of changes in market prices (other than those arising from interest rate risk), whether those changes are caused by factors specific to the individual investment or factors affecting all securities traded in the market.

There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the risk.

**22. Pandemic response**

On March 11, 2020, the World Health Organization characterized the outbreak of a strain of the novel corona virus ("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 response, Osler experienced a change in the demand for its services and incurred unbudgeted pandemic response expenditures during the year ended March 31, 2022. The Ministry and OH have issued a series of funding announcements during the year to support the continued COVID-19 response across the hospital sector. The various funding envelopes are intended to support the continued provision of patient care during the pandemic, to reduce operating pressures resulting from surgical backlogs, delayed or cancelled procedures, and to offset the incremental operating and capital expenditures incurred to provide direct COVID-19 care, including assessments, vaccine administration, and critical care.

The duration and long-term impact of the COVID-19 pandemic is assessed to not compromise the ongoing operations of Osler based on information available at this time.

**23. Working capital grant**

During fiscal 2021, Osler was allocated a one-time working funds grant in the amount of \$29,362 from the Ministry. The intent of this grant was to address systemic working fund deficits to improve the financial health and stability of Osler. The working capital grant was received in fiscal 2022 and per the funding conditions was used to reduce indebtedness (Note 8) and certain current liabilities.