

Financial Statements of

**KINGSTON HEALTH  
SCIENCES CENTRE**

Year ended March 31, 2023

# KINGSTON HEALTH SCIENCES CENTRE

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Year ended March 31, 2023

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Kingston Health Sciences Centre

### ***Opinion***

We have audited the financial statements of the Kingston Health Sciences Centre ("the Entity"), which comprise:

- the statement of financial position as at March 31, 2023
- the statement of revenues and expenses 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
- the statement of rereasurement losses 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 Entity as at March 31, 2023, its results of operations, its cash flows and the rereasurement losses 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 auditor's 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.



### ***Other Information***

Management is responsible for the other information. Other information comprises:

- the information, other than the financial statements and the auditor's report thereon, included in the Annual Report document.

Our opinion on the financial statements does not cover the other information and we do not and will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit and remain alert for indications that the other information appears to be materially misstated.

We obtained the information, other than the financial statements and the auditor's report thereon, included in the Entity's annual report as at the date of this auditor's report.

If, based on the work we have performed on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact in the auditor's report.

We have nothing to report in this regard.

### ***Emphasis of Matter – Comparative Information***

We draw attention to note 2 to the financial statements ("Note 2"), which explains that certain comparative information presented for the year ended March 31, 2022 has been restated.

Note 2 explains the reason for the restatement and also explains the adjustments that were applied to restate certain comparative information

Our opinion is not modified in respect of this matter.

### ***Other Matter – Comparative Information***

As part of our audit of the financial statements for the year ended March 31, 2023, we also audited the adjustments that were applied to restate certain comparative information presented for the year ended March 31, 2022. In our opinion, such adjustments are appropriate and have been properly applied.

### ***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 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 Centre's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Centre's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the 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.



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- 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

Kingston, Canada

June 19, 2023

**KINGSTON HEALTH SCIENCES CENTRE**  
**Statement of Financial Position**

**As at March 31, 2023**  
**(in thousands of dollars)**

	2023 \$	2022 \$ (Restated – note 2)
<b>Assets</b>		
Current assets		
Cash	56,318	69,727
Restricted cash	152,944	91,994
Accounts receivable	27,825	30,170
Due from Ministry of Health, Cancer Care Ontario and Ontario Health	26,696	38,713
Inventories	9,662	9,758
Other current assets	11,937	10,605
	285,382	250,967
Restricted cash	36,441	66,410
Other investments (note 3)	244	246
Investments in joint ventures (note 4)	3,536	3,536
Capital assets, net (note 5)	283,159	265,336
	608,762	586,495
<b>Liabilities</b>		
Current liabilities		
Accounts payable and accrued liabilities	140,757	118,943
Accrued compensation	55,820	51,819
Note payable – KGH Auxiliary (note 16(c))	90	190
Agency obligations (note 8)	3,596	3,154
Current portion of long-term debt (note 9)	2,001	2,868
	202,264	176,974
Long-term debt (note 9)	5,085	948
Asset retirement obligations (note 6)	18,409	18,409
Employee future benefits (note 10)	38,847	38,203
Interest rate swaps (note 9)	(25)	-
Deferred contributions (notes 11, 12, and 13)	216,154	219,803
<b>Net assets</b>		
Unrestricted	14,541	56,767
Internally restricted	35,000	35,000
Invested in capital assets (note 7)	78,537	40,439
	128,078	132,206
Accumulated remeasurement losses	(50)	(48)
	128,028	132,158
Commitments (note 14)		
Contingencies (notes 17 and 18)		
	608,762	586,495

See accompanying notes.

**On behalf of the Board:**

  
 \_\_\_\_\_  
 Member

  
 \_\_\_\_\_  
 Member

**KINGSTON HEALTH SCIENCES CENTRE**  
**Statement of Revenues and Expenses**

**For the year ended March 31, 2023**  
**(in thousands of dollars)**

	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
<b>Revenues</b>		
Ministry of Health, Cancer Care Ontario and Ontario Health (note 21)	558,080	556,999
Other patient services	41,790	39,249
Clinical education, other votes and programs (note 19)	89,340	87,373
Ancillary services	3,769	3,243
Recoveries and other	26,623	21,837
Amortization of deferred capital contributions major equipment	7,409	6,510
<b>Total revenues</b>	<b>727,011</b>	<b>715,211</b>
<b>Expenses</b>		
Salaries and benefits	494,478	465,563
Patient care supplies and services	131,540	118,826
Utilities	8,047	7,234
General	77,843	74,749
Amortization of major equipment	16,640	15,928
<b>Total expenses</b>	<b>728,548</b>	<b>682,300</b>
Surplus (deficiency) of revenues over expenses before building and land improvements amortization	(1,537)	32,911
Amortization of deferred capital contributions – building and land improvements	10,860	17,813
Amortization of building and land improvements	(13,451)	(19,569)
Disposal of leasehold improvements capital contribution	8,247	-
Loss on disposal of capital assets	(8,247)	-
<b>Surplus (deficiency) of revenues over expenses</b>	<b>(4,128)</b>	<b>31,155</b>

See accompanying notes.

**KINGSTON HEALTH SCIENCES CENTRE**  
**Statement of Changes in Net Assets**

**For the year ended March 31, 2023**  
**(in thousands of dollars)**

	Unrestricted	Internally Restricted	Invested in Capital Assets	Total 2023 \$	2022 \$ (Restated – note 2)
Balance, beginning of year (note 22)	40,439	35,000	56,767	132,206	101,051
Surplus (deficiency) of revenue over expenses (notes 7 and 22)	7,694	-	(11,822)	(4,128)	31,155
Net change in investment in capital assets (note 7)	(33,592)	-	33,592	-	-
Balance, end of year	14,541	35,000	78,537	128,078	132,206

	Unrestricted	Internally Restricted	Invested in Capital Assets	2022 \$ (Restated – note 2)	2021 \$
Balance, beginning of year	32,841	32,000	53,554	118,395	107,539
Adjustment upon adoption of PS 3280 (note 2)	(18,409)	-	1,065	(17,344)	-
Balance, beginning of year, as restated	14,432	32,000	54,619	101,051	107,539
Surplus (deficit) of revenues over expenses (note 7)	42,329	-	(11,174)	31,155	10,856
Appropriated for capital asset	(3,000)	3,000	-	-	-
Net change in investment in capital assets (note 7)	(13,322)	-	13,322	-	-
Balance, end of year	40,439	35,000	56,767	132,206	118,395

See accompanying notes.

**KINGSTON HEALTH SCIENCES CENTRE**  
**Statement to Cash Flows**

**For the year ended March 31, 2023**  
**(in thousands of dollars)**

	<b>2023</b>	<b>2022</b>
	\$	\$ (Restated – note 2)
<b>Operating activities</b>		
Surplus (deficiency) of revenues over expenses	(4,128)	31,155
Add (deduct) non-cash items		
Settlement of asset retirement obligations	-	(17,344)
Amortization of capital assets	30,091	35,497
Amortization of deferred capital contributions	(18,269)	(24,323)
Interest rate swaps	(25)	(145)
Change in fair value of other investments	(3)	13
Change in non-cash working capital balances (note 15)	39,384	14,300
Increase in asset retirement obligations liability	-	18,409
Increase in employee future benefits	644	704
Increase in deferred contributions	1,791	457
	<b>49,485</b>	<b>58,723</b>
<b>Capital activities</b>		
Purchase of capital assets	(56,161)	(41,372)
Write down of leasehold improvement	(8,247)	-
Write down of leasehold improvement deferred contribution	8,247	-
Asset retirement obligation building transition year	-	(1,065)
Receipt of deferred capital contributions	21,076	30,189
	<b>(35,085)</b>	<b>(12,248)</b>
<b>Financing activities</b>		
Proceeds from long-term debt	4,500	-
Repayment of long-term debt	(1,230)	(1,202)
Note payable – KGH Auxiliary	(100)	(200)
	<b>3,170</b>	<b>(1,402)</b>
<b>Investing activities</b>		
Sale of investments, net	2	162
	<b>2</b>	<b>162</b>
Increase in cash during the year	17,572	45,235
Cash, beginning of year	228,131	182,896
Cash, end of year	<b>245,703</b>	<b>228,131</b>
Cash, end of year is represented by:		
Cash	56,318	69,727
Restricted cash	189,385	158,404
	<b>245,703</b>	<b>228,131</b>

See accompanying notes.

**KINGSTON HEALTH SCIENCES CENTRE**  
**Statement of Remeasurement Losses**

**For the year ended March 31, 2023**  
**(in thousands of dollars)**

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	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
Accumulated remeasurement losses beginning of the year	(48)	(60)
Unrealized gains (losses) attributable to		
Realized gain	(24)	(145)
Designated fair value	(3)	13
Interest rate swaps	25	144
Net remeasurement gain (losses) for the year	(2)	12
Accumulated remeasurement losses, end of the year	(50)	(48)

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See accompanying notes.

**KINGSTON HEALTH SCIENCES CENTRE**  
*Notes to Financial Statements*

**For the year ended March 31, 2023**  
**(in thousands of dollars)**

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**Nature of Operations**

Kingston Health Sciences Centre (the Hospital) is a legal entity that represents the integration of the operations of Kingston General Hospital (KGH) and Hotel Dieu Hospital (HDH) effective April 1, 2017.

Respectful of the history and legacies of each hospital site, the Hospital provides compassionate, patient and family-centred care by partnering with patients, embracing education and supporting research. Kingston Health Sciences Centre serves a catchment of almost 500,000 people through the two hospital sites and several regional affiliated and community locations.

The Hospital 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.

**1. Summary of Significant Accounting Policies**

The financial statements have been prepared by management in accordance with Canadian Public Sector Accounting Standards including the 4200 standards for government not-for-profit organizations. The more significant accounting policies are summarized as follows:

**Ministry of Health, Cancer Care Ontario and Ontario Health Funding**

Kingston Health Sciences Centre is funded primarily by the Province of Ontario. These financial statements reflect agreed funding arrangements approved by the Ministry of Health, Cancer Care Ontario and the Ontario Health with respect to the year ended March 31, 2023.

**Revenue Recognition**

Kingston Health Sciences Centre follows the deferral method of accounting for contributions. 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. Externally restricted contributions are recognized as revenue in the year in which the related expenses are recognized. Contributions received for capital assets are deferred and amortized into revenue over the same term and on the same basis as the related capital assets.

Realized and unrealized investment income is recorded in deferred contributions to the extent there are external restrictions on the related investments. Unrestricted investment income is recognized as revenue when earned on the Statement of Revenues and Expenses.

Grants approved but not received at the end of an accounting period are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period. Operating grants are recorded as revenue in the period to which they relate. Unspent operating grants that are subject to clawback are recorded as a liability in accounts payable and accrued liabilities and the corresponding cash is included in restricted cash on the Statement of Financial Position.

Revenue from all other sources is recognized when goods are sold or the service is provided.

**Financial Instruments**

Financial instruments are recorded at fair value on initial recognition. Derivative instruments and equity instruments that are quoted in an active market are reported at fair value. All other financial instruments are subsequently recorded at cost or amortized cost unless management has elected to carry the instruments at fair value. Management has elected to record all investments at fair value as they are managed and evaluated on a fair value basis.

**KINGSTON HEALTH SCIENCES CENTRE**  
**Notes to Financial Statements**

**For the year ended March 31, 2023**  
**(in thousands of dollars)**

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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 Revenues and Expenses. Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred.

All financial assets are assessed for impairment on an annual basis. When a decline is determined to be other than temporary, the amount of the loss is reported in the Statement of Revenues and Expenses and any unrealized gain or loss is adjusted through the Statement of Remeasurement Gains and Losses.

When the asset is sold, the unrealized gains and losses previously recognized in the Statement of Remeasurement Gains and Losses are reversed and recognized in the Statement of Revenues and Expenses.

Long-term debt is recorded at amortized cost. Interest rate swaps are recorded at fair value.

The Public Sector Accounting Standards require an organization to classify fair value measurements using a fair value hierarchy, which includes three levels of information that may be used to measure fair value:

Level 1 – Unadjusted quoted market prices in active markets for identical assets or liabilities

Level 2 – Observable or corroborated inputs, other than level 1, such as quoted prices for similar assets or liabilities in inactive markets or market data for substantially the full term of the assets or liabilities; and

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities.

**Capital Assets**

Purchased capital assets are recorded at original cost. The original cost does not reflect replacement cost or market value upon liquidation. Contributed capital assets are recorded at fair value at the date of contribution. Assets acquired under capital leases are amortized over the estimated life of the assets or over the lease term, as appropriate. Repairs and maintenance costs are expensed.

Betterments, which extend the estimated life of an asset, are capitalized. 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.

Capital assets are amortized on a straight-line basis using the following annual rates:

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Land improvements	4% - 10%
Buildings and building service equipment	2% - 15%
Major equipment	5% - 33%

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Costs of work in progress are capitalized. Amortization is not recognized until project completion.

**Contributed Services**

A substantial number of volunteers contribute a significant amount of their time each year. Because of the difficulty of determining the fair value, contributed services are not recognized in the financial statements.

**KINGSTON HEALTH SCIENCES CENTRE**  
*Notes to Financial Statements*

**For the year ended March 31, 2023**  
**(in thousands of dollars)**

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**Inventories**

Inventories are valued at the lower of average cost and net realizable value.

**Use of Estimates**

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of certain assets and liabilities at the date of the financial statements and the reported amounts of certain revenues and expenses during the year. Amounts subject to estimates include post-retirement benefit obligations, asset retirement obligations and the carrying value of capital assets. Actual results could differ from those estimates.

**Investments in Joint Ventures**

The Hospital accounts for its investments in joint ventures using the equity method of accounting whereby the investments are carried at cost and adjusted for any contributions or withdrawals. Its share of the net earnings or losses of the joint ventures are reported in the Hospital's Statement of Revenues and Expenses.

**Employee Benefit Plans**

**(a) Multi-Employer Pension Plan**

Substantially all of the employees of the Hospital are members of the Healthcare of Ontario Pension Plan (the "Plan"), which is a defined benefit multi-employer pension plan.

Pension expense is based on Plan management's best estimates, in consultation with its actuaries, of the amount required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. The funding objective is for the 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 Plan's 2022 Annual Report indicates that the plan is fully funded at 117%.

**(b) Accrued Post-Employment Benefits**

Kingston Health Sciences Centre accrues its obligations for employee benefit plans. The cost of non-pension post-retirement and post-employment 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 care costs.

Actuarial gains (losses) arise from changes in actuarial assumptions used to determine the accrued benefit obligation. The net accumulated actuarial gains (losses) are amortized over the average remaining service period of active employees.

The average remaining service period to retirement of employees covered by the employee benefit plan is 14 years (2022: 14 years).

Past service costs arising from plan amendments are recognized immediately in the period the plan amendments occur.

**KINGSTON HEALTH SCIENCES CENTRE**  
**Notes to Financial Statements**

**For the year ended March 31, 2023**  
**(in thousands of dollars)**

**Asset Retirement Obligations**

The Hospital recognizes the fair value of an Asset Retirement Obligation (“ARO”) when all the following criteria have been 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.

Actual remediation costs incurred are charged against the ARO to the extent of the liability recorded. Differences between the actual remediation costs incurred and the associated liability are recognized in the Statement of Operations at the time of remediation.

**2. Change in Accounting Policies**

On April 1, 2021, the Hospital adopted Public Accounting Standard PS 3280 – Asset Retirement Obligations. The new accounting standard addresses the reporting of legal obligations associated with the retirement of certain capital assets, such as asbestos removal in buildings owned by the Hospital. The standard was adopted on the modified retrospective basis at the date of adoption. Under the modified retrospective method of adoption, the assumptions used to estimate the Hospital’s asset retirement obligations are applied as of the date of adoption of the standard.

On April 1, 2021, the Hospital recognized an asset retirement obligation relating to buildings owned by the Hospital that contain asbestos. The buildings were originally purchased or constructed between 1830 and 1990, and the liability was measured as of the date of purchase or construction of the buildings, when the liability was created. The buildings had an expected useful life between 20 and 50 years, and the estimate has not been changed since purchase or construction.

In accordance with the provisions of this new standard, the Hospital reflected the following adjustments at April 1, 2021;

- An increase of \$18,409 to the building capital asset account, representing the original estimate of the obligation as of the date of purchase and an accompanying increase of \$17,344 to accumulated amortization, representing 10-50 years of increased amortization had the liability originally been recognized;
- An asset retirement obligation in the amount of \$18,409, representing the estimated cost of remediation as at that date; and
- A decrease to opening net assets of \$17,344, representing 10-50 years of accumulated amortization expense on the building.

No remediation work occurred during the years ended March 31, 2023 or March 31, 2022.

**3. Other Investments**

	Level	2023 \$	2022 \$
Equity shares (cost \$Nil)	2	97	97
Corporate bonds (cost \$153; 2022:\$153)	2	147	149
		244	246

Corporate bonds earn interest at rates of 3.35% (2022: 3.35%).

**KINGSTON HEALTH SCIENCES CENTRE**  
*Notes to Financial Statements*

**For the year ended March 31, 2023**  
**(in thousands of dollars)**

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**4. Investments in Joint Ventures**

**(a) Investment in Queen's University and Kingston Health Sciences Centre Parking Commission**

Kingston Health Sciences Centre has a long-term agreement, as equal partner with Queen's University at Kingston, for the operations of the Queen's University and Kingston Health Sciences Centre Parking Commission (the "Commission"). The principal business activities include the operation of an underground parking garage. Kingston Health Sciences Centre's share of the Commissions' excess of revenue over expense for 2023 amounts to \$454 (2022: \$212) and has been included in the Statement of Revenues and Expenses.

**(b) Investment in Queen's University and Kingston Health Sciences Centre Cogeneration Facility**

Kingston Health Sciences Centre participates in a joint venture with Queen's University at Kingston for the operation of a cogeneration facility governed by a Management Board consisting of representatives of Queen's University at Kingston and the Hospital. The purpose of the facility is to produce electricity and steam. The Hospital's net capital investment in the joint venture is \$3,536 (2022: \$3,536). Kingston Health Sciences Centre's proportionate share of the joint venture is 40% and Queen's University at Kingston's proportionate share is 60%. Kingston Health Sciences Centre's share of the facility's excess of expense over revenue is \$573 (2022: \$453) and has been included in the Statement of Revenues and Expenses.

**KINGSTON HEALTH SCIENCES CENTRE**  
**Notes to Financial Statements**

**For the year ended March 31, 2023**  
**(in thousands of dollars)**

**5. Capital Assets**

Capital assets consist of the following:

	2023 \$	2022 \$ (Restated – note 2)
Land & land improvements	2,886	2,886
Buildings & building service equipment	493,898	480,675
Major equipment	358,870	338,429
Work in progress	62,361	48,111
	<u>918,015</u>	<u>870,101</u>
Less accumulated amortization		
Land & land improvements	958	943
Buildings & building service equipment	332,853	319,417
Major equipment	301,045	284,405
	<u>634,856</u>	<u>604,765</u>
Net capital assets	<u>283,159</u>	<u>265,336</u>

At March 31, the Hospital's outstanding purchase orders related to work in progress and major equipment purchases were approximately \$11,377 (2022: \$11,173). An additional \$65,446 (2022: \$16,316) of expenditures are estimated to complete the approved capital projects. These funds are included in restricted cash.

In F2020, the Hospital received approval from the Ministry of Health to complete Stage 3, Preliminary Design Development for the Redevelopment of the KGH Site. This Redevelopment project will include the construction of a multi-tower building for the new Emergency Department, Operating Rooms, Clinical Labs, Neonatal Intensive Care Unit, Labour and Delivery, additional inpatient units, as well as a new Information Technology Data Centre. A Planning, Design and Compliance (PDC) Consultant was engaged to assist with preliminary work for the Stage 3 documentation which was submitted to the Ministry of Health in order to obtain approval to move to the next stage of the Ministry Capital Approval Process.

**HIRF Carry forward**

Included in deferred contributions related to capital assets is \$381 (2022: \$942) related to Health Infrastructure Renewal Fund (HIRF) that was approved by the Ministry of Health to be carried forward to the following fiscal year.

**KINGSTON HEALTH SCIENCES CENTRE**  
**Notes to Financial Statements**

**For the year ended March 31, 2023**  
**(in thousands of dollars)**

**6. Asset Retirement Obligation**

The Hospital's asset retirement obligations relate to the legally required removal or remediation of asbestos-containing materials in certain buildings. The obligation is determined based on the estimated undiscounted cash flows that will be required in the future to remove or remediate the asbestos containing materials in accordance with current legislation. As remediation plans are not defined at March 31, the full amount of the obligation is included as a long-term liability.

The change in the estimated obligation during the year consists of the following:

	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
		<b>(Restated – note 2)</b>
Balance, beginning of the year	18,409	-
Adjustment on adoption of PS 3280 asset retirement obligation standard (note 2)	-	18,409
Opening balance, as restated	<b>18,409</b>	<b>18,409</b>
Less: obligations settled during the year	-	-
Balance, end of year	<b>18,409</b>	18,409

**7. Invested in Capital Assets**

Net assets invested in capital assets are calculated as follows:

	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
		<b>(Restated – note 2)</b>
Capital assets balance, end of the year	283,159	265,336
Amounts financed by:		
Deferred contributions related to capital assets	(197,536)	(204,753)
Long-term debt	(7,086)	(3,816)
	<b>78,537</b>	<b>56,767</b>

The change in net assets invested in capital assets is as follows:

	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
Excess of expenses over revenues		
Amortization of deferred contributions related to capital assets	18,269	24,323
Amortization of capital assets	(30,091)	(35,497)
	<b>(11,822)</b>	<b>(11,174)</b>

**KINGSTON HEALTH SCIENCES CENTRE**  
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**7. Invested in Capital Assets (continued)**

	2023 \$	2022 \$ (Restated – note 2)
Purchase of capital assets	56,161	41,372
Adjustment on adoption of PS3280 asset retirement obligation standard (note 2)	-	1,065
Amounts funded by		
Deferred contributions	(19,299)	(29,252)
Proceeds of long-term debt	(4,500)	-
Repayment of long-term debt	1,230	1,202
Disposal of leasehold improvement	(8,247)	-
Disposal of deferred contribution	8,247	-
	<b>33,592</b>	<b>14,387</b>

**8. Agency Obligations**

Kingston Health Sciences Centre acts as an agent, which holds resources and makes disbursements on behalf of various unrelated individuals and groups. The Hospital has no discretion over such agency transactions. Resources received in connection with such agency transactions are reported as liabilities not revenue and subsequent distributions are reported as decreases to this liability.

**9. Long-Term Debt**

	2023 \$	2022 \$
Bank term loan with floating interest, payable in monthly installments of \$64 on account of principal and interest, due on demand (a)	1,638	2,301
Bank term loan with floating interest, payable in monthly installments of \$20 on account of principal and interest, due June 2027 (b)	948	1,157
Term loan with interest at 2.82%, payable in monthly installments of \$30 on account of principal and interest, repaid in March 2023	-	358
Bank term loan with floating interest, payable in interest only monthly installments until September 2023, followed by monthly installments on account of principal and interest, due September 2037(c)	4,500	-
	<b>7,086</b>	<b>3,816</b>
Less current portion of long-term debt	(2,001)	(2,868)
	<b>5,085</b>	<b>948</b>

**KINGSTON HEALTH SCIENCES CENTRE**  
*Notes to Financial Statements*

**For the year ended March 31, 2023**  
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**9. Long-Term Debt (continued)**

The Hospital has entered into interest rate swap agreements to manage the volatility of interest rates. The maturity dates of the interest rate swaps are the same as the maturity dates of the associated long-term debt.

The fair value of the interest rate swaps at March 31, 2023 is \$25 (2022: \$nil) which is recorded on the Statement of Financial Position. The current year impact of the change in fair value of the interest rate swaps is \$25 (2022: \$144) on the Statement of Remeasurement Gains and Losses.

The fair value of the interest rate swaps has been determined using Level 3 of the fair value hierarchy. The fair value of interest rate swaps is based on broker quotes. Those quotes are tested for reasonableness by discounting estimated future cash flows based on the terms and maturity of each contract and using market interest rates for a similar instrument at the measurement date.

- (a) The interest rate swap agreement with banker, whereby the original notional principal of \$7,800 was subject to a fixed rate of 3.4% while the Hospital received a floating interest rate, expired in February 2022. The outstanding loan amount converted to a variable interest at prime + 0%, and is payable on demand.
- (b) The outstanding loan amount is subject to an interest rate swap agreement on an original notional principal of \$1,894 with the banker whereby the Hospital receives a floating interest rate while paying a fixed rate of 3.4%.
- (c) The outstanding loan amount is subject to a one-year interest-only payment, with first combined principal and interest payment being made September 2023. Annual rate floating and is determined as CDOR plus 90 basis points.
- (d) The principal repayments due on long-term debt for each of the five years subsequent to March 31, 2023 and thereafter are as follows:  
2024 \$2,001; 2025 \$453; 2026 \$473; 2027 \$494; 2028 \$309 and thereafter \$3,356.
- (e) Interest on long-term debt in the amount of \$283 (2022: \$166) is included in general expense in the Statement of Revenues and Expenses.

**KINGSTON HEALTH SCIENCES CENTRE**  
*Notes to Financial Statements*

**For the year ended March 31, 2023**  
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**10. Post-Employment Benefits**

**Pension Plan**

Contributions to the Plan made during the year by the Hospital on behalf of its employees amounted to \$27,208 (2022: \$25,844) and are included in salaries and benefits on the Statement of Revenues and Expenses.

**Non-Pension Plans**

Kingston Health Sciences Centre's post-employment benefit plans are comprised of medical, dental and life insurance coverage. The measurement date used to determine the accrued benefit obligation is March 31, 2023. The most recent actuarial valuation of the non-pension post-employment benefits plans for accounting purposes was as of March 31, 2021 and extrapolated to March 31, 2023.

Information about the non-pension post-employment benefit plans is as follows:

	<b>2023</b>	<b>2022</b>
	\$	\$
Accrued benefit obligation	33,903	36,386
Unamortized actuarial gains (losses)	5,476	2,401
Accrued compensation	(532)	(584)
<b>Employee future benefits liability</b>	<b>38,847</b>	<b>38,203</b>

The expense for the year related to these plans is \$3,094 (2022: \$3,136) and employer contributions for these plans is \$2,503 (2022: \$2,184).

The significant actuarial assumptions adopted in measuring the accrued benefit obligation and the expense for the post-employment benefit plans is as follows:

- Discount rate for calculation of net benefit costs of 3.7% (2022: 3.1%).
- Discount rate to determine accrued benefit obligation for disclosure at end of period 4.5% (2022: 3.7%).
- Dental and extended health costs in 2023 are based on actual rates. Dental cost increases are assumed to be 3.0% to 2025 increasing to an ultimate rate of 3.57% (2022: 3.57% to 2025 increasing to an ultimate rate of 3.57%). Extended health care costs are assumed to be 5.57% to 2025 decreasing to an ultimate rate of 3.57% (2022: 5.57% to 2025 decreasing to an ultimate rate of 3.57%).

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**11. Deferred Contributions Related to Operations**

Deferred contributions related to operations represent grants provided for specific operating purposes that have not yet been actualized. These grants have not been taken into revenue.

	<b>2023</b>	<b>2022</b>
	\$	\$
Balance, beginning of year	7,511	7,034
Additional contributions received	2,595	1,219
Less amounts recognized to revenue	(804)	(743)
	<b>9,302</b>	<b>7,510</b>

**12. Deferred Contributions Related to Capital Assets**

Deferred contributions related to capital assets represent the unamortized amount and unspent amount of donations and grants received for the purchase of capital assets.

Externally restricted contributions and investment income related to special capital funding are included in deferred contributions related to capital assets.

	<b>2023</b>	<b>2022</b>
	\$	\$
Balance, beginning of year	212,243	206,377
Additional contributions received	21,076	30,189
Less amounts amortized to revenue	(18,269)	(24,323)
Less disposal	(8,247)	-
	<b>206,803</b>	<b>212,243</b>

The balance of unamortized capital contributions related to capital assets consists of the following:

	<b>2023</b>	<b>2022</b>
	\$	\$
Unamortized capital contributions used to purchase assets	197,536	204,753
Unspent contributions	9,267	7,490
	<b>206,803</b>	<b>212,243</b>

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**13. Deferred Contributions Related to Externally Restricted Funds**

Deferred contributions related to externally restricted funds represent grants, donations and other revenue provided for specific restricted purposes that have not yet been actualized. These grants, donations and other revenues have not been taken into revenue.

	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
Balance, beginning of year	49	69
Additional contributions received	-	6
Less amounts amortized to revenue	-	(26)
	<b>49</b>	<b>49</b>

**14. Commitments**

**Lease Commitments**

Kingston Health Sciences Centre is committed under certain operating lease agreements to minimum lease payments as follows:

	<b>2023</b>
	<b>\$</b>
Year ending March 31	
2024	4,802
2025	3,639
2026	2,717
2027	1,423
2028	784
<b>Total minimum lease payments</b>	<b>13,365</b>

**Capital Project Commitments**

The Hospital is currently in the implementation phase of a major information systems project (referred to as "Lumeo RHIS") to replace its current core clinical system over the next four years. The project will be delivered under a "Governance and Master Services Agreement" led by the Hospital in partnership with Providence Care Centre, Brockville General Hospital, Lennox and Addington County General Hospital Association, Perth and Smith Falls District Hospital, and Quinte Health Care Corporation. The partners have gone through a rigorous process of procurement and planning over the past five years and agreed to commence implementation in July 2021. Under the agreement, the Hospital is responsible for specific costs relating to the local site implementation in addition to a proportionate share of regional costs. In 2021, the Hospital's Board of Directors approved the project with a total cost of ownership of approximately \$58,000 over 10 years.

Total costs incurred to date are \$42,203 (2022: \$8,850), of which \$26,140 (2022: \$5,501) is the Hospital's share of costs, net of partner contributions, are included in Capital assets on the Statement of Financial Position relating to this project and have been financed using internal resources. During the fiscal year, the Hospital expensed \$nil (2022: \$159) relating to the project.

**KINGSTON HEALTH SCIENCES CENTRE**  
**Notes to Financial Statements**

**For the year ended March 31, 2023**  
**(in thousands of dollars)**

**14. Commitments (continued)**

The Hospital is currently developing a financing strategy to support capital costs relating to the project. Future commitments relating to the project are expected to change based on the actual expenses incurred by the project.

**15. Net Change in Non-Cash Working Capital Balances Related to Operations**

Net change in non-cash working capital balances related to operations consists of the following:

	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
Accounts receivable	2,345	(11,260)
Due from Ministry of Health and Ontario Health	12,017	(8,700)
Inventories	96	354
Other current assets	(1,332)	(719)
Accounts payable and accrued liabilities	21,815	25,057
Accrued compensation	4,001	9,604
Agency obligations	442	(36)
<b>Net increase</b>	<b>39,384</b>	<b>14,300</b>

**16. Related Entities**

This section addresses disclosure requirements regarding the Hospital's relationships with related entities.

**(a) University Hospitals Kingston Foundation**

Kingston Health Sciences Centre has an economic interest in the University Hospitals Kingston Foundation (UHKF). The primary purpose of UHKF is to act as a single fundraiser for Kingston Health Sciences Centre and Providence Care Centre (together, the "Kingston Hospitals") in order to maximize fundraising revenues and program efficiency to raise funds by way of public appeal for the benefit of the Kingston Hospitals. As outlined in the Operating Agreement between the Kingston Hospitals and UHKF, the Board of Directors of UHKF will determine the amount of unrestricted funds that are available for distribution to the Kingston Hospitals, and will determine in collaboration with the Chief Executive Officers of the Kingston Hospitals or their designates how these funds will be distributed among the Kingston Hospitals.

During the year, University Hospitals Kingston Foundation provided Kingston Health Sciences Centre \$5,040 (2022: \$10,656) to fund capital redevelopment, equipment purchases, research and special program costs. Total receivable at March 31 was \$197 (2022: \$8,546)

**(b) Kingston Health Sciences Centre Volunteer Services to Hotel Dieu Hospital Site ("Volunteer Services")**

Kingston Health Sciences Centre has an economic interest in Kingston Health Sciences Centre Volunteer Services to Hotel Dieu Hospital Site. Volunteer Services' mission is to support the HDH Hospital site by donating time and talents to enhance the lives of those in need. All donations from Volunteer Services are directed to the Hospital through the University Hospitals Kingston Foundation.

**KINGSTON HEALTH SCIENCES CENTRE**  
*Notes to Financial Statements*

**For the year ended March 31, 2023**  
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**16. Related Entities (continued)**

**(c) Kingston General Hospital Auxiliary**

Kingston Health Sciences Centre has an economic interest in Kingston General Hospital Auxiliary. Kingston General Hospital Auxiliary promotes and extends the interests of the Kingston Health Sciences Centre throughout the city and surrounding counties. It provides volunteer auxiliary services as requested by Kingston Health Sciences Centre administration through liaison with the Director of Volunteers and the President of the organization.

Kingston General Hospital Auxiliary also raises funds for the Kingston General Hospital site to be allocated to special gifts in a manner satisfactory to the administration of Kingston Health Sciences Centre and in harmony with the planning of the community.

During the year, Kingston General Hospital Auxiliary granted \$344 (2022: \$498) to the Hospital to fund equipment purchases and special program costs. Kingston Health Sciences Centre issued a note payable to Kingston General Hospital Auxiliary for \$90 (2022: \$190) which is payable on demand.

**(d) Kingston Regional Hospital Laundry Incorporated**

Kingston Health Sciences Centre has significant influence in Kingston Regional Hospital Laundry Incorporated (KRHL). KRHL, a Corporation incorporated under the laws of the Province of Ontario, provides laundry services, linen replacement, uniforms, dry cleaning and other related laundry services to hospitals in the Southeast region. During the year, Kingston Health Sciences Centre paid \$2,612 (2022: \$2,643) to KRHL. These costs are included in general expenses on the Statement of Revenues and Expenses.

**(e) Shared Support Services South Eastern Ontario**

The Hospital is a member of Shared Support Services South Eastern Ontario ("3SO"), a non-profit corporation. 3SO manages the services and provides procurement oversight on the part of the six member hospitals of the East Ontario Health Region. Each of the member hospitals is a voting member of 3SO. Therefore, the Hospital has an economic interest, but not control, over 3SO.

The assets, liabilities, net assets and results of operation of the 3SO are not included in the financial statements. During the year, the Hospital paid \$2,653 (2022: \$2,693) to 3SO for governance/operating costs. These costs are included in general expenses on the Statement of Revenues and Expenses.

The Hospital has provided a limited guarantee to a maximum of 61.33% of a \$1,000 line of credit secured by 3SO, representing the Hospital's proportionate share of \$613. As at March 31, 2023, 3SO has drawn \$000 (2022: \$nil) on this line of credit, of which \$000 (2022: \$nil) is guaranteed by the Hospital.

On March 29, 2023, 3SO entered into an Asset Purchase Agreement with Mohawk Medbuy Corporation ("MMC"), transferring all the assets and liabilities of 3SO, effective April 1, 2023. The members of 3SO approved the dissolution and wind-up of the Organization's legal entity upon finalization of the transaction and completion of certain administrative tasks, which is expected to take place in early summer 2023. Mohawk Medbuy is a national, not-for-profit, shared organization that provides a broad range of services to hospitals across Canada.

**KINGSTON HEALTH SCIENCES CENTRE**  
**Notes to Financial Statements**

**For the year ended March 31, 2023**  
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**16. Related Entities (continued)**

**(f) Kingston General Health Research Institute (KGHRI)**

The Hospital carries on its research mission through KGHRI, a federally incorporated not-for-profit corporation. KGHRI promotes medical scientific research and experimental development, including basic and clinical research, to produce scientific knowledge that contributes to the alleviation and prevention of human disease. Funding for the research institutes is provided by a variety of external sources including Governments, charitable organizations, private industry and the Hospital. During the year, the KGHRI governance structure was amended, whereby the Hospital appoints the majority of the KGHRI's Board of Directors, effectively having control of the Institute.

The KGHRI has not been consolidated in the Hospital's financial statements. Financial summaries of the KGHRI as at March 31, 2023 and 2022 and for the years then ended are as follows:

<b>Financial Position</b>		
	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
Total assets	11,370	10,184
Total liabilities	9,261	8,555
Total net assets (a)	2,109	1,629
	11,370	10,184

(a) In accordance with research grant and contract restrictions, \$8,179 (2022 - \$6,991) of the KGHRI's net assets must be used, in subsequent periods, on active research projects.

<b>Results of Operations</b>		
<b>(\$ thousands)</b>	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
Total revenues (a)	10,181	9,815
Total expenses (b)	9,701	9,635
Excess of revenue over expenses	480	180

(a) Total revenues include contributions of \$2,609 (2022-\$2,588) from the Hospital.

(b) Total expenses include payments of \$5,747 (2022-\$4,837) for services provided by the Hospital.

**(g) Religious Hospitallers of Saint Joseph of the Hotel Dieu of Kingston**

The Religious Hospitallers of Saint Joseph of the Hotel Dieu of Kingston ("RHSJ") is a registered charity and is incorporated under the Corporations Act of Ontario. RHSJ leases certain building assets at no charge for the Hospital to operate health services activity.

**KINGSTON HEALTH SCIENCES CENTRE**  
*Notes to Financial Statements*

**For the year ended March 31, 2023**  
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**17. Liability Insurance**

On July 1, 1987, a group of health care organizations formed the Healthcare Insurance Reciprocal of Canada ("HIROC"). HIROC is registered as a Reciprocal pursuant to provincial Insurance Acts which permit persons to exchange with other persons reciprocal contracts of indemnity insurance. Subscribers pay annual premiums that are actuarially determined. Subscribers are subject to assessment for losses, if any, experienced by the pool for the years in which they were a subscriber. No assessments have been made to March 31, 2023.

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 which 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 is no distributions receivable from HIROC as of March 31, 2023 (2022: \$nil).

**18. Contingencies**

(a) Kingston Health Sciences Centre activities are such that there are usually claims pending or in progress at any time. With respect to claims at March 31, 2023, management believes that reasonable provisions have been made in the accounts.

(b) Bill 124

On November 7, 2019, Bill 124, the Protecting a Sustainable Public Sector for Future Generations Act, 2019 (the "Act") came into force. This statute limited increases of total compensation within the broader public sector to no more than 1% per 12-month period for three consecutive years.

On November 29, 2022 as a result of a successful Charter of Rights challenge before the Ontario Supreme Court of Justice, the Act was repealed. As a result, collective agreements which had limited increases to compensation entitlements to no more than 1% for three consecutive years under the repealed statute are subject to being reopened for retroactive adjustment.

Management has reviewed the status of each collective agreement and the status of non-union (non-executive) wage grid adjustments under the repealed Act. Accruals have been recorded based on management's estimated of potential amounts where these amounts are reasonably determinable. No offsetting revenue has been recognized against the amount accrued.

**19. Clinical Education Program**

The Hospital receives funding from the Ministry of Health to support Ontario medical education in collaboration with the Postgraduate Medicine department at Queen's University at Kingston. During the year, the Hospital's Clinical Education Program incurred expenses of \$41,213 (2022: \$43,555). The program has approved base funding in the amount of \$39,926 (2022: \$39,501) and one-time funding of up to \$2,032 (2022: \$3,490). The base funding shortfall of \$1,287 (2022: \$564) was accrued as a receivable and is pending payment by the Ministry of Health. As the Ministry provides funding for collective agreement adjustments in the year that they are settled, there was no provision included in the 2023 results related to the Bill 124 reopener.

**KINGSTON HEALTH SCIENCES CENTRE**  
*Notes to Financial Statements*

**For the year ended March 31, 2023**  
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**20. Financial Risks and Concentration of Credit Risk**

**(a) Credit Risk**

Credit risk refers to the risk that counterparty may default on its contractual obligations resulting in a financial loss. The Hospital is exposed to credit risk with respect to accounts receivable and other investments.

The Hospital assesses, on a continuous basis, accounts receivable and provides for any amounts that are not collectible in the allowance for doubtful accounts. The maximum exposure to credit risk of the Hospital at March 31, 2023 is the carrying value of these assets.

The carrying amount of accounts receivable is valued with consideration for an allowance for doubtful accounts. The amount of any related impairment loss is recognized in the Statement of Revenues and Expenses. Subsequent recoveries of impairment losses related to accounts receivable are credited to the Statement of Revenues and Expenses. The balance of the allowance for doubtful accounts at March 31, 2023 is \$2,658 (2022: \$2,137).

As at March 31, 2023, \$5,559 (2022: \$2,231) of accounts receivable were past due, but not impaired.

The Hospital follows an investment policy approved by the Board of Directors. The maximum exposure to credit risk on the Hospital's other investments at March 31, 2023 is the carrying value of these assets.

There have been no significant changes to the credit risk exposure from 2022.

**(b) Liquidity Risk**

Liquidity risk is the risk that the Hospital will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The Hospital manages its liquidity risk by monitoring its operating requirements. The Hospital prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations.

Accounts payable and accrued liabilities are generally due within 30 days of receipt of an invoice.

The contractual maturities of long-term debt, and interest rate swaps are disclosed in Note 8.

There have been no significant changes to the liquidity risk exposure from 2023.

**(c) Market Risk**

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the Hospital's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

- Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

As at March 31, 2023, had prevailing interest rates increased or decreased by 1%, assuming a parallel shift in the yield curve, with all other variables held constant, the estimated impact on the market value of bonds would approximate (\$5) and \$5 respectively.

**KINGSTON HEALTH SCIENCES CENTRE**  
*Notes to Financial Statements*

**For the year ended March 31, 2023**  
**(in thousands of dollars)**

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**20. Financial Risks and Concentration of Market Risk (continued)**

The Hospital mitigates interest rate risk on certain of its term debt through derivative financial instruments (interest rate swaps) that exchange the variable rate inherent in the term debt for a fixed rate (see Note 8). Therefore, fluctuations in market interest rates would not impact future cash flows and operations relating to the term debt.

The Hospital's investments are disclosed in Note 3.

There has been no change to the interest rate risk exposure from 2022.

**21. Ministry of Health pandemic funding:**

In response to the ongoing coronavirus pandemic ("COVID-19"), the Ministry of Health ("Ministry") has announced a number of funding programs intended to assist hospitals with incremental operating and capital costs and revenue decreases resulting from COVID-19. In addition to these funding programs, the Ministry is also permitting hospitals to redirect unused funding from certain programs towards COVID-19 costs, and other budgetary pressures through a broad-based funding reconciliation.

While the Ministry has provided guidance with respect to the maximum amount of funding potentially available to the Hospital, as well as criteria for eligibility and revenue recognition, this guidance continues to evolve and is subject to revision and clarification subsequent to the time of approval of these financial statements. The Ministry has also indicated that all funding related to COVID-19 is subject to review and reconciliation, with the potential for adjustments during the subsequent fiscal year.

Management's estimate of Ministry revenue for COVID-19 is based on the most recent guidance provided by Ministry and the impacts of COVID-19 on the Hospital's operations, revenues and expenses. Any adjustments to Management's estimate of Ministry revenues will be reflected in the Hospital's financial statements in the year of settlement.

**KINGSTON HEALTH SCIENCES CENTRE**  
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**(in thousands of dollars)**

**21. Ministry of Health pandemic funding (continued)**

Details of the Ministry funding for COVID-19 recognized as revenue in the current year are summarized below:

	<b>2023</b>	<b>2022</b>
	\$	\$
Bed capacity expansion	\$42,831	\$36,915
Incremental COVID-19 operating expenses	6,503	12,612
Assessment centre and lab services	5,969	11,703
Retention bonus incentive for nurses	3,860	3,773
Wage enhancement	769	3,740
Enhanced extern program	1,807	840
Medical resident redeployment program	235	258
Other pandemic initiatives	687	983
Non-Ministry revenue losses related to prior year	-	5,598
	<b>\$62,661</b>	<b>\$76,422</b>

In addition to the above, the Hospital has also recognized \$123 (2022: \$3,064) in Ministry funding for COVID-19 related capital expenditures, which has been recorded as an addition to deferred capital contributions during the year.