

Financial Statements March 31, 2018



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Management's Report

The accompanying financial statements of The Izaak Walton Killam Health Centre (the "Health Centre") are the responsibility of management and have been approved by the Board of Directors (the "Board").

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards. When alternative accounting methods exist, management has chosen those it deems most appropriate in the circumstances. The preparation of the financial statements necessarily involves management's judgement and estimates of the expected outcomes of current events and transactions with appropriate consideration to materiality.

The Health Centre maintains systems of internal accounting and financial controls. Such systems are designed to provide reasonable assurance that the financial information is relevant, reliable and accurate, and that assets are properly accounted for and safeguarded.

The Board is responsible for ensuring that management fulfills its responsibilities for financial reporting and is ultimately responsible for reviewing and approving the financial statements. The Board carries out this responsibility principally through its Finance, Audit & Risk Committee (the "Committee"). The Committee meets with management and the external auditors to review any significant accounting and auditing matters, to discuss the results of audit examinations, and to review the financial statements and the external auditors' report. The Committee reports its findings to the Board for consideration when approving the financial statements.

The financial statements have been audited by Grant Thornton LLP, the external auditors, in accordance with Canadian generally accepted auditing standards.

Dr. Krista Jangaard

Interim Chief Executive Officer

nanda Whitewood, FCPA, FCMA, C.Dir., CHE

hief Operating Officer



Independent auditor's report

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To the Board of Directors of The Izaak Walton Killam Health Centre

We have audited the accompanying financial statements of The Izaak Walton Killam Health Centre (the "Health Centre"), which comprise the statement of financial position as at March 31, 2018, and the statements of operations and changes in accumulated surplus, changes in net debt, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

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

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Health Centre's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health Centre's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Health Centre as at March 31, 2018, and the results of its operations and changes in accumulated surplus, changes in net debt, and its cash flows for the year then ended, in accordance with Canadian public sector accounting standards.

Other matter

Our audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The information disclosed in Note 3 is presented for purposes of additional information and is not required as part of the financial statements. Such supplementary information has been subjected to the auditing procedures applied, only to the extent necessary to express an opinion in the audit of the financial statements taken as a whole.

Grant Thornton LLP

Halifax, Canada June 11, 2018 Chartered Professional Accountants Licensed Public Accountants

The Izaak Walton Killam Health Centre Statement of Financial Position

March 31 (expressed in \$,000's)		2018		2017
Financial assets				
Cash and cash equivalents (Note 2)	\$	26,151	\$	15,047
Receivables (Notes 4 and 14)	•	26,729	*	21,317
Employee receivables		990		1,128
Receivable from IWK Health Centre Charitable Foundation		14,681		23,909
Accumulated sick leave receivable (Note 11)		20,233		18,680
Retirement allowance and health benefits (Note 9)		37,571		38,000
		126,355		118,081
Liabilities				
Payables and accruals (Note 5)		43,600		29,126
Retirement allowances and health benefits (Note 9)		37,571		38,000
Accumulated sick leave payable (Note 11)		20,233		18,680
Facilities loan payable (Note 7)		6,580		7,520
Deferred capital, research and other restricted		•		,
revenue (Note 8)		28,266		<u>35,673</u>
		136,250		128,999
Net debt		(9,895)		(10,918)
	•	(3,033)		(10,916)
Non-financial assets				
Prepaids		2,169		1,980
Inventories held for use		1,624		1,896
Tangible capital assets (Page 19)		203,731		196,700
		207,524		200,576
Accumulated surplus	\$.	197,629	\$.	189,658

Contingency and contractual obligations (Note 12)

On behalf of the Board of Directors:

Karen Hutt

Chair, Board of Directors

Jennifer Mills

Chair, Finance, Audit & Risk Committee

The Izaak Walton Killam Health Centre Statement of Operations and Changes in Accumulated Surplus

Accumulated Surpius					
	Revised				
	Budget		Actual		Actual
Years ended March 31 (expressed in \$,000's)	2018		2018		2017
	(Note 15)				
Revenue					
NS Department of Health & Wellness					
IWK base operational funding \$	212,333	\$	223,633	\$	211,562
Claims-based/direct funding	7,984		9,003		7,054
NROP reciprocal & MMGS	4,872		5,825		5,156
Provincial program funding	4,769		3,753		3,866
Capital grant funding	7,393		6,423		8,661
PNS - benefit liabilities	5,140		5,140		1,368
Inpatient, outpatient and clinics	6,872		3,217		4,936
Rentals, sales and other	8,702		8,788		10,947
Miscellaneous recoveries					
IWK operations	7,355		7,393		8,492
Provincial programs	45		12		50
Research & innovation revenue	11,264		11,132		13,444
Specified donations for equipment,					
renovations & research					
IWK operations equipment and renovations	15,282		10,978		5,701
Research & Innovation operating	1,700		2,366		975
Research & Innovation equipment and					
renovations	1,500		173		1,427
	295,211		297,836		283,639
Expenses (Note 13)					
Salaries and wages	161,548		166,138		155,689
Employee benefits	28,401		29,304		28,549
Services and other contracts	9,072		10,575		10,567
Maintenance and building	14,822		15,160		14,785
Medical supplies	14,548		14,073		13,373
Other supplies and expenses	9,674		11,176		10,378
Equipment expenses	4,438		3,879		4,379
Drugs	4,921		3,845		3,674
Patient food	2,538		2,536		2,419
Professional fees	2,514		2,905		2,868
Amortization of capital assets	12,510		12,606		11,219
Provincial programs	4,877		3,830		3,929
Research & Innovation	13,169		13,838		14,645
	283,032	•	289,865	-	276,474
A (N - (- 0)	40.470		7.074		7.405
Annual surplus (Note 3) \$	12,179		7,971		7,165
Accumulated curplus, beginning of year			190 659		192 402
Accumulated surplus, beginning of year			189,658	•	182,493
Accumulated surplus, end of year		\$	197,629	\$	189,658
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The Izaak Walton Killam Health Centre Statement of Changes in Net Debt

Years ended March 31 (expressed in \$,000's)		Revised Budget 2018	Actual 2018	Actual 2017
		(Note 15)		
Annual surplus	\$	12,179	\$ 7,971	\$ 7,165
Acquisition of tangible capital assets, net Amortization Change in prepaids Change in inventories		(24,689) 12,510 - -	(19,637) 12,606 (189) 272	(17,495) 11,219 647 (426)
Change in net debt		-	1,023	1,110
Net debt, beginning of year	-	(10,918)	(10,918)	(12,028)
Net debt, end of year	\$.	(10,918)	\$ (9,895)	\$ (10,918)

The Izaak Walton Killam Health Centre Statement of Cash Flows

Increase in cash and cash equivalents	
Operating	
•	7,971 \$ 7,165
Amortization 13	2,606 11,219
2	0,577 18,384
Changes in non-cash operating items	
Increase in receivables	5,412) (1,165)
Decrease in employee receivables	138 141
Decrease (increase) in receivable from IWK Health	
	9,228 (5,255)
(Increase) decrease in prepaid expenses	(189) 647
Decrease (increase) in inventories	272 (426
' '	4,474 5,413
Decrease in capital lease payable	- (52
(Decrease) increase in deferred capital, research	
	7,407) <u>3,941</u>
3	1,681 21,628
Capital	
•	9,637) (17,495
Financing	
Principal repayments on facilities loan payable	(940) (887
Increase in cash and cash equivalents 1	1,104 3,246
Cash and cash equivalents	
·	5,047 11,801
	11,001
End of year \$ 2	6,151 \$ 15,047
<u> </u>	-,

March 31, 2018 (expressed in \$,000's)

1. Purpose of organization

The Izaak Walton Killam Health Centre (the "Health Centre") provides quality care for children, women and families in the three Maritime Provinces and beyond. It is a tertiary care health centre dedicated to family-centred care, education, research, health promotion and advocacy for best results. The Health Centre is also committed to being global leaders in research and knowledge transfer.

The Health Centre is a charitable organization under the Income Tax Act.

2. Summary of significant accounting policies

Basis of accounting

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles as recommended by the Public Sector Accounting Board (PSAB) of the Chartered Professional Accountants of Canada and reflect the significant accounting policies noted below.

These financial statements include the assets, liabilities and activities of the Health Centre. They do not include the activities of the IWK Health Centre Charitable Foundation (the "Foundation"), a non-controlled, not-for-profit entity (Note 16).

Revenue recognition

Provincial government transfers for operating and capital purposes are recognized as revenue in the period in which all eligibility criteria and/or stipulations have been met and the amounts are authorized. Any funding received prior to satisfying these conditions is deferred until conditions have been met. When revenue is received without eligibility credits or stipulations, it is recognized when the transfer is authorized.

All non-government contributions or grant revenues that are externally restricted such that they must be used for a specified purpose are recognized as revenue in the period in which the resources are used for the purpose or purposes specified. Any externally restricted inflow received before the criterion has been met is reported as a liability within deferred capital, research and other restricted revenue until the resources are used for the purpose or purposes specified.

Provincial government transfers representing the year over year change in accrued benefit obligations are recognized as revenue as the transfer has been authorized.

In-patient, out-patient, food services, rentals and other recoveries are recognized as revenue when the related service is rendered or goods are provided.

Cash and cash equivalents

Cash and cash equivalents include cash on hand and balances with banks with original maturities of three months or less. Bank borrowings are considered to be financing activities.

The categories of cash include:

9		<u>2018</u>	<u>2017</u>
Research Restricted Operating	\$ -	13,124 7,439 5,588	\$ 11,060 8,209 (4,222)
	\$_	26,151	\$ 15,047

March 31, 2018 (expressed in \$,000's)

2. Summary of significant accounting policies (continued)

Inventories

Inventories are valued at the lower of cost and replacement cost. The Health Centre uses the weighted average cost method to determine cost of stores inventory and the first-in, first-out method to determine cost of pharmacy inventory.

Tangible capital assets

Tangible capital assets are stated at cost. Amortization is provided on the straight-line basis over the expected useful life of the asset:

Buildings and service equipment 2% to 5% Major equipment 5% to 20%

Amortization on equipment purchased commences in the year after acquisition. Amortization on capital projects and renovations commences in the year after the asset is ready for use.

When conditions indicate that a tangible capital asset no longer contributes to the Health Centre's ability to provide goods and services, or that the value of future economic benefits associated with the tangible capital asset is less than its net book value, the cost of the tangible capital asset is reduced to reflect the decline in the asset's value. Write-downs are not reversed.

Capital leases

Capital leases are leases where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the entity.

A capital lease is accounted for as an asset as well as an obligation. Accordingly, capital leases are recognized by recording an asset and a liability at the present value of the minimum lease payments, excluding the portion thereof relating to executor costs. However, the maximum value recorded for the asset and obligation will not exceed the leased asset's fair value.

An obligation under a capital lease is similar to a loan. Lease payments are allocated to a reduction of the obligation, interest expense and any related executor costs. The interest expense is calculated using the discount rate used in computing the present value of the minimum lease payments applied to the remaining balance of the obligation.

Compensation accruals

The Health Centre follows the policy of recording in accrued salaries and benefits a liability for vacation pay, accumulated overtime, smoothing banks and statutory holidays.

Retirement allowances, health benefits, and compensated absences

The Health Centre provides defined benefit plans to certain employee groups. These benefits include pension, health and dental, retirement allowances and non-vesting sick leave. The Health Centre has adopted the following policies with respect to these employee benefits:

(i) Retirement allowances paid to employees upon retirement are actuarially determined. The retirement allowance value is provided by the Nova Scotia Department of Finance for the Health Centre. It is calculated using the projected benefit method prorated on services as required under Section 3250 of the Public Sector Accounting Handbook. Experience gains and losses and assumption changes are amortized on a linear basis over the expected average remaining service life of 13 years. The costs are actuarially determined using management's best estimate of employee retention, retirement ages of employees, salary escalation, other cost escalation, long term inflation and discount rates. Adjustments to these costs arising from changes in estimates and experience gains and losses are amortized to income over estimated average remaining service life of the employee groups on a straight-line basis. Plan amendments, including past service costs, are recognized as an expense in the period of the plan amendment.

March 31, 2018 (expressed in \$,000's)

2. Summary of significant accounting policies (continued)

Retirement allowances, health benefits, and compensated absences (continued)

- (ii) The costs of post-employment future health benefits are actuarially determined using management's best estimate of health care costs, disability recovery rates and discount rates. It is calculated using the projected benefit method prorated on services as required under Section 3250 of the Public Sector Accounting Handbook. Experience gains and losses and assumption changes are amortized on a linear basis over the expected average remaining service life of 14 years. Adjustments to these costs arising from changes in estimates and experience gains and losses are amortized to income over the estimated average remaining service life of the employee groups on a straight-line basis. Plan amendments, including past service costs, are recognized as an expense in the period of the plan amendment.
- (iii) The cost of non-vesting sick leave benefits are actuarially determined using management's best estimate of salary escalation, employees' use of entitlement and discount rates. It is calculated using the projected benefit method prorated on services as required under Section 3250 of the Public Sector Accounting Handbook. Experience gains and losses and assumption changes are amortized on a linear basis over the expected average remaining service life of 12 years. Adjustments to these costs arising from changes in actuarial assumption and/or experience are recognized over the estimated average remaining service life of the employees.
- (iv) Pension benefits are provided to certain employees under multi-employer defined benefit plans. The costs of these pensions are the employer's contributions due to the plan in the period and are accounted for as defined contribution plans.

Funds held in trust

Funds held in trust are maintained separately from the Health Centre's assets and are excluded from the statement of financial position.

At March 31, 2018, the Health Centre held 6 (2017-5) dental trust funds totalling \$3,501 (2017-\$3,015). These trust are held on behalf of various stakeholders, including the Nova Scotia Department of Health & Wellness. Each trust maintains its own terms of reference which includes the purpose, guideline for eligible expenditures and designated signing authorities. Trust fund reporting, which includes details on all transactions incurred during the year, is provided to the various stakeholders.

Financial instruments

Financial instruments must be classified within either cost/amortized cost or fair value categories. The Health Centre has no financial instruments that are required to be accounted for at fair value.

The cost/amortized cost category includes cash and cash equivalents, receivables, employee receivables, receivable from IWK Health Centre Charitable Foundation, payables and accruals, and facilities loan payable. They are initially recognized at cost and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets.

Management assess each financial instrument to determine whether there are any impairment losses and if any, are reported in the statement of operations and changes in accumulated surplus. Valuation allowances are recorded to write-down amounts and loans receivable to the lower of cost their net recoverable value.

Transaction costs related to financial instruments in the amortized cost category are added to the carrying value of the instrument.

There are no unrealized gains or losses therefore the statement of remeasurement gains and losses has not been presented.

March 31, 2018 (expressed in \$,000's)

2. Summary of significant accounting policies (continued)

Use of estimates

The preparation of financial statements in conformity with Public Sector Accounting Standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, and the reported amount of revenues and expenses during the period. Actual results could differ from these estimates. Areas of key estimation include determination of allowance for doubtful accounts, amortization of tangible capital assets and actuarial estimation of post-employment benefits, retiring allowances and nonvested sick time liabilities.

3. Reconciliation of annual operating funding		<u>2018</u>	2017
Annual surplus Amortization Specified donations for equipment and renovations - research DHW capital grants and IWK Foundation donations Surplus from operations	\$	7,971 12,606 (173) <u>(17,400)</u> 3,004	\$ 7,165 11,219 (1,427) (14,237) 2,720
Amounts attributed to capital asset purchases		(3,004)	(2,720)
Annual operating surplus	\$		\$ <u> </u>
4. Receivables		<u>2018</u>	<u>2017</u>
Patients & reciprocal Client & other NS Department of Health & Wellness Other NS government agencies & entities Allowance for doubtful accounts	\$	3,855 4,930 15,521 4,678 (2,255)	\$ 3,880 5,873 5,649 7,008 (1,093)
	\$	26,729	\$ 21,317
NS Department of Health & Wellness ("DHW") receivables are	com	nprised of:	
One-time funding Service payout Mental health funding Nursing premiums & long service awards Vacation liability Provincial programs Retiree benefits & allowances Benefit bank funding Physician on call funding Newborn screening & other labs EHS Lifeflight funding Wage funding & other Orthopaedic Working Group Initiative	\$	5,080 3,766 1,637 1,583 1,205 509 486 484 394 168 137 72	\$ 2,264 1,205 461 110 484 392 74 82 432 145
	\$	15,521	\$ 5,649

Of the total receivable from the DHW, as of May 18, 2018, \$7,026 (2017 - \$1,526) has been received.

March 31, 2018 (expressed in \$,000's)

5. Payables and accruals	<u>2018</u>		<u>2017</u>
Trade payables Accrued salaries and benefits NS Department of Health & Wellness payables	\$ 22,492 20,919 189	\$_	15,427 13,427 <u>272</u>
	\$ 43,600	\$_	29,126

6. Credit facility

The Health Centre has been approved for a line of credit of \$2,000. At year end, no amount has been advanced on the line of credit from the Royal Bank (2017 - \$Nil). Any outstanding amount is repayable on demand and bears interest at prime plus 3/4%.

7. Facilities loan payable

Nova Scotia Department of Finance loan repayable in equal quarterly instalments of \$338 at an interest rate of 5.76% per annum calculated semi-annually. First instalment paid on March 1, 2004, with the final instalment due December 1, 2023.

	<u>2018</u>	<u>2017</u>
Balance	\$ 6,580	\$ 7,520

Principal amounts repayable within the next five years and thereafter are as follows:

2019	\$ 995
2020	1,053
2021	1,115
2022	1,180
2023 and thereafter	2,237

Interest on facilities loan payable in the amount of \$409 (2017 - \$465) is included in operating fund expenses.

8. Deferred capital, research and other restricted revenue

The following is a summary of the amounts in deferred capital, research and other restricted revenue:

Capital		<u>2018</u>		<u>2017</u>
Equipment Capital campaign funds	\$ 	1,352 6,351 7,703	\$_	2,476 13,927 16,403
Research funds Other restricted funds		13,124 7,439	-	11,061 8,209
Balance at year end	\$	28,266	\$_	35,673

March 31, 2018 (expressed in \$,000's)

8. Deferred capital, research and other restricted revenue (continued)

The following is a summary of the continuity of deferred capital and research revenue:

	<u>2018</u>	<u>2017</u>
Balance, beginning of year	\$ 35,673	\$ 31,732
Grants from the IWK Health Centre Charitable Foundation NS Department of Health & Wellness funding Research funding Capital campaign fund Other funding Other restricted	1,857 5,885 11,926 1,820 - 2,781 24,269	2,807 10,536 12,204 3,851 77 3,891 33,366
Capital funding expended Disbursements Research Other restricted	(18,262) (9,863) (3,551) (31,676)	(14,237) (12,596) (2,592) (29,425)
Balance, end of year	\$ 28,266	\$ 35,673

Restricted funds

Restricted funds relate to donations and other monies received for operational activities where the eligible expenditures have not all yet been incurred by the end of the fiscal year. At March 31, 2018, the Health Centre had 213 (2017 - 207) restricted funds with a balance at year end. Each restricted fund has a terms of reference which includes the purpose, guideline for eligible expenditures and designated signing authorities.

9. Retirement allowances and health benefits

Retirement allowance amounts for employees and cost sharing for certain employees on health benefits following retirement are actuarially determined. The Province of Nova Scotia contracts a third party to perform an actuarial valuation for all government departments, agencies and boards. The last actuarial valuation for retiring allowances and retirement health benefits was conducted as at June 30, 2015, with actuarial liabilities as at March 31, 2018 extrapolated based on the latest actuarial valuations.

Annually, results along with values to record the liability and expenses are provided by the Nova Scotia Department of Finance. The Nova Scotia Department of Finance fully funds this liability, thus an offsetting receivable balance has been recorded. As at the end of March 31, 2018, an amount of \$23,206 for the retirement allowance liability and \$14,365 for the retirement health benefits payable to the Health Centre has been authorized by the Province of Nova Scotia. Annual approvals have been obtained through the *Appropriations Act*. During the year, an administrative directive was issued providing non-union management with a one-time option to elect an immediate service payout of their retirement allowance. The total amount of this service payout elected at March 31, 2018 is \$3,766 and has been disclosed in Note 4.

March 31, 2018 (expressed in \$,000's)

9. Retirement allowances and health benefits (continued)

Information about the retirement allowance and health benefits are as follows:

					2018 total		2017 total
Account benefit obligation	Detiroment		Lloolth		irement and		tirement and
Accrued benefit obligation	<u>Retirement</u>		<u>Health</u>	nea	alth benefits	ne	alth benefits
Opening benefit obligation, beginning of year	\$ 23,727	\$	11,254	\$	34,981	\$	35,656
Current service cost	-		705		705		663
Interest on obligation	784		398		1,182		1,236
Other	750		-		750		(975)
Less: premiums paid	(2,248)		(336)		(2,584)		(2,019)
Actuarial (losses) gains	(800)		(1,798)		(2,598)		422
Closing benefit obligation,							
end of year	\$ 22,213	\$	10,223	\$	32,436	\$	34,983
			_				
					2018 total		2017 total
					irement and		tirement and
Accrued benefit obligation	<u>Retirement</u>		<u>Health</u>	hea	alth benefits	he	alth benefits
Funded status - surplus	\$ 22,213	\$	10,223	\$	32,436	\$	34,983
Unamortized net							
actuarial loss	993		4,142		<u>5,135</u>		3,017
Accrued benefit liability,		_		_		_	
end of year	\$ 23,206	\$	14,365	\$.	37,571	\$	38,000

The Health Centre's expense for the retirement allowance and health benefits is as follows:

	<u>2018</u>		<u>2017</u>
Retirement allowances and health benefits	\$ 487	\$_	651

The following actuarial assumptions have been used in the determination of the accrued benefit liabilities as at March 31, 2018:

	<u>Allowances</u>	<u>Benefits</u>
Discount rate	3.42%	3.42%
Rate of compensation increase	1.40 - 3.90%	0%
Termination rates	0 - 20%	0 - 36%

- (i) The actuary for the pension manager assumed that 75% of employees will retire on the date they are first eligible for an unreduced retirement pension, and the remainder will retire on their normal retirement date, which is their 65th birthday.
- (ii) The retirement plan was curtailed effective April 1, 2015 and accrued service for the purpose of benefit determination is frozen as at that date. The change in liability related to the curtailment of service is reflected in the current year benefit expense and totals \$Nil (2017 -\$17).
- (iii) The actuary for the health benefits plan manager assumed 75% would retire on the date they are first eligible for an unreduced retirement pension and the remainder will retire at the rate of 5% each at ages 52, 57, 60, 62 and 65. In calculating the post-retirement health benefits liability, it was further assumed that 60% of members will elect family coverage and that 95% of eligible employees will elect to participate.

March 31, 2018 (expressed in \$,000's)

10. Pension plans

The Health Centre contributes to the following pension plans on behalf of its employees:

- (i) a multi-employer defined benefit plan, as administered by the Health Association of Nova Scotia, formerly the Nova Scotia Association of Health Organizations, providing pension benefits to most of its employees. The most recent actuarial valuation was conducted as at July 1, 2017, which indicated a funding surplus.
- (ii) the second plan is administered by an independent trustee, the Public Service Superannuation Plan Trustee Inc. The most recent actuarial valuation was conducted as at December 31, 2016, which indicated a funding surplus.

The Health Centre's pension expense for the year amounted to \$13,988 (2017 - \$14,118).

11. Accumulated sick leave

Qualifying employees are entitled to a prescribed number of sick leave days over their employment term. The Health Centre has recognized in these financial statements, the liability associated with accumulated sick leave earned by staff. Compensated absences for qualifying employees are actuarially determined. The Province of Nova Scotia contracts a third party to perform an actuarial valuation for all Health Authorities and the Health Centre. The actuarial valuation for non-vesting sick leave banks usage was as at March 31, 2014. These actuarial liabilities were extrapolated to March 31, 2017 and March 31, 2018.

Annually, results along with values to record the liability and expenses are provided by the Nova Scotia Department of Finance. The Nova Scotia Department of Finance fully funds this liability, thus an offsetting accounts receivable balance is recorded. As at the end of March 31, 2018, an amount of \$20,233 payable to the Health Centre for accumulated sick leave benefits has been authorized by the Province of Nova Scotia. Annual approvals have been obtained through the *Appropriations Act*.

Information about the sick leave liability is as follows:

Accrued benefit liability		<u>2018</u>		<u>2017</u>
Opening benefit obligation, beginning of year	\$	15,899	\$	14,676
Current service cost		2,683		2,535
Interest on obligation		571		532
Other		-		(503)
Less: premiums paid		(1,431)		(1,431)
Actuarial (loss) gains	_	(5,993)	_	90
Closing benefit obligation, end of year	_	11,729		15,899
Unamortized net actuarial gain	_	<u>8,504</u>	-	2,781
Accrued benefit liability, end of year	\$_	20,233	\$_	18,680
The Health Centre's sick time expense is as follows:				
Sick time expense paid to employees	\$_	9,664	\$.	7,325

March 31, 2018 (expressed in \$,000's)

11. Accumulated sick leave (continued)

The following actuarial assumptions have been used in the determination of the accrued benefit obligation as at March 31, 2018:

	<u>2018</u>	<u>2017</u>
Discount rate	3.42%	3.59%
Rate of compensation increase	1.40 - 3.90%	0.40 - 2.90%
Current sick leave utilization	9.1 days	8.2 days
Sick leave bank utilization	6.2 - 14.6 days	6.2 - 14.6 days
Termination rates	0 - 20%	0 - 20%

The actuary for the plan manager assumed 75% would retire on the date they are first eligible for an unreduced retirement pension and the remainder will retire at the rate of 5% each at ages 52, 57, 60, 62 and 65.

12. Contingency and contractual obligations

The Health Centre has been named as a defendant in legal actions arising in the ordinary course of business. Counsel is unable to form an opinion regarding the merit of certain claims and those in which counsel has provided an opinion, it is expected that payments, if any, which may arise from these claims would be funded by the liability insurance carrier.

The Health centre has commitments for various operating, occupancy, equipment and capital renovations. The various commitments are as follows:

(i) The Heath Centre is committed to annual premise lease payments as follows:

2019	\$ 3,317
2020	2,992
2021	3,045
2022	3,100
2023	3,160

(ii) The Health Centre is committed to various capital projects as follows:

2019	\$ 6,155
2020	3.842
2021	3,140
2022	-
2023	-

March 31, 2018 (expressed in \$,000's)

13. Expenses by program

The following is a summary of the expenses reported on the statement of operations by program:

Clinical and medical		Revised Budget 2018		Actual <u>2018</u>		Actual <u>2017</u>
Children's health	\$	77,123	\$	77,963	\$	73,259
Women's and newborn health	Ψ	49,918	Ψ	52,615	Ψ	48,270
Mental health and addictions		34,098		32,774		31,729
Clinic lab services		18,825		18,900		18,506
Medical services		10,943		10,694		10,369
Diagnostic imaging		8,932		9,441		8,335
Pharmacy		5,962		5,827		5,676
Primary health		2,622		2,653		2,388
Professional practice		1,893		1,778		1,609
Operations		•		•		•
Facilities and environmental services		12,589		13,005		13,485
Corporate services		11,657		14,881		13,612
Quality and system performance		11,671		11,614		11,398
Finance		9,701		10,474		9,709
Human resources		5,237		5,500		5,092
Executive offices and public relations		2,370		2,467		2,659
Biomedical engineering		973		1,347		1,380
Strategic Investments		472		264		423
Provincial programs						
Reproductive Care Program		1,729		1,725		1,700
Nova Scotia Breast Screening Program		1,303		1,326		1,281
Palivisumab and Emergency Care Fund		770		405		535
Nova Scotia Insulin Pump Program		1,075		374		414
Research & Innovation		40.000		44 500		44.000
Research		12,669		11,560		14,639
Innovation	_	500		2,278		6
	\$_	283,032	\$	289,865	\$	276,474

14. Financial instrument risk management

The Health Centre has a comprehensive risk management framework to monitor, evaluate and manage the principal risks assumed with financial instruments. The risks that arise from financial instruments include credit risk, liquidity risk and market risk. Market risk arises from changes in interest rates, foreign currency exchange rates and other price risks. Unless otherwise noted, it is management's opinion that the Health Centre is not exposed to market risks arising from financial instruments.

Credit risk

Credit risk is the risk of financial loss to the Health Centre if a debtor fails to make payments when due. The Health Centre is exposed to this risk relating to its receivables.

Receivables are ultimately due from the government, third party insurers, patients, foundations and auxiliaries. Credit risk is mitigated by management's review of aging and collection of receivables and billings. The Health Centre recognizes a specific allowance for doubtful accounts when management considers the expected amounts to be recovered are lower than the actual receivable.

March 31, 2018 (expressed in \$,000's)

14. Financial instrument risk management (continued)

Credit risk (continued)

The Health Centre measures its exposure to credit risk based on how long the amounts have been outstanding. An impairment allowance is set up based on the Health Centre's historical experience regarding collections. The amounts outstanding at year end were as follows:

	<u>Total</u>	<u>0-150 Days</u>	151-365 Days		365+ Days
Patients	\$ 3,855 \$	2,679	\$ 563	\$	613
Clients/other agencies	3,001	2,367	337		297
Harmonized sales tax	1,929	1,929	-		-
NS Health Authority	2,220	1,720	30		470
NS Department of Health &					
Wellness	15,521	13,821	3		1,697
NS Government Departments	2,458	2,404	42		12
Less: impairment allowances	(2,255)	(321)	(308))	(1,626)
	\$ 26,729 \$	24,599	\$ 667	\$	1,463

Patient receivables not impaired are collectible based on the Health Centre's assessment and past experience regarding collection rates.

Government receivables are due from the Province of Nova Scotia. The Health Centre mitigates credit risk by ensuring that grants are entered into by way of a contract and by continuous monitoring of outstanding balances to ensure collection is timely.

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.

Liquidity risk

Liquidity risk is the risk that the Health Centre will not be able to meet all cash outflow obligations as they come due. The Health Centre mitigates this risk by monitoring cash activities and expected outflows through extensive budgeting and maintaining a bank overdraft credit facility if unexpected cash outflows arise.

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.

March 31, 2018 (expressed in \$,000's)

15. Approved budget

The 2018 budget figures presented on the statement of operations and changes in accumulated surplus reflect certain budget adjustments made during the fiscal year. A breakdown of the adjustments is presented below.

·		Approved	<u>Adjustments</u>		Revised
Revenue					
IWK operations	\$	274,493	\$.,	\$	275,933
Provincial programs		5,000	(186)		4,814
Research operations & Innovation	_	13,187	1,277	-	14,464
	_	292,680	2,531	-	295,211
Expense		Approved	<u>Adjustments</u>		Revised
Salaries and wages	\$	159,286	\$ 2,262	\$	161,548
Employee benefits		30,765	(2,364)		28,401
Services and other contracts		7,835	1,237		9,072
Maintenance and building		14,770	52		14,822
Medical supplies		14,348	200		14,548
Other supplies and expenses		9,721	(47)		9,674
Equipment expenses		4,551	(113)		4,438
Drugs		4,921	-		4,921
Patient food		2,538	-		2,538
Professional fees		3,164	(650)		2,514
Amortization of capital assets		12,150	360		12,510
Provincial programs		5,000	(123)		4,877
Research & Innovation	_	12,687	<u>482</u>	-	13,169
	\$_	281,736	\$ 1,296	\$_	283,032
Annual surplus	\$_	10,944	\$ 1,235	\$_	12,179

16. IWK Health Centre Charitable Foundation

The Foundation provides donations to the Health Centre for capital, clinical programs and research activities. During the current year, the Health Centre received \$8,492 (2017 - \$12,125) in donations from the Foundation. The total amount receivable from the Foundation as at March 31, 2018 is \$14,681 (2017 - \$23,309).

17. Comparative figures

Certain 2017 comparative figures have been reclassified to conform with the financial statement presentation adopted for the current year.

The Izaak Walton Killam Health Centre Schedule of Tangible Capital Assets

Year ended March 31, 2018 (expressed in \$,000's)

	Land and land improvements	Buildings and service equipment	Major equipment		<u>2018</u>
Cost Beginning of year Additions during the year Disposals during the year End of year	\$ 4,546	 253,168 15,374 (183) 268,359	\$ 32,329 4,263 (8,292) 28,300	\$	290,043 19,637 (8,475) 301,205
Accumulated amortization Beginning of year Amortization Reversal of accumulated amortization relating to	261	78,844 6,177	14,238 6,429		93,343 12,606
disposals		 (183)	(8,292)	-	(8,475)
End of year	261	 84,838	12,375		97,474
Net book value of tangible capital assets	\$ 4,285	\$ 183,521	\$ 15,925	<u> </u>	\$ 203,731
	Land and land improvements	Buildings and service equipment	Major <u>equipment</u>		<u>2017</u>
Cost Beginning of year Additions during the year Disposals during the year End of year	and land	\$ and service	\$ 	\$	2017 274,717 17,495 (2,169) 290,043
Beginning of year Additions during the year Disposals during the year End of year Accumulated amortization Beginning of year Amortization Reversal of accumulated amortization relating to	and land improvements \$ 4,546	\$ and service equipment 242,530 10,954 (316) 253,168 73,467 5,693	\$ 27,641 6,541 (1,853) 32,329 10,565 5,526	\$	274,717 17,495 (2,169) 290,043 84,293 11,219
Beginning of year Additions during the year Disposals during the year End of year Accumulated amortization Beginning of year Amortization Reversal of accumulated	and land improvements \$ 4,546	\$ and service equipment 242,530 10,954 (316) 253,168	\$ 27,641 6,541 (1,853) 32,329	\$	274,717 17,495 (2,169) 290,043

Included in major equipment is equipment acquired under a capital lease with a total cost of \$332 and a net book value of \$Nil (2017 - \$52).