

Financial Statements of

**INTERIOR HEALTH AUTHORITY**

Year ended March 31, 2022



## Statement of Management Responsibility

The financial statements of Interior Health Authority (the “Authority”) for the year ended March 31, 2022 have been prepared by management in accordance with Canadian Public Sector Accounting Standards (“PSAS”) issued by the Public Sector Accounting Board (“PSAB”), as required by Section 23.1 of the *Budget Transparency and Accountability Act* of the Province of British Columbia and in regard to the accounting for restricted contributions which is based on the Restricted Contributions Regulation 198/2011. The integrity and objectivity of these statements are management's responsibility. Management is also responsible for all the statements and schedules, and for ensuring that this information is consistent, where appropriate, with the information contained in the financial statements.

Management is also responsible for implementing and maintaining a system of internal controls to provide reasonable assurance that reliable financial information is produced.

The Board of Directors is responsible for ensuring that management fulfills its responsibilities for financial reporting and internal control and exercises this responsibility through the Audit and Finance Committee of the Board. The Audit and Finance Committee meets with management and the internal auditor no fewer than four times a year and the external auditors a minimum of two times a year.

The Authority's internal auditor independently evaluates the effectiveness of internal controls on an ongoing basis and reports its findings to management and the Audit and Finance Committee.

The external auditors, the Auditor General of British Columbia, conduct an independent examination, in accordance with Canadian generally accepted auditing standards, and express their opinion on the financial statements. Their examination considers internal control relevant to management's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances for the purpose of expressing an opinion on the financial statements, but not for the purposes of expressing an opinion on the effectiveness of the Authority's internal control. The external auditors have full and free access to the Audit and Finance Committee of the Board and meet with it on a regular basis.

On behalf of Interior Health Authority

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Susan Brown,  
Chief Executive Officer

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Sylvia Weir,  
Chief Financial Officer

June 14, 2022



## INDEPENDENT AUDITOR'S REPORT

*To the Board of Directors of the Interior Health Authority, and  
To the Minister of Health, Province of British Columbia*

### ***Qualified Opinion***

I have audited the accompanying financial statements of the Interior Health Authority (“the entity”), which comprise the statement of financial position as at March 31, 2022, and the statements of operations and 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.

In my opinion, except for the effects of the matter described in the Basis for Qualified Opinion section of my report, the financial statements present fairly, in all material respects, the financial position of the entity as at March 31, 2022, and the results of its operations, change in its net debt and its cash flows for the year then ended in accordance with Canadian Public Sector Accounting Standards (PSAS).

### ***Basis for Qualified Opinion***

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my qualified opinion.

As described in Note 1(a) to the Financial Statements, the entity’s accounting treatment for contributions received from governments and for externally restricted contributions received from non-government sources is to initially record them as deferred revenue (a liability) and then recognize revenue in the statement of operations either on the same basis as the related expenditures occur or, in the case of funds for the purchase or construction of capital assets, to recognize revenue on the same basis as the related assets are amortized. The entity was required to adopt this accounting policy as prescribed by Province of British Columbia Treasury Board Regulation 198/2011.

Under Canadian Public Sector Accounting Standards, the entity’s method of accounting for contributions is only appropriate in circumstances where the funding meets the definition of a liability. Otherwise, the appropriate accounting treatment is to record contributions as revenue when they are received or receivable. In my opinion, certain contributions of the entity do not meet the definition of a liability, and as such the entity’s method of accounting for those contributions represents a departure from Canadian Public Sector Accounting Standards.

This departure has existed since the inception of the standard, which applies to periods beginning on or after April 1, 2012. Had the entity made an adjustment for this departure in the current year, the liability for deferred revenue as at March 31, 2022 would have been lower by \$1,165 million, revenue, annual surplus and accumulated surplus would have been higher by \$1,165 million and net debt would have been lower by \$1,165 million.

I conducted my audit in accordance with Canadian generally accepted auditing standards. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am independent of the entity in accordance with the ethical requirements that are relevant to my audit of the entity's financial statements in Canada, and I have fulfilled my other ethical responsibilities in accordance with these requirements.

### ***Other Accompanying Information***

Management is responsible for the other information. The other information comprises the information included in the Service Plan Report but does not include the financial statements and my auditor's report thereon. The Service Plan Report is expected to be made available to us after the date of this auditor's report.

My opinion on the financial statements does not cover the other information accompanying the financial statements and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information that I have obtained after the date of my auditor's report and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or my knowledge obtained during the audit or otherwise appears to be materially misstated.

When I read the Service Plan Report, if I conclude that there is a material misstatement therein, I am required to communicate the matter to those charged with governance.

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

Those charged with governance are responsible for the oversight of the financial reporting process. 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 when the entity will continue its operations for the foreseeable future.

### ***Auditor's Responsibilities for the Audit of Financial Statements***

My objectives are to obtain reasonable assurance about whether the entity's 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 my 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 aggregate, they could reasonably be expected to influence the economic decision of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, I exercise professional judgment and maintain professional skepticism throughout the audit. I 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 my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my 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.

I 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 I identify during my audit.

I also provide those charged with governance with a statement that I have complied with relevant ethical requirements regarding independence and communicated with them all relationships and other matters that may reasonably be thought to bear on my independence, and where applicable, related safeguards.



Stuart Newton, CPA, CA  
Assistant Auditor General

Victoria, British Columbia, Canada  
June 16, 2022

# INTERIOR HEALTH AUTHORITY

## Statement of Financial Position

(Tabular amounts expressed in thousands of dollars)

As at March 31, 2022

	2022	2021
<b>Financial assets</b>		
Cash and cash equivalents (note 2)	\$ 336,172	\$ 252,160
Accounts receivable (note 3)	152,889	162,097
Long-term disability and health and welfare benefits (note 7(b)(i))	59,604	39,420
	548,665	453,677
<b>Liabilities</b>		
Accounts payable and accrued liabilities (note 4)	348,040	309,345
Deferred operating contributions (note 5)	11,776	3,519
Debt (note 6)	483,107	460,748
Retirement allowance (note 7(a))	118,400	119,582
Deferred capital contributions (note 8)	1,392,382	1,319,207
	2,353,705	2,212,401
<b>Net debt</b>	(1,805,040)	(1,758,724)
<b>Non-financial assets</b>		
Tangible capital assets (note 9)	1,822,203	1,774,177
Inventories held for use (note 10)	7,873	8,351
Prepaid expenses (note 11)	16,748	14,920
Restricted assets	235	235
	1,847,059	1,797,683
<b>Accumulated surplus</b>	\$ 42,019	\$ 38,959

Commitments and contingencies (note 12)

Contractual rights (note 18)

See accompanying notes to financial statements.

Approved on behalf of the Board:



Director

Dr. Doug Cochrane



Director

Cindy Popescu

# INTERIOR HEALTH AUTHORITY

Statement of Operations and Accumulated Surplus  
(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

	2022 Budget (Notes 1(n), 17)	2022	2021
Revenues:			
Ministry of Health contributions	\$ 2,364,112	\$ 2,528,365	\$ 2,338,602
Medical Services Plan	200,023	214,229	183,373
Patients, clients and residents (note 13(a))	113,984	107,314	101,441
Amortization of deferred capital contributions	90,819	99,639	90,876
Recoveries from other health authorities and BC government reporting entities	63,506	65,550	61,396
Other contributions (note 13(b))	38,041	45,303	39,664
Other (note 13(c))	40,308	35,181	44,368
Investment	1,767	1,765	939
	2,912,560	3,097,346	2,860,659
Expenses (note 13(d)):			
Acute	1,579,520	1,670,108	1,560,206
Long-term care	482,110	568,106	526,126
Community care	350,061	336,861	312,822
Corporate	227,801	201,684	180,032
Mental health and substance use	192,516	190,936	177,982
Population health and wellness	80,552	126,591	83,034
	2,912,560	3,094,286	2,840,202
Annual surplus	-	3,060	20,457
Accumulated surplus, beginning of year	38,959	38,959	18,502
Accumulated surplus, end of year	\$ 38,959	\$ 42,019	\$ 38,959

See accompanying notes to financial statements.

# INTERIOR HEALTH AUTHORITY

## Statement of Changes in Net Debt (Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

	2022 Budget (Note 1(n))	2022	2021
Annual surplus	\$ -	\$ 3,060	\$ 20,457
Acquisition of tangible capital assets	(226,600)	(163,200)	(268,003)
Proceeds from disposal of tangible capital assets	-	-	-
Amortization of tangible capital assets	90,819	108,660	105,584
Loss on disposal of tangible capital assets	-	6,514	1,030
	(135,781)	(44,966)	(140,932)
Acquisition of inventories held for use	-	(100,349)	(92,108)
Acquisition of prepaid expenses	-	(26,683)	(75,233)
Consumption of inventories held for use	-	100,827	90,674
Use of prepaid expenses	-	24,855	71,707
	-	(1,350)	(4,960)
Increase in net debt	(135,781)	(46,316)	(145,892)
Net debt, beginning of year	(1,758,724)	(1,758,724)	(1,612,832)
Net debt, end of year	\$ (1,894,505)	\$ (1,805,040)	\$ (1,758,724)

See accompanying notes to financial statements.



# INTERIOR HEALTH AUTHORITY

## Statement of Cash Flows

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

	2022	2021
Cash flows from (used in) operating activities:		
Annual surplus	\$ 3,060	\$ 20,457
Items not involving cash:		
Amortization of deferred capital contributions	(99,639)	(90,876)
Amortization of tangible capital assets	108,660	105,584
Loss on disposal of tangible capital assets	6,514	1,030
Retirement allowance expense	11,171	9,962
Retirement allowance benefits paid	(12,353)	(10,030)
Long-term disability and health and welfare benefits expense	101,515	92,881
Long-term disability and health and welfare benefits contributions	(121,699)	(115,122)
Interest income	(1,765)	(939)
Interest expense	20,887	20,375
	16,351	33,322
Net change in non-cash operating items (note 14(a))	54,817	(19,340)
Interest received	1,765	939
Interest paid	(20,894)	(20,381)
Net change in cash from operating activities	52,039	(5,460)
Capital activities:		
Acquisition of tangible capital assets (note 14(b))	(133,445)	(192,999)
Net change in cash from capital activities	(133,445)	(192,999)
Financing activities:		
Repayment of debt	(7,396)	(6,107)
Capital contributions	172,814	238,154
Net change in cash from financing activities	165,418	232,047
Increase in cash and cash equivalents	84,012	33,588
Cash and cash equivalents, beginning of year	252,160	218,572
Cash and cash equivalents, end of year	\$ 336,172	\$ 252,160

Supplementary cash flow information (note 14)

See accompanying notes to financial statements.

# INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

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Interior Health Authority (the "Authority") was created under the *Health Authorities Act of British Columbia* on December 12, 2001 with a Board of Directors appointed by the Ministry of Health (the "Ministry") and is one of six Health Authorities in British Columbia ("BC"). The Authority is dependent on the Ministry to provide sufficient funds to continue operations, replace essential equipment, and complete its capital projects. The Authority is a registered charity under the *Income Tax Act*, and as such, is exempt from income and capital taxes.

The role of the Authority is to promote and provide for the physical, mental and social well-being of people who live in the Interior region and those referred from outside the region.

## 1. Significant accounting policies:

### (a) Basis of accounting:

The financial statements have been prepared in accordance with Section 23.1 of the *Budget Transparency and Accountability Act* of the Province of BC supplemented by Regulations 257/2010 and 198/2011 issued by the Province of BC Treasury Board, referred to as the financial reporting framework (the "framework").

The *Budget Transparency and Accountability Act* requires that the financial statements be prepared in accordance with the set of standards and guidelines that comprise generally accepted accounting principles for senior governments in Canada, or if the Treasury Board makes a regulation, the set of standards and guidelines that comprise generally accepted accounting principles for senior governments in Canada as modified by the alternate standard or guideline or part thereof adopted in the regulation.

Regulation 257/2010 requires all taxpayer-supported organizations in the Schools, Universities, Colleges and Hospitals sectors to adopt Canadian public sector accounting standards ("PSAS") issued by the Canadian Public Sector Accounting Board ("PSAB") without any PS 4200 series.

Regulation 198/2011 requires that restricted contributions received or receivable are to be reported as revenue depending on the nature of the restrictions on the use of the funds by the contributors as follows:

- (i) Contributions for the purpose of acquiring or developing a depreciable tangible capital asset or contributions in the form of a depreciable tangible capital asset, in each case for use in providing services, are recorded and referred to as deferred capital contributions and recognized in revenue at the same rate of amortization used for the related tangible capital asset. The reduction of the deferred capital contributions and the recognition of the revenue are accounted for in the fiscal periods during which the tangible capital asset is used to provide services. If the depreciable tangible capital asset funded by a deferred contribution is written down, a proportionate share of the deferred capital contribution is recognized as revenue during the same period.
- (ii) Contributions externally restricted for specific purposes other than those for the acquisition or development of a depreciable tangible capital asset are recorded as deferred operating contributions and recognized in revenue in the year in which the stipulation or restriction on the contributions has been met by the Authority.

# INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

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## 1. Significant accounting policies (continued):

### (a) Basis of accounting (continued):

For BC taxpayer supported organizations, these contributions include government transfers and externally restricted contributions.

The accounting policy requirements under Regulation 198/2011 are significantly different from the requirements of PSAS which requires that:

- government transfers, which do not contain a stipulation that creates a liability, be recognized as revenue by the recipient when approved by the transferor and the eligibility criteria have been met in accordance with PS 3410, *Government Transfers*; and
- externally restricted contributions be recognized as revenue in the period in which the resources are used for the purpose or purposes specified in accordance with PS 3100, *Restricted Assets and Revenues*; and
- deferred contributions meet liability criteria in accordance with PS 3200, *Liabilities*.

As a result, revenue recognized in the statement of operations and certain related deferred capital contributions would be recorded differently under PSAS.

### (b) Basis of presentation:

The Authority has collaborative relationships with certain foundations and auxiliaries, which support the activities of the Authority and/or provide services under contracts. As the Authority does not control these organizations, the financial statements do not include the assets, liabilities and results of operations of these entities (see note 15(c)).

### (c) Cash and cash equivalents:

Cash and cash equivalents include cash on-hand, demand deposits and short-term highly liquid investments that are readily convertible to known amounts of cash and that are subject to an insignificant risk of change in value. These investments generally have a maturity of three months or less at acquisition and are held for the purpose of meeting short-term cash commitments rather than for investing.

### (d) Accounts receivable:

Accounts receivable are recorded at amortized cost less an amount for valuation allowance. Valuation allowances are made to reflect accounts receivable at the lower of amortized cost and the net recoverable value when risk of loss exists. Changes in valuation allowance are recognized in the statement of operations. Interest is accrued on loans receivable to the extent it is deemed collectable.

# INTERIOR HEALTH AUTHORITY

## Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

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### 1. Significant accounting policies (continued):

#### (e) Asset retirement obligations:

The Authority recognizes an asset retirement obligation in the period in which it incurs a legal or constructive obligation associated with the retirement of a tangible capital asset, including leasehold improvements resulting from the acquisition, construction, development, and/or normal use of the asset.

The obligation is measured at the best estimate of the future cash flows required to settle the liability, discounted at estimated credit-adjusted risk-free discount rates. The estimated amount of the asset retirement cost is capitalized as part of the carrying value of the related tangible capital asset and is amortized over the life of the asset.

The liability is accreted to reflect the passage of time. At each reporting date, the Authority reviews its asset retirement obligations to reflect current best estimates. Asset retirement obligations are adjusted for changes in factors such as the amount or timing of the expected underlying cash flows, or discount rates, with the offsetting amount recorded to the carrying amount of the related asset.

See note 12(g) for detail on current asset retirement obligations.

#### (f) Employee benefits:

##### (i) Defined benefit obligations, including multiple employer benefit plans:

Liabilities, net of plan assets, are recorded for employee retirement allowance benefits and multiple-employer defined long-term disability and health and welfare benefits plans as employees render services to earn the benefits.

The actuarial determination of the accrued benefit obligations uses the projected benefit method prorated on service which incorporates management's best estimate of future salary levels, other cost escalation, retirement ages of employees and other actuarial factors. Plan assets are measured at fair value.

The cumulative unrecognized actuarial gains and losses for retirement allowance benefits are amortized over the expected average remaining service period of active employees covered under the plan. The expected average remaining service period of the active covered employees entitled to retirement allowance benefit is 12 years (2021 – 11 years). Actuarial gains and losses from event-driven benefits such as long-term disability and health and welfare benefits that do not vest or accumulate are recognized immediately.

# INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

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## 1. Significant accounting policies (continued):

### (f) Employee benefits (continued):

#### (i) Defined benefit obligations, including multiple employer benefit plans (continued):

The discount rate used to measure obligation is based on the Province of BC's cost of borrowing if there are no plan assets. The expected rate of return on plan assets is the discount rate used if there are plan assets. The cost of a plan amendment or the crediting of past service is accounted for entirely in the year that the plan change is implemented.

#### (ii) Defined contribution plans and multi-employer benefit plans:

Defined contribution plan accounting is applied to multi-employer defined benefit plans and, accordingly, contributions are expensed when due and payable.

#### (iii) Accumulating, non-vesting benefit plans:

Benefits that accrue to employees, which do not vest, such as sick leave banks for certain employee groups, are accrued as the employees render services to earn the benefits, based on estimates of the expected future settlements.

#### (iv) Non-accumulating, non-vesting benefit plans:

For benefits that do not vest or accumulate, a liability is recognized when an event that obligates the Authority to pay benefits occurs.

### (g) Non-financial assets:

#### (i) Tangible capital assets:

Tangible capital assets are recorded at cost, which includes amounts that are directly attributable to acquisition, construction, development, or betterment of the asset and overhead directly attributable to construction and development. Interest is capitalized over the development period whenever external debt is issued to finance the construction and development of tangible capital assets.

The cost, less residual value, of the tangible capital assets, excluding land, is amortized on a straight line basis over their estimated useful lives as follows:

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Land improvements	5 - 25 years
Buildings	10 - 50 years
Equipment	3 - 20 years
Information systems	3 - 10 years
Leasehold improvements	2 - 15 years
Vehicles	4 years

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# INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

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## 1. Significant accounting policies (continued):

### (g) Non-financial assets (continued):

#### (i) Tangible capital assets (continued):

Assets under construction or development are not amortized until the asset is available for productive use.

Tangible capital assets are written down when conditions indicate that they no longer contribute to the Authority's ability to provide services, or when the value of future economic benefits associated with the tangible capital assets is less than their net book value. The write-downs of tangible capital assets are recorded in the statement of operations. Write-downs are not subsequently reversed.

Contributed tangible capital assets are recorded at their fair value on the date of contribution. Such fair value becomes the cost of the contributed asset. When fair value of a contributed asset cannot be reliably determined, the asset is recorded at nominal value.

#### (ii) Inventories held for use:

Inventories held for use are recorded at the lower of weighted average cost and replacement cost.

#### (iii) Prepaid expenses:

Prepaid expenses are recorded at cost and amortized over the period where the service benefits are received.

### (h) Revenue recognition:

Under the *Hospital Insurance Act* and *Regulation* thereto, the Authority is funded primarily by the Province of BC in accordance with budget management plans and performance agreements established and approved by the Ministry.

Revenues are recognized on an accrual basis in the period in which the transactions or events occurred that gave rise to the revenues, the amounts are considered to be collectible and can be reasonably estimated.

Revenue related to fees or services received in advance of the fee being earned or the service being performed are deferred and recognized when the fees are earned or services performed.

Unrestricted contributions are recognized as revenue when receivable if the amounts can be estimated and collection is reasonably assured.

Externally restricted contributions are recognized as revenue depending on the nature of the restrictions on the use of the funds by the contributors as described in note 1(a).

# INTERIOR HEALTH AUTHORITY

## Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

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### 1. Significant accounting policies (continued):

#### (h) Revenue recognition (continued):

Volunteers contribute a significant amount of their time each year to assist the Authority in carrying out its programs and services. Because of the difficulty of determining their fair value, contributed services are not recognized in these financial statements.

Contributions of assets, supplies and services that would otherwise have been purchased are recorded at fair value at the date of contribution, provided a fair value can be reasonably determined.

Contributions for the acquisition of land, or the contributions of land, are recorded as revenue in the period of acquisition or transfer of title.

#### (i) Measurement uncertainty:

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period.

Significant areas requiring the use of estimates include the valuation of accounts receivable, the estimated useful lives of tangible capital assets, amounts to settle asset retirement obligations, contingent liabilities, and the future costs to settle employee benefit obligations.

Estimates are based on the best information available at the time of preparation of the financial statements and are reviewed annually to reflect new information as it becomes available. Actual results could differ from the estimates.

#### (j) Restricted assets:

Restricted assets are comprised of endowment contributions which are externally restricted in their use. Endowment contributions are recorded as revenue in the period of acquisition. Use of these funds is limited to the terms of reference.

#### (k) Foreign currency translation:

The Authority's functional currency is the Canadian dollar. Foreign currency transactions are translated at the exchange rates prevailing at the date of the transactions. Monetary assets and liabilities denominated in foreign currencies are translated into Canadian dollars at the exchange rate prevailing at the financial statement date. Any gain or loss resulting from a change in rates between the transaction date and the settlement date or statement of financial position date is recognized in the statement of operations.

#### (l) Financial instruments:

Financial instrument classification is determined upon inception and financial instruments are not reclassified into another measurement category for the duration of the period they are held.

# INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

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## 1. Significant accounting policies (continued):

### (l) Financial instruments (continued):

Financial assets and financial liabilities, other than derivatives, equity instruments quoted in an active market and financial instruments designated at fair value, are measured at cost or amortized cost upon their inception and subsequent to initial recognition. Cash and cash equivalents are measured at cost. Accounts receivable are recorded at cost less any amount for valuation allowance. Portfolio investments, other than equity investments quoted in an active market, are reported at amortized costs less any write-downs associated with a loss in value that is other than a temporary decline. All debt and other financial liabilities are recorded using cost or amortized cost.

Interest and dividends attributable to financial instruments are reported in the statement of operations.

All financial assets recorded at amortized cost are tested annually for impairment. When financial assets are impaired, impairment losses are recorded in the statement of operations. A write-down of a portfolio investment to reflect a loss in value is not reversed for a subsequent increase in value.

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

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

A financial liability or its part is derecognized when it is extinguished.

Management evaluates contractual obligations for the existence of embedded derivatives and elects to either designate the entire contract for fair value measurement or separately measure the value of the derivative component when characteristics of the derivative are not closely related to the economic characteristics and risks of the contract itself. Contracts to buy or sell non-financial items for the Authority's normal purchase, sale or usage requirements are not recognized as financial assets or financial liabilities.

### (m) Capitalization of public-private partnership projects:

Public-private partnership ("P3") projects are delivered by private sector partners selected to design, build, finance, and maintain the assets. The cost of the assets under construction are estimated at fair value, based on construction progress billings verified by an independent certifier, and also includes other costs incurred directly by the Authority.

The asset cost includes development and financing fees estimated at fair value, which require the extraction of cost information from the financial model embedded in the project agreement. Interest during construction is also included in the asset cost and is calculated on the P3 asset value, less contributions received and amounts repaid, during the construction term. The interest rate used is the project internal rate of return.



# INTERIOR HEALTH AUTHORITY

## Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

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### 1. Significant accounting policies (continued):

#### (m) Capitalization of public-private partnership projects (continued):

When available for operations, the project assets are amortized over their estimated useful lives.

Correspondingly, an obligation for the cost of capital and financing received to date, net of the contributions received is recorded as a liability and included in debt.

Upon substantial completion, the private sector partner receives monthly payments to cover the partner's operating costs, financing costs and a return of their capital over the term of their project agreement.

#### (n) Budget figures:

Budget figures have been provided for comparative purposes and have been derived from the Authority's Fiscal 2021/2022 Budget approved by the Board of Directors on October 5, 2021 and published in the Authority's Service Plan. The budget is reflected in the statement of operations and accumulated operating surplus and the statement of changes in net debt. Note 17 reconciles the approved budget to the budget information reported in these financial statements.

#### (o) Future accounting standards:

- (i) In August 2018, PSAB issued PS 3280 Asset Retirement Obligations. PS 3280 establishes standards of how to account for and report legal obligations associated with the retirement of certain tangible capital assets and solid waste landfill sites. Disclosure of information about asset retirement obligations is required when tangible capital assets are acquired, constructed, developed, or are in normal use. PS 3280 applies to fiscal years beginning on or after April 1, 2022. Management is in the process of assessing the impact of adoption of PS 3280 on the financial statements of the Authority.
- (ii) In June 2018, PSAB issued PS 3400 Revenue. PS 3400 proposes a framework describing two categories of revenue – transactions with performance obligations and transactions with no performance obligations. PS 3400 applies to fiscal years beginning on or after April 1, 2023. Management is in the process of assessing the impact of adoption of PS3400 on the financial statements of the Authority.

# INTERIOR HEALTH AUTHORITY

## Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

### 2. Cash and cash equivalents:

	2022	2021
Cash and cash equivalents	\$ 336,172	\$ 252,160
Amounts restricted for capital purposes	(144,175)	(98,059)
Amounts restricted for future operating purposes	(11,776)	(3,519)
Amounts restricted for P3 projects	(14,309)	(12,317)
Amounts restricted for patient comfort funds	(330)	(379)
Unrestricted cash and cash equivalents	\$ 165,582	\$ 137,886

### 3. Accounts receivable:

	2022	2021
Patients, clients and residents	\$ 26,303	\$ 26,035
Other health authorities and BC government reporting entities	31,137	25,673
Medical Services Plan	24,011	24,418
Ministry of Health	16,231	57,691
Regional hospital districts	17,678	15,467
Foundations and auxiliaries	15,239	6,007
Federal government	2,751	3,108
WorkSafeBC	1,522	1,630
Other	34,504	19,067
	169,376	179,096
Allowance for doubtful accounts	(16,487)	(16,999)
	\$ 152,889	\$ 162,097

# INTERIOR HEALTH AUTHORITY

## Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

### 4. Accounts payable and accrued liabilities:

	2022	2021
Salaries and benefits payable	\$ 139,584	\$ 125,444
Accrued vacation pay	82,754	86,495
Trade accounts payable and accrued liabilities	125,702	97,406
	<u>\$ 348,040</u>	<u>\$ 309,345</u>

### 5. Deferred operating contributions:

Deferred operating contributions represent externally restricted operating funding received for specific purposes.

	2022	2021
Deferred operating contributions, beginning of year	\$ 3,519	\$ 3,048
Contributions received during the year	10,338	2,332
Amount recognized as revenue in the year	(2,081)	(1,861)
	<u>\$ 11,776</u>	<u>\$ 3,519</u>

# INTERIOR HEALTH AUTHORITY

## Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

### 6. Debt:

	2022	2021
Public-private partnerships:		
Kelowna and Vernon Hospitals Project, 30 year contract to August 2042 with Infusion Health KVH General Partnership, payable in monthly payments including annual interest of 7.62%, in accordance with the project agreement terms	\$ 119,150	\$ 122,799
Interior Heart & Surgical Centre Project, 30 year contract to December 2044 with Plenary Health, payable in monthly payments including annual interest of 5.93%, in accordance with the project agreement terms	69,644	71,056
Penticton Hospital Tower Project, 30 year contract to December 2048 with EllisDon, payable in monthly payments including annual interest of 4.61%, in accordance with the project agreement terms	131,927	134,262
Royal Inland Hospital Tower Project, 30 year contract to February 2052 with EllisDon. Monthly payments include annual interest of 4.88% to commence upon substantial completion of the project in accordance with the terms of the project agreement.	162,386	132,631
	<u>\$ 483,107</u>	<u>\$ 460,748</u>

Principal repayments on debt for the years ending March 31 are required as follows:

2023	\$ 10,556
2024	11,554
2025	12,273
2026	12,601
2027	12,913
Thereafter	423,210
	<u>\$ 483,107</u>

# INTERIOR HEALTH AUTHORITY

## Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

### 7. Employee benefits:

#### (a) Retirement allowance:

Certain employees with ten or twenty years of service and having reached a certain age are entitled to receive special payments upon retirement or as specified by collective or employee agreements. These payments are based upon accumulated sick leave credits and entitlements for each year of service.

The Authority's liabilities are based on an actuarial valuation as at the early measurement date of December 31, 2021 and extrapolated to March 31, 2022 from which the service cost and interest cost components of expense for the fiscal year ended March 31, 2022 are derived. The next required valuation will be as of December 31, 2021.

Information about retirement allowance benefits is as follows:

	2022	2021
Accrued benefit obligation:		
Severance benefits	\$ 76,801	\$ 67,433
Sick leave benefits	49,520	46,320
	126,321	113,753
Unamortized actuarial gain (loss)	(7,921)	5,829
Accrued benefit liability	\$ 118,400	\$ 119,582

The accrued benefit liability for retirement allowance reported on the statement of financial position is as follows:

	2022	2021
Accrued benefit liability, beginning of year	\$ 119,582	\$ 119,650
Net benefit expense:		
Current service cost	9,112	7,946
Interest expense	3,683	4,119
Amortization of actuarial gain	(1,624)	(2,103)
Net benefit expense	11,171	9,962
Benefits paid	(12,353)	(10,030)
Accrued benefit liability, end of year	\$ 118,400	\$ 119,582

# INTERIOR HEALTH AUTHORITY

## Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

### 7. Employee benefits (continued):

#### (a) Retirement allowance (continued):

The significant actuarial assumptions adopted in measuring the Authority's accrued retirement benefit obligation are as follows:

	2022	2021
Accrued benefit obligation as at March 31:		
Discount rate	3.16%	3.14%
Rate of compensation increase	2.50%	2.50%
Benefit costs for years ended March 31:		
Discount rate	3.14%	3.79%
Rate of compensation increase	2.50%	2.50%
Expected future inflationary increases	2.00%	2.00%

#### (b) Healthcare Benefit Trust benefits:

The Healthcare Benefit Trust (the "Trust") administers long-term disability, group life insurance, accidental death and dismemberment, extended health and dental claims for certain employee groups of the Authority and other provincially-funded organizations.

The Authority and all other participating employers are jointly responsible for the liabilities of the Trust should any participating employers be unable to meet their obligation to contribute to the Trust.

#### (i) Long-term disability and employee life and health benefits:

The Trust is a multiple employer plan, with the Authority's assets and liabilities being segregated with respect to all benefits. Accordingly, the Authority's net trust liabilities are reflected in these financial statements.

The Authority's liabilities as of March 31, 2022 are based on the actuarial valuation at December 31, 2021, extrapolated to March 31, 2022. The next expected valuation is as of December 31, 2022.

# INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

## 7. Employee benefits (continued):

### (b) Healthcare Benefit Trust benefits (continued):

#### (i) Long-term disability and employee life and health benefits (continued):

The long-term disability and employee life and health benefits obligation reported on the statement of financial position is as follows:

	2022	2021
Fair value of plan assets	\$ 245,969	\$ 225,272
Accrued benefit obligation	186,365	185,852
Net funded (asset) liability	\$ (59,604)	\$ (39,420)

	2022	2021
Long-term disability and employee life and health benefits asset, beginning of year:	\$ (39,420)	\$ (17,179)
Net benefit expense:		
Long-term disability expense	24,511	22,642
Health and welfare benefit expense	28,442	29,540
Interest expense	9,664	10,134
Actuarial gain	(2,816)	(6,639)
Employee payments	(1,375)	(1,376)
Expected return on assets	(11,933)	(11,330)
Net benefit expense	46,493	42,971
Contributions to the plan	(66,677)	(65,212)
Long-term disability and employee life and health benefits asset, end of year	\$ (59,604)	\$ (39,420)
Benefits paid to claimants (calendar year):	\$ 65,011	\$ 56,166

Plan assets consist of:

Calendar year ending December 31:	2022	2021
Debt securities	42.1%	38.6%
Foreign equities	35.7%	35.0%
Equity securities and other	22.2%	26.4%
Total	100.00%	100.0%

# INTERIOR HEALTH AUTHORITY

## Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

### 7. Employee benefits (continued):

#### (b) Healthcare Benefit Trust benefits (continued):

##### (i) Long-term disability benefits (continued):

The significant actuarial assumptions adopted in measuring the Authority's long-term disability benefits liabilities are as follows:

	2022	2021
Accrued benefit (asset) obligation as at March 31:		
Discount rate	5.10%	5.30%
Rate of benefit increase	2.00%	2.00%
Benefit costs for years ended March 31:		
Discount rate	5.10%	5.30%
Rate of compensation increase	2.00%	2.00%
Expected future inflationary increases	2.00%	2.00%
Expected long-term rate of return on plan assets	5.10%	5.30%
Actual rate of return on plan assets was 8.83% (2021 - 9.17%)		

##### (ii) Other Trust benefits:

Effective April 1, 2017, management of the long-term disability and health and welfare benefits being provided to Health Science Professionals Bargaining Association, Community Bargaining Association, and Facilities Bargaining Association employees transitioned to joint benefit trusts. Employer contributions to the joint benefit trusts are based on a specified percentage of payroll costs. During the year ended March 31, 2022, the Authority made contributions to these joint benefits trusts totaling \$53.6 million (2021 - \$48.5 million).



# INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

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## 7. Employee benefits (continued):

### (c) Employee pension benefits:

The Authority and its employees contribute to the Municipal Pension Plan and the Public Service Pension Plan, multi-employer defined benefit pension plans governed by the *BC Public Sector Pension Plans Act*.

Employer contributions to the Municipal Pension Plan of \$101.4 million (2021 - \$101.2 million) were expensed during the year. Every three years an actuarial valuation is performed to assess the financial position of the plan and the adequacy of plan funding. The most recent actuarial valuation for the plan at December 31, 2018 indicated a surplus of approximately \$2,866 million. The actuary does not attribute portions of the surplus to individual employers. The plan covers approximately 220,000 active members, of which approximately 21,102 are employees of the Authority (2021 – 19,777). The next expected actuarial valuation will be as of December 31, 2021 with results available in 2022.

Employer contributions to the Public Service Pension Plan of \$0.6 million (2021 - \$0.7 million) were expensed during the year. Every three years an actuarial valuation is performed to assess the financial position of the plan and the adequacy of plan funding. The most recent actuarial valuation for the plan at March 31, 2020 indicated a surplus of approximately \$2,667 million. The actuary does not attribute portions of the surplus to individual employers. The plan covers approximately 68,000 active members, of which approximately 86 are employees of the Authority (2021 – 99). The next expected actuarial valuation will be as of March 31, 2023.

# INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

## 8. Deferred capital contributions:

Deferred capital contributions represent externally restricted contributions and other funding received for the purchase of tangible capital assets.

	2022	2021
Deferred capital contributions, beginning of year	\$ 1,319,207	\$ 1,171,929
Capital contributions received:		
Ministry of Health	95,877	125,570
Regional hospital districts	56,251	90,346
Foundations and auxiliaries	19,114	19,318
Other	1,572	2,920
	172,814	238,154
Amortization for the year	(99,639)	(90,876)
Deferred capital contributions, end of year	\$ 1,392,382	\$ 1,319,207

Deferred capital contributions are comprised of the following:

	2022	2021
Contributions used to purchase tangible capital assets	\$ 1,248,207	\$ 1,221,148
Unspent contributions	144,175	98,059
	\$ 1,392,382	\$ 1,319,207

# INTERIOR HEALTH AUTHORITY

## Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

### 9. Tangible capital assets:

Cost	2021	Additions	Disposals	Transfers	2022
Land	\$ 56,323	\$ -	\$	\$	56,323
Land improvements	27,581	3	(125)	1,217	28,676
Buildings	2,054,426	413	(11,140)	332,661	2,376,360
Equipment	741,808	20,478	(14,391)	28,403	776,298
Information systems	121,240	130	(77)	19,719	141,012
Leasehold improvements	35,026	-		4,654	39,680
Vehicles	10,407	624	(623)		10,408
Construction in progress	296,598	103,965		(338,532)	62,031
Equipment and information systems in progress	39,663	37,587		(48,122)	29,128
Total	\$ 3,383,072	\$ 163,200	\$ (26,356)	\$ -	\$ 3,519,916

Accumulated amortization	2021	Amortization	Disposals	Transfers	2022
Land improvements	\$ 21,254	\$ 1,217	\$ (125)	\$ -	22,346
Buildings	894,515	52,699	(5,195)	-	942,019
Equipment	564,832	41,896	(13,875)		592,853
Information systems	102,762	9,491	(24)		112,229
Leasehold improvements	17,349	2,374			19,723
Vehicles	8,183	983	(623)		8,543
Total	\$ 1,608,895	\$ 108,660	\$ (19,842)	\$ -	\$ 1,697,713

Cost	2020	Additions	Disposals	Transfers	2021
Land	\$ 44,316	\$ 12,007	\$	\$	56,323
Land improvements	27,433		(96)	244	27,581
Buildings	2,026,551	213	(4,139)	31,801	2,054,426
Equipment	719,734	23,327	(21,515)	20,262	741,808
Information systems	117,228	214	(432)	4,230	121,240
Leasehold improvements	30,521	100		4,405	35,026
Vehicles	9,847	1,216	(656)		10,407
Construction in progress	143,793	202,161		(49,356)	296,598
Equipment and information systems in progress	22,483	40,711		(23,531)	39,663
Total	\$ 3,141,906	\$ 279,949	\$ (26,838)	\$ (11,945)	\$ 3,383,072

# INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

## 9. Tangible capital assets (continued):

Accumulated amortization	2020	Amortization	Disposals	Transfers	2021
Land improvements	\$ 20,138	\$ 1,211	\$ (96)	\$ 1	\$ 21,254
Buildings	846,626	51,496	(3,606)	(1)	894,515
Equipment	545,215	40,635	(21,018)		564,832
Information systems	93,536	9,657	(431)		102,762
Leasehold improvements	15,736	1,613			17,349
Vehicles	7,867	972	(656)		8,183
Total	\$ 1,529,118	\$ 105,584	\$ (25,807)	\$ -	\$ 1,608,895

Net book value	2022	2021
Land	\$ 56,323	\$ 56,323
Land improvements	6,330	6,327
Buildings	1,434,341	1,159,911
Equipment	183,445	176,976
Information systems	28,783	18,478
Leasehold improvements	19,957	17,677
Vehicles	1,865	2,224
Construction in progress	62,031	296,598
Equipment and information systems in progress	29,128	39,663
Total	\$ 1,822,203	\$ 1,774,177

During the year, \$2.9 million interest (2021 - \$5.2 million) has been capitalized to construction in progress.

Tangible capital assets are funded as follows:

	2022	2021
Deferred capital contributions	\$ 1,248,207	\$ 1,221,148
Debt	483,107	460,748
Internally funded	90,889	92,281
Tangible capital assets	\$ 1,822,203	\$ 1,774,177

# INTERIOR HEALTH AUTHORITY

## Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

### 10. Inventories held for use:

	2022	2021
Medical supplies	\$ 5,048	\$ 5,605
Pharmaceuticals	2,825	2,746
	\$ 7,873	\$ 8,351

### 11. Prepaid expenses:

	2022	2021
Contracted services	\$ 5,422	\$ 4,013
Maintenance contracts	9,881	10,192
Rent/leases	418	379
Other	1,027	336
	\$ 16,748	\$ 14,920

### 12. Commitments and contingencies:

#### (a) Construction, equipment and information systems projects in progress:

As at March 31, 2022, the Authority had outstanding commitments for construction, equipment and information systems projects in progress of \$93.6 million (2021 – \$104.9 million).

#### (b) Contractual obligations:

The Authority has entered into various contracts for services within the normal course of operations. The estimated contractual obligations under the contracts are as follows:

	2023	2024	2025	2026	2027	Thereafter
Service contracts	\$267,162	\$161,247	\$66,078	\$33,078	\$15,816	\$0

# INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

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## 12. Commitments and contingencies (continued):

### (c) Long-term care contracts:

The Authority has entered into contracts with 45 service providers to provide long-term care services. The aggregate annual commitments for these contracts for the years ending March 31 are as follows:

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2023	\$	238,307
2024		50,243
2025		43,444
2026		43,444
2027		37,132
Thereafter		69,197
		<hr/>
		\$ 481,767

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### (d) Operating leases:

The aggregate minimum future annual rentals under operating leases for the years ending March 31 are as follows:

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2023	\$	15,594
2024		10,002
2025		9,518
2026		8,734
2027		8,215
Thereafter		63,905
		<hr/>
		\$ 115,968

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# INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

## 12. Commitments and contingencies (continued):

### (e) Public-private partnerships commitments:

The Authority has entered into multiple-year P3 contracts to design, build, finance, and maintain the Kelowna and Vernon Hospitals' project, the Interior Heart and Surgical Centre project, the Penticton Regional Hospital project, and the Royal Inland Hospital project. The information presented below shows the anticipated cash outflow for future obligations under these contracts for the capital cost and financing of the asset, the facility maintenance ("FM") and the lifecycle costs. As construction progresses the asset values are recorded as tangible capital assets and the corresponding liabilities are recorded as debt and disclosed in note 6. Facilities maintenance and life cycle payments to the private partner are contingent on specified performance criteria and include an estimation of inflation where applicable.

	Capital and financing	FM and lifecycle	Total payments
2023	\$ 40,917	\$ 28,893	\$ 69,810
2024	38,205	29,940	68,145
2025	38,216	32,124	70,340
2026	37,786	33,645	71,431
2027	37,326	34,630	71,956
Thereafter	712,905	922,351	1,635,256
	\$ 905,355	\$ 1,081,583	\$ 1,986,938

### (f) Litigation and claims:

Risk management and insurance services for all health authorities in BC are provided by the Risk Management and Government Security Branch of the Ministry of Finance.

The nature of the Authority's activities is such that there is litigation pending or in progress at any time. With respect to unsettled claims at March 31, 2022, management is of the opinion that the Authority has valid defenses and appropriate insurance coverage in place, or if there is unfunded risk, such claims are not expected to have material effect on the Authority's financial position. Outstanding contingencies are reviewed on an ongoing basis and are provided for based on management's best estimate of the ultimate settlement.

### (g) Asset retirement obligations:

The Authority has recorded an asset retirement obligation for a building that is not in active use that will be demolished in the upcoming year. The related liability as of March 31, 2022 is \$0.27 million and is recorded in accounts payable and accrued liabilities. The Authority has other unrecorded asset retirement obligations relating to facilities that may contain asbestos. At this time, the Authority has not recognized these obligations as the timing of the future demolition or renovation of the facilities is unknown and therefore the value of the future obligations cannot be reasonably estimated. These asset retirement obligations will be recognized as a liability in the period when their value can be reasonably estimated.

# INTERIOR HEALTH AUTHORITY

## Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

### 13. Statement of operations:

(a) Patients, clients and residents revenue:

	2022	2021
Long-term and extended care	\$ 47,627	\$ 46,946
Non-residents of BC	25,387	23,611
Non-residents of Canada	5,500	7,073
WorkSafe BC	11,638	9,389
Residents of BC self pay	13,633	11,106
Federal government	1,045	1,147
Preferred accommodation	260	260
Other	2,224	1,909
	<u>\$ 107,314</u>	<u>\$ 101,441</u>

(b) Other contributions:

	2022	2021
Provincial Health Services Authority	\$ 42,317	\$ 37,099
Other BC government reporting entities	2,162	2,202
Other	824	363
	<u>\$ 45,303</u>	<u>\$ 39,664</u>

(c) Other revenues:

	2022	2021
Compensation recoveries	\$ 18,503	\$ 16,101
Parking	85	51
Other	16,593	28,216
	<u>\$ 35,181</u>	<u>\$ 44,368</u>



# INTERIOR HEALTH AUTHORITY

## Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

### 13. Statement of operations (continued):

(d) The following is a summary of expenses by object:

	2022	2021
Compensation:		
Compensation	\$ 1,582,545	\$ 1,468,359
Employee Benefits	363,186	337,113
(Gain) loss on event-driven employee benefits	(2,816)	(6,639)
	1,942,915	1,798,833
Referred-out and contracted services:		
Health and support services providers	517,620	468,335
Other health authorities and BC government reporting entities	18,398	18,434
	536,018	486,769
Supplies:		
Medical and surgical	122,736	106,320
Drugs and medical gases	83,970	77,636
Diagnostic	43,333	39,930
Food and dietary	19,750	17,810
Printing, stationery and office	6,421	6,509
Laundry and linen	8,242	5,782
Housekeeping	7,044	6,721
Other	15,364	13,940
	306,860	274,648
Amortization of tangible capital assets	108,660	105,584
Equipment and building services:		
Equipment	53,395	44,812
Plant operation (utilities)	20,156	19,965
Rent	13,108	11,036
Building and ground service contracts	15,540	12,665
Other	15,820	11,815
	118,019	100,293
Sundry:		
Patient transport	13,386	10,149
Travel	8,631	6,400
Communication and data processing	6,842	6,427
Professional fees	7,875	5,313
Other	24,193	25,411
	60,927	53,700
Interest on debt	20,887	20,375
	\$ 3,094,286	\$ 2,840,202

# INTERIOR HEALTH AUTHORITY

## Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

### 14. Supplementary cash flow information:

#### (a) Net change in non-cash operating items:

	2022	2021
Accounts receivable	\$ 9,208	\$ (84,146)
Accounts payable and accrued liabilities	38,702	69,295
Deferred operating contributions	8,257	471
Inventories held for use	478	(1,434)
Prepaid expenses	(1,828)	(3,526)
	\$ 54,817	\$ (19,340)

#### (b) Acquisition of tangible capital assets:

Assets purchased or acquired through debt or other non-cash transactions are excluded from purchase of tangible capital assets on the statement of cash flows.

	2022	2021
Acquisition of tangible capital assets (note 9)	\$ 163,200	\$ 268,003
Construction financed with debt	(29,755)	(75,004)
	\$ 133,445	\$ 192,999

### 15. Related parties and other agencies:

The following are types of related parties. Disclosure of values for related party transactions is only required if the values are different from that which would have been arrived at if the parties were unrelated.

#### (a) BC Government reporting entities:

The Authority is related through common control to all Province of BC ministries, agencies, Crown corporations, school districts, health authorities, hospital societies, universities and colleges that are included in the provincial government reporting entity.

The Authority contracts certain services to Provincial Health Services Authority (PHSA), including accounts payable, tech services and supply chain. The expense recorded for contracted services with PHSA in 2022 was \$12.8 million (2021 - \$13.2 million).

# INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

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## 15. Related parties and other agencies (continued):

### (a) BC Government reporting entities (continued):

The Authority contracts clinical and other services from government reporting entities (GRE's) including cancer programs, renal services, and other programs. The revenue recorded for the recoveries from GRE's in 2022 was \$14.7 million (2021 - \$13.7 million). As at March 31, the Authority has accounts receivable of \$27.3 million (2021 - \$22.3 million) and accounts payable of \$17.7 million (2021 - \$9.9 million) to other GRE's for these services.

Transactions with these entities, unless disclosed otherwise, are considered to be in the normal course of operations and are recorded at the exchange amount, which is the amount of consideration established and agreed to by the related parties. Other transactions have been recorded at fair value and are not disclosed.

### (b) Key management personnel:

The Authority has deemed the Board of Directors and Senior Executive Team and their close family members or entities controlled by them to be related parties based on the PS 2200 definition. A declaration is completed by key management personnel annually to confirm whether there are any related party transactions between themselves, their close family members, or entities under their control and the Authority. No transactions were reported that required disclosure.

### (c) Foundations and auxiliaries:

There are 74 separate health care foundations and auxiliaries, which were established to raise funds for their respective hospitals and/or community health services organizations within the Authority area. The foundations and auxiliaries are separate legal entities incorporated under the *Society Act of British Columbia* with separate governance structures. The foundations and some of the auxiliaries are registered charities under the provisions of the *Income Tax Act* of Canada. The financial and non-financial assets and liabilities and results from operations of the foundations and auxiliaries are not included in the financial statements of the Authority. During the year, the foundations and auxiliaries granted \$20.3 million (2021 - \$20.8 million) to various facilities within the Authority.

# INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

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## 16. Risk management:

The Authority is exposed to credit risk, liquidity risk and foreign exchange risk from its financial instruments. Qualitative and quantitative analysis of the significant risks from the Authority's financial instruments is provided below by type of risk.

### (a) Credit risk

Credit risk primarily arises from the Authority's cash and cash equivalents and accounts receivable. The risk exposure is limited to their varying amounts at the date of the statement of financial position. The Authority manages credit risk by holding balances of cash and cash equivalents with reputable top rated financial institutions.

Accounts receivable primarily consist of amounts receivable from the Ministry, other health authorities and BC government reporting entities, patients, clients and agencies, foundations and auxiliaries, grantors etc. To reduce the risk, the Authority periodically reviews the collectability of its accounts receivable and establishes an allowance based on its best estimate of potentially uncollectible amounts. As at March 31, 2022, the amount of allowance for doubtful accounts was \$16.5 million (2021 - \$17.0 million).

The Authority is not exposed to significant credit risk with respect to the amounts receivable from the Ministry, other health authorities and BC government reporting entities.

### (b) Liquidity risk

Liquidity risk is the risk that the Authority will not be able to meet its financial obligations as they become due. It is the Authority's intention to meet its financial obligations through the collection of current accounts receivable, cash on hand and future funding from the Ministry.

# INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

## 16. Risk management (continued):

### (b) Liquidity risk (continued):

The Authority's principal source of funding is from the Ministry. The Authority is not subject to debt covenants or any other capital requirements with respect to operating funding. Funding received for designated purposes must be used for the purpose outlined in the funding letter or grant documentation. The Authority has complied with the external restrictions on the funding provided.

The tables below show when various financial assets and liabilities mature:

2022 Financial assets	Up to 1 year	1 to 5 years	Over 5 years	Total
Cash and cash equivalents	\$ 336,172	\$ -	\$ -	\$ 336,172
Accounts receivable	152,889	-	-	152,889
<b>Total financial assets</b>	<b>\$ 489,061</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 489,061</b>

2022 Financial liabilities	Up to 1 year	1 to 5 years	Over 5 years	Total
Accounts payable and accrued liabilities	\$ 347,480	\$ 560	\$ -	\$ 348,040
Debt	10,583	49,462	423,062	483,107
<b>Total financial liabilities</b>	<b>\$ 358,063</b>	<b>\$ 50,022</b>	<b>\$ 423,062</b>	<b>\$ 831,147</b>

2021 Financial assets	Up to 1 year	1 to 5 years	Over 5 years	Total
Cash and cash equivalents	\$ 252,160	\$ -	\$ -	\$ 252,160
Accounts receivable	162,097	-	-	162,097
<b>Total financial assets</b>	<b>\$ 414,257</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 414,257</b>

2021 Financial liabilities	Up to 1 year	1 to 5 years	Over 5 years	Total
Accounts payable and accrued liabilities	\$ 308,955	\$ 390	\$ -	\$ 309,345
Debt	7,838	45,532	407,378	460,748
<b>Total financial liabilities</b>	<b>\$ 316,793</b>	<b>\$ 45,922</b>	<b>\$ 407,378</b>	<b>\$ 770,093</b>

Debt pertaining to P3 projects is funded through the ongoing annual operating grants received from the Ministry.

# INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

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## 16. Risk management (continued):

### (c) Foreign exchange risk

The Authority's operating results and financial position are reported in Canadian dollars. As the Authority operates in an international environment, some of the Authority's financial instruments and transactions are denominated in currencies other than Canadian dollar. The results of the Authority's operations are subject to currency transaction and translation risks.

The Authority makes payments denominated in USA dollars, Great Britain pounds and other currencies. Currencies most contributing to the foreign exchange risk is the US dollar.

Comparative foreign exchange rates as at March 31 are as follows:

		2022		2021
US dollar per Canadian dollar	\$	0.800	\$	0.794

The Authority has not entered into any agreements or purchased any foreign currency hedging arrangements to hedge possible currency risks, as management believes that the foreign exchange risk derived from currency conversions is not significant. The foreign currency financial instruments are short-term in nature and do not give rise to significant foreign currency risk.

# INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

## 17. Budget:

The original budget, as approved by the Board on October 4, 2021, has been adjusted to reflect changes made to sector allocations for various programs and services and the refinement of allocation between accounts. The changes are as follows:

	<b>Board Approved</b>		<b>Restated</b>
	<b>Plan</b>	<b>Reallocations</b>	<b>Budget</b>
Revenues:			
Provincial government sources	\$ 2,716,742	\$ (2,716,742)	\$ -
Non-provincial government sources	195,818	(195,818)	-
Ministry of Health contributions	-	2,364,112	2,364,112
Medical Services Plan	-	200,023	200,023
Patients, clients and residents	-	113,984	113,984
Amortization	-	90,819	90,819
Recoveries from other Health Authorities and government reporting entities	-	63,506	63,506
Other contributions	-	38,040	38,040
Other	-	40,309	40,309
Investment Income	-	1,767	1,767
	2,912,560	-	2,912,560
Expenses:			
Acute	1,579,520	-	1,579,520
Long-term care	482,110	-	482,110
Community care	350,061	-	350,061
Corporate	227,801	-	227,801
Mental health and substance use	192,516	-	192,516
Population health and wellness	80,552	-	80,552
	2,912,560	-	2,912,560
Annual Surplus	\$ -	\$ -	\$ -

# INTERIOR HEALTH AUTHORITY

## Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2022

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### 18. Contractual Rights:

Interior Health has entered into various contracts for rental revenue within the normal course of operations. The estimated contractual rights under these contracts for the years ending March 31 are as follows:

2023	\$	891
2024		818
2025		775
	\$	2,484

### 19. Comparative Figures

Certain of the comparative figures have been reclassified to conform to the current year's financial statement presentation.

### 20. Significant Event

On March 11, 2020, the World Health Organization declared COVID-19 a global pandemic, followed by BC's Provincial Health Officer's declaration of a public health emergency on March 17, 2020. The financial statements of the Authority reflect its response to the pandemic. Events that affect the Authority's operations continued to be addressed through collaboration with and direction from the Ministry of Health. The Authority will continue to respond appropriately to ongoing COVID-19 related issues as long as necessary as directed by provincial authorities.