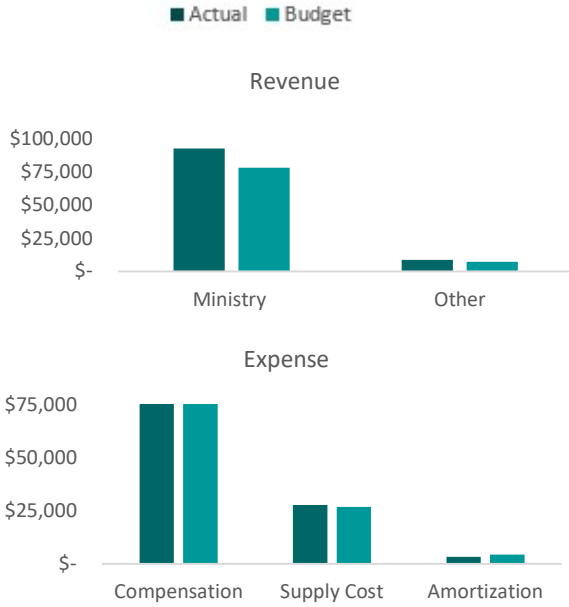


MARCH FINANCIAL DASHBOARD

(in thousands of dollars)

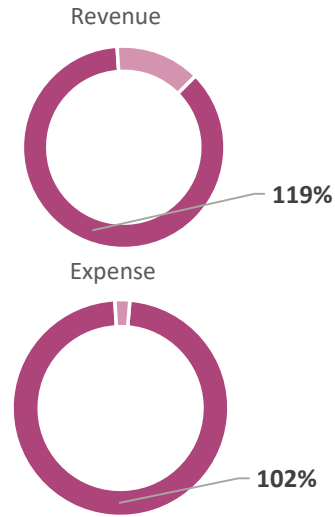


YTD PERFORMANCE

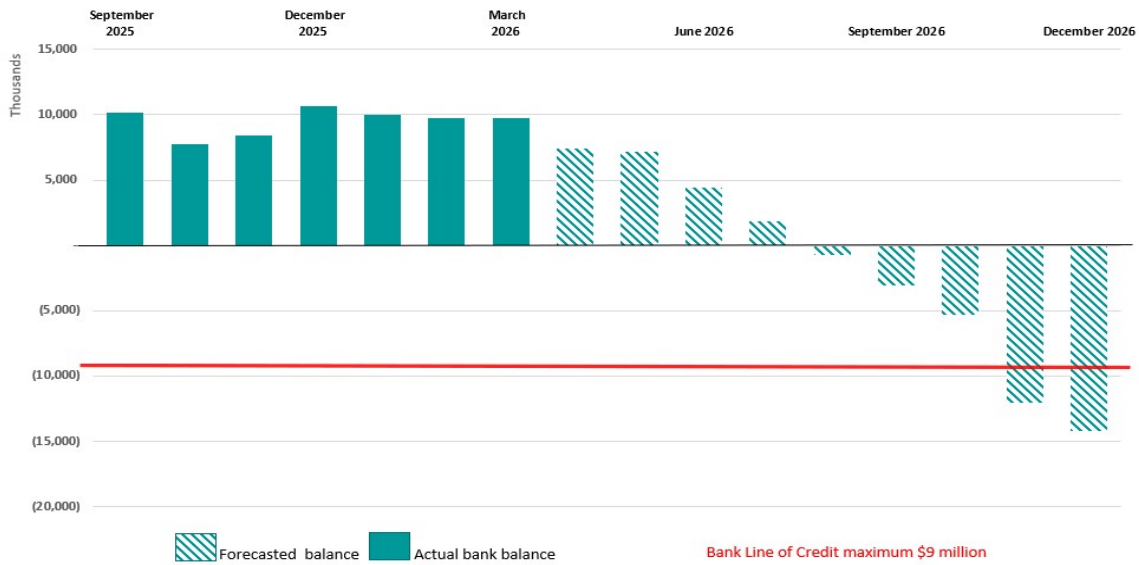


BUDGET REMAINING

■ % Annual Budget Utilized ■ % Over Expected Budget
 Target Utilization 12 Months YTD = 100%



CASHFLOW FORECAST



CURRENT RATIO

0.59

CASH AVAILABLE

\$6,479

OPERATIONS MARGIN

-7%

DEBT

Short-Term \$ 5,545
 Long-Term \$ 10,818

WORKING CAPITAL

(\$13,551)

TOTAL DEBT TO ASSETS

1.13

**The Perth and Smiths Falls District Hospital
Consolidated Statement of Operations**

Fiscal 2025/26 - Period ended March 31, 2026

(in thousands of dollars)

	12 MONTHS YTD			Variance Analysis
	Actual	Budget	Var Fav/(Unfav)	
Revenues				
Ministry revenue	93,121	78,602	14,519	<i>Favourable due to one-time pressure funding \$8.7M, increased hospital allocation vs. budget \$1.0M, increased ERAFA + HOCC \$3.2M (\$2.3M Base + \$0.9M One-Time), other one time \$1.8M (ED P4R \$520K, ALC Reduction funding \$380K, HHR Programs (Enhanced Extern, Clinical Scholar, Learning Funds) \$811K, OBS On-Call Project \$124K) offset by unfavourable QBP revenues (\$327K).</i>
Other patient services	2,188	1,643	545	<i>Favourable due to increased uninsured Patient revenues (Out of Country/Province/Self Pay) offset by lower usage of preferred accommodations. LCSS favourability in other payment sources, offset by unfavourable recoveries.</i>
Recoveries and other	4,019	3,119	900	<i>Favourability due to rebates, rentals, parking, WSIB premium return \$340K. Favourable LCMH recoveries \$470K (LIFT, Bridgehouse & MCRT Programming), LCSS unfavourability in recoveries and other.</i>
Amortization of equipment grants & donations	2,422	2,468	(46)	<i>No material variances</i>
Total Revenue	101,750	85,832	15,919	
Expenditures				
Salaries, wages and benefits	66,157	66,876	719	<i>Favourable salaries & benefits due to vacancies, along with favourable overtime. Some offset due to unfavourable sick time, maternity costs, agency and labour relations accrual.</i>
Medical staff remunerations	12,041	8,680	(3,360)	<i>Unfavourable due to increased base ERAFA + HOCC, offset by base and one-time revenues (see above remarks).</i>
Medical/surgical supplies	5,704	5,798	95	<i>Lower than anticipated inflationary pressures compared to 2025/26 budget assumptions. Costs continue to increase year-over-year, favourability reflects a relative improvement against budgeted expectations, not a reversal of the underlying upward trend in supply pricing.</i>
Drugs	1,268	1,274	5	<i>No material variances</i>
Other supplies and services	20,336	18,679	(1,658)	<i>Unfavourable variances are primarily driven by higher contracted-out services (including KHSC lab billing reconciliations following the Lumeo go-live and increased security costs), elevated bad debt expense, and increased IT supplies required to replace aging technology and support the digital EMR. Additional unfavourable impacts relate to unbudgeted supplies and services funded through one-time revenues (LCMH programs, HHR course registrations and travel). These pressures are partially offset by favourable results in plant utilities, laundry, and lower usage of Lumeo contingencies.</i>
Interest	453	1,147	694	<i>Favourable interest due to lower usage of operating line of credit and timing of capitalization of Lumeo project.</i>
Amortization of equipment	3,376	4,403	1,027	<i>Favourable due to final project cost and timing of Lumeo project capitalization.</i>
Total Expenditures	109,335	106,857	(2,478)	
Operations Deficit	(7,585)	(21,025)	13,440	
Non-shareable building grant/depreciation	479	555	76	
Net Consolidated Margin Deficit	(8,064)	(21,580)	13,516	
Hospital Operations Margin %	-7%	-24%		

PERTH AND SMITHS FALLS DISTRICT HOSPITAL
Consolidated Statement of Operations
Period: March 31, 2026

(in thousands of dollars)

	MARCH 2026		
	Period Actual	Period Budget	Var Fav/(Unfav)
Revenues			
Ministry revenue	\$ 10,040	\$ 6,675	\$ 3,363
Other patient services	\$ 176	\$ 140	\$ 36
Recoveries and other	\$ 1,012	\$ 265	\$ 747
Amortization of equipment grants & donations	\$ 212	\$ 210	\$ 2
Total Revenue	\$ 11,440	\$ 7,290	\$ 4,151
Expenditures			
Salaries, wages and benefits	\$ 6,367	\$ 5,680	\$ (688)
Medical staff remunerations	\$ 1,745	\$ 737	\$ (1,008)
Medical/surgical supplies	\$ 534	\$ 492	\$ (42)
Drugs	\$ (409)	\$ 108	\$ 518
Other supplies and services	\$ 3,633	\$ 1,586	\$ (2,047)
Interest	\$ 65	\$ 97	\$ 33
Amortization of equipment	\$ 855	\$ 374	\$ (481)
Total Expenditures	\$ 12,790	\$ 9,074	\$ (3,715)
Operations Surplus/(Deficit)	\$ (1,353)	\$ (1,784)	\$ 433
Non-shareable building grant/depreciation	\$ 41	\$ 47	\$ 6
Net Consolidated Margin Surplus/(Deficit)	\$ (1,394)	\$ (1,831)	\$ 439

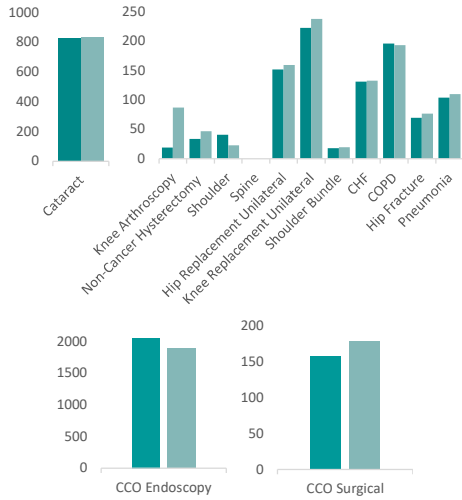
PERTH & SMITHS FALLS DISTRICT HOSPITAL

QBP Performance as at March 31, 2026



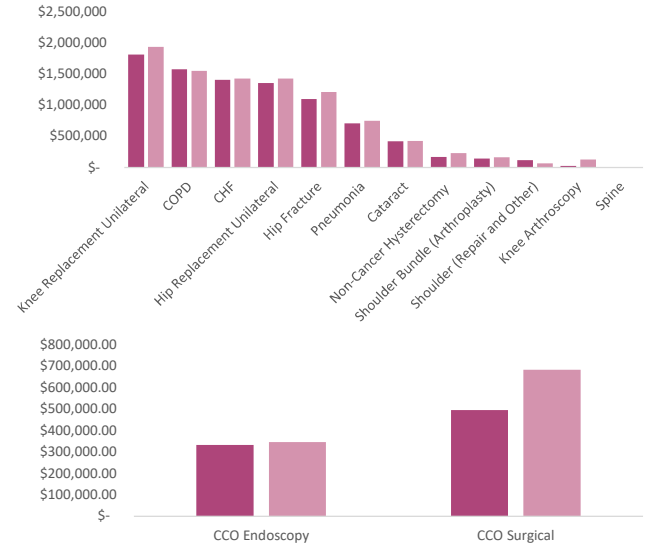
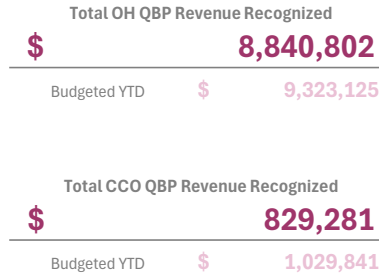
YTD Case Performance

Actual Cases YTD
Budget Cases YTD



YTD Revenue

Recognized Revenue YTD
Budget Revenue YTD



Total OH QBP Cases
1,814
Budgeted YTD **1,924**

Total CCO QBP Cases
2,189
Budgeted YTD **2,072**

Annual Progress Achieved

Target % Completion **100%**
March YTD: % Cases Complete (Teal), % Cases Remaining (Pink)



* Spine volumes were reallocated on a one-time basis, therefore no spine volumes to complete during fiscal year 2025/26.

Year-End

Total Revenue Recognized **\$9,670,083**
Total 2025/26 QBP Allocation **\$10,352,965**
Total Variance **(\$682,882)**

PERTH & SMITHS FALLS DISTRICT HOSPITAL
VOLUMES CONTINUITY - For the year ended March 31, 2026



Ontario Health East	Opening Volumes	2025-26 Growth	Initial Allocation	One-Time Funding	One-Time Recovery	Ending Allocation	Volumes Completed	Variance
Elective								
Cataract								
Cataract (Non-Routine and Bilateral - Day Surgery)	834	-	834	-	-	834	826	(8)
Cataract (Unilateral - Day Surgery)	2	-	2	-	-	2	4	2
Knee Arthroscopy								
Knee Arthroscopy (Other Meniscus & Joint)	74	-	74	-	-	74	15	(59)
Knee Arthroscopy (Ligament & Patella)	5	-	5	-	-	5	-	(5)
Knee Arthroscopy (DMJ)	8	-	8	-	-	8	4	(4)
Non-Cancer Hysterectomy								
Non-Cancer Hysterectomy (Open abdominal)	31	-	31	-	-	31	20	(11)
Non-Cancer Hysterectomy (Outpatient)	-	-	-	-	-	-	-	-
Non-Cancer Hysterectomy (Vaginal)	21	-	21	-	(9)	12	14	2
Non-Cancer Hysterectomy (Lap. via Incision)	-	-	-	-	-	-	-	-
Non-Cancer Hysterectomy (Lap. Assisted Vaginal)	4	-	4	-	-	4	-	(4)
Shoulder								
Shoulder (Other)	3	-	3	-	-	3	8	5
Shoulder (Repairs)	20	-	20	-	-	20	33	13
Shoulder (Reverse Arthroplasty)	-	-	-	-	-	-	-	-
Shoulder (Arthroplasty)	-	-	-	-	-	-	-	-
Spine								
Spine (Non-Instrumented)	20	-	20	-	(20)	-	-	-
Spine (Instrumented)	32	-	32	-	(32)	-	-	-
Elective Total	1,054	-	1,054	-	(61)	993	924	(69)
Elective Bundled QBPs								
Shoulder Bundle								
Shoulder BUNDLE (Arthroplasty)	-	-	-	20	-	20	18	(2)
Shoulder BUNDLE (Reverse Arthroplasty)	-	-	-	-	-	-	35	35
Hip Replacement Unilateral	127	3	130	30	-	160	152	(8)
Knee Replacement Unilateral	272	8	280	-	(42)	238	223	(15)
Hip/Knee Replacement Bilateral	-	-	-	-	-	-	-	-
Elective Bundled QBPs Total	399	11	410	50	(42)	418	428	10
Non-Elective								
Congestive Heart Failure	128	5	133	-	-	133	131	(2)
Chronic Obstructive Pulmonary Disease	193	-	193	-	-	193	196	3
Hip Fracture	75	2	77	-	-	77	70	(7)
Pneumonia	74	4	78	32	-	110	104	(6)
Non-Elective Total	470	11	481	32	-	513	501	(12)
OH East Total	1,923	22	1,945	82	(103)	1,924	1,853	(71)
Total Funding (\$)	\$ 9,275,493.00	\$ 204,175.00	\$ 9,479,668.00	\$ 648,812.00	\$ (805,353.00)	\$ 9,323,127.00	\$ 8,840,802.00	\$ (482,325.00)

Netting policies activated:

Elective & Elective Bundled:

- Overperformance Cataract (Unilateral - Day Surgery) against underperformance Cataract (Non-Routine and Bilateral - Day Surgery)
- Overperformance Shoulder - Repair and Shoulder - Other against underperformance Knee Arthroscopy - Other Meniscus & Joint
- No ability to net Bundled Shoulder (Reverse Arthroplasty), therefore unfunded

Non-Elective

- Overperformance Chronic Obstructive Pulmonary Disease against underperformance Congestive Heart Failure

PERTH & SMITHS FALLS DISTRICT HOSPITAL
VOLUMES CONTINUITY - For the year ended March 31, 2026



Cancer Care Ontario	Opening Volumes	2025-26 Reallocations	Initial Allocation	Base Increase*	Ending Allocation	Volumes Completed	Variance
Endoscopy							
Colonoscopy	1,094	-	1,094	-	1,094	1,287	193
Gastroscopy	465	-	465	-	465	422	(43)
Colonoscopy/Gastroscopy	131	-	131	-	131	125	(6)
Sigmoidoscopy	65	-	65	-	65	75	10
FIT	120	-	120	-	120	116	(4)
FIT Admin Fee	2	-	2	-	2	-	(2)
Feeding Tube	2	-	2	-	2	2	-
Laser/Argon	9	-	9	-	9	9	-
Large Polyp Excision	5	-	5	-	5	-	(5)
Control of Bleeding (Non-Elective)	-	-	-	-	-	23	23
Endoscopy Total	1,893	-	1,893	-	1,893	2,059	166
Surgical							
QBP - Colorectal Cancer Surgery	21	(1)	20	-	20	11	(9)
QBP - Breast Cancer Surgery	34	24	58	-	58	57	(1)
QBP - GU	12	(4)	8	-	8	-	(8)
QBP - Endocrine other	-	-	-	-	-	-	-
QBP - Head/Kneck other	-	4	4	-	4	-	(4)
QBP - Soft Tissue	8	4	12	-	12	10	(2)
QBP - Gynaecology - DC	-	-	-	-	-	3	3
QBP - Gynaecology - Other	11	(11)	-	-	-	2	2
QBP - Abdominal Other	1	(1)	-	-	-	-	-
QBP - Prophylactic Oophorectomy	-	4	4	-	4	-	(4)
QBP - TURBT	-	73	73	-	73	75	2
Surgical Total	87	92	179	-	179	158	(21)
CCO QBP Total	1,980	92	2,072	-	2,072	2,217	145
Total Funding (\$)	\$ 726,723.00	\$ 192,468.00	\$ 919,191.00	\$ 110,651.00	\$ 1,029,842.00	\$ 829,281.00	\$ (200,561.00)

*2025/26 Cancer Care Ontario base increase to funded rate, no additional volumes added:

QBP - Breast (No Reconstruction) new funded rate \$3,585 per case (previous \$2,771 per case)

QBP - GU new funded rate \$9,470 per case (previous \$1,542 per case)

Increases based on adjustments to Case Mix Index (CMI**) as well as pricing (per case funded rate determined by CMI x Price)

**What is the Case Mix Index (CMI)? In an attempt to recognize differences in complexity and patient acuity between various hospitals, QBP volumes are multiplied by a hospital-specific ratio that ultimately determines total weighted cases. This ratio is also known as the Case Mix Index (CMI). For example, if a hospital was allocated 186 acute primary unilateral hip replacement volumes from their region and was given a CMI of 1.70 based on the complexity and acuity of their patients, the hospital's total weighted cases would be 316 (186 cases X 1.70 CMI). The hospital's funding would therefore be calculated by multiplying the total weighted cases by the QBP funding rate (i.e. price).

Source - Ontario Hospital Association