

Community Health Services Association (Regina) Ltd.

ANNUAL REPORT

2018/2019



Community Health Services Association (Regina) Ltd.

Our Mission

We are a health co-operative providing health, social and educational services to members and clients.

Our Values

Collaboration

Compassion

Accountability

Accessibility

Commitment to Excellence

Our Vision

Partnering co-operatively for a healthy community.

Engaging people to live healthier lives



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Message from the Board of Directors

The Regina Community Clinic's (Clinic) primary healthcare co-operative model is distinct from other healthcare models. The Clinic started out of necessity in 1962 when doctors went on strike in protest of medicare legislation. For over 50 years, our co-operative principles have guided us to serve the needs and best interests of our members and clients. Members have the opportunity to have an equal voice in our governance under the democratic principle of "one member, one vote." As we navigate the road ahead, our co-operative character must continue to shine through.

The past year was filled with opportunities and challenges for our nine Board of Directors. However, we worked with what we had and relied on our dedicated medical and administrative employees to make a difference for our clients and community members.

The Board continues to support the enhancement of our Information Technology (IT) capacity to serve our members and clients in a safe, efficient manner. We recognize cyber security is a threat all over the world and we are not immune from that threat in Regina. The Clinic receives ongoing support from our IT providers to maintain that security.

The Fetal Alcohol Spectrum Disorder (FASD) Centre is unique to the Clinic, province and country as it is rare to find diagnostic care, primary health care, services and supports, and proactive programming under one roof. The materials produced by the FASD Centre have been distributed across North America and parts of Europe and Australia. The provision of medical care to disenfranchised and vulnerable populations is part of the mandate of Canadian community clinics and healthcare co-operatives.

The Clinic supports its tripartite agreement with the Regina Open Door Society and the Saskatchewan Health Authority. Through this agreement we provide initial healthcare assessments to refugees in Regina.

I would like to thank the Directors for their time and commitment to the Clinic's Board. Specifically, I would like to acknowledge the Executive Director, Rick Kuzyk and the management staff for their assistance throughout the past year.

Collette Robertson
President



Message from the Executive Director

It has been an honour working with the Board, Medical Co-ordinator and healthcare team during my first year as Executive Director.

I love the history of the Clinic, that it was created in Saskatchewan's capital during the introduction of Medicare in 1962.

The holistic, team-based model of healthcare at the Clinic is brilliant and visionary. Patients have access to nurses, nurse practitioners and doctors. Patients can access the lab and x-ray without leaving the Clinic. The nutritionist and exercise specialist can assist patients dealing with chronic disease management and all patients dealing with diet and exercise.



Mental health therapists are available to address anxiety, depression and other issues that are losing their stigma and being talked about more openly. The patients of the Clinic are at the center of a holistic, skilled and caring team of health professionals.

The Clinic is part of the community, providing programs such as Be Body Positive, Hans Kai, Craving Change and Kids Club. The Saskatchewan Health Authority and Regina Open Door Society are long-standing partners in the Clinic's Refugee Care program. The FASD Centre partners throughout the community and beyond, providing education, resources, counselling and other supports.

Over the 2018-19 fiscal year, the Clinic has made strategic investments into IT, improving connections with electronic medical records, lab, x-ray and other technologies supported by the Ministry of Health and Saskatchewan Health Authority.

I look forward to harnessing the IT investments to better serve the healthcare needs of the patients who are at the center of the skilled, coordinated and caring team of health professionals at the Clinic.

Submitted by Rick Kuzyk
Executive Director



Message from the

Medical Co-ordinator

There have been many changes at the Clinic in the area of IT as we strive to keep up with changes in the healthcare world around us. In 2011 we began the transition to an electronic medical record (EMR). By approximately 2013 we had integration of lab results into the EMR. Our new hematology machine deposits results directly into the provincial data repository. Our x-ray machine is digital and we are working to get images electronically transmitted and stored on the provincial storage system so that specialists involved in care can access images directly. We are not yet receiving or sending consult reports electronically. These changes might sound straight forward, but these different systems were not developed to automatically “talk” to each other. There are also considerations such as security and privacy requirements. Technology changes have dramatically changed our IT infrastructure requirements.



In Saskatchewan, eHealth launched a pilot in 2017 called Citizen Health Information Portal (CHIP). One thousand volunteers were enrolled to have secure online access to their medical history including lab results, vaccine information, prescriptions and some hospital and acute care visit information. The outcomes from the pilot are still pending. This health information is available to all treating physicians through the electronic health record (EHR) viewer.

Healthcare delivery continues to be an area of innovation and change. In March 2019, the Canadian Medical Association announced that they would be working with the Royal College of Physicians and Surgeons and the College of Family Physicians of Canada to develop a plan to implement virtual care in Canada. This could improve access to primary and specialist care in our country. It is complicated and requires more technology, training and different payment models to support this in practice. I look forward to hearing recommendations from the task force. Thanks to all staff and the management team who continue to work through and adapt to changes in this evolving environment. We have a common goal of providing the best care that we can to our patients.

Robin McMaster, MD CCFP FCFP
Medical Coordinator

"Information is the lifeblood of medicine and health information technology is destined to be the circulatory system for that information." - David Blumenthal

What is a

Co-operative (Community) Clinic?

Legally the Clinic is registered as the Community Health Services Association (Regina) Ltd. It is one of four **co-operative** health centres in the province. The Saskatoon Community Clinic, Wynyard Community Health Centre and Prince Albert **Co-operative** Health Centre make up the other three clinics in Saskatchewan.

As a **co-operative**, the Clinic is member-owned and run by an elected (volunteer) Board of Directors with an Executive Director overseeing the day to day operations.

The Clinic is a not-for-profit health organization, receiving its funding through public tax revenue and charitable donations, such as the Clinic's own growth fund. A private medical clinic, for instance, is typically operated by a single owner and is profit-oriented with doctors receiving wages via "fee-for-service." The Clinic's staff physicians, on the contrary, are paid a salary and provide services based on scheduled times.

What truly makes the Clinic special is its approach to wellness. Focusing on a collaborative and holistic model that seeks to not only diagnose and prescribe treatment options, the Clinic provides a number of programs to tackle underlying issues that might be present with an emphasis on preventative health solutions. Some of the in-house healthcare programming include: Be Body Positive, Hans Kai, Kids Active Living and Cooking Class, Osteoporosis Exercise Class, Diabetic Instruction, Armchair Grocery Tour, Introduction to Fitness, various FASD support programs, a women's refugee wellness group, public education presentations and more.

Facilitating these programs and delivering our brand of comprehensive care all under one roof are doctors, nurse practitioners, nurses, clinic assistants, medical records staff, medical stenographer, receptionists, lab technicians, x-ray technicians, counsellors, nutritionists, an exercise specialist, a lifestyles attendant and more.



Electronic Health Record (EHR) or Electronic Medical Record (EMR)

A real-time patient health medical record with access to evidence-based decision support tools that can be used to aid clinicians in decision making. The EMR can automate and streamline a clinician's workflow, ensuring that all clinical information is communicated. It can also prevent delays in response that result in gaps in care. The EMR can also support the collection of data for uses other than clinical care, such as billing, quality management, outcome reporting, and public health disease surveillance and reporting.

Health Information Technology (HIT)

The application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making.

Personal Health Record (PHR)

An electronic application through which individuals can maintain and manage their health information (and that of others for whom they are authorized) in a private, secure, and confidential environment.

Personal Health Information Protection Act (PHIPA)

PHIPA provides a set of rules for the collection, use and disclosure of personal health information (Canada).

Picture Archiving and Communications System (PACS)

The Saskatchewan Picture Archiving and Communication System (PACS) is a secure system designed for authorized healthcare providers to store, retrieve and display diagnostic images.

The types of images that can be managed include:

- General x-ray
- Ultrasound
- Mammography
- CT (computed tomography)
- MRI (magnetic resonance imaging)
- Nuclear medicine
- Bone densitometry
- Angiography and Interventional Radiography (use of x-rays and contrast dyes to diagnose)

Health and Infor

The Clinic has been providing primary healthcare for fifty-seven years all under one roof, through our physicians, nurse practitioners, nurses, clinic assistants, medical staff, medical stenographer, medical records, receptionists, lab and x-ray technicians, counsellors, nutritionists, an exercise specialist, a lifestyles attendant, interpreters and more.

One can say the quality of care through the providers has remained excellent. What has changed is the emerging technology that supports our providers. We have seen medical records move from paper to electronic, changes in lab and x-ray technology and an increase in requests for data/statistical information on how we are providing services.

There is an informative paper authored by David W. Bates and Asaf Bitton (The Future of Health Technology in the Patient-Centered Medical Home) that explains improvements in EHR in the major domains: clinical decision support, registries, team care, care transitions, personal

"Change is the law of life. And those who look only



mation Technology

health records, telehealth technologies and personal health records and measurements. The authors state that the continued improvements on the gaps of the EHR will provide even greater success for patients and practitioners.

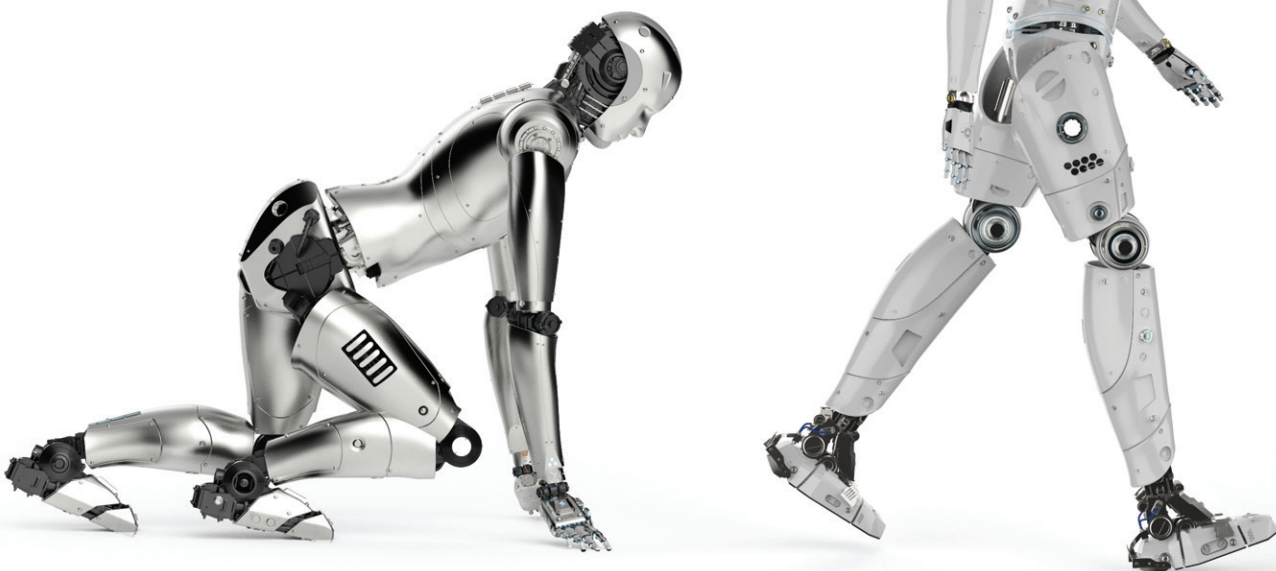
For some this “new” technology may seem daunting, but the data is supporting many improved outcomes attributable in part to improved use of health technology. Some examples include alerting providers to health maintenance needs (e.g. mammograms, next injections, next physical exam due date, chronic disease management, increase patient engagement), fewer visits to specialists and perhaps, less use of emergency departments. The technology is highly effective to track medical interventions and patient progress.

The Ministry of Health’s 2019-20 Annual Report states its strategic direction which focuses on the four provincial goals: better health, better care, better value, and better teams. The Clinic has a commitment to partnering co-operatively for a healthier community and we are comfortable in aligning to the provincial goals. Even though we are a relatively small clinic, we must keep up with the technological enhancements in the marketplace or we will be left behind.

This annual report and the annual general meeting are dedicated to sharing the clinical improvements made in 2018 – 2019. We are thankful for the financial support of the Ministry of Health and Powerland who provided the technical expertise to help the Clinic strategically invest in equipment, software and information infrastructure.

Technology is changing constantly and we endeavor to keep up with it to determine the most meaningful ways to provide healthier outcomes for our patients.

to the past or present are certain to miss the future.” John F. Kennedy





United Nations

Sustainability Goals

The United Nations in consultation with its 193 member states and global civil society developed the Sustainability and Development Goals (SDGs). As delegates of the Co-operators we were challenged to align our business goals with the SDGs.

The goals are intended to be measurable, engage membership and be health-related.

Our Board has formally committed to the following SDGs:

- *Ensure healthy lives and promote well-being for all ages.
- *Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.



References:

<https://www.ica.coop/en/media/news/co-ops-2030-approaching-300-pledges>

<https://una-gp.org/the-sustainable-development-goals-2015-2030>



Message from the Director of Finance

Marsha Tucker, CPA, CGA began at the Clinic on June 11, 2018. She plays a crucial role in the leadership team with the Executive Director, Medical Co-ordinator, Director of Operations and confidential secretary.

Marsha is responsible for “all things finance” including payroll, financial statements, budget and accounts payables/receivables. She sits on the audit committee and ensures all aspect of the Clinic’s financial policies comply with applicable legislation.

Marsha enjoys spending time with family and friends, going to movies and reading.

The Clinic is very pleased to have Marsha as a steward of the Clinic’s financial operations and values her approachable and compassionate leadership style.



"I have seen that technology has contributed to improved communication, that it's contributed to better health care, that it's contributed to better food supplies, that it has contributed to all the basic human needs." - John Warnock



Celebrating Retirement!

Phyllis Ninowski served the Clinic as a laboratory technologist for 38 years. She also served on the CUPE LOCAL 1831 as president for over 25 years. Phyllis offers the following message to the staff, patients and members:

“I came to the Clinic for a maternity leave replacement in March 1981 and have been thankful to remained at the Clinic for the past 38 years. I have been lucky to work with many of the same people through the years. We have grown older, raised children, had weddings, lost loved ones and best of all watched grandchildren enrich our lives. I truly believe the Clinic has always been a very special and welcoming healthcare site mainly due to the incredible staff that work here. I will miss the daily contact with the old and new friends and look forward to being on the other side of the desk, solely as a patient of the best clinic in Regina. Thank you for a great work life.”

Phyllis, thank you for your years of leadership and dedication to the Clinic. We wish you all the best in your well deserved retirement.



INDEPENDENT AUDITORS' REPORT ON THE SUMMARY FINANCIAL STATEMENTS

**To the Members,
Community Health Services Association (Regina) Ltd.**

Opinion

The summary financial statements, which comprise the summary statement of financial position as at March 31, 2019, the summary statements operations, changes in net assets and cash flows for the year then ended, and related notes, are derived from the audited financial statements of **Community Health Services Association (Regina) Ltd.** for the year ended March 31, 2019.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, which were prepared in accordance with Canadian accounting standards for not-for-profit organizations.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated June 5, 2019.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements based on the audited financial statements prepared in accordance with Canadian accounting standards for not-for-profit organizations.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, *Engagements to Report on Summary Financial Statements*.

June 5, 2019

Regina, Saskatchewan

VIRTUS GROUP LLP
Chartered Professional Accountants

Community Health Services Association (Regina) Limited

Summary Statement of Financial Position			
March 31, 2019 with comparative figures for 2018			
	2019		2018
Assets			
Current assets	\$	673,299	\$ 639,907
Investments		1,560,380	1,536,670
Capital assets		70,785	46,036
	\$	2,304,464	\$ 2,222,613
Liabilities and Deferred Contributions			
Accounts payable and accrued liabilities	\$	396,778	\$ 424,385
Deferred contributions - expenses of future periods		17,993	16,158
Net Assets			
Externally restricted fund - Health Funded Surplus		451,505	457,838
Invested in capital assets		70,785	46,036
General funds: Growth Fund		154,128	153,534
Sponsorship Capital *		44,661	61,370
Unrestricted reserve		1,168,614	1,063,292
	\$	2,304,464	\$ 2,222,613

*The Sponsorship Capital fund purchased Hematology machine in 2019.

Summary Statement of Operations			
Year ended March 31, 2019 with comparative figures for 2018			
	2019		2018
Revenues			
Externally restricted fund	\$	4,755,454	\$ 4,754,138
General funds*		293,594	312,432
		5,049,048	5,066,570
Expenses			
Externally restricted fund	\$	4,734,584	\$ 5,043,885
General funds*		206,841	206,554
		4,941,425	5,250,439
(Deficiency) of revenues over expenses*	\$	107,623	\$ (183,869)

* General funds includes the Growth Fund, Sponsorship Capital, unrestricted reserve, and amortization of capital assets


Summary Statement of Growth Fund Operations			
Year ended March 31, 2019 with comparative figures for 2018			
	2019		2018
Revenues	\$	13,084	\$ 11,559
Expenses		12,490	874
Excess of revenues over expenses	\$	594	\$ 10,685
Transfer to Unrestricted reserve*		-	10,308
Total Growth Fund transactions during the year	\$	594	\$ 377

*The Growth Fund transferred funds to the Unrestricted Reserve in 2018 to purchase a Vibration Trainer Machine

Note 1:

The summary financial statements are derived from the audited financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations. Management has prepared these financial statements to represent a fair summary of the audited financial statements. Detailed audited financial statements are available to members upon request.

On behalf of the Board:


Director


Director

By giving us comprehensive access to our personal medical information, digital technology can make us all agents for change, capable of pushing for the one thing that we all really care about: A medical system that focuses on our lifelong health and prioritizes prevention as much as it does treatment.

- Bill Gates, Chairman, Microsoft Corporation





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