

Lumby & District Health Services Society

Annual General Meeting

May 31, 2021
10:00 AM – 12:00 PM
Zoom Meeting

Members Present: Hank Cameron, Rick Fairbairn, Jim Frey, Nancy House, Lori Mindnich Ev Reade, Curt Reimer, Linda Vlasveld, Bob Massey, Lynne Frerichs, Wendy Sherman, Glen Mutchler, Eric Foster, Janice Foster, and Julie Pilon
15 Attending

Guests: Kimberley Hutton, Chartered Professional Accountant, Tracey Kirkman, Executive Director, Shuswap North Okanagan Division of Family Practice

Staff Present: Barbara Dyck

Regrets: Peggy Graham, Catherine Hertgers, Diana Lock, Bruce Mackie, Janice Mackie, Debbie Madden, Vince Mickey, Heather Serafin, Pat Parsons, Judy Phillips, Melanie Wenzoski, Delma Wiedeman, Norma Bouzek, Sylvia Fiset Wendy Gilbert, Jackie Hanson, Tara Lightfoot, Rosemarie Neufeld, Delores Pearson, Stephanie Royston, Andy Sherman, Mike Takahashi and Geoff Vick
22 Regrets

Welcome

Ev Reade, Chairperson LDHSS: called the Annual General Meeting of the Lumby & District Health Services Society to order on May 31, 2021 at 10:05 a.m. Ev welcomed the new members as well as the guests to the meeting. Quorum present.

Adoption of AGM Minutes and Agenda

LDHSS Raffle Draw at 11:00 a.m. added to agenda
Julie Pilon motioned to accept Minutes June 22nd seconded by Bob Massey
Nancy House motioned to accept amended agenda seconded by Curt Reimer.

Annual Chairperson's Report

Annual Chairperson Report submitted prior to meeting. Ev thanked the board and staff for all their hard work during this past year.

Financial Report – Notice to Reader ending March 31, 2021 presented by Kimberley K. Hutton, Chartered Professional Accountant

Kim Hutton said “the statement of financial position for the society as of March 31, 2021 is basically a picture of time or snapshot at a point in time, and reflects the assets, liabilities and net assets of the society. So just a couple of things that I want to bring to your attention, everything is pretty straightforward as far as the compilation of information. For the year concerned, we do see that this year there is significantly more cash than in 2020 and a good portion of that is because of the Canada Emergency Business Account loan of forty thousand dollars that came into the society's bank account just prior to the year end. So that pushed it up, and that is a special covid program that loans money to businesses and not for profits and ten thousand dollars of that is forgiven on the day when the charity receives it or the business receives it. So, you'll see down below that there's a thirty-thousand-dollar liability. That's the

portion of the loan that needs to be repaid by December 31, 2022. And in between that period of time, that loan is interest free”.

Externally restricted cash, comprised of gaming funds received just prior to the year end for the following fiscal year and what is left from the village of Lumby grant to further doctor recruitment and retention.

Capital assets are pretty much holding steady and they are very well tracked by the organization.

Accounts payable fluctuates from year to year, depending on the timing of when the invoices come and what needs to be paid at the end of the year.

Deferred revenue is money that's been received by a charity but hasn't yet been spent and is targeted for future time period. This is made up of what is available of the village LMB doctor recruitment grant and the gaming funds that will be used in next year.

Statement of operations shows how the organization did throughout the entire year. And where their revenues and expenses came from. It was a pretty decent year for the organization, but revenue ended up coming from different sources this year. The big one is government grants and subsidies. That's made up of the ten-thousand-dollar loan forgiveness for the Canada Emergency Business Account Loan and about fifteen thousand dollars of Canadian emergency wage subsidies that the organization was able to get back. Those in general replace things like the fundraising and made up for some of the decrease in revenues in other places. In addition, this year, Dr. Hunsberger, worked as a locum, and his locum fees came in under revenues. Comparing 2020 to 2021, it was from a revenue perspective, a really good year. Society is up probably thirty-five thousand dollars from 2020. Kim said that “this is not a year that we want to use as a benchmark because there were so many different things that took place over the year”. Expenses are consistent with the prior year, which is always a good thing. Consistency is great, especially when you're talking about expenses for a not for profit, because it means that you can budget very well. There was a five thousand dollar use of the village of Lumby Grant or doctor recruitment and retention expenses to support Dr. Sugimoto moving expenses. It was a pretty consistent year; we see that there is an excess of revenue over expenditures of twenty-three thousand and we can pretty much say most of that was due to government subsidies and grants.

Statement of changes in net assets shows which fund the expenses flow through. A capital asset fund is basically your purchase of capital assets, less your amortization for the year. Internally restricted funds, shows money that has been set aside by your board for the maintenance and replacement of the x ray facilities, and every year there's repairs and maintenance for the x ray machine, and that comes off of that amount. And then you have unrestricted, which is basically everything else. And that unrestricted pool can be spent in any way that the society deems that they want to spend it.

Ev Reade Society has done much better than we expected to do this year. Kudos to the Finance Committee for being very diligent. Thank you to Kim for her accounting expertise and presenting the Notice to Reader.

Linda Vlasveld motion to accept Notice to Reader as presented seconded by Laurie Mindnich. **CARRIED**

Elections: Linda Vlasveld reviewed the composition of the Board.

The following directors have completed their terms and resigned in good standing

- Jim Frey
- Curt Reimer
- Stephanie Royston

The following directors have completed their 2- year term and have agreed to let their name stand for re-election

- Ev Reade
- Linda Vlasveld

The following directors have completed year one of their two-year appointment.

- Nancy House
- Bob Massey
- Lynn Frerichs

The nominations committee is recommending the appointment of the following individuals to a two-year director position.

- Glen Mutchler
- Wendy Sherman
- Eric Foster

Linda Vlasveld asked if there was any further discussion on the board nominations. There was none. Linda Vlasveld motion that the board composition be accepted as presented. All in favour.

Name	Position	Term	Start Date	Expiry Date
Rick Fairbairn	Liaison (Area D) NORD Rep	Appointed annually		
Hank Cameron	Liaison (Area E) NORD Rep	Appointed annually		
Heather Serafin	Liaison (Health Professional)	Appointed annually		
Lori Mindnich	Liaison (Village of Lumby)	Appointed annually		
Geoff Vick	Liaison (Lumby Paramedics)	Appointed annually		
Ev Reade	Director	2 Year Term	May 31, 2021	2023 AGM
Linda Vlasveld	Director	2 Year Term	May 31, 2021	2023 AGM
Glen Mutchler	Director	2 Year Term	May 31, 2021	2023 AGM
Wendy Sherman	Director	2 Year Term	May 31, 2021	2023 AGM

Eric Foster	Director	2 Year Term	May 31, 2021	2023 AGM
Nancy House	Director	2 Year Term	June 22, 2020	2022 AGM
Lynne Frerichs	Director	2 Year Term	June 22, 2020	2022 AGM
Allen Robert Massey	Director	2 Year Term	June 22, 2020	2022 AGM

Officer Elections of the 2021-2022 LDHSS Board Executive held at the Annual General Meeting May 31, 2021:

Position	Nominated	Nominated by	Elected
Secretary	Lynne Frerichs	Eric Foster	Lynne Frerichs
Treasurer	Glen Mutchler	Linda Vlasveld	Glen Mutchler

Cheque Signing Authorization:

1. Ev Reade, Chairperson
2. Nancy House, Director
3. Glen Mutchler, Director
4. Barbara Dyck, Executive Director

Remove Curt Reimer from cheque signing authorization

Tracey Kirkman, Executive Director, South North Okanagan Division of Family Practice

Gave a brief overview of what is called primary care networks and very specifically how it's effects Lumby. Decision has been made to get a nurse practitioner for Lumby. My name is Tracy Kirkman and I have the absolute honor and privilege of working with family physicians in the Shuswap Okanagan. Geographic boundary stretches from Lumby to Vernon into the Armstrong and Sorento. Their agenda first and foremost is keeping family physicians engaged, but to try and extend it to helping to support the conversation at a local level for communities to improve their well-being.

The ministry wanted communities to look at the primary care networks. They wanted us to look at urgent primary care centers, the acronym being a UPC, and those were traditionally or traditionally urban based. So the bigger centres were given funding for an urgent primary care center. There was a very arbitrary cut off point around how big your community had to be. Lumby, being rural, did not qualify for an urgent primary care center. Vernon did. And the other piece was Community Health Centers. You guys are a community health center, but you are funded through a lot of fundraising. The ministry did want to acknowledge that they wanted to have a more of a coordinated effort and more of a supportive role in creating these community health care centers. They've officially announced one per community, a one per health authority, and Lake Country was awarded the Community Health Center for our Interior Health. Whether that's going to change and they have more community health centers, that remains to be seen.

Essentially a primary care network is a geographical area where you have patients, physicians and health care providers. And within that PCN, you establish what we call a patient medical home. A PCN, a primary care network, is a partnership between the Division of Family Practice, the health authority locally, as well as your First Nations health authority to provide better health care. The first and foremost goal of creating primary networks is this word attachment and

attachment means every patient who wants a physician or nurse practitioner has access to one, and that you attach to that physician, that practitioner and that patient medical home that you have somewhere to go for your care. The goal is attachment. And that is the number one criteria that we have to give feedback to the ministry on a monthly basis. We've got very stringent targets to reach. So first and foremost is attachment. Then the second one is extended hours. And this is an area where in all of the seven communities that I mentioned that we work within in our geographic area, have very limited extended hours.

Nurse Practitioner: A diagram of a patient's medical home could be where you have your doctors working and they've got their own panels and you have the nurse practitioner come in. Do Lumby physicians want to work in this model where essentially the nurse practitioner has her own panel of patients and there's no sharing of patients, or do they want to work in a model like where together they agree on the panel for the clinic and is going to be X and there's a sharing of patients. Example "If I can't get into Dr. Mohler, I will be seen by the nurse practitioner and vice versa". The nurse practitioner is my physician and I can't get into the nurse practitioner. Can I have an appointment with the other doctors? So that is some of the conversation that will happen between Lumby physicians. Your new practitioner, Dr. Sugimoto is there with the patient panel in a model like this, or do they want to work in these kinds of models, which is a bit of more of a sharing? Typically, the expectation of a nurse practitioner is that a nurse practitioner will attach 800 patients, a physician attaches one thousand two hundred patients. So the nurse practitioner that will be coming to Lumby, it will be an expectation that over the course of a year. They don't expect that nurse practitioner to attach that amount of patients overnight. But by the end of these goals, the first year you've got to have X amount. And then at the end of the term, you've got to meet your panel requirements. that is one of the data sets that we will be providing the ministries is what is that attachment looking like?

The Lumby letter for a Nurse Practitioner was presented and approved for early funding. The next steps for Lumby specifically will be the ministry has the request. And we're probably going to be working together, not together with, but they'll be doing the work together with Sorento because it's an exact same request. Get a nurse practitioner in there to support what's already there and let's get moving on it. My hope is we'll hear back sooner rather than later. Start a conversation with Dr. Sugimoto and Dr. Barss and then start making sure your space ready so that if the ministry suddenly says, hey, bingo, here you go. We find a nurse practitioner. You need to make sure your space is ready for a practitioner and let's not let that be a stumbling block. Ministry funding is guaranteed for three years. Need to have clinical discussion with Lumby physicians about emergency care. The intent of this nurse practitioner is not to be there for the person who needs a stitch. Lumby Health Centre has to make sure they meet their targets. Contract is held with by the primary care network. Contract and the funding will be with the primary care network and Nurse Practitioner will report to the primary care network manager who hasn't been hired yet.

Raffle Winner of \$1500 Tire Certificate

Maryann Druskin Linda Valsveld will contact her and arrange for a picture.

Board Orientation by Ev Reade to new members Nancy House motioned to adjourn meeting 12:10 p.m.

Attachments: 2021-03-31 Agenda
2020-06-22 Annual General Minutes
2020-2021 Notice to Reader

Minutes approved by

Ev Reade, Chairperson

Minutes approved by

Lynne Frerichs, Secretary