Gabriola Health Care Foundation

2013 Annual General Meeting



G Agenda - GHCF

- Chair: Jill Adamson
- Secretary: Nancy Hetherington Peirce
- Call to order
- Information Quorum, Rules of Order, Voting procedures
- Adoption of agenda
- Adoption of minutes of 2012 AGM
- Reports
 - President's report Jill Adamson
 - Building committee Konrad Mauch
 - Recruiting committee Nancy Rowan
 - Programmes committee Dave Innell
 - Financial report Harvey Graham
- Nominations committee Chuck Connor
- Adjournment

GABRIOLA HEALTH CARE FOUNDATION (GHCF)

- October 10th 2012 -- 7:30 PM, The Rollo Theatre, Gabriola Island
- DRAFT Minutes of the 2012 Annual General Meeting
- Names of the 21 attendees are attached to these minutes in the GHCF Minute Book
- Chair: Jill Adamson
- Secretary: Judith Madsen

1.0 Call to Order

• Jill Adamson, called the meeting to order at 7:30 p.m.

2.0 Information

- 2.1 Quorum: A quorum of GHCF members was present
- 2.2 Rules of Order: Jill suggested that the meeting procedures follow Robert's Rules of Order.
- The members agreed informally.
- 2.3 Voting procedure: Jill reviewed the regulations in the GHCF by-laws each member present at a members' meeting has one vote, voting is by show of hands unless a private written ballot is requested, and there are no proxy votes. To change the Rules of the Organization there must be a minimum of 75% approval of the members present.

3.0 Adoption of the Agenda

- 3.1 MOTION: M/S Mike Phillips/ John Peirce That the agenda be adopted as presented.
- CARRIED

5.0 Presidents Report:

• Jill Adamson, Vice-President, presented the 2011/2012 report. A copy is attached to these minutes in the GHCF Minute Book.

• Jill congratulated everyone, as we have built an amazing Community Health Care Centre.

• August 5th 2012 Opening and Ribbon Ceremony set a benchmark for community participation where the volunteer labour was completed for the Doctors to take occupancy June 10th 2012, just 10 months from the start of construction. Finalizing construction for the first floor, designed from the outset for sustainability by partnering with health related businesses, is now underway. Landscaping continues and volunteers are invited to contact Mike Phillips.

• With the Foundation's main purpose of a health centre for the doctors completed, the GHCF board is asking you, the members, to add to the purposes of the Foundation, to expand to pursue Community Health Care opportunities. Resolution #1, later in the agenda. Thank you to all of you who donated the \$1.4 million to build the centre. Future donations will go to funds to maintain, improve and equip the Urgent Care Room, etc. The design and names on the Donor Wall, the Volunteer Wall and Rooms will be one of the first priorities of the new Board.

6.0 Treasurer's Report:

• Harvey Graham, Treasurer, presented the financial chart overview for 2011&2012, showing the Funds for the GHCF. These included charts for the Balance Sheet -Assets; Balance sheet Liabilities & Equity, and Source of Donations & Pledges. A copy is attached to these minutes in the GHCF Minute Book.

7.0 Building Committee Report

- Chuck Connor, Building Committee Chair, presented the Building Committee Report. A copy is attached to these minutes in the GHCF Minute Book.
- Chuck noted that our preliminary design and cost structure was \$1,383,229.00 (\$1.4 to make it simple) and the actual cost came in at \$1,165,787 with \$217,442 under budget. Construction Estimate chart is attached in the Minutes book.
- The 1st Floor which will be going to completion is costed at \$207,336. So funds left will be \$10,106. Chuck said there is a 20% contingency fund built into this phase of the construction also. There were no corners cut, and the quality was always the best. Estimated volunteer labour could be equated with the cost of the materials. Amazingly talented people came forward such as just recently, two people volunteered to set up the automated night landing lights on the helicopter pad and a system where the incoming pilot can trigger the lights to turn on 15 km out.

8.0 Health Centre Management Committee -

- Konrad Mauch (chair), Chuck Connor, Harvey Graham, Earl Miller, Mike Phillips,
- Inge Fretheim.
- Chuck Connor, presented the mandate of the Health Centre Management to meet Foundation goals regarding urgent care services, integration of health care services and financial sustainability of the Centre. These are;
- 1. Prepare the annual budget
- 2. Building Management, operation and maintenance costs.
- 3. Manage tenant relationships
- 4. Manage relationships with physicians to maintain and, if possible, improve the quality of urgent care services.
- See attached report to the 2012 minute book.
- 8.1. Questions from the Floor
- A member asked about landing usage for the Helicopter Pad.
- Chuck said the Fire Hall has been restricted in using their Helicopter landing site as both would be in the same flight path. We will look at any emergency service requests such as the Police or Coast Guard usage and that is why the area will have lights on approach.

9.0 Special Resolutions:

• 9.1 SPECIAL RESOLUTION #1

Resolved that Section 2 of the Constitution of the Gabriola Health Care Foundation, (the "purposes" clause) be repealed and replaced with the following:

"2. The purpose of the Foundation is to improve the primary health care services for the residents of and visitors to Gabriola Island, B.C. by:

(a) identifying the health care needs of those residents and visitors;

(b)working alone or in partnership with any qualified donees, as defined in subsection 149.1 of the income Tax Act (Canada), or with any Canadian government body to develop and/or deliver programs to address those needs;

(c) providing medical facilities and/or medical equipment to be used for the benefit of residents of and visitors to Gabriola Island and

(d) gifting funds to qualified donees, as defined in subsection 149.1(1) of the income Tax Act (Canada)."

• 9.2 Questions from the Floor

A member asked if these programs would work collaboratively or would this become another non-profit organization. From the floor, Nancy Rowan said that any group can do a needs assessment, and once needs are identified they may choose to take on a project with themselves or with another group. There is a Health Care Forum October 20th

• 2012 coming up which is the second one that GHCF has initiated and we will see what recommendations evolve. Nancy Nevison said as a tax beneficiary with Revenue Canada, when the GHC Foundation takes on more of a role with health programs this broadens their charitable role from simply landlord.

• MOTION FOR SPECIAL RESOLUTION #1; Lawrence Spero/ Harvey Graham CARRIED 100%

- 9.3 SPECIAL RESOLUTION #2:
- Section 25 of the by-laws currently provides for:

-up to three representative directors appointed by their respective groups, and -a minimum of five and up to a maximum of eleven elected directors elected by the members of the society.

• This resolution would repeal the 3 representative directors from the Lions, Ambulance and the Doctors. Jill Adamson thanked them for their thoughtful participation during the conception and building of the Medical Centre.

Resolved that the provision for "representative" or appointed directors be removed from the Bylaws of the Gabriola Health Care Foundation by:

(a) repealing section 25 of the bylaws and replacing it with the following:

"There shall be a minimum of five and a maximum of eleven directors."

(b) by making all other changes to the bylaws as are necessary to remove all references to "elected" and "representative" directors.

- MOTION FOR SPECIAL RESOLUTION #2; Mike Phillips/ Dave Innell
- CARRIED 100%

9.4 SPECIAL RESOLUTION #3:

Resolved that Section 39 of the by-laws of the Gabriola Health Care Foundation (the Section dealing with the election of Directors) be amended by removing the words "shall be elected for a term of three years" and replacing them with the words "shall be elected to hold office until, at a maximum, the third following Annual General Meeting of the society."

- MOTION FOR SPECIAL RESOLUTION #3: Harvey Graham/ Mike Phillips
- CARRIED 100%

10.0 NOMINATING COMMITTEE:

- Nominating Committee was Lawrence Spero, Inge Fretheim, Rufus Churcher.
- Lawrence Spero advised that Don Butt, Dallas Smith, Inge Fretheim would be retiring and that Jill Adamson, Rufus Churcher, Judith Madsen, Judith Graham, Brenda Fowler and Konrad Mauch would continue on the board within their elected terms.
- The nominating committee advised that two current board members, Harvey Graham and Mike Phillips be re-nominated to serve until 2014 and that Dave Innell and Nancy Rowan be nominated to sit on the GHC Foundation board to2014. This makes a board of 10 members.
- There being no other nominations the nominated members were elected by acclimation.

8:16 Pm Adjourned Rufus Churcher



Jill Adamson

G President's report













G Physician Recruitment and Retention

Nancy Rowan

G Physician Recruitment Challenges and Strengths

Challenges:

- Shortage of Family Physicians nationwide and strong completion within the Vancouver and Gulf Islands Region (46 postings)
- Spousal employment
- Ferry dependent community
- Urgent care and on call requirement (over 30 emergences treated per month)

G Physician Recruitment Challenges and Strengths Cont'd

Strengths:

- New state of the art health care facility
- 2 dedicated and highly competent physicians with full time practice at the Health Centre
- Proximity to Nanaimo
- Vibrant and active community supports a variety of lifestyles
- Strong and results oriented Health Care Foundation Board supported by the community

G Recruitment and Retention Plan Goals

- Facilitate and support the recruitment and retention of a minimum of 4 physician FTE's (and their families) to improve accessibility to physician office visits and urgent care services.
- Maximize the opportunity to retain existing physicians by supporting mutually compatible practice, work life, family goals.

G Recruitment and Retention Plan Objectives

- Facilitate recruitment of 2 new physicians to the clinic
- Assist with the integration of new physicians into the community
- Facilitate retention of current physicians providing a supportive work environment
- Maintain community support for physicians practicing on Gabriola

G Recruitment and Retention Plan Objectives Cont'd

- Liaise with local physicians, the Province, Rural Coordination Center of BC, VIHA and BCMA to maximize the utilization of rural incentives offered under the Rural Subsidiary Agreement for Physician in Rural Practice (RSA) and other possible avenues
- Advocate on behalf of local physicians for policy reform at a provincial or Health Authority levels as indicated
- Promote careers in rural medicine

G Recruitment Actions

- Wide spread advertizing including national and provincial physician journals
- Updating and distribution of a physician recruitment brochure including 700 copies to participants in the National Conference of Rural and Remote Physicians
- Letters and brochures to Medical Faculties with Medical Residency Programs within Canada

G Recruitment Actions

- Close working relationship with Drs Bosman and Thorne in finding the "right" candidate to join the practice
- Close working relationship with physician recruitment staff at VIHA
- Hosting prospective physicians and their families to highlight the strengths and opportunities within the practice and community at large.
- Ongoing liaison with prospective physicians
- Providing accommodation for medical students and locums

G Results

- Several prospective physician candidates have visited and indicated an interest in either establishing a practice at the Health Centre or providing locum services
- Some have chosen to locate elsewhere
- Two have expressed sincere interest in practicing here (one full time and one locum)
- Work will continue to help secure these candidates

G In Appreciation

 Dr Bosman joined the Gabriola Medical Clinic in June 2007 and he has continued to provide excellent and comprehensive family medicine, chronic care and complex disease management and emergency services to Gabriolans' - often as the only physician on the island providing on call services. His dedication to the community and to his patients has never wavered and he does this with compassion and humour. His experience in emergency medicine is a huge asset to Gabriolans and his skills have saved lives.

G In Appreciation Cont'd

 Dr Tracey Thorne joined the practice in March 2009. Her youth, her intelligence and her medical knowledge and style of practice makes her a perfect colleague for Dr Bosman. The two of them work well together and respect each other and often confer on a difficult diagnosis. They have an excellent working relationship not only with each other but with their staff. This relationship goes a long way in attracting and retaining another physician(s).

G In Summary

- The combination of our physicians, their practice relationship, the new Community Health Centre and the support the board receives from the community are significant assets in attracting new physician(s).
- We are optimistic that the vision that Dr. Bosman and the founders of the Gabriola Health Care Society and Foundation had in establishing the Centre will be realized with a year.



Dave Innell

G Building Management committee

Konrad Mauch

G Building Management Committee

Mandate:

- Manage the operation of the Health Centre to meet Foundation goals;
- Prepare an annual budget including operating and maintenance costs, capital expenditures, allocation for reserves, and expected income;
- Provide building management, operation, and maintenance services - either through volunteers or contracted providers;
- Manage relationship with tenants; and
- Manage relationship with physicians.

Committee members:

 Konrad Mauch (chair), Chuck Connor, Harvey Graham, Earl Miller & Mike Phillips

G Progress since last AGM

New Tenants

- Lifelabs moved in as our first lower floor tenant on schedule in February. We have signed a 5 year lease.
- We have signed a 5 year lease with VIHA to provide space on the lower level for their Gabriola Home and Community Care offices. We expect them to move in by July 1.

Building completion

- GHCF volunteers completed the common waiting area and new public entrance that is used by our lower floor tenants.
- Remedial work on the water storage and treatment system is almost complete.
- With a big burst of Spring activity by our volunteers, our landscaping is almost complete.

G 2013 Operating Budget

Operating Budget

- 2013 operating expenses estimated to be \$58,500 (compared to \$25,300 for 7 months in 2012)
- 2013 operating revenues (rent) estimated to be \$39,000
- 2014 and future year operating revenues are expected to exceed operating costs as we get full year rent from all tenants and add further tenants
- The GHCF has sufficient reserves to cover the 2013 operating deficit

G 2013 Plans and Objectives

Complete Lower Floor

- Finish VIHA Home and Community Care space
- Finish GHCF common areas (Meeting Room, Office, etc.)
- Rough-in remaining Tenant (rentable) space
- Should be complete by July

• Secure Tenant for remaining lower floor space

- Approximately 300 sq. ft. of high quality space available
- Suitable for a range of health care related practices and businesses

• Manage the Building

- Arrange for ongoing routine maintenance and service
- Deal with tenant issues as they arise
- Keep up the excellent displays of Gabriola art (thanks to our curators and Gabriola artists!)



Chuck Connor

G Construction estimate

Original estimate excluding 1 st floor finishing	\$ 1,384,353
Final estimate to complete	(1,179,502)
Under run	\$ 204,851
Completion of First floor	
Balance of budget (above)	\$ 204,851
Add funding from VIHA	27,000
Available funds	231,851
Less amount spent on first floor to date	(87,851)
Estimated amount to complete first floor	(112,960)
Final project under run	\$ 31,040



Harvey Graham

G Statement Of Cash Flows

Highlights Unaudited	Building fund	Medical Equipment Fund	Kitty Heller Health Care Prog. Fund	Operating fund	Total 2012	Total 2011
Donation of land	\$ 470,000				470,000	0
Other donations	389,262	9,000	50,000	8,829	457,091	569,254
Interest income				5,843	5,843	6,846
Operations				(23,722)	(23,722)	1,498
Sale of capital assets		3,500			3,500	0
Net change in receivables & payables	(5,308)	(619)		25,071	18,948	145,397
Total	853,954	11,881	50,000	16,021	932,052	722,995
Add. to capital assets	(1,091,784)	(29,164)			(1,120,948)	(571,043)
Net cash flow for year	(237,830)	(17,283)	50,000	16,021	(189,092)	151,952
Cash, beginning of year	604,097	30,384		28,924	663,405	511,455
Cash, end of year	\$ 366,267	13,101	50,000	44,945	474,313	663,407

G Statement of Financial Position

Highlights Unaudited	Building fund	Medical Equipment Fund	Kitty Heller Health Care Prog. Fund	Operating fund	Total 2012	Total 2011
Cash	\$ 366,267	13,101	50,000	\$ 44,945	474,313	663,405
Other current assets	27,824			2,368	30,192	199,747
Building and equipment	998,387	25,318			1,013,705	582,441
Land and improvements	639,664				639,664	
Total assets	\$ 2,022,142	38,419	50,000	\$ 47,313	2,157,874	1,445,692
Accounts payable and accrued liabilities	\$ 19,979			\$ 27,191	47,170	196,692
Deferred contributions	1,531,163	38,419	50,000		1,620,582	1,214,564
Total	1,552,142	38,419	50,000	27,191	1,667,752	1,411,256
Add operating fund	470,000			20,122	490,122	34,436
Total	\$ 2,022,142	38,419	50,000	\$ 47,313	2,157,874	1,445,692



Chuck Connor, Chair Dave Innell Lawrence Spero

G GHCF Election of Directors

Thank you!

Retired – Thank you!

- Jill Adamson
- Rufus Churcher
- Brenda Fowler
- Judith Graham
- Judith Madsen
- Konrad Mauch

Continuing to 2014:

- Harvey Graham
- Dave Innell
- Mike Phillips
- Nancy Rowan

2013 Nominations

For two years to 2015:

- Chuck Connor
- Paul Champion

For three years to 2016:

- Judy Rogers
- Margaret Litt
- Nancy Hetherington Peirce

Gabriola Health Care Foundation

Thank you for coming!

