Home is where the health is.

2016 Annual Report

Primary Care Network
EDMONTON SOUTHSIDE

“Our patients are at the centre of care.”

Contents

Primary Care Networks are a made-in-Alberta approach to improving access to and better coordination of care for patients across the province.

Edmonton Southside Primary Care Network (PCN) consists of a multidisciplinary team of more than 109 PCN staff and 252 family physicians practicing at over 74 member clinics. Our priority is the health and overall wellness of our patients.

Our team of healthcare providers each play a specific, yet shared, role in improving, coordinating and delivering primary health services. Our clinical teams are composed of nurses, nurse practitioners, social workers, behavioural health consultants, dietitians, respiratory therapists and exercise specialists.

We provide services to the entire population but focus on patients dealing with complex and chronic health issues such as diabetes, mental health and obesity. Our multidisciplinary teams target specific and multiple health problems to provide team-based primary care, working with our community to achieve the best health for all.

Jerick & Bernadette Masinsin looked for a family doctor where their family of four could feel at home.


Kimwipes

Message from the Board

There comes a time in every organization's history when change is inevitable. Change can be positive — it can challenge you to examine the direction you are heading or take steps for improvement. Change can happen by choice or by external forces guiding an organization on a different and better path.

This past year Edmonton Southside PCN faced many challenges and one in particular had the board look closely at some of the organization's key operations. Alberta Health (AH) withheld $2.3 million in PCN grant funding in order to reduce the PCN's accumulated surplus. As an organization, we had all contingencies in place through the business plan to deal with the uncertainties. We had difficult decisions to make in response so as not to interrupt services to patients nor reduce staff from the multidisciplinary teams (MDT). The timing of AH's announcement compounded the challenge as we were nearing the end of a two-year project to relocate the PCN to a new office and had committed to a lease and development costs for the new space. This space, which is about 16,000 square feet, was integral to support the growth that our PCN has been experiencing for the previous five years.

In order to absorb the shortfall in funding, the PCN took a conservative approach to annual expenses. We eliminated programs that supported MDT equipment in clinics and clinic renovations and suspended all PCN Evolution projects, such as hiring more panel management assistants.

As an organization, we are proud to say that we managed through this difficult year and are in a very healthy financial position at year end. The PCN successfully moved into its new office space on budget and on time and we are beginning the new fiscal year with plans to recruit more panel management assistants.

The PCN modified our after hours care policy in keeping with the requirement to provide appropriate 24-hour, seven-day-per week access to primary care services. We revised our policy to ensure that member physicians are compliant with the Alberta College of Physicians and Surgeons' standard for continuity of care. They must work with a MDT member in their clinic to be eligible for participation under this policy. These changes are consistent with the PCN's stated priorities and the ideals of the medical home.

Besides developing a strong model for a medical home, Edmonton Southside finalized a Physician-PCN Compact that defines expectations between the two parties. The document supports the business plan with a reciprocal agreement of member physicians and the PCN's interdependence. It acknowledges the physicians are the PCN and the PCN is a resource for their practice.

As a PCN, we strive for achievements and successes yearly. We celebrated reaching the platinum level for the 2016 Aon Best Small & Medium Employers in Canada. This is the third year in a row that we have received the BSME award and the first time that our organization was recognized with the platinum status.

Improvement requires change. With any changes that the PCN encounters, we are able to respond to these challenges and make

improvements to our organization. The PCN has had to constantly evolve over the years and with each transformation, we're confident to say as a board that we are delivering one of the best primary care services in the province.

Denise Campbell-Scherer, MD, PhD
Board Co-Chair

Irene Colliton, MD
Board Co-Chair

Front Row (Left-to-right): Michael Yan, MD [4], Irene Colliton, MD, (Co-Chair) [4], Glenna Ramsay, MD [3], Mahmood Nizam, MD [4];

Back Row (Left-to-right): Helen Cuddihy, MD [2], David Cox, PhD [1, 3], Mark Antoniuk, MD [1], Richard Hanelt, MD, Denise Campbell-Scherer, MD, PhD, (Co-Chair), Allison Theman, MD;

Missing: Alex McPherson, MD, PhD, Brian McPeak, MD [1]; **Not shown:** Alberta Health Services Governance representatives Stephanie Donaldson and Sean DeWitt.

Board committees: 1. Finance and Audit / 2. Governance / 3. HR and Compensation / 4. Nomination

Message from the GM

We've been working with our physicians to help improve the lives of our patients since we were established in 2005. This journey requires that we introduce and evaluate new approaches to care delivery. Our goal is improvement and improvement requires transformation. We continued on our journey this year and saw the progression from adjustments made in prior years.

Mental health and geriatric care were traditionally referral-based services delivered primarily from the PCN office. Both services moved to our member clinics in keeping with the team-based delivery of care in a medical home. Our behavioural health consultants (BHC) became part of the clinic team in 2013 and this year we are pleased to report significant progress in patient access to mental health services in response to this shift. Our BHCs were able to see 34 percent more patients and accommodate 56 percent more patient visits over the previous delivery model. Equally important, patients seeing our BHCs report improved quality of life scores and a lessening of their depression. Our healthy aging team followed the BHCs into the clinics this year and will provide specialized care to seniors in the practices including making home visits with this population when necessary.

Our group programming, offered as an extension of the medical home's team-based care, also was improved this year. We revamped our intake process to improve attendance and program completion rates. Changeways™, a program for individuals with mild to moderate depression, often suffered from a significant drop in attendance over the six-week course. We introduced a simple information session for participants prior to program registration. This small refinement made a huge difference – between 53 and 84 percent of participants completed the workshop compared to nine to 68 percent who did not have an information session.

Another big step was the introduction of panel management assistants (PMA) at some clinics. PMAs have the responsibility for helping member physicians identify and support their patient population including proactive screening, data management and reporting. This was our first full year with PMAs in place and we have seen dramatic improvements in screening rates at participating practices. We plan to expand this role in the coming years.

These changes are just a few examples of our ongoing efforts to improve our services to provide the best care possible to our patients.

We are making these advancements in a dynamic environment that is changing around us. Our membership continues to increase. We added 21 physicians from eight clinics. Health policy continues to raise expectations for measurement and evaluation, and the clinical demands on primary care grow with the increasing prevalence of chronic disease among us.

At Edmonton Southside, we're always willing to change to make an improvement when it will get us closer to a medical home for our patients.

Doug Craig,
General Manager

“A successful year of delivering services.”

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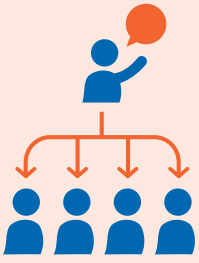

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A health home is a shift in the way we think about the care that a patient receives.

Since our establishment in 2005, we have been building towards creating health homes, also known as medical homes, for our patients.

A health home is a shift in the way we think about care that a patient receives. The focus is on how we deliver team-based care that is patient-centred. Within this team is the patient's family doctor who ensures there is continuity of care.

Edmonton Southside has been practicing this type of care and in the last year, has been evolving to include evaluation and improving the quality of care through panel management.

What is at the core of a health home is building relationships between the patient, the family doctor and the health team members. Panel management takes this relationship to the next level by examining what services specific patients need in their health home.

1. Patient-Centred Care
2. Personal Family Physician
3. Team-Based Care
4. Timely Access
5. Comprehensive Care
6. Continuity Of Care
7. Electronic Medical Records
8. Education, Training & Research
9. Evaluation & Quality Improvement
10. Internal & External Supports

"For a place where we already feel at home, having those extras and to know that there are other resources available, obviously that's where we'll be going."

Above: Masinsin family, patients of Dr. Emily Almaden-Camcho at Dx Medical Centres Millbourne; **On left:** Ayumi (baby) Masinsin

"We feel so lucky to be part of this clinic. It's a big bonus to have PCN services," says Jerick Masinsin. "I used to go to a walk-in clinic and sometimes, I would wait for two or three hours. Then I really started thinking about getting a family doctor. I wanted someone to know us as a family. If we are sick and need our doctor right away, they see us instead of having to go to the hospital or the emergency room," says Bernadette Masinsin.

Jerick and Bernadette Masinsin looked for a family doctor where their family of four could feel at home. When they connected with Dr. Emily Almaden-Camacho at Dx Medical Centres Millbourne two years ago, they found it was easy to develop a relationship with her. They were pleased to learn that the clinic is part of Edmonton Southside PCN and how it offers an array of services to patients.

"This clinic is my second home. They are so nice to me and treat me like I belong to them. If I have any problem, I go to the clinic to see my doctor and they are always there to help me."

Mercy Odusote has had two strokes before the age of 75. She admits to being careless with monitoring her hypertension but thanks to Dr. Bing Li and his health team at Good Samaritan, she is feeling better about herself.

With help from the Healthy Aging social worker at the clinic, Mercy received assistance for her immigration paperwork, arranging special transportation and support for her housing needs.

Mercy Odusote, patient of Dr. Bing Li at Good Samaritan Seniors' Clinic.

"I have Dr. Hamilton on a pedestal because he is so thorough. He follows my health records very carefully. Not only that, he's interested in my health."

Henry Schroder, patient of Dr. Michael Hamilton at Bonnie Doon Medical Clinic.

"Without a family doctor, you can get into trouble. You can get into something that would hurt your vitals in one way or another. I have Dr. Hamilton on a pedestal because he is so thorough. He follows my health records very carefully. Not only that, he's interested in my health."

At 97, Henry Schroder has very few health problems. He credits his positive and stress-free outlook on life as the key to remaining healthy. He lives in his own home, still drives during the day and belongs to a walking group.

Dr. Michael Hamilton, his family doctor, had Marcy Figas, a PCN Healthy Aging nurse visit Henry in his home to do an assessment of his environment and answer any questions he had about his health. Marcy found that Henry is quite active for his age and still builds and flies his own airplanes.

Edmonton Southside PCN's patient population is based on the number of physicians who belong to the primary care network.

More clinics focusing on medical homes

The numbers for 2015-16 reflect patient encounters under a medical home model. The PCN's increasing population indicates an increase in physician membership and a growing number of practices that are developing a medical home. These medical homes are supported by teams of nurse practitioners, nurses, behavioural health consultants, social workers, dietitians, respiratory therapists and exercise specialists.

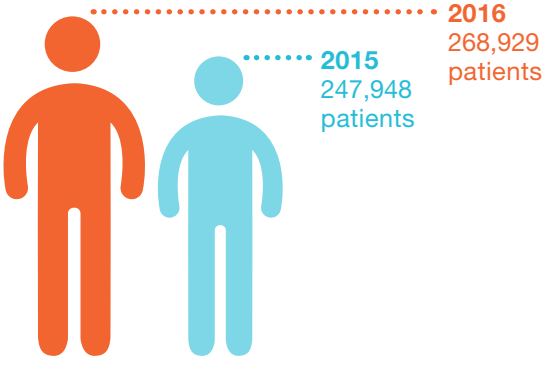
PCN extends to the community

The Community Council assists the PCN by providing the important perspective of the patients we serve. This 12-member council has chosen to focus on seniors' issues, particularly transportation.

Subsequent meetings have seen the council drilling down further into factors that influence seniors' health care needs. The current focus is on creating program resource awareness for seniors, their families and health care agencies, and leveling the playing field of health care accessibility.

While seniors' health needs were the first to be examined, the council will be expanding its framework and begin to focus on the health needs of other community groupings.

2016 Patient Population (8% Growth)



Total patient encounters for fiscal year

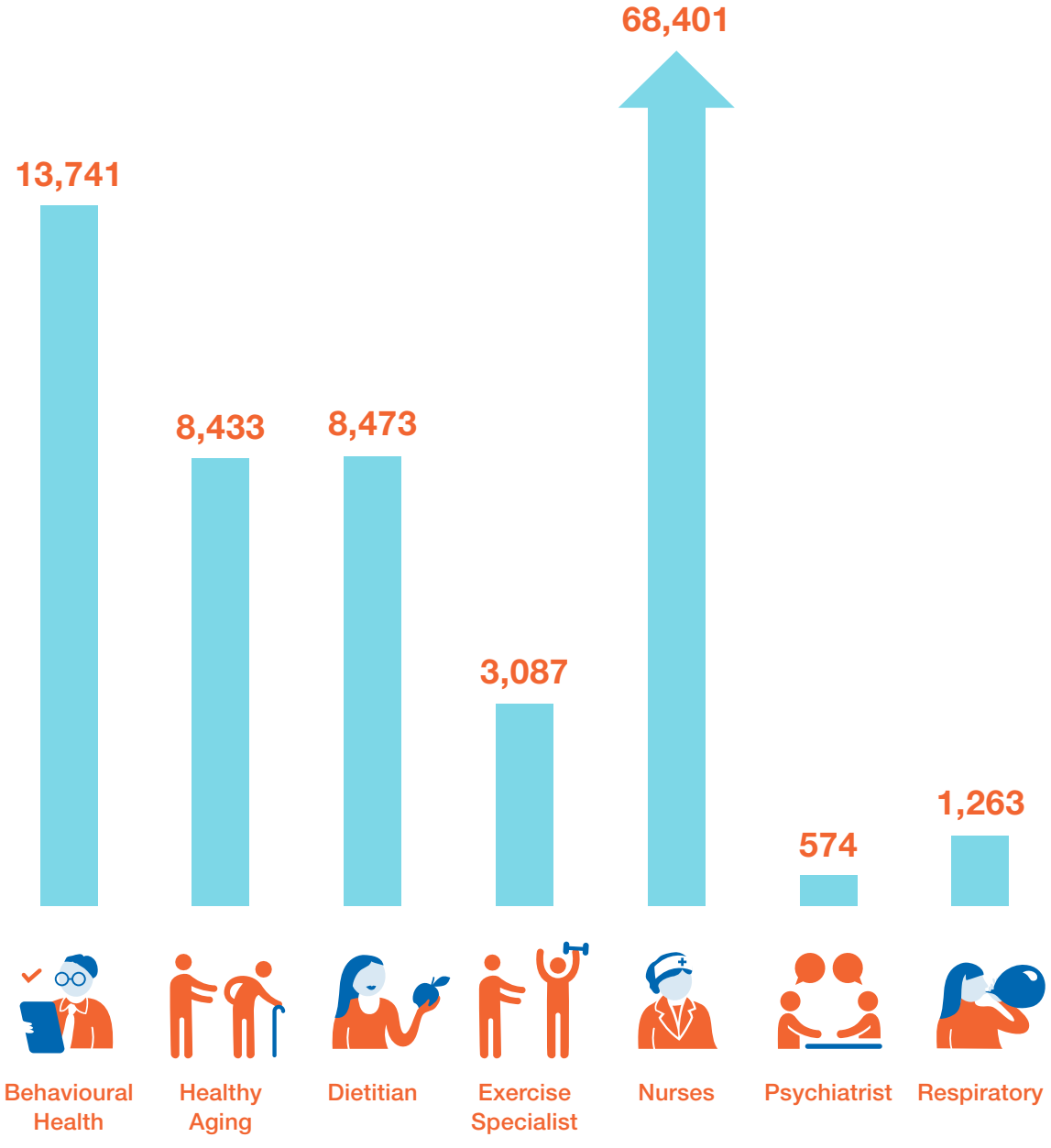
Our physicians, staff and clinics (2016)

252 physicians

109 staff

74 clinics

Total encounters by team members (2015/16)



Our physician engagement in clinical quality improvement work has doubled since 2015.

Overall engagement in clinical quality improvement.
About 75 of our physicians were engaged in some type of clinical quality improvement work as of March 31, 2016. This is double from 37 physicians in 2015.

Engagement in health screening.
Approximately 42 physicians are actively participating in health screening work, including 36 in the Alberta Screening and Prevention Initiative (ASaP). This has increased from 2015 when 22 physicians were involved in ASaP. Overall, screening work rose from 28 physicians in 2015 to 42 in 2016.

Physicians and teams involved in continuous clinical improvement:
Processes to improve health screening needs are now well established in some clinics. This has increased access to clinically relevant data, which provides opportunities to collectively address emerging and ongoing needs of patient populations through outreach efforts. Outreach efforts include phoning patients to remind them of screening appointments.

Other clinic teams have focused their improvement efforts on measuring patient experiences, enhancing education and supports for patient attachment and access to services.

Multidisciplinary team approach.
In total 59 clinics (80%) have at least one MDT (multidisciplinary team) member integrated in their clinic.

ESPCN Screening Rates over Time*

Baseline

As of Jan 31, 2016

* to Jan 31, 2016

What is a screening rate?

Screening rates identify physician patterns of ensuring patients receive appropriate health screening based on age and gender-specific criteria. With a systematic approach to identify and address needs for preventative screening. The participating Edmonton Southside physicians have seen a steady increase in their screening rates.

“Screening and panel work is an integral part of a medical home.”

Independent auditors' report

To the Members of
1157178 Alberta Ltd. [operating as Edmonton Southside Primary Care Network]

We have audited the accompanying financial statements of **1157178 Alberta Ltd. [operating as Edmonton Southside Primary Care Network]**, which comprise the statement of financial position as at March 31, 2016 and the statements of changes in net assets, operations, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, 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.

Auditors' responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements 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. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of **1157178 Alberta Ltd. [operating as Edmonton Southside Primary Care Network]** as at March 31, 2016 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Edmonton, Canada
May 18, 2016

Ernst & Young LLP
Chartered Professional Accountants

Statement of financial position

As at March 31

	2016 $	2015 $
Assets		
Current		
Cash	**2,983,317**	6,029,080
Accounts receivable	**106,204**	59,646
Prepaid expenses	**176,511**	100,783
Total current assets	**3,266,032**	6,189,509
Restricted cash *[note 3]*	**2,400,000**	2,400,000
Capital assets *[note 4]*	**2,037,386**	734,609
	7,703,418	9,324,118
Liabilities and net assets		
Current		
Accounts payable and accrued liabilities *[note 5]*	**1,407,064**	1,148,046
Commitments *[note 6]*		
Net assets		
Closing cost reserve *[note 3]*	**2,400,000**	2,400,000
Internally funded capital assets	**2,037,386**	734,609
Unrestricted net assets	**1,858,968**	5,041,463
Total net assets	**6,296,354**	8,176,072
	7,703,418	9,324,118

See accompanying notes

On behalf of the Board:

Director

Director

Statement of changes in net assets

Year ended March 31

	Internally restricted			
	Closing cost reserve $	Internally funded capital assets $	Unrestricted net assets $	Total $
Net assets, April 1, 2014	2,400,000	626,672	4,716,821	7,743,493
Excess of revenue over expenses for the year	—	—	432,579	432,579
Purchases of capital assets	—	411,815	(411,815)	—
Loss on disposal of capital assets	—	(1,513)	1,513	—
Amortization of capital assets	—	(302,365)	302,365	—
Net assets, March 31, 2015	**2,400,000**	**734,609**	**5,041,463**	**8,176,072**
Deficiency of revenue over expenses for the year	**—**	**—**	**(1,879,718)**	**(1,879,718)**
Purchases of capital assets	**—**	**1,683,161**	**(1,683,161)**	**—**
Amortization of capital assets	**—**	**(380,384)**	**380,384**	**—**
Net assets, March 31, 2016	**2,400,000**	**2,037,386**	**1,858,968**	**6,296,354**

See accompanying notes

Statement of operations

Year ended March 31

	2016 $	2015 $
Revenue		
Alberta Health operating grants	**13,359,887**	13,483,202
Program cost recovery	**–**	10,907
Interest income	**98,326**	143,891
Other revenue	**6,210**	13,480
	13,464,423	13,651,480
Expenses		
Advertising	**182,613**	79,937
Allowance for goods and services tax receivable	**41,440**	16,627
Contract services	**72,433**	43,955
Dues and subscriptions	**12,596**	91,264
Small equipment purchases	**18,201**	13,848
Evaluation of costs	**77,007**	100,100
Insurance	**22,924**	19,926
Information technology	**88,282**	74,027
Bank charges and fees	**21,014**	19,171
Management consulting fees	**7,060**	28,336
Office and supplies	**41,673**	83,422
Payments to physicians *[note 7]*	**3,379,412**	2,904,851
Professional development	**41,959**	48,248
Professional fees	**42,763**	41,005
Rent	**334,441**	210,686
Repairs and maintenance	**4,193**	1,886
Surplus reduction plan	**29,482**	137,938
Telephone and communications	**68,834**	63,401
Travel	**26,500**	39,967
Wages and benefits *[note 8]*		
Administration	**2,244,335**	2,141,094
Health professionals	**8,206,595**	6,755,334
	14,963,757	12,915,023
Excess (deficiency) of revenue over expenses before other items	**(1,499,334)**	736,457
Loss on disposal of capital assets	**–**	(1,513)
Amortization of capital assets	**(380,384)**	(302,365)
Excess (deficiency) of revenue over expenses for the year	**(1,879,718)**	432,579

See accompanying notes

Statement of cash flows

Year ended March 31

	2016 $	2015 $
Operating activities		
Excess (deficiency) of revenue over expenses for the year	**(1,879,718)**	432,579
Add items not requiring a current outlay of cash		
Amortization of capital assets	**380,384**	302,365
Loss on disposal of capital assets	**—**	1,513
	(1,499,334)	736,457
Changes in non-cash working capital account balances related to operations		
Increase in accounts receivable	**(46,558)**	(13,697)
Increase in prepaid expenses	**(75,728)**	(20,424)
Increase (decrease) in account payable and accrued liabilities	**259,018**	(257,089)
Cash provided by (used in) operating activities	**(1,362,602)**	445,247
Investing activities		
Decrease in short-term investments	**—**	5,375,000
Purchases of capital assets	**(1,683,161)**	(411,815)
Cash provided by (used in) investing activities	**(1,683,161)**	4,963,185
Net increase (decrease) in cash during the year	**(3,045,763)**	5,408,432
Cash, beginning of the year	**6,029,080**	620,648
Cash, end of the year	**2,983,317**	6,029,080

See accompanying notes

Notes to financial statements

March 31, 2016

1. Nature of operations

1157178 Alberta Ltd. [operating as Edmonton Southside Primary Care Network] [the "Organization"] was incorporated on March 8, 2005 in Alberta and began operations on May 1, 2005. The Organization was established to implement a local primary care initiative with Alberta Health Services in accordance with the terms of agreement between Alberta Health, Alberta Medical Association and Alberta Health Services for the purpose of:

(i) increasing the proportion of Alberta residents with ready access to primary health care;

(ii) providing coordinated 24 hour, 7 day per week management of access to appropriate primary health care services;

(iii) increasing the emphasis on health promotion, disease and injury prevention, care of medically complex patients and care of patients with chronic disease;

(iv) improving coordination and integration with other health care services including secondary, tertiary and long-term care through specialty care linkages to primary health care; and

(v) facilitating the greater use of multidisciplinary teams to provide comprehensive primary health care.

The Organization currently derives the majority of its funding revenue from Alberta Health.

The Organization is registered as a not-for-profit organization and is exempt from income taxes under paragraph 149(1)(l) of the Income Tax Act (Canada).

2. Summary of significant accounting policies

These financial statements have been prepared in accordance with Part III of the Chartered Professional Accountants of Canada Handbook – Accounting Standards for Not-for-profit Organizations, which sets out generally accepted accounting principles for not-for-profit organizations in Canada and includes the significant accounting policies summarized below.

Revenue recognition

The Organization uses the deferral method of recording revenue. Alberta Health operating grants received by the Organization are unrestricted and therefore recorded as revenue in the period in which they are received. All other grant revenue is recognized in the year for which it is granted, as indicated in the specific funding agreement entered into by the Organization. Accountable revenue that has not yet been spent in accordance with funding contracts is carried over to the next fiscal period. This recognition is based on the Alberta Health operating agreement with the Organization, which expires on March 31, 2017.

Interest income is recognized on the basis of the passage of time when collectability is reasonably assured.

Notes to financial statements

March 31, 2016

Cash
Cash consists of cash on deposit with a short term to maturity of approximately three months or less from the date of purchase.

Financial instruments
Investments are recorded at fair value. Other financial instruments, including accounts receivable and accounts payable and accrued liabilities, are initially recorded at their fair values and are subsequently measured at amortized cost, net of any provisions for impairment.

Capital assets
Purchased capital assets are recorded at acquisition cost. Amortization is provided annually at rates calculated to write off the assets over their estimated useful lives as follows:

Tangible	
Leasehold improvements	Straight-line over the term of the lease
Office equipment	20% diminishing balance
Clinic equipment	20% diminishing balance
Computer equipment	30% - 100% diminishing balance
Clinic renovations	Straight-line over five years
Intangible	
Computer software	100% diminishing balance

Employee future benefits
The Organization maintains a group registered retirement savings plan ["RRSP"] under which amounts are contributed to eligible employees' accounts and contributes to employees' tax-free savings accounts ["TFSA"]. The expense for this plan and savings accounts is equal to the Organization's required contributions for the year.

3. Restricted cash
Alberta Health requires the Organization to maintain a closing cost reserve sufficient to cover obligations related to leases, payroll severance and administrative expenses should it cease operations. The Board of Directors has internally restricted net assets to meet these requirements, and cash has been restricted by the Organization to fund the reserve. These funds are currently held in cash accounts.

Notes to financial statements

March 31, 2016

4. Capital assets

	2016			2015		
	Cost $	Accumulated amortization $	Net book value $	Cost $	Accumulated amortization $	Net book value $
Tangible						
Leasehold improvements	**1,305,648**	**47,190**	**1,258,458**	562,176	479,845	82,331
Office equipment	**546,214**	**223,257**	**322,957**	278,441	175,990	102,451
Clinic equipment	**446,326**	**147,620**	**298,706**	408,483	77,673	330,810
Computer equipment	**145,151**	**74,065**	**71,086**	124,885	47,942	76,943
Clinic renovations	**405,817**	**347,413**	**58,404**	405,817	266,249	139,568
Intangible						
Computer software	**111,215**	**83,440**	**27,775**	55,666	53,160	2,506
	2,960,371	**922,985**	**2,037,386**	1,835,468	1,100,859	734,609

5. Government remittances payable

As at March 31, 2016, accounts payable and accrued liabilities include government remittances payable of $49,399 [2015 – $21,119].

6. Commitments

The Organization is committed to annual minimum lease payments under its current office premises lease expiring in December 2022, as follows:

	$
2017	258,912
2018	262,958
2019	275,094
2020	275,094
2021 and thereafter	788,873
	1,860,931

In addition to the minimum lease payments, the Organization is required to pay annual operating costs of approximately $220,000.

Notes to financial statements

March 31, 2016

7. Payments to physicians

The Organization may compensate member physicians and/or their clinics for services provided to promote after hours care, and to offset the costs of supporting health professionals in their clinics, depending on the practice. Services to the Organization include Board honorariums, hourly remuneration for specific medical direction and management guidance, and payments to psychiatrists. After hours care [evenings, weekends, statutory holidays] is promoted by providing an hourly incentive payment to clinics to partially offset the additional cost of operating during these times. In addition, the Organization may provide clinics a reasonable compensation to offset the costs and possible lost revenue of providing working space in their clinics for the Organization's multidisciplinary team of professionals.

	2016 $	2015 $
Services	**135,952**	142,233
After hours care	**1,354,548**	1,193,018
Multidisciplinary team overhead	**1,888,912**	1,569,600
	3,379,412	2,904,851

8. RRSP and TFSA contributions

The Organization contributes to a group RRSP an amount up to 9% of eligible employee earnings. Eligible employees are able to contribute a minimum amount equal to 1% of annual earnings. During the year, the Organization contributed $624,111 [2015 – $559,316] to employee savings plans.

The Organization contributes to employees' TFSA an amount up to 2% of eligible employee earnings. During the year, the Organization contributed $196,253 [2015 – $175,218] to employee savings accounts.

9. Economic dependence

The Organization relies on the Alberta government to fund its operations. Should this funding cease, the Organization would not be able to continue to operate without alternate sources of revenue.

10. Financial instruments

The Organization is exposed to various financial risks through transactions in financial instruments.

Interest rate risk

The Organization is exposed to interest rate risk with respect to investments in fixed income investments because the interest earned will fluctuate due to changes in market interest rates.

Liquidity risk

The Organization is exposed to the risk that it will encounter difficulty in meeting obligations associated with its financial liabilities. The Organization is exposed to this risk mainly in respect of its accounts payable and accrued liabilities and operating lease commitments.

Home is where the health is.

Primary Care Network
EDMONTON SOUTHSIDE

AON
BESTEMPLOYER
PLATINUM | CANADA | 2016
BEST SMALL & MEDIUM ORGANIZATIONS