

Together We Care



Annual Report 2013



"They are knowledgeable. They are compassionate. They are caring. They are everything — all rolled up into one little bundle. They came along and said, 'It's all going to be okay.'"

- Betty Jozwiak, a PCN geriatric patient, discussing her PCN health team.

VISION

To be a nationally recognized leader in the development and delivery of primary care health services.

MISSION

To improve the quality of life of our patients and care providers through the innovative, professional and compassionate delivery of health promotion and disease prevention services to our patient population in the primary care setting.



MESSAGE FROM THE BOARD CHAIRS



Board of Directors

(Top, left) Dr. David Cox, Dr. Denis Vincent, Dr. Denise Campbell-Scherer, Dr. Mahmood Nizam, Dr. Richard Hanelt and Dr. Irene Colliton. (Bottom, left) Dr. Patricia Verones, Dr. Alex McPherson, Dr. Barbara Sinn and Dr. Allison Theman. Missing: Dr. Janice Zielinski.

AHS Governance Committee

(Left) Stephanie Donaldson-Kelly and Heather MacDonald.



It takes a team to successfully deliver on our vision to be a leader in primary care services. As physicians, we work together with Edmonton Southside Primary Care Network's (PCN) professionals for the betterment of our patients' health.

We are celebrating this theme of togetherness in our annual report because it is essential to success at all levels of primary care.

Our PCN began with a partnership between Alberta Health, Alberta Health Services and the Alberta Medical Association eight years ago. This team work continues in our clinics where a patient is supported by a primary care nurse, a mental health coordinator, a dietitian and many other PCN health professionals.

The PCN doesn't limit partnerships solely to the medical community. In the past year, we've worked with the City of Edmonton, several local agencies and started social media accounts; all in an effort to increase awareness of primary care and promote good health.

An important and significant achievement of the Board this year was the election of two non-members to the position of director. These directors strengthen our Board with their complementary skills and experienced perspectives.

We extend our partnerships on local and provincial levels because it is important to our patients' health. With strong team-based care, together we will make a positive difference in their lives.

Dr. Irene Colliton
Board co-chair

Dr. Denis Vincent
Board co-chair

MESSAGE FROM THE GENERAL MANAGER

Team-based primary care delivery is one answer to the increasing health demands and service complexity of providing care to today's population, and our primary care network (PCN) is successfully building health professional teams to improve the well-being of the population we serve.

The benefits of reorganization in 2011, including greater decentralization and distribution of the team members to the family physicians' clinics paid dividends. The PCN's professionals saw 59 per cent more patients in 2012-13 than in the previous year — assisting more than 79,000 individuals. Wherever possible, we placed our mental health and geriatrics professionals in clinics and asked them to support the patient population as required. This move brought social workers, a psychiatric nurse, and geriatric nurses in closer contact with the established teams of primary care nurse practitioners and nurses, dietitians, exercise specialists, and respiratory therapists to form a more comprehensive team of care providers. We believe in, and continue to build, a medical home for our patients where they can receive the majority of their primary care in one location.

These decentralized, clinic-based individual services are supported by a wide array of programs and classes that are better suited to a group environment. The PCN offers 12 daytime and evening groups covering topics in mental health, nutrition, pre-natal and exercise.

Primary care is a contact sport. It thrives and survives on the relationships built between providers, between providers and patients, and in many cases between providers and the patients' families. The conclusion of our eighth year of operations means the beginning of our ninth year for some of our relationships. These relationships are multifaceted and involve a physician and any one of a number of health care providers. These relationships have the health of our population, one patient at a time, in mind.

My thanks to all our team members, within and outside our PCN, who provide collaborative, compassionate care for the betterment of our patients every day.



Doug Craig
General Manager



Management staff

(Left) Sheri Fielding, clinical director, Sharon Pelletier, primary care manager, Doug Craig, general manager, Janet Schultz, executive assistant, Cheryl Barabash, primary care manager, and Melanie Jaques, primary care manager. Missing: Ann Comeau, primary care manager.



“It’s wonderful to work with a team of professionals to support our patients’ needs.”

*- Leah Johnson,
mental health
coordinator*

WORKING TOGETHER

Primary care can be a complex concept to grasp, and is often misunderstood. For us, primary care is the first point of contact for a patient with the healthcare system — typically, a family doctor’s office — although primary care extends far beyond the doctor’s office and includes disease prevention and health promotion in the community.

A key part of primary care is each individual’s responsibility to make good choices. Edmonton Southside Primary Care Network (PCN) can help.

Take the word care in primary care network. That’s our organization’s main focus. We care about our patients’ health and the outcome of the primary care services we deliver.

For the past eight years, we have worked to improve the lives of our patients with the support of a multidisciplinary health team.

Our health professionals work together with member physicians to provide services that address a myriad of health concerns across a patient’s lifespan. From well-baby checks to providing care for seniors with chronic diseases, we address a broad range of patients’ needs from heart disease to mental health through both illness care and wellness promotion. Our work is paying off. We invite you to celebrate our patients’ successes over the past year and learn how our PCN delivers primary care to our population.

Our team of health professionals consists of nurse practitioners, nurses, a psychiatric nurse, social workers, dietitians, respiratory therapists, and exercise specialists. They support patient care in the practices

of our 162 family doctors operating from 45 clinics. We are building medical homes – a location where individuals can go for the majority of their primary care medical needs.

Our professionals primarily provide support to individuals with complex or chronic health conditions, although we are gradually expanding to include more health promotion services.

Most of these patients are seen by more than one professional. It is the complementary skills of all those involved that promote a healthy outcome.

Individuals with diabetes were the most frequent reason for involving members of the PCN team. More than 5,500 people with diabetes were helped last year. This involved nurse practitioners and nurses who provide education on the disease and medication assistance; dietitians who help with nutrition advice and guidance; exercise specialists who introduce appropriate and supervised activity; and mental health professionals who provide tools to assist with managing the burden of chronic disease.

This story is repeated thousands of times for persons with cardiovascular disease, COPD, mental health issues or the problems of aging. If someone brought a concern to their family physician, there is a good chance that they were helped, in part, by a member of the PCN team. In all, our professional team assessed, counseled, taught, treated, encouraged, reinforced, and helped 79,666 patients almost 150,000 times.

GROWING TOGETHER

Our organization continues to evolve and respond to new demands for primary care. Physician membership increased 11.7 per cent from the previous year, jumping from 145 to 162 doctors.

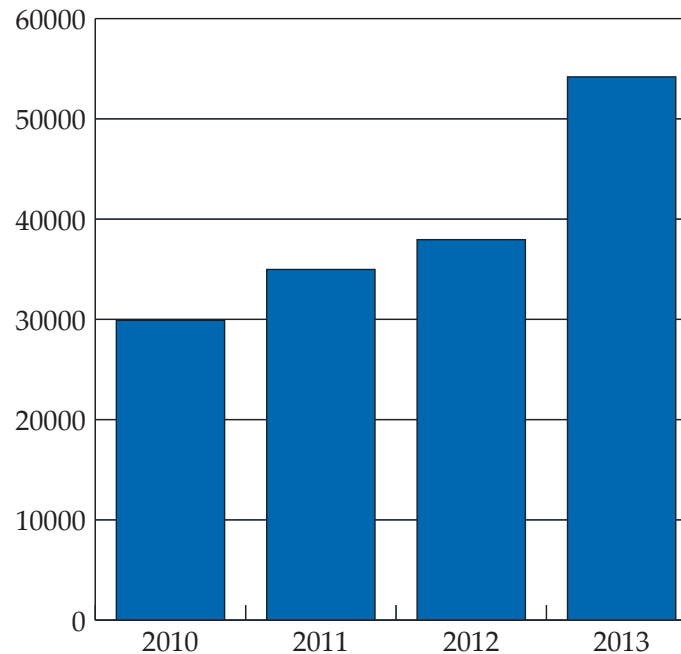
This required us to deliver care at 45 family practice clinics, an increase of 12 clinics from the prior year. Membership growth brought more patients to the PCN and we responded with an increase in staff.

Activity in our core services of chronic disease management, mental health, and seniors' care jumped significantly. PCN nurse and nurse practitioner activity was up 43 per cent from the previous year.

Our mental health team saw 9,604 patients (5,268 in 2012) and our geriatric team assisted 5,052 patients (2,458 in 2012).

Access to primary care nursing

The number of patients seen by our nurses and nurse practitioners each year.



“Talk to your doctor about the primary care network. It is such a fabulous team.”

- Christine Nelson, a Moving for Health patient

79,666

Patients

162

Physicians

73

Staff

45

Clinics

1

PCN



INNOVATING TOGETHER

We introduced two new programs this year to help support specific high needs but underserved populations. A High Risk Lower Leg Assessment Clinic opened in September. This physician and nurse practitioner-led clinic, in partnership with occupational therapy services from Alberta Health Services (AHS), provides care to individuals who are at risk of developing chronic disease related ulcers. Typically, only patients with existing ulcers are offered service. We believe this to be a first of its kind clinic in Edmonton outside of AHS. The clinic saw 76 patients in its first few months. To meet growing demand, the clinic has expanded its access for patients from two half days a month to three full days a month.

Breathing for Health focuses on helping patients with mild to moderate lung diseases learn how to adapt exercise for their way of life. The project started in January. An exercise specialist, respiratory therapist and pulmonologist supervise and provide guidance to patients.

Both clinics operate in collaboration with related programs at AHS.

These new offerings reflect the continuing maturation of the PCN. We have confidence in our core programs and services and are striving to address unmet clinical needs in the community.

By addressing these unmet needs, we keep in mind that every patient who enters a clinic door is a person, and each patient has a story, a concern or health need. We examine them as a whole person, considering which of our team members can help them reach their health goals.

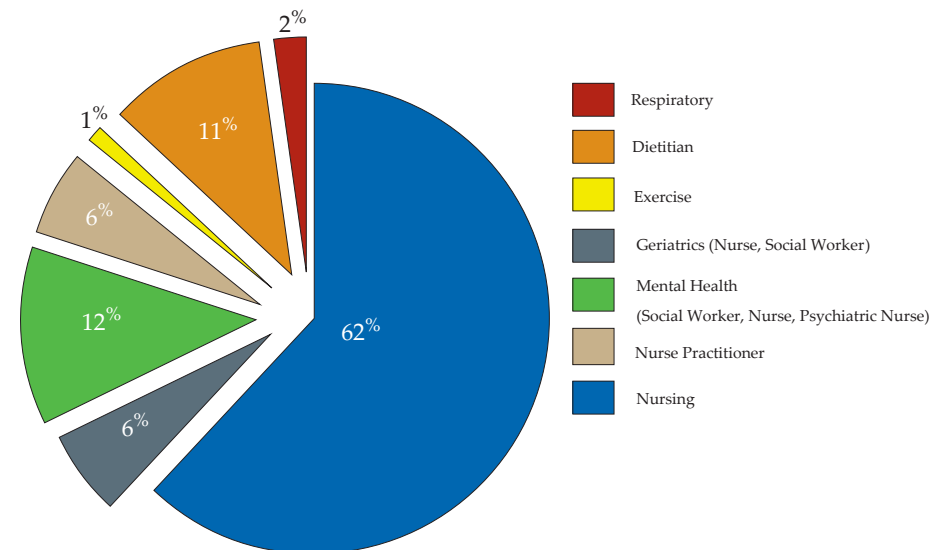




CARING TOGETHER

Team-based care

The percent of patients (n=79,666) seen by PCN professionals.



Our hard work and innovative delivery model is beginning to show results.

Patients are not only seen by their family physician. They are supported by a team of caring health professionals, depending on their needs. The PCN brings seven different professionals to patient care, and each provides a unique yet complementary skill to the care team.



“One thing I learned was I am not alone on some of these issues. Just being able to think about things in a different way has made me happier in the process.”

- Jerry Gruenwald, a patient who accessed PCN mental health workshops.

PARTNERING TOGETHER

Edmonton Southside has extended its partnerships beyond the PCN. This year, the PCN began supporting YESS (Youth Empowerment & Support Services) by operating a weekly family medical clinic for youth at risk.

The Good Samaritan Seniors Clinic, which helps seniors with complex health issues, joined the PCN this year. This partnership is a good fit for Edmonton Southside as it provides an opportunity to collaborate with the PCN's geriatric services and to support the clinic's programming.

Understanding that many residents in the Edmonton area struggle to find a family doctor, a new website was launched in June. The nine Edmonton-area PCNs collaborated to create www.edmontonareadocs.ca, which presently lists over 150 family doctors accepting new patients.

It also can be difficult to take the first step into a gym for a workout. The City of Edmonton and Edmonton Southside worked together to provide access for our Moving for Health participants to the Terwillegar Recreation Centre where they can meet our exercise specialists.

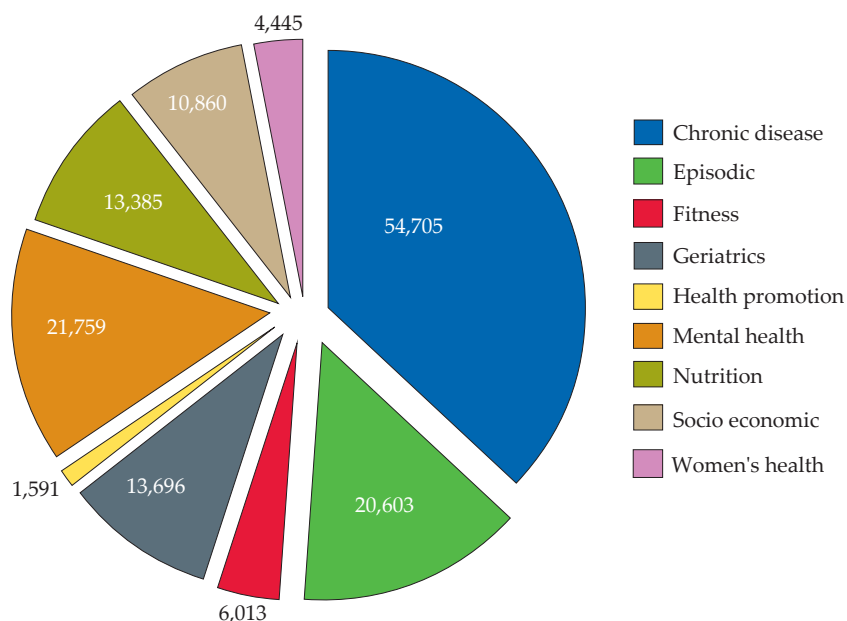
Not only do our professional staff provide clinical services through a collaborative approach, but they also work on research projects to improve primary care. This year, PCN family physicians and our clinical director are co-investigators on an Alberta Innovates Health Solutions Collaborative Research and Innovation grant to study obesity management in primary care.



HELPING TOGETHER

Reasons for PCN services

PCN professionals had 147,057 health-related encounters with patients.



As more physicians join the PCN, all professionals and specialized teams are reaching more patients. Patients expect care in their family physician's office and the PCN is creating an efficient primary care system with its ability to deliver health teams in the patients' medical home.

"In Bob's case, meeting the various team members, qualified in their area of expertise, and very importantly offering him non-judgemental support and guidance, has made a big difference. It's a very good example of the positive impact the PCN can have on an individual's health."

- Dr. Brian Ritchie on the support his patient, Bob Dixon, received through Edmonton Southside Primary Care Network.



PERFORMING TOGETHER

54%

PATIENTS WITH DIABETES WHO HAVE HAD THEIR LDL CHOLESTEROL DECREASED BY GREATER THAN 10%.

38%

INCREASE IN NUMBER OF PATIENTS WITH DIABETES WHO HAVE CONTROLLED CHOLESTEROL RATIOS.

72%

PATIENTS WHO REPORT THEY ARE MORE ACTIVE AFTER TAKING THE PCN'S MOVING FOR HEALTH PROGRAM.

93

PATIENTS HAVE SHOWN CLINICALLY SIGNIFICANT CHANGES IN THEIR QUALITY OF LIFE AFTER TAKING THE PCN'S CHANGEWAYS PROGRAM.

11%

INCREASE IN THE NUMBER OF PATIENTS WITH A CONFIRMED DIAGNOSIS OF CHRONIC PULMONARY DISEASE BETWEEN 2011 AND 2012.

2

PROGRAM OPERATIONAL REVIEWS COMPLETED (PSYCHIATRY LINKAGES AND DIETITIAN SERVICES), RESULTING IN RECOMMENDED CHANGES TO IMPROVE HOW SERVICES ARE IMPLEMENTED.

INDEPENDENT AUDITORS' REPORT

To the Members of the Board 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 statements of financial position as at March 31, 2013, March 31, 2012 and April 1, 2011, and the statements of operations, changes in net assets and cash flows for the years ended March 31, 2013 and March 31, 2012, 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.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits 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 in our audits is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, these 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, 2013, March 31, 2012, and April 1, 2011 and the results of its operations and its cash flows for the years ended March 31, 2013 and March 31, 2012 in accordance with Canadian accounting standards for not-for-profit organizations.

Edmonton, Canada
May 15, 2013

Ernst & Young LLP
Chartered Accountants

STATEMENTS OF FINANCIAL POSITION

As at March 31, 2013

	March 31, 2013	March 31, 2012	April 1, 2011
Assets			
Current			
Cash (Note 6)	\$ 6,840,569	\$ 5,003,065	\$ 5,411,108
Accounts receivable	40,666	147,750	52,709
Prepaid expenses	77,104	114,324	205,228
	6,958,339	5,265,139	5,669,045
Capital assets (Notes 4 and 9)	688,978	756,426	676,321
	\$ 7,647,317	\$ 6,021,565	\$ 6,345,366
Liabilities			
Current			
Accounts payable and accrued liabilities	\$ 515,333	\$ 484,201	\$ 757,900
Net Assets			
Operating surplus	6,443,007	4,780,939	4,911,145
Investment in capital assets	688,977	756,425	676,321
	7,131,984	5,537,364	5,587,466
	\$ 7,647,317	\$ 6,021,565	\$ 6,345,366

Commitments (Notes 8 and 9)

See accompanying notes

Approved on behalf of the Board:



Director



Director

STATEMENT OF CHANGES IN NET ASSETS

For the year ended March 31, 2013

	2013	2012
Operating surplus		
Balance, beginning of year	\$ 4,780,939	\$ 4,911,145
Excess of revenue over expenses before amortization	1,803,725	160,123
	6,584,664	5,071,268
Capital assets purchased, net	(141,657)	(290,329)
Balance, end of year	\$ 6,443,007	\$ 4,780,939
Investment in capital assets		
Balance, beginning of year	\$ 756,425	\$ 676,321
Amortization of capital assets	(209,105)	(210,225)
Capital assets purchased, net	141,657	290,329
Balance, end of year	\$ 688,977	\$ 756,425

See accompanying notes

1157178 Alberta Ltd.
 (Operating as Edmonton Southside Primary Care Network)
STATEMENT OF OPERATIONS
 For the year ended March 31, 2013

	2013	2012
Revenue		
Alberta Health operating grants	\$ 10,915,627	\$ 7,904,625
Registry nurse contract	89,119	106,473
Program cost recovery	23,511	-
Other revenue	59,403	9,043
Interest income	105,451	84,702
	\$ 11,193,111	\$ 8,104,843
Expenses		
Advertising	47,125	35,258
Allowance for GST receivable	13,590	-
Contract services	549,408	500,151
Dues and subscriptions	42,099	42,099
Equipment purchases	40,861	
Evaluation costs	50,500	52,831
Insurance	16,575	12,618
Information technology	65,658	50,803
Fees and bank charges	6,208	4,033
Management consulting fees	21,005	159,173
Office and supplies	66,904	78,605
Payments to physicians (Note 5)	2,146,820	1,803,828
Professional development	25,592	39,455
Professional fees	100,793	82,873

1157178 Alberta Ltd.
(Operating as Edmonton Southside Primary Care Network)
STATEMENT OF OPERATIONS
For the year ended March 31, 2013

	2013	2012
Rent	191,429	163,445
Repairs and maintenance	3,163	5,429
Surplus reduction plan (Note 9)	11,277	42,501
Telephone and communications	56,153	45,788
Travel	27,845	29,727
Wages and benefits (Note 10)		
Administration	957,012	688,967
Health professionals	4,948,151	4,102,626
	9,388,168	7,940,210
Excess of revenue over expenses before other item	1,804,943	164,633
Loss on disposal of capital assets	(1,218)	(4,510)
Excess of revenue over expenses before amortization	1,803,725	160,123
Amortization of tangible capital assets	(204,062)	(198,771)
Amortization of intangible assets	(5,043)	(11,454)
	(209,105)	(210,225)
Excess (deficiency) of revenue over expenses for the year	\$ 1,594,620	\$ (50,102)

See accompanying notes

STATEMENT OF CASH FLOWS

For the year ended March 31, 2013

	2013	2012
Operating Activities		
Excess (deficiency) of revenue over expenses for the year	\$ 1,594,620	\$ (50,102)
Add items not affecting cash:		
Amortization of capital assets	209,105	210,225
Loss on disposal of capital assets	1,218	4,510
	1,804,943	164,633
Changes in non-cash working capital:		
Decrease (increase) in accounts receivable	107,084	(95,041)
Decrease in prepaid expenses	37,220	90,904
Increase (decrease) in accounts payable and accrued liabilities	31,132	(273,700)
	175,436	(277,837)
Cash provided by (used in) operating activities	1,980,379	(113,204)
Investing Activities		
Capital assets purchased	(142,875)	(294,839)
Increase (decrease) in cash and cash equivalents	1,837,504	(408,043)
Cash and cash equivalents, beginning of year	5,003,065	5,411,108
Cash and cash equivalents, end of year	\$ 6,840,569	\$ 5,003,065
<i>See accompanying notes</i>		
Supplementary information:		
Interest received	\$ 103,289	\$ 83,780

NOTES TO THE FINANCIAL STATEMENTS

March 31, 2013

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 (formerly Capital Health) in accordance with the terms of agreement between Alberta Health (formerly Alberta Health and Wellness), 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. Significant accounting policies

These financial statements were prepared in accordance with Part III of the Canadian Institute of Chartered Accountants [“CICA”] 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.

(a) Revenue recognition

Grants

Alberta Health operating grants received by the Organization are unrestricted and therefore recorded as revenue in the period in which they are received. For all other grant revenue the Organization uses the deferral method of recording revenue. Revenue is recognized in the year for which it is granted, as indicated in the specific funding agreement entered into by the Organization. Accountable revenues which have not yet been spent in accordance with funding contracts are carried over to the next fiscal period. This recognition is based on Alberta Health operating agreements with the Organization which expired on March 31, 2013. A continuance has been issued to continue operating under the terms of the prior agreement until March 31, 2014 or at such time that a new agreement is signed.

NOTES TO THE FINANCIAL STATEMENTS

March 31, 2013

2. Significant accounting policies - continued

Interest

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

(b) Cash

Cash consists of cash on hand, balances with banks, investments with short-term maturities and cheques written in excess of bank balances. An investment normally qualifies as a cash equivalent when it has a short maturity of approximately three months or less from the date of purchase.

(c) Financial instruments

The Organization's financial instruments consist of cash and cash equivalents, accounts receivable, and accounts payable and accrued liabilities. Unless otherwise noted, it is management's opinion that the Organization is not exposed to significant interest, currency or credit risks arising from these financial instruments.

The fair value of these financial instruments approximates their carrying value unless otherwise noted.

(d) 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
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(e) Employee future benefits

The Organization maintains a defined contribution group RRSP plan under which amounts are contributed to eligible employees' accounts. The expenditure for this plan is equal to the Organization's required contributions for the year.

NOTES TO THE FINANCIAL STATEMENTS

March 31, 2013

3. First-time adoption of accounting standards for not-for-profit organizations

These financial statements are the first financial statements which the Organization has prepared in accordance with Part III of the CICA Handbook — Accounting, which constitutes generally accepted accounting principles for not-for-profit organizations in Canada. First-time adoption of this new basis of accounting had no impact on excess of revenue over expenses for the year ended March 31, 2012, or net assets as at April 1, 2011, the date of transition.

4. Capital assets

	2013		2012	
	Cost \$	Accumulated amortization \$	Cost \$	Accumulated amortization \$
Tangible				
Leasehold improvements	558,259	255,982	547,177	144,330
Office equipment	225,379	130,844	217,614	111,401
Clinic equipment	68,656	29,022	38,350	19,681
Computer equipment	57,530	28,010	54,250	26,383
Clinic renovations	321,891	103,922	251,038	50,208
Intangible				
Computer software	32,994	27,951	22,909	22,909
	1,264,709	575,731	1,131,338	374,912
Net book value	688,978		756,426	

5. 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.

NOTES TO THE FINANCIAL STATEMENTS

March 31, 2013

5. Payments to physicians - continued

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 PCN's multidisciplinary team of professionals.

Services	\$	113,828
After hours care		796,198
Multidisciplinary team overhead		1,236,794
	\$	<u>2,146,820</u>

6. Restricted cash

Alberta Health requires the maintenance of cash funds sufficient to cover the obligations of the Organization should the Organization cease operations. At March 31, 2013, the Organization maintains a separate bank account that includes \$1,799,975 (2012 - \$1,800,000) of funds which are internally restricted by the Organization for future contingency purposes. These funds represent management's reasonable estimate of potential contingency costs due to the nature of the business.

7. Economic dependence

The Organization relies on government funding for its revenue. The Alberta Government has committed to supplying funding. Should this funding cease, the Organization would not be able to continue operations without alternative sources of revenue.

8. Commitments

The Organization is committed to the following future minimum annual lease payments for offices, expiring November 30, 2016:

2014	\$	104,265
2015		113,744
2016		75,829
	\$	<u>293,838</u>

NOTES TO THE FINANCIAL STATEMENTS

March 31, 2013

8. Commitments - continued

In addition to the minimum rentals, the Organization is also required to pay its proportionate share of operating costs.

The Organization has an information technology services agreement for the support of its information management and technology to March 31, 2014. The monthly commitment under this agreement is \$3,935 (2012 - \$2,962).

9. Surplus reduction plan

The Organization has adopted a surplus reduction plan whereby the operating fund is drawn down systematically through several separate activities. These activities include locating, planning and developing new office premises, developing multi-disciplinary team space at member clinics, acquiring an Electronic Medical Record, installing Health Unlimited Television at member clinics, acquiring an enterprise license subscription for an online clinical resource tool, conducting an organizational review, and contracting two new staff to fixed term positions. The expenses related to these activities will be incurred over more than one fiscal period. The expenses relating to this program incurred the following:

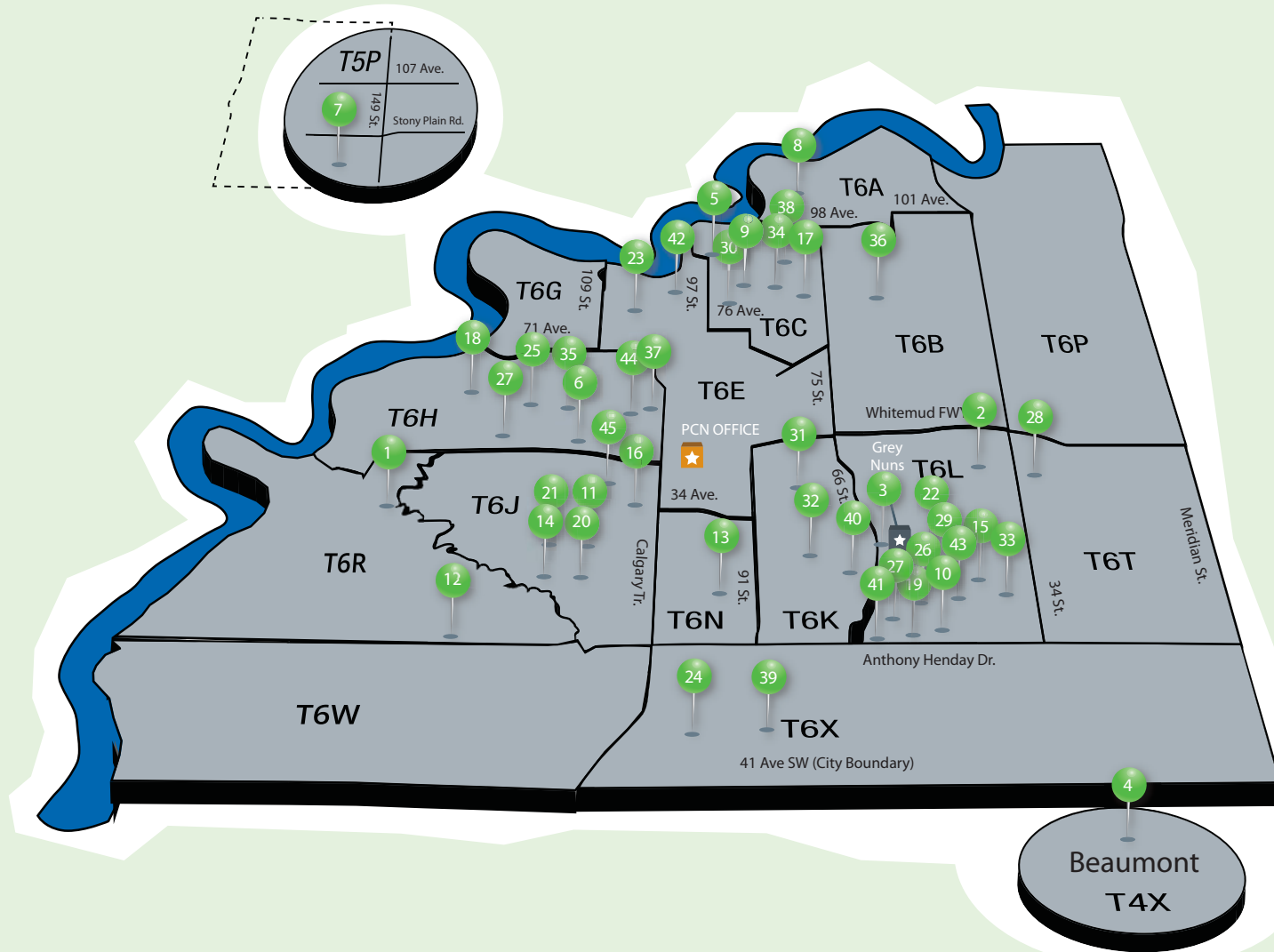
	<u>2013</u>	<u>2012</u>
Equipment purchases for member clinics	\$ 3,181	\$ 42,501
PCN renovations	8,096	-
Clinic renovations	70,853	251,038
	<u>\$ 82,130</u>	<u>\$ 293,539</u>

Some expenditures that were identified through the surplus reduction plan have been recorded as assets in the current year. These include the leasehold improvements from the new office premises recorded in capital assets, and the enterprise licence which is being recorded over the term of the subscription as dues and subscriptions expense on the statements of operations.

10. Group RRSP

The Organization contributes to a group RRSP an amount up to 9% of eligible employee earnings. Eligible employees are required to contribute a minimum amount equal to 1% of annual earnings. During the year, the Organization contributed \$367,800 (2012 - \$300,047) to the pension plan.

Edmonton Southside Primary Care Network CLINIC LIST AND PCN MAP



Edmonton Southside Primary Care Network

CLINIC LIST AND PCN MAP

- 1) **Dr. Hira Ali**
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Edmonton, AB T6R 2E3
Phone: 780.434.7234
Fax: 780.988.8903
- 2) **Dr. Mark Antoniuk**
4010 - 50 Street
Edmonton, AB T6L 5N3
Phone: 780.450.5646
Fax: 780.462.4406
- 3) **Dr. Leela Balakrishnan**
6426 - 28 Avenue
Edmonton, AB T6L 6N3
Phone: 780.462.3491
Fax: 780.461.2650
- 4) **Beaumont Family Medical Associates**
#4, 5102 - 49 Ave.
Beaumont, AB T4X 1E4
Phone: 780.929.5400
Fax: 780.929.2126
- 5) **Bonnie Doon Medical Clinic**
8808 - 92 Street
Edmonton, AB T6C 3R1
Phone: 780.469.7147
Fax: 780.469.3871
- 6) **Bradstock Medical Clinic**
#101, 11020 - 53 Ave.
Edmonton, AB T6H 0S4
Phone: 780.434.0939
Fax: 780.434.0939
- 7) **Canora Medical Clinic**
14924 Stony Plain Road
Edmonton, AB T5P 3X8
Phone: 780.443.0300
Fax: 780.443.0059
- 8) **Capilano Medical Clinic**
7905 - 106 Avenue
Edmonton, AB T6A 1H7
Phone: 780.465.0951
Fax: 780.465.6928
- 9) **Cité Francophone**
#138, 8627 - 91 Street
Edmonton, AB T6C 3N1
Phone: 780.450.8635
Fax: 780.401.3104
- 10) **Dr. Amathul Danial**
#105B, 2603 Hewes Way
Edmonton, AB T6L 6W6
Phone: 780.490.7427
Fax: 780.461.6548
- 11) **Dominion Medical Centres Century Park**
2383 - 111 Street
Edmonton, AB T6J 5E5
Phone: 780.436.0020
Fax: 780.436.0603
- 12) **Dominion Medical Centres Mactaggart**
5966 Mullen Way
Edmonton, AB T6R 0S9
Phone: 780.801.1220
Fax: 780.801.1225
- 13) **Dominion Medical Centres Parsons**
9122 - 23 Avenue
Edmonton, AB T6N 1H9
Phone: 780.801.3360
Fax: 780.801.3366
- 14) **Ermineskin Medical Clinic**
#301, 2377 - 111 Street
Edmonton, AB T6J 5E5
Phone: 780.436.8731
Fax: 780.434.8732
- 15) **EveryDay Medical Clinic**
2704 - 48 Street
Edmonton, AB T6L 6B8
Phone: 587.520.8788
Fax: 587.520.7970
- 16) **Gateway Medical Clinic**
#950, 3803 Calgary Trail
Edmonton, AB T6J 5M8
Phone: 780.436.7240
Fax: 780.436.8142
- 17) **Good Samaritan Seniors Clinic**
9534 - 87 Street
Edmonton, AB T6C 3J1
Phone: 780.440.8274
Fax: 780.469.6495
- 18) **Grandview Heights Medical Clinic**
12313 - 63 Avenue
Edmonton, AB T6H 1R4
Phone: 780.437.1968
Fax: 780.438.4395
- 19) **Grey Nuns Family Medicine Centre**
2927 - 66 Street
Edmonton, AB T6K 4C1
Phone: 780.342.1470
Fax: 780.490.0953
- 20) **Heritage Lane Medical Centre**
10835 - 23 Avenue
Edmonton, AB T6J 7B5
Phone: 780.424.6490
Fax: 780.425.4920
- 21) **Heritage Medical Clinic**
#105, 2841 - 109 Street
Edmonton, AB T6J 6B7
Phone: 780.436.3790
Fax: 780.434.8378
- 22) **Hewes Medical Clinic**
6143B - 28 Avenue
Edmonton, AB T6L 5N6
Phone: 780.490.7770
Fax: 780.490.7771
- 23) **Justik Medical Clinic**
8225 - 105 Street
Edmonton, AB T6E 4H2
Phone: 780.432.0211
Fax: 780.439.9349
- 24) **Dr. Amit Kumar**
9404 Ellerslie Road SW
Edmonton, AB T6X 0K6
Phone: 780.466.8064
Fax: 780.466.8095
- 25) **Lendrum Medical Clinic**
5526 - 111 Street
Edmonton, AB T6H 3E9
Phone: 780.436.3422
Fax: 780.436.3441
- 26) **Drs. Li and Yu Medical**
#206, 2603 Hewes Way
Edmonton, AB T6L 6W6
Phone: 780.462.4210
Fax: 780.462.4214
- 27) **Maguire Medical Clinic**
#206, 11044 - 51 Avenue
Edmonton, AB T6H 5B4
Phone: 780.434.7335
Fax: 780.434.0437
- 28) **Meadowbrook Medical Clinic**
3905 - 34 Street
Edmonton, AB T6T 1L5
Phone: 780.448.1166
Fax: 780.448.2830
- 29) **Mediclinic**
#103, 6203 - 28 Avenue
Edmonton, AB T6L 6K3
Phone: 780.462.9316
Fax: 780.462.7332
- 30) **Mediclinic - Mill Creek**
9116 - 82 Avenue
Edmonton, AB T6C 0Z5
Phone: 780.465.0522
Fax: 780.465.0436
- 31) **Millbourne Mall Medical Centre**
Suite 115,
Millbourne Market Mall,
7609 - 38 Avenue
Edmonton, AB T6K 3L6
Phone: 587.521.2022
Fax: 587.521.2023
- 32) **Millbourne Road Medical Clinic**
131 Millbourne Road East
Edmonton, AB, T6K 1P6
Phone: 780.462.4229
Fax: 780.462.3315
- 33) **Millwoods Family Clinic**
#104, 2551 Hewes Way
Edmonton, AB T6L 6W6
Phone: 780.462.2767
Fax: 780.463.7025
- 34) **Montgomery Medical Clinic**
9212 - 95 Avenue
Edmonton, AB T6C 1Z7
Phone: 780.465.4954
Fax: 780.466.4675
- 35) **Dr. Govindan Nair**
#214, 11044 - 51 Avenue
Edmonton, AB T6H 0L4
Phone: 780.436.8671
Fax: 780.436.7409
- 36) **Ottewell Medical Clinic**
6138 - 90 Avenue
Edmonton, AB T6B 0P2
Phone: 780.468.6409
Fax: 780.469.1261
- 37) **Pleasantview Medical Clinic**
11028 - 51 Avenue
Edmonton, AB T6H 0L4
Phone: 780.434.5129
Fax: 780.434.9992
- 38) **St. Thomas Community Health Centre**
9040 - 84 Avenue
Edmonton, AB T6C 1E4
Phone: 780.434.2778
Fax: 780.466.8702
- 39) **Summerside Medical Clinic**
#6, 1109
Summerside Drive SW
Edmonton, AB T6X 0H5
Phone: 780.249.2727
Fax: 780.466.2726
- 40) **Tawa Medical Centre**
3015 - 66 Street
Edmonton, AB T6K 4B2
Phone: 587.523.6334
Fax: 587.523.6335
- 41) **Town Centre Family Clinic**
#320, 6203 - 28 Avenue
Edmonton, AB T6L 6K3
Phone: 780.462.8120
Fax: 780.461.9437
- 42) **Dr. Tris Trethart**
10145 - 81 Avenue
Edmonton, AB T6E 1W9
Phone: 780.433.7401
Fax: 780.433.0481
- 43) **Urban Medical Clinic**
5619 - 23 Avenue
Edmonton, AB, T6L 7B9
Phone: 780.757.9547
Fax: 780.757.9546
- 44) **Victoria Medical Centre**
6915 - 109 Street
Edmonton, AB T6H 3B7
Phone: 780.433.7211
Fax: No fax
- 45) **Whitemud Crossing Medical Clinic**
#127, 4211 - 106 Street
Edmonton, AB T6J 6L7
Phone: 780.435.7555
Fax: 780.436.0582

"I have told so many people about the quality of PCNs, what they are contributing and how they can improve people's lives."

- Cheryl Ann Getty, a patient who benefited from a nurse, a dietitian and a mental health coordinator from Edmonton Southside.



Edmonton Southside Primary Care Network

#200, 9808 - 42 Avenue

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