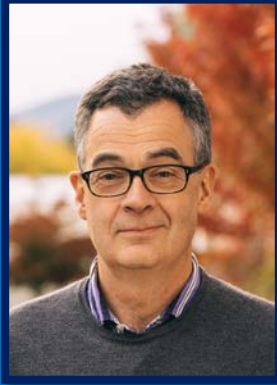


FACILITY ENGAGEMENT AT KELOWNA GENERAL HOSPITAL  
Kelowna General Hospital Physicians Society  
**ANNUAL REPORT 2017/18**



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Dr. Michael Humer,  
President  
Medical Staff Association &  
KGH Physician Society

**MEANINGFUL  
PHYSICIAN  
ENGAGEMENT**

**SUPPORTING  
OPPORTUNITIES  
FOR PHYSICIANS  
TO WORK  
TOGETHER**

## REPORT TO PHYSICIAN MEMBERS

Greetings on behalf of the Executive of the Kelowna General Hospital Physicians Society (KGHPS)! We’ve come a long way since our Society formed in September 2016. This provincial initiative sponsored by the Doctors of BC Specialist Services Committee in collaboration with the Ministry of Health and the Interior Health Authority, emerged out of the last Physician Master Agreement. This provincial initiative has created a forum for meaningful physician engagement at the hospital, giving medical staff a voice on matters of importance to them and fostering relationships among medical colleagues and with the health authority. In this inaugural Annual Report, we will highlight the Facility Engagement (FE) work undertaken by the Society this year, and profile the accomplishments achieved which would not have been made possible without your input and contribution. Thank you.

The provincial Facility Engagement initiative aims to strengthen relationships, engagement and communication between health authorities and facility-based physicians to improve the delivery of patient care and enhance physicians' work environment. Funding is provided to support opportunities for physicians to work together with their partners to share knowledge and participate in planning and decision making to influence health care delivery at both a local and regional level.

In fiscal year 2017/18 physicians representing all medical departments at the hospital stepped forward to participate on the KGHPS Working Group under the leadership of the KGH Medical Staff Association Executive. The Society’s strategic plan was informed by the hospital medical staff through the ideas emerging from the initial departmental retreats.

The Society selected a two-pronged approach to foster physician engagement at the hospital and to move our strategy forward. The Society encouraged and supported departmental retreats to build relationships and provide an opportunity for input on planning and decision making. In addition, the Society funded numerous physician-led FE projects aimed at improving quality of care or enhancing the physician work environment.



It came as no surprise to us that our KGH Physician Engagement Survey in 2017 demonstrated that physicians at the hospital surpassed national benchmarks when asked to rate their relationships with one another. This collegiality among the hospital medical staff is a strength for us to be proud of. The projects and initiatives funded by the Society are aimed at further enhancing engagement in other areas that influence our satisfaction, our connection with our teams and the enthusiasm we feel in coming to work.

I would like to thank all the members of the KGHP Medical Executive: Dr. Cara Wall, Dr. Giulio Dominelli, Dr. Jan McIntosh and Dr. Vik Chaubey for their time, their contribution and their leadership; Dr. John Falconer for his unwavering leadership and support of the KGHP Working Group and physician engagement; and all the members of the Working Group representing their departments in this important initiative. To the 213 members of the KGH medical staff who have been involved in Facility Engagement initiatives since our inception in 2016 – thank you - we could not have done it without you! To all of you, on behalf of the KGHP Executive, our sincere appreciation for your involvement and your contribution to physician engagement at Kelowna General Hospital.

Sincerely,

Dr. Michael Humer  
President,  
Medical Staff Association &  
KGH Physicians Society

# KGH PHYSICIANS SOCIETY EXECUTIVE AND WORKING GROUP – 2017/18

## KGHPS Executive

Dr. Michael Humer,  
**President**

Dr. Cara Wall,  
**Vice-President**

Dr. Giulio Dominelli,  
**Secretary-Treasurer**

Dr. Jan McIntosh,  
**Member-at-Large**

Dr. Vikas Chaubey,  
**Member-at-Large**

## KGH Physicians Society Executive



Dr. Michael Humer  
President



Dr. Cara Wall  
Vice-President



Dr. Giulio Dominelli  
Secretary-Treasurer



Dr. Jan McIntosh  
Member-At-Large

(Not Shown: Dr. Vikas Chaubey, Member-at-Large)

## Working Group

### **Anesthesia**

Dr. Vance Beck

### **Cardiac Sciences**

Dr. Frank Halperin

### **Diagnostic Imaging**

Dr. David Manders

### **Emergency Medicine**

Dr. James Reid

### **General Practitioners**

Dr. Jan McIntosh

### **Hospitalists**

Dr. Glynn Jones

Dr. Cara Wall

### **Laboratory Medicine**

Dr. Amanda Wilmer

### **Medicine**

Dr. Giulio Dominelli

### **Neurosurgery**

Dr. John Falconer, Chair

Working Group

Dr. Vikas Chaubey

### **Obstetrics/Gynecology**

Dr. Sumathi McGregor

### **Pediatrics**

Dr. Mark Duncan

### **Psychiatry**

Dr. Jeffrey Douziech

### **Surgery**

Dr. Chris Baliski

Dr. Michael Humer

## KGH Physicians Society Working Group



**Pictured, Left to Right:** Dr. Jeffrey Douziech, Dr. Giulio Dominelli, Dr. Vance Beck, Dr. Frank Halperin, Dr. Wayne Tonogai, Dr. John Falconer, Dr. Cara Wall, Dr. Chris Baliski, Dr. Sumathi McGregor, Dr. Glynn Jones, Tracy MacDonald (Executive Director).

**Not shown:** Dr. David Manders, Dr. James Reid, Dr. Jan McIntosh, Dr. Amanda Wilmer, Dr. Vikas Chaubey, Dr. Mark Duncan, Dr. Michael Humer.

## PUTTING OUR PRIORITIES INTO ACTION



In January of this year, the KGHPS Executive refreshed the Society’s strategic plan in the context of the evolving provincial facility engagement initiative and aligned with the needs identified by the medical staff at Kelowna General Hospital. The KGH Physician Engagement Survey results identified our strengths as well our opportunities for

improvement. Progress on enhancing physician wellness and working with administration to enhance communication will go far to advance physician engagement at KGH. To that end, the strategic goals are as follows:

- Enhance and improve communication between physicians, departments and KGH Administration that will foster increased physician engagement.
- Increase meaningful physician engagement and influence on health care delivery within KGH by supporting physician led quality focused projects; by partnering with the hospital and health authority leaders to engage in planning and decision making; and, to build and enhance physician leadership capacity.
- Improve quality of care for patients, clients and families through ongoing continuous quality improvement, in collaboration with colleagues and partners, through the new Interior Health Physician Quality Improvement initiative.
- Work in partnership with the health authority and others to explore opportunities to improve and enhance system performance using technology.

To support the attainment of these strategic goals, the Society sponsors departmental retreats and funds projects and initiatives aligned with this direction. Since its inception in the fall of 2016, up until March 31, 2018, the Society has sponsored 30 retreats with more than 100 engaged participants and has funded 35 physician led FE projects.

The Society has also invested resources to support the work of the KGHPS Working Group and Board of Directors and has been pleased to participate in the hospital’s newly reformed Medical Executive Committee. In addition, efforts have been made to enhance communication among members through the launch of the KGHPS website, newsletters and e-bulletin board.



Dr. Giulio Dominelli,  
Secretary-Treasurer  
KGH Physicians Society

SUPPORTING  
FACILITY-BASED  
PHYSICIAN  
ENGAGEMENT

FISCALLY  
RESPONSIBLE  
AND  
TRANSPARENT

## REPORT FROM THE SECRETARY TREASURER

The KGH Physicians Society receives \$500,000 annually through the Ministry of Health and the Specialists Services Committee of Doctors of BC to support facility-based physician engagement. It is the goal of the Society to allocate funds in a manner that minimizes administrative costs, supports a functional governance and leadership structure and allocates a significant portion of the funding directly to its members in recognition for their contributions in advancing the Society’s goals and objectives.

### KGHPS BUDGET FY2017/18

#### REVENUE

MINISTRY FUNDING \$500,000

#### EXPENSES

**MEMBERS \$ 336,000**

PROFESSIONAL \$100,000

OFFICE \$ 10,500

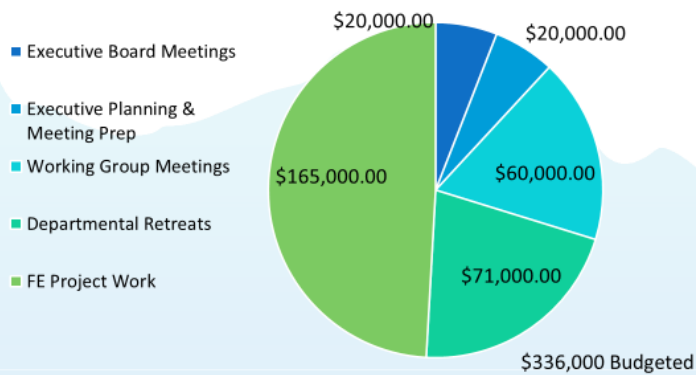
MEETINGS \$ 20,000

LEGAL & ACCOUNTING \$ 6,500

CONTINGENCY \$ 15,000

TOTAL EXPENSES (\$500,000)

### KGHPS MEMBER’S COMPENSATION BREAKDOWN



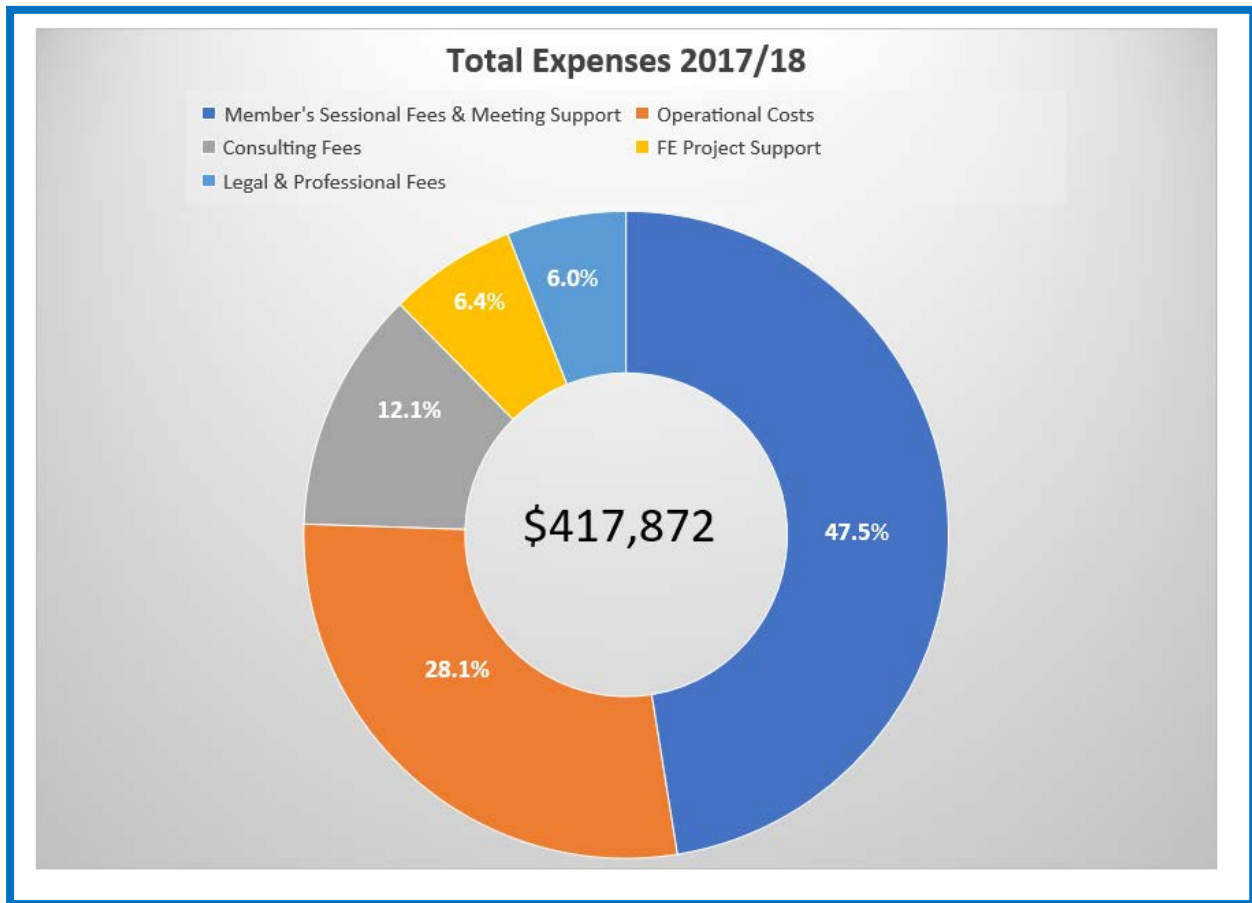
In FY2017/18, the Society developed and approved three (3) administrative guidelines to support the Society in fulfilling its fiduciary responsibilities and ensure consistency in funding allocation. These guidelines provided direction on how the Society would fund departmental retreats, requests for educational funding and oversight of financial management.

Grant Thornton LLP were engaged to conduct a financial audit on the FY2016/17 financial statements. The Society received a positive report with a clear opinion and has acted upon the offered recommendations to strengthen the financial management control systems.

The KGHPS ended the fiscal year with a cash balance of \$523,407. Since its inception, the Society has allocated \$329,368 funding 35 approved FE projects. At yearend, 40% of approved funding had been expensed.

The audited Financial Statements for FY2017/18 are appended to this report (Appendix A).

## EXPENDITURES April 1, 2017 to March 31, 2018







## A YEAR IN REVIEW

### ACTIVITIES

- APR 2017**
  - Reviewed KGH Physician Engagement survey results
  - Explored physician recognition opportunities
  - Approved budget
  - Issued Spring KGHPs Newsletter
  - Reviewed and approved 3 FE Projects
- MAY 2017**
  - Established guidelines for Departmental Retreats
  - Struck Steering Committee to review hospital CME
  - Review and approved 2 FE Projects
- JUN 2017**
  - Approved Physician Leadership Development Program
  - Issued Summer KGHPs Newsletter
  - Review and approved 1 FE Project
- JULY 2017**
  - Summer Break
- AUG 2017**
  - One Departmental Retreat held
- SEPT 2017**
  - Endorsed Cardiac Sciences approach to Strategic Planning
  - Reviewed and approved 7 FE Projects
  - Issued Fall KGHPs Newsletter
- OCT 2017**
  - Reviewed 3 South renovation proposal
  - Established guidelines for Educational Funding Requests
  - One Departmental Retreat held
- Nov 2017**
  - Reviewed Doctors of BC Physician Engagement Survey results
  - Reviewed and approved 3 FE Projects
  - Five Departmental Retreats held

- DEC 2017**
  - Provided input on IHA Virtual Care Strategy
  - Attended IH Physician Engagement workshop
  - Held second Leadership Development Workshop
  - Received Auditors Report for FY2016/17
  - Reviewed and approved 2 FE Projects
  - Two Departmental Retreats held
  
- JAN 2018**
  - Refreshed KGHPs Strategic Plan
  - Launched KGHPs Website
  - Reviewed and approved 4 FE Projects
  
- FEB 2018**
  - Approved draft Budget for FY2018/19
  - Reviewed and approved 2 FE Projects
  - Four Departmental Retreats held
  
- MAR 2018**
  - Presented mid-term review to Specialist Services Committee
  - Supported KGH major capital application to enhance physician work space
  - Reviewed and approved 2 FE Projects

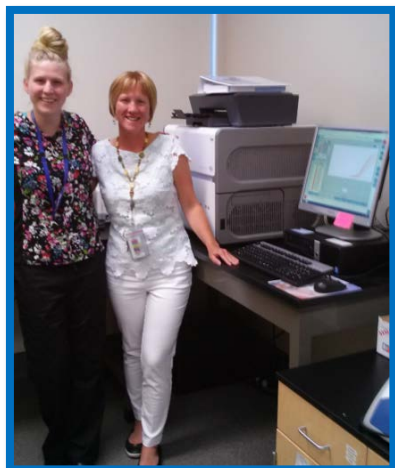


## HIGHLIGHTS OF FUNDED PROJECTS & INITIATIVES

### EXPANDED MICROBIOLOGY PCR TESTING

*“If you are working on something exciting that you really care about, you don’t have to be pushed. The vision pulls you.” ~ Steve Jobs*

**Dr. Amanda Wilmer**, Laboratory Medicine, was the Project Champion for the **Expanded Microbiology PCR Testing** project which was approved by the Society in May 2017. This project was aimed at improving quality of care by improving access through faster turn-around times for microbiology testing of viruses such as influenza and norovirus. This improved turn-around time was related to having in-house capability for testing as opposed to sending specimens to BCCDC. This was a multifaceted project. With the assistance of a University Co-op student, the PCR methodology was verified in the summer of 2017. Meanwhile, Dr. Wilmer engaged with a small team of physicians to determine the priorities and direction for PCR testing at KGH. With support from hospital administration, a cost-benefit analysis was prepared and \$82,000 in winter surge funding was secured from Interior Health.



April Mahovlic, Lab Tech Co-op Student, with Dr. Amanda Wilmer, conducting PCR verification

Regional PCR viral testing through the KGH laboratory was implemented during the 2017/18 flu season with very positive results. Turn-around times for respiratory virus testing were vastly improved and according to physicians surveyed, rapid testing was a valuable tool in managing hospitalized patients. Ninety-three percent of physicians surveyed reported that the rapid turn-around of results was useful or extremely useful for patient management. Other benefits realized were that testing also facilitated rapid diagnosis of residential care facility outbreaks.

This **\$12,788 investment** of funding by the KGHPs, coupled with the strong leadership of Dr. Amanda Wilmer and support from Andrew Hughes, KGH Health Services Administrator, enabled the hospital to secure operational funds to offer enhanced microbiology PCR testing through the 2017/18 winter flu season resulting in improved patient care by having access to rapid turn-around viral testing. The partnership and additional support of the Pritchard Foundation was also instrumental in the laboratory realizing this outcome.

## THE NUTRITION PROJECT

*"Let food be thy medicine and medicine be thy food." ~Hippocrates*

To perform at our best, we need to fuel our bodies. Sometimes with long hours on-call when hospital venues are closed, meals are missed and our energy wanes. Earlier this year, the KGH Physicians Society sponsored an initiative called **"The Nutrition Project"** as part of its Facility Engagement program. **Dr. Ngan Lyle**, with the support of **Dr. Bruce Povah**, led this FE project and one of its goals was to increase access to nutritious food for physicians and staff working during the off-hours of existing food venues. The Society and the KGH Foundation partnered with Sabretooth Foods to launch specialized frozen meal vending machines stocked with healthy nutrient dense, gluten free meals. There are two locations for these new frozen food vending machines. One is in the Surgical Lounge in the IHSC building and the other is in the KGH Cafeteria.



L to R: Dr. Ngan Lyle, Tristica Curley and Andrew Hughes.

In March 2018, during Nutrition month, the Society also sponsored two lunch & learn sessions with well-known Nutritionist, Tristica Curley, MSc, RD, with Food for Fuel. The topics covered were **"Fueling Your Work Day"** and **"Nutrition for Working Families"**. The sessions were well received and the **\$7,000** investment by the Society supported the KGHPs goal to support physicians in their work environment and promote physician wellness.

## PHYSICIAN LEADERSHIP DEVELOPMENT

*"You don't need a title to be a leader."*

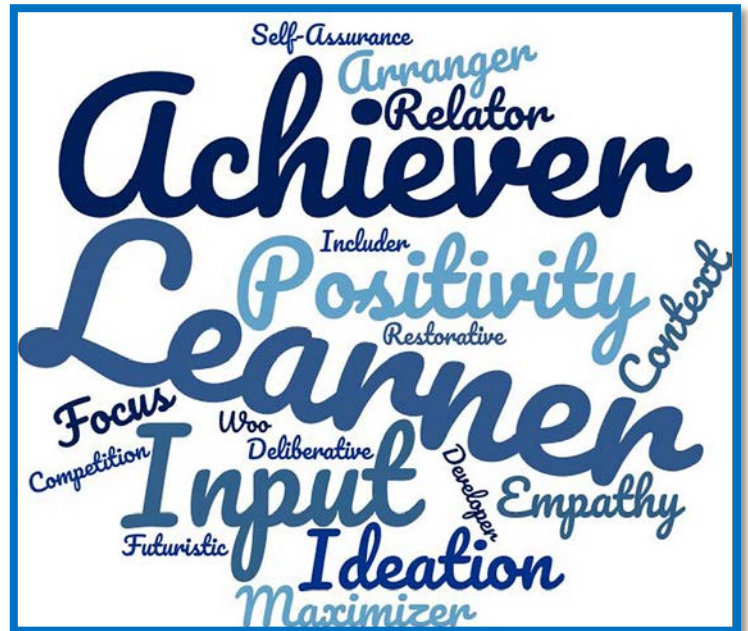
The KGH Physicians Society approved the Physician Leadership Development initiative in May 2017, recognizing it as an important component of the KGH Facility Engagement strategy. Building on the leadership strengths of its members, this professional development will further enhance the skills and competencies for physicians to lead self, lead others and lead organizations.



L to R: Drs. Mark Masterson, Chris Baliski, Scott Smith, Bruce Povah and Devin Harris

After exploring several options, the Society engaged Peter Lee and his team from Tekara Organizational Effectiveness, Inc. to design and implement the leadership development program based on our identified needs. Eighteen participants comprised of experienced as well as new and emerging physician leaders joined their administrative colleagues on this leadership development journey to explore and learn more about leading self, leading others and leading systems.

In total, there were three full day workshops held over a seven-month period. In the first workshop, with its focus on “leading self”, participants learned about understanding their own personal leadership strengths, how to manage their energy for stronger leadership resilience, the power of vulnerability and the ability to create, inspire and engage others in a compelling vision. The innate leadership strengths of the collective group are expressed in the accompanying word cloud.



During the second workshop, participants learned about “leading others” with a focus on inspiring commitment based on one’s innate leadership strengths and how to coach others. In addition, the group spent time on understanding how to adapt one’s approach to leadership based on the situation. And finally, in session three, with its focus on leading systems, the participants explored team effectiveness, including building trust and cohesiveness within a team and managing conflict. Broader system level topics including organizational health or effectiveness and leading change were also covered by the group.

Aligned with the Memorandum of Understanding and the strategic goals of the Society, this allocation of **\$75,000** was a significant investment aimed at building upon and enhancing physician leadership at KGH. Participating in the leadership development program with their administrative partners created a valuable forum to learn together and strengthen relationships.

## ENHANCING CME AT KELOWNA GENERAL HOSPITAL



In recent years, interest in participation in KGH Grand Rounds had diminished due to a variety of factors. Proponents of the value of ongoing professional development at the hospital persuaded the KGHPs Working Group to invest **\$7,000** to explore and review opportunities for ongoing continuing medical education (CME) at the hospital. A Steering Committee consisting of **Drs. Jack Loken, John**

**Falconer, Bruce Povah and Glynn Jones** was established. They conducted an environmental scan looking at best practices in CME from across the province. In addition, they surveyed Society members, soliciting their input on what they wanted to see in CME at the hospital. The recommendation of the steering committee to revitalize the KGH Continuing Medical Education program was strongly supported by the Working Group.

**Dr. Glynn Jones** was appointed as the Physician Lead for CME at Kelowna General Hospital to lead the new CME programming. With administrative support, it is his plan to undertake the organization of three to four half-day educational sessions annually. The Society has allocated \$40,000 per annum to support CME at the hospital.

“Ongoing professional development is the cornerstone of quality care” said **Dr. Devin Harris**, former KGH Chief of Staff, “and we look forward to working with the Society to advance their work in this area.”



Dr. Glynn Jones, KGHPs  
CME Coordinator

## FACILITY ENGAGEMENT PROJECTS

### SUCCESSFULLY COMPLETED FACILITY ENGAGEMENT PROJECTS:

- Telehealth Enhancement – Medical Staff Training. Physician Lead: **Dr. F. Halperin**
- Spot Diagnosis of Random Urine Sample for Fentanyl Overdose. Physician Lead: **Dr. R. Foster**
- KGH Physician Engagement Survey. Physician Lead: **Dr. B. Povah**
- Expanded Microbiology PCR Testing. Physician Lead: **Dr. A. Wilmer**
- Enhancing IBD Care. Physician Lead: **Dr. S. Singh**
- Review of CME at KGH. Physician Lead: **Drs. J. Falconer, J. Loken & G. Jones**
- Physician Leadership Development. Physician Lead: **Dr. J. Falconer**
- Pulmonary Function Quality Review. Physician Lead: **Dr. G. Dominelli**
- Business Case Development to Increase Access to PFT. Physician Lead: **Dr. D. Rolf**
- Identifying Barriers to Engagement within the Department of Medicine. Project Lead: **Dr. G. Dominelli**
- New & Expecting Parents Discussion and Support Group. Project Lead: **Dr. A. Gharapetian**
- Clinical Radiology Pathology Conference Upgrades. Project Lead: **Dr. N. Sundeland**

### ONGOING FACILITY ENGAGEMENT PROJECTS:

- Enhancing Hospitalists Work Environment. Project Lead: **Dr. G. Jones**
- Enhancing the Work Environment - On-Call Suites. Project Lead: **Drs. Falconer & G. Jones**
- Physician Exercise Room. Project Lead: **Dr. F. Halperin**
- Standardization & Optimization of Care Pathways for Patients with Venous Thromboembolism. Project Lead: **Dr. M. Delorme**
- Supporting the Role of the Family Physician at KGH. Project Lead: **Dr. J. McIntosh**
- The KGH Department of Surgery Quality Reviews. Project Lead: **Dr. M. MacLeod**
- Web-solution to Improve KGH Cardiac Patient & Provider Education, Information, Engagement and Outcomes. Project Lead: **Dr. F. Halperin**
- Physician Engagement – Workplace Health & Safety (PEWHS). Project Lead: **Dr. D. Ferris**
- Strategic Planning Retreat – Cardiac Sciences. Project Lead: **Drs. G. Fradet & F. Halperin**
- Department of Surgery Strategic Planning. Project Lead: **Dr. M. Humer**
- The Nutrition Project. Project Lead: **Dr. N. Lyle**
- Evaluation of Neuro-Telehealth. Project Lead: **Drs. J. Falconer & A. Tkach**
- Survey of Medical Leadership Remuneration within IHA and BC. Project Lead: **Dr. R. Foster**
- Transition of Diabetic Youth to Adult Services. Project Lead: **Dr. M. Duncan**

- Assessment of Feasibility & Development of Lipid Clinic for BC Interior. Project Lead: **Dr. P. Polasek**
- Critical Care Multidisciplinary Follow-Up Clinic – Preliminary Investigation. Project Lead: **Dr. R. Foster**
- Admission and Treatment Protocol for Alcohol Withdrawal. Project Lead: **Dr. J. Douziech**
- Building on Physician Research Capacity by Facilitating Health Canada Certification Requirements. Project Lead: **Dr. D. Harris**
- OSAM Redesign. Project Lead: **Dr. M. Masterson**
- Optimizing Pediatric Perioperative Care for Children Under Two Years of Age. Project Lead: **Dr. S. Sunderland**
- Assessment of Goals and Resource Utilization for Pulmonary Rehabilitation. Project Lead: **Dr. G. McCauley**
- Outpatient Antibiotic Therapy for Marginalized Patient Populations. Project Lead: **Drs. J. Price & V. Chaubey**
- Digital Charting in Critical Care. Project Lead: **Dr. V. Beck**
- Anesthetic Consultation Quality Review. Project Lead: **Dr. A. Jackson**

## Apply Online for Your FE Project Today

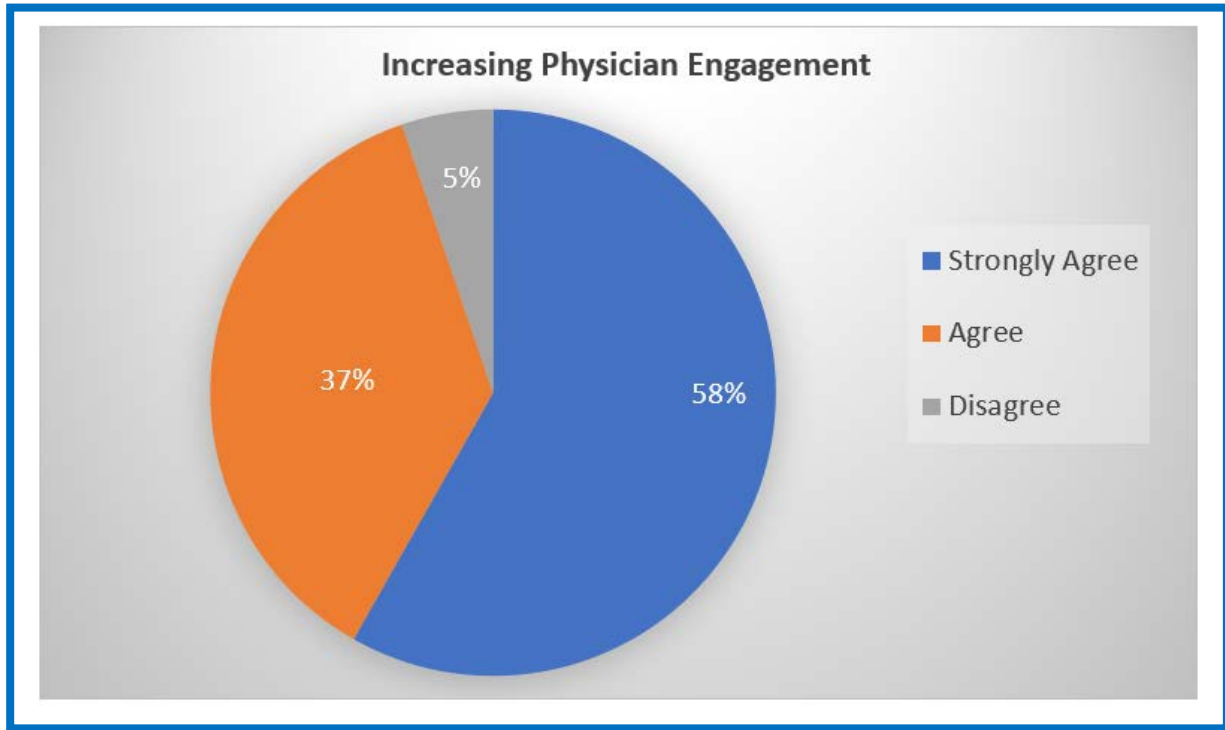
Do you have a Facility Engagement Project you would like to submit?  
Go to [www.kelownaphysiciansociety.ca](http://www.kelownaphysiciansociety.ca)





## FACILITY ENGAGEMENT EVALUATION

Evaluation feedback from April 1, 2017 to March 31, 2018 regarding all Facility Engagement Projects noted the following when physicians were asked “Does this session contribute to increasing physician engagement?”:



Comments included:

- *“Worthy cause and will definitely improve patients’ access to standardized care.”*
- *“First time ever having all departmental staff in the same room at the same time for more than 30 seconds.”*
- *“The process for developing the long-term vision for the division and plans to implement it has been invaluable to getting us on track for growth in the services we provide and improving the quality of care.”*
- *“Excellent opportunity to engage with colleagues and reinforce what is being done well and focusing combined efforts on areas of improvement.”*
- *“The meeting provided an opportunity to see the scale, depth of involvement of all members and served as a way to delve into how we can all become more involved in activities that serve our department, hospital and community.”*



## MOVING FORWARD

### PRIORITIES FOR 2018/19 AT A GLANCE

Continued support to enhance and improve communication among and between physicians and with IHA leadership, both locally and regionally.

Support for Quality Focused FE Projects to advance improvements in patient care aligned with strategy.

Support for FE Projects focused on Enhancing the Work Environment for physicians with a focus on Physician Wellness.

Ongoing support for Departmental and Interdepartmental retreats to build relationships and enhance opportunities for working collaboratively.

Seek opportunities to support physician leadership.



\$500,000

*Physician Engagement funding in 2017/18*

213

*Members engaged*



***“Without fully engaged physicians, no healthcare organization will be able to achieve its vision of providing outstanding care.”***

*Graham Lowe, PhD*

**Physician voices:** *“This was a very helpful session/day for me personally in looking ahead to how I can engage with colleagues to improve the experience at KGH.”*

95%  
Approval  
Rating

35

*Facility Engagement activities started*

## Our KGHPS Vision

***Fully engaged and supported physicians with a meaningful voice in improving quality patient-centred care, their working environment and the health system.***

8

*Meetings with health authority and site representatives - KGH Medical Executive*

***“The KGHPS is proving itself to be an invaluable partner in implementing initiatives that focus on a diverse range of areas as identified by physicians that influence our site’s ability to provide care. The work that has been done to date and the proposals being put forward are directly linked to both maintaining our current high standard of quality patient care and actively seeking opportunities for innovation.”***



**Andrew Hughes**  
Health Services  
Administrator, KGH



**CONTACT:** If you have any questions or require further information on this report or the KGH Physicians society, please contact [KGHPhysiciansSociety@gmail.com](mailto:KGHPhysiciansSociety@gmail.com) or visit [www.KelownaPhysiciansSociety.ca](http://www.KelownaPhysiciansSociety.ca).





## APPENDIX 'A'

# KELOWNA GENERAL HOSPITAL PHYSICIANS SOCIETY AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2018



Financial Statements

KGH Physicians Society

March 31, 2018

# Contents

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Independent Auditor's Report	1 - 2
Statement of Financial Position	3
Statement of Operations and Changes in Net Assets	4
Statement of Cash Flows	5
Notes to the Financial Statements	6 - 7

## Independent Auditor's Report

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**Grant Thornton LLP**  
200-1633 Ellis Street  
Kelowna, BC  
V1Y 2A8

T +1 250 712 6800  
F +1 250 712 6850  
[www.GrantThornton.ca](http://www.GrantThornton.ca)

To the Board of Directors of  
[KGH Physicians Society](#)

We have audited the accompanying financial statements of KGH Physicians Society (the "Society"), which comprise the statement of financial position as at March 31, 2018, and the statements of operations and changes in net assets 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.

### **Auditor's 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 auditor's 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 auditor considers internal control relevant to the Society'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 Society'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.



# Independent Auditor's Report (continued)

## Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of KGH Physicians Society as at March 31, 2018 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.

## Report on other legal and regulatory requirements

As required by the Societies Act of British Columbia, we report that, in our opinion, these accounting principles have been applied on a basis consistent with the previous year.

Kelowna, Canada  
September 13, 2018

*Grant Thornton LLP*

Chartered Professional Accountants

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**KGH Physicians Society**  
**Statement of Financial Position**

March 31

**2018**

2017

**Assets**

## Current

Cash

**\$ 513,314**

\$ 418,370

Receivables

11,9191,305**\$ 525,233****\$ 419,675****Liabilities**

## Current

Payables and accruals

**\$ 56,022**

\$ 33,342

Unearned revenue

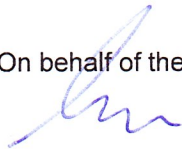

469,211386,333**525,233**

419,675

**Net Assets**--**\$ 525,233****\$ 419,675**

Commitments (Note 4)

On behalf of the board

\_\_\_\_\_  
Director\_\_\_\_\_  
Director

---

## **KGH Physicians Society**

### **Statement of Operations and Changes in Net Assets**

Year ended March 31

(With comparative figures for the period ended March 31, 2017)

	<b>2018</b>	2017
Funding	<u>\$ 417,872</u>	<u>\$ 74,316</u>
Expenses		
Physician and allied healthcare time	167,104	32,144
Consulting fees	147,203	20,783
Meetings	31,281	7,596
Project costs	26,571	-
Professional fees	25,081	13,000
Office	15,718	187
Travel	4,571	11
Interest and bank charges	<u>343</u>	<u>595</u>
	<u>417,872</u>	<u>74,316</u>
Excess of funding over expenses, being net assets at the end of the year	<u>\$ -</u>	<u>\$ -</u>

---

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## **KGH Physicians Society**

### **Statement of Cash Flows**

Year ended March 31

(With comparative figures for the period ended March 31, 2017)

	<b>2018</b>	2017
Increase (decrease) in cash		
<b>Operating</b>		
Excess of funding over expenses	\$ -	\$ -
Changes in non-cash operating working capital		
Receivables	<b>(10,614)</b>	(1,305)
Payables and accruals	<b>22,680</b>	33,342
Unearned revenue	<b>82,878</b>	386,333
Increase in cash	<b>94,944</b>	418,370
Cash		
Beginning of year	<b>418,370</b>	-
End of year	<b>\$ 513,314</b>	<b>\$ 418,370</b>

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# **KGH Physicians Society**

## **Notes to the Financial Statements**

March 31, 2018

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### **1. Purpose of the organization**

KGH Physicians Society ("the Society") was incorporated under the Society Act of British Columbia on September 16, 2016. The Society is a not-for-profit organization and was created to implement and evaluate initiatives designed to enhance physician engagement at the Kelowna General Hospital. The Society is exempt from income taxes under section 149(2)(1) of the Income Tax Act, provided certain requirements of the Income Tax Act are met.

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### **2. Summary of significant accounting policies**

#### **Basis of presentation**

The Society has prepared these financial statements in accordance with Canadian accounting standards for not-for-profit organizations ("ASNPO").

#### **Financial instruments**

The Society considers any contract creating a financial asset, liability or equity instrument as a financial instrument, except in certain limited circumstances. A financial asset or liability is recognized when the Society becomes part to contractual provisions of the instrument. It is management's opinion that the Society is not exposed to significant credit, liquidity or market risks arising from these financial instruments.

A financial asset or liability is recognized when the Society becomes party to contractual provisions of the instrument.

#### **Measurement**

Financial assets or liabilities that are initially measured at fair value and subsequently measured at amortized cost (which approximates fair value from cash) include cash, receivables and payables and accruals.

Financial assets or liabilities obtained in related party transactions are measured in accordance with the accounting policy for related party transactions except for those transactions that are with a person or entity whose sole relationship with the Society is in the capacity of management in which case they are accounted for in accordance with financial instruments.

#### **Revenue recognition**

The Society follows the deferral method of accounting for revenue. Restricted revenue is recognized as revenue in the year which the related expenditure is incurred.

#### **Contributed services**

Contributed services are recognized as revenues only when they would otherwise have been purchased and when fair value can be reasonably estimated.

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# **KGH Physicians Society**

## **Notes to the Financial Statements**

March 31, 2018

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### **3. Related party transactions and British Columbia Societies Act**

The British Columbia Societies Act requires disclosure of the remuneration paid to all directors, the ten highest paid employees, and all contractors who were paid at least \$75,000 annually. Included in operating expenses are claims totalling \$34,608 (2017- \$6,544) from directors for time spent assisting with the physician engagement initiative.

Transactions with directors are recorded at the exchange amount, the amount of consideration agreed to between the related parties and is in accordance with the memorandum of understanding.

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### **4. Commitments**

The Society has committed \$329,368 towards engagement projects related to the next fiscal year.

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KELOWNA GENERAL HOSPITAL  
Physicians Society

