

Community Health Services (Saskatoon) Association Ltd. Semi-Annual General Meeting Agenda Thursday, January 23, 2025 6:30 p.m. – 9:30 p.m. Virtual

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- 2. Land Acknowledgement
- 3. Elder's Blessing
- 4. Adoption of Agenda
- 5. Adoption of Rules of Order
- 6. Summary of 2024 Annual General Meeting minutes
- 7. Interim Report: Chairperson of the Board
- 8. Approval of voluntary annual service fee rates
- 9. Resolutions
- 10. Strategic Plan presentation
- 11. Announcements
- 12. Adjournment

Semi-Annual Meeting 2025 Rules of Order

- 1. The Chairperson shall call the meeting to order.
- 2.a When a member wishes to speak, they will request to do so via the Zoom Chat and provide their first and last names and whether or not they are a member.
- 2.b The Board secretary will monitor the Zoom Chat and announce to all those present, the first and last names of the person who wishes to speak.
- 2.c The Chairperson will then recognize the speaker. IT will unmute the person who has been recognized to speak by the Chairperson. The speaker, when recognized by the Chairperson, shall give her/his first and last names and confine all remarks to the question at issue.
- 2.d Only requests to speak will be announced by the Board secretary; comments provided in the Zoom Chat will not be announced.
- 3.a A speaker will be permitted to speak for two minutes.
- 3.b This shall not apply to the person presenting a report or resolution when the report or resolution is being presented.
- 3.c The Chairperson may at any time during debate call upon the spokesperson for the Board of Directors or committee to provide an explanation of the report under debate.
- 3.d The Chairperson will inform all present that the speaker's time has reached two minutes either verbally or by a visual or audible signal.
- 4. A speaker shall not speak more than once per motion, except that the mover or designate, or the person who introduced a report or resolution, may also close the debate.
- 5. A member shall not interrupt another except to call for a point of order.
- 6. If a speaker is called to order, the speaker shall yield the floor until the question of order has been decided.
- 7. Any two members may appeal the decision of the Chairperson by requesting to do so through the Zoom Chat; one of whom shall state the reasons for the appeal, their name and the name of the second member making the appeal. The Chairperson shall make an explanation of the decision and shall put the question: Shall the decision of the Chairperson be sustained? The question shall not otherwise be debatable.
- 8.a Except for procedural motions (see 8.d) voting on motions will be undertaken electronically using the Election Buddy program.
- 8.b Resolutions must be provided in writing 10 days in advance of the meeting and will be included in the meeting package of materials for review by member in advance of the meeting.
- 8.c A vote count will be announced if requested from the floor by any two members.

- 8.d Votes on procedural motions, for example approval of minutes, will be conducted through the Zoom Chat. The Chairperson will present the procedural motion and ask if there are any objections or abstentions and if so, ask that the objection or abstention be indicated in the Zoom Chat. Any member who neither objects nor abstains shall be taken as having voted in favour of the motion. The secretary will inform the meeting as to the number of objections and abstentions.
- 8.e The Chairperson will announce the results of all motions.
- 9. The Chairperson shall not vote on any question, except in the case of a tie where the Chairperson shall cast the deciding vote.
- 10. Debate can be closed by the Chairperson if no one seeks the floor for further debate, or by a member calling for the question. When a member calls for the question, no further discussion or amendment of the motion is permitted until there has been a procedural vote on the call for the question. If the majority vote that the question now be put, it shall be put without debate. If the motion to put the question is defeated, debate will continue.
- 11. A motion may be reconsidered provided the mover of the motion to reconsider voted with the majority, and the motion to reconsider is supported by two-thirds of the members present and voting.
- 12. The hours of the meeting, including any advance registration deadlines, will be established by the Board of Directors.
- 13. Any of the above rules may be suspended by unanimous consent or may be changed for the members meeting in which such change is made, by a vote of two-thirds of the members present and voting, on a motion moved and seconded by two members.
- 14. The Agenda may be changed by a specific motion to do so, provided such motion is supported by two-thirds of the members present and voting, on a motion moved and seconded by two members.
- 15. Election of Directors shall follow the procedures described in Board Policy G-P 22, Nomination and Election of Directors
- 16. Motions to amend the bylaws must follow the procedures outlined in *The Co-operatives Act,* 1996(SK).
- 17. In all matters not otherwise regulated herein, Robert's Rules of Order shall apply.



Community Health Services (Saskatoon) Association Ltd.

62nd Annual General Meeting Minutes

Wednesday, June 19, 2024 at 6:30 pm, Saints Martyrs Canadiens, 1007 Windsor St, Saskatoon, SK S7K 0Z1

Attendees: Thirty-six voting members and six guests

1. Call to Order

Frank Quennell, President of Community Health Services (Saskatoon) Association Ltd., called the meeting at Saints Martyrs Canadiens Parish Hall to order at 6:30 p.m., with Hazel Javier as Secretary.

2. Welcome and Blessing

Mr. Quennell welcomed members and guests and offered the Saskatoon Community Clinic's (SCC's) land acknowledgment. Elder Florence Highway provided a blessing to begin the meeting in a good way.

3. Adoption of Agenda

Dominique Rislund moved that the CHSA Annual General Meeting agenda dated June 19, 2024 be approved as presented. The motion was carried.

4. Adoption of 2023 AGM Minutes

Cathy Cole moved that the CHSA Annual General Meeting minutes dated June 14, 2023 be approved as presented. The motion was carried.

5. Reports

- a. The President's report was presented by Frank Quennell and is available in the 2023-2024 Annual Report: https://saskatooncommunityclinic.ca/wp-content/uploads/2024/06/2023-2024-Annual-Report-Web.pdf.
- b. The Executive Director's report was presented by Lisa Clatney and is available in the 2023-2024 Annual Report: https://saskatooncommunityclinic.ca/wp-content/uploads/2024/06/2023-2024-Annual-Report-Web.pdf.
- c. The Medical Directors' report was presented by Dr. Paula Paley. Dr. Paley noted staffing changes in the Medical Group. This included hiring a new physician, Dr. Kaitlyn Schick, and locums Drs. Alison White and Sandi Yao at the Downtown Clinic. At Westside, Drs. Alex DeGrace and Ryan Meili joined the team. Dr. Cuylar Conly has been hired to cover a locum at Westside and accepted a permanent part-time position DT. A new nurse practitioner, Richelle Foraie, has also joined Downtown. Dr. Leung Kwok is retiring at the end of 2024 after 27 years of service at the clinic.

6. Report of Auditor and Consideration of Financial Statements

Auditor Jesse Radu, assurance practitioner with BDO Canada, presented the financial statements. Jason Majid moved that the financial statements for the year ending March 31, 2024 be approved as presented. The motion was carried.

7. Discussion, Consideration and Disposal of Reports in agenda item 5.

Evan Thompson moved that the reports laid out in agenda item 5. be approved as presented. The motion was carried.

8. Nominating Committee Report

Dominique Rislund, Nominating Committee Chair, reported the make-up and processes of the committee to recruit candidates for the three available three-year board positions. Its members included Bonnie Hartman, Mike Chartier and Dominique Rislund with staff members Lisa Clatney (Executive Director) and Danielle Chartier (Member and Public Relations Director) providing support. The committee met to identify and recruit candidates for election to Board of Directors and a call for nominations appeared in the Summer edition of Focus, the members' newsletter, and in printed and electronic AGM materials.

9. Elections of Directors

Following a call for nominations from the floor, Andrea Harris, Evan Thompson and Frank Quennell were acclaimed to the three available positions.

10. Appointment of Auditors

Jason Majid moved that BDO Canada be appointed as auditor for CHSA for the 2024-2025 fiscal year. The motion was carried.

11. Resolutions

Johanna Bergerman moved the adoption of a motion which, after debate and amendment, was adopted as follows:

That Saskatoon Community Clinic create an interdisciplinary working group to coordinate the efforts of all departments to protect, promote and support breastfeeding to meet the Baby Friendly Initiative criteria; that the gaps in meeting the BFI criteria will be identified by the interdisciplinary group; and that all locations of the Saskatoon Community Clinic work towards being designated Baby-Friendly.

12. New business

None

13. Presentation: Co-op Education

Presented by Member and Public Relations Director Danielle Chartier

14. Announcements

None

15. Adjournment

Dominique Rislund moved that the meeting be adjourned. That motion was carried and the meeting was adjourned at 8:35 p.m.

Semi-Annual Meeting

President's Report

By Frank Quennell, Board President

As many members of the Community Health Services (Saskatoon) Association Ltd. (CHSA) are aware, the Saskatoon Community Clinic (SCC) was founded during the 1962 Saskatchewan doctors' strike. Physicians were initially opposed to the establishment of Medicare, North America's first universal health insurance program that would be adopted nationally a few years later.

The founders established the clinic to provide medical services to the people of Saskatoon during the strike and to demonstrate how salaried doctors could deliver these services, as was originally intended when the provincial government introduced the program.

As we know, SCC continued operating even after the strike ended and carried on as a member-owned and controlled co-operative, providing a multi-disciplinary set of healthcare services. It continues as a healthcare co-operative today, providing care through a team of salaried healthcare professionals including physicians, nurse practitioners and many others to this day.

In 1975, true to the vision of its founders that SCC should lead by example in providing equitable healthcare to ensure our universal health insurance program would be truly universal, the co-operative established Westside Community Clinic on 20th Street West to serve the people of Saskatoon's core communities. For almost 50 years, SCC's Westside location has provided safe, welcoming healthcare "when the patient is ready to receive it" to those who otherwise could not expect to receive that quality of care.

As the crisis of homelessness deepens in Saskatoon and some of the effects of that crisis are on display, especially in Saskatoon's core neighbourhoods, the reaction of some is to retreat from the challenges. Notably, as I have previously reported, the College of Dentistry abandoned its dental clinic at Westside. However, it is the intention of the current board of the SCC to take every opportunity to expand the provision of healthcare services in Saskatoon's core.

It is largely through services at Westside that the SCC demonstrated leadership during the HIV epidemic, which was met with complacency and inaction elsewhere in the healthcare system. Repeatedly, it is the SCC that has demonstrated leadership and commitment to providing equitable healthcare to those who might otherwise be less well-treated or less cared for. Refugee healthcare services, gender-affirming care and reproductive health are important examples of that leadership and commitment.

The SCC is an established institution in our city but not necessarily a secure one. Personally, I do not believe the threat to our clinic comes from political antagonism. Rather, it comes more from a bureaucratic failure to appreciate that the SCC delivers healthcare differently and that some measures that apply to the larger system do not properly measure what the clinic delivers and accomplishes.

Today, recent changes in the model of compensation for doctors, which may well be positive overall, threatens the ability of the SCC to attract and retain doctors.

The membership of the co-operative has always supported advocacy for policies and action which would improve the health of Saskatchewan people in the broadest sense. Now I believe we must focus our advocacy on behalf of the SCC for policies that will allow the clinic to continue to provide leadership in equitable delivery of healthcare in our city and province well into the future.

As we prepare to head into the new year, the board is finalizing its strategic plan to inform the SCC's work for the next three to five years. More than 203 members, patients and staff provided valuable input into the plan via in-person and telephone interview and online and paper surveys.

We believe we have set a strategic direction that will support the SCC's ability to continue to be a leader in the equitable delivery of healthcare and look forward to members reviewing the plan at the upcoming CHSA Semi-Annual Meeting in January.









Who we're accountable to



Processes/KPIs



Enabling



MISSION: Excellence & innovation in co-operative primary health care.

VISION: Healthy people in a healthy community.

VALUES: Collaboration – Our community's health needs are best met by active collaboration between people, health care providers & partnering organizations. Accountability – As a publicly-funded organization we are accountable for the effective use of resources, & we are committed to sustaining a strong co-operative for the future. Engagement – People are engaged in decisions about our services & empowered to support their own health. Equity – A healthy, just, & vibrant community is created when everyone's health & social needs are met. People Centred – We are respectful of, & responsive to individuals & communities.

Stabilize & Sustain our Unique Value to the Healthcare System

F1. Increase GoS revenue

A1. In 3-5yrs, MoH/GoS/SHA
PLUS Members & Donors will say
"SCC provides our
community value, fills
unmet needs & is worth
supporting"

A2. In 3-5yrs, employees will say "SCC is my employer of choice as I am supported, well-compensated & valued here"

P1. Engaged P2. *M* MoH/GoS/SHA opera

P2. Meet SCC

operational & talent needed to meet our mandate

E1. Evidenceinformed case(s) for support

E2. Member
awareness & engagement Growing Community-based Holistic Care

F2. Diversify revenue & revenue sources

A3. In 3-5yrs, Westside
Community Partners will say
"through partnering
with SCC we have
improved outcomes
for our community"

P4. Responsive One Roof supported by investors & community partners A4. In 3-5yrs, our patients will say "My care experience is safe, welcoming, high-quality, accessible & from a team who knows my needs"

Better Patient Access & Outcomes

P5. Equip & support staff to provide traumainformed & culturally responsive care P6.
Optimized scopes of practice

P7. Enhanced provider teaming

P8. Optimized SCC resources toward increasing access for patients

E3. Community-informed One-Roof

E4. Invest in technology practice efficiencies & enhancements

E5. Pharmacy optimization