



2015 2016 Annual Report



Working together... for healthy people in healthy communities



Annette Popoff, Kamsack Hospital

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To view a copy of this report online, visit our website at www.sunrisehealthregion.sk.ca, under the Strategy and Innovation/Reports and Studies tab on the home page.

Hard copies of the Annual Report are available at Sunrise Health Region's Executive Office:
 Park Unit (Yorkton Regional Health Centre campus)
 270 Bradbrooke Drive
 Yorkton, Saskatchewan S3N 2K6
 or call (306) 786-0110

* On the cover: Katherine Gustilo - RN, Kamsack Hospital



Letter of Transmittal

The Honourable Dustin Duncan
Minister of Health, Province of Saskatchewan
Room 302, Legislative Building
2405 Legislative Drive
Regina, SK S4S 0B3

Dear Minister Duncan:

The Sunrise Regional Health Authority is pleased to provide you and the residents of the health region with our 2015-2016 Annual Report.

The report provides the Board approved audited financial statements of the region for the year ending March 31, 2016. The report also outlines the region's activities and accomplishments for the period. We are pleased in this report to provide indicators of our performance taken from our Strategic Visibility Wall. These indicators were monitored and updated throughout the year by the Sunrise Regional Health Authority, measuring progress in achieving the goals set out in our Strategic Plan. Our Strategic Plan aligns with the Province of Saskatchewan – Ministry of Health goals of transforming health care and improving access to a health system that provides Better Health, Better Care, Better Teams and Better Value, to individuals in our region and throughout the province.

Respectfully submitted,

Don Rae, Chairperson (interim)
Sunrise Regional Health Authority

Suann Laurent, President & CEO
Sunrise Health Region



President & CEO, Suann Laurent
Board Chairperson (interim), Don Rae



Introduction

Annual Report Overview

All staff in Sunrise Health Region support development and monitoring of our strategic plan. Annual operational plans (called A3's) for all portfolios are created to operationalize our strategic plan. Performance targets and metrics further align all program/service departments, with daily visual management and monitoring of progress during team huddles at "Connecting Teams for Excellence" walls located in each program/service area. The Board receives monitoring reports throughout the year to track strategic execution. Weekly "Regional Strategic Visibility Wall Walk" presentations take place, and begin each public Board meeting and Physician Advisory Committee meeting. The "Regional Strategic Visibility Wall Walks" are open to all members of the staff and public. All in attendance have the opportunity to ask questions of the Executive Leadership Team on direction and course correction related to regional metrics.

Annual Report Basis for Preparation

This Annual Report is a legislated requirement of Sunrise Regional Health Authority which contains general information about Sunrise Health Region, intended only for informational purposes. The data in this report is taken from the "Regional Strategic Visibility Wall" which is a reporting tool used by the Sunrise Regional Health Authority to track alignment and course correction towards the targets set out in the health region's "2012-2017 Strategic Plan" and in the Ministry of Health's "Saskatchewan Health Plan". The indicators in this 2015-16 Annual Report are taken from these tools with health indicators compiled by the Medical Health Officer from provincial and national studies. The information provided in this Report is the most recent available to the health region when it was prepared.

Sunrise Health Region's principles are:

- Culture of Safety
- Client and Family Centred Care
- Continuous Improvement
- Think and Act as One System

Provincial Strategic Priorities for the Healthcare System

The health region was guided this past year by the 2015-16 Ministry of Health Plan, which was recently updated. Both of the plans and information about Strategic Planning for the Saskatchewan health care system are available on the government website:

<http://www.finance.gov.sk.ca/PlanningAndReporting/2015-16/HealthPlan1516.pdf>

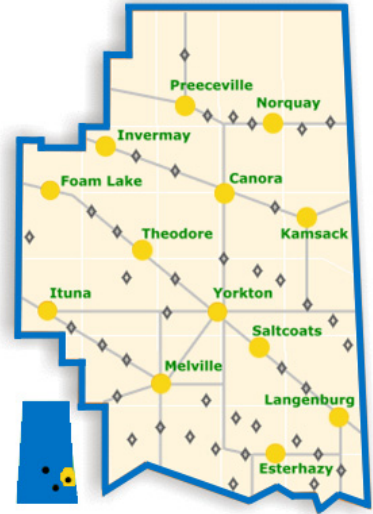
Accountability Document

Each year the Saskatchewan Ministry of Health issues an "Accountability Document", which is specific to each health region and provides specific provincial direction, performance expectations, and the accountability framework that regional health authorities (RHAs) follow for the upcoming fiscal year.



Who We Are

Sunrise Health Region is one of 12 health regions in the Province of Saskatchewan, guided by specific directions in the Accountability Document for the prudent and ethical use of public funds. The mission of the Sunrise Health Region is *to improve the health and well-being of individuals and communities through leadership, collaboration and the provision of high quality health services.*



The “Sunrise Regional Health Authority” is the legal name of the governance body otherwise referred to as “the Board”. “Sunrise Health Region” refers to the geographic region, employees, programs and services.

In support of this mission, our Board, management, physicians, staff, and volunteers strive to abide by the values of:

Collaboration...

We act as one united team providing the best care possible

Courage...

We act courageously in relentless pursuit of safety and excellence

Compassion ...

We listen to customers and then act and deliver services with compassion, care and respect

Creativity...

We strive for innovation

Commitment...

We commit to integrity, honesty and accountability

The mission and values of the health region are devoted to achieving our long-term vision:
Working together... for healthy people in healthy communities.

The Sunrise Regional Health Authority provides staff with direction in the form of board-approved strategic goals, which mirror the Ministry of Health and Healthcare System Plan for 2015-16, focusing on making improvements to the health of the population, individual care and financial sustainability.

**The strategic goals of
Sunrise Health Region and
the province are:**

**Better Health
Better Care
Better Teams
Better Value**

► Governance and Transparency

As authorized by *The Regional Health Authorities Act*, the provincial government appoints to each region a governance body and names a chairperson and vice chairperson. The “Sunrise Regional Health Authority” (SRHA), which is the formal title, governs Sunrise Health Region. Often this governance body is referred to as the “Board” or the “board members”. New appointments and re-appointments occurred in the fall of 2015 for three-year terms.

The RHAs in Saskatchewan each have representation on the provincial Governance Committee, which plans board education events. The Governance Committee developed a provincial governance manual used by the health regions as a resource of best practices in healthcare governance. Communication with the Minister of Health, Minister of Rural and Remote Health, and the Deputy Minister of Health occurs through a variety of methods including face-to-face meetings. The Board Chairperson and our President and Chief Executive Officer represent Sunrise Health Region at these meetings several times a year.

The Sunrise Regional Health Authority continues to focus on the goals outlined in the 2012-2017 Strategic Plan. This Plan aligns with the Province of Saskatchewan’s priorities for healthcare planning. Saskatchewan uses a collaborative method of strategy development and deployment with the goal for all health regions to “think and act as one” to focus and finish strategies with the potential to affect health outcomes for the better.



Sunrise Regional Health Authority Board Members



Don Rae, Chairperson (interim), of Yorkton; has served from April, 2011 to present



Lawrence Chomos of Esterhazy, Chairperson; served from March, 2012 to March, 2016



Shirley Wolfe-Keller of Invermay; has served from May, 2012 to present



Gordon Gendur of Yorkton; has served from May, 2012 to present



Glenn Leontowich of Ituna; has served from October, 2015 to present



Dave Schappert of Langenburg; has served from February, 2009 to present



Garth Harris of Preeceville; has served from October 2015 to present



Bob Drayer of Sturgis; has served from October, 2015 to present



Deborah Schmidt of Yorkton; has served from October, 2015 to present

Our Leadership



Suann Laurent
President and CEO

Throughout her career, Suann has held a number of senior positions including: Senior Vice-President of Health Services, Executive Director of Health Services, Director of Acute Care Programs, Quality Improvement Analyst, Director of Nursing, and Director of Long Term Care. She has also worked in a wide variety of nursing practices.

Suann graduated with a nursing diploma from the Health Sciences Centre in Winnipeg, Manitoba, and holds a Bachelor of Science degree in Nursing from the University of Saskatchewan. She is a graduate of the University of Saskatchewan, College of Commerce and has her Masters in Health Studies-Leadership from Athabasca University. Suann has also completed her Lean Leader Certification.

Suann holds active registration status with the Saskatchewan Registered Nurses' Association and has professional affiliation with the Canadian Council of Nursing, the International Council of Nursing, and is a member of the Canadian College of Health Leaders. Suann is actively involved in numerous Saskatchewan Ministry of Health committees. She is the past Chair of Accreditation Canada's National Surveyor Advisory Committee. She has extensive experience accrediting health systems in Canada and internationally.



Roberta Wiwcharuk
Vice President of Integrated Health Services

Roberta has worked as a Medical Laboratory Technologist, X-ray Assistant and a Registered Nurse. Her management positions have included Health Services Manager, Director of Health Services and currently the Vice President of Integrated Health Services.

Roberta graduated with a diploma in Medical Laboratory Technology and X-ray Assistant from the Red River Community College in Winnipeg, Manitoba. She graduated with a nursing diploma from the Brandon General Hospital School of Nursing in Brandon, MB and has a Bachelor of Science in Nursing degree from the University of Saskatchewan. Roberta completed the Saskatchewan Institute of Health Leadership Program and has also completed the Lean Leader Certification. Roberta holds an active registration with the Saskatchewan Registered Nurses' Association.



Lorelei Stusek
Vice President of Corporate Services

Lorelei began her career as an accountant and moved into health care into the position of Chief Financial Officer with the Assiniboine Valley District Health Authority in Kamsack. In 2002, she became Vice President of Corporate Services with the Sunrise Health Region.

Lorelei graduated from the University of Regina with a Bachelors of Business Administration and the Executive Leadership Program. She is a member of the Provincial Chief Financial Officer forum, Provincial Chief Information Officer forum, Provincial 3sHealth working committees as well as numerous clinical systems steering committees. She holds membership with the Canadian College of Healthcare Leaders, the College of Healthcare Information Management Executive and the Healthcare Information and Management Systems Society. Lorelei is also a Certified Lean Leader.



Sandra Tokaruk

Vice President of Integrated Primary Health Services

Sandy Tokaruk has been involved in the health care system for 34 years. She holds a degree in Human Service Administration. Sandy was also a participant and coach in the Saskatchewan Institute of Health Leadership and completed the SAHO Management Competencies for Health Personnel course and has received her Lean Leader Certification through the Saskatchewan Management System. Sandy was a front line Licensed Practical Nurse for many years in several locations and in many practice settings. She transitioned into management and has held manager positions in Long Term Care and Primary Health Care; she has also been a Director of Primary Health Care and is currently the Vice President of Integrated Primary Health Services. Sandy spent several years as the Registrar of the Saskatchewan Association of Licensed Practical Nurses. She has been involved in many provincial and national health initiatives, projects and committees.



Christina Denyseck

Vice President of Strategy & Partnerships

Christina began her career as Executive Director for Canora Home Care and has held a variety of senior leadership positions through the health system changes and within the boundaries of the Sunrise Health Region.

Christina graduated from the University of Regina with a Bachelors of Administration, a Masters Certificate in Health Systems Management and a Masters of Public Administration. She is a Certified Health Executive and a LEADS Specialist with the Canadian College of Health Leaders, as well as a Certified Lean Leader.

She is a champion of the Saskatchewan Leadership Program and was a member of the teaching faculty from 2012 to 2014. Christina is actively involved in numerous provincial health system committees and served as Co-chair of the Joint Health Human Resources Committee.



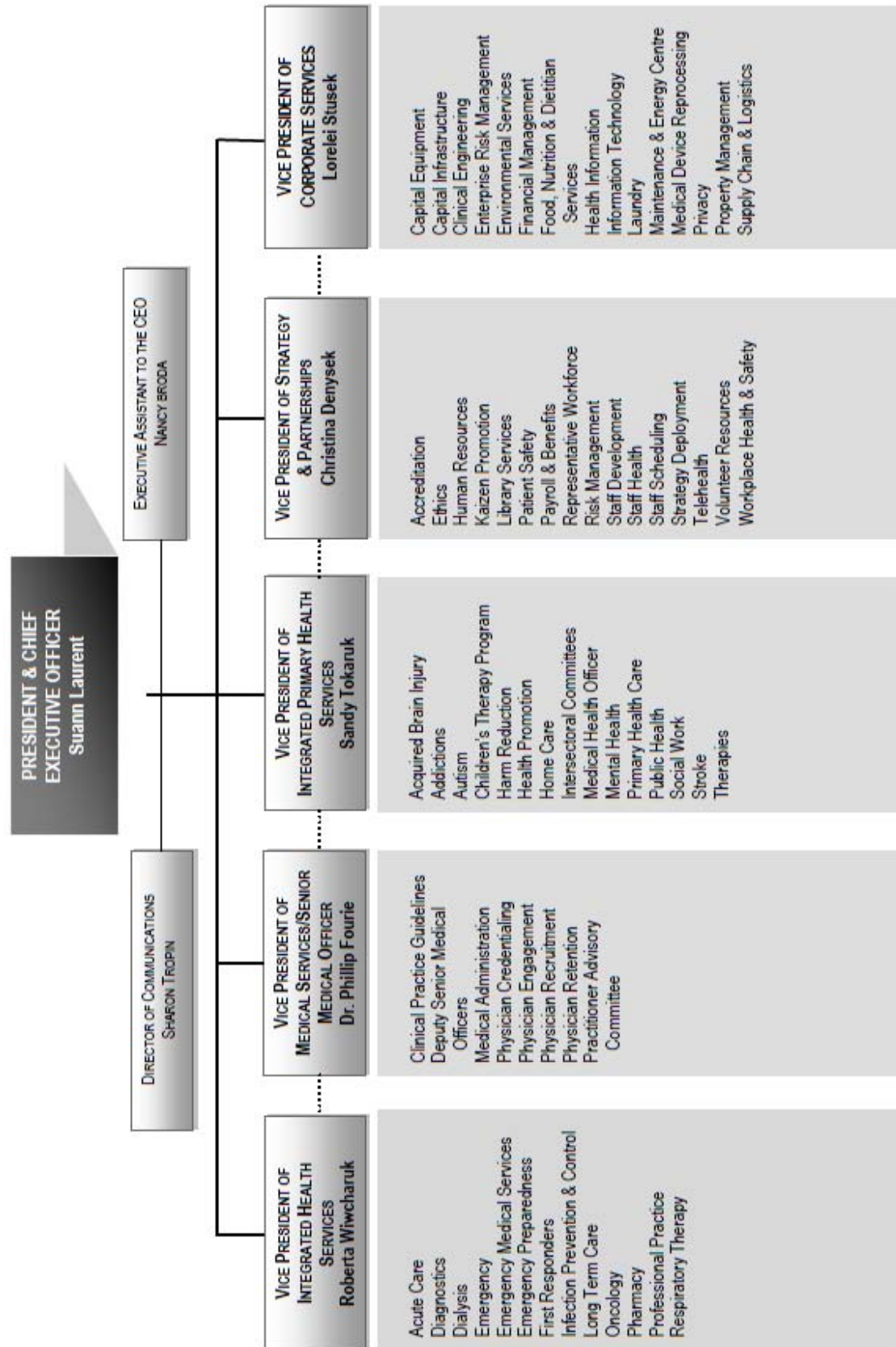
Dr. Phillip Fourie

Vice President of Medical Services/Senior Medical Officer

Dr. Fourie has practiced family medicine in Yorkton for over fifteen years, arriving in 1999 from South Africa where he completed his medical degree at the University of Stellenbosch in 1995. Dr. Fourie also holds a Diploma in Anesthesia from the College of Medicine of South Africa. He furthered his education in Health System Quality Improvement at Inter-Mountain Health Care and Lean Leadership Certification. Past-president of the Saskatchewan Medical Association, Sunrise Health Region Medical Association, former Chief of Family Medicine, and Saskatchewan Medical Association board member from 2005-2012, Dr. Fourie has served on several regional and provincial committees since 2000: Primary Care, e-Health, Pharmacy Information Program, Recruitment, Ethics and Citizen portal. Dr. Fourie commenced his duties of Senior Medical Officer for Sunrise Health Region on October 15, 2012 and continues to work as a family physician in Yorkton. Dr. Fourie is a certified Lean Leader.

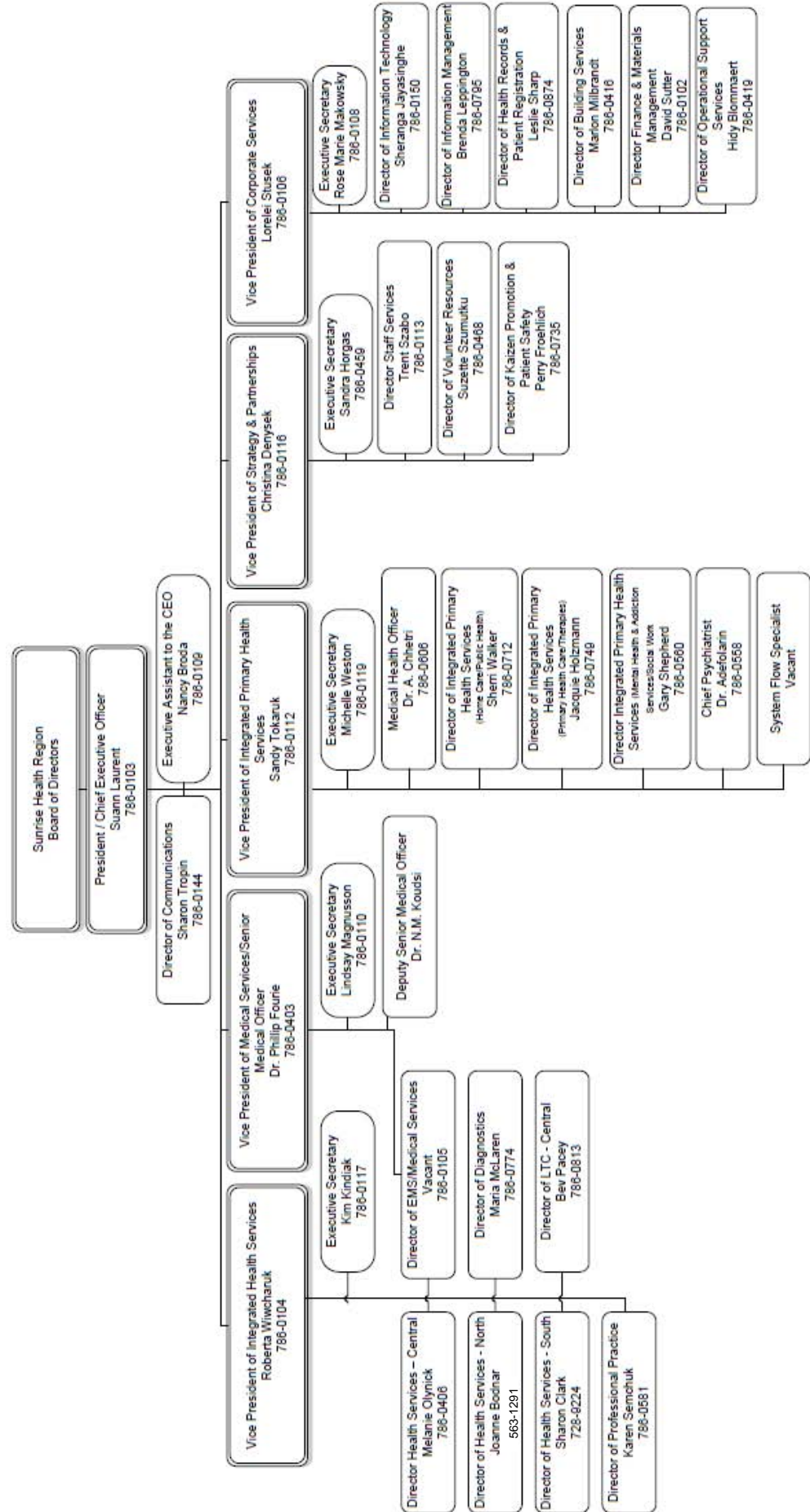
Organizational Report - CEO Direct Reports

As of March 31, 2016



Organizational Report - Executive Leadership

As of March 31, 2016





Jillian Henry-Wilkinson and Glenna Stringer with 601 Yorkton Outreach

Public Transparency

Regional Health Authority

Sunrise Health Region lists on its website the dates, times and locations of all public Regional Health Authority (RHA) meetings. Members of the public and area journalists are welcome to attend and observe the meetings. Members of the public can also contact the region and request to be included on the meeting agenda and make presentations to the RHA. All decisions of the RHA must be made during meetings open to the public.

Once approved, the RHA posts minutes of its meetings on the website. The minutes are public documents, as are the Strategic Plan and this Annual Report. Hard copies of the Annual Report can be obtained at the region's administrative office in Yorkton. Subsequent to all RHA meetings, the region distributes, to staff and to all local media outlets, a newsletter summarizing the meeting's highlights called the *BoardBrief*.

Community Health Advisory Committees

New members were appointed this year to the region's three geographically based Community Health Advisory Committees (CHACs) and the Terms of Reference was refreshed.

The purpose of these committees is to provide the Sunrise Regional Health Authority with community input to improve the health of communities. CHACs provide community feedback to the RHA in the areas of program and service development and delivery, health issues, needs and priorities, access to health services, and promotion of health. CHAC members are members of the public appointed by the RHA. Prospective members may be self-recommended or by existing CHAC members, community groups or individuals, and are expected to complete a declaration of interest. At least three meetings occur per year, including one plenary meeting.

CHAC Committee Membership:

Area 1: Kaylie Bowes (Kamsack), Charles Goosen (Hyas), Ken Kaban (Foam Lake), Patricia Kachman (Hyas), Michael Kaminski (Invermay), Devin Klapatiuk (Kamsack), Agnes Murrin (Preeceville), Linda Osachoff (Canora), Connie Rosowsky (Kamsack), Lexie Tomochko (Kamsack), Andrea Verigin (Kamsack)



President & CEO Suann Laurent leading a Strategic Visibility Wall Walk

Area 2: Deb Cook (Yorkton), Minnie Kuspira (Yorkton), Barbara Lang (Yorkton), Geraldine Peppler (Yorkton), Juanita Polegi (Jedburgh), Vi Schappert (Yorkton), Ella Sernowski (Yorkton), Carol Tamblyn (Yorkton)

Area 3: Brenda Becker (Churchbridge), Beatrice Boychuk (Ituna), Mildred Danylko (Calder), Lori Hutchison-Hunter (Melville), Judi Prier (Churchbridge), Monica Roussin (Esterhazy), Mark Stoll (Melville), Ruth Swanson (Churchbridge), Louise Thompson (Duff)

In addition to the Community Health Advisory Committees, the health region also has public/external participants on the Client & Family Centred Care Steering Committee, Regional Palliative Care Committee, Regional Spiritual Care Committee, Regional Ethics Committee, and Home Care Quality Improvement Committee. There are also Resident/Family Councils at all long-term care facilities in the region. There are also public/external participants on several of the health region's accreditation teams, emergency planning committees and involved on our Rapid Process Improvement Workshop (RPIW) teams.

Client and Family Centred Care Regional Steering Committee

The region's focus is on advancing the philosophy of client and family centred care and to that end, the region has recruited clients and family members to participate on a Client and Family Centred Care Regional Steering Committee. The intent of the committee is to lead, encourage and support the spread of client and family centred care throughout the region in all departments, services and levels of the organization. The committee identifies client and family centred care priorities for the region (in alignment with the Ministry of Health Patient and Family Centred Care framework) and develops action plans. Recruitment efforts continue for client and family advisors for the Steering Committee, ad-hoc working groups, representation on committees and client and family advisors for ongoing improvement work. In 2015-16, there were nine client and family advisors involved in improvement initiatives in our region

Our People and Services

Sunrise Health Region provides health services to the residents of 48 cities, towns and villages, 28 rural municipalities, and three First Nations in east central Saskatchewan – approximately 58,923 Saskatchewan residents in total.

As of March 31, 2016, the health region employed 2,961 staff members who provide and support health care within our 26 facilities, three leased properties, and through community-based services. The region's head offices are located in the City of Yorkton, which is the largest and the most central community in the region, and is the location of the regional health centre.

In the spring of 2015 the health region distributed the Report to the Community, an easy reference guide providing residents with contact information, information about new initiatives, and how to access services offered by the region. Featured items in the 2015 Report to the Community were: client and family centred care, the Sunrise Health and Wellness Centre, volunteers and partners, Community Health Advisory Committees, flooding in Melville, improving patient safety, gentle persuasive approaches in healthcare and the Canora Collaborative Emergency Centre.

Services provided throughout the health region include a comprehensive range of health prevention/promotion, acute care, supportive and rehabilitative services, that are located in institutions, communities and people's homes. Below is a sampling of service volumes provided by Sunrise Health Region in 2015-16:

- 9,557 regional influenza vaccines were given for the 2014-2015 influenza season. Staff Health administered 1,104 influenza immunizations to staff.
- 488 early visiting program “maternal/newborn” initial home visits in 2015 (all communities)
- 1,012 premises inspections by public health inspection
- 199 plumbing inspections (urban and rural) and 67 rural private sewage system inspections
- 96% completion rate for inspecting licensed category 1 facilities
- 166 animal bites followed up by public health; 249 hours required for investigation and follow-up
- 3,108 students in 22 schools participated in fluoride mouth rinse programs (89% participation rate)
- 32,323 hours of home care nursing service



Resident and staff at Lakeside Manor Care Home - Saltcoats

- 56,661 hours of home care support and personal care
- 35,185 “meals on wheels” delivered
- 31,572 clients were seen in therapy programs (7,142 were new clients this year)
- 97,314 therapy visits
- 100,399 square meters of health care facilities cleaned and maintained each day
- 2,872 surgeries were performed
- 2,439 clinical and educational Telehealth sessions were delivered
- 61,399 emergency room visits occurred
- 39,285 x-ray exams, 3,442 mammography exams and 8,600 ultrasounds
- 7,032 emergency response calls
- 6,770 mental health visits, excluding psychiatry and addictions
- 701 newborns were delivered

Surgical Cases

	2012-13	2013-14	2014-15	2015-16
Actual Surgeries performed	2,905	2,887	2,989	2,865
Provincial Target for Sunrise	3,300	3,300	3,300	2,850

Sample Volumes and Costs

Service	2013-14 Volumes	2014-15 Volumes	2015-16 Volumes	2015-16 Cost Per Service	2015-16 Total Annual Cost
Hemodialysis Patients	407	438	449	\$4,261.00	\$1,913,549 *
ER Visits (YRHC only)	17,840	20,029	20,443	\$138.00	\$2,822,714*
CT Scans	4,428	5,039	4,867	\$261.00	\$1,269,949 *

* Rounded to the nearest one-hundredth

Our Buildings

<i>Facility</i>	<i>Address</i>	<i>Year Built</i>	<i>Square Footage</i>	<i>Acute Beds</i>	<i>LTC Beds</i>	<i>*Other Beds</i>
Canora Gateway Lodge	212 Centre Ave. E. Canora	1972 1982 <i>r</i>	36,942		63	1
Canora Hospital	1219 Main St. Canora	1968	41,097	16		
Esterhazy-Centennial Special Care Home	300 James St. Esterhazy	1969	33,217		52	1
St. Anthony's Hospital, Esterhazy (affiliate)	216 Ancona St. Esterhazy	1966	23,013	22		
Foam Lake Health Centre	715 Sask. Ave. E. Foam Lake	1981	12,798			
Foam Lake Jubilee Home	421 Alberta Ave. E., Foam Lake	1966	26,490		49	2
Invermay Health Centre	303 4 th Ave. N. Invermay	1958	18,202		25	1
Ituna Pioneer Health Care Centre	320 5 th Ave. N.E. Ituna	1974	20,914		36	2
Kamsack Hospital & District Nursing Home	341 Stewart St. Kamsack	1962 1994 <i>r</i>	77,350	20	61	2
Kamsack Public Health & Administration	359 Queen Elizabeth Blvd. E. Kamsack		7,000			
Langenburg Health Care Complex/ Centennial Special Care Home	200 Heritage Dr. Langenburg	1976 1995 <i>r</i>	35,941		45	2
Melville Health Centre (connects St. Peter's Hospital and St. Paul Lutheran Home)	200 Heritage Dr. Melville	2002	51,849			
Norquay Health Centre	335 East Road Allow. S. Norquay	1962	21,765		31	1

**Other beds - includes respite, stroke program, transition and mental health beds*

**r - Renovation/addition*



Theodore Health Centre, Preeceville & District Health Centre and Langenburg Health Care Centre

<i>Facility</i>	<i>Address</i>	<i>Year Built</i>	<i>Square Footage</i>	<i>Acute Beds</i>	<i>LTC Beds</i>	<i>*Other Beds</i>
Preeceville & District Health Centre	712 7 th St. NE Preeceville	1970 2009 <i>r</i>	46,145	10	38	2
Saltcoats Lakeside Manor Care Home	101 Crescent Lake Rd., Saltcoats	1986	20,591		30	
St. Paul Lutheran Home (affiliate)	100 Heritage Dr. Melville	1962	78,738		128	1
St. Peter's Hospital (affiliate)	200 Heritage Dr. Melville	2002	35,047	30		
Theodore Health Centre	615 Anderson Dr. Theodore	1986	19,278		19	
Yorkton Public Health	150 Independent St., Yorkton	1957	25,005			
West Unit - Yorkton Regional Health Centre	270 Bradbrooke Dr, Yorkton	1962	16,432			
Pine Unit - Yorkton Regional Health Centre	270 Bradbrooke Dr, Yorkton	1962	16,432			16
Park Unit - Yorkton Regional Health Centre	270 Bradbrooke Dr, Yorkton	1962	16,432			
Prairie Unit - Yorkton Regional Health Centre	270 Bradbrooke Dr, Yorkton	1962	16,432			
Yorkton Mental Health Centre	270 Bradbrooke Dr., Yorkton	1962	42,847			
Yorkton & District Nursing Home	200 Bradbrooke Dr., Yorkton	1966 2005 <i>r</i>	169,424		211	17
Yorkton Regional Health Centre	270 Bradbrooke Dr., Yorkton	1959 1985 <i>r</i>	202,167	87		
TOTAL				185	788	48

**Other beds - includes respite, stroke program, transition and mental health beds*

**r - Renovation/addition*

Our Health Partners

Affiliated Health Care Organizations:

St. Paul Lutheran Home, Melville; St. Peter's Hospital, Melville; St. Anthony's Hospital, Esterhazy

Affiliated with Sunrise Regional Health Authority are three faith-based facilities. St. Paul Lutheran Home is a 129-bed long-term care facility; St. Anthony's is a 22-bed hospital; and St. Peter's is a 30-bed hospital. (St. Paul and St. Peter's are located together with the Saul Cohen Family Resource Centre and community-based services in Melville, as part of the Melville District Health Centre). *The Regional Health Services Act* defines the financial and operational relationship of health regions and affiliates. Governed by its own Board of Directors, each affiliate appoints a facility administrator to oversee the facility's staff and management team. The three affiliates and Sunrise Health Region have a very close, and almost completely integrated, management team. The affiliates have chosen a relationship whereby they follow all policies and procedures of the region (that do not infringe upon the faith-based mandates of the organizations); human resource, finance and operational support services are fully integrated. The Sunrise Health Region and its affiliate partners produce a consolidated financial statement each year.

The Health Foundation

The Health Foundation is a non-profit organization led by a volunteer board of directors that raises money to purchase medical equipment for the Sunrise Health Region. The Health Foundation puts on several events each year including the Chase the Ace Lottery, the Airwaves for Health Radiothon in April, the Learn to Run clinics that start each year in May, the Charity Golf Classic in June, the Charity Road Race in August and the Gala Evening in Yorkton in October. The Sunrise Health Region President & CEO and a Sunrise Regional Health Authority board member sit on The Health Foundation's Board.

KidsFirst

KidsFirst is an early childhood development program, intended to provide vulnerable children with the best possible start in life, and to encourage nurturing and supportive well-functioning families and communities. The KidsFirst program provides home visiting services, early learning and child care spaces, mental health and addiction counseling, and other supports to families in need. Sunrise Health Region is the accountable partner and provides the KidsFirst program with financial, payroll and information technology services for a fee.



St. Anthony's Hospital, Esterhazy

Emergency Medical Services

Sunrise Health Region provides emergency medical services, ambulance services, and first responder services to communities in the health region by a combination of contract ambulance services and region-owned services.

RHA owned and operated:

Esterhazy Emergency Medical Service
Ituna Emergency Medical Service
Langenburg Emergency Medical Service
Melville Emergency Medical Service

Privately contracted:

Canora Ambulance Care
Crestvue Ambulance Services (Yorkton and area)
Duck Mountain Ambulance Care (Kamsack, Norquay and area)
Preeceville Ambulance Service
Shamrock Ambulance Service (Foam Lake and area)

Society for the Involvement of Good Neighbours (SIGN)

SIGN is a not-for-profit family and community service agency. SIGN develops and delivers services to enhance the quality of life for individuals and groups in the Yorkton area. Their programming consists of education, mentoring, and counseling services. Sunrise Health Region has a contract with SIGN for services provided and an annual service agreement setting out the budget and terms and conditions.

First Nations

The Sunrise Health Region Medical Health Officer connects at the provincial level with the Medical Health Officer for First Nations and Inuit Health. Sunrise Health Region and The Key, Keeseekoose and Cote First Nations continued our contract agreements to provide Home Care services on reserve. The region also works in partnership with the Yorkton Tribal Council to support outreach services from Integrated Primary Health Care to The Key, Cote and Keeseekoose First Nations. Clinics are scheduled regularly on-reserve, focused on offering services to support the health and wellbeing of women in the communities. Clinic services



Attendees at St. Peter's Hospital's 75th anniversary celebration

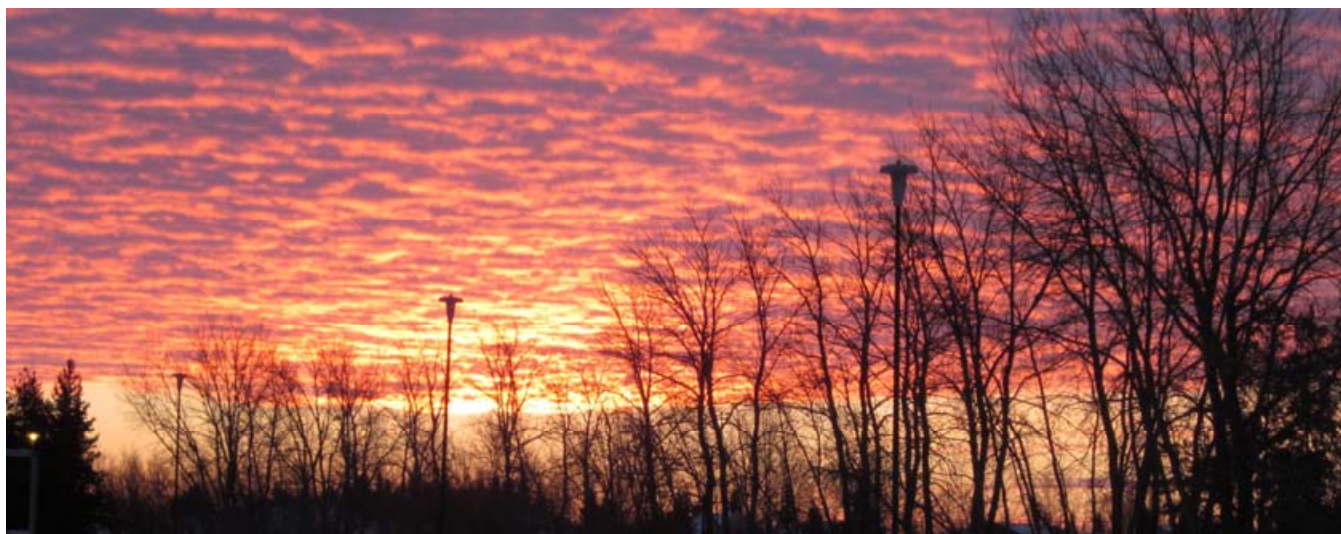
focus on women's reproductive and gynecological health that include: pap smears, breast exams, sexually transmitted infections testing, treatment and counseling, birth control, bone health, mental health, pregnancy testing, menopause education and support and prenatal care. The region also provides on-reserve therapies and mental health services. The region became a member of The Sauteaux Pelly Agency Health Initiative in January of 2014, which includes representatives from the First Nation Communities, Sunrise Health Region, the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan government and the Federal government. The purpose of the committee is to work together to achieve improvement in the holistic health of the communities.

3sHealth Shared Services

3sHealth provides province-wide shared services to support Saskatchewan's healthcare system. Working together with our partners, we find innovative solutions to complex problems to help create a sustainable system for future generations. They place patients and their families at the centre of all that we do; working with our partners to improve quality and ensure patient safety. The shared services 3sHealth provides include payroll and employee benefits administration for over 42,000 healthcare system employees, as well as joint contracting for goods and services. 3sHealth identify and provide new shared service opportunities to support better health, better care, better value, and better teams.

3sHealth implemented five values that guide our work, priorities, and interactions with clients and stakeholders:

- Collaboration
- Innovation
- Integrity and trust
- Transparency
- Bold and courageous leadership



Sunrise in Yorkton

Our Region

Demographics and Other Factors

In 2015, Sunrise Health Region had a total covered population of 58,923, a decrease of 628 people from the population reported in 2014. The source for this information is the Saskatchewan Ministry of Health 2015 Covered Population document. The “Covered Population” lists the number of persons eligible for health insurance benefits in Saskatchewan with breakdowns by known residence code. If a person resides in a rural municipality, picks up their mail in a village, town or city, and only provides the Ministry of Health with a correspondence address, that person is assigned the residence code for the correspondence address, rather than for the rural municipality. The full document is available on the eHealth website <http://population.health.gov.sk.ca/>.

Covered Population Statistics	2015	% of Total Pop
Yorkton	19,042	32.3%
Melville	5,186	8.8%
Canora	3,262	5.5%
Esterhazy	3,155	5.4%
Kamsack	2,340	4.0%
Foam Lake	1,514	2.6%
Preeceville	1,470	2.5%
Langenburg	1,421	2.4%
	37,390	62.2%
68 smaller towns, villages, hamlets and RMs	19,905	35.0%
Key, Cote, Keeseekoose First Nations	1,628	2.8%
TOTAL	58,923	100%



Residents at the Lakeside Manor county fair

A key characteristic of the health region's population continues to be a population significantly older than the provincial average. The percentage of the population over age 65 years stayed relatively the same over the past year. The region's population remains proportionately older than elsewhere in the province and one of the oldest in the country. Of the health region's population, 21% are over age 65 (provincially, 14.5%).

Other population characteristics from Statistics Canada 2011 data: the total aboriginal population in Sunrise Health Region is 8.5%, the unemployment rate for persons +15 years of age is 4.8%, and the proportion of those aged 25 to 54 years with post-secondary education is 50.4%.

As of March 31, 2016 Sunrise Health Region employed 2,961 people or 5% of the region's population.



Participants in a Rapid Process Improvement Workshop at the Sunrise Health & Wellness Centre

Health Status and Outcome Indicators

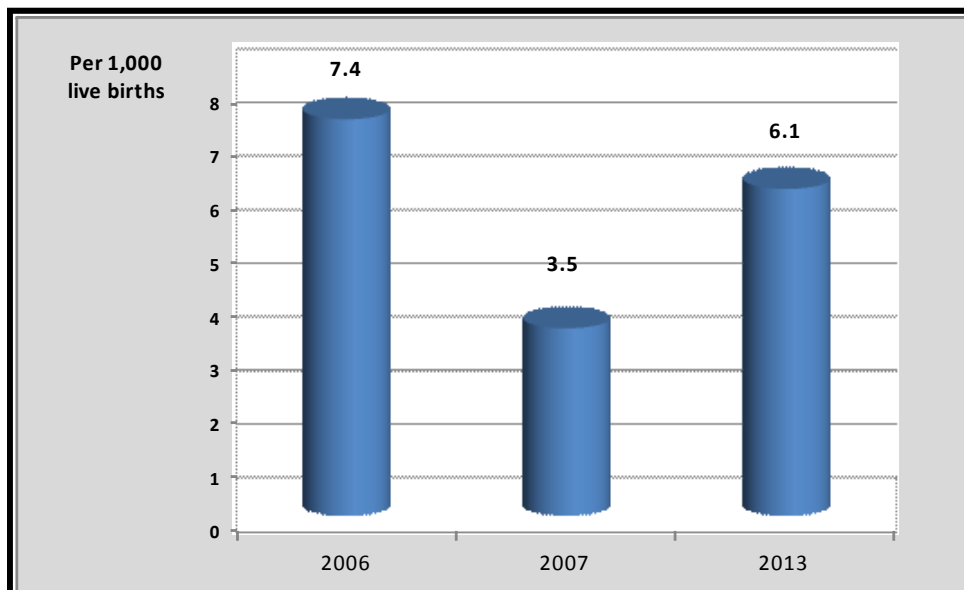
Health Status and Outcome Indicators

** Please refer to source documents for details on the indicators, the sources for their calculations and methodology. Source data for Statistics Canada can be found at www.statcan.gc.ca.

Infant Mortality

According to the Health Profile of December 2013 from Statistics Canada, the infant mortality rate for Sunrise Health Region was 6.1 per 1,000. According to data from the Saskatchewan Prevention Institute, this rate was 7.4 per 1,000 in 2006 and 3.5 per 1,000 in 2007. (see figure below)

Infant Mortality rates in Sunrise Health Region from 2006 to 2013

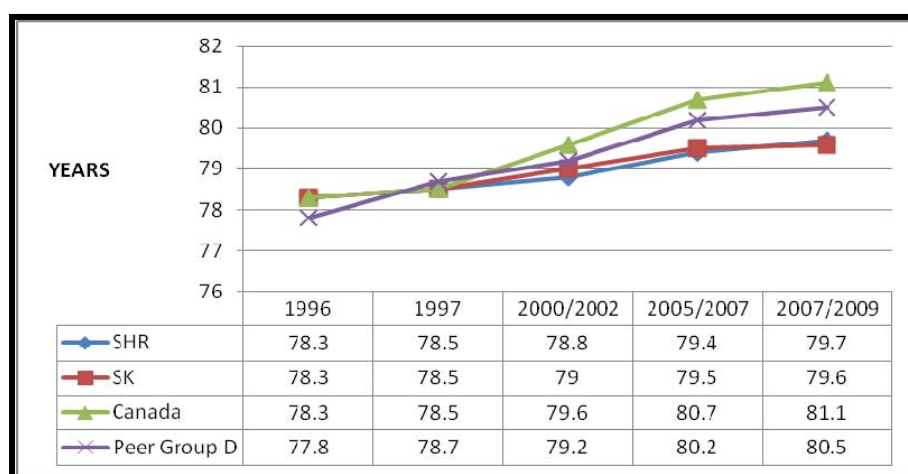


Life Expectancy

The figure below shows that in Sunrise Health Region, life expectancy at birth increased steadily from 78.3 years in 1996 to 79.7 years during the period 2007/2009. However, this increase has been below the average increase experienced in similar health regions, Saskatchewan and Canada. Further analysis has shown that since 2000, the difference in life expectancy at birth between Sunrise Health Region and Canada has been statistically significant. Compared to Saskatchewan, the difference was not statistically significant during both periods. Compared to similar health regions, the difference was statistically significant only during the periods 2005/2007 and 2007/2009.

Life expectancy at birth in Sunrise Health Region, Saskatchewan, Canada and Peer Group D health regions

(Source of data: Statistics Canada, CANSIM tables 102-0018, 102-0218 and 102-4307)



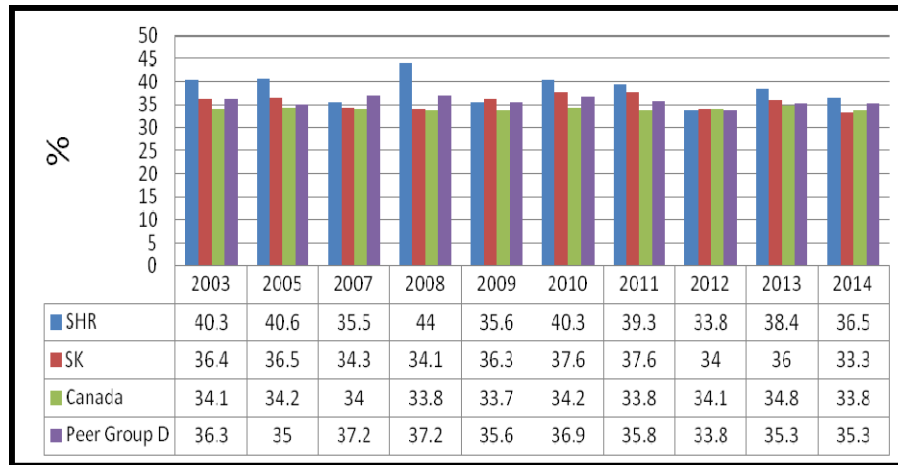
Overweight and Obesity

Body mass index is calculated as kilograms per metre squared. To calculate your own body mass = (your weight in kgs) ÷ (your height in metres) ÷ (your height in metres). According to the World Health Organization (WHO) and Health Canada guidelines, the index for body mass classifications are:

- less than 18.50 kg/m² (underweight);
- 18.50 to 24.99 (normal weight);
- 25.00 to 29.99 (overweight);
- 30.00 to 34.99 (obese, class I);
- 35.00 to 39.99 (obese, class II);
- 40.00 or greater (obese, class III)

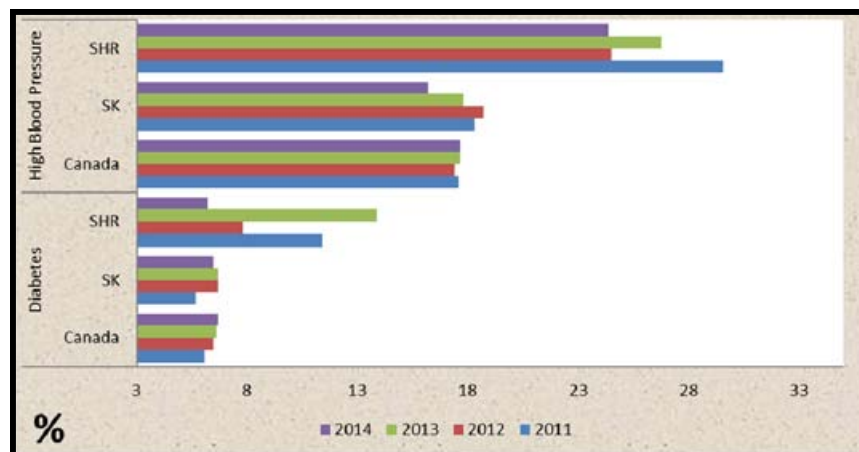
Obesity has been linked with many chronic diseases, including hypertension, type 2 diabetes, cardiovascular disease, osteoarthritis and certain types of cancer.

As shown in the figure below, the prevalence of self-reported overweight in adults in Sunrise Health Region decreased from 39.3 % in 2011 to 33.8 % in 2012 and was comparable to rates from Peer Group D, Saskatchewan and Canada. However, in 2013 and 2014, it increased to 38.4% and 36.5% respectively.



Proportion of the population who self-reported as diagnosed by a health professional having Diabetes and Hypertension, 2011 to 2014

(Source of data: Statistics Canada, Canadian Community Health Survey, CANSIM table 105-0501)



The figure above shows the population aged 12 and over who reported that they have been diagnosed by a health professional as having diabetes and high blood pressure. Compare to Canada and Saskatchewan, Sunrise Health Region has higher rates of both self-reported high blood pressure and diabetes.

Self-reported Health Status

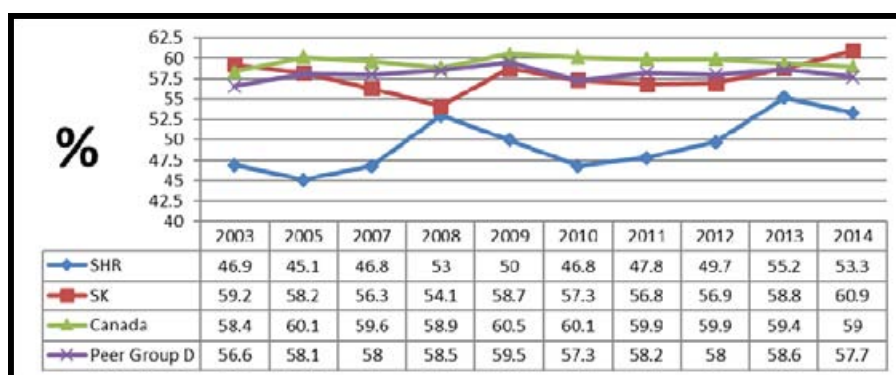
Over the period from 2003 to 2014, approximately half of Sunrise Health Region residents rated their health as very good or excellent. This number has steadily increased from 46.8 % to just above 55% between 2010 and 2013. However, in 2014 the figure dropped to 53.3%. During the same period, the proportion of Sunrise Health Region residents who rated their health as very good or excellent was less than Canada, Saskatchewan and Peer Group D health regions as depicted in the next figure.



Dr. Chhina and Deb Cottenie at Kamsack Hospital

Proportion of population 12 years and above that rated their health as very good or excellent in Sunrise Health Region, Saskatchewan and Peer Group D health regions from 2003 to 2014

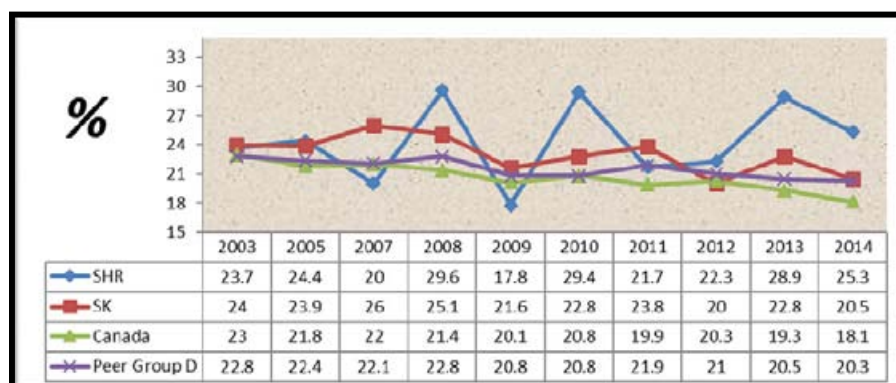
(Source of data: Statistics Canada, Canadian Community Health Survey, CANSIM table 105-0501)



The following graph provides the proportion (%) of residents who self-reported as current smokers (daily or occasional). In the Sunrise Health Region, this trend is gradually increasing from 21.7% in 2011 to just over 25% in 2014. Overall, the figure is comparable to Saskatchewan and peer group D. (Source: Statistics Canada, CANSIM table 105-0501)

Proportion of population who self-reported as current smokers (daily or occasional) Canada, Saskatchewan and Peer Group D health regions from 2003 to 2014

(Source of data: Statistics Canada, Canadian Community Health Survey, CANSIM table 105-0501)



Major Events and Mitigated Risks

Accreditation

During the week of November 1-6, 2015, the region underwent an Accreditation Survey by Accreditation Canada. Sunrise Health Region met 95.8% of 1,954 individual criteria and 96.6% of high priority criteria. This is a significant achievement, and proves that the region has made great improvements since the last accreditation in 2012.

Accreditation is a voluntary process that allows the health region to evaluate and improve the quality of our services, and to assess those services against national best practices. Unmet criteria and required organizational practices were put into action plans and followed up to completion.

Remote Presence Technology (Seymour the Robot)

A new RP Vita (robot) arrived at Yorkton Regional Health Centre in 2015, to assist in the educational delivery of the Bachelor of Science - Nursing Program offered via Parkland College and the University of Saskatchewan, with clinical training in Sunrise Health Region. At an event in November, 2015, the robot was officially unveiled with the name “Seymour”.

Seymour is an independently mobile robot with an articulated flat-screen monitor for visual display, dual camera configuration and full on-board audio which provides a seamless and immersive experience. The technology allows faculty to interact with students at remote sites to teach and assess clinical competencies. The robot is able to be at the bedside, and therefore, the instructor is able to observe students as they apply their teachings and are able to provide immediate feedback. Sunrise Health Region is exploring further clinical application to enhance services and support in our region.

Canora Collaborative Emergency Centre and Health & Wellness Centre

The Canora Collaborative Emergency Centre (CEC) and Health and Wellness Centre celebrated its grand opening on November 19, 2015 in the newly renovated space at the Canora Hospital. The Canora project involves three components: the CEC model to stabilize emergency department coverage, extended hours of primary health care appointments, and construction of the Canora Health and Wellness Centre to bring the team together under one roof.

Since the CEC model was implemented, there have been no emergency department service interruptions, and primary health care appointments are more accessible with longer weekday hours and weekend appointment times available.



Canora Health and Wellness Centre reception area

Family Resource Centre in Kamsack

The Kamsack Family Resource Centre was opened on October 6, 2015. The Centre is based on the Yorkton Family Resource Centre model and provides parenting classes, social interaction, nutrition education and activities to support healthy families with early childhood development. The primary target population for the services are families with children aged five years and under.

Saulteaux Pelly Agency Health Initiative Steering Committee

The Saulteaux Pelly Agency Health Initiative Steering Committee includes representatives from the First Nation Communities, Sunrise Health Region, the College of Physicians and Surgeons of Saskatchewan, the provincial Ministry of Health and the Federal government. The Steering Committee discusses health concerns and works on strategies to improve the health status of persons living in the First Nations communities of The Key, Cote and Keeseekoose.

A Nurse Navigator was hired by Sunrise Health Region to work in Kamsack providing assessments and therapeutic interventions for clients and their families, and to build relationships and address the emotional and social needs of clients. A Nurse Practitioner also conducts women's wellness clinics once a month in each of the First Nations communities. The work of this committee continues in 2016 with the collaborative effort of all parties involved.

Food Trayline

On November 18, 2015, a new food trayline was installed at Yorkton Regional Health Centre. The trayline was designed by staff from the Food and Nutrition Services department during an improvement event. The goal was to create a safer, more efficient work environment and reduce the time it takes to assemble client trays, enabling better customer service and experience, as now hot items stay hotter and cold items stay colder.

Yorkton Milk Drop

Sunrise Health Region and NorthernStar Mothers Milk Bank opened a human milk depot (drop) in October, 2015. Milk drop locations allow donor mothers to safely and conveniently drop off their milk. Located in the Obstetrics Ward of the Yorkton Regional Health Centre, the Milk Drop ensures the safe handling, storage and transport of donated human milk via the NorthernStar Mothers Milk Bank in Calgary.



Bev Whitehawk, Nurse Navigator

Purposeful Interaction

Purposeful Interaction was implemented in the region in 2015. Purposeful Interaction is the practice of anticipating the needs of long-term care residents within a prescribed amount of time and improving resident safety and satisfaction while ensuring better clinical outcomes. Implementation has occurred in Invermay Health Centre, Esterhazy Centennial Special Care Home, Canora Gateway Lodge, Lakeside Manor Care Home, and Langenburg Centennial Special Care Home, with implementation in the remaining long-term care sites to be completed by 2017.

Client and Family Centred Care Videos

In October, the Client and Family Centred Care (CFCC) Regional Steering Committee released four videos based on the Core Concepts of client and family centred care: dignity and respect, information sharing, participation, and collaboration. The CFCC Regional Steering Committee is comprised of client and family representatives from across the region and Sunrise staff members who expressed interest in becoming involved in helping to improve care for the clients of Sunrise Health Region. The videos were created by the committee to be used as an education and awareness tool. More information about the CFCC initiative and the videos are available on the Sunrise Health Region website at www.sunrisehealthregion.sk.ca.

Methadone Program

In 2015, Sunrise Health Region officially took over management of the methadone program in Kamsack. The methadone program now includes support for the discontinuation of needle use, care and counseling to reduce risk of HIV and Hepatitis C, and help for those who no longer will benefit from methadone treatment to safely discontinue the treatment program.

Chronic Disease Health Fair

The Chronic Disease Management team at the Sunrise Health and Wellness Centre held a Health Fair in September of 2015. Cardiac and pulmonary rehabilitation nurses, the diabetes education team, and a pharmacist provided information to the public about heart disease, diabetes, COPD (Chronic Obstructive Pulmonary Disease) and asthma. Help with smoking cessation, exercise, arthritis, osteoporosis management and medication information was also provided.

Community Health Advisory Committee (CHAC)

The Health Region welcomed 10 new members to the Community Health Advisory Committees in 2015; included are three high school students which provide the region with input and perspective from the youth in the community. Connecting with CHAC provides an ongoing opportunity for community members to share their thoughts and provide suggestions to address important issues that impact the health of communities in our region. Continuing to draw on community members for feedback and input helps Sunrise Health Region provide a client-focused health system that is accessible and sustainable for all residents.

Healthy Beginnings Report

The Healthy Beginnings Report was released in 2015. The Report recognizes that healthy development in young children, beginning with a mother's health, lays the foundation for a lifetime of health, well being, and success. The report was created by KidsFirst and Sunrise Health Region to help decision makers understand the level of vulnerability experienced by children in the health region. From 2007-2014 the average vulnerability rate for children in Sunrise Health Region was 30.1% which is slightly lower than the provincial 33%. Kamsack, Preeceville and Yorkton areas have child vulnerability rates considerably higher than the provincial and regional averages. The health region will work in 2016 with these communities and other agencies to reduce risk factors for children.

Involvement in Schools

Sunrise Health Region is active in health promotion in both the Good Spirit and Christ the Teacher School Divisions. Presentations on pregnancy are given to the Life Transition class at the schools by a Nurse Practitioner and a Public Health Nurse, as well as Healthy Eating class presentations to students in psychology class. The Children's Therapy Program visit preschools and day cares to consult with care providers on age appropriate activities to promote healthy development.

Measles, Pertussis, and Low Immunization Rates

This year there were outbreaks of both Measles and Pertussis in the province. Pertussis, a serious infection of the respiratory (breathing) system, hit our region twice in 2015. Both illnesses can be prevented by a vaccine series given multiple times in childhood. In Sunrise Health Region, the childhood immunization rates for two year olds are lower than the provincial average. In 2016, a focus for Sunrise Health Region will be prevention of childhood illness by encouraging parents to immunize their children.

Mental Health

Sunrise Health Region has achieved the provincial wait time target for all four triage levels for five different mental health and addictions services. The provincial target is that by March of 2017, 85% of persons seeking mental health and addictions services be triaged and seen within appropriate timeframes. A new computerized system was also installed this year to help clinicians.

Acute Stroke Pathways

Sunrise Health Region is one of four health regions leading the way in advancement of the Acute Stroke Pathway for quicker care using best practices and the Sunrise Health Region



A group of Sunrise Health Region staff members who achieved Lean certification

Stroke Prevention Clinic is helping to prevent strokes by connecting clients at risk for stroke with education and neurologist consults via Telehealth (video conferencing).

CT Scanner

In 2015, the region received support to buy a new computed tomography (CT) scanner from the provincial government. The cost of a new CT scanner is estimated at \$1.2 million. The Ministry of Health funded 50% of the replacement cost, and will continue to fund the operating costs associated with CT services. The Health Foundation of East Central Saskatchewan raised the remaining \$600,000 of the new CT scanner cost as part of its capital campaign. By mid-March of 2016, the new CT scanner was in place.

Facebook

In September of 2015, Sunrise Health Region began using Facebook to reach out to people in the health region with information about workshops, health tips and service interruption notices. The goal is to build a local follower base in order to reach members of our community with general information and, more importantly, to quickly disseminate information when emergency or urgent information needs to be communicated. The Sunrise Health Region page can be found by searching “Sunrise Health Region” when logged in to Facebook.

Immunize or Mask

Saskatchewan’s immunize or mask policy remained in place during the 2015-16 influenza season. The policy is voluntary for health care workers for the 2015-16 influenza season. While employees, physicians and volunteers are not required to immunize or mask this year, the region asked that our employees, physicians, and volunteers voluntarily choose to do one or the other. Unfortunately, we are seeing much lower rates of immunization this year among staff than in 2014.

St. Peter’s Hospital 75th Anniversary Celebration

St. Peter’s Hospital celebrated their 75th Anniversary by hosting a staff barbeque on Monday, June 8, 2015. A mass and dedication service, and an anniversary tea were held for the public on Wednesday, June 10, 2015, with the President and CEO and Board Chairperson in attendance.



Celebrating the Milk Drop grand opening at the Yorkton Regional Health Centre

Bed Transitions

Based on a study of bed utilization and needs in the region, in 2015 changes were made to some bed designations. The study found that some respite beds were not used to their full capacity in Theodore Health Centre, Langenburg Health Centre, Ituna Pioneer Health Care Centre, Yorkton & District Nursing Home, Invermay Health Centre, Lakeside Manor Care Home and Norquay Health Centre. The beds were converted to permanent long term care beds. The change took place as the beds became vacant. At Yorkton & District Nursing Home two transition beds were converted for Palliative Care. This change enhanced access for our residents.

Hand Hygiene

Hand Hygiene rates in the region are being closely monitored. The Infection Prevention and Control team of nurses, auditors and managers focused their attention on facilities exhibiting the lowest hand hygiene rates. The hand hygiene compliance rates are determined during monthly facility audits by trained auditors who observe direct care providers cleaning of hands for an appropriate amount of time using antibacterial gel or soap and water upon entering and exiting client/resident rooms. To achieve full compliance the employee must also have removed watches, rings, have no artificial nails and must wash hands before putting on and after taking off gloves.

Computerized Maintenance Management System

In 2015, as part of an Occupational Health and Safety audit, and recommendations by Accreditation Canada, Sunrise embarked on a Computerized Maintenance Management System (CMMS) for the Sunrise Health Region to achieve safety and reliability of our assets through a tracking system. CMMS is a tracking system for preventative maintenance checks, requisitions on equipment, and to determine end of life on equipment by tracking the number of equipment failures and requesting maintenance services.

2015-16 Budget Rollout

In May of 2015, the Health Authority approved a budget consisting of revenues totaling \$221,180,657 balanced by total operating expenditures of \$219,118,250 and \$2,062,407 held for replacement reserves and repayment of mortgages and loans. The plan focused on continued improvements to safety, quality and access while reducing expenditures. Compensation costs continue to be the largest expenditure for the health region and account for 77% of total costs.

Progress in 2015-2016

The Regional Health Services Act defines the relationship between Sunrise Health Region, the Minister of Health, and the Ministry of Health. The “Regional Strategic Visibility Wall” is used by the Sunrise Regional Health Authority to track alignment with the targets set out in the health region’s Strategic Plan and in the Ministry of Health Plan for 2015-16. The Regional Strategic Visibility Wall is located in the Mental Health Auditorium of Yorkton Regional Health Centre. During a “Wall Walk”, which is held once each week and open to anyone who wishes to attend, the executive leadership describes the strategies the region is working on and progress towards the targets. Staff from each program and service departments/units monitor indicators relevant to their work on “Connecting Teams for Excellence” daily visibility management walls located in their work areas and these are accessible to staff and public. The schedules for the regional “Wall Walk” presentations are posted under the Strategy and Innovation section of www.sunrisehealthregion.sk.ca. “Wall Walk” videos are on the website in the News and Publications section. In the 2015-16 Annual Report the indicators are taken from monitoring reports posted on our visibility walls in 2015-16. Our Medical Health Officer compiles relevant health status indicators in this report using various provincial and federal health status reports.

The health region’s strategic focus aligns under four “Betters”, upon which objectives, plans and actions are built to achieve Better Health, Better Care, Better Teams, and Better Value for the people of Saskatchewan.

Better Health

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Better Care

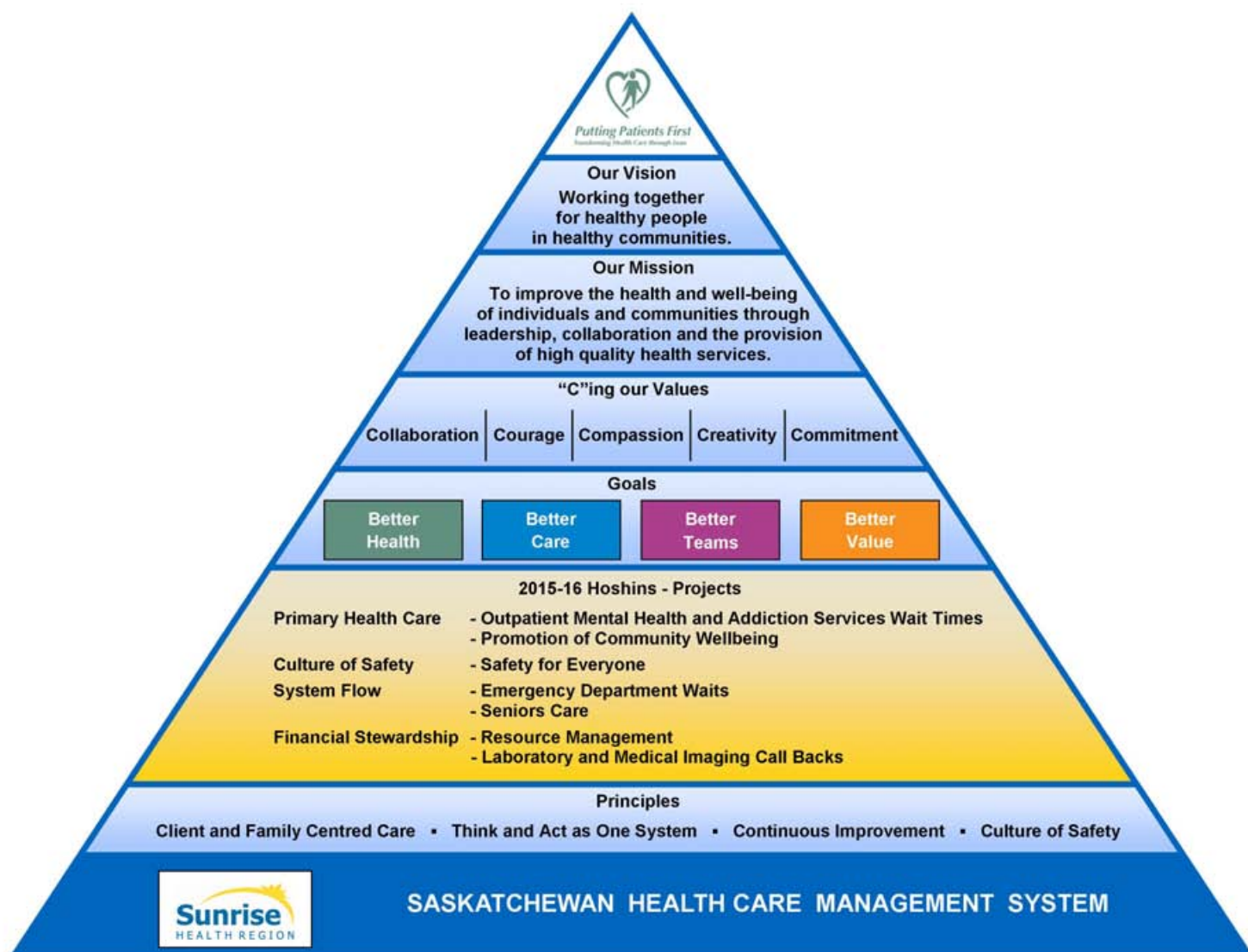
In partnership with clients and families, improve the individual’s experience, achieve timely access and continuously improve healthcare safety.

Better Teams

Build safe, supportive and quality workplaces that support client and family-centered care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

Better Value

Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.



Strategic Intent Triangle

The Strategic Intent Triangle is a visual representation of the strategy of our organization containing our mission, vision and values, strategic goals, and annually updated Hoshins and related projects.

Hoshins - Projects for the 2015-16 fiscal year (as denoted in the triangle above):

- Primary Health Care – Outpatient Mental Health and Addictions Services Wait Times
- Primary Health Care – Promotion of Community Wellbeing
- Culture of Safety – Safety for Everyone
- System Flow – Emergency Department Waits
- System Flow – Seniors Care
- Financial Stewardship – Resource Management
- Financial Stewardship – Laboratory and Medical Imaging Call Backs

Strategy: Better Health

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Provincial 5 year Improvement Targets:

- By 2017, people living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to six common chronic conditions (Diabetes, Coronary Artery Disease, Coronary Obstructive Pulmonary Disease, Depression, Congestive Heart Failure, and Asthma).
- By 2017, at risk populations (all age groups) will achieve better health through access to evidence based interventions, services and/or supports.

Hoshin/ Breakthrough Initiative:

- By March 31, 2019, there will be increased access to quality mental health and addiction services and reduced wait times for outpatient and psychiatry services.

Projects

1. Outpatient Mental Health and Addiction Services Wait Times

Target	Status
<ul style="list-style-type: none">• By March 31, 2016, wait times for contract and salaried psychiatrists will be reduced to match provincial targets.	Achieved
<ul style="list-style-type: none">• By March 31, 2016, 85% of the provincial 2017 benchmark will have been met for reduction of mental health outpatients wait times.	Achieved

Results:

The provincial goal was that 50% of all people trying to access psychiatry services are able to do so within the provincially established timelines that are appropriate for each triage level. A great deal of work was completed by the Mental Health and Addictions Services team. In Sunrise Health Region, the target was exceeded and access to psychiatry is currently closer to 90%.

The Mental Health and Addictions Services team was able to implement strategies for outpatient wait times, even in an extended period of staff at less than capacity, to meet and exceed the target for all triage levels. Best practice is for persons to be seen within 24 hours when triaged as very severe, within five working days if triaged severe, within 20 days for moderate and within 30 days for mild. Great success was achieved in reducing wait times.

2. Promotion of Community Wellbeing

Target	Status
<ul style="list-style-type: none"> By March 31, 2016, the Sunrise Health Region will have a fully operational Family Resource Centre in Kamsack to provide healthy intersectoral programming for at risk children and families. 	Achieved
<ul style="list-style-type: none"> By March 31, 2016, 50% of client records at all Sunrise Health Region Primary Health Care sites and admitted to health facilities will have documentation of chronic condition risk factors 	Achieved

Results:

Upon release of the “Health Status in Early Childhood” report in May, 2015, it became clear that the most pressing risk factors for chronic conditions was in the early childhood population in the Kamsack area. Kamsack was identified as having the highest number of children at risk of adverse events and poor health status from 0-5 years of age. Poor health in early childhood can lead to life-long complications with chronic conditions.

Sunrise Health Region established the Kamsack Family Resource Centre in 2015, by bringing together key stakeholders and decision makers from the community of Kamsack and provincial and federal health, education, social services, corrections and justice departments. The Kamsack Family Resource Centre now provides a range of programming to assist children ages 0-5 and their families.

The integrated primary health care team developed a strategy for documenting risk factors for chronic conditions, standardized criteria for measuring risk factors and standardized use of the CDM-QIP form at all primary health care sites. Education was provided to primary health care staff and physicians and monthly audits were conducted.

Monitoring of this project continues on the Quality, Cost, Delivery, Safety and Engagement (QCDSE) wall into 2016-17.

Strategy: Better Care

In partnership with clients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Provincial 5 year Improvement Targets:

- By March 2017, all people have access to appropriate, safe, and timely surgical and specialty care as defined by the improvement targets.
- By 2017, establish a culture of safety with a shared ownership for the elimination of defects.

Hoshins/ Breakthrough Initiatives:

- By March 31, 2017, there will be a 35% reduction in Emergency Department waits.
- By March 31, 2020, all seniors can access community supports, to remain at home as long as possible, allowing them to progress into other care options as needs change. If needs progress to requiring long-term care, it is a priority to ensure seniors have the highest quality of care possible.

Projects

3. Emergency Department Waits

Target	Status
<ul style="list-style-type: none">• By March 31, 2016, a baseline will have been established for Emergency Department Waits for CTAS (Canadian Triage Acuity Scale) 3, 4 and 5 in all rural acute care facilities.	Achieved
<ul style="list-style-type: none">• By March 31, 2016, there will be further reductions in Emergency Department waits, improved patient flow, and provincial initiatives will be implemented.	Achieved

Results:

The integrated health services team worked to standardize data collection in rural emergency departments where a mixture of manual and electronic systems existed. Work will continue into 2016-17 to further assist wait time reductions.

Following through on a provincial initiative, client satisfaction surveys are now completed for all persons accessing services in emergency departments throughout the health region. At Yorkton Regional Health Centre, two Rapid Process Improvement Workshops (RPIW) helped improve client flow in the diagnostic and emergency departments. Inter-disciplinary rounds began at the Yorkton Regional Health Centre on the Medicine and Surgical units. Emergency department wait times will continue to be monitored on the QCDSE (Quality, Cost, Delivery, Safety and Engagement) wall in 2016-17.



Canora Gateway Lodge Administrator Leanne Buchinski and resident Laura Sookochoff, Parkland College Nursing students and resident at the YDNH Fair, residents attending the Lakeside Manor county fair

4. Seniors Care

Target	Status
<ul style="list-style-type: none"> By March 31, 2016, the Contact Assessment Tool will be utilized to identify seniors with complex health needs attending the Sunrise Health and Wellness Centre, and to assist further development of regional processes. The gathering of baseline data will indicate the need for assessment and/or services to help maintain independence and prevent adverse health outcomes and/or unnecessary hospital admissions. 	Achieved
<ul style="list-style-type: none"> By March 31, 2016, an action plan for Purposeful Rounding in long-term care will be developed and 1/3 of all long-term care sites will have initiated implementation. 	Achieved

Results:

Contact assessment criteria is now used at physician clinics and all primary health care sites in the region, including the Sunrise Health and Wellness Centre. Use of the criteria triggers completion of the Contact Assessment Tool by Home Care, and the alignment of services with individual care plans.

The rounding project was renamed “Purposeful Interaction” to better reflect the need for two-way conversation with clients and an action plan was created. Purposeful Interaction is about respecting the needs and wishes of residents by purposefully interacting with residents to understand how they are doing and whether their needs are being met in regards to pain management and comfort, and defining set times when a staff member will next return to inquire about the resident’s needs. The target of implementation in 1/3 of the long-term care facilities in Sunrise Health Region was exceeded; Purposeful Interaction was implemented in 2015-16 in Canora, Invermay, Langenburg, Saltcoats and Esterhazy. In 2016-17, Purposeful Interaction will continue to be rolled out to remaining long-term care facilities and progress will continue to be monitored.

Strategy: Better Teams

Build safe, supportive, and quality workplaces that support client and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

Provincial 5 year Improvement Targets:

- By March 31, 2017, increase staff and physician engagement scores to 80%.

Hoshin/ Breakthrough Initiative:

To achieve a culture of safety, by March 31, 2020, there will be no harm to patients or staff.

Projects

5. Safety for Everyone

Target	Status
• By March 31, 2016, all 6 elements of the Safety Management System will be implemented in the Sunrise Health Region.	Achieved
• By March 31, 2016, there will be a 60% reduction in the number of Workers Compensation Board (WCB) injury claims.	Not Achieved
• By March 31, 2016, for 100% of regional reported time loss shoulder and back injuries, root cause investigations will be conducted and will include recommendations.	Achieved
• By March 31, 2016, Sunrise Health Region will have conducted a readiness assessment and will have created an action plan to prepare for Stop the Line implementation.	Achieved

Results:

All six elements of the Saskatchewan Safety Management System have been implemented in Sunrise Health Region. The elements are: management and leadership, hazard identification and control, training and communications, inspections, incident reporting and investigation, and emergency response.

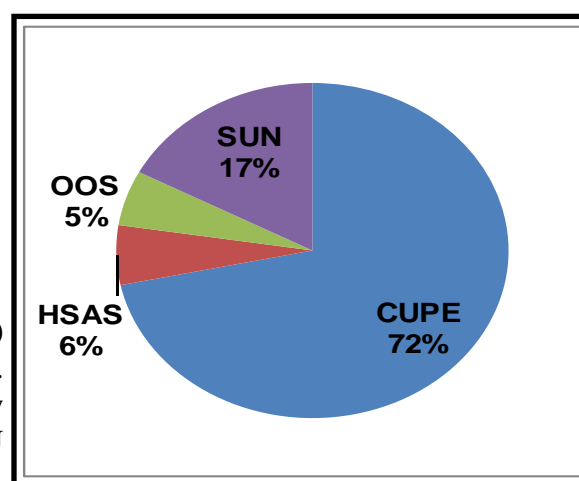
In the last quarter of the year there was a significant reduction in injuries, however the region was not able to achieve the 60% reduction by March 31, 2016. Total medical aid and time lost incidents were the lowest annual number since April 1, 2011; injuries reported due to transfer, lift and repositioning of person and/or object saw a 4% reduction from the previous year. Further strategy work on injury claim reduction will continue into 2016-17.

The original target statement was focused on zero work-related shoulder and back injuries, however it was realized that while zero injuries is still the goal, we must first track why the injuries are occurring and put preventative measures in place. 100% of all reported time-loss shoulder and back injuries are now investigated to root causes, with recommendations to help prevent further injuries.

The provincial Safety Alert/Stop the Line working group created a readiness assessment tool for regions to analyze progress on safety work. The Sunrise Health Region assessment was completed and the region continues to initiate a Stop the Line implementation plan.

To support the Better Teams strategy, Sunrise Health Region actively recruits in all areas. As of March 31, 2016, the number of employees by union affiliation was:

- Canadian Union of Public Employees (CUPE) **2,112**
- Health Sciences Association of Saskatchewan (HSAS) **175**
- Out of Scope/non-union (OOS) **160**
- Saskatchewan Union of Nurses (SUN) **514**
- All employees **2,961**



The Canadian Union of Public Employees (CUPE) is the largest union in Sunrise Health Region. Sunrise Health Region does not have any employees represented by the unions SGEU, SEIU or RWDSU.

Strategy: Better Value

Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment, and information infrastructure.

Provincial 5 year Improvement Targets:

- By March 31, 2017, as part of a multi-year budget strategy, the health system will bend the cost curve by lowering the status quo growth by 1.5%.
- By March 31, 2017, all IT, equipment and infrastructure will be coordinated through provincial planning processes to ensure provincial strategic priorities are met.

Hoshins/ Breakthrough Initiatives:

By March 31, 2017, as part of a multi-year budget strategy, the health system will bend the cost curve by 1.5% per year.

Projects

6. Resource Management

Target	Status
• By March 31, 2016, Sunrise Health Region will achieve a balanced budget.	Achieved
• By March 31, 2016, Sunrise Health Region will meet or exceed our established attendance targets.	Not Achieved
• By March 31, 2016, national and provincial appropriateness guidelines will be utilized to achieve a 5% reduction in the number of laboratory and medical imaging call-backs, using the numbers from 2014-15 as the baseline.	Not Achieved

Results:

In 2015-16, Sunrise Health Region achieved a balanced budget. This was due to the work of everyone on the Sunrise Health Region team and additional assistance from a \$1.1 million dollar one-time rebate from the Worker's Compensation Board.

As of March 31, 2016, the health region ended the year with a surplus of \$31,195.

The attendance targets were not met by March 31, 2016. However, there were gains, in particular in straight time optimization with a final result lower than target and .45% lower than in the 2014-15 fiscal year.

Sick Time:

Target - 72 hours per full-time equivalent. Actual - 95.05 hours

Wage Driven Premiums:

Target - 42 hours per full-time equivalent. Actual - 50.09 hours

Straight Time Optimization:

Target - 1% less worked hours than budgeted. Actual - 1.72% less

Projects

7. Laboratory and Medical Imaging Call-backs

Results:

The target of a 5% reduction in regional call-backs for laboratory and medical imaging was not achieved by March 31, 2016. However, four of the 13 diagnostics departments achieved a year-over-year reduction in callbacks with Yorkton Regional Health Centre maintaining callback numbers from the previous year with only a 0.1% increase and Canora, Preeceville and Esterhazy exceeding the 5% reduction target.

Statistics are being shared with physicians, "Choosing Wisely" guideline education will be provided to public and providers, and further study of root causes will continue on the Quality, Cost, Delivery, Safety and Engagement (QCDSE) wall in 2016-17.

Financial Overview

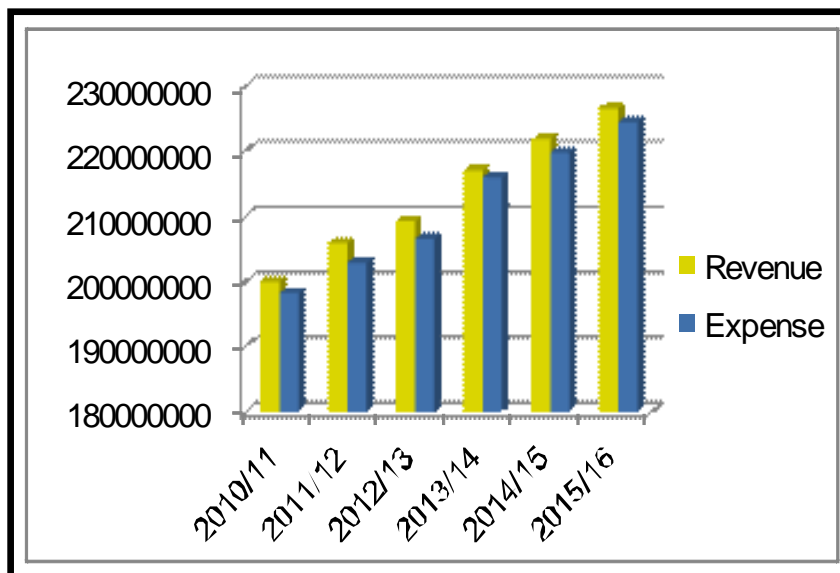
The health region budgeted for revenue of \$221,180,657 with actual revenue of \$226,516,499. Operating expenditures of \$219,118,250 were budgeted in 2015-16 with actual expenditures of \$224,422,897. Throughout the year, Sunrise Health Region managers reviewed monthly variance reports to monitor compliance with their program/department budget and provide course correction where necessary.

The 2015-16 year ended with a consolidated surplus of \$2,093,602.

The health region continues to deal with the challenges of sick time replacement and higher than budgeted wage driven premiums, high levels of complex care requiring one-on-one care for some residents, and reciprocal billing revenue less than expected due to fewer than expected clients from other provinces accessing services in the region.

Year-End Financial Comparisons

The chart below is a visual of year-end comparisons. For 2015-16, actual revenues were \$226,516,499 and actual operating expenditures were \$224,422,897.



Business Continuity Plans

Sunrise Health Region has plans in place for continuance of health services in the event of a major disaster, emergency, pandemic, labour disruption, and illness outbreak or service interruption.

The Essential Services Plans are in place to ensure the public is protected from danger to life, health and safety during periods of job action.



President & CEO Suann Laurent and former Chairperson Lawrence Chomos with the Accreditation Canada team

Future Outlook & Emerging Issues

By embedding provincial and regional strategy into all aspects of daily work, Sunrise Health Region has continued to make improvements and lead innovation. A recent example is the partnership with the University of Saskatchewan and Parkland College to use remote presence technology in Yorkton Regional Health Centre for clinical education. In the near future we envision that Sunrise Health Region clients and their care providers will be able to connect with medical experts from around the world using this technology.

This past year, significant progress was made in client experience and access to services was improved due to the involvement of both clients and staff in our improvement events. Examples include major improvements made in 2015-16 to enhance mental health and addictions services access, as well as smaller improvements where a staff member created a warning system to alert staff when medication carts were not locked properly. The future outlook is for the spirit of innovation to continue. Sunrise Health Region will not rest until there are zero defects in our healthcare system, zero workplace injuries and zero harm to clients.

The future outlook is for increased involvement with clients and their families in all aspects of health care planning and especially during their care. Our challenge will be connecting with clients of all ages from throughout our region to understand their needs and experience with the health system in order to learn and engage in transformation.

Our infrastructure is prominent focus; especially the regional services that are at potential risk of interruption due to the age and condition of the Yorkton Regional Health Centre. The region will continue to communicate and plan with the province to address our infrastructure requirements.

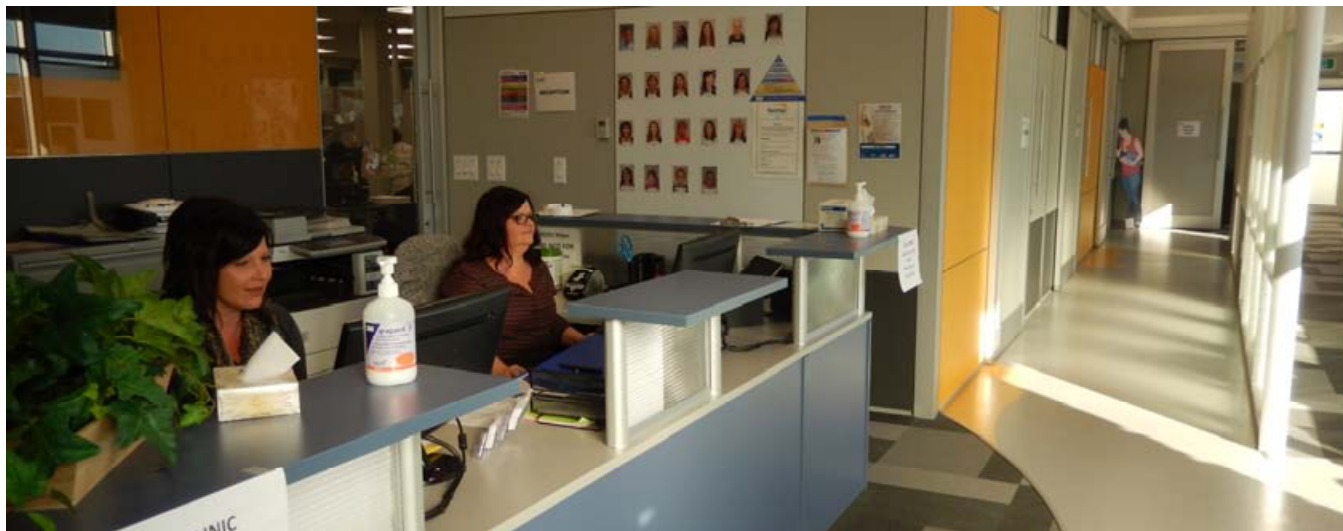
Pending retirements are a concern. The percentage of staff eligible for retirement will approach 14 percent in 2016. The projection is that by 2020, 18% of our workforce will have retired or will be eligible for retirement. In 2015, Sunrise Health Region was able to replace SUN, CUPE and HSAS staff at a sufficient replacement rate; however this could change rapidly if those



Dr. Thavisha Jayasinghe, Surgical Assistant

eligible for retirement begin to leave the health system. Recruitment and retention strategies will need to continue to mitigate this risk.

Sunrise Health Region has an active volunteer base and in 2015-16 there were 4,159 requests for volunteer services. Volunteers assist with “meals on wheels”, help clients as facility greeters, visitors, and assist clients to use the patient entertainment system “Patient Connect”. Volunteers also drive and accompany clients to appointments and events, assist staff with programming and are critical to the effective flow of people during immunization clinics. Forty percent of our 1,855 registered volunteers are over the age of 65. Volunteers play an essential role in daily operations and the need to recruit and fill these positions is constant.



Reception area at the Sunrise Health & Wellness Centre

Supporting Documents

The following documents are available from the Sunrise Health Region at www.sunrisehealthregion.sk.ca or by calling (306) 786-0110.

- Five Year Strategic Plan
- Hoshins (Breakthrough Strategy) 2015-16
- Balanced Scorecard
- Health Status Report
- Information Management Plan
- Physician Resource Plan
- Customer Engagement and Service Expectation Plan

Payee Disclosure List

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of \$50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

SUNRISE REGIONAL HEALTH AUTHORITY

PAYEE DISCLOSURE LIST

For the Year Ended March 31, 2016

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of \$50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total \$50,000 or more

AARRESTAD, CRYSTAL	95,180	BABYAK, TWYLA	114,938
ABDAI, LAURETTA	112,899	BADOLES, CHRISTINE	105,068
ABDAI, LINDA	53,309	BADOLES, LLOYD	53,567
ABDON, ANNALYN	92,794	BADOWICH, DAN	88,730
ABDON, JEFFREY	110,166	BADOWICH, WILLIE	80,642
ABRAHAMSON, DAWNA	114,831	BALACHANDRAN, SREEDIVYA	90,211
ABRAHAMSON, STACY	80,410	BALACKO, DEE ANNE	94,923
ABRAHAMSON, THERESA	84,083	BALCOBERO, LEA CHRIS	92,150
ABRAMETZ, AMANDA	87,474	BALI, LUCILLE	59,175
ADAMS, JAIME	107,045	BALI, VIVIAN	56,216
AIREY, SYLVIA	84,992	BALOG, DONNA	53,782
ALBERS, DONNA	109,065	BALYSKI, DEBORAH	63,542
ALCORN, SEAN	91,796	BARABASH, SHELLEY	55,589
ALFELOR, ANACELIA	61,920	BARABONOFF, BASILIDES	56,920
ALLEN, DEREK	77,175	BARAGAR, DONNA	84,864
ALSPACH, LISA	98,468	BARANIUK, KALEIGH	66,356
ANAKA, JOCELYN	50,684	BARKER, LORRAINE	109,713
ANDERSON, ANNE	93,728	BARNETT, CARYN	50,410
ANDERSON, ANNETTE	61,898	BARR, DARLENE	68,805
ANDERSON, KELSEY	75,457	BARTESKI, ANDREA	82,937
ANDERSON, LORNA	80,260	BARTOK, DEANNA	100,052
ANDRES, RYAN	88,111	BASSINGTHWAITE, JOYCE	88,785
ANDREW, H ELAINE	101,357	BASSINGTHWAITE, NORMA	52,573
ANGUS YANKE, MARY	75,468	BATALLONES, ANGELIC C	101,292
ANUIK, JOAN	148,993	BAUTISTA, DONNA DES	108,507
APPEL, LAURIE	52,397	BAUTISTA, MARJORIE	101,757
ARENAS, MYLENE	94,899	BEAHM, NATHAN	50,171
ARESHENKO, MARGE	104,663	BEAR, CHERYL	62,524
ARMBRUSTER, CAITLIN	64,828	BEAR, SHEILA	179,534
ARMSTRONG, JILL	79,401	BEATTY, LAURA	88,443
ARNOLD, MEGAN	90,870	BEBENEK, DARIN	54,318
ARNOLD, SANDRA	147,328	BECHAYDA, JEANIEVA	100,008
ARVAY, LORRAINE	73,685	BECK, BRENNAN	77,973
AUCKLAND, LAURIE	83,599	BECK, SUZANNE	74,724
BABICHUK, CINDY	52,637	BECKER, THERESA	65,538

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2016

Personal Services

(Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total \$50,000 or more

BELL, SHERRY	87,184	BRACEWELL, GRACE	98,670
BELLAMY, DANIELLE	91,441	BRADLEY, CHRISTINE	85,312
BELLEGARDE, CANDICE	112,334	BREITKREUZ, ANNE	80,866
BERARD, RHONDA	75,553	BREITKREUZ, JAYNELLE	99,141
BERGER, BEVERLY	89,948	BREITKREUZ, LAURIE	80,593
BERGLUND, SUSAN	51,240	BREITKREUZ, MARTHA	89,531
BERGMAN, CARLY	73,405	BRENNER, DONNA	61,640
BERMEJO, CRISTINA	82,871	BRENZEN, LINDSEY	55,357
BERMEJO, NOEL	70,462	BREWER DUDA, JENNIFER	61,338
BERNATH, LORIE	76,310	BRODA, CHRISTY	77,318
BETKER, NOLA	74,831	BRODA, NANCY	74,743
BEWCYK, KERRY	60,295	BRODA, TANNIS	93,099
BEZAIRE, COLETTE	84,262	BROOKS, BRENDA	81,375
BHARGAV, ANUBHAV	50,963	BROWN RAYNER, ROXANE	93,418
BIELINSKI, TRACY	82,994	BROWN, GERALDINE	53,033
BIRCHARD, CHRISTINE	130,263	BROWN, MICHELLE	64,190
BISHOP, RHONDA	90,184	BRUECKMAN, KAYLENE	70,384
BJORNERUD, LAURIE A	89,318	BRYKSA, GWEN	60,993
BLACK, STACY	128,104	BRYMER, DORIS	113,491
BLOMMAERT, BAREND	87,640	BUCHINSKI, LEANNE	94,161
BLOMMAERT, HIDY	125,318	BUCHINSKI, VIVIAN	51,922
BLOMMAERT, PEARL	53,979	BUCKBERGER, WANDA	109,638
BOAL, TESSA	62,593	BUCSIS, KIMBERLY	122,620
BOBYK, JEANNIE	50,273	BUDD, PATRICIA	83,361
BODNAR, JOANNE	122,923	BUETTNER, KATHERINE	78,158
BODNARIK, ANNELLE	57,492	BUHLER, DEBBIE	91,602
BODNARYK, RANDY	85,198	BULISCHAK, KELSEY	57,070
BOHN, DEBORAH	121,515	BULKA, TIFFANY	104,729
BOLME, DARREN	65,148	BULYCH, KRISTEN	102,386
BOMBERAK, TANIA	79,823	BUMAGAT, JHOANA PA	141,571
BONE, ROBERT	59,356	BURBACK, DWAYNE	108,718
BONK, ALLISON	71,140	BURKHOLDER, TERRI LYN	55,432
BORYS, KIMBERLEY	70,627	BURNS, BRYCE	84,820
BOT, CORRINE	76,316	BURRELL FOWLER, KAMELIA	56,744
BOT, RANDY	92,450	BYCZYNSKI, BEVERLEY	79,733
BOTHNER, ANGELA	63,018	CACERES, ROXANA	84,213
BOURNE, COLLEEN	91,831	CALLIN, REBECCA	91,493
BOWES, DONNA	64,956	CAMERON, CAROLYN	101,928
BOYCHUK, HEIDI	52,765	CANFIELD, LINDA	99,318
BOYKO, BARBARA	52,471	CANNON, JANET	72,455

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2016

Personal Services

(Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total \$50,000 or more

CANNON, WILLIAM	72,431	CRISANTO, ALVINCITO	172,593
CASTILLO, VINCENT B	90,549	CRISANTO, DAWN REIT	91,212
CAWLEY, NAOMI	62,516	CROSS, BRANDI	57,694
CHAN, RICHELLE	87,244	CROSS, CALYSSA	85,093
CHARLEBOIS, DANYA	64,434	CROSWELL, JANICE	88,471
CHASE, SHELLEY	114,846	CROW, DANETTE	99,877
CHERNEY, ERICA	63,078	CRUICKSHANK, KAREN	78,591
CHERNOFF, CARLA	66,552	CUDAL, LOUJEN	54,340
CHESNEY, CHERYL	57,244	CURSONS, MELISSA	91,446
CHEVRIER, MELANIE	81,555	CYHLA, AMBER	67,183
CHEVRIER, SUZANNE	73,597	CYMBALISTY, PHYLLIS	90,490
CHILUFYA, DERICK	75,634	CYR PHILIPCHUK, SUSANNE	66,770
CHILUFYA, FLORENCE	104,149	DACEY, NIKKI	96,486
CHISHOLM, MEGAN	91,793	DALES, CHERYL	105,146
CHOAT, DARCY	109,955	DALWADI, KUSH	70,060
CHOMOS, ROBBYN	51,885	DANCHILLA, TERESA	53,870
CHOPTUIK, KAREN	96,013	DANYLUK, ELIZABETH	50,223
CHOPTY, LEONA	95,843	DAREICHUK, RUTH	119,171
CHRISTIE, SHERRY	54,001	DAS, PALASH	54,258
CHRISTOPHER, GLEN-MARY	98,170	DAUM, GAYLE	104,238
CHUPA, BRIAN	114,981	DAVIDUK, AMANDA	56,878
CHUPA, MONICA	52,520	DAVIS, LORELEE	87,833
CHUPIK, TERESA	92,466	DEBNAM, MARILYN	86,258
CHURKO, JOANNE	173,631	DECORBY, ALLISON	85,070
CHYZ, CORY	73,054	DEDMAN, BRENDA	77,101
CLAIRMONT, JOANNE	68,236	DELEURME, NANCY	102,482
CLARK, HELEN	139,553	DELONG, KAREN	58,983
CLEMENTS, SHEILA	117,009	DEMCHUK, ANITA	79,100
CO, MARY JANE	80,367	DEMPSEY, BRITTANY	78,335
CODE, ERIN	63,401	DEN BROK, LORI	90,839
COLTEA, COSMIN	88,655	DENESIK, RHEA	72,093
COMBRES, GILBERT	97,049	DENNIS, LORRAINE	114,127
COMEDES, DONABEL	86,698	DENYSEK, CHRISTINA	217,059
CONRAD, KAREN	99,631	DERENIWSKY, KRISTEN	68,012
COOK, SHELBY	83,050	DERKATCH, LISA	50,260
COSTELLO, TINA	55,772	DESWIAGE, EILEEN	95,186
COTE, SANTANA	96,372	DETILLIEUX, JASON	76,451
COTTENIE, DEBORAH	130,134	DEVINS, JULIE	51,792
COWAN, TERESE	74,553	DIDUCH, IVY	101,027
CRANWELL, CATHY	76,617	DIERKER, TAMSEN	93,014

**SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2016**

Personal Services

(Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total \$50,000 or more

DIGNESS, CONNIE	76,164	EUGIN, REGIN	103,143
DILTS, JUDITH	67,105	EXNER, KARALYN	59,189
DIMAPILIS, MYLA	125,292	FAIRBANK, ANITA	55,758
DIONNE, ALICE	56,595	FALLOWS, BRIAN	54,077
DIXON, LEE	58,609	FARKES, WANDA	69,888
DOBKO, KIM	95,117	FAWCETT, KIMBERLY	67,305
DOBKO, ROBIN	64,941	FAYE, SHELLY	96,111
DONGLA, KATHLEEN	128,926	FEDORAK, GAIL	83,013
DONGLA, NESTIE	154,990	FEDORCHUK, KATHY	105,883
DOZOREC, SUSAN	56,291	FEDUN, RICHARD	64,019
DREGER, CHRISTINE	65,954	FELONIUK, MARIA	84,695
DRESSLER, MELODIE	50,377	FENNING, CRAIG	80,597
DROTAR, HEATHER	50,227	FENWICK, SHERILYN	99,923
DUBNYK, NANCY	113,452	FERGUSON, LANALEE	63,418
DUBREUIL, MARIE	89,197	FIALKOWSKI, BRIANNE	69,332
DUFF, AMANDA	71,247	FIEGE, CHELSEA	83,831
DUFF, BARBARA	107,093	FIEGE, PATRICIA	89,809
DUFFIELD, JOELLE	55,003	FIELDING, ROGER	83,250
DUL, IRIS	55,646	FINNERTY, PATRICIA	55,567
DUMKA, SHERI RAE	106,220	FINNIE, NEIL	87,509
DUMONCEAUX, TRACY	51,864	FIOLA, HIEDI	79,206
DUNCALFE, ROGER	72,894	FISHER, CHRIS	81,075
DURSUN, SHARM	74,095	FISKE, DANIELA	109,069
DUTCHAK, MONICA	106,647	FISSEL, KATHY	51,153
DYCER, AIMEE	58,642	FLAMAN, JANICE	103,447
DYKER, LYNN	86,544	FLEGER, KIMBERLY	73,080
EDEL, KERRI	62,265	FLEURY, DELTA	56,531
EDWARDS, VALERIE	98,044	FLUNDRA, CONNIE	94,843
EICHELBERG, CORRINE	51,075	FOGG, MARIANNE	87,414
ELLIOTT, TERESA	64,719	FONG, ELIZABETH	89,889
ELLIS, JACKIE	91,563	FONTANILLA, MOONYEEN	97,711
ENGLOT, NORENE	70,628	FORBES, SACHA GAY	119,098
ERETH, MARIA JAN	54,301	FOSTER, MANDIE	57,281
ERHARDT, LORETTA	97,248	FOWLER, AISHA	53,000
ERHARDT, VERONICA	50,082	FRANKLIN, ROXANNE	72,008
ERICK, DARIS	55,580	FREDERICKSON, JUDY	109,638
ERICKSON, GLENDA	82,304	FRICK, LAURIE	59,800
ERICKSON, TRACY	84,882	FRIEZE, GISELLE	55,005
ESKRA, BRANDON	100,270	FRIEZE, JASMINE	65,519
ESKRA, MARCY	80,257	FRITZKE, JANICE	99,734

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2016

Personal Services

(Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total \$50,000 or more

FROELICH, PERRY	123,045	GUY, JACQUELIN	52,610
FROELICH, VIRGINIA	59,492	HAAS, JANNAH	83,487
FROH, PENNY	107,716	HAAS, KATELYN	71,432
FUCHES, BEVERLEY	50,539	HABERMAN, JOAN	58,340
FULLAWKA, KIMBERLY	76,340	HADUBIAK, CONSTANCE	77,869
FUNK-BILANCHUK, RONDA	51,778	HAHN BROWN, NOREEN	72,771
FYKE, DEANA	55,319	HALAREWICH, SHERYL	85,691
GABRIEL, DONALD	95,385	HALCHYSHAK, DONNA	65,517
GALANG, ALICIA	57,885	HALL, CYNTHIA	58,054
GALLI, SANTANA	71,451	HALLIDAY, CARISSA	51,151
GARTNER, HEATHER	74,705	HALYK, EDITH	100,212
GAUDRY, JON	98,640	HALYK, MARCIE	62,122
GEMBEY, DEBORAH	81,294	HALYK, THERESA	100,649
GERMAN, DAYNA	103,021	HANCOCK, MARGARET	121,225
GERO MAY, WENDY	93,339	HANNAH, JANICE	72,656
GIBB, KENDRA	60,557	HANSEN, BRANDI	56,462
GIBNEY, S. COLLEE	91,413	HANSON, CINDY	51,047
GILLESPIE, CARLA	69,374	HANSON, JEANETTE	50,048
GINGARA, MICHELLE	52,401	HASSETT, TRACY	52,132
GLODOVEZA, ELOISA	106,765	HAUBER, TRISHA	100,285
GOODSON, GRANT	54,004	HAUSER, BONNIE	71,525
GOODSON, JUDY	50,505	HAWKINS, RHONDA	70,066
GOTENGCO, JACQUELIN	80,853	HEARN, ANGIE	50,598
GRAHAM, SHERYL	69,439	HEISTAD, LORNA	51,295
GRIFFIN, ANDREA	50,464	HELMECZI, BRANDI	55,516
GROCHOWSKI, JUSTIN	87,358	HENDERSON, LORI	58,156
GRODZINSKI, LISA	95,980	HENLEY, JUDY	53,742
GROFF, HEATHER	63,075	HESHKA, GEORGETTE	61,161
GRYWACHESKI, ALYSSA	75,740	HESHKA, ROSEANNE	53,917
GRYWACHESKI, ASHLEY	116,734	HESKIN, CAROL	96,374
GRYWACHESKI, DEBORA L	97,429	HILDEBRANDT, CRYSTAL	52,566
GULEY, STEPHANIE	51,843	HILDERMAN, CHRISTEN	60,295
GULKA, BECKY	79,208	HILLIAR, COURTNEY	74,952
GULKA, LESLIE	128,143	HILTON, FRED	92,785
GULKA, TRACY	74,827	HILTON, KELLY	53,271
GULRUD, JOHN	68,943	HNATYSHYN, WANDA	83,782
GUNTHER, MARCY	56,567	HOFFERT, CYNTHIA	51,061
GURNIAK, DARLENE	51,423	HOLMES, DENISE	72,835
GUSTAFSON, EUNICE	65,379	HOLOWATUK, GREER	100,858
GUSTILO, KATHERINE	86,262	HOLZMANN, JACQUEL	120,889

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2016

Personal Services

(Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total \$50,000 or more

HOMENIUK, ORMANDA	59,501	JEGANAYAGAM, HEMA	77,317
HONEYWICH, BRIAN	75,782	JENDRASHEKE, CARRIE	69,794
HONEYWICH, SHERI	75,553	JOHN, JINIL	98,198
HORDICHUK, ERNEST	188,723	JOHN, JOSINA	96,779
HORGAS, SANDRA	58,054	JOHNSON, DEBBIE	79,328
HORNUNG, DIANA	107,319	JOHNSON, LATISHA	57,190
HOTOMANI, TASHA	74,099	JOHNSON, SHEILA	70,720
HOTZAK, YVONNE	83,490	JOHNSTON, ANDREA	85,304
HOVDE, CAROLE	112,041	JOHNSTON, ISABEL	53,554
HOVEN, AMY	51,653	JOHNSTON, LYND SAY	53,685
HOWARD, ARLETTE	94,875	JORDAN, SHAUNA	73,382
HOWARD, KIMBERLY	109,010	JOSE PAUL, NITHIN	86,307
HOYT, KIMBERLEY	98,712	JOSE, DARWIN	65,087
HRYWKIW, KARA	73,861	JOSE, JIS MARIA	51,524
HUBER, KEVIN	119,106	JOSEN, RAJDEEP	50,903
HUBER, LEANNE	93,007	JOSEPH, EBIN	112,490
HUCKABAY, ANTHONY	130,634	JOSEPH, LESLINE	98,828
HUCKABAY, KRISTY	70,014	JOSEPH, SWAPNA	95,271
HUDY, TAMARA	53,678	JOSEPH, THARUN	94,879
HUNKO, LANA	98,423	JOY, ASHAMOL	88,498
INAYAT, UMBERTO	80,204	JOY, JOEMON	101,093
INGLIS, BAILEY	65,845	JUCABAN, MAY JOY	112,085
IRVINE, PEARL	54,977	KACSMAR, ELAINE	53,673
ISAAC, SHANNON	81,618	KACZUR ZIMMER, SHERRIE	134,936
ISSAC, JESSY	83,262	KAISER, SHANNON	117,688
IVANOCHKO, CHRISTAL	70,393	KAMALASANAN, ALAKA	91,903
IVANOCHKO, TRICIA	52,820	KANNENBERG, ANITA	94,064
IVEY, SKYE	50,802	KARCHA, KIM	52,678
JACK, FAYE	62,913	KARKUT, BERNADETT	97,369
JACOB, CARLA	74,641	KASPRICK, TIM	83,365
JACOBSON, SCOTT	100,265	KAUR, RAJNEET	69,479
JALMANZAR, ROLDAN	104,687	KAZAKOFF, WANDA	52,038
JANSSEN, COLLEEN	82,001	KEEP, BRYANA	60,170
JANZEN, BRIAN	66,223	KEIL, FERN	91,542
JANZEN, MELISSA	68,785	KELBAUGH, AMY	60,035
JANZEN, PATRICIA	57,622	KELL, LISA	92,656
JARVIS, JODI	95,788	KELLEN, JOY	94,652
JARVIS, LEE	53,782	KELLER, DEREK	112,092
JASAN, CINDY	61,249	KELLER, KAREN	50,303
JAYASINGHE, SHERANGA	121,134	KELLER, KRISTIN	90,663

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2016

Personal Services

(Cont)

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KELLER, LORI	102,058	KROCHAK, SHERRILEE	66,081
KELLY, SHALAINÉ	69,485	KRYKLYWICZ, PATRICIA	88,536
KENNEDY, DAWN	119,332	KULCSAR, BEVERLY	55,361
KIDDER, MICHELLE	107,987	KULCSAR, MICHELLE	86,545
KINCH, DENISE	70,681	KUNKEL, RUTH	87,431
KINDIAK, KIMBERLY	58,200	KUNTZ, HEIDI	91,324
KINOSHITA, CHELSEA	80,849	KUSPIRA, PAT	106,823
KIRSCH, TAMMY	75,880	KYRYLUK, SABRINA	94,395
KITCHEN, DEBRA	82,105	LAEVENS, BERNADINE	87,293
KITCHEN, RONALD	65,128	LAFONTAINE, NICOLE	55,769
KITZUL, DEBORAH	50,514	LAGO, JOHLET	53,304
KITZUL, LAURIE	104,037	LAIRD, REBECCA	60,850
KLAPATIUK, JANET	171,922	LAJEUNESSE, KATHALEEN	78,313
KLEBECK, DEEDRA	50,570	LAMPA, ARVIE	60,858
KLINGSPON, GREG	75,721	LANDSTAD, AUDREY	102,927
KLUK, GEORGETTE	114,062	LANDSTAD, SHANN	63,867
KLUK, SHELLEY	90,694	LANGAN, JODEE	91,786
KLUS, BETTY	102,591	LANGAN, RENEE	104,130
KLUTZ, ALISON	74,509	LAROCQUE, COLLEEN	85,103
KNECHT, KIMBERLEY	77,172	LAROSE JUNEK, LISA	75,382
KNORR, DANIELLE	81,807	LARSON, DORIAN	71,571
KOBELKA, SHERRI JO	56,121	LARSON, LORI	68,078
KODMAN, JENNIFER	103,209	LATHAM, RONNELL	77,433
KOHLERT, CAROL	112,905	LAURENT, SUANN	321,618
KOLISNEK, CAROL	75,100	LAUTENSCHLAEGER, GALINA	67,973
KOLISNEK, KEN	76,240	LAUZON, MARGARET	51,503
KOMINETSKY, DENISE	66,044	LAVALLEE, VALERIE	53,015
KONAN, MELODY	99,293	LAVERDIERE, ERIN	77,207
KOPAN, LORETTA	50,064	LAVIOLETTE, WILMA	93,148
KOROLEK, LINDSAY	61,925	LAW, VERNA	83,556
KORPATNISKI, RYAN	53,534	LAWRENCE, GERARD	95,673
KOSHELUK, SABRINA	81,101	LAYCOCK, TERESA	76,018
KOSKIE, SUSAN	103,816	LAZARUK, ARLENE	55,251
KOTKO, JUSTIN	85,289	LAZARUK, VANESSA	77,964
KOTYK, DIANNE	60,471	LAZURKO, DONNA	105,327
KOWALCHUK, DONNA	50,483	LECHMAN, MARIAHJOE	71,760
KOZUN, LEANNE	73,734	LEEGWATER, DAWN	90,419
KRASOWSKI, TAMARA	68,392	LEGGE, KAREN	96,832
KRETT, JENNIFER	69,675	LEHKY, BRANDYN	62,059
KROCHAK, CARLA	133,135	LEIS, NIKOLE	68,269

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LEMAIRE, JANET	81,420	MANLEY, SELENA	62,997
LEMIEUX, DEBBIE	65,988	MANUM, MELISSA	95,764
LEONARD, KAREN	85,271	MARIANO, DOREEN	104,022
LEONOR, CLINT	108,461	MARKHAM, LISA	64,812
LEONTOWICH, NANCY	52,613	MARTELL, KERRY	89,281
LEPPINGTON, BRENDA	93,185	MARTIN, JOAN	60,564
LERAT, KATRINA	72,725	MARTINOOK, TRACEY	97,972
LIEBREICH, VERNA	75,553	MATECHUK, MARION	55,626
LILLEBO, LORNE	53,285	MATHEW, SALAMMA	95,725
LIM, MARITESS	148,034	MATHEWS, RINU	51,076
LINGL, ARLENE	83,339	MATISHO, MARGARET	93,984
LINK, DEBRA	134,706	MATISHO, TIFFANY	67,489
LISOWAY, MARILYN	51,007	MATYAS, VICKI	56,699
LITKE, KAREN	119,866	MAURER, VIRGINIA	78,205
LIVINGSTON, HEATHER	88,881	MAYER, JOEL	92,526
LIVINGSTONE, LILIA	60,838	MCCANNELL, YOLANDE	52,965
LIVINGSTONE, PATRICK	94,604	MCCARTHY, MICHELLE	93,193
LOCH, CRYSTAL	62,208	MCCORMACK, LISA	101,438
LOMBARD, HERMANUS	242,983	MCCORMICK, DONNA	116,588
LOSTER, EVELYN	50,105	MCDUGALL, DIANE	56,834
LUTZ, KAREN	102,034	MCGILL, GLENN	125,717
LUTZ, YVONNE	90,229	MCGILLIVRAY, SONYA	68,488
LYS, LESLIE	74,733	MCKEE, BRENT	84,446
LYSAK, LORRAINE	111,424	MCKEE, DENISE	90,641
LYSIUK, DEBRA	104,286	MCLAREN, MARIA	107,497
MACGILLIVRAY, SHERI	50,488	MCLAUGHLIN, JENNIFER	73,416
MACKAY, DALE	92,014	MCLEOD, DONNA	71,646
MACKENZIE, BRENDA	59,564	MCLEOD, KYLA	61,169
MACLEAN, BRENDA	106,273	MCNEIL, KELLY	99,507
MACNEIL, ERIN	89,476	MEADOWS, TANIA	73,409
MACPHERSON, KATELIN	75,385	MEE, BRIAN	62,181
MACZA, SHELLY	86,350	MEHLING, CHARMAINE	88,918
MAGA, VICTORIA	53,276	MELNECHENKO, CURTIS	57,051
MAGDUGO, JANNETTE	103,912	MELNECHENKO, MARGO	75,746
MAGER, BRENDA	77,969	MELOWSKY, PETER	76,958
MAKOWSKY, APRIL	51,302	MENDOZA, MARY GRAC	113,459
MAKOWSKY, ROSE MARI	58,864	MESS, LINDA	60,072
MAKSYMETZ, HAROLD	91,349	METZLER, BETTY	103,968
MALAYNEY, CHARLENE	94,972	METZLER, CAM	65,211
MANDZUK, SHELLEY	63,648	MICHALCEWICH, WESLEY	58,841

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MICHALCHUK, SANDEE	83,978	NASBY, AARON	74,468
MILBRANDT, FAITH	50,732	NATRASONY, APRIL	78,003
MILBRANDT, MARLON	114,065	NEAL, JOANNE	53,295
MILLER, DIANE	60,125	NEEDHAM, DIANNE	107,636
MILLER, JUDY	59,015	NELSON, JANE	118,709
MILLER, WADE	91,789	NEUBAUER, SHANNAN	125,878
MILLHAM, SANDRA	53,782	NEUFELD, ARLENE	69,764
MILO, SHARON	82,514	NICHOL, LYNN	120,807
MITCHELL, SUSANNE	56,181	NIDHI, NIDHI	60,576
MOAR, MARIEA	102,814	NIEBERGALL, TAMARA	63,855
MOLDOWAN, CHRISTINE	51,576	NIELSEN, EVANGELIA	70,436
MOLNAR, GRANT	86,531	NIXON, JASMINE	93,541
MOLNAR, KARA	95,688	NORDIN, AMY	84,279
MOLO, CHRISTINE	66,963	NORDLI, LYNNETTE	71,528
MOLO, FERDINAND	72,779	NORTON, FAITH	67,868
MONTGOMERY, AMANDA	78,700	NOVAK, SHARLENE	79,826
MOORE, ANGELA	85,864	NOVAK, TARA	81,515
MOORE, BRITNEY	51,684	NOWAKOWSKI, WENDY	50,514
MOORMAN, TINA	62,827	NSUNGU, MANDIANGU	102,044
MORASH, LORI	104,559	NUANTA, TIWAWAN	109,531
MORGAN, CRIS	76,680	NUSSBAUMER, GLENDA	72,274
MORGOTCH, TAMARA	50,472	NUSSBAUMER, RACHEL	68,267
MOROZ, KRISTI	50,818	NYSTROM, TANYA	112,295
MOROZ, SHANA	83,766	O DONNELL, KERRY	70,493
MORRISON, LAUREN	86,164	OKRAINEC, LOIS	93,585
MOSIONDZ, CHERISE	100,465	OLEYNIK, MABEL	101,720
MROZOWICH, JERRY	83,599	OLIJNYK, HOLLY	66,060
MUCHA, LANA	76,445	OLIJNYK, MICHELLE	108,235
MUIR, CATHERINE	108,880	OLIVER, LISA	99,743
MURPHY PARK, JACKIE	102,338	OLSHIEWSKI, KEITH	74,391
MURRAY, CARA	93,492	OLSON, TANNIS	85,343
MUSHKA, MARGARET	50,205	OLSON, TWYLA	51,273
MUTRIE, ANDREA	60,873	OLUDAISI, OLUWAKEMI	104,749
MWANSA, ELINA	100,696	OLYNICK, MELANIE	71,831
NACLIA, AMBER	64,494	OLYNYK, DEBBIE	63,221
NACLIA, WENDY	63,730	OLYNYK, PHYLLIS	68,824
NADUVILAVEETIL J, GIFFY	107,297	ONESCHUK, CHRISSY	57,610
NAGY, MELANIE	82,512	ONESCHUK, RHONDA	64,087
NAGY, RONNA	62,659	ONSLOW KITZAN, DEBRA	93,648
NAIR, SMRUTHI	117,806	ONSLOW, DARLENE	107,842

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OROSZ, HILARY	56,142	PENNER, TRACY	63,382
OROSZ, LINDA	78,489	PEPPLER, NICOLE	85,300
ORTYNSKI, LEANNE	59,714	PEREPIOLKIN, PATRICIA	98,257
OSECKI, LEANNE	103,487	PEREZ, ESPERANZA	106,109
OSTAFICHUK, MAYNARD	92,966	PERRAULT STREETE, LISE	94,503
OTTO, LISA	84,264	PERRIN, COURTNEY	90,166
OWCHAR, STEPHANIE	64,933	PETRACEK, CAYLYN	53,656
PACEY, BEVERLEY	121,498	PETRACEK, SUSAN	55,630
PACHOLKA, BRENDA	93,507	PETRIE, ELEANORE	92,033
PADDOCK, CARMELLE	94,767	PETRYSHYN, PATRICIA	52,001
PADOLINA, RINA	100,514	PFEIFER, KIMBERLEY	114,605
PAKISH, DONNA	69,928	PFEIFER, STACEY	51,931
PALCHEWICH, ELIZABETH	99,037	PICKARD, VIRGINIA	74,627
PALLAN, HARPREET	88,188	PILIPOW, JANICE	93,526
PARKER, PATRICIA	99,228	PINDER, LENORE	95,452
PARKER, SHARON	58,422	PINEDA, JUDAE ANN	55,387
PARKS, LONI	76,932	PLANEDIN, JOAN	78,996
PARKVOLD, CARRIE	93,627	PODOVINNIKOFF, TERRYLINE	88,031
PARKVOLD, JASON	93,515	POLK, SHERRY	57,449
PARMAR, ANDREA	66,317	POLLOCK, SHAUNA	78,354
PARSONAGE, CARA	90,188	POLOWICK, INA LEE	65,119
PARSONS, GAIL	104,991	POLOYKO, ANDREA	75,575
PARULAN, ESTHER	54,252	PONCSAK, DEAN	60,557
PASCUAL, LANNY	59,890	POPOFF, ANNETTE	59,873
PASCUAL, RYAN	56,897	POPOWICH, CHERYL	86,617
PASIECHNYK, LINDA	75,962	POPOWICH, KELLY	55,449
PASKARUK, ROBERT	60,893	POPOWICH, LANA	87,080
PASLOSKI, BRENDA	78,336	POPOWICH, RENEE	69,543
PATRICK, CONNIE	83,599	POWELL, TRICIA	69,382
PATRON, ALYSIA	67,599	POWERS, KIMBERLEY	85,920
PATRON, ARLENE	74,356	PREJOLA, SHELIMA	52,291
PATUREL, LACY	55,085	PRITCHARD, MEGAN	73,497
PAUL, ROXANNE	84,589	PROBE, JUDY	82,795
PEARSON, SHIRLEY	82,656	PROKOPCHUK, ARLENE	98,532
PEDDE, JOYCE	59,774	PROKOPETZ, LISA	79,067
PEET, CHRISTOPH	90,657	PROTSKO, BRENDA	65,197
PEET, SAMANTHA	55,874	PROTZ, SHARON	82,090
PELECHATY, CARLA A	103,522	PRYCHAK, AMY	73,862
PELECHATY, DEBORAH	58,992	PRYCHAK, SHERI	138,468
PELIKAN, IVO	66,713	PRYHITKA, JOCELYN	51,017

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PSHYK, DELORES	64,041	ROMANSON, BRENDA	53,720
PSHYK, PETER	52,109	ROSE, CANDISE	62,810
PUNZALAN, ELILOU	102,100	ROSE, DIANE	50,631
PURYK, KYILA	79,024	ROSLUK, JORDAN	54,358
PURYK, TEGAN	56,056	ROSS, PATRICIA	54,851
QUIAMBAO, FATIMA	78,448	ROSS, ROANNA	106,963
RAC, ZLATICA	87,578	ROZDEBA, CRES	71,560
RACETTE, ANDREW	108,858	RUBLETZ, MARCELLA	56,059
RADA, LINA	114,930	RUDACHYK, COLLEEN	57,863
RADCHUK, LEANNE	86,312	RUF, AIMEE	62,286
RADFORD, MEGAN	87,947	RUF, BRIAN	56,572
RADOM, ERIN	51,168	RUF, JESSALYN	73,653
RAE, IRIS	126,349	RUF, JUSTIN	104,008
RAE, KATHERINE	79,074	RUF, LINDA	58,384
RAMANAATHAN, VINOTH	68,322	RUF, LYNDA	51,205
RANDHAL, MICHELLE	56,300	RUF, WENDY	78,309
RANSOME, KAREN	55,956	RUSNAK, JESSIE	79,119
RANSOME, LISA	80,808	RUSSELL, ANNA	91,411
RATHGEBER, COLLEEN	53,347	RUSSELL, HEIDI	66,077
REDENBACH, TARA	109,679	RUSSELL, NICHOL	73,913
REGIMBAL, RENEE	101,609	RUSSELL, PAMELA	122,313
REITENBACH, LEE	55,380	RUTEN, ELIZABETH	64,616
RELATADO, ESTRELLA	59,536	RUTZKI, KIM	85,996
REMANDA, LORETTE	52,502	RUTZKI, MARLAYNA	106,892
REMUS, LANA	50,012	RYCZAK, PAMELA	66,867
RENKAS, ELEANOR	66,382	SANCHEZ, CARLON	120,885
RENKAS, LINDA	55,936	SANCHEZ, MARIA MEL	79,960
RENKAS, SHELLEY	122,205	SAPINOSO, JONABELLE	144,347
RENTON, SHERYL	53,492	SARAUER, LISA	72,022
REYNOLDS, ANDREA	64,481	SAUSER, LEANNE	71,811
RICHARDSON, JENNIFER	96,874	SAVENKOFF, AUDREY	51,082
RIEGER, LINDA	102,556	SCHAAB, LORETTA	80,995
RIES, SHARON	52,972	SCHAPPERT, CYNTHIA	51,106
ROBERTSON, GAYLEEN	117,629	SCHEIER, HOLLY	69,517
ROBINSON, MARCIA	124,169	SCHENDEL, LYNNAE	68,996
ROBINSON, ROBIN	91,767	SCHERLE, DALE	99,889
RODEN, AMANDA	71,426	SCHICK, DELORES	89,971
ROEBUCK, VANESSA	59,404	SCHICK, JENNIFER	124,826
ROGG, COLEEN	73,859	SCHIEBELBEIN, BETH ANN	115,199
ROKOSH, THOMAS	72,082	SCHILL, KRYSTAL	61,475

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SCHINKEL, CARLA	51,228	SIMLE, JOCELYN	54,446
SCHLECHTER, JAMIE	82,216	SIMPSON, JAMIE	65,868
SCHMIDT, DEBORAH	146,976	SIMPSON, JANET	92,712
SCHMIDT, KENT	113,214	SINGH, AMANDEEP	50,439
SCHUTZ, GAIL	62,222	SKORETZ, PAULA	96,793
SCHUTZ, SHARI	72,301	SKOROBHACH, CAROL	54,759
SCHWINDT, PHILLIP	75,457	SLIVENSKI, CINDY	54,588
SCHWITZER, AMANDA	58,376	SLONSKI, LINDA	104,749
SCOTT, NATASHA	53,878	SLOWSKI, AUDREY	89,871
SECUNDIAK, CHARLENE	62,604	SMART, KELSEY	83,190
SEDLEY, KENDRA	80,525	SMITH, ANGELA	51,597
SEMESCHUK, LEANNE	95,961	SMULAN, CAROLE	81,833
SEMESCHUK, RODNEY	63,247	SNIDER, COURTNEY	66,546
SEMILLANO, CHERRY PI	90,981	SOBKOW, ERNA	50,663
SHABATOSKI, COLLEEN	74,262	SOLOWAY, BREE	75,283
SHABATURA, KYLA	92,721	SOMERS, ASHLEY	75,951
SHANKOWSKY, RENEE	56,231	SOWA, CAROLLEE	113,836
SHANNON, TAMMY	82,296	SOYKA, KENDRA	68,357
SHARP, DIANE	65,514	SPEZOWKA, PATRICIA	69,850
SHARP, LESLIE	96,290	SPIIAK, DONNA	54,509
SHARPE, SCOTT	66,121	SPRACKLIN CROSS, LINDA	108,512
SHAW, ROXANNE	89,782	SPRAY, KAYLA	58,413
SHEPHERD, GARY	120,324	SPRONK, DIENEKE	88,028
SHEPPARD, MICHELLE	53,599	SPYKERMAN, SUZEL	67,237
SHEWCHUK, DINA	71,944	SROCHENSKI, ANITA	61,498
SHEWCHUK, KAETLYN	65,619	SROCHENSKI, JASON	50,213
SHEWCHUK, LORRI	50,800	ST MARS, RAY	111,465
SHEWCHUK, PHYLLIS	134,443	ST.MARIE, ASHLEY	93,585
SHIER, BREANNA	82,307	STANICKI, SHARON	67,194
SHIER, LACEY	50,157	STATCHUK, MEAGAN	68,240
SHIPLACK, KERRI LYN	83,599	STECHYSHYN, DARLA	101,479
SHIVAK KWEENS, DAWN	107,299	STEELE, LOUISE	63,443
SHIVAK, DENNEA	73,211	STEININGER, KERRIE	61,671
SHORE, MICHELLE	79,728	STOKES, SANDRA	85,427
SHUMAY, SHERRY	79,293	STOLL, MOIRA	92,145
SHWAGA, KOLI ANN	144,491	STOPA, NORAH	65,470
SIAO, WILLY	103,015	STOPA, PATRICIA	105,001
SIDHU, PRABHJOT	94,565	STOUT, LORRIE	62,029
SIES, BETTINA	54,778	STOYKO, WENDY	95,589
SIES, KATHLEEN	58,054	STRATECHUK, TWYLA	102,838

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STRELIOFF, KELLY	96,826	TOPOROWSKI, DEBRA	54,786
STRILAEFF, KERSTIN	83,713	TORGUNRUD, ERIKA	79,827
STRINGFELLOW, CAROLINE	108,405	TOURANGEAU, LISA	73,779
STROEDER, DEBORAH	85,337	TRACH, ASHLEY	65,698
STROMBERG, AMBER	52,774	TRASK, NORMA	54,533
STRUKOFF, GAIL	95,713	TRATCH, KAREN	102,396
STRUTYNSKI, MARTHA	96,579	TRIPATHY, ANANDA	73,276
STULBERG, DIANE	60,251	TROPIN, SHARON	110,537
STUSEK, LORELEI	204,593	TROWELL, MONIQUE	90,689
STUSEK, STAN	68,814	UBONGEN, ANNA LISS	82,881
STYKALO, JULIE	73,542	UBONGEN, JUANITO	51,309
SUCHET, SUCHET	51,126	ULLAGADDI, DENNISE	112,884
SUDSBEAR, TASHA	83,492	ULLRICH, LANDON	65,352
SUTCLIFFE, DEBRA	95,954	UMANA, UKEME	130,073
SUTTER, DAVID	120,324	UNGAR, CARLA	87,287
SUTTER, SANDRA	66,246	UNTERSCHUTE, BRETT	58,364
SWEJDA, RICHARD	86,330	VALLYEDATHU JACO, JISSMOL	54,490
SWITZER, SHONA	83,530	VAN PARYS, TERI LYNN	89,870
SYMAK, JOSCELYN	51,074	VANGEN, STACY	77,956
SZABO, TRENT	135,444	VARUGHESE, SIBBY	85,479
SZUMUTKU, SUZETTE	83,578	VAUGHAN HASTIE, SANDRA	91,123
TANK, JOAN	59,265	VICENTE, GEENDALE	118,541
TAYLOR, CAROL	60,858	VOGEL, LORI	65,779
TAYLOR, JOAN	52,529	VOGEL, MARY JEAN	75,471
TE, AL NINO	133,327	VOLMAN, KIMBERLEY	64,316
THIESSEN, AMBER	58,788	VONBARGEN, LAURA	71,653
THOMAS, BRANDI	96,553	WAGNER, GREGORY	89,761
THOMAS, CHARLENE	75,349	WAGNER, J BRENT	69,874
THOMPSON, ARLA	87,262	WALBAUM, KENDRA	74,301
THOMPSON, BRENNAN	63,297	WALCHUK, CYNTHIA	91,830
THOMPSON, KAEALYN	69,899	WALKER, DONNA	83,324
THOMPSON, PHYLLIS	50,352	WALKER, MEGAN	98,482
THOMPSON, SUSAN	61,115	WALKER, PAULETTE	57,966
THOMSON, FRED	78,146	WALKER, SHERRI	123,517
THREINEN, DONNA	110,093	WALLIN, DANITA	58,334
TIESZEN, JONATHAN	84,134	WALSH, TERA	74,223
TOCHOR, BARRY	72,695	WANG, LINGQIAO	81,381
TODOSICHUK, JANA	84,315	WARBURTON, KATHRYN	107,260
TOKARUK, SANDY	142,578	WARD, DEBRA	59,841
TOPLISS, LACEY	114,564	WARD, WANDA	51,650

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WARDLE, MELISSA	77,980	YACYSHYN, MARY ANN	109,006
WASHEK, SHERRY L	56,306	YAKIWCHUK, MARIA	52,848
WASYLUK, RHONDA	128,003	YAKIWCHUK, NICHOLAS	52,088
WASYLYSHEN, LISA	97,443	YAMSON, RUSSELL	59,658
WATSON, STEPHANIE	76,870	YANUSH, ANGELA	59,418
WEBER, WANDA	87,010	YAREMCHUK, MICHELLE	65,891
WEISS, LEAH	57,907	YAREMKO, CHERYL	113,339
WENDT, AMBER	70,859	YAREMKO, LARESA	79,345
WERLE, HAZEL	104,365	YAREMOVICH, ELIZABETH	69,213
WERLE, LINDSAY	88,344	YAROTSKY, LORAINÉ	97,765
WERNER, TRACY	69,976	YAWNEY, JANNA-LEA	105,448
WESTBERG, BEVERLY	110,674	YELLAND, DONNA	70,551
WESTERMAN, JULIA	97,244	YESNIK, DIANE	55,131
WESTON, DEANNA	57,142	YESUDASAN GEETHA, KISHORE	57,280
WHITE, CHARMAINE	50,012	YOUNG, JANA	109,290
WHITE, EVA	114,791	YOUNG, KATHLEEN	69,516
WHITE, HOWARD	50,475	ZAMORA, KATHERINE	78,899
WHITEHAWK, BEVERLEY	50,747	ZAMORA, RODEL	53,308
WIKMAN, KRISTEN	54,431	ZAPATA, ETHELDRED	107,871
WILEY, LAURA	64,816	ZASTRIZNY, WENDY	51,058
WILK, LAURA	72,675	ZAWADA, KERI	86,234
WILLIAMS, CAROL	53,707	ZHANG, BINGLI	109,444
WILSON, LACEY	78,614	ZIELINSKI, GAYLOLENE	63,261
WINTER, CANDICE	74,635	ZIOLKOWSKI, ALAN	58,109
WIONZEK-GODHE, ANDREA	79,570	ZORN, CAROLEE	108,276
WIWCHARUK, ROBERTA	194,369	ZUBKO, MONA	52,402
WLOCK, CHERYL	93,704	ZUCHKAN, NANCY	75,379
WLOCK, DAN	102,541	ZULYNIAC, CURTIS	112,157
WLOCK, JAMIE	67,369	ZULYNIAC, KELSEY	78,030
WLOCK, JILLIAN	55,549		
WOICICHOWSKI, KAREN	106,285		
WOITAS, KAYTLIN	60,348		
WOLFE, TAMMY	92,087		
WOLKOWSKI, VENETIA	50,349		
WOLOSCHUK, AMANDA	80,300		
WONCHULANKO, ADRIENNE	61,937		
WOODRICH SRAMEK, SAMANTHA	90,015		
WOODS, WILLIAM	82,819		
WYLLYCHUK, BRENDA	84,069		
WYONZEK, NANCY	115,470		

**SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2016**

Transfers

Listed, by program, are transfers to recipients who received \$50,000 or more.

S.I.G.N. - INDEPENDENT LIVING/VOCATIONAL EMPLO	254,604
SASK ABILITIES COUNCIL/SASKATOON	104,359
SIGN ADOLESCENT GROUP HOME	56,800

Supplier Payments

Listed are payees who received \$50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

3s HEALTH	2,088,862
3s HEALTH - DIP	2,986,735
3S HEALTH- DENTAL	996,420
3S HEALTH -IN-SCOPE-ENHANCED DENTAL PLAN	3,092,058
3s HEALTH -OUT-OF-SCOPE ENHANCED DENTAL	237,910
A&S TRANSPORT	135,864
ABBOTT LABORATORIES - ROSS / PHARMACY	96,084
ACKLANDS - GRAINGER INC.	70,396
ADANE, DR. RICARDO	201,761
ADEDEJI, DR. TAOFIK	193,515
ADEFOLARIN, DR OLUREMI	455,288
ADENAIKE, DR. VICTOR	396,891
AFSHARI, DR. HAMED	193,900
AIDS SASKATOON INC.	88,478
ALCON CANADA INC.	447,740
ALL SASK COFFEE SERVICES INC.	71,550
ARI FINANCIAL SERVICES T46163	1,106,250
ARJOHUNTLEIGH CANADA INC.	68,552
BARD CANADA INC.	123,087
BAXTER CORPORATION	115,276
BECKMAN COULTER CANADA LP	202,813
BENY, DR. M.	77,958
BIA: DR. F. H.	338,024
BIOMED RECOVERY & DISPOSAL LTD.	116,241
BOROTO, DR. KAHIMANO	698,335
BOTHA, DR. PIETER	66,728
BRYNGELSON & ASSOCIATES INC.	469,124
BUNZL CANADA INC.	87,433
BURLIDGE CANADA LTD.	57,140
C.U.P.E. - LOCAL #4980 REGION	1,468,013
CANORA AMBULANCE CARE (1996) LTD.	1,460,140
CARDINAL HEALTH CANADA INC.	913,402
CARESTREAM HEALTH CANADA COMPANY'S	91,957
CHARIS MEDICAL	52,646
CHIEF MEDICAL SUPPLIES LTD	81,040
CHRISTIE INNOMED INC.	80,805
CITY OF YORKTON	233,319
COLLEGE OF AMERICAN PATHOLOGISTS	57,634
COLLINS BARROW PQ LLP	56,710
COMPUTRITION	103,331

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2016

Supplier Payments

(Cont)

Listed are payees who received \$50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

CONCENTRA FINANCIAL	532,712	INSTRUMENTATION LABORATORY	253,785
CONNEX ONTARIO INC.	56,154	JAFARIAN, DR. SIROUS	65,670
COVIDIEN CANADA ULC	430,737	JOHNSON & JOHNSON MEDICAL PRODUCTS	106,247
CPDN	429,060	KASIM, DR. YUSUF	56,562
CRESTVUE AMBULANCE SERVICE LTD.	1,247,195	KAUR, DR. MANJEET SINGH	313,661
CSI LEASING CANADA LTD.	193,614	K-BRO LINEN SYSTEMS INC.	413,478
CU CREDIT	102,360	KCI MEDICAL CANADA, INC.	126,368
DENSON	118,762	KOUDSI: DR. NASIR	222,005
DIVERSE SYSTEMS LTD.	107,074	LAWALE, DR. DAG	180,918
DIVERSEY CANADA INC.	103,683	LE ROUX -VAN NIEKERK, DR. CARINCA	60,607
DJAN, DR. DEBORAH CYH	118,315	LEE: DR. F. R.	207,041
DUCK MOUNTAIN AMBULANCE CARE LTD.	844,819	LOGAN STEVENS CONSTRUCTION (2000) LTD.	900,455
EASY CARE LIVING CENTRE - BRODA	53,026	LOGIBEC INC.	103,695
EECOL ELECTRIC (SASK) LTD	271,585	LOMBARD: DR. H. E.	103,008
EGBAGBE, DR. AUGUSTINE	50,039	MACPHERSON LESLIE & TYERMAN	129,224
EGBAGBE, DR. OSATO	92,866	MACQUARIE EQUIPMENT FINANCE LTD.	1,034,550
EHEALTH SASKATCHEWAN	360,688	MANYANDE, DR. TEKESAI	170,770
ENERGY GUARD WATER TECHNOLOGY	76,188	MARAIS, DR. S.	424,871
ERHAZE, DR. SYLVESTER	217,680	MARSH CANADA LIMITED	486,309
EYBERS: DR. VON WELFLING	66,667	MCKESSON CANADA CORPORATION	989,971
FAJIMI, DR. OLAITAN	114,194	MCKESSON DISTRIBUTION PARTNERS	201,428
FEDOROWICH CONSTRUCTION LTD.	79,064	MEIRING, DR. G.	148,470
FOURIE: DR. P.	428,194	MINISTER OF FINANCE/REVENUE DIVISION	111,616
GE HEALTHCARE CANADA	960,069	MOSURO, DR. ADEDAMOLA	113,333
GOLDEN OPPORTUNITIES FUND INC.	58,422	NELSON COURIER	72,193
GRAND & TOY	178,569	NSUNGU, DR. MANDIANGU	104,600
GREAT WEST LIFE ASSURANCE COMPANY	852,756	OBIORA, DR. VICTOR N.	293,159
GROENEWALD: DR. P	87,905	ODUNTAN: DR. O.	165,263
HAHN, DR. J.A.	460,818	OGUNBIYI, DR. AJIBOLA	477,851
HBI OFFICE PLUS INC.	56,917	OKAFOR, DR. LIVINUS P.C.	80,924
HEALTHMARK LTD.	50,375	OLOKO, DR. SALIU	148,896
HEGGIE, DR. MARCIE MED. PROF CORP.	390,658	OLSON,SHIRLEY	51,053
HILL-ROM CANADA LTD.	156,741	OLYMPUS CANADA INC.	318,512
HONEYWELL LIMITED	135,723	ONALOPO, DR MOFOLASHADE H	64,953
HOSPIRA HEALTHCARE CORP.	619,128	ORTHO-CLINICAL DIAGNOSTICS HOLDINGS CORP	537,681
HSAS	160,458	OSIME, DR. CHARLES	170,736
IDEASOURCE RECOGNITION & REWARDS INC.	53,135	OTTENBREIT SANITATION SERVICES LTD.	75,412
IMPACT SECURITY GROUP	70,389	OTUKOYA, DR. F.	68,367
INNOMAR STRATEGIES INC.	354,621	PARKLAND EARLY CHILDHOOD INTERVENTION PROGRAM	64,996

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2016

Supplier Payments

(Cont)

Listed are payees who received \$50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

PARKLAND VALLEY SPORT, CULTURE & RECREATION I	146,633	SINGH, DR. MALA	225,314
PATTERSON MEDICAL CANADA INC.	63,432	SMITH: DR. HAROLD M.B.	51,634
PENGUIN REFRIGERATION LTD./YORKTON	339,569	SOUTHLAND ROOFING INC.	213,116
PHILIPS HEALTHCARE-A DIVISION OF PHILIPS ELECTRIC	236,855	SPIES: DR. C	66,667
PHYSIO-CONTROL CANADA SALES LTD c/o T11076C	77,751	SRNA	237,432
PINNACLE DISTRIBUTION	62,952	ST. PETER'S HOSPITAL	1,007,275
POON, DR. (KAMSACK HOSP)	58,367	STERIS CANADA INC.	119,611
PRESS, DR. M.	263,536	SUNLIFE FINANCIAL	100,610
PRN STAFFING SOLUTIONS INC.	54,000	SUPREME BASICS	199,287
PROVINCIAL PUBLIC SAFETY	63,490	SWAN, DR. NADINE	191,471
PUBLIC EMPLOYEES PENSION PLAN	251,557	SYSCO	2,352,680
QUICK PRINT USE LEE006	69,171	THE STEVENS COMPANY LTD	343,889
RECEIVER GENERAL FOR CANADA	43,033,027	ULTRA RAY MEDICAL PRODUCTS INC.	82,402
REGINA HEALTH DISTRICT/EMERGENCY MEDICAL SERVICES	242,550	VAN EEDEN: DR. DONAVAN	304,103
REGINA QU'APPELLE HEALTH /LABORATORY	347,510	VIPOND FIRE PROTECTION INC.	96,345
RESIDENT TRUST ACCT	361,990	VITALAIRE HEALTHCARE	171,161
ROCHE DIAGNOSTICS/LAVAL,PQ	191,570	VORSTER, DR. J.	260,663
ROODT, DR. J.	322,915	VWR INTERNATIONAL, LTD.	50,184
ROYAL BANK OF CANADA	504,377	WAGNER'S FLOORING LTD.	58,267
RUSSELL FOODS LTD	69,900	WANIS: DR. NASHAT	66,667
S.A.H.O. - EMPL STRATEGY	164,956	WBM OFFICE SYSTEMS	367,944
S.I.G.N.	663,624	WESTON BAKERIES LTD.	70,354
S.P.M. (SASK PROPERTY MANAGEMENT)	289,131	WOOD WYANT INC.	226,578
S.U.N. - LOCAL #43 YRHC	50,443	X10 NETWORKS	602,214
SAGE CREEK DEVELOPMENT LTD.	170,459		
SAPUTO FOODS LIMITED	217,923		
SASK UNION OF NURSES	629,367		
SASK WORKERS COMPENSATION BOARD	2,472,000		
SASK. ENERGY CORPORATION	813,256		
SASKATCHEWAN POWER	1,784,764		
SASKTEL	1,299,061		
SASKWORKS VENTURE FUND INC.	252,612		
SCHAAN HEALTHCARE PRODUCTS	1,864,342		
SCHOEMAN, DR. CORNE	66,867		
SECUR-ITECH INC.	254,637		
SGI AUTOFUND DIVISION	130,482		
SHAHRESTANI, DR. MORTEZA Z.	51,829		
SHAMROCK AMBULANCE/WYNYARD	343,900		
SHEPP/PENSION ONLY	20,196,789		

Management Report

May 27, 2016

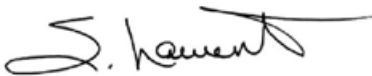
Sunrise Health Region
Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Sunrise Regional Health Authority. The financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.



Suann Laurent
President & Chief Executive Officer



Lorelei Stusek
Vice President of Corporate Services

Sunrise Regional Health Authority
CONSOLIDATED FINANCIAL STATEMENTS
Year Ended March 31, 2016

Sunrise Regional Health Authority

Yorkton, Saskatchewan

March 31, 2016

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Independent Auditors' Report

To the board of directors
Sunrise Regional Health Authority

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Sunrise Regional Health Authority, which comprise the Statement of Financial Position as at March 31, 2016, and the Statements of Operations, Changes in Fund Balances 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 public sector accounting standards 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.

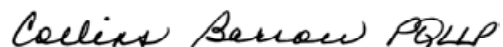
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers 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 Sunrise Regional Health Authority as at March 31, 2016, and its financial performance and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Collins Barrow PQ LLP



Yorkton, SK
May 25, 2016

Sunrise Regional Health Authority
Yorkton, Saskatchewan
Consolidated Statement of Financial Position
As at March 31, 2016

Statement 1

		<u>Restricted Funds</u>			
	Operating Fund	Capital Fund	Community Trust and Endowment Funds	Total 2016	Total 2015
Assets					
Current Assets					
Cash and short-term investments - schedule 2	1,899,590	4,783,730	379,693	7,063,013	7,695,350
Accounts receivable					
Ministry of Health - General Revenue Fund	1,136,209			1,136,209	286,646
Other	1,297,508	45,141		1,342,649	1,916,710
Inventories	1,174,866			1,174,866	1,156,857
Prepaid expenses	2,072,098	289,976		2,362,074	1,918,088
	<u>7,580,271</u>	<u>5,118,847</u>	<u>379,693</u>	<u>13,078,811</u>	<u>12,973,651</u>
Long-Term Investments					
- schedule 2	518,591	0	0	518,591	1,033,084
Capital Assets - note 3	<u>0</u>	<u>68,284,903</u>	<u>0</u>	<u>68,284,903</u>	<u>73,151,745</u>
Total Assets	<u>\$ 8,098,862</u>	<u>\$ 73,403,750</u>	<u>\$ 379,693</u>	<u>\$ 81,882,305</u>	<u>\$ 87,158,480</u>
Liabilities and Fund Balances					
Current Liabilities					
Bank indebtedness - note 13	10,749,365			10,749,365	10,401,986
Accounts payable	4,905,553	94,713		5,000,266	6,614,234
Accrued salaries	7,443,260			7,443,260	5,106,585
Vacation payable	14,484,815			14,484,815	13,221,905
Other accrued liabilities	970,982	21,006		991,988	1,470,287
Mortgages payable - current - note 5		1,574,900		1,574,900	1,522,800
Deferred revenue - note 6	1,485,508			1,485,508	3,668,234
	<u>40,039,483</u>	<u>1,690,619</u>	<u>0</u>	<u>41,730,102</u>	<u>42,006,031</u>
Long-Term Liabilities					
Mortgages payable - note 5		11,926,447		11,926,447	13,502,844
Employee future benefits - note 11	6,563,600			6,563,600	6,521,500
	<u>6,563,600</u>	<u>11,926,447</u>	<u>0</u>	<u>18,490,047</u>	<u>20,024,344</u>
Total Liabilities	<u>46,603,083</u>	<u>13,617,066</u>	<u>0</u>	<u>60,220,149</u>	<u>62,030,375</u>
Fund Balances - statement 3					
Invested in capital assets		54,783,556		54,783,556	58,126,101
Externally-restricted - schedule 3		1,399,104	379,693	1,778,797	1,600,178
Internally-restricted - schedule 4	48,830	3,604,024		3,652,854	3,862,901
Unrestricted	(38,553,051)			(38,553,051)	(38,461,075)
	<u>(38,504,221)</u>	<u>59,786,684</u>	<u>379,693</u>	<u>21,662,156</u>	<u>25,128,105</u>
Total Liabilities and Fund Balances	<u>\$ 8,098,862</u>	<u>\$ 73,403,750</u>	<u>\$ 379,693</u>	<u>\$ 81,882,305</u>	<u>\$ 87,158,480</u>

Contractual obligations - note 4
Asset retirement obligations - note 4
Pension Plan - note 11

Approved on behalf of the board:



The accompanying notes and schedules are part
of these consolidated financial statements.

Sunrise Regional Health Authority

Consolidated Statement of Operations

For the year ended March 31, 2016

Statement 2

	<u>Operating Fund</u>			<u>Restricted Funds</u>			
	Budget 2016 (Note 12)	Total 2016	Total 2015	Capital Fund 2016	Community Trust and Endowment Funds 2016	Total 2016	Total 2015
Revenue							
Ministry of Health - general	197,805,830	201,470,600	198,851,428	600,000		600,000	2,998,729
Other provincial	2,212,155	2,004,306	2,022,102				
Federal government		618	576				
Patient and client fees	13,835,954	13,432,585	13,612,986				
Out-of-province (reciprocal)	3,552,843	2,458,325	3,327,227				
Out-of-country	55,500	87,006	(8,033)				
Transfers from foundations/donations		254,059	397,322	1,116,265		1,116,265	534,837
Ancillary operations	1,408,700	1,277,934	1,266,942				
Investment income	92,500	292,467	273,796	54,895	5,780	60,675	37,755
Recoveries	2,203,325	4,171,830	1,894,066				
Other	13,850	1,066,769	171,344	164,519		164,519	131,422
Total revenues	221,180,657	226,516,499	221,809,756	1,935,679	5,780	1,941,459	3,702,743
Expenses							
Inpatient and Resident Services							
Nursing administration	5,764,154	5,433,497	5,412,681	9,232		9,232	7,644
Acute	32,315,844	34,645,196	33,579,022	569,673		569,673	615,330
Supportive	44,589,626	47,384,789	46,341,966	600,456		600,456	612,502
Mental health and addictions	2,463,967	2,617,229	2,547,440	3,571		3,571	1,928
Total Inpatient and Resident Services	85,133,591	90,080,711	87,881,109	1,182,932		1,182,932	1,237,404
Physician Compensation	12,867,897	12,997,318	11,891,784				
Ambulatory Care Services	6,759,170	6,773,247	6,939,095	27,913		27,913	26,031
Diagnostic and Therapeutic Services	21,271,386	21,485,287	20,742,339	447,319		447,319	491,037
Community Health Services							
Primary health care	3,294,272	3,903,491	3,634,400	30,874		30,874	21,591
Home care	13,411,506	13,277,588	13,136,670	17,424		17,424	16,182
Mental health and addictions	5,529,885	4,902,501	4,763,746	5,194		5,194	5,194
Population health	7,244,477	7,259,084	7,049,680	9,367		9,367	3,832
Emergency response services	6,134,750	6,756,890	6,349,806	57,241		57,241	62,879
Other community services	1,409,488	1,396,613	1,686,171	1,336		1,336	6,808
Total Community Health Services	37,024,378	37,496,167	36,620,473	121,436		121,436	116,486
Support Services							
Program support	15,904,657	14,013,781	14,585,081	15,672		15,672	16,824
Operational support	37,977,396	38,264,010	38,235,130	183,560		183,560	179,686
Other support	590,298	1,273,380	1,598,167	5,503,134		5,503,134	5,603,099
Employee future benefits		42,100	(37,000)				
Total Support Services	54,472,351	53,593,271	54,381,378	5,702,366		5,702,366	5,799,609
Ancillary	1,589,477	1,996,896	1,325,243	19,045		19,045	25,480
Total expenses - schedule 1	219,118,250	224,422,897	219,781,421	7,501,011	0	7,501,011	7,696,047
Excess (Deficiency) of Revenue over Expenses	\$ 2,062,407	\$ 2,093,602	\$ 2,028,335	\$(5,565,332)	\$ 5,780	\$(5,559,552)	\$(3,993,304)

The accompanying notes and schedules are part of these consolidated financial statements.

Sunrise Regional Health Authority
Consolidated Statement of Changes in Fund Balances
For the year ended March 31, 2016

Statement 3

	Operating Fund	Capital Fund	Community Trust and Endowment Funds	2016
Fund balance, beginning of year	(38,412,116)	63,156,933	383,288	25,128,105
Excess (deficiency) of revenues over expenses	2,093,602	(5,565,332)	5,780	(3,465,950)
Interfund transfers - note 14	<u>(2,185,707)</u>	<u>2,195,082</u>	<u>(9,375)</u>	
Fund balance, end of year	<u><u>\$ (38,504,221)</u></u>	<u><u>\$ 59,786,683</u></u>	<u><u>\$ 379,693</u></u>	<u><u>\$ 21,662,155</u></u>

	Operating Fund	Capital Fund	Community Trust and Endowment Funds	2015
Fund balance, beginning of year	(38,482,329)	65,192,877	382,526	27,093,074
Excess (deficiency) of revenues over expenses	2,028,335	(3,998,513)	5,209	(1,964,969)
Interfund transfers - note 14	<u>(1,958,122)</u>	<u>1,962,569</u>	<u>(4,447)</u>	
Fund balance, end of year	<u><u>\$ (38,412,116)</u></u>	<u><u>\$ 63,156,933</u></u>	<u><u>\$ 383,288</u></u>	<u><u>\$ 25,128,105</u></u>

*The accompanying notes and schedules are part
of these consolidated financial statements.*

Sunrise Regional Health Authority

Consolidated Statement of Cash Flows

For the year ended March 31, 2016

Statement 4

	<u>Unrestricted Fund</u>		<u>Restricted Funds</u>			
	<u>Operating Fund</u>		<u>Capital</u>	<u>Community</u>	<u>Total</u>	<u>Total</u>
	<u>2016</u>	<u>2015</u>	<u>Fund</u>	<u>Trust and</u>	<u>2016</u>	<u>2015</u>
			<u>2016</u>	<u>Endowment</u>		
				<u>Funds</u>		
				<u>2016</u>		
Cash Provided By (Used In):						
Operating activities						
Excess (deficiency) of						
revenue over expenses for						
the year	2,093,602	2,028,335	(5,565,332)	5,780	(5,559,552)	(3,993,304)
Net change in non-cash						
working capital - note 7	(1,184,214)	2,498,659	(186,605)	14	(186,591)	(8,881)
Amortization of capital						
assets			6,970,868		6,970,868	7,070,708
	<u>909,388</u>	<u>4,526,994</u>	<u>1,218,931</u>	<u>5,794</u>	<u>1,224,725</u>	<u>3,068,523</u>
Capital activities						
Purchase of capital assets						
Buildings/construction			(1,006,667)		(1,006,667)	(741,846)
Equipment			(1,097,358)		(1,097,358)	(1,628,237)
	<u>0</u>	<u>0</u>	<u>(2,104,025)</u>	<u>0</u>	<u>(2,104,025)</u>	<u>(2,370,083)</u>
Investing activities						
Disposal of long-term						
investments	464,956	257,001		300,000	300,000	
Purchase of long-term						
investments	(250,463)	(234,991)				(300,000)
	<u>214,493</u>	<u>22,010</u>	<u>0</u>	<u>300,000</u>	<u>300,000</u>	<u>(300,000)</u>
Financing activities						
Increase (decrease) in bank						
indebtedness	347,379	(2,407,025)	(1,524,297)		(1,524,297)	(1,431,903)
Repayment of debt			(1,524,297)		(1,524,297)	(1,431,903)
	<u>347,379</u>	<u>(2,407,025)</u>	<u>(1,524,297)</u>	<u>0</u>	<u>(1,524,297)</u>	<u>(1,431,903)</u>
Net Increase (Decrease) in Cash						
and Short-Term Investments						
for the Year	1,471,260	2,141,979	(2,409,391)	305,794	(2,103,597)	(1,033,463)
Cash and short-term investments,						
beginning of year	2,614,037	2,430,180	4,998,039	83,274	5,081,313	4,156,654
Interfund transfers - note 14	(2,185,707)	(1,958,122)	2,195,082	(9,375)	2,185,707	1,958,122
	<u>\$ 1,899,590</u>	<u>\$ 2,614,037</u>	<u>\$ 4,783,730</u>	<u>\$ 379,693</u>	<u>\$ 5,163,423</u>	<u>\$ 5,081,313</u>
Cash and Short-Term						
Investments, End of Year						
	<u>\$ 1,899,590</u>	<u>\$ 2,614,037</u>	<u>\$ 4,783,730</u>	<u>\$ 379,693</u>	<u>\$ 5,163,423</u>	<u>\$ 5,081,313</u>
Represented By:						
Cash and short-term						
investments	<u>\$ 1,899,590</u>	<u>\$ 2,614,037</u>	<u>\$ 4,783,730</u>	<u>\$ 379,693</u>	<u>\$ 5,163,423</u>	<u>\$ 5,081,313</u>

*The accompanying notes and schedules are part
of these consolidated financial statements.*

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2016

1. Legislative Authority

The Sunrise Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Sunrise Health Region, under Section 27 of The Act. The Sunrise RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These consolidated financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board of the CPA Canada. The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270.

(a) Health care organizations

- (i) The RHA has agreements with and grants funding to the following prescribed health care organizations (HCO) and third parties to provide health services:
 - Society for Involvement of Good Neighbours Inc.
 - Saskatchewan Abilities Council
 - Yorkton Mental Health Drop In Centre

Note 9(b)(i) provides disclosure of payments to HCO'S and third parties.

- (ii) The RHA has joint service management agreements with all three of its affiliates; St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville. The purpose of the agreements is to share management, contract human resources and finance services to the affiliates.

As a result, the financial statements of St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville are consolidated with the financial statements of the RHA. Transactions and interorganizational balances between the RHA and St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville are eliminated.

Note 9(b)(ii) provides supplementary information regarding the financial position, results of operations and cash flows of the consolidated affiliates.

- (iii) The Health Foundation of East Central Saskatchewan Inc., St. Peter's Hospital Foundation (Melville) Inc. and St. Anthony's Hospital Foundation Inc. (the Foundations) are incorporated under *The Non-Profit Corporations Act* and are registered charities under *The Income Tax Act* of Canada.

Under the Foundations' Articles of Incorporation, the RHA or the respective affiliates have an economic interest in the Foundations.

These consolidated financial statements do not include the financial activities of the Foundations. Alternatively, note 9(b)(iii) provides supplementary information of the Foundations.

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2016

2. Significant Accounting Policies - continued

(b) Fund accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

(i) Operating fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

(ii) Capital fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of interest on long-term mortgages and amortization of capital assets.

(iii) Community trust and endowment fund

Community trust

The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the district from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

Endowment fund

Under the terms of the will of the late Dr. Borys Tolczynski, the RHA administers an endowment fund. The interest from this fund is to be used for education and training expenditures which benefit the health region. Unexpended interest each year is added to the endowment principal. The RHA cannot encroach upon the original endowment bequest of \$201,771 plus unexpended interest except in special circumstances.

(c) Revenue

Unrestricted revenues are recognized as revenue in the operating fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the operating fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2016

2. Significant Accounting Policies - continued

(d) Capital assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets with a life exceeding one year are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings and service equipment	2% to 4%
Land improvements	4% to 10%
Equipment	4% to 25%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

(e) Asset retirement obligations

Asset retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

(f) Inventories

Inventories consist of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost and net realizable value. Cost is determined on an average-cost basis.

(g) Employee future benefits

i) Pension plan:

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Disability income plan:

Employees of the RHA participate in several disability income plans to provide wage-loss insurance due to a disability. The RHA follows post-employment benefits accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

iii) Accumulated sick leave benefit liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2016

2. Significant Accounting Policies - continued

(h) Measurement uncertainty

These consolidated financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of consolidated financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

(i) Financial instruments

The RHA has classified its financial instruments into one of the following categories:

- (i) fair value or
- (ii) cost or amortized cost.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's length transaction between knowledgeable and willing parties under no compulsion to act. The following financial instruments are subsequently measured at cost or amortized cost:

- accounts receivable
- short-term and long-term investments
- accounts payable, accrued salaries, vacation payable and other accrued liabilities
- mortgages payable

As at March 31, 2016 (2015 - nil), the RHA does not have any material outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

All financial assets are assessed for impairment on an annual basis. When a decline is determined to be other than temporary, the amount of the loss is reported in the Statement of Operations.

(j) Replacement reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	March 31, 2016		2015
	Cost	Accumulated Amortization	Net Book Value
Land	228,908		228,908
Land improvements	2,695,269	1,062,483	1,632,786
Buildings and service equipment	139,062,506	80,164,719	58,897,787
Equipment	35,785,932	28,651,377	7,134,555
Construction-in-progress	390,867		390,867
	<u>\$ 178,163,482</u>	<u>\$ 109,878,579</u>	<u>\$ 68,284,903</u>
			<u>\$ 73,151,745</u>

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2016

4. Commitments

(a) Capital asset acquisitions

At March 31, 2016, contractual obligations for acquisition of capital assets were \$1,654,979 (2015 - \$314,227).

(b) Supplier payments

At March 31, 2016, contractual obligations for outstanding purchase orders were \$1,825,638 (2015 - \$2,090,210).

(c) Operating leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2017	1,583,209
2018	1,327,817
2019	1,014,421
2020	546,598
2021	341,174
	<hr/>
Total minimum lease payments	<u>\$ 4,813,219</u>

(d) Asset retirement obligations

The RHA may be subject to asset retirement obligations on its facilities for which the fair value cannot be reasonably estimated due to the indeterminate timing and scope of removal. The asset retirement obligation for these assets will be recorded in the period in which there is sufficient information to estimate fair value.

(e) Contracted health service organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA. Services provided in the year ending March 31, 2016 will continue to be contracted for the following fiscal year. Note 9(b) provides supplementary information on health care organizations.

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms (Principal and Interest)	Balance Outstanding 2016	2015
Yorkton and District Nursing Home CMHC, due June 1, 2027	8.000%	\$69,670; mortgage renewal date, June 1, 2027	519,522	547,116
CMHC, due November 1, 2022	1.53%	\$136,221; mortgage renewal date, December 1, 2017	862,962	984,975
Foam Lake Jubilee Home CMHC, due January 1, 2022	4.310%	\$40,893 of which \$9,983 is subsidized by SHC, yielding an effective interest rate of (.15%); mortgage renewal date, December 1, 2016	210,820	241,957

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2016

5. Mortgages Payable - continued

Title of Issue	Interest Rate	Annual Repayment Terms (Principal and Interest)	Balance Outstanding 2016	2015
Lakeside Manor Care Home CMHC, due August 1, 2021	4.310%	\$93,107 of which \$24,958 is subsidized by SHC, yielding an effective interest rate of (0.88%); mortgage renewal date, December 1, 2016	449,511	521,680
Theodore Health Centre CMHC, due December 1, 2023	.86%	\$43,209; mortgage renewal date, February 1, 2017	321,429	361,022
Langenburg Centennial Special Care Home CMHC, due September 1, 2026	8.000%	\$27,884; mortgage renewal date, September 1, 2026	199,039	210,754
CMHC, due April 1, 2022	4.420%	\$52,110 of which \$13,122 is subsidized by SHC, yielding an effective interest rate of (.04%); mortgage renewal date, March 1, 2017	277,938	316,911
Invermay Health Centre CMHC, due March 1, 2017	4.610%	\$27,438 of which \$7,122 is subsidized by SHC, yielding an effective interest rate of (13.53%); mortgage renewal date, June 1, 2016	26,788	52,360
CMHC, due May 1, 2022	4.610%	\$38,471 of which \$7,578 is subsidized by SHC, yielding an effective interest rate of 1.12%; mortgage renewal date, June 1, 2016	206,457	234,769
Norquay Health Centre CMHC, due March 1, 2017	4.610%	\$26,824 of which \$6,409 is subsidized by SHC, yielding an effective interest rate of (12.10%); mortgage renewal date, June 1, 2016	26,189	51,188
CMHC, due July 1, 2022	4.610%	\$39,456 of which \$7,769 is subsidized by SHC, yielding an effective interest rate of 1.19%; mortgage renewal date, June 1, 2016	216,659	245,476
Canora Gateway Lodge CMHC, due April 1, 2017	4.610%	\$49,831 of which \$14,243 is subsidized by SHC, yielding an effective interest rate of (14.34%); mortgage renewal date, June 1, 2016	52,587	98,852
Kamsack Nursing Home CMHC, due February 1, 2017	4.420%	\$89,961 of which \$19,684 is subsidized by SHC, yielding an effective interest rate of (11.72%); mortgage renewal date, February 1, 2017	80,856	165,240

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2016

5. Mortgages Payable - continued

Title of Issue	Interest Rate	Annual Repayment Terms (Principal and Interest)	Balance Outstanding 2016	2015
Cornerstone Credit Union, non-affiliate mortgage consolidation, due May 1, 2019	3.65%	\$88,230; mortgage renewal date, May 1, 2019	260,068	337,241
St. Paul Lutheran Home of Melville CMHC, due August 1, 2022	1.710%	\$94,758; mortgage renewal date, September 1, 2017	575,551	659,697
Cornerstone Credit Union, mortgage consolidation due May 1, 2019	3.65%	\$13,770; mortgage renewal date, June 1, 2018	40,912	52,945
Ituna & District Pioneer Lodge CMHC, due May 1, 2025	8.000%	\$28,655; mortgage renewal date, May 1, 2025	186,928	200,295
Esterhazy Centennial Special Care Home CMHC, due August 1, 2022	4.440%	\$47,374 of which \$12,357 is subsidized by SHC, yielding an effective interest rate of 0.00%; mortgage renewal date, December 1, 2017	264,408	299,281
Energy Renewal Project Royal Bank of Canada due 2032	2.64%	\$426,839; mortgage renewal date, July 16, 2019	4,799,218	5,094,722
RBC Life Insurance Company, due September 30, 2023	4.74%	\$622,641; mortgage renewal date, September 30, 2023	<u>3,923,505</u>	<u>4,349,163</u>
			13,501,347	15,025,644
Less: Current portion			<u>1,574,900</u>	<u>1,522,800</u>
			<u>\$ 11,926,447</u>	<u>\$ 13,502,844</u>

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the facilities as security. Principal amounts due within each of the next five years are estimated as follows:

2017	1,574,900
2018	1,449,300
2019	1,500,100
2020	1,466,900
2021	1,510,200
2022 and subsequent	<u>5,999,947</u>
	<u>\$ 13,501,347</u>

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2016

6. Deferred Revenue

	Balance, Beginning of Year	Less: Amount Recognized	Add: Amount Received	Balance, End of Year
As at March 31, 2016				
Sask. Health Initiatives				
24/7 Expanded Primary Health Care Services	726,250	726,250		
Acute Stroke Pathways	13,300		5,700	19,000
Alc. & Drug Services - population health	8,000	8,000		
Autism spectrum disorder - positions	74,297	52,577		21,720
Autism spectrum disorder services	105,472	31,657		73,815
Canora Physician	76,214			76,214
CEC supplement for physician coverage	24,333			24,333
Children's mental health outreach	34,723			34,723
Clinical education and training	8,286	8,286		
Compensation	495,347	495,347		
DTFP KEIT program	12,229	54,182	77,400	35,447
Enhanced preventative dental services	12,871	72,960	60,089	
First Nations - urban aboriginal project	25,557	25,557		
HIV peer to peer	17,440	17,440		
HIV strategy	49,349	5,244		44,105
Infection control funding	76,454	34,043		42,411
Integrated stroke strategy pilot	516,594	273,214		243,380
LTC Urgent Issues - gentle persuasion	79,396	46,378		33,018
LTC Urgent Issues - rapid psycho geriatric response	351,948	351,948		
Mental health approved home enhancements	5,496	3,088		2,408
Needle exchange - population health	33,088	33,088		
Nurse safety training	14,566	14,566		
Regional locum program	82,272	82,272		
Representative workforce	1,399	1,399		
Secure care youth detox	35,164			35,164
Total Sask. Health	2,880,045	2,337,496	143,189	685,738
Other Government of Sask Initiatives				
Acquired brain injury	39,097	15,787		23,310
Alc. & Drug Services - corrections	40,862	33,814		7,048
Yorkton Primary Health Grant	171,366			171,366
Kids First	274,735	249,381	182,796	208,150
Pediatric Therapy Conference	31,810			31,810
Primary Care Physician Engagement	43,864			43,864
3sHealth - Enhanced preventative dental services	28,784			28,784
SUN/3sHealth nurse recruitment and retention	147,209			147,209
Total Other Government of Sask	777,727	298,982	182,796	661,541
Non-Government of Sask Initiatives				
Assist program	212		875	1,087
Hospira smart pump			112,500	112,500
Rent received in advance	10,250	10,250	24,642	24,642
Total Non-Government of Sask.	10,462	10,250	138,017	138,229
Total Deferred Revenue	\$ 3,668,234	\$ 2,646,728	\$ 464,002	\$ 1,485,508

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2016

7. Net Change in Non-Cash Working Capital

	<u>Operating Fund</u>		<u>Restricted Funds</u>			
	2016	2015	Capital Fund	Community Trust and Endowment Funds	Total 2016	Total 2015
Decrease (increase)						
Accounts receivable	(288,079)	4,084,571	11,562	14	11,576	138
Inventory	(18,009)	285,319				
Prepaid expenses	(153,010)	(304,315)	(289,976)		(289,976)	
Increase (decrease)						
Accounts payable	(1,708,681)	460,212	94,713		94,713	(2,567)
Accrued liabilities	3,124,189	(2,105,813)	(2,904)		(2,904)	(6,452)
Deferred revenue	(2,182,724)	115,685				
Employee future benefits	42,100	(37,000)				
	<u>\$(1,184,214)</u>	<u>\$ 2,498,659</u>	<u>\$(186,605)</u>	<u>\$ 14</u>	<u>\$(186,591)</u>	<u>\$(8,881)</u>

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents utilizing the RHA's facilities. The total cash held in trust as at March 31, 2016 was \$215,312 (2015 - \$206,633). These amounts are not reflected in the consolidated financial statements.

9. Related Parties

These consolidated financial statements include transactions with related parties. The RHA is related to all Saskatchewan crown agencies such as ministries, corporations, boards and commissions under the common control of the government of Saskatchewan. The RHA is also related to non-crown enterprises that the government jointly controls or significantly influences. In addition, the RHA is related to other non-government organizations by virtue of its economic interest in these organizations.

(a) Related-party transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the consolidated financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2016

9. Related Parties - continued

(a) Related-party transactions - continued

Financial Statement Accounts	2016	2015
Assets		
Accounts Receivable		
General Revenue Fund	1,638,365	806,617
Health Shared Services Saskatchewan (3SHealth)	32,315	47,221
Sask. Workers' Compensation Board	284,193	279,564
Prepaid Expenses		
Health Shared Services Saskatchewan (3SHealth)	8,741	8,741
SaskTel	530,987	
Total Assets	\$ 2,494,601	\$ 1,142,143
Liabilities		
Accounts Payable		
e Health Saskatchewan	6,430	48,257
Health Shared Services Saskatchewan (3sHealth)	228,985	31,435
Ministry of Central Services	28,417	70,687
Regina Qu'Appelle Health Region	60,638	53,582
Saskatchewan Health Employees Pension Plan *	1,460,010	1,502,676
3sHealth - Core Dental		122,394
3sHealth - Disability Income Plan *	218,679	350,241
Society for Involvement of Good Neighbours Inc.	33,572	45,491
SaskEnergy	159,644	167,755
SaskPower	127,727	218,464
SaskTel	123,678	41,019
Total Liabilities	\$ 2,447,780	\$ 2,652,001
Revenue		
Christ the Teacher School Division	69,804	94,273
e Health Saskatchewan	69,458	57,455
General Revenue Fund	2,753,376	3,867,558
Health Shared Services Saskatchewan (3sHealth)	180,252	166,897
Saskatchewan Government Insurance	98,265	184,318
Sask. Workers' Compensation Board	1,874,135	415,257
Total Revenue	\$ 5,045,290	\$ 4,785,758
Expenses		
e Health Saskatchewan	360,688	251,631
Good Spirit School Division		81,912
Public Employees Pension Plan *	251,557	254,627
Regina Qu'Appelle Health Region	609,623	612,672
Health Shared Services Saskatchewan (3sHealth)	2,097,138	811,652
Ministry of Central Services	289,131	548,298
3sHealth - Core Dental Plan *	996,420	1,504,409
3sHealth - Disability Income Plan *	2,986,735	3,378,865
3sHealth - Employment Strategy *	164,956	178,177
3sHealth - Enhanced Dental Plan *	3,329,967	3,658,152
Sask. Workers' Compensation Board	2,472,000	2,124,117
Saskatchewan Government Insurance	130,482	112,138
Saskatchewan Health Employees Pension Plan *	20,196,789	20,362,401
SaskEnergy	813,256	1,216,797
SaskPower	1,788,819	1,819,371
SaskTel	1,299,061	814,297
S.I.G.N.	663,624	552,682
Total Expenses	\$ 38,450,246	\$ 38,282,198

* Indicates that employee portion is included in the above expense

In addition, the RHA pays provincial sales tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2016

9. Related Parties - continued

(b) Health-care organizations

(i) Prescribed health care organizations and third parties

The RHA has also entered into agreements with prescribed health care organizations (HCO's) and third parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCO's and third parties:

	2016	2015
Yorkton Mental Health Drop In Centre	56,800	138,758
Saskatchewan Abilities Council	104,359	811
Society for Involvement of Good Neighbours Inc.	358,108	355,052
	<u>\$ 519,267</u>	<u>\$ 494,621</u>

(ii) Affiliates with joint service management agreements

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately-owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. Further, the RHA provides most of the affiliate's funding. Accordingly, the RHA has the ability to affect the strategic operating, investing and financing activities of the affiliates.

The RHA consolidated financial statements include the accounts of St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville based on the joint service management agreement held with each of the three organizations. The following information, which combines the operating fund and capital fund, is supplementary to those statements.

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2016

9. Related Parties - continued

(b) Health-care organizations - continued

(ii) Affiliates with joint service management agreements - continued

	St. Anthony's Hospital	St. Peter's Hospital	St. Paul Lutheran Home	Total 2016	Total 2015
Statement of Financial Position					
Total assets	\$ 1,832,774	\$ 2,499,811	\$ 3,990,168	\$ 8,322,753	\$ 9,034,701
Total liabilities	563,402	1,032,473	2,693,422	4,289,297	4,130,090
Total fund balances	<u>1,269,372</u>	<u>1,467,338</u>	<u>1,296,746</u>	<u>4,033,456</u>	<u>4,904,611</u>
	<u>\$ 1,832,774</u>	<u>\$ 2,499,811</u>	<u>\$ 3,990,168</u>	<u>\$ 8,322,753</u>	<u>\$ 9,034,701</u>
Results of Operations					
RHA grant	3,702,426	7,968,560	8,630,183	20,301,169	20,356,137
Other revenue	<u>277,461</u>	<u>396,652</u>	<u>2,371,696</u>	<u>3,045,809</u>	<u>3,600,062</u>
Total revenue	<u>3,979,887</u>	<u>8,365,212</u>	<u>11,001,879</u>	<u>23,346,978</u>	<u>23,956,199</u>
Salaries and benefits	3,371,036	5,692,009	8,035,441	17,098,486	19,455,050
Other expenses *	<u>887,981</u>	<u>2,775,605</u>	<u>3,385,501</u>	<u>7,049,087</u>	<u>5,003,250</u>
Total expenses	<u>4,259,017</u>	<u>8,467,614</u>	<u>11,420,942</u>	<u>24,147,573</u>	<u>24,458,300</u>
Excess (deficiency) of revenue over expenses	<u>\$(279,130)</u>	<u>\$(102,402)</u>	<u>\$(419,063)</u>	<u>\$(800,595)</u>	<u>\$(502,101)</u>

* Other expenses includes amortization of \$656,535 (2015 - \$662,877).

Cash Flows

Cash from operations	(125,688)	89,283	(176,209)	(212,614)	82,515
Cash used in financing activities			(96,179)	(96,179)	(94,353)
Cash used in investing activities **	<u>(87,444)</u>	<u>(30,656)</u>	<u>(40,781)</u>	<u>(158,881)</u>	<u>(155,016)</u>
Increase (decrease) in cash	<u>\$(213,132)</u>	<u>\$ 58,627</u>	<u>\$(313,169)</u>	<u>\$(467,674)</u>	<u>\$(166,854)</u>

** Cash used in investing activities includes capital purchases of \$158,881 (2015 - \$155,016).

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2016

9. Related Parties - continued

(b) Health-care organizations - continued

(iii) Fundraising foundations

Fundraising efforts are undertaken through the non-profit business corporations known as The Health Foundation of East Central Saskatchewan Inc., St. Peter's Hospital Foundation (Melville) Inc. and St. Anthony's Hospital Foundation Inc. (the Foundations). The RHA or the respective affiliates have an economic interest in the Foundations. The Foundations have the following year ends:

The Health Foundation of East Central Saskatchewan Inc. - December 31

St. Peter's Hospital Foundation (Melville) Inc. - December 31

St. Anthony's Hospital Foundation Inc. - March 31

	St. Anthony's Hospital Foundation Inc.	St. Peter's Hospital Foundation (Melville) Inc.	Health Foundation of ECS Inc.	Total 2016	Total 2015
Statement of Financial Position					
Total assets	\$ 3,143,927	\$ 2,166,807	\$ 2,750,955	\$ 8,061,689	\$ 7,037,550
Total liabilities	22,523		756,720	779,243	253,260
Total fund balances	3,121,404	2,166,807	1,994,235	7,282,446	6,784,290
	<u>\$ 3,143,927</u>	<u>\$ 2,166,807</u>	<u>\$ 2,750,955</u>	<u>\$ 8,061,689</u>	<u>\$ 7,037,550</u>
Results of Operations					
Total revenues	577,507	116,998	1,508,078	2,202,583	2,096,959
Total contributions to the RHA	(228,507)	(36,946)	(781,626)	(1,047,079)	(545,213)
Total fundraising expenses	(1,752)	(15,680)	(400,544)	(417,976)	(362,396)
Total operating expenses	(4,309)		(235,063)	(239,372)	(321,912)
Excess of revenue over expenses	<u>\$ 342,939</u>	<u>\$ 64,372</u>	<u>\$ 90,845</u>	<u>\$ 498,156</u>	<u>\$ 867,438</u>
Cash Flows					
Cash from operations	364,343	66,879	615,900	1,047,122	708,117
Cash from (used in) financing and investing activities	(482,089)	(339)	(758,555)	(1,240,983)	(238,980)
Increase (decrease) in cash	<u>\$(117,746)</u>	<u>\$ 66,540</u>	<u>\$(142,655)</u>	<u>\$(193,861)</u>	<u>\$ 469,137</u>

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2016

10. Comparative Information

Certain balances for comparative purposes have been reclassified to conform with the current year's presentation.

11. Employee Future Benefits

(a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Health Shared Services Saskatchewan (3sHealth) (a related party), and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).
2. Public Service Superannuation Plan (PSSP) (a related party) - this is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.
3. Public Employees' Pension Plan (PEPP) (a related party) - this is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation - benefits in schedule 1 and is equal to the RHA contributions amount below.

	<u>2016</u>			<u>2015</u>
	SHEPP ¹	PEPP	Total	Total
Number of active members	2,402	28	2,430	2,419
Member contribution rate, percentage of salary	8.10-10.7%*	5.00-7.00%*		
RHA contribution rate, percentage of salary	9.07-11.98%*	6.00-7.00%*		
Member contributions	9,528,603	115,154	9,643,757	9,708,977
RHA contributions	10,673,134	114,107	10,787,241	10,860,163

*Contribution rate varies based on employee group.

1. Active members are employees of the RHA, including those on leave of absence as of March 31, 2016. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

In addition to the above plans, the RHA has one employee in the Evangelical Lutheran Church in Canada pension plan whose member contributions were \$5,227 (2015 - \$5,125) with RHA contributions of \$6,031 (2015 - \$5,857).

Pension plan contribution rates have increased as a result of deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio of 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed.

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2016

11. Employee Future Benefits - continued

(b) Disability Income Plans

Employees of the RHA participate in one of the following disability income plans, administered by 3sHealth:

1. CUPE established in 1975 - affiliated with the Canadian Union of Public Employees
2. General established in 1975
3. SUN established in 1982 - affiliated with the Saskatchewan Union of Nurses

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Disability expense is included in Compensation - benefits in Schedule 1 and is equal to the RHA contributions amount below:

	2016				2015
	CUPE	General	SUN	Total	Total
Number of active members	1,733	273	470	2,476	2,157
Member contribution rate, percentage of salary	1.61%	.60-.65%*	.76%		
RHA contribution rate, percentage of salary	1.61%	.65-.70%	.89%		
Member contributions (thousands of dollars)	981,796	132,552	248,105	1,362,453	1,610,911
RHA contributions (thousands of dollars)	981,796	132,552	291,254	1,405,602	1,667,298

*Contribution rate varies.

(c) Accumulated sick leave benefit liability:

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2016. Key assumptions used as inputs into the actuarial calculation are as follows:

	2016	2015
Discount rate	2.4%	1.9%
Rate of inflation	0-2.00%	0-2.00%
(other significant assumptions as per actuarial valuation)		
Accrued benefit obligation, beginning of year	6,521,500	6,558,500
Interest expense	134,300	190,500
Other	908,900	815,800
Benefits paid during the year	(1,001,100)	(1,043,300)
Accrued benefit obligation, end of year	<u>\$ 6,563,600</u>	<u>\$ 6,521,500</u>

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2016

12. Budget

The RHA Board approved the 2015-2016 budget plan on May 27, 2015.

13. Financial Instruments

(a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these consolidated financial statements.

(b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: Credit risk, market risk and liquidity risk.

The Chairperson ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Chairperson oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

(c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2016	2015
Cash and short-term investments	7,063,013	7,695,350
Accounts receivable		
Ministry of Health - General Revenue Fund	1,136,209	286,646
Other	1,342,649	1,916,710
Investments	<u>518,591</u>	<u>1,033,084</u>
	<u>\$ 10,060,462</u>	<u>\$ 10,931,790</u>

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2016

13. Financial Instruments - continued

(d) Market risk

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the RHA to cash flow interest rate risk. The RHA's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates. The RHA's mortgages payable outstanding as at March 31, 2016 and 2015 have fixed interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

(e) Liquidity risk:

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, 2016, the RHA has a cash balance of \$7,063,013 (2015 - \$7,695,350).

To ensure Sunrise RHA has sufficient cash on hand, Sunrise RHA prepares annual capital and operating budgets and forecasts which are regularly monitored and updated as necessary. As at March 31, 2016, Sunrise RHA had current operating financial assets of \$4,333,307 and current operating liabilities of \$40,039,483 which represents a working capital deficit of \$35,706,176. Sunrise RHA has current restricted financial assets of \$5,208,564 and current restricted liabilities of \$1,690,619 which represents a working capital surplus of \$3,517,945. As at March 31, 2016, Sunrise RHA has complied with all restrictions placed on contributions received.

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2016

13. Financial Instruments - continued

(e) Liquidity risk - continued

As at March 31, 2016, Sunrise RHA is committed to the following operating and restricted liabilities, including principal and interest, based on the expected undiscounted cash flows from the reporting date to the contractual maturity date:

	Carrying Amount	Due in Less Than 1 Year	Due in 1-3 Years	Due in 3-5 Years	Due after 5 Years
Accounts payable	5,000,266	5,000,266			
Accrued salaries	7,443,260	7,443,260			
Vacation payable	14,484,815	14,484,815			
Deferred revenue	1,485,508	1,485,508			
Long-term debt	13,501,347	1,574,900	2,949,400	2,977,100	5,999,947
Other current liabilities	<u>991,988</u>	<u>991,988</u>			
Total Financial Liabilities	<u>\$ 42,907,184</u>	<u>\$ 30,980,737</u>	<u>\$ 2,949,400</u>	<u>\$ 2,977,100</u>	<u>\$ 5,999,947</u>

(f) Fair value

The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature:

- cash and short-term investments
- accounts receivable
- bank indebtedness
- accounts payable
- accrued salaries and vacation payable

The fair value of mortgages payable and long-term debt before the repayment required within one year is \$13,501,347 (2015 - \$15,025,644) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

Fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgment and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.

Level 2 – Valuation model not using quoted prices, but still using predominantly observable market inputs, such as market interest rates.

Level 3 – Where valuation is based on unobservable inputs. There were no items measured at fair value using level 3 in 2015 or 2016.

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2016

13. Financial Instruments - continued

(f) Fair value - continued

There were no items transferred between levels in 2015 or 2016.

	2016			2015		
	Level 1	Level 2	Total	Level 1	Level 2	Total
Long-term investments		518,591	518,591	300,000	733,084	
Mortgages payable		13,501,347	13,501,347		15,025,644	15,025,644
	<u>\$ 0</u>	<u>\$ 14,019,938</u>	<u>\$ 14,019,938</u>	<u>\$ 300,000</u>	<u>\$ 15,758,728</u>	<u>\$ 15,025,644</u>

(g) Operating line-of-credit

The RHA has an approved operating line-of-credit of \$15,750,000 (2015 - \$15,750,000) with interest charged at a rate of prime, which was renegotiated for a 3-year term which expires in April 2016. The line-of-credit is secured by an assignment of grants and revenues of the RHA. Total interest paid on the line-of-credit in 2016 was \$282,025 (2015 - \$173,619). The line-of-credit was approved by the Minister on October 7, 1998.

At the April 27, 2016 meeting the board approved the tender for banking services with Scotiabank for a five year term. Upon implementation The line-of-credit will be at a rate of prime less 1.00% and secured by an assignment of grants and revenues.

The affiliates also have operating lines-of-credit with limits totalling \$650,000 (2015 - \$650,000). These lines-of-credit are secured by an assignment of grants and revenues from the RHA. Total interest paid on these lines-of-credit in 2016 was \$475 (2015 - \$302).

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2016			2015		
	Operating Fund	Capital Fund	Community Trust and Endowment Funds	Operating Fund	Capital Fund	Community Trust and Endowment Funds
Energy renewal program savings	(1,057,260)	1,057,260		(1,057,252)	1,057,252	
Replacement reserve allocations	(128,260)	128,260		(128,260)	128,260	
Mortgage principal and interest paid by operating fund	(884,667)	884,667		(796,105)	796,105	
Capital asset purchases by other funds	(219,133)	228,508	(9,375)			
Operating expenditures financed by other funds	103,613	(103,613)		4,447		(4,447)
Operating expenditures financed by capital fund				19,048	(19,048)	
	<u>\$(2,185,707)</u>	<u>\$ 2,195,082</u>	<u>\$(9,375)</u>	<u>\$(1,958,122)</u>	<u>\$ 1,962,569</u>	<u>\$(4,447)</u>

15. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the consolidated financial statements.

Sunrise Regional Health Authority

Notes to Financial Statements
For the year ended March 31, 2016

16. Community-Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The RHA established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the RHA. The assets are interest-bearing with the interest credited to the trust balance. The RHA presently administers \$64,727 (2015 - \$64,109) under these agreements.

Following is the status of the trust funds at March 31, 2016:

Each trust fund has a "trust advisory committee" which is appointed by the various towns, villages, hamlets and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health-related purposes. The committees have the power to establish rules and procedures, and the majority decision of the committees shall be binding upon the RHA with respect to any use of the trust fund.

17. Energy Renewal Project

Energy performance contracting is a unique program that allows the RHA to implement facility improvements, reduce energy costs, and improve health and comfort conditions while contributing to the province's environmental objectives. SaskPower Energy Solutions performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost savings that will pay for the cost and financing of this project within an established time frame. Any additional savings are calculated and verified by methods established in the contract and are applied to the loan. Sunrise RHA entered into a guaranteed energy performance savings contract with SaskPower Energy Solutions Company.

The total cost of the energy performance contracts is \$14,724,459 plus GST. The construction costs have been financed through term debt facilities which are disclosed in note 5.

Results of the energy renewal project since its inception are:

	2016	2015	Prior	Total
Estimated utility savings	\$ 1,057,252	\$ 1,057,252	\$ 4,788,522	\$ 6,903,026
Interest costs	327,995	383,464	2,326,649	3,038,108

18. Pay for Performance

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the 2014-15 to 2016-17 fiscal years. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for 2014-15 to 2016-17.

19. Collective Bargaining Agreements

The Saskatchewan Union of Nurses (SUN) contract expired March 31, 2014. At March 31, 2016 a tentative four-year agreement had been signed and was ratified on April 20, 2016. The Health Sciences Association of Saskatchewan (HSAS) is in effect until March 31, 2018. The CUPE contract is in effect until March 31, 2017.

Sunrise Regional Health Authority

Schedule of Expenses by Object
For the year ended March 31, 2016

Schedule 1

	Budget 2016	Actual 2016	Actual 2015
Operating			
Advertising and public relations	178,928	147,045	164,422
Board costs	142,818	90,196	74,858
Compensation - benefits	28,731,689	28,303,401	28,146,220
Compensation - salaries	140,077,104	145,115,133	141,611,718
Continuing education fees and materials	473,363	188,778	205,866
Contracted-out services - other	2,491,240	2,874,148	3,118,080
Diagnostic imaging supplies	202,883	169,597	184,410
Dietary supplies	261,146	305,569	269,360
Drugs	2,069,298	2,074,169	2,286,663
Food	3,040,446	3,272,626	3,054,803
Grants to ambulance services	3,469,554	3,891,986	3,625,669
Grants to health care organizations and affiliates	728,148	1,675,533	1,074,668
Housekeeping and laundry supplies	1,548,454	1,380,468	1,644,544
Information technology contracts	1,404,478	1,282,110	1,135,635
Insurance	483,118	441,813	459,293
Interest	378,309	315,102	212,084
Laboratory supplies	1,282,559	1,328,517	1,268,957
Medical and surgical supplies	3,726,477	3,896,355	3,608,234
Medical remuneration and benefits	11,636,600	11,703,873	10,448,048
Meetings	59,993	68,009	55,665
Office supplies and other office costs	1,602,603	1,738,009	1,653,910
Other	129,371	453,895	513,804
Professional fees	1,339,355	1,318,950	1,621,338
Prosthetics	235,842	188,588	198,058
Purchased salaries	146,964	82,658	75,396
Rent/lease/purchase costs	4,102,241	3,614,478	3,702,767
Repairs and maintenance	2,857,776	2,411,637	2,970,595
Supplies - other	502,786	516,831	400,604
Therapeutics - supplies	103,732	110,430	103,759
Travel	2,387,374	2,372,550	2,393,669
Utilities	3,323,601	3,090,443	3,498,324
	<u>\$ 219,118,250</u>	<u>\$ 224,422,897</u>	<u>\$ 219,781,421</u>
Restricted			
Amortization		6,970,868	7,070,708
Mortgage interest expense		530,143	625,280
Other		<u>59</u>	<u>59</u>
		<u>\$ 7,501,011</u>	<u>\$ 7,696,047</u>

*The accompanying notes and schedules are part
of these consolidated financial statements.*

Sunrise Regional Health Authority

Schedule of Cash and Investments

As at March 31, 2016

Schedule 2

	Fair Value	Maturity	Effective Rate
Restricted Investments*			
Cash and Short-Term Investments			
Cash, chequing and savings accounts	<u>5,163,423</u>		0-1.25%
Total Cash and Short-Term Investments	<u>5,163,423</u>		
Long-Term Investments			
Total Long-Term Investments	<u>0</u>		
Total Restricted Investments	<u>\$ 5,163,423</u>		
Unrestricted Investments			
Cash and Short-Term Investments			
Cash, chequing and savings accounts	<u>1,899,590</u>		0-1.25%
Total Cash and Short-Term Investments	<u>1,899,590</u>		
Long-Term Investments			
Deposit on lease for Yorkton Innovation site	18,667		0.00%
Equity in Co-operatives	16,976		0.00%
Notes receivable - physicians	488,780		0.00%
Allowance for notes receivable - physicians	<u>(5,832)</u>		0.00%
Total Long-Term Investments	<u>518,591</u>		
Total Unrestricted Investments	<u>\$ 2,418,181</u>		
Total Investments	<u>\$ 7,581,604</u>		
Restricted and Unrestricted Totals			
Total Cash and Short-Term Investments	7,063,013		
Total Long-Term Investments	<u>518,591</u>		
	<u>\$ 7,581,604</u>		

The carrying amounts of the long-term investments approximate fair value.

* Restricted investments consist of:

- Community-generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3);
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) held in the Capital Fund (Schedule 4); and
- Endowment Fund (Schedule 3).

Sunrise Regional Health Authority

Schedule of Externally-Restricted Funds

For the year ended March 31, 2016

Schedule 3

	Balance, Beginning of Year	Investment Income	Expenses	Withdrawals	Balance, End of Year	
Community Trust						
Pre-Amalgamation Trust Accounts						
- Non Government of Sask Initiatives						
Centennial Special Care Home	4,614	36			4,650	
Foam Lake primary care	13,335	133			13,468	
Theodore Health Centre	46,160	449			46,609	
	64,109	618	0	0	64,727	
Endowment Fund						
Endowment Fund - Non Government of Sask Initiatives						
Dr. Borys Tolczynski Memorial Fund	319,179	5,162	0	(9,375)	314,966	
	\$ 383,288	\$ 5,780	\$ 0	\$ (9,375)	\$ 379,693	
	Balance, Beginning of Year	Investment Income	Donations	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance, End of Year
Capital Fund						
Capital Fund - Donations for Capital Assets - Non Government of Sask Initiatives						
Therapies	1,302		1,000	(639)		1,663
Canora Hospital	6,008	933	94,730	(3,511)		98,160
CEC Primary Care			76,909			76,909
Esterhazy C.S.C.H.	130,803	1,767	2,770	(1,740)	(7,261)	126,339
Foam Lake Jubilee Home	15,938	150	3,770	(2,050)		17,808
Gateway Lodge - Canora	89,317	1,113	47		(6,976)	83,501
Home Care	139,304	1,409	12,363	(8,015)		145,061
Invermay Health Centre	1,065	1	195	159		1,420
Ituna Pioneer Healthcare Centre	5,974	56	845	(2,877)		3,998
Kamsack Hospital	264,938	1,958		(7,626)	(6,138)	253,132
Kamsack Nursing Home	55,227	414				55,641
Lakeside Manor Care Home	24,980	249	542	(314)	(450)	25,007
Mental Health	1,596	9				1,605
Norquay Health Centre	16,225	152	36,897	(5,331)	(18,771)	29,172
Parkland Alcohol & Drug Services	8,241	82				8,323
Theodore Health Centre	2,631					2,631
Preeceville Hospital	190,625	192	16,330		(3,249)	203,898
Preeceville Hospital LT care	7,429	4	1,275	(2,709)		5,999
Langenburg Health Centre	68,273	700	5,000	(6,609)	(8,479)	58,885
Primary care	3,627	36				3,663
Rama First Responders	1,245	13				1,258
St. Anthony's Hospital	9,172					9,172
South district - other	5,805					5,805
Sunrise regional donations	82,390					82,390
Yorkton District Nursing Home	3,163	53	7,638	(2,363)		8,491
Yorkton R. H. C.	81,612	842	40,338	(24,710)	(8,909)	89,173
	\$ 1,216,890	\$ 10,133	\$ 300,649	\$ (68,335)	\$ (60,233)	\$ 1,399,104

The accompanying notes and schedules are part of these consolidated financial statements.

Sunrise Regional Health Authority

Schedule of Internally-Restricted Funds

For the year ended March 31, 2016

Schedule 4

	Balance, Beginning of Year	Investment Income Allocated	Annual Allocation from Unrestricted Fund	Transfer to Unrestricted Fund (Expenses)	Transfer to (from) Investment in Capital Asset Fund Balance	Balance, End of Year
Capital						
Replacement reserve funds						
Esterhazy Centennial Special						
Care Home	76,187	735	13,008	(27,489)	(28,883)	33,558
Foam Lake Jubilee Home	18,779	239	11,592		(5,133)	25,477
Gateway Lodge - Canora	107,671	1,140	14,256		(6,662)	116,405
Invermay Health Centre	15,214	183	7,008		(4,181)	18,224
Ituna Pioneer Healthcare						
Centre	14,832	155	5,604	(2,812)	(5,212)	12,567
Kamsack Nursing Home	74,708	812	14,592			90,112
Lakeside Manor Care Home	28,093	308	8,004		(9,183)	27,222
Langenburg Health Care						
Complex	23,491	282	10,284		(14,724)	19,333
Norquay Health Centre	6,027	95	7,008		(9,609)	3,521
St. Paul Lutheran Home	27		15,400	(11,570)		3,857
Yorkton & District Nursing						
Home	41,409	465	21,504		(45,273)	18,105
	<u>406,438</u>	<u>4,414</u>	<u>128,260</u>	<u>(41,871)</u>	<u>(128,860)</u>	<u>368,381</u>
Other internally-restricted funds						
Funds for future capital						
expenditures	<u>3,407,504</u>	<u>50,481</u>	<u>0</u>	<u>0</u>	<u>(222,342)</u>	<u>3,235,643</u>
	<u>3,813,942</u>	<u>54,895</u>	<u>128,260</u>	<u>(41,871)</u>	<u>(351,202)</u>	<u>3,604,024</u>
Operating						
Other internally-restricted funds						
St. Paul Lutheran Home	26,577	186		(635)		26,128
St. Peter's Hospital	<u>22,382</u>	<u>320</u>				<u>22,702</u>
	<u>48,959</u>	<u>506</u>	<u>0</u>	<u>(635)</u>	<u>0</u>	<u>48,830</u>
Total Internally-Restricted Funds	<u>\$ 3,862,901</u>	<u>\$ 55,401</u>	<u>\$ 128,260</u>	<u>\$ (42,506)</u>	<u>\$ (351,202)</u>	<u>\$ 3,652,854</u>

*The accompanying notes and schedules are part
of these consolidated financial statements.*

Sunrise Regional Health Authority
Schedule of Board Remuneration, Benefits and Allowances
For the year ended March 31, 2016

Schedule 5

	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total 2016	Total 2015
RHA Members								
Lawrence Chomos	12,450	13,950		4,794	2,171		33,365	34,963
Murray Dalton								3,662
Gatze Drayer		2,738		1,234	889	103	4,964	
Gordon Gendur		1,650		152	19	56	1,877	1,680
Garth Harris		2,125		420	849	86	3,480	
Janet Hill		1,125		416		36	1,577	3,645
Doris Kopelchuk		1,675		625			2,300	4,818
Glen Leontowich		1,363		441		54	1,858	
Don Rae		2,125		72		76	2,273	872
Dave Schappert		2,275		771	146		3,192	2,365
Deb Schmidt		1,900		435	905	74	3,314	
Walter Streelasky		675		189			864	2,378
Shirley Wolfe Keller		2,513		2,190	98	55	4,856	6,896
	<u>\$ 12,450</u>	<u>\$ 34,114</u>	<u>\$ 0</u>	<u>\$ 11,739</u>	<u>\$ 5,077</u>	<u>\$ 540</u>	<u>\$ 63,920</u>	<u>\$ 61,279</u>

	2016				2015			
	Salaries	Benefits and Allowances	Subtotal	Severance Amount	Total	Salaries, Benefits and Allowances	Severance	Total
Senior Employees								
Suann Laurent, CEO	319,163	60	319,223		319,223	367,307		367,307
Dr. Fourie, Senior VP of Medical Services	144,429		144,429		144,429	155,790		155,790
Dr. Louw, Deputy Senior Medical Officer	7,803		7,803		7,803	31,214		31,214
Dr. Koudsi, Deputy Senior Medical Officer	31,214		31,214		31,214	31,214		31,214
Dr. Oduntan, Deputy Senior Medical Officer						15,607		15,607
Christina Denyse, VP of Human Resources	215,404	60	215,464		215,464	244,567		244,567
Lorelei Stusek, VP of Corporate Services	203,031	60	203,091		203,091	226,723		226,723
Sandy Tokaruk, VP of Community Services	141,489	60	141,549		141,549	161,240		161,240
Roberta Wiwcharuk, VP of Health Services	192,891	60	192,951		192,951	228,121		228,121
	\$ 1,255,424	\$ 300	\$ 1,255,724	\$ 0	\$ 1,255,724	\$ 1,461,783	\$ 0	\$ 1,461,783

- (1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lump-sum payments, and any other direct cash remuneration. As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the fiscal years 2014-15 to 2016-17. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump-sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for the fiscal years 2014-15 to 2016-17.
- (2) Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits and personal use of an automobile, cell phone, computer, etc., as well as any other taxable benefits.

The accompanying notes and schedules are part of these consolidated financial statements.