

ANNUAL REPORT

2012-2013

Five Hills Health Region

Healthy People – Healthy Communities

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The Five Hills Regional Health Authority Annual Report is located on the internet at:
www.fhhr.ca

June 11, 2013

Letter of Transmittal

Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan,

The Five Hills Regional Health Authority is pleased to provide you and the residents of the health region with its 2012-2013 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2013.

The Health Region continues to remain focused on the Ministry of Health's vision and strategic directions. We are committed to providing quality, accessible health services for the people we serve. During the fiscal year the region had many successes, including:

- Receipt of additional funding for surgical care improvements from the Ministry of Health;
- Agreement with Thunder Creek Rehabilitation Association Inc. to provide community-based mental health and addictions services;
- Increase in Dialysis funding from the Ministry of Health to expand satellite dialysis services to our clients;
- Met our surgical targets for 2012-13, both in number of surgeries and wait-times for surgery;
- Positive financial results for 2012-13 with a small surplus;
- Approval from the Ministry of Health for a "greenfield" site to advance Primary Health Care Services (we are one of eight approved innovation sites in the province);
- Significant work in development of the new regional hospital;
- Advancing Lean across the organization; and
- Advancement of Patient-Family Centred Framework, including involvement of Patient-Family Representatives in planning of the new region hospital and in our Lean activities.

Our successes can be attributed to the dedication and commitment of our employees and the medical staff. We are also grateful for the contributions made by our Volunteers and for the Foundations' significant efforts to ensure our communities have access to quality care.

Respectfully submitted,

E. (Betty) Collicott

Elizabeth (Betty) Collicott
Chairperson, Five Hills Regional Health Authority

Introduction

Five Hills Regional Health Authority (FHRHA) is continuously striving for "*healthy people and healthy communities"*. Our commitment is to work together with you to achieve your best possible care, experience and health.

This annual report presents the Five Hills Regional Health Authority's activities and results for the fiscal year ending March 31, 2013. It reports on public commitments made and other key accomplishments of the FHRHA. Results are provided on the publicly committed strategies, actions and performance measures as identified in the Ministry of Health's System Plan and FHRHA's Strategic Plan for 2012-13. The annual report provides an opportunity to assess the accomplishments, results, lessons learned and identifies how to build on past successes for the benefit of the people in the Five Hills Health Region.

FHRHA has an accountability agreement with the Ministry of Health which sets out the Ministry's expectations of the Region for the funding it provides. It contains both high-level organizational expectations and program-specific expectations for regions. The accountability document also clarifies the Ministry of Health's organizational, program and service expectations of FHRHA. These expectations are complementary to those articulated in legislation, regulation, policy and directives subject to amendments and additions or deletions made by the Minister and Ministry of Health. The accountability agreement is based on the Ministry's health system plan.

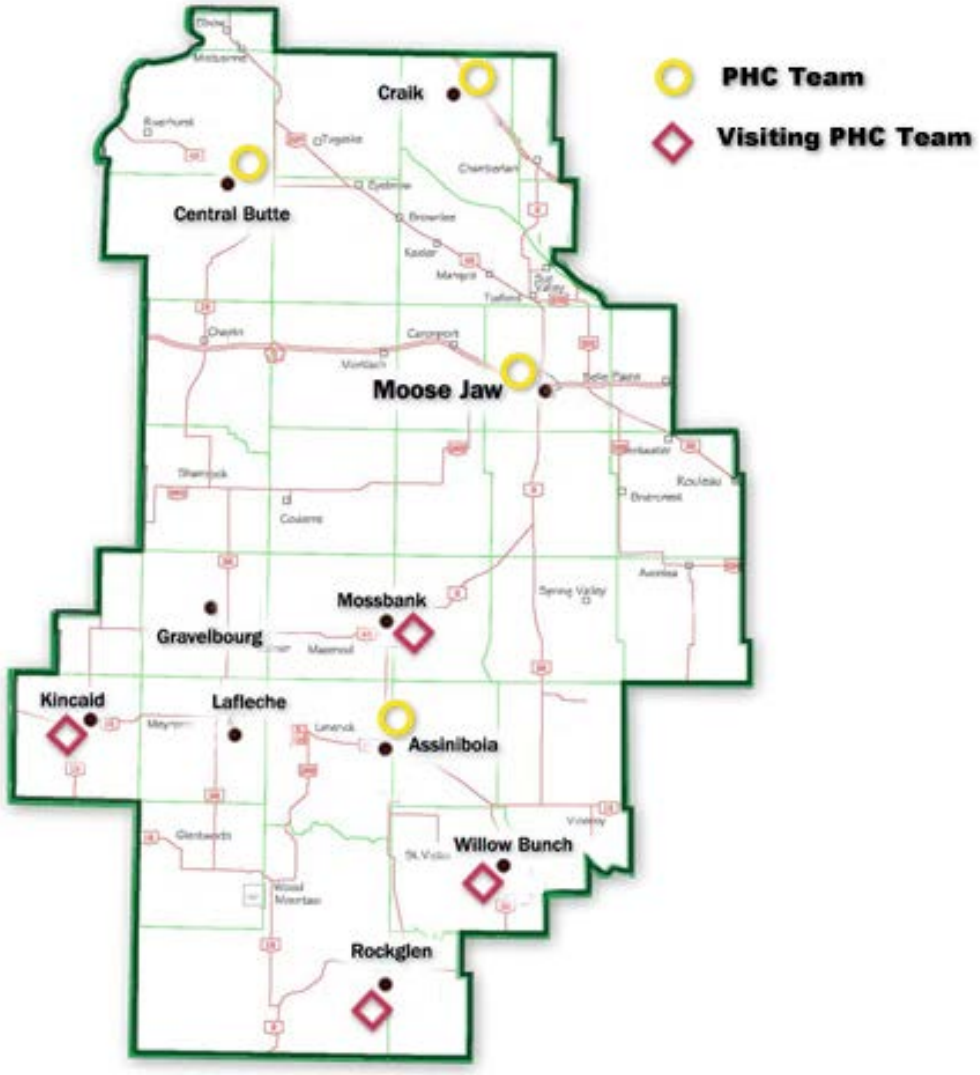
Overview

Located in south-central Saskatchewan, the Five Hills Health Region (the "Region") serves a population of approximately 54,000 in an area that extends from Lake Diefenbaker to the United States border. There are 40 communities, 27 whole and 6 partial rural municipalities and 1 First Nation reserve located in the Region and they are served by more than 1,800 staff, over 60 physicians and approximately 1,800 volunteers.

FHRHA is responsible for a comprehensive range of health services in the areas of acute care (hospital), long term care, home care, mental health and addictions, public health, primary health care and ambulance. These services are provided throughout the Region among 11 facilities, 3 affiliated agencies and several Health Care Organizations (HCOs). Several private personal care homes throughout the Region support continuing care services.

The corporate office is located in Moose Jaw and regional services administrative support is highly centralized there. The Region has efficiently organized services for finance, payroll, information technology, occupational health and safety, staff development, quality improvement and risk management, privacy, communications, nutrition and food services, laundry, housekeeping, biomedical engineering, maintenance, capital planning, security, disaster planning, materials management, human resources, labour relations, recruitment and selection, as well as related administrative support.

Facilities and Primary Health Care Teams



Acute Care
Moose Jaw Union Hospital (Regional Hospital)

Integrated Acute and Long Term Care
Assiniboia Union Hospital
St. Joseph's Hospital/Foyer d'Youville*

Long Term Care
Ross Payant Nursing Home
Pioneers Lodge
Providence Place*
Extendicare*

Integrated Long Term Care and Health Centres
Craik and District Health Centre
Grasslands Health Centre
Lafleche and District Health Centre

Wellness Centres
Mossbank Wellness Centre
Willowbunch Wellness Centre
Kincaid Wellness Centre

*Affiliate/Contracted Agency

Acute Care

Moose Jaw Union Hospital is a Tier I Regional Hospital with 100 inpatient beds which provides a range of secondary inpatient acute care services:

Satellite Dialysis
Anaesthesiology
Family Medicine
Internal Medicine
Orthopaedics
Paediatrics
Emergency Medicine
Obstetrics
Ophthalmology
Psychiatry
Urology
General Surgery
Gynaecology
Pathology
Radiology
Mental Health & Addictions

These services are supported by professionals in laboratory, diagnostic imaging, ultrasound, respiratory therapy, hyperbaric medicine, physical therapy, occupational therapy, pharmacy and central sterile supply.

Moose Jaw Union Hospital Statistics								
Unit	**Patient Days**		**Average Daily Census**		**Percent Occupancy**		**Average Length of Stay**	
	2013	**2012**	**2013**	**2012**	**2013**	**2012**	**2013**	**2012**
Nursery	27	36	0.07	0.10	7.40	9.84	9.00	5.14
Intensive Care Unit	1226	1153	3.36	3.15	67.18	63.01	4.01	3.67
Women's Health	2220	2305	6.08	6.30	43.44	44.98	2.51	2.52
Paediatrics	2234	2249	6.12	6.14	61.21	61.45	2.98	2.83
Mental Health	3717	4877	10.18	13.33	72.74	95.18	17.62	17.86
Surgery	6130	6030	16.79	16.48	83.97	82.38	5.16	5.16
Medicine	12707	13825	34.81	37.77	101.41	104.93	7.68	8.84
Total Adult	28261	30475	77.42	83.27	78.74	83.27	5.65	6.05
Total Newborn	1521	1498	4.17	4.09	41.67	40.93	2.51	2.57
Total Adult and Newborn	29782	31973	81.59	87.36	75.32	79.42	5.32	5.69

The Assiniboia Union Hospital (16 beds) in Assiniboia and St. Joseph's Hospital/Foyer d'Youville (9 beds), in Gravelbourg are designated as community hospitals in the Region. Community hospitals provide acute inpatient medical care and emergency room coverage with 24/7 RN staffing. Each hospital is integrated with long term care beds, including designated respite and convalescent care.

Emergency/Outpatient Department Visits		
	2013	**2012**
Moose Jaw Union Hospital	33340	33292
Assiniboia Union Hospital	4532	4526
St. Joseph's Hospital*	5490	5004
Central Butte Regency Hospital	137	614

* affiliate

Acute Care Facilities								
	Inpatient Days (Adult)		**Average Daily Census**		**Percent Occupancy**		**Average Length of Stay**	
	2013	**2012**	**2013**	**2012**	**2013**	**2012**	**2013**	**2012**
Moose Jaw Union Hospital	28261	30475	77.42	83.27	78.74	83.27	5.65	6.02
Assiniboia Union Hospital	3482	4443	9.53	12.17	59.57	76.08	8.86	13.10
St. Joseph's Hospital*	2023	2330	5.54	6.36	61.58	70.70	4.50	4.60

*affiliate

Long Term Care Facilities						
	Resident Days		**Average Daily Census**		**Percent Occupancy**	
	2013	**2012**	**2013**	**2012**	**2013**	**2012**
Central Butte Regency Hospital	8845	9087	24.23	24.83	89.75	91.96
Assiniboia Union Hospital	7941	7881	21.76	21.53	98.89	97.88
Craik and District Health Centre	5750	5660	15.75	15.46	87.52	85.91
Ross Payant Nursing Home	13750	13622	37.67	37.22	99.13	97.94
Lafleche Health Centre	5724	5581	15.68	15.25	98.01	95.30
Grasslands Health Centre	5773	5866	15.82	16.03	93.04	94.28
Extendicare*	43800	43525	120	118.92	96.00	95.14
Pioneers Housing	25913	25887	70.99	70.73	95.94	95.58
St. Joseph's Hospital*	17048	17553	46.71	47.96	93.41	95.92
Providence Place*	62421	62835	171.02	171.68	98.29	98.67

*affiliate/contracted agency

Home Care/Continuing Care

Continuing Care services are generally provided to a population of elderly persons over the age of 75 years. The continuing care program includes home care nursing, home care personal care, home care acute care replacement services, inpatient geriatric assessment and rehabilitation, long term care, transition, convalescent, respite, palliative, and podiatry.

Institutional care is available to over 530 long term care residents. In addition the region offers geriatric assessment and rehabilitation (14 beds), transition (18 beds) as well as designated respite and convalescent beds. The majority of institutional long term care support (65%) is provided by affiliate and contracted organizations, Providence Place in Moose Jaw, St. Joseph Hospital/Foyer D'Youville in Gravelbourg, and Extendicare in Moose Jaw. The region provides long term care services in Rockglen, Assiniboia, Lafleche, Central Butte, Craik, and Moose Jaw. Community-based clients are further supported with adult day programs located at Providence Place, Central Butte, Assiniboia, and Gravelbourg.

The **Access Centre** (http://www.fhhr.ca/AccessCentre.htm) provides continuing care services through a single point of entry. All referrals for continuing care services in the region including Home Care, Respite, Palliative Care, Long Term Care and Convalescence are managed through the Access Centre. Our primary focus is client-centered Assessment and Case Management services. FHAC is also responsible for Discharge Planning services out of Moose Jaw Union Hospital and coordination of admissions/discharges to Transition and Long Term Care beds throughout the region. The primary focus is client-centered Assessment and Case Management services.

Mental Health and Addictions

Mental Health and Addictions Services provide acute inpatient, transitional day treatment and follow-up outpatient mental health care for children, youth and adults in both Moose Jaw and rural areas.

The Thunder Creek Rehabilitation Association provides residential services, community supports and prevocational programs for adults experiencing severe mental illness.

The health region provides a wide range of treatment options for adolescents and adults with addictions related issues. Wakamow Manor, operated by Thunder Creek Rehabilitation Association, provides a 20-bed detoxification centre for individuals over the age of 16 who are seeking assistance to withdraw from alcohol and or other drugs. The centre provides two transition beds for clients who are waiting for Residential Addictions Treatment. Riverside Mission and Hope Inn provides residential services for those individuals in recovery from a substance related disorder.

Mental Health promotion and education programs and programs for prevention of substance abuse are available for the public and human services professionals. The Canadian Mental Health Association also provides mental health promotion, public education and prevention information and literature on mental health and mental illness

All services and programs may be accessed through Mental Health & Addictions Centralized Intake (http://www.fhhr.ca/addictions.htm) program. Centralized Intake responds to all initial requests for mental health and addictions information or services from individuals, family physicians, family members or community agency members.

Public Health Services

Public Health Services (PHS) focuses on prevention (both primary and secondary), health protection, and population health promotion. Under the leadership of the Public Health Director and Medical Health Officer, PHS provides a range of services, programs, and functions, including:

- public health nursing
- public health inspection
- public health nutrition
- dental health education
- epidemiology & statistical analysis capacity
- population health promotion
- speech and language pathology services
- Kids First Programs
- Teen Wellness Clinic
- Parent Mentoring Program
- Needle Exchange Program (NEP)
- Ongoing communications with media outlets

Emphasis is placed on the "Voice of the Customer" in obtaining input as to health status assessment, and ultimately the delivery of appropriate, effective, safe, responsive, efficient, and equitable public health services. Immigrant and specifically, refugee health, as well as high risk clients/families, adolescents, and injection drug users are given specific attention, as part of a comprehensive Primary Health Care approach. Services are delivered in a collaborative and consultative milieu with a vision of continuous quality improvement.

Immunization programs have been expanded, with the addition or enhancement of vaccine programs including human papillomavirus, varicella, pneumococcal, influenza, measles/mumps/rubella, rotavirus, meningococcal and pertussis (Tdap) vaccine coverage (to specified cohorts). Enhancing immunization coverage of 2- and 7-year old age-cohorts, is a strategic priority.

Health Promotion endeavors focus largely on supporting the population within the region. This has included various projects over the past year:

Dental Health Sealant and Fluoride Varnish programs

- The Dental Health Services team has been visiting selected schools and screening children in grades 1, 2 and 7 for the appropriateness of a protective sealant being applied to permanent teeth to help prevent tooth decay.
- Members of the team have also been visiting schools and preschools to apply fluoride varnish applications on children's teeth to help reduce the incidence and severity of tooth decay.
- Early screening and fluoride varnish applications are also offered to infants and children attending Child Health Clinics. Children are referred to the dental health team for additional education/counseling and preventive services.

Schools InMotion

- FHHR students/schools have been challenged to engage in physical activity at school to promote good health and better learning.
- The target is ≥20 minutes each day of moderate to vigorous physical activity (outside of the regular P.E. classes)
- As a result of the program an average of 15.5 minutes of daily physical activity in the classroom have been logged by over 3900 FHHR students!

Healthy Weights

- A provincial project focusing on healthy weight in children is beginning June 2013.
- Children at four years of age will be weighed in Child Health Clinic appointments to provide data for provincial average weights. This information will aid in program/strategy development over the next number of years.

FHHR Public Health Services is represented on the Saskatchewan Population Health Council. One of the roles of this committee is to oversee a provincial HIV strategy which is being rolled out in the health regions, including Five Hills. One of the pillars is harm reduction which emphasizes a strong Primary Health Care component in the delivery of a broad range of clinical and other services to Needle Exchange Program clients, and others affected by blood-borne pathogens.

PHS staff respond to outbreaks of a diverse nature, comprising predominantly infectious diseases such as respiratory and enteric disease outbreaks. PHS forms part of the Health Region's emergency response capability. Emergency planning is ongoing in the areas of surveillance, mass immunization, infection control and other measures.

Sexually transmitted infection (STIs) (i.e., Chlamydia) reduction is a strategic priority. Through the MHO, Public Health Services has representation on the provincial STI Task Group. FHHR objectives include enhancing clinical services, and establishing community support for education and health promotional efforts to prevent and control STIs

Ambulance Services (EMS)

Emergency Medical Services (EMS) are provided under contract to the Five Hills Health Region by Moose Jaw and District EMS, Hutch Ambulance Services and St. Joseph's Hospital.

Health Care Organizations

The Region either directly delivers health services through its staff, or contracts with other agencies for the provision of services. These contracted agencies are referred to as Health Care Organizations and include all private sector, community-based and affiliated (religious-based) service agencies that provide ambulance, addiction, mental health, long term care and acute services. Health Care Organizations are accountable through and to the Five Hills Health Region. Contracts are with the following health care organizations and private providers to deliver health services:

Canadian Mental Health Association provides community education and awareness of mental illness.

Extendicare operates a 125-bed long term care facility in Moose Jaw.

Hutch Ambulance Services provides ground ambulance services for Assiniboia and area.

Moose Jaw and District EMS provides ground ambulance services for Moose Jaw and area and Central Butte and area.

Providence Place operates a 160-bed long term care facility, a 14-bed Geriatric Assessment and Rehabilitation Unit and an adult day program, located in Moose Jaw.

St. Joseph's Hospital/Foyer d'Youville operates a 50-bed long term care and 9-bed acute care facility in Gravelbourg and provides ground ambulance services in Gravelbourg and area.

Thunder Creek Rehabilitation Association provides residential services and programs for adults with severe and persistent mental illness.

Wakamow Manor operates a 20 bed (plus 2 transitional beds) social detox centre for drugs and alcohol.

Governance

Five Hills Health Region is governed by a 10-member appointed Five Hills Regional Health Authority, appointed by the Lieutenant Governor in Council and accountable to the Minister of Health. The members of the Regional Health Authority, also referred to as the Board, represent a mixture of rural and urban backgrounds. The members are:

Elizabeth (Betty) Collicott, Chairperson	Moose Jaw
Donald Shanner, Vice Chairperson	Moose Jaw
Grant Berger	Central Butte
Janet Day	Avonlea
Alvin Klassen	Central Butte
Tracey Kuffner	Glentworth
Brian Martynook	Moose Jaw
Cecilia Mulhern	Meyronne
Christine Racic	Caron
George Reaves	Gravelbourg

Back Row (from left to right): Tracey Kuffner, Janet Day, Grant Berger, Cecilia Mulhern, Brian Martynook, Christine Racic
Front Row (from left to right): Alvin Klassen, George Reaves, E. (Betty) Collicott, Donald Shanner

The roles and responsibilities of the Five Hills Regional Health Authority are set out in *The Regional Health Services Act* and in their General Bylaws. The Authority is responsible for the planning, organization, delivery and evaluation of the health services it provides throughout the Region, namely:

- Strategic planning;
- Fiscal management and reporting;
- Relationships with stakeholders;
- Quality management initiatives;
- Monitoring, evaluation and reporting of performance indicators; and
- Monitoring, management and performance of the Authority and Chief Executive Officer.

The Five Hills Regional Health Authority Planning Committee (a committee of the whole) carries out the functions of Audit, Finance, Human Resources, Quality, Safety, Risk, Strategic Planning and other functions as may be required by the Board. The Planning Committee is supported by the Executive Committee whose membership consists of the Chairperson, Vice Chairperson and one other Board member. The Authority also utilizes ad hoc committees as necessary (ex. HR Committee) whose membership will consist of Board Members, the Chief Executive Officer and members of the Senior Leadership Team as required.

Community Advisory Networks

The Regional Health Services Act, Section 28 states:

> *28(1) A regional health authority shall establish one or more community advisory networks for the health region for the purpose of providing the regional health authority with advice respecting the provision of health services in the health region or any portion of the health region.*
>
> *(2) The minister may provide directions to regional health authorities with respect to the establishment and composition of community advisory networks.*
>
> *(3) Persons who participate in a community advisory network are not entitled to remuneration with respect to that participation.*

The Board has a network in place for receiving advice from a number and variety of communities. Primary health care development, with its significant community development component, rounds out the existing network. The attached Appendix B provides a listing of organizations with whom the Region interacts.

Alignment with Strategic Direction

Mission
Five Hills Health Region employees work together with you to achieve your best possible care, experience and health.

Vision
Healthy People – Healthy Communities

Values
Respect, Accountability, Engagement, Excellence, Transparency

The 2012-2013 fiscal year represented a significant shift in the way health system strategic planning takes place, both provincially and regionally. *Hoshin Kanri* (strategy deployment) is different from previous methods of strategic planning in that staff at all of the health regions is engaged through a process called "catchball". This catchball process enables a top-down and bottom-up approach to determining the strategic priorities and how the desired results will be achieved.

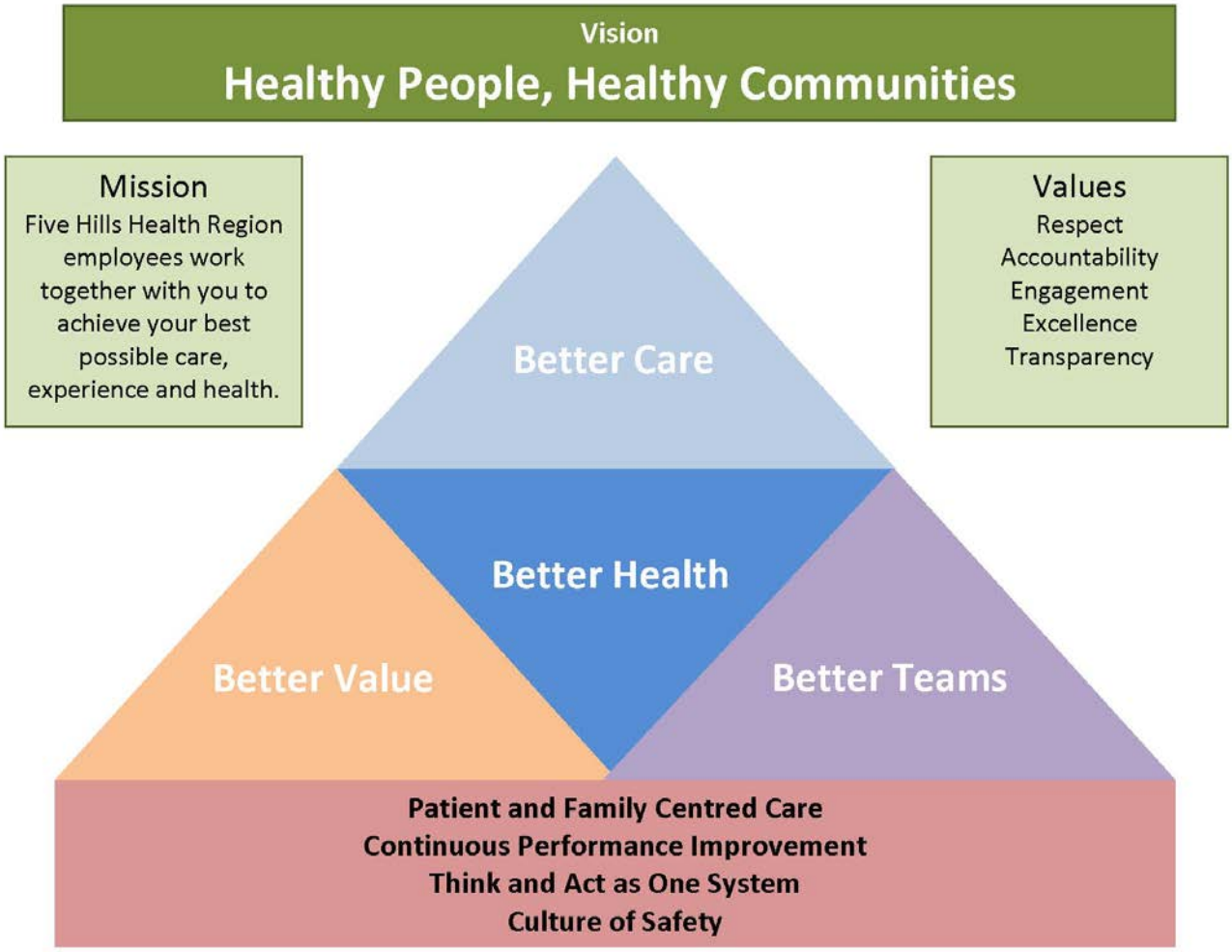
During this process, healthcare system leaders (including representatives from the Ministry of Health, regional health authorities, Saskatchewan Cancer Agency, Health Quality Council and the Saskatchewan Medical Association) from across the Province developed four enduring strategies which focus on making improvements to the health system. These are **Better Health, Better Care, Better Value** and **Better Teams**.

Better Health
Improve population health though 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 patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

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

Better Teams
Build safe, supportive and quality workplaces that support patient-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.



Following the development of these four enduring strategies, healthcare system leaders identified the five areas in which they wanted to see breakthough improvement throughout 2012-13. These are:

- Transform the patient experience through Sooner, Safer, Smarter surgical care;
- Strengthen patient-centred primary health care;
- Deploy a continuous improvement system;
- Focus on patient and staff safety; and
- Identify and provide services collectively through a shared services organization.

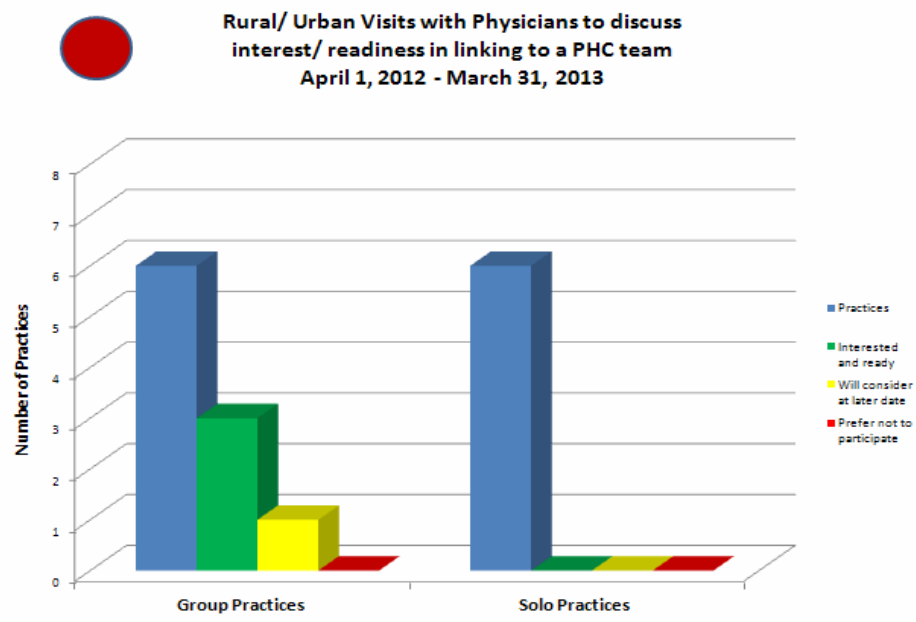
In turn, health region leaders from within Five Hills took the enduring strategies and breakthrough initiatives back to the directors and staff, where they then developed improvement projects that would ultimately assist in achieving the health system goals of the Province. Five Hills Health Region's strategic plan, in aligning with the Ministry of Health's System Plan, outlines a vision for improving access to a health system that provides **Better Health, Better Care, Better Value** and **Better Teams** for our residents. FHRHA's improvement projects and their results, are outlined in the following pages.

Better Health

Strengthen patient-centred primary health care by improving connectivity, access and chronic disease management.

Provincial 5-Year Outcome: 50% improvement in number of people surveyed who say, "I can see my primary health care team on my day of choice" by March 31, 2017

FHHR Project: Create a plan (and submit quarterly reports to the Ministry) for progressing Primary Health Care across the region by March 31, 2013.



What is being measured?

The number of family physicians in group practice or solo practice (urban and rural) who have met with the Executive Director of Primary Health Care and the Clinical Practice Redesign Coach, in the interest of creating a plan for progressing primary health care across the region, including an engagement plan with physicians.

Why is this of interest?

All primary health care teams must be linked to a family physician.

How are we doing?

Due to a vacancy in the Clinical Practice Redesign Coach position and Lean Leader Certification time commitments, this goal was not achieved as stated. Two urban group practices have had meetings. In March 2013 a physician and leadership committee was struck – Joint Commitment for Advancement of PHC. This group is meeting to develop a "greenfield site" and has provided input for progressing primary health care in Moose Jaw. A meeting has been held with the South Country Medical Clinic in Assiniboia and the Sun Country Health Region to advance primary health care in the south. Quarterly reports on this progress were submitted to the Ministry.

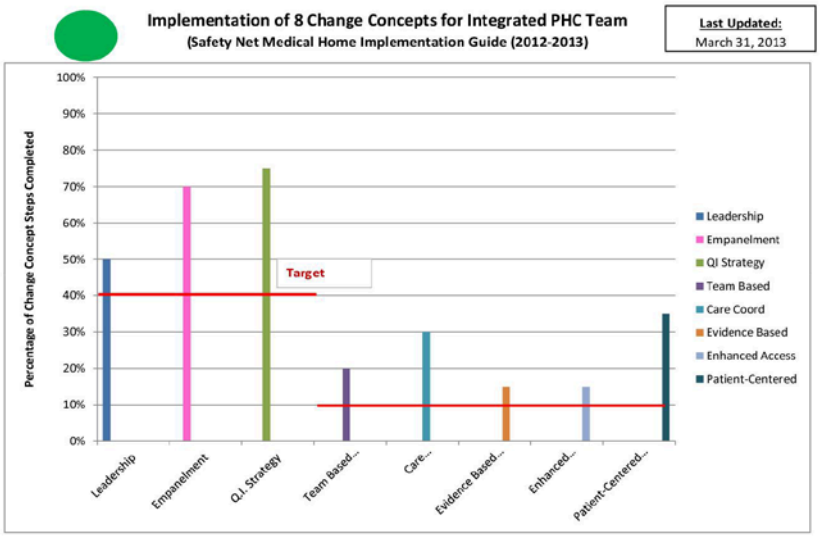
What actions are we taking?

A new Clinical Practice Redesign Coach will be able to support two additional teams in the coming year.

Better Health

Strengthen patient-centred primary health care by improving connectivity, access and chronic disease management.

Provincial 5-Year Outcome: 50% improvement in number of people surveyed who say, "I can see my primary health care team on my day of choice" by March 31, 2017
FHHR Project: Develop Integrated Primary Health Care Team.



What is being measured?
The implementation of the first three evidence-based change concepts for successful implementation of "PHC Home" by 40% in 2012/13 and then within each change concept, identify number of elements underway and the number to be initiated to complete the concept. The target is to initiate 40% implementation of "the foundational" elements of the first three of eight change concepts that are applicable to Canadian Healthcare System at Kliniek on Main by March 31, 2013. Work will continue to implement 10% of remaining 5 concepts within the 2013-14 year.

Why is this of interest?
Having a standard prototype to follow provides structure and direction to establish primary health care teams and new teams as teams integrate new members, evolve and grow over time.

How are we doing?
Change Concept #1: Empanelment of customers is underway with a rapid process improvement workshop (RPIW) contributing to changes.
Change Concept # 2: Leadership – Manager Integrated Teams to provide the day to day on-site supervision commences in April.
Change Concept # 3: Quality Improvement – Lean is methodology used; A 5S training session was held at Kliniek on Main in March 2013 and an RPIW occurring in April 2013.

What actions are we taking?
Provincially, measures are being worked on for teams of innovation sites to track.

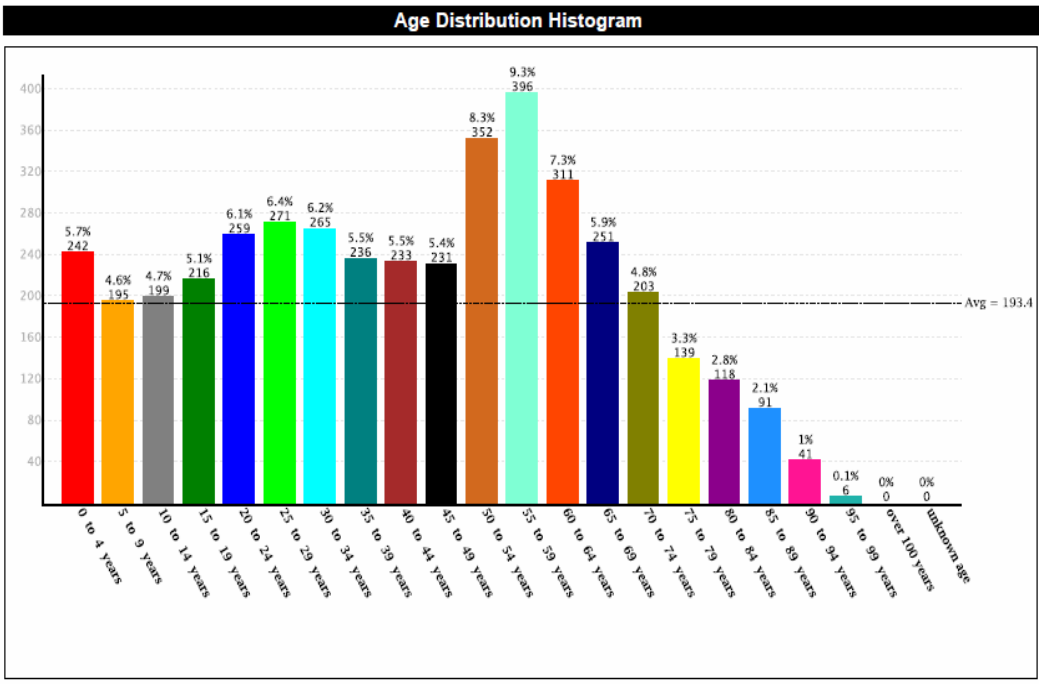
Better Health

Strengthen patient-centred primary health care by improving connectivity, access and chronic disease management.

Provincial 5-Year Outcome: 50% improvement in number of people surveyed who say, "I can see my primary health care team on my day of choice" by March 31, 2017

FHHR Project: By March 31, 2013 Kliniek on Main (KoM) has in-depth understanding of population served with regular monthly reports monitoring changes.

Note: This is only Moose Jaw and only one measure of many to understand population.



What is being measured?

Age groupings in 5 year blocks; gender; number of people with depression, COPD, diabetes, cardiovascular disease.

Why is this of interest

Understanding the population served by the team determines areas of focus for care needs; new programming to meet needs; quality improvement activities to improve care; and who needs to be part of the team to meet care needs of customers served.

How are we doing?

Disease specific reports are a challenge due to lack of language standardization in the electronic medical record – standardization of templates completed December 2012. This has improved ability to receive reports for some conditions although still requiring manual checking to ensure patients are accounted for. Cardiovascular disease reports continue to be worked on for accuracy.

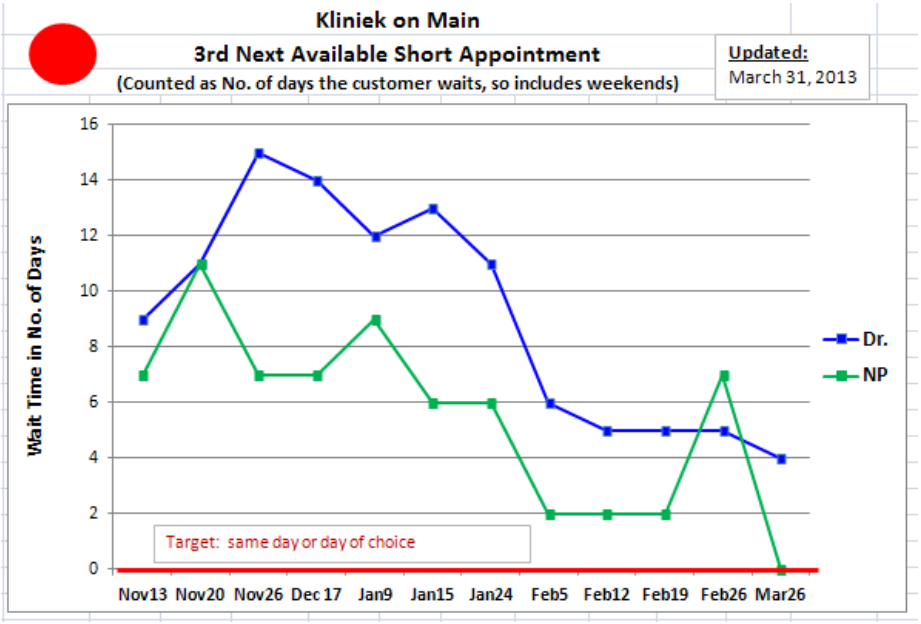
What actions are we taking?

Patient Experience survey completed Dec 2012. Daily Visual Management board has been established.

Better Health

Strengthen patient-centred primary health care by improving connectivity, access and chronic disease management.

Provincial 5-Year Outcome: 50% improvement in number of people surveyed who say, "I can see my primary health care team on my day of choice" by March 31, 2017
FHHR Project: By March 31, 2013 Kliniek on Main (K on M) provides same-day access through day of choice, Telehealth or telephone care.



What is being measured?
The third next available appointment (3rd NAA); supply and demand

Why is this of interest?
The 3rd NAA identifies if a provider is working in a backlog situation; need to eliminate backlog to have open access. We want customers to have access to their care team when they need service. Third next available appointment is a measure of backlog. Backlog is defined as the number of days between today and the earliest availability of an appointment. To smooth out day to day fluctuations such as a cancellation that just occurred, it is counted from time of request for appointment to the third next available appointment.

How are we doing?
The work of empanelment to incorporate a visiting panel and create contingency plans to cover vacations is more intensive and challenging than anticipated. With the many days of poor travel conditions due to weather, the team utilized both telephone conversations and Telehealth to meet as many health needs as possible when they were not able to provide face to face care in Central Butte. Patient feedback was positive – they appreciated the phone call from the provider to help address their health issue.

What actions are we taking?
This work continues as a manual measure until the electronic health record is able to produce the reports easily. The physicians' and NPs' supply and demand continues to be reconfigured to achieve better management of panel sizes.

Better Health

Strengthen patient-centred primary health care by improving connectivity, access and chronic disease management.

Provincial 5-Year Outcome: 50% improvement in number of people surveyed who say, "I can see my primary health care team on my day of choice" by March 31, 2017
FHHR Project: By March 31, 2013 two new team member disciplines fully integrated and future state value stream map will be completed.

What is being measured?
Two new team members fully integrated into PHC Team. Team members are co-located with the PHC team for some of their work day; as team members they participate in the planning and delivery of care for identified customers on their team.

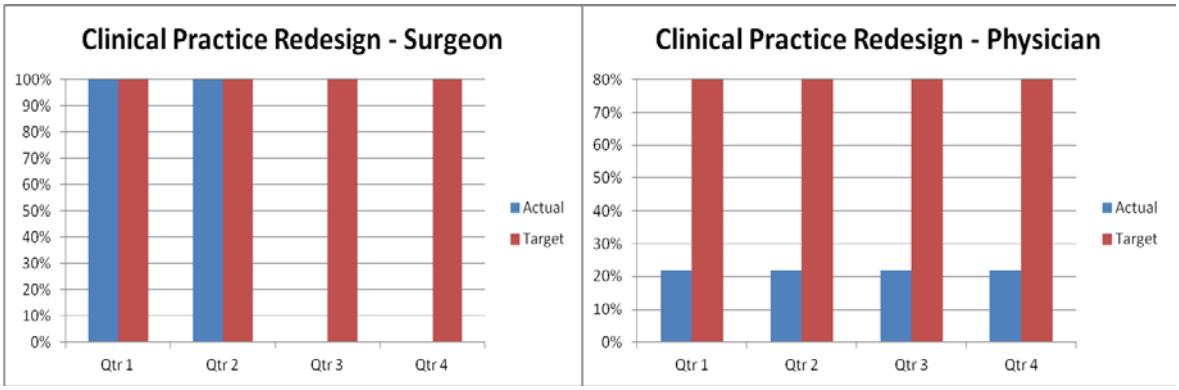
Why is this of interest?
Evidence indicates that delivery of care by a team results in better outcomes for customers. Transformation of the healthcare system requires restructuring from siloed departments to processes that flow across departments

How are we doing?
Work continues at a variety of levels for true team integration. RPIW addressed improved integration of nurse practitioners with physicians to provide chronic condition care. PHC Pharmacists have met to work on better ways to support patients and help their co-workers with medication management. LPN was involved in future value stream mapping in Central Butte and work continues to integrate LPN in work flows of primary health care. Future state value stream map completed at Kliniek on Main.

Better Care

Transform the patient experience through Sooner, Safer, Smarter Surgical care.

Provincial 5-Year Outcome: By March 31, 2017, there will be a 50% reduction in patient wait times from GP (general practitioner) referrals to specialist and diagnostic services.
FHHR Project: Clinical Practice Redesign (CPR) implemented in one surgeon's office and 80% of physician's offices by March 31, 2012.



What is being measured?
Implementation of CPR in one Surgeon's office and 80% of physician's offices within FHHR. Clinical Practice Redesign (CPR) supports providers in helping them deliver exceptional patient care by improving office processes and effectiveness within their own practices as well as improving communication and processes between practices and other health care services.

Why is this of interest?
CPR provides a number of benefits for patients, providers, and the overall health care system.
The CPR initiative is designed to achieve four objectives:

1. Improve the patient experience;
2. Improve access and efficiency within practice settings;
3. Improve access and efficiency between practice settings; and
4. Improve the staff experience

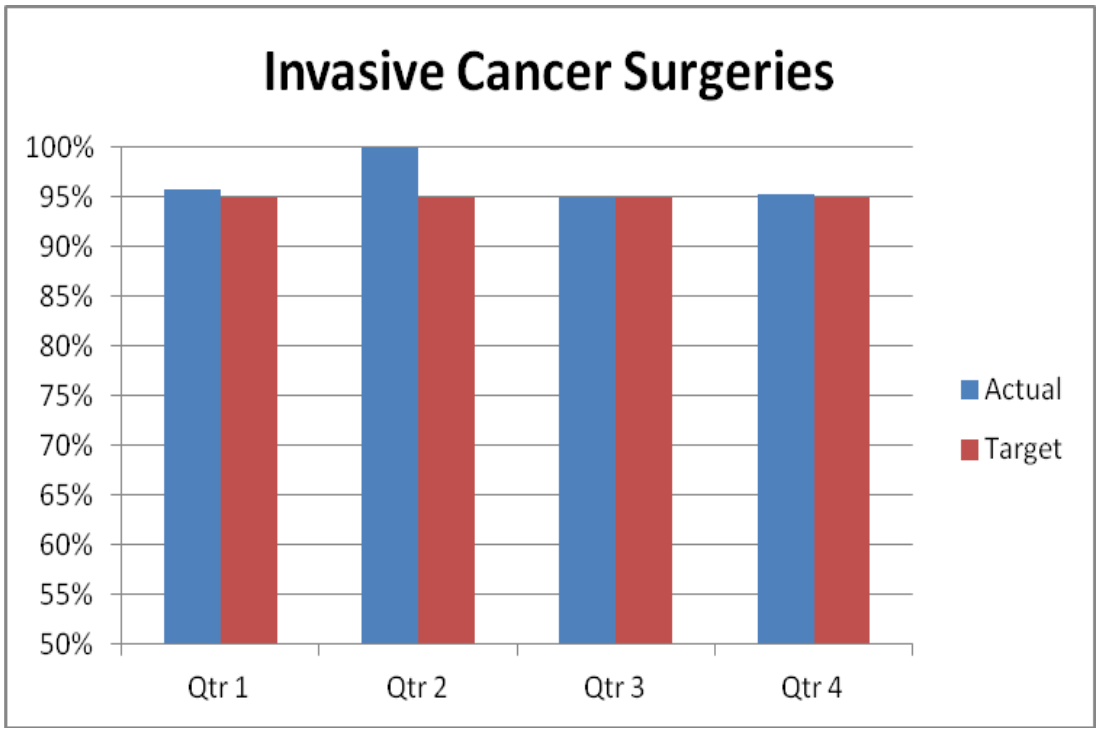
How are we doing?
This program is currently being reviewed by Health Quality Council in order to further utilize lean tools and application.

What actions are we taking?
A new coach has been hired and is in the process of developing a new plan of implementation into physicians' offices.

Better Care

Transform the patient experience through Sooner, Safer, Smarter Surgical care.

Provincial 5-Year Outcome: By March 31, 2015, all cancer surgeries or treatment are done within the consensus-based time frames from the time of suspicion or diagnosis of cancer.
FHHR Project: 95% of invasive cancer surgeries are performed within 3 weeks.



What is being measured?
All cancer patients will receive the appropriate surgery timeframe. There are many types of cancer and their diagnosis and treatment varies. Surgery, chemotherapy and radiation therapy are common treatments. Some patients require only one treatment, such as surgery, while others require combinations of treatments. It is imperative that early screening and detection take place to ensure that all cancer patients are treated in a timely matter.

Why is this of interest?
Cancer surgeries or treatments are done within the consensus timeframe from the time of suspicion or diagnosis of cancer.

How are we doing?
At year end, 95.3% of cancer patients had received surgery within three weeks.

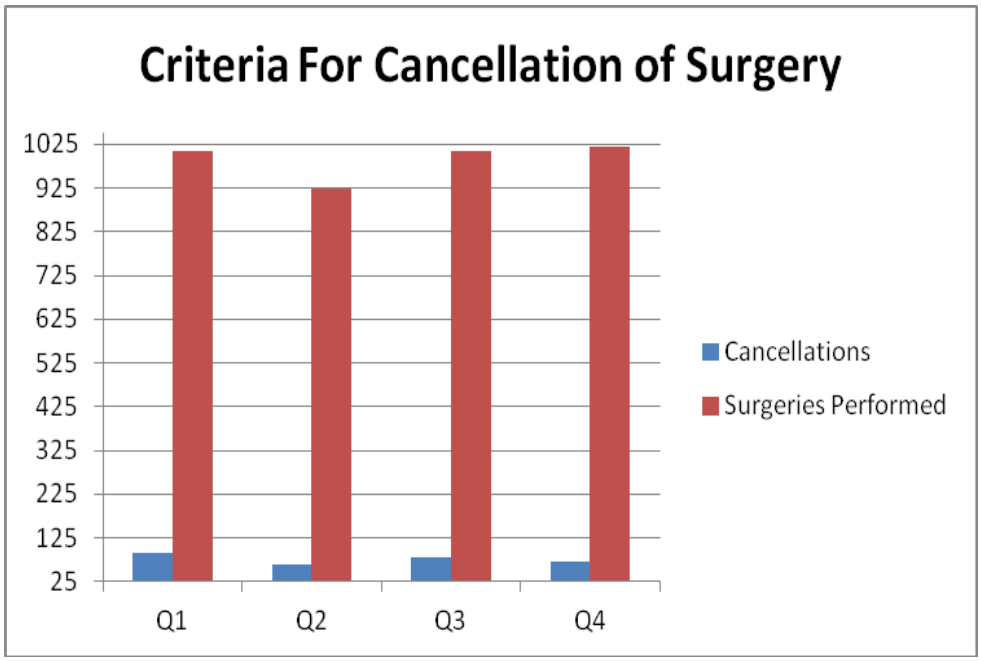
What actions are we taking?
Continuing to screen and prioritize all cancer patients to ensure that surgery is complete within three weeks.

Better Care

Transform the patient experience through Sooner, Safer, Smarter Surgical care.

Provincial 5-Year Outcome: By March 31, 2013, all patients are offered the option to have surgery within six months.

FHHR Project: Develop evidence-based criteria for cancellation of surgery by December 31, 2012. 100% compliance with criteria by June 30, 2013



What is being measured?

Evidence based criteria for surgeries cancelled at Moose Jaw Union Hospital (MJUH). Cancellations can occur for a variety of reasons, some of which are health system related (e.g. no bed is available) and others that are patient related (e.g. the patient does not show up or the surgery can't be performed because the patient is not clinically ready for surgery on the scheduled date).

Why is this of interest?

To decrease wait times for surgery in Saskatchewan and sub-optimal use of MJUH operating room time.

How are we doing?

Data was presented to the Surgical Services Team on October 17, 2012. Nursing and Medical Directors of the Operating Room are to review cancellation cases each week.

What actions are we taking?

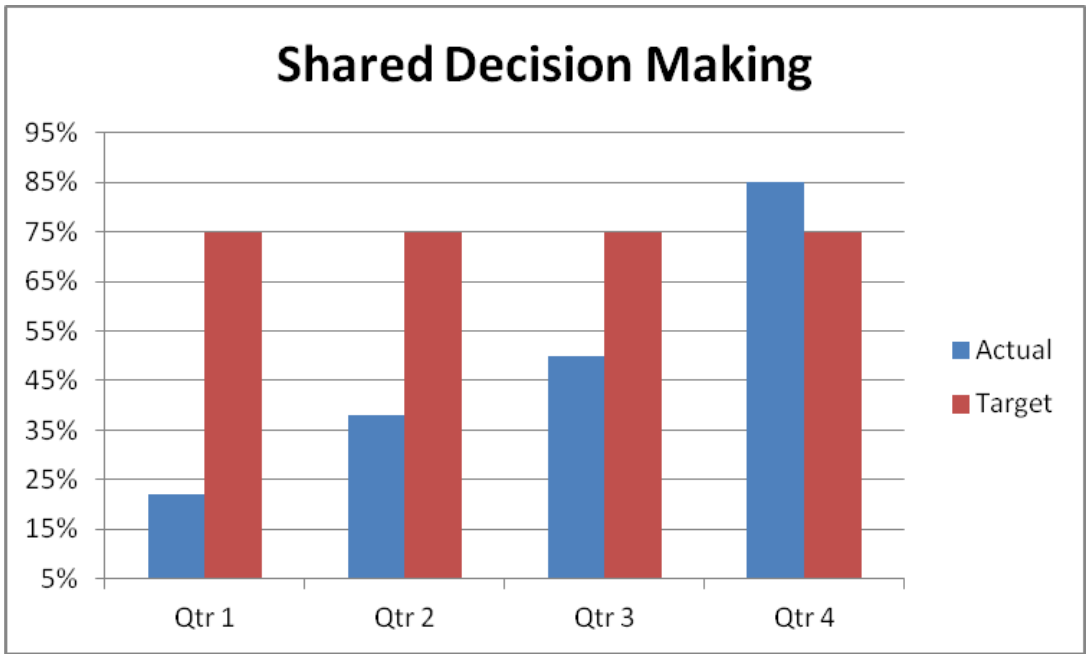
- Continue to gather baseline data regarding # of cancellations and reasons associated with the cancellations.
- Review procedures of pre-assessment clinic to assess any possible changes to decrease number of cancellations.
- Develop evidence-based criteria for cancellation of surgery by June 30, 2013.
- Continue to monitor progress

Better Care

Transform the patient experience through Sooner, Safer, Smarter Surgical care.

Provincial 5-Year Outcome: By March 31, 2014, all patients have the option to receive necessary surgery within three months.

FHHR Project: Increase patient awareness of Shared Decision Making for Hip & Knee Replacements by 75% by March 31, 2013.



What is being measured?

Shared Decision Making for all Hip and Knee Replacement clients. Shared Decision Making (SDM) is the collaboration between the health care provider and the patient, through two-way communication and information exchange, to come to an agreement about a treatment decision best suited to the patient.

Why is this of interest?

Research shows that when patients receive information about their condition and treatment options, they want to be more involved in decisions about care. Unless patients are presented with and engaged in discussion, their decisions will not be fully informed and may not be consistent with their values.

How are we doing?

At end of Q4, we have exceeded our expected target. We are still continuing to inform and educate all our clients regarding SDM.

What actions are we taking?

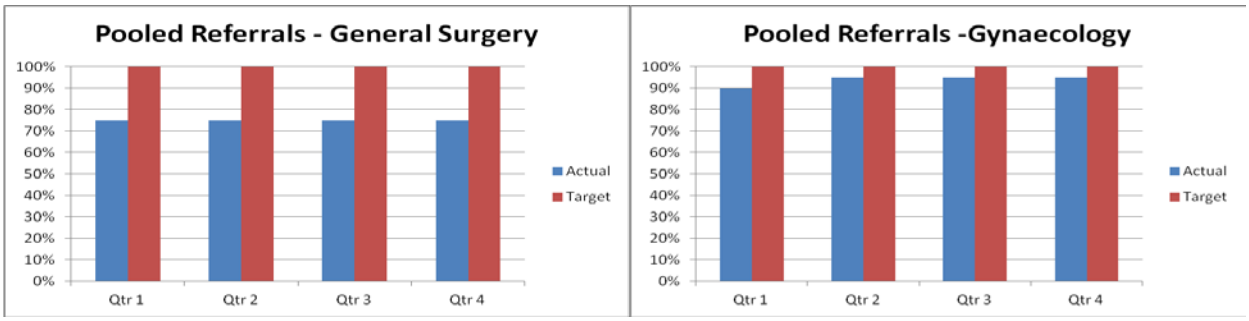
- Continued communication with physicians' offices to encourage forwarding of moderate to severe hip and knee osteoarthritis referrals to the Multi-Disciplinary Clinic.
- Sending a shared decision making package to all clients prior to pre-op hip and knee class. With this package is an invitation to schedule a SDM phone consultation with a physiotherapist.
- Added a small decision making discussion to pre-op class.

Better Care

Transform the patient experience through Sooner, Safer, Smarter Surgical care.

Provincial 5-Year Outcome: By March 31, 2014, all patients have the option to receive necessary surgery within three months.

FHHR Project: Implement pooled referrals for general surgery and obstetrics and gynaecology by March 31, 2013**.**



What is being measured?

Pooled referrals to decrease wait times within FHHR. Pooled referral systems offer patients multiple access points to receiving care from a qualified specialist, thereby reducing the time a patient may wait to receive treatment.

Why is this of interest?

Pooled referrals match the flow of referrals to the capacity of the specialist, therefore reducing wait times for patients.

How are we doing?

At year-end 95% implementation of pooled referrals for obstetrics and gynaecology has been achieved. The region is 75% completed implementation of general surgery pooled referrals.

What actions are we taking?

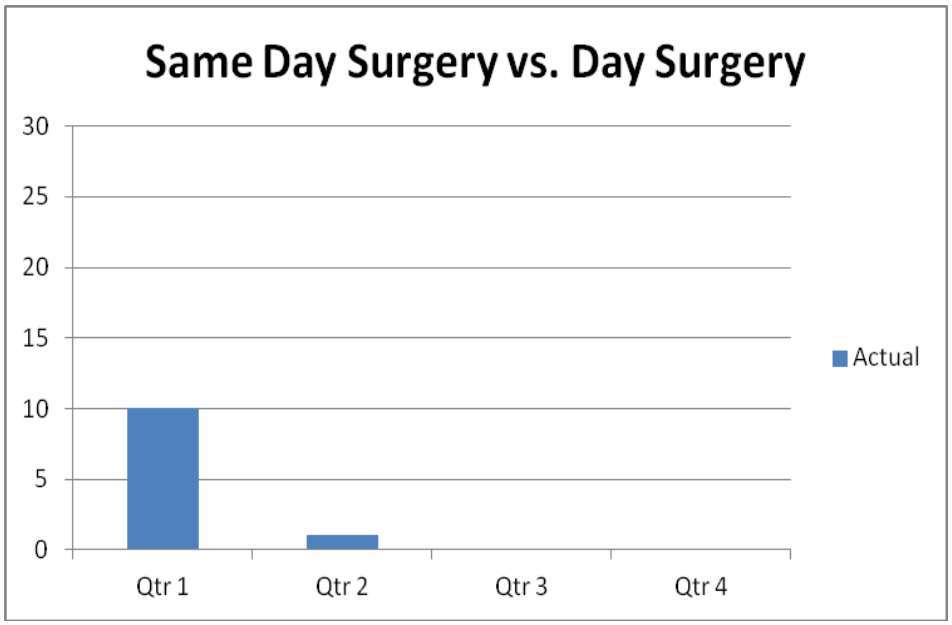
The Departments of General Surgery and Obstetrics/Gynecology are in the process of arranging further planning meetings to begin implementation of pooled referrals.

Better Care

Transform the patient experience through Sooner, Safer, Smarter Surgical care.

Provincial 5-Year Outcome: By March 31, 2014, all patients have the option to receive necessary surgery within three months.

FHHR Project: Decrease variation in booking Day Surgery (DS) vs. Same Day Surgery (SDS) by 50% by March 31, 2013.



What is being measured?

Booking procedures as a Day Surgery (DS) instead of a Same Day Surgery (SDS). DS is best defined as "the admission of selected patients to hospital for a planned surgical procedure, returning home on the same day". SDS means that patients are admitted to the hospital on the day of their operation and stay a few days following the operation.

Why is this of interest?

Booking patients for surgical procedures as DS as appropriate, rather than SDS will result in patient surgical beds being more available.

How are we doing?

In the last two quarters, no same day surgeries were changed to day surgery procedures.

What actions are we taking?

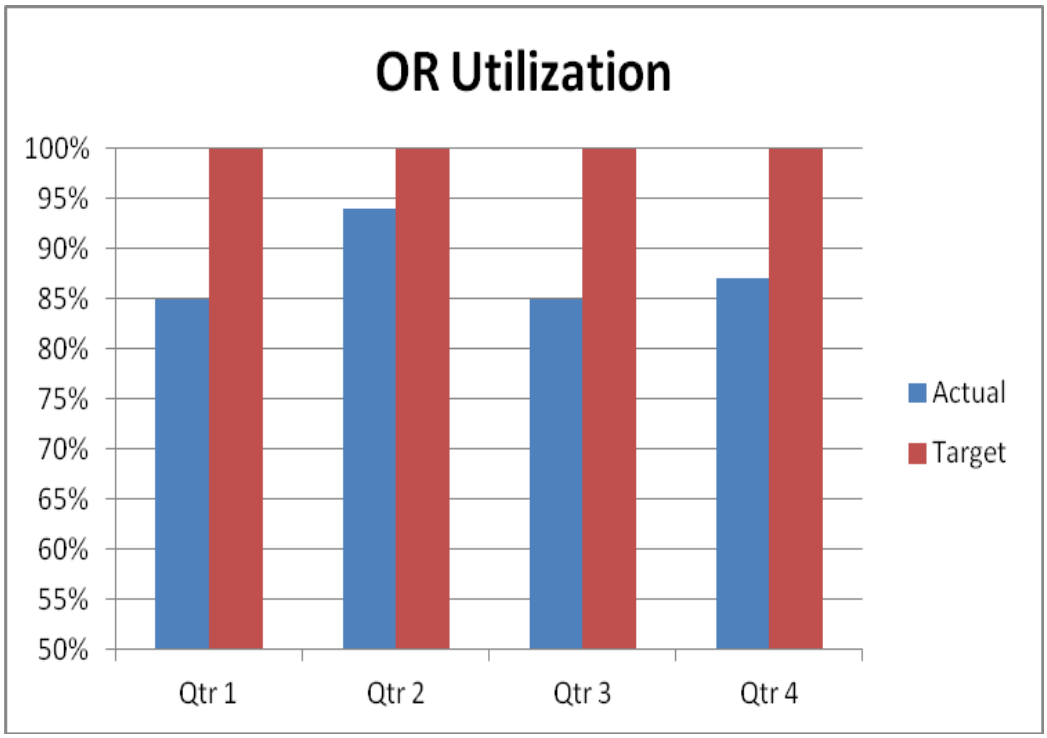
- Have restructured scheduling of operating room times, to allow that day surgery patients to be done as earlier in the day, to allow patients time to recover and not have to be admitted.
- Reviewing cases that appear appropriate, with responsible surgeon for consideration of changing from SDS to DS.
- Continuing to monitor progress by collecting monthly data in regards to day surgery bookings as well as same day surgery bookings.

Better Care

Transform the patient experience through Sooner, Safer, Smarter Surgical care.

Provincial 5-Year Outcome: By March 31, 2014, all patients have the option to receive necessary surgery within three months.

FHHR Project: Increase itinerant surgeon capacity to utilize 100% of available OR time by March 31, 2013



What is being measured?

100% utilization of Moose Jaw Union Hospital (MJUH) operating rooms. Specialists and operating room teams, health regions, health care provider organizations and administrators are collaborating to ensure that by 2014, all Saskatchewan patients have the option of having their surgery within three months by utilizing 100% of operating room availability.

Why is this of interest?

Some patients are still waiting too long for their surgery. We are committed to the Surgical Initiative in order to continue the work required and improvements made to date so that all patients can receive timely access to surgery.

How are we doing?

OR utilization varied throughout the year from 85-94% of operating room time being utilized.

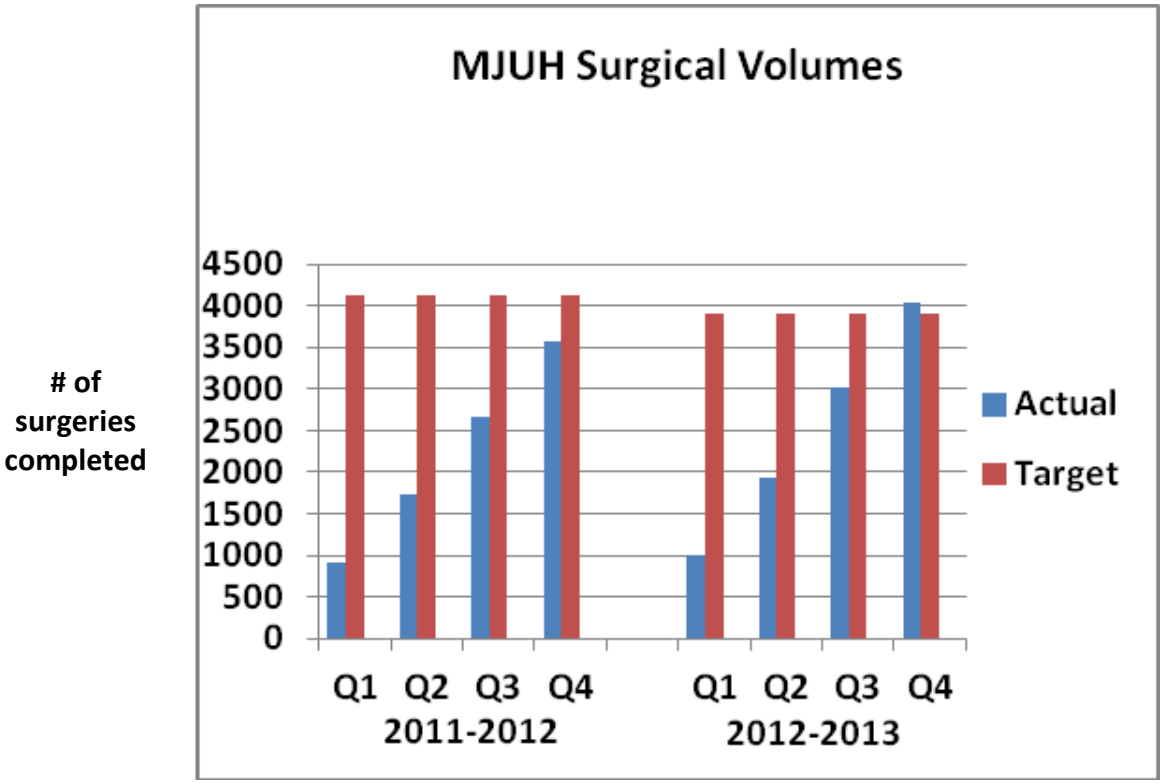
What actions are we taking?

- Itinerant Orthopaedic Surgeon given OR time to hip and knee replacements when Dr. deJager is away.
- Surgeons with longer waiting lists offered extra OR time when vacated.

Better Care

Transform the patient experience through Sooner, Safer, Smarter Surgical care.

Provincial 5-Year Outcome: By March 31, 2014, all patients have the option to receive necessary surgery within three months.
FHHR Project: Complete 3900 surgical cases by March 31, 2013.



What is being measured?
Completion of 3900 surgeries with in FHHR. The healthcare system will need to increase its present surgical volume by just over eight per cent over the next four years in order to eliminate the surgical backlog and achieve the three-month wait time target. It is imperative that FHHR meet its target to help reduce surgical wait times.

Why is this of interest?
Meeting targets for surgical volumes, and increasing surgical volumes, combined with reducing wait times for diagnostic imaging and expanded use pathways, are all linked to achieving the target wait time.

How are we doing?
We exceeded our target by 144 surgeries.

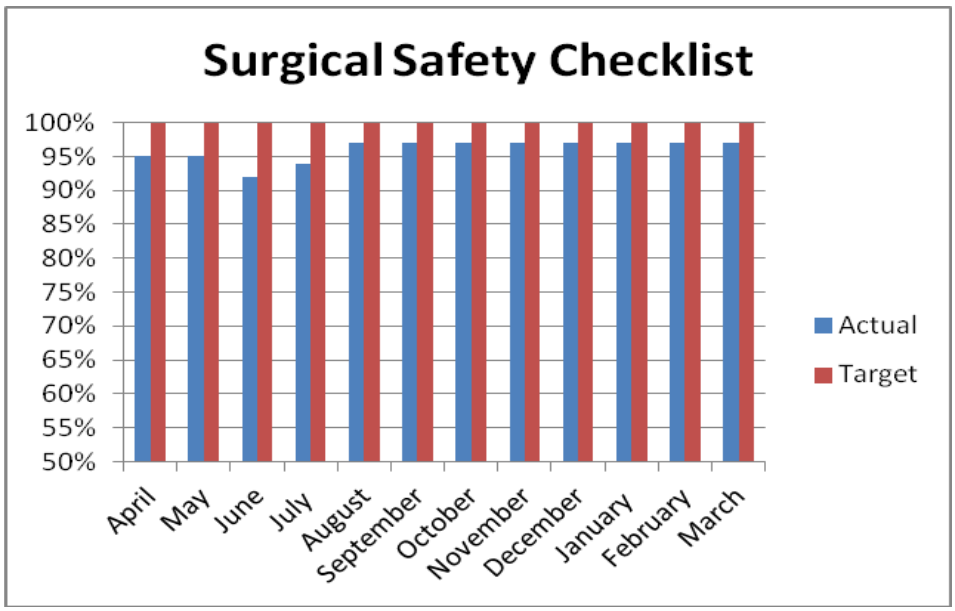
What actions are we taking?

- Continuing utilization review of Operating Room usage per surgeons;
- Continuing to review clinical variation – Day Surgery vs. Same Day Surgery procedures

Better Care

Transform the patient experience through Sooner, Safer, Smarter Surgical care.

Provincial 5-Year Outcome: By March 31, 2017, zero surgical infections from clean surgeries**.**
FHHR Project: 100% completion of surgical checklist.



What is being measured?
Checklist completion for all surgeries performed at Moose Jaw Union Hospital (MJUH). These safety checks have been combined in the form of a Surgical Safety Checklist to be used at three critical points during surgery:

1. **Briefing** - a meeting at which detailed information or instructions are given regarding the patient and surgery about to be performed.
2. **Time-Out** – Before incision is made team reconfirms; right patient, correct surgery, correct side, etc.
3. **Debriefing** – is held before the surgeon and patient leave the operating room to ensure all instruments are accounted for, all specimens are correctly labeled, etc.

Why is this of interest?
The Checklist improves communications among members of the surgical team during surgery and increases consistency in using proven standards of surgical care to reduce preventable complications and mortality.

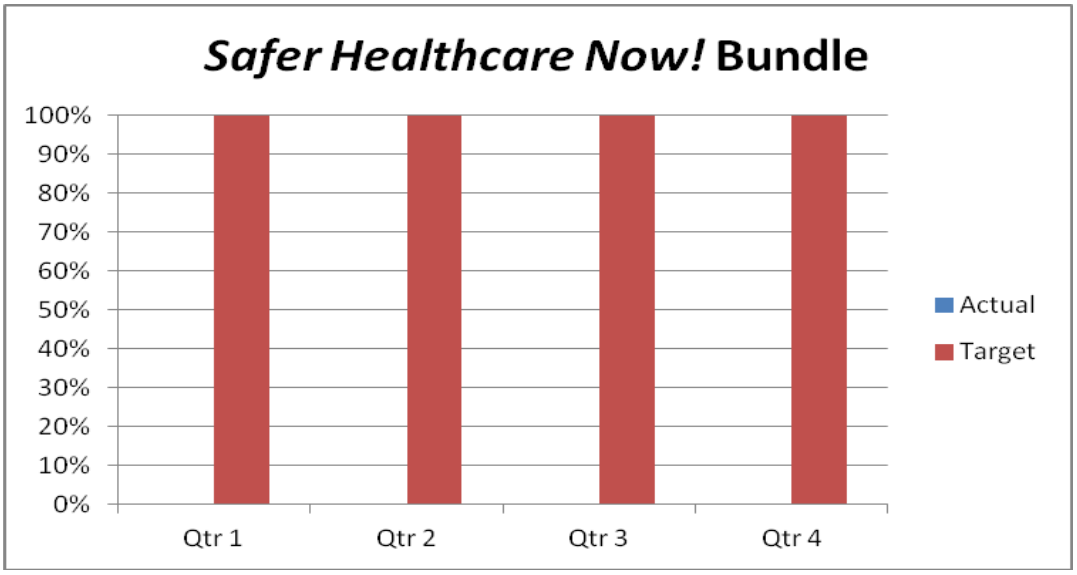
How are we doing?
As of end of Q4 we are in 97% compliance. This is indicating there are lapses in some points of the checklist.

What actions are we taking?
Request made by provincial operating room managers to make checklist fields mandatory in electronic charting system in Surgical Information System. Working on a "Stop-the-line" approach with nursing team to not proceed until appropriate step is complete. Targeting specific procedures and surgeons where compliance is not 100%, to find solutions to lapses.

Better Care

Transform the patient experience through Sooner, Safer, Smarter Surgical care.

Provincial 5-Year Outcome: By March 31, 2017, zero surgical infections from clean surgeries.
FHHR Project: % of patients who receive all components of the *Safer Healthcare Now!* Bundle, in accordance with provincial metrics.



What is being measured?
Number of patients who receive all components of the *Safer Healthcare Now!* Bundle in accordance with provincial metrics. *Safer Healthcare Now!* (SHN!) invests in frontline providers and the delivery system to improve the safety of patient care by implementing interventions know to reduce avoidable harm. The SHN! Surgical Site Infection Bundle will be provided to operative patients and will cover these four components:

- Perioperative antimicrobial coverage
- Appropriate hair removal
- Maintenance of perioperative glucose control
- Perioperative normothermia

Why is this of interest?
In Western countries including Canada, 2-5% of clean cases and up to 20% of intra-abdominal surgeries will develop a surgical site infection. Infected surgical site patients are twice as likely to die, spend 60% more time in the ICU, and are five times more likely to be readmitted to hospital after initial discharge.

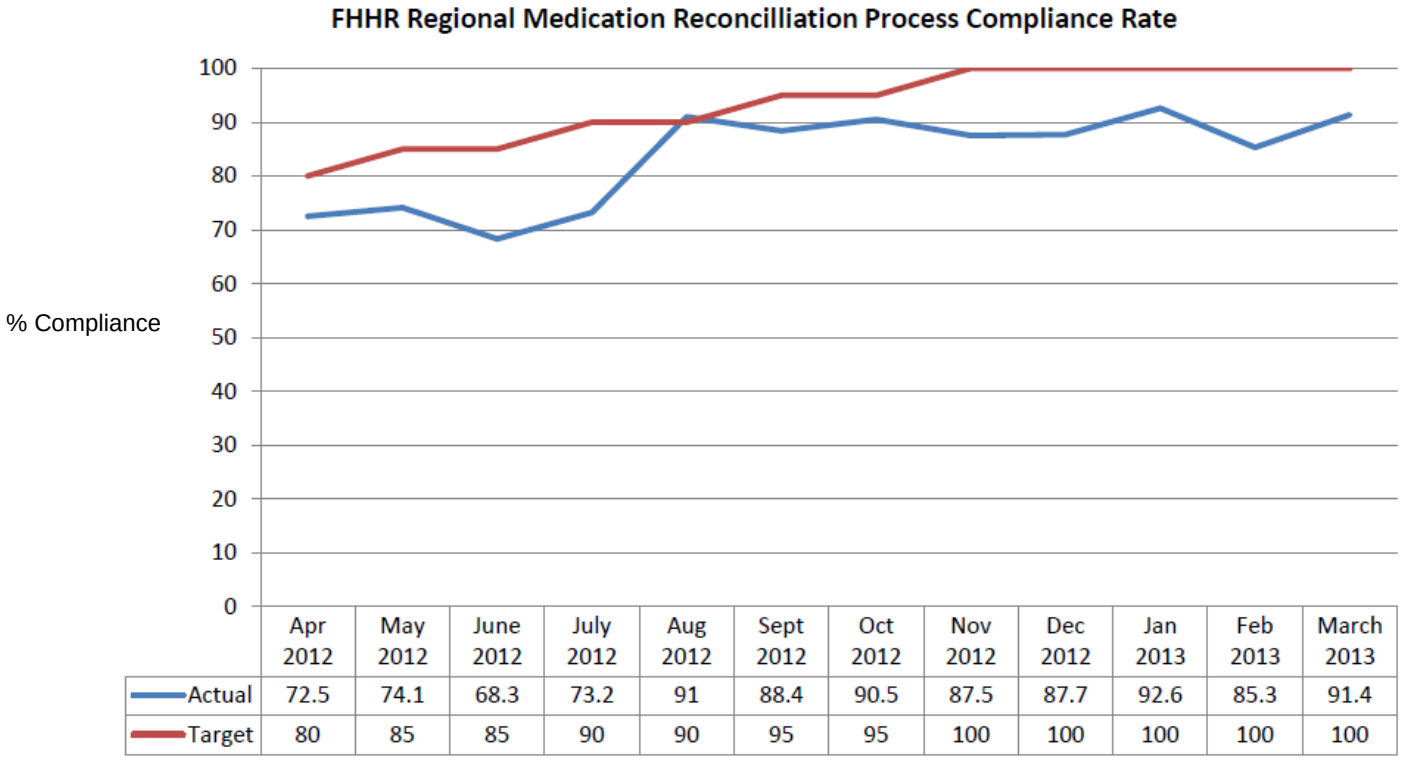
How are we doing?
Provincial metrics for Surgical Site Infection and use of SHN! bundle is not yet completed provincially.

What actions are we taking?
Participate on Ministry led working groups to develop a measurement plan for SSI Bundle compliance. Developing audits to begin audits at Moose Jaw Union Hospital, while waiting for provincial metrics to be developed.

Better Care

Transform the patient experience through Sooner, Safer, Smarter Surgical care.

Provincial 5-Year Outcome: By March 31, 2017, no adverse events related to medication errors**.**
FHHR Project: Medication Reconciliation compliance at admission.



	Apr 2012	May 2012	June 2012	July 2012	Aug 2012	Sept 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	March 2013
Actual	72.5	74.1	68.3	73.2	91	88.4	90.5	87.5	87.7	92.6	85.3	91.4
Target	80	85	85	90	90	95	95	100	100	100	100	100

What is being measured?
The total percentage of medication reconciliation (med rec) process completed at admission to FHHR (including acute care, long term care, and community care). Starting in April 2011, med rec at admission to FHHR was tracked monthly to determine the total percentage of med rec's completed at the point of admission.

Why is this of interest?
Accreditation Canada Required Organizational Practice. The organization reconciles clients' medications at admission and discharge, transfer, or end of service.

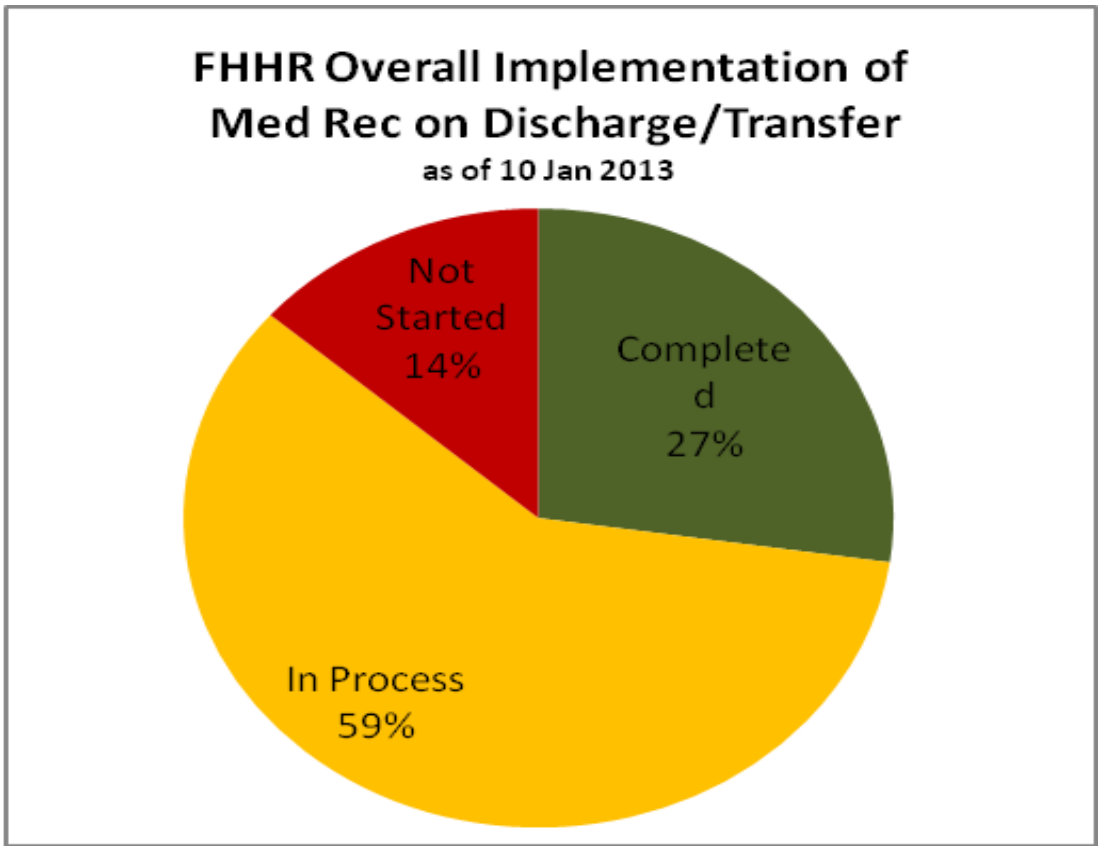
How are we doing?
91.4% compliance rate at year end.

What actions are we taking?
We have a schedule to implement Med Rec Audits completed at admission, discharge and transfer for all facilities including LTC. Full implementation will be occurring during the 1st and 2nd quarters of 2013/14 so audits and statistics will be changing over the summer.

Better Care

Transform the patient experience through Sooner, Safer, Smarter Surgical care.

Provincial 5-Year Outcome: By March 31, 2017, no adverse events related to medication errors**.**
FHHR Project: Medication Reconciliation compliance at discharge.



What is being measured?
The total percentage of medication reconciliation implemented at discharge/transfer from or within FHHR (including acute care, long term care, and community care). The goal of medication reconciliation at discharge is to communicate a complete list of medications to the next provider of care. The process should involve a comparison of: i) the Best Possible Medication History/most current medication list; and ii) recent changes including newly initiated medications, adjusted doses, and discontinued medications.

Why is this of interest?
Accreditation Canada Required Organizational Practice. The organization reconciles clients' medications at admission and discharge, transfer, or end of service.

What actions are we taking?
In Progress – Long term care sites are working on their first audit. This will be a quarterly audit based on med reviews that are done every 3 months.
Not Started - Community Hospitals: plan is to start with paper process this spring.

Better Care

Transform the patient experience through Sooner, Safer, Smarter Surgical care.

Provincial 5-Year Outcome: By March 31, 2017, individuals with severe complex mental health issues with alcohol co-morbidity or acquired brain injury will have access to supportive housing in or near the community**.**
FHHR Project: Admission criteria to Mental Health and Addictions Services (MHAS)

What is being measured?
% of clients admitted with a completed the Locus Dimensional Rating System (LOCUS) assessment**.** LOCUS will be utilized.

LOCUS DIMENSIONS
1. Risk of Harm
2. Functional Status
3. Co-Morbidity
4. Recovery environment: level of stress and level of support
5. Treatment and Recovery History
6. Engagement

Why is this of interest?
There currently isn't any standard admission criteria.

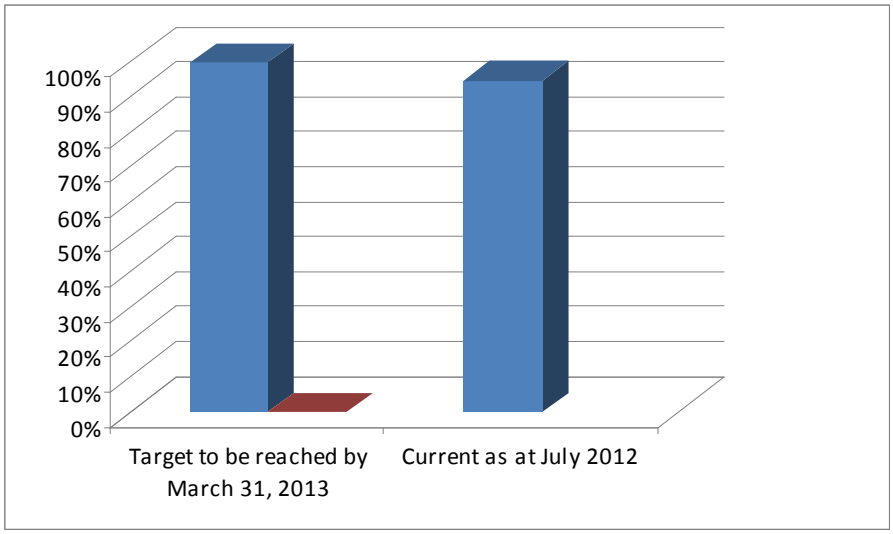
How are we doing?
Trial Project began September 2, 2012 for 3 months. October to December 2012 – 100% completed. January to March 2013 – one patient admitted did not have a Locus score.

What actions are we taking?
Psychiatry has adopted the LOCUS Tool for Admission Criteria. This is now a Work Standard.

Better Care

Transform the patient experience through Sooner, Safer, Smarter Surgical care.

Provincial 5-Year Outcome: By March 31, 2017, individuals with severe complex mental health issues with alcohol co-morbidity or acquired brain injury will have access to supportive housing in or near the community**.**
FHHR Project: Implement recovery model services for Mental Health and Addictions Services (MHAS).



What is being measured?
% of active rehab clients with a completed Multnomah Community Ability Scale (MCAS) Active clients on Community Mental Health Nurse rehabilitation caseloads. The definition of active clients are those clients on a CMHN caseload excluding LTC clients.

Why is this of interest?
The recovery model is a patient first approach focused on recovery services provided to assist clients in their recovery journey.

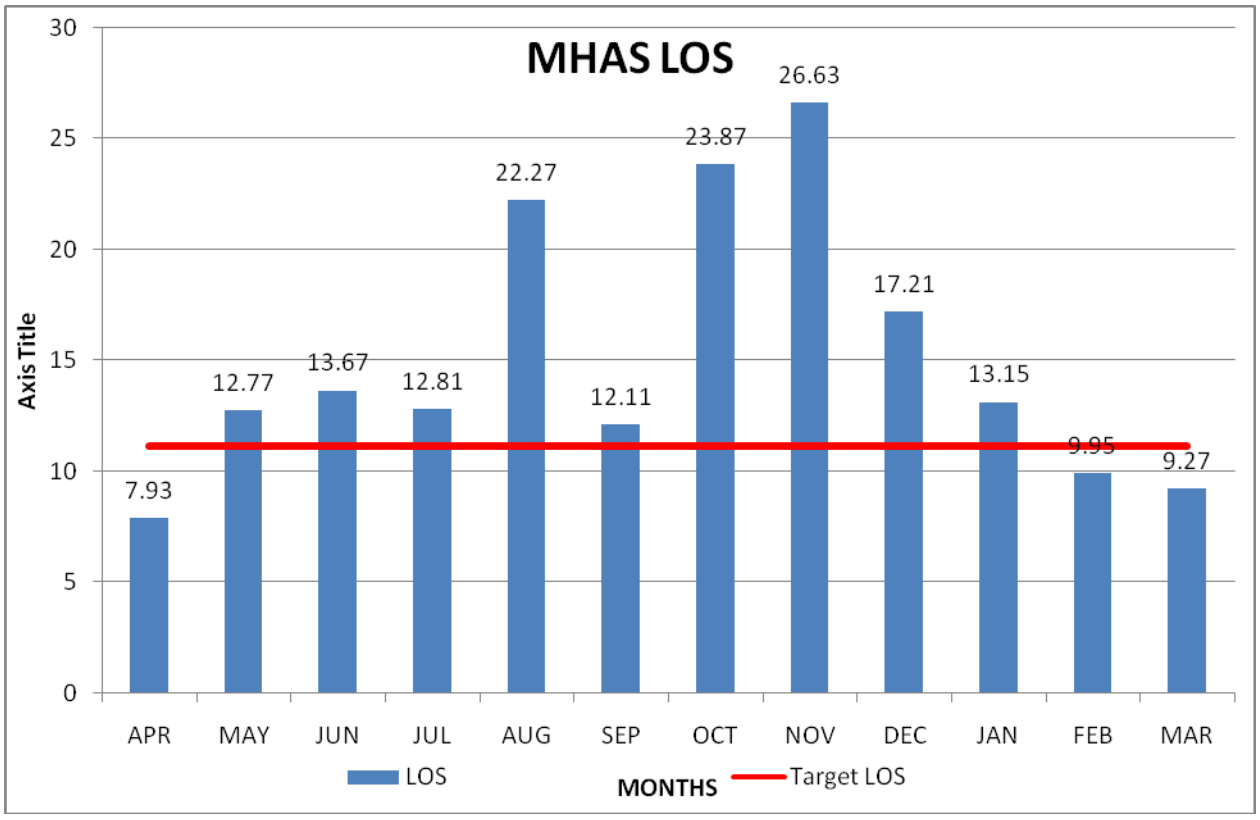
How are we doing?
95% of active rehab clients have an initial MCAS completed. This is about 5% of the caseload so in fact we are at 100% clients with completed MCAS.

What actions are we taking?
Integrated Recovery Service Model is being implemented, reviewed and updated with families. All current active clients have an MCAS completed. Clients in private care homes or long term care will get an MCAS completed if level of care changes.

Better Care

Transform the patient experience through Sooner, Safer, Smarter Surgical care.

Provincial 5-Year Outcome: By March 31, 2017, individuals with severe complex mental health issues with alcohol co-morbidity or acquired brain injury will have access to supportive housing in or near the community**.**
FHHR Project: Reduce Length of Stay (LOS) and implement discharge planning for Mental Health and Addictions Services (MHAS). Develop customer profile. Complete future state value map by December 31, 2012.



What is being measured?
# of days admitted clients are over/under Canadian Institute of Health Information (CIHI) Estimated Length of Stay (ELOS)

Why is this of interest?
We currently exceed CIHI ELOS. Our future state includes a reduction of beds.

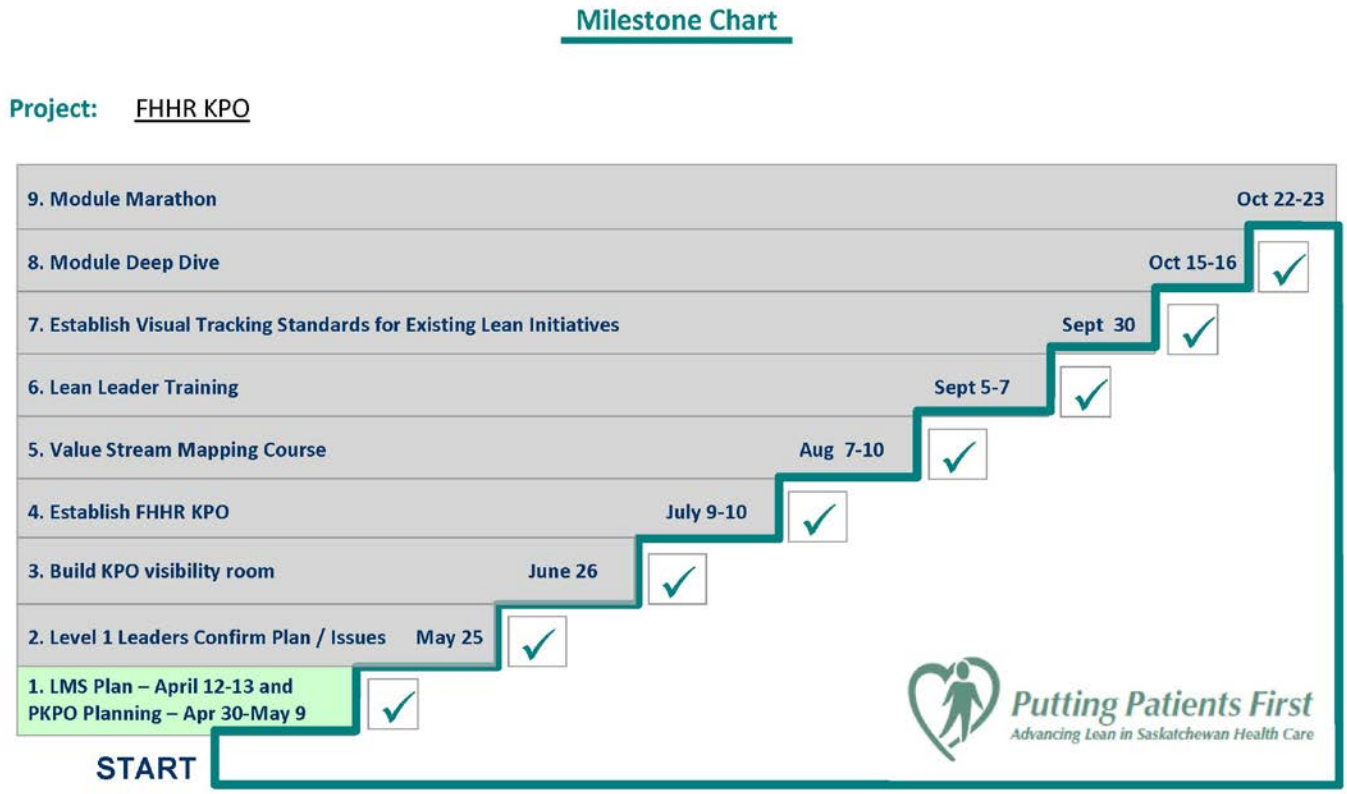
How are we doing?
From April 1, 2011 to March 31, 2012 the Average Length of Stay (LOS) by physician was over expected LOS by 6.34 days.

WHAT ACTIONS ARE WE TAKING?
We have developed a customer profile; tracked barriers to discharge; tracking variability for admission utilizing the LOCUS recording form. The redesign of the Community Mental Health Nursing Program to an integrated recovery continues to progress. A future state value stream map was developed.

Better Value

Deploy a Continuous Improvement System, including training, and infrastructure across the health system with an initial focus on the surgical value stream and 3P within FHHR, PNHR, PAPHR and SHR

Provincial 5-Year Outcome: By March 31, 2017 (based on a five-year rolling average) the healthcare budget increase is less than the increase to provincial revenue growth.
FHHR Project: Implement Lean Management System by March 31, 2013 to support lean training and certification.



What is being measured?
The courses required to complete Lean Leader Training for participants in Wave 1 training. FHHR has 25 staff members going through Lean Leader Training in the 2012-13 fiscal year.

Why is this of interest?
Having staff trained in Lean methodologies is foundational to the Lean journey as FHHR prepares for RPIW and other Lean improvement work.

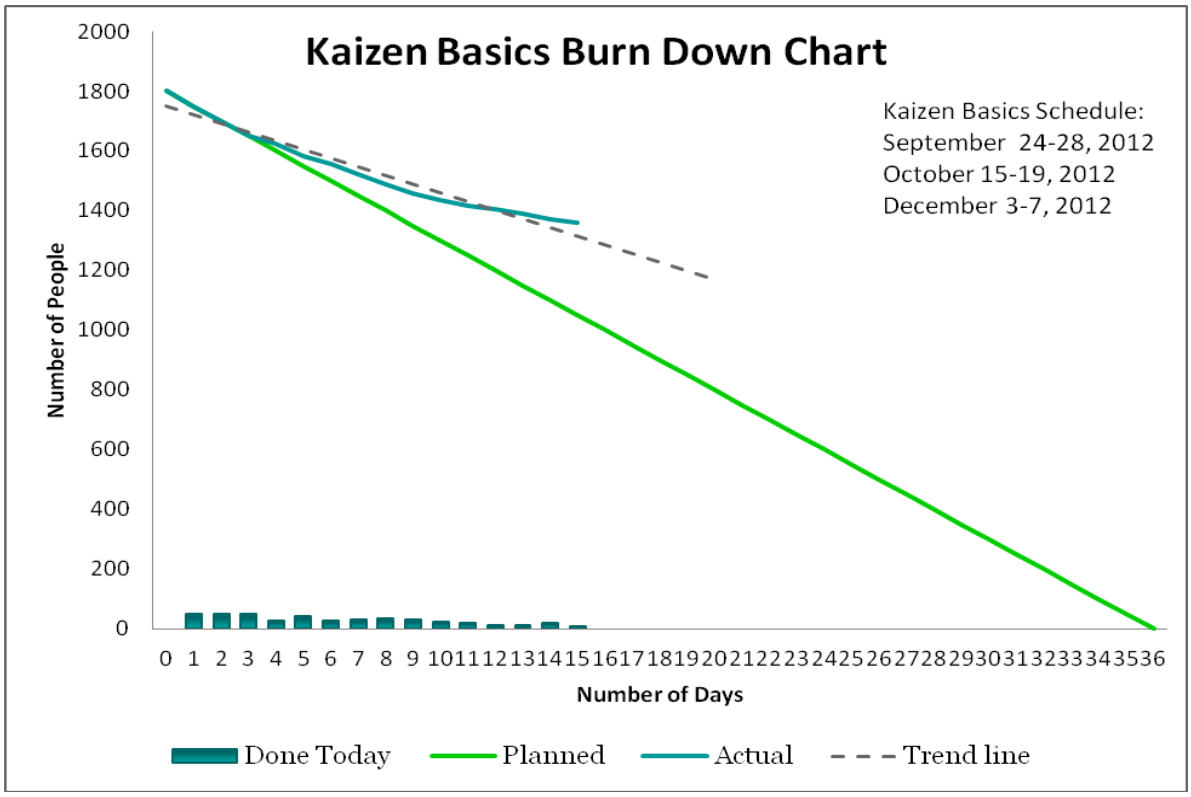
How are we doing?
25 FHHR staff members have completed the Lean Leader Certification with the exception of RPIW work.

What actions are we taking?
Continued focus on staff training and completion of LLT requirements. 23 more FHHR staff will be registered in Wave 2 of LLT with training to begin in June 2013.

Better Value

Deploy a Continuous Improvement System, including training, and infrastructure across the health system with an initial focus on the surgical value stream and 3P within FHHR, PNHR, PAPHR and SHR

Provincial 5-Year Outcome: By March 2013, 10% of the five-year targeted number of employees will be trained in continuous improvement basics.
FHHR Project: Number of staff completed Kaizen Basics Training.



What is being measured?
The number of FHHR staff members who have registered for available Kaizen basics training course. In the 2012-13 fiscal year there are five weeks of available training time. Kaizen basics is a one-day training course with a maximum course enrolment of 50 people per day.

Why is this of interest?
Kaizen basics training is a foundational tool used to introduce staff members to the essential methodologies of the Saskatchewan Healthcare Management System. The teaching will create awareness and understanding as well as generate enthusiasm for the improvement work that lies ahead.

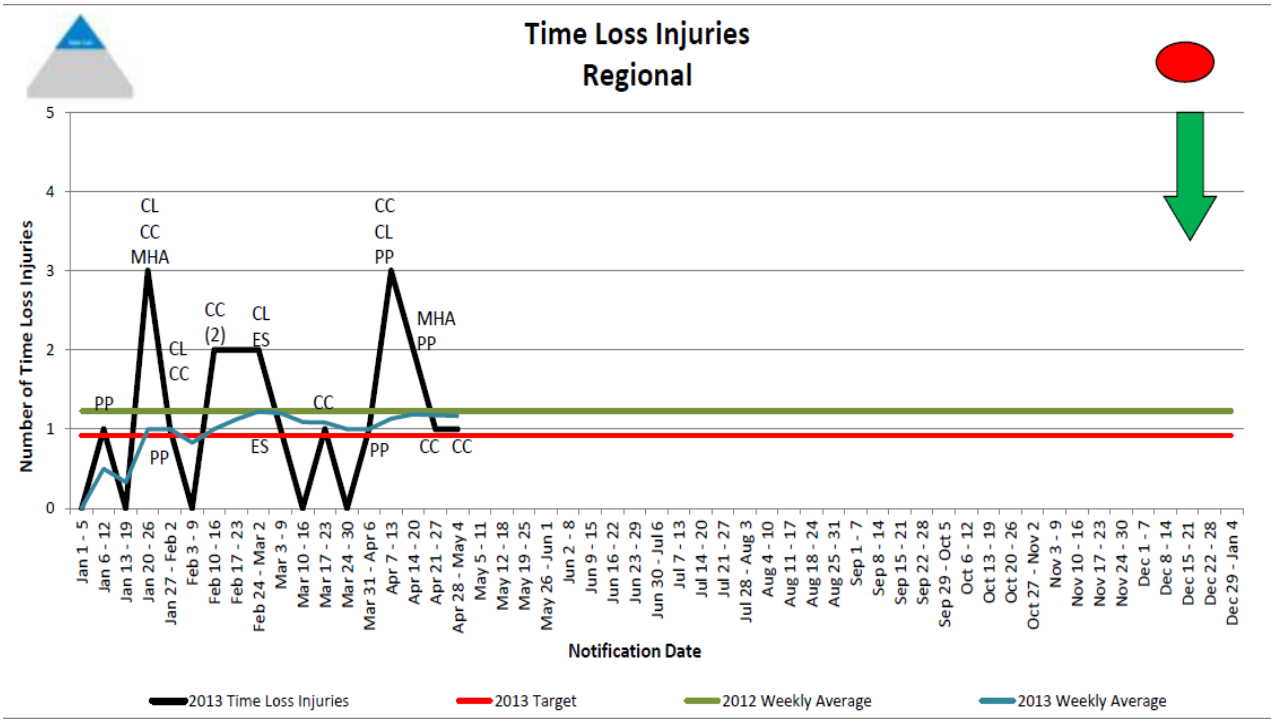
How are we doing?
To date 17 Kaizen basic courses have been delivered.

What actions are we taking?
We are offering 17 days of Kaizen basics training between May 2013 and March 2014 covering 90% of staff to achieve our target of 1800.

Better Teams

Safety Culture: Focus on Patient and Staff Safety

Provincial 5-Year Outcome: Zero workplace injuries by March 31, 2017.
FHHR Project: Safety Management System (SMS) – Self Assessment



What is being measured?
Number of Workers Compensation Board (WCB) lost time incidents (frequency)

Why is this of interest?
On a yearly basis, healthcare has over 5000 preventable work related injuries resulting in 90,000 days of missed work, $35m in direct costs & even more in indirect costs. There are approximately 90 time loss incidents each year in FHHR which result in days lost and other direct and indirect costs. There is a correlation between organizations with an established SMS and a sustained reduction in injuries.

How are we doing?
The initial self assessment of 10% of the organization was completed in December 2012. A score of 45.7% was achieved. Implementation of improvement opportunities took place from January through March.

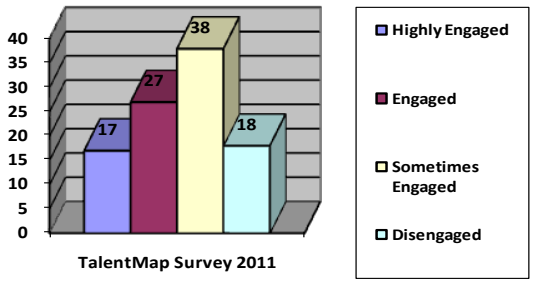
What actions are we taking?

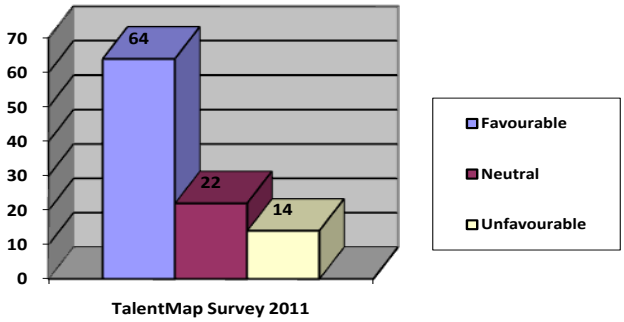
1) Safety rules have been drafted and to be signed off by CEO and Board.
2) Improvements have been made the following areas:
   - Investigations – Safety Policy.
   - Minor administrative technicalities are still being processed.
   - Department orientations is the project for Summer 2013
3) Sample testing sites for this quarter to be identified in coming weeks and rolled out.

Better Teams

Safety Culture: Focus on Patient and Staff Safety

Provincial 5-Year Outcome: Employee engagement provincial average score exceeds 80% by March 31, 2017.
FHHR Project: Develop and implement an employee engagement action plan by March 31, 2013





What is being measured?
% of staff rating overall engagement as favourable.

Why is this of interest?
Research proves that organizations with employees who identify as being engaged in their jobs leads to increased productivity, improved safety records, staff retention & better "customer" satisfaction. With the journey being undertaken by FHHR in developing a new LEAN Hospital, engaged employees will help us be successful in this project & all LEAN projects.

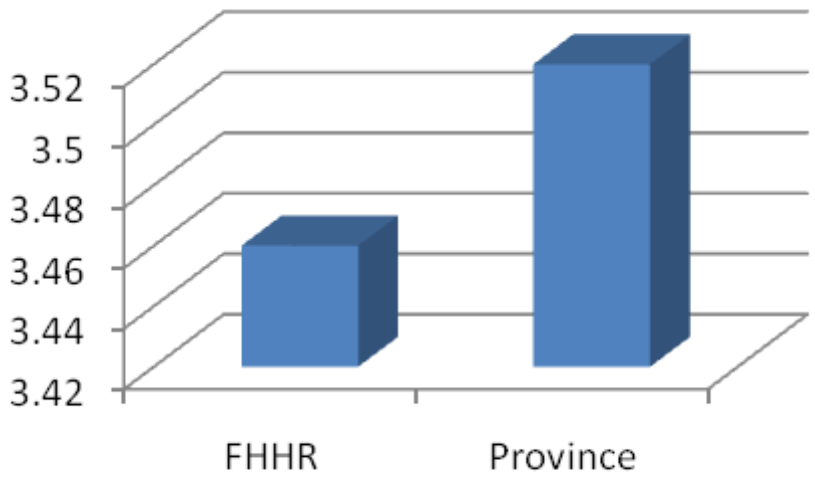
How are we doing?
Target Met. The Employee Engagement Action Plan was finalized and implemented by the Engagement Committee for FHHR during the first week of April 2013. The plan consists of 6 initiatives/strategies aimed at addressing engagement across the Region based on feedback received from the 6 regional focus groups. The following initiatives make up the 2013 Plan: 1) Enhanced Communications – Newsletter 2) Gemba Walks& SLT Visibility 3) Manager & Director Development Program 4) "Releasing Time to Manage" (pilot) 5) Mentorship for all Employees 6) Employee Fitness in the Workplace

What actions are we taking?
- The Ministry of Health has issued RFP for provincial method to measure engagement scores on ongoing basis
- Other initiatives being considered by the committee for implementation this year are:
    - Front Line Leaders
    - Innovation
- Work continues at the committee level in identifying potential engagement initiatives for 2014 plan.
- Important work of the committee continues in developing tools to measure the success of each initiative from an engagement perspective.
- Work is underway in the HR department to develop a regional tool to measure engagement levels on an ongoing basis in order to provide regular and relevant metrics and reporting.

Better Teams

Safety Culture: Focus on Patient and Staff Safety

Provincial 5-Year Outcome: Zero workplace injuries by March 31, 2017.
Target: Reduce number of WCB lost time incidents per 100 FTEs by 20% over fiscal year 2012-13.



What is being measured?
Number of Workers Compensation Board (WCB) lost time incidents per 100 Full Time Equivalents (FTEs) (frequency)

Why is this of interest?
A reduction in WCB incidents is an indicator that injury reduction strategies implemented by the employer may be effective in helping to achieve a provincial target of zero workplace injuries by 2017. Workers who remain safe in the workplace have a higher quality of life both at home and at work.

How are we doing?
Data has been received for all four quarters* for 2012/13. We have met our target for 2012/13, namely a 20% reduction in time loss incidents per 100 FTEs. The frequency of WCB time loss incidents this year has averaged at 0.86 per 100 FTEs. It must be noted that all claims for March may not be completely reported to WCB yet however this should not impact our Q4 performance greatly. Provincially, we have outperformed most regions and are considerably better than the provincial average (5.15).

WHAT ACTIONS ARE WE TAKING?

1) Improved reporting, processes & policies
2) Better training on investigative process including identifying root causes & drafting action plans.
3) More direct attention & service for problem areas.
4) Development & enhancement of SMS (Safety Management System)
5) Continued roll out of self assessment.
6) Implementation of priority actions identified through self assessment.
7) Analysis of common incidents and reviewing & improving associated policies.

Progress in 2012-2013

Over the past year, significant focus was placed on the Region's **Values and Principles** which guide the delivery of health care services in Five Hills Health Region. Each value is defined by operating principles:

Respect

- Valuing and honouring each other's perspectives, diverse beliefs and choices
- Being compassionate and treating each other with dignity
- Honouring fairness and confidentiality
- Recognizing and celebrating contributions of others

Engagement

- Collaborating with clients, providers and stakeholders to achieve the best possible health outcomes
- Actively engaging clients, providers and community stakeholders in the health planning, delivery and evaluation of health services

Excellence

- Learning and improving as individuals and as a system in the relentless pursuit of service excellence, quality and safety
- Achieving a high performing health care system through continuous innovation
- Focusing on care outcomes informed by evidence and sound judgement
- Leading with vision and the courage to do what's right

Transparency

- Building trust through open honest communication
- Providing useful evidenced-based information about health care services
- Disclosing the information about the planning and performance of our health region

Accountability

- Demonstrating integrity, ethical behaviour and responsibility for our actions
- Monitoring, evaluating and reporting the performance of our health region
- Thinking and acting as an integrated system in the provision of services responsive to citizen and community needs
- Being good stewards of the resources entrusted to the health region

The following is a summary of the major initiatives undertaken in the 2012-2013 year.

New Regional Hospital

On August 30, 2011, the Minister of Health announced that Moose Jaw would be home to an "innovative new regional hospital that will enable better, safer service for the city and surrounding area". This new model of care will see health professionals and support staff serving patients in a building designed to bring services to the patient as promptly and effectively as possible. Recent provincial government changes to the health facility capital funding formula means the provincial government now funds 80 per cent of planning and construction costs, with local communities funding the remaining 20 per cent, plus furniture and any new equipment. This is a significant financial benefit to communities, compared to the previous 65-35 per cent funding split.

The Request for Proposals (RFP) was released on November 9, 2011 to select the Integrated Lean Project Delivery team (ILPD) to design and construct the new facility. The RFP competition closed on January 6, 2012. The evaluation team reviewed and evaluated the submissions and made a recommendation to the Ministry of Health to award the contract to the successful ILPD Team, which includes Architects, Engineers and the Builders that will collaborate under a single contract to design and build the new hospital. The successful Integrated Lean Project Delivery Team charged with the design and construction of the new regional hospital is comprised of Stantec Architecture and Devenney Group Architects, Graham Construction and the Boldt Company and Black & McDonald. The ILPD Team submitted the final "validation" study on November 30, 2012. The validation study is a key report that confirms that our project can be delivered for the scope, timeline and budget approved. The validation study was submitted, reviewed and approved by the Ministry of Health in November 2012. The contract was signed on February 16, 2013.

Design activities for the new hospital were carried out throughout the year and will continue. Under the direction of John Black & Associates (JBA), the region conducted three individual "3P" design events. 3P stands for – Production Preparation Process. 3P is a lean method used to radically advance quality improvements. The process involved patients and families as core participants working with providers, support staff and our architects that are guided by JBA Coaches to create designs that support high value to the patients, good flow and ability to adapt in the future. The process was and continues to be a truly collaborative effort. We have had teams of staff (including doctors, nurses, dietary workers, physiotherapists, dieticians, maintenance workers, housekeeping, and mental health intake workers to name a few) as well as patient/family representatives. In total, more than 200 people have been involved in the design of our facility, bringing a true "patient first" lens to the process. It has been very exciting work! Having the voice of our patients involved has had a significant impact on our design.

To see more about our 3P in action please visit http://www.fhhr.ca/NewHospitalVideos.htm.

The Five Hills Regional Health Authority, along with the City of Moose Jaw, finalized a land sale agreement for 30.18 acres of land at a cost of $3,296,557. The site of the new hospital was announced to the public in April 2012. Site preparation for the hospital began on March 8, 2013 with construction work beginning on April 15, 2013, continuing through to completion December 2014. The Region plans to move into the new facility by June 2015.

Integrated Lean Project Delivery®

The Five Hills Health Region (FHHR) is pursuing the delivery of the new Regional Hospital Project using the Integrated Lean Project Delivery® ("ILPD"). By applying lean thinking methods we can maximize value to achieve the highest quality, minimize cost and improve the time in which the project can be completed.

Traditional project delivery is wrought with waste that typically leads to cost escalation and delays in completion of a project. Our integrated approach looks at the processes involved in design and construction with a goal to eliminate waste and maximize value. This is referred to as the "Target Value Design" ("TVD") process.

Target Value Design is a disciplined management practice that is used throughout project definition, design, detailing, and construction to assure that the facility meets the operational needs and values set by the users, is delivered within the allowable budget, and promotes innovation throughout the process to increase value and eliminate waste (time, money, human effort). TVD is emerging as the "science" of Lean Design, replacing the traditional design process and sequence. The TVD process begins during business planning and continues through commissioning and facility startup. It requires the full involvement of the Region, the Ministry of Health, and the entire project delivery team. It creates a unifying goal to collectively produce a design that provides the best value for FHHR's patients and staff. The TVD process allows the team to design to the budget, instead of the conventional process of estimating the cost of the design, and then re-designing to eliminate cost overruns. TVD assures that the constraints of Allowable Cost (the maximum amount that FHHR is willing and able to spend for the facility) and schedule are direct influences on design, rather than mere by-products.

The goal of TVD is to assemble the basic team early in business planning, to develop a common understanding of FHHR's purpose and values, and to validate whether a facility can be designed and constructed that will meet those needs, within the constraints of cost and schedule. The programming and planning developed has emerged directly from the 3P events.

We recognize that the project offers the opportunity to manifest proven Lean principles and practices on a project in a way that will provide significant value to FHHR, and most importantly the patients and families that we serve. Our ILPD team is drawing on past successes and experience with the ILPD approach, and are committed to plan, design and construct the new FHHR's regional hospital facility in a manner that sets a new industry benchmark for value and excellence in healthcare design and construction.

Kaizen Promotion Office

The Kaizen (Ky-zan) Promotion Office (KPO), formerly Pursuing Excellence, leads the Five Hills Health Region's **Lean Management System**. Lean is a patient-first approach that puts the needs and values of patients and families at the forefront and uses proven methods to continuously improve the health system. It is unique in that it engages and empowers employees to generate and implement innovative solutions, and to fundamentally improve the patient experience on an ongoing basis.

Kaizen is a Japanese term that means "good change" or "improvement".

The KPO has three main functions: to provide planning and strategic direction for the organization; to provide the rules and tools of running kaizen events - making sure that all the events are run in the same way and are all supported; and to provide support for training and certification for all lean and kaizen events.

FHHR currently has 52 employees that are working to be certified as a **Lean Leader**.

Lean Leader Certification

We are working with John Black & Associates (JBA) to develop lean leaders across the organization. The certification of selected leaders is included in the process. JBA's certification track requires participants to:

- Take Value Stream Mapping Training (4-day learn do module)
- Complete Lean Leader Training (3-day education module)
- Complete a Module Deep Dive (10 key lean modules)
- Complete a Module Marathon (demonstrate knowledge of modules through "teach backs")
- Take a Team Lead and Sub Team Lead role in a Rapid Process Improvement Workshop (RPIW)
- Service as a participant in an additional RPIW
- Complete a Mistake Proofing Project
- Complete a North American Tour for education and coaching on the mistake proofing project and visit another lean hospital in action (Virginia Mason and Seattle Children's Hospital)

The initial focus for lean leader certification is for senior leaders, the KPO and initially, three service lines in Moose Jaw Union Hospital. There will be opportunities for more health region staff to participate in lean training in the future. Currently, staff are encouraged to enroll in the Kaizen Basics course to obtain common background knowledge about lean.

Rapid Process Improvement Workshop (RPIW)

An RPIW is a week-long improvement workshop that pulls together a team of employees, Physicians, and Patients from the health region to analyze and improve a “system” problem with the goal of creating a more reliable, efficient, patient driven process. The focus of an RPIW is on process improvement, not on finding fault and/or blame in the people doing the work.

The first RPIW took place in January 2013 and there were six completed by the end of March. They took place on Medicine (x2), the Operating Room, Emergency Room, Mental Health and Addictions Services Intake and Day Surgery.

Patient-and Family-Centred Care

Patient & Family centered care has grown at high speeds over the last year in FHHR. While the Ministry of Health has incorporated lean management techniques in the whole province, we have also started the planning and design of our new hospital building in Moose Jaw using lean methods.

We have completed three 3P (Production Preparation Process) workshops to design our new hospital in Moose Jaw, involving 20 patient/family representatives to assist us with this process. Collaborating between health providers, leaders, patients, and support staff along with architects and engineers, we have designed a hospital that will be able to meet our needs now and allow for growth and technology advancements in the future. During these planning sessions we uncovered a number of processes within our hospital that we wanted to improve prior to the move into the new building.

To hear from our patients and staff about the design process please visit
http://www.fhhr.ca/Documents/WhatourDesignParticipantsAreSaying_000.pdf.

Since the design plans for the hospital have been completed, we have carried on with our improvement journey by completing our first PRIWs (Rapid Process Improvement Workshops). At year-end we have completed six (involving six patient/family members) of these workshops focused on improving the patient journey while accessing services in our present facility which will be carried forward when we move into the new hospital. We have also worked on mental health and primary care service lines that are accessed as an out-patient service throughout our whole region. During these workshops we have had a patient or family member involved in every aspect of the workshop providing us with invaluable insight of how they view our services and how we may be able to improve them and the satisfaction that they gain with the improvements.

Patient and family engagement has been embedded into all of our improvement work to date and will continue to guide us on our journey to implement these improvements in all of our programs and facilities throughout the region. The following are a few quotes from the patient/family members who have been involved to date:

"As a former client, it's gratifying to be included in a process designed to better serve those of us with mental or emotional challenges."
-David, Patient/Family Representative

"Quality of care is everything, and the key to quality is that it is continually improved upon. Improve quality, improve care."
-Dee, Patient/Family Representative

"The whole concept of how to develop a health care facility – where you are inviting the community to come in and participate – I have never heard of that until now and I will never forget this."
-Mike, Patient/Family Representative

"I listened to people talk about team work all my life but I've never seen it put into practice the way it happened here. Everybody – the entire room – started working together. The end result is, I changed my attitude… with what you people are doing here I have a future."
-Rick, Patient/Family Representative

Primary Health Care Redesign

Work has continued across the region to strengthen and progress primary health team based care. In the southern portion of the region, a Manager Integrated Teams responsible for the Wellness Centers and Assiniboia PHC Team is being shared with Continuing Care. Sun Country and FHHR and South Country Medical Clinic are working together to develop a consistent approach to services for the Coronach, Rockglen, Willow Bunch, Assiniboia area.

Primary Health Care is advancing the use of technology as an opportunity to provide services "closer to home." The electronic health record has now been implemented in all FHHR PHC sites. Telehealth is available in Rockglen, Gravelbourg, Assiniboia, Craik, Central Butte and Kliniek on Main. So appointments do not need to be cancelled during times of inclement weather, physicians at Kliniek on Main are able to provide some services via Telehealth to patients in Central Butte. Patient Education has revised the diabetes education program into shorter modules that are taught more frequently at the Moose Jaw site. Rural patients can register to attend at their closest Telehealth site. This reduces their travel for services and they can take the module/s they feel they need at that point in time to help them manage their care.

FHHR was chosen as one of eight innovation sites in Saskatchewan. The innovation Greenfield site is building on the learning phase that has been underway at Kliniek on Main PHC Team over the past year. Kliniek on Main PHC Team has been working on panel sizes to better align workloads to ensure continued day of choice access for patients. The team has used the 5S tools to reduce supplies on inventory and to organize the workspaces. As a team they have implemented daily huddles and find that the integrated team room has improved communications between team members.

The Greenfield site will be co-located with Mental Health and Addictions Youth Services at the downtown location. The Greenfield PHC Team will provide extended hour services on weekdays and weekends to care for people who have a health need not requiring emergency department care but needs to be addressed. Work will be focused on integration of mental health and addiction services into the PHC team while working to understand populations within the City where access to care is a concern.

Sooner, Safer, Smarter

The **Saskatchewan Surgical Initiative** (**SkSI)** is a multi-year, system-wide initiative developed to transform the patient surgical experience and reduce surgical wait times to three months within four years. According to the Year Three Report of the Saskatchewan Surgical Initiative, there are 64 per cent fewer patients waiting more than six months for surgery. That's a reduction from 9,875 patients waiting in April 2010 to just 3,577 on March 31, 2013. FHHR has made excellent progress under the SkSI and we ensured that we met the target for March 31, 2013 – ensuring that every surgical patient is offered a surgical date within six months.

The **Surgical Checklist** is an internationally recognized tool to prevent errors and improve patient safety by promoting better communication and teamwork in the Operating Room. Again, FHHR has made remarkable progress in adopting the Surgical Safety Checklist. Our surgical team continues to adapt the checklist to specific procedures in order to prevent possible harm to patients.

3S Health (Health Shared Services Saskatchewan)

Health Shared Services Saskatchewan (3sHealth) was formally established in 2012 to collaborate with the health regions and the Saskatchewan Cancer Agency (SCA) in identifying and implementing selected administrative and clinical support services that could be delivered in a shared services model. By sharing specific functions, the health regions and the SCA will improve the quality of services provided, lower costs and redirect resources to patient care.

Broad objectives of 3sHealth, in partnership with the health regions and SCA, include creating enhanced value to the health system, improving service quality and lowering the cost curve. Key achievements for 2012-2013 include:

- Established 3sHealth Board of Directors. The nine member board was established to help guide the organization to achieve its goal of providing efficient, customer-focused, quality, province-wide shared services to Saskatchewan's health sector.
- Participating in, and adopting Lean management systems and Lean certification training to help further the provincial strategy to transform healthcare in Saskatchewan into a system that puts patients first.
- Continued to leverage additional group purchasing contracts to increase buying power with provincial and national procurement contracts for clinical supplies, resulting in provincial savings of $7.7 million for 2012-2013.
- Implementing Global Healthcare Exchange (GHX), a software system to automate and streamline supply chain operations.
- Continued work to enhance, automate and standardize human resource processes through Gateway Online. This work has resulted in printing and paper cost savings, increased accuracy of information, and is allowing healthcare administrators and employees to spend less time on manual administrative processes and more time focused on the patient.
- Completion of the business case recommending a provincial linen strategy to enhance quality and infection control standards, achieve efficiencies and secure safe working conditions. The implementation of this strategy moving forward is expected to save the healthcare system $93 million over ten years.

Work focused on Lean, group purchasing, GHX, standardizing human resource processes and the provincial linen strategy will continue in 2013. In addition to this work, 3sHealth received approval from its Board of Directors and the Council of CEOs to proceed with the development of eight new business cases. These businesses cases will explore opportunities for shared services and will be guided with a view of improving quality of services for patients and families, and achieving a five year cumulative target of $100 million in provincial savings. The eight new business cases include:

- Laboratory Services
- Diagnostic Imaging
- Environmental Services
- Supply Chain
- Information Technology and Information Management
- Enterprise Risk Management
- Capital Projects
- Workflow Optimization

Management Report

June 11, 2013

Five Hills Health Region
Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Five Hills Regional Health Authority. The financial statements have been prepared in accordance with Canadian public sector accounting standards and the Financial Reporting Guide issued by the Ministry of Health, and of necessity includes amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

In 2013, the Authority commenced capital project spending under newly established shared ownership arrangements with the Ministry of Health. The Authority has followed the judgment and direction of the Ministry in accounting for its asset held under this arrangement on an apportioned net basis.

Management maintains appropriate systems of internal controls, 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 and has full and open access to the Finance and Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Cheryl Craig, BSN
Chief Executive Officer

Wayne Blazieko, CMA, MSA, B. Admin
Chief Financial Officer

2012-2013 Financial Overview

The annual operating fund budget for 2012-13 was $142.6M (million). The actual operating fund revenues were $146.4M and operating fund expenses were $142.8M; resulting in an operating fund surplus of $3.6M (2.5% of operating expenses).

Overall, 94% of the operating fund revenue was provided by funding from the Ministry of Health. About 43% of the operating budget was spent on inpatient/resident services, 18% on community health, 16% on support services, 10% on physician compensation, 8% on diagnostic and therapeutic services and 5% on ambulatory care services. Approximately 88% of the annual budget was spent on salaries and benefits (includes grants to contractors).

Subsequent to budget approval, $1.7M of additional funding was received for compensation related rate increases. Most of these increases in funding ($1.1M) were offset by unbudgeted increased expenses in the operating fund program areas and part of reason for the unfavorable expense variance in some functional areas.

The reasons for the overall favorable variance for the operating fund surplus are, in part, attributed to:

i) Higher income related to:
   - 3S Health SUN partnership ($.36M).

ii) Lower expenses related to:
   - utilities favorable pricing (natural gas $.36M and other $.09M);
   - laboratory and radiology supplies – lower utilization in acute care settings attributed to lower volumes and changes in radiology technology ($.35M).

The capital fund expenditures for 2012-13 were $12.3M with 53% being spent on construction in progress, 28% on land and land improvements, 9% on building and building service equipment, 3% being spent on medical/surgical equipment, 2% on diagnostic imaging equipment, 3% for leasehold improvements and 2% for mortgage obligations. The Ministry of Health has capitalized 66% of the capital expenditure reported above.

The actual capital fund revenues were $3.9M (includes $1.1M Ministry of Health funding) and capital fund expenses were $4.4M (includes $4.3M in amortization); resulting in a capital fund deficit of $.54M.

The annual restricted funds expenditures for 2012-13 was $.09M with revenue of $.02M; resulting in a restricted fund deficit for the year of $.07M.

Guaranteed debt obligations total $1.5M and are related to mortgages for special care homes and are secured through the chattels of those facilities. Details related to this debt are disclosed in detail in note 5 of the audited financial statements.

The RHA made an adjustment to the 2011 financial statements with respect to the accounting for employee future benefits. Specifically, this adjustment related to accounting policy differences under public sector accounting standards with respect to the determination of the obligation for accumulated sick leave. In aggregate, the resulting increase to the liability for employee future benefits at April 1, 2011 was $3,265,700.

Details related to this obligation are disclosed in note 17 of the audited financial statements that follow.

Audited Financial Statements

INDEPENDENT AUDITORS' REPORT

To the Members of the Board,
Five Hills Regional Health Authority

We have audited the accompanying financial statements of **Five Hills Regional Health Authority** which comprise the statement of financial position as at March 31, 2013 and March 31, 2012, and the statements of operations and changes in fund balances, remeasurement gains and losses and cash flow 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 Authority'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 Authority'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.

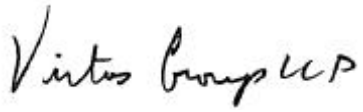
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis for Qualified Opinion

One of the Authority's assets under construction held under a shared ownership arrangement with the Ministry of Health has been accounted for, as directed by the Ministry, on an apportioned net basis rather than on a full gross cost basis, which constitutes a departure from Canadian public sector accounting standards. The Authority's records indicate that had management stated the asset at full cost, the amounts reported for construction in progress, capital fund revenue, and fund balance invested in capital assets would have been increased by $8,120,900.

Opinion

In our opinion, except for the effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of Five Hills Regional Health Authority as at March 31, 2013 and March 31, 2012, and the results of its operations and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.



June 11, 2013
Regina, Saskatchewan

Chartered Accountants

Statement 1

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2013

	Operating Fund	Restricted Capital Fund	Restricted Community Trust Fund	Total March 31, 2013	Total March 31, 2012 (Note 10)	Total April 1, 2011 (Note 10)
ASSETS						
Current assets						
Cash and short-term investments	$ 22,675,639	$ 24,885,789	$ 289,186	$ 47,850,614	$ 42,568,726	$ 46,249,451
Accounts receivable						
Ministry of Health - General Revenue Fund	411,326	1,511,788	-	1,923,114	368,779	464,442
Other	1,022,979	113,304	37,780	1,174,063	1,266,239	1,001,254
Inventory	1,061,947	-	-	1,061,947	1,170,196	1,057,571
Prepaid expenses	745,300	-	-	745,300	1,006,296	932,205
	25,917,191	26,510,881	326,966	52,755,038	46,380,236	49,704,923
Investments (Note2, Schedule 2)	79,134	314,490	351,650	745,274	1,353,726	1,683,705
Capital assets (Note 3)	-	17,775,323	-	17,775,323	18,156,463	18,038,458
Total Assets	$ 25,996,325	$ 44,600,694	$ 678,616	$ 71,275,635	$ 65,890,425	$ 69,427,086
LIABILITIES & FUND BALANCES						
Current liabilities						
Accounts payable	$ 4,536,076	$ 9,536	$ -	$ 4,545,612	$ 4,111,107	$ 5,348,478
Accrued salaries	3,161,610	-	-	3,161,610	2,205,728	4,486,282
Vacation payable	6,448,473	-	-	6,448,473	6,636,638	6,376,622
Mortgages payable – Current (Note 5)	-	140,326	-	140,326	132,178	124,935
Deferred Revenue (Note 6)	7,295,200	-	-	7,295,200	5,941,716	6,554,205
	21,441,359	149,862	-	21,591,221	19,027,367	22,890,522
Long Term Liabilites						
Mortgages payable (Note 5)	-	1,389,433	-	1,389,433	1,530,011	1,662,284
Employee Future Benefits (Note 11)	3,127,100	-	-	3,127,100	3,190,700	3,265,700
Total Liabilities	24,568,459	1,539,295	-	26,107,754	23,748,078	27,818,506
Fund Balances						
Invested in capital assets	-	16,245,564	-	16,245,564	16,494,274	16,251,240
Externally restricted (Schedule 3)	-	8,796,733	678,616	9,475,349	9,269,368	12,395,779
Internally restricted (Schedule 4)	-	18,019,102	-	18,019,102	18,341,503	14,999,359
Unrestricted	1,427,866	-	-	1,427,866	(1,962,798)	(2,037,798)
Fund balances – (Statement 2)	1,427,866	43,061,399	678,616	45,167,881	42,142,347	41,608,580
Total Liabilities & Fund Balances	$ 25,996,325	$ 44,600,694	$ 678,616	$ 71,275,635	$ 65,890,425	$ 69,427,086

Contractual Obligations (Note 4)
Pension Plan (Note 11)

Approved by the Board of Directors

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

Statement 2

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2013

	Operating Fund			Restricted			
	Budget 2013	2013	2012 (Note 10)	Capital Fund 2013	Community Trust Fund 2013	Total 2013	Total 2012 (Note 10)
REVENUES							
Ministry of Health - general	$ 134,190,539	$ 136,981,016	$ 133,042,311	$ 1,144,362	$ -	$ 1,144,362	$ 753,852
Other provincial	1,496,454	1,911,312	2,166,426	52,971	-	52,971	49,207
Federal government	231,505	264,554	264,677	-	-	-	-
Patient & client fees	3,665,400	3,762,179	3,716,037	-	-	-	-
Out of province (reciprocal)	889,300	878,562	899,717	-	-	-	-
Out of country	63,500	42,184	63,057	-	-	-	-
Donations	2,500	60,464	26,048	2,287,162	-	2,287,162	706,121
Ancillary	196,960	201,577	202,821	20,600	-	20,600	20,600
Investment	258,960	269,191	285,046	346,639	23,054	369,693	386,654
Recoveries	1,558,286	2,030,878	1,893,740	-	-	-	-
Other	21,700	23,835	25,401	19,488	-	19,488	27,100
Total revenues	**142,575,104**	**146,425,752**	**142,585,281**	**3,871,222**	**23,054**	**3,894,276**	**1,943,534**
EXPENSES							
Inpatient & resident services							
Nursing Administration	1,501,916	1,555,329	1,476,819	26,304	-	26,304	24,814
Acute	22,833,465	24,112,974	23,587,309	645,458	-	645,458	843,350
Supportive	34,069,391	33,968,503	33,647,194	170,414	-	170,414	161,376
Rehabilitation	-	-	-	-	-	-	(4,471)
Mental health & addictions	2,514,853	2,516,306	2,480,960	10,737	-	10,737	10,301
Total inpatient & resident services	**60,919,625**	**62,153,112**	**61,192,282**	**852,913**	**-**	**852,913**	**1,035,370**
Physician compensation	**13,503,099**	**13,654,834**	**12,625,064**	**-**	**-**	**-**	**-**
Ambulatory care services	**6,189,816**	**6,668,132**	**6,039,462**	**56,991**	**-**	**56,991**	**78,899**
Diagnostic & therapeutic services	**12,536,799**	**11,755,723**	**11,536,704**	**528,598**	**-**	**528,598**	**598,891**
Community health services							
Primary health care	1,629,457	1,516,019	1,305,148	181,187	-	181,187	36,664
Home care	8,198,353	8,459,705	7,997,655	13,734	76,263	89,997	141,840
Mental health & addictions	7,303,918	7,339,395	7,041,938	154	-	154	5,065
Population health	4,152,333	4,022,201	4,076,986	3,542	-	3,542	7,346
Emergency response services	3,003,035	2,980,567	2,600,322	636	-	636	666
Other community services	844,282	762,725	734,251	13,525	-	13,525	12,687
Total community health services	**25,131,378**	**25,080,612**	**23,756,300**	**212,778**	**76,263**	**289,041**	**204,268**
Support services							
Program support	6,721,377	6,584,787	5,982,170	58,362	15,351	73,713	54,690
Operational support	16,911,479	16,553,348	16,151,506	187,267	-	187,267	245,324
Other support	289,142	257,224	281,398	2,515,842	-	2,515,842	4,152,256
Employee Future Benefits	-	(63,600)	(75,000)	-	-	-	-
Total support services	**23,921,998**	**23,331,759**	**22,340,074**	**2,761,471**	**15,351**	**2,776,822**	**4,452,270**
Ancillary	**185,779**	**145,957**	**135,464**	**-**	**-**	**-**	**-**
Total expenses (Schedule 1)	**142,388,494**	**142,790,129**	**137,625,350**	**4,412,751**	**91,614**	**4,504,365**	**6,369,698**
Excess (deficiency) of revenues over expenses	**$ 186,610**	**3,635,623**	**4,959,931**	**(541,529)**	**(68,560)**	**(610,089)**	**(4,426,164)**
Interfund Transfers							
Capital Asset Purchases		-	(4,639,972)	4,989	(4,989)	-	4,639,972
Mortgage Payment		(186,610)	(186,610)	186,610		186,610	186,610
SHC reserves		(58,349)	(58,349)	58,349		58,349	58,349
Total Interfund Transfers		(244,959)	(4,884,931)	249,948	(4,989)	244,959	4,884,931
Remeasurement Gains (Losses)		-	-	-	-	-	-
Increase (decrease) in fund balances		**3,390,664**	**75,000**	**(291,581)**	**(73,549)**	**(365,130)**	**458,767**
Fund balances, beginning of year (Note 16)		(1,962,798)	(2,037,798)	43,352,980	752,165	44,105,145	43,646,378
Fund balances, end of year		$ 1,427,866	$ (1,962,798)	$ 43,061,399	$ 678,616	$ 43,740,015	$ 44,105,145

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

Statement 3

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF REMEASUREMENT GAINS AND LOSSES
For the Year Ended March 31, 2013

		2013
Accumulated remeasurement gains, beginning of year	$	-
Unrealized gain (losses) attributed to:		
Investments (Note 2, Schedule 2)		-
Realized gains (losses), reclassifed to statement of operations:		
Investments (Note 2, Schedule 2)		
Designated fair value		-
Equity instruments		-
		-
Net remeasurement gains for the year		-
Accumulated remeasurement gains (losses), end of year		-

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

Statement 4

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2013

	Operating Fund		Restricted Fund			
	2013	2012 (Note 10)	Capital Fund	Community Trust Fund	Total 2013	Total 2012 (Note 10)
Cash Provided by (used in):						
Operating activities						
Excess (deficiency) of revenue over expenses	$ 3,635,623	$ 4,959,931	$ (541,529)	$ (68,560)	$ (610,089)	$ (4,426,164)
Net change in non-cash working capital (Note 7)	2,995,218	(4,297,519)	(1,588,501)	(7,525)	(1,596,026)	(3,918)
Amortization of capital assets	-	-	4,290,586	-	4,290,586	4,301,346
Investment income on long-term investments	-	-	-	-	-	-
Gain/(loss) on disposal of capital assets	-	-	-	-	-	-
	6,630,841	662,412	2,160,556	(76,085)	2,084,471	(128,736)
Capital Activities						
Purchase of capital assets						
Buildings/construction	-	-	(2,689,369)	-	(2,689,369)	(634,820)
Equipment	-	-	(1,220,077)	-	(1,220,077)	(3,784,531)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
	-	-	(3,909,446)	-	(3,909,446)	(4,419,351)
Investing Activities						
(Purchase) Sale of long-term investment	16,795	-	605,066	(13,409)	591,657	329,979
	16,795	-	605,066	(13,409)	591,657	329,979
Financing Activities						
Repayment of debt	-	-	(132,430)	-	(132,430)	(125,029)
	-	-	(132,430)	-	(132,430)	(125,029)
Net increase in cash & short term investments during the year	6,647,636	662,412	(1,276,254)	(89,494)	(1,365,748)	(4,343,137)
Cash & short term investments, beginning of year	16,272,962	20,495,481	25,912,095	383,669	26,295,764	25,753,970
Interfund transfers (Note 14)	(244,959)	(4,884,931)	249,948	(4,989)	244,959	4,884,931
Cash & short term investments, end of year (Schedule 2)	**$ 22,675,639**	**$ 16,272,962**	**$ 24,885,789**	**$ 289,186**	**$ 25,174,975**	**$ 26,295,764**

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

FIVE HILLS REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As At March 31, 2013

1. Legislative Authority

The Five Hills 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 Five Hills Health Region, under section 27 of The Act. The Five Hills RHA is a non-profit organization and is not subject to income or 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 financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants (CICA). The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270. As these are the RHA's first financial statements prepared in accordance with PSA standards, Section PS 2125, *First-time Adoption by Government Organizations*, has been applied. The RHA has also chosen to early adopt Section PS 3450, *Financial Instruments*, as further explained in Note 13.

The RHA's financial statements were previously prepared in accordance with Canadian generally accepted accounting principles (Canadian GAAP), as set forth in Part V of the CICA Handbook. The impact of the transition from Canadian generally accepted accounting standards to public sector accounting standards is described in Note 17.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed Health Care Organizations (HCOs) and third parties to provide health services:

Extendicare (Canada) Inc.
Canadian Mental Health Association (Saskatchewan Division)
Thunder Creek Rehabilitation Association Inc.
Lifeline Ambulance Service Inc.
Hutch Ambulance Service Inc.

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliates are incorporated as follows (and are registered charities under the Income Tax Act):

Providence Place for Holistic Health Inc. – *Non profit Corporations Act*
St. Joseph's Hospital (Grey Nuns) of Gravelbourg – *Non profit Corporations Act*

The RHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding these affiliates.

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

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 the Ministry of 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 the Ministry of 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 amortization of capital assets.

iii) Community Trust Fund

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 RHA 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.

c) Revenue

Unrestricted contributions 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 contributions 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 contributions are recognized as revenue of the appropriate restricted fund in the year.

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	2.5 to 6.67%
Land improvements	2.5 to 20%
Equipment	5 to 33%

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

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. Cost of inventory held is determined on a weighted average basis, except for dietary, linen, laundry, plant maintenance and remote facility inventory which is determined on a first in, first out basis. All inventories are held at the lower of cost or net realizable value.

f) 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) Accumulated sick leave benefit

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.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of 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 the period in which they become known.

h) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these items carried at fair value are recognized through the Statement of Remeasurement Gains and Losses at each period end. Gains and losses on these financial instruments are recognized in the Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are market-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2013 (2012 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are classified as level 1 in the fair value hierarchy.

i) 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.

j) 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 financial statements.

3. Capital Assets

	March 31, 2013			March 31, 2012
	Cost	**Accumulated Amortization**	**Net Book Value**	**Net Book Value**
Land	$ 1,113,571	$ -	$ 1,113,571	$ 266,556
Land Improvements	693,608	495,173	198,435	121,596
Buildings	44,404,078	35,764,905	8,639,173	9,687,287
Equipment	34,279,552	27,626,707	6,652,845	7,781,847
Construction in progress	1,171,299	-	1,171,299	299,177
	$ 81,662,108	$ 63,886,785	$ 17,775,323	$ 18,156,463

4. Contractual obligations

a) Capital Assets Acquisitions

At March 31, 2013, contractual obligations for the acquisition of capital assets were $81,386,157 (2012 - $4,276,476). Included in the contractual obligation is an amount for the construction of a new hospital (2013- $80,992,670). A co-ownership agreement exists with the Ministry of Health who will assume 74.52% of both the asset and the contractual obligation (2013 - $60,357,854).

b) Contracted Health Service Operators

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2013. Note 9 b) provides supplementary information on Health Care Organizations.

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2013	Balance Outstanding 2012
Pioneer Housing (Moose Jaw) CMHC, due November 1, 2016	5.38%	$22,877 principal & interest. Mortgage renewal date – November 1, 2016	$76,063	$94,366
Pioneer Housing (Moose Jaw) CMHC, due July 1, 2019	6.88%	$7,229 principal & interest. Mortgage renewal date – July 1, 2019	37,124	41,668
Pioneer Housing (Moose Jaw) CMHC, due September 1, 2027	10.50%	$95,747 principal & interest of which $22,188 is subsidized by SHC. Yielding an effective interest rate of 7.3%. Mortgage renewal date - September 1, 2027.	721,385	741,836
Regency Manor CMHC, due August 1, 2019	4.37%	$99,558 principal & interest of which $23,283 is subsidized by SHC. Yielding an effective interest rate of 0%. Mortgage renewal date - October 1, 2016.	556,790	630,542
Assiniboia Pioneer Lodge CMHC, due October 1, 2024	8.00%	$6,503 principal & interest. Mortgage renewal date - October 1, 2024.	49,270	51,787
Assiniboia Pioneer Lodge CMHC, due November 1, 2018	6.00%	$18,561 principal & interest. Mortgage renewal date - November 1, 2018.	89,127	101,990
			$1,529,759	$1,662,189
Less: Current portion			140,326	132,178
			$1,389,433	$1,530,011

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 special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2014	$ 140,326
2015	148,757
2016	157,764
2017	167,391
2018	177,689
2019 and subsequent	737,832

6. Deferred Revenue

As at March 31, 2013	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Saskatchewan Health – General Revenue Fund	$ -	$ -	$ -	$ -
On site Emergency Room Medical Remuneration	156,149	2,303,821	2,497,672	350,000
Family Support and Rehab	67,891	-	-	67,891
Approved home enhancements	69,443	55,043	61,680	76,080
Surgical Access	7,454	7,454	-	-
CT Evaluation	16,110	16,110	-	-
Alt Physician Pymt C Butte	333,488	705,428	387,504	15,564
Alt Physician Pymt Moose Jaw	96,771	765,052	765,052	96,771
Alt Physician Pymt Craik	17,484	235,859	386,843	168,468
Alt Phys Pymt Teen Wellness	26,004	21,386	13,190	17,808
Professn'l Development Fund	19,352	19,352	-	-
Workforce Retention - Dementia Care Training	1,924	1,924	-	-
Needle Exchange	30,508	33,090	16,000	13,418
Undesig Medical Remuneration	186,205	186,205	-	-
Primary Health Care Central Butte Site	174,823	367,586	265,600	72,837
Primary Health Care Craik	16,675	142,950	157,813	31,538
Primary Health Care Moose Jaw	73,086	72,643	85,000	85,443
Renal Dialysis Project	86,859	10,642	-	76,217
HIPA Implementation	7,105	-	-	7,105
Aboriginal Awareness Training	25,925	-	10,000	35,925
SIMS/PHIS	10,403	-	-	10,403
Addictions Cross Training	40,681	58,142	80,000	62,539
Addictions	11,741	75,597	80,000	16,144
Addictions Community Supports	33,924	292,924	259,000	-
Joint Replacement Surgery - Hip Knee Pathway	356,056	-	-	356,056
Safestart Program Quality Workplace	52,687	4,094	10,000	58,593
Nursing Education/Professional Development RN/RPM	50,737	22,139	-	28,598
Nursing Education/Professional Development LPN	6,893	-	-	6,893
Recruitment initiatives	30,000	30,000	-	-
Nurse Mentorship Initiative	80,700	41,265	65,000	104,435
Safety Training Initiatives (OH&S)	59,024	1,693	-	57,331
Addictions Secure Youth Detox	63,458	135,100	101,110	29,468
Public Health Capacity	267,840	-	35,500	303,340

As at March 31, 2013	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives cont'd				
Infection Control	103,384	-	-	103,384
Infection Control - Prevention and Control	124,311	65,474	-	58,837
MDS Home Care	37,503	-	-	37,503
Autism Services	123,075	298,216	318,800	143,659
Physician Funding Kincaid	121,686	17,869	150,631	254,448
Physician Funding Anesthesia	138,698	43,784	3,444	98,358
Renal Dialysis funding 0809	274,945	-	-	274,945
Telehealth Expansion Gravelbourg	10,008	-	-	10,008
Residential Detox - clinical supervisor	332,901	305,114	125,000	152,787
New Hospital Helipad	-	-	162,000	162,000
Bursary Program For Health Students	-	2,500	20,000	17,500
Phc Greenfield Innovation M Jaw	-	60,000	277,100	217,100
Alternate Payt Project Geriatrics	-	-	52,846	52,846
Integration Training Phc & Mh Addictions	-	-	50,000	50,000
Sask Surgical Init Perioperative Nurse Training	-	16,738	28,620	11,882
Hiv Strategy-Needle Exchange Expansion	-	-	20,000	20,000
Pandemic H1N1	180,678	-	-	180,678
Physician Issues	1,388	-	-	1,388
High Risk Youth	-	602,343	756,913	154,570
Shared Decision Making	30,956	-	-	30,956
SIPPA stipend	11,165	11,165	-	-
Enhanced Preventative Dental	26,305	-	26,000	52,305
Primary Health Care - South Pharmacy Services	40,000	31,995	40,000	48,005
Surgical Initiatives	751,826	371,527	1,306,190	1,686,489
Total Sask Health	**$ 4,786,229**	**$ 7,432,224**	**$ 8,614,508**	**$ 5,968,513**
Non Sask Health Initiatives				
Sask Learning - General Revenue Fund - Kids First Targeted	$ 109,648	$ 705,363	$ 675,108	$ 79,393
Sask Learning - General Revenue Fund - Kids First Non Targeted	7,447	76,779	74,765	5,433
Sask Social Services - General Revenue Fund - Family Outreach Program	104,291	203,151	190,817	91,957
Sask Academic Health Sciences Network (SAHSN) - Preceptor Recognition	1,416	-	-	1,416
Ehealth Sask-Pharm Medstations	-	-	300,000	300,000
3S Health Enhanced Preventative Dental	26,259	17,955	-	8,304
3Shealth-Gateway Online Phase I	-	7,500	30,000	22,500
Other - Special Needs	78,192	72,750	8,000	13,442

As at March 31, 2013	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Non Sask Health Initiatives Cont'd				
Other - SGI Acquired Brain Injury Prov Coord Adv	-	100,493	100,493	-
Other - SGI Acquired Brain Injury Comm Coord Adv	-	86,042	86,042	-
Other - SGI Acquired Brain Injury Independent Living Adv	-	50,238	50,238	-
Other - SGI Acquired Brain Injury Comm Coord	64,106	-	7,808	71,914
Other - SGI Acquired Brain Injury Prov Coord	11,505	-	5,723	17,228
Other - SGI Acquired Brain Injury Independent Living	14,902	1,841	-	13,061
RQRHA Autism Regional Occup Therapy	37,780	30,000	30,000	37,780
Saskatoon RHA-Phc-New Framework (Greenfield Innovation)	-	-	200,000	200,000
RNAO Best Practice Smoking Cessation	6,778	6,778	-	-
GST Rebate Claim LTC	214,358	214,358	-	-
Other - Resource Centre	36,695	-	-	36,695
Mental Health Clinical Conference	16,475	1,471	-	15,004
Other - MJ Health Foundation	20,072	-	-	20,072
Other - MJHF (Operating Equipment)	-	-	86,355	86,355
Other - Assiniboia Union Hospital	7,733	-	-	7,733
Other - Central Butte Regency Hospital	59,024	-	-	59,024
Other - Craik Health Centre	19,900	9,887	-	10,013
Other - Home Care Palliative	18,673	-	9,279	27,952
Other - First Nations Health Employer Support	18,451	-	-	18,451
Other - Pioneer Housing MJ Mortlach Mgmt Board	607	-	-	607
Other - Canadian Public Health Association	11,790	-	-	11,790
Other - Sun Partnership Agreement Recruitment Retention	107,005	44,749	-	62,256
Other - Patient rent received in advance	92,960	92,961	49,719	49,718
Other - Homecare Moose Jaw Nursing	-	-	6,000	6,000
Other - Community Youth Program	22,544	98,385	101,122	25,281
Other - HQC Pursuing Excellence	25,000	17,727	-	7,273
Other - miscellaneous	21,876	1,841	-	20,035
Total Non Sask Health	**$ 1,155,487**	**$ 1,840,269**	**$ 2,011,469**	**$ 1,326,687**
Total Deferred Revenue	**$ 5,941,716**	**$ 9,272,493**	**$ 10,625,977**	**$ 7,295,200**

As at March 31, 2012	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Saskatchewan Health – General Revenue Fund	$ -	$ -	$ -	$ -
On site Emergency Room Medical Remuneration	156,149	1,943,734	1,943,734	156,149
Work Place Wellness	-	103,116	103,116	-
Family Support and Rehab	67,891	-	-	67,891
Approved home enhancements	31,752	23,989	61,680	69,443
Surgical Access	47,464	40,010	-	7,454
CT Evaluation	16,110	-	-	16,110
Alt Physician Pymt C Butte	533,574	200,086	-	333,488
Alt Physician Pymt Moose Jaw	48,307	581,953	630,417	96,771
Alt Physician Pymt Craik	4,101	336,701	350,084	17,484
Alt Phys Pymt Teen Wellness	16,441	3,627	13,190	26,004
Professn'l Development Fund	19,352	-	-	19,352
Workforce Retention - Dementia Care Training	1,924	-	-	1,924
Needle Exchange	45,751	31,243	16,000	30,508
Undesig Medical Remuneration	186,205	-	-	186,205
Primary Health Care Central Butte Site	209,571	300,348	265,600	174,823
Primary Health Care Craik	29,729	150,654	137,600	16,675
Primary Health Care Moose Jaw	39,382	51,296	85,000	73,086
Renal Dialysis Project	86,859	-	-	86,859
HIPA Implementation	7,105	-	-	7,105
Aboriginal Awareness Training	21,575	650	5,000	25,925
SIMS/PHIS	10,403	-	-	10,403
Addictions Cross Training	48,379	57,698	50,000	40,681
Addictions	7,240	75,499	80,000	11,741
Addictions Community Supports	66,127	291,203	259,000	33,924
Joint Replacement Surgery - Hip Knee Pathway	357,972	1,916	-	356,056
Safestart Program Quality Workplace	61,142	8,455	-	52,687
Nursing Education/Professional Development RN/RPM	50,737	-	-	50,737
Nursing Education/Professional Development LPN	6,893	-	-	6,893
Recruitment initiatives	30,000	-	-	30,000
Nurse Mentorship Initiative	116,929	36,229	-	80,700
Safety Training Initiatives (OH&S)	66,537	7,513	-	59,024
Addictions Secure Youth Detox	83,600	121,252	101,110	63,458
Public Health Capacity	232,340	-	35,500	267,840

As at March 31, 2012	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives cont'd				
Infection Control	103,384	-	-	103,384
Infection Control - Prevention and Control	125,798	61,487	60,000	124,311
MDS Home Care	46,213	8,710	-	37,503
Surgical Waitlist Incentive	32,483	32,483	-	-
Autism Services	113,582	239,307	248,800	123,075
Physician Funding Kincaid	157,777	111,137	75,046	121,686
Physician Funding Anesthesia	43,784	-	94,914	138,698
Renal Dialysis funding 0809	274,945	-	-	274,945
New Graduate Mentorship	61,992	61,992	-	-
Telehealth Expansion Gravelbourg	10,008	-	-	10,008
Residential Detox - clinical supervisor	254,000	46,099	125,000	332,901
Pandemic H1N1	199,840	19,162	-	180,678
Physician Issues	43,338	41,950	-	1,388
High Risk Youth	-	538,375	538,375	-
Shared Decision Making	44,750	13,794	-	30,956
Patient Family Centred Care	4,000	4,000	-	-
SIPPAstipend	-	-	11,165	11,165
Enhanced Preventative Dental	-	-	26,305	26,305
Primary Health Care - South Pharmacy Services	-	-	40,000	40,000
Surgical Initiatives	1,002,010	250,184	-	751,826
Total Sask Health	**$ 5,225,445**	**$ 5,795,852**	**$ 5,356,636**	**$ 4,786,229**
Non Sask Health Initiatives				
Sask Learning - General Revenue Fund - Kids First Targeted	$ 75,223	$ 677,075	$ 711,500	$ 109,648
Sask Learning - General Revenue Fund - Kids First Non Targeted	1,952	68,093	73,588	7,447
Sask Social Services - General Revenue Fund - Family Outreach Program	-	58,950	163,241	104,291
Sask Academic Health Sciences Network (SAHSN) - Preceptor Recognition	16,306	14,890	-	1,416
SAHO Enhanced Preventative Dental	-	10,391	36,650	26,259
University of Sask - pharmacy clinical student program	11,867	11,867	-	-
Immigration Canada - newcomers population health needs	-	8,706	8,706	-
Other - Special Needs	255,942	177,750	-	78,192
Other - Career employment services	10,500	47,711	37,211	-
Other - SGI Acquired Brain Injury Prov Coord Adv	24,393	97,568	73,175	-
Other - SGI Acquired Brain Injury Comm Coord Adv	20,883	83,535	62,652	-
Other - SGI Acquired Brain Injury Independent Living Adv	12,193	48,774	36,581	-
Other - SGI Acquired Brain Injury Comm Coord	49,954	-	14,152	64,106
Other - SGI Acquired Brain Injury Prov Coord	4,731	-	6,774	11,505
Other - SGI Acquired Brain Injury Independent Living	16,219	1,317	-	14,902

As at March 31, 2012	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Non Sask Health Initiatives Cont'd				
RQRHA Autism Respite	10,000	20,000	10,000	-
RQRHA Autism Regional Occup Therapy	-	22,220	60,000	37,780
RNAO Best Practice Smoking Cessation	-	29,967	36,745	6,778
GST Rebate Claim LTC	214,358	-	-	214,358
Other - Resource Centre	36,695	-	-	36,695
Mental Health Clinical Conference	16,475	-	-	16,475
Other - MJ Health Foundation	20,072	-	-	20,072
Other - Assiniboia Union Hospital	18,882	11,149	-	7,733
Other - Central Butte Regency Hospital	63,942	4,918	-	59,024
Other - Craik Health Centre	40,014	20,114	-	19,900
Other - Home Care Palliative	18,673	-	-	18,673
Other - First Nations Health Employer Support	18,451	-	-	18,451
Other - Pioneer Housing MJ Mortlach Mgmt Board	607	-	-	607
Other - Canadian Public Health Association	11,790	-	-	11,790
Other - Sun Partnership Agreement Recruitment Retention	211,147	104,142	-	107,005
Other - Patient rent received in advance	81,253	81,253	92,960	92,960
Other - Community Youth Program	21,887	89,520	90,177	22,544
Other - HQC Pursuing Excellence	25,000	-	-	25,000
Other - miscellaneous	19,351	9,475	12,000	21,876
Total Non Sask Health	**$ 1,328,760**	**$ 1,699,385**	**$ 1,526,112**	**$ 1,155,487**
Total Deferred Revenue	**$ 6,554,205**	**$ 7,495,237**	**$ 6,882,748**	**$ 5,941,716**

Externally restricted revenue, received in the operating fund, is deferred if the restriction has not been fulfilled by the end of the fiscal year.

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2013	2012	Capital Fund	Community Trust Fund	Total 2013	Total 2012
(Increase) Decrease in accounts receivable	$ 132,048	$ (164,812)	$ (1,586,682)	$ (7,525)	$ (1,594,207)	$ (4,510)
(Increase) in inventory	108,249	(112,626)			-	
(Increase) Decrease in prepaid expenses	260,996	(74,091)			-	
Increase (Decrease) in accounts payable	436,324	(1,237,963)	(1,819)		(1,819)	592
Increase in accrued salaries	955,882	(2,280,554)			-	
Increase in vacation payable	(188,165)	260,016			-	
Increase in deferred revenue	1,353,484	(612,489)			-	
(Decrease) Increase in employee future benefits	(63,600)	(75,000)			-	
	$ 2,995,218	$ (4,297,519)	$ (1,588,501)	$ (7,525)	$ (1,596,026)	$ (3,918)

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2013 is $2,700 (2012 - $2,232) and is included in the financial statements.

9. Related Party Transactions and Other Third Party Contractors

These 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 resulting from these transactions are included in the financial statements at the standard rates charged by those organizations and are settled on normal trade terms.

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.

	2013	2012
Revenues		
Workers Compensation	$ 370,551	$ 298,663
Ministry of Learning	783,142	746,218
	$ 1,153,693	$ 1,044,881

	2013	2012
Expenses		
3S Health (formerly SAHO)	$ 3,561,137	$ 3,481,485
Saskatchewan Health Employees Pension Plan	4,956,251	4,983,489
Saskatchewan Energy	340,438	390,167
Saskatchewan Power	809,411	802,256
Ministry of Government Services	223,100	408,741
Ehealth Sask	150,620	127,484
Sask Tel	274,856	257,261
Valleyview	714,756	702,987
Workers Compensation	1,128,391	1,175,558
	$ 12,158,960	$ 12,329,428
Prepaid Expenses		
Workers Compensation	$ 264,628	$ 271,323
3S Health (formerly SAHO)	-	125,940
	$ 264,628	$ 397,263
Accounts Payable		
3S Health (formerly SAHO)	$ 245,273	$ 208,538
	$ 245,273	$ 208,538

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs 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 HCOs and Third Parties:

	2013	2012
Extendicare (Canada) Inc.	$ 6,467,480	$ 6,398,932
Moose Jaw Alcohol and Drug Abuse Society Inc.	-	1,003,595
Canadian Mental Health Association	13,050	12,845
Thunder Creek Rehabilitation Association Inc.	2,281,298	2,475,827
Lifeline Ambulance Service Inc.	1,963,663	1,714,097
Hutch Ambulance Service Inc.	635,920	574,698
	$ 11,361,411	$ 12,179,994

ii) Affiliates

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. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	2013	2012
Providence Place for Holistic Health Inc.	$ 13,839,461	$ 13,754,846
St. Joseph's Hospital (Grey Nuns) of Gravelbourg	5,146,644	5,183,777
St. Joseph's Hospital (Grey Nuns) of Gravelbourg – Ambulance Service	320,703	246,076
	$ 19,306,808	$ 19,184,699

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entities for the years ended March 31, 2013 and 2012.

	Total 2013	Total 2012
Balance Sheet		
Assets	$4,386,245	$4,439,922
Net Capital Assets	22,362,276	22,906,500
Total Assets	$26,748,521	$27,346,422
Total Liabilities	$4,732,103	$5,385,819
Total Net Assets	22,016,418	21,960,603
	$26,748,521	$27,346,422

	Total 2013	Total 2012
Results of Operations		
RHA Grant	$20,029,098	$19,167,698
Other Revenue	4,887,115	4,779,745
Total Revenue	$24,916,213	$23,947,443
Salaries & Benefits	$19,625,922	$19,702,898
Other Expenses*	5,234,476	5,116,117
Total Expenses	$24,860,398	$24,819,015
Excess Revenue over Expenses	$55,815	($871,572)

* Other Expenses includes amortization of $1,191,195 (2012-$1,343,293)

Amortization	1,191,195	$1,343,293

	Total 2013	Total 2012
Cash Flows		
Cash from Operations	($207,464)	$15,204
Cash used in financing activities	648,363	540,430
Cash used in Investing activities	(648,324)	(413,798)
Increase (decrease) in cash	($207,425)	$141,836

iii) Fund Raising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Moose Jaw Health Foundation (the Foundation). The Five Hills RHA has an economic interest in the Foundation. In 2013, and in accordance with donor-imposed restrictions, $1,887,383 (2012 - $1,492,076) of the foundation's net assets must be used to purchase specialized equipment. In 2012, the foundation's total expenses include contributions of $513,300 (2011 - $597,923) to the RHA/community.

10. Comparative Information

Certain prior period balances 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 Saskatchewan Association of Health Organizations (SAHO) (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 multiemployer 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 (a related party) - This is a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

4. Saskatchewan Municipal Employees Pension Plan (MEPP) (a related party) – This is a defined benefit pension plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making 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.

	2013					2012
	SHEPP[1]	PSSP	PEPP	MEPP	Total	Total
Number of active members	1,169		21	0	1,190	1,182
Member contribution rate, percentage of salary	7.70-10.00%*	7.00-9.00%*	5.00-7.00%*	6.40-6.40%*		
RHA contribution rate, percentage of salary	8.624-11.2%*	29.19-37.53%*	5.00-7.00%*	6.40-6.40%*		
Member contributions (thousands of dollars)	4,414		80	4	4,498	4,470
RHA contributions (thousands of dollars)	4,956		82	4	5,042	5,078

* Contribution rate varies based on employee group.
1. Active members include all employees of the RHA, including those on leave of absense as of March 31, 2013. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them. SHEPP contribution rates will increase on December 15, 2013 (i.e., from 7.70% to 8.10% and from 10.00% to 10.70% for members; RHA contribution rates increased by the same proportion).

b) 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, 2013. Key assumptions used as inputs into the actuarial calculation are as follows:

Actuarial Assumptions as of:	April 1, 2011	March 31, 2012	March 31, 2013
Discount rate:	4.10% per annum	3.10% per annum	3.00% per annum
Earnings increase for seniority, merit and promotion:	For ages 15 to 29 For ages 30 to 39 For ages 40 to 49 For ages 50 to 59 For ages 60 and over		2.0% per annum 1.5% per annum 1.0% per annum 0.5% per annum 0.0% per annum, plus 2.0% per annum for SUN members at 20 years of service
Mortality rates:	UP-1994 Mortality Table projected to 2020 using Scale AA Sample rates shown below (rates per 1,000 lives): **Age** Male Female 20 0.331 0.201 30 0.757 0.290 40 0.936 0.515 50 1.729 0.984 60 5.638 4.190		
Disability rates:	Nil		
Termination rates:	Sample rates shown below: **Age** **Rate** 20 0.119 25 0.084 30 0.056 35 0.045 40 0.035 45 0.030 50 0.025 55 0.015 60 0.010		
Retirement rates:	Before member reaches Rule of 80 (age plus service equals at least 80): 2% at age 55 for members who have between 10 and 22 years of service 1% at age 60 for members who have between 6 and 9 years of service 4% at age 60 for members who have between 10 and 17 years of service 0% at all other ages and service where member does not meet Rule of 80 After member reaches Rule of 80: 8% for ages under 55 35% at age 55 for members who have between 25 and 26 years of service (between 80 and 81 points) 25% at age 55 for members who have at least 27 years of service (at least 82 points) 12% for ages between 56 and 59 where the member has between 80 and 81 points 8% for ages between 56 and 59 where member has at least 82 points 25% for ages between 60 and 61 where the member has between 80 and 81 points 19% for ages between 60 and 61 where the member has at least 82 points 19% for ages between 62 and 64 Irrespective of the rates shown above, the retirement rates for ages 65 and older are equal to 100% Retirement rates at any other combination of age and service not described above are 0%		

	2013	2012
Accrued benefit obligation, beginning of year	$ 3,190,700	$ 3,265,700
Cost for the year	453,900	437,400
Benefits paid during the year	517,500	512,400
Accrued benefit obligation, end of year	$ 3,127,100	$ 3,190,700

12. Budget

The RHA Board approved the 2012-2013 budget plan on May 30, 2012.

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 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 practises 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:

	2013	2012
Cash and short-term investments	$ 47,850,614	$ 42,568,726
Accounts receivable		
Ministry of Health - General Revenue Fund	1,923,114	368,779
Other	1,174,063	1,266,239
Investments	745,274	1,353,726
	$ 51,693,065	$ 45,557,470

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.

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.

a. 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.

b. 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, 2013 and 2012 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.

As at March 31, had prevailing interest rates increased or decreased by 1%, assuming a parallel shift in the yield curve, with all other variables held constant, the RHA's financial instruments would have decreased or increased by approximately $0 (2012 - $0), approximately 0% of the fair value of investments (2012 - 0%).

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, the RHA has a cash balance of $47,850,614 (2012 - $42,568,726).

f) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

- The fair value of mortgages payable and long term debt before the repayment required within one year, is $1,628,588 (2012 - $1,692,508) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

For financial instruments listed below, 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 base on unobservable inputs. There were no items measured at fair value using level 3 in 2012 or 2013.

There were no items transferred between levels in 2012 or 2013.

	2013			2012		
	Level 1	**Level 2**	**Total**	Level 1	Level 2	Total
Investments	**$ -**	**$ -**	**$ -**	$ -	$ -	$ -
Mortgages payable	**$ -**	**$ -**	**$ -**	$ -	$ -	$ -

g) Short-term Borrowing/Operating Line-of-credit:

Short-term borrowings are secured by assignment of future grant funding and bearing interest at an interest rate of prime plus 1%, which is due on demand. Total interest paid on the short-term borrowings in 2013 was $0 (2012 - $0).

The RHA has a line-of-credit limit of $1,000,000 (2012 - $1,000,000) with an interest charged at prime plus 1%. The line-of-credit is secured by assignment of future grant funding. Total interest paid on the line-of-credit in 2012-13 was $0 (2012- $0).

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.

	2013			2012		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	$ -	$ 4,989	$ (4,989)	$ (4,639,972)	$ 4,639,972	$ -
Mortgage repayment	(186,610)	186,610	-	(186,610)	186,610	-
SHC reserves	(58,349)	58,349	-	(58,349)	58,349	-
	$ (244,959)	$ 249,948	$ (4,989)	$ (4,884,931)	$ 4,884,931	$ -

15. Collective Bargaining Agreement

The Saskatchewan Union of Nurses (SUN) contract is in effect until March 31, 2014. The Health Sciences Association of Saskatchewan (HSAS) contract expired March 31, 2013. The Service Employees International Union (SEIU) contract expired March 31, 2012.

16. Pay for Performance

Effective April 1, 2011, a pay for performance compensation plan was introduced. Amounts over 90% of base salary are considered ‘lump sum performance adjustments’. Senior employees are eligible to earn lump sum performance adjustments up to 110% of their base salary. During the year, senior employees are paid 90% of current year base salary and lump sum performance adjustments related to the previous fiscal year. At March 31, 2013, lump sum performance adjustments relating to 2012-13 have not been determined as information required to assess senior employee performance is not yet available.

17. Transition to public sector accounting standards

Adoption of public sector accounting framework

As stated in Note 2, these are the RHA's first financial statements prepared in accordance with Canadian public sector accounting standards. The accounting policies set out in Note 2 have been applied consistently in preparing the financial statements for the year ended March 31, 2013, the comparative information presented in these financial statements and the opening statement of financial position as at April 1, 2011 (the RHAs date of transition to public sector accounting standards).

a) Financial instruments

Effective April 1, 2012 the RHA adopted the PSA standards for Financial Instruments (PSA Handbook Section PS 3450). Section PS 3450 establishes standards on how to account for and report all types of financial instruments, including derivatives. Section PS 3450 has been applied prospectively, in accordance with the transitional provisions of the Section.

Upon adoption of Section PS 3450 the RHA was required to assign its financial instruments to one of two measurement categories: fair value; or cost or amortized cost. Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. The RHA's other financial assets and financial liabilities are measured at cost or amortized cost. Carrying amounts are in each instance disclosed in the Statement of Financial Position.

The adoption of Section PS 3450 had no impact on the recognition and measurement of financial instruments reported in these financial statements. There were additional item related to presentation and disclosure of financial instruments that have been added to Note 13 as a result of the adoption of this standard.

b) Employee future benefits

The RHA made an adjustment to the 2011 financial statements with respect to the accounting for employee future benefits. Specifically, this adjustment related to accounting policy differences under public sector accounting standards with respect to the determination of the obligation for accumulated sick leave.

In aggregate, the resulting increase to the liability for employee future benefits at April 1, 2011 was $3,265,700. Employee future benefit expense for the year ended March 31, 2012 decreased by $75,000.

The impact of these restatements on the comparative figures is as follows:

Summary of adjustments

c) Fund balances:

The following tables summarize the impact of the transition to PSA standards on the RHA's fund balances as of April 1, 2011 and April 1, 2012:

Fund balances as at April 1, 2011:		
Fund balances, as previously reported	$	44,874,280
Adjustment to employee future benefits liability		3,265,700
Fund balances, as currently reported	$	41,608,580
Fund balances as at March 31, 2012:		
Fund balances, as previously reported	$	45,333,047
Adjustment to employee future benefits liability		3,190,700
Fund balances, as currently reported	$	42,142,347

d) Excess (deficiency) of revenues over expenses:

As a result of the retrospective application of PSA standards, the RHA recorded the following adjustment to excess (deficiency) of revenues over expenses for the year ended March 31, 2012:

Excess (deficiency) of revenues over expenses for the year ended March 31, 2012:		
Excess (deficiency) of revenues over expenses, as previously reported	$	458,767
Adjustment to employee future benefits expense		(75,000)
Excess (deficiency) of revenues over expenses, as currently reported	$	533,767

Schedule 1

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2013

	Budget 2013	Actual 2013	Actual 2012
Operating:			
Advertising & public relations	$ 73,980	$ 68,853	$ 58,900
Board costs	119,568	73,470	96,495
Compensation - benefits	13,310,862	13,058,827	12,688,355
Compensation - employee future benefits	-	(63,600)	(75,000)
Compensation - salaries	65,465,223	67,679,768	65,124,906
Continuing education fees & materials	256,766	247,552	389,594
Contracted-out services - other	2,473,510	2,437,323	2,517,720
Diagnostic imaging supplies	262,221	138,413	146,446
Dietary supplies	122,934	126,460	117,101
Drugs	1,664,439	1,588,116	1,387,182
Food	1,235,347	1,128,172	1,133,515
Grants to ambulance services	2,920,286	2,920,286	2,534,870
Grants to health care organizations & affiliates	26,988,313	27,192,741	26,615,195
Housekeeping & laundry supplies	597,539	537,857	536,763
Information technology contracts	636,225	556,193	489,484
Insurance	289,142	242,515	218,139
Interest	2,421	2,665	1,102
Laboratory supplies	1,203,582	981,135	1,062,609
Medical & surgical supplies	2,717,302	2,714,448	2,491,117
Medical remuneration & benefits	13,187,110	13,142,511	12,246,827
Meetings	-	38,012	20,885
Office supplies & other office costs	703,136	565,939	599,122
Other	37,337	32,865	77,529
Professional fees	661,466	662,622	722,672
Prosthetics	800,608	717,569	553,975
Purchased salaries	306,174	203,900	217,813
Rent/lease/purchase costs	1,446,584	1,565,003	1,485,354
Repairs & maintenance	1,656,451	1,520,769	1,524,097
Supplies - other	286,511	145,339	159,213
Therapeutic supplies	60,842	74,418	63,497
Travel	1,085,910	1,123,767	1,014,164
Utilities	1,816,705	1,366,221	1,405,709
Total Operating Expenses	$ 142,388,494	$ 142,790,129	$ 137,625,350
Restricted:			
Amortization		$ 4,290,586	$ 4,301,346
Loss/(Gain) on disposal of fixed assets		-	-
Mortgage interest expense		117,419	124,847
Other		96,360	1,943,505
		$ 4,504,365	$ 6,369,698

Schedule 2

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2013

	Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short Term				
Chequing and Savings:				
Concentra	$ 24,379,306			
RBC Dominion Securities	26,155			
	$ 24,405,461			
Bond/Mutual Fund:				
RBC Invest Savings Acct	$ 56,155	n/a		
ICICI Bank GIC	87,390	6/4/2013	4.68%	4.68%
Province of British Columbia	357,839	8/23/2013	6.81%	8.50%
Province of British Columbia	62,400	8/23/2013	3.90%	3.90%
TD Mortgage GIC	107,250	3/6/2014	3.75%	3.75%
TD Pacific Mortgage GIC	98,480	3/6/2014	3.75%	3.75%
	$ 769,514			
Total Cash & Short Term Investments	$ 25,174,975			
Long Term				
NATCAN	$ 48,666	6/10/2014	3.96%	3.96%
National Bank of Canada	48,666	6/10/2014	3.96%	3.96%
ICICI Bank GIC	95,000	9/9/2014	2.73%	2.73%
Manulife Bank GIC	55,580	9/9/2014	2.70%	2.70%
RBC Principle Prot Guaranteed	63,527	12/24/2014	min 1%	min 1%
AGF Trust GIC	133,112	4/7/2015	3.11%	3.11%
National Bank of Canada	56,909	6/15/2015	2.71%	2.71%
Ontario Hydro	42,976	8/18/2022	8.90%	8.90%
Bank of Nova Scotia	121,704	12/6/2014	2.10%	2.10%
Total Long Term Investments	$ 666,140			
Total Restricted Investments	**$ 25,841,115**			
Unrestricted Investments				
Cash and Short Term				
Chequing and Savings:				
Concentra	$ 22,643,584			
Royal Bank	518			
RBC Dominion Securities	148			
Cash on hand	8,945			
	$ 22,653,195			
Bond/Mutual Fund:				
RBC Invest Savings Acct	$ 5,649	n/a		
ICICI Bank GIC	16,795	6/4/2013	4.68%	4.68%
Total Cash & Short Term Investments	$ 22,675,639			
Long Term				
Homequity Bank GIC	$ 64,350	9/9/2014	2.70%	2.70%
RBC Principle Prot Guaranteed	14,784	12/24/2014	min 1%	min 1%
Total Long Term Investments	$ 79,134			
Total Unrestricted Investments	**$ 22,754,773**			
Total Investments	**$ 48,595,888**			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 47,850,614			
Total Long Term	$ 745,274			
Total Investments	**$ 48,595,888**			

* Restricted Investments include:

- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held in the Capital Fund (Schedule 4).

Schedule 3

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2013

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
Moose Jaw Union Hospital - Haggerty	$ 34,047	$ 824	$ -	$ 15,350	$ -	$ 19,521
Moose Jaw Union Hospital - Elsom/Mutrie	14,424	181	-	-	-	14,605
Craik Health Centre	132,035	1,656	-	-	-	133,691
Thunder Creek Home Care	570,644	20,380	-	76,264	4,989	509,771
South Country	1,015	13	-	-	-	1,028
Total Community Trust Fund	**$ 752,165**	**$ 23,054**	**$ -**	**$ 91,614**	**$ 4,989**	**$ 678,616**

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Ministry of Health - Capital Projects	$ 8,310,202	$ -	$ 760,000	$ 14,790	$ 465,680	$ 8,589,732
Moose Jaw Health Foundation - diagnostic imaging	207,001	-	-	-	-	207,001
Total Capital Fund	**$ 8,517,203**	**$ -**	**$ 760,000**	**$ 14,790**	**$ 465,680**	**$ 8,796,733**
TOTAL EXTERNALLY RESTRICTED REVENUE	**$ 9,269,368**	**$ 23,054**	**$ 760,000**	**$ 106,404**	**$ 470,669**	**$ 9,475,349**

Schedule 4

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2013

	Balance Beginning of Year	Investment Income Allocated	Annual Allocation (from unrestricted fund)	Operating Expenses	Capital Expenses	Balance End of Year
Capital						
SHC Replacement Reserves						
Assiniboia Pioneer Lodge	$ 94,499	$ 1,330	$ 23,866	$ -	$ -	$ 119,695
Pioneer Housing - Lodge (Moose Jaw)	203,554	2,640	14,833	-	-	221,027
Pioneer Housing - Units (Moose Jaw)	255,541	3,270	12,000	-	-	270,811
Regency Manor	174,720	2,230	7,650	-	-	184,600
Total SHC	728,314	9,470	58,349	-	-	796,133
Other Internally Restricted Funds						
Grasslands Health Centre Roof - SGI	23,844	-	-	-	-	23,844
RHA cummulative surplus	17,589,345	-	186,610	-	576,830	17,199,125
Total Capital	**$ 18,341,503**	**$ 9,470**	**$ 244,959**	**$ -**	**$ 576,830**	**$ 18,019,102**
Total Internally Restricted Funds	**$ 18,341,503**	**$ 9,470**	**$ 244,959**	**$ -**	**$ 576,830**	**$ 18,019,102**

Schedule 5

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULES OF
BOARD REMUNERATION, BENEFITS AND ALLOWANCES
For the Year Ended March 31, 2013

	2013							2012
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Velma Geddes [I]	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,735
Elizabeth Collicott [II]	9,960	9,206	994	1,289	2,004	-	23,453	17,926
Grant Berger	-	1,638	425	847	421	24	3,355	9,363
Elizabeth Collicott	-	-	-	-	-	-	-	3,009
Clark Coulson [III]	-	-	-	-	-	-	-	599
Janet Day [IV]		3,691	1,188	3,045	3,634	129	11,687	-
Kenneth Hawkes [V]	-	675	125	564	-	24	1,388	8,562
Alvin Klassen	-	3,763	1,057	2,658	2,004	140	9,622	12,353
Tracey Kuffner	-	2,825	1,400	2,632	1,630	94	8,581	12,845
Brian Martynook [VI]		3,163	469	2,248	3,680	72	9,632	-
Cecilia Mulhern	-	3,300	1,675	2,576	1,630	131	9,312	12,631
Christine Racic	-	2,050	300	358	815	33	3,556	6,816
George Reaves	-	2,450	975	2,024	1,189	-	6,638	11,126
Jeffrey Reihl [VII]	-	200	-	-	-	-	200	7,591
Donald Shanner	-	3,975	288	1,497	2,004	101	7,865	12,733
Total	$ 9,960	$ 36,936	$ 8,896	$ 19,738	$ 19,011	$ 748	$ 95,289	$ 123,289

[I] Velma Geddes resigned June 2011.
[II] Elizabeth Collicott board chair September 2011.
[III] Clark Coulson resigned June 2011.
[IV] Janet Day appointed May 2012.
[V] Kenneth Hawkes resigned May 2012.
[VI] Brian Martynook appointed May 2012.
[VII] Jeffrey Reihl resigned May 2012.

[1] **Retainer:** A monthly retained is paid to chairperson; retainer to be paid on a monthly basis.

[2] **Per Diem:**

Maximum per diem is: $300 for Chairperson
$200 for members

Maximum hourly rate: $37.50 for the Chairperson
$25.00 for the members

In excess of five hours: **Maximum per diem for:**
regularly scheduled regional health authority meetings;
meetings other than regularly scheduled meetings;
committee meetings;
conferences or government initiated meetings; and
attendance at meetings authorized by the RHA.

Less than five hours: **The amount to be paid is determined by multiplying the respective hourly rate by the number of full hours spent at the meeting for:**
regularly scheduled regional health authority meetings;
meetings other than regularly scheduled meetings;
committee meetings;
conferences or government initiated meetings; and
attendance at meetings authorized by the RHA.

[3] **Travel Time:**

Calculation: Amount to be paid is determined by multiplying the respective hourly rate by actual travel time to a maximum of two time the per diem rate.

When to use: **Maximum per diem for:**
regularly scheduled regional health authority meetings;
meetings other than regularly scheduled meetings;
committee meetings;
conferences or government initiated meetings; and
attendance at meetings authorized by the RHA.

[4] **Travel and Sustenance** Expenses incurred in the performance of their duties and in accordance with the rates approved under *The Public Services Act, 1998*.

[5] **Other Expenses:** Expenses for conference registrations and other actual expenses incurred in the performance of authorized RHA related duties the RHA considers reasonable - amount supported by receipt.

[6] **CPP**

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE
For the Year Ended March 31, 2013

	2013					2012		
Senior Employees	Salaries[1,3]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances[1,2]	Severance	Total
Cheryl Craig, CEO	$ 357,642	$ 5,844	$ 363,486	$ -	$ 363,486	$ 304,826	$ -	$ 304,826
Craig Beesley, Exec Dir [4]	7,386	-	7,386	-	7,386	129,142	-	129,142
Stuart Cunningham, Exec Dir	139,368	-	139,368	-	139,368	77,522	-	77,522
Amanda Zarubin, Exec Dir [5]	-	-	-	-	-	40,096	-	40,096
Wayne Blazieko, Exec Dir & CFO	204,115	-	204,115	-	204,115	175,671	-	175,671
Dr. Mark Vooght, MHO	267,781	-	267,781	-	267,781	254,384	-	254,384
Terry Hutchinson, Exec Dir [6]	163,403	-	163,403	-	163,403	151,672	-	151,672
Dianne Ferguson, Exec Dir	131,452	-	131,452	-	131,452	116,268	-	116,268
Dr. Fauzi Ramadan, Med Director	314,259	-	314,259	-	314,259	166,435	-	166,435
Dr. George Carruthers, Medical Director [7]	-	-	-	-	-	23,759	-	23,759
John Liguori, Exec Dir	186,814	-	186,814	-	186,814	135,021	-	135,021
Laurie Albinet, Exec Dir	175,689	-	175,689	-	175,689	141,110	-	141,110
Gilbert Linklater, Exec Dir	187,267	-	187,267	-	187,267	167,282	-	167,282
Dan Fraser, interim Exec Dir [8]	-	-	-	-	-	77,191	-	77,191
James Allen, interim Exec Dir [9]	122,186	-	122,186	-	122,186	29,089	-	29,089
Total	$ 2,257,362	$ 5,844	$ 2,263,206	$ -	$ 2,263,206	$ 1,989,468	$ -	$ 1,989,468

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. Senior employee salaries were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance adjustments have not been determined for the year ended March 31, 2013 and will be paid out in the 2013-14 fiscal year. Refer to Note 16 for further details.

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, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

3. Senior management was required to have prior years outstanding vacation paid out in 2012-13 and vacation remaining from 2012-13, over the allowed carry over, was paid out.
4. Terminated Jan 31, 2012.
5. Terminated Sep 2, 2011.
6. Seconded by the Ministry of Health in 2011/12.
7. Terminated Apr 27, 2011.
8. Was interim senior manager until March 31, 2012.
9. Interim executive director Jan 2012.

Payee List

Personal Services

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

Aasen, Dianne	$ 106,538
Ackerman, Linda	72,005
Adams, Cathy	50,522
Adrian, Shelly	75,702
Afolabi, Dr. Oyewale	125,159
Akpan, Dr. Udeme	192,407
Albinet, Laurie	175,689
Alderton, Cheryl	62,911
Allen, James	122,956
Allen, Thomas	98,582
Alraum, Isolde	116,571
Altwasser Bryant, Arla	94,375
Amies, Michael	102,748
Anderson, Lori	93,331
Arens, Shannon	68,140
Arseneau, Maureen	98,338
Avery, Kerry	50,791
Awad El Kariem, Dr. Sawsan	417,438
Baillie, Dean	51,766
Bain, Joy	100,268
Bakke, Krista	91,877
Baniulis, Margaret	97,355
Barnie, Sandra	56,626
Barrett, Elizabeth	83,393
Bartzen, Della	67,305
Bastedo, J. Roger	99,915
Batty, Kathy	63,520
Batty, Tanis	82,033
Beaubien, Colette	90,307
Beauregard, Claude	59,542
Beausoleil Robb, Aline	65,129
Bechtold, Mike	55,053
Benallick, Mike	76,385
Bender, Blaine	59,964
Bender, Karen	87,279
Bengtson, Monica	74,197
Benoit, Ann	108,615
Benson, Lisa	88,041
Berger, Shannon	60,037
Bernhard, Deena	110,023
Berthelet, Robin	100,662
Blazieko, Joann	107,454
Blazieko, Wayne	204,115
Bohlken, Dawn	61,768
Boire Teixeira, Louise	67,709
Booth, Brittany	60,846
Booth, Mary Lee	112,029
Boothman, Tami	95,647
Bourassa, Crystal	73,350
Bouvier, Coralee	74,599
Bouvier, Laurie	70,112
Box, Kimberley	93,902
Boyczuk, Christine	91,098
Bremner, Carolyn	94,205
Brenner, Teresa	75,812
Brinton, Peggy	82,962
Brodziak, Shelby	77,558
Broeder, Teresa	112,632
Budd Wutke, Darla	96,434
Buhler, Sherri	113,345
Buller, Bonnie	60,344
Bumphrey, Brenda	97,271
Burdzy, Abby	62,983
Butlin, Barbara	65,891
Cairns, Myles	129,108
Cameron, Marcy	77,536
Cameron, Wayne	54,368
Campbell, Carol	72,681
Campbell, Nimone	87,378
Campbell, Patricia	62,358
Campbell, Shauna	99,326
Campbell, Wanda	94,257
Camphaug, Shawna	78,336
Carretero, Dr. Antonio	348,687
Carroll, Lee Anne	86,833
Cayer, Janice	103,581
Chaisson, Alfred	63,768
Chaisson, Clara	107,845
Chartrand, Lisa	90,996
Chow, Cara	70,077
Clark, Carol	68,557

Clark, Kirsten	78,343
Cobb, Charlene	71,288
Cochrane, Rod	92,516
Cole, Brenda	69,180
Cole, Lorlee	69,882
Cooke, Liana	64,546
Corman, Tess	70,059
Costley, Jeremy	69,505
Costley, Tara	83,640
Cox, Sheila	118,436
Craig, Cheryl	363,762
Cristo, Janet	76,773
Csada, Linda	63,306
Cunningham, Stuart	140,138
Dancey, Colleen	82,670
Demassi, Kristy	70,211
Dempster, Jessica	55,640
D'Entremont, Marc	69,761
Deobald, Brenda	108,246
Deringer, Gina	92,591
Desautels, Beverly	90,267
Dick Andres, Susan	60,780
Dick, Denise	96,769
Dingle, Courtney	91,427
Dixon, Karen	102,034
Doepker, Bernie	90,797
Dombowsky, Eva	64,250
Donley, Teresa	108,524
Dowling, Michelle	108,753
Downton, Hayley	76,776
Dreger, Wanda	90,364
Duncan, Kerri Ann	85,502
Duzan, Nancy	57,904
Dyck, Diane	75,693
Dykes, Donna	51,426
Ebbett, Pamela	67,281
Ellert, Clara	80,276
Elson, Andrea	93,513
Engler, Kathryn	93,216
Engstrom, Leslie	59,458
Engstrom, Pamela	98,090
Ennest, Amanda	83,813
Erskine, Kimberly	96,395
Erwin, Dre	98,035
Etches, Dr. Robert	356,356
Fehr, Mona	50,143
Ferguson, Denille	69,950
Ferguson, Dianne	131,686
Ferguson, James	76,438
Fernell, Karen	89,513
Ferraton, Tamara	73,570
Fieldgate, Catherine	96,729
Filipowich, Kathleen	110,303
Firomski, Curtis	58,413
Fitterer, Cheryl	67,306
Fitzpatrick, Gail	80,004
Fjeldberg, Rynae	108,907
Flegel, Deborah	101,795
Flegel, Elaine	71,943
Flegel, Karen	59,261
Fogal, Stacey	74,872
Forrest, Lois	109,516
Fowler, Sandra	68,382
Fowler, Stephanie	80,283
Frank, Gwenith	94,857
Fraser, Dan	120,565
Froehlich, Deneen	87,835
Froehlich, Kelly	78,603
Froehlich, R. Lynn	57,334
Gallant, Donna	51,023
Gallup, Kelsey	55,352
Ganesen, Rondelle	53,116
Garinger, Jana	112,210
Gaucher, Adrien	107,181
Gee, Teresa	96,285
Gilbert, Chere	98,284
Gillies, Jennifer	77,076
Gleim, Sandra	95,177
Godin, Fairlie	72,448
Good, Laurie	125,460
Goodison, Melonie	114,079
Goud, Dan	82,155
Grado, Derrick	59,176
Graessli, Dea	57,049
Gray, Deborah	100,375
Green, Janice	82,670
Griffin, Kathy	111,553
Gross, Edith	85,481
Gummeson, Phyllis	76,310
Guo, Yingbo	65,962
Gyrlevich, Louise	55,764
Hadley Cole, Rona	95,616
Hager, Brad	71,627
Hall, Tracey	66,312
Hallick, Deanna	67,395
Hamm, Wrangler	50,980

Handley, Jane	50,617
Hannah, Rae	68,978
Hanson, Teresa	76,931
Haque, Sameema	92,800
Hardy, Diane	75,327
Harkness, Teah	65,963
Hasmatali, Sheryl	107,010
Hassler, Sandra	94,299
Haukaas, Brenda	92,075
Hawley, Veronica	95,540
Heatcoat, Morgan	62,997
Heath, Shari	63,124
Heath, Stacey	87,174
Helland, Joanne	80,337
Hembroff, Connie	56,588
Hermanson, Starlene	63,699
Hewitt, Erin	60,115
Hicks, Dorothy	59,622
Hoffman-Tetlock, Allyssia	86,064
Hogg, Jolene	95,636
Holovach, Lisa	68,616
Howells, Kirsta	71,169
Howick, David	54,821
Huber, Marvin	105,278
Huculak, Corinne	54,358
Hudson, Allyson	96,270
Hudson, Donna	95,832
Hundeby, Janet	93,918
Hutchinson, Jenifer	89,560
Hutchinson, Terry	164,790
Ingram, Larai	65,288
Ireland, Diane	111,416
Jago, Terry	80,549
Johnson, Allyson	75,139
Johnson, Amy	78,863
Johnson, Cynthia	97,414
Johnson, Darren	106,824
Johnson, Elaine	102,988
Johnson, Heather	95,714
Johnson, Pamela	50,899
Johnson, Wayne	91,292
Jordison, Sharla	75,879
Juell, Jody	91,154
Jukes, Jackalyn	71,335
Justason, Ave B.	87,305
Karst, Colin	70,385
Karst, Teresa	95,274
Keall, Sylvia	60,360
Keen, Leanne	61,784
Kell, Erin	65,385
Kelly, Elizabeth	51,572
Kergan, Guy	119,676
Kindrachuk, Joye	92,693
Kittler, Shelly	65,702
Kitts, Lynn	71,937
Klassen, Inge	89,051
Knapp, Glen	61,635
Knelsen, Sharon	84,898
Knudson, Katherine	74,717
Kowalski, Gwen	105,214
Kuffner, Janet	70,335
Kuhn, Joanne	74,946
Kwan, Cathy	51,943
Kwan, Rhonda	77,522
Lalonde, Janet	94,246
Lamarre, Ann	69,637
Lambert, Colleen	92,306
Lamotte, Renee	83,997
Langdon, Karyn	105,705
Larmour, Brent	87,468
Law, Linda	98,265
Lawrence, Jennifer	82,260
Le Courtois, Robin	99,305
Lehmann, Karen	73,486
Letilley, Kayley	51,577
Lewis, Shawna	89,939
Lewry, Patricia	81,593
Li, Hong	56,907
Liguori, John	186,814
Linklater, Bert	187,267
Longworth, Linda	59,626
Loveridge, Janelle	62,293
Low, Bonnie	107,431
Lowenberg, Candace	98,401
Ludke, Mona	88,853
Lukan, Keith	91,385
Macdiarmid, Joyce	107,892
Macfarlane, Tracy	63,733
Mackenzie, Dawnidell	70,427
Mackie, Judy	68,937
Macleod, Jocelyn	62,897
Malcolm, Helen	56,882
Mann, Madison	53,064
Marciszyn, Anne	72,107
Martens, Sherry	64,878
Martin, Leanne	68,409

Martyniuk, Bonita	109,895
Matthies, Kyle	93,117
Mattus, Donna	72,318
Maurer, Linda	88,991
Mawson, Teri	69,626
McCallum, Rhonda	71,176
McDavid, Cara	69,030
McDowell, Ashleigh	89,252
McEwan, Cheryl	59,754
McFadden, Arin	70,905
McFadden, Brandy	97,930
McGowan, Susan	76,502
McInnes, Maryellen	76,833
McKenna, Joann	65,343
McLean, Tanya	68,775
McLeown, Elaine	67,906
McMaster, Rhonice	92,535
Medders, Steve	64,654
Mercer, Tina	52,944
Merifield, Danielle	90,738
Messner, Donna	74,551
Millar, Frances	105,219
Miller Moyse, Gwen	61,382
Miller, Lenore	68,960
Miller, Tamye	84,747
Mills, Christina	56,706
Milne, Shelley	56,110
Miskiman, Chad	106,286
Molde, Helen	97,063
Molsberry, Marjorie	69,664
Monea, Deborah	93,683
Moore, Jean	84,664
Moraleja, Ferdinand	86,414
Moraleja, Rhodora	96,788
Morland, Darlene	107,964
Moulding, Donna	94,924
Mowchenko, Cheryl	63,033
Myers, Linda	93,412
Nagel, Marjorie	87,650
Nanowski, Terry	67,297
Neal, Sheila	74,960
Neigel, Darcy	167,942
Neithercut, Kimberly	79,163
Nelson, Bonnie	98,561
Newans, Robin	99,194
Nicholls, Brenda	114,824
Nicholson, Lennord	69,458
Nicholson, Raelynn	67,606
Nicolson, Sharon	99,859
Nightingale, Janelle	58,916
Nightingale, Laurianne	140,522
Nikolic, Shelley	65,240
Ocrane, Sandra	69,549
Oen, Barb	68,729
Ofstedahl, Donna	78,571
Ofukany, Lindsey	78,675
Ogle, Wanda	91,870
Ollenberg, James	74,533
Oram, Dianne	87,450
Orban, Doreen	69,989
Osemlak, Pauline	108,615
Oshowy, Haley	67,615
Pagens, Carlie	59,091
Palmer, Laurie	51,897
Papic, Karen	53,841
Pardy, Arlene	99,862
Parker, Lisa	113,019
Paul, Connie	83,295
Paull, Elizabeth	87,489
Paulowicz, Jeffrey	75,729
Paysen, Angie	51,917
Pearson, Shannon	70,165
Pearton, Avery	56,011
Pecusik, Catherine	109,584
Peesker, Stephanie	70,917
Pennington, Debbie	51,338
Petersen, April	76,584
Petersen, Joanne	89,306
Peterson, Eyvonne	127,052
Peterson, Lance	82,227
Peterson, Serena	55,663
Petford, Rhonda	91,455
Petruic, Judy	71,467
Philipation, Travis	93,793
Pickens, Tristan	61,888
Pierce Ryba, Taryn	88,119
Pituley, Jennifer	52,271
Polos Fox, Shelley	61,842
Porras, Raphael	62,890
Potts, Dolores	66,284
Pouteaux, Sarah	64,652
Preston, Peggy	76,745
Prior, Angela	58,055
Prokopchuk, Arlene	92,049
Protz, Justine	66,892
Quan, Ernie	59,028

Quaroni, Ellen	56,756
Rader, Susan	51,007
Rafferty, Mary	80,678
Ramphal, Christine	77,005
Ray, Helene	51,047
Reaman, Viola	90,083
Reeve, Joan	68,906
Reinhart, Sheila	85,497
Richards, Tracy	70,179
Rigetti, Deborah	55,262
Rivard, Wendy	67,635
Roach, Jylian	86,354
Roach, Shelley	90,235
Robb, Donna	60,387
Roberts, Christa	70,652
Robertson, Jackie	100,395
Robertson, Kirby	82,139
Robinson, Bonnie	59,840
Rogers Zahariuk, Jill	50,159
Rogers, Alana	76,003
Rollie, Wendy	98,432
Rossler, Vanessa	89,308
Ruben Riak, Moses	50,995
Rumancik, Peter	70,806
Runzer, Sandra	73,782
Rusnak Weekes, Nicole	68,769
Rust, Johanne	108,191
Rusu, Troy	75,271
Ryan, Beverley	105,135
Ryerson, Ellen	50,828
Salaba, Janice	75,026
Saladana, Rita	73,731
Salido, Deign	96,228
Salido, Joanne	52,311
Sanden, Wendy	93,229
Sanderson, Lois	63,943
Savage, June	97,144
Schellenberg, Tara	89,384
Schellenberg, Wayne	102,172
Schick, Joyce	63,928
Schlamp, Whitney	54,647
Schmidt, Kurtis	75,192
Schmidt, Marcie	83,436
Schnare, Gwen	81,200
Schneider, Brenda	65,414
Schutte, Greg	97,758
Scott, Deborah	113,092
Segall, Heather	116,553
Segall, Kelsey	86,185
Seip, Kim	86,730
Seman, Edward	82,083
Sereda, Dave	116,605
Shiers, Mark	94,633
Shirkey, Patti	105,125
Shook, Darlene	79,053
Shular, Karey	62,935
Silzer, Sharon	67,520
Simmons, Lorna	77,856
Simpkins, Kelly	50,122
Sinclair, Juliet	94,220
Sinclair, Rita	69,210
Smith, Brenda	81,537
Smith, Brenda L.	91,239
Smith, Donna	63,348
Smith, Jessica	64,988
Smith, Shelley	100,739
Snieder, Anne-Patr	58,090
Sobottka, Bonnie	101,156
Sowden, Amanda	55,586
Sparks, Debbie	77,338
Spence, Laura	78,384
Spies, Darcy	51,833
Stabell, Susan	62,291
Stadnyk, Pamela	53,368
Stapor, Paul	93,510
Statham, Cheri	96,068
Steel, Brenda	98,401
Stenerson, Wade	77,052
Stephenson, Wanda	61,714
Stevens, Debra	88,871
Stevenson, Nadine	90,492
Stewart, Cathy	101,808
Stewart, Lindsay	62,198
Stewart, Shannon	74,615
Stobbs, John	59,164
Storozuk, Yvette	86,759
Strange, Debra	68,493
Straub, Jacquelin	110,429
Strieb, Laurette	54,455
Striha, Lynn	96,610
Sullivan, Maureen	105,581
Swanson, Kerry	73,957
Switzer, Betty	99,529
Szuch, Shantelle	81,741
Tallon Dyck, Holly	74,279
Taylor, Lisa	66,150

Templeton, Kirstin	75,114
Tendler, Cathy	70,764
Terry, Ernest	132,160
Theede, Maryanne	62,097
Thul, Georgia	121,403
Thul, Louise	108,907
Tipper, Lisa	75,622
Tkachuk, Brian	51,708
Tomashewski, Tannis	67,271
Trafford, Karen	68,627
Trusty, Alice	99,118
Tuffour, Melanie	78,833
Turner, Carolyn	84,363
Tysdal, Elizabeth	65,922
Ursan, James	55,580
Vaessen, Leisa	100,638
Vargo, Regan	59,791
Vatamaniuk, Lisa	69,491
Veluthedath Anda, Roshan	92,437
Vilanova, Jacquelin	63,403
Vooght, Dr. Mark	267,781
Waddington, Lisa	51,179
Waldenberger, Heather	67,682
Waldenberger, Shelley	74,482
Waldenberger, Vanessa	98,582
Walters, Lucille	50,618
Walz, Jason	76,771
Wanner, Brian	75,433
Ward, Cheryl	95,713
Warner, Tamara	67,964
Warren, Dianne	55,849
Waselenko, Julie	63,388
Wasylenka, Dixie	104,938
Watson, Donna	82,076
Webb, Lauren	57,006
Wedel, Katrina	67,978
Weese, Jenna	79,684
Westgard, Jennifer	72,416
White, Patricia	73,267
Wicharuk, Judy	95,874
Wierl, Dianne	55,604
Willatt, Linda	90,955
Williams, Kathryn	87,447
Williams, Shannon	72,336
Willis, Megan	97,078
Wilson, Chelbie	63,601
Wilson, Jolene	64,779
Wilson, Karen	62,365
Winter, David	107,138
Wittal, Gerrilynn	106,888
Wolfe, Bailey	74,393
Wolfe, Jacquelin	106,567
Woloschuk Connor, Laurie	79,426
Wong, Gail	57,302
Wood, Darcy	73,073
Wood, Katherine	55,050
Woodley, Lee Anne	51,997
Work, Jodi	76,595
Wozniak, Yvonne	97,643
Yaschuk, Kerry	91,675
Young, Vanessa	104,971
Zabolotney, Kim	53,011
Zelada, Gabriela	73,960
Zelaya, Karina	51,141
Payees under $50,000	25,640,089
Total	**$ 70,084,539**

Transfers

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

Extendicare	$ 6,466,629
Hutch Ambulance Service Inc.	635,920
Individualized Home Care Funding	309,887
Moose Jaw & District EMS	1,963,663
Providence Place	13,839,461
Riverside Mission Inc.	55,902
Salvation Army	154,209
St. Joseph's EMS Gravelbourg	296,034
St. Joseph's Hospital Gravelbourg	4,750,511
Thunder Creek Rehab Assoc Inc.	2,113,171
Total	**$ 30,585,387**

Suppliers

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

3sHealth	$ 286,365
Abbott Laboratories Ltd.	455,541
Acorvia Medical Prof. Corp.	135,930
Aecom Canada Limited	77,634
Afolabi, Dr. Wale Medical Prof.	258,982
Ahmad, Dr. M. Medical Prof. Corp.	299,314
Al-Begamy, Dr. Youssef	309,666
Alberts Medical PC Inc., Martin	373,891
Alcon Canada Inc.	313,677
Alliance Energy Ltd.	105,532
AMT Electrosurgery Inc.	86,312
Arjo Huntleigh	99,581
Automed Technologies Canada	78,553
Bard Canada Inc.	143,508
Baxter Corporation	88,379
Beckman Coulter Canada LP	56,050
Best, Dr. James Prof. Medical Co.	460,422
Biomerieux Canada Inc.	101,848
Bio-Rad Lab(Canada) Ltd.	62,525
Botha, Dr. Jan-Beyers	74,190
Bracco Imaging	61,233
Bunzl Canada	104,368
C&E Mechanical Inc.	171,630
C&S Builders Ltd.	671,815

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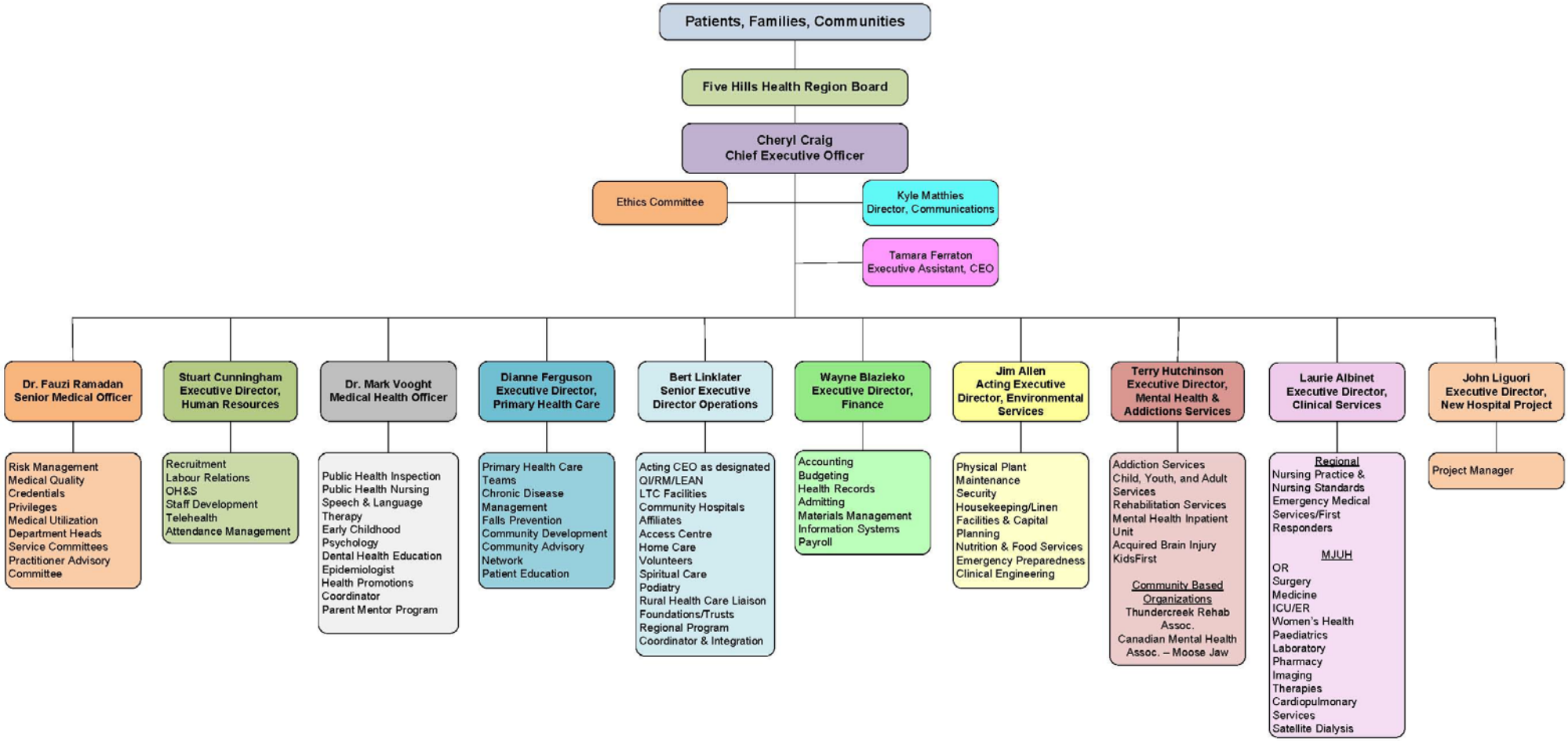
Bunzl Canada	104,368
C&E Mechanical Inc.	171,630
C&S Builders Ltd.	671,815

Cadili, Dr. Ali	66,642
Cardinal Health	540,025
Caretek Integrated Business Solution	76,171
CDW Canada Inc.	159,366
Chambers Consulting, David F.	378,053
Cheddie, Dr. Nishaan	51,684
Christie Innomed Inc.	89,726
City Of Moose Jaw	3,530,002
CPDN 3130827 Canada Inc.	395,272
CU Credit Mastercard	191,371
Dejager, Dr. Nico C.	74,760
Deleon, Dr. Ernesto L.	99,373
Devenney Group Ltd., Architects	86,577
Devilliers, Dr. Jean Pierre	140,274
Domco Construction Inc.	104,717
Du Toit, Awie Radiology Prof Corp.	1,022,976
Ecolab Ltd.	86,504
Eecol Electric Corp.	81,699
eHealth Saskatchewan	246,211
Ganesan Medical Prof. Corp.	286,703
General Electric Canada Inc.	55,294
Geyer, Willem Medical Prof. Corp.	85,236
Golden Opportunities Fund	58,760
Graham Construction & Engineering	1,893,567
Grand & Toy	192,136
Great West Life Assurance Co.	516,286
Hassan, Dr. Ziauddin Medical Prof.	197,106
Health Sciences Assoc Of Sask.	93,186
Healthcare Insurance Reciprocal	120,356
Hetherington, Dr. Kerri	120,678
Hospira Heathcare Corp.	479,952
Ishwarlall, Dr. Sujay	395,564
Johnson & Johnson Medical	223,603
Johnson Controls Ltd. #C3039	102,689
Johnson, Kathy	52,343
Karam, Dr. Elie	101,576
KM Burgess Agencies Ltd.	83,954
Kone Inc.	159,291
Kruger, Dr. Johan S.	79,110
London Life	65,155
Louw Med. Prof. Corp., Dr. Alexander	190,306
Majid, Dr. Falah Saleh	57,837
Maree, Dr. Narinda Medical Prof.	358,125
Marlin Travel	53,265
Marsh Canada Limited	115,401
Marx Medical Prof. Corp.	350,494
McDougall Gauley LLP	131,535
McKesson Canada	399,622

McKesson Distribution Partners	261,655
Miller, Dr. George Medical Prof.	58,464
Minister Of Finance	461,070
Mobile Paving Ltd.	99,260
Moose Jaw City Square Mall	63,098
Moose Jaw YMCA	100,005
Moyosore Medical Professional	430,135
Olympus Canada Inc.	52,801
Oyenubi, Dr. Abimbola	316,791
Pentax	110,296
Philips Electronics Ltd.	191,050
Prairie Bobcat Service	62,129
Prairie Janitorial Supply	72,524
Prairie Meats	74,683
Prairie Schooner	58,259
Public Employees Pension Plan	182,589
QHR Software Inc.	91,336
Ramadan, Dr. Fauzi Medical Prof.	372,130
Receiver General For Canada	24,093,056
Retief, Dr. Leon	378,907
Rossouw, Dr. Stephanus	88,980
Russell Food Equipment Ltd.	60,378
SAHO Dental Plan	850,051
SAHO DIP	1,801,756
SAHO Extended Health & Dental	2,008,023
Saputo Foods Limited	139,483
Sask Energy	473,885
Sask Power	1,132,161
Sask Registered Nurses Assoc.	166,541
Sask Tel CMR	235,515
Sask Tel Mobility	122,328
Sask Workers' Compensation Board	1,304,752
Saskworks Venture Fund Inc.	100,380
Schaan Healthcare Products Inc.	1,121,293
Security Patrol & Investigators	86,298
SEIU Local 299 MJ	599,119
SHEPP	10,951,994
Shopper's Home Healthcare	124,585
Siemens Canada Limited	112,113
Southland Co-Op	51,306
Soyege, Dr. Adeloye Medical PC	519,309
St Joseph's Hospital Gravelbourg	520,218
Stantec	3,874,250
Stationwala, Dr. Ata Podiatrist	214,979
Steris Canada Inc.	173,269
Stevens Company Limited	160,045
Steyn, Dr. Petrus A.	98,586
Stryker Canada Inc.	134,091

SUN Provincial	414,753
Supreme Office Products Ltd.	64,521
Suty Medical Imaging PC Ltd.	201,821
Sysco Food Services	1,163,281
Thorpe, Dr. R. Brandon	71,162
Thunder Creek Rehab Assoc. Inc.	133,762
Toshiba	106,760
Toshiba Business Solutions	53,328
Trane	84,349
Tyco Healthcare Group Canada	360,500
Valley View Centre	995,104
Van Der Merwe, Dr. Ivann F.	114,369
Van Der Merwe, Dr. Schalk	431,252
Van Wyk, Dr. Gerrit Prof. Corp.	584,241
Vanden Broek Realty	78,120
Vanheerden Kruger, Dr. Johan	527,579
Vermaak, Dr. Jan	107,813
Vertue, Dr. Peter-John	328,653
Vitalaire	52,992
Wigmore, Dr. C F Medical Prof. Corp.	61,252
Wolseley Mechanical Group	68,201
Wood Wyant Inc.	101,543
Yusuf, Dr. Taiwo Medical Prof. Corp.	521,549
Zimmer Canada	248,432
Supplier Payments Under $50,000	6,561,087
Total	**$ 87,509,829**

Appendix A
Organizational Chart



Appendix B
Community Advisory Networks

Communities and organizations our health region currently interacts include, but are not limited to:

Assiniboia Civic Improvement Association
Assiniboia Union Hospital Auxiliary
Badlands Recreational Committee
Briercrest College
Canadian Cancer Society
Canadian Diabetes Association
Cayer Trust (Willow Bunch)
Central Butte and District Foundation
Central Butte Union Hospital Auxiliary
Child Action Committee (Moose Jaw)
Child Action Group (Assiniboia)
Child and Youth Interagency Committee
Cosmo Senior Citizen's Centre
Craik and District Foundation
Craik Auxiliary
Department of National Defense 15 Wing
Division scolaire francophone 310
Elbow Auxiliary
Emergency Measures Organizations
Emergency Response Planning Committee
Eyebrow Auxiliary
File Hills Tribal Council
Food Security Network
Grasslands Trust Fund Corp.
Grasslands Health Centre Auxiliary
Holy Trinity Roman Catholic Separate School Division No. 22
Housing Authorities
John Howard Society
Kincaid & District Health Centre Board Inc.
Lafleche District Health Foundation Inc.
Ludlow Trust
Medical Advisory Committee
Metis Nation
Moose Jaw & District Senior Citizens Association
Moose Jaw and District Interagency Committee
Moose Jaw Families for Change
Moose Jaw Health Foundation
Moose Jaw Mental Health Housing Committee
Moose Jaw Union Hospital Auxiliary
Mossbank Trust
Municipal Governments
Pioneer Lodge Assiniboia Auxiliary
Prairie South School Division No. 210
Regency Hospital Auxiliary
Regional Economic Development Authorities – Moose Jaw, Assiniboia, Red Coat
Regional Intersectoral Committee
Ross Payant Nursing Home Auxiliary
SIAST - Palliser Campus
South Central Recreation and Parks Association
South Country Health Care Foundation
Thunder Creek Rehabilitation Association
Transition House
Tugaske Auxiliary
Unions
Valley View Centre