



# *Annual Report*

## *2015-2016*

*Healthy People. Healthy Communities.*

# Better

*better health • better care • better value • better teams*



## Our Vision

Healthy People.  
Healthy Communities.

## Our Mission

Prairie North Health Region works with individuals and communities to achieve the safest and best possible care, experience and health for you.

## Our Values

Respect | Excellence | Engagement  
Accountability | Transparency

## Provincial Goals

Better Health

Better Care

Better Value

Better Teams

## 2015-16 Prairie North Key Service Lines

Emergency Department Waits and Patient Flow  
Seniors Care  
Primary Health Care  
Mental Health and Addictions

## Principles

Client and Family Centred Care | Think and Act as One System  
Continuous Improvement | Culture of Safety | Focus and Finish



**SASKATCHEWAN HEALTHCARE MANAGEMENT SYSTEM**



# Table of Contents

Letter of Transmittal. . . . .	1
Introduction . . . . .	2
Alignment with Strategic Direction. . . . .	2
RHA Overview. . . . .	5
Progress in 2015-16 . . . . .	10
Better Health . . . . .	12
Better Care. . . . .	24
Better Value . . . . .	37
Better Teams . . . . .	43
Management Report . . . . .	50
2015-16 Financial Overview . . . . .	51
Audited Financial Statements. . . . .	54
Appendices. . . . .	88
Payee Disclosure List . . . . .	88
PNRHA Organizational Chart . . . . .	105
PNRHA Facilities and Sites . . . . .	106
How to Contact Us . . . . .	107
Acronyms & Glossary of Terms . . . . .	109

This Annual Report is available in electronic format on the Prairie North Regional Health Authority website under Publications:

[www.pnrha.ca](http://www.pnrha.ca)

# Letter of Transmittal



To: The Honourable Dustin Duncan  
Minister of Health

Dear Minister Duncan:

Prairie North Regional Health Authority is pleased to provide you and the residents of the health region with our 2015-2016 Annual Report, as required under *The Regional Health Services Act*, section 55.

This report provides the audited financial statements and outlines activities and accomplishments of the RHA for the year ended March 31, 2016.

We welcome this opportunity to report to you and to the public, assessing our overall performance in administering public funds entrusted to us, and in providing patient-focused, safe, quality, effective, and efficient health care.

Prairie North Regional Health Authority is duly proud of our outstanding team of health care providers through all sectors of the organization. Their individual and collective contributions are the keys to PNRHA's success over the past year in improving the quality and safety of the health services we provide to our residents.

Respectfully submitted,

A handwritten signature in black ink that reads "B. O'Grady".

Bonnie O'Grady  
Chairperson  
Prairie North Regional Health Authority

# Introduction

This Annual Report presents the activities and results of Prairie North Regional Health Authority (PNRHA) for the fiscal year ending March 31, 2016.

The Report reviews and assesses the progress PNRHA has made over the past year toward achieving our Vision of **“Healthy People. Healthy Communities.”** in the context of our Mission to **“work with individuals and communities to achieve the safest and best possible care, experience and health”** for our patients, residents and clients.

We are pleased to present results on the publicly committed strategies, targets, actions, and performance measures set out in the RHA’s 2015-16 Improvement Plan, in the Regional Health Authority’s (RHA’s) 2015-16 Accountability Document with the Ministry of Health, and in line with the provincial strategic direction for the health system, as outlined in the Ministry of Health and Health System Plan for 2015-16.

Prairie North Regional Health Authority is responsible for the preparation of this report and acknowledges our responsibility to ensure that the data and interpretation contained herein is accurate and reliable.

The results and measures in this report are sourced through Prairie North’s Regional Visibility Wall (VisWall) - a reporting tool used by the RHA to track alignment and course correction toward the Authority’s annual priority improvement projects, our accountabilities with the Ministry of Health, and the provincial health system plan. The indicators reported on in this document are taken from these tools and are the most recent available to PNRHA at the time of preparation of this report.

The Annual Report is prepared and presented to PNRHA’s senior leadership team (SLT) for review, revision, and approval. The SLT-approved report is presented to the Prairie North Regional Health Authority Board for final approval, and is then submitted to the Ministry of Health.

# Alignment with Strategic Direction

Prairie North Regional Health Authority is directly accountable to the Minister of Health. The RHA functions in alignment with the Ministry’s Five-year and 2015-16 Health System Plan.

Saskatchewan’s Ministry of Health has four enduring strategies for improving our health care system:

*Better health*  
*Better care*  
*Better value*  
*Better teams*

In alignment with the four *Bettors*, the Ministry and Provincial Leadership Team (PLT) set specific outcomes, improvement targets and measures for 2015-16 in the areas of primary health care, seniors, mental health and addictions, referral to specialists and diagnostics, emergency department waits and patient flow, appropriateness, bending the cost curve, investment in infrastructure, and culture of safety.

PLT consists of representatives from the Ministry of Health, the chief executive officers (CEOs) and Board chairpersons of all Saskatchewan RHAs, 3sHealth, the Saskatchewan Cancer Agency (SCA), and Saskatchewan Medical Association (SMA), as well as physician representatives.

For 2015-16, PLT set a single province-wide breakthrough initiative (Hoshin) related to emergency department waits.

As did the other sectors of Saskatchewan’s health system, PNRHA again used the Hoshin Kanri method of strategic planning to identify and focus on its improvement projects for 2015-16.

The 12-month period from April 1, 2015 to March 31, 2016 marks the fourth year Prairie North Regional Health Authority has used Hoshin Kanri.

Through the planning process, PNRHA leaders decided to strategically focus on key service line improvements in 2015-16, and not identify additional regional hoshins.

As in past years, the service lines do not capture all of the work being done to serve patients in Prairie North Health Region, but help us focus, organize and track the incremental continuous improvement that is part of daily work and daily management.

## PNRHA Values

Prairie North Regional Health Authority's Values were revised on June 24, 2015 after the organization's Employee Involvement Action Team (EIAT) conducted a survey of employees.

Responses indicated a need to revise the RHA's Value statements to:

***Respect, Excellence, Accountability, Quality, and Compassion***

The Values of Engagement and Transparency were replaced with Quality and Compassion.

PNRHA Board members passed a motion approving the revision.



### Better Health

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

### Better Care

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

### Better Value

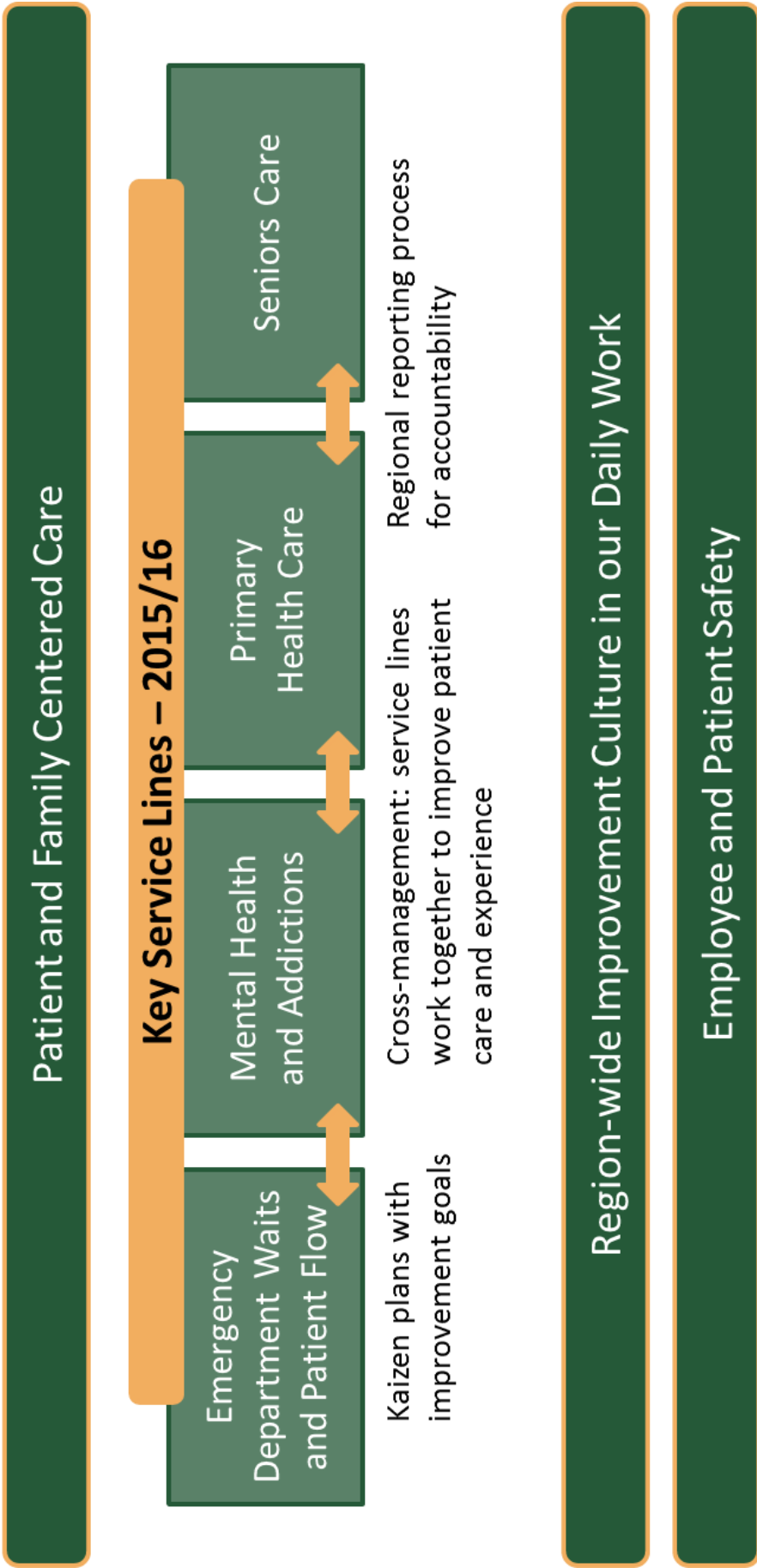
Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment, and information infrastructure.

### 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.

# Prairie North's 2015-16 Improvement Plan

## At a Glance



# RHA Overview

Prairie North Regional Health Authority is responsible for planning, organizing and delivering health services within its geographic area of north-west central Saskatchewan, consistent with the province's strategic direction and available resources.

PNRHA is responsible to promote and encourage health and wellness, assess the health needs of its residents, and monitor and report on its progress in providing services that meet residents' health needs.

Through PNRHA's network of ambulance services, hospitals, diagnostic, general and specialty medical services, health centres, primary health care sites, rehabilitation services, chronic disease management, home care, long-term care, public health, mental health and addictions services, and many others, individuals have access to a comprehensive array of preventative, promotional, informational, assessment, emergency, treatment, rehabilitative, supportive, and palliative patient care services that span a lifetime.

PNRHA works through environmental health and infection prevention and control to safeguard the health of our citizens and communities.

Supporting all of these patient care services, programs, and facilities are the RHA's teams of

food and nutrition, housekeeping, maintenance, and materials management services.

PNRHA's administrative programs including finance, human resources, labour relations, information technology, communications, and continuous safety and quality improvement provide the leadership, oversight, and management of our direct care and support services.

## Our Team

- **3,562 health care professionals** in 2,596.61 full-time equivalent (FTE) positions
- **133 general practice and specialist physicians** who live and work in the Region

Prairie North delivers its services in 33 Region-operated or supported facilities and service sites, as well as through contracted/private service sites and programs, in community locations, and in client homes (*See Appendix C, page 106*).

## A Unique Health Region

Prairie North Regional Health Authority is unique among Saskatchewan health regions as it is the only RHA delivering health services in two separate provinces, in Canada's only border city - Lloydminster.

PNRHA is the only Saskatchewan health region that has direct responsibility for Alberta residents. This presents many special considerations and challenges in the management and provision of health services to people living under differing provincial jurisdictions in the same community.

Prairie North is also the only health region in Saskatchewan with two Regional hospitals (Battlefords Union and Lloydminster).

Prairie North Health Region is the location of Saskatchewan's only provincial psychiatric rehabilitation hospital (Saskatchewan Hospital, North Battleford) which itself is home to the province's Forensic Services program.

## Our Residents

- **82,499 residents** - third largest among SK health regions behind Saskatoon and Regina Qu'Appelle (*Saskatchewan Health Covered Population 2015*)
- **19,740 Lloydminster, AB residents** (*Municipal Census 2015 - City of Lloydminster*)
- **additional residents from surrounding Alberta communities and areas**
- **an untold transient population** working in and around Lloydminster.



## Patient Services in Prairie North Health Region 2015-16

- ▶ **184 hospital beds** were staffed and in operation
- ▶ **5.33 days** was the **average length of stay** for each hospital inpatient
- ▶ **10,773 patients** were admitted to hospital
- ▶ **1,789 babies** were delivered
- ▶ **6,715 surgeries** were performed, including **1,113 cataract surgeries** and **111 hip and knee replacements**
- ▶ **75%** of surgeries performed in PNRH were done as **day surgeries**
- ▶ **3,783 endoscopic cases** were performed
- ▶ **73,971 people** received care in our **emergency departments**
- ▶ **40,333 people** received care in our **health centres and ambulatory care clinics**
- ▶ **49,009 general radiography exams** were taken
- ▶ **3,273 mammography exams** were done
- ▶ **10,638 ultrasound exams** were performed
- ▶ **11,700 CT exams** were conducted
- ▶ **58,507 hours of care** were provided to patients by **Home Care nurses**
- ▶ **69,744 hours of homemaking services** were provided to Home Care patients
- ▶ **29,031 Meals on Wheels** were delivered
- ▶ PNRHA's **621 Long-Term and Short-Term Care Beds** were full at a **98.8% occupancy rate**
- ▶ **1,426 clients** were seen through **1,504 clinical Telehealth** sessions
- ▶ **49,230 patient visits** were made to deliver **physiotherapy services**
- ▶ **8,673 visits** were made to patients to deliver **occupational therapy services**
- ▶ **5,704 patient visits** were made for **speech-language pathology services**
- ▶ **380 client visits** were made for **early childhood psychology services**
- ▶ **871 client visits** were made for **acquired brain injury services**
- ▶ **3,179 client visits** were made for **autism spectrum disorder services**
- ▶ **3,460 client visits** were made to receive **podiatry services**
- ▶ **6,145 children** were seen in **child health clinics**
- ▶ **2,221 clients** received **travel clinic services**
- ▶ **1,719 postnatal contacts** were made with clients
- ▶ **178 mental health inpatient beds** were staffed and in operation
- ▶ **703 individuals** were admitted to **inpatient mental health** facilities for care
- ▶ **8,591 individuals** received **outpatient mental health** care
- ▶ **5,175 client visits** were made to **addictions services**
- ▶ **178 clients** were admitted to PNRHA's two **inpatient addictions** locations (Hopeview Residence, North Battleford and Robert Simard Social Detox Unit, Meadow Lake)



## Key Partnerships

PNRHA's primary partnership is with the Saskatchewan Ministry of Health.

The Regional Health Authority also partners with Health Care Organizations (HCOs) for delivery of:

- ▶ Additional Emergency Medical Services:
  - Marshall's Ambulance Care Ltd., St. Walburg
  - WPD Ambulance, Lloydminster
  - WPD Ambulance Care Ltd., North Battleford
- ▶ Addictions Services:
  - Thorpe Recovery Centre, Lloydminster
- ▶ Mental Health Services:
  - Libbie Young Centre Inc., Lloydminster
  - Edwards Society Inc., North Battleford
  - Canadian Mental Health Association (CMHA), Battlefords Branch
- ▶ Continuing/Supportive Care Services:
  - Société Joseph Breton Inc., North Battleford (Villa Pascal Long-Term Care home – PNRHA's only Affiliate organization)
  - Points West Living Lloydminster Inc. (Assisted Living).

Other key Ministries, agencies, organizations, and programs are also significant partners in PNRHA's delivery of services to help meet patient, resident, and client needs:

- ▶ Ministries of Justice, Corrections and Policing; Social Services; Central Services; and Education
- ▶ 3sHealth (Health Shared Services Saskatchewan)
- ▶ eHealth Saskatchewan
- ▶ K-Bro Linen Systems (and formerly North Sask Laundry & Support Services, Prince Albert)
- ▶ First Nations communities and organizations
- ▶ Battlefords Family Health Centre
- ▶ KidsFirst
- ▶ Highway 40 Health Holdings (Cut Knife & Neilburg)

- ▶ North Saskatchewan River Municipal Health Holdings (NSRMHH)
- ▶ Educational divisions and institutions
- ▶ Local health care Foundations, Trust Funds, and Auxiliaries
- ▶ Community organizations and committees

Prairie North maintains a relationship with Alberta Health Services (AHS) which provides funding support to PNRHA for provision of health services to Alberta residents of Lloydminster and area. Under the *Lloydminster Charter* and legislative agreement, PNRHA is responsible for delivery of most health services to the City of Lloydminster.

## Community Advisory Networks

Prairie North Regional Health Authority has an important, active group of local committees, called Community Advisory Networks (CANs) or Community Health Advisory Networks (CHANs) that facilitate and support consultation with and input from local communities.

The CANs/CHANs advise the Authority on broad issues related to the health of the community. The CANs/CHANs assist the Authority to understand the needs and priorities of communities and their residents.

PNRHA's network of community advisory groups includes those formally established by the RHA:

- Meadow Lake and Area Community Health Advisory Network
- Lakeland Region Community Health Advisory Network
- Lloydminster & District Health Advisory Committee

and those established by communities:

- Paradise Hill Health Advisory Committee
- St. Walburg Health Advisory Committee
- Pine Island Lodge - Highway 16 Health Advisory Committee, Maidstone
- Cut Knife Health Advisory Committee.

## Governance

Prairie North Regional Health Authority is the governing body of Prairie North Health Region. The Board consists of a maximum of 12 members.

Board members are appointed by the Minister of Health through Order-in-Council. They are accountable to the Minister who also appoints the Board Chairperson.

The most recent appointments to the Board were made on October 5, 2015. All nine individuals who served on the Board for the past three years were re-appointed for another three-year term.

One new member was added, restoring the Board to its previous 10-member complement. Board members welcomed Sheldon Gattinger of North Battleford to the RHA, filling the position that had been vacant since August 2014 when Trevor Reid of Meadow Lake resigned.

Bonnie O'Grady of Maidstone was re-appointed Chairperson - the position she has held since the RHA was formed in August 2002.

Leanne Sauer of Lloydminster was returned as Vice-Chairperson. Sauer has served on the PNRHA Board since February 2009, and has held the Vice-Chairperson position since May 2012.

The roles and responsibilities of RHA Boards are defined in *The Regional Health Services Act*, which created Saskatchewan's health authorities in 2002. These roles and responsibilities are noted on page 5 of this report.

PNRHA functions primarily as a single entity, as a full Board. A Finance Committee assists the Board in fulfilling its financial responsibilities.

PNRHA Board members serve as representatives on committees and organizations throughout the Region. Board members report at regular monthly Board meetings regarding their participation in and activities of the committees.

### ***Prairie North Regional Health Authority Board Members and Chief Executive Officer (As of March 31, 2016)***



*Front Row, from left:*

**Hélène Lundquist**, Lloydminster  
**Leanne Sauer**, Vice-Chairperson, Lloydminster  
**Bonnie O'Grady**, Chairperson, Maidstone  
**Jane Pike**, Meadow Lake  
**Gillian Churn**, Maidstone

*Back Row, from left:*

**Ben Christensen**, North Battleford  
**Glenn Wouters**, Meota  
**Wayne Hoffman**, North Battleford  
**Sheldon Gattinger**, North Battleford  
**Anil Sharma**, Lloydminster  
**David Fan**, CEO

# Organizational Structure

Prairie North Regional Health Authority's organizational structure aligns with the provincial health system's foundational enduring strategies of **Better Health**, **Better Care**, **Better Value**, and **Better Teams**.

Under the direction of the Chief Executive Officer, PNRHA's Senior Leadership portfolios are organized according to the four Betters and are headed by a corresponding Vice-President (VP).

The Better Team also includes the Vice-President of Practitioner Staff Affairs portfolio - a part-time position in collaboration with three Co-Senior Medical Officers (Co-SMOs) serving The Battlefords, Lloydminster, and Meadow Lake respectively.

PNRHA experienced no change in its Senior Leadership Team (SLT) members in 2015-16. The organization continues to be lead by CEO David Fan who has served in the position for Prairie North Regional Health Authority since its inception in August 2002.

## **Prairie North Regional Health Authority** **Senior Leadership Team** *As of March 31, 2016*



**Vikki Smart**  
VP Primary Health Services



**Gloria King**  
VP Integrated Health Services



**David Fan**  
CEO



**Irene Denis**  
VP People, Strategy & Performance



**Derek Miller**  
VP Finance & Operations



**Dr. Almereau Prollius**  
VP Practitioner Staff Affairs

# Progress in 2015-2016

Prairie North Regional Health Authority continues to make progress toward achieving our Vision and Mission, guided by our Values, and in alignment with the Ministry of Health's Five-year and 2015-16 Health System Plan. PNRHA focused on the two provincial Hoshins for 2015-16 and did not identify additional Regional Hoshins. Our focus was also on key service line improvements (*See pages 2, 3, & 4 and the inside front cover of this Report*).

Regional improvement targets were set within each service line and at a regional level, in support of achieving provincial priorities but also based on specific regional needs and opportunities. Where regional targets vary from provincial targets, more accelerated improvements were sought regionally.

To remain accountable to these continuous improvement goals, Prairie North RHA reports on its progress at twice-monthly Regional Visibility Wall Walks. On the second Tuesday of each month, service lines report on their performance indicators representing Quality, Cost, Delivery, Safety, and Engagement (QCDSE), as well as on specific improvement projects. On the fourth Tuesday of each month, Region-wide performance indicators are reviewed, along with Rapid Process Improvement Workshop (RPIW) audit results.

PNRHA holds Regional Reviews three times a year, where our leaders encourage each other in – and hold ourselves accountable for – providing safe, high quality, patient-first care.

## *Celebrating Improvement*

A highlight of each Regional Review is hearing from local care providers and staff who have made improvements to their work and the services delivered to patients, residents, or clients. Over the three reviews in 2015-16, attendees heard nine improvement stories:

- ✓ An RPIW at Riverside Medical Clinic in Turtleford improved patient flow and patient confidentiality by nearly eliminating patient waits in the shared waiting room.
- ✓ Facility-wide successes at Lloydminster Hospital were shared and celebrated with all staff through a video compilation and hospital 'town hall' event.
- ✓ Patient needs were front and centre during the development of Lloydminster's Primary Health Centre, thanks to an engaged Patient and Family Advisor.
- ✓ Access to pediatric services was vastly improved, with wait times and paperwork reduced, thanks to cooperative work between Prairie North RHA and North West School Division.
- ✓ The design of the new Saskatchewan Hospital North Battleford incorporates many aspects of care defined by patients themselves.
- ✓ Health Records staff at Battlefords Mental Health Centre identified opportunities for improvement and implemented efficiencies in their processes by creating computer-based tools that streamlined their work.
- ✓ Communication among staff at Maidstone Health Complex improved, thanks to regular anticipated morning conversations about safety, workload, and other areas pertinent to their everyday tasks.
- ✓ Patients who require regular blood tests to Warfarin prescriptions in particular now have the support of a Primary Health Care Registered Nurse at Meadow Lake Primary Health Clinic, improving wait times for test results and offering care in addition to that of their family physician.
- ✓ An RPIW held in October 2014 initiated the concept of discharge planning rounds at Meadow Lake Hospital, bringing multidisciplinary care providers together regularly to prepare patients for timely and appropriate discharges. In March 2014, patients' average length of stay at the hospital was 25.1 days; in March 2016, the average length of stay was 16.22 days – an improvement of 8.88 days.



## Patient- and Family-Centred Care

The Institute for Patient and Family Centered Care (US) defines patient- and family-centred care (PFCC) as “an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. It redefines the relationships in health care.”

Four principles of patient- and family-centred care have been adopted in Saskatchewan:

- Respect and Dignity
- Information Sharing
- Participation
- Collaboration

Along with every other Saskatchewan regional health authority and health organization, Prairie North RHA renewed its commitment in 2015-16 to providing patient and family-centred care. PFCC is the overarching foundational principle for Prairie North in its 2015-16 Improvement Plan (*page 4*). PNRHA participates fully in the provincial Patient and Family-Centred Care Guiding Coalition.

The Coalition set two targets for 2015-16, approved by the provincial health region and organization CEOs:

- 100% of Saskatchewan health regions and organizations would establish local Patient- and Family-Centred Care Steering or Advisory committees.
- 100% of Saskatchewan health regions and organizations would approve and implement a consistent Open Family Presence policy.

### ***PNRHA Key Actions and Results:***

- Prairie North established a PFCC Advisory Committee made up of staff and Patient and Family Advisors that will meet 6-8 times per year to provide oversight and direction on ensuring Prairie North programs and policies support PFCC principles.
- Prairie North has adopted the Open Family Presence policy, eliminating set visiting hours in acute care facilities. The policy will be implemented throughout the Region in 2016-17.
- Patient and Family Advisors continue to be recruited and involved in a number of different ways, including formal improvement events and regional committees.

## Better Health

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

### System Five-Year Outcome

*Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome that by 2017, people living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to six common chronic conditions: diabetes, coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), congestive heart failure, depression, and asthma.*

### System Five-Year Improvement Targets

- By March 2017, there will be a 50% improvement in the number of people who say "I can access my Primary Health Care Team for care on my day of choice either in person, on the phone or via other technology."
- By March 31, 2020, 80% of patients with six common chronic conditions (diabetes, CAD, COPD, depression, congestive heart failure, and asthma) are receiving best practice care as evidenced by the completion of provincial templates available through approved electronic medical records (EMRs) and the electronic health record (eHR) viewer.

### PNRHA 2015-16 Improvement Targets

- By March 31, 2016, access to Primary Health Care (PHC) will be improved by a 10% increase in available PHC appointments at PNRHA's six core PHC sites: North Battleford Medical Clinic at Primary Health Centre, North Battleford; Battlefords Family Health Centre, North Battleford; Prairie North Health Centre, Lloydminster; Meadow Lake Primary Health Centre, Meadow Lake; Riverside Health Clinic in Riverside Health Complex, Turtleford; and Maidstone Health Clinic in Maidstone Health Complex, Maidstone.
- By March 31, 2016 the regional length of time until the third next available short (15 minutes or less) appointment with a primary health care provider will be 11.5 days or less, down from the 13-day average wait in 2014-15.
- By March 31, 2016 the percentage of patients who do not appear for their scheduled appointments will decrease to a regional monthly average of 9.5%, down from 11.5% in 2014-15.
- By March 31, 2016, 100% of primary health care physicians will be active users of the provincial Chronic Disease Management - Quality Improvement Program (CDM-QIP).
- There will be no unsigned Primary Health Care visits left open in the Electronic Medical Record (EMR) system at the time of each monthly audit in 2015-16.

#### PNHR Service Line

Primary  
Health Care

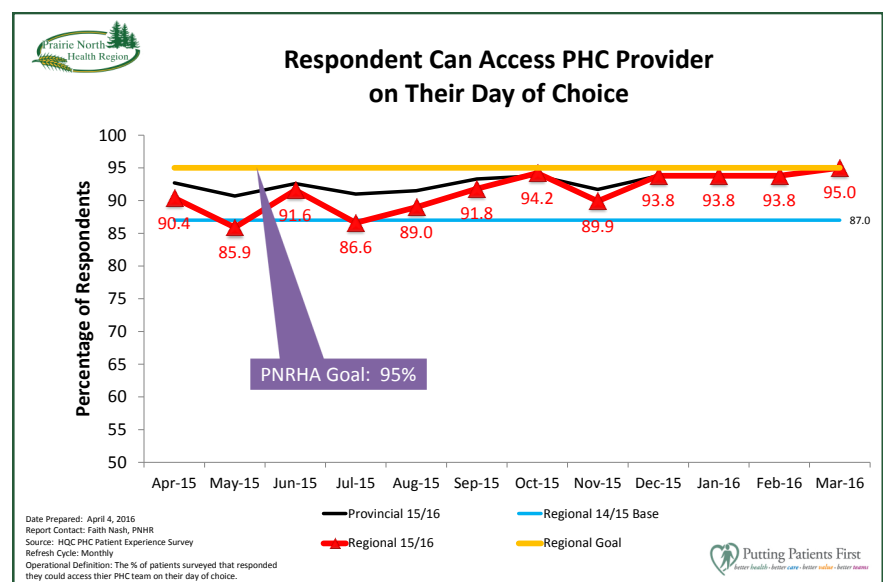
## Key Actions & Results:

- Each of the six core sites was tasked at the beginning of 2015-16 with developing an improvement plan with the active involvement of their physicians. All achieved this and used the plan to work on improvements specific to their sites and that contributed to the overall goal of improving access to primary health care services in Prairie North Health Region.
- Providers at each of the six core Primary Health Care clinics planned for increased capacity, with different approaches taken based on specific clinic circumstances:
  - The Meadow Lake PHC site utilized rural locum doctors to increase the number of same day appointments available. Locum physicians fill in vacant or temporary positions or fill in for other physicians on a temporary basis to maintain patient care.
  - The North Battleford Medical Clinic physicians organized their schedules to ensure same day access for their patients.
  - The Maidstone PHC site added appointments on Saturday and Sunday mornings.
- All six core Primary Health Care sites made improvements to scheduling and capacity that allowed them to offer patients same-day or next-day appointments. In addition to reducing waits for appointments, this initiative reduced the likelihood of appointments being forgotten by patients or booked 'just in case' and then not needed.
- Clinics implemented processes for reminding patients of booked appointments.
- Prairie North RHA created a new registered nurse position to support PHC Teams, including physicians, in learning about the CD Management - QI Program and using it to improve patient care. The program provides clinical tools to health care providers to help them follow best practices when they provide care, and collects data that gives health care providers a clear and complete picture of a patient's condition and care history. The CDM-QIP helps ensure the best possible care for patients living with a chronic disease.

## Measurement Results:

### Day of Choice Access:

- Prairie North Regional Health Authority was successful in further increasing the percentage of patients who say they can access their Primary Health Care provider on their day of choice.
- The graph (right) shows that by the end of March 2016, PNRHA had reached its target of 95% of PHC patient respondents to its monthly survey being able to access their PHC provider on their day of choice.
- This represents an increase of 8 percentage points over the 87% average in 2014-15, and a 15% improvement over the 80% average in 2013-14.
- The data is based on patient survey responses from the RHA's six core PHC sites (page 12).

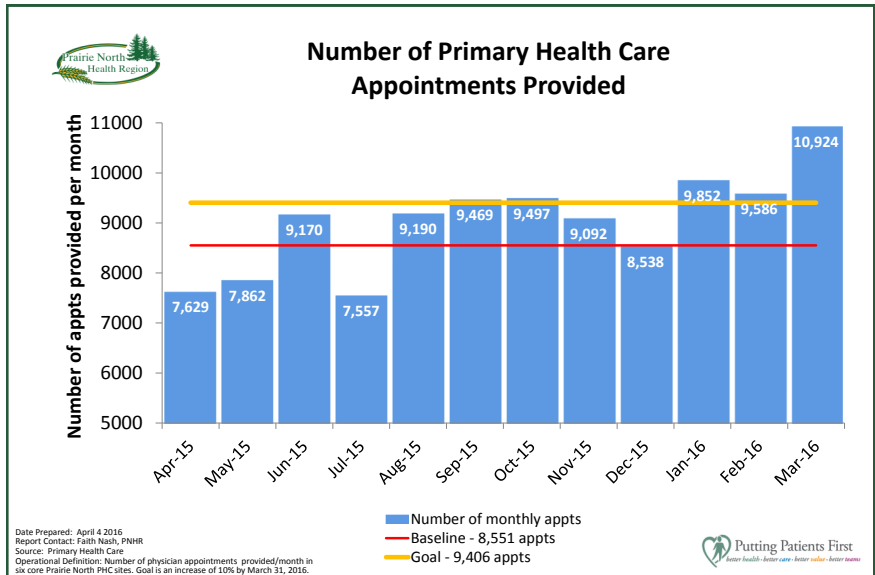




The following three metrics are key drivers toward achieving the five-year provincial improvement target regarding access (first bullet, page 12):

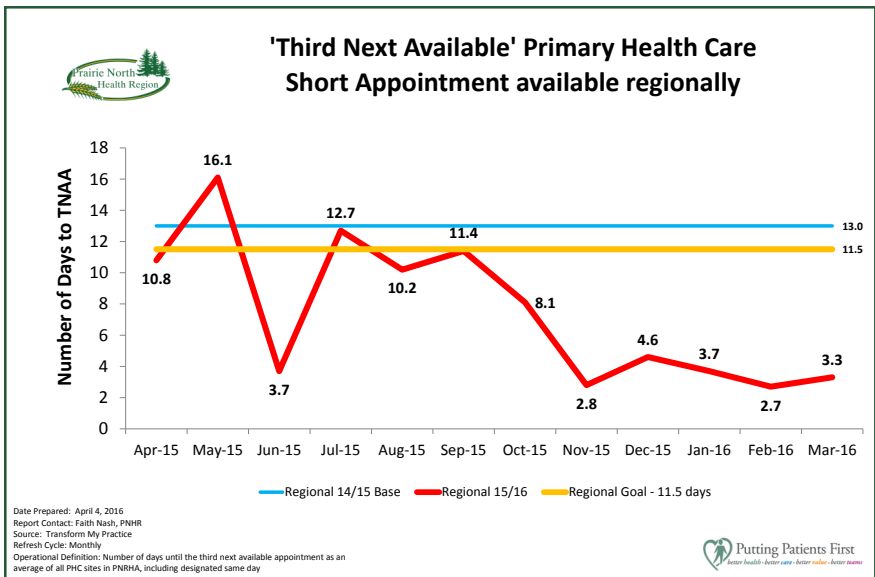
### Available PHC Appointments:

- PNRHA achieved its target of increasing the number of PHC appointments available in its six core sites by March 31, 2016 to 9,406 per month, from the average 8,551 monthly appointments in 2014-15.
- In the last quarter of 2015-16, the target was exceeded each month.
- By the end of the operating year, the number of available PHC appointments had risen by 16% over the target, and by nearly 28% over the 2014-15 monthly average.



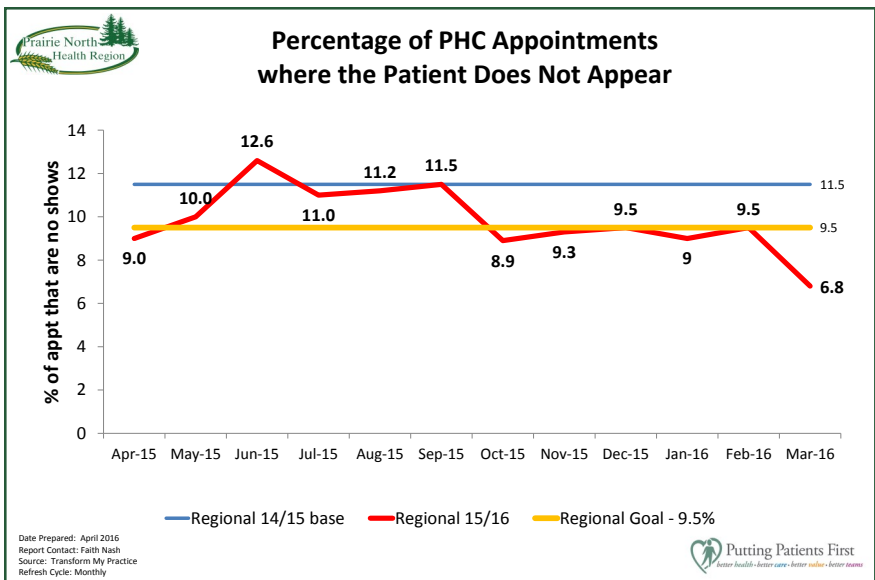
### Third Next Available Appointment

- Wait time to the third next available appointment is a recognized standard for measuring primary health care access.
- Prairie North RHA achieved its goal of reducing regionally the wait time until the third next available short appointment with a PHC provider.
- By the end of March 2016, the wait time had been drastically reduced to an average of 3.3 days: 71% below the target of 11.5 days, and 84% lower than the 2014-15 average wait of 13 days.



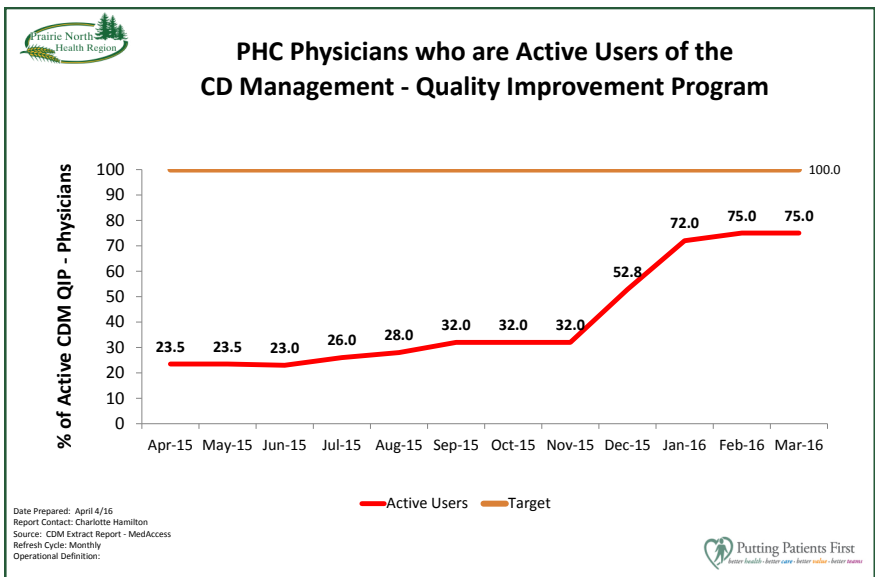
### Missed Appointments:

- PNRHA reached its goal of reducing the percentage of patients who do not appear for their scheduled PHC appointments.
- By the end of March 2016, the percentage of patients who missed their scheduled primary health care appointments fell to 6.8% - the lowest level for the 2015-16 operating year. This average for the month from PNRHA's six core sites is 2.7 percentage points lower than the target of 9.5% to the end of March, and 4.7 percentage points below the 11.5% monthly average for 2014-15.



### Chronic Disease Management:

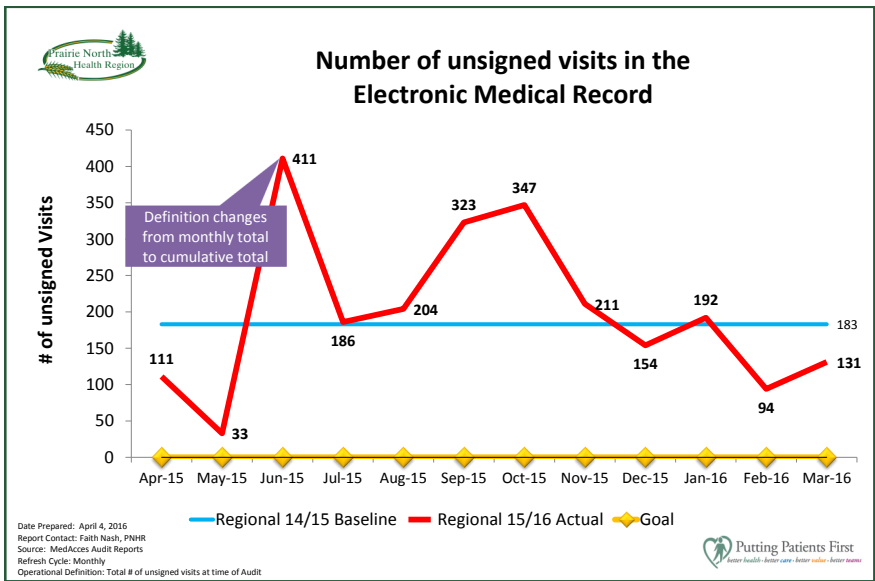
- This measure is a key driver toward achieving the provincial five-year target of best practice care for patients with chronic health conditions (*second bullet, page 12*).
- By the end of March 2016, 75% of PNRHA primary health care physicians were active users of the CDM-QIP program. This means 75% of PHC physicians were using the electronic templates built into the Electronic Medical Record (EMR) program to ensure their patients with chronic diseases are being treated in accordance with established best practices.



- While the 75% mark is short of PNRHA's goal of 100%, the achievement is a dramatic increase from the 24% of PHC physicians who were active users of the CDM-QIP program at the beginning of 2015-16. Technical issues have been a barrier to this program's full implementation. These issues are being addressed at the provincial and regional levels.

## Electronic Medical Records (EMRs):

- This target of zero unsigned PHC visits left open in the EMR was not achieved and will remain a focus for Prairie North RHA in 2016-17.
- At the end of March 2016, 131 patient visits were still unsigned in PNRHA's EMR system. Staff continue to work with providers to offer education and standard work documentation to ensure the goal of zero unsigned visits is reached.
- Each time a patient sees his or her Primary Health Care provider, the visit is charted in the patient's electronic medical record. Once the provider is finished charting, that visit must be electronically signed and closed by the provider to ensure the most up-to-date information is available and the EMR system is being used properly to manage patient health information.



## Lloydminster Primary Health Centre Official Opening

On January 12, 2016 Lloydminster celebrated official opening of the Prairie North Health Centre (PNHC) primary health care site located in Prairie North Plaza in downtown Lloydminster.

Development of the primary health centre was a joint partnership of Prairie North Regional Health Authority, Lloydminster Region Health Foundation, Saskatchewan Ministry of Health, and Government of Alberta.

The centre is home to a multi-disciplinary integrated team of physicians, a PHC registered nurse case manager, a PHC counsellor, and other health professionals. Visiting physician services are also provided to the nearby Onion Lake Cree Nation.



**Ribbon Cutting Ceremony** (from left):

**Amanda Helmeczi**, PNHC Office Coordinator; **David Fan**, PNRHA CEO; **Bonnie O'Grady**, PNRHA Chairperson; **Jessica Littlewood**, MLA Fort Saskatchewan-Vegreville AB; **Greg Ottenbreit**, Minister of Rural & Remote Health SK; **Rob Saunders**, Mayor City of Lloydminster; **Darrel Howell**, Chairperson Lloydminster Region Health Foundation; and **Dr. Tinesh Govender**, PNHC Physician

PNHC provides regular clinic and after-hour walk-in services, improving access to medical care for Lloydminster and area residents.

For more on the Lloydminster PHC site official opening, go to: [http://www.pnrha.ca/bins/content\\_page.asp?cid=22-239-25613&pre=view#](http://www.pnrha.ca/bins/content_page.asp?cid=22-239-25613&pre=view#)

### **System Five-Year Outcome**

*Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome that by March 2019, there will be increased access to quality mental health and addiction (MH&A) services and reduced wait time for outpatient and psychiatry services.*

### **System Five-Year Improvement Targets**

- By March 31, 2016, meet triage benchmarks for outpatient MH&A services 85% of the time.
- By March 31, 2017, meet triage benchmarks for outpatient MH&A services 100% of the time.

### **System Hoshin**

To improve access, by March 31, 2016, meet triage benchmarks for waits to see contract and salaried psychiatrists 50% of the time, and triage benchmarks for outpatient mental health and addiction services 85% of the time.

### **PNRHA 2015-16 Improvement Targets**

- Meet triage benchmarks for waits for adult and child & youth mental health services, addictions services, and psychiatry services 85% of the time.
- Reduce by 20% from the 2014-15 total the number of patients readmitted to Battlefords Mental Health Centre (BMHC) Inpatient Unit within 30 days of discharge.
- Reduce by 20% the total number of inpatients at BMHC with lengths of stay longer than 60 days, and reduce by 20% the total lengths of stay for patients staying longer than 60 days.

#### **PNHR Service Line**

Mental Health  
and Addictions

### **Key Actions & Results:**

- Key to having the right patients receive the right treatment at the right time is a consistent, equitable triage process. The patient intake system was improved to reduce bottlenecks and enhance fairness in service access. PNRHA's Mental Health and Addictions program developed standards to ensure patients who presented in person at Battlefords Mental Health Centre were triaged in the same way as patients who called to access services or were referred from family physicians.
- Greater emphasis was placed on family physicians and Primary Health Care counsellors serving as the frontline in prevention of mental health issues and recognition of individuals at risk, along with assessment and early intervention in mental health issues, thereby preventing or delaying the need for patients to progress toward the specialty services of psychiatrists, BMHC, and Saskatchewan Hospital. This Shared Care model of mental health and addictions services aims to proactively manage patient care in the community.
- PNRHA welcomed three new psychiatrists to the Region in 2015-16, replacing three long-serving individuals who retired. The Chief Psychiatrist position was redefined to cover both BMHC and Saskatchewan Hospital, enhancing linkages between the two facilities' programs.
- The number of psychiatry clinics for residents of Meadow Lake and area, Keewatin-Yatthé Health Region, and Saskatchewan's northern communities was increased to better meet demand for services.

- PNRHA revised its readmissions processes, establishing a baseline for readmissions, examining individual cases for root causes of readmission, and establishing a ‘normal’ readmission rate for BMHC.
- BMHC realigned its services for inpatients to improve appropriateness and timeliness of services. Child and Youth, Addictions, and First Nation liaison personnel now attend daily patient rounds, seeing new patients on a more timely basis.
- New social wellness and inpatient addictions group therapy sessions were introduced to better meet the needs of greater numbers of patients.
- A seniors mental health nurse was added in Meadow Lake to support patient needs in Long-Term Care.

### Measurement Results:

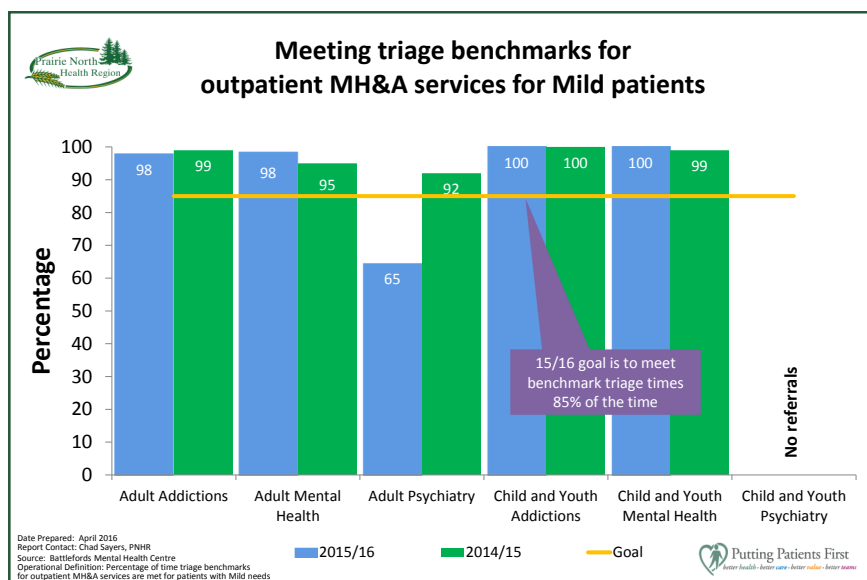
- Prairie North Regional Health Authority achieved its target/the provincial target throughout 2015-16 of meeting triage benchmarks 85% of the time for outpatient adult, and child and youth, mental health and addictions services. PNRHA also consistently surpassed the provincial target of meeting triage benchmarks for waits to see contract and salaried psychiatrists 50% of the time, but did not fully achieve the organization’s higher target of meeting wait times to see psychiatrists 85% of the time. PNRHA had chosen the stretch target for psychiatrist services as Prairie North had consistently achieved and greatly surpassed the 50% provincial target the year previous.
- All patients who are referred or who self-refer for outpatient mental health and addictions treatment are triaged as having mild, moderate, severe or very severe symptoms. Patients are to be seen within the following timeframes (provincial benchmarks) appropriate to their needs:
  - Mild - Patients triaged as ‘mild’ are to be seen within 30 working days
  - Moderate - Patients triaged as ‘moderate’ are to be seen within 20 working days
  - Severe - Patients triaged as ‘severe’ are to be seen within five (5) business days
  - Very Severe - Patients triaged as ‘very severe’ are to be seen within less than 24 hours

Throughout the year, whenever the triage benchmark for delivering services was not met, the individual case was reviewed to understand the root cause of the delay and make adjustments as possible to ensure the patient’s needs had ultimately been met.

- The graphs which follow illustrate PNRHA’s success in meeting its 85% target for each of its **Adult Addictions, Mental Health, and Psychiatry services**, and its **Child and Youth Addictions, Mental Health, and Psychiatry services**, according to the triage assessments of Mild, Moderate, Severe, and Very Severe.

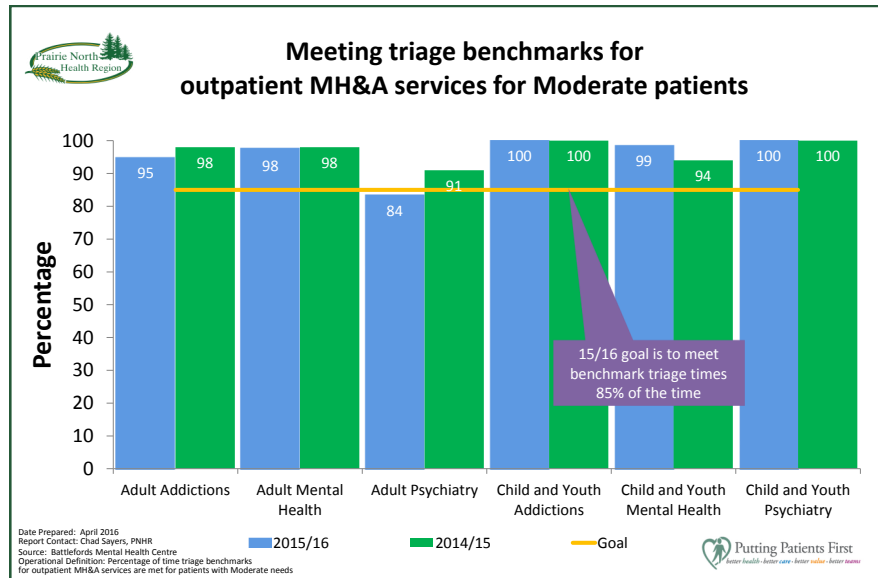
### Patients Triage as Mild

- All PNRHA goals of seeing patients triaged as mild within 30 working days 85% of the time were met, with the exception of Adult Psychiatry.
- Adult Psychiatry did meet the provincial target of 50% for patients triaged as mild to see contract and salaried psychiatrists.



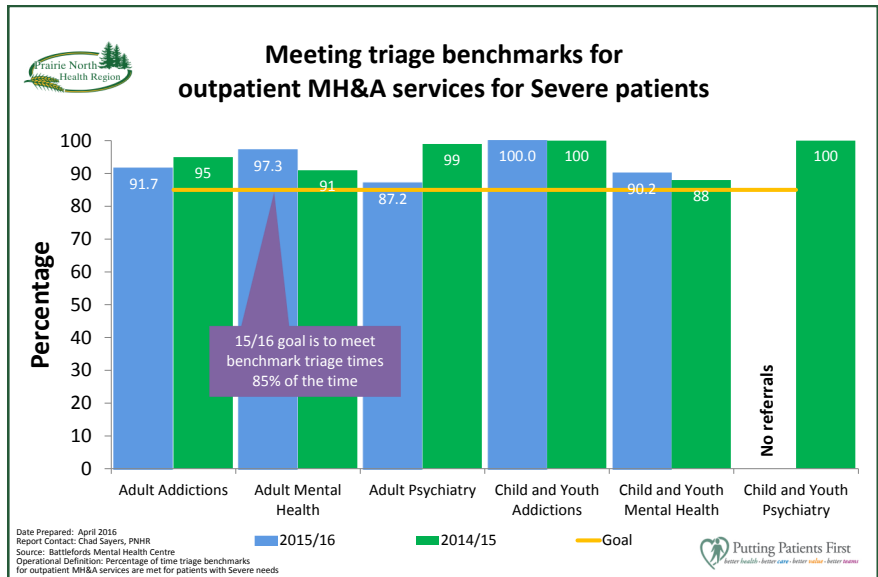
### Patients Triaged as Moderate

- All services except Adult Psychiatry met the PNRHA target of 85% of patients triaged as moderate to be seen by MH&A service providers within 20 working days.
- Adult Psychiatry did meet the provincial target of 50%.



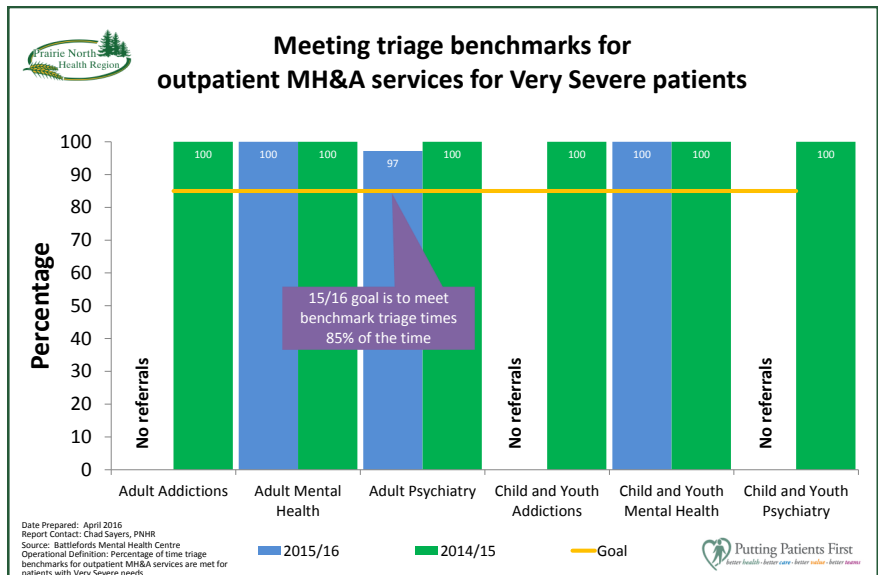
### Patients Triaged as Severe

- All services met the PNRHA and provincial targets to see patients triaged as severe within five working days.



### Patients Triaged as Very Severe

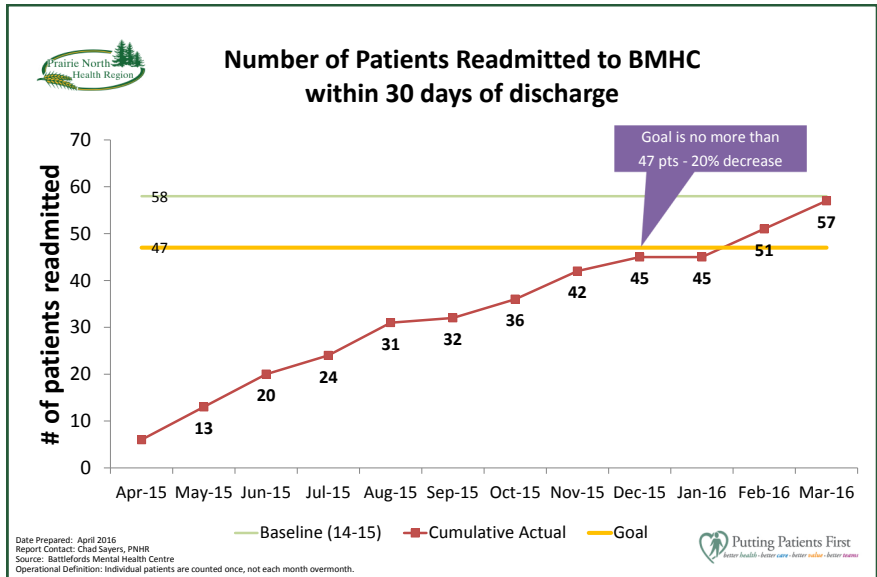
- All services met the PNRHA and provincial targets to see patients triaged as very severe within 24 hours.





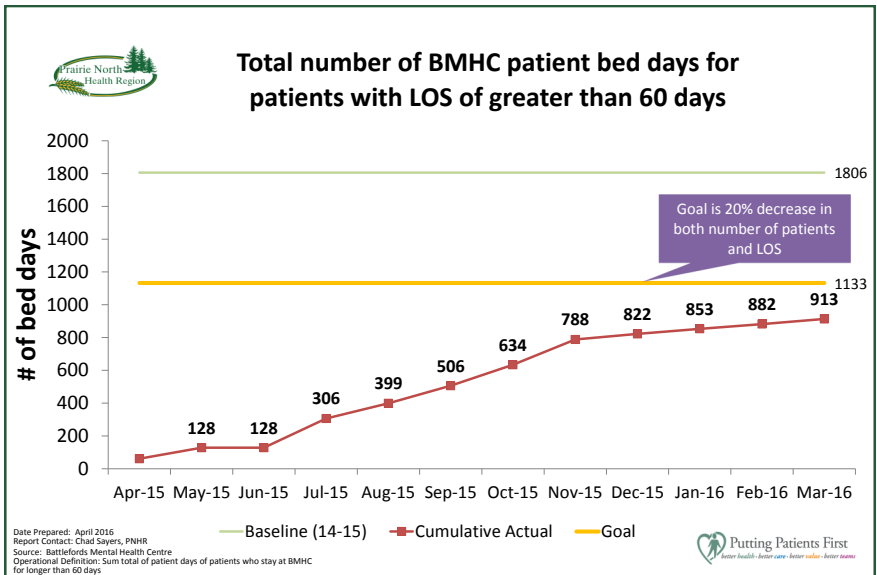
## Patient Readmissions

- PNRHA did not meet its target of reducing patient readmissions to Battlefords Mental Health Centre by 20% from the 2014-15 total of 58, to 47 by the end of March 2016.
- The number of readmissions to BMHC within 30 days of discharge remained virtually unchanged at 57 by the end of 2015-16.
- Prairie North RHA will continue to monitor the metric over 2016-17. An improvement workshop was held to help achieve the target. The process helped BMHC staff make incremental improvements to support patients and their families at discharge. After a number of trialed changes, the discharge planner is following up with all patients within 72 hours of discharge. Early results are positive in supporting clients to remain stable at home, thereby reducing readmissions.



## Patient Length of Stay

- PNRHA met its target of reducing by 20% the total number of BMHC inpatients with lengths of stay longer than 60 days, and its target of reducing by 20% the total lengths of stay for inpatients staying longer than 60 days. The two metrics are calculated by total bed days: the number of days patients in BMHC for greater than 60 consecutive days 'occupied' an inpatient bed.
- PNRHA was successful in lowering its total number of bed days for the past year at BMHC by nearly 50%. Total bed days fell to 913 at the end of the 2015-16 operating year: nearly half the 2014-15 total of 1,806 bed days for inpatients with lengths of stay longer than 60 days. Prairie North had aimed to reduce the long-stay inpatient bed days to 1,133 by the end of March 2016.
- In short, fewer patients already in Battlefords Mental Health Centre for 60 consecutive days were staying as long after the 60 days.





### *Saskatchewan Hospital*

Prairie North Regional Health Authority operates Saskatchewan Hospital on behalf of the Ministry of Health to serve patients from across the province who need longer-term psychiatric rehabilitation and whose needs cannot be met in local inpatient mental health facilities.

SHNB, as it is commonly known in reference to 'Saskatchewan Hospital North Battleford', currently functions with 156 beds including a 24-bed Forensic Unit which is home to the province's Forensic program. Individuals with complex needs are also cared for at Saskatchewan Hospital.

**PNHR Service Line**

Mental Health  
and Addictions

#### **Key Actions & Results:**

- **Construction of a new Saskatchewan Hospital North Battleford**

The Province of Saskatchewan and Prairie North Regional Health Authority made progress on the five-year system outcome of increasing access to quality mental health services, with the start of construction of a new Saskatchewan Hospital North Battleford to replace the existing 102-year-old facility.

The new 284-bed SHNB provincial psychiatric facility will have 188 beds replacing the current 156-bed rehabilitation hospital, and a 96-room secure unit for male and female offenders living with mental health issues. This is an innovative approach for delivering mental health care and supports to people with significant psychiatric rehabilitation needs.

- Patients and staff of SHNB continued their engagement throughout the year via participation in User Groups to provide input and feedback on the new facility's design to ensure it stayed true to its Patient First focus.
- In addition to design development work, SHNB staff are extensively involved with Ministry of Health and Ministry of Justice, Corrections and Policing officials in development of plans and models for programming, staffing, and equipment; policies, procedures, and organizational structures; compliances with legal and legislative requirements; and many other elements that must be established before the facility opens its doors.

### ***New Saskatchewan Hospital North Battleford***

#### ***Project Vision:***

**"Together we will create a Provincial mental health complex that provides innovative, client-centred and therapeutic services to clients, which contribute to safe, healthy communities."**

#### ***Guiding Principles:***

- ◆ **Creating a holistic and healing environment for the patient**
- ◆ **Optimizing quality of care and patient safety**
- ◆ **Reducing stigmatization associated with mental illness**

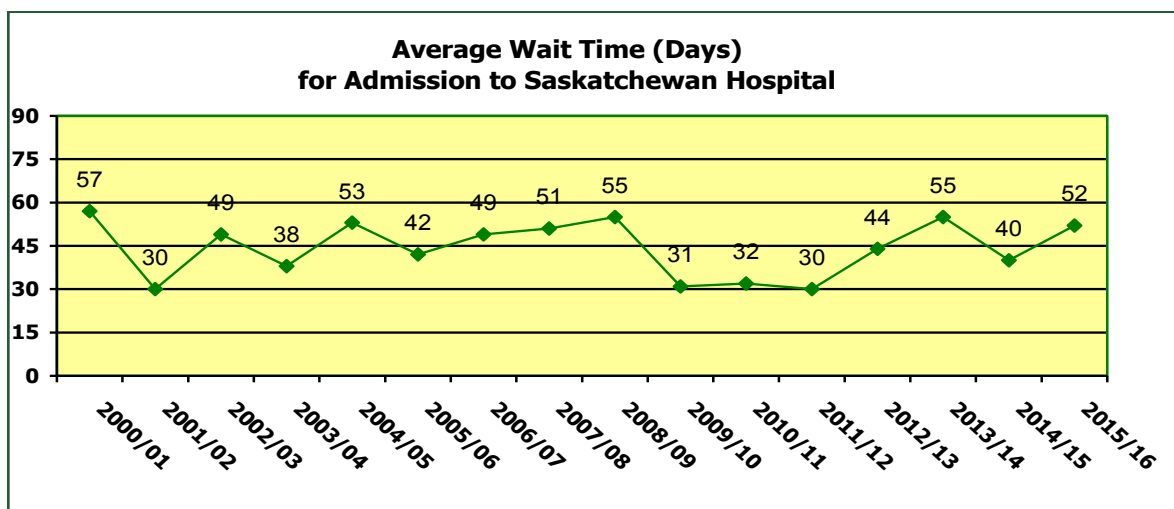
*See pages 40 & 41 of this report for more information on the new Saskatchewan Hospital North Battleford project.*

**Key Actions & Results** (continued):

- SHNB continued to enhance patient care and safety over the past year through operational changes implemented as a result of RPIWs at the facility.
  - An RPIW focused on improving the flow of laboratory results between Battlefords Union Hospital (where lab tests are conducted) and SHNB (where the patients and providers are located). The RPIW achieved its aim of ensuring that lab results were received in a timely fashion and by the correct care provider. Processes were improved to reduce duplication of requisitions and results, and to ensure dating and signing of results by the ordering clinician. The improvements enhance the safety and timeliness of care for the patients.
  - The second RPIW focused on ensuring that the correct diet is received by the correct patient. Changes to the diet requisition process improved the timeliness and accuracy of the necessary dietary information received by the Dietary Department. Enhancements to patient dietary cards also assisted in reducing dietary errors for patients.
- On January 2, 2016 the recently rejuvenated Camp Cosmo summer vacation location at Jackfish Lake in Battlefords Provincial Park was extensively vandalized and damaged by a fire that was determined to be deliberately set. The Camp buildings had been almost totally renewed in 2014-15 thanks to community donations and support. Camp Cosmo is a place of revitalization for SHNB patients who get to experience a summer camp vacation through the program delivered by SHNB employees. Alternate arrangements were made to provide patients with positive summer ‘vacation’ opportunities. The Camp Cosmo site will be repaired and restored during the 2016 spring and summer period for anticipated use again by spring/summer 2017.
- In 2015-16, 175 patients were admitted to SHNB, 135 (77%) of whom were admitted to the Forensic Unit. The lower number of Forensic admissions compared to 158 the year previous was due to a reduction in patient transfers from corrections facilities because of influenza outbreaks in those sites, and an inability by SHNB to accept patient transfers due to a 10-day breakdown of a key mechanical system at Saskatchewan Hospital.

**Measurement Results:**

- The average wait time for admission to SHNB increased in the past year. A rise in the number of patients admitted under Long-Term Detention Orders (20 patients in 2015-16 compared to 11 in 2014-15 and seven in 2013-14) resulted in a reduction of patient flow and ability to discharge.



- SHNB functions at capacity with few, if any beds vacant to accommodate immediate admissions. The average wait time for admission to SHNB was 52 days in 2015-16. The wait time does not include admissions to the Forensic Unit. Individuals are admitted to Forensics by order of the Justice system. Wait times for admission to the Forensic Unit are minimal.
- The average wait time for all other admissions to SHNB varies from year to year, depending on factors such as the availability of beds for placements, progress of individual clients toward discharge from the program, and the ability to discharge clients back to their home communities.
- Improvement in reducing the length of stay for patients with severe and complex mental health issues is contingent on development of appropriate resources in communities throughout the province, to where the clients can go.

## Better Care

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

### System Five-Year Outcome

*Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome that by March 31, 2019, there will be a 60% reduction in Emergency Department (ED) wait times.*

### System Five-Year Improvement Targets

- By March 31, 2016, the length of stay (LOS) in the ED for 90% of admitted patients will be less than or equal to ( $\leq$ ) 22.3 hours (from the time a patient arrives in the emergency room (ER) to the time they are admitted to a bed).
- By March 31, 2016, the LOS in the ED for 90% of non-admitted patients will be  $\leq$ 5.9 hours.

### System Hoshin

By March 31, 2016, 90% of patients waiting for an inpatient bed (from the time a decision is made to admit, to actual admission) will wait  $\leq$ 17.5 hours.

### PNRHA 2015-16 Improvement Targets

- The length of stay in the PNRHA Emergency Departments for at least 90% of patients will be less than four (4) hours.
- The average length of stay in the PNRHA Emergency Departments for admitted patients will be less than or equal to five (5) hours, from the time a patient arrived in the ED to the time he/she is admitted to a bed.
- Of patients who have been registered in the Emergency Department, fewer than 8% will leave the ED without being seen by a physician or registered nurse/nurse practitioner.
- 75% of patients who complete care experience surveys will agree with the following statements:
  - Were the possible causes of your healthcare concern explained in a way that you could understand?
  - If you were experiencing pain, do you think that the ED staff/physicians did everything that they could to help control your pain?
  - If you experienced any delay in waiting, did the ED staff inform you about potential delays?
  - Did the ED staff and physicians treat you with respect and dignity?
- There will be a 10% decrease in the percentage of Emergency Department visits triaged at CTAS Level 4 and 5 at Battlefords Union Hospital, Lloydminster Hospital, Meadow Lake Hospital, Riverside Health Complex in Turtleford, and Maidstone Health Complex in Maidstone.

#### PNHR Service Line

Emergency  
Department Waits  
and Patient Flow

**Key Actions & Results:**

- An improvement workshop held in the Emergency Department at Battlefords Union Hospital (BUH) in June 2015 laid the foundation for a new community medical clinic that would offer extended hours and walk-in services. The Twin City Medical Clinic was purchased by PNRHA and two new physicians began seeing patients there on November 9, 2015 (PNRHA News Release November 4, 2015).

Between November and the end of March 2016, the new services were successful in connecting 244 patients with a family physician, seeing an average of 14 walk-in patients between 4 p.m. and 8 p.m. Monday through Friday, and caring for an average of 26 walk-in patients each Saturday. This expanded access to more physicians helped reduce pressures on the BUH ED, offering an alternative for patients without family physicians or with non-urgent or emergent care needs to access medical services.

The improvement workshop also resulted in better communication with patients who presented to the BUH Emergency Department and were triaged as requiring non-urgent or non-emergent care, as to alternative care options that might better meet their needs the next time they require similar care.

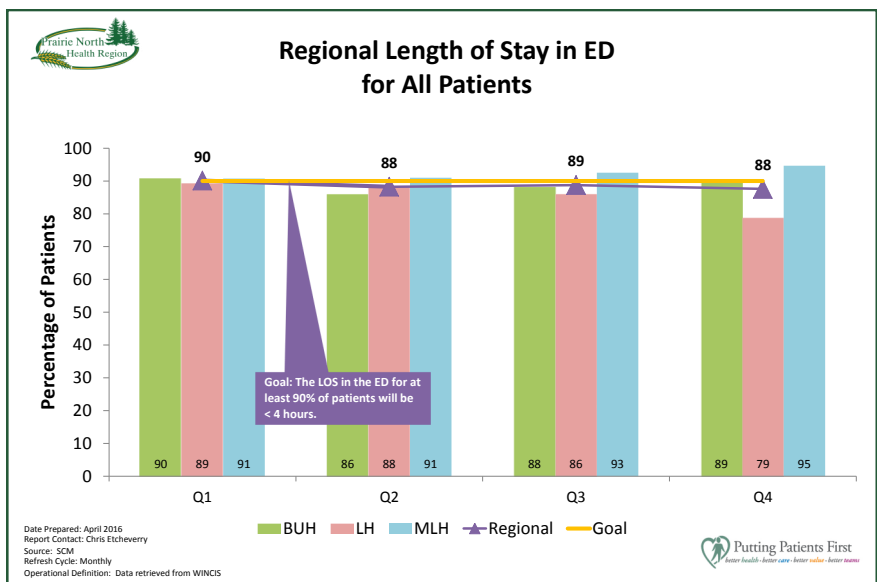
- Interdisciplinary Bedside Rounding (IDBR) was implemented over the past year on the acute care medical units at Meadow Lake Hospital, Lloydminster Hospital, and Battlefords Union Hospital. IDBR has progressed at all three sites to being held at the patient’s bedside where the patient is an active participant. IDBR is the purposeful action of planning and evaluating care for and with each individual patient. The patient’s family members also participate if the patient desires. IDBR is led by the physician and primary care nurse with active participation of all professional disciplines assisting the patient to restored health and maximized independence. Disciplines may include home care, physiotherapy, occupational therapy, dietary, respiratory therapy, pharmacy, and others. The challenge is coordinating physician schedules to ensure that physicians are involved with the interdisciplinary team at the patient’s bedside.

IDBR improves individualized patient care planning and communication, and assists the patient for earlier discharge from hospital. Prolonged hospital stays can contribute to patients losing strength due to lack of movement. This can lead to extended recovery time which is preventable. With IDBR, patients are able to go home sooner with the appropriate information and supports in place to maximize health outcomes. IDBR improves patient flow from hospital to home, and impacts hospitals’ ability to admit patients from emergency departments and reduce patient waits in the ED.

**Measurement Results:**

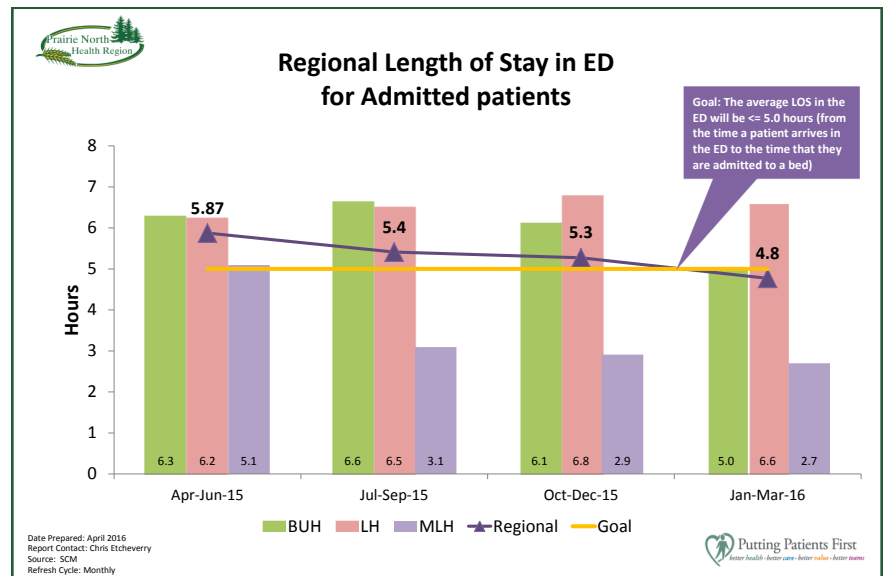
**ED Waits for All Patients**

- PNRHA came just shy of meeting its goal of 90% of patients waiting less than four hours in the ED. On average for the year, just under 89% of patients in Prairie North’s three Emergency Departments waited less than four hours to see a health care provider.
- The chart (right) shows that Meadow Lake Hospital consistently met the target, while Battlefords Union and Lloydminster Hospitals were at or near the mark through the year.



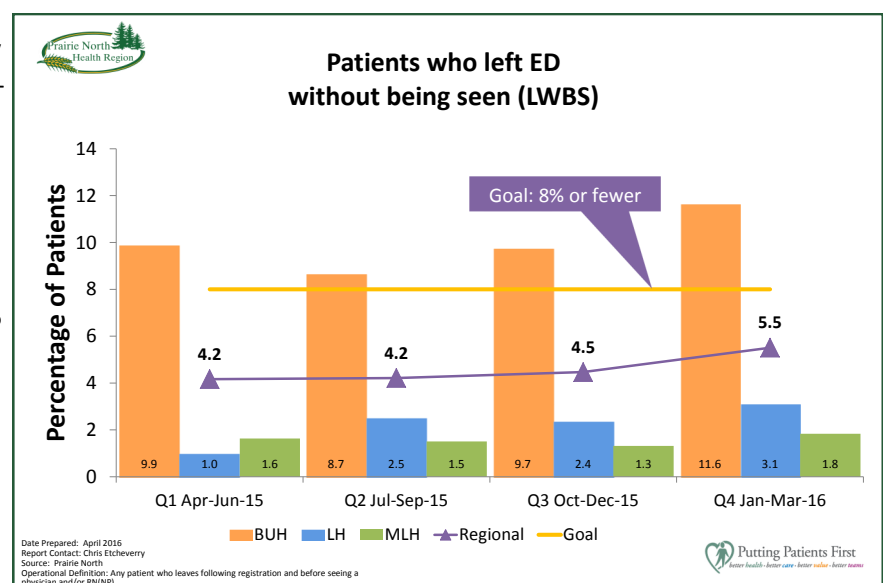
## ED Waits for Admitted Patients:

- On average for 2015-16, Prairie North RHA did not meet its goal of patients to be admitted to hospital waiting no more than five hours in the ED before they were in an inpatient bed. Regionally, patients waited an average of 5.3 hours in the ED from the time they arrived in the department to the time they were admitted to a bed.
- System-wise, PNRHA did meet the provincial target of 90% of to-be-admitted patients being in their inpatient beds in no more than 22.3 hours. PNRHA's target was set well lower than the provincial goal to reflect Prairie North's usual ED length of stay for admittance, while still striving for improvement.
- Significant progress was made by Prairie North RHA throughout the year, from an ED wait of 5.87 hours during the first three months of 2015-16, to 4.8 hours for the last quarter.
- Meadow Lake Hospital was consistently near or well below the five-hour target, at an average wait of 2.7 hours for the fourth quarter of the operating year.
- Lloydminster Hospital was consistently in the 6.2 to 6.8 hour range, while Battlefords Union fell from a high of 6.6 hours in the second quarter of the year to five hours in the fourth quarter.



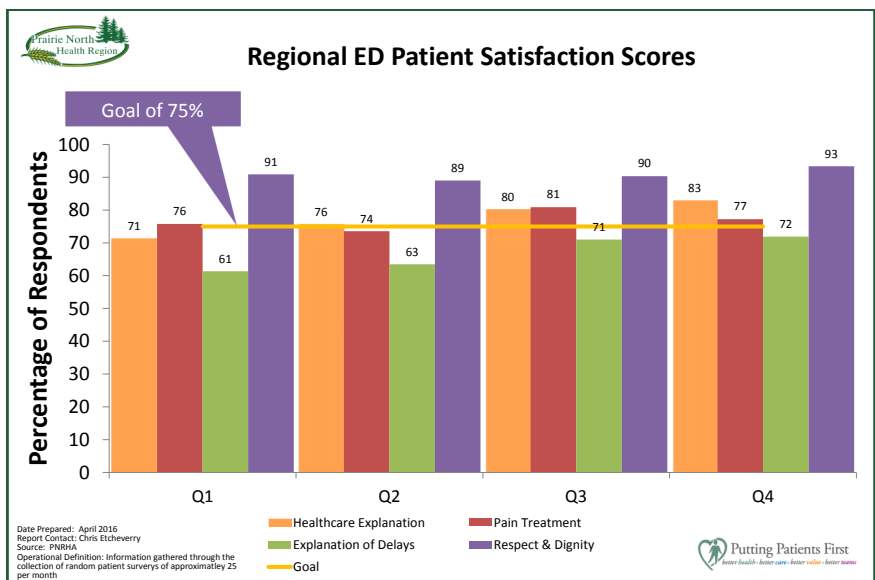
## Patients Left without Being Seen:

- Prairie North RHA met its target of no more than 8% of Emergency Department patients leaving without being seen by a physician or registered nurse/nurse practitioner (RN/NP).
- On average for 2015-16 in Battlefords Union, Lloydminster and Meadow Lake Hospitals, 4.6% of patients who registered in the ED left without being seen.
- The chart (right) shows that at Meadow Lake and Lloydminster Hospitals, low numbers of patients leave without being seen.
- At Battlefords Union Hospital, more than 8% of ED patients leave without being seen. Percentages through the year range from 8.7% to 11.6%. BUH continues to monitor this metric and implement corrective actions to meet the needs of patients and discourage them from leaving inappropriately, including better communication about wait times and future care options.



## Patient Satisfaction:

- Every month, 25 patients at each of Battlefords Union Hospital, Lloydminster Hospital and Meadow Lake Hospital were surveyed about their experiences in the Emergency Department, regarding Healthcare Explanation, Pain Treatment, Explanation of Delays, and Respect and Dignity.
- Altogether, 78% of ED patients who completed the care experience surveys agreed with the survey statements. PNRHA achieved its goal of 75%.
- On average in 2015-16, responses to the four questions were as follows:
  - 77.5% of surveyed patients agreed the possible causes of their healthcare concern were explained in a way they could understand;
  - 77% of surveyed patients agreed the ED staff and physicians did everything they could to help control patient's pain, if the patient had pain;
  - 67% of surveyed patients agreed they were informed by ED staff about potential delays; and
  - 91% of surveyed patients agreed they were treated with respect and dignity by ED staff and physicians.
- The chart (right) shows repeated high scores in patient satisfaction in being treated with respect and dignity. Patient satisfaction with pain treatment was relatively consistent, and patients were increasingly satisfied with explanations of their healthcare concerns being understandable.
- The chart illustrates that while patient satisfaction with explanation in delays steadily grew, further improvement is necessary. Staff in all three hospitals have become more aware and purposeful about the need to explain potential delays to patients and families waiting for care in the ED.



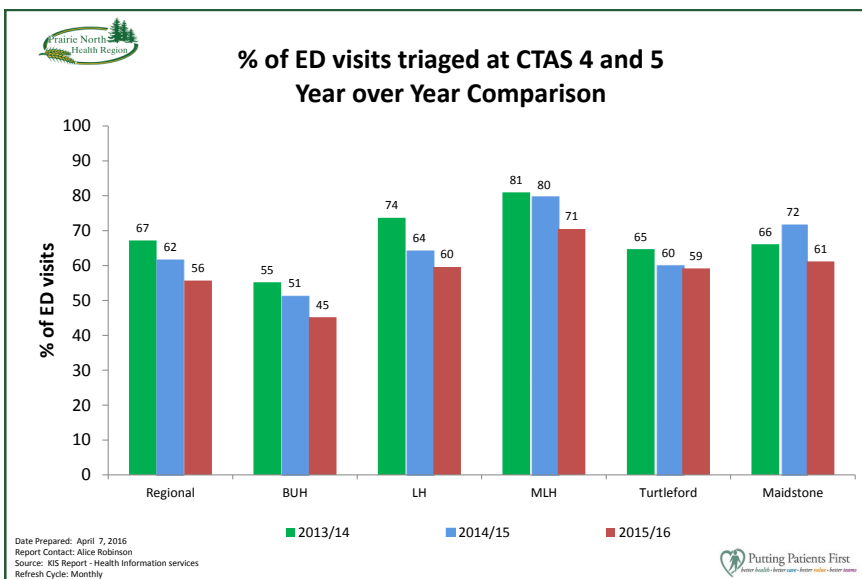
## Acuity of Care:

- PNRHA did not meet its goal of a 10% decrease in the percentage of patient visits triaged at CTAS Levels 4 and 5 at its hospitals in North Battleford, Lloydminster, Meadow Lake, Turtleford, and Maidstone. Prairie North achieved a 6% annual average decrease in 2015-16 over the year prior.
- In 2015-16, 56% of patients presenting at the RHA's five hospitals were triaged as CTAS Level 4 and 5. That's down from the 62% annual average in 2014-15, and the 67% annual average in 2013-14.
- CTAS - the Canadian Triage and Acuity Scale - is a tool used across Canada by Emergency Department nurses and physicians to 'sort' patients according to the type and severity of their presenting signs and symptoms, ensuring that the sickest patients are seen first. Patients triaged at CTAS Level 4 or 5 can safely wait longer to be seen than patients triaged at Levels 1, 2, or 3. (Source: <http://www.oha.com/CurrentIssues/keyinitiatives/PatientSafety/Pages/CanadianTriageandAcuityScale.aspx#sthash.HxXN2UCz.dpuf>)



- Under CTAS:
  - Level 1 patients require immediate care by a physician
  - Level 2 patients require emergent care and need to be seen by a physician in less than 15 minutes
  - Level 3 patients need urgent care and are to be seen by a physician within 30 minutes
  - Level 4 patients require semi-urgent care and should be seen by a physician within one (1) hour
  - Level 5 patients require non-urgent care and are to be seen by a physician within two (2) hours.
- The percentage of ED visits triaged at CTAS Level 4 and 5 is one piece of information that helps PNRHA understand whether patients are able to access non-emergency care in the community in a timely way that meets their needs - for example: after typical physician office hours.

- In addition to the Regional numbers (left side in adjacent chart), the chart also shows the percentage of patients triaged as CTAS Level 4 and 5 at each of PNRHA's five hospitals over the past three operating years.



- In all Prairie North hospitals except the one in Maidstone, the percentage of patients triaged as CTAS Levels 4 and 5 has been steadily declining over the past three years. Despite the increase at Maidstone to 72% in 2014-15, the percentage of patients triaged as CTAS Levels 4 and 5 in 2015-16 declined to 61%, below the 66% mark in 2013-14.
- The overall decline in the percentage of patients triaged at CTAS Level 4 and 5 at all of PNRHA's hospitals speaks to an improvement in patient access to alternate care options in the communities. These alternatives include primary health clinics, greater numbers of physicians, nurse practitioners and alternate care providers, and expanded clinic hours in several locations.

### System Five-Year Outcome

*Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome that by March 31, 2020, seniors who require community support can remain at home as long as possible, enabling them to safely progress into other care options as needs change.*

### System Five-Year Improvement Targets

- By March 31, 2017, the number of clients with a Method of Assigning Priority Levels (MAPLe) score of three to five living in the community supported by home care will increase by 2%.

### PNRHA 2015-16 Improvement Targets

- By March 31, 2017, the number of clients with a Method of Assigning Priority Levels (MAPLe) score of three to five living in the community supported by home care will increase by 2%.
- In 2015-16, increase by 10% each month the number of long-term care resident units where all residents receive purposeful rounding.
- By March 31, 2016, 100% of long-term care residents will have meaningful life care plans.
- By March 31, 2016, the use of daily physical restraints and antipsychotic drugs will be reduced from current levels in long-term care.

PNHR Service Line

Seniors Care

### Key Actions & Results:

- **Expansion of the Home First/Quick Response Pilot Project** - Prairie North Regional Health Authority expanded the Home First/Quick Response pilot program to The Battlefords in the Fall of 2015, with additional funding provided by the Ministry of Health in the 2015-16 provincial budget (*Ministry of Health News Release & Backgrounder, March 18, 2015; PNRHA 2015-16 Budget News Release May 27, 2015; PNRHA and Ministry of Health Accountability Document 2015-16*). The Battlefords component began operation in September 2015.

The Home First/Quick Response pilot program launched in Prairie North Health Region in Lloydminster in October 2014. The aim of the program is to improve access for seniors to supports in the community that will allow them to safely age within their own homes and progress with other care options as their needs change. The program, initially referred to in Lloydminster as Home First/Quick Response: Stay at Home, Wait at Home:

- Enhances and improves Home Care's response to crisis and intensive short-term service needs,
- Encourages early discharge from acute care to community options,
- Prevents unnecessary admissions to emergency departments, and
- Engages additional service providers in the system to support seniors in their homes.

- **Improvement of the Long-Term Care (LTC) Admission Process** - An improvement workshop was held in June 2015 at River Heights Lodge (RHL) in North Battleford, aimed at improving the admission process to the long-term care facility for new residents and their families.

Results included better communication with new residents and family to assist with their preparation for the move to LTC, reduction of paperwork on admission for the new residents and family, and enhancement of the welcoming atmosphere and experience for new residents.

The improvements were trialed at RHL and a replication plan is being developed so that all PNRHA LTC facilities will be using the new Welcome process by March 31, 2017.

***Improving Residents' Welcome to River Heights Lodge***

***'Residents' first day in long-term care is now a true welcome to their new home, rather than simply a clinical admission.'***

- **Introduction of Purposeful Rounding** - An improvement workshop was held in February 2016 at Northland Pioneers Lodge (NPL) in Meadow Lake, with the aim of discovering the most effective way of introducing Purposeful Rounding in the long-term care setting. Purposeful Rounding is a consistent process for proactively addressing resident needs, improving staff workflow and satisfaction, and supporting resident-centred care.

The work of the NPL staff and improvement team members contributed to development of regional training materials and tools to support implementation of Purposeful Rounding in all Prairie North LTC facilities by March 31, 2017.

Education on the four 'P's of Purposeful Rounding: **Positioning, Personal needs, Pain, and Proximity** of personal items such as the call light - with the promise to return in a prescribed amount of time - has been done in 23% of PNRHA long-term care facilities. The Authority anticipates having the remaining 67% of its LTC facilities completing implementation of Purposeful Rounding by March 31, 2017.

- Home Care personnel now participate regularly in Interdisciplinary Bedside Rounds (IDBR) (*See page 25*). This helps hospital patients return home earlier, increasing their strength and independence. PNRHA has also enhanced its hospital discharge planning for Home Care clients and is tracking clients' use of hospital emergency departments.
- Thanks to an improvement workshop in February 2016, every Battlefords Home Care client now has the opportunity to participate in the Home Support Exercise Program (HSEP) at no additional cost, helping clients improve and maintain their mobility, flexibility, and strength, ultimately keeping them living safely in their own homes.

Only two months after the new targeted approach to initiate and carry through on the program with clients, 100% of new Home Care clients are offered the program. Thirty-seven (37) were actively participating.

***Enjoying the Exercise***



One particularly good news story is Lenore. Lenore is a client with complex mobility issues and is at risk for falls due to inactivity. Lenore has been engaging in the Home Support Exercise Program twice weekly since March 2016. Her family and Home Care staff have reported improvements in Lenore's day-to-day transferring abilities and Lenore has reported no falls since starting the program.

Lenore says her mood has improved and that she enjoys the socialization part of the program as well. In her own words Lenore says, ***"I like the program a lot. It helps me with my mobility and my goal to remain at home."***

- **Implementation of Meaningful Life Histories for LTC Residents** - A new standardized life history profile was created in 2015 for use in all PNRHA long-term care facilities. PNRHA Recreation teams undertook the challenge of facilitating completion of life histories for every resident living in LTC.

By March 31, 2016, approximately 90% of PNRHA long-term care residents as at December 31, 2015 have a basic life history document in place. Outstanding histories are either in progress, incomplete due to residents being unable to provide necessary information, or the resident/family choosing not to complete the form. Completion of any or all of the life history form is voluntary on the part of the resident/family.

Audits are done quarterly to ensure that completed histories are in their proper place on the care plan, that staff members are aware of the availability and importance of the life history, and that staff are actively referencing residents' life histories. Audits document progress being made on the life history for any new residents moving in to LTC.

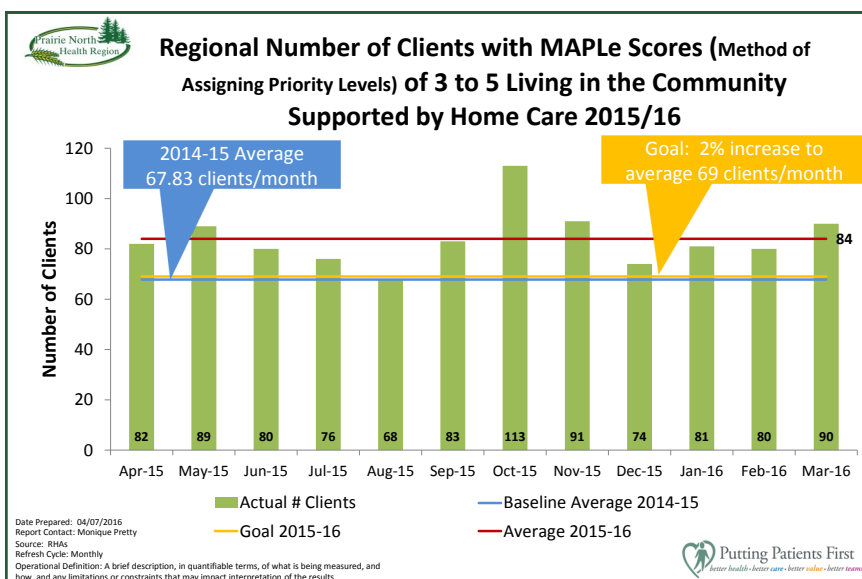
***The ultimate goal of using meaningful life histories is to help personalize and improve the quality of patient care through building and strengthening relationships between staff, residents, and families.***

Life histories support the delivery of resident-centred care in Long-Term Care. Creating a life history provides residents an opportunity to share their stories: their attitudes, interests, and significant experiences that have shaped their lives. Life histories help staff see and understand each resident in the context of his/her whole life, rather than solely as a resident of LTC with complex health and physical needs. Life histories are an ongoing process.

### Measurement Results:

#### Supporting Clients at Home

- PNRHA has been highly successful in the past year increasing the number of clients who are able to remain in their own homes with greater Home Care support, despite their needs for significant levels of care.
- The graph (right) shows that an average of 84 clients per month assessed as having high care needs were cared for at home. These individuals may otherwise have been facing admission to a long-term care facility. Prairie North had been aiming for a monthly average of 69 clients with high care needs (MAPLe Scores) being supported in the community by Home Care personnel under the Home First/Quick Response program (see page 29 for information on Home First/Quick Response).
- MAPLe stands for 'Method of Assigning Priority Levels' of care for individuals assessed as needing assistance to remain living as independently as possible.



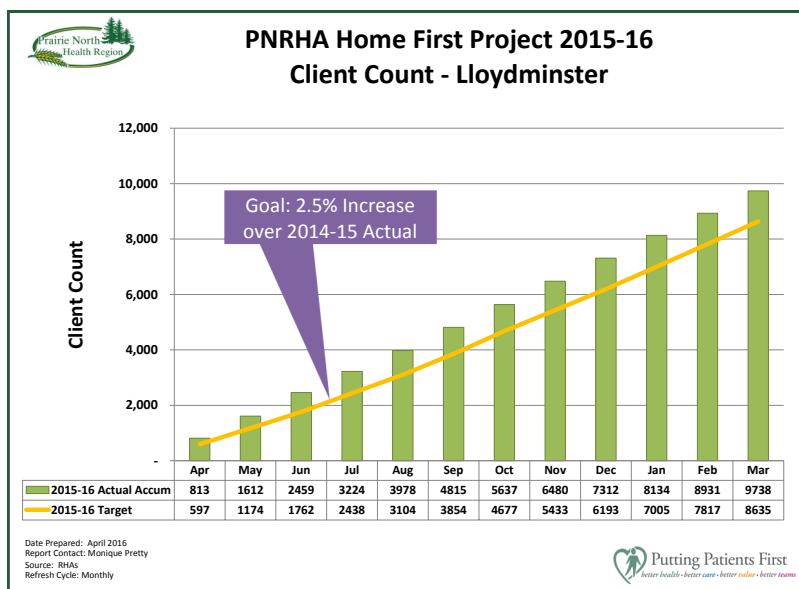
The higher an assessed individual's assigned MAPLe score (Priority Levels 3 through 5), the higher the person's risk for adverse health outcomes, the higher the caregiver is at risk of burnout, and the higher the client's risk for admission to Long-Term Care.

For example, a client assessed and assigned a MAPLe score of 3, 4 or 5 likely has complex care needs and requires multiple visits each day by a Home Care nurse or home health aide. High care needs may be those such as assisting a client with personal care and assisting the client in getting up from and back into bed.

- PNRHA achieved a 22% increase over its target for 2015-16, and a 24% increase over 2014-15, in the number of clients with a MAPLe score between 3 and 5, living in the community and supported by Home Care. PNRHA had been targeting a 2% increase over the average of 68 clients per month in 2014-15.
- The graph (page 31) shows that for 11 of the past 12 months, the number of clients with high Home Care needs being supported at home sharply exceeded the monthly target of 69. The number of clients in those 11 months ranged from a low of 74 to a high of 113. Only in August 2015 was the number (68) of high needs clients below the monthly target of 69.
- The significant increase in the numbers of high needs clients being able to be cared for at home is due in large part to a full year of operation of the Home First/Quick Response pilot project in Lloydminster in 2015-16, and expansion of Home First to The Battlefords in September 2015.

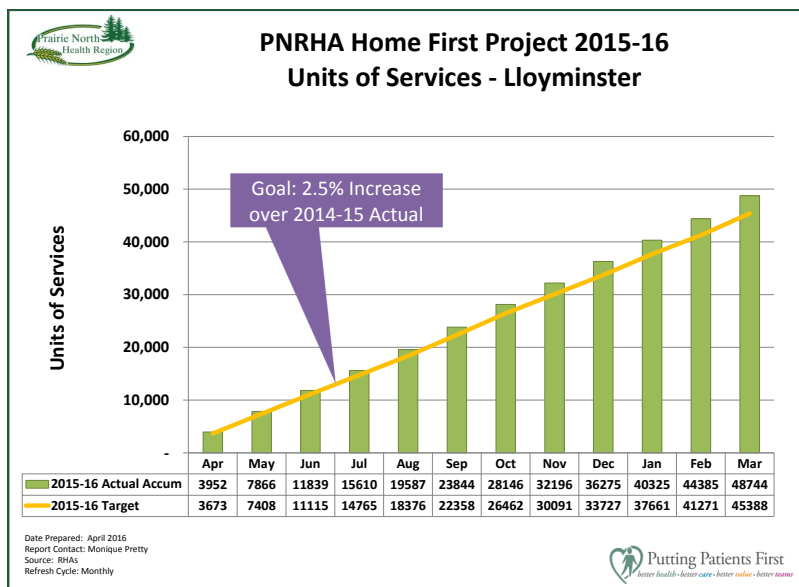
### Home First Client Count

- PNRHA's Home First program in Lloydminster achieved a steady increase in the number of clients it served each month of the 2015-16 operating year, as evidenced in the graph (right).
- By the end of March 2016, Lloydminster Home First had served 9,738 people, a 12.8% increase over its goal of 8,635 clients for the same period. That equals 1,103 more clients than targeted.
- In its first six full months of operation from October 2015 through the end of March 2016, the North Battleford Home First program served 5,233 clients. That's 1,048 more individuals than its goal of 4,185 and represents a 25% increase over target (graph not shown).
- While not all of the clients in both Home First programs are assessed as high needs, this measure supports PNRHA's success in caring for more clients with a MAPLe score of 3-5 in the community.



## Home First Client Service Delivery

- Prairie North Regional Health Authority's Home First program in Lloydminster surpassed its goal of a 2.5% increase in services provided to clients in 2015-16. Home First/Home Care service levels are measured in hours (units) of service including homemaking, nursing, palliative care, assessment/case management, and wellness clinic hours.
- By March 31, 2016, Lloydminster Home First clients had received a total 48,744 hours of care, 7.4% more than the 45,388 hours targeted. On average for 2015-16, Lloydminster Home First personnel provided 4,062 hours of care per month.
- The North Battleford Home First program delivered 26,104 hours of service in its six months of operation (*graph not shown*). This equals 19.4% more care hours to clients than the target of 21,867 over the same October 2015 through March 2016 period.
- As reasonably expected, the increased hours of care provided are due in part to the greater number of clients receiving Home First services in Lloydminster and introduction of Home First in North Battleford. A further contributing factor in the higher units of service is the level of care being provided to clients as more high needs individuals are receiving higher levels of care at home rather than being admitted to a long-term care facility. (*See 'Supporting Clients at Home', page 31*).

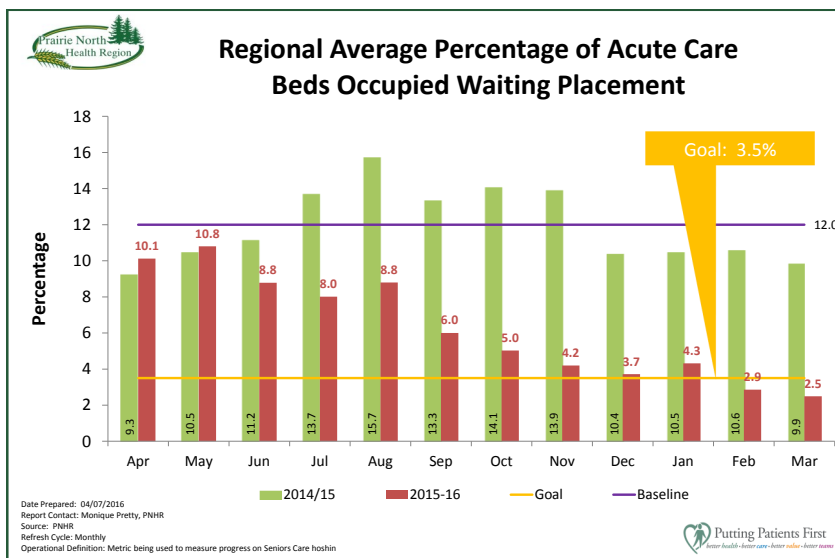


## Waiting in Acute Care for LTC Placement

- Delivering more care and higher levels of care to more individuals in their own homes are major contributors toward PNRHA's success by the end of March 2016 in dramatically reducing the average number of patients waiting in hospital beds for placement in long-term care.
- Also contributing to this significant improvement is opening in June 2015 of the new Lloydminster Continuing Care Centre (LCCC) and its five additional spaces to serve LTC clients (*see page 35*).
- With the new facility in Lloydminster, PNRHA launched its first-ever Adult Day Program (ADP) for the community. Like Home First, ADP supports individuals to remain in their own home as long as possible (*see page 36*).
- The chart on the following page shows that by March 31, 2016 Prairie North RHA was successful in having no more than 3.5% of its acute care beds occupied by patients waiting for placement in LTC. The goal has been long-standing at the provincial and regional level, and 2015-16 marks the first time PNRHA has reached the target since the Authority began reporting the measure in its 2013-14 Annual Report.
- By the end of the 2015-16 operating year, only 2.5% of Prairie North's acute care beds were occupied by patients awaiting LTC placement. As the chart illustrates, despite increases in the percentage in May and August 2015, steady progress was made throughout the year toward achieving the 3.5% goal.



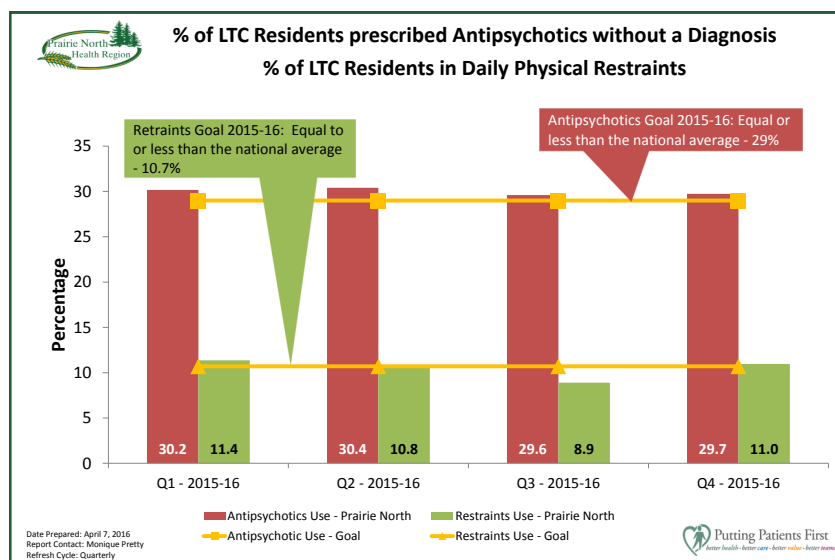
- Calculating the total regional average for the entire 2015-16 year, PNRHA achieved a nearly 50% reduction in the percentage of hospital beds occupied with patients waiting for LTC placement. For the year as a whole, an average of 6.3% of Prairie North's hospital beds were occupied by patients waiting LTC placement. The average for the year did not meet the 3.5% target but is a considerable improvement over the 12% annual average recorded in 2014-15.



- The RHA anticipates further success in the year ahead continuing toward the 3.5% target, as the North Battleford Home First pilot program works through its first full year of operation.

### LTC Resident Safety

- Improving the safety of Long-Term Care residents is a priority of the Ministry of Health and Prairie North Regional Health Authority. Two measures that are indicators of resident safety are the percentage of LTC residents in daily physical restraints and the percentage of LTC residents prescribed antipsychotics without a diagnosis. Going forward the measure is now referred to as ‘the potentially inappropriate use of antipsychotics without a diagnosis of psychosis’.
- PNRHA achieved its goal of the percentage of LTC residents in daily physical restraints being no more than the national average of 10.7%. While the chart (below) shows Prairie North above that mark in three of the year's four quarters, the RHA achieved an average for the year of 10.5%. The objective is to use as few restraints as possible while maintaining the safety of the resident. There are three main types of restraints: lap or trunk restraints, limb restraints, and chairs that prevent an individual from rising (such as a Broda chair). Restraints are used only under a physician's order and with consent of the resident's family.
- Prairie North RHA did not achieve its goal of no more than 29% of LTC residents prescribed antipsychotics without a diagnosis. The graph (right) shows that in each quarter of 2015-16, PNRHA was just slightly above the national average percentage of LTC residents prescribed antipsychotics without a diagnosis. The Authority's average for the past year was 30%.
- Each Prairie North LTC facility reviews this measure on a quarterly basis, along with individual resident cases, to reduce the use of prescribed antipsychotics where safe and appropriate.





## Lloydminster Continuing Care Centre Officially Opens

Residents and staff of Lloydminster's newest long-term care facility gathered on October 8, 2015 with officials from the Government of Alberta, Alberta Health Services, the Saskatchewan Government, Prairie North Regional Health Authority, and community representatives to mark the official opening of Lloydminster Continuing Care Centre (LCCC).

The new \$34.2 million facility was celebrated as a beautiful, home-like environment for the 60 individuals who live there. The home consists of six 'cottage' wings each housing 10 seniors. Each cottage has dedicated staff caring for its 10 residents, helping to foster positive trusting relationships between residents and care providers.

*"I think LCCC is wonderful. I really like my room. The service is very good. The nurses are very good. Recreation does a wonderful job of keeping things going."*

- Resident

*"I'm happy to be close to my wife. We have been in separate facilities for years."*

- Resident

Approximately 120 staff members work at the new facility, offering health and personal care supports in private rooms, with the added security of having professional nursing care and support staff available on-site 24-hours a day.

Residents and staff are thrilled with the amenities, atmosphere, and surroundings of the new state-of-the-art LTC home. Residents moved into the new facility in June 2015. Construction was completed in late 2014-15.

*"One family member told me that whenever anyone asks how she likes it here, her mom says 'I love it!' "*

- Staff member

The building is owned by Alberta Health Services (AHS) and was funded by the Province of Alberta. LCCC is located on the Alberta side of Lloydminster and is operated by PNRHA, as is the Alberta-owned Dr. Cooke Extended Care Centre (DCECC). Both facilities serve residents on both sides of the Alberta/Saskatchewan border.

The 60-bed LCCC has replaced the 55-bed 1972 wing of DCECC, bringing an additional five continuing care beds to the community. The 1993 wing of DCECC continues to operate with 50 beds for LTC residents.



Lloydminster Continuing Care Centre

### An Official Opening Gift

On behalf of the City of Lloydminster, **Mayor Rob Saunders** (right) presented a special picture to Lloydminster Continuing Care Centre.

Accepting the gift (from left) are:

**David Fan**, CEO, PNRHA

**Bonnie O'Grady**, Chairperson, PNRHA

**Joan Zimmer**, Director of Continuing Care, PNRHA; **Jonathan Rockliff**, Rockliff Pierzchajlo Architects & Planners Ltd.

**Sherie Allen**, Senior Operating Officer, North, AHS Central Zone

**Carol Freeman**, Facility Manager LCCC and DCECC.

## Adult Day Program - Lloydminster

Opening of Lloydminster Continuing Care Centre facilitated launch September 28, 2015 of Lloydminster's first-ever Adult Day Program (ADP).

The purpose of ADP is to support individuals to remain in their own home as long as possible, enhancing quality of life for participants and offering respite for their care providers.

The program served 20 clients during its first six months of operation, for a total of 482 visits. Clients attended anywhere from one day to three days per week, and can attend up to five days per week if necessary.

The Adult Day Program offers moderate assistance with personal, meal time, and mobility needs, plus activities and socialization. The program operates Mondays through Fridays from 9:30 a.m. to 3:30 p.m., except statutory holidays.

***"This is a great program. I couldn't wait to get back."***

***- Client***

***"He misses the program when we can't make it."***

***- Spouse***

## Better Value

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

### ***System Five-Year Outcome***

***Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome that by March 31, 2017, all infrastructures (information technology, equipment and facilities) will integrate with provincial strategic priorities, be delivered with a provincial plan and adhere to provincial strategic work.***

### **System Five-Year Improvement Targets**

- **By March 31, 2016, have delivered results on three high impact capital areas that address high risk for critical failure using alternative funding/delivery options.**

#### ***Key Actions & Results:***

- Prairie North Regional Health Authority transitioned October 12, 2015 to the new provincial linen system intended to improve quality and efficiency, and provide better service for patients and health regions. Plans for the new provincial linen solution for health care were announced by 3sHealth in May 2013 with transition to be complete by December 2015.

Prairie North's Linen Implementation Team lead the RHA's transition through planning, consulting, communicating with and training staff on the new products and processes, introducing and using new linen hampers, and coordinating arrangements with 3sHealth, North Sask Laundry in Prince Albert (which formerly provided Prairie North's linen services and in which PNRHA was a stakeholder), and K-Bro Linen Systems, the third party provider chosen provincially to deliver the new service. Through standardizing the way linen is stored, used and transported through facilities, the new system aims to improve inventory control, standardize quality and product use, and improve infection control.

- Preparations were underway in 2015-16 for introduction and implementation in Prairie North Health Region of a new dictation and transcription system for Saskatchewan. PNRHA representatives participated in provincial planning for the project which will focus voice recognition software in three critical areas of patient care: acute care including health records and mental health, medical laboratory services, and medical imaging services.

Implementation of the new system in Prairie North is to begin early in 2016-17, replacing technologies that are outdated, no longer supported, and at risk of failure. PNRHA is looking forward to being able to utilize state-of-the-art voice recognition technology to ensure faster turn-around of transcribed medical reports, enhanced quality of transcribed reports thanks to improved sound quality, and better utilization of transcription staff time - all of which contribute to significantly improved communication for patient care.

- PNRHA began planning in 2015-16 for implementation of the provincial Smart IV Pump project in Prairie North. Province-wide, approximately 3,100 new intravenous (IV) pumps will be introduced in hospitals, healthcare facilities and home care environments by the end of 2016. In PNRH, 218 pumps will be replaced early in 2016-17. Smart pumps are electronic devices used to deliver fluids, medications and nutrition to patients. Smart pumps are pre-programmed with a drug library containing drug dosing information. The initiative will enhance patient safety by helping prevent dosing errors.

- Prairie North Regional Health Authority is participating in the provincial Enterprise Resource Planning (ERP) evaluation project led by 3sHealth. The project is evaluating replacement of its current payroll system which is using outdated technology that makes it difficult to make changes and provide new functionality for health system employers and employees. The project is considering updating other integrated systems such as employee benefits, human resources, staff scheduling, finance, supply chain and business intelligence.

By the end of 2015-16, the project had moved toward the 'Proof of Concept' (PoC) testing phase which will study the specific benefits of an ERP system to its many stakeholders. PNRHA agreed to be one of three regions to serve as pilot sites to test new scheduling and payroll technology. This testing phase is scheduled to begin early in 2016-17.

- **Capital Projects and Purchases**

- Development of a third Operating Room (OR) at Lloydminster Hospital was completed in 2015-16 (*PNRHA 2015-16 Budget News Release, May 27, 2015*). Capital funding for the project came from the Saskatchewan and Alberta Ministries of Health, the Lloydminster Region Health Foundation, and Prairie North Regional Health Authority (*PNRHA Budget 2014-15 News Release, May 28, 2014*). The new OR is now operational and further supports PNRHA's ongoing commitment to timely, safe, and quality surgical services.
- Purchase of a new digital fluoroscopy unit and accompanying space renovations to accommodate installation of the unit in the Medical Imaging Department of Battlefords Union Hospital were completed in 2015-16. (*PNRHA 2015-16 Budget News Release, May 27, 2015; BUH Foundation News Release November 12, 2015*). The equipment was funded jointly by the Ministry of Health (\$500,000) and the Battlefords Union Hospital Foundation (\$300,000). The new fluoroscopy unit replaced the previous equipment that had reached the end of its lifespan and was no longer functioning.

- A new ambulance was purchased for the Cut Knife Ambulance Service to replace an older unit and improve safety and reliability for patients needing emergency medical transportation and for staff providing the service (*PNRHA News Release January 18, 2016*).

The \$167,000 unit, complete with power assist stretcher for smoother and safer loading and unloading of patients, was fully funded by the Town of Cut Knife Community Trust Fund and Rural Municipality of Cut Knife Community Trust Fund.

The RM provided an additional \$40,000 to purchase necessary equipment for the Cut Knife Health Complex long-term care program, medical clinic, and Home Care Service.



**New Ambulance for Cut Knife** (from left):

Cut Knife Ambulance Primary Care Paramedic **Josh Thomas**, RM of Cut Knife Administrator **Don McCallum**, Cut Knife Ambulance Primary Care Paramedic **Helen Renaud**, and Town of Cut Knife Mayor **Gwenn Kaye** accept delivery of the new ambulance unit equipped with a power assist lift - a new safety feature for the Cut Knife Ambulance Service.



- Meadow Lake Ambulance Service received a new ambulance in 2015-16 (*PNRHA News Release January 20, 2016*). The \$167,000 vehicle purchased by Prairie North became Meadow Lake's primary emergency response unit in the fleet of four.



#### **Accepting Delivery**

Meadow Lake Ambulance Service Manager **Chad McCord** and Primary Care Paramedic **Dione Lecendre** take delivery of the new ambulance.

Community donations of \$72,000 from the Meadow Lake Hospital Foundation and Meadow Lake Lions Club supported purchase of a new cardiac monitor and cardiac pulmonary resuscitation unit for the new ambulance, along with a cardiac monitor for another of the Service's ambulances.

The new ambulance is equipped with a power assist stretcher that improves patient and staff safety during loading and unloading of patients.

- A new patient bedside monitoring system was purchased and installed in the Lloydminster Hospital High Care Unit (*PNRHA Budget 2014-15 News Release, May 28, 2014*). The system was purchased by the Lloydminster Region Health Foundation.
- New nurse call systems were installed to replace aging systems in Battlefords Union Hospital, Battlefords District Care Centre, Cut Knife Health Complex, and Villa Pascal long-term care home, North Battleford (*PNRHA Budget 2014-15 News Release, May 28, 2014*).
- A new bariatric tub room was developed in River Heights Lodge long-term care facility to support the Battlefords Home Care program.
- The roof replacement project for St. Walburg Health Complex was completed (*PNRHA Budget 2014-15 News Release, May 28, 2014*).
- The emergency back-up power generator was replaced at Maidstone Health Complex.
- The main courtyard of Riverside Health Complex in Turtleford was substantially rejuvenated with the addition of paved walking paths, curbs, and fencing. The project was supported by the community and Twin Rivers Health Care Foundation.
- PNRHA continues to roll out a new Voice over Internet Protocol (VoIP) phone system to replace outdated systems in its facilities. The new VoIP phone system has enhanced capabilities and will reduce phone costs for the organization.
- Prairie North RHA purchased an existing medical clinic in North Battleford in 2015-16 to establish a walk-in medical clinic and provide patients with an alternative to the BUH Emergency Department to meet their everyday, non-urgent health care needs (*PNRHA News Release November 4, 2015*). The Twin City Medical Clinic began providing walk-in patient services on November 9, 2015. Two new doctors were recruited to the clinic and began accepting patient caseloads in addition to their walk-in services (*see page 25*).
- PNRHA remains committed and continues to work with the local community toward essential replacement of the outdated Northland Pioneers Lodge (NPL) in Meadow Lake. Due to continued fiscal constraints, funding commitment for tendering and construction of a new 72-bed long-term care facility was not included in the 2015-16 Saskatchewan budget. However, the Meadow Lake Northland Pioneers Lodge Association Inc. has been established to lead the capital fundraising campaign for the \$2.5 million needed to furnish and equip the new facility. Replacement of NPL was announced by the province in February 2009 (*Government of Saskatchewan News Release February 3, 2009*).

## Saskatchewan Hospital North Battleford: The Future Arrives

The ground was formally broken and construction officially began on September 21, 2015 for the NEW Saskatchewan Hospital North Battleford (SHNB).

The windy, cold but sunny day could not dampen the spirits of the hundreds of patients, staff, former staff, local and area residents and officials, government dignitaries, and construction representatives who attended the groundbreaking ceremony. The construction site served as the backdrop, where pre-construction site preparation was well underway.

The new 284-bed Saskatchewan Hospital North Battleford will have 188 beds replacing the existing 156-bed facility, and a 96-room secure unit for male and female offenders living with mental health issues. This is an innovative approach for delivering mental health care and supports to people with significant psychiatric rehabilitation needs.

The complex is being built as a design-build-finance-maintain public private partnership (P3). Access Prairies Partnership (APP) was chosen by the province to build the facility over a three year construction timeline and to maintain the facility for the following 30 years.  
(Government News Release July 6, 2015)

### A Patient Perspective

*“It is really exciting to know that new up and coming patients will have a brand new facility to call their temporary home. With features such as patients having their own bedroom and not having to share a room with other patients, and also having access to wi-fi and computers will help patients keep in contact with friends and family.”*

*- Wade Carleton  
Patient Representative*



### An Historic Groundbreaking Ceremony

Participating in the official sod turning were (from left): **Jennifer Campeau**, Minister of Central Services; **Gord Wyant**, Minister Responsible for SaskBuilds; **Bonnie O’Grady**, PNRHA Chairperson; **Christine Tell**, Minister of Justice, Corrections and Policing; **Wade Carleton**, SHNB Patient Representative; **Dustin Duncan**, Minister of Health; **Herb Cox**, MLA for The Battlefords and Minister of Environment; **Greg Ottenbreit**, Minister of Rural and Remote Health; **David Fan**, PNRHA CEO; and **Grant Beck**, CEO of Graham Design Builders representing Access Prairies Partnership.



## A Glimpse at the New Saskatchewan Hospital North Battleford (SHNB)

- Total beds: 284
  - 32 more than current SHNB
  - 96 beds/rooms - secure unit
- Project footprint: 21,500 m<sup>2</sup> (230,000 sq.ft.) = 2.5 CFL fields
- Building area: 38,000 m<sup>2</sup> (400,000 sq.ft.) = 5 CFL fields
- Larger than existing SHNB building (see diagram right)
- Three Community Reintegration Units
- Private, individual patient rooms
- Two-person shared patient washrooms
- Warm, welcoming atmosphere: many windows/lots of natural light
- North Saskatchewan River Valley view
- Greenhouse and Outdoor Gardens
- Indoor Courtyard
- Library/Classroom; Internet Cafe
- Industrial Therapy, Physiotherapy, Recycling Therapy, Music/Art Therapy Centres
- Health Clinic
- Family Visitation Suite

*And much, much more!!!!*



### Saskatchewan Hospital New Beginnings

Prairie North Regional Health Authority is tasked with raising \$8 million to purchase the necessary medical equipment and furnishings for the new SHNB.

Formal launch of the Saskatchewan Hospital New Beginnings campaign will occur early in 2016-17. The campaign will be provincial in scope, as SHNB is a provincial facility serving residents throughout Saskatchewan.

For more on the campaign, visit [SaskatchewanHospitalNewBeginnings.pnrha.ca](http://SaskatchewanHospitalNewBeginnings.pnrha.ca)

Go to [www.pnrha.ca](http://www.pnrha.ca) for complete information on the SHNB Project, including news updates, live and time lapse video feeds of building progress and aerial views of the site and building taking shape.



Main Entrance - Exterior

Representation Only - Subject to further design review. Furnishings & colour schemes also subject to further design review.



Main Entrance - Interior

Representation Only - Subject to further design review. Furnishings & colour schemes also subject to further design review.

## NEW SASKATCHEWAN HOSPITAL NORTH BATTLEFORD



### **System Five-Year Outcome**

***Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome that ongoing, as part of a multi-year budget strategy, the health system will bend the cost curve by achieving a balanced or surplus budget.***

### **System Five-Year Improvement Targets**

- All health system partner organizations will be in a balanced or surplus year-end financial position in 2015-16.

### **PNRHA 2015-16 Improvement Targets**

- By March 31, 2016, the Kanban system of supply replenishment will be implemented in 68 PNRHA departments.

#### **Key Actions & Results:**

- Prairie North Regional Health Authority achieved the financial target of being in a balanced or surplus budget position by March 31, 2016. The RHA achieved an operating surplus of \$681,306 for the 2015-16 fiscal year.

***For complete details on the Authority's financial position, see the Management Report, Financial Overview, and Audited Financial Statement pages 50 through 87 of this Annual Report.***

- Kanban is a system of supply replenishment that ensures the timely and reliable provision of supplies to PNRHA departments. The approach focuses on ensuring that just the right amount of supplies are at hand to support staff in the delivery of services thereby eliminating accumulation of excess inventory and associated costs. Kanban contributes to achieving a balanced budget by reducing waste such as excess supplies and expired products. Kanban places responsibility for supply functions with Materials Management staff while freeing clinicians to provide patient care.

By the end of March 2016, 48 PNRHA departments had a Kanban system in place, representing 70.6% of the RHA's goal of 68 of its departments using the Kanban system. Implementation began later in the year than anticipated, resulting in the RHA not reaching its target by the end of the 2015-16 operating year.

Prairie North now aims to complete its Kanban implementation in all nursing departments by the end of 2016-17 and plans to achieve 100% Kanban implementation across all 297 departments (as at March 31, 2016) by the end of 2020.

## 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.

### System Five-Year Outcome

*Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome that to achieve a culture of safety, by March 31, 2020, there will be no harm to patients or staff.*

### System Five-Year Improvement Targets

- By March 2018, fully implement a provincial Safety Alert/Stop the Line (SA/STL) process throughout Saskatchewan.
- By March 31, 2018, all Regions and the Saskatchewan Cancer Agency will implement the six elements of the Safety Management System (SMS).
- By March 31, 2019, all Regions and the SCA receive a 75% evaluation score on the implementation of the elements of the SMS.
- By March 31, 2019, there will be zero back and shoulder injuries.

### PNRHA 2015-16 Improvement Targets

- By March 31, 2016, the final three elements (4, 5, and 6) of the Safety Management System will be fully implemented: Inspections; Reporting and Investigations; Emergency Preparedness.
- By March 31, 2016 there will be zero back and shoulder injuries.
- By March 31, 2016 there will be a 25% decrease from the previous fiscal year in Workers' Compensation Board (WCB) time loss injuries.
- By March 31, 2016 there will be 10% decrease in sick time hours from the previous fiscal year.

## Employee and Patient Safety

Employee and Patient Safety is a Foundational Principle of Prairie North Regional Health Authority.

Our organization is committed to achieving a culture of safety where no one suffers injury or harm in any of our facilities, programs, activities and events.

As a signatory and supporter of the Saskatchewan Health and Safety Leadership Charter, PNRHA works diligently at eliminating, minimizing, and controlling hazards to achieve the **Mission Zero** goal: **Zero workplace injuries, Zero suffering, and Zero fatalities.**

Prairie North RHA is striving to build a safe, supportive and quality workplace that supports patient- and family-centred care. The well-being of our patients, residents and clients is inextricably linked to the health and safety our workforce.



## Key Actions & Results:

- PNRHA began preparations toward fully implementing Safety Alert/Stop the Line (SA/STL) processes throughout the Region. SA/STL invites patients and expects staff and physicians to identify and find errors 'stopping the line' before the errors can cause harm. SA/STL initiatives will be implemented in Prairie North during 2016-17.
- After fully implementing elements 1, 2, and 3 of the Safety Management System in 2014-15, Prairie North Regional Health Authority met its target of fully implementing elements 4 and 5 in 2015-16, and made progress toward implementing element 6. Elements 4, 5 and 6 are Inspections, Reporting and Investigations, and Emergency Preparedness, respectively.

Several action items remain outstanding related to element 6 - emergency preparedness. Renewed focus is necessary to achieve full implementation of element 6.

- Restructuring of PNRHA's Regional Orientation (RO) processes began in 2015-16 to have all new employees attend RO as their first day of hire, rather than within 30 days of hire as had been the requirement. A regional focus group was established to complete restructuring of RO by October 2016. Regional Orientation is offered in two locations within Prairie North Health Region, for a total of 36 times in 2015-16. Eighty-four per cent (84%) totalling 494 of PNRHA's 585 new hires in 2015-16 completed their regional orientation within 30 days of being hired.
- PNRHA has enhanced its mandatory occupational health and safety training for its employees.
  - The number of Transfer, Lift, and Repositioning (TLR) trainers increased by nearly 50% in the past year, by 33 additional trainers, bringing the total number of departmental TLR trainers in Prairie North to 72. They facilitated training sessions to 1,248 of their co-workers in the past year, including new hires during Regional Orientation.
  - A new violence prevention program was introduced to Prairie North in June 2015. The Workplace Assessment Violence Education (WAVE) program was launched, replacing the previous Crisis Prevention program. Forty-nine (49) WAVE specialists have been trained in PNRHA, taking on the challenge of rolling out the new program to their fellow employees. To the end of March 2016, they had trained 719 of their co-workers in the safest way to approach and assess the risk of violence in the workplace and in the techniques to manage violent situations.
- Prairie North RHA was not successful in sustaining or increasing its seasonal influenza immunization rates among employees for 2015-16 following a decision not to require individuals to be immunized or wear a mask during the 2015-16 flu season. The return to the voluntary nature of the immunization program for the year followed two conflicting rulings in other jurisdictions as to whether or not employees could be mandated to get the flu shot or wear a mask. Saskatchewan is reviewing the decisions and the province's position on requiring employees to 'immunize or mask.' Just under 64% of PNRHA employees voluntarily received the influenza immunization in 2015-16, down from 87% who received their flu shot the year prior when the health authority's Immunize or Mask Policy was implemented.

## Celebrating Safety

Prairie North Regional Health Authority salutes the employees of nine of our facilities that achieved **ZERO** time loss injuries for all of the 2015-16 operating year:

- ✓ Cut Knife Health Complex, Cut Knife
- ✓ Jubilee Home, Lloydminster
- ✓ L. Gervais Memorial Health Centre, Goodsoil
- ✓ Lloydminster Community Health & Home Care, Lloydminster
- ✓ Loon Lake Health Centre and Special Care Home, Loon Lake
- ✓ Manitou Health Centre, Neilburg
- ✓ Meadow Lake Primary Health Clinic, Meadow Lake
- ✓ Riverside Health Complex, Turtleford
- ✓ Villa Pascal, North Battleford

***Congratulations!!!!***

## PNRHA Workplace Injuries 2015-16

### By the Numbers

- ◆ 93 employees reported a work-related injury resulting in time loss from work for days, months or potentially permanent injury (Code 3 Time Loss).
- ◆ 134 employees reported a work-related injury requiring medical assessment and treatment, and returned to work the next day (Code 3 Medical).
- ◆ 381 employees reported a work-related injury resulting in no time loss or medical aid required (Code 2).
- ◆ 608 employee injuries were reported in the 2015-16 fiscal year, equating to 1.67 employee injuries reported daily.

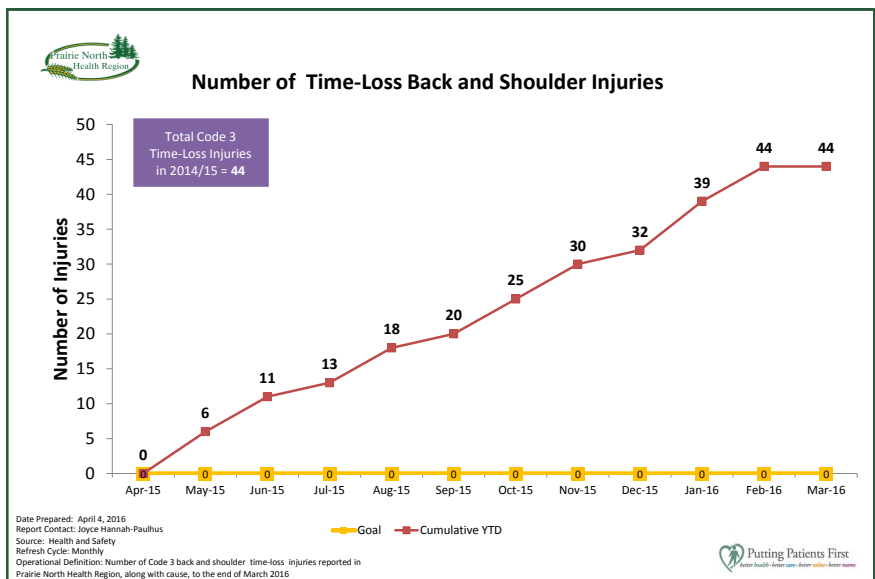
### By the Cause - Top Three

- ◆ 20% of injuries to PNRHA employees were the result of improperly using or failing to use TLR.
- ◆ 16% of PNRHA employee injuries were due to slips, trips, and falls.
- ◆ 13% of injuries to PNRHA employees were due to needlesticks.

### Measurement Results:

#### Time Loss Back and Shoulder Injuries:

- PNRHA did not meet its target of reducing back and shoulder injuries to zero by the end of March 2016. This was also the provincial improvement target for 2015-16. The system five-year improvement target has been revised by the Ministry to reach zero back and shoulder injuries by March 31, 2019.
- As the graph (right) shows, 44 PNRHA employees suffered back and shoulder injuries in the past year resulting in time loss claims. This figure is unchanged from the Authority's 2014-15 benchmark.

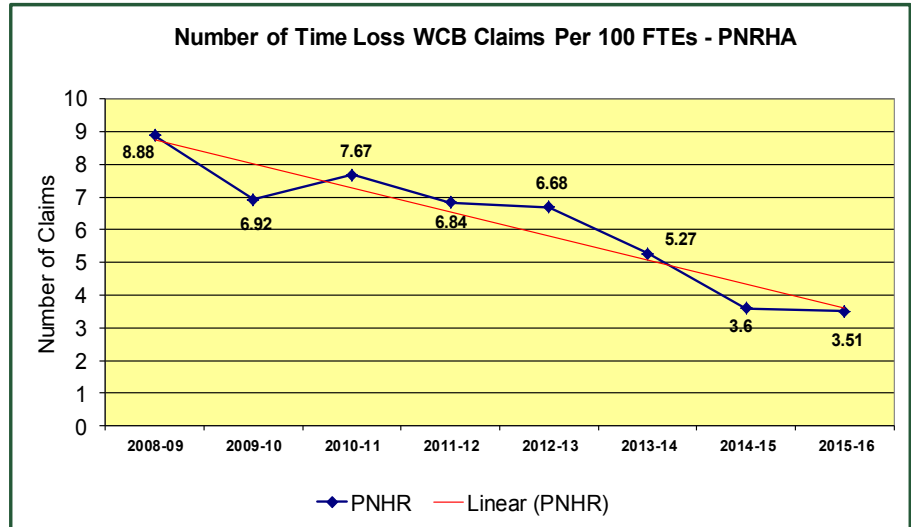


- Of the 44 back and shoulder injuries:
  - 39% were the result of improperly using or failing to use TLR;
  - 20% were due to slips, trips, and falls;
  - 16% were the result of violence in the workplace;
  - 16% were due to 'other' causes; and
  - 9% were bending or climbing injuries.

Prairie North RHA continues to emphasize proper use of TLR to reduce back and shoulder, and other employee injuries. The RHA is also focusing on root cause analysis, timely workplace investigations, and shared responsibility for safety.

### WCB Time Loss Claims per 100 FTEs:

- The measure of Workers Compensation Board (WCB) Time Loss Claims per 100 full-time equivalent (FTE) positions is a standard provincial indicator of progress toward achieving an injury free workplace. PNRHA did not achieve its 2015-16 goal of a 25% decrease in time loss injuries, as compared with the previous year. The RHA did achieve a small decrease for 2015-16 to 3.51 WCB time loss claims per 100 FTEs, compared with 3.6 the year prior. Provincially, the Saskatchewan health sector saw an increase in WCB time loss claims in 2015-16, to 4.35 per 100 FTEs, from 3.83 in 2014-15.
- The graph (right) shows that despite only a minimal decline over the past year in WCB time loss injuries per 100 FTEs, Prairie North Regional Health Authority has achieved a significant reduction since 2008-09. The RHA has gone from a high of 8.88 in 2008-09 to 3.51 at the end of March 2016. That equates to a 60.45% improvement in WCB time loss claims per 100 FTEs. In the past three years alone, since the end of March 2013, Prairie North has achieved a 47.45% improvement.

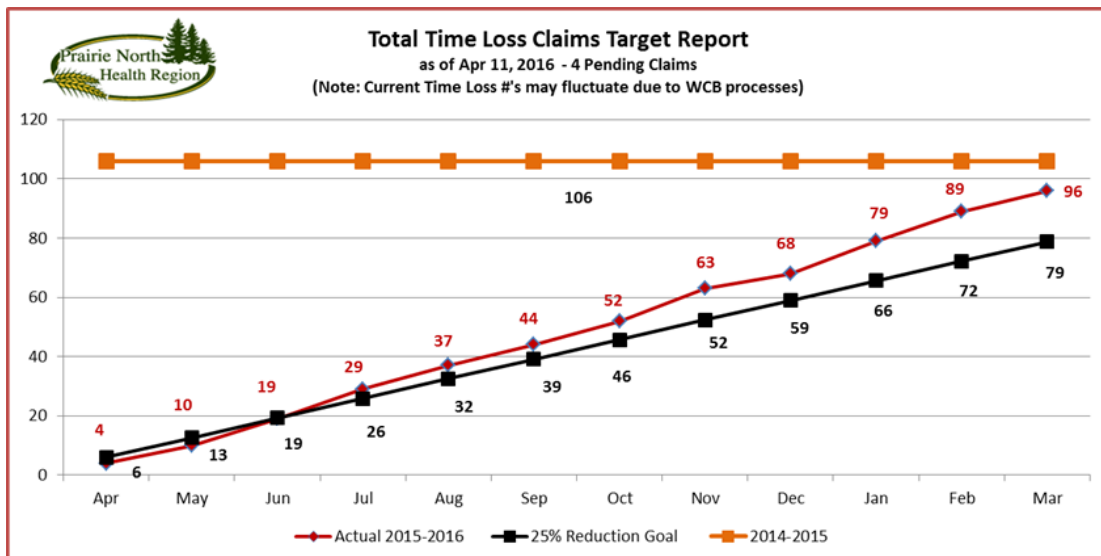


Source: Ministry of Health Partnerships and Workforce Planning Branch, and Saskatchewan WCB

- PNRHA strongly believes that the momentum must continue as one injury is too many.

### Total Time Loss Claims:

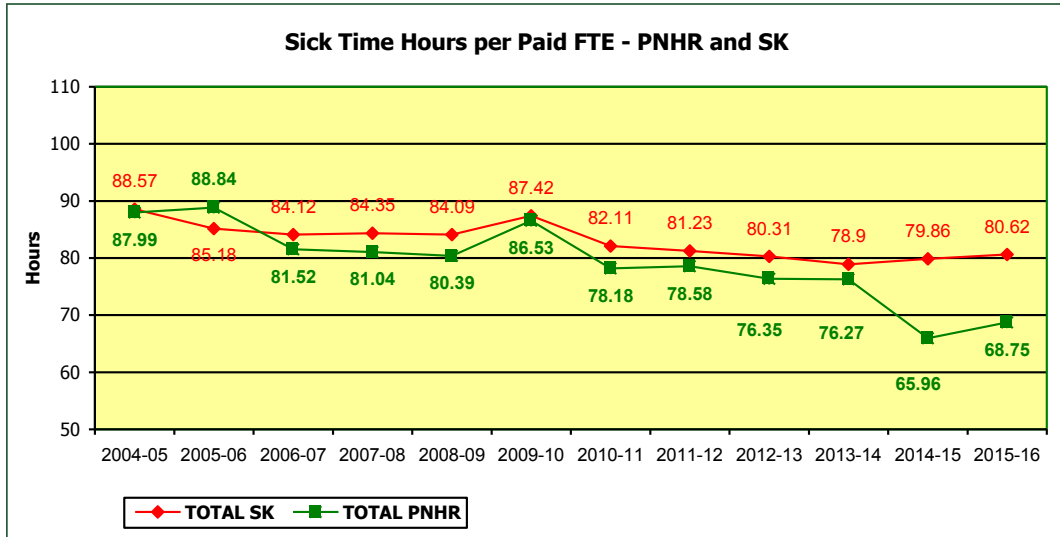
- The graph (below) is another way of illustrating PNRHA's continued progress toward meeting its goal of reducing workplace injuries. The illustration shows that while the total number of time loss claims (96) was lower in 2015-16 than the 106 recorded the year previous, the Authority did not reach its 25% reduction target of 79 time loss claims by March 31, 2016. Prairie North data indicates the RHA achieved a 10% reduction in the past year.



Source: Ministry of Health Partnerships and Workforce Planning Branch, and Saskatchewan WCB

### Sick Time Hours per Paid FTE:

- Like WCB Time Loss Claims and Wage-Driven Premium Hours (see next section below), the measure of Sick Time Hours per Paid FTE reflects Prairie North RHA's efforts toward a safe, healthy workplace and workforce. Regular attendance at work is crucial to the effective operation of any organization. PNRHA's Attendance Support Program is a non-disciplinary system of monitoring and communicating the use of sick time.
- The graph (below) illustrates that PNRHA did see an increase in sick time hours in 2015-16, to 68.75 hours per paid FTE, from 65.96 hours the year previous. The Prairie North rate remains below the provincial figure of 80.62 sick time hours per paid FTE to the end of March 2016. The provincial rate rose slightly from 79.86 at the end of 2014-15.

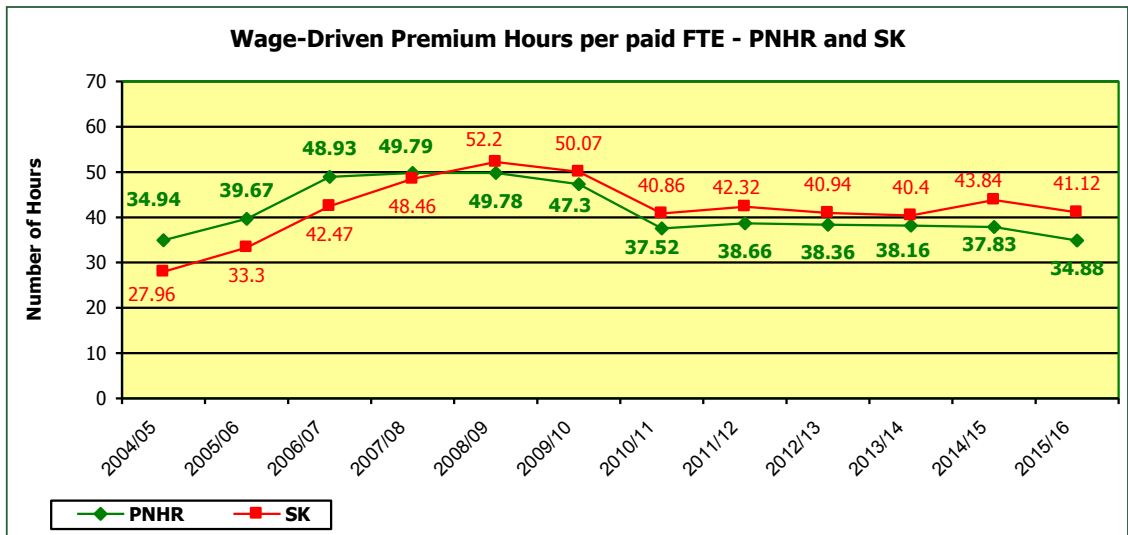


Source: Ministry of Health Partnerships and Workforce Planning Branch, and Saskatchewan WCB

### Wage-Driven Premium Hours per Paid FTE:

- This measure also speaks to PNRHA's efforts to improve workplace safety to reduce wage-driven premium and injury costs. Wage-driven premium (WDP) hours include overtime and other premium hours.
- The graph (below) shows that Prairie North continues to see improvement in the number of WDP hours per paid FTE. In 2015-16, the RHA's WDP hours totalled 34.88 per full-time equivalent, down from 37.83 the year previous. PNRHA's rate remains below the provincial mark which also declined in 2015-16 to 41.12 WDP hours per paid FTE.

Please Note:  
The data does not include the small number of PNRHA employees who are not captured in the 3sHealth payroll system. These individuals are PNRHA employees on the Alberta side of Lloydminster and are on a separate payroll system.



Source: Ministry of Health Partnerships and Workforce Planning Branch, and Saskatchewan WCB

## Region-wide Improvement Culture in Our Daily Work

To continually provide quality care, the health system must continually improve. To support this goal, the Saskatchewan healthcare system has adopted Lean continuous improvement philosophies and methods that:

- Build safety and quality into the process
- Redesign processes to eliminate harm - making it easy to do the right thing, every time
- Improve teamwork and communication
- Optimize flow throughout the system - patients, providers, supplies, information
- Eliminate lack of efficiencies in processes

Embedding a Region-wide Culture of Improvement in the daily work we all perform is another of Prairie North Regional Health Authority's foundational principles (*page 4*).

### PNRHA 2015-16 Improvement Targets

- Continue to provide Kaizen (continuous improvement) education to all staff
- Support managers in creating value stream maps
- Plan formal Kaizen events
- Report on improvement challenges and successes

***“Quality health care means doing the right thing at the right time in the right way for the right person and having the best possible outcome.”***

*- Agency for Healthcare Research and Quality*

### **Key Actions and Results:**

- Kaizen Basics, a four-hour introductory course to quality improvement principles, continues to be offered in Prairie North Health Region as requested or where the need is strategically identified.
- Lean Improvement Leader Training (LILT), a 10-month module-based course for regional leaders, was offered for the first time in Prairie North in 2015-16 to 32 participants. The course delves deeper into quality improvement concepts.
- Lean Leader Certification continues, with 22 participants completing their training requirements in 2015-16.
- All LILT participants completed value stream maps for their areas, along with accompanying improvement plans to eliminate waste and add value for patients, residents, or clients.
- Quality Improvement staff offered just-in-time support to any PNRHA employee requesting training or information about quality improvement tools such as value stream mapping, daily management, or 5S. 5S stands for ‘Sorting, Simplifying, Sweeping, Standardizing, and Self-discipline’ and is a set of concepts that help organizations, facilities, sites, departments, units and individuals ensure a clean and organized work place.
- Seventeen (17) Rapid Process Improvement Workshops and at least 18 5S events were held in 2015-16 throughout Prairie North Health Region.



## Quality Improvement (QI) Office

In February 2016, Prairie North's Kaizen Promotion Office (KPO)/Quality and Safety Department underwent a change in name and is now the Quality Improvement Office (QI Office).

The Office's mission and staff remain the same.

### ***QI Office Mission:***

***To support sustainable continuous improvement at every level of Prairie North to achieve the safest and best possible care, experience, and health for our patients.***

### **Staff members are:**

- Quality Improvement Specialists and Coordinators
- Clinical Nurse Educators
- Quality of Care Coordinators
- Accreditation Coordinator
- Hand Hygiene Coordinator
- Planning and Strategy Specialist

This team is committed to achieving its mission in a number of ways:

- Use of continuous improvement tools/philosophy to support improvement projects, coach daily work management, and support regional priorities for improvement.
- Clinical nurse education, training and support that:
  - Focuses on established best practices (eg. Accreditation Canada Required Organizational Practices), strategic goals and patient/staff safety issues;
  - Promotes regional consistency, quality and safety; and
  - Is grounded in evidence and/or data.
- Tracking and reviewing Client Occurrence Safety Reports and Critical Incidents and working with staff through root cause analysis to develop recommendations that will prevent future incidents.
- Using Accreditation Standards and Required Organizational Practices (ROPs) as an evidence-based roadmap for quality improvement.
- Supporting Patient- and Family-Centred Care practices, including managing PNRHA's Patient and Family Advisor program.

The key to success in any of these areas is engaging Prairie North staff where the work is done and supporting and coaching managers and other leaders in meeting their challenges.

# Management Report

May 25, 2016

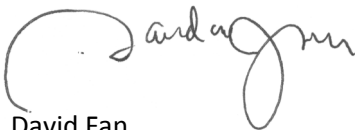
## **PRAIRIE NORTH REGIONAL HEALTH AUTHORITY REPORT OF MANAGEMENT**

The accompanying financial statements are the responsibility of management and are approved by the Prairie North Regional Health Authority. The financial statements have been prepared in accordance with Canadian public sector accounting standards for government not-for-profit organizations 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.

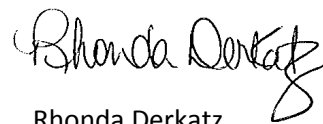
Management maintains appropriate systems of internal controls, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance Committee. The Finance Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance Committee, approves financial statements.

The appointed auditor, Vantage Chartered Professional Accountants, conducts an independent audit of the financial statements and has full and open access to the Finance Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.



David Fan  
Chief Executive Officer



Rhonda Derkatz  
Chief Financial Officer

# Financial Overview 2015-16

The 2015-16 fiscal year was another challenging one as we continue to bend the cost curve.

On May 27, 2015, Prairie North Regional Health Authority approved a balanced Operating Budget of \$278 million in revenues and expenditures for the 2015-16 fiscal year. The budget focused on four strategic priorities in alignment with provincial priorities of Better Care, Better Health, Better Teams, and Better Value.

The Board approved \$7.2 million under the RHA's Capital Management Plan. Capital expenditures supported the delivery of clinical programs through replacement of various equipment within hospitals and other health care facilities across the Region.

Prairie North RHA ended the 2015-16 fiscal year with an operational surplus of \$681,306, before non-discretionary interfund transfers. The RHA is required to make non-discretionary transfers from the operating fund to the capital fund for mortgage principle payments. The remaining transfers between the operating fund and the capital fund are for capital asset purchases. In 2015-16, \$1.4 million was transferred from the operating fund to the capital fund. This has resulted in an accumulated operating deficit of \$16.4 million and accumulated capital fund equity of \$67.8 million.

## Expenditures

Operating Fund expenditures for 2015-16 totaled \$287 million, which resulted in total expenses being over budget for the year by \$10 million, or 4% more than budget. This variance is mainly as a result of:

- Payment of retro-active compensation for Collective Bargaining Agreement (CBA) ratification for various affiliations, including the Saskatchewan Medical Association (SMA) – our physicians' CBA.
- Grants to Health Care Organizations: unbudgeted flow-through funding to Points West Living Lloydminster Inc.. Alberta Health Services (AHS) was to fund Points West directly in 2015-16. This did not occur.

A budget variance threshold of \$15,000 or 5% is used to identify significant variances for reporting purposes. Using these criteria, the most significant variance in 2015-16 occurred in the Acute Care Program. The acute care program variances were mainly due to management of workload issues. Managing staff vacancies while expanding capacity in our operating room theatres resulted in overtime and increased supply costs in both of our regional hospitals. As well, to offset our nursing vacancies, PNRHA had to procure contracted nursing services in some areas in order to meet acute care services demand.

During the year, the Regional Health Authority continued to monitor progress on the reduction of sick time usage and wage driven premiums. In 2015-16, PNRHA's total sick time costs increased 5.59% over 2014-15 and total overtime costs decreased 2.83% over 2014-15. All sick and overtime costs incurred during the year directly contribute to the overall expenditure variance.

Operating funding provided to Health Care Organizations and other third parties in 2015-16 is as follows (Refer to Note 9b in the Financial Statements for further detail):

Ambulance Providers:

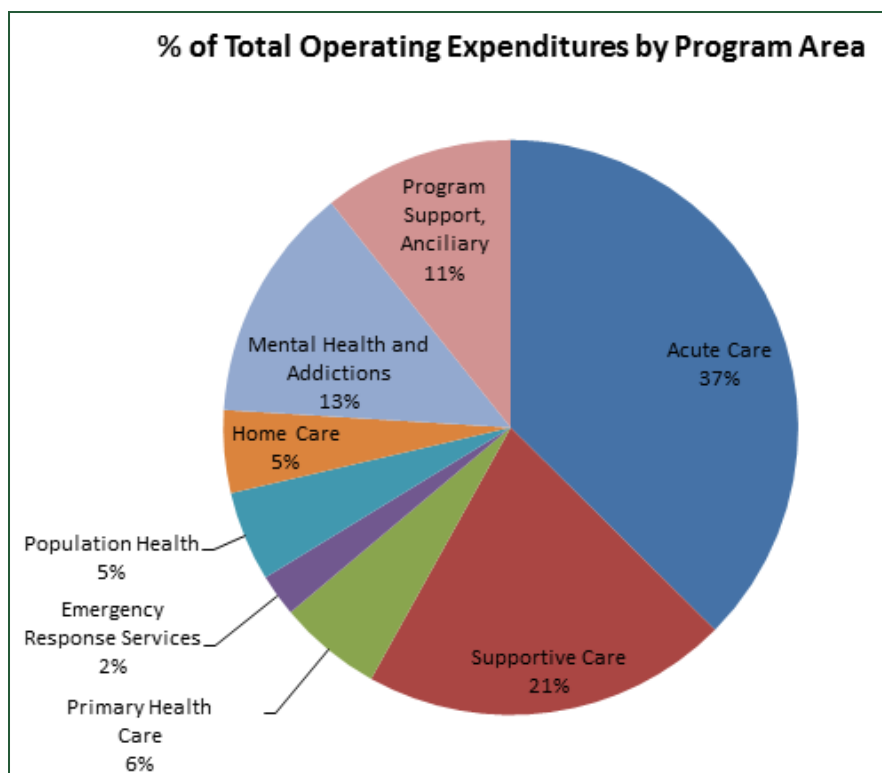
WPD Ambulance Lloydminster	\$	598,232
WPD Ambulance	\$	2,252,630
Marshall's Ambulance Care Ltd.	\$	957,071

Health Care Organizations:

Canadian Mental Health Association (SK Division) Inc.	\$	226,059
Edwards Society Inc.	\$	437,082
Libbie Young Centre Inc.	\$	507,779
Walter A. "Slim" Thorpe Centre Inc.	\$	563,160

Long-Term Care/Assisted Living:

Points West Living Lloydminster Inc.	\$	2,382,438
Societe Joseph Breton Inc. (Villa Pascal)	\$	2,752,513



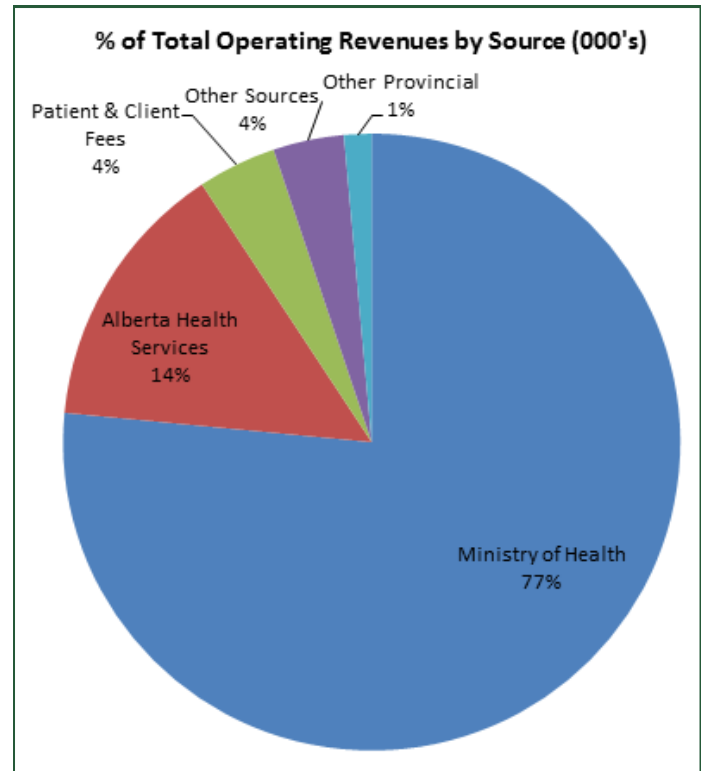
Capital expenditures consist of amortization of \$8.1 million, loss on disposal of capital assets of \$48,325, and mortgage interest of \$293,227.

Capital acquisitions during 2015-16 totaled \$6.9 million, of which \$3.4 million were for building infrastructure and \$3.5 million were for equipment. Of note, final capital acquisitions were less than the approved capital budget for 2015-16.

## Revenues

Operating Fund revenues for 2015-16 totaled \$288 million, an increase of \$9.9 million over budgeted operating revenues, or 3.6% more than budget.

The variance in the operating revenues is due to additional funding from the Ministry of Health for various program enhancements or increases. The main areas for this include: funding of collective bargaining agreements and staffing increases. PNRHA also received the funding that is flowed through to Points West Living Lloydminster Inc., an unbudgeted item due to the fact that AHS was to provide this funding directly to Points West, but did not.



Capital Fund revenues totaled \$5.2 million: the majority coming from the Ministry of Health for \$1.3 million, donations of \$2.4 million, and Alberta Health Services for \$793,322.

Community Trust Fund revenue consists of donations and interest revenue totaling \$10,539.

## Other

### Special Funds

Prairie North Regional Health Authority is responsible for Community Trust Funds totaling \$1 million. These funds are community generated funds subject to restrictions as set out in pre-amalgamation agreements with the RHA. These assets are accounted for separately and any interest earned is credited to the fund.

There is also \$1.1 million from the Ministry of Health and Alberta Health Services, held in restricted funds that are to be targeted at various capital expenditures in the coming fiscal year.

PNRHA holds \$208,122 restricted for Replacement Reserves as a requirement in respect of long-term care facilities financed by Canada Mortgage and Housing Corporation. The RHA also holds \$2 million in restricted Donation and Renovation reserves, the Northland Pioneers Lodge reserve, as well as a reserve for future ambulance purchases.

### Loans and Deferred Revenue

Prairie North Regional Health Authority has total outstanding mortgages payable of \$7.8 million, with related buildings pledged as security. (See Note 5 to the Financial Statements for further detail.)

Deferred revenue includes \$488,969 received from the Ministry of Health. These funds are restricted for use on specific programs as targeted by the Ministry. Deferred revenue held for non-Ministry initiatives totals \$1.4 million. (See Note 6 to the Financial Statements for further detail.)

# Audited Financial Statements



## INDEPENDENT AUDITORS' REPORT

**TO: THE BOARD OF DIRECTORS OF PRAIRIE NORTH REGIONAL HEALTH AUTHORITY**

**TO: THE MEMBERS OF THE LEGISLATIVE ASSEMBLY OF SASKATCHEWAN**

We have audited the accompanying consolidated financial statements of Prairie North Regional Health Authority, which comprise the consolidated statement of financial position as at March 31, 2016, the consolidated statements of operations, changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

### *Management's Responsibility for the Consolidated Financial Statements*

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditors' Responsibility*

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

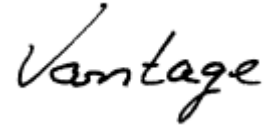
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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



*Opinion*

In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of Prairie North Regional Health Authority as at March 31, 2016, and its financial performance and cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

The logo for Vantage Chartered Professional Accountants, featuring the word "Vantage" in a stylized, handwritten-style font.

Chartered Professional Accountants

North Battleford, Saskatchewan  
May 25, 2016

Statement 1

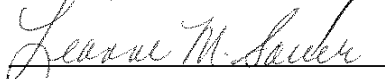
**PRAIRIE NORTH REGIONAL HEALTH AUTHORITY  
STATEMENT OF FINANCIAL POSITION**

For the Year Ended March 31, 2016

	Operating Fund	Restricted Funds		Total March 31, 2016	Total March 31, 2015 (Restated, Note 18, 19)
		Capital Fund	Community Trust Fund		
<b>ASSETS</b>					
<b>Current assets</b>					
Cash and short-term investments (Schedule 2)	\$ 14,553,611	\$ 1,267,116	\$ 924,143	\$ 16,744,870	\$ 13,782,884
Accounts receivable					
Ministry of Health - General Revenue Fund	1,782,133	1,083,866	-	2,865,999	1,804,156
Other	4,192,306	903,166	-	5,095,472	5,034,637
Inventory	1,843,505	-	-	1,843,505	1,879,545
Prepaid expenses	1,536,576	-	-	1,536,576	1,594,765
	<u>23,908,131</u>	<u>3,254,148</u>	<u>924,143</u>	<u>28,086,422</u>	<u>24,095,987</u>
Investments (Schedule 2)	2,338,089	-	84,740	2,422,829	2,281,529
Capital assets (Note 3)	-	72,683,081	-	72,683,081	73,922,788
	<u>-</u>	<u>72,683,081</u>	<u>-</u>	<u>72,683,081</u>	<u>73,922,788</u>
<b>Total Assets</b>	<u>\$ 26,246,220</u>	<u>\$ 75,937,229</u>	<u>\$ 1,008,883</u>	<u>\$ 103,192,332</u>	<u>\$ 100,300,304</u>
<b>LIABILITIES &amp; FUND BALANCES</b>					
<b>Current liabilities</b>					
Accounts payable	\$ 9,989,078	\$ 336,245	\$ -	\$ 10,325,323	\$ 8,275,660
Accrued salaries	7,758,579	-	-	7,758,579	5,083,944
Vacation payable	15,573,939	-	-	15,573,939	14,306,685
Mortgages payable – Current (Note 5)	-	812,182	-	812,182	901,362
Deferred Revenue (Note 6)	1,967,514	-	-	1,967,514	2,583,609
	<u>35,289,110</u>	<u>1,148,427</u>	<u>-</u>	<u>36,437,537</u>	<u>31,151,260</u>
<b>Long term liabilities</b>					
Deferred salaries	3,383	-	-	3,383	-
Mortgages payable (Note 5)	-	7,001,596	-	7,001,596	6,788,969
Employee future benefits (Note 10)	7,326,800	-	-	7,326,800	7,099,300
	<u>7,326,800</u>	<u>-</u>	<u>-</u>	<u>7,326,800</u>	<u>7,099,300</u>
<b>Total Liabilities</b>	<u>42,619,293</u>	<u>8,150,023</u>	<u>-</u>	<u>50,769,316</u>	<u>45,039,529</u>
<b>Fund Balances:</b>					
Invested in capital assets	-	64,869,304	-	64,869,304	65,158,594
Externally restricted (Schedule 3)	-	1,128,343	1,008,883	2,137,226	2,823,995
Internally restricted (Schedule 4)	387,484	1,789,559	-	2,177,043	2,188,212
Unrestricted	(16,760,557)	-	-	(16,760,557)	(14,910,026)
Fund balances – (Statement 3)	<u>(16,373,073)</u>	<u>67,787,206</u>	<u>1,008,883</u>	<u>52,423,016</u>	<u>55,260,775</u>
<b>Total Liabilities &amp; Fund Balances</b>	<u>\$ 26,246,220</u>	<u>\$ 75,937,229</u>	<u>\$ 1,008,883</u>	<u>\$ 103,192,332</u>	<u>\$ 100,300,304</u>

Contractual obligations (Note 4)  
Pension Plan (Note 10)

Approved by the Board of Directors:

 Director  
 Director

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

## Statement 2

**PRAIRIE NORTH REGIONAL HEALTH AUTHORITY**  
**STATEMENT OF OPERATIONS**  
For the Year Ended March 31, 2016

	Operating Fund			Restricted			
	Budget	2016	2015	Capital	Community	Total	Total
	2016			Fund	Trust Fund		
	(Note 11)		(Restated, Note 18, 19)	2016	2016	2016	(Restated, Note 18, 19)
<b>REVENUES</b>							
Ministry of Health - general	\$ 217,183,024	\$ 220,708,232	\$ 214,659,655	\$ 1,322,276	\$ -	\$ 1,322,276	\$ 3,261,792
Other provincial	4,274,165	4,156,978	4,109,639	-	-	-	-
Federal government	90,000	111,763	90,414	51,716	-	51,716	57,054
Alberta funding for Lloydminster	36,395,836	41,004,279	38,291,571	793,322	-	793,322	674,625
Patient & client fees	11,897,300	11,878,774	11,719,063	-	-	-	-
Out of province (reciprocal)	2,701,000	2,737,019	2,671,377	-	-	-	-
Out of country	90,000	222,657	91,358	-	-	-	-
Donations	343,500	414,621	284,356	2,379,917	1,384	2,381,301	2,434,499
Investment	195,000	174,636	202,260	54,667	9,155	63,822	81,497
Ancillary	922,575	961,131	805,620	-	-	-	-
Recoveries	3,964,750	4,200,715	3,875,397	-	-	-	-
Other	472,285	1,880,112	894,361	602,400	-	602,400	44,709
<b>Total revenues</b>	<b>278,529,435</b>	<b>288,450,917</b>	<b>277,695,071</b>	<b>5,204,298</b>	<b>10,539</b>	<b>5,214,837</b>	<b>6,554,176</b>
<b>EXPENSES</b>							
<b>Inpatient &amp; resident services</b>							
Nursing Administration	8,247,602	7,870,088	7,821,687	-	-	-	-
Acute	40,018,703	44,034,918	43,364,375	4,290,765	-	4,290,765	4,220,887
Supportive	38,528,116	39,973,652	37,123,712	1,640,109	100,790	1,740,899	1,924,303
Integrated	-	-	-	-	-	-	-
Rehabilitation	-	-	-	-	-	-	-
Mental health & addictions	15,359,828	15,011,550	14,466,357	90,960	-	90,960	96,150
<b>Total inpatient &amp; resident services</b>	<b>102,154,249</b>	<b>106,890,208</b>	<b>102,776,131</b>	<b>6,021,834</b>	<b>100,790</b>	<b>6,122,624</b>	<b>6,241,340</b>
<b>Physician compensation</b>	<b>22,478,664</b>	<b>22,500,913</b>	<b>21,637,990</b>	-	-	-	-
<b>Ambulatory care services</b>	<b>11,774,459</b>	<b>13,445,488</b>	<b>12,597,910</b>	-	-	-	-
<b>Diagnostic &amp; therapeutic services</b>	<b>30,500,658</b>	<b>30,939,362</b>	<b>28,867,559</b>	-	-	-	-
<b>Community health services</b>							
Primary health care	6,229,022	6,467,134	6,158,582	117,076	-	117,076	106,737
Home care	11,597,656	11,919,242	10,804,254	81,536	-	81,536	79,028
Mental health & addictions	11,934,289	12,047,661	11,430,242	-	-	-	-
Population health	8,815,740	9,101,449	8,905,622	5,022	-	5,022	10,813
Emergency response services	6,925,325	7,841,941	7,018,073	72,128	164,486	236,614	106,763
Other community services	1,360,530	1,424,163	1,433,936	-	-	-	-
<b>Total community health services</b>	<b>46,862,562</b>	<b>48,801,590</b>	<b>45,750,709</b>	<b>275,762</b>	<b>164,486</b>	<b>440,248</b>	<b>303,341</b>
<b>Support services</b>							
Program support	19,044,032	18,293,807	15,966,711	2,171,030	-	2,171,030	1,913,801
Operational support	43,140,216	45,153,518	44,431,651	-	-	-	-
Other support	417,408	428,724	404,017	-	-	-	-
Employee future benefits	179,800	231,850	97,772	-	-	-	-
<b>Total support services</b>	<b>62,781,456</b>	<b>64,107,899</b>	<b>60,900,151</b>	<b>2,171,030</b>	-	<b>2,171,030</b>	<b>1,913,801</b>
<b>Ancillary</b>	<b>1,067,198</b>	<b>1,084,151</b>	<b>1,428,300</b>	-	-	-	-
<b>Total expenses (Schedule 1)</b>	<b>277,619,246</b>	<b>287,769,611</b>	<b>273,958,750</b>	<b>8,468,626</b>	<b>265,276</b>	<b>8,733,902</b>	<b>8,458,482</b>
<b>Excess (deficiency) of revenues over expenses</b>	<b>\$ 910,189</b>	<b>681,306</b>	<b>3,736,321</b>	<b>(3,264,328)</b>	<b>(254,737)</b>	<b>(3,519,065)</b>	<b>(1,904,306)</b>
<b>Interfund Transfers</b>							
Building renovations	-	-	-	-	-	-	-
Capital asset purchases	-	(562,633)	(3,412,402)	562,633	-	562,633	3,412,402
SHC reserves	-	1,341	1,861	(1,341)	-	(1,341)	(1,861)
Mortgage payments	-	(876,555)	(871,863)	876,555	-	876,555	871,863
<b>Total interfund transfers</b>	-	<b>(1,437,847)</b>	<b>(4,282,404)</b>	<b>1,437,847</b>	-	<b>1,437,847</b>	<b>4,282,404</b>
<b>Increase (decrease) in fund balances</b>		<b>(756,541)</b>	<b>(546,083)</b>	<b>(1,826,481)</b>	<b>(254,737)</b>	<b>(2,081,218)</b>	<b>2,378,098</b>
Fund balances, beginning of year		(15,616,532)	(15,070,449)	69,613,687	1,263,620	70,877,307	68,499,209
Fund balances, end of year	\$	<b>(16,373,073)</b>	<b>(15,616,532)</b>	<b>\$ 67,787,206</b>	<b>\$ 1,008,883</b>	<b>\$ 68,796,089</b>	<b>\$ 70,877,307</b>

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

**PRAIRIE NORTH REGIONAL HEALTH AUTHORITY**  
**STATEMENT OF CHANGES IN FUND BALANCES**  
**For the Year Ended March 31, 2016**

2016	Operating Fund	Capital Fund	Community Trust Fund	Total 2016
Fund balance, beginning of year	\$ (15,616,532)	\$ 69,613,687	\$ 1,263,620	\$ 55,260,775
Excess (deficiency) of revenues over expenses	681,306	(3,264,328)	(254,737)	(2,837,759)
Interfund transfers	(1,437,847)	1,437,847	-	-
Remeasurement gains (losses)	-	-	-	-
<b>Fund balance, end of year</b>	<b>\$ (16,373,073)</b>	<b>\$ 67,787,206</b>	<b>\$ 1,008,883</b>	<b>\$ 52,423,016</b>

2015	Operating Fund <small>(Restated, Note 18, 19)</small>	Capital Fund <small>(Restated, Note 18, 19)</small>	Community Trust Fund	Total 2015
Fund balance, beginning of year	\$ (15,070,449)	\$ 67,249,383	\$ 1,249,826	\$ 53,428,760
Excess (deficiency) of revenues over expenses	3,736,321	(1,918,100)	13,794	1,832,015
Interfund transfers	(4,282,404)	4,282,404	-	-
<b>Fund balance, end of year</b>	<b>\$ (15,616,532)</b>	<b>\$ 69,613,687</b>	<b>\$ 1,263,620</b>	<b>\$ 55,260,775</b>

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

Statement 4

**PRAIRIE NORTH REGIONAL HEALTH AUTHORITY**  
**STATEMENT OF CASH FLOW**  
For the Year Ended March 31, 2016

	Operating Fund		Restricted Fund			Total 2015
	2016	2015	Capital Fund	Community Trust Fund	Total 2016	
						(Restated, Note 18, 19)
Cash Provided by (used in):						
Operating activities:						
Excess (deficiency) of revenue over expenditure	\$ 681,306	\$ 3,736,321	\$ (3,264,328)	\$ (254,737)	\$ (3,519,065)	\$ (1,904,306)
Net change in non-cash working capital (Note 7)	3,517,299	2,399,875	869,383	49,181	918,564	(1,922,327)
Amortization of capital assets	-	-	8,127,074	-	8,127,074	8,155,145
Investment income on long-term investments	-	-	-	-	-	-
(Gain)/loss on disposal of capital assets	-	-	10,816	-	10,816	(3,277)
	4,198,605	6,136,196	5,742,945	(205,556)	5,537,389	4,325,235
Capital activities:						
Purchase of capital assets						
Buildings	-	-	(3,430,207)	-	(3,430,207)	(5,935,825)
Equipment	-	-	(3,494,912)	-	(3,494,912)	(1,990,913)
Proceeds on disposal of capital assets						
Buildings	-	-	5,116	-	5,116	-
Equipment	-	-	22,550	-	22,550	-
	-	-	(6,897,453)	-	(6,897,453)	(7,926,738)
Investing activities:						
Purchase of long-term investment	-	-	-	-	-	-
	-	-	-	-	-	-
Financing activities:						
Acquisition of debt	-	-	1,000,000	-	1,000,000	-
Repayment of debt	-	-	(876,555)	-	(876,555)	(871,864)
	-	-	123,445	-	123,445	(871,864)
Net increase (decrease) in cash & short term investments during the year	4,198,605	6,136,196	(1,031,063)	(205,556)	(1,236,619)	(4,473,367)
Cash & short term investments, beginning of year	11,792,853	9,939,061	860,332	1,129,699	1,990,031	2,180,994
Interfund transfers (Statement 2)	(1,437,847)	(4,282,404)	1,437,847	-	1,437,847	4,282,404
<b>Cash &amp; short term investments, end of year</b> (Schedule 2)	\$ 14,553,611	\$ 11,792,853	\$ 1,267,116	\$ 924,143	\$ 2,191,259	\$ 1,990,031

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

**PRAIRIE NORTH REGIONAL HEALTH AUTHORITY**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**As at March 31, 2016**

---

**1. LEGISLATIVE AUTHORITY**

The Prairie North 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 Prairie North Health Region, under section 27 of The Act. The Prairie North Regional Health Authority is a not-for-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government. The Prairie North Regional Health Authority is a registered charity under the *Income Tax Act* of Canada.

**2. SIGNIFICANT ACCOUNTING POLICIES**

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

**a) Health Care Organizations**

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

Canadian Mental Health Association (Saskatchewan Division) Inc.  
Edwards Society Inc.  
Libbie Young Centre Inc.  
Marshall's Ambulance Care Ltd  
Points West Living Lloydminster Inc.  
Portage Vocational Society Inc.  
Walter A. "Slim" Thorpe Centre Inc.  
WPD Ambulance  
WPD Ambulance Lloydminster

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

- ii. The following affiliate is incorporated (and is a registered charity under the *Income Tax Act* of Canada):

Société Joseph Breton Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA's financial statements. Alternatively, Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

- iii. The Lloydminster Region Health Foundation Inc., Battlefords Union Hospital Foundation Inc., Meadow Lake Hospital Foundation Inc. and Twin Rivers Health Care Foundation Inc. are incorporated under the *Non-Profit Corporations Act* and are registered charities under the *Income Tax Act*.

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



## 2. SIGNIFICANT ACCOUNTING POLICIES (continued)

### b) *Fund Accounting*

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

#### i. Operating Fund

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

#### ii. Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund and Alberta Health - General Revenue Fund provided 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 revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

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

### 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:

Land improvements	2 ½% to 20%
Leasehold improvements	20%
Buildings	2 ½% to 20%
Equipment	5% to 100%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined). Transfers of capital assets from a related party are recorded at the asset carrying amounts.

## 2. SIGNIFICANT ACCOUNTING POLICIES (continued)

### e) *Inventory*

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost as determined on the average cost basis 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. Disability income plan:

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

#### iii. Accumulated sick leave benefit liability:

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

### g) *Measurement Uncertainty*

The 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 contractual obligations and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

### 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 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 marked-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, 2016 (2015 - none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized 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 Canada Mortgage and Housing Corporation (CMHC). 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, 2016			March 31, 2015
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	\$ 2,254,376	\$ -	\$ 2,254,376	\$ 2,217,263
Land improvements	1,659,566	1,613,112	46,454	33,943
Leasehold improvements	1,249,818	563,074	686,744	721,366
Buildings	128,266,193	77,772,586	50,493,607	51,387,735
Equipment	58,765,406	43,086,522	15,678,884	15,869,672
Construction in progress	3,523,016	-	3,523,016	3,692,809
	<u>\$ 195,718,375</u>	<u>\$ 123,035,294</u>	<u>\$ 72,683,081</u>	<u>\$ 73,922,788</u>

### 4. CONTRACTUAL OBLIGATIONS

#### a) Capital Assets Acquisitions

At March 31, 2016, contractual obligations for acquisition of capital assets were \$36,069 (2015 - \$1,02,026). Also at March 31, 2016 contractual obligations for capital construction in progress were \$62,906 (2015 - \$860,268).

#### b) Operating Leases

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

2017	1,376,101
2018	1,344,103
2019	1,317,718
2020	1,055,616
2021	601,965

#### c) Contracted Health Care Organizations

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

## 5. MORTGAGES PAYABLE

Title of Issue	Interest Rate	Annual Repayment Terms	2016	2015
Cut Knife & District Special Care Home CMHC, due March 1, 2022	4.42%	\$94,777 principal and interest, of which \$26,245 is subsidized by Saskatchewan Housing Corporation (SHC). Mortgage renewal date is March 1, 2017.	\$ 499,471	\$ 570,611
L. Gervais Memorial Health Centre CMHC, due February 1, 2022	1.39%	\$ 40,127 principal and interest, of which \$1,779 is subsidized by SHC. Mortgage renewal date is June 1, 2020.	222,189	257,060
Lloydminster & District Senior Citizens Lodge CMHC due December 1, 2020	2.11%	\$162,364 principal and interest, of which \$1,821 is subsidized by SHC. Mortgage renewal date is January 1, 2019.	733,367	878,620
Northland Pioneers Lodge, Meadow Lake CMHC due April 1, 2022	4.42%	\$87,291 principal and interest, of which \$21,871 is subsidized by SHC. Mortgage renewal date is March 1, 2017.	465,574	530,857
Turtle River Nursing Home, Turtleford CMHC, due December 1, 2026	8.00%	\$15,736 principal and interest, Mortgage renewal date is December 1, 2026.	113,920	120,410
Meadow Lake Associate Clinic Synergy Credit Union, due March 1, 2016	2.20%	\$92,641 principal and interest, Mortgage paid in full April 01, 2016.	7,013	98,352
Lakeland Lodge (St. Walburg) Synergy Credit Union due June 1, 2023	4.02%	\$32,488 principal and interest, Mortgage renewal date is October 1, 2017.	212,049	235,476
River Heights Lodge Synergy Credit Union due June 1, 2023	4.02%	\$81,487 principal and interest, Mortgage renewal date is October 1, 2017.	531,861	590,622
Energy Performance Contract Synergy Credit Union due April 1, 2027	3.75%	\$305,433 principal and interest, Mortgage renewal date is April 1, 2017.	2,835,209	3,030,069
Prairie North Plaza Synergy Credit Union due February 1, 2021	3.50%	\$257,358 principal and interest Mortgage renewal date is August 1, 2018	2,193,125	1,378,254
			<b>7,813,778</b>	7,690,331
Less current portion			<b>812,182</b>	901,362
			<b>\$ 7,001,596</b>	\$ 6,788,969

## 5. MORTGAGES PAYABLE (continued)

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.

	2017	812,182
For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security.	2018	833,876
Principal repayments required in each of the next five years are estimated as follows:	2019	863,375
	2020	894,000
	2021	885,289
	2022 and subsequent	3,525,056
		<u>\$ 7,813,778</u>

## 6. DEFERRED REVENUE

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received (Returned)	Balance End of Year
<i>As at March 31, 2016</i>				
<b>Sask Health Initiatives</b>				
HIV Peer to Peer Initiative	\$ 29,807	\$ 22,665	\$ -	\$ 7,142
Mentorship Program	13,700	13,700	-	-
Primary Care Maidstone setup	21,889	21,889	-	-
Primary Care Meadow Lake setup	4,770	4,770	-	-
Retention Grant -ML RTC	18,957	18,957	-	-
Perioperative nursing program - LH OR	72,000	16,302	-	55,698
Workplace Wellness	36,056	8,750	-	27,306
PHC - Pt Centered (ML)	112,596	30,773	-	81,823
Nurse Practitioner - Recruit & Reten	20,000	15,000	-	5,000
Compensation	739,051	739,051	-	-
Surgical Volumes	250,000	250,000	-	-
SHNB - ICF	219,000	219,000	254,000	254,000
Acute Stroke Pathway	-	-	18,000	18,000
SK Cancer - Peer Navigation	-	-	40,000	40,000
<b>Total Sask Health</b>	<u>\$ 1,537,826</u>	<u>\$ 1,360,857</u>	<u>\$ 312,000</u>	<u>\$ 488,969</u>
<b>Other Government of Sask Initiatives</b>				
3SHealth - Hospira Smart Pump	-	52,302	187,802	135,500
SUN Partnership Recruit/Retention	205,701	75,051	-	130,650
Kids First Program NW	269,949	984,253	868,876	154,572
Kids First Program NB	338,931	1,545,230	1,411,649	205,350
Youth Criminal Justice (YRG 16)	85,042	85,042	-	-
Youth Criminal Justice (YRG 16)	36,798	36,798	-	-
Youth Criminal Justice - Addiction Services	91,800	91,800	-	-
Addiction Services (2015-2016) AS02	-	6,200	92,720	86,520
Young Offenders - SHNB ICF	-	121,841	121,841	-
<b>Total Other Government of Sask</b>	<u>\$ 1,028,221</u>	<u>\$ 2,998,517</u>	<u>\$ 2,682,888</u>	<u>\$ 712,592</u>
<b>Non Government of Sask Initiatives</b>				
Preceptorship SAHSN	4,231	3,172	3,000	4,059
University of Saskatchewan	5,000	1,654	-	3,346
RIC - Forum	500	500	-	-
GST Rebate 2011-2015	-	-	750,717	750,717
Prairie North Plaza - Tenant damage deposits	7,831	-	-	7,831
<b>Total Non-Government of Sask</b>	<u>\$ 1,045,783</u>	<u>\$ 3,003,843</u>	<u>\$ 3,436,605</u>	<u>\$ 1,478,545</u>
<b>Total Deferred Revenue</b>	<u>\$ 2,583,609</u>	<u>\$ 4,364,700</u>	<u>\$ 3,748,605</u>	<u>\$ 1,967,514</u>

## 7. NET CHANGE IN NON-CASH WORKING CAPITAL

	Operating Fund		Restricted Funds			Total 2015
	2016	2015	Capital Fund	Community Trust Fund	Total 2016	
(Increase) Decrease in accounts receivable	\$ (1,955,061)	\$ 5,096,863	\$ 831,656	\$ -	\$ 831,656	\$ (1,869,053)
(Increase) Decrease in inventory	36,040	155,733	-	-	-	-
(Increase) Decrease in prepaid expenses	58,189	188,217	-	-	-	-
(Increase) Decrease in financial instruments	(190,482)	(270,698)	-	49,181	49,181	(30,862)
Increase (Decrease) in accounts payable	2,011,936	(1,074,391)	37,727	-	37,727	111,311
Increase (Decrease) in accrued salaries	2,674,635	(3,629,145)	-	-	-	-
Increase (Decrease) in vacation payable	1,267,254	1,101,037	-	-	-	-
Increase (Decrease) in deferred revenue	(616,095)	736,359	-	-	-	(133,723)
Increase (Decrease) in employee future benefits	227,500	95,900	-	-	-	-
Increase (Decrease) in Deferred Salary	3,383	-	-	-	-	-
	<u>\$ 3,517,299</u>	<u>\$ 2,399,875</u>	<u>\$ 869,383</u>	<u>\$ 49,181</u>	<u>\$ 918,564</u>	<u>\$ (1,922,327)</u>

## 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 residents at each facility. The total cash held in trust as at March 31, 2016 was \$724,135 (2015 - \$690,178). These amounts are not reflected in the financial statements.

## 9. RELATED PARTIES

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 and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

9. RELATED PARTIES (continued)

a) *Related Party Transactions* (continued)

	<u>2016</u>	<u>2015</u>
<b>Revenues</b>		
3sHealth (formerly SAHO)	\$ 465,981	\$ 362,086
Heartland Regional Health Authority	52,200	90,070
Keewatin Yatthe Regional Health Authority	85,533	68,514
Light of Christ Roman Catholic School Division	54,870	33,439
Living Sky School Division	105,268	-
Ministry of Justice	243,683	-
Ministry of Education	2,630,483	2,520,780
Ministry of Social Services	387,680	462,835
Saskatchewan Cancer Agency	90,626	58,446
Saskatchewan Housing Corporation	51,716	57,054
Saskatchewan Worker's Compensation Board	1,660,271	329,659
SGI Canada Insurance Services Ltd.	75,477	133,612
University of Saskatchewan	13,569	191,449
	<u>\$ 5,917,357</u>	<u>\$ 4,307,944</u>
<b>Expenditures</b>		
3sHealth (formerly SAHO)	\$ 10,229,880	\$ 8,143,494
eHealth Saskatchewan	562,214	354,185
Heartland Regional Health Authority	10,499	-
Light Of Christ Catholic School Division	-	10,946
Ministry of Finance	77,656	209,036
Ministry of Central Services	503,309	1,237,544
North Sask. Laundry & Support Services Ltd.	1,276,812	2,671,304
Northwest School Division	70,300	85,550
Public Employees Superannuation Plan	404,538	431,594
Regina Qu'Appelle Regional Health Authority	-	23,791
SaskEnergy Incorporated	483,007	627,178
Saskatchewan Government Insurance	120,697	63,950
Saskatchewan Health Care Employees Pension Plan	11,189,607	11,842,509
Saskatchewan Polytechnic	20,016	48,020
Saskatchewan Power Corporation	1,917,363	1,781,356
Saskatchewan Telecommunications	1,148,146	1,093,456
Saskatchewan Transportation Company	13,125	12,913
Saskatchewan Worker's Compensation Board	2,672,444	2,529,176
Saskatoon Regional Health Authority	31,054	25,828
Sunrise Regional Health Authority	-	13,878
	<u>\$ 30,730,667</u>	<u>\$ 31,205,708</u>



9. RELATED PARTIES (continued)

a) *Related Party Transactions* (continued)

	<u>2016</u>	<u>2015</u>
<b>Accounts Receivable</b>		
3sHealth (formerly SAHO)	\$ -	\$ 42,129
eHealth Saskatchewan	78,385	74,526
Heartland Regional Health Authority	11,950	11,964
Keewatin Yatthé Regional Health Authority	124,453	20,146
Living Sky School Division	-	11,550
Lloydminster Roman Catholic Separate School Division	-	67,500
Ministry of Justice	37,408	-
Saskatchewan Government Insurance	14,331	15,074
Saskatchewan Worker's Compensation Board	46,453	50,375
Société Joseph Breton Inc.	501,624	495,753
	<u>\$ 814,604</u>	<u>\$ 789,017</u>
<b>Prepaid Expenditures</b>		
Saskatchewan Worker's Compensation Board	575,690	702,755
eHealth Saskatchewan	-	73,388
	<u>\$ 575,690</u>	<u>\$ 776,143</u>
<b>Accounts Payable</b>		
3sHealth (formerly SAHO)	\$ 685,500	\$ 507,775
eHealth Saskatchewan	37,061	164,815
Minister of Finance	-	24,615
Ministry of Central Services	75,912	168,930
Ministry of Government Relations	17,556	-
North Sask. Laundry & Support Services Ltd.	-	288,103
SaskEnergy Incorporated	168,182	37,665
Saskatchewan Health Care Employees Pension Plan	1,565,014	1,503,703
Saskatchewan Power Corporation	814,725	101,767
Saskatchewan Telecommunications	75,687	86,621
	<u>\$ 3,439,637</u>	<u>\$ 2,883,994</u>

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.

b) *Health Care Organizations*

i. Prescribed Health Care Organizations (HCOs) 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.

9. RELATED PARTIES (continued)

b) *Health Care Organizations* (continued)

i. Prescribed Health Care Organizations (HCOs) and Third Parties (continued)

	<u>2016</u>	<u>2015</u>
Canadian Mental Health Association (SK Division) Inc.	\$ 226,059	\$ 275,384
Edwards Society Inc.	437,082	436,410
Libbie Young Centre Inc.	507,779	503,745
WPD Ambulance Lloydminster	598,232	503,767
Marshall's Ambulance Care Ltd.	957,071	873,878
Points West Living Lloydminster Inc.	2,382,438	2,365,429
Portage Vocational Society Inc.	-	30,700
Walter A. "Slim" Thorpe Centre Inc.	563,160	557,573
WPD Ambulance	<u>2,252,630</u>	<u>2,116,049</u>
	<u>\$ 7,924,451</u>	<u>\$ 7,662,935</u>

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 the affiliate:

	<u>2016</u>	<u>2015</u>
Société Joseph Breton Inc.	\$ <u>2,759,513</u>	\$ <u>2,837,389</u>

9. RELATED PARTIES (continued)

b) *Health Care Organizations* (continued)

ii. Affiliates (continued)

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entities for the years ended March 31, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Balance Sheet		
Assets	\$ 1,435,818	\$ 1,621,765
Net Capital Assets	<u>1,152,445</u>	<u>1,112,429</u>
Total Assets	<u>\$ 2,588,263</u>	<u>\$ 2,734,194</u>
Total Liabilities	\$ 896,936	\$ 899,504
Total Net Assets (Fund Balances)	<u>1,691,327</u>	<u>1,834,690</u>
	<u>\$ 2,588,263</u>	<u>\$ 2,734,194</u>
Results of Operations		
RHA Grant	\$ 2,759,513	\$ 2,837,389
Other Revenue	<u>655,711</u>	<u>645,159</u>
Total Revenue	<u>3,415,224</u>	<u>3,482,548</u>
Salaries and Benefits	3,059,879	3,099,118
Other Expenses *	<u>498,612</u>	<u>485,869</u>
Total Expenses	<u>3,558,491</u>	<u>3,584,987</u>
Excess (deficiency) of Revenues over Expenses	<u>\$ (143,267)</u>	<u>\$ (102,439)</u>

\* Other Expenses includes amortization of \$82,552 (2015 - \$75,822).

Cash Flows		
Cash from Operations	\$ (74,346)	\$ 10,465
Cash used in Financing Activities	-	-
Cash used in Investing Activities *	<u>(124,790)</u>	<u>(21,411)</u>
Decrease in cash	<u>\$ (199,136)</u>	<u>\$ (10,946)</u>

\* Investing Activities includes capital purchases of \$122,568 (2015 - \$19,213).

iii. Fundraising Foundations

Fund raising efforts are undertaken through a non-profit business corporations known as Lloydminster Region Health Foundation Inc., Battlefords Union Hospital Foundation Inc., Meadow Lake Hospital Foundation Inc., and Twin Rivers Health Care Foundation Inc.

***Lloydminster Region Health Foundation Inc.***

The RHA has an economic interest in the Lloydminster Region Health Foundation Inc. (the "Lloydminster Foundation").

The Lloydminster Foundation's total expenses include contributions of \$ 1,159,879 (2015 - \$1,529,941) to Prairie North Regional Health Authority of which \$592,604 (2015 - \$1,352,266) is payable at March 31, 2016.

From time to time, the Lloydminster Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

The RHA provides office space and accommodations to the Lloydminster Foundation at no charge.

## 9. RELATED PARTIES (continued)

### b) *Health Care Organizations* (continued)

#### iii. Fundraising Foundations (continued)

##### ***Battlefords Union Hospital Foundation Inc.***

The RHA has an economic interest in the Battlefords Union Hospital Foundation (the “Battlefords Foundation”).

The Battlefords Foundation’s total expenses include contributions of \$818,451 (2015 - \$709,978) to Prairie North Regional Health Authority of which \$253,149 (2015 - \$357,347) is payable at March 31, 2016.

From time to time, the Battlefords Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

The RHA provides office space and accommodations to the Battlefords Foundation at no charge.

##### ***Meadow Lake Hospital Foundation Inc.***

The RHA has an economic interest in the Meadow Lake Hospital Foundation Inc. (the “Meadow Lake Foundation”).

The Meadow Lake Foundation’s total expenses include contributions of \$157,006 (2015 - \$71,595) to Prairie North Regional Health Authority of which \$84,909 (2015 - \$63,738) is payable at March 31, 2016.

From time to time, the Meadow Lake Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

##### ***Twin Rivers Health Care Foundation Inc.***

The RHA has an economic interest in the Twin Rivers Health Care Foundation Inc. (the “Twin Rivers Foundation”).

The Twin Rivers Foundation’s total expenses include contributions of \$104,429 (2015 - \$79,179) to Prairie North Regional Health Authority of which \$2,589 (2015 - \$5,660) is payable at March 31, 2016.

From time to time, the Twin Rivers Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

### c) *North Sask Laundry*

North Sask Laundry (NSL) provides linen services mainly to RHA’s in Saskatchewan. PNRHA is a 25% shareholder of NSL and has the right to appoint one board member to the NSL Board of Directors. NSL ceased operations on October 9, 2015 and dissolved as a corporation on March 31, 2016. Prior to dissolution the shareholders appointed Prince Albert Parkland RHA as a settlement agent to act on behalf of the shareholders, at which time the balance of all assets and liabilities were transferred to Prince Albert Parkland RHA.

NSL is a non-profit incorporated organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government.

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

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements.

4. Alberta Local Authorities Pension Plan (LAPP) – This is a defined benefit plan that is the responsibility of the Province of Alberta. The RHA's financial obligation to the plan is limited to making the required payments according to the current agreement.

Under the *Public Sector Pension Plans Act of Alberta*, passed in May 1993, the Alberta Government employers and employees accepted responsibility to pay the unfunded obligation. The total LAPP unfunded pension liability at December 31, 2014, which is the latest available financial information, is \$2,454,636,000 (2013 - \$4,861,516,000). The Region's share of the unfunded past service obligation is based on a percentage of pensionable payroll and is estimated to be \$184,612 as at March 31, 2016 (2015 - \$219,872). The obligation will be partially reduced through increased contribution rates.

### a) Pension Plan (continued)

Pension expense is included in Compensation-Benefits in Schedule 1 and is equal to the contribution amount below.

	2016					2015
	SHEPP <sup>1</sup>	PSSP	PEPP	LAPP	Total	Total
Number of active members	2,476	1	100	186	2,763	2,701
Member contribution rate, percentage of	8.10-10.7%	7.0-9.0%	5.0-7.0%	10.39-11.39%		
RHA contribution rate, percentage of salary	9.07-11.98%	510%	5.0-7.0%	14.84-15.84%		
Member contributions (thousands of dollars)	9,991	-	383	967	11,341	11,142
RHA contributions (thousands of dollars)	11,189	-	405	1,057	12,651	12,422

\* Contribution rate varies based on employee group.

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

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

## 10. EMPLOYEE FUTURE BENEFITS (continued)

### b) Disability Income Plans

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

1. CUPE established in 1975 – affiliated with the Canadian Union of Public Employees
2. General established in 1975
3. SEIU established in 1975 – affiliated with the Service Employees International Union
4. SUN established in 1982 – affiliated with the Saskatchewan Union of Nurses

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

	2016							2015
	CUPE	General	SUN	AUPE	General	UNA	Total	Total
Number of active members	1,757	389	595	81	41	10	2,873	2,327
Member contribution rate, percentage of	1.61%	.60-.65%	0.76%	0.25%	0.25%	0.25%		
RHA contribution rate, percentage of salary	1.61%	.65-.70%	0.89%	0.75%	0.75%	0.75%		
Member contributions (thousands of dollars)	1,081	194	318	25	13	3	1,634	1,794
RHA contributions (thousands of dollars)	1,081	194	373	76	39	9	1,772	1,930

\* Contribution rate varies based on employee group.

### c) Accumulated sick leave benefit liability

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

	2016	2015
Discount rate	2.40%	1.90%
Rate of inflation	1.00%	0.00%
(other significant assumptions as per actuarial valuation)		
	2016	2015
Accrued benefit obligation, beginning of year	\$ 7,099,300	\$ 7,003,400
Cost for the year	1,307,100	1,205,900
Interest Expense		
Other		
Benefits paid during the year	(1,079,600)	(1,110,000)
Accrued benefit obligation, end of year	\$ 7,326,800	\$ 7,099,300

## 11. BUDGET

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

## 12. 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 practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

### c) *Credit Risk*

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

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

	2016	2015
Cash and short-term investments	\$ 16,744,870	\$ 13,782,884
Accounts Receivable		
Ministry of Health - General Revenue	2,865,999	1,804,155
Other	5,095,472	5,034,637
Investments	2,422,829	2,281,529
	<b>\$ 27,129,170</b>	<b>\$ 22,903,205</b>

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 principle 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.

#### i. Foreign exchange risk:

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



## 12. FINANCIAL INSTRUMENTS (continued)

### d) *Market Risk* (continued)

#### ii. Interest rate risk:

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

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

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

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 \$38,957 (2015 - \$38,060), approximately .98% of the fair value of investments (2015 - .98%).

### e) *Liquidity risk:*

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

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

At March 31, 2016 the RHA has a cash balance of \$16,744,870 (2015 - \$13,782,884).

### f) *Fair Values*

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

- 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 \$7,540,221 (2015 - \$7,415,008) 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.

## 12. FINANCIAL INSTRUMENTS (continued)

### f) *Fair Values* (continued)

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 based on unobservable inputs. There were no items measured at fair value using level 2 or level 3 in 2016 or 2015.

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

	2016			2015		
	Level 1	Level 2	Total	Level 1	Level 2	Total
Investments	\$ 2,422,829	\$ -	\$ 2,422,829	\$ 2,281,529	\$ -	\$ 2,281,529
Mortgages payable	\$ 7,813,778	\$ -	\$ 7,813,778	\$ 7,690,331	\$ -	\$ 7,690,331

### g) *Operating Line-of-Credit*

The RHA has a line-of-credit limit of \$1,000,000 (2015 - \$1,000,000) with an interest rate charged at Prime + 0%. The line-of-credit is secured by a General Security Agreement. Total interest paid on the line-of-credit in 2016 was \$0 (2015 - \$0). This line-of-credit was approved by the Minister on September 4, 2014.

## 13. HEALTH SERVICES PROVIDED TO ALBERTA RESIDENTS ON BEHALF OF ALBERTA HEALTH SERVICES

### *General*

The RHA is responsible for providing health services to Saskatchewan residents. The RHA provides health services to Alberta residents under the Bi-Provincial Lloydminster Health Services Agreement with Alberta Health Services (AHS). This agreement sets out the general principles and processes with respect to:

- i) The health services to be provided and the service areas and/or populations to be served by the RHA on behalf of AHS;
- ii) The operating, equipment and capital funding and any other related payments to be provided by AHS to the RHA;
- iii) The management and operation of the Dr. Cooke Extended Care Centre and the Lloydminster Continuing Care facility by the RHA;
- iv) The management and direction of Dr. Cooke Extended Care Centre and Lloydminster Continuing Care employees by the RHA; and
- v) The reporting and accountability requirements in respect of the services provided by the RHA on behalf of AHS. Specific details on some of these matters have to be concluded as addenda to this agreement.

**13. HEALTH SERVICES PROVIDED TO ALBERTA RESIDENTS ON BEHALF OF ALBERTA HEALTH SERVICES** (continued)

***Dr. Cooke Extended Care Centre***

The assets of the legal entity known as Dr. Cooke Extended Care Centre were transferred to AHS under the RHA of Order In Council #106/95 dated March 31, 1995.

The RHA manages and operates this facility on behalf of AHS.

These financial statements include operating assets, liabilities, revenue and expenses of the Dr. Cooke facility as follows:

	<u>2016</u>	<u>2015</u>
Balance Sheet		
Cash and Short-Term Investments	\$ 11,153	\$ 11,253
Accounts Receivable	36,754	40,420
Inventory	6,635	13,662
Total Assets	<u>\$ 54,542</u>	<u>\$ 65,335</u>
Accounts Payable	\$ 20,275	\$ 41,048
Accrued Salaries	67,913	62,312
Accrued Vacation Pay	206,909	373,682
Employee Future Benefits	150,400	231,100
Fund Deficit	<u>(390,955)</u>	<u>(642,807)</u>
Total Liabilities and Fund Balance	<u>\$ 54,542</u>	<u>\$ 65,335</u>
Results of Operations		
AHS Grant	\$ 5,713,405	\$ 8,285,009
Other Revenue	<u>1,326,828</u>	<u>2,183,583</u>
Total Revenue	<u>7,040,233</u>	<u>10,468,592</u>
Salaries & Benefits	5,698,863	8,586,040
Other Expenses	<u>1,117,383</u>	<u>1,551,909</u>
Total Expenses *	<u>6,816,246</u>	<u>10,137,949</u>
Excess of Expenses over Revenue	<u>\$ 223,987</u>	<u>\$ 330,643</u>

\* Expenses include the Authority's allocated costs of \$598,516 (2015 - \$1,091,506).

The RHA has the use of the capital assets of the Dr. Cooke facility for no charge. Neither the capital assets owned by AHS nor the related amortization expense are reflected in these financial statements because the assets continue to be the property of AHS.

### 13. HEALTH SERVICES PROVIDED TO ALBERTA RESIDENTS ON BEHALF OF ALBERTA HEALTH SERVICES (continued)

#### **Lloydminster Continuing Care Centre**

The newly constructed Lloydminster Continuing Care (LCC) facility opened and began operations on June 9, 2015. LCC is owned by AHS.

The RHA manages and operates this facility on behalf of AHS.

These financial statements include operating assets, liabilities, revenue and expenses of the Lloydminster Continuing Care facility as follows:

	<u>2016</u>
Balance Sheet	
Cash and Short-Term Investments	\$ 12,881
Accounts Receivable	9,444
Inventory	10,604
Total Assets	<u>\$ 32,929</u>
Accounts Payable	\$ 27,981
Accrued Salaries	98,073
Accrued Vacation Pay	218,335
Employee Future Benefits	138,100
Fund Deficit	(449,560)
Total Liabilities and Fund Balance	<u>\$ 32,929</u>
Results of Operations	
AHS Grant	\$ 4,272,903
Other Revenue	1,104,601
Total Revenue	<u>5,377,504</u>
Salaries & Benefits	4,522,127
Other Expenses	865,656
Total Expenses *	<u>5,387,783</u>
Excess of Expenses over Revenue	<u>\$ (10,279)</u>

\* Expenses include the Authority's allocated costs of \$602,875 (2015 - \$0).

The RHA has the use of the capital assets of the Lloydminster Continuing Care facility for no charge. Neither the capital assets owned by AHS nor the related amortization expense are reflected in these financial statements because the assets continue to be the property of AHS.

### 14. ENERGY RENEWAL PROJECT

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

#### 14. ENERGY RENEWAL PROJECT (continued)

The total cost of the energy performance contract is \$3,477,635 plus GST and has been financed through a \$3,500,000 term debt facility with a balance of \$2,835,209 outstanding (2015 - \$3,030,069), which bears interest at a rate of 3.75%. The term debt facility is amortized over a period of 15 years.

Results of the energy renewal project since its inception are:

	2016	2015	2014	Prior	Total
Estimated Utility Savings	\$ 289,858	\$ 325,194	\$ 289,858	\$ 173,915	\$ 1,078,825
Interest Costs	110,574	117,500	124,406	26,295	378,775

#### 15. CONTINGENCIES

##### *Lawsuits*

The RHA is currently involved in four legal claims. The RHA's insurance coverage would be adequate to cover the claims. The outcome of the remaining legal claims cannot be determined at this time and, accordingly, no liability has been recorded in these financial statements.

#### 16. PAY FOR PERFORMANCE

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

#### 17. COLLECTIVE BARGAINING AGREEMENT

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

The United Nurses of Alberta (UNA) contract is in effect until March 31, 2017. The Alberta Union of Provincial Employees (AUPE) – Auxiliary Nursing contract expired March 31, 2015. The Alberta Union of Provincial Employees (AUPE) – General Support Services contract expired March 31, 2014.

## 18. N52 ERROR

Subsequent to the year ended March 31, 2015, PNRHA identified an error in the calculation of n52 vacation pay. Prior period comparative amounts have been restated from those previously reported to correct for this error. The correction of this error has impacted the RHA's statements as follows:

	<b>2015 As Previously Recorded</b>	<b>Restatement</b>	<b>2015 As Restated</b>
Vacation Payable	13,934,333	372,352	14,306,685
Total Liabilities	44,667,177	372,352	45,039,529
Fund Balances, beginning of the year			
- Operating Fund, Unrestricted	(15,070,449)	-	(15,070,449)
Fund Balances, end of the year			
- Operating Fund, Unrestricted	(15,244,180)	(372,352)	(15,616,532)
Expenses	273,586,398	372,352	273,958,750
Excess of revenue over expenses	4,108,673	(372,352)	3,736,321

## 19. CO-OWNERSHIP ERROR

PNRHA and Ministry of Health signed a co-ownership agreement on February 22, 2013 to construct a capital asset to be co-owned by both parties. The RHA has been accounting for its 23.6% share of the co-owned capital asset. These financial statements reflect 100% of the co-owned capital asset accounted for retroactively. Comparative figures have been restated and the opening accumulated surplus has been increased by \$1,909,530.

	<b>2015 As Previously Recorded</b>	<b>Restatement</b>	<b>2015 As Restated</b>
<b>CAPITAL FUND ASSETS</b>			
Ministry of Health			
Accounts Receivable	1,803,429	727	1,804,156
Capital Assets	72,013,985	1,908,803	73,922,788
<b>Total Assets</b>	<b>73,817,414</b>	<b>1,909,530</b>	<b>75,726,944</b>

### CHANGES IN FUND BALANCES:

<b>For the Year Ended March 31, 2015</b>	<b>Capital Fund</b>	<b>Restatement</b>	<b>Capital Fund Restated</b>	<b>Operating Fund Restated</b>	<b>Community Trust Fund</b>	<b>Total Fund Balances, Restated</b>
				(Note 18)		
Fund balance, beginning of year	65,339,853	1,909,530	67,249,383	(15,070,449)	1,249,826	53,428,760
Excess (deficiency) of revenues over expenses	(1,918,100)		(1,918,100)	3,736,321	13,794	1,832,015
Interfund transfers	4,282,404		4,282,404	(4,282,404)	-	-
Fund balance, end of year	<b>67,704,157</b>	<b>1,909,530</b>	<b>69,613,687</b>	<b>(15,616,532)</b>	<b>1,263,620</b>	<b>55,260,775</b>

**PRAIRIE NORTH REGIONAL HEALTH AUTHORITY  
SCHEDULE OF EXPENSES BY OBJECT**

For the Year Ended March 31, 2016

	Budget 2016	Actual 2016	Actual 2015
<b>Operating:</b>			
Advertising & public relations	\$ 39,750	\$ 24,465	\$ 48,636
Board costs	157,960	104,999	117,413
Compensation - benefits	33,599,241	32,174,163	32,109,825
Compensation - employee future benefits	179,800	227,500	95,900
Compensation - salaries	165,755,960	168,572,158	158,427,820
Continuing education fees & materials	558,571	418,865	428,287
Contracted-out services - other	6,849,971	6,987,246	7,131,566
Diagnostic imaging supplies	230,655	296,615	256,035
Dietary supplies	253,700	283,713	307,101
Drugs	2,965,865	3,259,078	2,965,679
Food	3,878,104	4,210,155	3,949,010
Grants to ambulance services	3,472,117	3,807,933	3,472,117
Grants to health care organizations & affiliates	4,474,295	6,879,031	6,808,618
Housekeeping & laundry supplies	1,268,115	1,478,286	1,374,353
Information technology contracts	1,894,101	1,986,051	1,585,990
Insurance	415,000	420,681	396,283
Interest	28,600	29,290	31,252
Laboratory supplies	1,872,800	2,031,157	2,053,837
Medical & surgical supplies	7,859,620	8,051,493	8,055,872
Medical remuneration & benefits	22,500,241	23,220,194	21,822,363
Meetings	85,150	93,069	107,194
Office supplies & other office costs	1,862,715	2,162,370	2,178,139
Other	3,204,967	4,437,351	3,680,392
Professional fees	1,369,477	1,537,069	1,486,601
Prosthetics	405,000	490,506	449,664
Purchased salaries	802,050	1,395,100	1,534,665
Rent/lease/purchase costs	1,487,998	1,832,893	1,636,505
Repairs & maintenance	4,179,574	4,652,842	4,647,865
Supplies - other	946,386	1,355,135	1,295,817
Therapeutic supplies	-	4,208	3,146
Travel	1,494,213	1,789,160	1,928,395
Utilities	3,527,250	3,556,835	3,572,410
<b>Total Operating Expenses</b>	<b>\$ 277,619,246</b>	<b>\$ 287,769,611</b>	<b>\$ 273,958,750</b>
<b>Restricted:</b>			
Amortization		\$ 8,127,074	\$ 8,155,145
Loss/(Gain) on disposal of capital assets		48,325	-
Mortgage interest expense		293,227	298,906
Other		265,276	4,431
		<b>\$ 8,733,902</b>	<b>\$ 8,458,482</b>



**PRAIRIE NORTH REGIONAL HEALTH AUTHORITY**  
**SCHEDULE OF INVESTMENTS**  
For the Year Ended March 31, 2016

	Fair Value	Maturity	Effective Rate
<b><u>Restricted Investments* -Capital Fund</u></b>			
<b>Cash and Short Term Investments</b>			
Chequing and Savings:			
Synergy Credit Union, Lloydminster	1,267,116		
	<b><u>1,267,116</u></b>		
 <b><u>Restricted Investments* -Community Fund</u></b>			
<b>Cash and Short Term Investments</b>			
Chequing and Savings:			
Edam Credit Union	102,537		
Goodsoil Credit Union	26,697		
Edam Credit Union	15,000	03-Dec-16	0.75%
Edam Credit Union	15,000	02-Dec-16	0.75%
Edam Credit Union	20,000	30-Nov-16	1.25%
Goodsoil - Cdn Western GIC	17,195	06-Jun-16	2.06%
Innovation Credit Union, Meadow Lake	429,220		
Innovation Credit Union, North Battleford	197,605		
Synergy Credit Union, Lloydminster	28,825		
R.M. of Frenchman Butte	9,968		
Town of Lashburn	25,838		
Town of Marshall	1,024		
Town of St Walburg	25,522		
Village of Waseca	9,712		
	<b><u>924,143</u></b>		
<b>Long Term Investments</b>			
Edam Credit Union	50,000	23-Jan-18	1.25%
Goodsoil - Cdn Western GIC	17,444	21-Aug-17	2.20%
Goodsoil - Cdn Western GIC	17,296	29-May-18	2.06%
	<b><u>84,740</u></b>		
 Total Restricted Investments -Community Fund	 <b><u>1,008,883</u></b>		
 Subtotal	 <b><u>2,275,999</u></b>		

\* Restricted Investments consist of:

- 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 held in the Capital Fund (Schedule 4).

**PRAIRIE NORTH REGIONAL HEALTH AUTHORITY**  
**SCHEDULE OF INVESTMENTS**  
For the Year Ended March 31, 2016

	Fair Value	Maturity	Effective Rate
Balance Forward	\$ 2,275,999		
<b><u>Unrestricted Investments -Operating Fund</u></b>			
Cash and Short Term			
Innovation Credit Union	1,322,292		
Synergy Credit Union	11,520,631		
Turtleford Credit Union	1,523		
Equities	300		
Petty Cash	13,153		
Credential Securities GIC	52,034	04-May-16	2.51%
Credential Securities GIC	36,103	06-May-16	2.06%
Credential Securities RBC GIC	111,772	10-Jan-17	2.67%
Synergy Credit Union	194,649	10-Jun-16	1.20%
Synergy Credit Union	118,066	16-Jun-16	1.20%
Synergy Credit Union	174,317	10-Jan-17	1.45%
Synergy Credit Union	472,185	27-Dec-16	1.60%
Synergy Credit Union	244,422	29-Dec-16	1.65%
Synergy Credit Union	141,513	13-Dec-16	1.94%
Synergy Credit Union	47,604	24-Jun-16	2.50%
Synergy Credit Union	47,344	25-Jun-16	1.94%
Synergy Credit Union	55,703	02-Dec-16	2.20%
	<b>14,553,611</b>		
Long Term			
Credit Union Member shares	5		
Member equity	63,654		
Home Trust High Interest Savings	43,597		
Credential Securities GIC	90,987	06-Nov-19	2.35%
Credential Securities GIC Home Trust	28,593	20-Aug-18	2.30%
Credential Securities GIC BMO Trust	25,332	06-Nov-19	2.41%
Credential Securities HOME TRUST GIC	28,808	29-May-17	2.00%
Credential Securities GIC	101,493	22-Jul-20	2.16%
Credential Securities GIC	36,735	22-Jul-20	2.15%
Credential Securities GIC	77,518	29-Sep-17	1.76%
Credential Securities GIC	77,522	29-Sep-17	1.77%
Credential Securities GIC	53,447	02-Dec-20	2.31%
Credential Securities GIC	100,411	05-Jan-18	1.75%
Credential Securities GIC	60,380	05-Jan-18	1.82%
Credential Securities GIC	50,212	05-Jan-18	1.80%
Credential Securities GIC	70,247	05-Jan-18	1.50%
Credential Securities GIC	30,124	05-Jan-18	1.76%
Synergy Credit Union	258,632	6-Jun-20	1.90%
Synergy Credit Union	48,320	24-Jun-20	1.90%
Synergy Credit Union	45,539	27-Jan-19	1.80%
Synergy Credit Union	286,270	15-Mar-18	1.05%
Synergy Credit Union	256,553	29-Dec-18	2.37%
Synergy Credit Union	239,779	27-Dec-17	1.75%
Synergy Credit Union	47,223	25-Jun-17	2.15%
Synergy Credit Union	48,555	25-Jun-19	2.80%
Synergy Credit Union	55,776	03-Dec-17	2.15%
Synergy Credit Union	56,072	03-Dec-17	2.04%
Synergy Credit Union	56,305	03-Dec-19	2.20%
	2,338,089		
Total Unrestricted Investments -Operating Fund	<b>16,891,700</b>		
<b>Total Investments</b>	<b>\$ 19,167,699</b>		

**PRAIRIE NORTH REGIONAL HEALTH AUTHORITY  
SCHEDULE OF INVESTMENTS  
For the Year Ended March 31, 2016**

---

	<u>Fair Value</u>	<u>Maturity</u>	<u>Effective Rate</u>
Total Cash & Short Term	16,744,870		
Total Long Term	<u>2,422,829</u>		
Total Investments	<u>\$ 19,167,699</u>		

**PRAIRIE NORTH REGIONAL HEALTH AUTHORITY**  
**SCHEDULE OF EXTERNALLY RESTRICTED FUNDS**  
For the Year Ended March 31, 2016

**COMMUNITY TRUST FUND EQUITY**

<u>Trust Name</u>	Balance Beginning of Year	Investment & Other Revenue	Donations	Expenses	Withdrawals	Balance End of Year
<b>Non-Government of Sask Initiatives</b>						
L. Gervais Memorial Health Centre	\$ 76,821	\$ 1,168	\$ -	\$ -	\$ -	\$ 77,989
Northland Pioneer Lodge	425,576	3,187	-	-	-	428,763
Lady Minto Health Centre	217,810	1,346	1,384	-	-	220,540
Saskatchewan Hospital	198,882	1,468	-	-	-	200,350
River Heights Lodge	8,779	398	-	-	-	9,177
R.M. of Cut Knife	164,486	707	-	(164,486)	-	707
R.M. of Frenchman Butte	9,847	77	-	-	-	9,924
R.M. of Hillsdale	56,889	284	-	(57,580)	-	(407)
Town of Cut Knife	43,211	186	-	(43,211)	-	186
Town of Lashburn	25,499	180	-	-	-	25,679
Town of St. Walburg	25,286	-	-	-	-	25,286
Village of Marshall	1,028	1	-	-	-	1,029
Village of Waseca	9,506	154	-	-	-	9,660
	<b>\$ 1,263,620</b>	<b>\$ 9,156</b>	<b>\$ 1,384</b>	<b>\$ (265,277)</b>	<b>\$ -</b>	<b>\$ 1,008,883</b>

**CAPITAL FUND**

	Balance Beginning of Year	Investment & Other Revenue	Capital Grant	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
<b>Ministry of Health Initiatives</b>						
Lloydminster Hospital 3rd OR	\$ 390,375	\$ -	\$ -	\$ -	\$ -	\$ 390,375
BUH Dialysis Expansion	-	-	600,000	-	(21,646)	578,354
BUH Fluoroscopy unit	250,000	-	-	-	(250,000)	-
Block Funding	460,000	-	-	-	(460,000)	-
Capital Equipment Funding	460,000	-	-	-	(460,000)	-
	1,560,375	-	600,000	-	(1,191,646)	968,729
<b>Non-Government of Sask Initiatives</b>						
Alberta Health Services	\$ -	\$ -	\$ 533,000	\$ -	\$ (373,386)	\$ 159,614
	-	-	533,000	-	(373,386)	159,614
<b>Total Capital Fund</b>	<b>\$ 1,560,375</b>	<b>\$ -</b>	<b>\$ 1,133,000</b>	<b>\$ -</b>	<b>\$ (1,565,032)</b>	<b>\$ 1,128,343</b>
<b>Total Externally Restricted Funds</b>	<b>\$ 2,823,995</b>	<b>\$ 9,156</b>	<b>\$ 1,134,384</b>	<b>\$ (265,277)</b>	<b>\$ (1,565,032)</b>	<b>\$ 2,137,226</b>

**PRAIRIE NORTH REGIONAL HEALTH AUTHORITY  
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES  
For the Year Ended March 31, 2016**

	Balance Beginning of Year	Investment Income Allocated	Annual Allocation from Unrestricted fund	Other Income	Transfer to Unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance End of Year
<b>Capital</b>							
<b>CMHC Replacement Reserves</b>							
Cut Knife & District Special Care Home Inc.	\$ 19,089	\$ 335	\$ 9,340	\$ -	\$ -	\$ (18,782)	\$ 9,982
L.Gervais Memorial Health Centre	4,500	79	4,500	-	(127)	-	8,952
Lloydminster and District Senior Citizens Lodge	24,080	422	13,000	-	-	-	37,502
Northland Pioneers Lodge	96,290	1,690	11,023	-	-	(29,787)	79,216
Turtle River Nursing Home	72,413	1,271	-	-	(1,214)	-	72,470
<b>Total CMHC</b>	<b>216,372</b>	<b>3,797</b>	<b>37,863</b>	<b>-</b>	<b>(1,341)</b>	<b>(48,569)</b>	<b>208,122</b>
<b>Other Internally Restricted Funds</b>							
Donation Funds	790,777	-	-	321,168	(306,603)	43,761	849,103
Capital Equipment replacement	149,575	-	-	-	-	-	149,575
Northland Pioneers Lodge	312,316	2,336	-	-	-	-	314,652
Ambulance replacement	351,087	-	113,112	-	-	(196,092)	268,107
<b>Total Capital</b>	<b>1,820,127</b>	<b>6,133</b>	<b>150,975</b>	<b>321,168</b>	<b>(307,944)</b>	<b>(200,900)</b>	<b>1,789,559</b>
<b>Operating</b>							
<b>Other Internally Restricted Funds</b>							
Donation Funds	368,085	-	-	113,985	(50,825)	(43,761)	387,484
<b>Total Operating</b>	<b>368,085</b>	<b>-</b>	<b>-</b>	<b>113,985</b>	<b>(50,825)</b>	<b>(43,761)</b>	<b>387,484</b>
<b>Total Internally Restricted Funds</b>	<b>\$ 2,188,212</b>	<b>\$ 6,133</b>	<b>\$ 150,975</b>	<b>\$ 435,153</b>	<b>\$ (358,769)</b>	<b>\$ (244,661)</b>	<b>\$ 2,177,043</b>

The other internally restricted capital fund balance represents cash available to the Authority and restricted by the Authority which has been earned within that fund or transferred to the fund from the Operating Fund or the Community Trust Fund.

The Authority established an internally restricted reserve for Emergency Response Services enhancements. This reserve can be used for either operating or capital expenditures and is at the discretion of the Authority.

**PRAIRIE NORTH REGIONAL HEALTH AUTHORITY  
SCHEDULES OF:**

**BOARD MEMBER REMUNERATION  
For the Year Ended March 31, 2016**

RHA Members	2016							2015
	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
<b>Chairperson</b>								
O'Grady, Bonnie	\$ 9,960	\$ 20,156	\$ 12,488	\$ 13,744	\$ 60	\$ 1,919	\$ 58,327	\$ 49,594
<b>Board Member</b>								
Christensen, Ben	-	3,413	675	815	-	139	5,042	6,256
Chum, Gillian	-	4,325	1,550	1,657	-	199	7,731	11,389
Gattinger, Sheldon	-	3,338	1,000	2,560	-	175	7,073	-
Hoffman, Wayne	-	3,550	825	479	-	21	4,875	5,058
Lundquist, Helen	-	4,175	1,525	1,767	-	216	7,683	7,910
Pike, Jane	-	4,325	1,675	2,245	-	230	8,475	11,981
Reid, Trevor	-	-	-	-	-	-	-	1,989
Sauer, Leanne	-	4,913	963	827	60	209	6,972	8,913
Sharma, Anil	-	3,550	900	1,003	-	154	5,607	5,932
Wouters, Glen	-	2,400	743	1,122	-	56	4,321	8,275
<b>Total</b>	<b>\$ 9,960</b>	<b>\$ 54,145</b>	<b>\$ 22,344</b>	<b>\$ 26,219</b>	<b>\$ 120</b>	<b>\$ 3,318</b>	<b>\$ 116,106</b>	<b>\$ 117,297</b>

**SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE  
for the year ended March 31, 2016**

Senior Employees	2016					2015		
	Salaries <sup>1</sup>	Benefits and Allowances <sup>2</sup>	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances <sup>1,2</sup>	Severance	Total
Fan, David - CEO	\$ 356,945	\$ 60	\$ 357,005	\$ -	\$ 357,005	\$ 335,533	\$ -	\$ 335,533
Chabot, Lionel - VP	-	-	-	-	-	139,722	-	139,722
Denis, Irene - VP	240,692	60	240,752	-	240,752	226,274	-	226,274
King, Gloria - VP	225,062	60	225,122	-	225,122	203,141	-	203,141
Miller, Derek - VP	182,162	60	182,222	-	182,222	89,281	-	89,281
Smart, Vikki - VP	225,897	60	225,957	-	225,957	203,251	-	203,251
<b>Total</b>	<b>\$1,230,758</b>	<b>\$ 300</b>	<b>\$ 1,231,058</b>	<b>\$ -</b>	<b>\$ 1,231,058</b>	<b>\$ 1,197,202</b>	<b>\$ -</b>	<b>\$ 1,197,202</b>

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. The pay for performance compensation plan has been suspended for the 2014-15 to 2016-17 fiscal years. Senior employees will receive 100% of their base salary for 2014-15 to 2016-17. 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.



# Appendix A - Payee Disclosure List

## PRAIRIE NORTH REGIONAL HEALTH AUTHORITY PAYEE DISCLOSURE LIST For the Year Ended March 31, 2016

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

### Personal Services

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

Abbott-Swidorski, Tammy	\$ 85,145	Angeles Jr.,Justino	\$ 80,394
Abraham,Swapana	100,835	Antinero,Ma. Anna	106,867
Abrams,Courtney	84,087	Antonio,Dowsan	67,566
Acaster,Dianne	101,310	Antony,Anson	152,440
Adamson,Amanda	78,510	Aquino, Sally F.	61,016
Adeagbo,Funmilola	107,666	Arcand,Christine	111,558
Agraviador,Edda Aura	100,617	Arnold,Shelley	86,968
Aguilo,Jocelyn	77,436	Arora,Harsha	73,420
Ahmad,Mirza	58,783	Arps,Stephanie	69,967
Ahmed,Sana	67,311	Aure,Riza	52,527
Aiken,Tyler	59,984	Auriat,Odette	150,158
Akerman,Kerryn	71,100	Austin,Audra	108,144
Akre,Kim	78,733	Ayhan,Rachel	71,114
Albers,Denise	57,789	Aznar,Chariss	109,089
Albert,Lori	85,960	Aznar,Rameses	50,844
Alex,Joji	115,490	Azupardo,Keyleen	104,751
Alexander,Carol	61,327	Babcock,Brittany	58,931
Alexander,Marie	76,231	Baby Purayidam,Sheril	102,383
Alger,Courtney	93,838	Bacchetto,Theresa	87,229
Allan, Lori D.	73,742	Backlund, Terence	60,875
Allan,James	70,809	Bailey,Anita	93,488
Allan,Melissa	87,546	Bailey,Todd	110,436
Allchurch,Pamela	51,517	Balbiran, Jun Rey O	54,115
Allen,Brianna	51,103	Baldinus,Debra	56,760
Allen,Krista	89,547	Ball,Nicole	93,019
Allen,Sean	92,167	Balysky,Arnold	52,000
Almario, Mary	56,089	Banas-Mcewen, Rossana	57,181
Almond,Deanne	85,061	Bandola,James	81,267
Almond,Rosemary	52,292	Banez, Jovel	52,312
Amediku,Benjamin	115,590	Banez, Maria "Daisy"	54,024
Amusat,Ismaila	105,719	Banks,Shannon	75,831
Anderson Callbec,Trina	120,446	Banks,Shelly	93,832
Anderson,Fawn	74,492	Banks,Sherri	69,312
Anderson,Lorilynn	93,003	Banks,Tara	58,647

## Personal Services (continued)

Bannerman,Annette	\$ 68,003	Blain,Marion	\$ 52,460
Bannerman,Charlene	96,982	Blais,Louise	80,707
Bannister,Jennifer	74,803	Blais,Valerie	81,075
Barclay,Grant	66,366	Bland,Erin	81,113
Barker,Beverly	59,678	Blandin,Ashley	87,251
Barker,Penny	53,782	Blaquiere,Brittni	92,617
Barnett,Isabelle	97,116	Blaquiere,Jennifer	72,642
Baron,Lauren	80,966	Blaquiere,Mary Jean	52,455
Barr,Idella	89,547	Bloom,Bethany	69,214
Barth,Jennifer	77,017	Blythe, Edith	53,288
Bartkewich,Catherine	99,197	Bodnar,Cynthia	123,228
Basilio, Maria	56,361	Boehm,Kristina	100,862
Basilio,Catherine	110,914	Boehm,Melissa	65,959
Bauer,Matthew	55,584	Bolig,Candice	50,136
Bauer,Robert	101,027	Bongosia,Allan	50,759
Bauming,Holly	119,385	Bongosia,Catherine	50,620
Baynham,Carrie	98,935	Bonifacio,Gladys	53,563
Baynton,Frances	51,290	Borabo, Jocelyn	52,252
Beamish,Kim	51,580	Borowski,Brettiney	90,769
Beaudry,Deborah	65,180	Borthwick,Daniella	101,561
Beaudry,Valerie	59,837	Boskill,Carmin	102,912
Becker,Jodi	52,370	Boskill,Sharon	56,367
Beckman,Barbara	65,784	Boulton,Noreen	92,286
Bedford,Shirley	78,743	Bourassa,Candace	74,011
Bekhit,Moataz	64,017	Bouvier,Erin	67,688
Belaire,Laura	80,566	Bowman,Jodi	61,778
Belcher,Laura	71,507	Boyer, Desiree	133,644
Beler,Brenda	99,935	Boyer,Claudette	80,283
Bell,Nancy	72,802	Braaten,Cathy	70,943
Beltran, Kathryn	62,850	Brander,Edna	67,989
Bencharski,Karen	109,035	Brander,Nicole	51,074
Bendall,Beverly	52,607	Brataschuk,Cathie	58,993
Bendall, Lucy	63,157	Brausse,Connie	75,855
Bendick,Brenda Le	51,803	Brennan,Catherine	51,685
Bentley,Blaine	95,162	Brick,Dean	106,062
Bentley,Regina	113,531	Brick,Lorette	50,520
Berg,Kelly	75,223	Briones,Levelita	59,528
Bergeron,Samantha	65,092	Britton, June	54,171
Berquist,Brandi	79,862	Broad,Ashley	81,973
Berthelette,Charlotte	60,270	Brochu,Kristine	67,558
Bertsch,Ashley	86,716	Brooks,Claudette	54,190
Bertsch,Shirley	89,305	Brow,Patricia	58,215
Berube,Reghan	95,904	Brow,Robert	84,796
Best, Wade	73,927	Browamy, Tonya	67,995
Best,Peggy	96,637	Brown,Christine	80,499
Bird Jimmy,Freda	50,650	Brown,Roshel	71,647
Bird, Esther	61,024	Bruckner,Christoph	72,105
Bird-Martin,Glenda	94,378	Brucks,Susan	75,950
Birkett,Bryan	70,448	Brun,Wanda	67,262
Birkett,Sandra	67,939	Brust,Nicole	72,156
Bishara,Chantal	93,754	Buan Salazar,Nichole	106,002
Bishop, Gina	56,574	Buchynski,Kenneth	113,887

## Personal Services (continued)

Buck, Gloria	\$ 73,109	Conacher, Ashley	\$ 102,466
Bugler, Brenda	64,232	Conacher, Laurie	59,575
Bullock, Karen	104,913	Conacher, Michaela	55,510
Bullock, Lloyd	153,373	Conley, Dylan	65,682
Bunnell, Diane	102,575	Cook, Danelle	68,738
Burroughs, Penny	87,123	Cook, Jennifer	51,259
Burrows, Kimberly	64,247	Cook, Robert	110,588
Burton, Carly	69,940	Cookman Lang, Heidi	60,173
Byl, Kathy	86,361	Cooling, Janisa	79,728
Caguia, Catrina C	99,893	Corbeil, Alan	79,793
Cain Buglas, Jacalyn	94,998	Cornista, Teeny	104,326
Calacal, Miriam	50,563	Corpe, Cathy	84,796
Calow, Michelle	100,796	Corrigal, Don	70,716
Cameron, Greg	81,719	Corrigal, Twyla	70,650
Camgoz, Lynn	88,066	Craig, Ashleigh	53,531
Campbell, Jessica	63,314	Craig, Irene	102,314
Canfield, Robyn	92,757	Craig, Margaret	54,476
Cappelle, Jarret	82,868	Crickard, Karen	86,637
Cappelle, Trina	71,892	Crossman, Doris	53,743
Carbon (Nieto), Melo	50,256	Crush, Noreen	54,167
Cardinal, James	53,013	Cruz, Catherine	52,715
Carey, Kristen	68,645	Cubbon, Karen	59,319
Carter, Kerrilee	52,273	Cuff, Shirley	74,661
Cavanagh, Lisa	97,245	Custer, Cory	81,300
Cave, Teresa	58,894	Dahl, Glenda	77,812
Cey, Denelle	52,669	Dalke, Kimberly	73,234
Chabot, Kathleen	54,898	Dallyn, Lauri	103,906
Chapman, Lisa	67,526	Danderfer, Arleen	54,329
Charabin, Brenda	90,593	Danilkewich, Krysta	66,090
Chartier, Timothy	54,531	Danilkewich, Mandy	91,966
Chatelaine, Rachel	57,293	Dase, Jennifer Carme	54,157
Chaykowski, Brenda	94,983	Davidson, Allan	52,158
Cheenanow, Leona	88,913	Davidson, Theresa	79,134
Chermcara, Gail	50,432	Davis, Jane	93,661
Cherniak, Misha	86,245	Day, Kelly	119,474
Choe, Yoon	68,493	Day, Myles	55,283
Chomicki, Doreen	67,752	De Bruin, Shannon	78,859
Chomutare, Tanyaradz	50,083	De Los Reyes, Zheridonn	61,141
Chrapko, Natalie	62,084	Dearborn, Anna	63,183
Christianson, Christine	74,913	Decelle, Kathy	78,111
Chubb, Patricia	115,213	Degenstein, Amanda	99,159
Clancy, Catherine	90,803	Degenstien, Erin	55,241
Clark, Margaret	76,486	Dejong, Courtney	74,111
Clark, Marlene	50,345	Demmans, Kristen	85,393
Clarke, Darlene	91,915	Deneschuk, Judith	96,093
Clarke, Penni	76,492	Denis, Irene	240,692
Coakwell, Michelle	55,655	Derdall, Kent	81,764
Cole, Jill	57,597	Derkatz, Rhonda	137,789
Collinge, Dianne	103,494	Derkatz, Trevor	159,167
Collins, Cheryl	52,548	Desjarlais, Jackie	52,375
Collins, Shari	84,761	Desmarais, Lana	66,954
Combres, Gayle	51,034	Dewald, Kristina	78,106

## Personal Services (continued)

Dewolfe, Sandra	\$ 116,443	Ernst, Bernadett	\$ 104,859
Dionisio, Lourdes	59,365	Escorpiso, Emelda	85,731
Dodjro, Ablavi	73,485	Etcheverry, Chris	115,504
Domes, Shannon	54,336	Etcheverry, Geoff	98,738
Donald, Brenda	107,719	Etcheverry, Lionel	85,700
Donald, Lori	77,863	Etcheverry, Lisa	65,044
Doom, Chelsey	71,621	Evangelista, Micah	53,962
Doom, Debra	100,268	Evanger, Shanna	95,608
Doshen Gervais, Lisa	115,752	Ewanchuk, Eunice	54,709
Draskic, Manuela	69,718	Ewanchuk, Lindsay	64,068
Du Plooy, Zelda	80,030	Fafard, Sandra	58,909
Dubray, Janaya	69,843	Fahlman, Rebecca	51,403
Duddridge, Shawn	95,011	Falade, Tolulope	76,226
Dueck, Shari	79,717	Fan, Colleen	71,328
Duhaime, Tanya	73,584	Fan, David	356,945
Dull, Darcy	51,694	Fanthorpe, Judy	58,124
Dulo, Jennilyn	50,964	Farr, Alannah	96,535
Dumouchel, Kathryn	68,427	Farrell, Barbara	96,391
Duncan, Diana	85,757	Fedler, Rikki	79,843
Dunning, Nicholas	94,520	Ferguson, Wendy	87,517
Dupuis, Darlene	92,685	Ferland, Armande	90,794
Dupuis, Lori	91,243	Fern, Kaeley	75,727
Duriez, Anne	72,883	Fernandez, Kohleen	75,425
Dustow, Verlyne	110,396	Ferron, Shelley	53,803
Dutchak, Jennifer	76,537	Fey, Danielle	66,034
Dutton, Shellie	76,672	Fillion, Janice	52,658
Dy, Petrina	64,637	Flanagan, Courtney	69,946
Dyck, Cheryl	54,624	Flath, Kimberly	82,977
Dyer, Amber	67,432	Flegel, Erika	60,473
Dykstra, Donna	53,782	Fleury, Jason	50,234
Ebach, Chris	78,373	Folstrom, Marlene	50,606
Eberle, Janelle	75,221	Forbes, Gary	58,715
Ecker, Rebecca	71,507	Forbes, Shelley	89,603
Edlin, Aimee	53,782	Ford, Brittiany	81,209
Edwards, Timothy	101,164	Fortier, Laurelle	69,867
Eggers, Leeza	69,164	Foulds, Brittni	50,742
Eidsvik, Morgan	76,838	Francais, Garrett	118,409
Eilamurugan, Iggy	55,094	Francis, Jennifer	74,619
Elliott Rumpf, Karen	75,950	Frank, Serena	55,768
Elliott, Bernice M.	52,152	Fransoo, Colais	102,319
Elliott, Michelle	79,614	Fransoo, Paul	85,532
Ellis, Shana	88,536	Freeman, Caroline	102,087
Elsner, Alison	63,513	Freimark, Judy	71,276
Encorporado, Parker	60,273	Frey, Geoff	84,490
Engelke, Carmel	72,577	Frey, Jared	75,079
Engelke, Johann	94,937	Friedrich, Andy	94,654
English, Dawn	103,353	Friesen, Karen	75,282
English, Roderick	114,401	Fruson, Mandee	72,019
Ennis, Garcia	111,467	Fung, Teresa	93,146
Ens, Jennifer	94,482	Gabbruch, Colleen	77,234
Erana, Gladys	71,165	Galman, Shirley	50,470
Erickson, Sara	73,574	Gamble, Jonathon	54,737

## Personal Services (continued)

Gammel, Joanne	\$ 51,860	Grigo, Sandra	\$ 93,343
Garland, Kimberly	86,043	Gubbe, Greg	95,868
Garris, Cheri Lyn	100,803	Gubbe, Joanne	82,481
Gatzke-Bartusek, Tammy	105,117	Gubbe, Spencer	93,278
Gaw, Casey	101,135	Guderyan, Lisa	61,846
George, Anumol	60,238	Guieb, Carmencit	76,868
George, Suneesh	97,887	Gumtang, Mary Ann	52,613
Gerbrandt, Gloria	99,295	Guo, Xianyun	54,346
Gerlinsky, Lisa	110,113	Gustafsson, Laurie	95,537
Gerrior, Val	51,603	Gusztak, Lewko	364,911
Gervais, Donnell	112,626	Gysler, Debora	104,248
Getzinger, Cindy	79,008	Hadland, Brenda	109,864
Gieni, Kathleen	64,071	Hadley, Allyson	53,048
Gill, Chris	75,006	Haftner, Debra	69,824
Gill, Harpreet	82,638	Hager, Genien	92,474
Gill, Paramjeet	106,441	Hagerty, Tammy	73,534
Gillen, Toby	97,971	Haggard, Alison	106,468
Gillespie, Laurie	102,755	Hall, Jeanette	108,756
Gillis, Kelsey	65,688	Hall, Jennifer	60,694
Girodat, Carri	64,110	Halter, Darlene	56,874
Glowa, Lorne	163,127	Halter, Chelsie	80,875
Gohil, Kartik	56,613	Halter, Sherri	58,157
Goll, Marilyn	53,360	Halwachs, Michaela	78,891
Gomentong, Rosita	50,377	Hames, Lisa	61,350
Gopal Joseph, Ephraim J	70,284	Hames, Shelly	72,200
Gosling, Kerri	92,629	Hamilton Rask, Shannon	95,214
Goward, Leah	84,796	Hamilton, Charlotte	121,837
Graf, Jan	80,666	Hamilton, Stephanie	56,693
Graham, Gloria	53,669	Hammond-Collins, Karon	102,241
Graham, Donna	62,582	Hamoline, Rebecca	69,238
Graham, Shiela	82,426	Hampton, Debra	79,396
Grant, Sandra	99,793	Hanbidge, Helen	71,905
Grasby, Michele	95,403	Hanna, Pamela	92,731
Grassl, Chelsey	53,084	Hannah Paulhus, Joyce	123,094
Gratton, Candace	64,132	Harder, Audrey	78,593
Graupe, Lori	122,078	Hardes, Laurie	54,925
Gravelle Allenby, Angela	94,923	Harland, Adele	62,597
Graw, Andrea	102,914	Harlingten, Leora	68,003
Graw, Esther	72,756	Harms, Shannon	92,982
Graw, Vivian	53,581	Harper, Howard	62,694
Gray, Lois	55,292	Harrison, Garth	78,583
Greenfield, Robert	63,815	Harrison, Shelly	65,895
Greenwald, Kelly	87,769	Harterter, Charlotte	72,792
Greenwald, Tammy	93,088	Harvey, Tricia	96,020
Greenwood, Beverly	100,600	Hasselberg, Leah	92,480
Gregg, Joanne	51,472	Haughian, Olivia	70,589
Gregoire, Ashley	83,788	Haughian, Terrie	90,829
Gregoire, Gillian	121,992	Hawkins, Naida	67,989
Grela, Joseph	85,042	Haycock, Jacobi	101,932
Greschner, Matthew	101,061	Hayward, Kimberley	57,275
Griffin, Sarah	57,473	Hayward, Shirley	52,216
Grift, Peggy	113,172	Head, Arlene	50,118

## Personal Services (continued)

Hegg, Cheryl	\$ 51,437	Huxley, Denise	\$ 96,945
Heidel, Kellie	93,511	Hydukewich, Judith	78,893
Heidel, Lisa	76,422	Hynes, Lacy	82,882
Heidel, Michelle	95,201	Idrees, Muhammad	53,066
Hein, Renee	93,458	Igini Close, Marie	70,239
Heintz, Shannon	106,331	Illingworth, Cherie	86,156
Heintz, Wendy	118,782	Illingworth, Connie	122,048
Heisler, Jordana	67,467	Ingram, Marlene	69,276
Heit, Tara	63,838	Inting, Jacinta	57,509
Henderson, Mendi-Lee	74,120	Ip Fung Chun, Roger	202,564
Hepp, Raquel	103,242	Iron, Shelly	74,685
Herbel, Amie	83,000	Irwin, Jamie	92,173
Hettinger, Jody	91,803	Istvan, Elizabeth	91,074
Heystek, Jessica	73,044	Iturralde, Cecille	116,490
Hiebert Sturrock, Lannis	82,417	Iturralde, Jim	62,181
Hiebert, Katherine	82,966	Iturralde, Lailani	157,813
Highton, Karen	54,353	Iverson, Darryl	79,627
Highton, Linda	52,191	Iverson, Saraya	75,743
Hillaby, Vanessa	91,715	Ives, Shaunna	60,363
Hilsendager, Brent	79,079	Iwanchuk, Debbie	93,596
Hilsendager, Carley	50,330	Jabil, Candie	81,970
Hines, Tyler	106,449	Jack, Jill	74,498
Hnativ, Carrie	94,963	Jackson, David	119,255
Hnativ, Darryl	85,499	Jackson, Sharon	104,530
Hoganson, Mardelle	91,736	Jaindl, Sharon	75,814
Holba, Barbara	104,591	Jamieson, Claudette	105,723
Horn, Janice	103,029	Jamieson, Valerie	65,935
Horpestad, Beverlie	77,696	Janzen, Ashley	80,966
Horrex, Susan	93,181	Javier, Evelyn	52,415
Horsman, Shelly	134,318	Jeffrey, Evangelin	100,130
Horvath, Mitchell	65,078	Jeffrey, Miles	98,970
Hotel, Robert	70,150	Jeske, Angela	75,037
Houk, Valerie	68,710	Jesse, Lorrieann	91,621
How, Cindy	93,377	Johner, Maxine	80,490
How, Ernie	122,858	Johnson, Brayden	66,939
Hrabinsky, Katelyn	67,772	Johnson, Alicia	94,683
Hritzuk, Celine	82,597	Johnson, Brad	50,723
Hryn, Donna	79,176	Johnson, Brook	80,967
Huang, Kevin	53,268	Johnson, Jessica	76,484
Huard, Catlin	73,009	Johnson, Kayelani	63,324
Huard, Darlene	72,177	Johnson, Lavona	50,273
Huard, Patricia	83,137	Johnson, Rachel	71,981
Huber, Jodie	135,088	Johnson, Shanda	81,174
Huebert, Kristin	106,517	Johnston, Amber	81,222
Hughes, Kelly	113,221	Johnston, Chanel	73,637
Hume, Louise	79,823	Johnston, Megan	69,956
Humenny, Christa	59,220	Jo-Molinar, Jean	65,299
Hundeby, Jaime	69,874	Jones, Gloria	99,964
Hupaelo, Jody	74,805	Jones, Judy	73,137
Hurley, Jay	90,419	Jorgenson, Patsy	102,276
Hurley, Katrina	82,355	Jose, Sunu	67,579
Huxley, Adrienne	83,302	Joseph, Margaret	84,970



## Personal Services (continued)

Joseph, Roshy	\$ 82,144	Konzelman, Ailsa	\$ 118,276
Joshi, Ankit	77,380	Koop, Kristi	68,346
Joy, Megha	90,340	Koopman, Ashley	50,055
Juarez, Michael	90,666	Koopman, Joslyn	77,306
Kachmarski, Don	58,983	Kotun, Laurie	95,893
Kainberger, Carole	54,275	Kotun, Samantha	74,897
Kalcsits, Amanda	75,209	Kovacich, Sherri L.	115,628
Kaltenborn, Vicki	103,700	Kowalsky, Leanna	85,805
Kalyn, Rhonda	69,520	Kozlowski, Koreen	67,412
Kanz, Bobbi	73,704	Kozun, Ginelle	52,139
Kaplar, Gwendolyn	91,353	Kramer, David	78,431
Karambetsos, Yannis	64,828	Kramm, Michael	72,518
Karay, Harrish	62,188	Krepps, Denice	94,856
Kardynal, Dione	94,209	Kress, Jenessa	52,429
Karlson, Pamela	79,383	Kube, Donna	70,102
Karp, Deena	57,211	Kuffner, Anne-Mari	85,405
Karpluk, David	69,235	Kuhmayer, Donna	53,826
Kashuba, Pamela	65,067	Kulak, Terri Lyn	77,031
Kavalench, Donnelda	75,997	Kulczycki, Shandi	68,080
Kearnan, Nancy	74,864	Kuntz, Coralie	78,584
Keebaugh, Caitlin	63,891	Kurc, Dorota	102,399
Kelch, Marie	112,721	Kuruvilla, Sineesh	62,677
Keller, Brandi	80,059	Kwong, Susie	53,563
Kelly, Brenda	53,782	Lacendre, Dione	69,415
Kerluke, Laurena	64,568	Lackie, Amy	67,816
Kettle, Lorne	93,406	Lafleur, Tammy	71,436
Kettle, Sarah	53,782	Lafreniere, Brittney	66,535
Khabibulin, Rynat	77,237	Lafreniere, Pamela	115,647
Kinchen, Tina	93,997	Lajeunesse, Ben	116,004
Kindrachuk, Karen	76,156	Lalonde, Florence	81,874
King, Gloria	225,062	Lalonde, Michelle	64,305
Kingwell, Darlene	85,606	Laluan, Rodalyn	51,767
Kipp, Renee	77,874	Lambert, Lisa	65,816
Kirkland, Marianne	88,056	Lamm, Heather	73,402
Kish-Cody, Sharon	65,533	Lamothe, Joseph	75,260
Kitzul, Krista	85,558	Lamoureux, Peggy	97,176
Klassen, Jennifer	54,150	Landreth, Janet	54,562
Klassen, Marlon	96,848	Landrie, Cynthia	103,433
Klippenstein, Darcy	91,559	Laplante, Christina	74,700
Klose, Jennifer	69,683	Larsen, Judy	57,440
Klotz, Helen	52,707	Larsen, Rebecca	81,187
Knibbs Bell, Rebecca	62,964	Larson, Crystal	67,002
Knight, Jasmine	85,762	Larson, Melinda	54,834
Knutson, Theresa	94,943	Larsson, Kimberley	101,047
Kobsar, Merla	80,119	Latus, Bruce	53,755
Koch, Angela	64,860	Laurin, Carolyn	92,729
Koch, Courtney	50,233	Lauritzen, Dianne	93,762
Koch, Lori	150,693	Lavallee, Charmayne	80,037
Koehl, Carmen	60,111	Lavallee, Regan	61,528
Kohl, Suzanne	68,628	Laventure, Colleen	72,946
Kohuch, Judy	94,403	Lavoie, Gail	94,941
Konlan, Binamin	98,170	Lavoie, Lydia	67,036

## Personal Services (continued)

Laws, John	\$ 64,268	Malekoff, Debra	\$ 57,855
Lay, Julia	65,138	Malm, Richelle	67,110
Lebsack, Mona	50,255	Maloney, Maria	92,435
Lecki, Darek	85,380	Mamer, Theresa	71,863
Lee, Kathy	96,169	Manegre, Nicole	88,658
Legere, Jeremie	51,959	Manegre, Sherri	101,166
Leitner, Jean	95,725	Manglal-Lan, Maria	66,248
Lemke, Nicole	52,247	Mani, Mini	152,975
Letwinetz, Bonnie	100,232	Mann, Devin	95,226
Lewis, Darla	54,341	Marciniuk, Sherry	58,982
Lewis, Linda	84,004	Marcoux, Jennifer	97,249
Light, Robyn	80,797	Marshall, Nicole	91,917
Lindain, Kristine	79,833	Martens, Debbie	95,334
Lindquist, Laura	66,829	Martinson, Karen	98,153
Lindquist, Murray	137,936	Mason, Betty	101,197
Lindquist, Randy	106,487	Massey, Delia	73,507
Lisko, Tamara	80,019	Mathew, Jeena	85,841
Lisoway, Jeanne	51,742	Mathias, Pancy	56,354
Litzenberger, Sarah	89,725	Matlock, April	62,611
Locke, Lori	57,575	Matzner, Stephanie	53,899
Lockhart, Becky	108,073	Mawbey, Brenda	73,081
Lockhart, Joyce	104,278	Mayer, Jody	115,577
Loewen, Byron	89,187	Mcaleer, Scott	78,959
Loewen, Cody	53,766	Mcammond, Jodie	68,744
Loewen, Heather	71,643	Mcauley, Mallory	90,397
Lofstrom, Cory	81,175	Mccallum, Georgette	82,664
Lopez, Elizabeth	56,797	Mccann, Matthew	50,844
Loranger, Brittany	95,436	Mccarthy, Debbie	82,742
Lorenz, Sharon	76,506	Mcclean, Chantel	91,814
Loveday, Marsha	102,060	Mccord, Chad	76,474
Lu, Jiongyun	53,828	Mccord, Katja	60,713
Luzny, Joshlyn	64,743	Mcdonald, Carla	59,704
Lychak, Tremayne	64,864	Mcdonald, Melanie	73,018
Lynds, Dalmar	116,740	Mcfadyen, Monique	59,671
Lynds, Sarah	96,336	Mcgillis, Barbara	78,896
Lyon, Kelly	113,845	Mchattie, Lauralee	50,581
Macdonald, April	56,986	Mcintyre, Darcy	92,612
Macdonald, Joan	80,049	Mcintyre, Raeanne	88,397
Macinnes, John	69,587	Mciver, Ronda	80,969
Mackinnon, Andrea	78,073	Mckay, Robin	63,312
Mackinnon, David	120,258	Mckay, Shirley	76,199
Mackrell, Ashton	73,387	Mckeen, Michael	61,496
Mackrell, Carol	103,419	Mckimmon, Rhonda	78,248
Macleod, Roy	126,021	Mcknight, James	70,157
Macnab, Brenda	65,099	Mcknight, Paula	65,570
Macnab, Ralph	94,923	Mcmaster, Sarah	80,685
Macnab, Sharon	80,488	Mcmaster, Teresa	75,890
Madayag, Faith	50,819	Mcmillan, Dorothy	98,598
Makin, Rebecca	73,279	Mcmurphy, Melissa	113,055
Malaran, Patsy	50,912	Mcneil, Dana	149,755
Malarkey, Joyce	51,259	Mcneill, Shawna	101,701
Malbeuf, Elaine	89,508	Mcwatters, Patricia	116,023

## Personal Services (continued)

Meagher, Lisa	\$ 74,501	Munn, Heather	\$ 80,864
Meckling, Rita	53,795	Munroe, Frank	100,729
Mee, Brad	85,762	Muranetz, Patricia	68,185
Meier, Jarvis	75,377	Murphy, Debbie	74,317
Meier, Terry	87,701	Murray, Bruce	293,656
Meikle, Martha	51,159	Musselman, Barbara	50,287
Melchior, Jacquelin	67,682	Muzyka, Sherrill	61,819
Melin, Shannon	52,068	Myers, Kristal	69,229
Melling, Lynne	95,865	Myrie, Huldah	73,617
Meneses Lefebvre, Aurora	57,220	Myszczyzyn, Debbie	105,226
Menzel, Colleen	78,053	Nachtegaele, Glenn	79,229
Menzel, Meaghan	56,314	Nachtegaele, Lori	67,980
Menzel, Natalie	53,637	Nadeau, Sarah	69,928
Merasty, Joanne	56,455	Nagy, Sylvia	58,563
Mercredi, Paula	102,715	Nash, Faith	87,942
Metlewsky, Michelle	89,714	Navarro, Lori	101,443
Michaliew, Michelle	54,072	Nedelec, Sr. Evely	72,945
Michaud, Blair	59,612	Neil, Garrett	100,044
Michaud, Jeanne	82,786	Neil, Katherine	82,078
Michaud, Therese	105,457	Nelson, Cheryl	65,859
Michel, Leslie	52,069	Nelson, Donna	93,041
Mickelson, Margaret	50,484	Nelson, Myriam	70,638
Milburn, Vanessa	71,003	Neovard, Catherine	81,867
Miller Marinier, Terrylynn	99,959	Newell, Shadale	78,935
Miller, Alden	59,833	Newton, Kylie	71,366
Miller, Derek	182,567	Neyedly, Donna	51,089
Miller, Jennifer	51,583	Ng, Gloria	61,879
Miller, Kendra	62,643	Nguyen, Thu	69,797
Milligan, Karen	87,601	Nichol, Jessica D	53,647
Mills, Patricia	71,165	Nielsen, Tracie	122,048
Millstead, Sussan	85,612	Nightingale, Merle	102,967
Milnthorp, Randi	72,800	Niroula, Megh	73,864
Minhas, Jayantika	103,234	Nixon, Brent	70,626
Mirasty, Alexis	71,647	Nixon, Rhonda	75,710
Mistry, Jasmit	63,372	Noeth, Sara	65,046
Mitchell, Cheryl	123,678	Nolan, Yvette	77,082
Moebis, Heather	72,276	Nord, Glenna	51,482
Mojtahedi, Pouria	65,760	Nordell, Stacy	104,154
Momin, Nilofar	105,083	Noriega, Dean	52,770
Moncrieff, Rachele	82,442	Norris, Teresa	84,903
Moodley, Vanitha	80,821	Nour, Ayan	81,465
Moore, Bailey	67,785	Noyes, Kylie	74,344
Moosomin, Anita	68,616	Noyes, Lori	122,293
Morgenstern, Lila	55,860	Nsungu, Mandiangu	202,880
Morin, Roxanne	106,960	Nyholt, Pamela	90,444
Morris, Ryan	76,725	Nystrom, Dawn	108,370
Mota, Ana	124,073	O'Donnell, Erika	67,445
Mudry, Sarah	94,231	Oberg, Keenan	70,240
Muhadar, Martin	93,712	Oborowsky, Jamie	72,547
Mulhall, Brad	77,715	Oborowsky, Michele	70,353
Mullett, Kyla	106,936	Oborowsky, Nicole	82,251
Mundt, Cynthia	54,927	O'Brien, Geoffrey	57,427

## Personal Services (continued)

O'Brien, Shea	\$ 76,420	Perry, Carrie	\$ 67,726
Oddan, Irene	90,640	Persaud, Ariane	78,750
Odgers, Dallas	57,500	Peterson, Deborah	54,467
Okeefe, Rachele	121,848	Peterson, Janet	86,626
Okemow, Eugenia	57,354	Peterson, Krista	80,748
Olagunju, Oludare	75,204	Petruk, Lue	56,291
Olenick, Glenna	93,448	Petruk, Paula	85,915
Oliphant, Kendra	87,943	Petryshyn, Brenda	103,410
Oliver, Diane	59,194	Petten, Charmaine	50,360
Oliveros, Josephine	56,275	Phillip, Timeka	102,056
Olsen, M Joanne	106,155	Phommavong, Dur	95,929
Olson, Patrick	54,990	Piatt, Justin	57,466
Omella-Ahimbisib, Hilda	78,341	Piatt, Roger	83,782
Ong, Maricel	51,382	Pidwerbeski, Janice	94,051
Opperman, Erin	57,434	Pidwerbeski, Kelli	94,233
Opperman, Lori	59,861	Pidwerbeski, Kristan	60,676
Oquinn, Jeanne	114,044	Piecharka, Brandy	53,987
Orr, Robin	92,520	Pierce Argue, Glenda	77,427
Ostapowich, Irene	117,873	Pilat, Joelle	63,145
Oster, Gail	52,599	Pilsner, Alicia	93,081
Ouellette, Keith	134,888	Pitman Fisher, Patricia	97,014
Ovens, Lucie	77,968	Plaza, Clark	51,644
Oyewusi, Oyenyi	58,291	Plaza, Hazel	51,088
Pablo, Ivony (Hazel)	54,559	Plishka, Andrew	105,340
Paddock, Anna	52,338	Plummer, Pamela	116,368
Palidwor, Marion	93,962	Poffenroth, Paige	79,226
Palmer, Lindsay	80,467	Pollard, Madison	71,440
Panapasa, Lusia	77,687	Pollock, Stephen	87,271
Panton, David	71,903	Pototschnik, Meaghan	91,794
Park, Audrey	66,904	Potter, Murray	69,731
Parker, Monique	110,786	Prescesky, Crystal	76,262
Parker, Scott	93,087	Preston, Colleen	136,595
Parkinson, Crystal	50,610	Preston, Justine	51,045
Parrill, Cindy	111,620	Preston, Skye	55,340
Pashniak, Sandra	75,246	Primas, Randi	54,670
Passley, Sophia	54,641	Pritchard, Beverly	64,252
Patel, Hetal	51,625	Pritchett, Laura	50,184
Patel, Rakeshkum	65,609	Pronovost, Amy	79,587
Pateman, Lori	75,050	Prystupa, Richard	62,896
Patterson, Rhonda	60,941	Prystupa, Stacy	71,854
Pattinson, Leah	77,101	Prystupa, Tracey	146,307
Paul, Bismi	62,799	Ptolemy, Joyce	74,788
Paylor, Lindsay	99,735	Purdy, Katie	106,119
Payne, Angie	62,556	Pyle, Nathan	120,966
Pecua, Mary	107,119	Pylot, Brenda	69,626
Pekas, Maribeth	110,294	Quinn, Mona	60,365
Pelech, Jason	52,693	Quist, Ronald	88,419
Pelkey, Lisa	58,296	Racine, Carol	101,644
Pembroke, Kristal	52,822	Rackel, Mary	72,616
Penner, Kathleen	52,643	Radchenko, Danielle	65,128
Perillat, Andrea	65,326	Rahm, Greg	61,810
Perroux, Joanne	50,005	Rahm, Melanie	81,254

## Personal Services (continued)

Raiche Bogdan, Karen	\$ 94,924	Roots, Margaret	\$ 57,734
Raju, Robin	66,706	Roschker, Allison	91,214
Ramos, Jonathan	50,586	Rose, Morgan	67,486
Ramos, Jhoanna	62,937	Ross, Debra	78,813
Ramsay, Sandabria	70,430	Ross, Genevieve	84,808
Rathke Kubik, Candace	109,163	Ross, Heather	118,707
Raw, Julie	92,063	Ross, Karen	102,247
Ray, Presley	99,402	Roszlein, Diane	138,509
Raycraft, Jessica	71,182	Rotsey, Marilyn	93,966
Rea Buziak, Gina	64,194	Roussel, Debbie	94,606
Redix, Tony	94,700	Rowe, Sarah	90,079
Redlich, Rebecca	51,814	Rowland, Mary	82,711
Reed, Donna	50,812	Rowley, Amanda	84,526
Reed, Kayla	60,983	Roy, Jennifer	52,923
Regis-Bolah, Velma	122,093	Rudrick, Jana	55,607
Reiber, Marnie	56,470	Runge, Adria	89,810
Reid, Yvonne	77,778	Rutley, Jodi	98,369
Reimer, Bruce	149,339	Rutley, Kerry	80,830
Reimer, Sheena Le	53,972	Ruud, Jessica	71,678
Reinhart, Cathy	107,606	Sack, Breanne	56,400
Reis, Angelina	73,677	Sack, Gail	69,760
Reiter, Russell	85,934	Sack, Jody	53,386
Renaud, Helen	97,582	Sack, Valerie	64,591
Rhinehart, Brandi	51,824	Sadcat, Antonia	51,692
Rhinehart, Leanna	53,563	Saeed, Bilal	60,917
Rhinehart, Tina	62,256	Salewski, Jennifer	95,019
Riat, Varinder	81,761	Sali, Donna	50,670
Ribey, Coleen	81,860	Samayoa, Jennifer	50,413
Richard, Adrienne	92,415	Sample, Greg	75,706
Rideout, Rikki	78,762	San Agustin, Ryann	57,488
Ries, Alyssa	91,254	Sandberg, Mandy	64,754
Rindero, Gaylene	83,934	Sands, Ian	99,920
Rindero, Lynzie	53,520	Sankey, Sharon	135,279
Ring, Terry	67,208	Santos-Goller, Maryrose	130,076
Roach, Joyce	94,769	Sapp, Marlene	56,005
Roach, Michelle	50,649	Sargent, Tim	64,544
Robb, Kerri	69,057	Saunders, Tammy	58,815
Robertson, Eileen	78,699	Sauve, Stephanie	74,504
Robertson, Kimberly	80,164	Savoie, Dallas	135,656
Robertson, Lindsay	60,110	Sawatzky, Kristen	50,930
Robinson, Alice	122,048	Sawatzky, Yvonne	84,938
Robinson, Annette	106,522	Sayers, Chad	119,361
Robinson, Shelley	83,680	Schafer, Travis	74,834
Rochford, Kelly	93,185	Schamber, Charlotte	50,108
Rock-Hunchak, Rebecca	69,558	Schechtel, Karen	84,907
Rodriguez, Mari	110,677	Scherman, Laura	53,166
Roenspies, Melissa	86,491	Schilz, Teressa	60,500
Rogers, Corrinne	89,003	Schlapkohl, Wayne	122,048
Rogers, Helen	60,054	Schleibinger, Rhonda	60,328
Rohovich, Carol	123,073	Schlekey, Georgia	50,358
Rono, Summer	120,813	Schneider, Allison	87,394
Root, Clark	73,196	Schneider, Lucille	88,484

## Personal Services (continued)

Scholl, Jennifer	\$ 80,099	St Amant, Heather	\$ 58,057
Schommer, Donna	80,857	Stade, Lauren	82,375
Schueller, Jessica	52,276	Staff, Larry	97,731
Schussler, Kevin	59,079	Staldeker, Debra	99,633
Schwab, Chelsey	78,367	Stapley, Christine	50,486
Scott-Olsen, Randa	105,250	Starchief, Carrie	55,258
Scrimbitt, Brianne	64,048	Startup, Ken	83,443
Secujski, Sonja	54,907	Stein, Eleanor	70,074
Seib, Donna	69,321	Steinacher, Tannis	55,160
Senger, Heather	73,531	Steinborn, Laura	98,738
Serfas, Stephanie	71,839	Sterling, Charleen	62,473
Seru, Alayne	53,501	Stevens, Danica	73,612
Seru, Malakai	56,612	Stevenson, Roberta	75,987
Seru, Mereamo	145,255	Stewart, Glenda	54,769
Servold, Brenda	78,681	Stieb, Marlene	61,548
Seward, Gillian	51,950	Stieb, Morgan	103,690
Sharma, Sandeep	103,396	Stoebich, Haley	97,031
Shkopich, Lori	56,755	Stoebich, Irene	53,924
Shynkaruk, Linda	122,048	Stoebich, Joanne	50,421
Sibley, Nicole	111,892	Stolte, David	119,454
Sieben, Dianne	85,191	Stone, Joel	66,569
Sieben, Tracy	103,793	Stoodley, Peter	74,985
Silbernagel, Roxanne	75,012	Strueby, Gail	93,776
Simmons, Brenda	55,027	Stuski, Jodi	78,476
Simon, Leona	56,800	Styre, Sheila	69,860
Simon, Curtis	117,752	Suberlak, Rhonda	125,628
Simon, Karen	114,714	Sullivan, Kelsey	58,475
Simoneau, Kathy	52,619	Summach, Rosalyn	52,774
Sinclair, Dean	92,222	Sutherland, Debra	63,411
Sinclair, Jacinta	78,331	Svandriik, Joleen	69,117
Sison, Fara	57,440	Swatschina, Kara	82,013
Slager, Tammy	88,469	Swiftwolfe, Joanne	87,317
Sleightholm, Sheri Lyn	78,730	Sydooruk, Matthew	53,969
Sletten, Kristy	72,657	Sylvestre, Neal	142,067
Smart, Vikki	225,897	Tait, Christine	81,207
Smith, Brooke	51,338	Tallon, Brenda	64,737
Smith, Julianne	73,867	Tamo-Oy, Marian	61,858
Smith, Rachel	56,624	Tan, Christian	97,135
Sobus, Krista Lee	99,694	Tarasoff, Lorna	61,810
Sonmor, Elaine	64,225	Tarleton, Jennifer	75,546
Sonnega, Lois	70,910	Taylor, Leanne	93,080
Soriano, Leah	59,407	Tayo, Alden	129,060
Soubolsky, Amy	59,711	Tebay, Roberta	121,017
Southgate, Kari	56,522	Tedrick, Warren	53,249
Sparrow, Jessica	50,073	Teniuk, Pearl	53,563
Speir, Ceilidh	72,719	Ternes, Ronald	166,369
Spencer, David	121,271	Therrien, Carlyne	60,152
Spencer, Donna	61,493	Thiele, Chris	94,915
Spencer, Valarie	65,973	Thomas, Jamie	83,176
Spratt, Sheri	72,886	Thomas, Joshua	52,513
Squair, Laura	116,549	Thomas, Patricia	64,740
Sraybash, Karli	58,081	Thompson, Linda	75,499



## Personal Services (continued)

Thompson, Tanya	\$ 74,270	Walz, Kristin	\$ 120,143
Thorpe, Sheri	102,790	Wandler, Ashley	65,590
Tiegen, Michelle	71,262	Wang, Meisu	59,687
Timbol, Dalmacio	52,029	Wang, Vicki	76,235
Timbol, Veronica	54,949	Waning, Ashley	100,517
Tkatchuk, Sheila	94,712	Warren, Chris	101,071
Toews, Celeste	113,862	Warren, Rochelle	94,733
Tomanek, Christine	75,636	Wasson, Lorraine	69,561
Tomiyama, Ethel	95,377	Wasyliv, Shelley	109,979
Topia, Maricel	71,972	Waterman, Ashley	63,557
Tota, Marie	86,308	Waters, Patricia	83,391
Toupin, Rhonda	52,993	Watson, Catherine	96,991
Tourond, Noreen	57,165	Watson, Donna	115,840
Toyonaga, Rachel	82,491	Watt, Anne	99,636
Tradewell, Kim	57,741	Watt, Kelly	107,497
Treptow, Linda	58,065	Watt, William	74,885
Trew, Lorraine	80,554	Wawrykowych, Tim	58,224
Trotchie, Wendy	85,917	Weber, Bonnie	93,054
Tupper, Sarrah	63,410	Weber, Daneen	72,960
Turcotte, Brenda	96,156	Weber, Lori	63,520
Turcotte, Michelle	68,335	Wegner, Leonard	109,487
Turgeon, Michelle	93,551	Weibel Macnab, Janice	51,273
Turnbull, Sandra	66,466	Weiers, Shaena	50,065
Turton, Perry	63,646	Weikle, Mireille	100,162
Underhill, Amber	79,533	Weitzel, Dianne	75,232
Urff, Barbara	64,367	Welwood, Lola	64,129
Utke, Meagan	71,720	Wentworth, Joan	106,204
Valuck, Bethany	61,770	Weppler Heggs, Darlene	94,405
Van Der Merwe, Lynette	106,059	Westfall, Kerry	76,494
Van Metre, Brittney	72,434	Whelan, Patrick	80,890
Van Nortwick, Linda	94,915	White, Ashley	77,878
Van Stone, Mike	87,977	White, Tracey	69,040
Vancuren, Linda	51,097	Whitehead Pauls, Laurel	76,099
Vany, Angele	69,266	Whittle, Kevin	104,373
Vany, Camelia	68,622	Whitton, Charlotte	92,567
Varghese, Legi	54,898	Whyte, Claudette	53,563
Vaters, Linda	85,606	Whyte, Sheila	95,126
Veikle, Anita	73,348	Wicker, Vicki	50,683
Verleun, Jeff	74,472	Widmeyer, Annette	54,487
Villeneuve, Carla	71,456	Wiens, Gina	77,652
Villeneuve, Chelsy	80,912	Wierzbicki, Nyle	73,292
Voigt, Kerilyn	93,002	Wiese, Megan	88,815
Von Hagen, Natalee	85,281	Wilford, Loucinda	93,145
Wagner, Stacey	112,748	Wilkes, Michelle	62,636
Wakelin, Neil	53,954	Williams, Tammy	75,199
Wald, Melanie	67,333	Williams, Tyson	50,875
Walker, Karin	56,089	Williamson, Donna	99,854
Wall, Tonia	76,078	Williamson, Tanya	61,298
Wall, Yvonne	87,374	Winterhalt, Blaine	95,153
Wallace, Lucy	113,874	Winterhalt, Deana	64,531
Wallace, Tanya	60,028	Winterhalt, Dellyn	59,306
Walsh, Julie	72,357	Winterhalt, Karlee	69,967

## Personal Services (continued)

Wintersgill, Tracy	\$ 51,397
Woloski, Roy	85,019
Wood, Faye	63,612
Wood, Guelda	65,770
Woodworth, Kent	81,281
Workman, Jennifer	85,498
Worms, Jordyn	70,059
Worthing, Lori	112,240
Woytiuk, Andrew	81,773
Woytowich, Ben	59,954
Wright, Christine	119,408
Wright, Melissa	65,663
Wyatt, Linda	54,420
Wychoopen, Janice	76,724
Wynne, Rosalie	58,721
Yanota, Kimberly	100,122
Yaremy, Lindsay	74,141
Ybanez, Kirby	56,333
Yelland, Bernadett	93,492
Yeung, Heather	100,563
Yeung, Jacky	115,703
Yon, Leeann	51,835
Yonan, Monica	94,243
Youden, Deborah	78,154
Youngmans, Marilyn	109,460
Yuen, Wai	126,180
Yushchyshyn, Lisa	112,357
Zehner, Halley	70,915
Zeller, Kaitlin	74,585
Ziegler, Karen	50,287
Zimmer, Joan	99,100
Zinger, Ronda	92,414
Znack, Cara	73,989
Znack, Kelsey	89,554
Zou, Hongyu	73,632

## Supplier Payments

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

101247543 Saskatchewan Ltd.	\$ 58,406
3SHealth (Eft)	10,219,462
AB Health Services	75,541
Abbott Laboratories Ltd	99,641
Abbvie Corporation	116,893
Advanced Electronic Solutions	501,124
Alberta Blue Cross	56,847
Alberta Health Services	240,788
Alcon Canada Inc	506,684
ARI Financial Services Inc	956,139
Arjohuntleigh Canada Inc	300,584
AUPE	76,674
B & D Meats	51,211
Bard Canada Inc	161,939
Baxter Corporation	243,528
Bayer Medical Care Inc.	137,269
Beckman Coulter Canada Lp	91,681
Bee J's Office Plus	64,035
Beland Hauling Ltd. (Eft)	86,837
Billy's Plumbing & Heating Ltd.	159,041
Biomed Recovery and Disposal	228,917
Biomerieux Canada Inc	181,162
Bio-Rad Laboratories	110,669
Bomimed	123,234
Boston Scientific Ltd	51,317
Bourassa & Assoc Rehabilitation	80,850
Bracco Imaging Canada	87,438
BunzlCanada Ltd	148,323
Can Corps Of Commissionaires	236,622
Cardinal Health Can Inc.	1,430,405
Carestream Health Canada Co	145,488
Carestream Medical Ltd	77,145
Cherry Insurance	80,848
Chief Medical Supplies Ltd.	71,393
Christie Innomed	193,722
City Of Lloydminster	225,505
City Of North Battleford (Eft)	326,193
College Of American Pathologists	58,436
Conmed Canada	105,138
Convergint Technologies Ltd.	124,213
Covidien Canada Ulc	709,717
CPDN/RCDP	644,559
Crestline	346,261
CSI Leasing Canada Ltd.	222,041
CUPE Local 5111	1,498,672
D & L Gourmet Meats	60,827
Dell Canada Inc.	115,872

## Supplier Payments (continued)

Direct Energy Business (Calgary)	\$	199,003	Ortho-Clinical Diagnostics Cda	\$	217,904
Direct Energy Business Services		231,730	Oxoid Company		131,031
Draeger Medical Canada Inc		93,160	Pacific Fresh Fish Ltd		136,838
Dynalife DX		933,861	Paladin Security Group Ltd.		98,078
EHealth Saskatchewan		562,214	Patients' Vocational Incentive		172,582
Enmax		85,023	Peddie Roofing & Waterproofing		570,992
Finning Canada		142,891	Pentax Medical		135,186
FirstCanada Ulc		68,991	Philips Healthcare		260,326
Fisher Scientific		61,644	Philips Healthcare		656,969
Four K Auto Service		58,197	Physio Control Canada Sales Ltd		113,013
Geanel Restaurant Supplies		91,483	Prairie Meats		191,818
Golden Opportunities Fund Inc.		160,079	Pratts Food Service		335,801
Gordon Food Services		293,661	Public Employee Pension Plan		222,005
Grand & Toy		237,275	Public Employees Superannuation		595,959
Great West Life Assurance Co	1,003,710		Quik Pick Waste Disposal		55,503
Health Benefit Trust Of Alberta		352,843	Radiology Consultants Assoc		72,600
Health Sciences Association		248,037	RBM Architecture Inc		178,126
Healthmark Ltd		53,658	Receiver General For Canada	47,766,350	
Hologic Canada Ltd		61,149	Receiver General For Canada	2,046,198	
Hospira Healthcare Corporation		993,849	Registered Psychiatric Nurses-Sk		52,407
Idoman Canada		84,411	River City Plumbing & Heating		110,049
Instrumentation Laboratory		255,906	RM Of Cut Knife		62,400
Johnson & Johnson Medical Prod		590,835	Roche Diagnostics		858,464
Johnson Controls		52,645	Saputo		348,348
Johnson, Dr J C(Eft)		202,500	Sask-Alta Electric Ltd. (Lloyd)		57,123
KCI Medical Canada Inc		109,528	Schaan Healthcare Products	2,120,329	
Laborie Medical Technologies Inc		52,114	Select Medical Connections Ltd.		398,772
Lipsett, Dr WGC		202,500	SGI (North Battleford)		120,616
Loraas Environmental Services		118,705	Shaw Cable		54,247
Macquarie Equipment Finance Ltd		185,425	Shell Energy North America (Can)		202,766
Maidstone Pharmacy (1991) Ltd		150,185	Shepp (Eft)	21,186,305	
Maquet Dynamed		147,766	Sk Energy		261,347
Marsh Canada Ltd		399,379	Sk Energy (M Lake)		104,817
McDougall Gauley-Barristers		68,482	Sk Energy (Twin Rivers)		115,778
McKesson Canada Corporation	1,688,571		Sk Power Co (N B'Ford)		854,851
McKesson Distribution Partners		306,747	Sk Power Co (Lloyd)		420,354
Medical Mart West		57,641	Sk Power Co (Twin Rivers)		275,202
Medisolution (2009) Inc.		192,546	Sk Power Corporation		365,301
Metafore (AB)		290,298	Sk Registered Nurses Assoc		276,322
Metafore (SK)		150,393	Sk Tel (Lloyd)		242,917
Minister Of Finance (General)		77,656	Sk Tel (N B'Ford)		668,960
Minister Of Finance (Pst)		149,714	Sk Tel (Twin Rivers)		90,326
Ministry Of Central Services		503,309	Sk Telecommunications		145,744
Mitel Networks		68,469	Smiths Medical Canada Ltd		50,886
Modern Janitorial Sales & Serv		59,398	Southmedic Inc		72,050
Multisource Group		64,492	Steris Canada Inc		211,864
N.B Elevator Service Inc		63,703	Stevens Company Limited		460,222
Nicole Enterprises Inc		154,885	Stryker Canada		354,298
North Sk Laundry & Support	1,276,812		SUN		754,378
Northwest School Division		70,300	Synthes		87,111
Nurse Relief Incorporated		96,435	Sysco (Edmonton)		748,720
Olympus Canada Inc		905,149	Sysco (Regina) - Food Orders		1,371,422

## Supplier Payments (continued)

Systemex Canada Inc	\$	80,765
Teleflex Medical Canada Inc.		90,891
Terracap Investments (Eft)		363,211
Toshiba of Canada Limited		805,321
Triple 6 Mechanical Ltd.		92,222
Trudell Medical		94,888
Unisource Canada Inc		249,806
Van Houtte Coffee (S'To		80,226
Vantage Chartered Prof(Odishaw)		72,637
Vantage Endoscopy		51,356
Vector Construction Ltd.		145,357
Verathon		50,363
Village Centre Childcare Inc		67,978
Vital Aire (Saskatoon)		143,713
VWR International,Ltd		62,252
Walmart		50,953
WBM Office Systems		612,876
WCB AB		171,094
WCB-SK		2,571,878
Weston Bakeries Limited		64,046
WMCZ Lawyers (Wallace Meschisnic		79,426
Wood Wyant Canada Inc.		184,730
Zimmer Biomet Canada Inc.		255,814
Zimmer West		88,438

## Transfers

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

B'ford Family Health (Eft)	\$	1,187,975
B'ford Physiotherapy (Eft)		94,847
Can Mental Health Ass-Nb (Eft)		294,884
Children First Child Care (Eft)		520,124
Edwards Society Inc (Eft)		443,082
Libbie Young Centre Inc (Eft)		507,779
Maidstone Medical Clinic (Eft)		213,127
Marshall's Ambulance (Eft)		961,328
MD Ambulance Care Ltd		508,640
Meadow Lake Assoc Clinic (Eft)		800,000
N B'ford Medical Clinic (Eft)		525,591
North Sk River Municipal (Eft)		328,029
Points West Living Lloyd (Eft)		2,382,438
Thorpe Recovery Ctr (Eft)		563,160
Villa Pascal (Eft)		2,756,713
Village Of Goodsoil (Eft)		65,000
WPD Ambulance (Eft)		2,270,738
WPD Lloydminster Ambulance(Eft)		601,732

## Other Expenditures

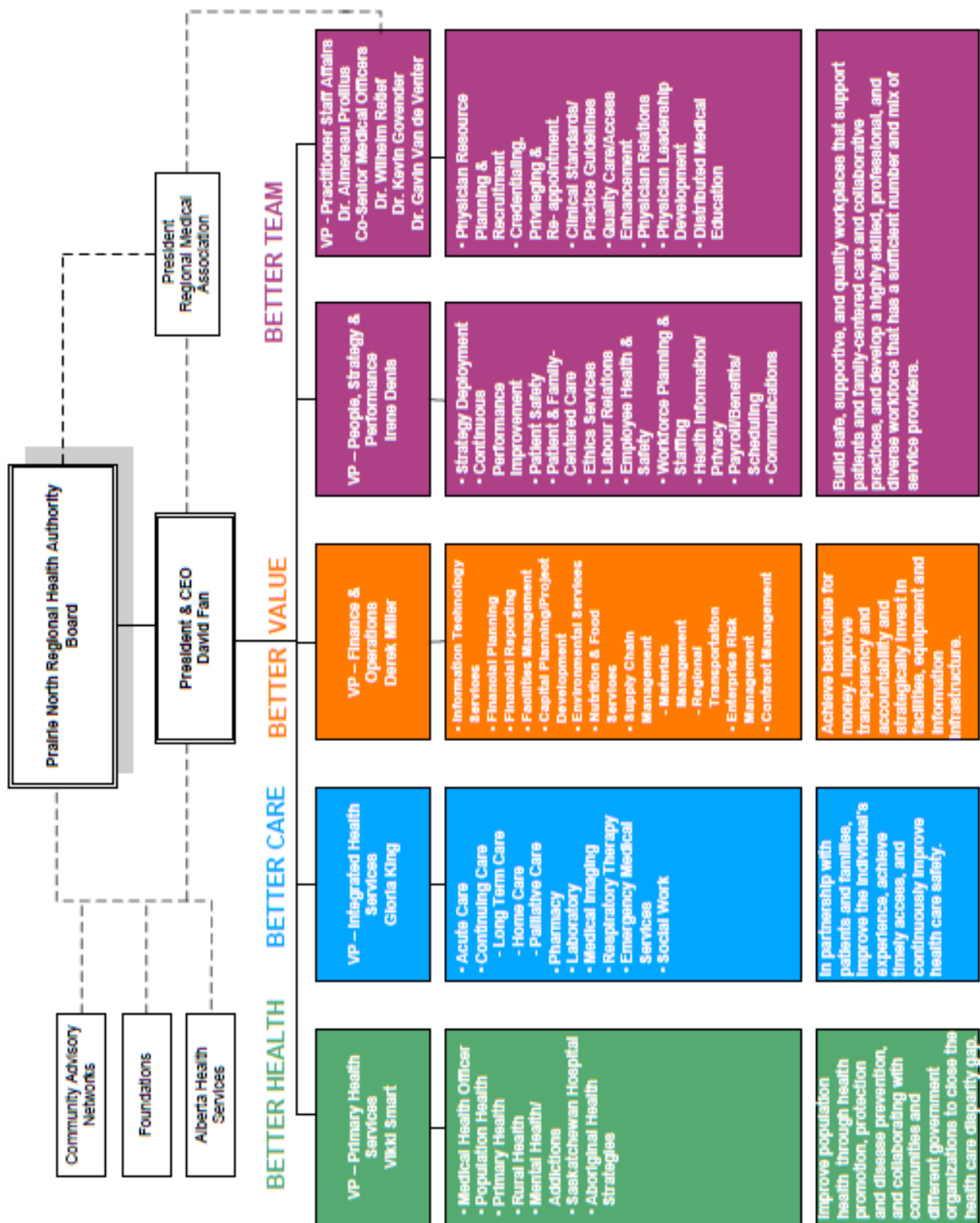
Listed are payees who received \$50,000 or more for expenditures not included in the above categories.

Abdulla, Dr Agiela M. K. (Eft)	\$	69,917
Akerman, Dr Mark J Business(Eft)		67,014
Ajegbo, Dr Obiora (Eft)		59,772
Akande, Dr Tinuola (Eft)		315,721
Akinloye, Dr Olusegun (Eft)		73,682
Alheit, Dr B (Eft)		354,298
Anees, Dr Muhammad (Eft)		84,448
Antonio, Dr. Afolabi (Eft)		64,996
Babkis, Dr Andrey (Eft)		207,867
Bairagi, Dr N (Eft)		459,907
Barnett, Dr. Michael (Eft)		208,080
Bekker, Dr. Leon (Eft)		524,461
Boechler, Dr Steve		129,165
Botha, Dr Mj (Eft)		52,751
Bushidi, Dr. Mbuyu (Eft)		399,267
Campbell, Dr. Patricia (Eft)		319,741
Cohen, Dr. Cindi (Eft)		80,274
Corbett, Dr M (Eft)		148,563
Craib, Dr Gordon (Eft)		59,786
Dato, Dr. Virgil (Eft)		240,440
Devilliers, Dr Jean P (Eft)		174,483
Du Plessis, Dr Hendrik (Eft)		455,534
Duncan, Dr D (Donnachaid) Eft		449,775
Dunhin, Dr Anneme (Eft)		164,507
Eagles, Dr Valencia (Eft)		399,290
Ejezie, Dr Okechukwu (Eft)		257,174
Ekwueme, Dr. Henry (Eft)		55,990
Elghdewi, Dr T. (Eft)		61,063
Engelbrecht, Dr Frederik (Eft)		623,505
Epp, Dr Rebecca (Eft)		169,867
Eraga, Dr Phillips (Eft)		139,682
Ezumah, Dr Celestine (Eft)		72,078
Fadare, Dr Kayode (Eft)		50,438
Funk, Dr Sandi (Eft)		179,130
Gajjar, Dr Himail H (Eft)		111,726
Giles, Dr Roy (Eft)		210,506
Govender, Dr K (Eft)		50,648
Greyling, Dr. P J (Eft)		232,289
Hamilton, Dr. Erin (Eft)		269,947
Hesselson, Dr Jp (Eft)		66,488
Holtzhausen, Dr P (Eft)		128,738
Johnson, Dr J C(Eft)		435,435
Kamar, Dr. Ahmed (Eft)		299,957
Kostic, Dr Zlatko (Eft)		68,087
Kreiser, Francis (Eft)		56,337
Kruger, Dr Js (Eft)		166,290
La Cock, Dr Mari (Eft)		158,022
Labrador Febles, Dr J A (Eft)		78,108

## Other Expenditures (continued)

Laing, Dr. Johan (Eft)	\$	344,022	Viljoen, Dr Hofmeyr (Eft)	\$	106,991
Langeni, Dr Msikazi (Eft)		241,127	Viviers, Dr W (Eft)		421,978
Loden, Dr Stephen (Eft)		448,746	Wilhelm, Dr R. Leonard		71,000
Loots, Dr Leani (Eft)		186,306	Weeratunga, Dr. B (Shan) (Eft)		110,950
Marcelo, Dr M (Eft)		386,198			
Martin, Dr Robert James (Eft)		101,318			
Mcmillen, Jan (Eft)		137,132			
Mehboob, Dr Mohammad (Eft)		790,206			
Melonas, Dr Christopher (Eft)		98,662			
Meyer, Dr Clinton (Eft)		442,333			
Mikhail, Dr Sherif (Eft)		297,106			
Mohamed, Dr.M.A. (Eft)		84,103			
Mojtahedi, Dr. Khatereh (Eft)		246,949			
Morissette, Dr. Renee (Eft)		124,435			
Morton, Dr David (Eft)		196,048			
Mouton, Dr Andries (Eft)		114,679			
Mpomposhe, Dr. Sisanda (Eft)		252,224			
Naidu, Dr Kubendra (Eft)		187,394			
Nimbe, Dr Olajide (Eft)		91,989			
Nwachukwu, Kingsley Dr.(Eft)		355,819			
Nyame, Dr. George (Eft)		190,728			
Obikoya, Dr Olubankole (Eft)		370,346			
Odiegwu, Dr Np (Eft)		279,813			
Ogunlewe, Dr. Obafemi (Eft)		67,751			
Ogunsona, Dr Adeoluwa (Eft)		316,671			
O'Keefe, Dr. Patrick (Eft)		81,788			
Olayinka, Dr Afolabi (Eft)		148,354			
Oshodi, Dr. Abiola (Eft)		70,519			
Oyewole, Dr Olusegun (Eft)		60,298			
Perkins, Aaron (Eft)		67,823			
Prollius, Dr A (Eft)		201,061			
Prystupa, Dr Aaron (Eft)		251,191			
Ramachandran, Dr K (Eft)		203,329			
Ramachandran, Dr N (Eft)		194,661			
Retief, Dr Malcolm Wilhelm (Eft)		556,686			
Salawu, Dr. Akeem (Eft)		334,217			
Seguin, Dr Aimee (Eft)		378,806			
Shinyanbola, Dr.Olafimihan (Eft)		73,729			
Spangenberg, Dr Df (Eft)		325,978			
Stander, Dr I (Eft)		114,786			
Takla, Dr. Sherief (Eft)		76,559			
Tayebivaljozi, Dr. Reza (Eft)		249,105			
Theron, Dr Salomine (Eft)		204,468			
Tootoosis, Dr Janet (Eft)		168,092			
Truter, Dr Rene (Eft)		193,192			
Tshatshela, Dr. Mzikayise (Eft)		267,424			
Van De Venter, Gavin (Eft)		484,030			
Vandermerwe, Dr Ivann (Eft)		184,346			
Vandermerwe, Dr. Anna S (Eft)		124,909			
Vandermerwe, Dr. Dirk J (Eft)		108,684			
Vetter, Ruth (Eft)		62,083			
Viljoen, Annette (Eft)		186,228			

# Appendix B - PNRHA Organizational Chart





## Appendix C - PNRHA Facilities and Sites

Following is a list of the separate facilities and sites owned and/or operated by Prairie North Regional Health Authority. Numerous programs and services are available in each of the sites. Total bed numbers for each care facility are sourced from PNRHA's Key Indicator Statistics report as of March 31, 2016.

### Two Regional Hospitals:

Battlefords Union Hospital, North Battleford	88 beds, including 22 mental health
Lloydminster Hospital, Lloydminster	66 beds

### One District Hospital:

Meadow Lake Hospital, Northwest Health Facility, Meadow Lake	32 beds
--	---------

### Two Community Hospitals with attached Special Care Homes:

Maidstone Health Complex, Maidstone	37 beds
Riverside Health Complex, Turtleford	31 beds

### One Provincial Psychiatric Rehabilitation Hospital:

Saskatchewan Hospital, North Battleford	156 beds
---	----------

### Two Health Centres:

Manitou Health Centre, Neilburg	
Paradise Hill Health Centre, Paradise Hill	

### Five Health Centres with Attached Special Care Homes:

Cut Knife Health Complex, Cut Knife	30 beds
Lady Minto Health Care Center, Edam	20 beds
L. Gervais Memorial Health Centre, Goodsoil	13 beds
Loon Lake Health Centre & Special Care Home, Loon Lake	20 beds
St. Walburg Health Complex	32 beds

### Seven Special Care Homes:

Battlefords District Care Centre, Battleford	117 beds
Dr. Cooke Extended Care Centre, Lloydminster	50 beds
Jubilee Home, Lloydminster	50 beds
Lloydminster Continuing Care Centre	60 beds
Northland Pioneers Lodge, Meadow Lake	55 beds
River Heights Lodge, North Battleford	98 beds
Villa Pascal, North Battleford (Affiliate)	38 beds

### Six Main Primary Health Care sites and Seven Satellite PHC Sites

Battlefords Family Health Centre (in partnership with Battle River Treaty 6 Health Services)
Primary Health Centre, Frontier Mall, North Battleford
Meadow Lake Primary Health Centre, Meadow Lake - supporting Goodsoil & Loon Lake
Prairie North Health Centre, Prairie North Plaza, Lloydminster - supporting Onion Lake
Maidstone Primary Health Clinic - supporting Cut Knife, Neilburg, and Paradise Hill
Turtleford Primary Health Clinic - supporting Edam, Glaslyn and St. Walburg

### Four Community Health Services sites

Community Health Services Building, Lloydminster
Prairie North Plaza, Lloydminster
Don Ross Centre location, North Battleford
Lashburn Home Care Office

### One Medical Clinic (Walk-in)

Twin City Medical Clinic, North Battleford
--

### One Mental Health Services Transition Home:

Donaldson House, North Battleford
-----------------------------------

### One Addictions Treatment Centre:

Hopeview Residence, North Battleford
--------------------------------------

# Appendix D - How to Contact Us

## Prairie North Health Region

### Corporate Office - Battlefords

Battlefords Union Hospital - Main Floor  
1092 - 107 Street  
North Battleford, SK  
S9A 1Z1

Phone: (306) 446-6606

Fax: (306) 446-4114

### Lloydminster Office

Lloydminster Hospital - Main Floor  
3820 - 43 Avenue  
Lloydminster, SK  
S9V 1Y5

Phone: (306) 820-6181

Fax: (306) 825-9880

### Meadow Lake Office

Northwest Health Facility - Second Floor  
#1 - 711 Centre Street  
Meadow Lake, SK  
S9X 1E6

Phone: (306) 236-1550

Fax: (306) 236-5801

## Hospitals

Battlefords Union Hospital	306-446-6600
Lloydminster Hospital	306-820-6000
Maidstone Health Complex	306-893-2622
Meadow Lake Hospital	306-236-1500
Riverside Health Complex, Turtleford	306-845-2195

## Psychiatric Rehabilitation Hospital

Saskatchewan Hospital North Battleford	306-446-6800
---	--------------

## Health Centres

Manitou Health Centre, Neilburg	306-823-4262
Paradise Hill Health Centre	306-344-2255

## Health Centres/Special Care Homes

Cut Knife Health Complex	306-398-4718
Lady Minto Health Care Center, Edam	306-397-5560
L. Gervais Memorial Health Centre, Goodsoil	306-238-2100
Loon Lake Health Centre & Special Care Home, Loon Lake	306-837-2114
St. Walburg Health Complex	306-248-3355

## Long-Term/Special Care Homes

Battlefords District Care Centre, Battleford	306-446-6900
Dr. Cooke Extended Care Centre, Lloydminster, AB	780-871-7900
Or	306-820-5970
Jubilee Home, Lloydminster, SK	306-820-5950
Lloydminster Continuing Care Centre	780-874-3900
Northland Pioneers Lodge, Meadow Lake	306-236-5812
River Heights Lodge, North Battleford	306-446-6950
Villa Pascal (Affiliate), North Battleford	306-445-8465

## Primary Health Care Clinics

Battlefords Family Health Centre, North Battleford	306-937-6840
Cut Knife	306-398-2301
Edam	306-397-2334
Glaslyn	306-342-2250
Goodsoil	306-238-2020
Loon Lake	306-837-2066
Maidstone	306-893-2689
Meadow Lake	306-236-5661
Neilburg	306-823-4262
Paradise Hill	306-344-2255
Pierceland	306-839-4630
Prairie North Health Centre, Lloydminster	306-820-5997
Primary Health Centre North Battleford Medical Clinic	306-445-4415
St. Walburg	306-248-3434
Turtleford	306-845-2277

## Appendix D - How to Contact Us (continued)

### Home Care

<b>Battlefords</b>	<b>306-446-6445</b>
Cut Knife	306-398-2296 or 306-446-6445
Edam	306-845-2195 or 306-446-6445
Neilburg/Marsden	306-823-4554 or 306-446-6445
Paradise Hill	306-344-2255
St. Walburg	306-248-6723
Turtleford	306-845-2195
<b>Lloydminster</b>	<b>306-820-6200</b>
Lashburn	306-285-4210
Maidstone	306-893-2622 (ext. 7101)
<b>Meadow Lake</b>	<b>306-236-1595</b>
Goodsoil/Pierceland	306-236-1595
Loon Lake	306-236-1595

### Mental Health & Addictions Services

Battlefords	306-446-6500
Lloydminster	306-820-6250
Meadow Lake	306-236-1580
Child & Youth Services, North Battleford	306-446-6555
Saskatchewan Hospital	306-446-6858

### Population (Public/Community) Health Services

Primary Health Centre, North Battleford	306-446-6400
PNHR Don Ross Centre site, North Battleford	306-446-5888
Prairie North Plaza site, Lloydminster	306-820-6120
Community Health Services Building, Lloydminster	306-820-6225
Maidstone Health Complex	306-893-2622
Northwest Health Facility, Meadow Lake	306-236-1570

### Rehabilitation/Therapy Services

Battlefords Union Hospital	306-446-6574
Primary Health Centre, North Battleford	306-446-6400
Dr. Cooke Extended Care Centre, Lloydminster	780-871-7918
Jubilee Home, Lloydminster	306-820-5954
Lloydminster Hospital	306-820-6055
Northwest Health Facility, Meadow Lake	306-236-1570
Meadow Lake Hospital	306-236-1530
Riverside Health Complex, Turtleford	306-845-2900

### Telehealth

Battlefords Union Hospital	306-446-6699
Lloydminster Hospital	306-820-6103
Northwest Health Facility, Meadow Lake	306-236-1545

### Quality of Care Coordinators

Battlefords, Cut Knife, Edam & Maidstone	306-446-6054
Lloydminster, Neilburg, Paradise Hill & Turtleford	306-820-6177
Meadow Lake, Goodsoil, Loon Lake, & St. Walburg	306-236-1558

### Walk-In Primary Health Care Services

Prairie North Health Centre Lloydminster	306-820-5997
Twin City Medical Clinic, North Battleford	306-446-8440



# Appendix E - Acronyms & Glossary of Terms

<b>AAT</b>	Aboriginal Awareness Training	<b>CMHC</b>	Canada Mortgage & Housing Corporation
<b>AB</b>	Alberta	<b>CMP</b>	Capital Management Plan
<b>AC</b>	Accreditation Canada	<b>COPD</b>	Chronic Obstructive Pulmonary Disease
<b>ACLS</b>	Advanced Cardiac Life Support	<b>COSR</b>	Client Occurrence Safety Report
<b>ADP</b>	Adult Day Program	<b>Co-SMO</b>	Co-Senior Medical Officer
<b>ADT</b>	Admission, Discharge, Transfer	<b>CPR</b>	Cardio Pulmonary Resuscitation
<b>AHS</b>	Alberta Health Services	<b>CPR™</b>	Clinical Practice Redesign™
<b>AIDS</b>	Acquired Immune Deficiency Syndrome	<b>CQI</b>	Continuous Quality Improvement
<b>ALOS</b>	Average Length of Stay	<b>CSA</b>	Canadian Standards Association
<b>ALS</b>	Advanced Life Support	<b>CSQI</b>	Continuous Safety & Quality Improvement
<b>AMGITS</b>	'Stigma' backwards - SHNB Auxiliary	<b>CST</b>	Central Standard Time
<b>APP</b>	Access Prairies Partnership	<b>CT</b>	Computed Tomography
<b>ASD</b>	Autism Spectrum Disorder	<b>CTAS</b>	Canadian Triage & Acuity Scale
<b>ASOS</b>	Alzheimer Society of Saskatchewan	<b>CUPE</b>	Canadian Union of Public Employees
<b>AUPE</b>	Alberta Union of Provincial Employees	<b>CVA</b>	Central Vehicle Agency
<b>A3</b>	Planning tool template	<b>C&amp;Y</b>	Child & Youth (Services)
<b>BCP</b>	Business Continuity Plan	<b>DCECC</b>	Dr. Cooke Extended Care Centre
<b>BDCC</b>	Battlefords District Care Centre	<b>DI</b>	Diagnostic Imaging
<b>BFHC</b>	Battlefords Family Health Centre	<b>DME</b>	Distributed Medical Education
<b>BMHC</b>	Battlefords Mental Health Centre	<b>DVM</b>	Daily Visual Management
<b>BRT6HS</b>	Battle River Treaty 6 Health Services	<b>ECP</b>	Early Childhood Psychology
<b>BUH</b>	Battlefords Union Hospital	<b>ED</b>	Emergency Department
<b>BUHF</b>	Battlefords Union Hospital Foundation	<b>EFAP</b>	Employee & Family Assistance Program
<b>CAD</b>	Coronary Artery Disease	<b>eHR</b>	Electronic Health Record
<b>CAN(s)</b>	Community Advisory Network(s)	<b>EMR</b>	Electronic Medical Record
<b>CBA</b>	Collective Bargaining Agreement	<b>EMS</b>	Emergency Medical Services
<b>CBO</b>	Community-Based Organization	<b>EMT</b>	Emergency Medical Technician
<b>CDI</b>	Clostridium Difficile	<b>ENT</b>	Ear, Nose & Throat (Otolaryngology)
<b>CDM</b>	Chronic Disease Management	<b>ER</b>	Emergency Room
<b>CDM-QIP</b>	Chronic Disease Management - Quality Improvement Program	<b>ERP</b>	Enterprise Resource Planning
<b>CDT</b>	Central Daylight Time	<b>ESP</b>	Employee Scheduling Program
<b>CEC</b>	Collaborative Emergency Centre	<b>FASD</b>	Fetal Alcohol Spectrum Disorder
<b>CEO</b>	Chief Executive Officer	<b>FIT</b>	Fecal Immunochemical Test
<b>CEP</b>	Capital Equipment Plan	<b>Four 'Bettors'</b>	Better Health, Better Care, Better Value, Better Teams
<b>CHAN(s)</b>	Community Health Advisory Network(s)	<b>FP</b>	Family Practitioner
<b>CI</b>	Critical Incident	<b>FTE</b>	Full-Time Equivalent
<b>CLXT</b>	Combined Laboratory & X-Ray Technologist	<b>GI</b>	Gastrointestinal
<b>CME</b>	Continuing Medical Education		
<b>CMHA</b>	Canadian Mental Health Association		

## Appendix E - Acronyms & Glossary of Terms (continued)

<b>GO</b>	Gateway Online	<b>LOS</b>	Length of Stay
<b>GP</b>	General Practitioner	<b>LRHF</b>	Lloydminster Region Health Foundation
<b>HAI</b>	Healthcare Associated Infection	<b>LTC</b>	Long-Term Care
<b>HC</b>	Home Care	<b>m<sup>2</sup></b>	Metres squared (square metres)
<b>HCO</b>	Health Care Organization	<b>MAC</b>	Medical Advisory Committee
<b>HICS</b>	Health Incident Command System	<b>MAPLe</b>	Method of Assigning Priority Levels
<b>HIV</b>	Human Immunodeficiency Virus	<b>MARS</b>	My Access to Resources & Services (PNRHA Intranet site)
<b>HQC</b>	Health Quality Council	<b>MDS</b>	Minimal Data Set
<b>Hoshin</b>	Breakthrough initiative (Japanese term)	<b>MDT</b>	Mountain Daylight Time
<b>Hoshin Kanri</b>	A strategic planning approach (Japanese term meaning 'pointing the direction')	<b>Med Rec</b>	Medication Reconciliation
<b>HR</b>	Human Resources	<b>MH&amp;A</b>	Mental Health & Addictions
<b>HSAS</b>	Health Sciences Association of Saskatchewan	<b>MHO</b>	Medical Health Officer
<b>HVAC</b>	Heating, Ventilation & Air Conditioning	<b>MI</b>	Medical Imaging
<b>ICU</b>	Intensive Care Unit	<b>MLH</b>	Meadow Lake Hospital
<b>IDBR</b>	Interdisciplinary Bedside Rounding	<b>MLTC</b>	Meadow Lake Tribal Council
<b>IPC</b>	Infection Prevention & Control	<b>MMR</b>	Measles, Mumps & Rubella
<b>IPCC</b>	Infection Prevention & Control Coordinator	<b>MORE<sup>OB</sup></b>	Managing Obstetrical Risk Efficiently
<b>IT</b>	Information Technology	<b>MOU</b>	Memorandum of Understanding
<b>IT/IM</b>	Information Technology/Information Management	<b>MRI</b>	Medical Resonance Imaging
<b>IV</b>	Intravenous	<b>MRSA</b>	Methicillin Resistant Staphylococcus Aureus
<b>JSA</b>	Job Safety Analysis	<b>MST</b>	Mountain Standard Time
<b>Kaizen</b>	Continuous Improvement (Japanese term meaning 'change for the better')	<b>MWFR</b>	Midwest Food Resources
<b>Kanban</b>	A sign or signal - a means of automatically signaling when new parts, supplies or services are needed	<b>NEPS</b>	Nursing Education Program of Saskatchewan
<b>KIS</b>	Key Indicator Statistics	<b>NHSN</b>	National Healthcare Safety Network
<b>KPO</b>	Kaizen Promotion Office	<b>NP</b>	Nurse Practitioner
<b>KYHR</b>	Keewatin Yatthé Health Region	<b>NPL</b>	Northland Pioneers Lodge
<b>KYRHA</b>	Keewatin Yatthé Regional Health Authority	<b>NSL</b>	North Sask Laundry (& Support Services Ltd.)
<b>LCCC</b>	Lloydminster Continuing Care Centre	<b>NSRMHH</b>	North Saskatchewan River Municipal Health Holdings
<b>Lean</b>	A system focused on eliminating waste and increasing value-added work	<b>OHC</b>	Occupational Health Committee
<b>LILT</b>	Lean Improvement Leaders Training	<b>OH&amp;S</b>	Occupational Health & Safety
<b>LPN</b>	Licensed Practical Nurse	<b>OOS</b>	Out-of-Scope
<b>LH</b>	Lloydminster Hospital	<b>OPDS</b>	Outpatient Day Surgery
		<b>OR</b>	Operating Room
		<b>PAC</b>	Practitioner Advisory Committee
		<b>PAPHR</b>	Prince Albert Parkland Health Region

## Appendix E - Acronyms & Glossary of Terms (continued)

<b>PART</b>	Professional Assault Response Training	<b>SEP</b>	Single Entry Point
<b>PC</b>	Primary Care	<b>SHMS</b>	Saskatchewan Healthcare Management System
<b>PDSA</b>	Plan-Do-Study-Act	<b>SHNB</b>	Saskatchewan Hospital North Battleford
<b>PES</b>	Patient Experience Survey	<b>SIA</b>	Safety Improvement Assessment
<b>PFCC</b>	Patient & Family-Centred Care	<b>SIMS</b>	Saskatchewan Immunization Management System
<b>PHC</b>	Primary Health Care	<b>SIPPA</b>	Saskatchewan International Physician Practice Assessment
<b>PHI</b>	Public Health Inspector	<b>SIRP</b>	Saskatchewan Integrated Renal Program
<b>PLT</b>	Provincial Leadership Team	<b>SIS</b>	Surgical Information System
<b>PNHC</b>	Prairie North Health Centre, Lloydminster	<b>SkSI</b>	Saskatchewan Surgical Initiative
<b>PNHR</b>	Prairie North Health Region	<b>SLP</b>	Speech Language Pathology
<b>PNRHA</b>	Prairie North Regional Health Authority	<b>SLT</b>	Senior Leadership Team
<b>PoC</b>	Proof of Concept	<b>SMA</b>	Saskatchewan Medical Association
<b>PRAS</b>	Physician Recruitment Agency of Saskatchewan	<b>SMO</b>	Senior Medical Officer
<b>P3</b>	Public-Private Partnership	<b>SMS</b>	Safety Management System
<b>QCC</b>	Quality of Care Coordinator	<b>SSC</b>	Surgical Safety Checklist
<b>QCDSE</b>	Quality, Cost, Delivery, Safety, Engagement	<b>SSCN</b>	Saskatchewan Surgical Care Network
<b>QI</b>	Quality Improvement	<b>SSI(s)</b>	Surgical Site Infection(s)
<b>RFC</b>	Resident & Family Council	<b>SSPR</b>	Saskatchewan Surgical Patient Registry
<b>RFP</b>	Request for Proposal	<b>STARS</b>	Shock Trauma Air Rescue Society
<b>RHA</b>	Regional Health Authority	<b>STC</b>	Short-Term Care
<b>RHL</b>	River Heights Lodge	<b>SUN</b>	Saskatchewan Union of Nurses
<b>RIC</b>	Regional Intersectoral Committee	<b>TCA</b>	Tobacco Control Act
<b>RM</b>	Rural Municipality	<b>TIPS</b>	Therapeutic Integrated Paediatrics Services
<b>RN</b>	Registered Nurse	<b>TLR</b>	Transfer, Lift & Reposition(ing)
<b>RN/NP</b>	Registered Nurse/Nurse Practitioner	<b>UIAF</b>	Urgent Issues Action Fund
<b>RO</b>	Regional Orientation	<b>U of A</b>	University of Alberta
<b>ROP(s)</b>	Required Organizational Practice(s)	<b>U of S</b>	University of Saskatchewan
<b>RPN</b>	Registered Psychiatric Nurse	<b>UNA</b>	United Nurses of Alberta
<b>RPNAS</b>	Registered Psychiatric Nurses Association of Saskatchewan	<b>VisWall</b>	Visibility Wall
<b>RPIW</b>	Rapid Process Improvement Workshop	<b>VP</b>	Vice-President
<b>RTC™</b>	Releasing Time to Care™	<b>VRE</b>	Vancomycin Resistant Enterococcus
<b>RTW</b>	Return-to-Work	<b>WAVE</b>	Workplace Assessment Violence Education
<b>RW</b>	Representative Workforce	<b>WCB</b>	Workers' Compensation Board
<b>SAHO</b>	Saskatchewan Association of Health Organizations	<b>WHMIS</b>	Workplace Hazardous Material Information System
<b>SA/STL</b>	Safety Alert/Stop the Line	<b>WNV</b>	West Nile Virus
<b>SCA</b>	Saskatchewan Cancer Agency		
<b>SCM</b>	Sunrise Clinical Manager		

## Appendix E - Acronyms & Glossary of Terms *(continued)*

<b>3P</b>	Production Preparation Process
<b>3sHealth</b>	Health Shared Services Saskatchewan
<b>5S</b>	Sort, Straighten, Shine, Standardize, Sustain

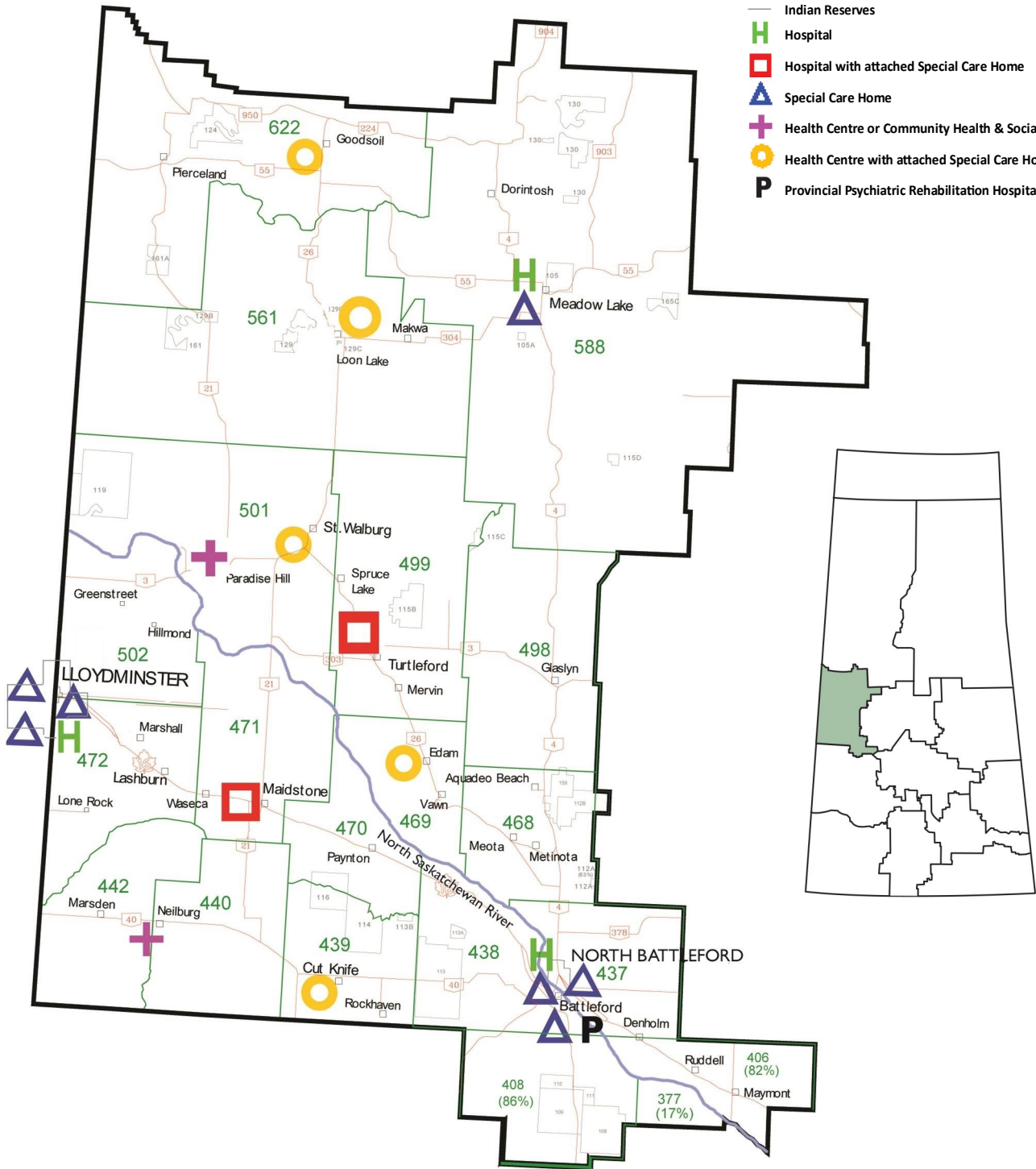
---



# Prairie North Health Region

## KEY

- Rural Municipality
- Regional Health Authority
- Roads
- Indian Reserves
- H Hospital
- Hospital with attached Special Care Home
- △ Special Care Home
- + Health Centre or Community Health & Social Centre
- Health Centre with attached Special Care Home
- P Provincial Psychiatric Rehabilitation Hospital





*Healthy People. Healthy Communities.*