Annual Report to the Minister of Health

For the 2010-11 Fiscal Year Ended March 31, 2011

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The Kelsey Trail Health Region Annual Report for the fiscal year ending March 31, 2011 is available on the internet at www.kelseytrailhealth.ca.

Kelsey Trail Health Region is the operating name for the Kelsey Trail Regional Health Authority. Most references to this organization use Health Region, except in reference to the governing board, which is referred to as the Regional Health Authority. Health Region also refers to the geographic areas served by the Kelsey Trail Health Region.

Letter of Transmittal

Honourable Don McMorris
Minister of Health

Dear Minister McMorris:

The Kelsey Trail Regional Health Authority is pleased to provide you and the residents of the health region with its 2010-11 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2011.

The Kelsey Trail Regional Health Authority experienced many accomplishments during the fiscal year, including the implementation of the regional RIS-PACS initiative, the launch of the screening program for colorectal cancer, and the development and implementation of the regional service excellence program "Compassion In Action". The overall success of the health region can be attributed to the compassion, dedication and commitment of the Kelsey Trail Health Region's greatest resource – its employees.

Respectfully submitted,

Wilfred Veller
Chairman
Kelsey Trail Regional Health Authority

Introduction

This annual report presents the health regions activities and results for the fiscal year ended March 31, 2011. It reports on the results of the strategies, actions and the performance measures identified in the strategic plan and demonstrates the progress made on the health region's commitments.

The 2010-11 Annual Report provides an opportunity to assess the accomplishments, results and lessons learned while identifying how to build on past successes for the benefit of the people in the Kelsey Trail Health Region.

Alignment with Strategic Direction

The health region's Vision, Mission & Values reflect the direction the provincial Ministry of Health is embarking on with a focus on the Five Pillars of Healthcare. In support of the provincial strategic destination, the Regional Health Authority (RHA) decided to adopt the provincial values of Respect, Transparency, Excellence, Accountability and Engagement in September 2010. While the mission and vision statements remain the same, the region's values now align with the provincial values. Unique tag lines were developed for the regional values to reflect the region's customer engagement and service delivery expectations program, Compassion in Action.

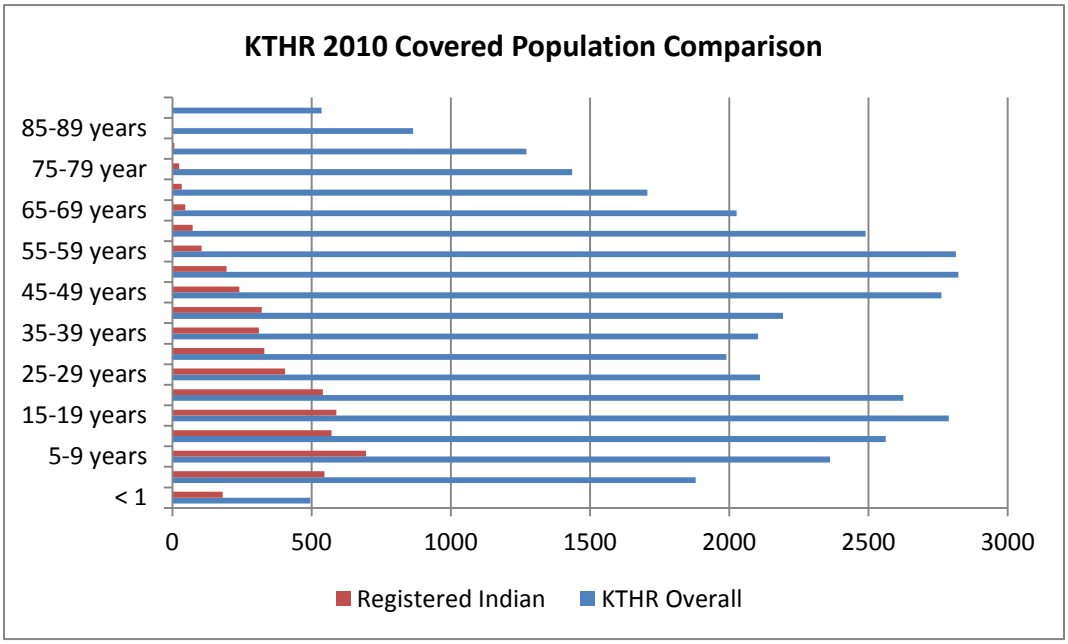
The Five Pillars, the goals established within each pillar, and the Accountability Document issued annually by the Ministry of Health, guide the strategic directions of the health region for each fiscal year. The 2010-11 Accountability Document clarifies the Ministries priorities, expectations and the reporting requirements of the Regional Health Authority. It is also intended to complement existing direction and policies and provide a basis for the Kelsey Trail Regional Health Authority's (KTRHA) strategic planning.

The 2009 release of *For Patients' Sake*, the *Patient First Review Commissioner's Report to the Saskatchewan Minister of Health*, and supporting provincial frameworks such as the Patient & Family Centred Care, the Saskatchewan Surgical Initiative and Tobacco Control Strategy documents as well as the standards set by Accreditation Canada and the Canadian Standards Association also support the development of the Ministry's strategic directions and inform KTRHA's strategic planning.

Regional strategic planning is influenced and impacted by financial, operational, capital and human resources. Recruitment and retention impact the region's ability to achieve targets mandated by the provincial government.

Overview

The RHA is responsible for providing safe, quality, timely, effective and efficient primary and secondary health care services to the population of the region. Services are available and accessible to residents as reasonably close to home as possible. Given the large geographic area of the region (44,369.62 square kilometres) and the relatively sparse population, the RHA faces challenges in achieving this goal. According to 2010 Covered Population statistics, the total population of the region is 39,837. The Registered Indian population is 5,225. At 1.82 persons per square kilometre, the provincial population density is over twice that of KTHR at 0.9 persons per square kilometre.



Health services are provided to the residents of 58 rural and urban municipalities, five First Nation communities and the Northern Village of Cumberland House. In some cases, services to First Nation communities are delivered by KTHR in partnership with other agencies. Services not available within the region are accessible and available to residents through visiting services, referrals and the Telehealth Saskatchewan network.

Approximately 34 physicians and 1,600 staff provide a broad range of community and facility-based services and programs. Physician resources include the services of a part-time Chief of Staff/Vice-President of Medical Services, a full-time Medical Health Officer, a resident General Surgeon, a visiting Radiologist, General Practitioner/Anaesthetists, and General Practitioner/Obstetricians.

The region ensures a wide range of accessible itinerant services by granting visiting privileges to a number of physician specialists at district hospitals in Melfort, Nipawin and Tisdale. Services include nephrology, physical medicine and rehabilitation, psychiatry, podiatry, rheumatology, paediatrics, obstetrics and gynaecology, ear/nose/throat, orthopaedics and orthopaedic surgery, ophthalmology, respiratory medicine, internal medicine, urology, plastic surgery and general surgery. Associate privileges are also granted to dental and chiropractic service providers.

Nurse Practitioners provide health care services from Primary Health Care (PHC) sites in Arborfield, Carrot River, Cumberland House, Hudson Bay, Naicam, Nipawin, Porcupine Plain, Tisdale and Zenon Park.

Kelsey Trail has community hospitals at Hudson Bay, Kelvington and Porcupine Plain. In total, 116 acute care beds (observation, respite, palliative, convalescent and rehabilitation) are staffed and operational within the region. Health centres are located in Arborfield, Carrot River, Cumberland House, Rose Valley and Smeaton.

In total, 482 long term care and respite beds are staffed and operational in Arborfield, Carrot River, Hudson Bay, Kelvington, Melfort, Nipawin, Porcupine Plain, St. Brieux and Tisdale. Four Dementia units also operate within long term care facilities in the region.

Pre-hospital emergency care is available through a combination of RHA-owned (Hudson Bay and Porcupine Plain) and contracted (Kelvington, Melfort, Naicam, Nipawin and Tisdale) emergency medical services. Trained volunteer First Responders and Ancillary First Responder groups provide emergency services to a large number of communities and areas in Kelsey Trail. The region also provides training to volunteers in community groups, organizations, schools and corporations who have invested in Public Access Defibrillators (PADs).

Employees of the Community and Primary Health Care (PHC) department deliver services to more than 30 different locations in the region, focusing on community development and population health promotion, and include the services of Home Care, Public Health, Environmental Health, Therapies and Mental Health & Addiction.

The Public Health unit includes Public Health Nursing, Travel Health, the regional Medical Health Officer and Communicable Disease/Immunization Coordinator. Public health inspection, tobacco enforcement and water monitoring services are delivered regionally by the Environmental Health unit.

Physicians and Nurse Practitioners work in collaboration with other health care professionals to deliver Primary Health Care (PHC) services. PHC includes the services of Nutritionists, Speech/Language Pathology, Early Childhood Psychology, Dental Health, Dietitians and Nurse

Educators, Chronic Disease Management, Community Wellness Coordinators, and Telehealth. The Therapy unit includes an Autism Spectrum Disorder consultant, the Acquired Brain Injury program, Exercise Therapists, Recreation Therapists, Physical and Occupational Therapists.

The region has a well-established Saskatchewan Telehealth video conferencing program including sites in Cumberland House, Hudson Bay, Kelvington, Porcupine Plain, Melfort, Nipawin and Tisdale. In April 2010, the network expanded to include Carrot River. Telehealth provides a link for rural and urban health care professionals to schedule specialist appointments, consults, clinical visits and follow-up appointments for patients and clients. It is also used for educational sessions for health care professionals and members of the public.

Community Wellness Coordinators in Hudson Bay, Kelvington, Nipawin and Tisdale also provide services to school-aged populations in Arborfield, Archerwill, Porcupine Plain, Star City and Zenon Park.

Mental Health & Addiction Services (MHAS) are provided regionally through a combination of community-based locations and visiting services. Inpatient services and 24-hour emergency mental health referrals and consultations are available through a partnership with the Prince Albert Parkland Health Region (PAPHR). Medical Social Worker services are also available through MHAS.

Volunteer services are coordinated through the Human Resources (HR) department and include the parent mentoring program, pastoral care, First Responders, youth programs, gift shops, meals on wheels, auxiliaries, drivers and activity volunteers. Volunteers provided approximately 22,400 hours of service to the region over the past fiscal year.

Health Care Organizations

The region acts as the accountable partner in contractual relationships with a number of independent Health Care Organizations (HCOs) and third parties for the delivery of health care services. HCOs are defined as affiliates or prescribed organizations that receive funding from health region to provide health services. The region is responsible for ongoing financial monitoring, ensuring adequate resources are being provided, and accountability among HCOs.

KTHR has contractual relationships with the following HCOs:

- Kelvington Ambulance Care Ltd., Tisdale Ambulance Care Ltd., Shamrock Ambulance Care Ltd., North East EMS, Melfort Ambulance Service & the Town of Naicam – emergency medical/ambulance services in Kelvington, Naicam, Nipawin, Melfort, and Tisdale

- Nipawin Oasis Community Centre Cooperative - services for clients with long term mental illness in the Nipawin area

Partnerships

Kelsey Trail has developed a number of mutually beneficial partnerships that provide strong connections to community, enhance resource-sharing opportunities and have long term impacts on meeting the needs of the population.

Ministry of Health

The region's most significant stakeholder, the Ministry provides policy direction, sets and monitors standards, provides funding, and supports the health region to ensure the provision of essential and appropriate services to residents. The Ministry defines the RHA's performance and outcome measures and establishes accountability parameters. The Ministry issues an annual *Accountability Document* which defines the performance relationships, program, service and funding expectations and highlights the strategic direction to RHAs for the upcoming fiscal year.

Saskatchewan Association of Healthcare Organizations (SAHO)

SAHO provides health regions with leadership, a common voice, payroll and benefits, collective bargaining, Occupational Health & Safety support, representative workforce and educational resources.

Prince Albert Parkland Health Region (PAPHR)/Sunrise Health Region (SHR)

KTHR has an historical partnership with PAPHR for the provision of Mental Health & Addiction Services, primarily in specialty mental health services such as psychiatry, eating disorders and psychologist supervision. The region also partners with PAPHR and SHR on the F.A.S.T. Stroke Bypass Protocol whereby KTHR residents exhibiting signs of stroke bypass district and community hospitals and are transported directly to regional hospitals in Prince Albert or Yorkton for treatment. This partnership has the potential to reverse the effects of stroke, improve opportunities for full recovery and reduce stroke-related disability. More recently, KTHR expanded its relationship with PAPHR to deliver orthopaedic surgical services in Nipawin Hospital.

Athabasca Health Authority (AHA)

A partnership with AHA has resulted in the provision of Information Technology support to the northern health region. Through the partnership, AHA has also benefitted from the development and launch of the regional Radiography Information System-Picture Archiving Communication System (RIS-PACS) for the secure storage and retrieval of diagnostic images in digital format.

HealthLine & SaskTel

Through a partnership also involving the Ministry of Health, Kelsey Trail was involved in a Telehomecare pilot project. The project featured a system that allowed clients' conditions to be monitored remotely by a health professional.

North East Regional Intersectoral Committee (NERIC)

The health region is an active partner on the NERIC and local interagencies, partnering with the North East School Division, Cumberland College, the Department of Social Services, Métis Nation Eastern Region 1 & 2, and several other human resource agencies to facilitate and support community-based approaches and initiatives in response to the needs of children, youth and families. Partnerships have been developed with community, First Nations and Metis leaders, Chambers of Commerce and economic development groups.

KidsFirst

KTHR is the accountable partner for the *KidsFirst* targeted and non-targeted programs in the region. *KidsFirst* is a voluntary program that works in collaboration with existing community programs to help vulnerable families, enhancing knowledge, providing support and building on family strengths.

Saskatchewan Cancer Agency

The health region partnered with the SCA to launch the Screening Program for Colorectal Cancer. The program targets men and women between 50 and 74 years of age who are at low risk of developing colorectal cancer.

Cumberland College/Saskatchewan Institute of Applied Science & Technology (SIAST)/University of Saskatchewan (U of S)

KTHR formed a unique partnership with all three educational institutions in a successful effort to increase interest in the Nurse Practitioner program. Working with the Saskatchewan Union of Nurses/Kelsey Trail Health Region (SUN/KTHR) Retention & Recruitment Committee, Cumberland College, SIAST and the U of S provided opportunities for interested NP candidates to meet their learning needs through distributed learning.

Union Affiliates

The SUN/KTHR Retention & Recruitment Committee is a relatively new example of the respectful partnerships the health region has with three union affiliations. In addition to SUN, KTHR also works in partnership with the Health Sciences Association of Saskatchewan (HSAS) and the Saskatchewan Government Employees Union (SGEU).

Municipal Stakeholders

The health region regularly partners with municipal bodies to address program and service needs. This year, KTHR received approval for CT scanning services for the region as the direct result of the supportive partnership of the Town of Hudson Bay, Town of Kelvington, Town of Porcupine Plain, City of Melfort, Town of Nipawin, Town of Tisdale, as well as the region's physicians.

The health region continues to work in partnership with the Town of Kelvington, Town of Tisdale and surrounding municipalities on long term care replacement projects. In Tisdale, the health region is also involved in a partnership with the Town that will see the development of a community health complex on property adjacent to the Tisdale Hospital. A partnership with the Northern Village of Cumberland House has provided security staff for the Cumberland House Health Centre.

Other significant partnerships include community Foundation and Trust committees and auxiliaries, the Health Quality Council (HQC), the Northern Health Strategy, the Northern Chronic Care Coalition, the Northern Antibiotic Resistance Partnership (NARP), Prince Albert Grand Council, Saskatoon Tribal Council, Métis Nation Eastern Region 1 & 2, the Northern Inter-Tribal Health Authority (NITHA), the Aboriginal Employment Development Program (AEDP), Lakeland District Sport Culture & Recreation and North Sask Laundry & Support Services.

Administrative Structure

The Chief Executive Officer (CEO) works with an Executive Management Team that includes the Vice-President Institutional & Emergency Care, the Vice-President Corporate Services, the Vice-President Community and Primary Health Care and the Vice-President Medical Services/Chief of Staff. Late in the 2010-11 fiscal year, the Vice-President Medical Services/Chief of Staff retired. The region expects to fill this part-time position early in the new fiscal year. The Executive Assistant to the CEO and Corporate Communications Officer serve as resources to the Executive Management Team.

Restructuring of the Executive Management Team during the 2010-11 fiscal year resulted in an expansion in portfolios with the additional responsibility for Food & Nutrition Services and Environmental Services falling under the VP of Institutional & Emergency Care. Within the Institutional & Emergency Care portfolio, the region filled the previously vacant position of Director Pre-hospital Emergency Care and recruited a new Director Acute Care Services following the retirement of the previous Director in December, 2010.

Human Resources and Building and Grounds Maintenance were added to the portfolio of the VP Finance & Information Services which resulted in a change in title to VP Corporate Services.

A new Director Employee Services was recruited to lead the Human Resources department. The regional Physician Recruitment Coordinator, who previously reported directly to the CEO, now reports to Human Resources.

The region developed and introduced a Quality & Risk Management department in 2010-11 which expanded the portfolio of the VP Community and Primary Health Care. In addition to a Director, the Quality Department includes two Quality Improvement Coordinators, a Quality Improvement Nurse Educator, a Quality of Care Coordinator and an Employee Health/Infection Control Nurse.

The CEO reports directly to the RHA regarding the general and daily operations of the health region. The Executive Management Team is responsible for effective planning, integration and delivery of facility-based and community-based programs and services, and reports directly to the CEO.

The Executive Management Team is responsible for the overall operation of the health region and provides executive sponsorship for seven lead Committees:

- Information Management
- Communication
- Quality Health Workplace
- Quality, Utilization & Risk Management
- Primary Health Care
- Patient Care & Safety
- Ethics
- Emergency Preparedness

Sub-committees and working groups may function within each lead committee. The Executive Management Team has bi-weekly communication with the regional Directors via teleconference and face-to-face communication on an as needed basis. Communication with the Management Network occurs on a quarterly basis through a combination of teleconferences and face-to-face meetings. The Management Network, which includes regional directors, facility administrators, program and nursing managers, is an educational, informational and networking group.

The Executive Management Team, three RHA members, the Director Quality and one Quality Improvement Coordinator are members of the KTHR Quality as a Business Strategy (QBS) team. The QBS Learning Collaborative, led by HQC, provides health care leaders with tools to advance and connect quality with financial oversight and to sustain improvements directed at the organization's strategic goals.

Governance

Twelve members appointed by the provincial government serve on the Kelsey Trail Regional Health Authority (KTRHA). Vacancies on the RHA resulting from the resignation of RHA members Tina Thomas and Keith Thompson and former board chair James Taylor were filled with the appointments of Rennie Harper of Nipawin, Clarence Hendrickson of Carrot River and Rose Morin of the Cumberland House Cree Nation in late June 2010. Harper was also appointed vice-chair.

The RHA operates in accordance with the roles and responsibilities established by the Ministry of Health in the *Kelsey Trail Regional Health Authority 2010-11 Accountability Document*. The RHA is responsible for the planning, organization, delivery and evaluation of the health services it is to provide within the region or any other areas as directed by the Minister. The RHA functions primarily as a "committee of the whole". There are four committees of the RHA: Quality Risk Management Committee, Finance & Audit Committee, Practitioner Liaison Committee, and the Governance Committee.

Five Community Health Advisory Networks (CHANs) were implemented in November of 2006 for the purpose of providing the RHA with advice respecting the provision of health services in the region but have been largely inactive. In March 2011, the RHA approved a stakeholder engagement plan that will see a new approach to gathering a variety of stakeholder feedback and maintaining open dialogue with the public.

The health region utilizes a variety of formats to communicate with and engage the public. These include: regular monthly RHA meetings; the external newsletter, the *KTHR Pulse;* the internal newsletter, *Coffee Break Conversation;* other publications including *Spotlight on Dental Health*, the *Primary Health Care Principle*, and *Hypertension Highlights* and several early childhood publications; the public website (www.kelseytrailhealth.ca); the internal website; and print and broadcast media (nine weekly and two regional weekly newspapers, two community newsletters and five radio stations). Regular contact with stakeholders and partners is also maintained through a combination of email and regular mail distribution of publications. The RHA chairperson, CEO and other designated representatives of the health region are involved in presentations to municipal councils, community groups, partner agencies, community trust committees and/or foundations and the general public.

The KTHR Annual Report is produced and available in hard copy format and electronically through the region's website. The annual report is also accessible through the Ministry of Health website at www.health.gov.sk.ca/kelsey-trail-healthregion.

Employee Demographics

The KTHR workforce includes 1,639 total employees (1,484 active) representing 1,203 full-time equivalents (FTEs). In total, almost 40% of the regional workforce is 50 years or older. The regional workforce is comprised of approximately 92% females. Just over 5% have self-identified as Aboriginal.

A significant percentage of KTHR employees are long term. Fifty-six employees retired in 2010-11. In total, 166 employees reached Rule of 80 retirement eligibility in 2010-11. Over the next two fiscal years, 114 more employees will reach Rule of 80 retirement eligibility.

The single largest challenge the region faces is in the area of recruitment and retention. In addition to physician recruitment and retention issues, the region experiences difficulty in recruiting and retaining Nurses, Nurse Practitioners, Therapists (occupational and physiotherapy), Pharmacists, Lab and Diagnostic Imaging Technicians. Labour shortages in any of these areas have the potential to impact patient, client and resident care. The recruitment and retention of GP/Obstetricians and GP/ Anaesthetists is also challenging and can impact the region's ability to provide labour and delivery as well as surgical services as well as meet provincial surgical targets.

Emerging Health Issues

The health region works collaboratively with the Ministry of Health and Health Canada to maintain an awareness of emerging health issues. They are identified and addressed on the basis of priority.

A number of factors contribute to individual health. According to the World Health Organization (WHO) declaration, health is "a state of complete physical, mental and social well-being and not merely the absence of disease". The Determinants of Health also have an impact on the health of the individual.

Populations that are lacking or having difficulty accessing one of more of the determinants may be subject to disparities in health. Within KTHR, many people face challenges in accessing the resources that help achieve physical, mental and social well-being and directly impact overall health.

Determinants of Health

- *Income*
- *Social Support*
- *Education & Literacy*
- *Employment & Working Conditions*
- *Social Environments*
- *Physical Environments*
- *Personal Health Practices & Coping Skills*
- *Healthy Child Development*
- *Biology & Genetic Endowment*
- *Health Services*
- *Gender & Culture*

Health Canada

The Aboriginal population within the region continues to grow. In coordination with Aboriginal communities, priority concerns have been identified as socio-economic status; mental health and addictions/trauma; and chronic disease – high rates of smoking and diabetes. Other issues of concern among the Aboriginal population have been identified as health care system access; the high incidence of sexually transmitted infections; Methicillin-Resistant Staphylococcus Aureus (MRSA), an antibiotic resistant staph infection; and the infant mortality rate.

According to Statistics Canada[1], the total number of census families in KTHR is 11,340. Of those, lone parent families represent just over 12%. Among the region's Aboriginal population, the total number of census families is 5,660 with lone parent families representing 8.6%. Provincially, lone parent families represent almost 17% of the total census families.

Among persons 15 years and over with income in KTHR, median income was $19,392. Males earned median income of $24,003 and females earned $16,574. The median income of the KTHR Aboriginal identity population was $11,914 with males earning $9,091 and females earning $13,570. The provincial median income was reported at $23,755.

Educationally, 40% of the regions' total population 15 years and over do not hold a certificate, diploma or degree which is higher than the provincial rate of 30%. Almost 26% have a high school certificate or equivalent. Among the region's total Aboriginal identify population, 21.5% have a high school certificate or equivalent while 55% do not have a certificate, degree or diploma.

Labour force activity among the population 15 years and older indicates the unemployment rate among the region's total population is 7%. At 21%, the unemployment rate among the region's Aboriginal population is more than three times that of the total population. Both rates are higher than the provincial unemployment rate of 5.8%.

Saskatchewan's economic growth continues to have a positive impact on the province as a whole; however certain segments of the population are not experiencing benefits. Housing and rental housing costs have increased, making it more difficult for lower income households to purchase or rent adequate housing. In Saskatchewan between 2002 and 2009, food costs increased by 22.6% and the cost of items required for basic living rose by more than 17%[2].

[1] Statistics Canada. 2007. Kelsey Trail Regional Health Authority, Saskatchewan (Code4708) (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007. http://www12.statcan.ca/census-recensement.2006.dp-pd/prof/92-591/index.cfm?Lang+E (accessed May 11, 2011)

[2] Public Health Nutritionists of Saskatchewan Working Group (2010). The Cost of Healthy Eating in Saskatchewan 2009: Impact on Food Security. Saskatoon: Public Health Nutritionists of Saskatchewan Working Group.

Adequate housing is a key determinant of health and the overall well-being of the population. In 2009, the Northeast Housing Research Project, a study of the housing strengths and gaps in the communities of Melfort, Nipawin and Tisdale, revealed a shortage and a loss of rental stock in all three communities between 2001 and 2006. Housing authorities in all three communities have waiting lists. For vulnerable, low income populations affordability is an issue. Many affordable rental properties have significant maintenance issues which render them unsuitable to live in.

Housing is a significant concern for Aboriginal communities in the central region of Saskatchewan, which includes KTHR[3]. Aboriginal communities report substandard housing and building practices that result in a high incidence of black mould which is related to other health issues such as respiratory ailments, allergies, headaches and fatigue.

Diet is also a determinant of health. Economic and geographical issues also have an impact on diet among Aboriginal communities, which is directly related to physical health. Among Aboriginal populations in the central region, limited budgets can reduce access to choice of food/quality/price resulting in poor diet choices that contribute to higher rates of diabetes and obesity.

Health status indicators include a variety of traditional measures that impact the number of deaths and frequency of the occurrence of disease in a population. When analyzing the health status of the population of the region as a whole, several health status indicators are taken into consideration.

In KTHR, the percentage of the population considered obese has been steadily increasing. Obesity has become more prevalent among adults and youth in the region. Factors contributing to the increase in obesity include reduced activity, lack of family-eaten meals, increased access to convenience ("fast") foods, advertising, less homemade food and meals, limited or poor cooking skills, and food security issues.

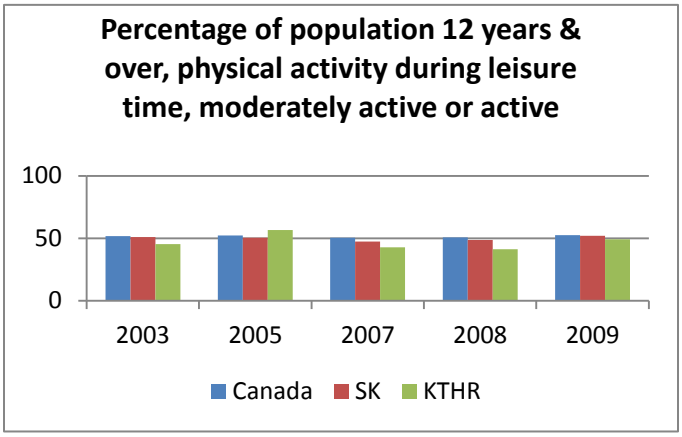
The Active Healthy Kids Canada Report Card on Physical Activity for Children and Youth 2011 reports the new national physical activity guidelines for apparently healthy children (5 to 11 years) and youth (12 to 17 years) suggest at least 60 minutes of moderate-to-vigorous intensity physical activity per day. Newly released data from the Canadian Health Measures Survey suggests only 9% of boys and 4% of girls are meeting these guidelines.

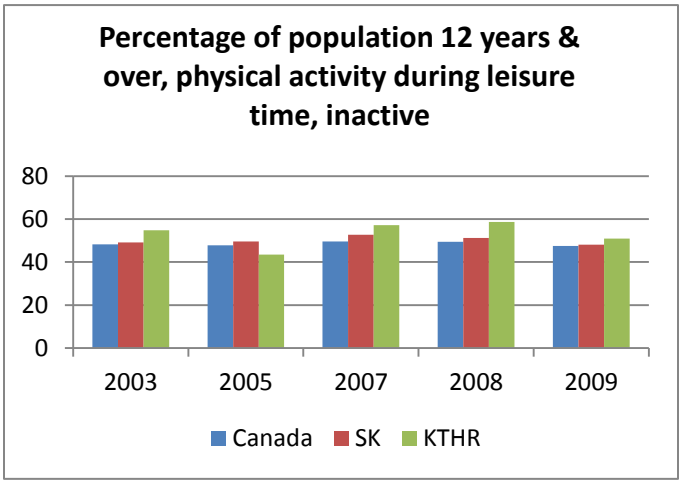
Physical activity levels among Aboriginal children are of particular concern as estimates have put the number of off-reserve Aboriginal youth (12 – 17 years) who are overweight at 41% and

[3] Indigenous Peoples' Health Research Centre (2006). Miyo-Mahcihowin A report on Indigenous Health in Saskatchewan: Report of the Indigenous Peoples' Health Research Centre.

obese at 20%, almost 2.5 times the national average, indicating greater susceptibility to acquiring type II diabetes. Diabetes incidence and prevalence rates among the registered Indian population in Kelsey Trail have been steadily increasing.

For the first time since 2005, the percentage of the population of the region considered moderately active or active during leisure time has increased. Conversely, the percentage considered inactive has decreased. Regionally, 49.1% of the population was moderately active or active in 2009, a 7.8% increase over the previous year yet still below the provincial average of 51.9%. The rate of those considered inactive has increased from 58.7% in 2008 to 50.9 percent in 2009 which is above the provincial average of 48.1%.





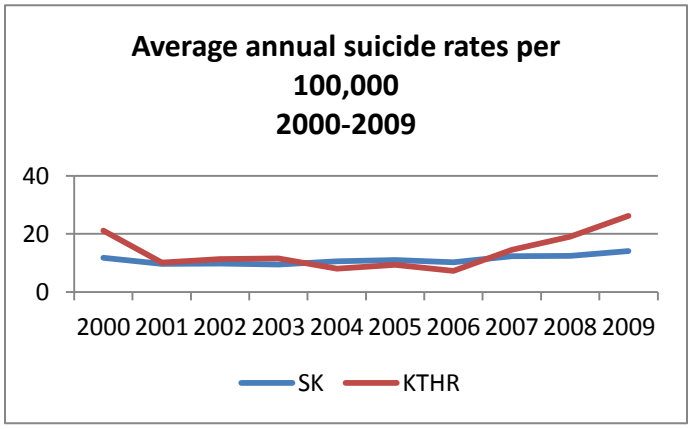
Distribution patterns in Saskatchewan over the period 2002-03 to 2006-07 indicate diabetes crude prevalence and incidence rates have both increased by approximately 15%. In 2006-07 KTHR had the second highest age-sex adjusted diabetes incidence rates in the province at 8.1 per 1,000, well above the provincial rate of 6.2 per 1,000. KTHR had the fourth highest age-sex adjusted diabetes prevalence rate at 67.4 per 1,000, above the provincial average of 60.3 per 1,000. The Nipawin area is reporting twice as many incidents of pre-diabetes as any other area of the region. While there is some genetic predisposition for diabetes, it is estimated more than half of type II diabetes cases could be delayed or prevented through healthier eating and increased physical activity. Weight loss of five to 10% of initial body weight has been shown to significantly reduce the risk of diabetes.

Provincially, diabetes is appearing earlier in women than men. In their 20s, provincial crude age-specific prevalence rates for women were 2.5 times higher while from age 50 and over, rates for males range from 22 to 34% higher than females[4].

The Indigenous Peoples' Health Research Centre indicates diabetes is the number one concern among First Nations and Metis populations living in the central region due to the increase in diagnosis and the fact that diagnosis appears to be occurring at a younger age. KTHR statistics support these concerns as the diabetes incidence rates in the Registered Indian population of the region increased from 7.3 per 1,000 in 2002-03 to 9.5 per 1,000 in 2005-06. Diabetes incidence rates among the general population of the region decreased over the same period. KTHR's incidence rate among the Registered Indian population is twice that of the provincial rate.

Diabetes prevalence rates in the KTHR Registered Indian population increased from 110.8 to 118.1 per 1,000 between 2002-03 and 2005-06. Prevalence rates in the general population of the region also increased, moving from 68.5 per 1,000 to 72.1, according to data provided by the provincial Ministry of Health's Population Health Branch. It is estimated that one third of the provincial population have diabetes but have not been diagnosed. The Saskatchewan Health Service Utilization Reports 2008-09 average annual age-standardized death rate for endocrine, nutritional and metabolic diseases, which includes conditions such as diabetes, hypoglycaemia, malnutrition and obesity) at 80 per 100,000 population in KTHR is over twice as high as the provincial rate of 39.

At 17.0 per 100,000 population, the region's colorectal cancer rate remains higher than the provincial average of 16.4. The colorectal cancer rate for males in KTHR (22.1 per 100,000) is higher than the provincial rate (20.8). The introduction of the Saskatchewan Cancer Agency's Screening Program for Colorectal Cancer will focus on early detection which is expected to reduce incidence and mortality rates.



According to the Saskatchewan Health Service Utilization Reports 2008-09 data, the region's average annual age-standardized death rate for external causes of morbidity and mortality (which includes accidents, suicides and assaults), at 71, is significantly higher than the province average of 57 per 100,000. The

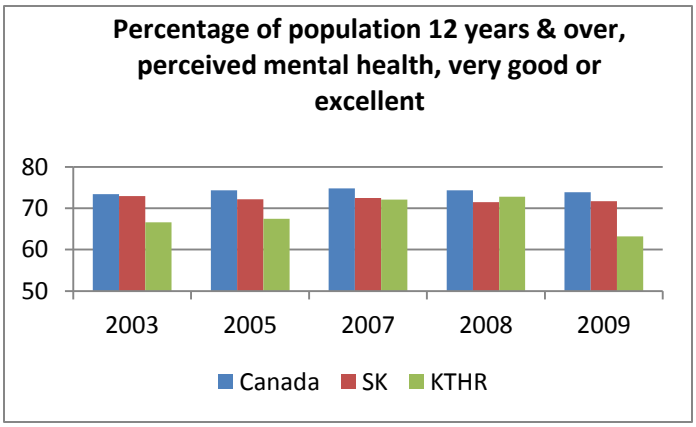
[4] Saskatchewan Ministry of Health, Population Health Branch. (September 2010). Saskatchewan Diabetes Profile 2002/2003 to 2006/07. Epidemiology & Research Unit, Population Health Branch, Saskatchewan Ministry of Health.

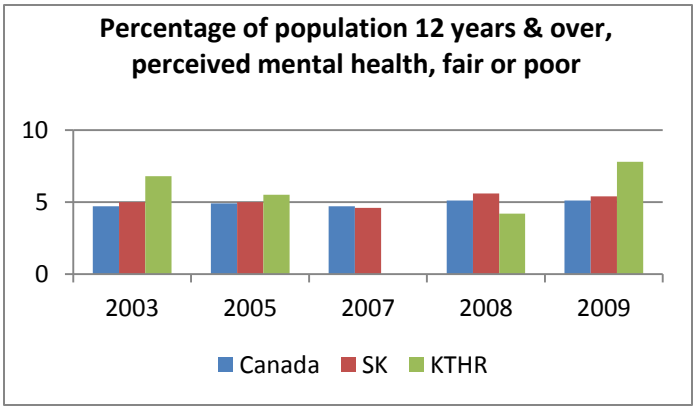
incidence of suicide in the health region is almost twice as high as the provincial rate and is the fourth highest rate in the province. In 2009, KTHR's average annual suicide rate was 26.2 per 100,000, significantly higher than the previous year's rate of 19.0 as well as the 2009 provincial rate of 14.1. Until 2007, the region's suicide rate had been at or below the provincial average for six of the last 10 years.

Mental health is a growing concern among the Aboriginal population of the central region, according to the Indigenous Peoples' Health Research Centre. Concerns include drug-induced mental illness, suicide and depression, particularly among youth. Abuse issues surrounding domestic violence, Elder violence, child abuse and neglect are also of concern and, along with the socio-economic determinants of health, appear to have a direct relationship with mental health.

At 98 per 100,000, diseases of the respiratory system (including influenza, bronchitis, asthma and emphysema) are also higher in KTHR than the provincial average of 77. At an average annual regional rate of 46 per 100,000, diseases of the digestive system (including appendicitis, Crohn's disease, hepatitis and other diseases and disorders of the oral cavity, stomach, liver, bowels, etc.) are also higher than the provincial rate of 34.

The regional average annual age-standardized death rate for mental and behavioural disorders, which includes conditions such as unspecified dementia and alcohol dependence syndrome, is the highest in the province at 43 per 100,000 and significantly higher than the provincial rate of 30. The Indigenous Peoples' Health Research Centre reports addictions are becoming an increasing problem among Aboriginal communities in the central region. The top addiction concerns include alcohol, smoking, gambling and prescription drug abuse. Children and youth are becoming involved in addictive behaviours at younger ages. The impact of addictions in Aboriginal communities extends to include additional concerns surrounding





Note: *KTHR 2007 data is considered too unreliable to report*

infectious diseases, fetal alcohol syndrome, chronic conditions, sexually transmitted infections, increasing teen pregnancy rates, violence, crime and child neglect.

Individual perception of mental health in general provides a general indication of the population suffering from some form of mental disorder, mental or emotional problems, or distress, not necessarily reflected in perceived health. In KTHR, 63.2% of the population 12 years and over perceive their mental health as very good or excellent, a decrease from the 2008 rate of 72.8% and less than the provincial average of 71.7%. The percentage of those that perceive their mental health as fair or poor has increased from 4.2% in 2008 to 7.8% in 2009 and is higher than both the provincial and national averages.

Infant mortality is one of the most widely recognized indicators of the overall health of a population, reflecting the level of mortality, health status and health care of the population, the effectiveness of preventative care and the attention paid to maternal and child health. Infant deaths warn of possible deficiencies in the physical and socio-economic environment, nutrition, education or health of the community. According to Statistics Canada 2011 health profile data, the regional infant mortality rate is 10.4 per 1,000 live births, well ahead of the provincial rate of 6.3 and more than twice the national rate of 5.0.

KTHR continues to experience challenges in its ability to support optimal mother and infant health outcomes. Average length of hospital stay for KTHR deliveries has declined significantly since 2005-06 and tertiary centres are discharging postnatal clients earlier. KTHR is currently referring approximately 40% of deliveries out of region. A largely rural region, only Public Health Nursing works with postnatal clients in KTHR. Physicians and anaesthetists involved in providing labour and delivery services in the region have been meeting regularly since September 2010 to discuss regional obstetrical services in an effort to repatriate the deliveries that are currently occurring outside the region, enhance coordination of services, develop a shared call system, and increase regional obstetrical human resources.

Poor oral health and untreated tooth decay is a huge economic burden that exceeds most other health conditions. The burden is disproportionately greater on lower income people and Aboriginal populations. According to the *2008-09 Saskatchewan Dental Health Screening Program Report,* KTHR consistently ranks third for poorest dental health in the province among Grade 1 students and data for Grade 7 students also indicated poorer dental health than the provincial average in several areas. The region was lower than the provincial average in the percentage of cavity-free children.

The provincial report indicates children from rural, low income neighbourhood schools, Hutterite schools, and schools without access to community water fluoridation were more likely to experience caries, pain or infection, show no evidence of care and were less likely to be

cavity-free. Only 40% of students attending schools in KTHR have access to fluoridated water which is available in only five communities.

The number of Gardia cases reported in KTHR in 2010-11 increased significantly over the previous year. Ten cases were reported this fiscal year as opposed to just two last year. Gardia is a diarrheal infection of the small intestine. Two lab positive cases of malaria were reported in KTHR this year, a first for the region. In both cases, the clients consulted travel health clinics outside of the region prior to travel. Both malaria cases continue to be monitored by infectious disease control staff in Saskatoon.

According to 2010 Covered Population statistics, 19.6% of the region's population is 65 years of age and older, significantly higher than the provincial average of 14.2%. Even more significant is the population 80 years and over which represents 6.7% of the region's total population as compared to 4.6% of the provincial population.

Due to the large regional proportion of persons 80 years and over, earlier hospital discharge, increased client acuity and complexity, Home Care is experiencing significant pressure in trying to meet client needs. The 2009-10 Community Program Profile prepared by the Community Care Branch of the Ministry of Health indicates 53% of KTHR's home care clients are 80 years and older as compared to 44% provincially. At 69%, the highest percent of home care services in KTHR are delivered to clients 80 years and over. Provincially, only 56% of home care services are being provided to clients in this age group.

Second and fourth quarter analysis of 2010-11 regional MAPLe scores indicate KTHR clients are being prioritized at level five, very high priority for risk of adverse health. MAPLe is a decision-support tool used to prioritize clients needing community or facility-based services which is considered a powerful predictor of admission to long term care and may indicate caregiver distress. A higher MAPLe level indicates an increasing need for increased home care services and/or priority for placement for clients that cannot be managed at home. KTHR Home Care clients are also rated at an average of 3 out of 5 in cognitive performance and are scoring slightly higher than the provincial average on the CHESS scale. The CHESS (Changes in Health, End-stage disease and Signs and Symptoms) scale detects frailty and instability in community-based health.

Patients being discharged from acute care are impacting demand on Home Care and the region's ability to meet the Ministry of Health's targets for reducing the number of clients in acute care beds awaiting long term care placement. The provincial surgical mandate is also impacting workload as Home Care attempts to keep clients at home. KTHR also has the least number of personal care homes in the province.

There continues to be a gradual increase in workload associated with, and the level of care required by, residents of long term care facilities Behavioural problems and aggression levels are a constant concern. Staff are dealing with increasing incidents of wound care, palliative care and planning for demanding care, and there has been no significant increase in staff to offset the increased care required.

Progress in 2010-11

The Ministry of Health develops and issues an annual document which clarifies the performance relationship between the ministry and the health region. The Accountability Document is focused on the strategic directions for the health region and the ministry's expectations for the region and complements existing legislation, regulations, contracts, ministerial directives and policies. All assumptions and accountabilities within the Accountability Document are prepared within the strategic framework as outlined in the 2010-11 Strategic & Operational Directions for the Health Sector (SOD). Focusing on health of the individual, health of the population, providers, sustainability and supportive processes, these areas of emphasis translate the region's vision, goals and priorities into a comprehensive set of performance measures which provide a framework for implementing organizational strategy directed at meeting the 2010-11 targets as outlined in the SOD.

Kelsey Trail Health Region supports the ministry's goal to improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations.

Strategy: Development of KTHR Customer Engagement Plan

Results:

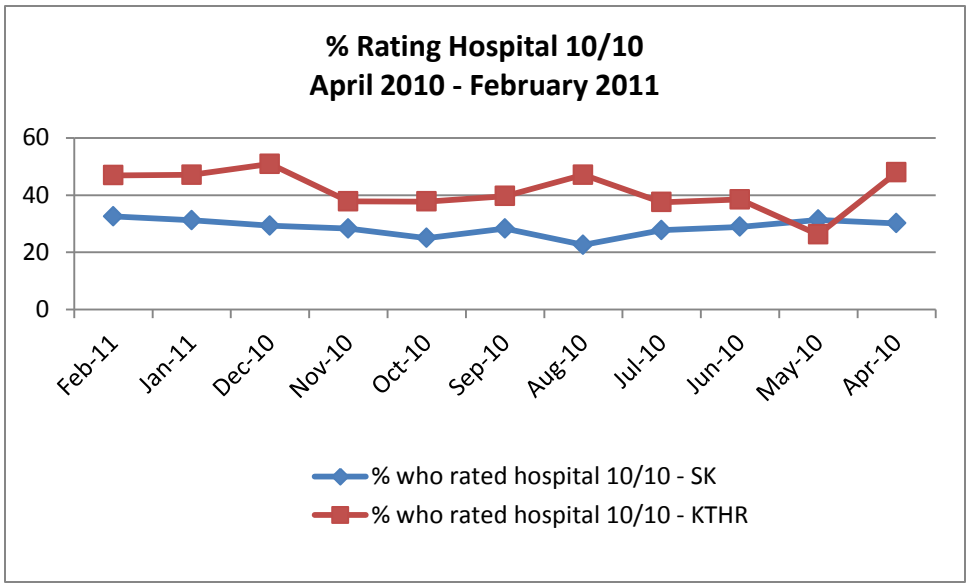
- Development of mandatory regional service expectation program, "Compassion in Action" in consultation with Olivia McIvor (The Izzo Group) that incorporates regional values, The Izzo Group's *Business of Kindness* program and customer service principles inspired by Fred Lee's *If Disney Ran Your Hospital.*
- Through the service expectation program, encourage employees to be accountable for personally building their own character to support connection, compassion and community in the workplace and ultimately provide a better experience for clients, patients, residents and their families.
- Implementation of regional policy requiring all departments to develop plans to improve client engagement and satisfaction. All departments are required to identify measures and targets by March 31, 2012.
- Provision of KTHR service expectation program for use as a model for the development of similar programs by other health regions in the province.

Measurement Results:

Percent of Patients Rating Their Hospital as 10/10

Using baseline data from the Health Quality Council (HQC) Patient Experience Survey indicator, Kelsey Trail exceeded the provincial target of 38.4%, recording a mean rate of

46.1% for the period April 2010 – February 2011. Kelsey Trail was well above the provincial average of 26.5%.



Percentage of staff receiving orientation by March 31, 2011

A total of 1,264 (82.4%) of staff received orientation to the health region's service delivery expectation program, less than the 100% target set by the ministry. The region continues to offer the program twice per month to provide both new and existing employees with ongoing access to the training.

Improved staff satisfaction as reported on provincial employee satisfaction survey and Accreditation Canada Worklife Pulse survey tool

KTHR staff responded to the 2010 Worklife Pulse survey prior to the regional accreditation survey in April 2011. Of the 357 total responses received, 52.1% of staff indicated they agreed or strongly agreed to the question "Overall, I am satisfied with this organization" which is down slightly from 53% in the previous year. The region received 319 survey responses in 2009.

Kelsey Trail Health Region supports the ministry's goal to achieve timely access to evidence-based and quality health services and supports.

Strategy: Participate in Saskatchewan Surgical Initiative

❖ **Reduce Wait Times for Surgery**

Results:

- Working with Prince Albert Parkland Health Region OR scheduling and itinerant surgeons to ensure open KTHR OR slates are filled to capacity.
- Reviewing booking practices, encouraging itinerant surgeons to allow the region to manage bookings.
- Providing itinerant surgeons with KTHR target volumes and personal target volumes, given OR time allotments.
- Hiring of discharge planners in Melfort and Nipawin to assist in moving patients through the system.

Measurement Results:

Number of patients waiting long then 18 months for surgery

KTHR met and exceeded the target for no patients waiting longer than 18 months by March 31, 2011. No surgical wait times exceeded six months in KTHR. Fifteen clients waited more than three months. Province-wide, there was a 57% reduction in the number of clients waiting more than 18 months for surgery and a 37% reduction in those waiting more than 12 months.

❖ **Increase surgical volumes to eliminate the backlog**

Results:

- Increase in surgical capacity in Melfort Hospital and Nipawin Hospital through additional cataract, orthopaedic, and dental surgeries.
- Review and posting of available OR time on Saskatchewan Surgical Care Network (SSCN) Physician Referral Guide website titled Provincially Available OR Time.
- Participating in Northern Surgical Value Stream quality improvement process.
- Forward letters to visiting itinerant surgeons informing them of KTHR surgical targets, expectations surrounding estimated volume of surgical procedures to be completed, and rules regarding cancellation of surgical days.
- Participating in PAPHR/KTHR pilot project regarding OR scheduling and orthopaedic surgery.
- Sharing Endoscopic retrograde cholangiopancreatography (ERCP) projected numbers with ministry to secure funding and potentially increase volumes.
- Achieving efficiencies through movement of clients between Melfort and Nipawin among visiting surgeons that visit both sites, allowing OR scheduler to maximize capacity and reduce wait times.

Measurement Results:

100% of expected surgical case volumes (1,338)

KTHR met the 2010-11 surgical target of 1,338 surgeries, achieving 100% of targeted surgeries. The 2010-11 surgical target volume was an increase of 231 from the previous year and the region faced several challenges in meeting the target. Two itinerant orthopaedic surgeons and one gynaecologist withdrew surgical services and one itinerant gynaecologist limited service to clinical visits only. The retirement of the region's visiting plastic surgeon at the end of March 2011 may impact the region's ability to achieve 2011-12 surgical targets.

The region: expanded surgical capacity with the addition of 168 cataract surgeries; enhanced existing orthopaedic surgery in Melfort and introduced new orthopaedic surgical services in Nipawin; and expanded surgical capacity at Nipawin to include four additional dental surgical OR days per month. In total, the region should now be able to complete an additional 130 dental surgeries and 260 orthopaedic surgeries annually.

Additional OR time has been allotted to visiting urologists at Melfort Hospital. Nipawin Hospital has the capacity to increase urology procedures as well. An increase in urology surgical procedures at both locations could result in an additional 200 urology surgeries being completed in the region in 2011-12.

The introduction of the Saskatchewan Cancer Agency's Screening Program for Colorectal Cancer in Kelsey Trail increases the number of endoscopy procedures in KTHR to an expected 96 additional cases per year.

Human resources are the single greatest challenge the region faces in its ability to achieve surgical volume targets. The withdrawal of services by itinerant surgeons, the region's ability to maintain continuous anaesthetic coverage, the growing number of OR RNs nearing or at retirement age and the ability of the region to recruit new RNs to the OR program can impact the surgical program. The aging Central Sterile Supply Department and equipment at Melfort Hospital is also a potential risk to the surgical program in that community.

❖ **Reduce wait times for diagnostic imaging**

Results:

- KTHR is the only health region in the province to have all community and district hospitals on a regional Radiology Information System – Picture Archiving and Communication System (RIS-PACS). The regional system links all physician clinics in the region to Diagnostic Imaging departments in all six hospitals, allowing near instant access to images both inside and outside the boundaries of KTHR. The new secure regional system makes diagnostic images available electronically to authorized health providers in KTHR and Athabasca Health Region (through an information technology

partnership with the northern health region) as well as specialists from larger tertiary centres.

- Successful recruitment of a radiologist from Ontario to provide radiology services from Melfort Hospital four days per month over the next two years. The regional RIS-PACS allows the radiologist to securely read electronic images from out-of-province when he is not physically present in the region, reducing wait times between examinations, tests and results and eliminating travel time for the radiologist and the transport of films.
- KTHR will be linked to the provincial RIS-PACS system in the second phase of the province-wide project by April 2011, allowing images to be securely accessed and viewed by authorized health providers from any regional and tertiary hospital that is currently on the provincial system.

Measurement Results: Not applicable to KTHR

❖ **Delivery of outpatient surgery and CT/MRIs**

Results:

- KTRHA members submitted a proposal for the establishment of fully-funded CT scanning services in the region with the support of the mayors of the communities of Hudson Bay, Kelvington, Melfort, Nipawin, Porcupine Plain and Tisdale, and the region's physicians.
- In February 2010, the Ministry of Health announced a funding commitment of $500,000 for CT scanning services in KTHR. The funding will ensure: timely access to CT scans and short referral periods for KTHR residents; enhance recruitment of family physicians and potentially, a full-time radiologist; improve access to CT scanning services for visiting specialists; decrease travel time for residents; and save lives. Implementation of CT scanning services regionally will occur over a two to three year period.

Measurement Results: Not applicable to KTHR**.**

❖ **Expanded use of Clinical Pathways - Hip & Knee Pathway**

Results:

- Increasing physician awareness of pathway and encourage utilization of pre-assessment clinics.
- Investigating methods of increased involvement in pre or post-operative pathways by KTHR.
- Accepting transfers back from tertiary centres within 24 hours of request, allowing hip and knee surgical clients to return to the region earlier.

Measurement Results: Not applicable to KTHR

KTHR received funding in the amount of $65,0000 to hire an additional 0.8 Therapy position to address the workload associated with supporting the Saskatchewan Surgical Initiative and the post-surgical rehabilitation support required within the region.

❖ **Implement Lean surgical initiatives across surgical continuum**

Results:

- Development of tracking form/process to assist in identification of the number and causes of cancelled surgeries through the surgical booking department.
- Continue to participate in the North Surgical Value Stream.
- Continue to work on the KTHR Surgical Value Stream with quarterly reports on progress.

Measurement Results:

At least one Lean team in each health region & the Saskatchewan Cancer Agency focused on surgical value stream

The Surgical Value Stream at Melfort Hospital began in June 2010 with the goal to improve the surgical experience for patients at the Melfort Hospital. Work on the initiative involves consolidating surgical, endoscopy and Chemotherapy Outreach Program of Saskatchewan (COPS) services onto the first floor. Some First Floor office space will be relocated to accommodate the move.

Establish baseline for the number and causes of cancelled surgeries

During the 2010-11 fiscal year, 132 surgeries were cancelled in KTHR. There were a number of reasons behind the cancellations including patient withdrawal of consent, inability to locate patient, medical complications that prevented surgery, cancellation by surgeon, patients dying prior to surgery, multiple postponements, surgery completed in another region, multiple no shows, inability to accommodate patient, surgery was no longer required, patient moved to another region, and the surgeon discontinued performing surgery in the region.

❖ **Expand Surgical Information System**

Results:

- Continuing to investigate possibility of partnering with PAPHR regarding OR scheduling.

Measurement Results:

KTHR continues to communicate with PAPHR in an effort to coordinate OR scheduling. Attempts to electronically coordinate scheduling have been difficult due to challenges associated with technology.

❖ **Ensure patients are receiving appropriate care by reducing the number of clients in acute care beds awaiting long term care placement**

Results:

- Implementation of board-approved plan for discontinuing placement of patients in need of long term care in an acute care bed for any duration of time.
- Providing quarterly reports to board on point-in-time survey results.
- Actively involving medical staff, Acute Care, Home Care and the regional Access Review Committee (ARC) in facilitating the discharge of long term care clients occupying acute beds.
- Implementation of "Discharge Planning- Management of Patients across the Continuum of Care" policy and procedure.
- Consistently communicating access and placement processes to clients and family members.

Measurement Results:

Number of acute care beds occupied by clients awaiting long term care placement to be 0-2% of the acute care beds

KTHR did not meet the provincial target of 3.5% or less (an average of 4.1 persons). The region exceeded the provincial target, recording a total average of 7.6 persons (7.0%) for the 2010-11 fiscal year.

KTHR has placed strong emphasis on discharge planning and timely assessments for patients awaiting long term care assessment and placement. Increased volumes and workload in Home Care as well as staffing shortages have impacted the region's ability to meet the target. The region has implemented half-time discharge planner positions in Melfort, Nipawin and Tisdale. Quarterly reviews of data collection have revealed a change in the timing of data collection is necessary to produce a more accurate regional average.

Strategy: Achieve improvements in Primary Health Care patient experience and population health

Results:

- Participation in Primary Health Care (PHC) patient satisfaction survey.
- KTHR representation on provincial Alaska Study Tour to visit South Central Foundation's primary health care system.
- Development of new PHC team.
- Introduction of colorectal cancer screening program.

Measurement Results:

KTHR reported the highest provincial response rate to the Primary Health Care Patient Experience Survey at over 95%. Overall, KTHR Primary Health Care services were rated very high by those that responded to the survey. KTHR results indicate a high percentage of respondents were very satisfied with their care. In total, 78.52% of KTHR respondents (76.9% provincially) reported there had not been a time where care did not meet their expectations. Respondents were also asked to rate how well the care received from 13 different provider groups met their expectations. In KTHR, the average score was 4.48 out of 5 which was comparable to provincial average scores.

Nipawin expanded its PHC teams to include a second team at the Nipawin Medical Group. With eight PHC teams regionally, 76% of the population of KTHR has access to primary health care.

In March 2010, KTHR became the second health region in the province to launch the Screening Program for Colorectal Cancer in the second phase of province-wide program implementation. A total of 975 potential participants have been mailed invitations since the program started.

Kelsey Trail Health Region supports the ministry's goal to continuously improve health care safety in partnership with patients & families.

Strategy: Participate in Accreditation Canada's Qmentum program

Results:

- Hire of full-time Infection Control Nurse to manage and monitor compliance to infection control standards set by the province, the Canadian Standards Association (CSA) and Accreditation Canada. The Infection Control Nurse works to fill gaps the region has experienced in surveillance and risk management of infections and supports the Central Sterile Supply Department through work with the regional Operating Room Manager.
- Development and board approval of regional Infection Prevention & Control Plan (IPAC).
- Implementation of IPAC focused on full integration into all program areas and practices.
- Formation of multidisciplinary regional IPAC subcommittee.
- Working toward establishment of IPAC subcommittees by each community institutional care group in the region.
- Implementation of relevant CSA standards pertaining to construction and renovation, reprocessing and sterilization in regional policy and procedures.

Measurement Results:

Reduce Hospital Standardized Mortality Ratio (HSMR)

The provincial target is a HSMR of 75 or less. KTHR data for 2010-11, which includes information for quarters one to three, indicates the region is above the target and the provincial average of 79 with a ratio of 89. The region's year-to-date results for 2010-11 have improved over the previous year's ratio of 96.

In accordance with the Accreditation Canada Required Organizational Practice (ROP), *"The organization tracks infection rates, analyzes the information to identify clusters, outbreaks, and trends over time, and shares this throughout the organization"*, the region has tracked infection rates in long term and acute care. For the period January 1 to December 31, 2010, KTHR recorded a long term care Health Care Associated Infection (HCAI) rate of 2.68% per 1,000 resident days. Previous data is not available. The region's acute care HCAI over the same period was 0.75% per 1,000 resident days.

With the support of the Infection Control Nurse, all facilities monitor targeted IPAC processes with regular audits and processes. Health care facilities are expected to comply with all legal and Accreditation standards pertaining to IPAC practice. The Infection Control Nurse is responsible for ensuring the IPAC program is responsive to accreditation ROPs, CSA standards and ministry recommendations and constantly monitors the program to ensure priorities are consistent with organizational goals.

Strategy: Track & analyze all incidents in the region, including near misses

Results:

- Regional Patient Care & Safety Committee identifying and reviewing trends in client incidents and making recommendations for preventative measures.
- Recommendations for improvement are determined, implemented in a timely fashion and reviewed on a regular basis.

Measurement Results:

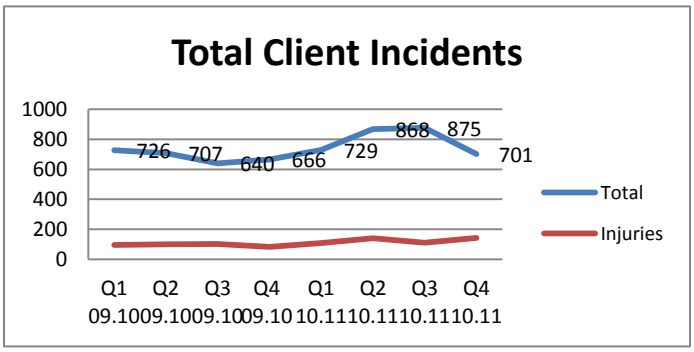
Two reports presented (mid-year and year-end)

Client incident reports are presented to the Quality, Risk Management Committee of the RHA on a quarterly basis.

100% of client incidents are reported and documented

Client incidents appear to be increasing since Q1 of 2009-10 which may be a reflection of increased incident reporting.

More than half of reported incidents are related to falls, a quarter are related to medication, and the remaining percentage include other incidents such as aggressive behaviour, unscheduled departure from a facility, tests or procedures, maintenance, etc.



The Patient Care & Safety Committee revised the reporting forms on January 1, 2011 to improve accuracy in completion of the forms, collect more useful information, and increase reporting from all departments. Fall incidents appear to be decreasing while injuries are increasing which may be a reflection of the new form and the challenges staff may be experiencing with it.

Falls prevention policies and initiatives have been introduced throughout the region and are contributing to the increased reporting of incidents.

Strategy: Development of Medication Reconciliation program for acute care, long term care, and Home Care

Results:

- Nursing education on taking Best Possible Medication History (BPMH).
- Board approval of regional plan for the implementation of Medication Reconciliation.
- Roll out of regional acute care medication reconciliation policy, a staging document, and education package.
- PIP forms are being printed for all inpatients and Emergency Room patients.
- Using “Med Rec Required” alert flags in patient charts to provide visual identification of the need to complete medication reconciliation.
- Increasing role and presence of regional Pharmacy department in managing medications in community hospitals.
- Pharmacy development of template for review of medications in patients at high risk of harm from falls.
- Home Care development of checklist of medication process.

- RNs supervising Home Health Aide (HHA) during medication administration to ensure proper processes are followed. Auditing new HHAs to ensure supervision has occurred within one month of hire.
- Change in medication reporting forms to reflect medication incidents resulting from regional processes as well as those resulting from community pharmacy dispensing processes.
- Working on implementation of medication reconciliation in one client service area at admission, transfer, discharge or end of service
- Developing consistent method of monitoring medication reconciliation

Measurement Results:

Status of implementation

As of March 31, 2011, medication reconciliation is in the process of being implemented at admission. Implementation of medication reconciliation at transfer and discharge is expected to proceed in the new fiscal year. Standardization of processes is presenting challenges in achieving the measure but work is continuing.

Audit of outpatient forms and admitted client charts

Audits of outpatient forms and admitted client charts began in February, 2011 for the admission process to acute care (AC). Data includes information on how medication history is completed, how medication history is used, and how well health care providers are communicating with one another during admission to acute care Indicators have been developed for the Ministry of Health, *Safer Healthcare Now!,* and internally.

The process for Medication Reconciliation on admission to long term care and acute care has begun. The process for Medication Reconciliation at acute care discharge is being reviewed. Measurements have not been started in those areas.

Kelsey Trail Health Region supports the ministry goal to improve population health through health promotion, protection and disease prevention.

Strategy: Implementation of policy to support the provincial Tobacco Control Strategy

Results:

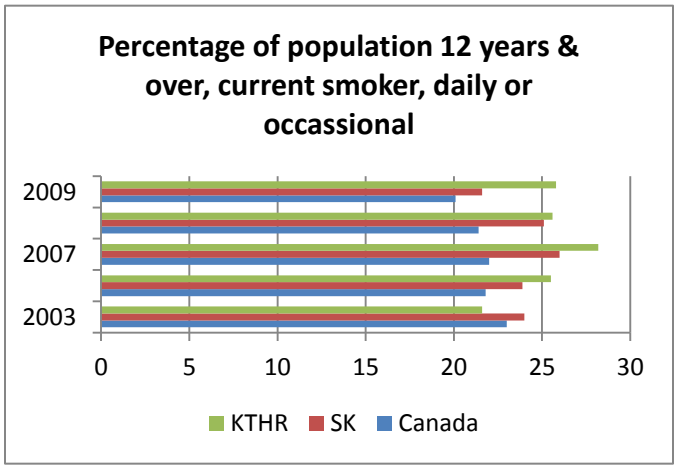
- Board approval of regional smoke and tobacco-free policy.
- Introduction of KTHR staff tobacco cessation program (one-time access to funding support up to $150 for tobacco cessation).
- Introduction of admitted acute care patient tobacco cessation intervention.

- Cessation intervention training for acute and long term care nursing staff.
- Three month patient tobacco cessation intervention pilot project at Hudson Bay Health Care Facility (April – June 2010).
- Implementation of KTHR smoke-free policy April 1, 2011.

Measurement Results:

Percentage of daily youth (12-19 years of age) smokers in Saskatchewan
Reduce daily youth smoking rate

The percentage of the region's population aged 12 and over reporting being a current daily smoker or occasional smoker is higher than provincial and national rates.



At 25.8%, KTHR's average is well ahead of the provincial average of 21.6%. The regional rate has gradually increased since 2003 and reached a high in 2007. The rate declined in 2008 but experienced a slight increase again in 2009. Regionally, 19.2% of the population reports smoking cigarettes every day as compared to 17.2% provincially.

Many factors that are beyond the scope of the health system contribute to the rate of youth considered daily smokers in Saskatchewan. The region will strive to help the province achieve a reduction in the percentage of daily youth smokers to nine percent by 2013-14.

In KTHR, the rate of second-hand smoke exposure at home is almost twice as high as the provincial and the national averages at 12.2%. The provincial Tobacco Reduction Strategy is expected to have an impact on smoking rates and exposure to second-hand smoke. The implementation of the KTHR Tobacco Policy on April 1, 2011 complements the provincial strategy.

Staff uptake of tobacco cessation support program

As of March 31, 2011, 14 KTHR staff applied to access funding for the regional tobacco cessation support program. Five applicants used the funding to access Nicotine Replacement Therapy (NRT) and nine used the funding to access Champix as their method of tobacco cessation. Funding is available to staff until March 31, 2012.

Results of Hudson Bay pilot project

Seventeen acute care staff at Hudson Bay Health Care Facility received cessation intervention training in March 2010. During the pilot period April 1 – June 30, 2010, 27 patients were admitted for care. Of those, only four patients used tobacco and 100 percent of the 5 A's algorithm was completed by nursing. None of the four patients that used tobacco accepted Nicotine Replacement Therapy while in hospital.

Strategy: Focus on physical activity, walking programs and healthy workplace as part of four pillars of population health

Results:

- Several Primary Health Care Provider Team initiatives working in support of promoting physical activity and healthy lifestyles.
- Partnership between regional Primary Health Care Provider Teams, the Exercise Therapist, and the Recreation Therapist offers free, low-risk walking and exercise programs in Melfort, Nipawin and Tisdale.
- Regional Therapy department partnering with the regional Diabetes & Heart Health Teams to offer group exercise programs to those considered medium to high risk. Results include decreased weight, blood pressure and blood sugar levels and prevention of secondary health issues. The Exercise Therapist provides supervision and direction of exercise to clients at risk as a result of chronic conditions.

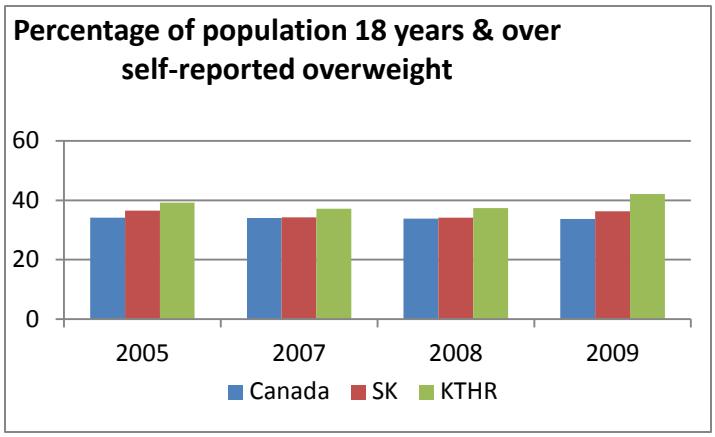
Measurement Results:

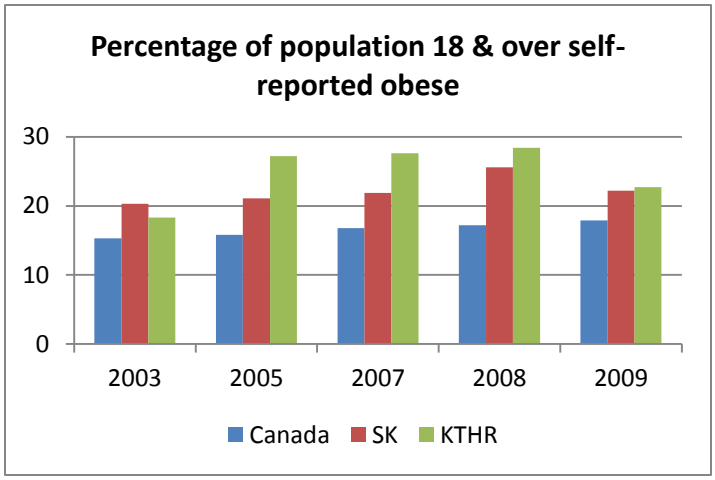
Reduction of self-reported rates of obesity among the population 12-64 years of age

In KTHR, the percentage of individuals 18 and over classified as overweight has increased since 2008 after slightly declining every year since 2005. There has been a steady increase in the percentage of the population considered obese.

Body Mass Index, is a method of classifying body weight according to health risk. BMI is calculated by dividing body weight (in kilograms) by height (in metres) squared. A BMI of 25.00 to 29.99 is classified as overweight while 30.00 or higher is considered obese.

At 42.1%, the percentage of the region's population considered overweight is higher than both the provincial rate of 36.3% and the national average of 33.7%, according to Statistics Canada. The rate of those considered overweight or obese is 64.8%, which is significantly higher than the provincial average of 58.6% and the national average of 51.6%. Regionally, males are reporting higher rates of being overweight and obese than females.





Data is not available for KTHR however, the rate of youth (12 to 19 years) considered overweight or obese has been increasing at the provincial and national levels. In Saskatchewan the self-reported rate of youth reporting a BMI considered overweight or obese declined slightly from an average of 21.8% in 2008 to 17.1% in 2009[1]. According to the Childhood Obesity Foundation, obesity rates among children have almost tripled over the past 25 years with approximately 25% of Canadian children 2-17 years considered overweight or obese. Many factors that are beyond the scope of the health system contribute to the high number of youth with unhealthy weights in the province. The region will strive to help meet the provincial target of a 5% reduction by 2012-13.

Number of Population Health awards presented for active community projects and nutrition programs

KTHR's Population Health Promotion (PHP) Recognition Awards acknowledge the role individuals or organizations play in making their communities a healthier place to live, work and play. Recognition Awards are presented to individuals or organizations that have been nominated for their support and encouragement of mental wellbeing, healthy eating and active living, and/or efforts to reduce substance use and abuse. The Recognition Awards target individuals who have made changes in their own lives and are serving as role models to others

[5] Statistics Canada. *Table 105-0501 – Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2007 boundaries) and peer groups, occasional, CANSIM (database).* http://www5.statcan.gc.ca/cansim/a01?lang=eng (accessed May 25, 2011)

and/or individuals, groups, businesses or organizations that have helped to make it easier for others in the community to lead healthier lives.

In 2010-11, PHP Recognition Awards were presented to two groups. The Tisdale Mental Health Day Program, which focuses on providing opportunities for clients from Tisdale and area within the department of Mental Health and Addictions Services, was honoured for providing clients with opportunities to participate in recreational activities that focus on "having fun" in a positive and supportive environment. The Tri-Unity Challenge Committee was recognized for outstanding community work in the promotion of physical and mental well-being within the communities of Arborfield, Carrot River and Zenon Park. The Tri-Unity Challenge committee organizes and hosts an annual event featuring opportunities to walk, jog or run three, 10, or 21 km distances. The primary goal of the event is to increase physical activity and mental well-being of the three communities.

Strategy: Increase awareness of Determinants of Health and utilize intersectoral approaches to address Determinants of Health

Results:

- Determinants of Health presentations to community groups and organizations by the Medical Health Officer.
- Regional distributions of Determinants of Health posters.
- Working with the North East Regional Intersectoral Committee (NE RIC) to address Determinants of Health (i.e. housing)
- Production of condensed regional health status report as resource for internal stakeholders.

Measurement Results: Not applicable to KTHR

Strategy: Continue preschool fluoride varnish program and participate in provincial dental health fluoride mouth rinse program

Results:

- Integration of healthy dental programming in early childhood programs through promotion of participation in the regional "Paint A Happy Smile" preschool fluoride varnish program.
- Maintain support of Cumberland House dental therapy program.
- Participation in provincial dental health promotion fluoride mouth rinse program in 13 schools.

- Increasing parent/caregiver education on preventative oral health actions and early interventions.
- Continuing surveillance of the dental health status of children living in the region.

Measurement Results:

Percentage of participation in "Paint A Happy Smile" fluoride varnish program

According to the results of the *KTHR Dental Health Screening Program Report- Grade One & Grade Seven 2008-09*, 44% of Grade One students screened participated in the "Paint a Happy Smile" fluoride varnish program. In total, 31 schools and 770 children across the health region participated in the screening for a response rate of 91.2%. The program provides three to five year old children with dental screening and fluoride treatment. Children who participated in the program had significantly better dental health with non-participants reporting 23% more decay than participants. Sixteen percent of non-participants had no evidence of dental care as compared to seven percent of participants. In addition, 46% of participating children were cavity-free as compared to only 25% of those who did not take advantage of this preventative program.

Percentage of participation in provincial dental health promotion fluoride mouth rinse program

Among Grade One students that participated in the screening, 43% participated in a regular fluoride mouth rinse program at school. The prevalence of dental caries (tooth decay) among Grade One students who did not participate in the school-based fluoride mouth rinse program was 72.1% compared to 50.6% among participants. For Grade Seven students, just 12.8% participated in the school-based fluoride mouth rinse program.

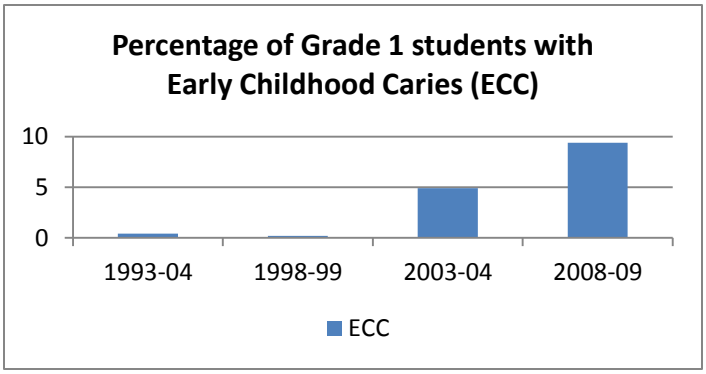
Compliance with Canadian Oral Health Strategy (COHS) guidelines for 2010

The KTHR Dental Health Screening Program Report 2008-09, the fourth dental screening program conducted by Community Health services, indicates the dental health of Grade 1 and Grade 7 students in KTHR does not meet COHS acceptable guidelines.

50% of Grade One/Age 6 children have never experienced tooth decay

In KTHR, only 36.7% of Grade One children have never experienced dental decay, lower than the provincial rate of 41.5% and less than the COHS guidelines.

In KTHR, the percentage of Grade One students with Early Childhood Caries (ECC), a severe form of tooth decay in deciduous teeth, has increased from 4.9% in 2003-04 to 9.4% in 2008-09, the highest percentage recorded in the past two decades.



No more than 20% of Grade One/Age 6 children have unmet dental treatment needs

KTHR data indicates 32.8% have unmet dental treatment needs, significantly higher than COHS guidelines and the provincial average of 27.1%.

75% of Grade Seven/Age 12 children have never experienced decay in their permanent teeth

At 59%, KTHR averages are worse than the provincial average of 66.2% and do not meet COHS guidelines

No more than 10% of Grade Seven/Age 12 children have unmet dental treatment needs

KTHR does not meet the COHS guidelines, reporting 14.1% of Grade Seven children with unmet dental needs. Provincially, 11.4% have unmet dental needs.

Average DMFT (decayed/missing/filled teeth) among Grade Seven/Age 12 children of 1.0 or less

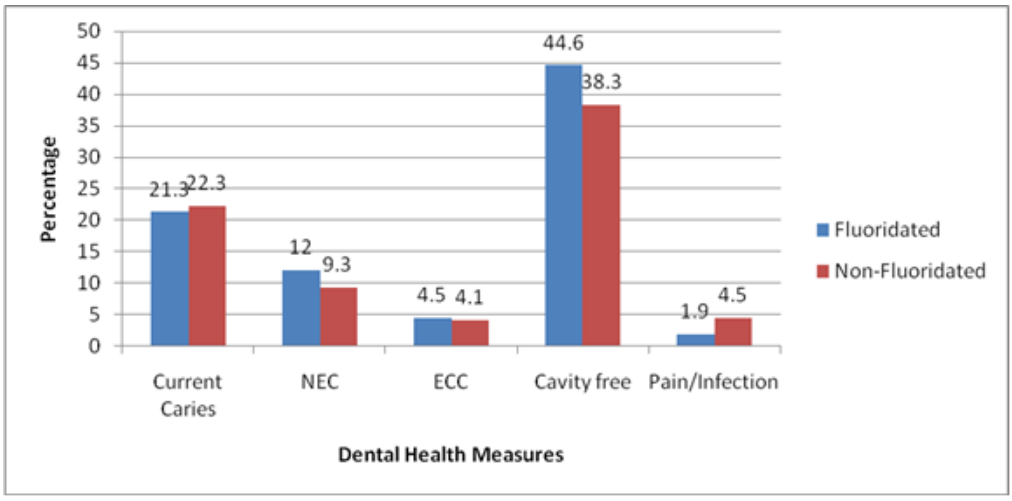
In KTHR, the average DMFT is almost four times that of the COHS guidelines. At 3.9, the region's DMFT average is also significantly higher than the provincial average of 0.8.

"Significant Carries Index", "DMFT" of 3.0 or less among Grade Seven/Age 12

This is the only COHS guideline KTHR met. The region recorded a "Significant Caries Index" of 3.0, which is the same as the province.

Through a comparative analysis of oral health among children attending schools that do and do not have access to community water fluoridation, it appears that children with access to fluoridated water have better oral health. This is evident in the average "deft/DMFT" value which is 2.26 among children with access to fluoridated water and 2.58 among those who do not. Students with access to fluoridated water also reported lesser proportions with current caries, lower proportions reporting pain and infection at the time of screening and higher proportions reporting being cavity-free. Schools without access to fluoridated water reported lesser proportions of children with Early Childhood Caries (ECC) and absence of dental care.

Only four communities in KTHR received fluoridated water therefore the majority of students screened did not attend schools with water fluoridation. In total, 40% of Grade One and Grade Seven students in the region have access to community water fluoridation.



The 2008-09 screening results indicate dental sealant utilization was only 15.5% among Grade One students and 18.3% among Grade Seven students. Further exploration of the low dental sealant utilization rates is required as 79% of Grade One students and 84.9% of Grade Seven students had received a recommendation to have dental sealants placed.

Strategy: Development of prevention program using *SHN!* Falls Prevention Bundles

Results:

- Pilot of Falls Prevention program at Parkland Place in Melfort.
- Implementation of *Safer Healthcare Now! (SHN)* Falls Prevention bundle in all long term care facilities in KTHR.
- Participation in Provincial Falls Collaborative.
- Presentation of regional falls prevention work to the Provincial Fall Reduction Working Group and sharing of regionally-developed fall audit tool.
- Pharmacy development of template for use in evaluating medications in patients at risk for falls.
- Participation in pilot testing of the Canadian Institute for Health Information's (CIHI) National System for Incident Reporting (NSIR) for long term care by Pineview Lodge in Nipawin.
- Home Care pilot of Falls Prevention program at Nirvana Assisted Living in Melfort.
- Collection of baseline data for the number falls among residents of LTC facilities and for the number of surgeries as a result of falls among residents of LTC facilities.

Measurement Results:

Implementation of the *SHN!* Falls Prevention bundle in 50% of LTC facilities by March 31, 2011

KTHR exceeded the provincial target and has achieved 100% implementation of the Falls Prevention program in all 10 long term care facilities in the region. Program implementation has included fall risk assessments, a communication plan, environmental assessments, resource kits and audits. Prevention ideas will continue to be tested by the fall teams at each site.

Number of falls

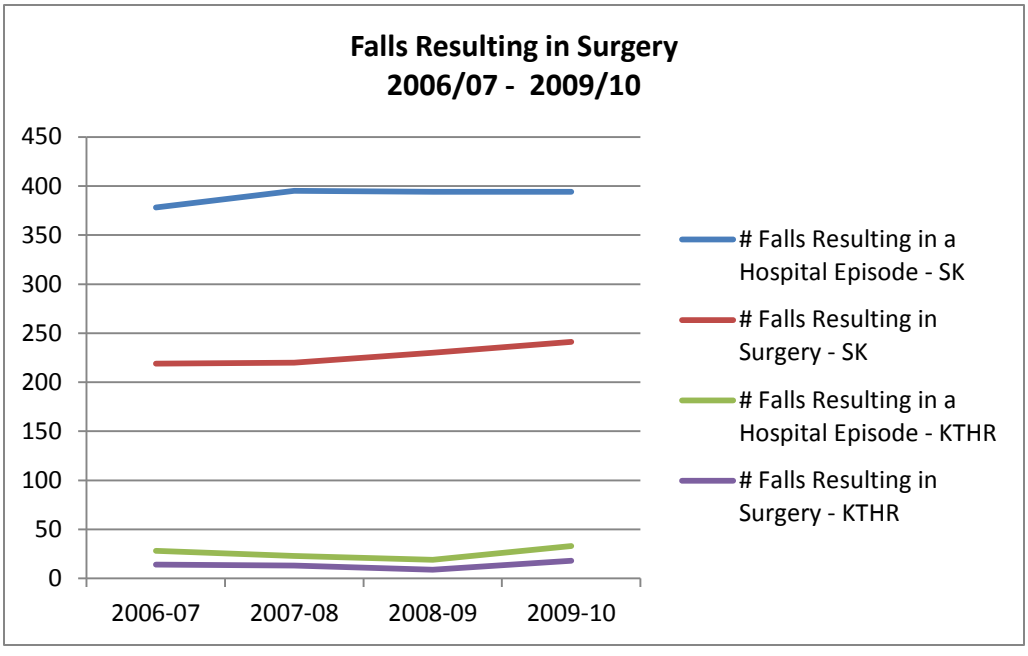
The number of falls reported in long term care is slightly higher in the fourth quarter of the 2010-11 fiscal year than the 2009-10 fiscal year and hit a two-year high of 420 in the third quarter of this year. This may be attributed to an increase in reporting falls as the result of the implementation of the Falls Prevention bundle. KTHR will be working to achieve the provincial target of reducing falls among long term care residents by 20% by March 2012.

Number of injuries from falls

Data indicates an increased number of injuries from falls in the fourth quarter of 2010-11 as compared to the same period in 2009-10. This may be attributed to an increase in the reporting of falls incidents and changes in reporting forms.

Number of surgeries as the result of falls by seniors

Data collected over the past three years indicates an increase in the number of falls resulting in surgery at both the regional and provincial level. This may be attributed to increased reporting but may also be



the result of an increase in falls resulting in surgery which influenced the need for a comprehensive fall reduction strategy across the province through the rollout of the *Safer Healthcare Now!* Falls Prevention bundle.

Strategy: Improve immunization rates for community, long term care and the health workforce

Results:

- Implementation of Tetanus, Diphtheria and acellular Pertussis Vaccine (Tdap) for mothers of infants less than eight months of age and close caregivers by public health in July 2010 due to a rise in pertussis disease in infants.
- Implementation of Tdap for mothers of infants less than eight months of age in acute care in September 2010.
- Expansion of eligibility criteria for seasonal influenza vaccine to be free of charge for all individuals requesting seasonal influenza immunization.

Measurement Results:

Meet or exceed the provincial immunization rate average for two year olds with up-to-date immunization

KTHR 2009-10 rates fell short of meeting the provincial average of 70% with the exception of Meningococcal and Varicella immunizations. While higher than the provincial rate of 70%, the regional Meningococcal (83.19%) and Varicella (79.53%) totals still remain below the respective provincial totals of 85.8% and 82.4%. Regional rates for 2010-11 are not available.

Meet or exceed the provincial immunization rate average for 6 to 23 month influenza immunization coverage

According to the Saskatchewan Immunization Program, Pandemic H1N1 Flu Immunization Coverage Weekly Report for the period ended March 31, 2010; a total of 1,355 children from 6 months to less than 5 years received the first dose of H1N1 immunization for a 6.8% immunization coverage rate. The provincial rate was higher at 8.4%. During the 2009-10 fiscal year, 6 to 23 month influenza immunization coverage was impacted by the pandemic and H1N1 immunization was the predominant vaccine.

Meet or exceed the provincial average for Grade 6 students receiving the Human Pappilloma Virus (HPV) vaccine

With a 63% average, the 2009-10 immunization rate for eligible Grade 6 girls in KTHR receiving HPV was greater than the provincial rate of 59% but did not meet the 70% target. The regional

HPV immunization rate has increased slightly over the 2008-09 rate of 61%. Regional rates for 2010-11 are not available.

Meet or exceed the target of 90% long term care residents receiving the flu vaccine

Sixty-four percent of long term care residents in the region received the flu vaccine in 2010-11, less than the rate of 87% recorded in 2009-10 and less than the target. The 2009-10 rate was impacted by the H1N1 pandemic.

Meet or exceed the 65% target for staff receiving the seasonal influenza immunization

Twenty-three percent of KTHR employees received seasonal influenza immunization in 2009-10, similar to the rate of 23.8% recorded the previous year when the H1N1 immunization was predominant. Despite the increase, the regional rate of immunization still remains below the target and the provincial average of 58%.

Kelsey Trail Health Region supports the ministry's goal to collaborate with communities, other ministries and different levels of government, to close the gap in health disparities.

Strategy: Address four components of provincial HIV/AIDS strategy: surveillance, clinical management, prevention and harm reduction, and community engagement and utilize intersectoral approach to address Determinants of Health

Results:

- Assessment of need for needle exchange program in KTHR.
- Reduction in number of new HIV cases reported.
- Continual monitoring of status of new HIV cases within KTHR communities.

Measurement Results:

Number of new reported HIV cases by age in KTHR/Saskatchewan

In 2010-11, one new case of HIV was reported in the region. KTHR does not have a significant number of reported HIV cases, ranging from zero to two new cases reported annually over each of the past five years. The Ministry of Health's HIV Strategy for Saskatchewan 2010-2013 indicates a significant increase in new cases of HIV in the province since 2003. Saskatchewan currently has the highest rates of HIV in Canada at twice the national average (20.8 versus 9.3/100,000). New HIV cases in Saskatchewan are associated predominantly with injection drug use (75%) with First Nations and Métis women under age 30 accounting for a disproportionate number of those cases. The region will work to help the province achieve the targeted 5% reduction in the number of new reported HIV cases from the provincial baseline by 2013-14.

According to the Public Health Agency of Canada, in 2008 about 12.5% of all new HIV infections in Canada were among Aboriginal people. The overall infection rate for Aboriginal people was

about 3.6 times higher than among other Canadians. Injection drug use was the main category of exposure to HIV for the Aboriginal population. HIV infections in the Aboriginal population are being diagnosed at a younger age than in the non-Aboriginal population. New HIV diagnosis is impacting a higher proportion of Aboriginal women than in the non-Aboriginal population.

Strategy: Participate in provincial Lean value stream mapping for addiction; focus on access and continuum of care

Results:

- Participation in provincial Lean value stream mapping for addictions.
- Focusing on access and continuum of care.

Measurement Results:

In collaboration with health regions, the Ministry of Health undertook a number of Lean quality improvement initiatives to enhance client care in the areas of addictions and mental health. In March 2011, the Ministry decided to revitalize existing and new addictions services to make them more patient- and family-centred and aligned with mental health efforts, rather than to establish a separate addictions agency. In November 2010 the Addictions Advisory Committee recommended that services provided by health regions and community-based organizations be strengthened and better integrated with mental health efforts.

Kelsey Trail Health Region supports the ministry's goal to work together to create safe, supportive and quality workplaces

Strategy: Reduce wage-driven premium and injury costs

Results:

- Development and implementation of comprehensive attendance management plan to address regional sick time, overtime and Workers' Compensation Board (WCB) costs.
- Reviewing opportunities to expand the regional scheduling program in an effort to attain consistency, efficiency and best practice in the staff scheduling process.

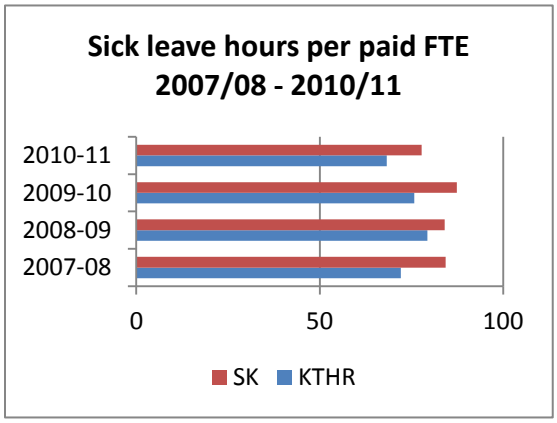
Measurement Results:

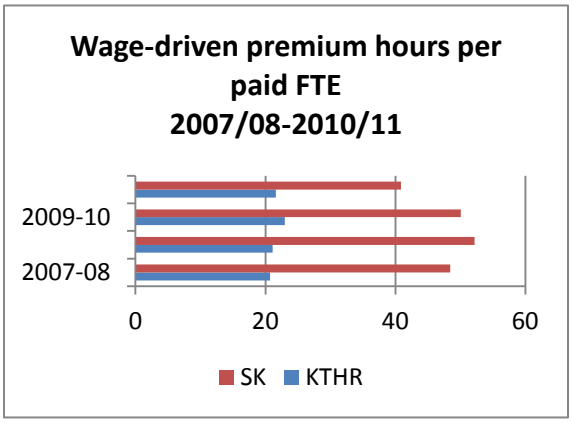
5% reduction in sick leave hours per FTE (KTHR Target: 77.01)

The region exceeded the 77.01 target, moving from 75.80 sick leave hours per FTE in 2009-10 to 72.94 in 2010-11. Provincially, all health regions and the SCA showing a decrease in sick leave hours per paid FTE compared to 2009-10.

11% reduction in number of wage driven premium hours per FTE (KTHR Target: 20.69)

The region reduced wage-driven premium hours (overtime, third weekend worked and call back) from 22.98 per FTE in 2009-10 to 21.59 per FTE in 2010-11 but fell short of meeting the target. Nonetheless, the region achieved a level of wage-driven premium hours per paid FTE that was well below the provincial average of 40.86 per FTE. The total regional reduction amounted to 6.5%. At the provincial level an 18% reduction was achieved.



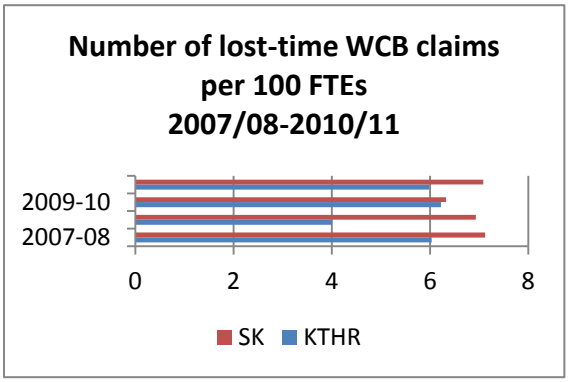


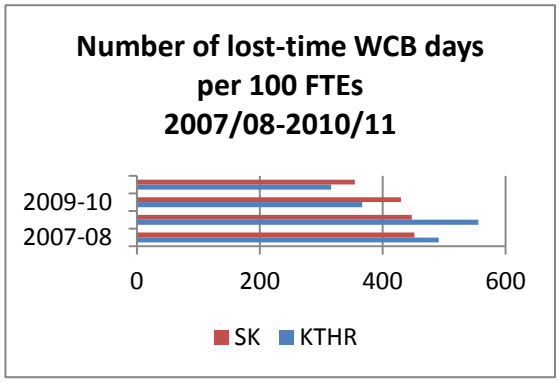
8% reduction in number of lost time Workers' Compensation Board (WCB) claims per 100 FTEs (KTHR Target: 3.80)

With a reduction of 7.5% in WBC lost time claims, KTHR did not meet the provincial target. The region recorded 5.98 WCB lost time claims per 100 FTEs this year as compared to 6.47 in the previous year, a significant improvement and the number of claims per FTE was below the provincial average of 7.08. At the provincial level there was an overall 1% reduction in the number of WCB claims.

8% reduction in number of lost-time WCB days per 100 FTEs (KTHR Target: 500.23)

Though KTHR reduced WCB lost-time days from 328.14 in 2009-10 to 315.94 in 2010-11 to exceed the target, the 3.9% reduction fell short of the 8% goal. The regional decrease was higher than the overall provincial reduction of 2%.





Kelsey Trail Health Region supports the ministry's goal to develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers

Strategy: Develop KTHR Health Human Resources Plan

Results:

- Continue working to meet the KTHR/SUN partnership target of 14 FTEs.
- Creation of SUN/KTHR Retention & Recruitment Committee.
- Host regional Nursing Symposium (June 2010) in response to a survey of SUN membership indicating education and professional development opportunities were a high priority. The one day event featured displays and representation from 24 different nursing care options and education programs from across the country.
- Launch of SUN/KTHR Retention & Recruitment bursary, a financial award of up to $5,000 that RN's in the region can apply to use toward costs associated with continued nursing education. A total of 19 RNs successfully applied for funding provided through the bursary program as of March 31, 2011.

Measurement Results:

Number of SUN FTEs

The region fell slightly short of meeting the target, hiring a total of 13.09 SUN FTEs as of March 31, 2011. KTHR reported a total of 190.08 SUN FTEs in 2010-11, achieving 97% of the regions total SUN FTE target of 196.07. The regional target includes a baseline of 182.07 SUN FTEs plus the 14 targeted positions. KTHR is one of five regions that did not meet its initial target.

Among the SUN positions KTHR successfully added through the SUN Partnership Fund were a regional Infection Control Nurse, Clinical Nurse Educators, an OR Nurse, an RN Day Coordinator, a regional MDS/RUGS Coordinator, a regional Wound Care Nurse, ER Days/Evenings Nurse positions, Nurse Float positions, ER Evening Nurse Float positions and Home Care Discharge Planner positions.

Strategy: Focus on recruitment strategies to reduce annual turnover of physicians in KTHR

Results:

- Development of recruitment strategies to reduce annual turnover of physicians in KTHR.
- Continuing regional recruitment efforts focused on attracting Saskatchewan-trained physicians to the region by hosting the second annual summer tour for first year U of S medical students. Forty-five students participated in the event, which featured tours of one of the region's district hospitals and opportunities to learn about rural medicine and rural living firsthand from regional medical staff.

- KTHR Physician Recruitment Coordinator, in cooperation with the Physician Recruitment Agency of Saskatchewan (PRAS), met with Family Medicine Residents (FMR) in Saskatoon in January 2011 to speak about opportunities for physicians in Saskatchewan. In February, the Physician Recruitment Coordinator met with FMRs in Prince Albert to discuss opportunities in KTHR.
- Continuing promotion and support of FMRs doing rural rotations in KTHR.
- Continuing to host physicians in their first year in Hudson Bay, Melfort, Nipawin and Tisdale through the Rural Externship Program.

Measurement Results:

Increase retention of physician in KTHR

During the 2010-11 fiscal year, KTHR recorded a net gain in physicians. KTHR successfully recruited eight new physicians, including the region's first resident paediatrician. Seven physicians left KTHR, including one long-time physician who retired from practice.

Several provincial developments are expected to impact regional physician recruitment efforts in the future. The Ministry announced approximately $450,000 in short-term funding to help medical residents cover interest on student loans over an eighteen month period. A new Saskatchewan-based assessment process for International Medical Graduates (IMGs) was introduced in January 2011. The new process opens assessment up to IMGs from around the world that meet the pre-screening criteria and will ensure IMGs are assessed prior to their work practice. In addition, IMGs receive orientation to the Canadian practice environment prior to assessment. The former group practice requirement has been eliminated, allowing IMGs that have successfully passed the assessment to go directly to the community to which they were recruited to practice independently. KTHR will work with the province in an effort to achieve the targeted turnover rate of less than 10% by 2013.

A new four-year contract agreement was signed by the province's physicians and includes an 11% increase in fees paid for physician services and a 2% market adjustment. Through $33 million in special program funding, physicians that choose to adopt a full scope of practice, rural practice, patient-focused care, chronic disease management and improved after-hours access will also be rewarded. The contract agreement covers the period from April 1, 2009 to March 31, 2013.

Strategy: Increase number of Aboriginal employees

Results:

- Increase in number of Aboriginal employees.

- Board approval of KTHR Representative Workforce Strategy, an action plan developed in support of the provincial strategy.
- Continuing involvement as one of 27 partners in the Aboriginal Employment Development Program in Nipawin.
- Providing Aboriginal Awareness training provided for all new hires.
- Attendance at Aboriginal-focused career fairs.
- Participation in quarterly provincial "Circle of Partners" meetings.
- Maintaining partnership with Dumont Technical Institute to promote and create awareness of health career opportunities.

Measurement Results:

Number of newly hired employees self-declaring as Aboriginal

Within the region the number of employees self-identifying as Aboriginal has slowly increased from 25 in 2008-09 to 67 in 2010-11. As of March 31, 2011, a total of 5.7% of KTHR's new hires have self-identified as Aboriginal since 2007. Employees self-identify during regional orientation or through other means.

Saskatchewan is home to the second largest Aboriginal population per capita in Canada. The Aboriginal population is the faster growing labour force in the province yet is under-represented in the KTHR labour force.

Board-approved target for the number of newly hired Aboriginal employees achieved by March 31, 2011

At 5.7%, the region was unable to meet the board-approved target of 12.5% as approved in the KTHR Representative Workforce Strategy. In KTHR, the overall working age population (the population between 15 and 70 years, excluding those living on Indian reserves, in institutions or full time members of the Armed Forces) is 28,595. The Aboriginal working age population is 3,475. Based on these figures, KTHR requires an Aboriginal employment rate of 12.5% to achieve a representative workforce. The KTHR Representative Workforce Strategy will continue to work toward increasing awareness of career opportunities in healthcare, increased participation of Aboriginal people in health careers in KTHR, cultivating an accepting environment that promotes cultural diversity; and creating a supportive workplace through education and training for a culturally diverse labour force.

Kelsey Trail Health Region supports the ministry's goal to achieve best value for money while improving the patient experience and population health.

Strategy: Participate in Shared Services initiatives and group purchasing

Results:

- KTHR representation on four procurement committees established under the new Shared Services Organization (SSO) to include Clinical Advisory, Materials Management, Nutrition & Food Services, and Pharmacy Advisory.
- Participation in Shared Services initiatives and group purchasing.
- Achievement of some regional savings by March 31, 2011.

Measurement Results:

Savings achieved from the "quick start" initiatives

The ministry established a shared services target of $108,000 for KTHR in 2010-11. KTHR achieved approximately $43,164 in efficiency savings through quick start initiatives including insurance and telecommunications.

The region discontinued using the joint purchasing services provided by SAHO and joined other RHAs and the SCA in a province-wide joint purchasing system provided by a National Purchasing Organization (NPO) known as HealthPro. As a result, KTHR achieved approximately $19,618 in savings through procurement in the areas of pharmacy, skin and wound care and gases.

Total savings for the region amounted to an estimated $62,782, or 58%, of targeted savings. Provincially, savings also fell short of the $5 million target with an estimated $3.5 million in total savings achieved in 2010-11. The provincial target of >25% of purchases done jointly between health regions and the SCA was exceeded with 35% achieved.

Kelsey Trail Health Region supports the ministry's goal to strategically invest in facilities, equipment and information infrastructure to effectively support operations.

Strategy: Continue work on replacement of long term care facilities in Kelvington and Tisdale

Results:

- Submission of capital planning and schematic designs proposals for replacement of long term care facilities in Kelvington and Tisdale.
- Energy Performance Contract (EPC) nearing completion.

- Addressing priority one and two (currently critical and potentially critical) items identified by VFA, a company contracted to assess and identify deficiencies in all healthcare facilities in Saskatchewan.
- Launch of regional preventative maintenance program, Megamation, and electronic work requisitions.

Measurement Results:

Progress/Status of projects

Functional plans, schematic drawings and the business case planning for staffing and budgeting for both LTC projects, which received initial funding through the provincial *Ready for Growth* initiative in February 2009, were submitted to the Ministry in May 2010. In February 2011, the Ministry provided $5 million in capital funding to support ongoing planning associated with the projects. The funding was part of $133.1 million in funding announced for health infrastructure and access improvements. The provincial government also announced changes to the capital project funding formula that saw the province increase its share of the cost of capital projects from 65% to 80% and the locally funded share decrease from 35% to 20%.

KTHR met with stakeholders in Kelvington and Tisdale to determine whether the projects would proceed as planned under the new funding arrangement. The region will work with community stakeholders and the Ministry to determine the scope of the project at Kelvington. With the funding commitments of the municipal stakeholders involved in the Tisdale project, it is expected this project will proceed to tender by the fall of 2011.

This year, KTHR received annual capital ("block") maintenance funding in the amount of $845,000 directed for life safety/emergency system and infrastructure deficiencies. The funding is for pressing maintenance, repairs and safety equipment needs. In addition, $500,000 was provided to proceed with work directed at enabling the operation of CT (Computed Tomography) scanning services in the region.

Work on the region's energy and facility renewal project, a joint venture undertaken with SaskPower and Honeywell, is nearing completion. The Energy Performance Contract (EPC) has allowed KTHR to implement facility improvements on mechanical, electrical and plumbing equipment and systems, reduce energy costs and improve the health, comfort and safety conditions in facilities while contributing to the region's environmental objectives without requiring additional funding. To date, KTHR has spent $4.5 million of the total project cost of $4.78 million (plus GST).

The EPC project has addressed a number of requirements in the VFA project report, which is also nearing completion. VFA project work has included upgrading ventilation, heating and cooling systems, lighting, central monitoring and control automation involving 15 KTHR facilities. As of March 31, 2011, KTHR has spent $2.3 million of $2.7 million in VFA funding. High priority items such as nurse call systems, fire alarm and building security systems, emergency generators and maintenance items such as roof repairs, floor repairs and HVAC repairs and upgrades have been or are currently nearing completion.

The regional preventative maintenance program was developed and implemented in response to recommendations made by Accreditation Canada during the 2008 accreditation survey. The online database for tracking equipment and maintenance is supported by the regional Biomedical Engineering Technologist.

In the fall of 2010, KTHR received recommendations from the Provincial Auditor of Saskatchewan following an audit of medical equipment maintenance. The Provincial Auditor reviewed the adequacy of the health region's central processes and the adequacy of medical equipment maintenance processes used at the Melfort and Tisdale Hospitals, as representation of the region as a whole.

The Auditor's report concluded KTHR did not have adequate processes to maintain its medical equipment and made several recommendations:

- clearly define roles and responsibilities for maintaining all medical equipment in accordance with recommended standards;
- establish written policies and procedures for preventative maintenance of medical equipment at all healthcare facilities;
- make an agreement with service providers for maintenance of medical equipment;
- monitor medical equipment maintenance work performed by manufacturers and the service provider;
- maintain a complete and current list of all medical equipment, its location and its maintenance record; and
- provide reports to the board and senior management on the state of medical equipment at all healthcare facilities.

The region was in the process of addressing most of the recommendations the Auditor made prior to the audit. The recommendations that were not complete prior to the release of the Auditor's report will be addressed in the new fiscal year.

Kelsey Trail Health Region supports the ministry's goal to achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies.

Strategy: Develop KTHR Lean implementation and education plans

Results:

- Development of KTHR Lean implementation plan.
- Development of KTHR Lean education plan.
- Active involvement in three Lean Initiatives:
    - Hiring Process – regional
    - Lab Process – Nipawin Lab
    - Surgical Value Stream – Melfort Hospital
- KTHR participation on the provincial Addiction Advisory Committee Lean initiative working on kaizen events to define ideal discharge rates from each level of Addiction Services and to define sorting criteria for prioritization of service access across all health regions and services.
- Development of Lean prioritization tool correlating proposed Lean initiatives to the strategic objectives of the provincial SOD, the recommendations of the Patient First Review and regional resource requirements.

Measurement Results:

Percentage improvement on each identified Lean outcome indicator for every cycle of improvement

- **Hiring Process** *(initiated November/December 2009-10)*

Aim: to reduce the time between vacancy and when the successful applicant was on the job (i.e. days between vacancy and hire)

Key Milestones:

- Development of on-line requisition form
- Development of data base with posting information that is also used during the budget process
- Elimination of unnecessary signatures
- Accessibility of all necessary forms on intranet

Accomplishments:

- Processing steps reduced from 20 to 14

- 92% of postings are going up between 0-3 days of requisition
- Percentage of defects in requisition forms decreased to 3% from 80%
- 89% of customers rated there has been a significant improvement in the process
- Improved communication between internal support departments (Payroll & Benefits, Human Resources, Finance)
- Improved budget process

A hiring process satisfaction survey was conducted with 48% of managers completing the survey. Forty-four percent of those surveyed stated the most significant improvement to the process was the online requisition form while 33% felt the most significant improvement was the flow of information. Eighty-nine percent of respondents indicated significant process improvement had resulted from the Lean initiative.

- **Nipawin Lab** (initiated November/December 2009-10)

Aim: to improve the turnaround time of patient lab reports and to even out the work flow over the day

Key Milestones:

- 5sing of the entire lab to create efficiencies and space
- Cell redesign to create one-piece flow of high volume specimens – created the "Hub"
- Standardized operating procedures

Accomplishments:

- Turnaround time for patient lab reports has been reduced by 52.6 minutes or 34%
- Improved quality and teamwork
- Standardization of operating practices has improved and simplified training of new staff
- Average wait time for outpatient walk-ins has been reduced from 17 to 12 minutes

- **Surgical Value Stream** (initiated April 2010)

Aim: to improve the surgical experience for patients at the Melfort Hospital through the consolidation of surgical and endoscopy services onto one floor

Key Milestones:

- 5sing of the First Floor to create efficiencies and improve flow

- Relocation of several office spaces on the First Floor to accommodate the future relocation and consolidation of endoscopy and the Chemotherapy Outreach Program of Saskatchewan (COPS) with surgery.

Accomplishments:

- Baseline data has been collected for inpatient wait time for surgery day (75-80 minutes)
- Baseline data has been collected for day surgery wait time (25-206 minutes)

Provincial funding announced for the implementation of CT scanning services in KTHR is expected to have an impact on the surgical value stream.

Expansion of Lean throughout KTHR

Using a prioritization tool, five of 16 submitted expressions of interest were selected as KTHR's 2011-12 Lean initiatives. Work on the Administrative Support, Melfort Lab, Early Childhood, Long Term Care Admission, and Laundry & Linen value streams is expected to get underway in a phased approach over the course of the new fiscal year.

Strategy: Expand RTC to all acute care and LTC sites in KTHR

Results:

- Expansion of Releasing Time to Care™ to acute care sites in Melfort and Nipawin.
- Participation in first two cycles of RTC offered by Health Quality Council.

Measurement Results:

Number of KTHR sites participating in RTC

Nipawin Hospital became the first facility in KTHR to participate in Cycle 1 of the RTC Provincial Rollout, which included 18 wards/facilities across the province. Pre-implementation training began in Nipawin in April 2010 with full implementation in early May. The provincial roll-out expanded to include Melfort Hospital in Cycle 2 in October.

Staffing shortages and workload are affecting momentum at both RTC sites. To date, Nipawin has completed all three foundational modules of the program while Melfort is working on completion of the final foundational module.

In discussion with HQC, KTHR is considering postponing joining Cycle 3 in favour of joining Cycle 4 in the fall of 2011 due to staffing challenges.

Kelsey Trail Health Region supports the ministry's goal to leverage technology to achieve improvements to in patient care and system performance (e.g. HER, Telehealth, Diagnostics)

Strategy: Prepare for electronic health record implementation; expand Telehealth and participate in Telehealth pilot; implement regional RIS-PACS

Results:

- Utilization of Primary Health Care readiness toolkit to prepare for electronic medical record implementation.
- Expansion of regional Telehealth network to include Carrot River.
- Implementation of Telehealth pilot of regional skin and wound care program.
- Participation in Telehomecare pilot project.
- Implementation of regional Radiology Information System-Picture Archiving Communication System (RIS-PACS) among six acute care sites and Athabasca Health Region (AHA).
- Working toward implementation of new Laboratory Information System (LIS).

Measurement Results:

In November 2010, a regional wound care pilot project was launched. A partnership between the regional Telehealth program and Home Care, the project focused on meeting the needs of wound clients throughout the region through the use of Telehealth technology. KTHR Telehealth sites in Melfort, Tisdale, Hudson Bay and Porcupine Plain participated in the project.

KTHR concluded involvement in a Telehomecare pilot project, a remote patient monitoring system that allows a client's condition to be monitored via computer, in January 2011. The pilot was a joint venture in partnership with the Ministry of Health, HealthLine and SaskTel. The region was selected to participate in the pilot due to the advance primary health care, chronic disease management and home care programs in the region. The objective of the pilot was to demonstrate and evaluate the effectiveness of the use of Telehomecare for KTHR clients with diabetes and/or hypertension. The project was launched in January 2010. In September 2010, the Telehomecare pilot was named one of the finalists for an Information Technology Association of Canada (ITAC) Canadian IT Hero Award, a program developed in partnership with Industry Canada to celebrate and recognize the achievements of people across Canada using technology in innovative ways to help others.

The implementation of the regional RIS-PACS occurred in April 2010. The initiative is expected to increase productivity for technical and clerical staff; generate savings in film and consumable

costs; reduce patient transfer costs and increase the region's capacity for equipment and services. All six acute care sites in the region stopped printing film by late summer 2010. KTHR will move over to the provincial PACS by April 2011 as part of the second phase of the provincial RIS-PACS initiative. Moving to the provincial system will improve access to KTHR images from outside the region.

The build for the SoftLabMic LIS started in early 2009 and continued through 2010 with implementation expected early in 2011-12 in labs in acute care sites in Hudson Bay, Kelvington, Melfort, Nipawin, Porcupine Plain and Tisdale. KTHR is the first region in the province to offer the new provincial LIS at multiple sites and will be the third region in the province to go live. This new SoftLabMic LIS supports the move toward the development of an electronic health record.

Implementation of the new LIS in KTHR will bring the region and the province one step closer to achieving the Saskatchewan Laboratory Results Repository (SLRR), the provincial database for all laboratory testing. SoftLab will interface with SLRR and eventually, results from the province will be available to physicians, healthcare providers and referring specialists through the electronic health record.

"Patient First" Progress

The Chronic Disease Management Collaborative (CDMC) Pulmonary Rehabilitation program started in four communities in the region in September 2010. The goal of the program, a joint effort between the KTHR Therapies and PHC departments, is to provide clients with COPD with access to a program that would enable them to understand their disease, increase confidence in managing their condition, and increase exercise tolerance. The bi-weekly six week long program featured an in-person exercise component and an educational session delivered through Telehealth. Through a partnership with Prince Albert Parkland Health Region, Telehealth sessions were also offered to clients in Spiritwood and Big River.

In April 2010, fluoroscopy procedures started being scheduled on Sundays and Mondays, rather than during the week, to accommodate bi-monthly visits from the region's contracted radiologist. Patients preparing for the procedure indicate appreciation for the scheduling change to allow preparation to begin on the weekend and thereby, not interrupt work schedules. The Diagnostic Imaging department has also divided the fluoroscopy schedule to accommodate patients that live in closer proximity earlier in the day and allow those that have further to travel to have their procedures done later.

KTHR expanded visiting specialist services in the region to include Internal Medicine. Residents have not had access to Internal Medicine services within the region since 2007, when the resident specialist left the region due to a lack of referrals and the itinerant specialist providing services to Nipawin withdrew services due to a lack of cardiac stress testing equipment. In August 2010, the health region approved the purchase of cardiac stress testing equipment for Nipawin Hospital and secured the services of a visiting Internal Medicine specialist from Prince Albert. The region hopes to expand the visiting Internal Medicine services to also include Melfort and Tisdale and to increase the number of regional GP physicians trained to do cardiac stress testing. Only two physicians have been able to provide this service previously.

Cardiac loop monitoring, also known as the King of Hearts program, was implemented in Kelvington Hospital this year. Previously, cardiac patients requiring this monitoring had to travel to Tisdale. The existing King of Hearts program in Hudson Bay has been improved with the purchase of a holtor monitor, improving access for patients who are no longer required to travel to Tisdale for this service.

The region received funding for implementation of the KTHR Aboriginal Women's Wellness Project utilizing a culturally-trained Registered Nurse who will work across jurisdictional boundaries with Aboriginal communities to meet the health and wellness needs of Aboriginal women. Initially, the project will focus on Aboriginal women from the Shoal Lake and Red Earth Cree Nations. The Aboriginal Nurse will work to address women's physical, reproductive and sexual health and wellness and will be employed as part of the region's HIV reduction strategy.

The KTHR Therapies department submitted a successful regional Autism strategy proposal that resulted in $95,000 in annual funding for a three year pilot for enhanced autism service. Mentoring, respite, social/recreational activities and occupational therapy consultation are the focus of the strategy. Funding was provided through the provincial government's children and youth agenda budget investment of $34 million. Through the pilot, $1.3 million annualized funding is being provided to the Saskatoon Health Region to provide Autism Spectrum Disorder services to central and northern Saskatchewan. KTHR will receive a portion of that funding.

A Depression working group was established in response to KTHR participation in HQC's second CDM Collaborative focused on Depression and Chronic Obstructive Pulmonary Disease (COPD). The working group is focused on improving the care and experience of patients with depression to support physician, nurse practitioners and their support staff as they progress through the collaborative process. In addition, a mental health client information package is being developed. Future work will involve developing ongoing public education sessions on

depression and treatment/support groups. Staff education sessions are being developed on adult mental health services for depressed clients.

KTHR completed the *Cumberland House Healthy Community* initiative funded through the Aboriginal Health Transition Fund (AHTF). Grant funding in the amount of $212,800 was utilized to contract the services of a Community Health Developer for the period July 1, 2008 through August 31, 2010. Through the initiative, Cumberland House residents accessed additional programs in the areas of mental health, alcohol and drug counselling and enhanced community education and information. Funding was also used to make capital improvements to the Community Health Services building in Cumberland House.

Some aspects of the initiative will be sustained in the community including an exercise program for women and youth access to exercise equipment. During the course of the AHTF initiative, funding was also used to focus on youth which will also be sustained in the community.

Management Report

June 7, 2011

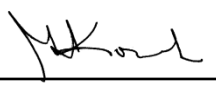
KELSEY TRAIL HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Kelsey Trail Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity includes amounts based on estimates and judgements. The financial information presented in the annual report is consistent with the financial statements.

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

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Audit & Finance Committee. The Audit & 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 Audit & Finance Committee, approves the financial statements.

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



Glen Kozak
Chief Executive Officer

Shane Merriman
Chief Financial Officer

2010-11 Financial Overview

Kelsey Trail Health Region recorded an operational surplus, before interfund transfers, of $841,398. The region is required to make transfers from the operating fund to the capital fund for mortgage payments, the principal portion of the loan on the region's Energy Performance Contract, and necessary allocations to Maintenance & Replacement Reserves. Total transfers from operating to capital for the 2010-11 fiscal year amounted to $842,045.

The 2010-11 budget was based on budgeted revenues of $106,418,362, an increase of 3% over the previous year. Budgeted expenditures increased by 3.96% over the same period. The increase in expenses did not factor in actual and expected salary and benefit increases for provider unions, out-of-scope employees and physicians.

The region was expected to achieve $892,000 in efficiency targets:

- $266, 000 in attendance support;
- $108,000 in shared services; and
- $518,000 in general efficiencies.

Attendance support strategies were developed in an effort to try to achieve targeted reductions of three percent in sick time hours per FTE; a 9.3 percent reduction in wage driven premium hours including overtime, third weekend worked and call back; five percent in WCB loss claims; and 10 percent in WCB time lost days. Sick time costs KTHR $3.5 million or the equivalent of 46 FTEs annually while wage driven premiums cost the region $1.5 million, the equivalent of 13 FTEs annually. While attendance support initiatives were included as part of the budget reduction strategy, achieving and sustaining all of the targets was expected to be difficult. The region met the Ministry's sick time and WCB lost time claims targets.

Although KTHR did not meet the target for wage driven premium hours, the region was considered to have performed well as the level of wage driven premium hours per FTE is well below the provincial average. Similarly, KTHR did not meet the WBC claims target but showed improvement from the previous year and the number of claims per FTE is below the provincial average.

Shared services targets were sought provincially as directed by the provincial SOD. While some efficiencies were found in supplies, insurance and telecommunications, several RHA's targeted savings were not realized in the 2010-11 budget year, including KTHR. In total, the region achieved 58 percent of targeted SSO savings.

KTHR developed several initiatives designed to achieve the region's general efficiency target including administrative and supply savings through reductions in travel expenses, supply and equipment savings, telephone expenses, and additional revenue generated through increases in parking fees and cafeteria prices. The region achieved actual general efficiency savings of $323,812 to fall short of meeting general efficiency targets by $194,188.

Other successful initiatives directed at balancing the 2010-11 budget included staff realignment through vacancy management. The region's financial viability continues to take priority and to make every effort to ensure change is managed with a focus on minimizing impact on patients while achieving efficiencies and best practices.

Through the EPC project, SaskPower will help KTHR save a total of $411,500 annually in utility and operational expenses. This includes $143,277 in electricity, $152,697 in natural gas, and $27,058 in water and sewer cost savings as well as $88,468 in operational cost savings per year. With completion of the EPC project expected early in 2011, the region should begin realizing the cost savings in the 2011-12 fiscal year.

Several factors contribute to the region's operating pressures, particularly the growing costs associated with supporting current health services including:

- Advances in technologies, procedures and drugs;
- Increased emphasis on environmental/infection control, quality improvement and patient safety;
- Human resources shortages, including physicians;
- Recruitment costs and incentives required to remain competitive in the marketplace; and
- Education and training of staff, both mandatory and other.

Strategies continue to be developed to achieve a balanced budget in 2011-12 in an effort to achieve long term sustainability and fiscal efficiency. The region faces additional budgetary challenges in 2011-12 with an added $234,000 in general efficiency targets, $119,000 in attendance support targets and $76,000 in shared services targets expected to be achieved.

Regionally, services and processes continue to be reviewed in an effort to adopt best practice and achieve further efficiency. Additional efficiencies are anticipated to be generated through the provincial SSO (Shared Services Organization) which is expected to be operational by the end of the 2011-12 fiscal year. Further implementation of Lean methodology, Releasing Time to Care™, and ongoing support through the HQC's Accelerating Excellence program through participation in Quality as a Business Strategy (QBS) is expected to increase efficiencies in regional operations while redirecting financial savings to benefit direct client care.

KTHR established a capital equipment committee in 2010-11. Working in partnership with Directors and Managers from various disciplines within the region and physicians, the mandate of the capital equipment committee is to prioritize the equipment needs of the region for the purpose of funding capital purchases. Capital equipment requests continue to surpass the capital funding available to the region. Advances in technologies, aging equipment and facilities impact the ability to meet the capital needs of the region.

In 2010-11, capital equipment requests amounted to $6 million. The capital equipment committee reviewed and prioritized the list to reduce it to $1.1 million, which continued to be much greater than the capital funding allocation of $210,000. Given the limited funding available, only items considered urgent or emergent were purchased during the fiscal year. Items that did not make the 2010-11 capital budget were added to the region's five-year capital equipment plan. In February 2011, the provincial government announced $133.1 million in health infrastructure funding of which KTHR received $929,000. The infrastructure funding will be used to address capital equipment priorities in the next fiscal year.

Community trusts, foundations and auxiliaries provide invaluable support to the region in providing financial resources to help meet capital equipment needs.

NeuPath Group, PC Inc.
Chartered Accountants

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Kelsey Trail Regional Health Authority

We have audited the accompanying financial statements of Kelsey Trail Regional Health Authority, which comprise the statement of financial position as at March 31, 2011, and the statements of operations and changes in fund balances and cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design auditor 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 well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Kelsey Trail Regional Health Authority as at March 31, 2011, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

NeuPath Group
Chartered Accountants

Nipawin, Saskatchewan
June 7, 2011

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2011

Statement 1

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2011	Total 2010
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	$ 10,537,332	$ 12,985,314	$ 3,206,861	$ 26,729,507	$ 24,598,363
Accounts receivable					
Ministry of Health - General Revenue Fund	-	-	-	-	151,184
Other	597,508	58,752	-	656,260	737,189
Inventory	538,265	-	-	538,265	595,092
Prepaid expenses	858,289	-	-	858,289	642,666
	12,531,394	13,044,066	3,206,861	28,782,321	26,724,494
Investments (Note 2, Schedule 2)	1,116,153	-	-	1,116,153	1,082,469
Other assets	29,090	-	-	29,090	28,307
Capital assets (Note 3)	-	44,870,716	-	44,870,716	44,313,807
Total Assets	$ 13,676,637	$ 57,914,782	$ 3,206,861	$ 74,798,279	$ 72,149,077
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 3,422,193	$ 133,997	$ -	$ 3,556,190	$ 4,117,079
Accrued salaries	1,878,824	-	-	1,878,824	4,539,927
Vacation payable	6,731,728	-	-	6,731,728	6,055,525
Long term debt - current (Note 5)	-	171,006		171,006	162,149
Mortgages payable – current (Note 5)	-	481,032	-	481,032	458,654
Deferred revenue (Note 6)	2,246,150	-	-	2,246,150	2,095,813
	14,278,896	786,035	-	15,064,930	17,429,147
Long term liabilities					
Long term debt (Note 5)	-	4,463,456	-	4,463,456	4,634,462
Mortgages payable (Note 5)	-	7,665,364	-	7,665,364	8,168,187
Total Liabilities	14,278,896	12,914,856	-	27,193,751	30,231,796
Fund Balances:					
Invested in capital assets	-	32,089,858	-	32,089,858	30,890,355
Externally restricted (Schedule 3)	-	11,141,275	3,206,861	14,348,136	9,695,767
Internally restricted (Schedule 4)	-	1,768,794	-	1,768,794	1,932,770
Unrestricted	(602,260)	-	-	(602,260)	(601,612)
Fund balances – (Statement 2)	(602,260)	44,999,926	3,206,861	47,604,528	41,917,281
Total Liabilities & Fund Balances	$ 13,676,637	$ 57,914,782	$ 3,206,861	$ 74,798,279	$ 72,149,077

Commitments (Note 4)
Asset Retirement Obligations (Note 4)
Long Term Debt (Note 5)
Pension Plan (Note 11)
Guarantee (Note 17)

Approved on behalf of the Board of Directors:

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

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2011

Statement 2

	Operating Fund			Restricted			
	Budget 2011	2011	2010 (Note 10)	Capital Fund 2011	Community Trust Fund 2011	Total 2011	Total 2010 (Note 10)
REVENUES							
Ministry of Health - General	$ 93,252,653	$ 97,567,710	$ 76,618,337	$ 8,492,251	$ -	$ 8,492,251	$ 878,643
Other Provincial	2,056,692	788,836	987,750	333,958	-	333,958	341,963
Federal Government	30,970	23,667	24,071	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	713,593	536,545	518,050	-	-	-	-
Patient Fees	8,380,848	8,640,308	8,254,021	-	-	-	-
Out of Province (Reciprocal)	576,743	494,114	612,143	-	-	-	-
Out of Country	32,056	7,992	35,404	-	-	-	-
Donations	30,000	27,273	38,168	114,754	254,305	369,059	489,433
Investment	150,000	227,218	132,246	69,670	60,574	130,243	187,005
Ancillary	661,485	760,694	672,750	-	-	-	-
Recoveries	357,770	283,569	251,311	-	-	-	-
Unrealized Gain - Financial Instruments	-	-	-	-	-	-	-
Other	175,552	182,081	172,685	-	-	-	-
Total Revenues	106,418,362	109,540,007	88,316,936	9,010,633	314,878	9,325,511	1,897,043
EXPENSES							
Province Wide Acute Care Services	1,021,027	918,546	956,312	-	-	-	-
Acute Care Services	35,089,133	36,314,776	34,538,411	1,719,988	38,174	1,758,162	1,765,483
Physician Compensation - Acute	1,876,309	1,710,418	1,907,352	-	-	-	-
Supportive Care Services	32,783,757	34,356,969	34,466,666	2,082,869	-	2,082,869	2,146,893
Home Based Service - Supportive Care	6,111,359	6,776,160	6,477,843	-	-	-	-
Population Health Services	4,269,738	4,495,728	4,592,760	6,607	-	6,607	6,751
Community Care Services	4,084,760	4,212,014	3,811,259	-	-	-	-
Home Based Services - Acute & Palliative	695,004	740,622	699,836	-	-	-	-
Primary Health Care Services	4,475,320	3,905,754	3,746,545	420,271	-	420,271	421,054
Emergency Response Services	2,986,929	3,137,267	3,059,106	63,896	-	63,896	47,865
Mental Health Services - Inpatient/Residential	-	-	-	-	-	-	-
Addictions Services - Residential	-	-	-	-	-	-	-
Physician Compensation - Community	6,087,294	5,466,700	2,904,672	-	-	-	-
Program Support Services	5,973,804	6,029,013	5,400,465	147,857	-	147,857	181,975
Special Funded Programs	801,779	634,642	648,322	-	-	-	-
Ancillary	-	-	-	-	-	-	-
Total Expenses (Schedule 1)	106,256,213	108,698,609	103,209,549	4,441,488	38,174	4,479,662	4,570,021
Excess (Deficiency) of revenues over expenses	$ 162,149	841,398	(14,892,613)	4,569,145	276,704	4,845,849	(2,672,978)
Fund balances, beginning of year		(601,612)	16,041	39,303,775	3,215,117	42,518,892	59,466,830
Interfund transfers (Note 14)		(842,045)	14,274,960	1,127,006	(284,960)	842,045	(14,274,960)
Fund balances, end of year		$ (602,260)	$ (601,612)	$ 44,999,926	$ 3,206,861	$ 48,206,787	$ 42,518,893

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

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2011

Statement 3

	Operating Fund		Restricted Fund			
	2011	2010 (Note 10)	Capital Fund	Community Trust Fund	Total 2011	Total 2010 (Note 10)
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenue over expenditure	$ 841,398	$ (14,892,613)	$ 4,569,145	$ 276,704	$ 4,845,849	$ (2,672,977)
Net change in non-cash working capital (Note 7)	(2,443,404)	6,321,611	121,270	-	121,270	260,422
Amortization of capital assets	-	-	4,017,688	-	4,017,688	4,086,542
Investment income on long-term investments	-	-	-	-	-	-
(Gain)/loss on disposal of capital assets	-	-	-	-	-	-
	(1,602,006)	(8,571,002)	8,708,103	276,704	8,984,807	1,673,986
Purchase of capital assets						
Buildings/construction	-	-	(1,825,342)	-	(1,825,342)	(4,544,763)
Equipment	-	-	(2,749,255)	-	(2,749,255)	(1,432,119)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
Sale (Purchase) of long-term investments	(34,466)	(35,956)	-	-	-	-
	(34,466)	(35,956)	(4,574,598)	-	(4,574,598)	(5,976,882)
Financing activities						
Long-term debt issued	-	-	-	-	-	4,861,669
Repayment of debt	-	-	(642,593)	-	(642,593)	(523,715)
	-	-	(642,593)	-	(642,593)	4,337,954
Net increase (decrease) in cash & short-term investments during the year	(1,636,472)	(8,606,958)	3,490,912	276,704	3,767,617	35,058
Cash & short-term investments, beginning of year	13,015,850	7,347,848	8,367,396	3,215,117	11,582,513	25,822,415
Interfund transfers (Note 14)	(842,045)	14,274,960	1,127,006	(284,960)	842,045	(14,274,960)
Cash & short-term investments, end of year (Schedule 2)	$ 10,537,332	$ 13,015,850	$ 12,985,314	$ 3,206,861	$ 16,192,174	$11,582,513
Amounts in cash balances						
Cash & short-term investments	$ 10,537,332	$ 13,015,850	$ 12,985,314	$ 3,206,861	$ 16,192,174	$11,582,513

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

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2011

Schedule 1

	Budget 2011	Actual 2011	Actual 2010
Operating:			
Advertising & public relations	$ 91,877	$ 94,960	$ 121,932
Board costs	102,635	100,717	85,289
Compensation - Benefits:			
WCB employer premium	1,295,364	1,288,714	1,297,130
Other compensation benefits	11,873,069	11,908,403	10,624,060
Compensation - Salaries	64,948,886	68,692,789	66,876,002
Continuing education fees & materials	503,259	242,595	414,858
Contracted-out services - Other	204,428	269,130	312,931
Diagnostic imaging supplies	8,600	43,152	129,078
Dietary supplies	94,700	97,168	107,929
Drugs	646,585	606,486	637,884
Food	1,630,074	1,594,918	1,622,358
Grants to ambulance services	2,279,305	2,312,883	2,285,104
Grants to health care organizations	881,286	849,624	847,578
Housekeeping & laundry supplies	263,633	280,395	296,522
Information technology contracts	452,000	672,304	464,374
Insurance	262,100	246,738	277,589
Interest	257,427	260,409	115,721
Laboratory supplies	1,233,130	1,163,921	1,112,327
Medical & surgical supplies	2,281,530	2,330,926	2,118,597
Medical remuneration & benefits			
WCB employer premium	1,271	5,128	8,166
Other medical remuneration & benefits	8,129,897	7,337,438	4,837,785
Meetings	142,559	85,850	117,229
Office supplies & other office costs	437,670	402,443	461,692
Other	456,610	267,224	201,703
Professional fees	972,241	934,565	1,008,617
Prosthetics	-	-	-
Purchased salaries	759,971	357,299	377,471
Rent/lease/purchase costs	1,161,318	1,103,436	1,087,379
Repairs & maintenance	735,378	694,520	698,568
Service contracts	727,179	734,709	915,895
Supplies - Other	453,125	346,723	356,806
Therapeutic supplies	-	-	-
Travel	911,333	1,017,275	1,074,550
Utilities	2,057,773	2,355,767	2,316,425
Total Operating Expenses	$ 106,256,213	$ 108,698,609	$ 103,209,549
Restricted:			
Amortization		$ 4,017,688	$ 4,086,542
Loss/(Gain) on disposal of fixed assets		-	-
Mortgage Interest Expense		410,512	432,390
Other		51,462	51,089
		$ 4,479,662	$ 4,570,021

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED INVESTMENTS
As at March 31, 2011

Schedule 2

	Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short Term				
Chequing and Savings:				
Cornerstone Credit Union - Tisdale	$ 16,162,627			
Diamond North Credit Union	29,548			
	$ 16,192,175			
Term Deposits:				
	-			
	$ -			
Total Cash & Short Term Investments	$ 16,192,175			
Long Term				
	-			
Total Long Term Investments	$ -			
Total Restricted Investments	**$ 16,192,175**			
Unrestricted Investments				
Cash and Short Term				
Cash on Hand	$ 6,700			
Cornerstone Credit Union - Tisdale	9,850,260			
Advantage Credit Union	63,639			
Diamond North Credit Union	580,651			
Hudson Bay Credit Union	12,533			
Porcupine Credit Union	15,351			
Kelvington Credit Union	7,891			
Cornerstone Credit Union - Short Term	307			
Total Cash & Short Term Investments	$ 10,537,332			
Long Term				
Credential Securities - Structured Bond Portfolio	$ 1,116,153	Various	Variable	
Total Long Term Investments	$ 1,116,153			
Total Unrestricted Investments	**$ 11,653,485**			
Total Investments	**$ 27,845,660**			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 26,729,507			
Total Long Term	$ 1,116,153			
Total Investments	**$ 27,845,660**			

* 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 (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Department of Community Resources and Employment) (SHC) held in the Capital Fund (Schedule 4).

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2011

Schedule 3

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Capital Expenses	Balance End of Year
Edith Campbell Bursary	$ 17,737	$ 224	$ 2,500	$ (250)	$ -	$ 20,211
Hudson Bay Health Care Facility	215,476	2,329	44,381	(2,967)	(70,699)	188,520
Kelvindell Lodge	106,889	1,317	7,594	-	-	115,800
Kelvington Hospital	125,783	1,544	24,258	(148)	(26,853)	124,584
Margaret Aikenhead Bursary	415	5	-	-	-	420
New Market Manor	394,538	4,574	600	-	(18,571)	381,141
Pam Worley Bursary	925	9	-	(157)	-	778
Community Services	166,823	1,874	4,515	-	(26,140)	147,072
Porcupine Plain Hospital	241,774	2,972	18,233	(426)	(35,147)	227,407
Ralston Medical Research	579,019	6,539	8,153	(30,000)	-	563,711
Red Deer Nursing Home	54,033	783	18,791	-	(9,315)	64,292
Rose Valley Health Centre	79,990	944	657	(963)	-	80,628
Sasko Park Lodge	139,221	1,662	5,609	-	-	146,492
Tisdale Hospital	1,049,676	35,205	76,884	(3,263)	(66,735)	1,091,766
Tisdale Hospital - Dialysis Unit	42,818	590	42,131	-	(31,500)	54,040
Total Community Trust Fund	**$ 3,215,117**	**$ 60,574**	**$ 254,305**	**$ (38,174)**	**$ (284,960)**	**$ 3,206,861**

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Transfer / Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
SHC						
Total SHC						
OTHER						
Cumberland House Project	$ 155,822	$ 51	$ 532,816	$ -	$ (335,000)	$ 353,688
Energy Performance Contract	2,292,521	-	-	-	(1,943,185)	349,336
Ministry of Health - Block Funding	1,188,472	-	845,000	-	(759,114)	1,274,358
Ministry of Health - Capital Equipment	523,500	-	533,435	-	(623,060)	433,875
Ministry of Health - Capital Projects	1,602,120	18,411	5,000,000	-	(113,936)	6,506,595
Ministry of Health - CT Project	-	-	500,000	-	-	500,000
Ministry of Health - Radiology Equipment	403,238	-	559,000	-	-	962,238
Ministry of Health - Safety and Surgical	137,263	-	522,000	-	(34,840)	624,423
Other	177,716	103,683	-	-	(144,637)	136,762
Total Other	**$ 6,480,652**	**$ 122,145**	**$ 8,492,251**	**$ -**	**$ (3,953,773)**	**$ 11,141,275**
Total Capital Fund	**$ 6,480,652**	**$ 122,145**	**$ 8,492,251**	**$ -**	**$ (3,953,773)**	**$ 11,141,275**
TOTAL EXTERNALLY RESTRICTED FUNDS	**$ 9,695,769**	**$ 182,718**	**$ 8,746,556**	**$ (38,174)**	**$ (4,238,733)**	**$ 14,348,136**

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2011

Schedule 4

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Capital Expenses	**Balance, end of year**
Capital						
SHC Replacement Reserves						
Arborfield Special Care Home	$ 173,946	$ 1,894	$ -	$ -	$ (38,900)	$ 136,940
Chateau Providence	192,094	2,279	-	-	-	194,374
Hudson Bay Health Care Facility	36,773	436	5,080	-	-	42,289
Kelvindell Lodge	70,979	816	8,043	-	(12,300)	67,538
Newmarket Manor	206,686	2,154	18,000	-	(29,069)	197,770
Nirvana Pioneer Villa	176,810	1,318	12,000	-	(130,143)	59,985
Pasquia Special Care Home	35,946	427	5,800	-	-	42,172
Pineview Lodge	78,278	882	11,254	-	(6,663)	83,751
Red Deer Nursing Home	98,075	1,164	-	-	-	99,239
Sasko Park Lodge	8,669	103	4,320	-	-	13,092
Total SHC	$ 1,078,255	$ 11,472	$ 64,497	$ -	$ (217,075)	$ 937,150
Other Internally Restricted Funds						
Activities - Arborfield Special Care Home	4,155	6,999	-	(6,129)	-	5,025
Activities - Carrot River	15,028	7,262	-	(6,589)	-	15,701
Ambulances	189,787	2,167	50,000	-	(8,521)	233,433
Capital	46,767	27,677	-	-	(74,444)	-
Carrot River Furnishing Fund	4,694	55	-	(70)	-	4,679
Cumberland House Home Care	21,791	264	-	(500)	-	21,555
Newmarket Manor - Construction	241,146	2,840	-	-	-	243,986
Palliative Home Care	4,100	42	-	-	-	4,142
Parkland	260,143	3,046	-	-	(4,486)	258,703
Rose Valley Health Centre	62,720	407	8,111	-	(31,339)	39,899
Tisdale Joint Use Facility	4,181	49	290	-	-	4,520
Total Capital	**$ 1,932,767**	**$ 62,279**	**$ 122,898**	**$ (13,288)**	**$ (335,865)**	**$ 1,768,794**
Operating						
Other Internally Restricted Funds						
	$ -	$ -	$ -	$ -	$ -	$ -
Total Operating	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Total Internally Restricted Funds	**$ 1,932,767**	**$ 62,279**	**$ 122,898**	**$ (13,288)**	**$ (335,865)**	**$ 1,768,794**

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULES OF
BOARD MEMBER REMUNERATION
for the year ended March 31, 2011

Schedule 5(a)

RHA MEMBERS	RETAINER	PER DIEM	TRAVEL TIME EXPENSES	TRAVEL AND SUSTENANCE EXPENSES	OTHER EXPENSES	CPP	2011 TOTAL	2010 TOTAL
Chairperson								
James Taylor[1]	-	-	-	-	-	-	-	22,022
Wilfred Veller[2]	9,960	13,013	3,793	-	-	-	26,766	8,331
							-	
Board Member								
Tina Thomas[3]	-	-	-	-	-	-	-	2,193
Rennie Harper[4]	-	5,635	3,639	-	-	-	9,274	-
Clarence Hendrickson[4]	-	3,763	1,777	-	-	-	5,540	-
Rose Morin[4]	-	1,675	816	-	-	43	2,534	-
Darrell Guy	-	7,525	4,554	-	-	-	12,079	12,981
Kathleen Bedard	-	3,970	1,738	-	-	131	5,839	6,225
Carla Hipkins	-	4,763	2,422	-	-	159	7,344	5,640
Gordon Cresswell	-	3,113	364	-	-	-	3,477	3,858
Dennis Koch	-	5,350	1,663	-	-	-	7,013	5,102
Allyson Stevenson	-	4,137	1,408	-	-	125	5,670	3,750
Frank Garchinski	-	3,970	1,106	-	-	-	5,076	3,997
Keith Thompson[5]	-	1,075	246	-	-	31	1,352	3,904
Cheryl Watt	-	5,138	2,690	-	-	164	7,992	5,564
TOTAL	**9,960**	**63,127**	**26,216**	**-**	**-**	**653**	**99,956**	**83,567**

1. Resigned January 20, 2010
2. Term began January 20, 2010
3. Resigned August 25, 2009
4. Term began June 29, 2010
5. Resigned June 29, 2010

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE

for the year ended March 31, 2011

Schedule 5 (b)

	2011					2010		
Senior Employees	**Salaries[1]**	**Benefits and Allowances[2]**	**Sub-total**	**Severance Amount**	**Total**	**Salaries, Benefits & Allowances[1,2]**	**Severance**	**Total**
Glen Kozak, CEO	$ 253,267	$ 3,319	$ 256,586	$ -	256,586	$ 174,810	$ -	$ 174,810
Senior Positions:								
Pam McKay	224,253	66	$ 224,319	-	224,319	155,673	-	155,673
VP Institutional & Emergency Care								
Shane Merriman	209,702	66	$ 209,768	-	209,768	149,445	-	149,445
VP Finance & Information Services								
Julie Cleaveley	170,957	66	$ 171,023	-	171,023	140,052	-	140,052
VP Community & Primary Health Care								
Rennie Harper[3]	-	-	$ -	-	-	68,157	-	68,157
VP Operations Support								
Joe Rybinski[4]	-	-	$ -	-	-	126,875	-	126,875
VP Human Resources								
Dr. Jan Moe	120,000	3,600	$ 123,600	-	123,600	123,600	-	123,600
VP Medcial Services & Chief of Staff								
Total	**$ 978,179**	**$ 7,117**	**$ 985,296**	**$ -**	**$ 985,296**	**$ 938,612**	**$ -**	**$ 938,612**

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.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc., as well as any other taxable benefits.

3. Retired June 30, 2009

4. Retired January 15, 2010

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2011

1. Legislative Authority

The Kelsey Trail 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 Kelsey Trail Health Region, under section 27 of The Act. The Kelsey Trail RHA is a non-profit organization and is not subject to income and property taxes from federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies.

a) Health Care Organizations

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

Nipawin Oasis Community Centre Co-operative Ltd.
Kelvington Ambulance Care Ltd.
Tisdale Ambulance Care Ltd.
Shamrock Ambulance Care Ltd.
North East EMS
Melfort Ambulance Service
Town of Naicam

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

ii) Fund Raising Foundations

The Nipawin Region Health Foundation Inc. and the North Central Health Care Foundation Inc. are incorporated under *The Non-Profit Corporations Act* and are registered charities under *The Income Tax Act*.

Under the Foundations' Articles of Incorporation, all funds raised by the Foundations after payments of reasonable expenses must be paid to the RHA (or must be used to purchase and transfer assets to the RHA, for the purpose to provide health care services.)

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

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:

2. Significant Accounting Policies – continued

i) Operating Fund

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

ii) Capital Fund

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

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital assets

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

Land improvements	1 - 20%
Buildings	2.5 - 10%
Equipment	3 – 33.33%

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

2. Significant Accounting Policies – continued

e) Asset Retirement Obligations

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

f) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are valued at the lower of cost or net realizable value as determined on a weighted average cost basis.

g) Pension

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.

h) Measurement Uncertainty

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

i) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading
- Accounts receivable are classified as loans and receivables
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.

2. Significant Accounting Policies – continued

- Short term bank indebtedness is classified as held-for-trading
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2011 (2010 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk – affected by changes in foreign exchange rates; Interest rate risk – affected by changes in market interest rates; and Market risk – affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument of the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

j) Replacement Reserves

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

3. Capital Assets

	2011			2010
	Cost	**Accumulated Amortization**	**Net Book Value**	**Net Book Value**
Land	$ 639,590	$ -	639,590	$ 639,590
Land Improvements	657,680	593,329	64,351	61,802
Buildings	90,176,025	59,989,306	30,186,718	32,118,770
Equipment	34,246,854	26,047,772	8,199,082	6,808,936
Construction in progress	5,780,975	-	5,780,975	4,684,709
	$ 131,501,124	$ 86,630,408	$ 44,870,716	$ 44,313,807

4. Commitments

a) Capital Assets Acquisitions

As at March 31, 2011, the Ministry of Health provided the RHA with funding in the amount of $7,000,000 to be used for planning and construction of two long term care facilities, and $684,000 for the Cumberland House housing project. The RHA, as at March 31st, 2011, has incurred costs of $609,724 for the long term care projects, and $335,000 for the Cumberland House housing project.

b) Operating Leases

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

2012	$213,125
2013	$171,252
2014	$ 75,433
2015	$ 4,689
2016	$ 0

c) Asset Retirement Obligations

The RHA has no recorded liabilities for asset retirement obligations (2010 - $0).

d) 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 similar to those provided in the year ending March 31, 2010. Note 9 b) provides supplementary information on Health Care Organizations.

5. Long Term Debt

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2011	2010
Hudson Bay Health Care Facility				
C.M.H.C., due December 1, 2016	5.38%	$10,351 Principal & interest	$ 51,188	$ 58,602
C.M.H.C., due January 1, 2023	7.00%	$2,823 Principal & interest	22,771	23,977
Rose Valley Health Centre				
C.M.H.C., due October 1, 2021	4.54%	$43,335 Principal & interest Of which $11,063 is subsidized by SHC. Yielding an effective interest rate of 3.38%. Mortgage renewal date – February 1, 2015.	364,238	390,540

5. Long Term Debt – continued

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2011	2010
Newmarket Manor				
C.M.H.C., due March 1, 2023	4.54%	$160,042 Principal & interest Of which $41,658 is subsidized by SHC. Yielding an effective interest rate of 3.36%. Mortgage renewal date – February 1, 2015.	$ 1,481,395	$ 1,572,553
Sasko Park Lodge				
C.M.H.C., due January 1, 2023	7.50%	$10,607 Principal & interest	83,516	87,782
Kelvindell Lodge				
C.M.H.C., due October 1, 2020	5.14%	$37,003 Principal & interest Of which $11,621 is subsidized by SHC. Yielding an effective interest rate of 3.53%. Mortgage renewal date – December 1, 2013.	280,090	302,228
C.M.H.C., due January 1, 2027	8.00%	$41,485 Principal & interest	375,122	386,395
Red Deer Nursing Home				
C.M.H.C., due June 1, 2022	7.25%	$16,938 Principal & interest	130,706	138,023
C.M.H.C., due February 1, 2027	4.42%	$57,305 Principal & interest Of which $48,000 is subsidized by SHC. Yielding an effective interest rate of 0.72%. Mortgage renewal date – March 1, 2017.	656,008	683,908
Pasquia Special Care Home				
C.M.H.C., due August 1, 2025	8.00%	$25,763 Principal & interest	221,834	229,676

5. Long Term Debt – continued

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2011	2010
Arborfield Special Care Lodge				
C.M.H.C., due September 1, 2021	4.54%	$113,245 Principal & interest Of which $33,189 is subsidized by SHC. Yielding an effective interest rate of 3.21%. Mortgage renewal date – February 1, 2015.	$ 945,919	$ 1,014,913
Pineview Lodge				
C.M.H.C., due August 1, 2019	6.875%	$21,014 Principal & interest	134,517	145,987
C.M.H.C., due January 1, 2017	4.17%	$66,772 Principal & interest Of which $13,827 is subsidized by SHC. Yielding an effective interest rate of 3.31%. Mortgage renewal date – October 1, 2015.	345,529	396,851
C.M.H.C., due April 1, 2025	4.17%	$143,174 Principal & interest Of which $108,000 is subsidized by SHC. Yielding an effective interest rate of 1.02%. Mortgage renewal date – October 1, 2015.	1,526,345	1,604,635
Chateau Providence				
C.M.H.C., due October 1, 2026	4.31%	$96,109 Principal & interest Of which $66,600 is subsidized by SHC. Yielding an effective interest rate of 1.32%. Mortgage renewal date – December 1, 2016.	1,092,060	1,140,381
Nirvana Pioneer Villa				
C.M.H.C., due September 1, 2025	8.00%	$50,382 Principal & interest	435,160	450,389
Energy Performance Contract				
Toronto Dominion Bank due October 15, 2026	5.33%	$413,885 Principal and interest	4,634,462	4,796,611
			12,780,858	13,423,452
Less: Current portion			652,038	620,803
			$ 12,128,820	$ 12,802,649

5. Long Term Debt – 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.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. The term loan with the Toronto Dominion Bank is unsecured. Principal repayments required in each of the next five years are estimated as follows:

2012	$652,038
2013	704,252
2014	740,092
2015	776,981
2016	817,573
2017 and subsequent	9,089,923

6. Deferred Revenue

	Balance Beginning Of Year	Add Amount Received	Less Amount Recognized	Balance End Of Year
Sask Health Initiatives				
Active Workplace Initiative	$ 3,746	$ -	$ 213	$ 3,533
AHTF Cumberland House Healthy Community	56,960	10,000	66,960	-
Alcohol & Drug Initiatives	83,896	351,110	411,844	23,162
Autism Services	145,031	164,000	206,993	102,038
HSAS EMS Staff Registration	19,500	-	19,500	-
Infection Prevention and Control	59,787	-	48,207	11,580
Kindness Train the Trainer	11,403	-	11,403	-
Nursing Professional Development	28,803	-	16,704	12,099
Nursing Recruitment Funding	202,346	-	30,620	171,726
Pandemic	55,000	-	38,810	16,190
Patient and Family Centered Care	-	10,000	5,822	4,178
Physician Recruitment Pilot	107,179	-	4,099	103,080
Primary Care	522,377	5,344,290	5,267,555	599,112
Professional Development Funding	48,040	-	9,095	38,945
Quality Workplace Initiatives	55,188	-	16,563	38,625
Recruitment Initiatives	22,000	-	750	21,250
Recruitment Initiatives - Physicians	80,000	-	80,000	-
Safety Training Initiatives	136,210	-	57,416	78,794
Surgical Initiative	-	679,090	-	679,090
Telehomecare Pilot Project	57,565	-	57,565	-
Total Sask Health	**$ 1,695,031**	**$ 6,558,490**	**$ 6,350,119**	**$ 1,903,402**
Non Sask Health Initiatives				
Kids First Targeted	$ 133,323	$ 548,745	$ 494,678	$ 187,390
Lean	267,459	-	112,101	155,358
Total Non Sask Health	**$ 400,782**	**$ 548,745**	**$ 606,779**	**$ 342,748**
Total Deferred Revenue	**$ 2,095,813**	**$ 7,107,235**	**$ 6,956,898**	**$ 2,246,150**

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2011	2010	Capital Fund	Community Trust Fund	Total 2011	Total 2010
(Increase) Decrease in accounts receivable	$ 19,104	$ 62,030	$ 213,010	$ -	$ 213,010	$ 38,821
(Increase) Decrease in inventory	56,827	(101,498)	-	-	-	-
(Increase) Decrease in prepaid expenses	(215,622)	181,340	-	-	-	-
Increase (Decrease) in accounts payable	(469,149)	1,400,953	(91,740)	-	(91,740)	221,601
Increase (Decrease) in accrued salaries	(2,661,103)	4,029,638	-	-	-	-
Increase (Decrease) in vacation payable	676,203	315,806	-	-	-	-
Increase (Decrease) in deferred revenue	150,337	433,343	-	-	-	-
	$ (2,443,404)	$ 6,321,611	$ 121,270	$ -	$ 121,270	$ 260,422

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2011 was $50,472 (2010 - $56,995). 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.

9. Related Parties - continued

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions 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.

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.

	2011	2010
Revenues		
Athabasca Health Region	$ 127,941	$ 144,846
Ministry of Learning	433,855	554,979
Ministry of Justice	75,000	100,000
Sask Housing Corporation	333,958	341,963
SGI	102,690	96,394
	$ 1,073,444	$ 1,238,182
Expenditures		
Correctional Facilities Industries Revolving Fund	$ 820	$ -
Cumberland Regional College	1,683	2,555
Health Quality Council	9,469	1,785
Mamawetan Churchill River Health District	8,220	8,220
Ministry of Government Services	603,161	605,384
North East School Division	49,676	-
North Sask Laundry & Support Services	823,711	868,169
Northern Lights School Division	1,125	-
Prairie North Regional Health Authority	7,957	-
Prince Albert Parkland Heath Region	5,090	3,067
Regina Qu'appelle Health Region	-	358
SAHO	3,707,380	3,174,921
Sask Energy Corporation	1,132,973	1,119,898
Sask Housing	-	2,060
Sask Liquor and Gaming Authority	1,439	-
Sask Power Corporation	3,105,410	3,721,871
Sask Tel	574,671	858,501
Sask Workers Compensation Board	1,932,130	653,276
Saskatchewan Cancer Agency	200	265
Saskatchewan Institute of Applied Science and Technology	4,701	-
Saskatchewan Transport Company	20,011	12,669
Saskatoon Health Region	252,352	-
SGI	81,509	278,371
SHEPP	9,378,738	7,762,325
Sun Country Health Region	1,040	-
Sunrise Health Region	3,979	4,429
	$ 21,707,445	$ 19,078,121
Accounts Receivable		
Ministry of Health	$ -	$ 151,184
	$ -	$ 151,184
Prepaid Expenditures		
Workers Compensation	$ 310,929	$ 308,957
	$ 310,929	$ 308,957

9. Related Parties - continued

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

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

	2011	2010
Hudson Bay & District Assessment and Resource Service	$ -	$ 25
Quill Plains Ambulance Care Ltd.	-	56,248
Nipawin Oasis Community Centre Co-operative Ltd.	67,009	49,437
Kelvington Ambulance Care Ltd.	368,625	363,219
Tisdale Ambulance Care Ltd.	416,841	414,941
Shamrock Ambulance Care Ltd.	199,361	198,997
North East EMS	843,742	837,207
Melfort Ambulance Service	412,633	409,614
Town of Naicam	132,872	-
	$ 2,441,083	$ 2,329,688

ii) Fund Raising Foundations

Fund raising efforts are undertaken through non-profit business corporations known as the Nipawin Region Health Foundation Inc. and North Central Health Care Foundation Inc. The Kelsey Trail Regional Health Authority has an economic interest in the Foundations. In accordance with donor-imposed restrictions, $136,578 (2010 - $175,827) of the foundations' net assets must be used to purchase specialized equipment or services. The Nipawin Region Health Foundation Inc. total expenses include contributions of $7,279 (2010 - $111,332) to the RHA. The North Central Health Care Foundation Inc. total expenses include contributions of $140,456 (2010 - $52,267) to the RHA.

10. Comparative Information

Certain 2009-10 balances have been reclassified to conform to the current year's presentation.

11. Pension Plan

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

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (PSSP) (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

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

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

	2011				2010
	SHEPP[1]	PSSP	PEPP	Total	Total
Number of active members	1,340	1	9	1,350	1,366
Member contribution rate, percentage of salary	7.70%-10.00%	5.40%	6.00-7.00%*		
RHA contribution rate, percentage of salary	8.62%-11.20%	22.09%	6.00-7.00%*		
Member contributions (thousands of dollars)	4,484	1	37	4,522	3,739
RHA contributions (thousands of dollars)	5,023	4	36	5,063	4,186

*Contribution rate varies based on employee group

1. Active members include all employees of the RHA, including those on leave of absense as of March 31, 2011
Inactive members are transferred to SHEPP and not included in these results.

12. Budget

The RHA Board approved the 2010-2011 budget plan on June 1, 2010.

13. Financial Instruments

a) Significant terms and conditions

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

13. Financial Instruments – continued

b) 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 Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other provinces. Therefore, the credit risk is minimal.

c) Fair value

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

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable and long term debt before the repayment required within one year is $9,251,586 (2009-10 - $9,819,407) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

d) Short-term Borrowing/Operating Line-of-credit

The RHA has a line-of-credit of $1,000,000 (2010 - $1,000,000) with a floating rate of interest charged at Prime minus .50% which is re-negotiated annually. The line-of-credit is secured by accounts receivable including all grants, revenues and any other forms or sources of payments from the Province of Saskatchewan and any other funding bodies. Total interest paid on the line-of-credit in 2011 was $0 (2010 - $0).

14. Interfund Transfers

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

	2011			2010		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
				(Note 10)	(Note 10)	
Capital asset purchases	$ -	$ 284,960	$ (284,960)	$ -	$ 292,176	$ (292,176)
SHC reserves	(122,898)	122,898	-	(110,898)	110,898	-
Mortgage payments	1,942	(1,942)	-	15,855	(15,855)	-
Mortgage funding	(558,940)	558,940	-	(564,939)	564,939	-
Long Term Care Capital Funding	-	-	-	15,000,000	(15,000,000)	-
EPC Loan Payments	(162,149)	162,149	-	(65,058)	65,058	-
	$ (842,045)	$ 1,127,006	$ (284,960)	$ 14,274,960	$ (13,982,784)	$ (292,176)

15. Volunteer Services

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

16. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $3,206,861 (2010 - $3,215,117) under these agreements. The assets are joint property of the RHA and the community, therefore they are included as part of the assets of the Board.

Following is the status of the trust funds at March 31, 2011:

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

17. Guarantee

The RHA has provided a guarantee to a maximum amount of $100,000, to a financial institution for certain loans granted to North Sask Laundry and Support Services Ltd.

Kelsey Trail Regional Health Authority is one of four shareholders of North Sask Laundry and Support Services Ltd. North Sask Laundry and Support Services Ltd. supplies laundry services to its owners for a fee that is intended to insure the Laundry has sufficient cash flows to operate effectively. The Laundry is incorporated under the *Saskatchewan Business Corporations Act* and is treated as a not for profit company for tax purposes.

18. Energy Performance Contract

Energy performance contracting is a unique program that allows the RHA to implement facility improvements, reduces 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. Kelsey Trail Regional Health Authority entered into a guaranteed energy performance savings contract with *SaskPower Energy Solutions Company.*

The total cost of the energy performance contract is $4,861,669. As at March 31, 2011, construction costs of $4,512,333 (2010 - $2,569,148) have been financed through a $4,861,669 long-term debt loan with a balance of $4,463,456 outstanding (2010 - $4,634,462), which bears interest at a rate of 5.33%. The long-term debt is amortized over a period of 18.5 years.

18. Energy Performance Contract - continued

Results of the energy renewal project since its inception are:

	2011	2010	Total
Estimated Utility Savings	155,000	24,000	179,000
Interest Costs	251,736	107,394	359,130

19. Collective Agreements

The HSAS contract expired March 31, 2009; the proposed settlement has not been agreed to or ratified by the union. The SGEU contract is in effect until March 31, 2012. The SUN contract is in effect until March 31, 2012.

20. Future Accounting Changes

The Canadian Institute of Chartered Accountants approved an amendment to require Government Not-For-Profit organizations reporting under section 4400 of the CICA Handbook to move to reporting under section 4200 to 4270 of the Public Sector Accounting Handbook. This change is effective for fiscal years beginning on or after January 1, 2012. The impact of this change is expected to be minimal at this point in time.

Appendices

KELSEY TRAIL HEALTH REGION

VISION

Healthy people in healthy communities

MISSION

Working together to improve the health of people

VALUES

Respect

We will support our clients, colleagues & partners in positive, productive relationships.

Transparency

We see every interaction as an opportunity for caring, compassion & to build trust with each person.

Excellence

We will pursue excellence through diligent effort, both individually and collectively.

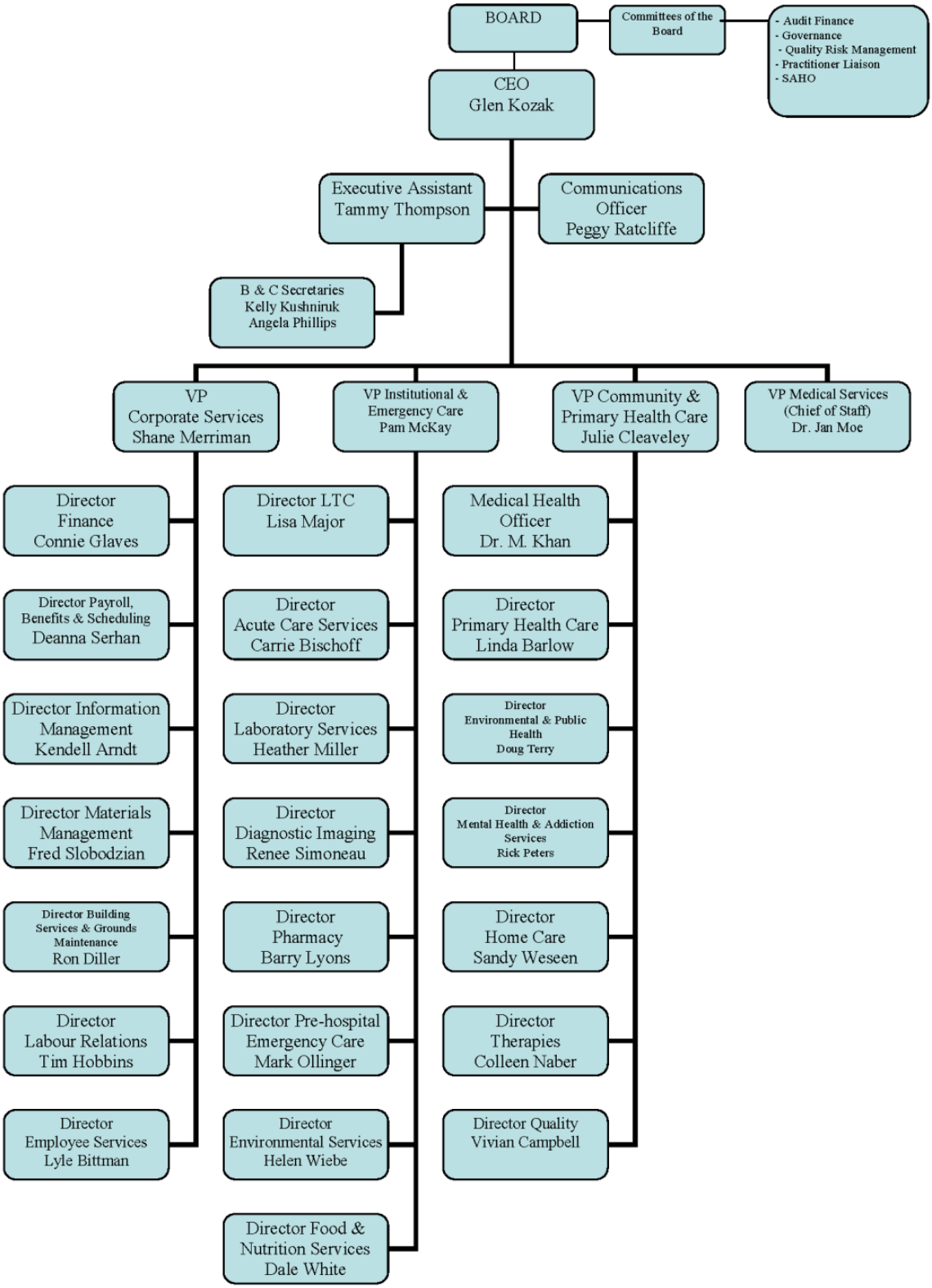
Accountability

We are thoughtful guardians of our resources.

Engagement

We will continually work to earn confidence, faith and collaboration with our clients & colleagues.

2010-11 Organization Chart



Payee List

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2011

As part of government's commitment to accountability and transparency, the Department 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

Aasen, Tammy	$ 79,781.01	Bittman, Lyle	$ 59,928.47
Abbott, Lynda	$ 56,283.98	Bitzer, Denise	$ 127,747.20
Adames, Oralee	$ 62,023.67	Black, Joan	$ 90,002.83
Adderley, Lyle	$ 52,800.44	Blair, Judy	$ 119,249.55
Aitken, Florence	$ 52,383.38	Blow, Robert	$ 55,897.00
Anderson, Barbara	$ 88,567.48	Bohaychuk, Vickie	$ 66,477.74
Anderson, Christie	$ 81,182.90	Bone, Eileen	$ 52,750.66
Anderson, Penny	$ 107,721.65	Bonsan, Roxane	$ 85,364.36
Andrus, Angela	$ 65,624.73	Boughen, Janice	$ 69,817.31
Anstey Teichroeb, Kelly	$ 64,560.71	Boxall, Lia	$ 132,327.20
Arndt, Kendell	$ 111,827.56	Braaten, Lynda	$ 65,844.84
Arneson, Anna	$ 86,228.78	Bradley, Margaret	$ 84,343.07
Assie, Ramona	$ 110,136.66	Bradshaw, Katherine	$ 94,455.77
Astrope, Trudy	$ 78,823.33	Brakstad, Terry	$ 61,965.64
Atkings, Deborah	$ 84,194.97	Brann, Amy	$ 84,063.76
Bagnall, Charlott	$ 100,287.03	Brockman, Judy	$ 150,036.55
Bagnall, Jenna	$ 51,796.94	Brothwell, Linda	$ 107,068.45
Bair, Wendy	$ 94,558.82	Brown, Diane	$ 75,802.81
Ballendine, Laurie	$ 55,734.12	Brown, Jessie	$ 62,659.26
Baranieski, Cay	$ 98,924.82	Brown, Tammy	$ 53,113.96
Barlow, Linda	$ 117,477.41	Bulmer, Louise	$ 96,793.72
Batucan, Joanner	$ 90,908.64	Burghardt, Shelley	$ 58,480.95
Baxter, Jenna	$ 53,172.93	Burt, Mary	$ 85,551.83
Beaulieu, Sharon	$ 69,466.08	Burton, Violet	$ 82,997.82
Becker, Kaye	$ 76,916.40	Cal, Shelly	$ 150,135.78
Bedard, Gerald	$ 60,780.94	Campbell, Quentin	$ 55,237.60
Bedard, Tracy	$ 91,259.96	Campbell, Vivian	$ 111,829.04
Bednarz, Chelsey	$ 63,258.73	Carlson, Sandra	$ 59,028.46
Beecher, Clint	$ 50,860.03	Carswell, Kathryn	$ 87,386.41
Benson, Terry	$ 86,644.24	Chabot, Catherine	$ 86,707.22
Bergren, Dorothy	$ 97,518.94	Chaboyer, Sheila	$ 60,541.39
Bertrand, Marilyn	$ 65,644.69	Chapman, Jeannine	$ 85,524.79
Bigelow, Sharyl	$ 53,393.93	Chorney, Jessica	$ 61,012.36
Bischoff, Carrie	$ 106,562.79	Christianson, Leslie	$ 65,022.62

Chrusch, Maureen	$ 71,474.49
Chute Bodvarson, Bobbi	$ 62,167.31
Clarke, Janice	$ 87,264.55
Clarke, Leeann	$ 77,696.71
Cleaveley, Julie	$ 170,957.00
Cleaveley, Maria	$ 99,912.91
Cole, Betty	$ 97,008.07
Connor, Anne	$ 65,559.59
Crickett, Donna	$ 90,935.57
Crittenden, Trenna	$ 56,017.88
Cross, Danielle	$ 74,560.02
Currie, Debra	$ 55,817.64
Cyr, Ron	$ 72,466.34
Dagg, Arlene	$ 54,364.71
Dagg, Leslie	$ 52,565.02
Dahl, Sherry	$ 89,062.03
Dalziel, Joan	$ 96,550.08
Daoust, Roxane	$ 64,997.01
Davies, Bonita	$ 52,811.84
Davio, Emily	$ 108,166.57
Davis, Andrea	$ 85,736.77
Day, Karen	$ 94,689.40
De Haan, Sonya	$ 57,959.49
Dean, Melody	$ 93,000.43
Deighton, Gail	$ 69,249.09
Delwisch, Sandra	$ 65,683.53
DeMarsh, Terry	$ 77,698.14
Dierker, Christine	$ 87,153.21
Diller, Ronald	$ 99,279.55
Dmyterko, Stacey	$ 62,680.38
Dobrinski, Barb	$ 95,682.09
Dobson, Tina	$ 94,592.59
Donald, Ronda	$ 103,136.80
Doucette, Natalie	$ 103,684.35
Douslin, Sharon	$ 70,622.13
Drake, Chantelle	$ 62,026.68
Draude, Pattie	$ 73,646.24
Drotar, Lynnette	$ 52,675.60
Dyck, Christine	$ 69,466.09
Edstrom, Darlene	$ 88,385.39
Enge, Terry	$ 64,271.67
Ens, Cheryl	$ 57,754.04
Ens, Evan	$ 77,696.71
Erickson, Bonnie	$ 53,852.61
Ernst, Raeann	$ 76,702.23
Espenant, Rodney	$ 71,433.74
Ewen, Linda	$ 63,977.51
Ewen, Sandy	$ 60,027.53
Fagnou, Bettylou	$ 86,493.55
Fannon, Lee Ann	$ 53,505.53
Farber, Tracy	$ 77,062.54
Fawcett, Jeffrey	$ 85,859.96
Fellman, Leanne	$ 92,728.20
Ferguson, Heather	$ 93,174.77
Fernwalt, Donna	$ 52,562.98
Fidyk, Melanie	$ 96,669.71
Firman Depeel, Christine	$ 100,176.42
Fockler, Stephanie	$ 60,620.69
Folden, Deanna	$ 86,350.76
Foster, Maryanne	$ 77,192.30
Franke, Vera	$ 61,039.76
Franklin, Judy	$ 58,099.84
Franklin, Karri	$ 67,966.58
Friesen, Dwayne	$ 81,611.70
Frisky, Sharon	$ 95,364.19
Fullerton, Natasha	$ 61,393.19
Gagnon, Terrah	$ 61,287.08
Gallays, Paulette	$ 94,200.73
Galucan, Carolyn	$ 96,697.51
Ganton, Sonia	$ 64,284.17
Garchinski, Kimberley	$ 58,066.02
Garland, Stephanie	$ 65,692.61
Geck, Denise	$ 73,002.98
Genik, Heather	$ 97,369.16
Gessner, Mary	$ 52,716.11
Getachew, Eyoueal	$ 72,038.68
Gill, Paulette	$ 83,388.38
Glaves, Connie	$ 111,827.57
Glister, Sherrie	$ 57,521.38
Gooliaff, Dolores	$ 70,744.38
Gordon, Ardis	$ 62,761.31
Gray, Raymond	$ 53,872.91
Gray, Shawna	$ 66,342.91
Grona, Daniel	$ 103,215.89
Gudnason, Douglas	$ 78,057.52
Gustafson, Lois	$ 62,490.04
Hage, Barbara	$ 73,635.85
Hage, Stephanie	$ 61,574.77
Hagen, Maureen	$ 92,999.93
Hainstock, Donna	$ 56,021.52
Hall, Judy	$ 54,275.59
Hall, Michelle	$ 53,119.76
Halvorsen, Elaine	$ 92,999.83
Hampton, Bonnie	$ 100,199.85
Hanaback, Kimberly	$ 55,356.42
Hancock, Jason	$ 67,598.27
Hanson, Bette	$ 60,081.89
Hanson, Candice	$ 95,269.06
Harbicht, Faye	$ 65,846.26
Harper, James	$ 69,466.37
Hart, Sandra	$ 60,861.46
Haugo, Aline	$ 64,202.64
Hayduk, Michael	$ 74,446.34
Hayes, Wendy	$ 64,682.36
Hayward Hunkin, Mickie	$ 81,336.95
Hayworth, Beverly	$ 67,849.12
Head, Allison	$ 63,862.69
Hedin, Cody	$ 56,022.05
Helgason, Chrystan	$ 53,432.62
Hemingson, Linda	$ 101,003.42
Henderson, Elaine	$ 91,891.24
Hermus, Joan	$ 75,678.96
Heron, Maureen	$ 61,019.11
Hewitt, Anna Dawn	$ 88,372.68

Hiebert, Kari	$ 83,931.43
Hirsch, Jana	$ 86,376.97
Hobbins, Tim	$ 99,279.21
Hoffus, Diane	$ 70,355.91
Hoffus, Marianna	$ 97,031.36
Howse, Wendy	$ 77,947.88
Hoyt, Catherine	$ 51,046.88
Hrychuk, Michelle	$ 64,480.40
Hudak, Darlene	$ 56,766.35
Hunt, Shirley	$ 86,233.37
Hunt, Stacey	$ 81,043.94
Ilnisky, Stephanie	$ 60,476.23
Isberg, Kathie	$ 54,137.83
Ives, Brenda	$ 72,773.50
Jamieson, Joan	$ 69,466.08
Janzen, Rosalee	$ 53,883.50
Jeffrey, Audrey	$ 61,186.81
Johnson, Bonnie	$ 60,123.03
Johnson, Marilyn	$ 58,193.81
Jones, Judy	$ 64,739.70
Keeping, Ruth	$ 62,797.71
Kehrig, Beverly	$ 82,510.38
Kendall, Barbara	$ 84,637.09
Khan, Mohammad	$ 186,928.21
Kiefer, Marilyn	$ 110,983.71
Kimball, Valerie	$ 105,851.46
Kinch, Derek	$ 56,312.94
King, Joanne	$ 54,742.95
Kirk, Wendy	$ 61,133.93
Kirkland, Sherrie	$ 71,603.05
Kisilowski, Laurie	$ 56,597.26
Kiteley, Wanda	$ 65,881.61
Kjelshus, Leslie	$ 60,122.28
Klassen, Linda	$ 74,711.01
Kleiboer, Sharon	$ 66,564.86
Kolodinsky, Charleen	$ 50,192.18
Koroll, Jarod	$ 58,593.22
Kovach, Tammy	$ 93,642.92
Kowal, Louise	$ 106,914.63
Kowalyk, Leah	$ 55,502.24
Kozak, Glen	$ 253,266.77
Kraft, Kyla	$ 102,277.81
Kuhberg, Sylvia	$ 62,544.29
Kwasney, Laurie	$ 104,808.41
Lacheur, Debra	$ 53,203.25
Lalonde, Deborah	$ 71,391.10
Lalonde, Florence	$ 75,781.51
Lamont, Audrey	$ 62,636.90
Larson, Janelle	$ 72,786.70
Le Bras, Doreen	$ 59,667.71
Lechler, Pamela	$ 61,849.70
Lee, Roxanne	$ 88,692.89
Lee, Wendy	$ 51,297.49
Leek, Brenda	$ 65,214.35
Leepart, Beverly	$ 64,533.61
Lesyshen, Cathy	$ 59,277.44
Letendre, Dennis	$ 54,962.17
Lindal, Karen	$ 76,517.44
Lindsay, Lynda	$ 79,873.65
Lindsay, Maureen	$ 61,719.25
Little, David	$ 77,698.15
Little, Megan	$ 52,384.83
Litzenberger, Joan	$ 90,378.12
Logan, Kim	$ 102,098.96
Love, Nicolette	$ 89,388.53
Lueken, Linda	$ 93,827.52
Lungull, Ervin	$ 74,307.95
Lyons, Barry	$ 108,691.41
Mackie, Carmen	$ 84,975.62
Mahon, Sherry	$ 89,115.99
Major, Lisa	$ 118,044.48
Mamer, Francoise	$ 97,494.31
Martin, Kade	$ 65,234.70
Martin, Pauline	$ 88,880.38
Mason, Kathy	$ 55,936.67
Matiasz, Tammy	$ 86,077.84
McCleary, Angela	$ 63,594.98
McCorriston, Elizabeth	$ 56,206.43
McFarlane, Lana	$ 66,833.28
McKay, Pamela	$ 224,252.60
McLean, Cheryl	$ 94,006.50
McRae, Sherrie	$ 84,553.57
McShannock, Nancy	$ 71,965.70
McShannock, Tanis	$ 75,891.56
McWillie, Greg	$ 67,199.46
Meier, Bonnie	$ 90,138.56
Melrose, Beverly	$ 62,448.56
Menzies, Annette	$ 54,605.05
Merkley, Alexandra	$ 71,268.61
Merriman, Shane	$ 209,702.43
Messner, Janice	$ 105,036.71
Mevel Degerness, Nadine	$ 92,999.94
Meyer, Kathleen	$ 92,999.95
Meyers, Stacey	$ 78,970.50
Michaliew, Alison	$ 70,327.38
Miller, Allison	$ 56,182.16
Miller, Heather	$ 86,234.40
Miller, Margaret	$ 90,823.35
Misselbrook, Janet	$ 59,758.14
Misskey, Lisa	$ 92,214.90
Mitchell, Trent	$ 86,234.48
Molnar, Kevin	$ 57,963.65
Molnar, Pamela	$ 89,621.65
Moneta, Shari	$ 68,187.28
Moorman, Tina	$ 57,128.94
Morrow, Irene	$ 74,973.36
Morton, Shelley	$ 66,764.28
Moulton, Tanya	$ 84,876.86
Naber, Colleen	$ 95,299.64
Nagano, Marlene	$ 83,297.51
Nagel, Nicole	$ 68,905.94
Nagy, Stacey	$ 63,465.23
Nanaquewetung, Lesley	$ 58,950.48
Needham, Dianne	$ 92,731.95

Neigel, Cindy	$ 75,820.44
Neigel, Sarah	$ 56,020.93
Neiszner, Tanya	$ 91,113.03
Nelson, Michele	$ 63,440.21
Neufeld, Anjie	$ 75,820.51
Neumann, Velma	$ 91,156.79
Nicholls, Joanne	$ 64,201.00
Nilson, Carol	$ 56,736.36
Nontell, Joann	$ 91,043.78
Nontell, Margaret	$ 60,517.59
Nordmarken, Kimberly	$ 55,051.95
Nyirenda, Julien	$ 99,504.13
Oflanagan, Linda	$ 53,435.42
Oftebro, Marilyn	$ 81,394.46
Ofukany, Sonia	$ 62,065.76
Olfert, Kristin	$ 80,243.70
Ollinger, Mark	$ 55,819.75
Olson, Michelle	$ 91,513.65
Olson, Patricia	$ 104,992.03
Palaniuk, Carla	$ 67,704.62
Parlee, Tammy	$ 92,999.93
Patenaude, Elaine	$ 64,865.90
Patenaude, Judy	$ 64,643.19
Patterson, Dale	$ 60,324.40
Patterson, Trudy	$ 52,385.33
Pederson, Patricia	$ 106,897.22
Penner, Shelley	$ 54,060.49
Perrault, Linda	$ 95,468.43
Peters, Richard	$ 104,154.09
Peters, Sharon	$ 69,872.55
Peterson, Linda	$ 77,698.11
Peterson, Sheryn	$ 59,728.65
Philipation, Ryan	$ 80,160.20
Pieterse, Sandra	$ 108,333.54
Pohl, Christine	$ 103,215.93
Pohl, Curtis	$ 73,484.43
Pollreis, Bonnie	$ 65,083.19
Pratt, Laureen	$ 62,319.53
Prefontaine, Holly	$ 53,539.31
Pulkinen, Marjorie	$ 94,148.90
Ralph, Diane	$ 53,580.25
Rask, Terri Lyn	$ 68,945.10
Ratcliffe, Peggy	$ 77,697.52
Ratzlaff, Lyndsay	$ 53,208.56
Reed, Lorry	$ 90,188.66
Reid, Barbara	$ 71,550.75
Riemer, Christina	$ 87,943.39
Roberts, Elizabeth	$ 64,143.02
Robertson, Rita	$ 66,642.52
Robin, Rosanne	$ 95,238.60
Rogers, Candace	$ 65,088.60
Romaniuk, Trina	$ 76,287.82
Rudachyk, Betty	$ 65,538.15
Rudy, Tara	$ 67,599.25
Rudychuk, Margaret	$ 96,701.56
Runn, Denise	$ 92,866.94
Runn, Diane	$ 89,144.82
Rutherford, Shelley	$ 111,008.47
Ryhorchuk, Mabel	$ 84,192.70
Sales, Josie	$ 103,287.90
Saranchuk, Jocelyn	$ 93,344.96
Sauer, Teresa	$ 55,089.44
Scarf, Jeannette	$ 94,617.01
Scheidl, Carol	$ 103,950.93
Scheidl, Leonard	$ 96,193.90
Schell, Wendy	$ 89,657.70
Schidlowsky, Patti	$ 76,131.90
Schilroth, Katherine	$ 87,062.60
Schmaltz, Carlene	$ 89,246.25
Schmitt, Joyce	$ 65,580.22
Schuler, Marijane	$ 77,774.29
Scott, Kaeli	$ 70,319.42
Scutchings, Jodie	$ 72,662.65
Seck, Emily	$ 81,507.41
Seiferling, Sheila	$ 95,947.12
Senecal, Jean	$ 70,437.10
Serhan, Deanna	$ 111,827.58
Serhan, Debbie	$ 63,310.28
Settee, Amy	$ 62,473.38
Shearer, Connie	$ 96,751.31
Shoemaker, Veronica	$ 54,824.41
Siddons, Sandra	$ 53,203.44
Simoneau, Renee	$ 87,556.12
Simonson, Wendy	$ 56,622.61
Simpkins, Debby	$ 66,132.77
Sisson, Maxine	$ 53,859.47
Skender, Elsa	$ 53,991.53
Skilliter, Dianne	$ 59,171.68
Skinner, Michael	$ 57,466.01
Slobodzian, Fred	$ 86,234.40
Smears, Wanda	$ 63,996.14
Smith, Diane	$ 81,673.74
Smysniuk, Lesia	$ 50,408.47
Solsten, Shelly	$ 87,911.03
Soonias, Myrna	$ 54,068.57
Soulier, Avalene	$ 62,659.38
Souter, Janelle	$ 63,511.36
Spence, Vanessa	$ 69,123.11
Sprackman, Michelle	$ 75,443.96
Stadnek, Sonja	$ 84,306.68
Stensrud, Colleen	$ 142,888.69
Stevenson, Cheryl	$ 84,523.50
Stevenson, Kathleen	$ 91,692.66
Stewart, Geoff	$ 58,263.54
Stiglich, Crystal	$ 69,407.82
Strasser, Jessie	$ 51,847.70
Street, Faye	$ 85,571.15
Streeton, Patricia	$ 90,126.19
Strinholm, Dawn	$ 53,031.57
Stroeder, Kyle	$ 65,268.00
Styan, Cathy	$ 60,532.78
Sullivan, Norinne	$ 70,486.81
Sundelin, Jacquelin	$ 55,684.66
Sunderland, Earla	$ 56,075.49

Sunderland, Lavonne	$ 58,245.07	Wall, Christa	$ 57,106.81
Swider, Darcy	$ 55,023.39	Wallace, Barbara	$ 75,003.95
Szakacs, Myrtle	$ 60,550.00	Wallington, Julia	$ 52,485.80
Szucs, Denise	$ 55,292.28	Walter, Darin	$ 97,932.87
Tatarynovich, Mary	$ 94,393.82	Warkentin, Ruth	$ 51,358.20
Taylor, Etta	$ 62,760.72	Warner, Bessie	$ 96,094.97
Taylor, Tammy	$ 54,729.14	Warriner, Valerie	$ 159,791.90
Telawsky, Christine	$ 84,647.53	Wassill, Pamela	$ 55,027.71
Terry, Douglas	$ 104,302.41	Watson, Heather	$ 103,215.89
Thevenot, Karen	$ 59,543.22	Watson, Jennifer	$ 81,128.59
Thibodeau, Terry	$ 59,968.61	Watt, Anita	$ 92,999.93
Thiessen, Corey	$ 53,436.16	Wehrkamp, Mary Jane	$ 55,635.74
Tondell, Judith	$ 52,304.32	Weiman, Blair	$ 88,122.25
Tosh, Lee	$ 69,373.96	Weseen, Sandra	$ 108,415.99
Townsend, Lorna	$ 95,250.98	Wesnoski, Barbara	$ 88,632.83
Trawin, Julie	$ 83,602.84	White, Dale	$ 84,210.19
Trombley, Christine	$ 54,898.66	Whitehead, Merna	$ 64,735.20
Trombley, Sandi	$ 54,169.95	Wiebe, Helen	$ 86,234.15
Tyckon, Lorraine	$ 85,927.48	Wilkie, Wendy	$ 86,580.64
Tyckon, William	$ 74,606.43	Wilson, Cheri	$ 82,049.70
Tyndall, Norma	$ 69,315.44	Wilson, Colleen	$ 51,171.68
Unger, Catherine	$ 94,688.41	Wilson, Doris	$ 93,606.84
Unruh, Debbie	$ 62,059.14	Woodward, Michael	$ 65,012.85
Unruh, Lindsay	$ 77,281.83	Worsley, Kathy	$ 71,860.04
Van Herk Auger, Rosemary	$ 94,039.78	Wozniak, Deborah	$ 71,473.94
Van Camp, Jackie	$ 104,730.99	Yackel, Twila	$ 107,068.45
Vandertweel, Barbara	$ 82,721.24	Yaholnitsky, Pearl	$ 91,899.86
Vandeveen, Gloria	$ 76,143.96	Yeo, Charles	$ 77,696.99
Verklan, Louise	$ 92,952.44	Youzwa, Sandee	$ 62,037.94
Voisey Doucette, Delvena	$ 106,109.94	Zens, Arlene	$ 103,215.91
Walker, Cristen	$ 63,969.30	Zip, Leanne	$ 53,952.03

Transfers

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

None

Supplier Payments

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

Abbott Laboratories Ltd	$56,451.73	Biomerieux Canada Inc.	$81,340.41
Albertyn, Dr. Albert	$50,100.48	Bio-Rad Laboratories Canada Ltd	$50,472.75
Alcon Canada Inc	$208,868.59	Bunzl Distribution Inc	$164,474.38
Archerwill Local # 58	$119,863.74	Canada Customs & Revenue Agency	$108,248.98
Arjohuntleigh	$98,755.88	Can-Med Healthcare	$70,622.69
Baard, Dr. Johann	$119,420.98	Cardinal Health Canada	$282,792.12
Bala, Dr. - Medical Prof. Corp	$205,263.00	Carrot River Medical Clinic Inc	$76,092.00
Beckman Coulter Canada Inc	$148,773.85	CDW Canada Inc	$147,459.66

Chernesky, Dr Pat	$401,066.67
City of Melfort	$87,988.27
Clay, Dr Jane	$87,929.49
Countryside Roofing	$56,643.86
Covidien	$55,400.77
CPDN/RCDP	$184,547.56
Crestline Coach Ltd	$137,575.93
Dataport Computer Centre	$76,438.07
Diverse Systems Inc	$685,178.86
Diversey Canada	$58,318.53
EHealth Saskatchewan	$61,685.23
Electric Lee Ltd.	$83,653.93
Francis, Dr. Eleanor	$101,610.65
GE Healthcare Canada	$80,932.70
GE Healthcare IITS Canada Ltd	$128,012.76
Glaxo Smithkline Inc	$53,065.60
Great West Life	$460,686.11
Gurgul, Dr. Mariusz	$150,800.00
Hayes, Dr. Morgan	$76,037.50
Health Science Assoc of Saskatchewan	$58,932.22
Healthmetrx Canada Inc.	$50,917.75
Herbert, Dr. - Medical Prof. Corp.	$284,646.00
Honeywell Limited (Calgary)	$283,756.21
Hospira Healthcare Corp.	$183,564.21
Htun, Dr. Ye	$189,983.25
Ige, Dr. Olabode	$55,809.02
Jaarsveld, Dr. Juliana Van	$189,069.70
Kaizen Institue Lean Advisors	$54,512.74
KCI Medical Canada, Inc	$67,041.97
Kelvington Ambulance Care Ltd	$368,624.63
Kramer Radiological Services	$128,727.13
Leica Microsystems	$96,778.50
London Life Insurance Co.	$108,637.00
Macquarie Equipment Finance Ltd	$194,891.19
Makiwane, Dr. Unati	$106,568.74
Manzini, Dr. Prince	$192,588.38
Maquet-Dynamed	$50,578.01
Marsh Canada Limited	$226,203.54
McKesson Canada	$239,101.98
McKesson Distribution Partners	$95,660.60
Melfort Ambulance	$412,632.64
Ministry of Government Services	$603,161.31
Moe, Dr. Jan	$122,823.59
Moorosi, Dr. Setsoana	$175,490.15
Motorola Canada Limited	$290,465.61
Nipawin Chrysler Dodge Ltd.	$53,258.92
Nipawin Flight Center	$94,447.50
Nipawin Medical Group	$74,120.00
North East EMS	$843,742.42
North Sask Laundry & Support Services	$823,711.17
Norval, Dr I.	$50,000.00
Nova Biomedical Canada Ltd.	$79,312.58
Oasis Community Centre Cooperative	$67,009.30
Olokodana, Dr. F	$145,469.06
Olympus Canada Inc	$95,126.54
Ortho-Clinical Diagnostics	$387,662.41
P3A	$379,923.24
Parkland Ambulance Care Ltd.	$116,357.74
Philips Healthcare	$172,453.35
Philips Medical Systems Canada	$264,594.87
Public Employees Superannuation Plan	$73,231.45
Saputo Foods Limited	$120,304.03
Sask Association of Health Organizations	$3,707,379.76
Sask Government Employee's Union	$914,437.95
Sask Health Employee’s Pension Plan	$9,378,737.77
Sask Power Corporation	$3,105,409.71
Sask Registered Nurses' Association	$133,339.50
Sask Telecommunications Holding Corp	$574,670.60
Sask Union of Nurses	$279,782.87
Saskatoon Regional Health Authority	$252,351.93
SaskEnergy Incorporated	$1,132,973.40
SaskWorks Venture Fund Inc.	$52,115.00
Schaan Healthcare Products	$1,129,607.19
Shamrock Ambulance Care Ltd	$199,360.68
Siemens Building Technologies	$62,952.02
Siemens Healthcare Diagnostics Ltd	$223,514.56
Smith, Dr. Corne	$193,067.62
Smith, Starlet	$50,934.64
Spar-Marathon Roofing Supplies	$52,356.14
Stevens Company Limited	$124,071.14
Stoll, Michael Dr.	$56,914.15
Strapko Construction	$143,689.72
Sun Life Financial	$64,655.40
Supreme Basics	$218,046.52
Sysco Food Services of Regina	$1,164,062.62
The Insurancentre	$71,534.00
Tisdale Ambulance Care Ltd	$416,840.92
Town of Naicam	$132,872.19
Town of Nipawin	$65,798.86
Town of Tisdale	$58,802.83
Van Der Merwe, Dr. Neville	$76,177.34
Van Heerden, Dr. Henrik	$141,429.75
Van Houtte Coffee Services Inc	$67,176.11
Village of Cumberland House	$78,339.68
Walcer, Vince	$50,094.64
Watt, Dr. Jim	$270,000.00
WBM Office Systems	$54,627.56
Worker's Compensation Board (Sask)	$1,932,129.94

For More Information

For further information relevant to the Kelsey Trail Health Region, contact Regional Office at (306)873-6600 or visit the following websites:

Statistics Canada Community Profiles
http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E

Statistics Canada, Health Profile, February 2011
http://www12.statcan.ca/health-sante/82-228/index.cfm?Lang=E

Statistics Canada Health Indicators
http://www.statcan.gc.ca/bsolc/olc-cel/olc-cel?catno=82-221-X&lang=eng

Public Health Agency of Canada – Chronic Disease Infobase
http://www.infobase.phac-aspc.gc.ca

Saskatchewan Ministry of Health
http://www.health.gov.sk.ca

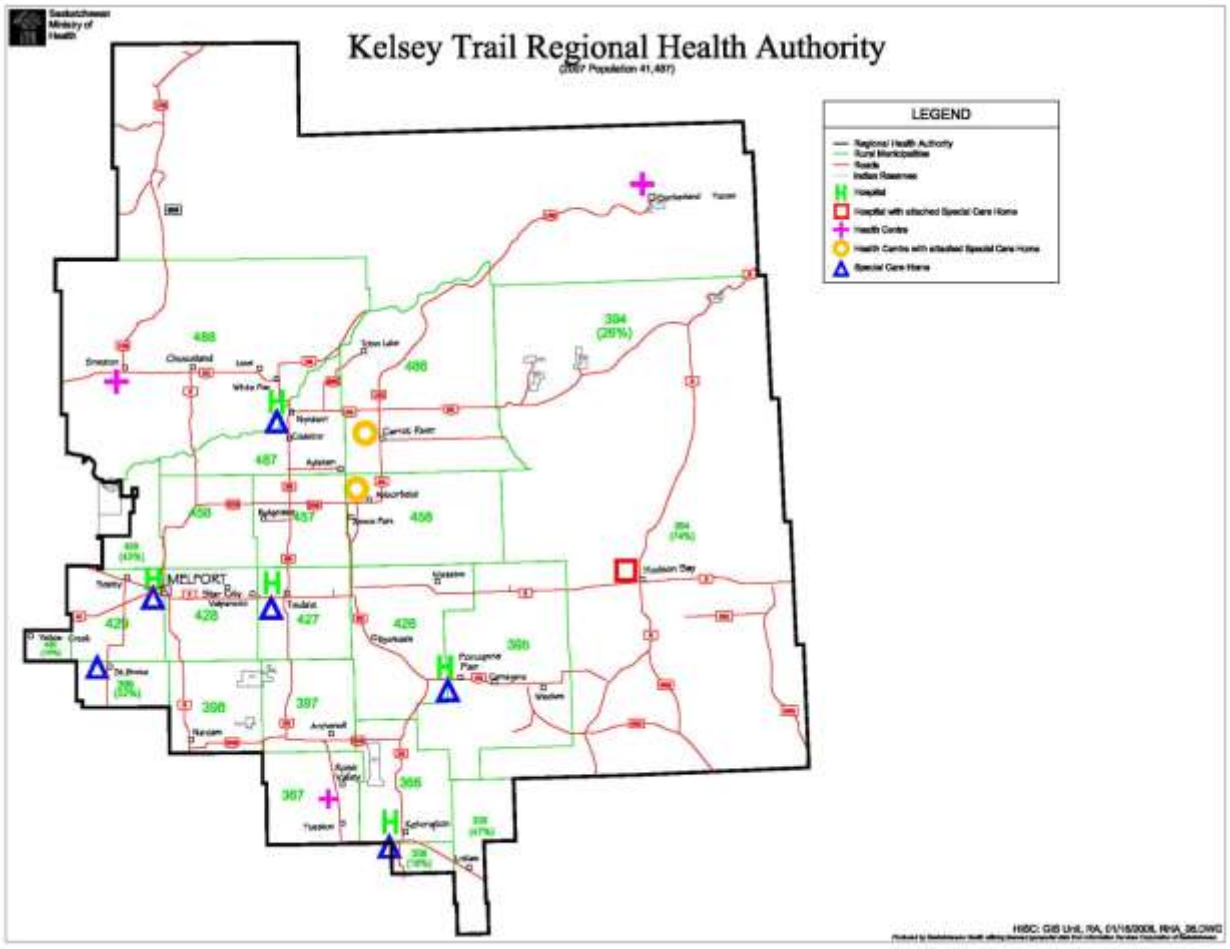
Report on Indigenous Health in Saskatchewan 2006 - Indigenous Peoples' Health Research Centre
http://iphrc.ca/assets/Documents/Miyo-Mahcihowin.pdf

Health Quality Council
http://www.hqc.sk.ca

Active Healthy Kids Canada
http://www.activehealthkids.ca/

Northeast Regional Intersectoral Committee
http://www.northeastric.ca/

Kelsey Trail Health Region
http://ww.kelseytrailhealth.ca/



Kelsey Trail Health Region

Regional Office
901-108th Avenue
Tisdale, SK S0E 1T0

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www.kelseytrailhealth.ca