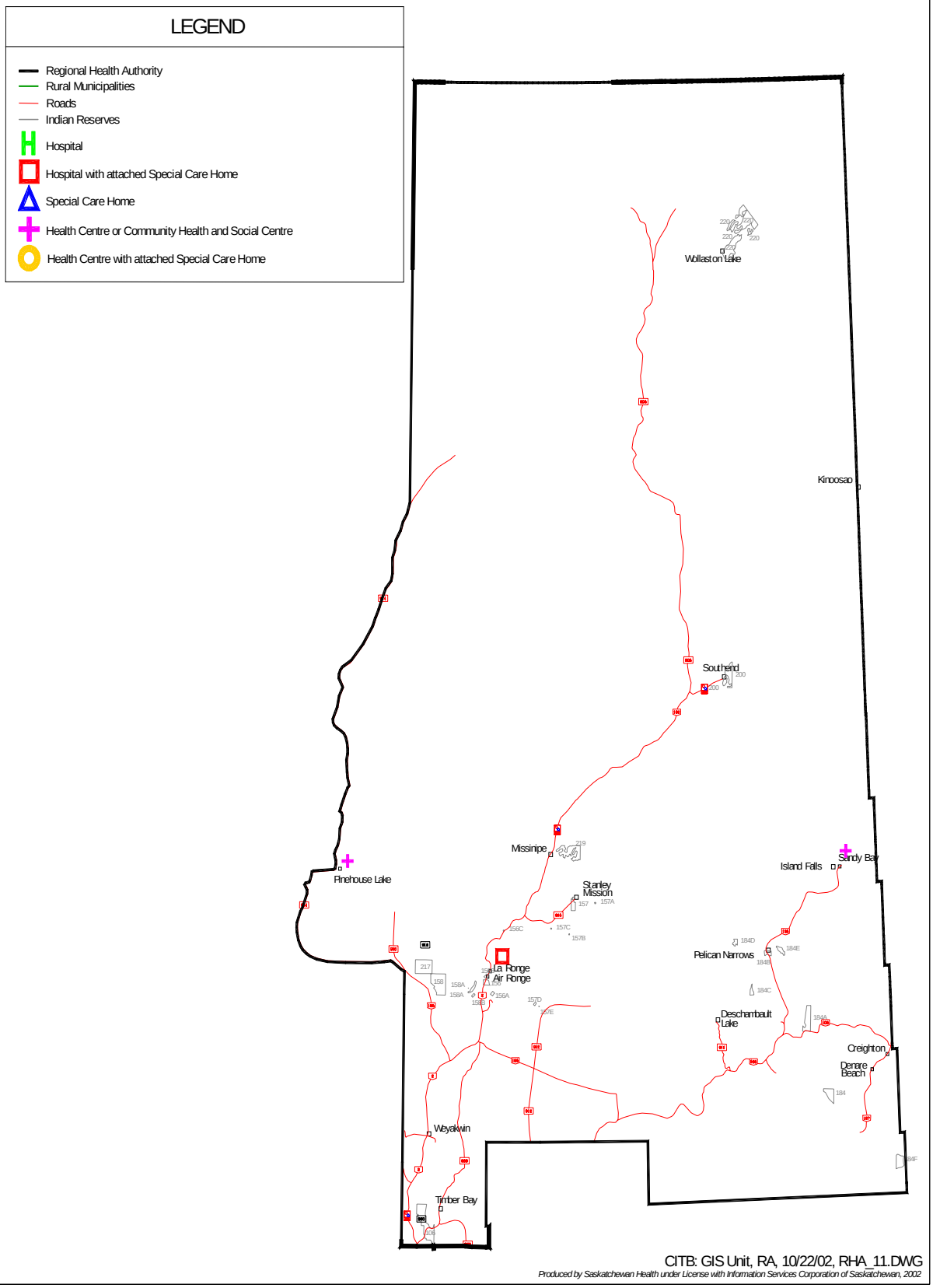
2005-2006 Annual Report

Mamawetan Churchill River Health Region

Saskatchewan Health

Mamawetan Churchill River Regional Health Authority

(2005 Population 21,771)



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The electronic version of this annual report may be found at: www.mcrrha.sk.ca

Mamawetan Churchill River Health Region

"Working together in wellness to promote, enhance and maintain quality of life."

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La Ronge, Sk. S0J 1L0
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To the Honourable Len Taylor
Minister of Health

To the Honourable Graham Addley
Minister of Healthy Living Services

Dear Ministers Taylor and Addley:

The Mamawetan Churchill River Regional Health Authority is pleased to provide you and the residents of the health region with its 2005-06 annual report.

This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2006.

Respectfully submitted,

Al Rivard
Chairperson

Who We Are

Saskatchewan Health Vision

"Building a province of healthy people and healthy communities."

MCRRHA Mission, Vision and Values

Mission:

Working together in wellness to promote, enhance and maintain quality of life.

External Vision:

A vibrant community, rich in northern heritage, supported through wellness, tradition and culture.

Internal Vision:

A safe, respectful environment of teamwork, learning and continuous improvement, representative of the communities we serve.

Values:

Wholistic Care: Compassionate care, recognizing and supporting physical, mental, spiritual, social and emotional well-being.

Respect: The unique worth of each individual will be valued in our relationships, decisions, and actions.

Competence: A commitment to knowledge, standards, ethics and improvement.

Team Approach: Working together through cooperation and recognizing each other's contributions to achieve a common goal.

Accountability: Having the courage to do what is right, guided by honesty and a devoted responsibility for our people and our resources.

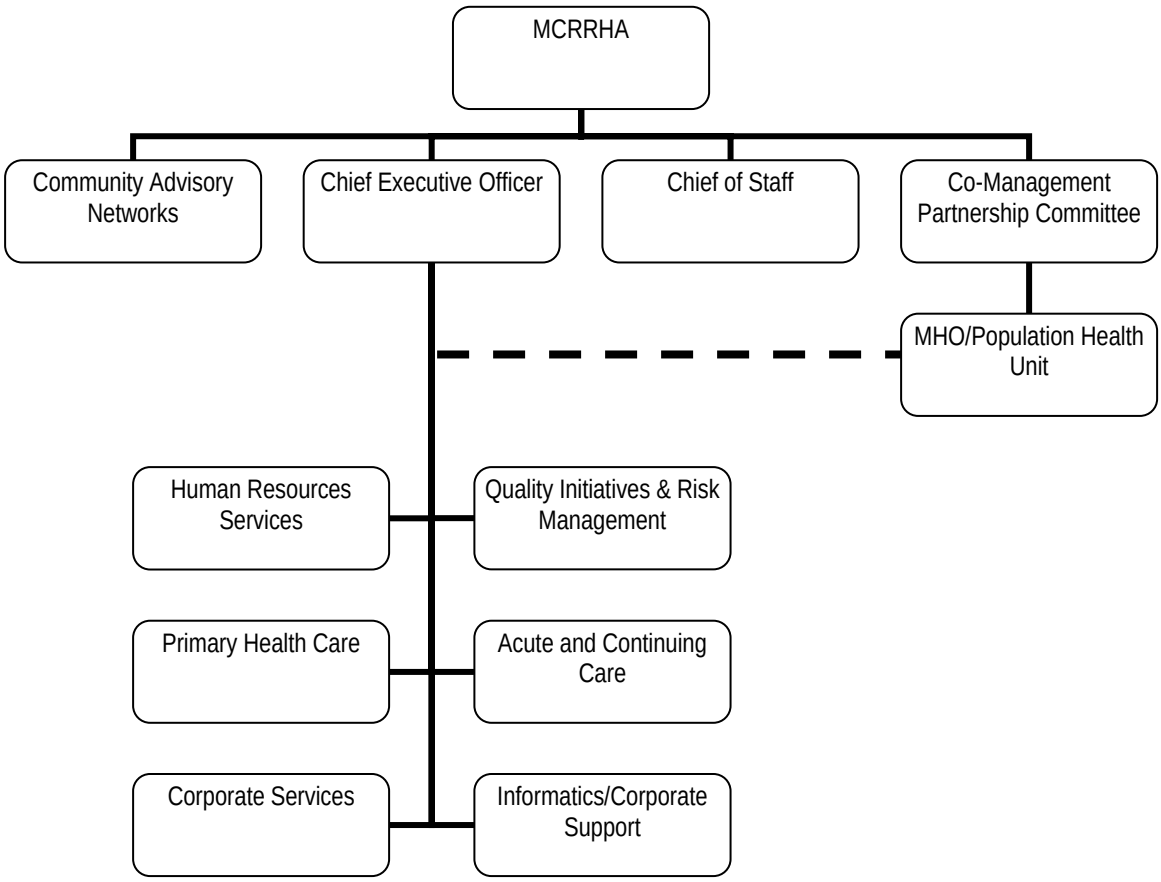
Service Philosophy:

We believe that:

- All cultures, values and beliefs are meaningful and should be acknowledged (this includes cultural and spiritual beliefs).
- Each individual has unlimited potential.
- People, especially children, are our most important resources.
- All people have equal intrinsic worth.
- The family, community and environment are primary influences in the development of the individual.
- Health is an important element in the development of individual's mental, physical, social, spiritual and emotional needs.
- We need truth, honesty, respect and commitment for all in the framework of society.
- Everyone is created equal, unique and worthwhile.

Organizational Chart:

MCRHR is organized utilizing a departmental model. Each program manager or director is held accountable for one or more functions. The Executive Directors and their reports, Directors, Medical Health Officer, Chief of Staff and Chief Executive Officer make up the Leadership Group. An organizational chart is provided for reference.



Functional Review:
The following is a list of programs and their functional areas of responsibility:

Human Resources:
- Long service recognition
- Human resource planning
- Recruitment
- Labour relations
- Performance management
- Staff orientation program
- Aboriginal Employment Development Program
- Summer student placements
- Employee & family assistance program
- Disability management program
- Payroll
- Benefits
- 6 FTE staff

Quality Initiatives & Risk Management:
- Regional OH&S committee
- Quality of care & concern handling
- Risk management
- Regional infection control committee
- Continuous quality improvement committee
- Quality Improvement Advisory Group Rep, Health Quality Council
- 1 FTE staff

Primary Health Care Services:
- Primary care demonstration site in La Ronge
- Primary health care centres in Sandy Bay & Pinehouse
- Administration of Creighton Health Centre
- Kids First North
- Sexual Wellness
- Emergency Medical Services – Sandy Bay, Creighton, Denare Beach
- Physician Services – Sandy Bay, Denare Beach, Pelican Narrows
- Public Health Nursing services
- Dental Health
- Community Health Educators
- Mental Health
- Addictions Prevention & Recovery Services
- Acquired Brain Injury
- Problem Gambling Prevention
- Diabetes Education
- Dietitian
- Medical transportation
- 61 FTE staff

Acute and Continuing Care Services:
- Acute and emergency services La Ronge Health Centre
- Liaison services
- Central supply room
- Pharmacy
- Physiotherapy
- Diagnostics – Lab, X-ray, Ultrasound
- Long term care, respite & palliative services
- Volunteers, activities, home care
- Support Services – Housekeeping, Dietary, Maintenance
- Emergency Disaster Planning
- Pandemic Planning
- Regional vehicles management
- 81 FTE staff

Corporate Services:

- Financial reporting
- Materials management
- Contracts
- Insurance
- Asset Management
- System Controls
- 4 FTE staff

Informatics/Corporate Support:

- Information systems & telephony
- Telehealth, La Ronge & Provincial Network Operations Manager
- Health Records
- La Ronge Health Centre switchboard
- Communications
- Privacy
- Board Support
- 7 FTE staff

Population Health Unit:

- A partnership between the RHAs in the north under the auspices of the Co-Management Partnership Committee and Co-Management Advisory Group, which provides direction to the Population Health Unit.
- Public Health Nutrition
- Environmental Health
- Communicable Disease Control
- Chronic Disease Control
- Dental Health Education
- Health Indicators Development
- Health Indicators Report
- Medical Health Officer Services
- 13 FTE staff

Health Care Organizations & Other Third Party Relationships:

- CADAC, the Creighton Alcohol and Drug Abuse Council, provides outpatient addictions prevention and recovery services in the Creighton/Denare Beach area.
- Sandy Bay Outpatient Centre – provides outpatient addictions prevention and recovery services in the Sandy Bay area.
- Contracted Emergency Medical Services – La Ronge, Peter Ballantyne Cree Nation Health Services, NorMan RHA (Flin Flon General Hospital Ambulance Service).

Strategic Themes:

- Mamawetan Churchill River Regional Health Authority organizational development and effectiveness. (Relates to Saskatchewan Action Plan Goals 1 and 4.)
    - All activities in the organization will reflect MCRRHA's Mission, Vision, Values and Philosophical Statements.
    - All stakeholders in MCRRHA will recognize, understand and exercise their ability to influence the day to day effectiveness of services provided by MCRRHA.
    - Ongoing organizational development to achieve sustainable, efficient, accountable, quality health systems.
    - Organizational culture will model "A safe, respectful environment of teamwork, learning and continuous improvement."

- Community Development and Capacity Building (Relates to Saskatchewan Health Action Plan Goals 1 and 3.)
    - MCRRHA will have strong partnerships with other health organizations and other sectors to positively impact the determinants of health.
    - MCRRHA will be an organization that incorporates community capacity building and the community development principles to promote, enhance and maintain quality of life.

- Health Promotion, Disease and Injury Prevention (Relates to Saskatchewan Health Action Plan Goal 3.)
    - Active healthy living will be the norm in northern Saskatchewan.
    - Promote and sustain safe physical environment.
    - Reduce incidence of preventable disease.
    - Decrease incidence of preventable injuries.
    - Healthy, drug-free individuals, family and communities.

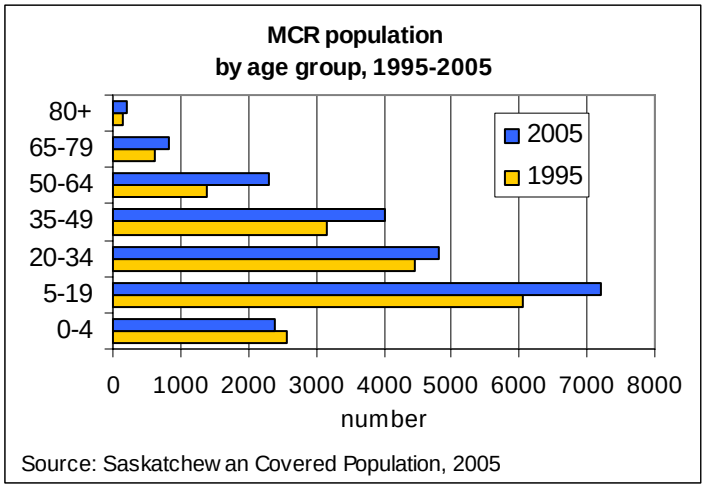
- Access to health services to meet priority needs (Relates to Saskatchewan Health Action Plan Goal 2.)
    - Reduce the incidence of premature death and disability.
    - Effective programs and services exist to meet the needs of our elderly, disabled and vulnerable individuals in our communities (injuries, FASD).

Our Region

Key geographical, social and economic factors

For an in-depth picture of community characteristics and non-medical determinants of health, see the Northern Saskatchewan Health Indicators Report 2004.

- MCR health region continues to have a young population, but growth is slowing.



The covered population of MCR health region grew an average of 2.1% per year from 1995 to 2000 and then slowed to an average of 1.3% per year from 2000 to 2005, for a total of 18.4% in the ten-year period. By comparison, the Saskatchewan population grew 0.03% per year from 1995 to 2000 and decreased by 0.01% per year from 2000 to 2005, with a difference of - 0.1% from 1995 to 2005.

34% of the population in MCRHR, compared to 20% in Saskatchewan, is under the age of 15.

- Enrolment in northern K-12 schools grew by 3% between 1998/9 and 2005/6. Most of the growth has been in middle years and secondary enrolments and in First Nations schools. Enrollments in northern provincial kindergarten and elementary grades decreased by 33% and 26% respectively. (Northern Saskatchewan Regional Training Needs Assessment Report 2006)
- 76.6 % of the MCR population are Aboriginal, compared to 13.5% in Saskatchewan (Census 2001)
- An Aboriginal language was spoken in the homes of 50.7% of northern people in 2001, up from 47.6% in 1996, compared to 3 % of Saskatchewan people, up from 2.5% in 1996. (Census 2001)
- Approximately 45% of the population live in First Nations communities and 55% live in off-reserve communities (Census 2001)
- The employment rate in MCRHR was 43.9%, compared to 63.5% in Saskatchewan in 2001.
- In MCR HR, 28.7% of children, compared to 19.2% in Saskatchewan, are in low income families. (2001 Census)
- In the MCR HR, the average personal income for males ($21,250) and females ($16,754) was 67.8% and 81.7% of the average incomes for their Saskatchewan counterparts. (Census 2001)

- Crowded housing contributes to transmission of communicable diseases. The average number of people per room decreased between the 1996 and 2001 Census years, but still remains nearly double the average for all of Saskatchewan.

Health Status and Outcome Indicators

- **Infant mortality rate per 1,000 live births**

There were 9 infant deaths in the MCR Health Region in the three year period of 2002 to 2004 compared to 21 in 1999-2001. With small numbers, there can be wide fluctuations in rates from one time period to another. This data shows more than a 50 percent decrease in the infant mortality rate (IMR) from 15.2 infant deaths per 1,000 live births in 1999-2001 to 7.4 in 2002-4. In comparison, the IMR for Saskatchewan dropped from 6.2 to 5.9 infant deaths per 1000 live births from 1999-2001 to 2002-2004.

The infant mortality rate is a measure of child health and also of the well-being of a society. It reflects the level of mortality, health status, and health care of a population, and the effectiveness of preventive care and the attention paid to maternal and child health. Increased funding and efforts aimed at reducing infant mortality in northern regions have been focused on improving prenatal nutrition and prenatal care, as well as reproductive health education.

- **Low birth weight rate per 100 live births**

In the 3-year period of 2002-4, 5.1% of infants in MCRHR were born weighing less than 2500grams, which is considered to be low birth weight. This was slightly lower that the Saskatchewan rate of 5.4 % in the same period and the MCRHR rate of 5.5% in 1999-2001.

- **High birth weight rate per 100 live births**

In the three year period of 2002-2004, 17.7 % of newborns had a high birth weight (4000 + grams) in MCRHR, the fourth highest rate of all RHAs in Saskatchewan. It was slightly lower than the rate of 19.3% of live births for MCRHR in 1999-2001 and 2% more than the Saskatchewan rate of 15.7 % in 2002-4. High birth weights are linked to areas with higher rates of diabetes.

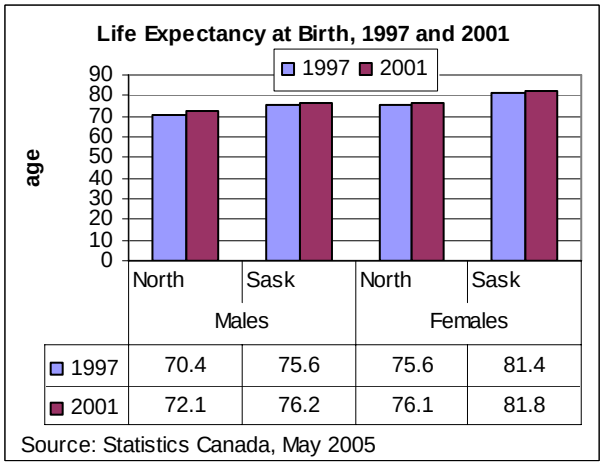
- **Potential years of life lost per 100,000 population (age 0-74 years) by major causes of death**

Potential years of life lost (PYLL) are the years not lived to the age of 75 because of premature death. This measure is affected by the causes of deaths in children, and younger and middle-aged adults. For the 2001 PYLL by major causes of death among all eleven Saskatchewan health regions, the combined Northern Health Regions ranked 8th for circulatory diseases, 11th for all cancers combined, 10th for respiratory diseases, 1st for suicides, and 1st for unintentional injuries. The last two causes of premature death are higher in the younger age groups, which are in higher proportions in the north.

- **Life expectancy (at birth and at age 65 years)**

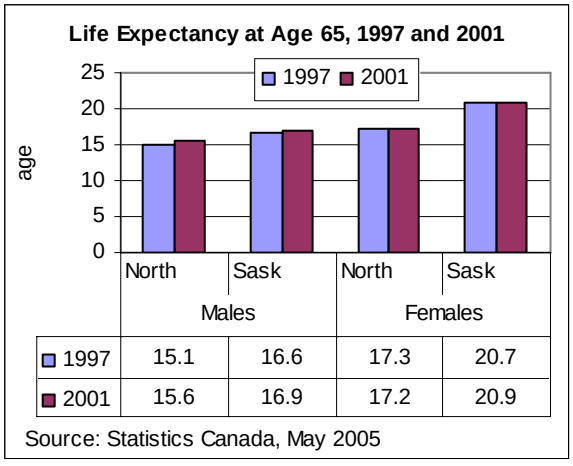
The life expectancy at birth in the three northern health regions increased 0.5 years among females to 76.1 years and 1.7 years among males (to 72.1 years) from 1997 to 2001. Although the life expectancy for northern residents remains significantly lower than for all of Saskatchewan, the gap in life expectancy at birth is closing with only a 0.4 year gain among females (to 81.8 years) and 0.6 year gain among males (to 76.2 years) across Saskatchewan in the same period.

The life expectancy among those who reach age 65 in the three northern health regions decreased from 1997 to 2001 by 0.1 year among females (to 17.2 years of life or 82.2 years of age) and increased 0.5 years among males (to 15.6 years of life or 80.6 years of age). For all of Saskatchewan, females at age 65 in 2001 could expect to live 0.2 years longer than in 1995 and males could expect to live 0.3 years longer.



	Males		Females	
	North	Sask	North	Sask
1997	70.4	75.6	75.6	81.4
2001	72.1	76.2	76.1	81.8

Source: Statistics Canada, May 2005

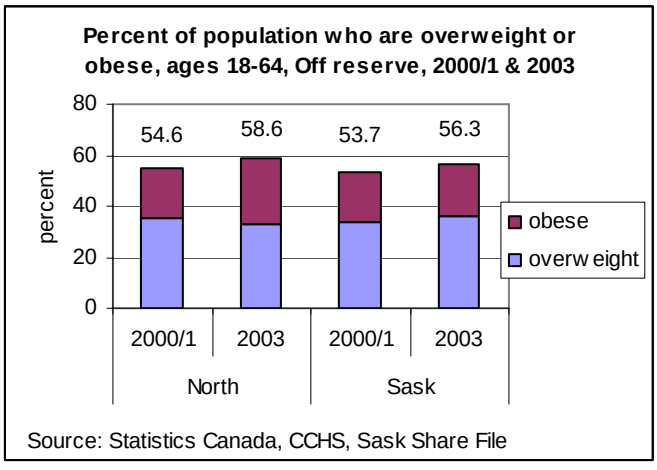


	Males		Females	
	North	Sask	North	Sask
1997	15.1	16.6	17.3	20.7
2001	15.6	16.9	17.2	20.9

Source: Statistics Canada, May 2005

Northern Saskatchewan residents have the lowest life expectancy in the province at birth and at age 65, reflecting their overall health status in comparison to their southern counterparts, as well as the influence of health determinants such as the proportion of the population living in poverty.

- **Percentage of population (age 18 to 64 years) who are overweight or obese**



Source: Statistics Canada, CCHS, Sask Share File

In 2003 in northern Saskatchewan, 58.6% of people ages 18 to 64 reported being overweight or obese in comparison to 56.3% of Saskatchewan residents

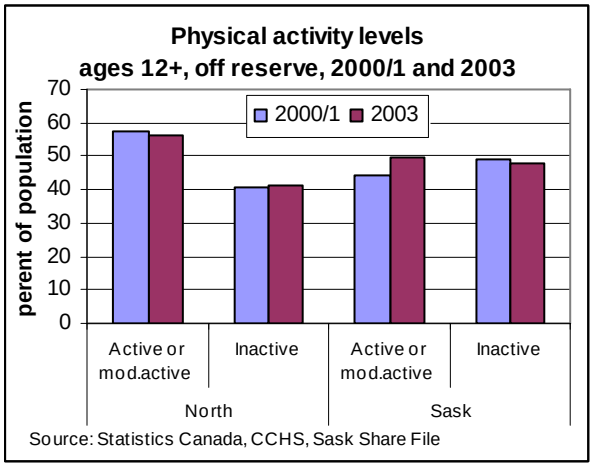
From 2001/2 to 2003, the percent of northern Saskatchewan people who were overweight decreased almost 2%, but the percent of people who were obese increased almost 6%. There were smaller increases in both the overweight and obese population in all of Saskatchewan in the same time period.

People who are classified as overweight have a Body Mass Index of 25.0-29.0, while those who are obese have a BMI of 30.0 or greater. Overweight and obese people are at higher risk to develop diseases such as type-2 diabetes, high blood pressure, heart disease, some cancers, gallbladder disease, and others.

Prevention and health promotion activities continue at a regional level as well as at a north wide level via the Northern Healthy Communities Partnership. Prevention strategies that focus on healthy eating and physical activity have been expanded to include promotion of mental well being and prevention of substance abuse in order to be more wholistic in approach. A northern round table on Food Security was held in the fall of 2005.

- **Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive**

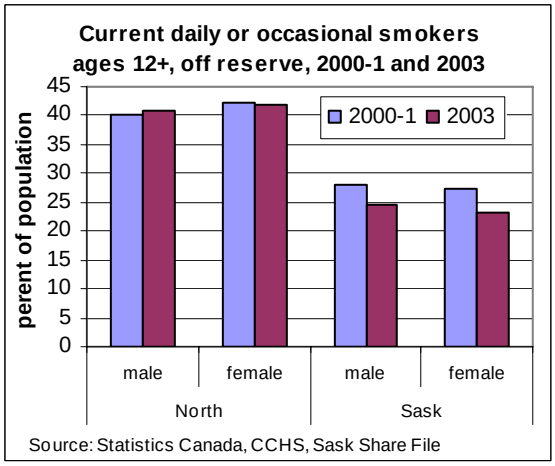
In 2003, the northern health areas had the highest percentage of people who reported participating in moderate or active levels of physical activity during leisure and work time (56.1% compared with 49.8% for all of Saskatchewan). They also had the lowest proportion reporting inactivity (41.0% compared with 47.8% for Saskatchewan).



However while the percent of people who were active or moderately active increased in Saskatchewan from 2000-1 to 2003, it decreased in northern Saskatchewan. Levels of inactivity increased slightly in the north, but decreased in all of Saskatchewan. The Canada Community Health Survey also found that the level of physical activity during leisure time declined among northern youth ages 12-19 and among northern men, but increased among northern women from 2000-1 to 2003.

In 2005-2006, the Northern Healthy Communities Partnership, with major input from the recreation sector, created a Northern Saskatchewan Physical Activity Action plan to build on existing strengths and help to coordinate existing northern strategies.

- **Percentage of population (age 12 years and over) who are current, daily or occasional smokers (smoking rate)**



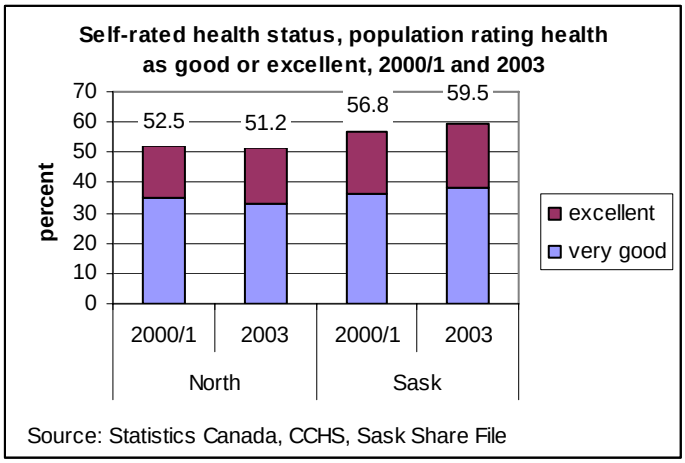
In 2003, 40.7% of northern males reported being smokers compared to 24.6% of Saskatchewan males. More northern females (42%) reported being smokers than Saskatchewan females (23.1%) and northern males. The 2003 rate of smoking was slightly increased from 2000-1 for northern males and decreased for northern females, and all Saskatchewan males and females.

The 2003 CCHS also reported that 51.7 percent of northern youth aged 15 to 19 were daily or occasional smokers, a rate 2.5 times higher than for youth across the province.

Smoking is estimated to be responsible for at least one-quarter of all adult deaths. Smoking has an impact on a variety of cancers (especially lung cancer), heart disease and stroke, chronic lung disease, SIDS, and diabetes.

Coordinated health promotion actions to address northern smoking rates are needed. The Northern Healthy Communities Partnership is developing a north-wide health promotion strategy, with actions that will support regional and community strategies. Compliance with the provincial ban on smoking in public places has been very good.

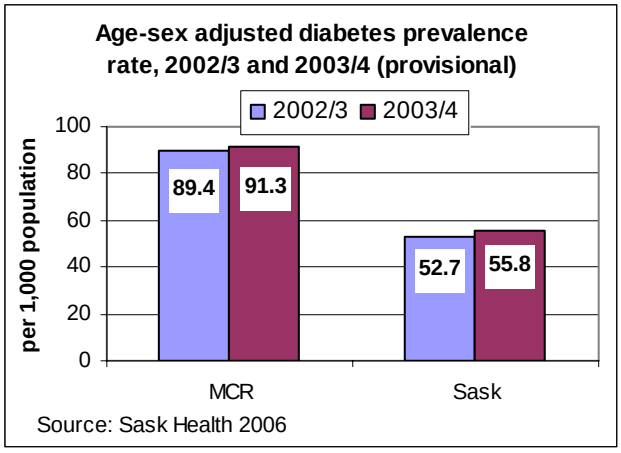
- **Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent**



The proportion of northern residents who rated themselves as having very good or excellent health status dropped 1.3% (to 51.2%) from 2000-01 to 2003, while the same proportion increased 2.7% (to 59.5%) for Saskatchewan residents.

Self-rated health is an indicator of overall health status. It can reflect aspects of health not captured in other measures, such as early stages of disease, disease severity, aspects of positive health status, physiological and psychological reserves and social and mental function.

- **Age-adjusted diabetes prevalence rate per 1,000 population**

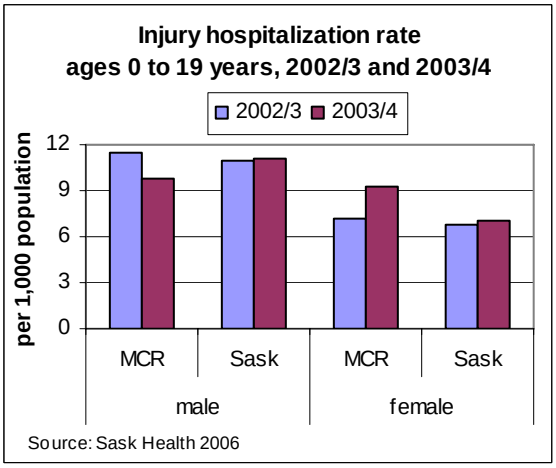


The number of people living with diabetes (prevalence rate) in MCR health region increased from 53.2 to 54.8 per 1000 population from 2002/3 to 2003/4 (crude rate).

As the middle aged and elderly population (who have higher rates of diabetes) make up a smaller percent of the northern population compared with the rest of the province, age-sex adjustments to the rates allow for comparisons across the province. The age-sex adjusted prevalence rate rose to 91.3 by 2/1000 in MCR health region and by 3/1000 in all of Saskatchewan from 2002/3 and 2003/4. This rate in MCR HR was the highest among all the health regions and 1.6 times that in the whole province.

In 2005-2006 all three northern health authorities participated in the Shared Paths project of the Northern Health Strategy to develop recommendations to coordinate and enhance services to northerners living with diabetes. The Northern Health Strategy working group will continue work towards a more seamless delivery of treatment options to all northern people. MCRRHA is also participating in the Health Quality Council's Chronic Disease Management (CDM) Collaborative focused on improving care and outcomes for people living with diabetes or coronary artery disease.

- **Injury hospitalization rate per 1,000 population (age 0 to 19 years)**



The rate of hospitalization for injuries in children and youth ages 0 to 19 was 9.8 hospital separations per 1000 for MCR males in 2003-4, a decrease from the previous year, and 9.3 per 1000 for MCR females, an increase from the previous year. The same rates were higher in Saskatchewan males than MCR males, and lower in Saskatchewan females, compared to MCRHR females.

The relatively small numbers of injury-related hospitalizations can lead to widely fluctuating rates from year to year, which may explain the lower rate among MCR HR males for 2002/3.

2005-06 Results at a Glance

The Mamawetan Churchill River Health Region has achieved significant milestones in relation to its goals during the 2005-06 year. More detailed performance results are including the next section. Below are a few of the highlights.

Goal #1 – Improved access to quality health services

- 100% of the population with geographic proximity to primary health care teams.
- Initial planning for Project Hope Youth Addictions Services completed.
- Improved access to services in La Ronge through monthly visits by a psychiatrist and podiatrist.
- Twenty-two staff trained in foot health care.
- 10% increase in access to ultrasound services.

Goal #2 – Effective health promotion and disease prevention

- Establishment of Health Promotion Team and participation in Northern Health Strategy Working Group.
- Oral Health initiatives focussed on pre-school children.
- Nutrition kits distributed to five new communities in the North.
- Wellness Clinic established in Denare Beach.

Goal #3 – Retain, recruit and train health providers

- Successfully negotiated Public Health Inspectors Adjustment to enable fully staffing public health positions.
- Sick leave hours have decreased and are the lowest in the province.
- An enhanced Employee and Family Assistance Program has been implemented across the region.
- The number of Aboriginal employees on staff increased from 73 to 84.
- A four-unit staff housing complex was constructed in Sandy Bay.

Goal #4 – A sustainable, efficient, accountable and quality health system

- The region received Accreditation Status with Condition: Report.
- A revised Mission, Vision and Values statement was adopted.
- Policies were developed related to Risk Management.
- The region participated in a number of Health Quality Council initiatives.

Financial Summary

- There was a surplus of $51,000 in the Operating Budget.
- The first annual fundraising golf tournament raised $13,000.

2005-06 Performance Results

Each year, MCR and Saskatchewan Health enter into an accountability agreement that sets out the key health system expectations and measures for the RHA for the operating year. The Accountability Document, as it is known, reflects the Region's and the Department's mutual understanding of planned service delivery and expenditures for each of the RHA's program areas.

The following is a report on MCR's progress and results in achieving those expectations, as they relate to the four goals of Saskatchewan Health: improved access to quality health services; effective health promotion and disease prevention; retaining, recruiting and training health providers; and a sustainable, efficient, accountable and quality health system. A series of standard indicators has been developed provincially to provide concrete measures that are comparable for Regions across the provincial health system. A complete listing of all these indicators is highlighted in the Performance Management Summary section of this report.

MCR's ability to achieve each of its expectations is influenced by a number of key factors. They are health human resources, geography and finances. A financial summary is also included.

Goal 1: Improved access to quality health services

Primary Health Care teams are key to providing access to quality health services in our region. Saskatchewan Health's Goal is to have 100% of the population with geographic proximity to primary health care teams by 2011. While the average for the province is currently only 26.6%, the goal of 100% has already been achieved in our region.

- A Registered Nurse/Nurse Practitioner Education Director was hired in January. She is a significant resource for primary care nurses related to questions of practice. She also conducted an Orientation Skills Training Seminar for recently hired primary care nurses.

- Initial program planning and staff recruitment has been completed for the Project Hope team. Services will include one-to-one counselling, an addictions education program and an outpatient day treatment program for youth.

- Access to psychiatric services has improved with consistent monthly visitations provided through Northern Medical Services. This service is provided both at community mental health services and also at the La Ronge Medical Clinic.

- Prenatal classes were delivered by an Intersectoral committee of Lac La Ronge Indian Band Health Services, Kikinahk Friendship Centre, and Mamawetan Churchill River Public Heath and Acute Care in La Ronge.

- Monthly podiatry services are now available in La Ronge, with expenses cost-shared with Lac La Ronge Indian Band Health Services.

- Twenty-two Special Care Aides, Home Health Aides, and Licenced Practical Nurses were trained in foot health care which helps prevent foot diseases and amputations in diabetics.

- There has been a 10% increase in access to ultrasound services through a new ultrasound interpretation agreement with Associated Radiologists, an independent radiology firm.

- Blood gas analysis has been implemented, increasing critical care diagnostic capabilities in the La Ronge Health Centre laboratory.

Goal 2: Effective health promotion and disease prevention

Health promotion and disease prevention continue to be a priority for the region. This is achieved through programs implemented by the region and through initiatives in collaboration with various community partners. MCRHR is one of 13 organizations which are members of the Northern Health Strategy Working Group, dedicated to improving the health status of all Northern Saskatchewan residents. As well, a health promotion team has been established within the region.

- The Northern Health Strategy determined Oral Health as one of its priorities and established a working group to address this theme. Evidence based research shows there is a link between oral health diseases and other health issues. Connection has been established linking oral health to other systemic conditions such as respiratory diseases, pre-term low birth weight babies, and cardiovascular diseases. In addition, evidence supports the concept that periodontal disease can contribute to poorer glycemic control in people with diabetes. Prevention of dental disease in pre-school children has been emphasized with the development of interactive health promotion kits and a manual for fluoride varnish.

- The Northern Healthy Communities Partnership advanced the work of the Provincial Health Promotion Strategy. An overall plan has been developed and a core group and several teams have been established. These include the Healthy Eating, Active Living, Mental Well-being and Substance Abuse Teams.

- As part of the Infant Mortality Risk Reduction Initiative, Basic Shelf / Nutrition Kits were distributed to five new communities in the North. Training was also provided to help with menu planning, food preparation and public health education.

- Significant progress has been made in planning for a potential influenza pandemic. Additional supplies have been purchased and guidelines have been drafted to assist community councils in their planning. Along with general preparedness from a health care providers' perspective, information on individual self-care was distributed.

- The Mamawetan Churchill River RHA provides public health inspection services for all three northern authorities. The 2004-2005 facility inspection data from Saskatchewan Health shows a significant variation from the targeted goal of inspecting 80 to 100% of facilities each year.

Mamawetan Churchill River, 2004-5	Number of Facilities	Inspection Rate[3] (%)
FEE – Food Eating Establishment	416	31.49
FPL – Food Processing (Licensed)	5	0
LA – Licensed Accommodations	537	30.17
SWT – Swimming Pools/Water Themes	25	12
Public Water Supplies	424	21.23

Source: Public Health Inspector Information System (PHIIS) / Saskatchewan Environmental Health System (SEHS) [Saskatchewan Health]

The data has been influenced by a number of factors including the following:

  - Staffing affecting the number of inspections: Vacancies in Public Health Inspector positions have been a long term issue and barrier for provision of quality services in northern Saskatchewan. During the 2004-2005 fiscal year this trend continued and again impacted service delivery. In addition, the tenure of staff in positions impacted service delivery - many stayed less than one year in their position and were typically new so that considerable time needed to be invested in orientation.

  - Data management problems both at the regional and provincial level affecting data quality and quantity, eg. duplications in listing facilities: The number of facilities is overestimated and the percent of facilities inspected shown underestimates the actual rates.

  During the 2005-2006 fiscal year, however, considerable investment in staffing, resources and organization of the Environmental Health Program resulted in improved service delivery. The implementation of a new Environmental Health Data system will improve accuracy of facility listings, recording of service delivery and monitoring of program data. The next report will reflect these changes.

- In November of 2005, a Wellness Clinic for Peter Ballantyne Cree Nation residents living in Denare Beach was implemented. This service is the result of a partnership between the Peter Ballantyne Cree Nation, Saskatchewan Environment, Mamawetan Churchill River Home Care, and the Flin Flon Friendship Centre.

- A needle exchange program in La Ronge reduces the potential harm to intravenous drug users.

Goal 3: Retain, recruit and train health providers

The number of full-time equivalent positions (FTEs) in the region for 2005-2006 was 178.6. This is up from the previous year's number of 171.94. The distribution of these FTEs for 2005-2006, by affiliation, is as follows:

Saskatchewan Government Employees Union 99.47
Health Sciences Association of Saskatchewan 25.44
Out of Scope 24.97
Saskatchewan Union of Nurses 28.72

A number of initiatives have been undertaken to recruit and retain staff. For example, in the past, the health region has had chronic difficulties in recruiting Public Health Inspectors. The Saskatchewan Association of Health Organizations (SAHO) successfully negotiated on behalf of the region the MCRRHA Public Health Inspectors Adjustment with the Health Sciences Association of Saskatchewan, and, as a result, the region was able to fully staff the positions in 2005-2006.

As indicated in the following tables, sick leave hours and time lost due to Workers' Compensation Board (WCB) claims in this region rank lower than the average across the province. These figures are also down slightly from last year's numbers for this region. The most significant drop in sick leave hours occurred in the Saskatchewan Union of Nurses. It is the lowest among health regions in the province.

		RHA Value	**Provincial Value**	**2004-2005**
Number of sick leave hours per full time equivalent (FTE) by affiliation *2005/2006*	Provider Union (SGEU)	79.59	90.60	82.89
	HSAS	65.41	64.00	66.58
	OOS	49.79	48.09	56.87
	SUN	53.66	91.94	75.63
	All Affiliations	69.24	85.18	76.32

Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2005/2006*	4.48	8.07	4.65
Number of lost-time WCB days per 100 full time equivalents (FTEs) *2005/2006*	358.90	447.10	440.10

On the whole, overtime and other premiums are comparable to the provincial average, but there are some variances, depending on affiliation. One of the factors that influences this is the absence of a "casual" pool to staff from, as required.

		RHA Value	Provincial Value	2004-2005
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2005/2006*	Provider Union (SGEU)	41.68	32.83	35.33
	HSAS	0.35	24.75	2.89
	OOS	0.00	3.17	0.00
	SUN	87.92	72.44	95.82
	All Affiliations	37.40	38.06	37.07

- The region participated in a provincial Employee Opinion Survey. The results are being considered in the development of various strategies.

- To enable employees to receive feedback on their performance, the Halogen e-appraisal has been purchased. Training and set up of the system has been completed for Human Resources personnel. Implementation will take place after an Information Technology upgrade has been completed and managers have received training.

- An enhanced Employee and Family Assistance Program has been implemented across the region to allow easier access to EFAP for all staff.

- Since the implementation of the Aboriginal Employee Development Program in 1999, there have been 122 Aboriginal employees hired. To date, 120 of MCR's current staff (43.5%) has also received Aboriginal Awareness Training, which assists the region in providing a workplace environment reflecting mutual respect and dignity. Thirty percent of employees self-identified as Aboriginal in 2003-04. In 2005-06 there was an increase in the number of Aboriginal employees on staff to 84 from 73 the previous year.

- The region takes advantage of programs to hire students during the summer months to give them work experience, and increase the likelihood that they will choose to work in the region on a full-time basis.

- In 2005-06, Saskatchewan Health provided funding for the construction of a four-unit staff housing complex in Sandy Bay. The availability of local housing will facilitate recruitment and retention of staff in that community.

Goal 4: A sustainable, efficient, accountable and quality health system

In June 2005, the Mamawetan Churchill River Health Region received Accreditation Status with Condition: Report. The Canadian Council on Health Services Accreditation (CCHSA) made 10 recommendations, with a requirement to report on progress by July 31, 2006. The region is taking steps to address these areas.

It is also worth noting that a revised Mission, Vision and Values statement was adopted by the Authority in February, 2006. The process involved a great deal of staff involvement. Strategic Planning sessions have also been ongoing.

The region undertook a number of activities to address public confidence and these were reported on a quarterly basis, as required. These activities involved both improved health services and enhanced communication with the public.

- In Long Term Care, as a follow up to the CCHSA recommendation, a fall prevention strategy has been implemented.

- To improve efficiency, a Procura scheduling and billing data system for home care was implemented.

- Community Advisory Networks were established in Creighton and Pinehouse.

- Risk Management policies including Disclosure of Adverse Events, Critical Incident Reporting and Root Cause Analysis policies were developed and implemented.

- An Attendance Management Program & Policy was implemented, with attendance statistics and costs provided to managers on a quarterly basis.

- A formal Disability Management Program has been implemented to assist employees with accessing disability benefits and to implement graduated return to work / job accommodation processes.

- The region participated in Health Quality Council initiatives including a Patient Satisfaction Survey and the Chronic Disease Management Collaborative with the focus of improving the quality of care for people with diabetes and coronary artery disease, and access to primary health care.

- The 2005-2006 audit report identified MCRRHA financial statements as being free of material errors and all transactions have been properly recorded in the accounting records.

Financial Summary

Operational Funds

The year 2005-2006 was a successful year financially for the region as it posted a surplus of $51,000 on expenditures of $17,246,000 while providing a high level of quality care to its clients. The surplus as a percentage of the actual operating expenditures was 0.3%, which improved the region's ability to meet its monthly obligations. Our Region will continue to place a strong emphasis on balanced budgets.

Revenues for the fiscal year were $17,297,000 of which Saskatchewan Health accounts for by approximately 92% of our revenue base. For the current year, Saskatchewan Health provided additional funding for a new initiative such as the Premier's Project Hope program, enhanced home care programming and collective bargaining increases. These additional funds were offset by lower than expected program costs in Populations Health Services. The revenues originally budgeted for Population Health programming were then deferred to the next fiscal year, which was the significant factor for the under-budget variance of $451,000 on Saskatchewan Health revenue.

The number of days the region was able to operate with working capital was (5.95). The Region has shown consistent improvement with this financial indicator as evidenced by the previous two (2) years' ratios; 2004-05 (8.18), 2003-04 (13.82). Expenditures in the program support funding pool were 9.3% of the total region's operating expenditures.

Restricted Funds (Capital)

MCRRHA was very successful with its first annual charitable golf tournament with approximately $13,000 raised to purchase required medical equipment.

Future Outlook/ Emerging Issues

The Mamawetan Churchill River Health Region will need to continue to balance its efforts between providing treatment services and health promotion and disease prevention services.

The assumption is that urgent and emergent care requirements will continue to increase, the incidence of antibiotic resistant severe wound infections will continue to increase, and the incidence of diabetes and resulting chronic diseases will increase. Lifestyle trends such as physical activity levels and healthy eating habits will impact on chronic disease numbers.

Meeting the demand for service will be impacted by a number of factors. There is the risk that issues related to recruitment and retention of staff such as nurses, therapists and technologists will persist. As well, limited funding to enable upstream health promotion and prevention work, and a lack of funding to support the ongoing work of the Northern Health Strategy will impact the ability of the region to implement this necessary work.

Along with meeting the demands for service delivery, quality improvement and work directed at patient and staff safety must continue. The assumption is that technological advances will continue and standards of care will improve. Staff will continue to travel long distances to deliver programs to residents. However, there is a concern as to whether there will be funding capacity for continuing education and training of staff related to new equipment, best practices, etc., and adequate leadership capacity to implement quality improvement and patient safety initiatives.

A growing and aging population requires staffing complements to support mandated programs such as immunization, chronic disease management, home care and implementation of health promotion strategies.

At the La Ronge Health Centre the flow of outpatients at the La Ronge Health Centre must be developed in such a way that allows for efficiency, safety of patients and staff, infection control, adherence to confidentiality, while providing for expansion of services such as hemodialysis.

In order to access institutional supportive care, Saskatchewan residents in the north-east area of the region must be admitted to Flin Flon, Manitoba. Manitoba Health bills Saskatchewan Health for inpatient days and services. The residents of Creighton have identified the need for a long term care facility for some time.

Following are a number of initiatives currently underway that will affect future planning cycles:

- In 2006-07, the Northern Health Strategy Shared Paths Project tables its final report and recommendations in the four key Technical Advisory Committee areas of Mental Health & Addictions, Chronic Disease, Perinatal Health, and Oral Health. Recommendations related to the support areas of Human Resources, Information Technology, Community Development and Cross Jurisdictional Decision Making will also be tabled. It is imperative that resources be identified to enable the members of the Northern Health Strategy to maintain the momentum achieved in collaborating on the above areas.

- Ongoing development of Community Advisory Networks will strengthen the exchange of information between communities and the region, as it pertains to health.

- There is a need for continued work with communities regarding emergency preparedness.

- Support and activity in the Northern Healthy Communities Partnership to strengthen upstream prevention work with communities and other Human Service agency partners will continue.

- Services under the umbrella of Project Hope will offer some support related to addictions issues to youth and their families.

- The implementation of the role of the Senior Medical Officer (Chief of Staff) in 2006-2007 will help address program issues and planning requiring medical expertise.

- Consistent public health inspection of food eating establishments, potable water sources, etc. will contribute to resident safety as it relates to potential risk of food and water borne illness.

- A significant strategic direction for the region in 2005-2006 was the commencement of developing a Business Continuity Management (BCM) document, otherwise known as a disaster recovery plan. The region secured the services of Horizon Computer Solutions Inc. to assist with the BCM. It is expected that the BCM will be finalized during the 2006-07 fiscal year. Once complete, detailed business continuity procedures, resources, roles and responsibilities will be established to ensure critical health services of the Region will continue in the event of an unexpected disaster.

Management Report

Mamawetan Churchill River Health Region

"Working together in wellness to promote, enhance and maintain quality of life."

Box 6000
La Ronge, Sk. S0J 1L0
Phone : (306) 425-2422
Fax : (306) 425-5432

April 28, 2006

MAMAWETAN CHURCHILL RIVER HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Mamawetan Churchill River 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 include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

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

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

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

Kathy Chisholm
Chief Executive Officer

Kenneth J. Kowalczyk
Chief Financial Officer

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2006

Deloitte

Deloitte & Touche LLP
5 - 77 15th Street East
Prince Albert, SK S6V 1E9
Canada

Tel: (306) 763-7411
Fax: (306) 763-0191
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AUDITORS' REPORT

TO THE BOARD OF DIRECTORS OF THE
MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

We have audited the statement of financial position of the Mamawetan Churchill River Regional Health Authority as at March 31, 2006 and the statements of operations and changes in fund balances and of cash flows for the year then ended. These financial statements are the responsibility of management. 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 plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2006 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

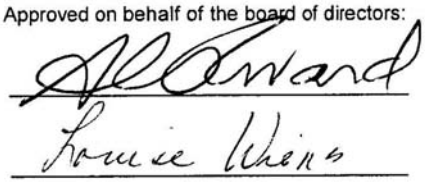
Chartered Accountants

April 28, 2006

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
as at March 31, 2006

(in thousands of dollars)	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2006	Total 2005
ASSETS					
Current assets					
Cash and short-term investments (Statement 3 and Schedule 2)	$ 1,284	$ 258	$ 17	$ 1,559	$ 1,947
Accounts receivable					
Saskatchewan Health - General Revenue Fund	486	20	-	506	7
Other	1,432	12	-	1,444	1,402
Inventory	227	-	-	227	132
Prepaid expenses	72	-	-	72	85
	3,501	290	17	3,808	3,573
Capital assets (Note 2d and 3)	-	10,524	-	10,524	10,842
Total Assets	$ 3,501	$ 10,814	$ 17	$ 14,332	$ 14,415
LIABILITIES & FUND BALANCE					
Current liabilities					
Accounts payable	$ 928	$ 16	$ -	$ 944	$ 1,104
Accrued salaries	738	-	-	738	381
Vacation payable	602	-	-	602	522
Deferred revenue (Note 5)	1,514	12	-	1,526	1,504
	3,782	28	-	3,810	3,511
Long Term Liabilites					
Long term leases payable	-	-	-	-	-
Total Liabilities	3,782	28	-	3,810	3,511
Fund Balances (Statement 2)					
Invested in capital assets	-	10,524	-	10,524	10,842
Externally restricted (Note 2 b[ii]; Note 2 b[iii] and Schedule 3)	-	212	17	229	371
Internally restricted (Schedule 4)	-	50	-	50	23
Unrestricted	(281)	-	-	(281)	(332)
Fund balances – (Statement 2)	(281)	10,786	17	10,522	10,904
Total Liabilities & Fund Balances	$ 3,501	$ 10,814	$ 17	$ 14,332	$ 14,415

Approved on behalf of the board of directors:



(See accompanying notes to financial statements)

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
for the Year Ended March 31, 2006

(in thousands of dollars)	Operating Fund			Restricted			
	Budget 2006	2006	2005 (Note 10)	Capital Fund 2006	Community Trust Fund 2006	Total 2006	Total 2005 (Note 10)
REVENUES							
Saskatchewan Health - General Revenue	$ 16,434	$ 15,983	$ 13,931	$ 155	$ -	$ 155	$ 327
Other Provincial Revenue	20	313	91	-	-	-	2
Federal Government Revenue	15	30	54	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	362	260	250	-	-	-	-
Patient Fees	261	316	279	-	-	-	-
Out of Province Revenue (Reciprocal)	11	20	11	-	-	-	-
Out of Country Revenue	2	4	2	-	-	-	-
Donations	-	-	-	75	-	75	16
Investment Revenue	6	49	16	13	-	13	4
Ancillary Revenue	99	129	98	-	4	4	-
Recoveries	280	193	189	-	-	-	-
Other Revenue	-	-	78	7	-	7	8
	17,490	17,297	14,999	250	4	254	357
EXPENSES							
Province Wide Acute Care Services	136	127	92	-	-	-	507
Acute Care Services	4,905	5,068	4,587	632	-	632	-
Physician Compensation - Acute	45	33	53	-	-	-	3
Supportive Care Services	382	460	400	22	-	22	4
Home Based Service - Supportive Care	156	156	153	-	2	2	-
Population Health Services	2,970	2,366	2,071	-	-	-	-
Community Care Services	2,015	1,948	1,642	-	-	-	-
Home Based Services - Acute & Palliative	685	851	717	-	-	-	-
Primary Health Care Services	2,877	2,843	1,992	-	-	-	-
Emergency Response Services	660	681	689	-	-	-	-
Addictions Services	233	262	245	29	-	29	42
Physician Compensation - Community	557	572	357	-	-	-	-
Program Support Services	1,611	1,603	1,561	2	-	2	1
Special Funded Programs	245	262	222	-	-	-	-
Ancillary	12	14	12	-	-	-	-
Total Expenses (Schedule 1)	17,489	17,246	14,793	685	2	687	557
Excess (deficiency) of revenues over expenses	$ 1	51	206	(435)	2	(433)	(200)
Fund Balances, beginning of year		(332)	(538)	11,221	15	11,236	11,436
Fund balances, end of year		$ (281)	$ (332)	$ 10,786	$ 17	$ 10,803	$ 11,236

(See accompanying notes to the financial statements)

Statement 3

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
for the Year Ended March 31, 2006

(in thousands of dollars)

	Operating Fund		Restricted Fund			
	2006	2005	Capital Fund	Community Trust Fund	Total 2006	Total 2005
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenues over expenses	$ 51	$ 206	$ (435)	$ 2	$ (433)	$ (200)
Net change in non-cash working capital (Note 6)	(431)	1,220	108	-	108	(174)
Amortization of capital assets	-	-	579	-	579	522
Gain/(loss) on disposal of capital assets	-	-	-	-	-	(1)
	(380)	1,426	252	2	254	147
Purchase of capital assets						
Buildings/construction	-	-	(53)	-	(53)	(5)
Equipment	-	-	(207)	-	(207)	(105)
Proceeds on disposal of capital assets						
Equipment	-	-	-	-	-	1
	-	-	(260)	-	(260)	(109)
Net increase (decrease) in cash & short term investments during the year	(380)	1,426	(8)	2	(6)	38
Cash & short term investments, beginning of year	1,664	238	266	15	281	243
Cash & short term investments, end of year (Schedule 2)	**$ 1,284**	**$ 1,664**	**$ 258**	**$ 17**	**$ 275**	**$ 281**
Amounts in cash balances						
Cash & short term investments	**$ 1,284**	**$ 1,664**	**$ 258**	**$ 17**	**$ 275**	**$ 281**

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[1] Statement is prepared on a fund accounting basis using the indirect method (see CICA paragraph 4400.48).

(See accompanying notes to the financial statements)

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
as at March 31, 2006

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continue as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

The Mamawetan Churchill River Regional Health Authority was created by the Act. The Mamawetan Churchill River Regional Health Authority (RHA) is responsible for the planning, organization, delivery, and evaluation of health services it is to provide (The Act sec 27) within the geographic area known as the Mamawetan Churchill River Health Region.

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 CBOs and third parties to provide health services:

Sandy Bay Community Resource Center Inc.
Creighton Alcohol and Drug Abuse Council Inc.
La Ronge Emergency Medical Services
Nor-Man Regional Health Authority
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.

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

b) Fund Accounting

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

i) Operating Fund

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

2. Significant accounting policies – (continued)

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of 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 deferred and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

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

Buildings	$2^1/_2$ % and 10%
Equipment	5% to 20%

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) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are valued at cost as determined on the first in, first out basis.

f) Investments

Investments are valued at the lower of cost or market.

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.

3. Capital Assets

(in thousands of dollars)

	March 31, 2006			March 31, 2005
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 408	$ -	$ 408	$ 408
Buildings	12,923	3,285	9,638	9,916
Equipment	2,628	2,150	478	518
	$ 15,959	$ 5,435	$ 10,524	$ 10,842

4. Commitments

a) Operating Leases

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

2007	$ 54,646
2008	25,144
2009	14,364

5. Deferred Revenue

(in thousands of dollars)

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Saskatchewan Health – General Revenue Fund				
Environmental Health Officer	$ 114	$ -	$ 55	$ 169
Northern Recruitment and Retention	400	400	-	-
Northern Regional Intersectoral Committee	22	95	80	7
Population Health (PHU)	167	1,097	1,048	118
Primary Care Demo Site	30	41	97	86
Uranium Monitoring	76	112	137	101
Health Improvement Initiatives				
Dental Health Education	19	17	21	23
Diabetes Prevention	6	-	-	6
Infant Mortality	26	8	35	53
Tobacco Control	44	5	-	39
Type 2 Diabetes/KYRHA	21	1	-	20
Vaccine Purchase	29	24	18	23
Aboriginal Awareness Program	3	3	-	-
Aboriginal Coordinator Career Development	5	4	9	10
Executive Leadership Program	11	11	-	-
Health Information Protection Act	10	-	-	10
Home Care Support Nursing/Therapies	4	4	-	-
Health Line Promotion	4	1	-	3
Injection Drug Use Strategy	15	3	6	18
Primary Health Care Centers	130	-	130	260
Primary Health Care RN (N/P)	33	33	23	23
Primary Health Care Team Development	25	-	79	104
Professional Development	26	10	-	16
Project Hope - Youth	-	20	45	25
Project Hope - Promotion	-	12	40	28
Provincial Diabetes Plan (Podiatry)	24	62	70	32
Stream 1 Funding	45	42	-	3
Youth Sexual Wellness	69	55	85	99
Total Sask Health	**$ 1,358**	**$ 2,060**	**$ 1,978**	**$ 1,276**
Non Sask Health Initiatives				
Chronic Disease Collaborative	$ 1	$ 2	$ 34	$ 33
Health Quality Council	3	8	9	4
Kids First North Mental Health	7	89	85	3
Kids First North Screening	8	57	58	9
Northern Health Strategy Report	14	-	60	74
Northern Human Services Partnership	-	-	-	-
PBCN Diabetes Resource Worker	6	6	-	-
Provincial Telehealth Operations Manager	46	83	87	50
MCRRHA PNOM Fee	-	-	-	-
SGI ABI Rehabilitation and Education	35	83	105	57
SRNA Quality Workplace Program Agreement	8	-	-	8
Total Non Sask Health	**$ 128**	**$ 328**	**$ 438**	**$ 238**
Total Deferred Revenue	**$ 1,486**	**$ 2,388**	**$ 2,416**	**$ 1,514**

5. Deferred Revenue – (continued)

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund is recorded as revenue as the related costs are incurred. Other sources are recorded as revenue as the related costs are incurred. Kids First North has prepaid rent to the RHA in the amount of $12,000 (2005 - $18,000) and is reflected in capital fund. Monthly revenue of $500 is recorded as rent costs are incurred.

6. Net Change in Non-cash Working Capital

(in thousands of dollars)	Operating Fund		Restricted Funds			
	2006	2005	Capital Fund	Community Trust Fund	Total 2006	Total 2005
(Increase) Decrease in accounts receivable	$ (657)	$ (720)	$ 116	$ -	$ 116	$ (139)
(Increase) Decrease in inventory	(95)	(13)	-	-	-	-
(Increase) Decrease in prepaid expenses	13	13	-	-	-	-
Increase (Decrease) in accounts payable	(158)	891	(2)	-	(2)	(29)
Increase (Decrease) in accrued salaries	357	(73)	-	-	-	-
Increase (Decrease) in vacation payable	81	(7)	-	-	-	-
Increase (Decrease) in deferred revenue	28	1,129	(6)	-	(6)	(6)
	$ (431)	$ 1,220	$ 108	$ -	$ 108	$ (174)

7. Primary Health Care Transition Fund

The Northern Health Strategy Working Group (NHSWG) received a financial contribution from the Primary Health Care Transition Fund, Health Canada, (PHCTF) for an initiative entitled *Community and Organizational Transition to Enhance the Health Status of all Northerners*. The RHA, being the co-chair of the NHSWG, is the recipient to whom the contribution is being made and who is responsible for carrying out the obligations set out in the Contribution Agreement.

Partners: Northern Inter-Tribal Health Authority, University of Saskatchewan, Kelsey Trail Regional Health Authority, Athabasca Health Authority, Saskatchewan Health and Manitoba/Saskatchewan Region of Health Canada's First Nations and Inuit Health Branch.

Objectives: To utilize existing working relationships among various jurisdictions to move to a primary health care approach that is more comprehensive, accessible, coordinated, accountable, integrated, and sustainable.

Expected Results: A more coordinated approach across jurisdictions in the planning and delivery of primary health care services. By reducing jurisdictional barriers, individuals will receive more seamless services resulting in improved health outcomes. Particular improvements are expected in areas of chronic disease management, mental health and addictions, and injury prevention.

7. Primary Health Care Transition Fund – (continued)

The financial contribution the RHA received and the payments it made on behalf of the NHSWG for the 2005-2006 fiscal year are:

	2006	2005
Financial contribution	$ 1,090	$ 1,207
Expenditures	1,840	1,069
Surplus / (Deficit)	$ (750)	$ 138

These amounts are not reflected in the financial statements.

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, 2006, was $9,246 (2005- $8,318). 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 departments, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

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

9. Related Parties – (continued)

	2006	2005
Revenues		
Saskatchewan Government Insurance	$ 114,634	$ 131,042
Other	145,782	171,288
	$ 260,416	$ 302,330
Expenditures		
Saskatchewan Association Health Organizations	$ 418,680	$ 359,779
Saskatchewan Property Management	403,951	378,563
Workers Compensation Board	194,415	181,847
North Sask Laundry & Support Services Ltd.	182,604	180,871
Saskatchewan Telecommunications	176,556	144,550
Public Employees Superannuation Plan	139,950	109,529
Saskatchewan Healthcare Employee's Pension Plan	813,155	737,291
Saskatchewan Power Corporation	94,209	91,098
Other Regional Health Authorities	414,226	189,148
Saskatchewan Government Employees Union	45,866	42,304
Saskatchewan Housing Corporation	447,186	87,448
Health Canada	72,903	15,514
Saskatchewan Population Health and Evaluation Research Unit	74,568	122,160
Other	55,655	157,523
	$ 3,533,924	$ 2,797,625
Accounts Receivable		
Other Regional Health Authorities	$ 209,327	$ 286,716
Health Transition Fund	879,240	773,591
Youth Wellness	-	16,320
Other	213,129	57,533
	$ 1,301,696	$ 1,134,160
Prepaid Expenditures		
Workers Compensation	$ 41,221	$ 39,900
Accounts Payable		
Saskatchewan Property Management Corporation	$ 14,023	$ 27,516
Other Regional Health Authorities	71,987	57,735
Other	75,248	125,539
	$ 161,258	$ 210,790

9. Related Parties – (continued)

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

b) Health Care Organizations

i) Community Based Organizations and Third Parties

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

	2006	2005
Sandy Bay Outpatient Center Inc.	$ -	$ 135,200
Sandy Bay Community Resources Center, Inc.	139,700	-
Creighton Alcohol and Drug Abuse Council Inc.	133,800	129,000
La Ronge Emergency Medical Services	553,528	565,850
Nor-Man Regional Health Authority	36,768	36,768
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.	35,840	35,840
	$ 899,636	$ 902,658

10. Comparative Information

Certain 2004-2005 balances have been reclassified to conform with 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 multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

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

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

11. Pension Plan – (continued)

The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. Pension expense for the year amounted to $498,901 (2005 - $444,633) and is included in benefits in Schedule 1.

12. Budget

The RHA Board approved the 2005-2006 budget plan on May 26, 2005.

13. Financial Instruments

a) Significant terms and conditions

Loan Guarantee
Mamawetan Churchill River Regional Health Authority is one of four shareholders of North Saskatchewan Laundry & Support Services Ltd. In February 2005, the Board of Directors passed a resolution to guarantee a proportionate share (1/4) of an operating loan for the laundry service. The liability of Mamawetan Churchill River Regional Health Authority is limited to $100,000 (2005- $100,000).

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 Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

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

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

d) Operating Line of Credit

The RHA has a line of credit of $500,000 (2005- $500,000) with an interest rate charged at prime rate, which is re-negotiated annually. The line of credit is secured by an Assignment and Hypothecation of Revenues. Total interest paid on the line of credit in 2006 was $nil (2005 - $nil). The line of credit was approved by the Minister on June 19, 2002.

14. 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.

15. 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 $16,922 (2005 - $14,879) under these agreements. The assets are not property of the RHA and are therefore not included as part of the assets of the Board.

16. Contingent Liability

Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time there are outstanding reconsiderations on which the Steering Committee has yet to reach a final decision. The results of outstanding reconsiderations are currently unknown therefore, the cost of these reconsiderations cannot be reasonably determined.

Schedule 1

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
for the Year Ended March 31, 2006

(in thousands of dollars)	Budget 2006	Actual 2006	Actual 2005
Operating:			
Board costs	$ 168	$ 171	$ 148
Compensation - Benefits	1,605	1,517	1,402
Compensation - Salaries	9,218	9,674	8,615
Diagnostic imaging supplies	20	19	19
Drugs	207	231	211
Food	158	156	147
Grants to ambulance services	600	626	638
Grants to third parties	274	275	264
Housekeeping and laundry supplies	27	26	20
Information technology contracts	-	-	-
Insurance	34	35	31
Interest	8	74	97
Laboratory supplies	64	70	63
Medical and surgical supplies	145	122	123
Medical remuneration and benefits	396	531	340
Office supplies and other office costs	68	61	56
Other	1,406	1,356	997
Other referred out services	-	-	-
Professional fees	129	116	101
Prosthetics	-	-	-
Purchased services	1,432	876	277
Rent/lease costs	348	371	362
Repairs and maintenance	24	25	18
Service contracts	101	94	105
Travel	766	532	479
Utilities	291	288	280
	$ 17,489	**$ 17,246**	**$ 14,793**
Restricted:			
Amortization		$ 579	$ 523
Loss/(Gain) on disposal of fixed assets		-	(1)
Other		108	35
		$ 687	**$ 557**

Schedule 2

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
for the Year Ended March 31, 2006

(in thousands of dollars)	Amount
Restricted Investments*	
Cash and Short Term	
Chequing and Savings:	
Prince Albert Credit Union	$ 11
Flin Flon Royal Bank	3
Flin Flon Credit Union	3
La Ronge CIBC	258
Total Cash & Short Term Investments	$ 275
Long Term	
Province of Saskatchewan	$ -
Total Long Term Investments	$ -
Total Restricted Investments	**$ 275**
Unrestricted Investments	
Cash and Short Term	
Chequing and Savings - CIBC	$ 1,284
Total Cash & Short Term Investments	$ 1,284
Long Term	
Province of Saskatchewan	$ -
Total Long Term Investments	$ -
Total Unrestricted Investments	**$ 1,284**
Total Investments	**$ 1,559**
Restricted & Unrestricted Totals	
Total Cash & Short Term	$ 1,559
Total Long Term	$ -
Total Investments	**$ 1,559**

* Restricted Investments consist of: community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule of Externally Restricted Funds); and Saskatchewan Health has provided designated funding for capital expenditures. As a condition of this funding, the RHA is required to classify these funds as externally restricted in the Capital Fund (Note 2b[ii] and Schedule 3).

Schedule 3

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
for the Year Ended March 31, 2006

COMMUNITY TRUST FUND EQUITY

(in thousands of dollars)

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
La Ronge Home Care	$ 4	$ 3	$ -	$ (1)	$ -	$ 6
Weyakwin Home Care	3	-	-	-	-	3
Creighton Home Care	3	-	-	-	-	3
Sandy Bay Home Care	2	-	-	-	-	2
Pinehouse Home Care	3	-	-	-	-	3
Total Community Trust Fund	**$ 15**	**$ 3**	**$ -**	**$ (1)**	**$ -**	**$ 17**

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 rate payers 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 Regional Health Authority with respect to use of the trust fund.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
for the Year Ended March 31, 2006

CAPITAL FUND

(in thousands of dollars)

	Balance Beginning of Year	Capital Grant Funding	Expenses	Balance End of Year
Automatic External Defibrillators	$ 10	$ -	$ 10	$ -
Patient Controlled Analgesic Pump	4	-	-	4
Emergency Beds (2)	6	-	6	-
Carbon Monoxide Meter	2	-	-	2
Hematology Analyzer	59	-	41	18
Blood Gas Analyzer	27	-	16	11
12 Lead ECG's with Defibrillator	55	-	55	-
Hallway Wall - Administration	1	-	1	-
Anti-theft System	28	-	28	-
Steel Railing	2	-	2	-
Raised Flooring System	3	-	3	-
Respiratory (Crash) Cart	3	-	-	3
Infant/PED Scale	1	-	1	-
Kitchennette Unit	3	-	3	-
Negative Pressure Isolation Room	2	-	2	-
Building Structure Upgrade (water drainage)	6	-	-	6
Storage area for files	37	-	18	19
Sandy Bay Air Conditioning Installation	7	-	-	7
Refurbish Housing Units	35	-	28	7
RTM Unit for Sandy Bay (4 units motel style)	65	-	65	-
Diagnostic Imaging Equipment	-	135	-	135
Total Capital Fund	**$ 356**	**$ 135**	**$ 279**	**$ 212**
TOTAL EXTERNALLY RESTRICTED REVENUE	**$ 371**	**$ 138**	**$ 280**	**$ 229**

Schedule 4

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
for the Year Ended March 31, 2006

(in thousands of dollars)

	Balance Beginning of Year	Net Income Allocated	Transfer from Externally Restricted Fund Balance (from unrestricted fund)	Tranfer to investment in capital asset fund balance	Balance End of Year
Total Capital	$ 23	$ (16)	$ 103	$ 60	$ 50

Amounts represented in this schedule are donations to be used for capital purchases.

Schedule 5

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

SCHEDULE OF

BOARD REMUNERATION, BENEFITS, AND ALLOWANCES

for the year ended March 31, 2006

(in thousands of dollars)

	2006				2005		
Board Members	Retainer and Per Diems	Benefits (1)	Other Expenses	Total	Retainer and Per Diems	Benefits and Other Expenses	Total
Chairperson							
Allan Rivard (2)	$ 9	$ 3	$ 5	$ 17	$ -	$ -	$ -
Louise Wiens	14	2	2	18	17	7	24
Board Member							
Al Loke	7	1	2	10	6	2	8
Al Rivard	11	4	5	20	3	4	7
Charlene Logan	6	4	6	16	5	9	14
Ida Ratt Natomagan	7	3	6	16	6	7	13
Larry Beatty	5	3	4	12	5	7	12
Louise Wiens	2	-	-	2	-	-	-
Mary Denechezhe	8	6	10	24	4	12	16
Peter J. Bear	4	4	6	14	5	10	15
Ron Woytowich	6	1	1	8	6	3	9
Tammy Cook Searson	2	-	-	2	3	1	4
William Dumais	4	3	5	12	3	2	5
Total	$ 85	$ 34	$ 52	$ 171	$ 63	$ 64	$ 127

(1) Benefits includes employer CPP and all travel time.

(2) Accepted Chairperson position in August 2005

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

SCHEDULE OF

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE

for the year ended March 31, 2006

(in thousands of dollars)

	2006							2005			
					Severance						
Senior Employees	# of FTEs	Salaries[1]	Benefits and Allowances[2]	Sub-total	# of FTEs	Amount	Total	# of FTEs	Salaries, Benefits and Allowances	Severance	Total
Lionel Chabot, CEO	1	$ 101	$ 13	$ 114	-	$ -	$ 114	1.00	$ 114	$ -	$ 114
Senior Employee, Position											
Barb Biliske, Exe. Dir of Acute and Continuing Care	1	95	11	106	-	-	106	1.00	93	-	93
Kenneth Kowalczyk, CFO	1	72	11	83	-	-	83	1.00	80	-	80
Michelle Mackay, Dir. of Support Services	-	-	-	-	-	-	-	1.00	66	-	66
Susan Halland, Dir. of Human Resouorces	1	78	10	88	-	-	88	1.00	77	-	77
Teresa Heinrichs, Dir. of Informatics	0.64	44	6	50	-	-	50	1.00	75	-	75
John Kreiser, Dir. of Mental Health & Addictions	-	-	-	-	-	-	-	1.00	88	-	88
Ellen Waters, Dir. of Nursing Acute Care	-	-	-	-	-	-	-	0.75	68	-	68
Judy Moore, Dir. Of Population Health	0.57	46	6	52	-	-	52	1.00	83	-	83
Kathy Chisholm, Dir. Of Population Health	0.60	52	8	60	-	-	60	0.00	-	-	-
Leah Sandercock, Dir. of Quality Initiatives and Risk Management	1	54	8	62	-	-	62	1.00	60	-	60
Jill Beatty Johnson, Exec. Dir. Of Primary Care	1	96	12	108	-	-	108	1.00	94	-	94
Linda Mikolayenko, Corporate Support Coordinator	0.55	28	2	30	-	-	30	0.00	-	-	-
Total	8.36	$ 666	$ 87	$ 753	-	$ -	$ 753	10.75	$ 898	$ -	$ 898

(1) Salaries include regular base pay, overtime, lumpsum payments, honoraria/retainers/per diems, severance pay, non-taxable career assistance, education leave allowance, and any other direct cash remuneration including sick leave, short-term disability, vacation, and differentials.

(2) Benefits and allowances include the employers share of car allowance, employee taxable education expense, personal allowance, relocation allowance, and RRSPs.

Governance and Transparency

Roles and Responsibilities of MCRRHA:

The roles and responsibilities of the Authority are as defined in the Accountability Document which discusses the expectations in relation to the following key areas:

- Strategic Planning
- Fiscal management and reporting
- Relationships
- Quality management
- Monitoring, evaluation and reporting
- Management and performance.

The RHA membership is reflective of the communities we serve and meets publicly 10 times per year in communities throughout the region utilizing a consensus model of decision making. At each meeting, RHA members are expected to report on their community's activities, events and issues. In addition to the Committee of the Whole, as described under the Act, the RHA has three standing committees, as follows:

- Continuous Quality Improvement;
- Joint Conference;
- Human Resource Committee.

Highlights of the public meetings, in the form of RHA Notes, are distributed to the media following the meetings.

BOARD MEMBERS

Al Rivard, Chairperson - La Ronge
(306) 425-3961

Mary Denechezhe, Vice-Chairperson - Wollaston Lake
(306) 633-4849

William Dumais - Southend
(306) 758- 2192

Charlene Logan - Flin Flon / Creighton / Denare Beach
(306) 688-7437

Louise Wiens- La Ronge
(306) 425-2119

Tammy Cook-Searson - La Ronge
(306) 425-5000

Peter Bear – Sandy Bay
(306) 754-4445

Ida Ratt-Natomagan – Pinehouse
(306) 425-4860

Ron Woytowich – La Ronge
(306) 425-2568

Al Loke – La Ronge
(306) 425-5505

Larry Beatty – Deschambault Lake
(306) 632-2106

Community Advisory Networks:

Community Advisory Networks consist of volunteers from our various communities who assist the Health Authority to understand the needs, preferences and priorities of people and communities, and advise the Authority on broad issues. Policies and procedures have been established around geographic representation. Networks will be located in 4 areas: La Ronge/Air Ronge/ LLRIB Reserves, Pinehouse, Sandy Bay/Pelican Narrows/Deschambault Lake, and Creighton/Denare Beach/Flin Flon. In 2005/06 Orientation Sessions were held for Community Advisory Networks in Pinehouse and in Creighton/Denare Beach/Flin Flon.

Payee Disclosure Lists

Payee disclosure requirements relate to payments made for the fiscal year reported in the Annual Report. The Government of Saskatchewan Treasury Board determines the threshold for payees requiring disclosure. The minimum threshold for the 2005-2006 fiscal year was $50,000 for payees in all categories including: personal services, transfers, supplier payments and other expenditures.

The Payee Disclosure Lists for all Regional Health Authorities are available on the Saskatchewan Health website: www.health.gov.sk.ca
or http://www.health.gov.sk.ca/ph_rha_reporting.html

Performance Management Summary (Indicator Tables)

In support of *The Action Plan for Saskatchewan Health Care*, Saskatchewan Health developed an *accountability framework* and accountability documents with each health region that define and clarify the performance relationship between the authorities and the province. In addition to articulating organizational and program expectations of the RHAs, the accountability documents also link these expectations with funding and with performance indicators-measures of progress towards, and achievement of, the expectations.

To demonstrate accountability and transparency to the public, these indicators are publicly reported through this summary table in each region's annual report. For further information on technical interpretations and definitions of the indicators below refer to the *Performance Management* document on the Saskatchewan Health website at www.health.gov.sk.ca.

Indicator		RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators					
Quality					
Date of last CCHSA accreditation or when accreditation is scheduled[1] *as of March 2006*		June 2005	*not applicable*	*not applicable*	*to be determined*
Number of client contacts with the Regional Quality of Care Coordinator to raise a concern *2004/2005*		19	*not applicable*	*not applicable*	*to be determined*
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2004/2005*		58%	83%	58% – 96%	*to be determined*
Percentage of critical incidents meeting timeframe for notification (3 days) *2005/2006*		No critical incidents reported.	96.9%	94.2% – 100.0%	100% compliance
Percentage of critical incidents meeting submission timeframe for written report (60 days or 180 days) *2005/2006*[2]		*data currently not available*	*data currently not available*	*data currently not available*	100% compliance
Health Human Resources					
Number of sick leave hours per full time equivalent (FTE) by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	79.59	90.60	79.59 – 116.42	79.59
	HSAS	65.41	64.00	45.01 – 123.48	64.00
	OOS/OTHER[3]	49.79	48.09	30.44 – 61.87	48.09
	SUN	53.66	91.94	53.66 – 98.79	53.66
	RWDSU[4]	Not applicable	*not applicable*	*not applicable*	*not applicable*
	All Affiliations	69.24	85.18	69.24 – 103.96	69.24

Indicator		RHA Value	Provincial Value	Range	Target
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	41.68	32.83	15.22 – 80.89	32.83
	HSAS	0.35	24.75	0.35 – 88.09	0.35
	OOS/OTHER[3]	0.00	3.17	0.00 – 10.15	0.00
	SUN	87.92	72.44	24.61 – 426.41	72.44
	RWDSU[4]	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	All Affiliations	37.40	38.06	17.96 – 130.02	38.06
Distribution of health system full time equivalents (FTEs) by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	99.47	*not applicable*	*not applicable*	*not applicable*
	HSAS	25.44			
	OOS/OTHER[3]	24.97			
	SUN	28.72			
	RWDSU[4]	*not applicable*			
	All Affiliations	178.60			
Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2005/2006*		4.48	8.07	4.48 – 10.57	4.48
Number of lost-time WCB days per 100 full time equivalents (FTEs) *2005/2006*		358.90	447.10	190.64 – 618.66	190.64
Percentage of employees self-identifying as Aboriginal *2003/2004*[6]		30%	*not available*	*not applicable*	*to be determined*
Worked hours as a percentage of total hours by affiliation *2005/2006*	Provider Unions (CUPE, SEIU, SGEU)	78.3%	79.3%	73.7% – 80.2%	73.7%
	HSAS	84.4%	82.2%	76.4% – 84.4%	76.4%
	OOS/OTHER[3]	82.7%	84.0%	80.9% – 87.1%	80.9%
	SUN	77.6%	76.0%	63.7% – 78.7%	63.7%
	RWDSU[4]	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	All Affiliations	79.6%	79.2%	73.2% – 80.4%	73.2%

Indicator		RHA Value	Provincial Value	Range	Target
Financial					
Working capital ratio (current ratio) *2005/2006*		1.00	*not applicable*	0.36 – 2.02	*to be determined*
Number of days able to operate with working capital *2005/2006*		(5.95)	*not applicable*	(62.41) – 18.50	*to be determined*
Surplus/deficit *2005/2006*		$51,000	*not applicable*	($1,507,000) – $5,002,000	$0
Surplus/deficit as a percentage of actual operating expenditures *2005/2006*		0.3%	*not applicable*	(1.2%) – 1.3%	0.0%
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported *2005/2006 [yes/no indicator]*	Q1	Yes	*not applicable*	*not applicable*	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			
Program-Specific Indicators					
Province-Wide Services					
Number of exams as a percentage of agreed on target for specialized medical imaging services: magnetic resonance imaging (MRI) scans[7] *2005/2006*		*not applicable*	*not applicable*	*not applicable*	100%
Number of exams as a percentage of agreed on target for specialized medical imaging services: computed tomography (CT) scans[8] *2005/2006*		*not applicable*	*not applicable*	*not applicable*	100%
Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB)[9] *2004/2005*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre[10] *2004/2005*	Child / Youth	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Adult	*not applicable*			

Indicator		RHA Value	Provincial Value	Range	Target
Length of stay efficiency of inpatient rehabilitation programs – Wascana Rehabilitation Centre and Saskatoon City Hospital[11,12] *2004/2005*	Stroke	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Brain Dysfunction	*not applicable*			
	Spinal Cord Dysfunction	*not applicable*			
	Orthopaedic Conditions	*not applicable*			
	Neurological Conditions	*not applicable*			
	Amputation of Limb	*not applicable*			
	Major Multiple Trauma	*not applicable*			
	Medically Complex	*not applicable*			
	Debility	*not applicable*			
	Cardiac	*not applicable*			
	Pulmonary	*not applicable*			
	Arthritis	*not applicable*			
	Pain Syndrome	*not applicable*			
	Other	*not applicable*			
Acute Care Services					
Number of surgical cases[13] *2005/2006*		*not applicable*	*not applicable*	*not applicable*	*not applicable*
Percentage of surgical cases performed as day surgery[13] *2005/2006*		*not applicable*	54.4%	39.0% – 66.6%	*to be determined*
Percentage of Priority Level II, IV and VI surgical cases completed within Saskatchewan's Target Time Frames[13] *2005/2006*	Priority Level II within 3 weeks	*not applicable*	56.3%	44.1% – 97.5%	95%
	Priority Level IV within 3 months	*not applicable*	65.1%	46.4% – 100.0%	80%
	Priority Level VI within 12 months	*not applicable*	84.2%	72.9% – 100.0%	80%
Institutional Supportive Care Services					
Average wait time between approval for placement and placement for institutional supportive care services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Case mix index for institutional supportive care facilities[15] *as at the end of Q2 2005/2006*		*excluded due to sample size*	0.77	0.75 – 0.80	*to be determined*
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores[15] *as at the end of Q2 2005/2006*		*excluded due to sample size*	22.2%	15.2% – 29.8%	*to be determined*
Home-Based Supportive Care Services					
Average wait time between assessment and commencement of supportive home care services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*
Population Health Services					
Percentage of eligible population receiving recommended immunization at second birthday[16] *July 1, 2004 to June 30, 2005*[17]	Diphtheria	63.8%	72.9%	50.0% – 86.5%	*to be determined*
	Measles	63.8%	71.2%	50.0% – 83.9%	
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns *2005/2006*[18]		*data currently not available*	*data currently not available*	*data currently not available*	90% compliance
Percentage of licensed or regulated facilities inspected each year (pursuant to *The Public Health Act*) *2004/2005*	FEE – Food Eating Establishment	31.49%	*not applicable*	16.91% – 100.77%	80% – 100%
	FPL – Food Processing (Licensed)	0%	*not applicable*	0.00% – 96.43%	
	LA – Licensed Accommodations	30.17%	*not applicable*	28.66% – 100.00%	
	SWT – Swimming Pools / Water Themes	12%	*not applicable*	12.00% – 100.00%	
	Public Water Supplies	21.23%	*not applicable*	21.23% – 99.28%	
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers[19] *2003*[20]	Males	40.7%	24.6%	20.8% – 40.7%	*to be determined*
	Females	42.0%	23.1%	11.6% – 42.0%	
Influenza immunization rate per 100 population (age 65 years and over) *2004/2005*		57%	68%	57% – 75%	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Community Care Services					
Alcohol and drug outpatient treatment completion rate per 100 admissions *2004/2005*		35.7%	54.5%	35.7% – 80.9%	*to be determined*
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams *March 2006*		100%	26.6%	0.00% – 100.00%	25% of SK residents by 2006, 100% by 2011
Total number of new primary health care teams developed in the current year *2005/2006*		0	*not applicable*	*not applicable*	*not applicable*
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that identifies the location of primary health care teams *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that includes an updated Diabetes Plan *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that outlines potential primary health care financial requirements *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
RHA participated in 5-year evaluations of demonstration sites, as required *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
Mental Health and Addiction Services					
Average length of stay of mental health inpatients compared to expected length of stay[21] *2004/2005*	Average Length of Stay	*not applicable*	14.4	11.1 – 18.0	*to be determined*
	Average Expected Length of Stay	*not applicable*	12.4	9.0 – 15.0	
Mental health inpatient readmission rate per 100 mental health inpatients[21] *2004/2005*		*not applicable*	21.6%	17.9% – 30.3%	*to be determined*
Alcohol and drug inpatient treatment completion rate per 100 admissions[22] *2004/2005*		58.9%	64.3%	56.8% – 72.3%	*to be determined*
Average wait time for admission to alcohol and drug inpatient services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures *2005/2006*		9.3%	*not applicable*	3.4% – 10.5%	12%

Indicator		RHA Value	Provincial Value	Range	Target
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births[23] *2002-2004*		7.4%	5.9	4.0 – 10.5	*to be determined*
Low birth weight rate per 100 live births[23] *2002-2004*		5.1%	5.4	3.7 – 6.0	*to be determined*
High birth weight rate per 100 live births[23] *2002-2004*		17.7%	15.7	12.9 – 31.1	*to be determined*
Potential years of life lost per 100,000 population (age 0 to 74 years)[19] *2001*	Circulatory Diseases	861.2*	951.5	817.9 – 1,208.9	*to be determined*
	All Malignant Neoplasms	1126*	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	165.7*	222.9	63.5 – 376.5	
	Unintentional Injuries	2781.8*	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	628.5*	412.1	315.1 – 628.5	
Disability-free life expectancy (at birth)[19] *1996*[24]	Males	61.8*	66.6	61.8 – 69.2	*to be determined*
	Females	63.2*	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years)[19] *1996*[24]	Males	8.7*	11.2	8.7 – 12.1	*to be determined*
	Females	8.4*	12.7	8.4 – 13.2	
Life expectancy (at birth)[19] *2001*[25]	Males	72.1*	76.2	72.1 – 78.2	*to be determined*
	Females	76.1*	81.8	76.1 – 82.8	
Life expectancy (at age 65 years)[19] *2001*[25]	Males	15.6*	16.9	15.6 – 18.0	*to be determined*
	Females	17.2*	20.9	17.2 – 21.8	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent[19] *2003*[20]		51.2*	59.5%	47.6% – 63.7%	*to be determined*
Percentage of population (age 18 to 64 years) who are overweight or obese[19] *2003*[20]	Overweight (BMI 25.0-29.0)	33.3%*	35.8%	31.7% – 41.8%	*to be determined*
	Obese (BMI 30.0+)	25.3%*	20.5%	16.4% – 27.2%	
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive[19] *2003*[20]	Active / moderately active	56.1%*	49.8%	41.7% – 56.1%	*to be determined*
	Inactive	41.0%*	47.8%	41.0% – 56.4%	

Indicator		RHA Value	Provincial Value	Range	Target
Number of visits to a physician for a mental health reason *2004/2005*	General Practitioners	2,947	*not applicable*	*not applicable*	*not applicable*
	Psychiatrists	1,224			
Age-adjusted diabetes prevalence rate per 1,000 population[26] *2003/2004*		91.3	*not applicable*	46.1 – 91.3	*to be determined*
Injury hospitalization rate per 1,000 population (age 0 to 19 years) *2003/2004*	Males	9.3	11.1	8.4 – 28.7	*to be determined*
	Females	9.8	7.1	5.3 – 15.5	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) *2003/2004*	Males	10.2	14.9	10.2 – 23.0	*to be determined*
	Females	22.0	25.4	0.0 – 38.3	

Note:
* indicates a value for the three northern regions combined, and not Mamawetan Churchill River Health Region alone.

Appendix A

Easy Reference Phone Numbers

Note: All frequently called MCRHR numbers are listed by community.
Other health related agencies are included for your convenience and are in *italics*.

La Ronge Numbers

Program	Number	Program	Number
Hospital	425-2422	*La Ronge Medical Clinic*	*425-2174*
Addictions/Mental Health	425-4840	Public Health Nursing	425-4800
Detox	425-4846	Sask. Hearing Aid Plan	425-4800
Human Resources	425-4848	Speech/Language	425-4800
Administration Office	425-2422	Dietitian	425-4813
Quality of Care Coordinator	425-4823	Diabetes Educator	425-4826
Telehealth Coordinator	425-4819	Dental – PreCam	425-8590
Lab/X-ray/Ultrasound	425-2422	Dental – Gordon Denny	425-8595
Home Care	425-4829	Dental – Health Centre	425-4800
Long Term Care	425-2422	*ECIP*	*425-3777*
Population Health Unit	425-8512	Physiotherapy	425-2422
Liaison	425-2422	Transportation	425-8546
Sexual Wellness	425-4843	*La Ronge Ambulance*	*425-2722*
Public Health Inspectors	425-8512	*Stanley Mission Clinic*	*635-2090*
Wollaston Lake Clinic	*633-2167*	*Southend Clinic*	*758-2063*
LLRIB Health Office	*425-3600*		

Creighton Numbers

Program	Number	Program	Number
Creighton Health Centre	688-8620	*Flin Flon Hospital*	*204-687-7591*
Home Care	688-8630	Children's Dental	688-8628
CADAC	*688-8291*		

Pinehouse Numbers

Program	Number	Program	Number
Pinehouse Health Centre	884-5670	Home Care	884-5677
Public Health	884-5680	Mental Health	884-5684
Children's Dental	884-5676	Addictions Services	884-5689
Health Educator	884-5682	Manager	884-5677

Sandy Bay Numbers

Program	Number	Program	Number
Sandy Bay Health Centre	754-5400	Home Care	754-5405
Children's Dental	754-5419	Manager	754-5402
Addictions Services	754-2050		

Weyakwin Numbers

Program	Number	Program	Number
Weyakwin Health Centre	663-6100	Home Care	663-6100

Appendix B

Our Logo (from the cover):

1. Mamawetan - Cree word for “getting together”.

2. A river – running across the logo - depicting the importance of the Churchill River system as well as the movement, flow and constant renewing of life and its choices.

3. Clasping hands as in a handshake - the welcoming and offer of care and togetherness.

4. A symbol to depict health services from a wholistic perspective, i.e. wellness rather than medical care - the phrase “together in wellness” written across the clasped hands emphasizes that the choice of wellness as a lifestyle is a daily process of reaching out and accepting wellness into your life.

5. The Medicine Wheel serves as the base for the logo as it provides the base for wellness. The points on the wheel point the directions of mother earth (north, south, east, west) and north (northern Saskatchewan) points to Mamawetan. The blue for the river runs through the Medicine Wheel into the eagle feathers and also from the clasped hands into the eagle feathers choosing the interrelationship and interdependence of environment, lifestyle, body and spirit. The rising sun reminds us of the newness of each day in its offer of new beginnings for living wellness. It is reflected in the river and continues on into the clasped hands. The choice of living in wellness also reflects outward from the individual to the community by living a lifestyle in harmony with nature, each other and within ourselves. The evergreen trees are a known symbol of northern Saskatchewan and the deep green colour of the environment of the region. The 12 beads on the 4 feathers represent the membership on the Board and the colours of the beads and the North point of the Wheel represent the elements of the Wheel (physical, spiritual, mental emotion).

6. The float plane represents the isolation of some of our communities, the peaceful solitude of the land, the strength and independence of its people. It also provides a link to the early origin of the Board services that were provided by the former Northern Health Services Branch.

Overall, this logo represents the importance of new beginnings, choices for wellness, wholeness and good health made each and every day beginning with the individual. Wellness is then reflected from this individual outward and continues on as an emotional, spiritual, mental and physical flow among the community itself.