



2003/2004

Annual Report

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Web site: www.rqhealth.ca

Letter of Transmittal

The Honourable John Nilson
Minister of Health
Room 361, Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Mr. Nilson:

I am pleased to submit the annual report for the Regina Qu'Appelle Health Region. This report for the 2003-2004 fiscal year is submitted in accordance with the requirements of *The Regional Health Services Act* and *The Tabling of Documents Act*.

A handwritten signature in black ink, appearing to read 'K. Murray Knuttila', with a long horizontal stroke extending to the right.

K. Murray Knuttila
Chairperson
Regina Qu'Appelle Regional Health Authority

Strategic Framework

Every successful organization has a strategic framework within which it operates. For the Regina Qu'Appelle Health Region, this framework starts with our Vision, Mission and Values, which were drafted during our first year of existence and adopted in March 2004.

Vision

Healthy people, families and communities

Mission

We are a provincial and community provider of a full range of quality health services, education and research that inspires public confidence. We achieve success in meeting the diverse health needs of our communities through the strength of our people, partnerships and personal responsibility for health.

Values

Together we succeed through...

Compassion - Our caring approach to people, families and communities.

Respect - Honesty, trust and valuing diversity as well as similarity will guide all relationships, decisions and actions.

Collaboration - Relationships built upon a shared vision, open communication, involvement and genuine recognition for people's and partners' contributions.

Knowledge - Continuous improvement and effective decision-making based on the pursuit of knowledge, evidence, standards of practice and sound ethics.

Stewardship - Accountability for the people and resources entrusted to us, and the courage to do what is right.

People Philosophy

People are our passion. By putting people first we are able to achieve our Mission and fulfill our Vision through a service environment built on mutual respect, collaboration and teamwork. The Regina Qu'Appelle Health Region is working towards practicing our people philosophy consistently and striving to live our values in our everyday worklife.

Governance and Organization

Role and Responsibilities

The Regina Qu'Appelle Health Region is charged with two main areas of responsibility. The first is to assess the health care needs of the people it serves, prepare annual budget plans, deliver quality services to residents of the Region and evaluate the services provided. The second is to provide specialized health care for 465,000 residents in southern Saskatchewan through the two designated provincial hospitals in Regina.

The Regina Qu'Appelle Regional Health Authority is ultimately accountable for the overall management and control of the health region. Pursuant to the *Health Services Act*, the Authority is accountable to the Minister of Health to achieve the provincial and regional goals and objectives for health services.

Within this mandate, the Authority has set the overall direction for the organization and defined a strategic framework, which specifies the Vision, Mission and Values of the organization (see page 2 for the Vision, Mission and Values).

The Authority assumes its role and responsibilities within the context of a governance policy framework of decision-making and accountability and the powers prescribed to it in the *Regional Health Services Act*.

The governance framework is driven by five fundamental components that facilitate board performance effectiveness. They include leadership, strategic direction, roles, processes and policies, and Authority relationships and development.

To support the Authority in fulfilling its responsibilities, it has established three committees: the Executive Committee, Services and Partnerships Committee and Resource Accountability Committee. In addition, provincial legislation, *The Regional Health Services Act*, requires each Regional Health Authority in the province to create Community Advisory Networks.

All Regina Qu'Appelle Regional Health Authority members are appointed to serve on one or two of the Authority's committees, and certain members have been designated to liaise with the Community Advisory Networks. Each committee and Network operates independently of the others. Authority members must travel extensively as meetings are held throughout the Region.

Governance and Organization

Regina Qu'Appelle Regional Health Authority	
Members	Attendance
Bergman, Anita	89%
Boutilier, Lloyd	100%
Connolley, Pat	89%
Elford, Loretta	89%
Everett, Marie	83%
Fisher, Tyronne	83%
Knuttila, Murray	94%
Leier, Bryan	89%
Poitras, Bev	83%
Semenchuck, Garry	72%
Taylor, Alex	76%
Ward, Chuck	94%

Resource Accountability Committee

- Finance
- Audit
- Accreditation
- Capital & Facilities
- Human Resources

Executive Committee

- Meetings & Agendas
- CEO Liaison & Evaluation
- Board/Development Education
- Board Policy Development/Review
- Strategic Accountability

Services & Partnerships Committee

- Quality Care/Patient Safety
- Medical Affairs
- Community Advisory Councils
- Public Relations
- Partnerships

Community Advisory Networks Ad Hoc Committee

- Community advice and input
- Linkages to various community stakeholders

Members	Attendance
Bergman, Anita	80%
Boutilier, Lloyd	78%
Everett, Marie	75%
Leier, Bryan	100%
Poitras, Bev	56%
Semenchuck, Garry	100%
Taylor, Alex	89%

Members	Attendance
Boutilier, Lloyd	100%
Elford, Loretta	100%
Fisher, Tyronne	100%
Knuttila, Murray	100%
Leier, Bryan	100%

Members	Attendance
Bergman, Anita	67%
Connolly, Pat	82%
Elford, Loretta	91%
Everett, Marie	100%
Fisher, Tyronne	73%
Knuttila, Murray	82%
Ward, Chuck	97%

Members	Attendance
Bergman, Anita	100%
Connolly, Pat	100%
Everett, Marie	100%
Knuttila, Murray	100%
Ward, Chuck	100%

Governance and Organization

Public Transparency

The Regina Qu'Appelle Regional Health Authority believes that an integral part of its accountability to the public involves being transparent and trustworthy. The Authority has taken several steps in this regard; for example:

- Authority business meetings are held in public, and are convened both in Regina and in rural areas of the Region.
- The Region's Web site includes notices of meetings, agendas and minutes, as well as addresses and phone numbers of all Authority members.
- Authority meetings are advertised in *The Leader-Post* and community newspapers. Media advisories are sent to all regional media informing them of Authority meetings.
- Information regarding activities of the Authority is regularly distributed through the Region's internal and external newsletters, and in information vehicles such as *e-link* and *HealthNews*.
- An interface with communities and the public has been established through four Community Advisory Networks that provide advice and input directly to the Authority.

The payee lists will once again be made public. The two lists show total payments made to employees through the payroll system and the total amounts paid to vendors through the accounts payable system. The lists will be available for viewing, upon request, during regular business hours at any of the Region's Health Sciences Libraries, located at the Regina General and Pasqua hospitals and the Wascana Rehabilitation Centre.

Information about the Regina Qu'Appelle Health Region is available on the Region's Web site at rqhealth.ca and in a quarterly publication, *HealthNews*. The Region's Web site contains information on our programs and services, contacts for these programs and services, general health information and news items. *HealthNews*, which is delivered to each household in the Region, contains the Chairperson's regular column, as well as information about healthy living, and programs and services offered by the Region.

The public also gets news on health care from local news organizations. The Region is in almost daily contact with reporters and makes every effort to maintain a positive and respectful relationship with the news media. Although we have a shared responsibility with the news media to inform the public, we take care to ensure that the privacy rights of our patients, clients, residents and visitors are preserved.

The Region also has a responsibility to communicate with our close to 9,000 employees. We also need to inform the over 500 physicians who work within the Region but are not all employees. To ensure timely communication, we produce a weekly electronic newsletter for our staff and a monthly publication for physicians.

Governance and Organization

Community Advisory Networks

In 2001, the Government of Saskatchewan's *Action Plan for Saskatchewan Health Care* called for the formation of Community Advisory Networks (CANs) in regional health authorities throughout the province. In 2002, the passing of the Regional Health Services Act brought 12 health regions into existence and mandated them to establish Community Advisory Networks (CANs).

The objective was for health authorities to benefit from advice and input of local citizens when setting priorities and direction for health services. The importance of maintaining effective links with community leaders, consumer groups, education and social agencies was a priority for CANs.

In response to this mandate, the Regina Qu'Appelle Regional Health Authority (RQRHA) appointed four geographically based CANs: Central Community Advisory Network; East Community Advisory Network; Regina Community Advisory Network; and North Community Advisory Network (see map page 38-39)

Recruitment involved advertising and promoting CANs broadly throughout the health region, with an invitation to those interested in serving as CAN members. The Authority appointed the membership of the CANs in December 2003, from among a list of those who responded.

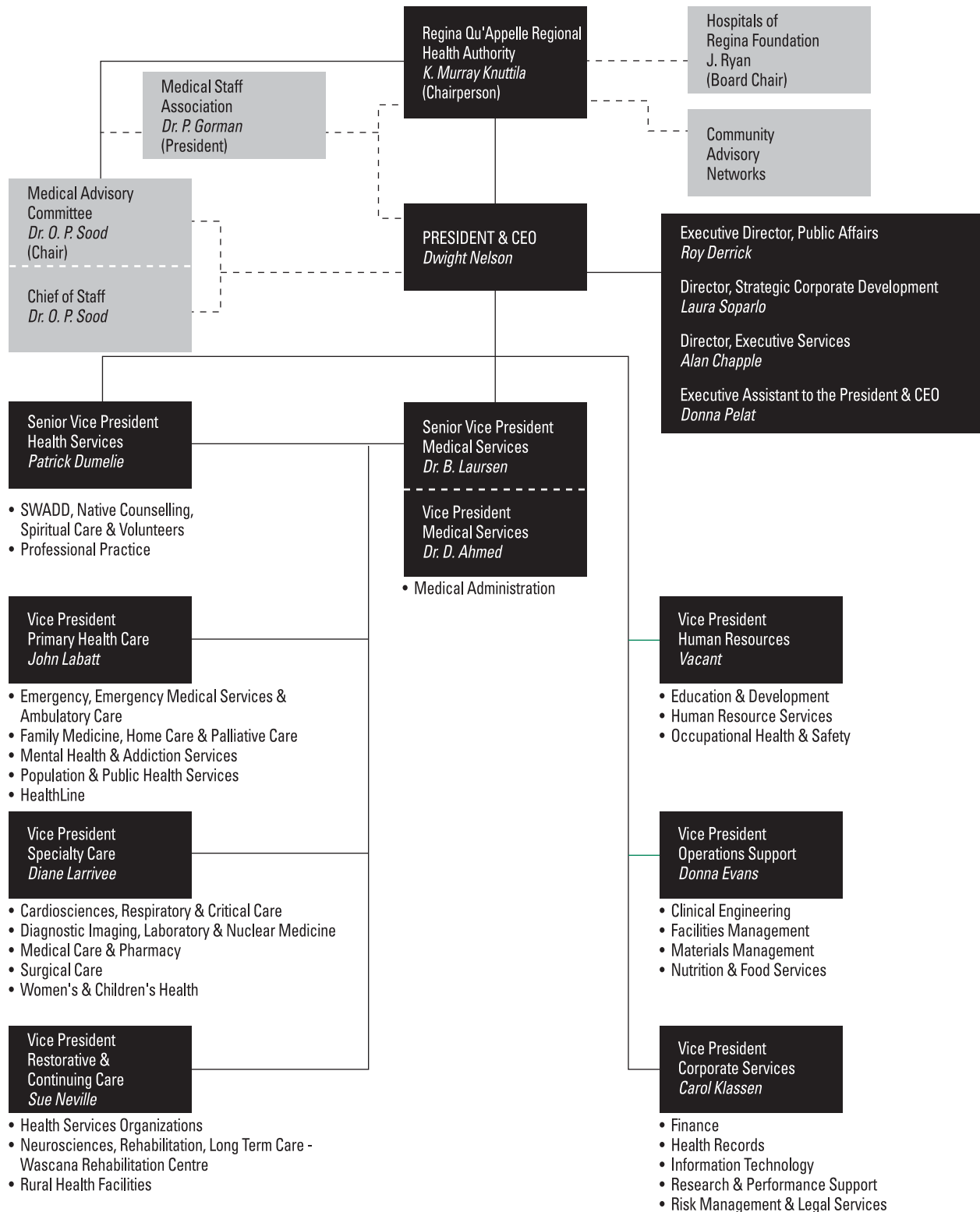
Each CAN has a chairperson and an RQRHA liaison person. The liaison assists the CANs and also acts as a representative through whom the CANs can communicate directly to the Authority on health issues.

The Authority struck a CANs ad hoc committee in early 2004, composed of each of the network liaisons and the Chairperson of the RHA. The committee serves as a working group to ensure that advice offered by the CANs flows through to the Authority, and that the networks receive the development and resources they need to function appropriately.

The Chairpersons of the four Community Advisory Networks are:

- David Mayer, Central Community Advisory Network;
- Garry Beckett, East Community Advisory Network;
- Elizabeth Domm, Regina Community Advisory Network; and
- Eunice Cameron and Ivo Keerak, North Community Advisory Network.

Governance and Organization



Note: Positions held are as of March 31, 2004.

Governance and Organization

Leadership

Regina Qu'Appelle Regional Health Authority

K. Murray Knuttila
(Chairperson)

Lloyd Boutilier
(Vice Chairperson)

Anita Bergman

J. Patrick (Pat) Connolley

Loretta Elford

Tyronne Fisher

Marie Everett

Bryan Leier

Bev Poitras

Gary Semenchuck

Alex Taylor

C.R.H. (Chuck) Ward

For biographical and contact information on the members of the Regina Qu'Appelle Regional Health Authority visit our Web Site, rqhealth.ca, under the Inside Story.

Governance and Organization

Senior Management Team

Dwight Nelson President and Chief Executive Officer	Carol Klassen Vice President, Corporate Services
Patrick Dumelie Senior Vice President, Health Services	John Labatt Vice President, Primary Health Care
Dr. Brian Laursen Senior Vice President, Medical Services	Diane Larrivee Vice President, Specialty Care
Dr. David Ahmed Vice President, Medical Services	Sue Neville Vice President, Restorative and Continuing Care
Donna Evans Vice President, Operations Support	

Medical Advisory Committee

Dr. E. Alport	Dr. T. S. Goh	Dr. O. P. Sood
Dr. F. A. Bowen	Dr. J. D. Guerrero	Dr. G. Sridhar
Dr. E. Busse	Dr. Denis Jones	Dr. S. Suri
Dr. G. Carson	Dr. J. D. McHattie	Dr. C. Talukdar
Dr. N. G. Devitt	Dr. J. S. McMillan	Dr. E. Tse
Dr. T. Diener	Dr. D. Natarajan	
Dr. C. Ekong	Dr. M. Ogrady	

Medical Staff Association

Dr. P. Gorman (President)	Dr. C. Ekong	Dr. E. Tse
Dr. F. Bowen	Dr. R. P. Knaus	
Dr. R. Capp	Dr. E. Poon	

Note: Positions held are as of March 31, 2004

Governance and Organization

Organizational Effectiveness

Since the formation of the Regina Qu'Appelle Health Region in 2002, the Authority and Senior Management Team have pursued comprehensive strategic planning to provide sound direction and governance, focused on the next five to 10 years. Vision, Mission and Values, People Philosophy and Strategic Themes were developed, following consultations with external community groups and internal staff and physician groups. The Vision, Mission and Values can be found on page 2 of this report.

The Regina Qu'Appelle Health Region's seven strategic themes of sustainable quality service; knowledge, teaching and research; positive, innovative environment; client and public confidence; Aboriginal health; primary health care; and specialized services are related to Saskatchewan Health's goals for the Saskatchewan health care system. This relationship is depicted in the diagram on page 11.

A balanced scorecard format was used to establish corporate goals that correspond to the themes and relate to four perspectives: our clients; quality processes; people, learning and leadership; and resources and assets.

The 2004 RQHR Corporate Operational Plan, with 22 objectives, measures, and resulting resource plan, was established to drive operations over the next one to three years toward the achievement of the strategic themes. Two measurement scorecards were developed as a framework for accountability and an ongoing monitoring of our success: "The RQRHA Scorecard: Corporate Indicators related to the Strategic Themes" and "The Senior Management Scorecard: Corporate Indicators related to the 27 Goals."

Corporate Indicators were established to align with measures of Saskatchewan Health, the Health Quality Council and the Canadian Institute for Health Indicators.

Governance and Organization

Provincial Goals and Regina Qu'Appelle Health Region Strategic Themes

Provincial Health Goals			
<p>Improved Access to Quality Health Services</p>	<p>Effective Health Promotion and Disease Prevention</p>	<p>Retain, Recruit and Train Health Providers</p>	<p>A Sustainable, Efficient Accountable Quality Health System</p>
Regina Qu'Appelle Health Region Strategic Themes			
<p>Specialized Services</p> <p>Strengthen RQHR as a provincial resource and referral centre through determination of services best delivered in Saskatchewan and in western Canada.</p>	<p>Aboriginal Health</p> <p>Improve the health status outcomes of Aboriginal people through collaboration.</p>	<p>Positive, Innovative Work Environment</p> <p>Personal pride and accountability that is respectful of all relationships.</p>	<p>Sustainable Quality Services</p> <p>Effective service delivery within available resources.</p>
<p>Knowledge, Teaching and Research</p> <p>Grow as an academic health services organization that supports, creates and applies knowledge.</p>	<p>Primary Health Care</p> <p>Improve health status through supporting individuals and communities in responsibility for their own health through service redesign.</p>		<p>Client and Public Confidence</p> <p>Knowledge and trust that health services are appropriate and meet individual and community needs.</p>

Governance and Organization

Relationships with Health Care Organizations

The Regina Qu'Appelle Health Region contracts with a variety of health care organizations and the relationship between the Health Region and these entities is an important factor in the delivery of quality health care services.

The following is a list of the health care organizations that received funding through the Health Region in 2003-2004:

Autism Resource Centre Inc.	Planned Parenthood Regina
Backlin's Ambulance Service Ltd.	Prairie Ambulance Care (1998) Ltd.
Cupar and District Nursing Home Inc.	The Qu'Appelle Diocesan Housing Company
Cupar Lions Volunteer Ambulance	Rainbow Youth Centre Inc.
Extendicare (Canada) Inc.	Raymore Community Health and Social Centre
Fort Qu'Appelle Indian Hospital Inc.	The Regina Lutheran Housing Corporation
Imperial & District Ambulance	Regina Recovery Homes Inc.
JT Ambulance Service Ltd.	Salvation Army Waterston Centre
Living Sky Ambulance	The Salvation Army William Booth Special Care Home
Lumsden & District Heritage Home Inc.	Santa Maria Senior Citizen's Home
Mental Health Association / Regina Branch Inc.	Soo Line Ambulance
Mobile Crisis Services, Inc.	615672 Sask Ltd. (Touchwood EMS)
Phoenix Residential Society Inc.	Valley Ambulance Care Ltd.
Pioneer Village Special Care Corporation	

An example of a contracted organization that assists the RQHR achieve expectations set out in the RQHR/SaskHealth accountability document is Phoenix Residential Society.

The Society received \$937,462 in funding from the Region in 2003-2004. The purpose of this grant is to provide residential support services for persons who are disabled with severe and persistent mental illness. The Phoenix model of support includes the operation of:

- an eight-space residential facility/group home;
- a ten-space residential and addictions recovery program;
- a sixty-space supported apartment living program; and
- an enhanced program of support for clients in residential placements where additional support is required.

The goal of the Phoenix Program is to provide psycho-social rehabilitation, dual diagnosis recovery programs, and independent living assistance and support. Individual case planning occurs in close collaboration with the Region's Mental Health and Addictions Services staff. The purpose is to assist people in developing skills and enable them to live as independently as possible in the community.

Regional Environmental Scan

The Regina Qu'Appelle Health Region is a tertiary care centre and provides specialized health services to approximately 465,000 residents of southern Saskatchewan, 245,800 of whom live within the RQHR. Almost 25 per cent of our population live in rural communities, 15 per cent are seniors and the growing First Nations population makes up eight per cent. The population will be relatively stable over the next 15 years, with a predicted decline of 2.6 per cent.

To assist in developing and delivering programs and services that meet the needs of our clients, the Region collects information and conducts studies to identify key factors, population trends and socio-economic conditions. Every five years, RQHR Population and Public Health publishes a report on measures of population health. The Health Status Report will be published again in 2004-2005.

Because many of the factors that affect health status are non-medical, the Region works with community groups and other organizations to address a broad range of health-related matters. Examples of such partnerships include the Regina and Area Drug Strategy, KidsFirst and the Aboriginal Health Initiative (see page 35 of this report). For more information on the Regina and Area Drug Strategy visit www.reginadrugstrategy.ca.

Non-Medical Health Indicators

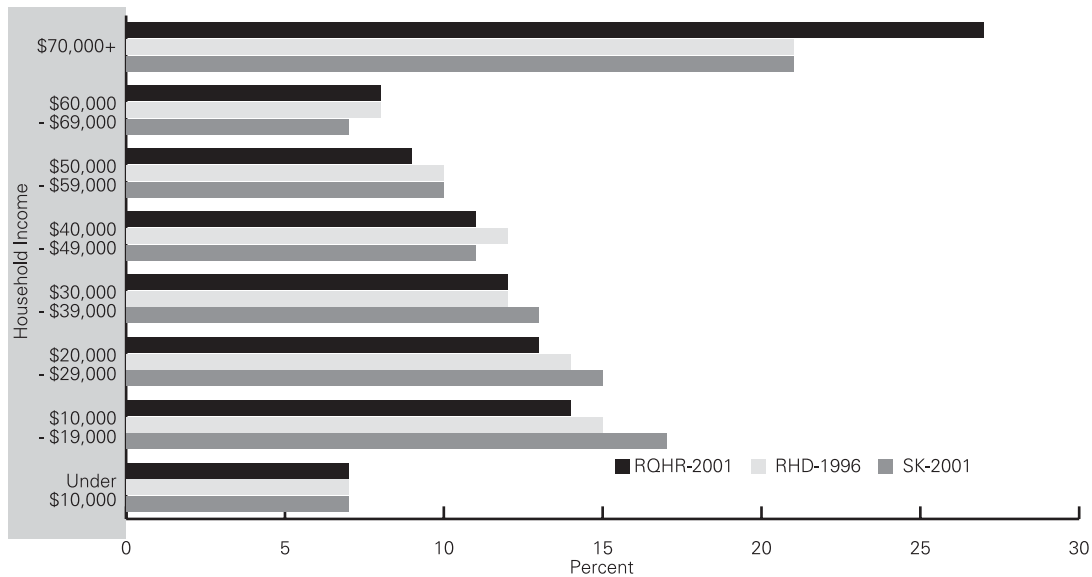
Many factors other than a quality health care system affect the health of a population. To maintain and improve health, all these factors must be considered. Nine of these, known as the "determinants of health," are commonly accepted measures of population health. They include income and social status; social support networks; education; employment and working conditions; biology and genetics; physical environment; personal health practices and coping skills; health services; and healthy child development.

Regional Environmental Scan

Income

Income combined with social status is the most important determinant of health. A person's relative positioning in society is one of the strongest influences on health.

**Distribution of Household Income
RQHR, RHD, and Saskatchewan, 2001 and 1996 (RHD Only)**



**Distribution of Household Income
RQHR, RHD, & Saskatchewan, 2001 & 1996 (RHD only)**

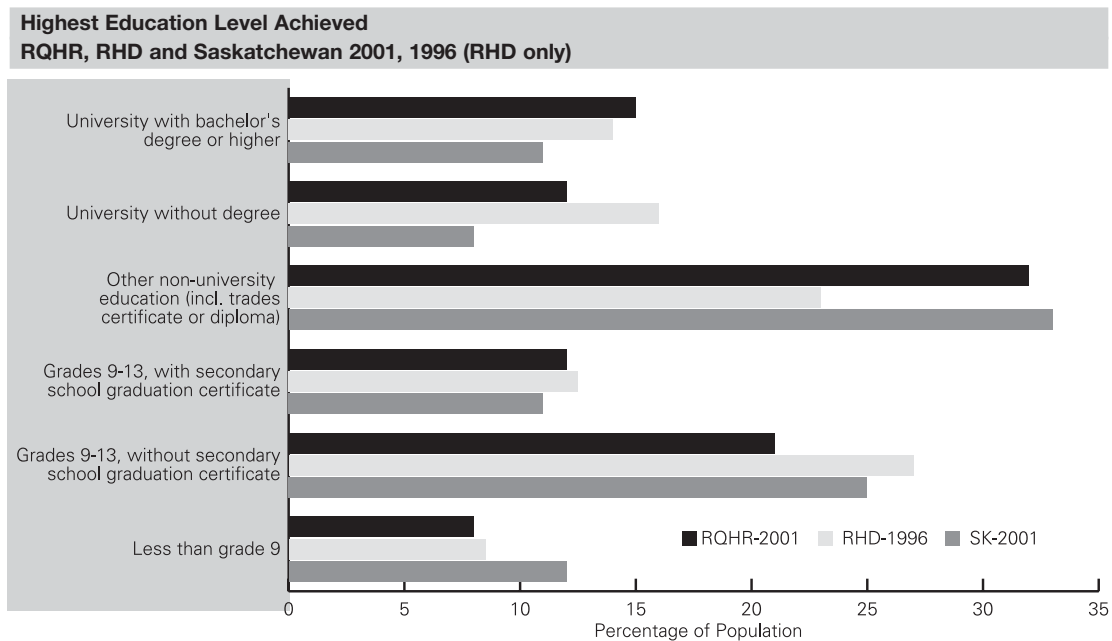
	2001 RQHR		2001 SK		1996 RHD	
Total number of families	93,360		286,320		78,100	
Under \$10,000	6,375	7%	19,070	7%	5,835	7%
\$ 10,000 - \$19,999	12,705	14%	48,105	17%	11,533	15%
\$ 20,000 - \$29,999	11,790	13%	42,470	15%	10,808	14%
\$ 30,000 - \$39,999	10,895	12%	37,245	13%	9,593	12%
\$ 40,000 - \$49,999	9,995	11%	31,270	11%	9,355	12%
\$ 50,000 - \$59,999	8,825	9%	27,485	10%	7,775	10%
\$ 60,000 - \$69,999	7,745	8%	21,100	7%	6,608	8%
\$ 70,000 +	25,030	27%	59,575	21%	16,420	21%

(Source: Statistics Canada Census, 2001 and 1996)

SK=The rest of Saskatchewan

Regional Environmental Scan

Education



The more education a person has, the healthier he/she is likely to be. Education increases opportunities for income security and job satisfaction.

Unemployment

In the Regina Qu'Appelle Health Region in 2001, the total unemployment rate was six per cent; for those between 15-24 years-of-age the rate was 12 per cent; and for those over 25 the unemployment rate was five per cent.

Rate of Unemployment by Age and Sex			
Age	15-24 years	25 & over	Entire labour force
Male	14%	6%	7%
Female	10%	5%	5%
Total	12%	5%	6%

Regional Environmental Scan

Medical Health Indicators

Infant Mortality Rate

Infant mortality is a well-established measure of child health and of a society's well being. It is recognized as one of the most important indicators of the health of a nation and its children. The Infant Mortality Rate (IMR) in RQHR has improved from more than 9 per 1,000 in 1998 to 6 per 1,000 in 2001. Preventive care and the attention paid to maternal and newborn care contributed to this drop.

RQHR Population and Public Health maternal and new parents programs include Healthiest Babies Possible, prenatal classes, Parenting Plus, community development initiatives, tobacco control and nutrition services, such as prenatal nutrition and food security. Some of these programs are offered from RQHR community health centers, including Four Directions Community Health Centre and Al Ritchie Health Action Centre. The Working Towards Excellence Project identified infant mortality as a key issue on which to focus. As well, Population and Public Health Services will be working on improving infant mortality rates in 2004-2005.

Infant Mortality rate per 1,000 Live Births	
Year	Rate
1998	9.5
1999	7.0
2000	8.6
2001	6.0

Life Expectancy

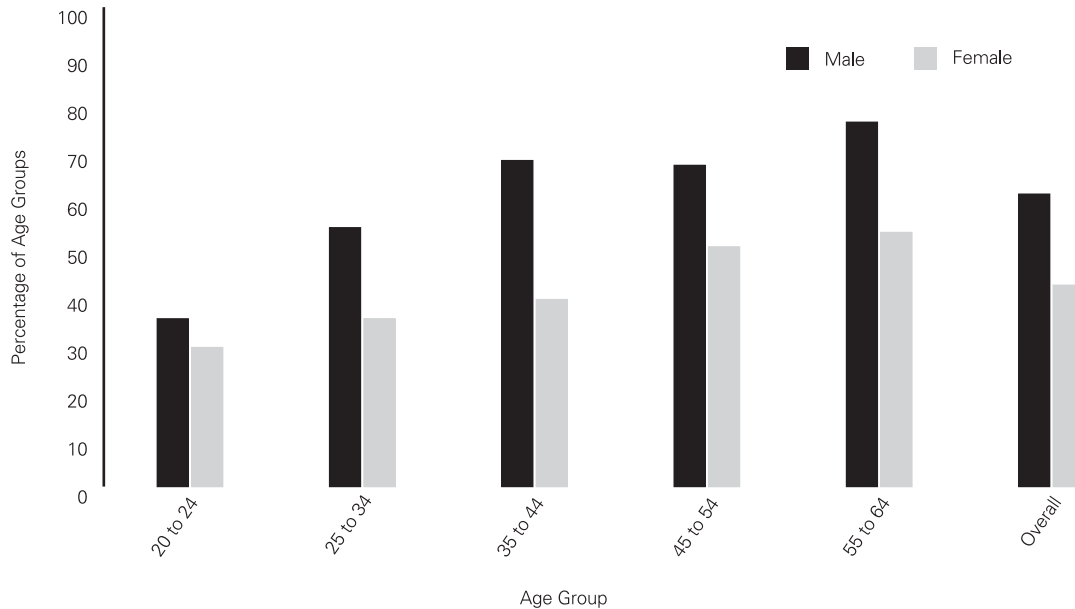
The life expectancy at birth in 1997 for males in the RQHR is 75.2 years and for females is 81.2 years. Life expectancy is not likely to change substantially from year to year in response to health programs. Life expectancy is dependent on health determinants, such as social and physical environments, personal health practices, biology, genetics and health services.

Body Mass Index: Overweight and Obesity Rates

In the RQHR, 32.5 per cent of the population is overweight and 17.9 per cent is obese. RQHR Population and Public Health Services offers many services and programs that focus on population health promotion and, in particular, the lifestyle factors associated with obesity. These include public health nursing services, nutrition services, health promotion and community development programming, maternal & new parents programs, preschool and school health programs, Four Directions Community Health Centre programs, Active Living, Seniors' Healthy Living Program, and food security activities. The collaboration with Heart Healthy Partners has been a key initiative.

Regional Environmental Scan

Overweight (BMI>25) by Age and Gender, Regina Qu'Appelle Health Region, 2000-2001



Broader action targeted at the social and economic determinants of health is required and Population and Public Health Services is limited in its ability to address this issue except in the context of partnerships with other agencies.

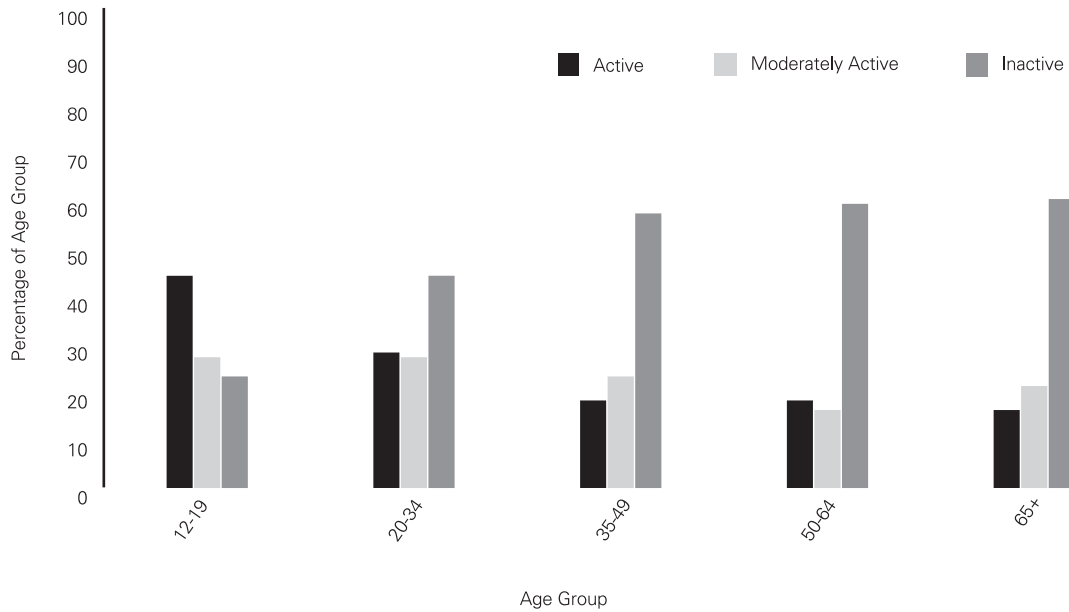
Participation in Physical Activity

Almost half of the residents of RQHR are inactive (49.8 per cent) and just under half (46.7 per cent) are moderately active.

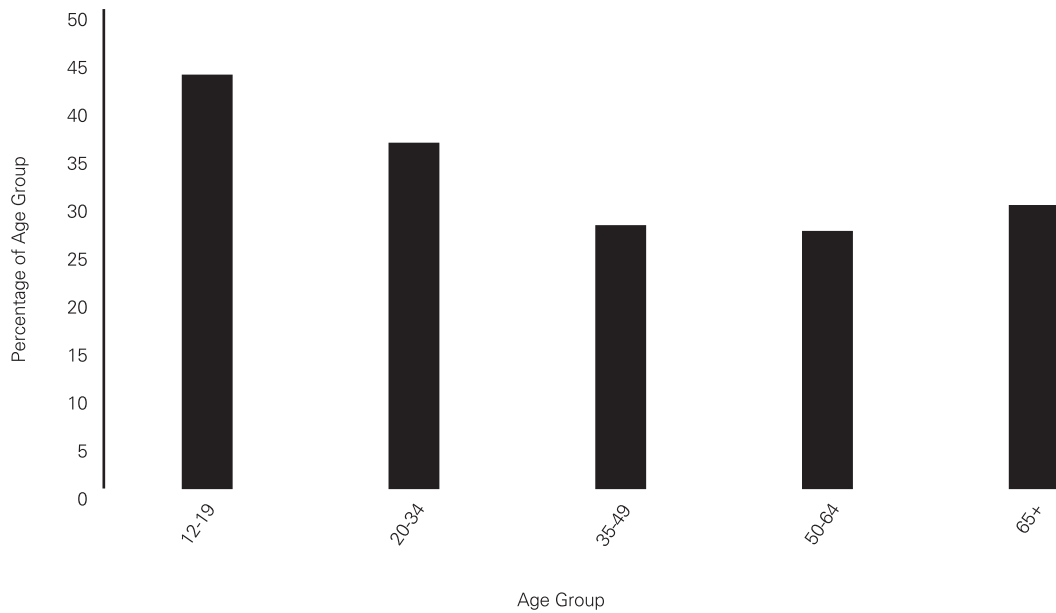
The Active Living Program, Seniors' Healthy Living Program, Heart Healthy Partners, and health promotion activities address the promotion of physical activity. Partnerships are keys to the success of these activities and include those with In Motion, Faculty of Kinesiology and Health Studies, University of Regina, and the University of Saskatchewan.

Regional Environmental Scan

**Derived Physical Activity Index
Regina Qu'Appelle Health Region, 2000-2001**



**People Whose Daily Physical Activity Exceeds 15 Minutes
Regina Qu'Appelle Health Region, 2000-2001**



Regional Environmental Scan

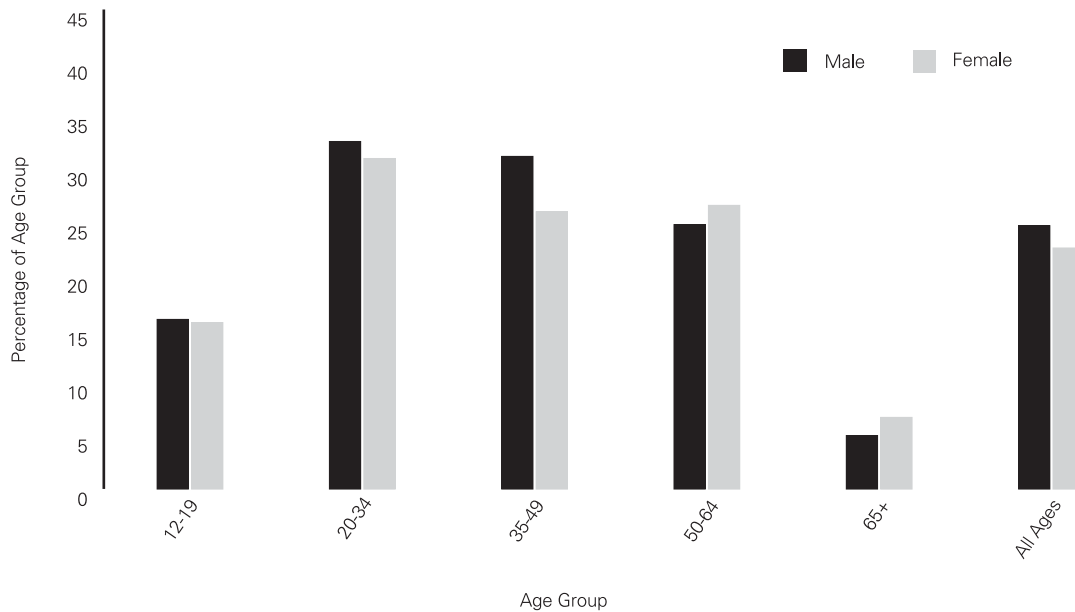
Smoking Rates by Age and Sex

In the RQHR, almost 29 per cent of males and 27 per cent of females over 12 years of age smoke. Of those between 12 and 19 years old, 20 per cent of males and of females smoke.

The prominent role Population and Public Health has played in tobacco control in RQHR and throughout the province will continue to have a significant impact on reducing the initiation of smoking by youth and overall smoking rates. The tobacco control activities of RQHR (best practices) are viewed as the best in the province and have received national and international attention, particularly the work on banning smoking in public places and advertising and youth. Last year, we reported that improving provincial legislation for the provision of smoke-free areas would be one of the Saskatchewan Coalition for Tobacco Reduction's next challenges. RQHR has continued to be a leader in the coalition and new provincial legislation has been introduced.

Public Health Inspectors play a key role in enforcing the provincial legislation and municipal bylaws that address smoke-free public places.

**Daily Smoking Prevalence by Age Group and Sex
Regina Qu'Appelle Health Region, 2000-2001**

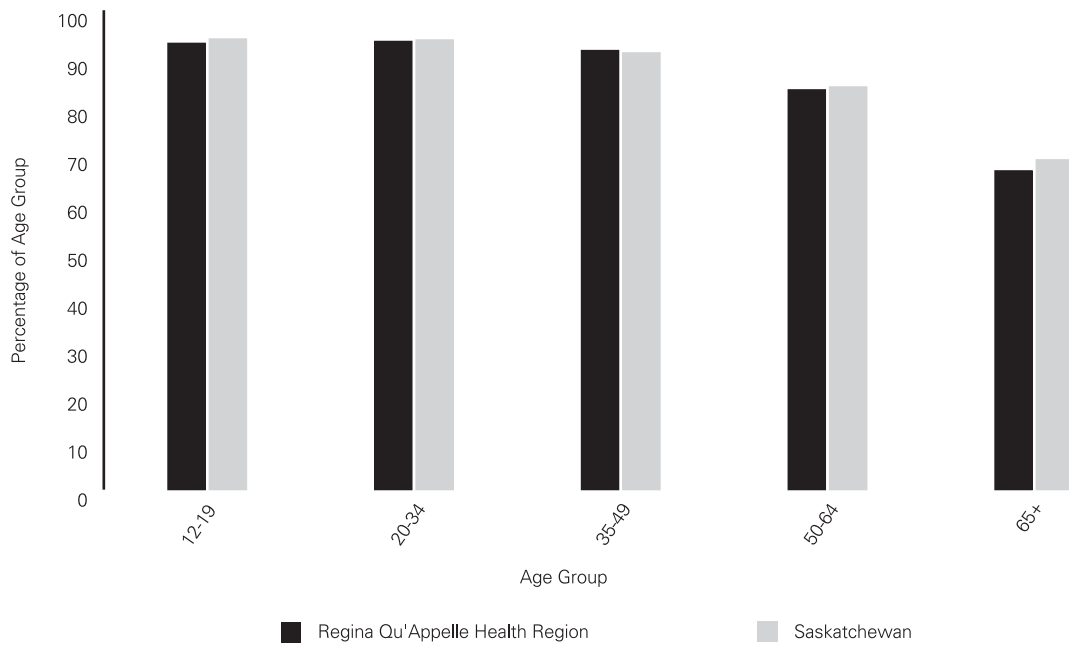


Regional Environmental Scan

Self-Reported Health Status

Population and Public Health Services' public health nursing services, health promotion and community development programming include a strong focus on health promotion, health protection, disease prevention and the lifestyle factors associated with self-reported health (physical activity, nutrition, smoking, etc.).

Self-Assessed Health Status
Those Reporting Excellent, Very Good, and Good Overall Health
Regina Qu'Appelle Health Region and Saskatchewan, 2000-2001



Regional Environmental Scan

Diabetes Prevalence rates

The prevalence rate for diabetes in RQHR is 39.1 per 1,000.

Population and Public Health Services' nutrition services, public health nursing services, health promotion services and community development programming all include actions and activities that address the health determinants leading to diabetes. These include School Health Programs, Active Living, Senior's Healthy Living Program, Heart Healthy Partners, Nutrition Shopping Tours, Eat Smart, Lunch Bunch, Seniors' Potluck Lunch, community kitchens and other actions addressing food security.

Partnerships with Aboriginal communities through Four Directions Community Health Centre will also be key to influencing diabetes rates in Aboriginal peoples.

The provision of podiatry services is a key Population and Public Health Services element in the care of people with diabetes.

Child and Youth Injury Hospitalization Rate

The child injury rate for males under 19 years in RQHR is 37.9 per 1,000; for females the rate is 38.2 per 1,000.

Health Promotion services include Farm Health and Safety and participation in the Injury Prevention Partners (IPP) coalition. Public health inspection (housing, daycare, public accommodations) and education services through Environmental Health and public health nursing programs also address the prevention of childhood injuries.

A Continuum of Care

A Diverse Range of Services

The Regina Qu'Appelle Health Region is a provincial and community provider of a full range of quality health services. We are a tertiary care centre offering specialized health care services to southern Saskatchewan and beyond.

Services offered by the Region cover the health care spectrum from Emergency Medical Services to home care, public health inspections and other community services. These integrated services are offered in three areas: acute care, rehabilitation, and community services.

Hospital Care

A wide range of acute care services is provided at the Region's two Provincial hospitals – Regina General Hospital and Pasqua Hospital. Both hospitals provide specialized services to residents of southern Saskatchewan.

Hospital services include:

- Ambulatory Care Services
- Cardiosciences
- Critical Care Services
- Diagnostic Imaging Services
- Emergency Care Services
- Family Medicine
- Gastroenterology and Hepatology
- Gynecology/Urology
- Internal Medicine
- Laboratory Services
- Neurosciences
- Oncology
- Orthopedics
- Palliative Care Services
- Pharmaceutical Services
- Psychiatry
- Pulmonary Function
- Renal Care
- Respiratory Care Services
- Sleep Disorders Program
- Surgical Care Services
- SWADD (System Wide Admission/Discharge Department)
- Therapy Services
 - Occupational Therapy
 - Physical Therapy
 - Speech Therapy

A Continuum of Care

Hospital Care			
	2001-2002	2002-2003	2003-2004
Admissions	29,028	33,788	34,445
Patient Days	197,308	218,501	216,107
Average Daily Census	547	573	612
Average Length of Stay (days)	6.80	6.40	6.27
Births/Newborn Admissions	3,003	2,934	3,082
Emergency Visits	83,465	93,197	97,772
Radiology Examinations	163,249	141,777	142,083
CT Scanner Examinations	30,537	35,215	43,108
Nuclear Medicine Procedures	12,715	12,446	12,759
Physical Therapy Visits	89,859	87,282	83,431
Occupational Therapy Visits	16,021	14,143	13,557
Outpatient Registrations	227,900	219,181	275,497

Figures for 2001-2002 and 2002-2003 are for the former Regina Health District only. Figures for 2003-2004 are preliminary.

Acute Care Surgery			
	2001-2002	2002-2003	2003-2004
Total Number of Patients on Surgical Wait List	10,623	11,091	11,824
Pre-Admission Clinic Visits	7,167	6,516	6,872
Inpatient Surgery - day of admission	4,884	4,377	4,780
Inpatient Surgery - non-day of admission	4,818	3,988	5,783
Outpatient Surgery - operating room	10,817	11,493	9,773
Outpatient Surgery - Hospital Clinic	15,199	15,155	16,217
Total Surgeries	35,718	35,016	36,553

Note: The lower numbers of surgeries in 2002-2003 reflect the impact of a job action by the Health Services Association of Saskatchewan.

Figures for 2001-2002 and 2002-2003 are for the former Regina Health District only. Figures for 2003-2004 are preliminary.

Laboratory Services			
	2001-2002	2002-2003	2003-2004
Laboratory Units	19,029,229	19,794,878	24,961,062

Figures for 2001-2002 and 2002-2003 are for the former Regina Health District.
Figures for 2003-2004 are for the former Regina and Pipestone health districts.

A Continuum of Care

- Women's and Children's Health
 - Neonatal Intensive Care
 - Obstetrics
 - Pediatrics

Hospital care is also provided to the Region's residents in seven community hospitals:

- Balcarres Integrated Care Centre
- Broadview Hospital
- All Nations Healing Hospital (Fort Qu'Appelle) (affiliate)
- Indian Head Hospital
- Moosomin Hospital
- St. Joseph's Integrated Care Centre (Lestock)
- Wolseley Memorial Union Hospital

Rehabilitation Services

Rehabilitation Services designed to help children and adults regain quality of life after an illness or accident are offered throughout the Region. These services include:

- Acquired Brain Injury Outreach
- Adult Rehabilitation Program
- Children's Program
- Functional Rehabilitation Program
- Prosthetics/Orthotics

Community Services

Services delivered within the community are vital to an integrated health care system. They work in conjunction with acute care and rehabilitation services to provide a complete health care program for the residents of the Regina Qu'Appelle Health Region. Community services in the Region include:

- Alcohol and Drug Services
- Emergency Medical Services
- Hearing Aid Plan
- Home Care Services
- Long Term Care Services
- Mental Health Services
- Native Health Services
- Population and Public Health Services

A Continuum of Care

Regina Emergency Medical Services			
	2001-2002	2002-2003	2003-2004
Rural Responses	483	485	562
Out-of-Region	121	91	115
Interfacility	2,560	2,813	2,598
Urban Responses	10,458	10,829	11,524
No-Transport Calls	3,647	3,587	4,188
Total Calls	17,269	17,805	18,987

Regina EMS was 90 per cent compliant in responding to emergency situations in under 8.59 minutes. The national standard for major urban centres is a compliance rate of 90 per cent.

Home Care			
	2001-2002	2002-2003	2003-2004
Admissions	4,624	5,174	6,298
Annual Clients Served	7,951	8,367	8,958
Average Monthly Clients	2,383	2,391	3,092
Nursing Hours	69,559	78,824	85,169
Homemaking Hours	146,622	134,350	176,225
Number of Meals	45,386	37,724	52,977
Occupational Therapy Hours	5,518	5,597	6,037
Physical Therapy Hours	6,290	6,072	6,405
Support Hours	9,020	7,986	7,423
Social Work Hours	4,350	4,160	3,607
Volunteer Services – Hours	12,592	11,798	9,344

Figures are for the former Regina Health District only.

Immunization			
	2001-2002	2002-2003	2003-2004
Number of Doses – Child Health Clinics	14,973	13,946	18,572
Number of School Children Immunized in School	11,207	11,150	12,070
Influenza Coverage Rates – People over 65 years	66.1%	65.6%	70%

Figures for 2001/2002 are for the former Regina Health District only.

A Continuum of Care

The Regina Qu'Appelle Health Region has community health centres that provide outreach, health promotion and education services throughout the Region. These centres include:

- Al Ritchie Health Action Centre (Regina)
- Cupar Health Centre
- Four Directions Community Health Centre (Regina)
- Grenfell Health Centre
- Long Lake Valley Integrated Facility (Imperial)
- Montmartre Health Centre
- Raymore Community Health and Social Centre (affiliate)
- Southey Health Action Centre
- Whitewood Community Health Centre

Long term care in the Regina Qu'Appelle Health Region is provided by Region-owned and operated facilities and through affiliates contracted to the Region. These include:

- All Nations Healing Hospital (Fort Qu'Appelle) (affiliate)
- Balcarres Integrated Care Centre
- Broadview and District Centennial Lodge
- Cupar and District Nursing Home (affiliate)
- Eastern Saskatchewan Pioneer Lodge (Moosomin)
- Extencicare (Elmview, Parkside and Sunset) (Regina) (affiliate)
- Golden Prairie Home
- Grenfell and District Pioneer Home
- Lakeside Home
- Long Lake Valley Integrated Facility
- Lumsden and District Heritage Home (affiliate)
- Montmartre Health centre
- Qu'Appelle House (affiliate)
- Regina Lutheran Home (affiliate)
- Regina Pioneer Village (affiliate)
- Santa Maria Senior Citizens Home (affiliate)
- Silver Heights Special Care Home
- St. Joseph's Integrated Care Centre
- Wascana Rehabilitation Centre
- Whitewood Community Health Centre
- William Booth Special Care Home (Regina) (affiliate)

Service Access Guide

The Regina Qu'Appelle Health Region publishes a Service Access Guide as part of both the Regina and Regina District DirectWest telephone directories. The green pages, following the blue pages of government listings in the centre of these directories, outline the institutional and community programs and services provided by the Region, as well as providing important contact information. Further information about what the Region has to offer is available through our Web site at rqhealth.ca.

A Continuum of Care

Long Term Care Clients in Hospital Awaiting Placement			
	2001-2002	2002-2003	2003-2004
April	10	33	8
May	4	35	5
June	23	30	16
July	29	33	18
August	37	25	25
September	25	26	27
October	27	24	24
November	39	15	20
December	31	11	11
January	35	14	12
February	33	0	11
March	30	4	17

Figures are for the former Regina Health District only.

Concerns Registered with Client Representative			
	2000-2001	2001-2002	2002-2003
Number of Concerns	532	647	978
Percentage of Acute Care Patients registering a concern	1.71	2.23	2.84
Average time to resolve all concerns (days)	14.7	12.0	11.6
Average time to resolve non-complex concerns (days)	5.2	4.3	4.0

Figures are for the former Regina Health District only.

A Continuum of Care

Regina Qu'Appelle Health Region facilities are administered from or housed in the following facilities.

Regina Facilities			
Location	Site	Gross Sq. Ft.	Own/Lease
325 Victoria Avenue	Al Ritchie Health Action Centre	2,080	Lease
2110 Hamilton Street	Alcohol & Drug Services, Information Technology, Mental Health Services-Adult, Public Health Central Office	60,888	Lease
1650 Saskatchewan Drive	Emergency Medical Services – Central	4,500	Own
5730 Rochdale Blvd.	Emergency Medical Services – North	1,000	Own
3705 Hill Avenue	Emergency Medical Services – South	2,800	Own
500 Arcola Avenue	Emergency Medical Services - Storage Building	2,992	Lease
3510 – 5th Avenue	Four Directions Community Health Centre	5,202	Lease
1048 Albert Street	Harm Reduction Program	1,962	Lease
2755 Avonhurst Drive	HealthLine (Emergency Medical Services)	8,606	Lease
2755 Avonhurst Drive	RQHR Warehouse	8,297	Lease
1920 Broad Street	Hearing Aid Plan	6,300	Lease
4211 Albert Street	Home Care / SWADD	21,017	Lease
1692 Albert Street	Randall Kinship Centre (Mental Health Services)	4,000	Lease
1001 Montreal Street	Laundry Services	40,000	Own
1601 College Avenue	Mental Health Services - Child & Youth	14,225	Lease
4101 Dewdney Avenue	Pasqua Hospital	597,578	Own
1911 Park Street	Public Health - East Office	5,570	Lease
204 Wascana Street	Public Health – North Office	7,246	Own
1440 – 14th Avenue	Regina General Hospital	1,028,489	Own
2180 – 23rd Avenue	Wascana Rehabilitation Centre	485,070	Own
	Total Gross Feet, Regina Facilities	2,307,822	

A Continuum of Care

Rural Facilities			
Location	Site	Gross Sq. Ft.	Own/Lease
100 South Elgin St., Balcarres	Balcarres Integrated Care Centre	15,543	Own
606 Main St., Broadview	Broadview / Whitewood Home Care	1,259	Own
310 Calgary St., Broadview	Broadview Centennial Lodge	18,998	Own
901 Nina St., Broadview	Broadview Union Hospital	17,136	Own
108 Donald Road, Cupar	Cupar Health Centre	13,608	Own
356 Windover Ave., Moosomin	Eastern Saskatchewan Pioneer Lodge	6,956	Own
405 Windover Ave., Moosomin	Eastern Sask. Pioneer Nursing Home	15,436	Own
560 Broadway, Ft. Qu'Appelle	Echo Lodge	21,128	Own
916 Eden St., Indian Head	Golden Prairie Home	23,272	Own
721 Stella St., Grenfell	Grenfell Health Centre	119,020	Own
731 Regina Ave., Grenfell	Grenfell Housing Units (4 duplexes)	3,627	Own
802 Wolseley Ave., Grenfell	Grenfell Regional Office	3,150	Own
300 Hospital St., Indian Head	Indian Head Union Hospital	20,775	Own
701 Ouimet St., Wolseley	Lakeside Nursing Home	49,245	SPMC lease
125 Prince St., Imperial	Long Lake Valley Integrated Facility	20,325	Own
237 – 2nd Ave. E., Montmartre	Montmartre Health Centre	20,032	Own
709 Carleton 1108 Broadway, 712 Maple, Moosomin	Moosomin Housing Units	12,250	Own
709 Carlton, Moosomin	Moosomin Public Health	1,642	Own
320 Gertie St., Moosomin	Moosomin Union Hospital	42,690	Own
710 Regina Ave., Grenfell	Pioneer Home	17,997	Own
403 Maclean St., Raymore	Silver Heights Special Care Home	28,000	Own
280 Burns Ave., Southey	Southey Health Action Centre	200	Lease
508 Westmoor St., Lestock	St. Joseph's Integrated Care Centre	14,338	Own
178 Boundary Ave. N., Fort Qu'Appelle	Touchwood/Qu'Appelle District Health Centre	8,400	Own
217 South Railway, Wapella	Wapella Clinic Building	8,643	Own
921 Gambetta St., Whitewood	Whitewood Community Health Centre	16,856	Own
801 Ouimet St., Wolseley	Wolseley Memorial Union Hospital	13,616	Own
	Total Gross Feet, Rural Facilities	534,142	

Staffing

Regina Qu'Appelle Health Region Employees (full-time equivalent positions)			
	2001-2002	2002-2003	2003-2004
Support Staff	1,970.75	2,458.27	2,500.34
Nursing	1,716.36	1,872.77	1,926.01
Other professionals	546.48	547.60	610.90
Technical	378.24	467.63	485.76
Management Staff	220.37	237.55	253.86
Physicians	56.93	55.04	55.55
Total	4,889.13	5,638.86	5,832.42

Figures for 2001-2002 are for the former Regina Health District only.

Unionized workers make up approximately 92 per cent of the RQHR workforce. Non-unionized, non-supervisory staff comprise 3 per cent, managers make up 4 per cent and staff physicians are slightly below one per cent.

Total Sick Leave by Union Affiliation 2003-2004		
Union Affiliation	# of hours paid out	Average # of hours per employee
CUPE	342,416.54	92.27
HSAS	32,928.76	64.16
OOS	23,068.30	47.86
RWDSU	7,302.24	110.52
SUN	151,220.07	93.46

Figures supplied by Saskatchewan Health and include affiliates on the SAHO payroll system.

Employees of Affiliated Special Care Homes (full-time equivalent positions)			
	2001-2002	2002-2003	2003-2004
Support Staff	1,097.55	1,096.95	1,108.56
Nursing	169.20	169.20	173.54
Management Staff	47.69	47.49	47.69
Other Professionals	24.23	25.23	25.26
TOTAL	1,338.67	1,339.07	1,355.05

Staffing

Regina Qu'Appelle Health Region Medical Staff			
	2001	2002	2003
Associate	70	68	51
Active	349	347	374
Regional Affiliates	27	52	58
Visiting Consultants	22	27	28
Locums	3	1	3
TOTAL	471	495	514

Figures for 2001 and 2002 are for the Regina Health District only.

Regina Qu'Appelle Health Region Medical Staff Turnover			
	2001	2002	2003
New Appointments (does not include locums)	49	50	49
Resignations	30	16	7
Retired	4	3	7
Net Increase	15	31	35

Figures for 2001 are for the Regina Health District only.

Major Initiatives, Progress and Accomplishments

Background

The Regina Qu'Appelle Health Region works with Saskatchewan Health and other partners to deliver quality health care to the people we serve. The services and programs provided by health regions are integral to ensuring that the Saskatchewan health care system reaches the goals established in *The Action Plan for Saskatchewan Health Care*.

Saskatchewan Health's long-term goals and the performance measures are laid out in its Performance Plan. The goals are:

- Improved access to quality health services
- Effective health promotion and disease prevention
- Retain, recruit and train health providers
- A sustainable, efficient, accountable and quality health system.

As part of its Performance Plan, Saskatchewan Health also requires that the regional health authorities establish a strategic framework for action consistent with the direction for health care established by the province and the department's goals, key expectations and performance measures.

The Regina Qu'Appelle Regional Health Authority finalized development of, and approved its strategic framework on March 31, 2004. Region stakeholders were involved in the planning process. Feedback was obtained on the Vision, Mission, Values statement, the strategic framework and the development of the objectives related to the goals and the implementation strategies.

Our Vision, Mission, Values are printed on page 2 of this report. A strategy map outlining the strategic thrusts and long-range goals for the Region was completed in 2003-2004. In addition, a "people and leadership philosophy" has been developed to guide our relationships with all our stakeholders.

The performance measures for the first annual Provincial Accountabilities Framework were completed and RQHR reported on performance for the 2003-2004 fiscal year. Measuring performance in this way will support RQHR in reaching the goals set out in our strategic direction and in *The Action Plan for Saskatchewan Health Care*.

Population Health

The 2003-2004 year was exceptional in the annals of public health from a global, national and local perspective. This year witnessed the worrisome development of SARS, the appearance of BSE in Canada, the continued spread of West Nile Virus across North America, the threat of bio-terror events and the continued surveillance for novel influenza strains that may herald a global pandemic.

Population and Public Health Services staff were active in all these issues, working collaboratively with the community at large, health services throughout the Region, and provincial and federal health authorities.

Major Initiatives, Progress and Accomplishments

With the onset of SARS, major inter-departmental planning initiatives were launched to deal with potential cases. Extensive case and outbreak management guides are now part of good practice guidelines. Inter-departmental communication processes were strengthened.

The West Nile Virus outbreak necessitated cross-organizational planning with counterparts at both the local and provincial level. These measures were vigorously tested by the 234 cases that were reported in our Region (out of a total of over 900 in the province).

The last cases of West Nile Virus had not yet occurred when Influenza A cases began appearing in the northern parts of the Region — some of the earliest flu cases in Canada that year. The vaccine campaign was fast-tracked and, within hours of the first cases being identified, the vaccine was available for higher-risk patients in hospitals. Within three days, any community members with risk factors could access vaccine. The influenza campaign achieved a coverage rate above 95 per cent in long term care facilities. Over 80 per cent of Population and Public Health Services staff were vaccinated.

The SARS and influenza experience in 2003-2004 led to ongoing joint planning activities with provincial health authorities.

In response to BSE, RQHR Population and Public Health Services continued its educational role to the public and to local butchers, working in partnership with the Canadian Food Inspection Agency and others. There was a focus on reassurance of food safety and re-enforcement of safe slaughter practices.

The Region responded to an enteric outbreak of a Norwalk-like virus at the RCMP training academy. Rapid response by the RQHR staff, combined with excellent RCMP cooperation, limited the outbreak to approximately 100 cases out of a very large potential case pool.

Beyond the control of dramatic large events, Population and Public Health does “silent” prevention work in health promotion, community development, nutrition, dental health education, audiologic services, preventive foot care, health inspections, speech and language services and other areas. This work contributes much to sustain our quality health services. Should the work cease, the effects would appear rapidly and have profound impacts on the health system and the public.

HealthLine

The Regina Qu'Appelle Health Region was chosen by Saskatchewan Health as the service provider for Healthline, the province-wide, 24-hour telephone advice service. The service was successfully launched in 2003 and handled approximately 60,000 calls in its first 10 months of operation.

As HealthLine develops its provincial service, more consultation will occur with other health regions and key stakeholders. The goal is to become a centre of excellence in the provision of health advice and health information, and an integral part of innovative primary health care.

Major Initiatives, Progress and Accomplishments

Primary Health Care Services

A broad plan for the development of Primary Health Care (PHC) Services in the Region was completed in 2003 and submitted to Saskatchewan Health. The plan involves strategic developments over a two and one-half year period that will result in operational PHC teams in two or three communities. The longer-term goal is that everyone in the Region will have access to a PHC team.

Activity in 2003-2004 focused on setting the foundation for the plan, and preparing and selecting local communities. Local community leaders, agencies and health service providers helped explore interest, willingness, capacity and opportunities to work on the project. As a result, two communities (North Central Regina and Broadview-Whitewood-Cowessess-Kahkewistahaw-Ochapowace) were selected as initial sites, and consultations continue with other communities to prepare for the next round of PHC development.

Discussions began with Regina family physicians interested in adopting PHC philosophies and approaches to enhance their practices. In addition, a prevention and management model for chronic disease was adopted, and a plan for ongoing development of diabetes services in the region was drafted within the context of the model and PHC development.

During the next reporting year, activity will focus on community planning and local community implementation, including establishment of local PHC advisory committees for the two initial communities.

Mental Health and Addictions Services

In 2003-2004, the Adolescent Unit at the Regina General Hospital, formerly a medical unit used by psychiatrists treating children, officially became a part of RQHR Mental Health and Addictions Services (MH&AS). Program development for the seven-bed inpatient unit is well underway. The program will include extensive community outreach and an interdisciplinary treatment staff.

MH&AS has participated extensively in the development of the provincial Population Health Promotion Strategy, and will be working with key Region and community partners in the development and implementation of the RQHR's Population Health Promotion Strategy.

Mental Health and Addictions has put plans in place to more fully integrate services throughout the Region. A cohesive rural team will be an integral part of the Region-wide program.

The role of contract psychiatrists was revised to include two community-based psychiatrists who work exclusively to provide community-based care, including support and education for family physicians in the Region.

Overall, the work of professionals in Mental Health and Addictions Services resulted in the receipt of three Saskatchewan Health Excellence Awards.

Major Initiatives, Progress and Accomplishments

KidsFirst

KidsFirst, a program for high-risk families for young children, celebrated its first full year of operations in April, 2004. The program has engaged 170 high-risk families in very accessible, practical and culturally sensitive ways.

KidsFirst works with RQHR departments and other community partners to find innovative and effective methods to respond to the needs of their clients and families.

Regina and Area Drug Strategy

The Regina Qu'Appelle Health Region is a leader in the Regina and Area Drug Strategy Project. The 20 partner organizations are working to reduce the impact of addictions in the Region.

In 2003-2004, the Drug Strategy moved from planning to implementation. A coordinator was hired, five action-oriented, inter-sectoral working groups began their work on the recommendations contained in the Drug Strategy Report. The working groups include Prevention, Healing Continuum, Harm Reduction, Community Justice, and Capacity Building.

Day Treatment for Problem Gamblers

An innovative Day Treatment Program to help problem gamblers break the pattern of compulsive gambling was introduced during the 2003-2004 fiscal year. The program, based in Regina, is geared to rural residents with severe gambling problems requiring more intensive/comprehensive treatment interventions. The program offers free accommodations and meals for eligible participants, so that they can stay in Regina for treatment.

Eighteen clients completed the program between its introduction and the end of the year.

Community Care Indicators

In 2003 the RQHR provided over 8,000 services to addicted clients in outpatient and inpatient sites. The RQHR outpatient addiction services provided our three-week Regina-based day treatment program to 469 people; assessed and treated 240 clients through SGI safe driving programs; assessed and treated 5,171 clients through our outpatient clinics; provided counseling to 94 clients at our harm reduction methadone clinic; and provided assessment and treatment to 196 problem gamblers.

The inpatient addiction treatment services in our region are funded by RQHR but operated by Recovery Homes Inc. In 2003 they served 1,656 clients at the Regina Detox Center, 73 clients at the Recovery Manor half way house and 840 clients at Pine Lodge inpatient treatment program.

Major Initiatives, Progress and Accomplishments

Population Health Indicators

Chlamydia: In 2002, there were a total of 806 laboratory-confirmed cases of chlamydia. The female rate was 419.6 (524 cases) per 100,000 and the male rate was 231.9 (282 cases) per 100,000.

Public Health Inspections: From January to December 2003 1,114 (69 per cent) eat-in establishments serving food, 161 (38 per cent) licensed accommodations and 111 (70 per cent) swimming pools were inspected.

(Statistics supplied by Saskatchewan Health.)

Community Laboratory Services

In January 2004, the Regina Qu'Appelle and Saskatoon health regions announced an agreement with a new community laboratory services vendor. The change in vendor will result in cost savings for the two regions.

The change in laboratory services provider allowed the RQHR to review the locations of existing community laboratory centres to ensure that the locations support the Region's plans for enhanced Primary Health Care Services.

Public Access Defibrillation

The Public Access Defibrillation Program (PAD) was established in 2002 with the goal of placing automated external defibrillators (AED) in public locations where there is high risk of someone experiencing a Sudden Cardiac Arrest.

New technology has allowed for defibrillators – once only available for hospitals and emergency medical staff – to be available anywhere and used effectively by trained, on-site staff. Experience shows early defibrillation (within the first three-to-five minutes of Sudden Cardiac Arrest) can increase survival chances by 65 per cent. The current national survival rate of out-of-hospital cardiac arrest is only five per cent.

During the year, six organizations placed AEDs and 81 employees received training in the use of AEDs. RQHR is continuing to support those with AEDs and to work with other locations planning to purchase an AED and have staff trained in its use. The Region received a \$30,000 Medtronic Foundation grant to support on-site training.

A public awareness campaign was developed to create widespread interest and support for the program.

Major Initiatives, Progress and Accomplishments

Emergency Response Services

During 2003-2004, access to EMS in the Region was made available through the provincial 9-1-1 system. At the same time, an agreement was negotiated to permit the dispatching of all ambulance services within the Region.

Rural performance and accountability were reviewed this past year, and writing of new ambulance contracts began, specifically to have each service report adequate and consistent information to the Regional Communication Centre operated by the RQHR.

Work continued with rural services to develop best practices for the time that passes between a call being radioed to an ambulance service and the ambulance leaving to respond (chute time) and to review location of teams in terms of response times.

In general, the Region's emergency response is meeting urban and rural response time targets more than 90 per cent of the time.

Surgical Wait List

The Saskatchewan Surgical Care Network is an advisory committee to Saskatchewan Health, dedicated to creating a more reasonable, fair surgical system for all Saskatchewan people.

Patients scheduled for surgery in Regina can call the Surgical Care Coordinator at 1-866-622-0222 to obtain information about their position on the waitlist for their surgical procedure. In 2003-2004, the Regina Surgical Care Coordinator received 10,121 calls from patients awaiting surgery.

Information from the Regina Surgical Waitlist Management System is added to the Provincial Waitlist Management System, allowing the province to track all patients needing surgery in Saskatchewan.

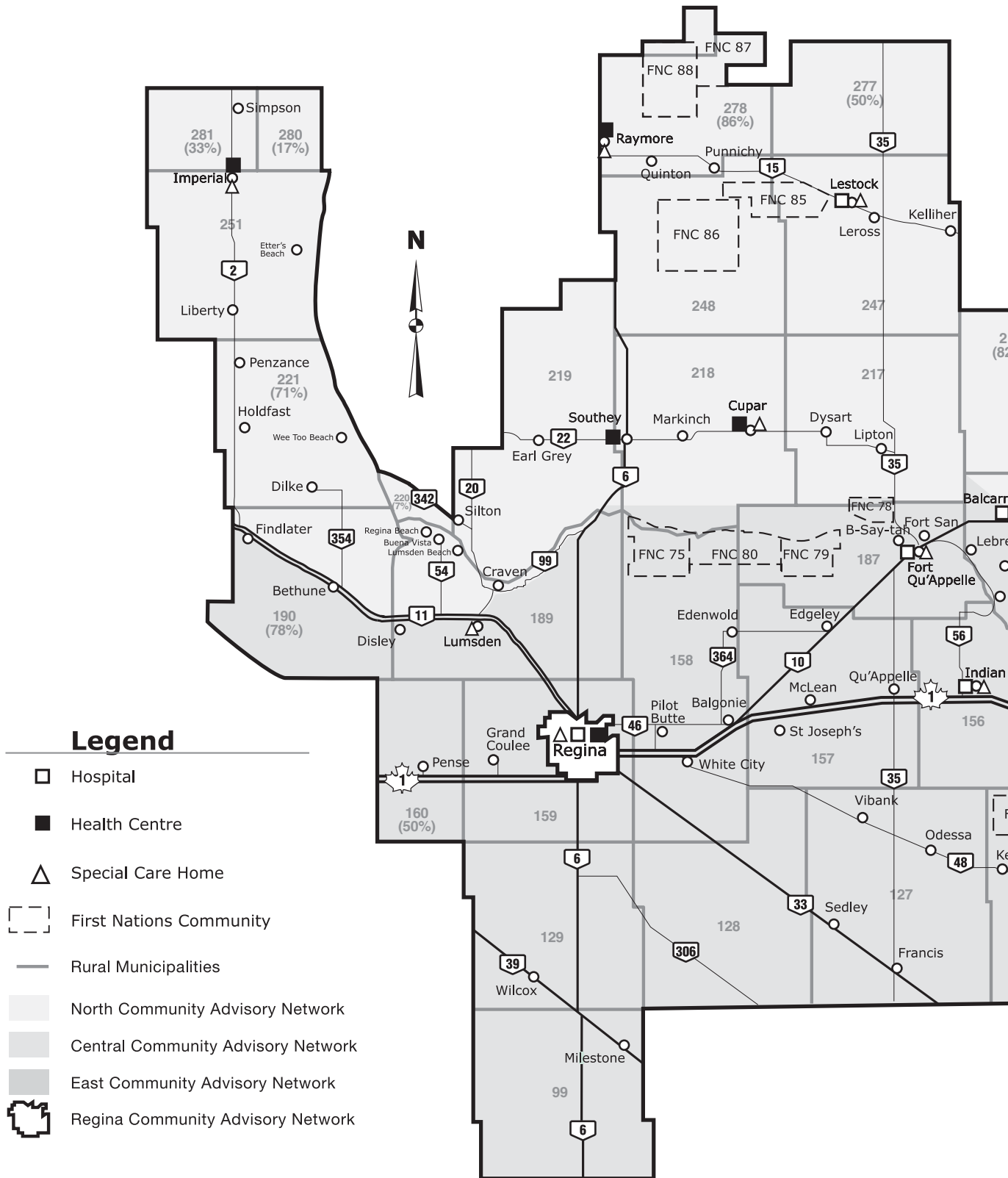
Home-Based Acute and Palliative Care

The RQHR provides a full range of Acute and Palliative Home Care services throughout the region. The 2003-2004 fiscal year has seen a 13 per cent increase in the number of admissions to the Home Care Program. Sixty-six per cent of these admissions came directly from hospital. Overall, acute admissions to the program account for 70-75 per cent of the total admissions, with Palliative Care admissions averaging five to six per cent. The program is responsive to acute discharges and is able to accommodate most referrals within 24 hours. The increase in acute referrals continues to grow on an annual basis as more services are shifted to the community from acute care hospitals.

The Region's Palliative Care services include home care, acute care and long term care. Client care is delivered in the most appropriate setting and operates out of three regional offices as part of one integrated program.

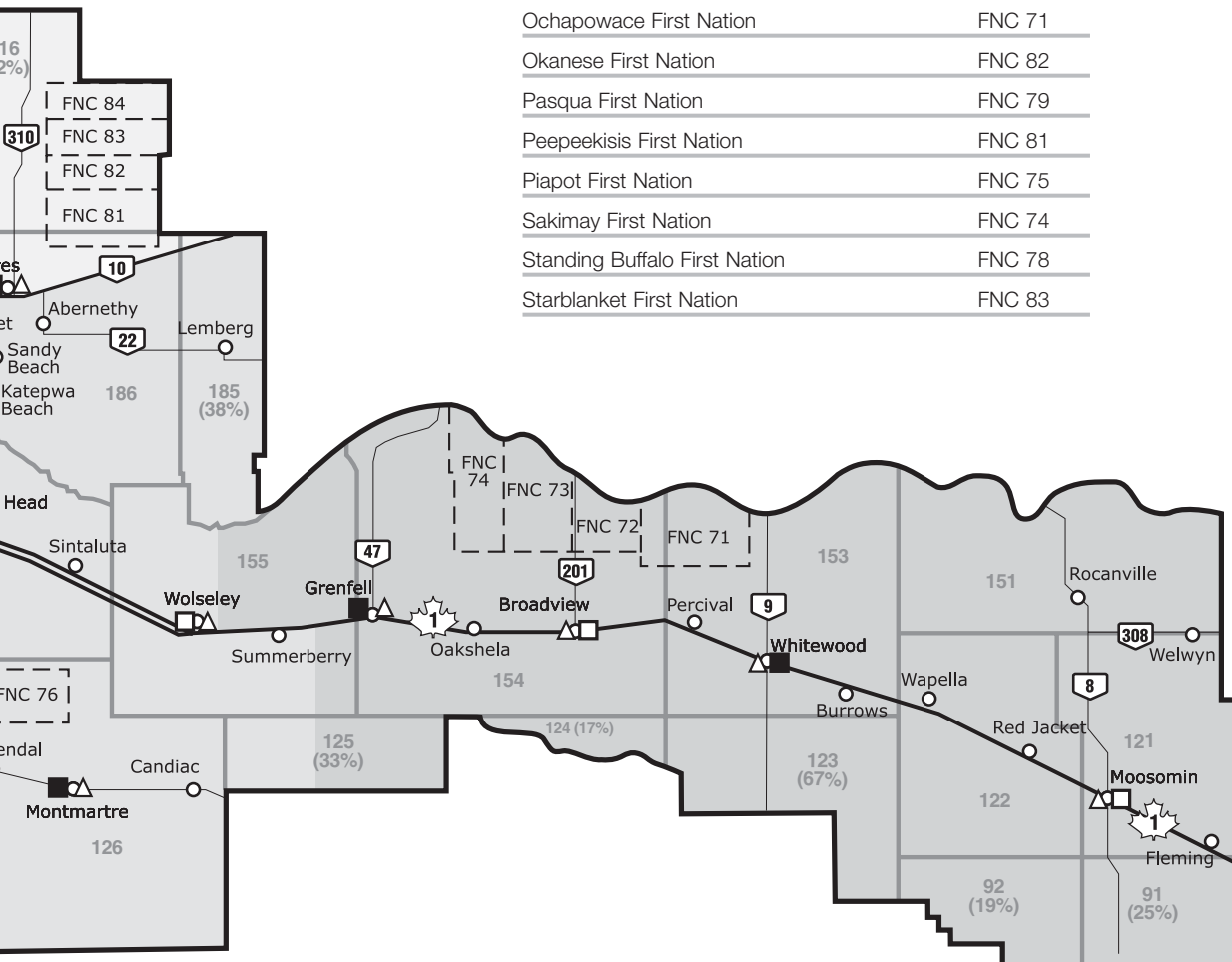
Client needs are assessed and home care is co-ordinated as clients are discharged back to their home region from our tertiary centre and community hospitals.

Regina Qu'Appelle Health Region



First Nations Communities - in alphabetical order

Carry the Kettle First Nation	FNC 76
Cowessess First Nation	FNC 73
Day Star First Nation	FNC 87
Gordon First Nation	FNC 86
Kahkewistahaw First Nation	FNC 72
Kowacatoose First Nation	FNC 88
Little Black Bear First Nation	FNC 84
Muscowpetung First Nation	FNC 80
Muskowekwan First Nation	FNC 85
Ochapowace First Nation	FNC 71
Okanese First Nation	FNC 82
Pasqua First Nation	FNC 79
Peepeekisis First Nation	FNC 81
Piapot First Nation	FNC 75
Sakimay First Nation	FNC 74
Standing Buffalo First Nation	FNC 78
Starblanket First Nation	FNC 83



Major Initiatives, Progress and Accomplishments

Home-Based Supportive Care

RQHR offers a comprehensive range of services for clients identified as supportive and requiring services over an extended time period. There has not been an increase in the number of clients served but the complexity of client need is increasing. Client choice is respected if the client wishes to remain in the community. Fifty clients meeting criteria for admission to long term care turned down this option in the past fiscal year. Currently, 80-84 per cent of active clients receiving home care are categorized as supportive.

Children with complex needs are increasing and challenge the Region in recruitment of staff due to the high intensity of service delivery. At present, the program has four children in receipt of additional funding from Saskatchewan Health.

Eight home care clients are currently receiving individualized funding from the Region.

Home Care continues to work closely with stakeholders such as public housing, private assisted living, personal care homes and funded group homes to support elderly clients and clients with disabilities to remain independent in the community. Therapy services are offered to clients in their own homes, personal care homes and long term care facilities in the rural communities.

Home Care Treatment Centre

Established in 1998, the Home Care Treatment Centre has proven to be a quality, cost efficient venture that benefits community clients and RQHR partners within the health care system.

The goal of the Home Care Treatment Centre is to provide an alternative site for community clients who require nursing care but not emergent service. By directing clients to the Treatment Centre, urgent medical issues are dealt with more efficiently than they would be in the emergency department.

In the Treatment Centre, services are provided under a physician's order and include a range of interventions from suture and clip removal, injection administration, medication management, IV therapy, wound care and instructing clients on self care management of specific skills and procedures. Both Registered Nurses and Licensed Practical Nurses functioning in full scope of practice provide care to the clients they serve.

Staffing requirements and workload have increased significantly. The number of appointments for 2003-2004 year will exceed 14,500. In 1998-1999 the centre had 999 appointments.

Rural Home Care in Partnership with Local First Nations

RQHR Rural Home Care works in partnership with the local First Nations of Ochapowace, Kahkewistahaw, Cowesses, Sakimay and Carry the Kettle to ensure access to programs offered by the home care program.

Major Initiatives, Progress and Accomplishments

Home Care and Native Liaison staff at the Broadview Hospital work together to ensure discharge planning occurs in a timely manner. The Nurse Assessors from each First Nation are involved in reviewing requests for special home care services and offer advice and options for clients with complex needs. The Program Access Committee approves and prioritizes placement, and approves requests for respite, convalescent, palliative and transitional care services in special care homes.

Home Care Coordinators work with the First Nations Nurse Assessors to have First Nations peoples assessed for attendance at the adult day programs which provide a noon meal, recreation programs and a whirlpool bath once or twice each week in long term care facilities.

Rural Home Care offers local First Nations people access to a personal response system that is monitored by St. Peter's Hospital in Melville.

Medical/Physician Services

The region has maintained continuous coverage in 32 out of 33 specialty areas in 2003-2004. Insufficient numbers of specialists has been a major challenge in providing coverage. Active regional recruitment efforts continue in concert with annual physician resource planning in an effort to ensure sustainable continuous coverage in all specialty areas. Interruption in continuous urology coverage was due to a reduction in the number of urologists from three to two specialists. Active recruitment efforts continue to ensure continuous coverage for this specialty.

The Region remains committed to working with Saskatchewan Health to establish and implement standardized systems of measuring and reporting medical workload/services. As the concept of medical workload management is relatively new, no specific actions have been undertaken by the Region or the Department to establish and implement the required systems to date. However, the Region remains committed to clarifying deliverables as an important component of negotiating any physician remuneration arrangements. The Region is represented on the provincial committee working to develop the new provincial bargaining framework. The Region supports the concept of a provincial bargaining framework and looks forward to the implementation of standardized bargaining throughout the province. For the past several years, representatives from Saskatchewan Health have been involved in all contract negotiations with regional physicians.

Institutional Supportive Care

The RQHR is well positioned to address the care needs of residents in need of Institutional Supportive Care. The Restorative and Continuing Care portfolio has several community-based programs and services to support clients remaining in the community. As care needs increase, there is a corresponding increase in access to, and utilization of, these programs and services. Placement in a long-term care facility to the first available bed, based on need, is approved by the Program Access Committee when living in the community is no longer possible. The placement process also takes into account client preference for location. Work is progressing towards consistent practices and processes throughout the Region.

Major Initiatives, Progress and Accomplishments

Acute Care

The Regina Qu'Appelle Health Region delivers a wide range of acute care services to the residents of Regina and southern Saskatchewan in an ever-changing health care environment. Last year saw many new initiatives developed, including the following.

In order to facilitate more timely access to surgical care, a "surgical access plan implementation acuity scoring tool" was launched in July, 2003. The RQHR is participating in the Saskatchewan Surgical Care Network (SSCN) and the Provincial Government's Surgical Patient Registry and the Patient Assessment Process, also launched in July 2003. These two new initiatives will track and prioritize the patients waiting for surgery. The Provincial Government also committed nearly \$700,000 in funding for surgical and specialized services equipment for the Region.

The Minister of Health approved funding for planning of a new Mother/Baby Unit and renovations to the Neonatal Intensive Care Unit (NICU) and Labour & Birth Units. A core planning team has been established to facilitate these new and exciting changes in Women's & Children's Health.

An open-heart surgery pathway for surgical cardiac patients was developed and implemented in November 2003. As well, the Region continues to participate in a CHF pathway study developed to provide continuity of care to patients with Congestive Heart Failure and arterial fibrillation (see page 43).

Diagnostic Imaging Services saw an increase in Computerized Tomography (CT) of 30 per cent this year. Planning is underway to integrate breast assessment and diagnostic programming. As well, planning and development for the implementation of a Radiology Information System / Picture Archiving Communication System (RIS/PACS) is ongoing.

Quality

A Director of Quality Improvement was appointed during the year as part of the Region's agreement with the provincial Health Quality Council. As part of the duties associated with the council, the Director will liaise with the Council and represent the Region on the Quality Improvement Network Advisory Group. The director will also investigate opportunities to collaborate with other health regions throughout the Province on joint quality improvement initiatives. For example, with the support of the Council, RQHR began work on joint quality improvement initiatives with the Saskatoon Health Region.

In addition to duties associated with the Council, the Director is responsible for developing and implementing a region-wide Quality Improvement Plan. This plan will leverage the work of existing quality improvement committees and structures to ensure that quality improvement happens in a systematic, comprehensive manner.

Major Initiatives, Progress and Accomplishments

Quality indicators

The following are some examples of quality indicator measures for the RQHR.

The Canadian Institute for Health Information (CIHI) measures performance and reports annually on the quality of the health care system. In 2003, the Regina Qu'Appelle Health Region (RQHR) scored well in 13 of the 17 areas that were reported.

RQHR has consistently had rates of caesarean sections below the national average (RQHR does fewer caesareans, which is a positive quality measure) and a higher than average rate of vaginal births after caesarian sections (more vaginal births are also a positive quality measure). The CIHI practice guidelines of the Society of Obstetricians and Gynaecologists of Canada (SOGC) use these measures to evaluate appropriateness of care.

RQHR's rate of 30-day stroke mortality was better than 41 of the 45 regions that were included in the report *Health Care in Canada*. Moreover, RQHR rates have improved each year. RQHR has a dedicated stroke unit, which allows for more targeted, consistent care for patients admitted with strokes.

RQHR's rate of unplanned readmission within 28 days following discharge for Acute Myocardial Infarction (heart attack) was 6th out of the 52 regions that were reported. RQHR rates on this indicator, as well as 30-day heart attack mortality rates, have consistently improved each year since CIHI began reporting health indicators.

RQHR rates of hospitalization for pneumonia and influenza for seniors are higher than the national average. However, rates have improved 34 per cent over the last three years. RQHR Population and Public Health Services include programs aimed at prevention of influenza and pneumonia.

The RQHR hospitalizes people with conditions such as asthma, diabetes, depressive disorders, and alcohol and drug abuse more than the average in Canada. Hospitalization for such conditions generally presumes that patients are turning to hospital care for conditions that are treatable in other settings, or that there is a lack of access to primary care alternatives. The RQHR has identified greater enhancement of primary health care as a key factor in improving the use of acute hospital care. The Regina Qu'Appelle Health Region has shown consistent improvement in this measure over the last three years.

CHF Pathway Study

The Regina Qu'Appelle Health Region and the Saskatoon Health Region collaborated on a study looking at the benefits, costs and challenges in developing and implementing integrated care pathways (ICP) for patients with congestive heart failure (CHF) or atrial fibrillation (AF).

Major Initiatives, Progress and Accomplishments

Integrated Care Pathways are designed to improve continuity of care by explicitly defining what care patients most often need to receive, and how the various members of their multidisciplinary care teams can work together in the hospital and in the community.

The study found that CHF patients who received care based on an integrated care pathway rated their continuity of care more positively than patients in the baseline group and in one of the control groups – particularly for follow-up care and information. Atrial fibrillation patients in Saskatoon whose care was guided by an ICP did not perceive their continuity of care to be significantly better than the baseline or control group.

Health care providers who participated in the research found that ICPs addressed important problems in continuity of care for patients with CHF and AF, by providing information on best practices and opportunities for communication with other members of the care team.

This research revealed several challenges to ICP implementation, including getting frontline providers to take strong interest in using the care tool, coordinating staff education, and managing duplicate documentation. As well, the use of ICPs for AF and CHF was challenged by complexity and co-morbidity of these medical patients.

Overall, the study found that, among CHF patients whose care was guided by an ICP, the improvements in patients' perceptions about continuity of care and in measures of quality of care were promising. For AF, the team found ICPs were not as well utilized which may explain why there was less of an impact on continuity of care among these patients.

At present, the CHF integrated care pathway is under review and revisions are being made to address the documentation issues, provide a more user friendly tool and enhance ownership amongst health care providers.

Client Concerns

The number of client concerns rose to 978 this year, an increase of 51 per cent over the last fiscal year. Some of this increase can be attributed to higher public awareness of the Client Representative.

Approximately 87 per cent of concerns were resolved in 4 days.

Approximately nine per cent of concerns are complex – typically requiring a more detailed review – and resolution averaged 62.7 days. This is a decrease of 12.4 days over the previous year.

The majority of concerns are in relation to acute care services, with access to service the primary concern. Concerns about access to surgical services have risen three per cent. Care delivery concerns regarding department have increased by 15 per cent and concerns regarding provision and results of care decreased by 21 percent.

Major Initiatives, Progress and Accomplishments

Information Management

Managing information technology has been a critical aspect of the Region's development over the last year.

On behalf of Saskatchewan Health, the Region implemented a province-wide, 24-hour telephone advice line, and serves as the southern hub of the Saskatchewan Telehealth Initiative, providing health and education services to surrounding regions. Feeder systems and data were provided this year to the Saskatchewan Surgical Care Network.

Within the Region, a management information system required for provincial reporting and a state-of-the-art human resources management system were implemented. At fiscal year-end, a long-term care facility registry and assessment system was in the process of implementation and a Region-wide staff scheduling system was nearing completion.

Following a multi-year information management plan has allowed RQHR to meet its objectives and ensure security of health information.

Program Support Services

Saskatchewan Health has grouped into one funded area the costs incurred by Authority members, senior management, finance, human resource, information technology and communication services.

Finance

This fiscal year, 2003-2004, was the first full year following the formation of the Regina Qu'Appelle Health Region. The consolidation of the accounting systems of the three former health districts was completed this year.

Community-based organizations and emergency medical services that are contracted to the Regina Qu'Appelle Health Region report timely and accurate financial information to the Region.

The RQHR provides a quarterly financial report to Saskatchewan Health and reports quarterly on number of staff and where they are employed.

Contractors providing goods and services to the Region and affiliate organizations report to the Region as a condition of funding. Affiliate statements are presented to the board twice a year.

Communications

The RQHR builds support amongst the public and key stakeholders by holding public board meetings, public consultations and communicating regularly with various stakeholders.

The RQHR works with other regions and Saskatchewan Health to address provincial issues and is represented on Minister's Forum, Leadership Council and the Joint Committee on Communications.

The RQHR has a Consultant within the Public Affairs Department whose role is to manage relations with reporters and editors. The Region is vigorous in advancing its messages through the news media.

Major Initiatives, Progress and Accomplishments

Human Resource Services

The RQHR Human Resource Plan is designed to integrate, support and stabilize the organization. It identifies key human resource activities, issues and pressures facing the Regina Qu'Appelle Health Region and the initiatives undertaken to address challenges.

Human Resource work has focussed on two key areas: regional initiatives and recruitment and retention.

Regional initiatives include:

- attendance support program;
- staff scheduling initiative;
- vacation liability strategy;
- quality worklife initiative;
- linking organizational values to performance management;
- employee recognition program;
- regional human resource policy development;
- human resource information system;
- leadership development programming;
- clinical/program skill development;
- utilizing full scope of practice;
- health promotion/disease prevention programming;
- improving the collective bargaining environment/bargaining outcomes.

Recruitment and retention initiatives are concentrated in the areas of recruitment and retention of registered nurses and the representative workforce employment programs.

Regina Qu'Appelle and other health regions in Saskatchewan experience similar human resource issues. RQHR works in partnership with Saskatchewan Health and other regions to collectively address the issues through provincial initiatives such as market supplement programs, joint job evaluation programs, representative workforce strategy and health human resource planning.

Challenges and Future Directions

In alignment with the Regina Qu'Appelle Health Region strategic framework, the RQHR continues to make progress in advancing initiatives related to our seven strategic themes.

Each year, the Region reviews external and internal environmental factors and establishes a "Corporate Operating Plan" to drive activities towards the achievement of these themes. The following represents our challenges and future initiatives for 2004 related to the strategic themes. Each initiative has a corresponding performance measure to monitor our ongoing progress.

Sustainable Quality Service: Effective service delivery within available resources

It is always a challenge to continue to provide the highest quality of health services to our community given the resource realities of our province. In order to continue to provide services that meet the needs of our community, the RQHR has embarked on the following initiatives:

- develop a quality improvement plan for the Region;
- secure an operating plan that identifies achievable quality service volumes given available resources;
- review our business processes, tools and competencies for improved decision-making related to our resources and assets;
- develop key collaborative partnerships to support investments and cost effective services;
- identify opportunities to enhance revenues; and
- define a long term vision (10 years) for sustainable quality services.

Positive Innovative Environment: Personal pride and accountability that is respectful of all relationships

This past year, the RQHR launched its "People Philosophy." The Philosophy acknowledges the importance of the human contribution of compassion, respect, knowledge, collaboration and stewardship in the delivery of health care. To that end, the RQHR knows it needs to recruit, build and retain a strong and healthy workforce to continually meet the demands of our communities. The following are some key initiatives related to our "people":

- establish and implement a quality workplace strategy encompassing workplace quality, human resource capacity planning and employee development and performance;
- enhance collaboration and relationships with our union partners; and
- redefine and support the medical leadership within the Region.

Challenges and Future Directions

Aboriginal Health:

Improve health status outcomes of Aboriginal people through collaboration

The First Nations and Metis populations are growing within our Region. This presents new and shifting challenges related to children's health, mental health and chronic diseases. The RQHR has done significant work towards the improvement of health outcomes of Aboriginal people through the launch of the Working Together Towards Excellent Project in partnership with the First Nations communities, Tribal Councils and other health agencies. Some key initiatives this year related to the project are:

- improve capacity to support and re-orient health services that are culturally appropriate and effective in the targeted areas of mental health, women's and children's health and home care; and
- develop a collaborative health improvement strategic plan with key stakeholders.

Primary Health Care:

Improve health status through supporting individuals and communities in responsibility for their own health

In 2003, significant strides were made in the development of the Primary Health Care strategy for the RQHR in alignment with the province's *Action Plan for Saskatchewan Health Care*. Work continues with the following initiatives for 2004-2005:

- continue to develop and implement the Primary Health Care (PHC) plan through the selection and development of centres, linking the PHC plan with other sector strategies and connecting the PHC plan with the Aboriginal Health Initiative;
- establish and implement a model for the prevention and treatment of chronic disease; and
- develop a seniors' health service plan.

Specialized Services:

Strengthen RQHR as a provincial resource and referral centre through the determination of services best delivered in Saskatchewan and western Canada

To continue to provide timely access to specialized services, in light of rising community needs and expectations, is challenging. The RQHR along with other health regions in Saskatchewan, will need to determine where the "centres of excellence" will be for specialized services within our province and where to collaborate with other health centres in western Canada. In alignment with the provincial health goal of "improved access to quality health services," the RQHR has implemented the following initiatives for 2004-2005:

- develop an integrated service delivery plan with the southern Saskatchewan health regions and with Saskatoon Health Region;
- implement a surgical care management plan to address waiting list challenges; and
- refine the plan for the usage of acute care services and align it with the RQHR quality improvement plan.

Challenges and Future Directions

Knowledge, Teaching and Research:

Grow as an academic health services organization that supports, creates and applies knowledge

Continuous learning and research are critical to enable health providers to make sound decisions and take advantage of new research and technology. This results in improved service provision to our clients and community. To support evidence-based health practices, the RQHR is engaging in the following initiatives:

- develop an information and knowledge management plan to improve tools and systems used to make decisions;
- create an electronic health record; and
- create a framework to support research and learning partnership with key stakeholders.

Client and Public Confidence:

Knowledge and trust that health services are appropriate and meet individual and community needs

Health care is consistently rated by the residents of Saskatchewan as one of their major priorities. They have the right to know what public health care services are available to them and how and when these services can be accessed. Further, members of our various communities need to have assurance that health services provided by the Region are appropriate, safe, prudently managed, and effective. It is the Region's obligation to inform our stakeholders on these matters, keeping them up-to-date on the performance of our organization. Only by consistently reporting the Region's performance in an open and timely fashion will trust in our ability to meet the needs of our patients, clients and residents, and all others who rely on us for health care support be sustained. Amongst the initiatives that will be advanced in 2004-2005 to meet the challenges of enhancing client and public confidence are:

- further development of reputation management processes; and
- enhanced security and confidentiality of personal health information.

Future Directions

Along with finalizing its strategic framework themes and determining goals and objectives for the Region, the Regina Qu'Appelle Regional Health Authority is employing a scenario development process to assist it in thinking about possible futures for health care delivery in the Region. This approach recognizes that the future is complex, uncertain, and not in the control of the Region.

Predictions are impossible and forecasts are inadequate. And, yet, the Authority must exercise its responsibility to plan ahead and provide oversight, foresight and direction for the Region. Scenario

Challenges and Future Directions

development can help by focusing on key questions that highlight the changing factors and forces outside the health care system. How the system interacts with these external factors and forces will determine the outcome, over the long-term, of the success of health care delivery in the Region.

Significant differences in forces and responses are possible, leading to a wide range of future outcomes. To explore the range of outcomes, scenarios are under development describing different paths and outcomes for health care in Regina Qu'Appelle Health Region.

Scenarios are alternative descriptions of the future. They focus on the forces driving change and the key uncertainties shaping the future. Scenarios are not predictions. They are stories designed to challenge assumptions, explore issues, gain insights and broaden understanding of the range of possible future outcomes that could occur.

Scenarios are valuable in situations where uncertainty is high, key variables are intangible or difficult to quantify and understanding structural change is more important than gradual transitions.

Scenarios not only provide stories of the future, they provide a context for identifying risks and opportunities – the consequences – of different potential strategies or courses of action that decision makers could undertake. In this way, the question ultimately shifts from 'what could happen' to 'what would we do if it did happen'? And, more specifically, what could the Region do in the short-term to ensure positive outcomes in the long-term?

The Regina Qu'Appelle Regional Health Authority will continue scenario development in the coming year as part of its strategic planning process to provide guidance to administration as options are developed for health care delivery into the future.

Mother Baby Unit

An example of capital and operational planning for the future is our Mother Baby Unit. In May 2003, the Minister of Health announced approval to proceed with planning and design for a new Mother Baby Care Centre at the Regina General Hospital. The amount of \$570,000 in planning funding was approved for the advancement of the project.

An interdisciplinary team of stakeholders was assembled to begin designing the clinical program and the space requirements as outlined in the Health Canada National Guidelines.

The functional program is near completion for a multiphase project that would see new space developed for the Mother Baby Unit and extensive renovations for the Labour and Birth Unit as well as the Neo-Natal Intensive Care Unit.

Before proceeding to the next phase of design and development, approval from Saskatchewan Health will be sought.

Management Discussion and Analysis 2003-2004

The Regina Qu'Appelle Health Region ended the March 31, 2004 year with a deficit of \$3.8M versus a planned excess of revenues over expenditures of \$1.9M. The \$1.9M was to be directed towards capital purchases. The 2003-2004 deficit is .76 per cent of total budgeted expenditures.

Operating Results

Total revenue of \$508.2M was 1.5 per cent greater than budgeted revenue. The variance from budget is primarily due to higher than budgeted Saskatchewan Health revenue. The increase related to funding received for Healthline and for various targeted programs.

Total Expenses of \$512.0M were \$13.4M or 2.7 per cent greater than budgeted expenditures. The variance from budget is primarily due to higher than anticipated expenditures in Salaries and Benefits, Medical Remuneration and Medical and Surgical supplies. The Region faced great pressures on salaries due to increased service demands related to patient care. For example, the volume of CT Scans increased 22 per cent over 2002-03. Benefits increased as a result of increased employer pension contributions.

Financial Position as at March 31, 2004

Total assets at March 31, 2004, of \$322.1M decreased by \$.2M or 0.06 per cent, thereby remaining relatively stable year over year.

Total Liabilities at March 31, 2004 of \$105.2M increased by \$9.7M or 10.2 per cent. The increase is primarily due to the increase in the Bank Overdraft.

Meeting Commitments and Financial Obligations

The Health Region faced considerable challenges in meeting its 2003-2004 fiscal obligations. In many areas service demands were considerable which put significant pressure on staffing and expenditures.

Cost containment strategies were introduced in early December 2003 which saw staffing vacancies being managed and where possible deferral of expenditures occurring. This assisted the Region in coming very close to budgeted targets.

Management Discussion and Analysis 2003-2004

Capital Expenditures

Adequate funding for capital continues to be a significant problem for the Region. Annual requirements for equipment are estimated to be in the \$20M-\$22M range. In the current year, \$9.4M was expended. A similar amount was spent in 2002-2003. This situation creates significant pent up demand for capital. The Region continues to work with Saskatchewan Health to identify equipment and capital requirements.

The Region would like to acknowledge the contributions of the Hospitals of Regina Foundation and Community Trust Funds towards the acquisition of equipment.

The remaining useful life of Capital equipment at March 31, 2004 is 5.5 years.

Debt/Liquidity

The RQHR's working capital ratio (current assets over current liabilities) was .33. This extremely poor working capital ratio makes it impossible to invest in projects which may generate significant savings in the future but which require significant capital investment initially.

The RQHR has an unsecured line of credit of \$31M approved by the Minister of Health in 1999. Interest on the outstanding balance is charged at the bank prime less .75 per cent.

Outlook 2004-2005

The Region recognizes that the current projected funding increase is insufficient to maintain the current status quo. The Region will be working to establish a management plan that is thoughtful and aligned as closely as possible with the goals of the *Action Plan for Saskatchewan Health Care*.

Financial Statements For the Year Ended March 31, 2004

REGINA QU'APPELLE HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and have been approved in principle by the Authority. The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and the Financial Reporting Guidelines issued by Saskatchewan Health, and of necessity include some amounts that are based on estimates and judgements. The financial information presented in the Management's Discussion and Analysis and elsewhere in this report is consistent with that in 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 that financial records are relevant and reliable.

The Authority Members carry out their responsibility for the financial statements through the Resource Accountability Committee. This Committee meets with Management to discuss and review financial matters. The Provincial Auditor has full and open access to the Resource Accountability Committee.

The Provincial Auditor conducts an independent audit of the financial statements. His examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and other procedures which allows him to report on the fairness of the financial statements.



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AUDITOR'S REPORT

To the Members of the Legislative Assembly of Saskatchewan

I have audited the statement of financial position of Regina Qu'Appelle Regional Health Authority as at March 31, 2004 and the statements of operations and changes in fund balances and cash flow for the year then ended. The Authority's management is responsible for preparing these financial statements for Treasury Board's approval. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I 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 my opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2004 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Regina, Saskatchewan
May 14, 2004

Fred Wendel, CMA, CA
Provincial Auditor

Statement 1

STATEMENT OF FINANCIAL POSITION

As at March 31

	Operating Fund	Restricted Funds		Total 2004	Total 2003 (Note 17)
		Capital Fund	Community Trust Fund		
ASSETS					
CURRENT ASSETS					
Cash & short-term investments (Schedule 2)	\$ 622,926	\$ 452,352	\$ 3,446,993	\$ 4,522,271	\$ 7,243,775
Accounts receivable					
Saskatchewan Health - General Revenue Fund	8,430,108	941,337	–	9,371,445	4,952,147
Other	9,460,319	125,965	216,077	9,802,361	8,378,285
Due to/from other funds	2,157,027	(1,755,497)	(401,530)	–	–
Inventory (Note 2(e))	4,271,392	–	–	4,271,392	3,124,067
Prepaid expenses	3,340,041	–	–	3,340,041	1,238,871
	<u>28,281,813</u>	<u>(235,843)</u>	<u>3,261,540</u>	<u>31,307,510</u>	<u>24,937,145</u>
Investments (Notes 2(f) & 15(c) & Schedule 2)	1,099,885	–	1,903,000	3,002,885	3,359,471
Due from local governments (Note 5)	–	324,846	–	324,846	378,067
Capital assets (Notes 2(d) and 3)	–	287,442,106	–	287,442,106	293,602,884
TOTAL ASSETS	<u>\$ 29,381,698</u>	<u>\$ 287,531,109</u>	<u>\$ 5,164,540</u>	<u>\$ 322,077,347</u>	<u>\$ 322,277,567</u>
LIABILITIES AND FUND BALANCE					
CURRENT LIABILITIES					
Bank overdraft (Note 15(d))	\$ 23,272,663	\$ –	\$ –	\$ 23,272,663	\$ 14,305,741
Accounts payable					
Other	17,748,319	1,664,360	–	19,412,679	19,326,808
Workers' Compensation Board	–	8,827,825	–	8,827,825	–
Accrued salaries	15,533,638	–	–	15,533,638	12,162,081
Long-term debt & mortgages - current (Note 5)	–	636,460	–	636,460	543,483
Deferred revenue (Note 6)	4,236,759	–	–	4,236,759	6,300,188
Accrued vacation pay	25,570,517	–	–	25,570,517	25,647,294
	<u>86,361,896</u>	<u>11,128,645</u>	<u>–</u>	<u>97,490,541</u>	<u>78,285,595</u>
Long-term accounts payable (Note 14)	–	–	–	–	8,827,825
Long-term debt & mortgages (Note 5)	–	7,731,080	–	7,731,080	8,387,763
TOTAL LIABILITIES	<u>86,361,896</u>	<u>18,859,725</u>	<u>–</u>	<u>105,221,621</u>	<u>95,501,183</u>
FUND BALANCES					
Invested in capital assets	–	279,074,566	–	279,074,566	273,073,742
Externally restricted (Note 2(b)iii & Schedule 3)	–	367,416	5,164,540	5,531,956	5,569,014
Internally restricted (Note 16 & Schedule 4)	–	452,352	–	452,352	806,782
Unrestricted	(56,980,198)	(11,222,950)	–	(68,203,148)	(52,673,154)
TOTAL FUND BALANCES	<u>(56,980,198)</u>	<u>268,671,384</u>	<u>5,164,540</u>	<u>216,855,726</u>	<u>226,776,384</u>
TOTAL LIABILITIES & FUND BALANCES	<u>\$ 29,381,698</u>	<u>\$ 287,531,109</u>	<u>\$ 5,164,540</u>	<u>\$ 322,077,347</u>	<u>\$ 322,277,567</u>

See accompanying notes to the Financial Statements

Statement 2

STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES

For the year ended March 31

	Operating Fund			Restricted Funds			
	Budget 2004 (Note 12)	2004	2003 (Note 17)	Capital 2004	Community Trust 2004	Total 2004	Total 2003 (Note 17)
REVENUES							
Saskatchewan Health - General Revenue	\$457,515,767	\$464,801,195	\$430,607,345	\$ 6,620,870	\$ -	\$ 6,620,870	\$ 4,841,658
Other Provincial Revenue	5,774,888	5,042,439	4,869,967	154,326	-	154,326	189,087
Federal Government Revenue	5,145,850	5,121,437	5,945,906	1,400,814	-	1,400,814	-
Funding From Other Provinces	-	-	-	-	-	-	-
Special Funded Programs	-	-	-	-	-	-	-
Patient Fees	14,027,164	14,351,966	13,594,626	-	-	-	-
Out of Province Revenue	3,560,481	3,956,875	3,712,560	-	-	-	-
Out of Country Revenue	420,403	262,316	410,506	-	-	-	-
Donations	-	610,372	638,680	2,930,130	141,576	3,071,706	2,985,135
Investment Revenue	247,000	269,815	262,182	2,800	227,532	230,332	242,437
Ancillary Revenue	3,496,107	3,539,344	3,359,590	-	-	-	-
Recoveries	4,838,365	5,674,308	5,361,152	-	-	-	-
Other Revenue	5,490,912	4,561,854	4,539,092	240,636	-	240,636	110,082
	<u>500,516,937</u>	<u>508,191,921</u>	<u>473,301,606</u>	<u>11,349,576</u>	<u>369,108</u>	<u>11,718,684</u>	<u>8,368,399</u>
EXPENSES							
Province Wide Acute Care Services	\$ 37,021,821	\$ 37,504,295	\$ 34,162,280	\$ -	\$ -	\$ -	\$ -
Acute Care Services	240,849,827	247,812,927	227,190,082	10,626,852	40,976	10,667,828	12,345,283
Physician Compensation	33,701,052	35,772,138	31,957,770	-	-	-	-
Supportive Care Services	85,401,129	86,981,428	82,891,293	1,367,538	24,119	1,391,657	1,456,467
Home Based Service - Supportive Care	14,339,163	14,842,739	13,875,096	15,642	1,697	17,339	39,960
Population Health Services	11,404,219	12,399,659	10,378,613	125,203	-	125,203	123,851
Community Care Services	16,056,628	15,077,410	14,166,982	-	-	-	-
Home Based Services - Acute & Palliative	5,111,476	5,388,029	5,467,861	-	-	-	-
Primary Health Care Services	4,026,657	6,370,566	3,652,658	28,050	-	28,050	28,050
Emergency Response Services - RHA	6,688,888	8,020,073	6,523,851	202,175	-	202,175	215,329
Mental Health Services - Inpatient	5,759,161	6,201,400	5,422,540	-	-	-	-
Addictions Services - Residential	-	-	-	-	-	-	-
Physician Compensation	3,213,034	2,888,367	2,654,025	-	-	-	-
Program Support Services	31,771,960	29,365,796	30,443,970	5,125,291	-	5,125,291	3,999,084
Special Funded Programs	2,209,595	2,463,753	1,534,839	153,936	-	153,936	-
Ancillary	1,062,327	905,759	867,312	125,445	-	125,445	125,445
Total Expenses (Schedule 1)	<u>498,616,937</u>	<u>511,994,339</u>	<u>471,189,172</u>	<u>17,770,132</u>	<u>66,792</u>	<u>17,836,924</u>	<u>18,333,469</u>
Excess (Deficiency) of revenue over expenses	<u>\$ 1,900,000</u>	(3,802,418)	2,112,434	(6,420,556)	302,316	(6,118,240)	(9,965,070)
Fund balances, beginning of year		(53,485,843)	(49,275,961)	275,119,721	5,142,506	280,262,227	283,904,981
Interfund transfers (Note 16)		308,063	(6,322,316)	(27,781)	(280,282)	(308,063)	6,322,316
Fund balances, end of year		<u>\$ (56,980,198)</u>	<u>\$ (53,485,843)</u>	<u>\$268,671,384</u>	<u>\$ 5,164,540</u>	<u>\$273,835,924</u>	<u>\$280,262,227</u>

See accompanying notes to the Financial Statements

NOTES TO THE FINANCIAL STATEMENTS

March 31, 2004

1. LEGISLATIVE AUTHORITY

On August 1, 2002 the Legislative Assembly passed *The Regional Health Services Act* (the Act). This 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 Authority.

The Regina Qu'Appelle Regional Health Authority (RHA) was created by the Act. The Regina Qu'Appelle Regional Health Authority 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 Regina Qu'Appelle 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 CBO's and third parties to provide health services:

Autism Resource Centre Inc.
 Backlin's Ambulance Service Ltd.
 Cupar Lions Volunteer Ambulance
 Extendicare (Canada) Inc.
 Imperial & District Ambulance
 JT Ambulance Service Ltd.
 Living Sky Ambulance
 Mental Health Association / Regina Branch Inc.
 Mobile Crisis Services, Inc.
 Phoenix Residential Society Inc.
 Planned Parenthood Regina
 Prairie Ambulance Care (1998) Ltd.
 Rainbow Youth Centre Inc.
 Raymore Community Health and Social Centre
 Regina Recovery Homes Inc.
 Salvation Army Waterston Centre
 Soo Line Ambulance
 615672 Sask Ltd. (Touchwood EMS)
 Valley Ambulance Care Ltd.

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

Fort Qu'Appelle Indian Hospital Inc.

The Qu'Appelle Diocesan Housing Company

Santa Maria Senior Citizens Home Inc.

The Regina Lutheran Housing Corporation

The Salvation Army William Booth Special Care Home

Cupar and District Nursing Home Inc.

Lumsden & District Heritage Home Inc.

Pioneer Village Special Care Corporation

The RHA provides annual grant funding to these organizations for the delivery of health care services.

Consequently, the RHA has disclosed certain financial information regarding these affiliates.

These affiliates are not consolidated into the RHA financial statements. Alternately, Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliates.

- iii) The Hospitals of Regina Foundation (the Foundation) is a non-controlled not-for-profit entity that raises funds for programs and equipment for facilities under the Regina Qu'Appelle Health Region. The Foundation is incorporated under the *Non-Profit Corporations Act* and is a registered charity under *The Income Tax Act*.

The activities of the Foundation are not consolidated into the RHA financial statements. Alternately, Note 9 b) iii) provides supplementary information on the financial position, results of operations, and cash flows of the Foundation.

b) Fund Accounting

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

- i) Operating Fund

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

- ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for the 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 in which they are 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% to 6 2/3%
Leasehold improvements	–	2 1/2% to 20%
Equipment	–	5% to 30%

Donated capital assets are recorded at their fair value at the date of contribution.

e) Inventory

Inventories consist of general stores, pharmacy, and linen. All inventories are valued at cost. Cost of general stores and linen inventory is determined on a weighted average basis. Pharmacy inventory cost is determined on the first in, first out basis.

f) Investments

Investments are valued at the lower of cost and net realizable value.

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 became known.

3. CAPITAL ASSETS

	2004			2003		
	Cost	Accumulated Depreciation	Net Book Value	Cost	Accumulated Depreciation	Net Book Value
Land	\$ 4,203,602	\$ –	\$ 4,203,602	\$ 4,203,602	\$ –	\$ 4,203,602
Buildings	352,522,614	117,600,014	234,922,600	352,522,614	108,885,331	243,637,283
Land & Leasehold Improvements	4,467,165	2,558,500	1,908,665	3,629,339	2,387,608	1,241,731
Equipment	182,064,224	136,693,132	45,371,092	172,827,132	128,424,439	44,402,693
Construction in Progress	1,036,147	–	1,036,147	117,575	–	117,575
	<u>\$ 544,293,752</u>	<u>\$ 256,851,646</u>	<u>\$ 287,442,106</u>	<u>\$ 533,300,262</u>	<u>\$ 239,697,378</u>	<u>\$ 293,602,884</u>

4. COMMITMENTS

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

2004-2005	\$ 1,128,464
2005-2006	\$ 930,777
2006-2007	\$ 803,440
2007-2008	\$ 467,539
2008-2009	\$ 479,209

5. MORTGAGES AND LOANS PAYABLE

	Interest Rate	Repayment Terms	S.H.C. Subsidy	2004	2003
<u>Whitewood Community Health Centre</u> CMHC Due December 2013	5.140%	\$101,401 principal & interest	34,076	\$ 1,076,901	\$ 1,119,818
<u>Eastern Saskatchewan Pioneer Lodge</u> CMHC Due October 2017	5.875%	\$10,814 principal & interest		101,452	106,225
CMHC Due October 2024	8.000%	\$10,131 principal & interest		103,118	105,050
<u>Grenfell & District Pioneer Home</u> CMHC Due September 2004	5.125%	\$2,671 principal & interest		1,313	3,848
<u>Golden Prairie Home</u> CMHC Due December 2013	5.140%	\$62,099 principal & interest	21,280	690,335	715,026
CMHC Due May 2024	7.625%	\$18,687 principal & interest		193,900	197,868
<u>Broadview & District Centennial Lodge</u> CMHC Due August 2006	5.900%	\$147,674 principal & interest	43,319	531,618	644,612
<u>Silver Heights Special Care Home</u> CMHC Due March 2013	5.380%	\$49,785 principal & interest	34,563	670,601	684,223
<u>Parkland Lodge</u> CMHC Due April 2015	8.000%	\$17,221 principal & interest		127,111	134,030
<u>Echo Lodge</u> CMHC Due September 2012	5.520%	\$59,166 principal & interest	21,089	686,419	707,405
CMHC Due January 2023	7.500%	\$3,243 principal & interest		32,933	33,712
CMHC Due January 2018	5.875%	\$10,688 principal & interest		101,490	106,140
<u>Medical Office Building</u> Bank of Montreal - demand loan	5.000%	\$373,287 principal & interest		3,370,881	3,591,329
<u>Local Governments</u> Pacific & Western - Due September 2008	6.560%	\$69,364 to \$87,866 principal & interest		326,115	378,067
<u>Fort Qu'Appelle Regional Office</u> Pacific & Western - Due November 2009	6.627%	\$75,070 principal & interest		353,353	403,893
				\$ 8,367,540	\$ 8,931,246
		Less: Current portion		636,460	543,483
				<u>\$ 7,731,080</u>	<u>\$ 8,387,763</u>

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Security for the loans was given in the form of promissory notes, general security agreements, assignments of fire insurance and board resolutions.

The RHA assumed responsibility for a loan agreement with Pacific and Western Trust, which was made on behalf of local governments that committed funds for the construction of the Balcarres Integrated Care Centre. The local governments provided signed agreements for the annual payment of their portion of the loan.

The Medical Office Building demand loan was to finance the construction of the Medical Office Building. This project is considered to be self financing over a 20 year period and the loan is secured through assignment of rent receipts. Interest is at bank prime less .375%. There is a remaining fifteen-year amortization on this loan.

Principal repayments required in each of the next five years are estimated as follows:

2004-2005	\$ 636,460
2005-2006	\$ 654,606
2006-2007	\$ 687,541
2007-2008	\$ 721,928
2008-2009	\$ 611,827
2009 and subsequent	\$ 5,055,178

6. DEFERRED REVENUE

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund is recorded as revenue as the related costs are incurred. The funding is restricted in use to provincially approved health improvement initiatives.

	2003 Balance	Sask Health Funding		Other Sources		2004 Balance
		Less Amount Recognized	Add Amount Received	Less Amount Recognized	Add Amount Received	
Aboriginal Awareness	\$ -	\$ -	\$ 80,830	\$ -	\$ -	\$ 80,830
Approved Home Program	17,878	52,878	35,000	-	-	-
Diabetes Foot Program	-	-	51,733	-	-	51,733
Early Childhood Development	30,000	30,000	-	-	-	-
Endovascular Grafts	132,800	132,800	-	-	-	-
Health Improvement Initiatives	190,184	190,184	-	-	-	-
Healthline	-	4,633,581	4,898,160	-	-	264,579
High Risk Youth	145,366	145,366	190,000	-	-	190,000
IRCS/YCJA	-	19,995	186,666	-	-	166,671
Medical Remuneration - SMA agreement	921,452	921,452	-	-	-	-
Medical Remuneration Pressures	800,000	800,000	-	-	-	-
Medical Remuneration Radiology	321,200	321,200	-	-	-	-
Nursing Standards Council	139,794	28,435	-	-	-	111,359
Phase 1 Transfusion Surveillance	-	-	45,000	-	-	45,000
Podiatry Diabetes	43,075	20,333	-	-	-	22,742
Primary Diabetes Prevention	1,138	1,138	-	-	-	-
Primary Health Care Init.	76,425	139,629	151,000	-	-	87,796
Primary Health Services - Four Directions	16,165	16,165	-	-	-	-
Primary Health Services Site	1,064	1,064	-	-	-	-
Provincial Diabetes Plan 02/03	40,095	-	19,905	-	-	60,000
Provincial Diabetes Plan 03/04	-	-	60,000	-	-	60,000
Renal Management	233,201	233,201	-	-	-	-
Research Project Nurses' Turnover	50,000	-	-	-	-	50,000
Surgical Wait List	77,149	77,149	-	-	-	-
Team Facilitator Position	-	-	78,600	-	-	78,600
Tobacco Enforcement	-	-	8,500	-	-	8,500
Workplace Wellness	194,486	541,159	346,673	-	-	-
Acquired Brain Injury Program	203,475	-	-	724,904	726,516	205,087
Education Funds	97,236	-	-	73,860	34,070	57,446
Kids First	537,363	-	-	2,465,335	2,394,104	466,132
Research Grants	777,584	-	-	480,196	739,318	1,036,706
Medical Earnings Pool	619,766	-	-	93,451	57,246	583,561
Other	633,292	-	-	197,917	174,642	610,017
Total	\$ 6,300,188	\$ 8,305,729	\$ 6,152,067	\$ 4,035,663	\$ 4,125,896	\$ 4,236,759

7. NET CHANGE IN NON-CASH WORKING CAPITAL

	Operating Fund		Restricted Funds			
	2004	2003	Capital	Community Trust	Total 2004	Total 2003
(Increase) Decrease in accounts receivable	\$ (7,592,047)	\$ 841,875	\$ (197,359)	\$ (2,388)	\$ (199,747)	\$ (221,443)
(Increase) Decrease in inventory	(1,147,325)	1,104,467	-	-	-	-
(Increase) Decrease in prepaid expenses	(2,101,170)	738,342	-	-	-	-
(Increase) Decrease in capital assets	-	-	-	-	-	15,586
Increase (Decrease) in accounts payable	1,191,582	567,975	9,477,611	192,923	9,670,534	(2,424,367)
Increase (Decrease) in salaries & vacation payable	3,294,780	4,120,430	-	-	-	-
Increase (Decrease) in deferred revenue	(2,054,616)	(103,974)	(8,813)	-	(8,813)	7,183
	<u>\$ (8,408,796)</u>	<u>\$ 7,269,115</u>	<u>\$ 9,271,439</u>	<u>\$ 190,535</u>	<u>\$ 9,461,974</u>	<u>\$ (2,623,041)</u>

8. CONTINGENT LIABILITY

As at March 31, 2004 there was a contingent liability of \$3.1 M related to collective agreements negotiated between Saskatchewan Union of Nurses (S.U.N.) and Saskatchewan Association of Health Organizations (S.A.H.O.) and Health Sciences Association of Saskatchewan (H.S.A.S.) and S.A.H.O. whereby:

1. All S.U.N. employees hired after 1999 at the Regina General Hospital are now enrolled in the S.H.E.P.P. pension and the S.A.H.O. Long-Term Disability Plan.

Previous to the negotiated collective agreement, these S.U.N. employees would have been members of the City of Regina Pension Plan and the Long-Term Disability Plan.

2. All H.S.A.S. employees hired after 1999 are now enrolled in the S.H.E.P.P. pension and the S.A.H.O. Long-Term Disability Plan.

Previous to the negotiated collective agreement, these H.S.A.S. employees would have been members of the City of Regina Pension Plan and the Long-Term Disability Plan.

A statement of claim dated January 17, 2003 was filed by the Administrative Board of the Regina Civic Employees' Long Term Disability Plan, the Administrative Board of the Regina Civic Employees' Superannuation and Benefit Plan and the City of Regina as Plaintiffs against the Regina Qu'Appelle Regional Health Authority, Saskatchewan Association of Health Organizations, Health Sciences Association of Saskatchewan and Saskatchewan Union of Nurses as Defendants.

Discussions are ongoing in an attempt to resolve the issue.

9. RELATED PARTIES**a) Related Party Transactions**

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.

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

	<u>2004</u>	<u>2003</u>
<u>Accounts Receivable</u>		
Saskatchewan Cancer Foundation	\$ 3,356,798	\$ 1,406,133
Workers' Compensation Board	\$ 310,281	\$ 410,229
<u>Accounts Payable</u>		
Saskatchewan Association of Health Organizations	\$ 2,014,957	\$ 1,955,277
SaskEnergy Incorporated	\$ 42,794	\$ 51,993
Saskatchewan Power	\$ 276,228	\$ 284,641
Saskatchewan Property Management Corporation	\$ 213,127	\$ 110,883
Saskatchewan Telecommunications	\$ 140,136	\$ 129,166
Workers' Compensation Board	\$ -	\$ 1,160,491
<u>Revenue</u>		
Saskatchewan Cancer Foundation	\$ 2,794,559	\$ 2,452,335
SGI Canada Insurance Services Ltd.	\$ 2,697,172	\$ 2,765,241
Workers' Compensation Board	\$ 2,339,917	\$ 2,089,494
<u>Expense</u>		
Saskatchewan Association of Health Organizations	\$ 17,356,665	\$ 17,143,313
SaskEnergy Incorporated	\$ 378,568	\$ 405,719
SGI Canada Insurance Services Ltd.	\$ 30,900	\$ 12,878
Saskatchewan Power	\$ 3,764,836	\$ 3,870,390
Saskatchewan Property Management Corporation	\$ 1,881,492	\$ 1,843,550
Saskatchewan Telecommunications	\$ 2,080,887	\$ 1,720,430
SaskTel Mobility	\$ 31,029	\$ -
Workers' Compensation Board	\$ 5,919,099	\$ 4,944,591

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes 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 in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBOs and Third Parties:

	2004	2003
615672 Sask Ltd. (Touchwood EMS)	\$ 322,087	\$ 267,846
Autism Resource Centre	309,995	306,275
Backlin's Ambulance Service Ltd.	433,940	295,914
Mental Health Association / Regina Branch Inc.	348,029	338,329
City of Regina Transit Department	20,000	20,000
Cosmopolitan Activity Centre	28,030	25,980
Cupar Lions Volunteer Ambulance	183,577	96,687
Extendicare (Canada) Inc.	15,238,043	14,160,441
Imperial & District Ambulance	84,306	81,147
JT Ambulance Service Ltd.	287,983	188,504
Living Sky Ambulance	17,064	17,064
Lumsden & Craven Seniors' Program Inc.	22,500	22,500
Milestone Assisted Living Advisory Board	25,250	25,250
Mobile Crisis Services, Inc.	85,213	83,506
Phoenix Residential Society	937,462	913,950
Planned Parenthood Regina	122,898	125,920
Prairie Ambulance Care (1998) Ltd.	226,960	168,876
Rainbow Youth Centre	164,700	160,103
Raymore Community Health & Social Centre	45,000	44,000
Red Cross	120,000	116,511
Regina Recovery Homes Inc.	1,575,781	1,537,331
Salvation Army Waterston Centre	149,851	133,342
Soo Line Ambulance	89,803	85,198
University of Regina	62,336	62,336
Valley Ambulance Care Ltd.	316,767	235,408
Miscellaneous Grants	56,995	33,163
	<u>\$ 21,274,570</u>	<u>\$ 19,545,581</u>

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The following presentation discloses the amount of funds granted to each affiliate:

	2004	2003
Cupar & District Nursing Home Inc.	\$ 1,697,306	\$ 1,536,735
Fort Qu'Appelle Indian Hospital Inc.	2,233,969	1,775,472
Lumsden & District Heritage Home Inc.	1,400,943	1,297,982
The Qu'Appelle Diocesan Housing Company	796,354	675,817
The Regina Lutheran Housing Corporation	3,244,772	2,964,053
Pioneer Village Special Care Corporation	15,585,792	14,426,034
Santa Maria Senior Citizens Home Inc.	5,546,134	5,189,249
The Salvation Army William Booth Special Care Home	<u>3,949,898</u>	<u>3,662,131</u>
	<u>\$ 34,455,168</u>	<u>\$ 31,527,473</u>

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entities as at March 31, 2003 and 2002 and for the years then ended:

	Total 2003	Total 2002
<u>Balance Sheet</u>		
Assets	\$ 9,648,627	\$ 8,426,647
Net Capital Assets	<u>22,639,421</u>	<u>22,796,199</u>
Total Assets	<u>\$ 32,288,048</u>	<u>\$ 31,222,846</u>
Total Liabilities	16,385,471	15,779,464
Total Net Assets (Fund Balances)	<u>15,902,577</u>	<u>15,443,382</u>
	<u>\$ 32,288,048</u>	<u>\$ 31,222,846</u>

Results of Operations

RHA Grant	\$ 31,480,148	\$ 30,535,601
Other Revenue	<u>11,703,060</u>	<u>11,413,706</u>
Total Revenue	43,183,208	41,949,307
Salary & Benefits	33,453,646	32,432,450
Other Expenses*	<u>8,720,285</u>	<u>8,905,822</u>
Total Expenses	<u>\$ 42,173,931</u>	<u>\$ 41,338,272</u>
Excess Revenue over Expenses	<u>\$ 1,009,277</u>	<u>\$ 611,035</u>

* Other Expenses includes amortization of \$267,599 (2002 - \$237,867)

Cash Flows

Cash from Operations	\$ 1,190,093	\$ 1,114,579
Cash used in Financing Activities	(1,960,603)	(500,023)
Cash used in Investing Activities*	<u>802,136</u>	<u>(602,185)</u>
Increase in Cash	<u>\$ 31,626</u>	<u>\$ 12,371</u>

*Cash used in Investing Activities includes capital purchases of \$234,800 (2002 - \$286,473)

iii) Fund Raising Foundations

The Hospitals of Regina Foundation Inc. is an independent non-profit corporation without share capital that has its own Board of Directors. It provides donations to the RHA for capital equipment, education and research purposes. Its accounts are not included in these financial statements. As of December 31, 2003 it has net assets

of \$7,654,073 (2002 - \$6,914,987). During the year, the Foundation provided funding of approximately \$3,085,762 (2003 - \$2,374,078) for programs and capital acquisitions reported in donations and ancillary income. These amounts were used to fund capital assets, education and research projects at the Regina General Hospital, the Pasqua Hospital and the Wascana Rehabilitation Centre.

	December 31, 2003	December 31, 2002
<u>Balance Sheet</u>		
Total Assets	\$ 8,534,153	\$ 7,959,576
Total Liabilities	<u>880,080</u>	<u>1,044,589</u>
Total Net Assets (Fund Balances)*	<u>\$ 7,654,073</u>	<u>\$ 6,914,987</u>

* In accordance with donor-imposed restrictions \$835,762 (2002 - \$974,826) of the foundation's net assets must be used to purchase specialized equipment.

<u>Results of Operations</u>		
RHA Operating Grant	\$ -	\$ -
Other Revenues	<u>5,284,080</u>	<u>7,413,976</u>
Total Revenues	5,284,080	7,413,976
Total Expenses*	<u>4,544,994</u>	<u>4,979,301</u>
Excess of revenue over expenses	<u>\$ 739,086</u>	<u>\$ 2,434,675</u>

* Total expenses include contributions of \$3,288,997 (2002 - \$3,459,377) to the RHA and amortization of \$23,550 (2002 - \$27,323)

<u>Cash Flows</u>		
Cash from operations	\$ 603,889	\$ 2,540,796
Cash used in financing and investing activities*	<u>(708,879)</u>	<u>(1,664,424)</u>
Increase (Decrease) in cash	<u>\$ (104,990)</u>	<u>\$ 876,372</u>

* Investing activities include capital purchases of \$23,857 (2002 - \$62,256)

10. 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, 2004 was \$78,193 (2003 - \$79,440). These amounts are not reflected in the financial statements.

11. PENSION PLAN

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

- Saskatchewan Healthcare Employees' Pension Plan (SHEPP), which is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan that came into effect December 31, 2002. Prior to December 31, 2002 this plan was the SAHO Retirement Plan and was governed by the SAHO Board of Directors.
- Regina Civic Employees' Superannuation and Benefit Plan, which is a defined benefit plan. The RCP is administered by a jointly trustee board (equal employer and employee representatives).
- Public Service Superannuation Plan (a related party), which is also a defined benefit plan. This plan is administered by a Cabinet appointed board of directors.

- Public Employees' Pension Plan (a related party) which is a defined contribution plan. This plan is administered by a Cabinet appointed board of directors.

The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. The RHA follows defined contribution plan accounting for its participation in these plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

Pension expense for the year amounted to \$15,068,179 (2003 - \$11,851,298) which is included in benefits in Schedule 1.

Effective January 1, 2004 contribution rates are as follows:

- 6.552% (2003 - 5.04%) of pensionable earnings up to the yearly maximum pensionable earnings (CPP) plus
- 8.232% (2003 - 6.72%) of pensionable earnings above the yearly maximum pensionable earnings (CPP)

12. BUDGET

The RHA Board approved the 2003-2004 budget plan on June 13, 2003.

13. INSURANCE

The RHA purchases liability insurance from Healthcare Insurance Reciprocal of Canada (the Reciprocal). Under the terms of the Subscribers' Agreement, with respect to a policy period where revenues exceed expenses, any premium surplus may be refunded to the Reciprocal's subscribers on a proportionate basis after the subscriber has been enrolled with the Reciprocal for more than four years. This is the RHA's seventh year in the agreement with the Reciprocal. Similarly, if there is a deficiency of revenues, the Reciprocal may collect such premium deficiency from its Subscribers on a proportionate basis. The Reciprocal maintains a stabilization fund to cover future deficiencies. Also, the Reciprocal is insured for claims in excess of \$1 million. There is no premium surplus for the current year and there are no claims reported that are expected to exceed the policy limits.

14. WORKERS' COMPENSATION BOARD

On July 16, 2001 the Regina Qu'Appelle Regional Health Authority was served notice by Saskatchewan Workers' Compensation Board of its intent to terminate, without cause, the joint operating agreement between the two parties. The agreement states that three years from the date of notice payment of any outstanding amounts will be due from the Regina Qu'Appelle Regional Health Authority. The amount owing is the depreciated value of the portion of the facility funded by Saskatchewan Workers' Compensation Board.

15. FINANCIAL INSTRUMENTS

a) Significant terms and conditions

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

b) 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 Cancer Foundation, health insurance companies, the Federal Government or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

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

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature:
 - cash and short-term investments
 - accounts receivable
 - accounts payable
 - accrued salaries and vacation payable
- For investments, the fair value of \$7,781,627 (2003 - \$8,422,626) is considered to approximate quoted market values.
- The fair value of mortgages payable before the repayment required within one year is \$4,510,968 (2003 - \$5,229,907) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.
- For the bank overdraft and debt, fair value is considered to be their carrying amounts.

d) Operating Line-of-Credit

The RHA has an unsecured line of credit limit of \$31,514,987 approved by the Minister of Health in 1999. Interest on the outstanding balance is charged at bank prime less .75%. Total interest paid on the line of credit was \$642,254 (2003 - \$864,856).

16. INTERFUND TRANSFERS

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

	2004			2003		
	Operating	Capital	Community Trust	Operating	Capital	Community Trust
Building renovations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Capital asset purchases	-	280,282	(280,282)	(6,210,523)	6,574,714	(364,191)
SHC reserves	308,063	(308,063)	-	(111,793)	111,793	-
Mortgage payments	-	-	-	-	-	-
Other	-	-	-	-	-	-
	<u>\$ 308,063</u>	<u>\$ (27,781)</u>	<u>\$ (280,282)</u>	<u>\$ (6,322,316)</u>	<u>\$ 6,686,507</u>	<u>\$ (364,191)</u>

17. COMPARATIVE INFORMATION

Certain 2002-03 balances have been reclassified to conform to the current year's presentation.

Schedule 1

SCHEDULE OF EXPENSES BY OBJECT

For the year ended March 31

	<u>Budget 2004</u>	<u>2004</u>	<u>2003</u> (Note 17)
Operating:			
Benefits	\$ 44,419,566	\$ 47,967,819	\$ 40,737,137
Board costs	152,635	137,337	143,227
Diagnostic imaging supplies	1,798,220	1,366,711	1,438,245
Drugs	9,993,309	9,208,699	9,060,408
Food	4,534,378	4,404,836	4,333,321
Grants to ambulance services	1,460,078	1,963,487	1,437,244
Grants to third parties	54,763,456	53,766,251	49,635,810
Housekeeping and laundry supplies	2,103,920	1,967,591	1,973,215
Information technology contracts	2,526,620	2,438,927	2,049,377
Insurance	1,017,000	1,045,550	848,842
Interest	1,205,142	903,303	1,114,975
Laboratory supplies	3,777,244	4,361,162	4,504,366
Medical and surgical supplies	20,881,482	23,732,662	21,211,544
Medical remuneration and benefits	35,738,585	38,242,557	34,285,162
Office supplies and other office costs	2,056,410	1,793,514	1,736,264
Other	8,305,406	8,150,435	9,227,600
Other referred out services	542,743	309,956	402,520
Professional fees	9,948,995	11,213,147	9,810,925
Prosthetics	9,030,350	9,054,440	8,887,597
Purchased services	292,791	307,405	441,062
Rent/lease costs	4,441,504	4,450,639	4,342,470
Repairs and maintenance	7,518,788	7,152,964	6,812,627
Salaries	258,627,817	265,945,144	245,277,192
Service contracts	763,023	689,046	547,613
Travel	3,468,105	3,202,891	3,095,181
Utilities	<u>9,249,370</u>	<u>8,217,866</u>	<u>7,835,248</u>
	<u>\$ 498,616,937</u>	<u>\$ 511,994,339</u>	<u>\$ 471,189,172</u>
Restricted			
Amortization		\$ 17,264,391	\$ 17,892,700
Loss on Disposal of Fixed Assets		-	-
Other		<u>572,533</u>	<u>440,769</u>
		<u>\$ 17,836,924</u>	<u>\$ 18,333,469</u>

Schedule 2

SCHEDULE OF INVESTMENTS

For the year ending March 31, 2004

	Amount	Maturity	Effective Rate
Restricted			
<u>Cash and Short-Term</u>			
Chequing and Savings			
Bank of Montreal - Regina	\$ 56,235		
CIBC Wood Gundy Cash	287		
Moosomin Credit Union	207		
Raymore Credit Union	3,541		
RBC Cash	294		
Royal Bank - Balcarres	174,903		
Royal Bank - Indian Head	38,141		
Royal Bank - Moosomin	72,637		
Royal Bank - Regina	93,825		
TD Canada Trust - Grenfell	24,771		
	<u>\$ 464,841</u>		
Investments			
CMHC - Global Bonds	595,210	6/1/04	5.24%
CMHC - Global Bonds	133,450	6/1/04	5.13%
Government of Canada	645,081	6/1/04	5.13%
Government of Canada	95,515	9/1/04	1.82%
Province of Ontario	493,974	9/15/04	2.51%
Government of Canada	518,265	12/1/04	2.31%
Farm Credit Corporation	90,315	12/15/04	3.34%
Government of Canada	234,962	1/27/05	2.15%
Province of Ontario	602,000	3/8/05	1.92%
REN Money Market	25,718		
REN Canadian T-Bill	14		
	<u>\$ 3,434,504</u>		
<u>Long-Term Investments</u>			
Alberta Municipal Finance Corporation	309,392	6/1/05	4.11%
Government of Canada	136,385	6/1/05	5.22%
Province of Ontario	297,200	12/1/05	5.39%
Province of Ontario	143,774	12/2/05	5.40%
Alberta Treasury Branch	413,868	6/9/06	3.18%
Province of Sask Savings Bonds	369,400	7/15/08	3.00%
Province of British Columbia	28,581	6/21/04	
Saskatchewan Savings Bonds	182,900	7/15/05	5.75%
Saskatchewan Savings Bonds	10,800	7/15/08	3.00%
Saskatchewan Savings Bonds	10,700	7/15/07	3.25%
	<u>\$ 1,903,000</u>		
Total Restricted Investments	<u>\$ 5,802,345</u>		

Schedule of Investments - continued

	<u>Amount</u>	<u>Maturity</u>	<u>Effective Rate</u>
Unrestricted			
<u>Cash and Short-Term</u>			
Chequing and Savings			
Cash on Hand	\$ 51,784		
Petty Cash	49,803		
CIBC - Regina	122,028		
Cornerstone Credit Union - Lestock	2,924		
Moosomin Credit Union	8,511		
	<u>\$ 235,050</u>		
Investments			
Saskatchewan Savings Bonds Series 8	100,000	7/15/04	5.00%
Moosomin Credit Union	46,171	9/9/04	1.50%
Canada Savings Bonds S47 R	5,000	11/1/04	2.00%
Canada Savings Bonds S47 C	15,000	11/1/04	2.00%
Province of Alberta	25,000	12/1/04	5.75%
Farm Credit Corporation	187,000	3/15/05	
RBC Dominion Securities Cash	9,705		
	<u>\$ 387,876</u>		
<u>Long-Term Investments</u>			
Saskatchewan Savings Bonds Series 9	452,200	7/15/05	5.75%
Farm Credit Corporation	170,000	8/15/05	4.50%
Canada Savings Bonds S48 C	1,300	11/1/05	2.00%
Province of Nova Scotia	331,000	3/15/06	5.50%
Saskatchewan Savings Bonds Series 10	101,500	7/15/06	4.25%
Saskatchewan Savings Bonds Series 11	39,100	7/15/07	3.25%
Unamortized bond premium	4,785		
	<u>\$ 1,099,885</u>		
Total Unrestricted Investments	<u>1,722,811</u>		
Total Investments	<u>\$ 7,525,156</u>		
Cash & short-term investments	\$ 4,522,271		
Investments	<u>3,002,885</u>		
	<u>\$ 7,525,156</u>		

Schedule 3

SCHEDULE OF EXTERNALLY RESTRICTED FUNDS

For the year ended March 31, 2004

	<u>Balance Beginning of Year</u>	<u>Investment & Other Revenue</u>	<u>Donations</u>	<u>Expenses</u>	<u>Transfer to investment in capital asset</u>	<u>Balance end of Year</u>
Capital Fund						
Balcarres Integrated Care Centre	\$ 38,775	\$ 1,767	\$ 20,009	\$ 4,552	\$ 5,871	\$ 50,128
Echo Lodge	40,840	1,055	4,371	1,775	8,381	36,110
Home Care	3,702	102	271	-	-	4,075
Saskatchewan Health Construction	326,000	-	-	-	62,844	263,156
Silver Heights	9,662	3,717	10,897	3,942	11,115	9,219
St. Joseph's Integrated Care Centre	7,529	133	790	1,361	2,363	4,728
	<u>426,508</u>	<u>6,774</u>	<u>36,338</u>	<u>11,630</u>	<u>90,574</u>	<u>367,416</u>
Community Trust Fund						
Balcarres Integrated Care Centre	80,626	2,163	10,000	5,000	-	87,789
Broadview & District Centennial Lodge	279,988	21,649	7,422	5,826	-	303,233
Broadview Union Hospital	450,512	25,257	1,715	2,449	21,631	453,404
District Office	1,280	-	-	-	-	1,280
Eastern Saskatchewan Pioneer Lodge	84,008	-	16,211	1,526	48,040	50,653
Golden Prairie Home	448,792	22,348	3,873	4,136	13,372	457,505
Grenfell Area	543,644	15,661	2,401	1,536	2,500	557,670
Home Care	5,845	-	2,431	1,697	-	6,579
Indian Head Union Hospital	48,910	5,691	5,697	-	12,765	47,533
Lakeside Home	15,984	-	6,531	2,771	4,689	15,055
Montmartre Health Centre	96,406	5,574	2,574	1,082	4,292	99,180
Moosomin Union Hospital	2,380,422	97,621	36,774	11,998	58,985	2,443,834
St. Joseph's Integrated Care Centre	196,612	11,272	-	-	-	207,884
Whitewood Community Health Centre	95,532	1,655	19,697	2,242	17,029	97,613
Wolseley Memorial Union Hospital	413,945	18,641	26,250	26,529	96,979	335,328
	<u>5,142,506</u>	<u>227,532</u>	<u>141,576</u>	<u>66,792</u>	<u>280,282</u>	<u>5,164,540</u>
Total Externally Restricted Funds	<u>\$ 5,569,014</u>	<u>\$ 234,306</u>	<u>\$ 177,914</u>	<u>\$ 78,422</u>	<u>\$ 370,856</u>	<u>\$ 5,531,956</u>

SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES

For the year ended March 31, 2004

	<u>Balance Beginning of Year</u>	<u>Investment Income Allocation</u>	<u>Annual CHMC Allocation</u>	<u>Expense</u>	<u>Investment in Capital</u>	<u>Balance end of Year</u>
Balcarres Integrated Care Centre	\$ 223,755	\$ -	\$ (115,755)	\$ -	\$ -	\$ 108,000
Broadview & District Centennial Lodge	10,903	-	9,405	-	5,109	15,199
Eastern Saskatchewan Pioneer Lodge	24,968	-	15,400	-	19,964	20,404
Echo Lodge	24,237	-	32,830	-	9,899	47,168
Golden Prairie Home	112,810	-	2,980	-	-	115,790
Grenfell Pioneer Home	358,373	-	(268,373)	-	3,833	86,167
Silver Heights	59,344	-	7,750	-	-	67,094
Whitewood Community Health Centre	<u>(7,608)</u>	<u>-</u>	<u>7,700</u>	<u>-</u>	<u>7,562</u>	<u>(7,470)</u>
	<u>\$ 806,782</u>	<u>\$ -</u>	<u>\$ (308,063)</u>	<u>\$ -</u>	<u>\$ 46,367</u>	<u>\$ 452,352</u>

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

BOARD REMUNERATION, BENEFITS, AND ALLOWANCES

For the year ended March 31

Board Members	2004				2003		
	Retainer & Per Diems	Benefits ¹	Other Expenses	Total	Retainer & Per Diems	Benefits & Other Expenses	Total
Chairperson							
Knuttila, M.	\$ 28,785	\$ 1,239	\$ 3,197	\$ 33,221	\$ 26,444	\$ 4,516	\$ 30,960
Former Chairpersons	-	-	-	-	16,248	6,354	22,602
Board Members²							
Bergman, A.	5,081	102	1,406	6,589	3,524	1,078	4,602
Boutillier, L.	7,194	168	1,638	9,000	8,836	3,513	12,349
Connolley, P.	11,150	411	5,116	16,677	12,410	5,214	17,624
Elford, L.	8,888	290	1,974	11,152	9,363	2,355	11,718
Everett, M.	12,331	452	7,783	20,566	11,356	9,203	20,559
Fisher, T.	5,594	118	722	6,434	9,782	2,212	11,994
Leier, B.	5,144	139	796	6,079	9,013	2,562	11,575
Poitras, B.	4,913	112	2,053	7,078	5,200	1,560	6,760
Semenchuck, G.	1,825	16	180	2,021	1,600	147	1,747
Taylor, A.	4,200	-	1,028	5,228	2,125	295	2,420
Ward, C.	8,244	249	3,104	11,597	7,434	2,643	10,077
Former Districts Board Members²	-	-	-	-	26,110	9,846	35,956
	<u>\$ 103,349</u>	<u>\$ 3,296</u>	<u>\$ 28,997</u>	<u>\$ 135,642</u>	<u>\$ 149,445</u>	<u>\$ 51,498</u>	<u>\$ 200,943</u>

(1) Benefits include employer CPP and all travel time

(2) Includes expenses while sitting as a member of Regional Health Authority Planning Committee in 2002

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE

Staff	2004				Severance			2003			
	Number of FTE's	Salary ¹	Benefits & Allowances ²	Subtotal	Number of FTE's	Amount	Total	Number of FTE's	Salary, Benefit & Allowances	Severance	Total
Chief Executive Officer	1.00	\$ 262,624	\$ 6,023	\$ 268,647	-	-	\$ 268,647	-	\$ -	\$ -	\$ -
Former Districts Chief Executive Officers	-	-	-	-	-	-	-	3.00	450,415	-	450,415
Senior Positions											
Regional Medical Health Officer	1.00	174,979	169	175,148	-	-	175,148	-	-	-	-
Senior Vice President, Health Services	1.00	170,407	7,604	178,011	-	-	178,011	-	-	-	-
Senior Vice President, Medical Services	0.50	148,103	6,600	154,703	-	-	154,703	-	-	-	-
Vice President, Corporate Services	1.00	134,386	4,071	138,457	-	-	138,457	-	-	-	-
Vice President, Human Resources	1.00	101,446	573	102,019	-	-	102,019	-	-	-	-
Vice President, Medical Services	0.50	107,353	3,900	111,253	-	-	111,253	-	-	-	-
Vice President, Operations Support	1.00	133,088	6,115	139,203	-	-	139,203	-	-	-	-
Vice President, Primary Health Care	1.00	116,974	1,670	118,644	-	-	118,644	-	-	-	-
Vice President, Restorative & Continuing Care	1.00	116,975	1,490	118,465	-	-	118,465	-	-	-	-
Vice President, Specialty Care	1.00	116,974	688	117,662	-	-	117,662	-	-	-	-
Former Districts Senior Positions	-	-	-	-	-	-	-	17.50	1,647,047	140,035	1,787,082
	<u>10.00</u>	<u>\$1,583,309</u>	<u>\$ 38,903</u>	<u>\$1,622,212</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$1,622,212</u>	<u>20.50</u>	<u>\$2,097,462</u>	<u>\$ 140,035</u>	<u>\$2,237,497</u>

(1) Salaries include regular base pay, overtime, lumpsum payments, honoraria and any other direct cash remuneration including sick leave and vacation

(2) Benefits and allowances include employee's taxable allowances and mileage re-imbursements

Copies of this Annual Report are available from the
Public Affairs Department of the Regina Qu'Appelle Health Region.

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The Regina Qu'Appelle Health Region is a
teaching affiliate of the College of Medicine,
University of Saskatchewan.

