



Regina Qu'Appelle

REGIONAL HEALTH AUTHORITY

ANNUAL REPORT 2006-2007

 Regina Qu'Appelle
HEALTH REGION

QUALITY

SAFETY

ACCESS



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To view the Regina Qu’Appelle Regional Health Authority Annual Report visit www.rqhealth.ca



LETTER OF TRANSMITTAL

The Honourable Len Taylor
Minister of Health
Room 346, Legislative Building
Regina, SK S4S 0B3

The Honourable Graham Addley
Minister of Healthy Living and
Minister Responsible for Seniors
Room 345, Legislative Building
Regina, SK S4S 0B3

Dear Mr. Taylor and Mr. Addley,

On behalf of the Regina Qu'Appelle Regional Health Authority (RQRHA) and its board, I am pleased to submit the 2006-2007 annual report. This report is submitted in accordance with the requirements of *The Regional Health Services Act* and *The Tabling of Documents Act*.

The health region continues to remain focused on Saskatchewan Health's vision of "*building a province of healthy people and healthy communities*" and is committed to providing quality, accessible health services for the people it serves.

Throughout our annual report, we have focused on the RQHR's three priority objectives: improve service quality and patient safety; create a safe, supportive and quality workplace; and improve access and service delivery. These objectives are the foundation of the health region's strategic direction and guide all our actions.

Sincerely,



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

REGINA QU'APPELLE HEALTH REGION: COMMITTED TO THE PEOPLE WE SERVE

THE REGINA QU'APPELLE STRATEGIC FRAMEWORK

The Regina Qu'Appelle Health Region's (RQHR) strategic framework outlines the region's long-term direction in providing services that enhance the health of the people within its communities. The framework includes the region's vision, mission, values, philosophies and strategic themes.

In September 2006 the RQHR and Senior Management Team, in consultation with the Community Advisory Networks, reviewed the strategic framework to validate the long-term direction set by the region. The review included an extensive environmental scan completed last summer and information obtained from community consultation sessions held throughout 2005 and 2006.

As a result of the additional input, the strategic framework was updated with an increased emphasis on safety. The number of strategic themes also went from seven to six, reflecting the current and future needs of our community.

The region provides specialized health care for 465,000 residents in southern Saskatchewan through the two designated provincial hospitals in Regina. The RQHR is one of Canada's most integrated health providers. It offers a full range of hospital, rehabilitation, community and public health, long term care and home care services.

The RQHR is ultimately accountable for the overall management and control of the health system. It has accountability to the Minister of Health for achieving provincial and regional health goals and objectives of health services.

VISION

Healthy people, families and communities

MISSION

We are a provincial and community provider of a full range of safe, 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, trust, 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.

LEADERSHIP PHILOSOPHY

Leadership is about choice...

Leadership is about people...

Leadership is choosing "People are our Passion"

Leadership is a key foundation of a successful organization and is the core of our culture. Everyone in our organization can be a leader. The substance of leadership comes from the leader's values, self-awareness, dedication to ongoing learning, courage, vision... and the ability to demonstrate with action rather than just words.

Leadership is about people... working together to envision, and achieve, a preferred future. It is the ability to inspire, nurture, and mentor others toward a common vision through shared values that are based on relationships and respect.

REGINA QU'APPELLE HEALTH REGION'S OPERATING PLAN: OUR MAP TO THE FUTURE

WHAT IS THE REGIONAL OPERATING PLAN?

The 2004-2009 RQHR Operating Plan is the map that will lead the health region to its vision, and preferred future state.

The Operating Plan lays out the steps the RQHR is going to take to achieve its six strategic themes. There are 20 objectives that support the strategic themes. The region selected these objectives to focus efforts and resources and ensure the organization becomes the health care provider envisioned in its mission. To achieve each of the objectives, there are specific program initiatives that will be undertaken by various areas of the region.

As each year passes, the objectives may change as program initiatives are completed and goals are achieved. But what will remain constant are the values, especially the people and leadership philosophies.

WHAT ARE THE OBJECTIVES OUTLINED IN THE REGIONAL OPERATING PLAN?

The 20 objectives that support the six strategic themes are:

STRATEGIC THEME 1: ACHIEVE SUSTAINABLE QUALITY SERVICES

Provide appropriate, safe and trusted services within available resources.

Objectives

1. Improve service quality and patient safety.
2. Deliver services within available resources.
3. Achieve appropriate asset and infrastructure to support core services.
4. Improve information, tools and processes to support decision-making and effective resource management.
5. Improve efficiencies in service delivery.
6. Be prepared to sustain services during epidemic or major disasters.
7. Fulfill and influence accountabilities to the Minister of Health.
8. Define and implement a long-term vision of sustainable quality service.
9. Enhance reputation.

STRATEGIC THEME 2: ADVANCE A POSITIVE INNOVATIVE WORK ENVIRONMENT

Enhance the individual experience through a work environment which fosters respect, pride, accountability and "living our values."

Objectives:

10. Achieve sufficient number and effective mix of health care professionals who are used fully to provide safe quality care.
11. Provide a safe, quality workplace.
12. Enhance participation of aboriginal people in all RQHR occupations.
13. Improve labour relations environment.
14. Redefine and enhance medical leadership and partnerships.

STRATEGIC THEME 3: ENHANCE ABORIGINAL HEALTH

Improve the health status and outcomes of aboriginal people by offering holistic service delivery, supporting traditional ways of healing and engaging the voice of the community.

Objectives:

15. Improve capacity to support and re-orient health services that are culturally appropriate and effective.

STRATEGIC THEME 4: FOSTER POPULATION WELL-BEING

Promote individual and community wellness through actions addressing the determinants of health and encouraging individual and social responsibility for health.

Objective:

16. Improve access to basic primary health care.

STRATEGIC THEME 5: ENHANCE SPECIALIZED SERVICES

Strengthen RQHR as a provincial resource and referral centre through the determination of services best delivered in our region, Saskatchewan and in Western Canada.

Objective:

17. Improve access and service delivery.

STRATEGIC THEME 6: ADVANCE KNOWLEDGE, TEACHING AND RESEARCH

Enhance our performance as an academic health services organization that supports, creates and applies knowledge through research, learning partnerships and personal and professional development.

Objectives:

- 18. Achieve health innovation by developing new and better ways of providing services using technologies like the Electronic Health Record.
- 19. Develop and strengthen health research capacity, activity and application in priority areas.
- 20. Advance a culture of innovation and learning, including the education and training of the next generation of health care professionals, along with our education partners.

LEADERSHIP

Murray Knuttila (Chairperson)

Tyronne Fisher

Lloyd Boutilier (Vice Chairperson)

Bryan Leier

Anita Bergman

Bev Poitras

J. Patrick (Pat) Connolley

Gary Semenchuck

Loretta Elford

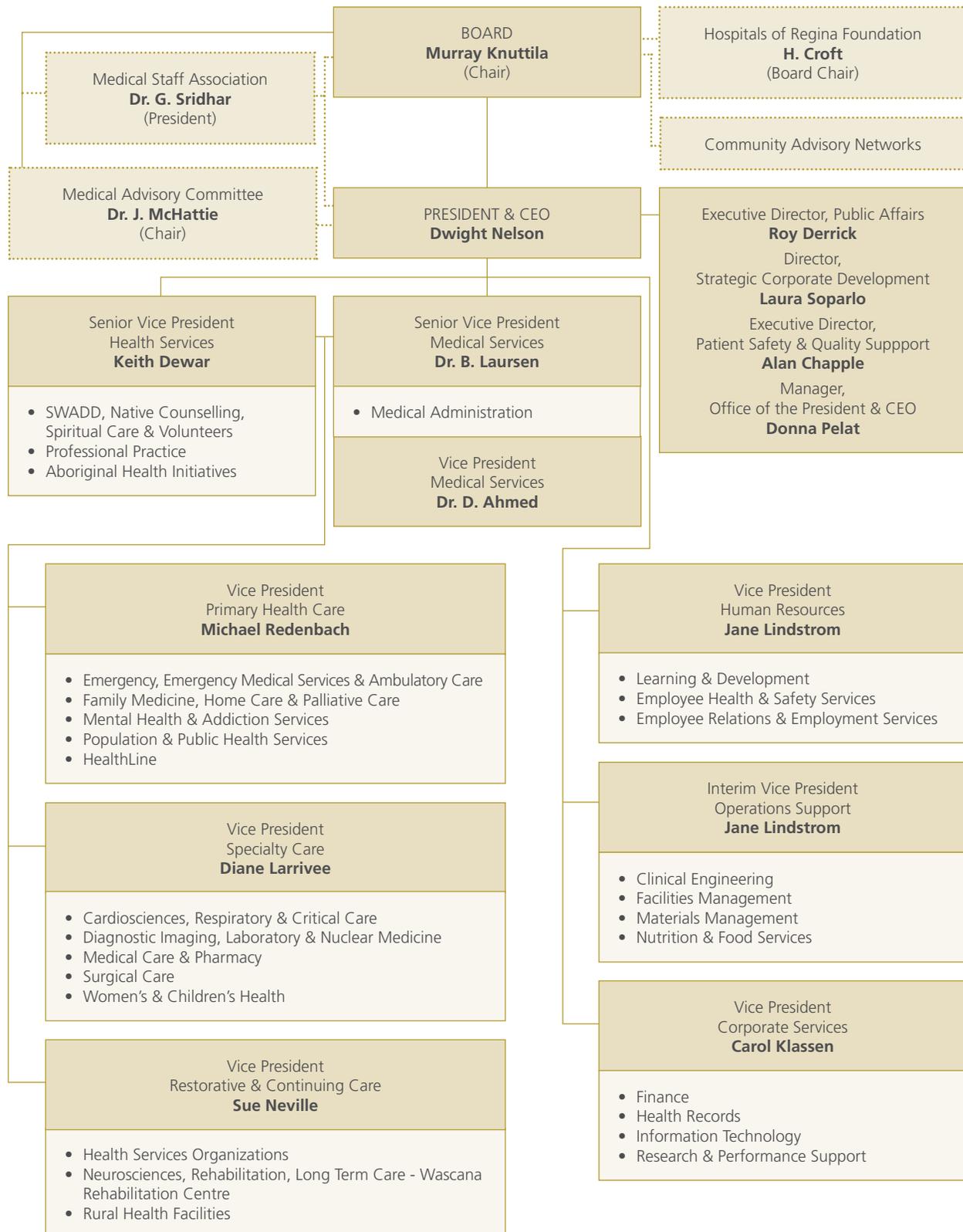
Alex Taylor

Marie Everett

C.R.H. (Chuck) Ward

For biographical and contact information regarding the members of the Regina Qu'Appelle Regional Health Authority, visit our website at www.rqhealth.ca.

REGINA QU'APPELLE HEALTH REGION ORGANIZATIONAL STRUCTURE



SENIOR MANAGEMENT TEAM

Dwight Nelson
President & Chief Executive Officer

Keith Dewar
Senior Vice President, Health Services

Dr. Brian Laursen
Senior Vice President, Medical Services

Dr. David Ahmed
Vice President, Medical Services

Jane Lindstrom
Acting Vice President, Operations Support

Carol Klassen
Vice President, Corporate Services & Chief Financial Officer

Michael Redenbach
Vice President, Primary Health Care

Diane Larrivee
Vice President, Specialty Care

Jane Lindstrom
Vice President, Human Resources

Sue Neville
Vice President, Restorative & Continuing Care

Since the region was formed in 2002, the RQHR Board and Senior Management Team have used strong strategic planning and governance focused on the next five to 10 years. The strategy includes vision, mission, values and people philosophy, as well as strategic themes. External community groups and RQHR staff and physician groups were consulted in developing the organization's strategic framework. The region's governance and strategic framework closely aligns with Saskatchewan Health's vision for the province, "building a province of healthy people and healthy communities."

MEDICAL ADVISORY COMMITTEE (AS OF MARCH 31, 2007)

Dr. D. Ahmed

Dr. E. Alport

Dr. F. Bowen

Dr. E. Busse

Ms. D. Calder

Dr. G. Carson

Dr. N.G. Devitt

Mr. K. Dewar

Dr. T. Diener

Dr. S.B. Holmes

Dr. D. Jones

Ms. C. Klassen

Ms. D. Larrivee

Dr. B. W. Laursen

Dr. J.H. Lombard

Dr. J.D. McHattie

Dr. J.S. McMillan

Dr. D. Natarajan

Mr. D. Nelson

Ms. S. Neville

Dr. M. Ogrady

Dr. P. Popkin

Mr. M. Redenbach

Dr. G. Sridhar

Dr. S. Suri

Dr. S. Van der Merwe

Dr. C. Vuksic

Dr. G. White

MEDICAL STAFF ASSOCIATION (AS OF MARCH 31, 2007)

Dr. G. Sridhar (President)

Dr. M.P. Fink

Dr. G.J. Garbe

Dr. R.P. Knaus

Dr. J.H. Lombard

Dr. J. Rice

Dr. C. Vuksic (Vice President)

The RQHR's strategic framework, in particular the values and people philosophy, has become the guiding force in how the region conducts itself in all relations with staff, physicians, patients and family members.

A CONTINUUM OF CARE:

A DIVERSE RANGE OF SERVICES

As a tertiary care centre, the RQHR provides specialized health care services to people living in southern Saskatchewan and beyond. The RQHR is one of the most integrated health services delivery agencies in the country. We offer a full range of hospital, rehabilitation, community and public health, long term care and home care services. These integrated services are offered in the areas of community services, acute care and rehabilitation.

COMMUNITY SERVICES

Community-delivered services are a vital component of an integrated health care system. Community services, in conjunction with acute care and rehabilitation services, provide a complete health care program for residents of the RQHR. These services include:

- Mental Health and Addictions Services
- Long Term Care Services
- Emergency Medical Services
- Native Health Services
- Population and Public Health Services
- HealthLine
- Home Care Services

PALLIATIVE CARE

The RQHR 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
- Fort Qu'Appelle Community Health Services 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 RQHR is provided by region-owned and operated facilities and by affiliates contracting services to the region. These include:

- All Nations' Healing Hospital Inc. (Fort Qu'Appelle) (affiliate)
- Balcarres Integrated Care Centre
- Broadview and District Centennial Lodge
- Cupar and District Nursing Home (affiliate)
- Eastern Saskatchewan Pioneer Lodge (Moosomin)
- Echo Lodge (Fort Qu'Appelle)

- Extencicare (Elmview, Parkside and Sunset) (Regina) (affiliates)
- Golden Prairie Home (Indian Head)
- Grenfell Pioneer Home
- Lakeside Home (Wolseley)
- Long Lake Valley Integrated Facility (Imperial)
- Lumsden and District Heritage Home (affiliate)
- Montmartre Health Centre
- Qu'Appelle Diocesan Housing (Regina) (affiliate)
- Regina Lutheran Care Society (affiliate)
- Regina Pioneer Village (affiliate)
- Santa Maria Senior Citizens Home (affiliate)
- Silver Height Special Care Home (Raymore)
- Wascana Rehabilitation Centre
- Whitewood Community Health Centre
- William Booth Special Care Home (Regina) (affiliate)

Note: the numbers in this chart are not comparable and cannot be tallied up at the bottom of a column (i.e., hours cannot be compared to number of meals)

HOME CARE SERVICES	2003-2004	2004-2005	2005-2006	2006-2007
Admissions	6,298	6,822	7,258	7,229
Nursing hours	85,169	79,244	85,860	88,154
Number of meals	52,977	48,575	45,230	39,426
Occupational therapy hours	6,037	5,644	6,112	6,153
Physical therapy hours	6,405	6,477	5,578	5,448
Support hours	7,423	6,549	6,025	3,729
Social work hours	3,607	4,116	4,099	4,215
Volunteer services hours	9,344	9,630	9,902	8,870
Home services hours	176,255	172,242	177,162	167,904

IMMUNIZATION SERVICES	2003-2004	2004-2005	2005-2006	2006-2007
Number of doses – child health clinics	18,572	19,146	27,891	33,680
Number of school children immunized in school	12,070	12,537	8,552	7,365
Adult doses – clinical visits	n/a	1,787	2,524	2,396
Influenza coverage rates – people over 65 years	70%	71%	72%	67%
Travel clinics	7,540	9,244	8,744	8,744

ACUTE CARE

Within the region are two provincial hospitals – the Regina General Hospital and Pasqua Hospital. These hospitals serve the residents of southern Saskatchewan by providing a wide range of acute care as well as specialized services.

ACUTE CARE 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
- Women's and Children's Health
- Neonatal Intensive Care
- Obstetrics

The region also has seven community hospitals that provide hospital care:

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

HOSPITAL CARE UTILIZATION	2003-2004	2004-2005	2005-2006	2006-2007
Admissions	34,445	33,568	34,310	32,977
Average daily census	612	579.9	592.9	591.3
Average length of stay (days)	6.27	6.96	6.58	6.66
Births/Newborns admissions	3,082	2,877	3,106	3,171
Emergency visits	97,772	100,488	105,542	94,815
Radiology examinations	142,083	141,995	148,675	145,649
CT Scanner examinations	43,108	43,885	47,701	61,487
Nuclear medicine procedures	12,759	12,065	8,239	8,654
Physical therapy visits	83,431	92,312	95,627	116,128
Occupational therapy visits	13,557	16,006	17,790	20,168
Outpatient registrations	275,497	269,730	269,124	285,884

REGINA EMERGENCY MEDICAL SERVICES	2003-2004	2004-2005	2005-2006	2006-2007
Rural responses	562	567	556	517
Out-of-region	115	105	127	124
Interfacility	2,598	2,871	3,322	3,075
Urban responses	11,524	11,405	11,921	12,367
No-transport calls	4,188	4,065	4,152	4,579
Total calls	18,987	19,013	20,078	20,662

Regina EMS was 91 per cent compliant in responding to emergency situations in under 8:59 minutes in 2006-2007. The national standard for major urban centres is a compliance rate of 90 per cent.

ACUTE CARE SURGERY	2003-2004	2004-2005	2005-2006	2006-2007
Total number of patients on surgical wait list	11,824	10,946	9,985	9,408
Pre-admission clinic visits	6,872	6,947	6,830	6,548
Total surgeries	36,553	35,339	39,229	38,775
Inpatient surgery – day of admission	4,780	4,658	4,629	4,031
Inpatient surgery – non-day of admission	5,783	4,972	5,648	5,736
Outpatient surgery – operating room	9,773	9,082	10,760	10,767
Outpatient surgery – hospital clinic	16,217	16,627	18,192	18,241

LABORATORY SERVICES	2003-2004	2004-2005	2005-2006	2006-2007
Laboratory units	24,961,062	21,537,700	21,363,125	18,919,714

Figures for 2003-2004 are for the former Regina and Pipestone health districts.

CONCERNS REGISTERED WITH CLIENT REPRESENTATIVE	2003-04	2004-05	2005-06	2006-07
Number of concerns	978	1,089	1,488	1,973
Percentage of acute care patients registering a concern	2.84	3.24	1.47	2.32
Average time to resolve all concerns (days)	11.6	8.35	10.5	12.3
Average time to resolve non complex concerns (days)	4.0	3.65	4.4	4.9

REHABILITATION SERVICES

Rehabilitation Services are offered throughout the region. These programs are designed to help children and adults who have been ill or in an accident to regain their quality of life. These services include:

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

HEALTH CARE ORGANIZATIONS

The RQHR contracts with a variety of organizations and the relationship between the region and these health providers is an important factor in the delivery of quality health care services.

The following is a list of the organizations that received funding through the health region in 2006-2007:

- 615672 Saskatchewan Ltd. (Touchwood EMS)
- Autism Resource Centre Inc.
- Backlin's Ambulance Service Ltd.
- Cosmopolitan Activity Centre
- Cupar Lions Volunteer Ambulance
- Extendicare (Canada) Inc.
- File Hills Qu'Appelle Tribal Council
- Imperial & District Ambulance
- JT Ambulance Service Ltd.
- Living Sky Ambulance
- Lumsden & Craven Seniors' Program Inc.
- Mental Health Association/Regina Branch Inc.
- Milestone Assisted Living Advisory Board
- Mobile Crisis Services Inc.
- Phoenix Residential Society Inc.
- Pipestone Qu'Appelle Association for Community Living
- Planned Parenthood Regina
- Prairie Ambulance Care (1998) Ltd.
- Rainbow Youth Centre Inc.
- Raymore Community Health and Social Centre

- Red Cross
- Regina Recovery Homes Inc.
- Salvation Army Waterston Centre
- Soo Line Ambulance
- University of Regina
- Valley Ambulance Care Ltd.

The Rainbow Youth Centre is a contracted organization that assists the RQHR achieve expectations as set out in the RQHR/Saskatchewan Health Accountability Document. In 2006-2007, the centre received \$169,379 in funding from the region.

The Centre is Regina's only multi-service, multi-cultural agency serving youth between the ages of 11 and 25 years. Rainbow strives to address social/health issues such as crime, school drop-out, illiteracy, racism, teen pregnancy and parenting, drug and alcohol abuse and basic living skills. Services include:

- Youthcare Work
- Teen and Young Parent Program
- Hot Supper Program
- Road to Employment Program
- Anger Management
- Kids First Home Visiting Program
- Substance Use and Abuse Education

Rainbow's target population includes high-risk inner-city youth. Staff work in partnership with other youth-serving agencies including the mental health staff from Child and Youth Services. Rainbow was founded in 1982 and during the last fiscal year provided service to over 1,300 youth, 89 per cent of whom are of aboriginal ancestry. This organization has created a safe, caring and healthy community of support for some of the region's most vulnerable citizens.

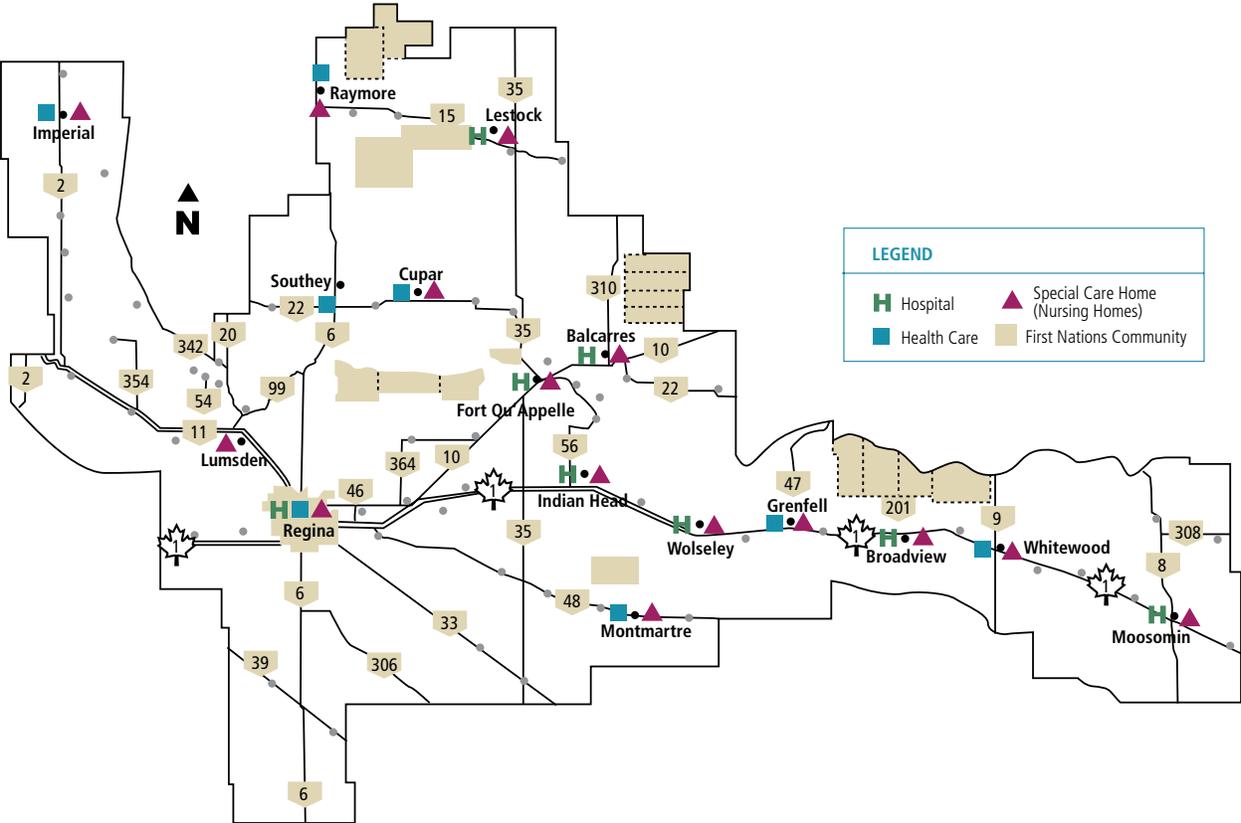
SIZE OF FACILITIES

The RQHR has facilities located throughout the region. For a list of facilities and their size, see Appendix A.

SERVICE ACCESS GUIDE

The RQHR publishes a Service Access Guide as part of both the Regina and Regina District SaskTel Phonebooks. This Guide is the "Green Pages" section, which immediately follows the blue pages of government listings. In the centre of this section is a page that outlines the institutional and community programs and services provided by the region as well as important contact information. The Services Access Guide, as well as other information about the region, can be viewed on the RQHR website at www.rqhealth.ca

OUR REGION: STRENGTHS AND CHALLENGES



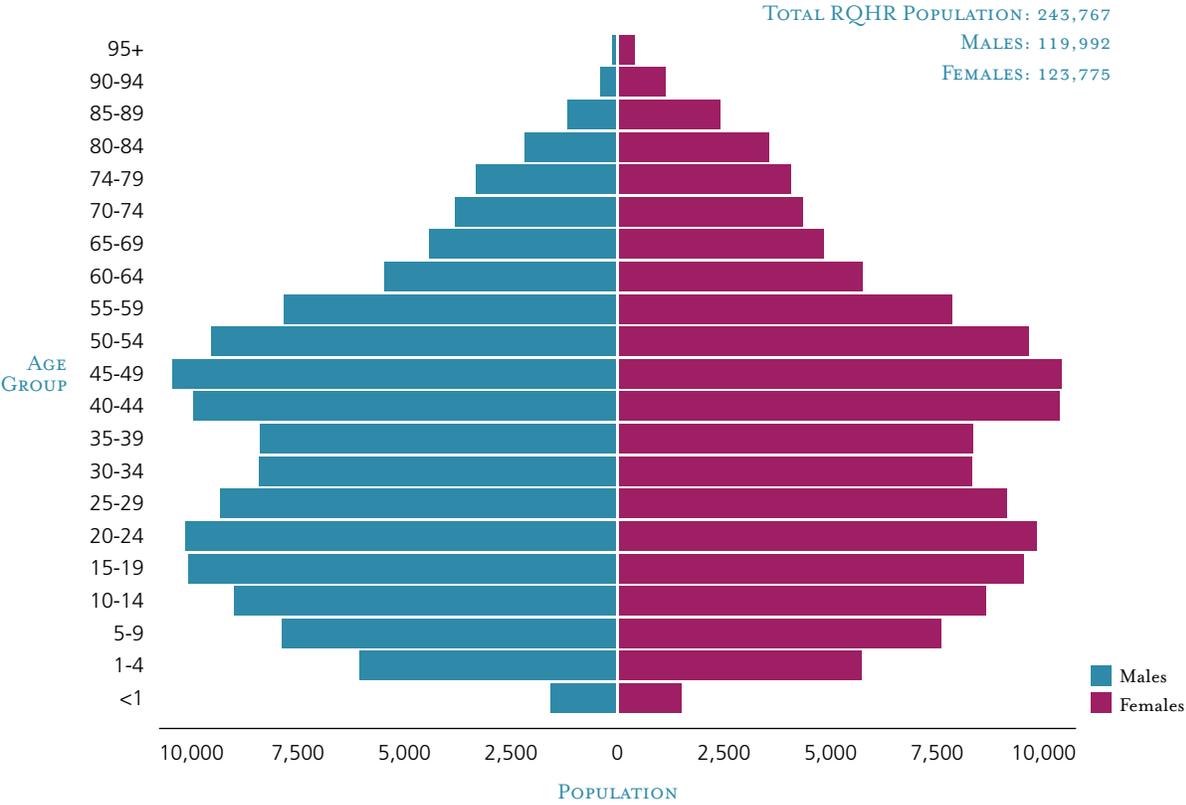
The RQHR serves a vast area in the province. It has the second-largest population as well as 17 First Nations communities. It also provides specialized health care for 465,000 residents in southern Saskatchewan through the two designated provincial hospitals in Regina. It extends from as far east as Moosomin and Rocanville and includes the City of Regina and the towns of Fort Qu'Appelle, Lumsden, Balgonie, Indian Head, Raymore and Grenfell.

In 2006, the population of the RQHR was 243,767 people. There were more males than females aged 0-24. However, the number of women increased after age 24, with the oldest age group, over age 85, having twice the number of women as men.

The age of RQHR residents is changing. The fastest-growing populations are 45 to 64 years and 75 and older.

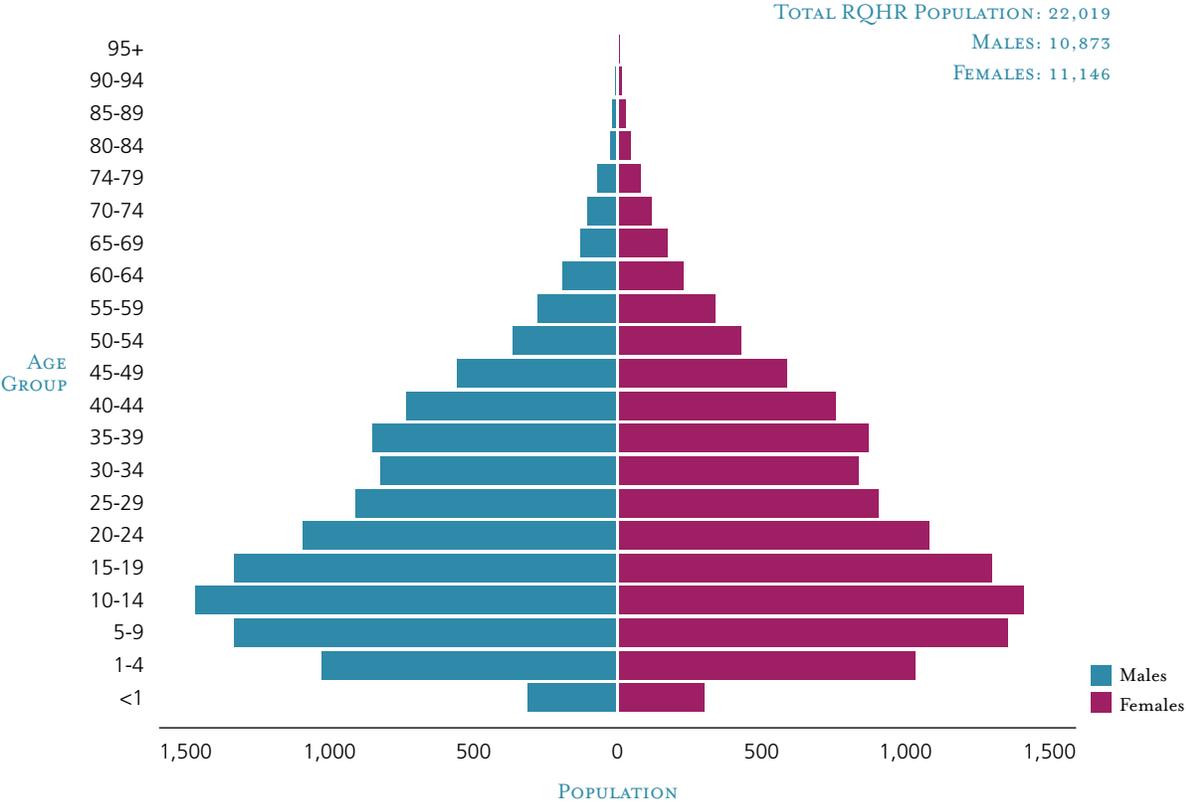
The most current data (2001) indicates that life expectancy at birth is 76.4 years for males and 81.9 years for females in the RQHR.

REGINA QU'APPELLE HEALTH REGION COVERED POPULATION, 2006



The increase in number of older people in the region reflects a trend throughout the developed world and poses new challenges for health systems everywhere. As people age, their use of health services generally increases.

REGINA QU'APPELLE HEALTH REGION REGISTERED INDIAN PERSONS COVERED
POPULATION, 2006



The RQHR works closely with First Nations and Métis communities to address their health issues and needs. One of the key areas of focus in delivering health services is the increasing number of young aboriginal people.

For further information on the population and the make up of the communities that the RQHR serves, refer to the *Health Status Report: 2004* (go to website at www.rqhealth.ca and click on Programs and Services, then open Health Status Report: 2004).

The *Health Status Report* provides information on the health of the population in the RQHR. This provides not only a “benchmark” about where the health of the population stands, but also serves as a basis for future health planning in terms of recognizing diverse needs associated with demographic structure, health status, health behaviours and prevention measures and determinants of health.

FACTORS THAT INFLUENCE HEALTH OUTCOMES

EDUCATIONAL ATTAINMENT

The number of people in the RQHR that receive their high school diplomas and achieve education beyond the secondary level has increased, based on the most current information available.

Higher education increases the possibility of obtaining a living-wage job, accessing high-quality health care and living a healthy lifestyle. As well, a mother's education level can influence a child's access to health care.

In 2001, 77.5 per cent of the RQHR population aged 20 to 64 years had at least a high school education, compared to 72 per cent in the province overall. More than 21 per cent of RQHR residents in this age group had a university certificate, degree or diploma, compared to 17.3 per cent of those in the province.

INCOME AND SOCIOECONOMIC STATUS

Poverty and low household income is associated with a broad range of adverse health outcomes such as reduced life expectancies, death due to violence, HIV/AIDS and chronic diseases such as diabetes. As well, poverty increases the likelihood of a person not having health insurance, using tobacco or drugs and being overweight or obese.

While the percentage of families living in poverty has reduced slightly, it continues to be an issue that affects the overall health of the region. In 2001, 15 per cent of households in the RQHR had an annual income below the low income cut-off (measure of poverty developed by Statistics Canada), just slightly less than the rest of the province.

In 2007, the RQHR reviewed and compared hospital discharges, physician visits and medication usage for several conditions, with low-income neighborhoods, affluent neighborhoods and all of Regina. The analysis showed that those living in low-income neighborhoods have a disproportionate burden of illness.

INJURY RATE

Injuries are leading causes of disability and premature death and result in substantial economic loss to society and individuals. Injuries include both unintentional (accidents caused by motor vehicles, falls, fires, suffocation, drowning and poisoning) and intentional (child battering, self-inflicted injuries and assaults with firearms, knives, or other objects).

During 2004-2005, there were 10.2 per 1,000 males and 6.8 per 1,000 females aged 0-19 were hospitalized as a result of injury. Injury hospitalization rate in 0-19 years was 8.2 per 1,000, similar to the provincial rate of 8.1 per 1,000.

In 2004-2005, rates for injury hospitalization were highest in children one to four years, while the provincial injury hospitalization rates were highest in the 15-19 year age group.

Injuries are not tracked systematically unless they result in hospitalization or death. Thus, these hospital data only represent the most serious injuries among children. Intentional injuries require intervention by the police or child welfare to protect the child and prevent recurrence. Unintentional injuries, or accidents, are more common and are generally preventable.

Parent education on the importance of child-proofing the home; appropriate use of car seats and booster seats, seat belts, and helmets; fencing pools and yards; and safe storage of firearms can reduce the likelihood of accidents. Education and enforcement regarding safe driving practices for teenagers are also important in reducing motor vehicle injuries, a leading cause of injury among older children and teens.

INJURY HOSPITALIZATION RATE PER 1,000 POPULATION (AGE 0-19)



INFANT MORTALITY

Infant mortality is a well-established measure of child health and of society's well-being. It measures the number of deaths of children under the age of one. Research shows that infants with low birth weight or pre-term delivery have a higher risk of infant death. Several factors affect infant mortality such as socioeconomic status, lifestyle behaviours, prenatal care and access to medical care.

In 2005, the infant mortality rate in the RQHR was 6.2 per 1,000 live births. During the same period, the province had an infant mortality rate of 8.3 per 1,000 live births.

Infant mortality is a key issue for the region which offers several programs and services that directly address this area of need: Population and Public Health, Maternal and New Parents Programs, Primary Health Care Initiatives as well as community development initiatives, tobacco control and nutrition services.

SELF-REPORTED HEALTH STATUS

An individual's rating of his or her own health is a fundamental measure of health status. Studies worldwide have consistently shown that self-rated health is a strong and independent predictor of subsequent illness and premature death.

The majority of RQHR residents rate their health as either very good or excellent (57.2 per cent), according to the 2005 Canadian Community Health Survey. The proportion of adults reporting very good to excellent health was 52.35 per cent for Saskatchewan as a whole.

RISK FACTORS FOR CHRONIC ILLNESS

Throughout the developed world, an increasingly aging population is placing new challenges on health systems. As well, unhealthy lifestyles such as an increasingly obese population, even among young children and teenagers, presents problems and significant issues for health care delivery.

One disease that can be an indicator of unhealthy lifestyle decisions is type 2 diabetes. It is a chronic disease that often results in other health conditions such as heart disease and stroke, blindness, kidney disease and lower limb amputations, but it can often be managed, and in many cases avoided, with the right lifestyle decisions.

Based on the 2005 Canadian Community Health Survey, about 5.4 per cent of the population in the RQHR, 12 years and over, have diabetes. The estimates are based on self-reported data, which underestimates the true prevalence of diabetes as they do not include people who are unaware that they have diabetes.

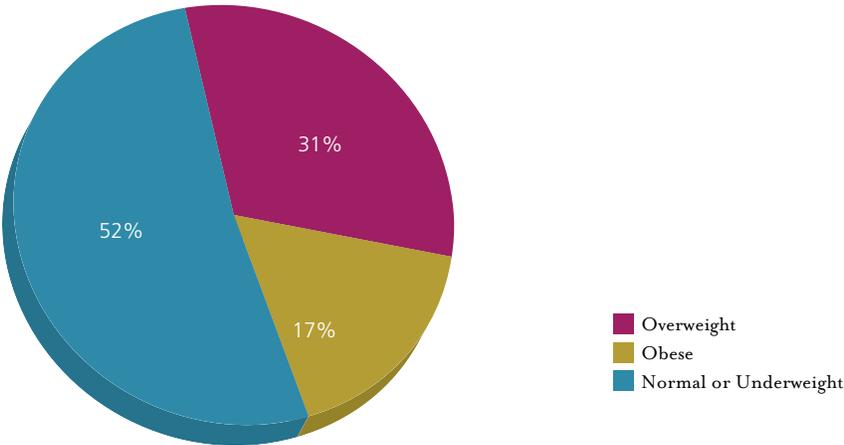
OVERWEIGHT AND OBESITY

The population aged 18 years and over who are overweight or obese is increasing throughout Canada.

A series of chronic diseases are seen in people who are overweight or obese: heart disease, diabetes, strokes, high blood pressure and some cancers. The increase in obesity has been directly linked to the current and projected increase in diabetes.

In 2005, 48.1 per cent of adults aged 18 years and over in the RQHR were either overweight or obese as compared to 56.2 per cent for the province as a whole. The prevalence of overweight and obese people in the RQHR from 2003 to 2005 remained the same.

PERCENTAGE OF POPULATION (AGE 18 TO 64 YEARS) WHO ARE OVERWEIGHT OR OBESE



CIGARETTE SMOKING

Cigarette smoking is the single most preventable cause of premature death. It contributes to heart disease; stroke; chronic obstructive pulmonary disease; emphysema; cancer of the lung, larynx, mouth, esophagus, cervix, bladder, breast; and low birth-weight infants.

In 2005, the Canadian Community Health Survey indicated that 22.9 per cent of RQHR residents aged 12 years and over were current daily or occasional smokers, a decrease from 2003 when the rate was 24.2 per cent. The RQHR continues to offer smoking cessation programs in the community for interested people.

PHYSICAL ACTIVITY

The benefits of regular physical activity cannot be overstated. Regular activity reduces the risk of heart disease, stroke, high blood pressure, diabetes, colon cancer and osteoporosis. It also helps maintain healthy body weight, decreases the risk of falls and fractures, helps prevent back pain, reduces symptoms of anxiety and depression and enhances overall quality of life.

Contrary to popular belief, the benefits of regular activity can be achieved through everyday moderate intensity activities like walking, housework and gardening along with the more traditional exercise programs. While the recommended level of activity is every day, those people who have been inactive and find it difficult to achieve this level of activity will still improve their health if they maintain some regular activity.

In their leisure time, 52 per cent of RQHR residents were either active or moderately active.

EMERGING INFECTIOUS DISEASES: TAKING ACTION

PANDEMIC INFLUENZA

The risk of a world-wide influenza has received extensive public attention over the past few years. The RQHR has developed a comprehensive plan in the event a pandemic affects the health of people in our region.

Starting in December 2003, Asia reported outbreaks of highly pathogenic avian influenza A (H5NI) among poultry with cases then cited in Europe, the Middle East and Africa. In locations where H5NI influenza has been reported, some people have become infected. As of May 16, 2007, 306 cases of laboratory-confirmed influenza A (H5NI) virus infections in humans have occurred, with 185 deaths resulting.

If the virus continues to circulate widely among poultry, it increases the chances of infecting humans and other animals: genetic mixing (reassortment) between human and avian influenza viruses could occur and create a new pandemic strain. However, to date human H5NI cases have almost exclusively been associated with direct exposure to infected birds or to surfaces contaminated with excretions from infected birds.

Key components of a pandemic preparedness plan include: disease surveillance; availability of vaccine and antivirals; coordination of health and emergency response; health system preparation; operation of essential community services; implementation of outbreak containment measures; and timely, accurate and effective public communication. Planning activities are continuing and are being refined in the areas of infection control measures and public health response measures.

WEST NILE VIRUS

West Nile virus (WNV) is transmitted by the bite of an infected mosquito. While cases of WNV have been documented in Africa, the Middle East and parts of Europe for decades, the virus first appeared in North America in 1999.

Most people infected with WNV seldom have any symptoms. About 20 per cent of people develop West Nile fever, an illness with flu-like symptoms that can range from mild to moderately severe. Less than one per cent of people infected develop a severe disease, called West Nile encephalitis or West Nile meningitis. The risk of severe disease or death is highest in elderly persons and those with underlying chronic health conditions.

In recent years, WNV has received extensive public attention and communication on the most effective methods to prevent exposure. Every year, public education programs are launched to increase residents' awareness of what they can do to reduce the likelihood of contracting this virus. Without an effective vaccine, the best way to prevent WNV disease depends on community-level mosquito control and personal protection against mosquito bites, such as repellents and avoiding outdoor exposure when mosquitoes are most active.

Population and Public Health Services monitors the mosquito population as well as the appearance of any positive human cases. Bird surveillance has been discontinued as it has been found that it does not assist in the management of the disease. Canadian Blood Services continues to test blood donations for the possibility of WNV. Case numbers have dropped sharply since the peak of 2003, with only 20 cases recorded for the whole of Saskatchewan for 2006, and only one positive case from the RQHR.

2006-2007 RESULTS AT A GLANCE

The RQHR introduced several new initiatives in 2006 - 2007 that directly responded to the health needs of its residents. These included improved access to health services, a continued focus on patient safety, partnerships with community groups to connect with hard-to-reach populations and links with staff and physicians to enhance quality of work life. Major challenges for the region continue to be a rapidly growing and aging population, an increasing young aboriginal population and the recruitment and retention of staff and physicians including necessary support staff.

REGINA QU'APPELLE HEALTH REGION STRATEGIC THEMES:

- Promote individual and community wellness through actions addressing the determinants of health and encouraging individual and social responsibility for health.
- Strengthen the RQHR as a provincial resource and referral centre through the determination of services best delivered in our region, Saskatchewan and in Western Canada.

SASKATCHEWAN HEALTH GOAL:

Improved Access to Quality Health Services

- Implemented Primary Health Care (PHC) sites in North Central Regina and "Twin Valleys" (Wolseley, Grenfell, Broadview, Whitewood, Sakimay, Cowesses, Ochapawace and Kahkewistahaw) as a key priority in 2006-2007.
- In Twin Valleys, three family physicians are now under contract with the RQHR to provide PHC services. Two of three approved Nurse Practitioner (NP) positions were filled and a significant amount of work undertaken to integrate the practices of the NPs and the physicians. Focus is to expand and enhance the collaboration and integration of a broader PHC team.
- Work continued on the North Central PHC plan: expanding and enhancing services currently provided at Four Directions Health Centre, and planning for better integration and coordination of the various RQHR PHC services located in North Central (including Four Directions, Methadone Clinic, Randall Kinship Centre and Pasqua Emergency).
- Approval received to add a second NP and clerical support to the PHC team in North Central. Recruiting for these positions is underway.
- Agreement between the College of Medicine, Academic Department of Family Medicine (ADOFM) and the RQHR is being developed to engage an ADOFM physician at Four Directions Health Centre as a dedicated member of the North Central PHC team.
- Renovations completed at Four Directions Health Centre to accommodate additional team members. However, lack of space continues to pose significant challenges.
- Agreement between the Victoria East Medical Clinic and the RQHR nearly completed. The result will be one NP, employed by the RQHR, becoming part of the practice. Recruitment for this position will occur soon.
- A funding request template was submitted to Saskatchewan Health in February 2006 for the Broad Street Medical Clinic.
- A grant agreement was developed between the RQHR and the Regina Community Clinic (RCC) to fund one NP position. The purpose is to increase the number of refugees who can access the comprehensive PHC services provided jointly by the RQHR and the RCC.
- A PHC plan was developed with the Core/AI Ritchie communities in Regina. The plan identifies many other priorities for enhancing the overall health of the community in addition to those services provided by family physicians and nurse practitioners. An implementation plan is currently being discussed.

- The RQHR re-allocated internal funding for urban and rural PHC manager positions. This was done in response to limited capacity to undertake ongoing planning efforts in the RQHR while implementing and maintaining PHC teams. A rural PHC manager has been in place since June 2006 and an urban manager will be hired early in the 2007-2008 fiscal year.
- The RQHR has enhanced its chronic disease prevention and management strategies. Recruited a person to assist with the RQHR Diabetes Plan. Two Chronic Condition Nurse Educators were recruited who will soon become part of the Twin Valleys and North Central PHC teams.
- “Live Well with Chronic Conditions,” a lay volunteer-led self management program was introduced in both Regina and rural parts of the RQHR. The RQHR remains actively involved in the Health Quality Council’s Chronic Disease Management Collaborative.

REGINA QU’APPELLE HEALTH REGION STRATEGIC THEMES:

- Improve the health status outcomes of aboriginal people by offering holistic service delivery, supporting traditional ways of healing, and engaging the voice of the community.
- Promote individual and community wellness through actions addressing the determinants of health and encouraging individual and social responsibility for health.
- Strengthen the RQHR as a provincial resource and referral centre through the determination of services best delivered in our region, Saskatchewan and in Western Canada.

SASKATCHEWAN HEALTH GOAL:

Effective Health Promotion and Disease Prevention

- Four Directions Community Health Centre continues to work closely with the First Nations and Métis population to deliver needs-based programming.
- Four Directions Community Health Centre has an advisory group comprised of members of the community that addresses programming. The Health Centre now produces a newsletter that is distributed to the community four times a year containing health promotion, self and family care messages as well as content on First Nations or Métis traditions and sayings from an Elder.
- Health Centre activities focus on diabetes (Cook, Eat and Live), parenting (Focus on Fathers, Reclaiming Our Lives, Creating our Teepees), women’s and children’s health (Healthiest Babies Possible, Mossbag classes), mental health and addictions (counsellors are now at Four Directions five days a week), and primary health care. As a result of ongoing evaluations, an “In-Motion” section has been incorporated into Cook, Eat and Live and parenting programs.
- Healthiest Babies Possible Program (HBPP) emphasizes breastfeeding with the program’s breastfeeding initiation rates at 88 per cent compared to the Canada Prenatal Nutrition Program average rate of 83 per cent. The average days of breastfeeding duration for HBPP clients is 31.4 compared to the provincial average of 23.8 days.
- The North Central Community participates in an advisory group for Primary Health Care in the North Central area.
- The *Baby Friendly Initiative* continues to be a success with three client brochures developed on infant feeding and available services and supports in local communities.
- In Regina, another Breastfeeding Support Centre opened in mid-2007.
- The *Food for Life* community food store celebrated its first anniversary February 2007.
- Additional funding by the Population Health Promotion Strategy will sustain the project.
- The *In-Motion Program* continues to operate successfully.

- The *Moving Towards Health and Happiness* workshops continue to do well and to reach caregivers outside of Regina. The workshop is being developed as a one-day session and/or telehealth broadcast.
- The *Playground Leadership Program*, leadership training for students in Grades 6, 7 and 8, started in 2006-2007 as a pilot project.
- Anti-bullying and relationship abuse tool kits were developed this year for three different school-age groups.
- The *40 Developmental Assets Initiatives*, a program that focuses on building resiliency in children, youth and the community, started several projects this year.
- The RQHR continues to conduct several different initiatives in the area of tobacco control: “best practices” research on tobacco control; promotion of smoke-free workplaces; First Nations and Métis culturally-sensitive tobacco control strategies; and leadership on impact of second-hand smoke in multi-unit dwellings.
- Staff continue to enforce the *Tobacco Control Act* in public facilities.

REGINA QU'APPELLE HEALTH REGION STRATEGIC THEMES:

- Enhance the individual experience through a work environment which fosters respect, pride, accountability and “living our values.”
- Enhance our performance as an academic health services organization that supports, creates and applies knowledge through research, learning partnerships and personal and professional development.

SASKATCHEWAN HEALTH GOAL:

Retain, Recruit and Train Health Providers

- The region’s overall hiring rate increased 35 per cent compared to 2005-2006
- Recruited 201 Registered Nurses in 2006-2007.
- Recruited 64 new Licensed Practical Nurses (LPNs) in 2006-2007.
- Actively monitoring employee/physician turnover and forecasting vacancies to better develop strategies that effectively address the workforce issue.
- Continue to participate in job fairs, visit educational institutions, directly contact students and advertise through the website.
- Innovative recruitment methods continue to be considered: bursaries, purchased seats in training programs, new positions for graduates.
- Increased focus on improving workplace practices to enhance employee retention.
- New *Lifestyle Promotion Program* that promotes healthy lifestyle choices for employees and families.
- Implemented fourth year of five-year strategy to provide employees with aboriginal awareness training. To date, 5,575 employees trained -- 60 per cent of employee population.
- In 2006-2007, the region was actively involved in 134 studies during 2006-2007, a number that has almost doubled since 2000.

REGINA QU'APPELLE HEALTH REGION STRATEGIC THEMES:

- Provide appropriate, safe and trusted services within available resources.

SASKATCHEWAN HEALTH GOAL:

A Sustainable, Efficient, Accountable, Quality Health System.

- Authority business meetings held in public, in both Regina and rural areas of the region.
- Region's website posts meetings, agendas, minutes, addresses and phone numbers of all Authority members.
- Information on RQHR activities distributed through internal and external newsletters.
- Four Community Advisory Networks regularly provide advice and input directly to Authority.
- Residents can view key financial information about the RQHR from region's website and at any of the Health Sciences Libraries at Regina General and Pasqua hospitals and Wascana Rehabilitation Centre during regular business hours.
- RQHR has process for communicating critical incidents with all key stakeholders. In 2006-2007, 100 per cent of critical incidents met timeframe for notification.
- The RQHR approved a balanced budget for 2006-2007.
- The region concluded the year with a surplus of \$7.86 million, which is 1.25 per cent of actual operating expenditures.
- Program support expenditures account for 5.1 per cent of total operating expenditures.
- Working capital ratio is 0.44
- Expenditures for capital equipment were \$12.75 million and \$16.12 million for buildings/construction.

2006-2007 PERFORMANCE RESULTS

The RQHR has established a strong strategic framework that supports the Saskatchewan Government's *Action Plan for Saskatchewan Health Care*, to ensure the region continues to provide accessible and quality health services. The region's strategic framework and government's action plan provide the foundation for measuring progress against goals and anticipating future challenges and new directions.

In addition, the RQHR must address, on an ongoing basis, the unique needs of its different populations (aging population, young aboriginal population) and some major physician and staff recruitment issues which can present significant challenges and funding implications.

REGINA QU'APPELLE HEALTH REGION STRATEGIC THEMES:

- Promote individual and community wellness through actions addressing the determinants of health and encouraging individual and social responsibility for health.
- Strengthen the RQHR as a provincial resource and referral centre through the determination of services best delivered in our region, Saskatchewan and in Western Canada.

SASKATCHEWAN HEALTH GOAL:

Improved Access to Quality Health Services

PRIMARY HEALTH CARE SERVICES

The percentage of people living in the RQHR with geographic proximity to a primary health care team is 15.9 per cent. The RQHR understands that improved health status of its residents and improved access to services require partnerships with communities and new approaches in providing care. The region has set two performance targets to help realize this goal:

1. Development and implementation of strategies to increase the percentage of Saskatchewan's population having 24/7 access to a Primary Health Care (PHC) team.
2. Integrated regionally operated health centres as part of PHC teams.

Two PHC sites were developed in the communities of North Central Regina and "Twin Valleys" (Wolseley, Grenfell, Broadview, Whitewood, Sakimay, Cowesses, Ochapawace and Kahkewistahaw) in 2006-2007. The services and programs provided at Grenfell and Whitewood Health Centres are included as part of the Twin Valleys PHC plan.

Several recruitment activities occurred in the past year to assist in the development of PHCs:

- In Twin Valleys three family physicians are now under contract with the RQHR to provide PHC services. Two of three approved Nurse Practitioner (NP) positions were filled. Purpose to expand and enhance the collaboration and integration of a broader PHC team.
- In North Central approval received to add a second NP and clerical support to the PHC team. Recruitment is currently underway.
- Agreement between the College of Medicine, Academic Department of Family Medicine (ADOFM) and the RQHR to engage an ADOFM physician at Four Directions Health Centre as dedicated member of the North Central PHC team.

- Agreement between the Victoria East Medical Clinic and the RQHR to have one NP, employed by the RQHR, becoming part of the practice.
- A grant agreement established between the RQHR and the Regina Community Clinic (RCC) for funding one NP position to enhance comprehensive PHC services provided jointly by the RQHR and the RCC to an increased number of refugees coming to Regina.

Due to the significant work involved in implementing and maintaining PHC teams while also handling ongoing planning initiatives, the RQHR identified the need for urban and rural PHC managers.

The North Central PHC plan expanded and enhanced services currently provided at Four Directions Health Centre to plan for better integration and coordination of the various RQHR PHC services located in North Central (including Four Directions, Methadone Clinic, Randall Kinship Centre and Pasqua Emergency).

A PHC plan was developed with the Core/AI Ritchie communities in Regina. It identifies many other priorities for enhancing the overall health of the community as well as those services that are provided by family physicians and nurse practitioners.

The RQHR continues to identify opportunities for enhancing chronic disease prevention and management strategies. Recruitment has occurred to assist with the RQHR Diabetes Plan. Two Chronic Condition Nurse Educator positions were developed for the Twin Valleys and North Central PHC teams. "Live Well with Chronic Conditions," a lay volunteer-led self management program was introduced in both Regina and rural parts of the RQHR. The RQHR remains actively involved in the Health Quality Council's Chronic Disease Management Collaborative.

SURGICAL ACCESS

Ensuring timely access to surgical services is a fundamental component of the RQHR's plan to provide patient-centered care. As part of its mission of *meeting the diverse needs of its communities*, the RQHR continues to focus on providing surgical care to "urgent" patients within two to three weeks while reducing wait times for longer-waiting patients who have been assessed as "elective." In addition, pediatric patients and patients waiting for procedures related to cancer diagnoses remain top priorities for surgical access.

To achieve these goals, the RQHR is targeting the following measures of success:

1. Maintained volumes of surgeries performed throughout the fiscal year.
2. Continued reduction in the overall number of patients waiting for surgery.
3. Continued reduction in the number of "urgent" patients waiting.
4. Continued reduction in the number of patients waiting over 18 months.

Results (March 31, 2007)

In 2006-2007, the RQHR performed 20,626 surgeries, surpassing its base target of surgeries performed (20,000) by 626 cases. These volumes were primarily achieved by maintaining expanded operating room levels at Regina General Hospital and Pasqua Hospital.

The continued emphasis on addressing the needs of surgical patients throughout the year resulted in a reduction of the number of patients waiting from 9,815 (as of March 31, 2006) to 8,831 (as of March 31, 2007), a total of 984 patients.

The percentage of priority surgical cases performed within Saskatchewan's target time frames in the last fiscal year were: 43 per cent (level I), 31 per cent (level II), 42 per cent (level III), and 72 per cent (level IV).

To further improve access in the RQHR a range of several interrelated initiatives will be required. Recruitment and retention of nursing staff and anesthetists will continue to be a priority. In addition, the need for ongoing process review and the pursuit of efficiency within the system in such areas as Specialty Care Services will be required. Such initiatives will be essential in supporting the planned surgical capacity increases for 2007-2008.

Surgical care initiatives include:

1. Implementation of a Musculoskeletal Clinic pilot program.
2. Implementation of a Surgical Bariatric Clinic pilot program.
3. Implementation of Provincially developed surgical pathways.
 - a. Total Hip Replacement
 - b. Total Knee Replacement
 - c. Spine Surgery
4. Review and redesign of OR scheduling processes including the management of recommended changes.
5. Participation in the Provincial Surgical Information System implementation planning.
6. Implementation Planning for the development of the Ambulatory Surgical Centre.
7. Reviewing and developing alternate models of care for the surgical patient.

The RQHR will develop consistent mechanisms to track and report progress and effectiveness of these initiatives as they are implemented throughout the fiscal year.

DIAGNOSTIC IMAGING

The Interventional Radiology Suite, installed last year, conducted 1,191 more diagnostic examinations (48 per cent) in 2006-2007 compared to 2005-2006. As a result, many patients were able to avoid surgery.

The number of exams conducted continues to increase, resulting in decreased wait times for clients to receive CT and MRI scans.

This past year the RQHR received additional funding to conduct more exams: 13,786 more CTs on 1,132 more patients than in the previous fiscal year, achieving 126 per cent of the new target volumes, and for MRIs, 687 more examinations on 932 more patients than in the previous fiscal year achieving 86 per cent of the new target volumes. The waitlist for most MRI examinations has decreased from well over a year to about three months.

The RQHR's new 64-slice CT has been used in a variety of clinical applications to detect anomalies, including diagnosis of complex cardiac cases. The technology allows diagnosis without the use of invasive clinical techniques thus improving the patient experience and often avoiding time in hospital.

The Diagnostic Imaging Team has achieved national and international recognition for its use of the 64-slice CT and has been asked to demonstrate the 64-slice CT unit as well as deliver lectures outside of the province about the technology.

Use of the ultrasound technology has met with some obstacles due to the lack of sonographers available in the province. In 2006-2007, 3,245 fewer ultrasound exams were performed on 1,427 fewer patients than in the previous fiscal year and the RQHR waitlist, especially for vascular procedures, has increased. Recent recruitment efforts show promise and by early 2008 the RQHR hopes to be fully staffed so that the ultrasound waiting list can be reduced.

ACUTE CARE ACCESS PLAN

Over the past year, physicians and staff throughout the organization have worked hard in nine key areas to improve access to acute care services.

The region has managed to:

- Enhance bed capacity.
- Improve surgical access.
- Improve emergency effectiveness.
- Support enhanced physician practice.
- Increase alternate level of care and community alternatives to acute care.
- Improve discharge planning.
- Improve diagnostic access and effectiveness.
- Improve effectiveness of transfer of patients between health regions.
- Enhance utilization information capacity.

Alternate Level of Care

In early 2006, the Pasqua Hospital opened a 20-bed Alternate Level of Care (ALC) unit. ALC refers to patient beds not located in acute care hospitals, but in long-term care facilities that can still offer a level of care for people with various conditions and disorders. Patients in the ALC unit must be approved for placement and not require the services of an acute care setting. By making this change, the RQHR further ensures that acute care beds are available for those people most in need while still meeting the needs of all patients.

To date, 319 patients have been admitted to the ALC unit.

As a result of \$1.7 million in funding from Saskatchewan Health, the RQHR initiated a 12-month pilot at the Regina General Hospital emergency department to streamline patients based on level of acuity. A similar project is planned for the Pasqua Hospital emergency department in early 2008 once renovations are completed to accommodate the new process. The overall goal is to improve access for people using emergency services at both hospitals.

Physician Inpatient Services

To improve physicians' ability to deliver quality care and utilize resources effectively in Regina's acute care facilities, three new initiatives were introduced:

- A Physician Accountability Working Group analyzed data/information, physician performance measures, physician leadership structures and physician leadership training.
- Work continues on the development and implementation of clinical practice guidelines.
- A project plan is being developed to implement a Hospitalist program later in 2007.

Full Capacity Protocol

When the demand for acute care admission exceeds the acute care bed capacity, a system-wide response, the full-capacity protocol, is established. In addition to a number of system response actions, 15 beds at the Regina General Hospital and seven beds at the Pasqua Hospital are allocated for Full Capacity Protocol. Early results show less time in a system-wide overcapacity state. As well, an automated Patient Information Flow Sheet was developed to track real time capacity information and to help eliminate barriers to timely care.

Patient Flow Coordination and Discharge Planning

Following a rigorous quality improvement process, staff and physicians identified opportunities to improve patient flow through the hospital system. These ideas were pilot tested in one of the medicine units. The project improved the flow of patients by better coordinating their care in hospital and assigning target discharge dates for patients. The team wanted to bring the average length of hospital for RQHR patients closer to the national benchmark expected length of stay. The team met its goal and reduced the gap by 47 per cent. In addition, patients and clinicians reported better communication. Based on the project's success, it has now been introduced to three other medicine units with plans to expand it to other units over the next year.

Acute Care Access Line

The RQBedline assists physicians 24 hours, seven days a week, for trauma, critical care and acutely ill patients by contacting on-call specialists, accessing an appropriate hospital bed and arranging transportation as needed. A pilot project was initiated in Sunrise Health Region on February 1. Referring physicians are satisfied with the service that the RQBedline provides.

MultiRegion Patient Flow Project

RQHR, in partnership with Cypress, Five Hills, Sun Country and Sunrise Health Regions, along with Saskatchewan Health and the Health Quality Council, initiated a major quality improvement project to improve patient flow between the regions. After reviewing current procedures and leading practices, the project team redesigned the patient transfer process and piloted it in the Sunrise Health Region for eight weeks. The pilot project proved successful: Percentage of patients who accessed RQHR tertiary care through RQBedline went from about eight per cent to more than 80 per cent during the pilot. The average time for a Sunrise physician to call the RQBedline and connect with an RQHR physician was 14 minutes, significantly better than the 30 minute goal established for the pilot project.

Clinical Practice Guidelines

Work continues on the development and implementation of clinical practice guidelines. A process to identify and prioritize medical conditions that would benefit from adopting current best practice and incorporating these guidelines into preprinted physician orders occurred in the past year. As well, a region-wide policy for physician orders was developed and approved. Procedures for the development and implementation of preprinted physician orders will be completed next year.

PATIENT SAFETY TASK FORCE

The Patient Safety Task Force, led by President and CEO Dwight Nelson, continued its work to advance the patient safety agenda in the RQHR. A multi-disciplinary team of care providers including physicians, Regional Health Authority (Board of Directors) members, and public and patient representatives developed a patient safety commitment statement for the organization. After a review by staff and public focus groups, and approval by the RQHR Board of Directors, the patient safety commitment statement will be implemented in the RQHR later this year. The statement will assist the RQHR in its patient safety plans and initiatives.

The task force identified visible leadership and sense of urgency as necessary organizational attributes and conditions that must be embedded in the region's culture to ensure patient safety. The task force has sponsored an RQHR staff culture sensitivity survey to gauge staff and physician opinion of these patient safety-related workplace attributes. The survey will be conducted in mid-2007.

The Patient Safety Task Force has started identifying system-wide patient safety indicators and measures that will be reported as part of the organization's corporate balanced scorecard. Monitoring these whole-system measures will further enable the RQHR to fulfill its oversight responsibilities to ensure safe and quality care for all patients.

The Patient Safety Task Force's work will continue to further advance the patient safety agenda in the RQHR.

SAFER HEALTHCARE NOW! CAMPAIGN

In 2006-2007, the (RQHR) joined the *Safer Healthcare Now!* Campaign. This Canada-wide campaign targets six specific initiatives designed to improve health care delivery by focusing on patients and their safety while in the care of the health system.

The RQHR has begun work on two of the campaign's initiatives. The first initiative is called Medication Reconciliation and involves developing and implementing a systematic process to reconcile patient home medication use with medications prescribed in hospital. The goal is to reduce the number of adverse drug events related to discrepancies between home medications and those ordered upon admission to hospital. The second initiative, called Surgical Site Infections, implements clinical best practice standards in relation to preventing post-operative infections. The goal is to reduce patient injury and death related to preventable surgical site infections.

Teams consisting of senior leaders, physicians, managers and front line staff, supported by the Quality Improvement Department, will implement these two initiatives using *Safer Healthcare Now!* Campaign materials, tools and methodologies. The two teams will report outcomes on both initiatives in 2007.

REGINA QU'APPELLE HEALTH REGION STRATEGIC THEMES:

- Improve the health status outcomes of aboriginal people by offering holistic service delivery, supporting traditional ways of healing, and engaging the voice of the community.
- Promote individual and community wellness through actions addressing the determinants of health and encouraging individual and social responsibility for health.
- Strengthen the RQHR as a provincial resource and referral centre through the determination of services best delivered in our region, Saskatchewan and in Western Canada.

SASKATCHEWAN HEALTH GOAL:

Effective Health Promotion and Disease Prevention

The emphasis on healthy communities and healthy people in the vision statements of both Saskatchewan Health and of the RQHR supports the importance of effective health promotion and disease prevention. In addition, one of the key areas of primary health care is to provide services in the community where people live and work, focusing on health promotion and disease prevention. As outlined in the previous section (Improved Access to Quality Health Services), the RQHR has several initiatives in place or planned that address the need for integrated community-based health service delivery.

Creating supportive environments where people will find it easier to take positive action for their health is essential for disease prevention. To reach this goal, activities must be in place that address the following key strategies:

- Improvement of health status through supporting individuals and communities in taking responsibility for their own health through service redesign.
- Improve the health status and outcomes of aboriginal people by offering holistic service delivery, supporting traditional ways of healing and engaging the voice of the community.

Partnerships, both within the RQHR as well as the community, are key in developing programs that effectively address health promotion and disease prevention. During the past year, the RQHR developed several initiatives as a result of such partnerships. Some examples are:

FIRST NATIONS AND MÉTIS HEALTH INITIATIVES

The RQHR worked closely with many organizations and individuals from the First Nations and Métis communities to further improve service delivery. Activities focused on those high-need areas such as diabetes, women's and children's health, mental health and addictions, home care and primary health care.

The region also developed a series of cultural awareness initiatives to increase employees' understanding of potential barriers to good health for First Nations and Métis communities. This included training sessions for both staff and board members, ongoing information to employees through different communication channels, and scheduled events with First Nations and Métis people to increase understanding and collaboration on areas of interest in the health field.

As well, several initiatives were planned to improve coordination of services and develop a more collaborative, trusting relationship with First Nations and Métis communities. Opportunities were identified to meet and discuss areas of concern in health service delivery and identify solutions. First Nations and Métis groups were consulted on development of services that directly addressed needs in their communities.

POPULATION AND PUBLIC HEALTH SERVICES

Population and Public Health Services has accountability for leading health promotion initiatives. In 2004 Saskatchewan Health released the document *“Healthier Places to Live, Work and Play. A Population Health Promotion Strategy for Saskatchewan.”* One of the outcomes from the report is the requirement that the RQHR submit an annual population health promotion strategy, increasing the focus on health promotion within the region and the involvement of more departments. For example, Mental Health and Addictions Services and Population and Public Health Services now collaborate more often on different initiatives. This reflects the interrelationship of the four primary areas of action: mental well-being, decreased substance use and abuse, active communities and accessible, nutritious foods.

In the past year, several partnerships were formed with the RQHR and with community partners. Some examples include:

The Baby Friendly™ Initiative

This program improves breastfeeding initiation and duration rates, resulting in healthier outcomes for infants.

A committee with members from RQHR departments and communities continues to focus on activities that help meet the standards reflected in the Breastfeeding and Baby Friendly Initiative policy for the region. The policy is the first of its kind in Saskatchewan and is considered a model for other health regions.

RQHR provided input into the development of three client brochures on infant feeding and a listing of available services and supports in local communities. Within Regina, another Breastfeeding Support Center opened in mid-2007, offering an alternate time and location for breastfeeding clients.

Food for Life – A Food Security Project

Food security exists when all people at all times have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preference for an active and healthy life.

The community food store, *Food for Life*, operates one day per week in the Core/Al Ritchie neighborhood. In February 2007 *Food for Life* celebrated its first anniversary. The store was the result of a community-driven partnership addressing the need for accessible, affordable nutrition in the neighborhood when supermarkets moved to the outskirts of Regina. Additional funding by the Population Health Promotion Strategy will help sustain the project which provides residents with fresh fruits and vegetables, meats, dairy products and whole grain items at affordable prices every Monday afternoon.

Partnerships with *In-Motion* and other physical activity programs

The promotion of physically active communities has been strengthened by working with Saskatchewan and Regina *In-Motion* programs.

The *Moving Towards Health and Happiness* workshops continue to be well received. These workshops help in building supportive pre-school environments by providing caregivers with skills and resources to incorporate daily physical activity into day care centres and pre-school programs. To reach caregivers outside of Regina, the workshop is being developed as a one-day session and/or telehealth broadcast.

The Playground Leadership Program started in 2006-2007 as a pilot project initiated by a partnership of the South East Saskatchewan Association for Culture, Recreation and Sport. Prairie Valley School Division and an RQHR Health Promotion coordinator provide leadership training to students in Grades 6, 7 and 8.

Anti-Bullying and Relationship Abuse Tool Kits

Innovative and interactive tool kits for three different age groups were completed this year and available for loan to schools and other children's organizations. The kits include videos, books, games and many other creative activities that engage young people and help them learn about anti-bullying and relationship abuse.

40 Developmental Assets Initiatives

Building resiliency in youth is the goal of a new initiative sponsored by the RQHR along with the *Regina Alliance of Asset Champions*, a coalition of different sectors, agencies and individuals. The alliance supports the *40 Developmental Assets*, a concept developed by the *Search Institute* in Minneapolis that focuses on building strength in children, youth and the community.

Four community-based organizations (two rural and two urban) received funding for asset-specific pilot projects this year. The projects focus on middle-school children (ages 9 to 12). In the spring, the RQHR hosted an information booth at the Home and Garden show in Regina, and in the fall every elementary school in the RQHR will receive an Assets Information Kit.

As well, the RQHR is producing television, radio and print public service announcements that raise awareness of the assets and the role every citizen plays. In fall 2007 RQHR hosts a Generations Together workshop, bringing together 75 people who represent five generations of the community to spread the assets message.

Tobacco Control

RQHR Health Promotion and Environmental Health departments are funding research to identify the next "best practices" tobacco control strategy. Work continues on the promotion of provincial legislation to support smoke-free workplaces. The RQHR Tobacco Reduction Committee is assisting First Nations and Métis communities to implement effective and culturally sensitive tobacco reduction strategies. Partnerships are being developed to deal with contraband -- illegally obtained tobacco. The RQHR has taken a leadership role in the impact of second-hand smoke in multi-unit dwellings and in responding to Health Canada's consultation on federal regulations to ban power wall displays and cigarette packages visible behind cash registers.

As part of the *Tobacco Control Act*, enforcement staff visited facilities throughout the RQHR, particularly billiard halls, bingo establishments, bowling centres, casinos, restaurants and taverns. When public health inspectors conduct routine facility inspections or investigate complaints (not related to tobacco) in a public place, they ensure that the owners/operators/managers are complying with the *Tobacco Control Act*. If a facility is not in compliance, the public health inspector follows up until compliance is achieved.

More than 99.5 per cent of public eating establishments, billiard halls, bingo establishments, bowling centres, casinos and taverns are complying with the Act.

REGINA QU'APPELLE HEALTH REGION STRATEGIC THEMES:

- Enhance the individual experience through a work environment which fosters respect, pride, accountability and “living our values.”
- Enhance our performance as an academic health services organization that supports, creates and applies knowledge through research, learning partnerships and personal and professional development.

SASKATCHEWAN HEALTH GOAL:

Retain, Recruit and Train Health Providers

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.

Recruiting and retaining a sufficient supply and appropriate mix of health care professionals is vital to ensuring a sustainable quality service. With changing demographics and growing competition for talent in a competitive labour market, rigorous efforts are required to attract and retain skilled health care professionals.

By actively monitoring employee/physician turnover and forecasting vacancies, the RQHR can proactively develop strategies that most effectively address the workforce issue. Shortages have been identified in certain professional groups, including Registered Nurse/Registered Psychiatric Nurse (RN/RPN), Licensed Practical Nurse (LPN), Medical Laboratory Technologist, Medical Laboratory Assistant, Pharmacist, Respiratory Therapist, Sonographer, Biomedical Engineering Technologist, Physiotherapist, Orthotist and PHD Psychologist.

Potential interested employees receive information on different RQHR employment opportunities through career fairs, visits to educational institutions/classrooms (in and out-of-province), direct student contact/mailings, direct referrals and web-based advertising.

The RQHR has participated in many recruitment events and career fairs in Alberta, Saskatchewan, Manitoba, and Ontario. In the past year, efforts to attract Alberta applicants have proven more effective than in previous years. The region's aggressive marketing tactics generated more inquiries, applications and successful hires of nursing professionals from Alberta. The successful recruitment results are likely due to the high cost of living in Alberta, coupled with the availability of financial incentives to move to Saskatchewan.

While ongoing recruitment challenges continue, a lot was achieved this fiscal year. The region's hiring rate increased 35 per cent compared to last year. Of the 968 new hires, 201 were Registered Nurses and 64 were Licensed Practical Nurses.

RQHR continues to attract foreign applicants through various online marketing tools. Further enhancements to foreign marketing efforts will be pursued in 2007.

Bursaries, purchased seats in training programs (in and out-of-province) and creating positions for new health professionals graduating from local institutions have all proven to be successful recruitment strategies.

RETENTION

The RQHR's future success depends significantly upon the skills, energy and commitment of its employees. As the demand for health care professionals intensifies, understanding what motivates and inspires the loyalty of today's workforce is crucial.

The quality of the work environment directly impacts the region's ability to recruit and retain the necessary employees. Improving workplace practices based on factors that enhance employee engagement is one of the key priorities.

LIFESTYLE PROMOTION PROGRAM

The RQHR launched a new Employee Lifestyle Promotion Program in May 2006. The program promotes healthy lifestyle choices for employees and their families (e.g., smoking cessation, healthy eating, increased physical activity). The expected program outcome is that employees will maintain positive active lifestyles, creating a healthier workforce and community. The results and success of the program will be measured in improved attendance, reduced injury rate and an increase in the positive ratings in the employee survey.

REPRESENTATIVE WORKFORCE PROGRAM

The RQHR supports a Representative Workforce: All members of society have fair and equal access to employment opportunities and the workforce reflects the diversity of the working population in the community.

The Representative Workforce Strategy is intended to facilitate employment opportunities for groups designated by *Saskatchewan Human Rights* as under-represented in the Saskatchewan workforce, including persons of aboriginal ancestry, people with disabilities, visible minorities and women.

In June 2006, on National Aboriginal Day, the RQHR, affiliates and unions signed a new Aboriginal Employment Development partnership agreement with Saskatchewan First Nations and Métis Relations to create more employment opportunities for First Nations and Métis people.

Through strategic partnerships and promoting employment opportunities, the composition of the RQHR's current workforce continues to change. In the pursuit of a representative workforce, strategic partnerships exist with government, unions, educational institutions and community groups.

HIRING OF INDIVIDUALS FROM DESIGNATED GROUPS

Currently the workforce demographics, including affiliated employees is composed of:

- Five per cent aboriginal compared to 13 per cent of the provincial population and 8.7 per cent of the Regina population.
- Seven per cent visible minority compared to 5.6 per cent of the provincial population.
- Three per cent disabled compared 9.7 per cent of the provincial population.

ABORIGINAL AWARENESS TRAINING

Awareness training fosters a positive and supportive climate, while integrating aboriginal people into the workforce. The RQHR's strategy to provide all employees with aboriginal awareness training means 57 per cent of the employee population has received the training. Aboriginal awareness training is provided to new employees during their orientation.

INVESTING IN SAFETY

In January 2006 the Saskatchewan Workers' Compensation Board recognized the RQHR for its efforts in creating a safe and healthy workplace by presenting a Certificate of Achievement to the region.

Recognizing the many efforts that contributed to the achievement of the award, the RQHR, in partnership with the Occupational Health & Safety committees, requested proposals from employees for funding to enhance workplace safety. Many innovative and creative proposals were received with funding designated for 14 proposals. Some were fully funded; others, such as ceiling mounted track lifts, received partial funding.

Following are the proposals that received full or partial funding:

1. Home Care, Palliative Care, SWADD: Implemented The Community Safety Program for 450 employees. Security measures to control and manage risk associated with working in communities within the health region including a process for severe weather conditions, a check in/check out plan, a safe visit plan, challenging cases protocol, etc.
2. Population and Public Health: Ergonomic Computer Station
3. Population and Public Health: Carts to transport material
4. Nutrition and Food Services: Pallet lifters for loading groceries
5. Nutrition and Food Services: Table mover to provide a safe manner in which to move tables for various RQHR functions
6. Nutrition and Food Services: Light-weight tables for catering functions
7. Unit 4C, Pasqua Hospital: Commenced Program on Transfer, Lifts and Repositioning (TLR)
8. Therapies, RGH: Special walker to mobilize Bariatric patients sooner.
9. St. Joseph's Hospital: Harassment/Violence workshop
10. Balcarres Integrated Facility: Commenced Program on Transfer, Lifts and Repositioning (TLR)
11. Adult Therapy Program, WRC: Hydraulic jack to lift wheelchairs, elevating them to working height while being repaired
12. Surgical ICU (Intensive Care Unit): Ceiling Track Lifts for moving patients
13. Medical Pediatric ICU: Ceiling Track Lifts for moving patients
14. Pasqua Hospital ICU: Ceiling Track Lifts for moving patients

NUMBER OF LOST-TIME WCB CLAIMS PER 100 FTEs



The number of lost-time Workers' Compensation Board (WCB) claims per full time equivalent (data source: Saskatchewan WCB) compared to the provincial number.

The RQHR lost-time claims per 100 full time equivalent (FTEs) reduced slightly when compared year to year. The number of claims overall for the region are higher than the provincial benchmarks in both 2005-2006 and 2006-2007. The variance between the region and the provincial benchmark is reduced when compared year to year .

The most frequent type of injuries in the work place continue to be from lifting, transferring and repositioning actions. In response, the RQHR created an education consultant position to focus on developing a culture of safety with the goal of eliminating all musculoskeletal injuries. A statistical report for each department and service area detailing the number of lost-time claims per 100 FTEs is now in place. The purpose of the information is to target reduction strategies for those areas that have higher injury rates.

QUALITY WORK ENVIRONMENT

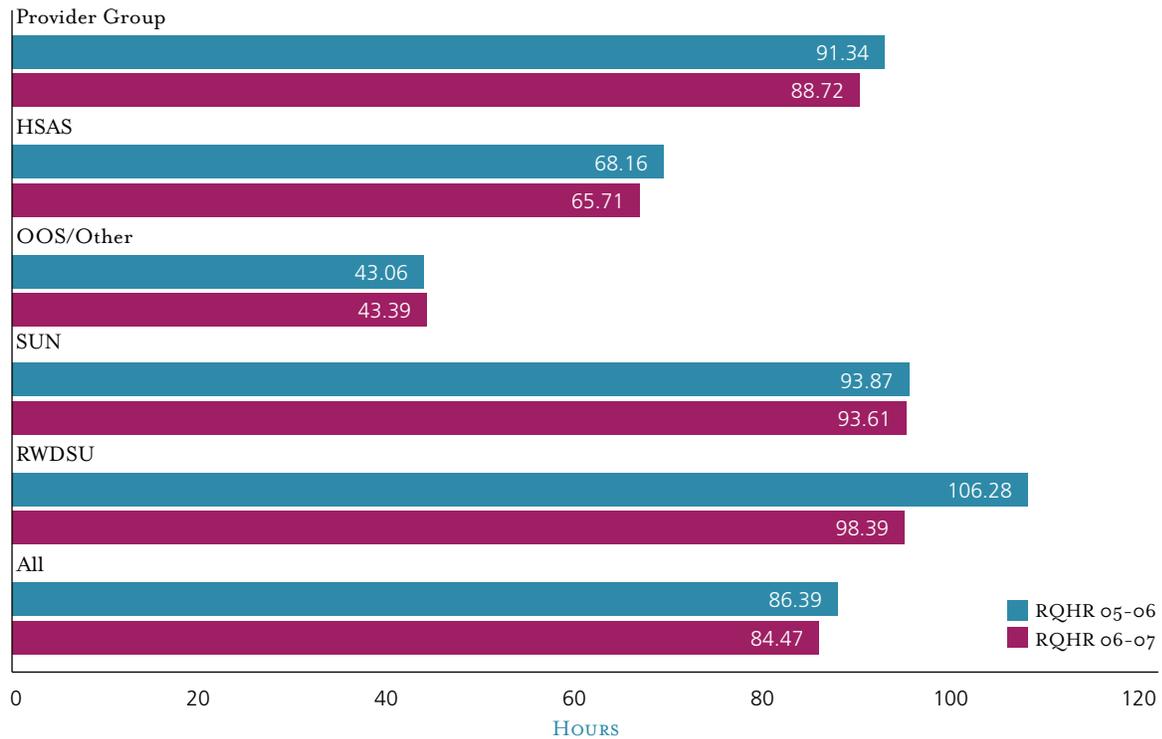
The RQHR has several initiatives in place that enhance the health, safety and quality of the work environment for employees. Influenza vaccinations continue to be offered to people working in the health region. Along with good infection control techniques, the vaccination further protects the safety of employees, patients, clients and residents. Public education initiatives continue every year during influenza season to increase the rate of employee participation.

The Attendance Support Program in support of the "People Philosophy" enables employees to be at work, stay at work or return to work on a timely basis consistent with the person's abilities and restrictions. The Conflict to Collaboration Program, a partnership with Saskatchewan Justice, Dispute Resolution Office, provides employees with the tools to effectively resolve conflict in the workplace.

The RQHR Fit Club provides employees with an opportunity to exercise and maintain physical fitness through various fitness programs offered within the region. From "total body workout" classes to "stretch and relax" classes, there is something for everyone. The Employee Fitness Center located at WRC offers an array of fitness equipment for cardio and strength training. The development of a fitness centre at the RGH is targeted to open in June 2007. This year RQHR purchased fitness equipment for three rural facilities including Fort Qu'Appelle Community Services, Grenfell Health Centre and Long Lake Valley Integrated Facility.

Other ongoing initiatives of the RQHR include: Respiratory and Personal Protection Program, Infection Control and Outbreak Planning, Back Management Program, Employee and Family Assistance Program, and Personal and Professional Development.

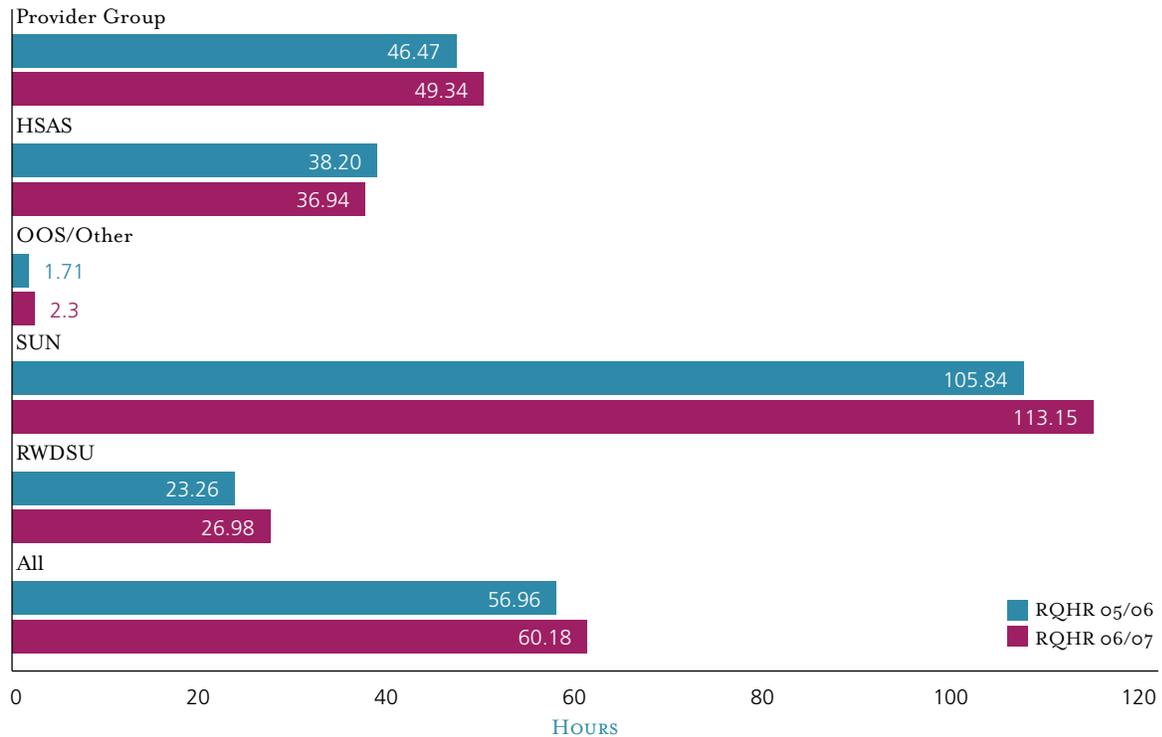
NUMBER OF SICK LEAVE HOURS PER FTE



The total number of hours employees absent from work due to illness or injury per full time equivalent by affiliation.

Overall the RQHR had a slight reduction in sick leave hours per FTE. As well, there was a decrease in sick leave hours for four groups including the provider group, HSAS, RWDSU and All. For employees affiliated with OOS/Other, there was a slight increase.

NUMBER OF OVER-TIME & OTHER PREMIUM HOURS PER FTE

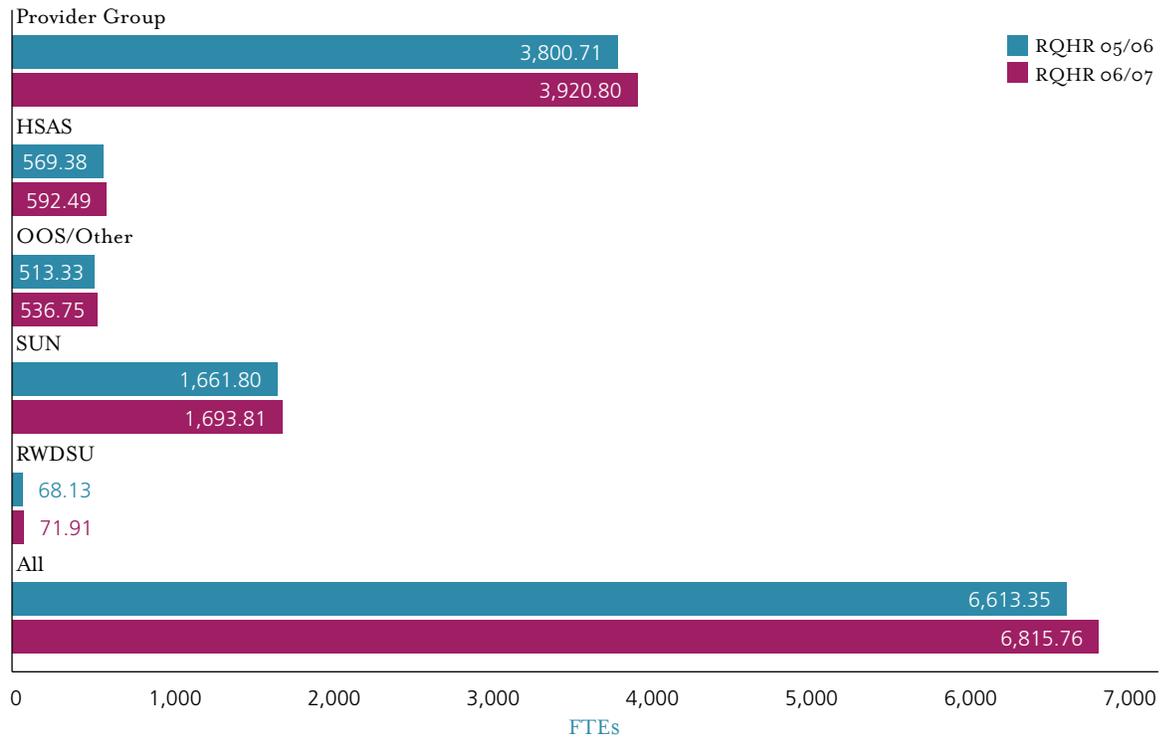


The hours per FTE that a premium (overtime and other) was paid by affiliation.

The highest premium rates occurred among SUN employees, (Registered Nurses) with rates increasing for all groups except HSAS.

In 2005-2006, the region implemented electronic scheduling software to standardize scheduling practices. Recruitment strategies continued to focus on areas of high overtime usage and hard-to-recruit classifications along with relief positions to cover multi-sites.

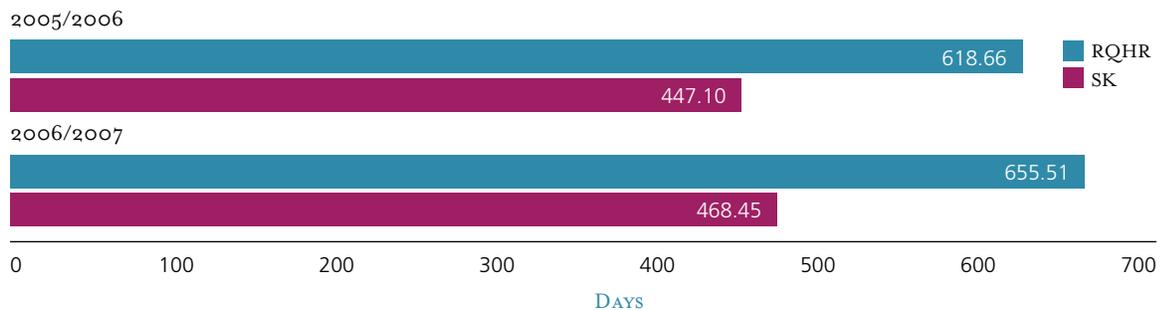
DISTRIBUTION OF FTEs BY AFFILIATION



The total number of FTEs in the region.

The number of FTEs remains relatively stable for all affiliations in comparison to the previous year.

NUMBER OF LOST-TIME WCB DAYS PER 100 FTEs



The number of lost-time WCB days per FTE (data source: Saskatchewan WCB) compared to the provincial number.

The RQHR had a significant increase in the number of lost-time days per 100 FTEs in the year to year comparison. The number of lost-time days was higher than the provincial benchmarks in both 2005-2006 and 2006-2007.

KEY ACCOMPLISHMENTS:

- Signing of an Aboriginal Employment Development Partnership Agreement
- Increased the regional hiring rate by 35 per cent compared to last year
- The transition to Safety Engineered Sharps Devices resulted in a 22 per cent reduction in the number of contaminated punctures
- Training of 4,000 employees on personal protective equipment and proper fit testing for respiratory protective devices

KEY INITIATIVES:

- Employee engagement activities
- Advancement of Graduating Professionals Employment Opportunities
- Full Scope of Practice expanding RN and LPN clinical practice and maximizing nursing scope within each discipline
- Vacancy Management/Succession Planning/Career Pathing
- Performance Management
- Business processes continue to be reviewed for effectiveness and efficiency
- Launch of the *Living Our Values Program*

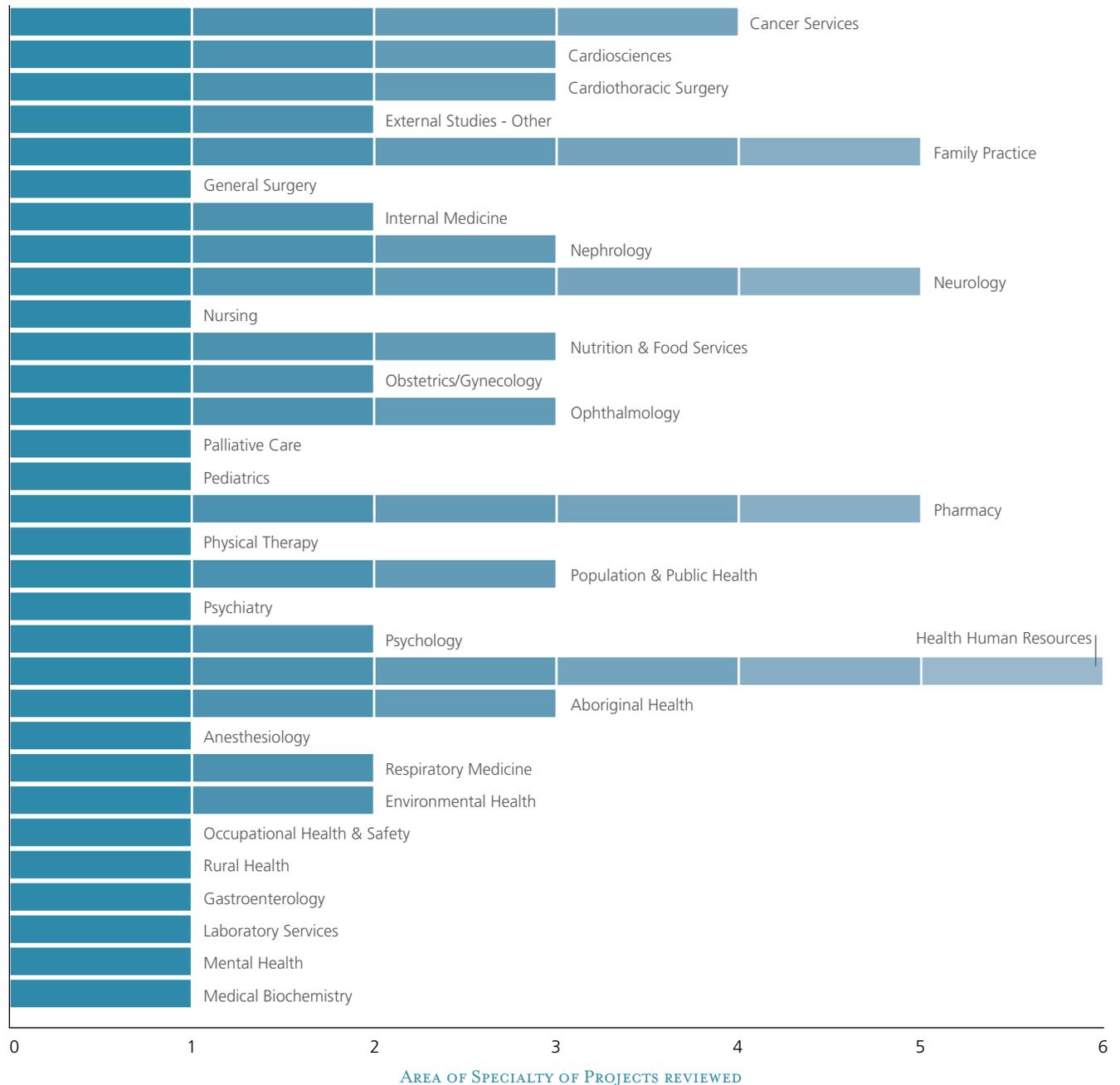
RESEARCH

Health research tests the effectiveness of new treatments, informs health systems about factors that increase the probability of illness, and supports the development of the most effective means of delivering health care.

The RQHR is dedicated to supporting health research. In the past year, 71 new studies representing more than 21 areas of medical specialty were approved by the RQHR's Research Ethics Board.

The areas of cardioscience, obstetrics/gynecology, neurology, nutrition & food services, and psychology were most active with each area initiating six new studies.

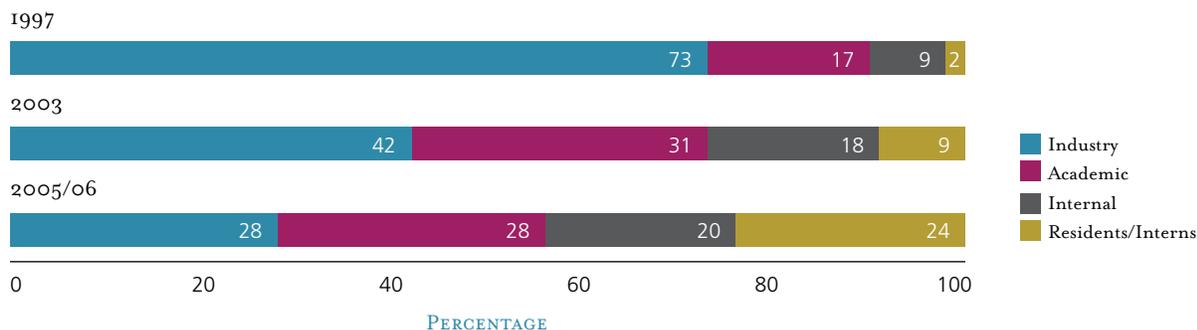
RESEARCH PROJECTS BY AREA OF SPECIALTY



Since many studies require more than one year to complete, the region was actively involved in 130 studies during 2006-2007, a number that has almost doubled since 2000.

THE CHANGING FACE OF RESEARCH

In 1997, most of the research being conducted in the RQHR was industry-sponsored clinical drug trials (73 per cent), and only one-quarter (27 per cent) was led by a researcher from an academic institution (e.g., University, SIAST), or an internal staff member, resident or intern. Over the last decade, however, research has evolved to include a balance of industry, academic, internal and resident research.



The RQHR works in partnership with the Universities of Regina and Saskatchewan, Health Quality Council, and other organizations, companies, and researchers to conduct these studies.

REGINA QU'APPELLE HEALTH REGION STRATEGIC THEMES:

- Provide appropriate, safe and trusted services within available resources.

SASKATCHEWAN HEALTH GOAL:

A Sustainable, Efficient, Accountable, Quality Health System.

PUBLIC TRANSPARENCY

The RQHR recognizes that the foundation of an effective and responsive health system is communications with the public, its staff and physicians that promote a model of transparency and trustworthiness. The region has taken several steps to ensure such a value is embraced throughout its organization and conveyed in all actions. Several initiatives are in place that support this direction:

- Authority business meetings are held in public, and convened both in Regina and in rural areas of the region. The region's website includes notices of meetings, agendas, minutes, addresses and phone numbers of all Authority members. Media are invited to meetings advertised in the *Leader-Post* and community newspapers, and media advisories are sent to all regional media informing them of Authority meetings.
- Information on RQHR activities are regularly distributed through the region's internal and external newsletters.
- Three Community Advisory Networks representing communities in the region regularly provide advice and input directly to the Authority.
- Residents can view key financial information on the RQHR from the region's website and at any of the health sciences libraries at the Regina General and Pasqua hospitals and the Wascana Rehabilitation Centre during regular business hours.

- Several different communication initiatives are in place to reach residents and other people who use RQHR services. The region's website (www.rqhealth.ca) provides valuable information on programs and services, current news items and general health information. *HealthNews*, the region's quarterly publication, is delivered to all homes in the region and it contains a message from the Authority Chairperson, advice on healthy living and information on programs and services offered by the RQHR.
- Media are a vital communication link with residents in the region and the RQHR has almost daily contact with reporters and works to maintain a positive and respectful working relationship with news organizations. In all its interactions with media, the region ensures that the privacy rights of patients, clients, residents and visitors are preserved.
- The region understands that effective and consistent communication with its 7,500 employees and more than 500 physicians, people who are providing frontline services and directly interacting with patients, is fundamental if patients and the public are to gain a clear understanding and trust of the region. To ensure timely communication, the region produces a weekly electronic newsletter, *e-link*, for staff and a monthly publication for physicians, *The Physician*.

REPUTATION MANAGEMENT

In striving to be a transparent and trustworthy organization, the RQHR has developed a reputation management process that is sponsored by the President and CEO, has evolved under the direction of the Senior Management Team, and is supported by the Public Affairs Department. A strong reputation is a product of both good performance and good communication and the RQHR is committed to enhancing its reputation over time. In 2007-2008, the region's Senior Management Team will further develop the reputation management process with the goal of meeting public and key stakeholder expectations.

CRITICAL INCIDENTS

The RQHR has a defined process for communicating critical incidents with all key stakeholders involved, including patients and family members. A critical incident is defined as a *serious adverse health event including, but not limited to, the actual or potential loss of life, limb or function related to a health care service provided by, or being provided by, a regional health authority or health care organization.*

In the RQHR, all critical incidents are immediately addressed using a root cause analysis, a tool designed to help identify *what* and *how* an event occurred, and more importantly *why* it happened. The root cause analysis is often facilitated through a team case review involving the health care team. The purpose is not to lay blame, rather to identify the cause of the incident and take actions to avoid a similar incident in the future. The review focuses on identifying the root cause of the critical incident and then developing effective quality improvement strategies to prevent recurrence.

Through staff education the region continues to place more emphasis on internal reporting of critical incidents, as well as situations that create the potential for critical incidents to occur. Both actual and potential or "near miss/good catch" events are reviewed through the region's critical incident review process.

All critical incidents reported within the RQHR are reviewed and reported to Saskatchewan Health as part of *The Critical Incident Reporting Regulations* under *The Regional Health Services Act*. The regulations require that regional health authorities report the occurrence of all critical incidents within three business days. The regulations also require that regional health authorities report the findings of their review, as well as recommendation to prevent recurrence, within 60 days. These findings and recommendations may be shared provincially to prevent similar incidents in other regions.

In the RQHR, 100 per cent of the critical incidents reported in 2006-2007 met the timelines for notification to Saskatchewan Health.

To increase the region's focus on patient safety and quality improvement, the RQHR created the *Patient Safety and Quality Support* portfolio in December of 2006. This portfolio includes the areas of Risk Management, Quality Improvement and Client Representative, which brings together departments with a specific focus on patient safety and quality support. The synergy within this portfolio will improve how incidents are reported, reviewed, followed-up and disclosed. This will be attained through increased collaboration, increased focus on systems design to improve safety and implementation of regional projects to enhance the culture of safety within the RQHR.

PATIENT SAFETY

In 2005-2006, the RQHR created a Patient Safety Task Force, with a mandate of establishing a patient safety agenda. Chaired by President and CEO Dwight Nelson, the task force membership include leaders from across the region's functional areas, two members of the RQHR, and two members from the general public. With recognition that many patient safety practices, quality assurance initiatives and internal staff safety protocols already exist within the region, the task force's role is to articulate a long-term patient safety vision and direction for the organization.

Since then, the Patient Safety Task Force has developed a patient safety vision commitment statement that will become the guiding principle for RQHR's patient safety plans and initiatives. There are also plans to conduct a survey in mid-2007 to gauge staff and physicians' perceptions of patient safety-related workplace attributes in the RQHR.

Patient safety continues to be the region's key priority.

FINANCIAL SUMMARY

The RQHR continues to provide quality health services with available resources. As a provincial and community provider of a full range of quality health services, education and research, the region managed challenges and achieved success in 2006-2007 in meeting the diverse health needs of our communities through the strength of our people, partnerships and personal responsibility for health.

The RQHR achieved a small surplus for 2006-2007, ending the year with an excess of revenue over expenditures of \$7.8 million. The surplus was achieved through the efforts of our staff and physicians to align the human and financial resources with the strategic priorities of the Region and the accountabilities of the provincial government.

The region continued to maintain quality health services and meet the financial challenges of rising costs by managing staffing vacancies and, where possible, implementing improvements in effectiveness and efficiency. The region is committed to wise stewardship and accountability for the people and resources entrusted to it.

REGINA QU'APPELLE HEALTH REGION 2006-2007 RESULTS

Number of days able to operate with working capital	(29.14)
Working capital ratio (current ratio)	.44
Surplus/deficit; as a percentage of actual operating expenditures	1.3%
Expenditures in program support funding pool as a percentage of total RHA operating expenditures	5.1%

CAPITAL COMMITMENTS AND EXPENDITURES

The region was pleased to receive \$6.7 million from the provincial government for clinical equipment and information technology. The funding enabled the region to continue work on upgrade of the Laboratory System and to purchase needed equipment such as a CO2 Laser for the operating room, an instrument sterilizer, an echocardiography machine, an ambulance and electric beds.

The region also appreciates and relies on the partnerships with the Hospitals of Regina Foundation and the Community Trust Funds to provide significant donations for the purpose of purchasing equipment and contributing to the costs of building or upgrading facilities. The Hospitals of Regina Foundation supported the major purchase of a new cardiac cath lab, as well as other equipment.

The Moosomin and District Health Care Foundation raised the community share of funding to support construction starting in 2006-2007 for the new Moosomin Integrated Health Facility. Planning continued on the Rawlco Centre for Mother Baby Care at the Regina General Hospital. Both these projects will continue into 2007-2008. In addition, expansion of the Broadview Medical Clinic was completed in 2006-2007, totally funded by the community.

Capital funding continues to be a challenge for the region, in terms of equipment, information technology and building infrastructure. The region, in partnership with the foundations and the provincial government, will continue to explore ways to increase funding to support these important investments.

FUTURE OUTLOOK/EMERGING ISSUES: INCREASED FOCUS OF SAFETY, IMPROVED ACCESS AND BETTER HEALTH OUTCOMES

Patient safety continues to be a priority for the RQHR along with the region's focus on providing quality, accessible health services for its residents and other communities that require specialized treatment.

In 2006-2007, the Patient Safety Task Force further advanced the patient safety agenda in the region by developing a patient safety commitment statement that will help guide the RQHR in its plans and initiatives. Later this year an RQHR staff culture sensitivity survey will be issued to determine the degree of safety-related workplace attributes that currently exist in the organization.

In addition, the Patient Safety Task Force has started identifying system-wide patient safety indicators and measures that will be reported as part of the organization's corporate balanced scorecard, a record of the RQHR's performance.

In the area of quality, accessible health services, in 2006-2007 the RQHR developed several initiatives to further improve access and respond to the needs of the region.

Several Primary Health Care Teams are operational in the region along with health-related partnerships with the community that improve the health status of residents, particularly within the more vulnerable population groups. Additional funding has enabled the RQHR to offer more diagnostic testing and in the process reduce the wait times for MRI or CT examinations. Recruitment of technical and professional staff continues to be an issue for the RQHR, similar to health systems across Canada. The lack of available sonographers in the past year resulted in less ultrasounds performed than required.

Health promotion and disease prevention is a major area of focus for the RQHR as health research strongly indicates that improved living conditions and key social factors influence health outcomes. Population Health has provided ongoing funding for a local community food store *Food for Life* recognizing that easy access to healthy food is fundamental to good health.

The demand for health promotion and disease prevention initiatives will become increasing priorities for the RQHR as the population ages, obesity rates continue to climb and the rate of chronic diseases further escalates, placing increasing demands on the health system.

Like health systems throughout Canada, the RQHR is challenged in meeting the needs of a growing and aging population. It is generally acknowledged that as people age, their demands on the health system increase and the type of services required changes. In developed countries, the incidence of chronic diseases, such as diabetes and heart disease, is rapidly increasing, placing significant burdens on health systems everywhere.

Along with a growing and aging population, the RQHR also has a rapidly growing young, aboriginal population. Due to the health status of many young aboriginal people -- poverty, poor access to health services and low educational attainment -- the health region is challenged to find innovative methods for delivering health services to this vulnerable group.

The major challenge health regions across the country continue to address is meeting public expectations within the available resources and funding available.

GOVERNANCE AND TRANSPARENCY: ESTABLISHING A TRUSTWORTHY AND ACCOUNTABLE ORGANIZATION

The mandate of the RQHR is to provide quality, accessible health services that meet the needs of its residents and people in southern Saskatchewan who rely on it for specialized services.

The RQHR 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 and evaluate the services it provides. The second is to provide specialized health care for 465,000 residents in southern Saskatchewan through the two designated provincial hospitals in Regina.

The RQHR is responsible for the overall management and control of the health region. Pursuant to *The Regional Health Services Act*, the Authority is ultimately 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.

The Authority assumes its role and responsibilities within the context of a governance policy framework of decision making and accountability and the powers of authority 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. In fulfilling its responsibilities, the Authority has established four standing committees: Executive Committee; Services and Programs Committee; Resource Accountability Committee; and the Community Partnerships Committee. In addition, the Authority has established three Community Advisory Networks to ensure that the Authority receives input and advice from local citizens.

All *Authority* members are appointed to serve on one or two of the Authority's standing committees and certain members have been designated to liaise with Community Advisory Networks. Each committee and network operate independently of the others. Authority members must travel extensively to attend meetings that are held throughout the region.

The Executive Committee is responsible for matters pertaining to governance. The Resource Accountability Committee is charged with oversight of areas related to finance, audit, human resources, facilities and capital resource infrastructure. The Services and Programs Committee is responsible for oversight of the region's service delivery model, particularly as it relates to providing accessible, quality and safe health services. The Community Partnerships Committee is responsible for oversight of the Authority's Community Advisory Networks, as well as relationships with the region's stakeholders and partners.

The 12 Board members of the RQHR are as follows:

REGINA QU'APPELLE REGIONAL HEALTH AUTHORITY

MEMBERS ATTENDANCE

Bergman, Anita	90%
Boutilier, Lloyd	80%
Connolley, Pat	100%
Elford, Loretta	100%
Everett, Marie	100%
Fisher, Tyronne	90%
Knuttila, Murray	70%
Leier, Bryan	100%
Poitras, Bev	80%
Semenchuck, Gary	70%
Taylor, Alex	90%
Ward, Chuck	100%

COMMITTEE MEMBERSHIP AND MEETING ATTENDANCE

Resource Accountability Committee		Executive Committee		Services & Programs Committee		Community Partnerships Committee	
<ul style="list-style-type: none"> ■ Finance ■ Audit ■ Accreditation ■ Capital & Finance ■ Human Resources 		<ul style="list-style-type: none"> ■ Meetings & Agendas ■ CEO & Liaison & Evaluation ■ Board/Development ■ Education ■ Board Policy ■ Development/Review ■ Strategic Accountability 		<ul style="list-style-type: none"> ■ Quality Care ■ Patient Safety ■ Medical Affairs 		<ul style="list-style-type: none"> ■ Community Advisory Networks ■ Public Relations ■ Partnerships 	
Members Attendance							
Bergman, Anita	100%	Bergman, Anita	60%	Bergman, Anita	100%	Bergman, Anita	100%
Boutilier, Lloyd	69%	Boutilier, Lloyd	55%	Elford, Loretta	83%	Connolley, Pat	100%
Connolley, Pat	85%	Connolley, Pat	100%	Everett, Marie	91%	Elford, Loretta	100%
Elford, Loretta	86%	Knuttila, Murray	89%	Fisher, Tyronne	100%	Everett, Marie	78%
Fisher, Tyronne	86%	Leier, Bryan	89%	Knuttila Murray	82%	Knuttila, Murray	100%
Leier, Bryan	85%			Poitras, Bev	91%	Ward, Chuck	100%
Poitras, Bev	100%			Semenchuck, Gary	100%	Poitras, Bev	50%
Semenchuck, Gary	71%			Taylor, Alex	60%	Taylor, Alex	100%
				Ward, Chuck	80%		

Note: Re: Executive Committee:
 Anita Bergman stepped down in Oct 06. Various members rotated in to make the 5th member of the committee.
 Nov/Dec 06 – Semenchuck, Gary – 100%
 Jan/Feb 07 – Fisher, Tyronne – 100%
 Mar/Apr 07 – Elford, Loretta – 100%

For biographical and contact information regarding the board members of the RQHR, visit the website at www.rqhealth.ca.

In August 2002 the passing of *The Regional Health Services Act* not only brought 12 health regions into existence, but it also gave them the formal mandate to establish Community Advisory Networks (CAN).

The goal of these networks was to ensure that health authorities would benefit from the 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 seen as a priority for CANs.

In response to this mandate from government, the Authority, passed a motion that formally approved a framework of four geographically based CANs composed of up to 15 persons each to serve the health region. The new networks were the Central Community Advisory Network, East Community Advisory Network, Regina Community Advisory Network and North Community Advisory Network.

December 2006 marked the end of the first term of Network appointments, at which time, the Authority, in consultation with CAN members, reassessed the structure of the networks. The Authority decided that starting in 2007 it would reduce the number of networks from four to three: one in Regina and surrounding area; the second representing the region's rural area; and the third composed of youth between the ages of 16 and 25 years.

Information about the RQHR is available on the region's website at www.rqhealth.ca and in its quarterly publication *HealthNews*. The website contains information on programs and services, news items, and general health information. *HealthNews*, which is delivered to each household in the region, contains the Chairperson's message and advice about healthy living, as well as information on programs and services offered by the region.

The region also has a responsibility to communicate with all of its employees, as well as some 500 physicians who work within the region but are not all employees. To ensure timely communication, a weekly electronic newsletter, *e-link*, is produced for staff and a monthly publication for physicians, *The Physician*.

PAYEE DISCLOSURE LIST

For a copy of the RQHR payee disclosure list, go to http://www.health.gov.sk.ca/ph_rha_reporting.html

2006-2007 PERFORMANCE MANAGEMENT SUMMARY

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

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

INDICATOR	RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET	
ORGANIZATIONAL EFFECTIVENESS INDICATORS					
QUALITY					
Date of last CCHSA accreditation or when accreditation is scheduled <i>as of March 2007</i>	April 2005	not applicable	not applicable	to be determined	
Date when the RHA participated in the Institute for Safe Medication Practices (ISMP) Canada "Hospital Medication Safety Self-Assessment," or when participation is planned <i>as of March 2007</i>	March 2004	not applicable	not applicable	to be determined	
Number of client contacts with the Quality of Care Coordinator to raise a concern <i>2005-2006</i>	1,404	not applicable	not applicable	not applicable	
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days <i>2005-2006</i>	88%	86%	66% – 99%	to be determined	
WORKFORCE PLANNING					
The number of positions sitting vacant for periods longer than six months <i>[indicator to be developed]</i>	–	–	–	–	
Distribution of health system full time equivalents (FTEs) by affiliation <i>2006-2007</i>	Provider Unions (CUPE, SEIU, SGEU)	3,920.80	not applicable	not applicable	not applicable
	HSAS	592.49			
	OOS/OTHER ¹	536.75			
	SUN	1,693.81			
	RWDSU ²	71.91			
	Organization as a whole	6,815.76			

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation 2006-2007	Provider Unions (CUPE, SEIU, SGEU)	49.34	36.85	16.36 – 91.10	to be determined ³
	HSAS	36.94	25.44	0.25 – 117.97	to be determined ³
	OOS/OTHER ¹	2.30	3.46	0.00 – 16.92	to be determined ³
	SUN	113.15	81.54	27.14 – 368.66	to be determined ³
	RWDSU ²	26.98	not applicable	not applicable	to be determined ³
	Organization as a whole	60.18	42.47	17.19 – 131.56	to be determined ³
Worked hours as a percentage of total hours by affiliation 2006-2007	Provider Unions (CUPE, SEIU, SGEU)	77.8%	78.3%	73.1% – 80.7%	to be determined ³
	HSAS	79.8%	80.8%	75.0% – 83.9%	to be determined ³
	OOS/OTHER ¹	83.0%	82.5%	76.4% – 84.5%	to be determined ³
	SUN	72.9%	74.7%	63.7% – 77.9%	to be determined ³
	RWDSU ²	77.5%	not applicable	not applicable	to be determined ³
	Organization as a whole	77.1%	78.1%	72.5% – 80.7%	to be determined ³
Number of sick leave hours per full time equivalent (FTE) by affiliation 2006-2007	Provider Unions (CUPE, SEIU, SGEU)	88.72	89.78	71.62 – 107.61	to be determined ³
	HSAS	65.71	65.62	44.65 – 92.53	to be determined ³
	OOS/OTHER ¹	43.39	47.34	27.68 – 61.46	to be determined ³
	SUN	93.61	89.34	63.83 – 96.84	to be determined ³
	RWDSU ²	98.39	not applicable	not applicable	to be determined ³
	Organization as a whole	84.47	84.12	64.15 – 93.63	to be determined ³
Number of lost-time WCB claims per 100 full time equivalents (FTEs) 2006-2007		8.05	7.67	0.53 – 10.00	to be determined ³
Number of lost-time WCB days per 100 full time equivalents (FTEs) 2006-2007		655.51	468.45	38.43 – 766.40	to be determined ³
Percentage of employees self-identifying as Aboriginal 2005-2006		3.1%	not available	not applicable	to be determined
Number of clinical placements offered and taken within the region/SCA [indicator to be developed]		–	–	–	–

INDICATOR	RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET	
FINANCIAL					
Surplus (deficit) <i>2006-2007</i>	\$7,861,926	not applicable	\$90,050 – \$7,861,926 ²⁹	\$0	
Surplus (deficit) as a percentage of actual operating expenditures <i>2006-2007</i>	1.3%	not applicable	0.1% – 9.0% ²⁹	0.0% – 0.5%	
Working capital ratio (current ratio) <i>2006-2007</i>	0.44	not applicable	0.23 – 1.81 ²⁹	to be determined	
Number of days able to operate with working capital <i>2006-2007</i>	(29.14)	not applicable	(61.97) – 28.71 ²⁹	to be determined	
COMMUNICATIONS AND ISSUES MANAGEMENT					
Key activities undertaken by RHA to address public confidence reported <i>2006-2007</i> <i>[yes/no indicator]</i>	Q1	Yes	not applicable	not applicable	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			
CAPITAL					
Annual equipment maintenance costs as a percentage of annual equipment replacement costs <i>[indicator to be developed]</i>	–	–	–	–	
PROGRAM-SPECIFIC INDICATORS					
PROVINCE-WIDE SERVICES					
Number of patients as a percentage of agreed on target for magnetic resonance imaging (MRI) services ⁵ <i>2006-2007</i>	101.2%	102.4%	101.2% – 103.3%	100%	
Number of exams as a percentage of agreed on target for magnetic resonance imaging (MRI) services ⁵ <i>2006-2007</i>	85.9%	90.6%	85.9% – 93.1%	100%	
Number of actual hours of operation for magnetic resonance imaging (MRI) services ⁵ <i>2006-2007</i>	6,859	not applicable	not applicable	to be determined	
Number of patients as a percentage of agreed on target for computed tomography (CT) services ⁶ <i>2006-2007</i>	98.8%	98.0%	93.5% – 111.0%	100%	
Number of exams as a percentage of agreed on target for computed tomography (CT) services ⁶ <i>2006-2007</i>	125.6%	107.3%	73.5% – 125.6%	100%	
Number of actual hours of operation for computed tomography (CT) services ⁶ <i>2006-2007</i>	11,250	not applicable	not applicable	to be determined	

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Number of patients as a percentage of agreed on target for bone mineral densitometry (BMD) services ⁵ 2006-2007		78.4%	90.5%	78.4% – 101.7%	100%
Number of actual hours of operation for bone mineral densitometry (BMD) services ⁵ 2006-2007		1,924	not applicable	not applicable	to be determined
Number of patient years of dialysis provided in the current fiscal year ⁷ 2006-2007		277.65	not applicable	not applicable	to be determined
Current fiscal year's chronic kidney disease services levels as compared to previous fiscal year's levels ⁸ As at December 31, 2006	Number of chronic renal insufficiency patients	759	not applicable	not applicable	to be determined
	Number of peritoneal dialysis patients	59			
	Number of home unit chronic hemodialysis patients	230			
	Number of north/south chronic hemodialysis patients	294			
Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB) ⁹ 2005-2006		N/A	not applicable	not applicable	to be determined
Length of stay efficiency of inpatient rehabilitation programs – Wascana Rehabilitation Centre and Saskatoon City Hospital ^{10,11} 2005-2006	Stroke	0.6	not applicable	not applicable	to be determined
	Brain Dysfunction	0.4			
	Spinal Cord Dysfunction	0.6			
	Orthopedic Conditions	0.6			
	Neurological Conditions	1.6			
	Amputation of Limb	0.3			
	Major Multiple Trauma	0.6			
	Medically Complex	0.8			
	Debility	N/A			
	Cardiac	N/A			
	Pulmonary	N/A			
	Arthritis	N/A			
	Pain Syndrome	N/A			
Other	0.4				
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre ¹² 2005-2006	Child/Youth	72.2	not applicable	not applicable	to be determined
	Adult	77.5			

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
ACUTE CARE					
Percentage of surgical cases performed as day surgery ¹³ 2006-2007		52.8%	56.3%	39.1% – 74.8%	not applicable
Number and percentage of surgical cases on wait list that have already waited over 12 months ¹³ 2006-2007	Number	1,891	not applicable	not applicable	not applicable
	Percentage	21.4%	19.9%	0.0% – 23.8%	10%
Number and percentage of surgical cases on wait list that have already waited over 18 months ¹³ 2006-2007	Number	835	not applicable	not applicable	not applicable
	Percentage	9.5%	9.5%	0.0% – 12.0%	0%
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames ¹³ 2006-2007	Priority Level I within 3 weeks	43.7%	57.3%	43.7% – 97.4%	95%
	Priority Level II within 6 weeks	30.0%	43.8%	0.0% – 96.6%	90%
	Priority Level III within 3 months	43.3%	63.9%	43.3% – 100.0%	90%
	Priority Level IV within 12 months	79.3%	88.0%	79.3% – 100.0%	90%
Cumulative number of surgical cases performed as a percentage of target and variance from target ¹³ 2006-2007	Percentage of target	96.9%	98.3%	85.2% – 122.4%	100%
	Variance from target	-665	not applicable	not applicable	not applicable
INSTITUTIONAL SUPPORTIVE CARE					
Average wait time between approval for placement and placement for institutional supportive care services <i>[indicator to be developed]</i>		–	–	–	–
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores ¹⁴ as at the end of Q2 2006-2007		19.15%	21.94%	16.47% – 28.28%	to be determined
Case mix index for institutional supportive care facilities ¹⁴ as at the end of Q2 2006-2007		0.725	0.771	0.725 – 0.800	to be determined
HOME-BASED SUPPORTIVE CARE					
Case mix index for supportive home care services <i>[indicator to be developed]</i>		–	–	–	–
Average wait time between referral and assessment for supportive home care services <i>[indicator to be developed]</i>		–	–	–	–
Average wait time between assessment and commencement of supportive home care services <i>[indicator to be developed]</i>		–	–	–	–

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
POPULATION HEALTH SERVICES					
Percentage of off reserve schools that are implementing health food nutrition policies as of September 1, 2006		3.3%	not applicable	0.0% – 27.3%	60% of schools by September 2011
Exclusive breastfeeding rates ¹⁵ 2005		18.25% (weighted)	21.28%	13.64% – 40.11%	to be determined
Percentage of eligible population registered in SIMS and receiving recommended immunization at second birthday ¹⁶ July 1, 2005 to June 30, 2006	Diphtheria	68.2%	73.5%	50.0% – 87.2%	to be determined
	Measles	67.9%	72.5%	67.9% – 86.1%	
Influenza immunization rate per 100 population (age 65 years and over) 2005-2006		72%	66%	46% – 77%	to be determined
Percentage of licensed or regulated facilities inspected each year (pursuant to <i>The Public Health Act</i>) 2005-2006 and 2006-2007	FEE – Food Eating Establishment	82%	not applicable	45% – 100%	80% – 100%
		83%		71% – 100%	
	FPL – Food Processing (Licensed)	80%	not applicable	20% – 100%	
		85%		67% – 100%	
	LA – Licensed Accommodations	53%	not applicable	31% – 100%	
		80%		52% – 100%	
	SP – Swimming Pools	72%	not applicable	43% – 100%	
		87%		45% – 100%	
Public Water Supplies	75%	not applicable	20% – 100%		
	77%		18% – 100%		
Percentage of genital chlamydia cases with complete or required surveillance information in the electronic provincial surveillance system within established time frames <i>[indicator to be developed further]</i>		–	–	–	–
Percentage of facilities in compliance with <i>The Tobacco Control Act</i> in the category that includes: billiard halls/bingo establishments/bowling centres/casinos/restaurants/taverns <i>[data is currently not available due to system implementation issues]</i>		–	–	–	90% compliance
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers ¹⁵ 2005	Males	22.85% (weighted)	25.13%	19.95% – 41.75%	to be determined
	Females	21.63% (weighted)	23.30%	16.36% – 32.31%	

INDICATOR	RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
COMMUNITY CARE SERVICES				
Average wait time between initial contact and first face-to-face contact for outpatient child and youth mental health services <i>[indicator to be developed]</i>	-	-	-	-
Average wait time between initial contact and first face-to-face contact for outpatient adult community mental health services <i>[indicator to be developed]</i>	-	-	-	-
Average wait time between initial contact and first face-to-face contact for outpatient psychiatric rehabilitation mental health services <i>[indicator to be developed]</i>	-	-	-	-
Alcohol and drug outpatient treatment completion rate per 100 admissions 2005-2006	62.1%	59.7%	41.8% – 72.2%	to be determined
Average wait time for admission to alcohol and drug outpatient services <i>[data not available]</i>	-	-	-	-
Problem gambling treatment completion rates per 100 admissions <i>[indicator to be developed]</i>	-	-	-	-
HOME-BASED ACUTE AND PALLIATIVE CARE				
Average wait time between referral and assessment for acute and palliative home care services <i>[indicator to be developed]</i>	-	-	-	-
Average wait time between assessment and commencement of home-based acute and palliative care <i>[indicator to be developed]</i>	-	-	-	-
Percentage of palliative home care clients with unresolved pain <i>[indicator to be developed]</i>	-	-	-	-
Percentage of palliative home care clients who choose to die at home and receive services in support of that option <i>[indicator to be developed]</i>	-	-	-	-
Percentage of patients discharged from acute care to home care with post-acute discharge plan in place on discharge <i>[indicator to be developed]</i>	-	-	-	-

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
PRIMARY HEALTH SERVICES					
Percentage of RHA population with geographic proximity to primary health care teams <i>March 2007</i>		15.94%	19.98%	0.00% – 100.00%	25% of SK residents by 2006, 100% by 2011
Number of discrete clients receiving primary health care services in the RHA <i>2006-2007</i>	Q1	6,150	not applicable	not applicable	not applicable
	Q2	6,981			
	Q3	9,277			
	Q4	8,153			
Number of HealthLine calls for the RHA <i>2006-2007</i>	Q1	6,288	not applicable	not applicable	not applicable
	Q2	6,664			
	Q3	7,263			
	Q4	6,975			
	Year as a whole	27,190			
Total number of new primary health care teams developed in the current year <i>2006-2007</i>		3	not applicable	not applicable	not applicable
EMERGENCY RESPONSE SERVICES					
Percentage of calls where the maximum qualification of all personnel on the call was less than Emergency Medical Technician (EMT) <i>2005-2006</i>		0.07%	0.73%	0.00% – 17.97%	to be determined
MENTAL HEALTH AND ADDICTION SERVICES					
Average length of stay of mental health inpatients (days) ¹⁸ <i>2005-2006</i>	Average Length of Stay	19.8	15.4	10.1 – 19.8	to be determined
Mental health inpatient readmission rate per 100 mental health inpatients ¹⁸ <i>2005-2006</i>		18.4%	20.9%	18.4% – 25.7%	to be determined
Alcohol and drug inpatient treatment completion rate per 100 admissions ¹⁹ <i>2005-2006</i>		69.2%	69.1%	55.9% – 72.6%	to be determined
Average wait time for admission to alcohol and drug inpatient services (days) ²⁰ <i>February and March 2007¹⁷</i>		23	not applicable	not applicable	to be determined
Average wait time for admission to alcohol and drug detoxification services ²¹ <i>February and March 2007¹⁷</i>		0.2	not applicable	not applicable	to be determined
Average wait time for admission to alcohol and drug stabilization services ²² <i>February and March 2007¹⁷</i>		0.9	not applicable	not applicable	to be determined
Average wait time for admission to alcohol and drug long term residential treatment services ²³ <i>[data not available]¹⁹</i>		–	–	–	–

INDICATOR	RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET	
PROGRAM SUPPORT SERVICES					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures <i>2006-2007</i>	5.1%	not applicable	3.8% – 10.5% ²⁹	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs	
HEALTH STATUS AND OUTCOME INDICATORS					
Infant mortality rate per 1,000 live births ²⁴ <i>2002-2004</i>	6.2	5.9	4.0 – 10.5	to be determined	
Low birth weight rate per 100 live births ²⁴ <i>2002-2004</i>	5.8	5.4	3.7 – 6.0	to be determined	
High birth weight rate per 100 live births ²⁴ <i>2002-2004</i>	15.4	15.7	12.9 – 31.1	to be determined	
Potential years of life lost per 100,000 population (age 0 to 74 years) ¹⁵ <i>2001</i> ²⁵	Circulatory Diseases	947.8	951.5	817.9 – 1,208.9	to be determined
	All Malignant Neoplasms	1,570.5	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	219.7	222.9	63.5 – 376.5	
	Unintentional Injuries	845.3	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	395.8	412.1	315.1 – 628.5	
Disability-free life expectancy (at birth) ¹⁵ <i>1996</i> ²⁵	Males	66.4	66.6	61.8 – 69.2	to be determined
	Females	70.3	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years) ¹⁵ <i>1996</i> ²⁶	Males	11.1	11.2	8.7 – 12.1	to be determined
	Females	13.0	12.7	8.4 – 13.2	
Life expectancy (at birth) ¹⁵ <i>2001</i> ²⁷	Males	76.4	76.2	72.1 – 78.2	to be determined
	Females	81.9	81.8	76.1 – 82.8	
Life expectancy (at age 65 years) ¹⁵ <i>2001</i> ²⁷	Males	17.1	16.9	15.6 – 18.0	to be determined
	Females	21.0	20.9	17.2 – 21.8	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent ¹⁵ <i>2005</i>	57.2%	52.35%	39.86% – 57.96%	to be determined	
Percentage of population (age 18 to 64 years) who are overweight or obese ¹⁵ <i>2005</i>	Overweight (BMI 25.0-29.9)	30.75%	32.52%	30.53% – 36.12%	to be determined
	Obese (BMI 30.0+)	17.35%	20.03%	16.88% – 24.19%	

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Percentage of population (age 12 years and over) who report physical activity participation levels of active/moderately active or inactive ¹⁵ 2005	Active/moderately active	52.66%	48.62%	38.60% – 53.35%	to be determined
	Inactive	45.41%	49.52%	44.06% – 58.77%	
Number of visits to a physician for a mental health reason 2005-2006	General Practitioners	100,133	not applicable	not applicable	not applicable
	Psychiatrists	13,848			
Age & sex adjusted diabetes prevalence rate per 1,000 population ²⁸ 2004-2005		54.1	not applicable	41.8 – 95.8	to be determined
Injury hospitalization rate per 1,000 population (age 0 to 19 years) 2004-2005	Males	10.2	10.4	7.3 – 27.0	to be determined
	Females	6.8	6.9	4.8 – 12.9	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) 2004-2005	Males	14.0	14.7	10.5 – 22.0	to be determined
	Females	24.7	26.6	19.9 – 38.0	

NOTES:

PLEASE REFER TO THE DOCUMENT "PERFORMANCE MANAGEMENT ACCOUNTABILITY INDICATORS" FOR DETAILED INDICATOR DESCRIPTIONS.

1. The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.
2. The RWDSU category is applicable to Regina Qu'Appelle only.
3. Benchmark development is still in progress for the workforce planning indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.
4. The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2005/2006, and is not available for Five Hills, Cypress, Heartland, Prairie North, the Saskatchewan Cancer Agency, or the province as a whole.
5. MRI and bone mineral densitometry indicators are applicable to Regina Qu'Appelle and Saskatoon only.
6. CT indicators are applicable to Cypress, Five Hills, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, Saskatoon, and Sunrise only.
7. Patient years of dialysis indicator is applicable to Cypress, Five Hills, Regina Qu'Appelle, Saskatoon, Kelsey Trail, Prairie North, Prince Albert Parkland, and Sunrise only.
8. Chronic kidney disease services indicator is applicable to Regina Qu'Appelle and Saskatoon only.
9. SHNB indicator is applicable to Prairie North only.
10. "Length of stay efficiency of inpatient rehabilitation programs" indicator is applicable to Regina Qu'Appelle (Wascana Rehabilitation Centre) and Saskatoon (Saskatoon City Hospital) only.

11. Wascana Rehabilitation Centre and Saskatoon City Hospital are not peer facilities, in terms of their inpatient rehabilitation programs. Therefore, their results should not be compared to each other.
12. "Alcohol and drug inpatient treatment completion rate – Calder Centre" is applicable to Saskatoon only.
13. The 2006/2007 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.
14. Due to the small number of institutional supportive care residents in Mamawetan Churchill River and Keewatin Yatthé, the case mix index and pressure sores indicators are not applicable to these regions.
15. Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.
16. The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.
17. Data collection through the Alcohol and Drug Client Information System (ADCIS) will start in April 2007. Results for alcohol and drug inpatient, detoxification, and stabilization services are based on data collected manually in February and March 2007 (Saskatoon detoxification data available for March 2007 only).
18. Mental health inpatient indicators are not applicable to Heartland, Keewatin Yatthé, Kelsey Trail, and Mamawetan Churchill River.
19. "Alcohol and drug inpatient treatment completion rate" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only.
20. "Average wait time for admission to alcohol and drug inpatient services" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland (youth services), Regina Qu'Appelle, and Saskatoon (both adult and youth services) only.
21. "Average wait time for admission to alcohol and drug detoxification services" is applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only.
22. "Average wait time for admission to alcohol and drug stabilization services" is applicable to Regina Qu'Appelle and Saskatoon only.
23. "Average wait time for admission to alcohol and drug long term residential treatment services" is applicable to Prairie North only.
24. Starting 2005/2006, the calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used previously. The time period also changed (three consecutive years, instead of five). Because these measures are calculated on a three-year basis, results are the same as those reported in 2005/2006.
25. Statistics Canada calculates this measure intermittently. The most recent is based on 2000 through 2002 death data and 2001 population estimates. Therefore, results are the same as those reported for 2005/2006.
26. Statistics Canada no longer calculates this measure (a similar measure, "Health Adjusted Life Expectancy (HALE)", exists but is not available at the regional level). Therefore, results are the same as those reported for 2004/2005 and 2005/2006.
27. Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results are the same as those reported for 2004/2005 and 2005/2006.
28. Starting 2005/2006, diabetes cases are determined using an enhanced version of the methodology (the prescription drug database is now used along with the hospital separations and physician services databases). Caution should be exercised if comparing results to those presented in the 2004/2005 summary. The age-sex-adjusted rates were calculated using 1996 Statistics Canada Census populations for Saskatchewan by sex and ten-year age groups.
29. Range values are based on data from final, unaudited financial statements.

MANAGEMENT REPORT

May 19, 2007

REGINA QU'APPELLE HEALTH REGION REPORT OF MANAGEMENT

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

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

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

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



Dwight Nelson
President and Chief Executive Officer



Carol Klassen
Vice President and Chief Financial Officer

Provincial Auditor Saskatchewan

1500 Chateau Tower
1920 Broad Street
Regina, Saskatchewan
S4P 3V2

Phone: (306) 787-6398
Fax: (306) 787-6383
Web site: www.auditor.sk.ca
Internet E-mail: info@auditor.sk.ca

SASKATCHEWAN

AUDITOR'S REPORT

To the Members of the Legislative Assembly of Saskatchewan

I have audited the statement of financial position of the Regina Qu'Appelle Regional Health Authority as at March 31, 2007 and the statements of operations and changes in fund balances, and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. 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, 2007 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 10, 2007


Fred Wendel, CMA, CA
Provincial Auditor

2006-2007 FINANCIAL REPORT

REGINA QU'APPELLE REGIONAL HEALTH AUTHORITY
FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2007

STATEMENT 1

REGINA QU'APPELLE REGIONAL HEALTH AUTHORITY

STATEMENT OF FINANCIAL POSITION

As at March 31

	Operating Fund	Restricted Funds		Total 2007	Total 2006 (Note 16)
		Capital Fund	Community Trust Fund		
ASSETS					
CURRENT ASSETS					
Cash & short-term investments (Schedule 2)	\$ 1,338,471	\$ 8,883,835	\$ 822,075	\$ 11,044,381	\$ 8,568,713
Accounts receivable					
Saskatchewan Health - General Revenue Fund	6,721,574	1,428,900	-	8,150,474	16,912,223
Other	9,746,902	2,212,516	26,994	11,986,412	10,674,978
Due to/from other funds	(16,817)	187,171	(170,354)	-	-
Inventory (Note 2(e))	4,039,638	-	-	4,039,638	3,787,175
Prepaid expenses	3,043,989	-	-	3,043,989	3,329,264
	24,873,757	12,712,422	678,715	38,264,894	43,272,353
Investments (Notes 2(f) & 14(c) & Schedule 2)	-	-	1,835,048	1,835,048	2,157,375
Due from local governments (Note 5)	-	128,923	-	128,923	198,580
Capital assets (Notes 2(d) and 3)	-	291,773,833	-	291,773,833	284,177,050
TOTAL ASSETS	\$24,873,757	\$304,615,178	\$2,513,763	\$332,002,698	\$329,805,358
LIABILITIES AND FUND BALANCE					
CURRENT LIABILITIES					
Bank overdraft (Note 14(d))	\$ -	\$ -	\$ -	\$ -	\$ 12,492,909
Accounts payable	26,558,263	4,154,068	-	30,712,331	18,841,627
Accrued salaries	13,196,875	-	-	13,196,875	27,938,881
Long-term debt & mortgages - current (Note 5)	-	661,167	-	661,167	633,653
Deferred revenue (Note 6)	10,015,356	-	-	10,015,356	6,487,128
Accrued vacation pay	32,196,368	-	-	32,196,368	30,588,403
	81,966,862	4,815,235	-	86,782,097	96,982,601
Long-term debt & mortgages (Note 5)	-	5,783,042	-	5,783,042	6,434,824
TOTAL LIABILITIES	81,966,862	10,598,277	-	92,565,139	103,417,425
FUND BALANCES					
Invested in capital assets	-	285,329,624	-	285,329,624	277,108,573
Externally restricted (Note 2(b)iii & Schedule 3)	-	284,890	2,513,763	2,798,653	2,899,262
Internally restricted (Note 15 & Schedule 4)	-	553,534	-	553,534	591,028
Unrestricted	(57,093,105)	7,848,853	-	(49,244,252)	(54,210,930)
TOTAL FUND BALANCES	(57,093,105)	294,016,901	2,513,763	239,437,559	226,387,933
TOTAL LIABILITIES & FUND BALANCES	\$24,873,757	\$304,615,178	\$2,513,763	\$332,002,698	\$329,805,358

(See accompanying notes to the Financial Statements.)

STATEMENT 2

REGINA QU'APPELLE REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES

For the year ended March 31

	Operating Fund			Restricted Funds			Total 2006 (Note 16)
	Budget 2007 (Note 12)	2007	2006 (Note 16)	Capital 2007	Community Trust 2007	Total 2007	
REVENUES							
Saskatchewan Health - General Revenue	\$ 580,492,643	\$580,069,038	\$545,443,305	\$ 19,053,623	\$ -	\$ 19,053,623	\$ 9,963,803
Other Provincial Revenue	4,683,560	5,280,519	4,355,521	224,517	-	224,517	259,383
Federal Government Revenue	4,827,950	5,743,179	5,041,253	-	-	-	-
Funding From Other Provinces	-	-	-	-	-	-	-
Special Funded Programs	4,332,988	4,408,156	4,352,110	-	-	-	-
Patient Fees	14,699,752	15,211,159	15,041,452	-	-	-	-
Out of Province Revenue	4,138,217	5,719,647	4,039,326	-	-	-	-
Out of Country Revenue	585,451	569,518	506,224	-	-	-	-
Donations	-	420,929	397,265	3,553,748	176,272	3,730,020	2,797,989
Investment Revenue	142,093	203,224	145,880	-	99,073	99,073	93,944
Ancillary Revenue	3,588,560	3,991,876	3,729,778	-	-	-	-
Recoveries	5,827,182	6,729,225	6,123,307	-	-	-	-
Other Revenue	6,337,971	6,289,862	6,114,927	4,010,262	-	4,010,262	321,712
	<u>629,656,367</u>	<u>634,636,332</u>	<u>595,290,348</u>	<u>26,842,150</u>	<u>275,345</u>	<u>27,117,495</u>	<u>13,436,831</u>
EXPENSES							
Province Wide Acute Care Services	48,814,269	47,532,571	46,362,740	4,679,592	-	4,679,592	4,383,481
Acute Care Services	303,148,205	299,281,424	286,134,305	11,623,411	17,028	11,640,439	10,020,252
Physician Compensation Acute	42,799,393	43,140,663	41,614,446	-	-	-	-
Supportive Care Services	107,956,713	109,980,724	101,805,436	1,004,452	41,052	1,045,504	1,496,440
Home Based Service - Supportive Care	16,386,822	16,387,382	16,457,916	7,875	-	7,875	23,575
Population Health Services	16,141,234	15,637,213	14,648,864	48,698	-	48,698	71,292
Community Care Services	21,277,508	19,191,725	17,380,672	82,971	-	82,971	-
Home Based Services - Acute & Palliative	7,744,784	8,037,006	6,890,009	3,465	-	3,465	11,611
Primary Health Care Services	8,793,816	7,514,526	6,911,321	628,776	-	628,776	524,097
Emergency Response Services - RHA	9,754,142	9,581,648	9,249,740	253,136	-	253,136	188,181
Mental Health Services - Inpatient	8,614,251	8,505,442	8,145,138	-	-	-	-
Addictions Services - Residential	-	-	-	-	-	-	-
Physician Compensation Community	3,904,052	4,942,252	3,593,671	-	-	-	-
Program Support Services	29,577,247	32,047,081	29,131,316	3,424,568	-	3,424,568	2,580,471
Special Funded Programs	3,877,717	4,068,125	4,241,400	-	-	-	-
Ancillary	866,214	926,624	787,546	114,771	-	114,771	114,771
Total Expenses (Schedule 1)	<u>629,656,367</u>	<u>626,774,406</u>	<u>593,354,520</u>	<u>21,871,715</u>	<u>58,080</u>	<u>21,929,795</u>	<u>19,414,171</u>
Excess (Deficiency) of revenue over expenses	\$ -	7,861,926	1,935,828	4,970,435	217,265	5,187,700	(5,977,340)
Fund balances, beginning of year		(61,811,566)	(55,621,833)	285,469,066	2,730,433	288,199,499	286,051,278
Interfund transfers (Note 15)		(3,143,465)	(93,664)	3,577,400	(433,935)	3,143,465	93,664
Fund balances, end of year		<u>\$(57,093,105)</u>	<u>\$(53,779,669)</u>	<u>\$294,016,901</u>	<u>\$2,513,763</u>	<u>\$296,530,664</u>	<u>\$280,167,602</u>

(See accompanying notes to the Financial Statements.)

STATEMENT 3

REGINA QU'APPELLE REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW

For the year ended March 31

	Operating Fund		Restricted Fund			
	2007	2006 (Note 16)	Capital	Community Trust	Total 2007	Total 2006 (Note 16)
Cash provided by (used in):	Operating Activities		Financing and Investing Activities			
Excess (Deficiency) of revenues over expenses	\$ 7,861,926	\$ 1,935,829	\$ 4,970,435	\$ 217,265	\$ 5,187,700	\$(5,977,340)
Net change in non-cash working capital (Note 7)	16,804,825	(9,406,653)	(7,035,673)	(21,134)	(7,056,807)	2,904,920
Amortization of capital assets	-	-	21,275,277	-	21,275,277	18,301,850
Gain/(loss) on disposal of capital assets	-	-	-	-	-	-
	24,666,751	(7,470,824)	19,210,039	196,131	19,406,170	15,229,430
Purchase of capital assets						
Buildings/construction	-	-	(16,123,664)	-	(16,123,664)	(4,453,671)
Equipment	-	-	(12,748,396)	-	(12,748,396)	(20,961,892)
Proceeds on disposal of capital assets						
Buildings/construction	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
Disposal (Purchase) of long-term investments	226,869	102,118	69,657	95,458	165,115	(647,648)
	226,869	102,118	(28,802,403)	95,458	(28,706,945)	(26,063,211)
Repayment of debt	-	-	(624,268)	-	(624,268)	(652,752)
Net increase (decrease) in cash & short-term investments during the year	24,893,620	(7,368,706)	(10,216,632)	291,589	(9,925,043)	(11,486,533)
Cash & short-term investments, beginning of year	(12,379,786)	(4,917,416)	7,491,169	964,421	8,455,590	19,848,459
Restatement of fund balances (Note 16)	(8,031,898)	-	8,031,898	-	8,031,898	-
Interfund transfers (Note 15)	(3,143,465)	(93,664)	3,577,400	(433,935)	3,143,465	93,664
Cash & short-term investments, end of year	\$ 1,338,471	\$(12,379,786)	\$ 8,883,835	\$ 822,075	\$ 9,705,910	\$ 8,455,590
Cash and cash equivalents						
Cash and short-term investments	1,338,471	113,123	8,883,835	822,075	9,705,910	8,455,590
Bank overdraft	-	(12,492,909)	-	-	-	-
	\$ 1,338,471	\$(12,379,786)	\$ 8,883,835	\$ 822,075	\$ 9,705,910	\$ 8,455,590

(See accompanying notes to the Financial Statements.)

SCHEDULE 1**REGINA QU'APPELLE REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT**

For the year ended March 31, 2007

	Budget 2007	2007	2006
Operating:			
Board costs	\$ 162,780	\$ 161,440	\$ 171,424
Compensation - Benefits	61,851,834	60,255,788	56,535,660
Compensation - Salaries	320,586,683	322,865,620	306,397,880
Diagnostic imaging supplies	1,839,491	1,561,895	1,542,035
Drugs	12,335,490	11,510,314	10,299,708
Food	4,855,703	4,901,137	4,786,368
Grants to ambulance services	2,071,686	2,074,122	1,990,097
Grants to third parties	64,298,893	65,250,387	61,829,398
Housekeeping and laundry supplies	2,374,288	2,259,068	2,025,468
Information technology contracts	3,258,030	3,401,694	2,616,780
Insurance	1,549,256	1,416,062	1,424,122
Interest	1,035,275	168,375	465,971
Laboratory supplies	5,405,749	5,390,370	4,877,782
Medical and surgical supplies	31,350,397	29,839,760	29,751,025
Medical remuneration and benefits	45,686,275	47,487,175	44,250,704
Office supplies and other office costs	3,780,812	3,689,919	3,810,060
Other	10,401,814	10,249,454	9,714,592
Other referred out services	415,014	396,349	408,621
Professional fees	10,999,267	11,187,398	10,745,803
Prosthetics	16,371,911	14,744,110	13,987,961
Purchased services	733,579	456,182	455,296
Rent/lease costs	3,649,790	3,851,065	3,904,532
Repairs and maintenance	8,795,920	8,289,538	7,743,086
Service contracts	1,170,947	1,137,826	995,698
Travel	3,468,754	3,606,199	3,210,779
Utilities	11,206,729	10,623,159	9,413,670
	\$ 629,656,367	\$ 626,774,406	\$ 593,354,520
Restricted			
Amortization		\$ 21,275,277	\$ 18,301,840
Other		654,518	1,112,331
		\$ 21,929,795	\$ 19,414,171

SCHEDULE 2

REGINA QU'APPELLE REGIONAL HEALTH AUTHORITY SCHEDULE OF INVESTMENTS

For the year ending March 31, 2007

	Amount	Maturity	Effective Rate
Restricted			
Cash and Short-Term			
Chequing and Savings			
Cash	16,506		
Renaissance Money Market	7,761		
Talvest Money Market Fund	257,686		
Bank of Montreal Regina	8,883,835		
	9,165,788		
Investments			
Farm Credit Canada	17,000	15-Apr-07	3.50%
Government of Canada	225,000	1-Sep-07	4.50%
Farm Credit Canada	242,273	15-Nov-07	3.00%
CPN Province of British Columbia	19,509	9-Dec-07	
Equitable Trust - GIC	36,340	2-Jan-08	
	540,122		
Long-Term Investments			
Farm Credit Canada	318,445	15-Aug-08	4.25%
Canada Housing Trust	355,363	15-Sep-08	3.70%
Province of Alberta	18,237	16-Dec-08	5.00%
Municipal Finance of BC	35,610	6-Apr-09	3.85%
Province of Ontario	406,013	19-May-09	4.00%
Government of Canada - XT-69	93,123	1-Sep-09	4.25%
Canada Housing Trust	15,136	15-Sep-09	4.65%
Province of Ontario	35,821	19-May-10	4.00%
Saskatchewan Savings Bonds	557,300	15-Jul-11	4.00%
	1,835,048		
Total Restricted Investments	11,540,958		
Unrestricted			
Cash and Short-Term			
Cash on Hand	61,212		
Petty Cash	51,243		
Bank of Montreal	753,540		
Broadview Credit Union	5,506		
Canadian Imperial Bank of Commerce	123,880		
Cornerstone Credit Union	1,645		
Farm Credit Corporation	187,350	15-Feb-08	4.50%
Raymore Credit Union	1,321		
RBC Dominion Securities	5		
Royal Bank	32,071		
Toronto-Dominion Bank	120,698		
	1,338,471		
Total Unrestricted Investments	1,338,471		
Cash & short-term investments	11,044,381		
Investments	1,835,048		
	12,879,429		

SCHEDULE 3**REGINA QU'APPELLE REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS**

For the year ended March 31, 2007

	Balance Beginning of Year	Investment & Other Revenue	Donations	Expenses	Transfer to investment in capital asset	Balance End of Year
Capital Fund						
Balcarres Care Centre	\$ 66,403	\$ -	\$ 8,892	\$ 1,450	\$ 5,391	\$ 68,454
Echo Lodge	36,891	-	9,003	1,671	2,100	42,123
Home Care	4,647	-	605	840	-	4,412
Saskatchewan Health Construction	51,421	-	-	-	51,421	-
Silver Heights Special Care Home	5,253	9,291	10,555	7,235	3,114	14,750
St. Joseph's Care Centre	4,214	-	2,993	307	1,081	5,819
Wascana Rehab Centre	-	180,000	-	-	30,668	149,332
	168,829	189,291	32,048	11,503	93,775	284,890
Community Trust Fund						
Balcarres Integrated Care Centre	103,432	2,601	-	30,500	-	75,533
Broadview Centennial Lodge	315,546	12,267	1,710	(64)	93,000	236,587
Broadview Union Hospital	358,862	14,380	1,525	281	262,000	112,486
District Office	1,280	-	-	-	-	1,280
Eastern Saskatchewan Pioneer Lodge	(5,484)	-	-	-	(5,459)	(25)
Golden Prairie Home	446,580	18,166	923	428	-	465,241
Grenfell Area	531,738	15,898	2,454	-	-	550,090
Home Care	6,675	-	-	-	-	6,675
Indian Head Hospital	23,424	4,343	28,234	16,747	27,895	11,359
Lakeside Home	12,139	-	830	-	-	12,969
Montmartre Health Centre	82,326	2,937	10	-	-	85,273
Moosomin Union Hospital	126,696	4,985	2,650	-	16,578	117,753
St. Joseph's Integrated Care Centre	178,355	6,650	-	9,419	5,860	169,726
Whitewood Health Centre	90,928	1,681	27,654	770	(1,094)	120,587
Wolseley Memorial Hospital	457,937	15,165	110,282	-	35,155	548,229
	2,730,434	99,073	176,272	58,081	433,935	2,513,763
Total Externally Restricted Funds	\$ 2,899,263	\$ 288,364	\$ 208,320	\$ 69,584	\$ 527,710	\$ 2,798,653

SCHEDULE 4

REGINA QU'APPELLE REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES

For the year ended March 31, 2007

	Balance Beginning of Year	Investment Income Allocation	Annual SHC Allocation	Expense	Investment in Capital	Balance End of Year
Balcarres Integrated Care Centre	\$ 108,000	\$ -	\$ -	\$ -	\$ -	\$ 108,000
Broadview & District Centennial Lodge	34,009	-	9,405	-	-	43,414
Eastern Saskatchewan Pioneer Lodge	41,633	-	15,400	-	-	57,033
Echo Lodge	109,554	-	32,830	-	-	142,384
Golden Prairie Home	127,369	-	(11,579)	-	-	115,790
Grenfell Pioneer Home	99,000	-	(83,142)	15,858	-	-
Silver Heights	68,495	-	7,750	-	-	76,245
Whitewood Community Health Centre	2,968	-	7,700	-	-	10,668
	\$ 591,028	\$ -	\$ (21,636)	\$ 15,858	\$ -	\$ 553,534

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.

SCHEDULE 5

REGINA QU'APPELLE REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULES OF BOARD REMUNERATION

For the year ending March 31, 2007

Board Members	Retainer	Per Diem	Travel Time Expenses	Travel & Other Sustenance Expenses	Other Expenses	CPP	2007 Total	2006 Total
Chairperson								
Knuttila, M.	\$ 10,972	\$ 13,237	\$ 1,850	\$ 1,463	\$ 2,643	\$ 1,076	\$ 31,241	\$ 33,643
Board Members								
Bergman, A.	-	5,725	1,775	1,759	2,409	-	11,668	15,128
Boutilier, L.	-	4,600	800	452	2,495	108	8,455	10,511
Connolley, P.	-	8,337	4,994	5,247	1,435	487	20,500	19,079
Elford, L.	-	7,275	875	743	2,875	230	11,998	14,390
Everett, M.	-	8,400	5,506	4,171	9,459	423	27,959	24,310
Fisher, T.	-	5,325	900	527	1,573	135	8,460	9,494
Leier, B.	-	4,475	975	599	1,724	154	7,927	11,410
Poitras, B.	-	3,750	1,088	1,159	509	83	6,589	9,209
Semenchuck, G.	-	2,850	325	210	281	(3)	3,663	4,429
Taylor, A.	-	5,725	450	629	1,046	-	7,850	7,786
Ward, C.	-	6,600	2,600	3,214	844	-	13,258	12,535
	\$ 10,972	\$ 76,299	\$ 22,138	\$ 20,173	\$ 27,293	\$ 2,693	\$ 159,568	\$ 171,924

SCHEDULE 5 CONTINUED

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE

For the year ending March 31, 2007

Senior Employees	2007					2006		
	Salaries ¹	Benefits & Allowances ²	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances ^{1,2}	Severance	Total
Dwight Nelson, President & CEO	\$ 273,315	\$ 2,016	\$ 275,331	\$ -	\$ 275,331	\$ 270,640	\$ -	\$ 270,640
Tania Diener, Regional Medical Health Officer	235,714	6,066	241,780	-	241,780	236,393	-	236,393
Patrick Dumelie, Senior Vice President, Health Services	85,279	2,533	87,812	-	87,812	180,538	-	180,538
Brian Laursen, Senior Vice President, Medical Services	170,107	6,666	176,773	-	176,773	153,099	-	153,099
Carol Klassen, Vice President, Corporate Services	143,017	4,866	147,883	-	147,883	139,515	-	139,515
Jane Lindstrom, Vice President, Human Resources	150,291	4,866	155,157	-	155,157	135,459	-	135,459
David Ahmed, Vice President, Medical Services	112,655	3,666	116,321	-	116,321	112,042	-	112,042
Donna Evans, Vice President, Operations Support	143,427	3,666	147,093	-	147,093	137,487	-	137,487
John Labatt, Vice President, Primary Health Care	69,557	1,528	71,085	-	71,085	135,054	-	135,054
Susan Neville, Vice President, Restorative & Continuing Care	143,443	4,866	148,309	-	148,309	135,054	-	135,054
Diane Larrivee, Vice President, Specialty Care	143,443	4,866	148,309	-	148,309	135,054	-	135,054
Keith Dewar, Senior Vice President, Health Services	38,621	1,516	40,137	-	40,137	-	-	-
Dawn McNeil, Acting Vice President, Primary Health Care	62,033	3,333	65,366	-	65,366	-	-	-
Michael Redenbach, Vice President, Primary Health Care	9,732	505	10,237	-	10,237	-	-	-
	\$ 1,780,634	\$ 50,959	\$ 1,831,593	\$ -	\$ 1,831,593	\$ 1,770,335	\$ -	\$ 1,770,335

¹ Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.

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

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2007

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.

The Regina Qu'Appelle Regional Health Authority (RHA) was created by the Act and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as Regina Qu'Appelle Health Region under section 27 of the Act.

The Regina Qu'Appelle Regional Health Authority is a non-profit organization and is not subject to income and property taxes from federal, provincial and municipal levels of government.

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:

615672 Saskatchewan Ltd. (Touchwood EMS)	Milestone Assisted Living Advisory Board
Autism Resource Centre Inc.	Mobile Crisis Services, Inc.
Backlin's Ambulance Service Ltd.	Phoenix Residential Society Inc.
Care for the Core	Pilot Butte Community Association
Cosmopolitan Activity Centre	Pipestone Qu'Appelle Association for Community Living
Council on Social Development Regina Inc.	Planned Parenthood Regina
Cupar Lions Volunteer Ambulance	Prairie Ambulance Care (1998) Ltd.
Extendicare (Canada) Inc.	Rainbow Youth Centre Inc.
Family Leadership Connection	Raymore Community Health and Social Centre
Global Regina	Red Cross
RQHR Home Care	Regina Recovery Homes Inc.
Imperial & District Ambulance	Regina Community Clinic
JT Ambulance Service Ltd.	Salvation Army Waterston Centre
Ka Pa Chee Training Centre	Soo Line Ambulance
Living Sky Ambulance	Tisher Family Daycare
Lumsden & Craven Seniors' Program Inc.	University of Regina
Mental Health Association/Regina Branch Inc.	Valley Ambulance Care Ltd.

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

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

All Nations' Healing Hospital Inc.	The Qu'Appelle Diocesan Housing Company
Cupar and District Nursing Home Inc.	The Regina Lutheran Housing Corporation
Lumsden & District Heritage Home Inc.	The Salvation Army William Booth Special Care Home
Pioneer Village Special Care Corporation	Santa Maria Senior Citizens Home Inc.

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

d. Capital Assets

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

Buildings	-	2 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

	March 31, 2007			March 31, 2006
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	\$ 6,040,741	\$ -	\$ 6,040,741	\$ 4,583,102
Land & Leasehold Improvements	4,811,817	3,272,833	1,538,984	1,467,047
Buildings	358,210,898	144,486,783	213,724,115	220,364,599
Equipment	222,427,232	166,389,054	56,038,178	55,047,915
Construction in progress	14,431,815	-	14,431,815	2,714,387
	<u>\$ 605,922,503</u>	<u>\$ 314,148,670</u>	<u>\$ 291,773,833</u>	<u>\$ 284,177,050</u>

4. COMMITMENTS

a. Capital Asset Acquisitions

At March 31, 2007, commitments for acquisitions of capital assets were \$7,834,776 (2006 - \$5,816,310).

b. Operating Leases

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

2007-2008	\$ 1,828,537
2008-2009	1,554,914
2009-2010	912,569
2010-2011	588,203
2011-2012	543,625

5. MORTGAGES AND LOANS PAYABLE

	Interest Rate	Repayment Terms	C.M.H.C. Subsidy	2007	2006
Whitewood Community Health Centre					
CMHC Due December 2013	5.140%	\$ 99,851 principal & interest	31,635	\$ 931,030	\$ 982,098
Eastern Saskatchewan Pioneer Lodge					
CMHC Due October 2017	5.875%	\$ 10,814 principal & interest		85,355	91,034
CMHC Due October 2024	8.000%	\$ 10,131 principal & interest		96,323	98,768
Golden Prairie Home					
CMHC Due December 2013	5.140%	\$ 61,132 principal & interest	19,756	606,126	635,605
CMHC Due May 2024	7.625%	\$ 18,687 principal & interest		180,046	185,013
Broadview & District Centennial Lodge					
CMHC Due April 2008	4.580%	\$ 143,294 principal & interest	34,095	151,192	284,711
Silver Heights Special Care Home					
CMHC Due March 2013	5.380%	\$ 49,785 principal & interest	57,843	624,764	640,833
Parkland Lodge					
CMHC Due April 2015	8.000%	\$ 17,221 principal & interest		102,779	111,534
Echo Lodge					
CMHC Due September 2012	5.520%	\$ 59,166 principal & interest	21,089	615,777	640,589
CMHC Due January 2023	7.500%	\$ 3,243 principal & interest		30,221	31,193
CMHC Due January 2018	5.875%	\$ 10,688 principal & interest		85,811	91,343
Medical Office Building					
Bank of Montreal - demand loan	5.625%	\$ 373,287 principal & interest		2,650,781	2,869,876
Local Governments					
Pacific & Western – Due September 2008	6.560%	\$ 69,364 principal & interest		102,582	163,330
Fort Qu'Appelle Regional Office					
Pacific & Western – Due November 2009	6.627%	\$ 75,070 principal & interest		181,422	242,550
				\$ 6,444,209	\$ 7,068,477
		Less: Current portion		661,167	633,653
				<u>\$ 5,783,042</u>	<u>\$ 6,434,824</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 balance owing from local governments is \$128,923 (2006 - \$198,580).

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 0.375 per cent. There is a remaining twelve-year amortization on this loan.

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

2007-2008	\$	661,167
2008-2009		531,259
2009-2010		483,481
2010-2011		461,793
2011-2012		487,957
2012 & subsequent		3,818,551

6. DEFERRED REVENUE

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Aboriginal Awareness	\$ 123,215	\$ 76,095	\$ -	\$ 47,120
Aboriginal Awareness	-	-	74,640	74,640
Aboriginal Awareness GRAA Representative Workforce	8,700	4,000	-	4,700
Children's MH: Outreach Services	-	-	18,051	18,051
Children's MH: Respite Services	-	-	18,051	18,051
Cognitive Disabilities Enhancement	62,804	240,082	371,830	194,552
Cognitive Disabilities Medical Diagnostic Services	24,438	119,438	95,000	-
Computers Sask Immunization	24,000	15,217	-	8,783
Continuing Education & Professional Development	-	19,583	68,540	48,957
Diabetes Plan	65,218	52,427	60,000	72,791
Diabetic Foot Program	796	1,000	204	-
Dialysis Therapy Support Project	-	36,951	60,000	23,049
Drug Treatment Court	-	501,442	567,333	65,891
Enhanced Needle Exchange	22,000	2,010	-	19,990
EPI & Distance Consultant - C&Y	-	38,500	285,330	246,830
ER Streaming	-	-	788,000	788,000
Facility Assessment Audits	-	-	550,000	550,000
Fitness Centre at RGH	15,000	12,707	-	2,293
Frontline Professional Development	69,742	31,545	-	38,197
Harassment Workshop	25,000	25,000	-	-
Health Promotion Strategy	2,386	2,386	-	-
HealthLine	321,812	3,357,307	3,250,000	214,505
HealthLine - Nurses Training	-	-	32,000	32,000
Hearing Aid Employees Exam	-	-	900	900
HIV Case Management Project 07/08	-	-	40,000	40,000

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
6. DEFERRED REVENUE CONTINUED				
IDU Outreach & Needle Exchange	-	-	10,000	10,000
Implementation Resources 05/06	-	1,890	66,667	64,777
Implementation Resources 06/07	-	-	66,667	66,667
Improving Effectiveness of Leadership	75,000	34,006	-	40,994
IRCS/YCJA	62,643	73,232	124,325	113,736
Leadership Reporting Tools	47,080	-	-	47,080
Leading Thunderbird Lodge	-	-	800,000	800,000
Manager's Electronic Toolkit	28,180	-	-	28,180
MDS Home Care	102,681	12,324	-	90,357
Medical Remuneration Issues	500,000	-	-	500,000
Mental Health Promotion	-	114,810	119,361	4,551
MHA - HealthLine	-	101,400	231,394	129,994
Midwifery Services	-	18,449	143,000	124,551
Musculoskeletal Clinic Project	351,000	10,896	-	340,104
Needle Exchange	-	-	15,000	15,000
North Central Shared Facility	-	5,146	250,000	244,854
Nursing Standards Council	81,181	12,907	-	68,274
Outreach for YDDS - Project Hope	-	58,565	80,000	21,435
Pilot Project Patient Streaming	-	-	300,000	300,000
Preceptorship Training	17,073	17,073	-	-
Primary Health Care Initiatives	86,116	353,904	314,929	47,141
Primary Health Care Victoria Square Medical Clinic	40,000	-	85,000	125,000
Primary Health Services	15,000	-	-	15,000
Promotion of HealthLine	-	-	10,000	10,000
Provincial Diabetes Plan	-	-	45,000	45,000
Quality Health Workplace Initiatives	283,228	465,348	208,382	26,262
Quality Workplace Initiatives	-	8,540	68,540	60,000
Recruitment/Retention Strategy	20,000	15,161	-	4,839
Research Project Nurses' Turnover	26,350	9,065	-	17,285
RN(NP) 4 Directions Community Health	-	40,436	75,000	34,564
Short Term Acute HC	133,000	126,617	266,798	273,181
Surgical Access Manager	75,009	75,009	-	-
Surgical Initiatives Fund	140,000	113,572	-	26,428
TRL (MSI) Coordinator	70,000	16,855	-	53,145
Twin Valleys PH Site	-	354,077	393,916	39,839
Vaccination Programs	-	-	20,000	20,000
Visudyne	-	-	9,000	9,000
Workplace Accomodation Workshop	6,500	-	-	6,500
Workshop Series for Managers, Leaders	10,921	-	-	10,921
Youth Outpatient & Outreach - Project Hope	-	109,358	110,000	642
Youth Outreach Services	-	-	50,000	50,000
Total Sask Health	\$ 2,936,073	\$ 6,684,330	\$ 10,142,858	\$ 6,394,601
Non Sask Health Initiatives				
Acquired Brain Injury Program	\$ 150,230	\$ 1,385,372	\$ 1,255,757	\$ 20,615
Education Funds	136,866	133,607	111,004	114,263
Kids First	183,250	3,164,412	3,066,955	85,793
Research Grants	1,136,111	546,563	652,910	1,242,458
Medical Earnings Pool	478,643	124,355	27,905	382,193
Other	1,465,954	1,037,696	1,347,175	1,775,433
Total Non Sask Health	\$ 3,551,054	\$ 6,392,005	\$ 6,461,706	\$ 3,620,755
Total Deferred Revenue	\$ 6,487,127	\$ 13,076,335	\$ 16,604,564	\$ 10,015,356

7. NET CHANGE IN NON-CASH WORKING CAPITAL

	Operating Fund		Restricted Funds			
	2007	2006	Capital Fund	Community Trust Fund	Total 2007	Total 2006
(Increase) Decrease in accounts receivable	\$ 15,840,513	\$ (18,613,743)	\$ (8,369,064)	\$ (21,134)	\$ (8,390,198)	\$ 2,385,243
(Increase) Decrease in inventory	(252,463)	(266,865)	-	-	-	-
(Increase) Decrease in prepaid expenses	285,275	568,720	-	-	-	-
Increase (Decrease) in accounts payable	10,537,313	(9,701,462)	1,333,391	-	1,333,391	519,677
Increase (Decrease) in accrued salaries	(14,742,006)	14,058,094	-	-	-	-
Increase (Decrease) in vacation payable	1,607,965	4,016,745	-	-	-	-
Increase (Decrease) in deferred revenue	3,528,228	531,858	-	-	-	-
	<u>\$ 16,804,825</u>	<u>\$ (9,406,653)</u>	<u>\$ (7,035,673)</u>	<u>\$ (21,134)</u>	<u>\$ (7,056,807)</u>	<u>\$ 2,904,920</u>

8. CONTINGENT LIABILITY

a. City of Regina

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. The dispute is in relation to the two respective pension and long-term disability plans.

The Discovery Stage of the process has been completed and the Region is waiting for a date for the court application.

b. Joint Job Evaluation Reconsideration

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

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.

	2007	2006
Revenues		
Department of Community Resources	\$ 82,128	\$ 82,128
Department of Culture, Youth & Recreation	98,914	103,243
Department of Learning	3,230,411	3,207,389
Health Quality Council	100,924	290,925
Saskatchewan Cancer Foundation	2,113,272	1,718,213
Saskatchewan Health Information Network Corporation	388,221	79,118
Saskatchewan Housing Corporation	164,417	199,383
SGI Canada Insurance Services Ltd.	3,716,183	2,634,811
Workers' Compensation Board	2,405,923	2,265,469
	<u>\$ 12,300,393</u>	<u>\$ 10,580,679</u>
Expenditures		
Department of Finance	\$ 1,983,561	\$ 1,180,186
Saskatchewan Association of Health Organizations	15,920,820	12,972,206
Saskatchewan Healthcare Employees' Pension Plan	15,003,895	12,959,970
Saskatchewan Institute Applied Science & Technology	125,244	71,968
Saskatchewan Power	5,116,084	4,192,725
Saskatchewan Telecommunications	1,713,485	2,080,011
SaskEnergy Incorporated	233,214	203,095
SGI Canada Insurance Services Ltd.	36,485	33,738
Workers' Compensation Board	6,720,065	6,424,881
	<u>\$ 46,852,853</u>	<u>\$ 40,118,780</u>
Accounts Receivable		
Saskatchewan Aids for Independent Living	\$ 357,639	\$ 133,582
Saskatchewan Cancer Foundation	991,577	954,204
Saskatchewan Drug Plan	597,683	265,577
Saskatchewan Health Information Network Corporation	167,339	200,000
SGI Canada Insurance Services Ltd.	291,040	436,000
Workers' Compensation Board	647,318	552,018
	<u>\$ 3,052,596</u>	<u>\$ 2,541,381</u>
Prepaid Expenditures		
Saskatchewan Association of Health Organizations	\$ 144,060	\$ 150,435
Workers Compensation	-	1,493,272
	<u>\$ 144,060</u>	<u>\$ 1,643,707</u>
Accounts Payable		
Department of Finance	\$ 404,169	\$ 1,007,154
Saskatchewan Association of Health Organizations	1,063,247	261,360
Saskatchewan Healthcare Employees' Pension Plan	3,041,955	-
Saskatchewan Power	438,715	410,840
Saskatchewan Telecommunications	592,800	201,913
SaskEnergy Incorporated	21,051	29,077
Workers' Compensation Board	1,621,620	-
	<u>\$ 7,183,557</u>	<u>\$ 1,910,344</u>

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:

	2007	2006
615672 Sask Ltd. (Touchwood EMS)	\$ 348,947	\$ 326,646
Autism Resource Centre	400,667	329,081
Backlin's Ambulance Service Ltd.	433,212	427,732
Cosmopolitan Activity Centre	30,654	29,475
Cupar Lions Volunteer Ambulance	183,215	171,341
Extendicare (Canada) Inc.	18,270,882	16,493,779
Imperial & District Ambulance	83,805	84,208
JT Ambulance Service Ltd.	292,216	289,774
Living Sky Ambulance	17,064	17,064
Lumsden & Craven Seniors' Program Inc.	28,550	24,000
Mental Health Association/Regina Branch Inc.	383,600	368,168
Milestone Assisted Living Advisory Board	34,000	26,050
Mobile Crisis Services, Inc.	91,325	87,650
Phoenix Residential Society	1,004,689	964,274
Pipestone Qu'Appelle Assoc for Community Living	12,000	12,000
Planned Parenthood Regina	122,898	122,898
Prairie Ambulance Care (1998) Ltd.	237,112	233,190
Rainbow Youth Centre	176,479	169,379
Raymore Community Health & Social Centre	45,000	45,000
Regina Community Clinic	37,271	-
Red Cross	130,000	130,000
Regina Recovery Homes Inc.	1,495,699	1,435,526
Salvation Army Waterston Centre	176,378	161,662
Soo Line Ambulance	145,838	98,473
Tisher Family Daycare	32,322	-
University of Regina	67,336	62,336
Valley Ambulance Care Ltd.	332,713	325,919
Miscellaneous Grants	26,697	1,692
	<u>\$ 24,640,569</u>	<u>\$ 22,437,317</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:

	2007	2006
Affiliate Retro, Ehn Hlth & Ehn Dental, JJE, OOS	\$ -	\$ 3,055,186
All Nations' Healing Hospital Inc	2,961,352	2,648,233
Cupar & District Nursing Home Inc.	2,068,838	1,913,168
Lumsden & District Heritage Home Inc.	1,674,240	1,540,614
Pioneer Village Special Care Corporation	1,010,917	17,061,917
The Qu'Appelle Diocesan Housing Corporation	3,887,405	854,129
The Regina Lutheran Housing Corporation	19,128,388	3,500,531
The Salvation Army William Booth Special Care Home	6,759,543	4,719,553
Santa Maria Senior Citizens Home Inc.	5,193,256	6,088,848
	<u>\$ 42,683,939</u>	<u>\$ 41,382,179</u>

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entities as at March 31, 2006 and 2005 and for the years then ended:

	2006	2005
Balance Sheet		
Assets	\$ 10,947,799	\$ 11,093,185
Net Capital Assets	23,276,581	23,053,938
Total Assets	<u>\$ 34,224,380</u>	<u>\$ 34,147,123</u>
Total Liabilities	\$ 17,335,821	\$ 17,155,973
Total Net Assets (Fund Balances)	<u>16,888,559</u>	<u>16,991,150</u>
	<u>\$ 34,224,380</u>	<u>\$ 34,147,123</u>
Results of Operations		
RHA Grant	\$ 39,368,369	\$ 37,095,358
Other Revenue	11,961,781	12,191,161
Total Revenue	<u>51,330,150</u>	<u>49,286,519</u>
Salary & Benefits	44,021,594	41,691,433
Other Expenses*	7,366,273	7,195,998
Total Expenses	<u>51,387,867</u>	<u>48,887,431</u>
Excess (Deficiency) of revenue over expenses	<u>\$ (57,717)</u>	<u>\$ 399,088</u>
* Other Expenses includes amortization of \$459,026 (2005 -\$441,200)		
Cash Flows		
Cash from Operations	\$ 624,792	\$ 445,864
Cash used in Financing Activities	(263,752)	327,571
Cash used in Investing Activities*	<u>(841,729)</u>	<u>(538,653)</u>
Increase (Decrease) in Cash	<u>\$ (480,689)</u>	<u>\$ 234,782</u>

* Cash used in Investing Activities includes capital purchases of \$802,520 (2005 -\$611,031)

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, 2006 it has net assets of \$15,602,956 (2005 - \$13,104,294). During the year, the Foundation provided funding of approximately \$4,321,410 (March 31, 2006 - \$2,547,230) 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.

	<u>December 31, 2006</u>	<u>December 31, 2005</u>
Balance Sheet		
Total Assets	\$ 19,700,359	\$ 16,050,470
Total Liabilities	4,097,403	2,946,176
Total Net Assets (Fund Balances)*	<u>15,602,956</u>	<u>13,104,294</u>
	<u>\$ 19,700,359</u>	<u>\$ 16,050,470</u>

* In accordance with donor-imposed restrictions \$4,078,909 (2005 - \$2,465,382) of the foundation's net assets must be used to purchase specialized equipment.

Results of Operations

Other Revenues	\$ 8,086,512	\$ 5,722,108
Total Revenues	8,086,512	5,722,108
Total Expenses*	<u>1,725,924</u>	<u>1,437,978</u>
Excess of revenue over expenses	<u>\$ 6,360,588</u>	<u>\$ 4,284,130</u>

* Total expenses include contributions of \$3,856,653 (2005 - \$1,051,221) to the RHA and amortization of \$22,236 (2005 - \$23,223)

Cash Flows

Cash from operations	\$ 1,487,845	\$ 3,795,787
Cash used in financing and investing activities*	<u>3,790,996</u>	<u>(5,053,452)</u>
Increase (Decrease) in cash	<u>\$ 5,278,841</u>	<u>\$ (1,257,665)</u>

* Investing activities include capital purchases of \$25,294 (2005 - \$25,813)

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, 2007 was \$39,595 (2006 - \$42,900). 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 (RCP), 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 \$23,122,930 (2006 - \$21,107,975) which is included in benefits in Schedule 1.

12. BUDGET

The RHA Board approved the 2006-2007 budget plan on May 31, 2006.

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 tenth 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. 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 \$12,874,753 (2006 - \$10,713,172) is considered to approximate quoted market values.
- The fair value of mortgages payable before the repayment required within one year is \$2,985,061 (2006 - \$3,448,894) 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 \$9,644 (2006 - \$97,019).

15. 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.

	2007			2006		
	Operating	Capital	Community Trust	Operating	Capital	Community Trust
Capital asset purchases	\$ (3,180,959)	\$ 3,614,894	\$ (433,935)	\$ -	\$ 481,022	\$ (481,022)
SHC reserves	37,494	(37,494)	-	(93,664)	93,664	-
	<u>\$ (3,143,465)</u>	<u>\$ 3,577,400</u>	<u>\$ (433,935)</u>	<u>\$ (93,664)</u>	<u>\$ 574,686</u>	<u>\$ (481,022)</u>

16. RESTATEMENT OF PRIOR YEARS

The prior year's financial statements have been restated to reflect changes in accounting policy. Amounts due to the operating fund from the capital fund with respect to capital purchases were previously reflected in the financial statements as an amount due to the operating fund from the capital fund. The receivable in the operating fund and the corresponding payable in the capital fund have been eliminated.

The opening fund balances have been restated as follows:

	2007	2006
Operating Fund		
Opening balance as previously reported	(53,779,668)	(55,621,833)
Restatement	(8,031,898)	(8,031,898)
As restated	<u>(61,811,566)</u>	<u>(63,653,731)</u>
Capital Fund		
Opening balance as previously reported	277,437,169	283,104,665
Restatement	8,031,898	8,031,898
As restated	<u>285,469,067</u>	<u>291,136,563</u>

APPENDIX A

RQHR FACILITIES IN SQUARE FEET

REGINA:

LOCATION	SITE	Gross Sq. Ft.	LEASE/OWN
325 Victoria Ave.	Al Ritchie Health Action Centre	2,080	Lease
2110 Hamilton Street	Alcohol & Drug Services, I.T., Mental Health – Adult, Public Health Central	60,888	Lease
2024 Albert St.	Drug Treatment Court	5,500	Lease
1650 Sask. Drive	Emergency Medical Services – Station 1	4,500	Own
5730 Rochdale Blvd.	Emergency Medical Services – Station 2	1,679	Own
3705 Hill Ave.	Emergency Medical Services – Station 3	5,400	Own
445 Winnipeg St. Warehouse	Emergency Medical Services - Storage Building	5,000	Lease
1350 Albert St.	Emergency Medical Services - Future Central Operations Building	45,000	Own
400 Broad Street	Eagle Moon Health Office	2,820	Lease
3510 – 5th Ave.	Four Directions Community Health Centre	7,144	Lease
1048 Albert Street	Harm Reduction Program	1,962	Lease
2755 Avonhurst Dr.	HealthLine (Emergency Medical Services)	8,606	Lease
1080 Winnipeg St.	Health Promotion (health promotion, dental health, active living and nutrition), Population and Public Health Services	4,263	Lease
2755 Avonhurst Dr.	RQHR Warehouse	8,297	Lease
1920 Broad Street	Hearing Aid Plan	6,854	Lease
4211 Albert Street	Home Care / SWADD / Scheduling / HR / QI	33,796	Lease
1692 Albert Street	Kinship Centre (Mental Health Services)	4,000	Lease
1001 Montreal Street	Laundry Services	40,000	Own
1686/1662/1680 Albert St.	Mental Health Services - Child & Youth	16,445	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
24 Regina Facilities	Total Gross Feet, Regina Facilities	2,388,187	

RURAL:

LOCATION	SITE	Gross Sq. Ft.	LEASE/OWN
100 South Elgin St., Balcarres	Balcarres Integrated Care Centre	27,940	Own
606 Main St., Broadview	Broadview / Whitewood Home Care	1,259	Own
Calgary St., Broadview	Broadview Centennial Lodge	18,998	Own
901 Nina St., Broadview	Broadview Union Hospital	17,136	Own
Box 100, Cupar, SK	Cupar Health Centre	13,608	Own
502 Windover Ave., Moosomin	Eastern Sask. Pioneer Lodge	6,956	Own
405 Windover Ave., Moosomin	Eastern Sask. Pioneer Nursing Home	15,436	Own
Box 1790, 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	11,902	Own
Regina Ave., Grenfell	Grenfell Housing Units (4 duplexes)	3,627	Own
802 Wolseley Ave., Box 970	Grenfell Regional Office	3,150	Own
300 Hospital St., Indian Head	Indian Head Union Hospital	20,775	Own
Quimet St., Wolseley	Lakeside Nursing Home	49,245	SPMC Lease
Box 180, Imperial, SK	Long Lake Valley Integrated Facility	20,325	Own
237 – 2nd Ave. E., Montmartre	Montmartre Health Centre	20,032	Own
Windover and Broadway	Moosomin Housing Units (8 duplexes, 1 four-plex)	12,250	Own
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

RURAL:

LOCATION	SITE	Gross Sq. Ft.	LEASE/OWN
Box 549, Raymore	Silver Heights Special Care Home	28,000	Own
280 Burns Ave., Box 519	Southey Health Action Centre	200	Lease
Box 280, Lestock	St. Joseph's Integrated Care Centre	14,338	Own
178 Boundary Ave.N.,Box 1819	Touchwood/Qu'Appelle District Health Centre	8,400	Own
South Railway, Wapella	Wapella Clinic Building	803	Own
921 Gambetta St., Whitewood	Whitewood Community Health Centre	16,856	Own
Ouimet St., Wolseley	Wolseley Memorial Union Hospital	13,616	Own
27 Rural Facilities	Total Gross Feet, Rural Facilities	431,581	

AFFILIATES:

LOCATION	SITE	Gross Sq. Ft.	LEASE/OWN
Fort Qu'Appelle	All Nations Healing Hospital	56,901	n/a
Box 310, Cupar	Cupar & District Nursing Home	39,166	n/a
4125 Rae St., Regina	Extendicare Elmview	18,500	n/a
4540 Rae St., Regina	Extendicare Parkside	51,977	n/a
260 Sunset Dr., Regina	Extendicare Sunset	40,000	n/a
Lumsden	Lumsden & District Heritage Home	20,000	n/a
1425 College Ave., Regina	Qu'Appelle House	28,265	n/a
1925 - 5th Ave. N., Regina	Regina Lutheran Home	60,452	n/a
430 Pioneer Dr., Regina	Regina Pioneer Village	168,000	n/a
4215 Regina Ave., Regina	Santa Maria Senior Citizens Home	107,185	n/a
50 Angus Rd.	William Booth Special Care Home	46,632	n/a
11 Affiliated Facilities	Total Gross Feet, Affiliates	637,078	



