

Regina Health District Annual Report 2001/2002



Regina Health District

2001/02 Annual Report

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Strategic Framework

Values, Vision and Mission

Every successful organization has a strategic framework within which it operates. For the Regina Health District, this framework is made up of our values, vision and mission.

Our Values

Success will be achieved through commitment to our shared values.

Respect

All relationships, decisions and actions will be guided by honesty and fairness.

Caring

An attitude that is reflected in everything we do.

Participation

Everyone has a role to play in building a healthy community.

Continuous Improvement

Improvement will be guided by personal and organizational learning and growth.

Our Vision

The Regina Health District will promote a healthier community by:

- Delivering client-centred services that are accessible and responsive to the changing needs of our community
- Creating an environment that fosters individual responsibility, team work and client satisfaction
- Pursuing learning, innovation and research
- Being a leader in the provision of integrated health services

Our Mission

Working Together for A Healthy Community

The Regina Health District provides a comprehensive array of health services to its residents, and, through the provision of health services, supports the health care needs of southern Saskatchewan.

Regina Health District

A message from the Chairperson and CEO

We are pleased to provide you with the last annual report of the Regina Health District. By the time you read this report, the District will no longer exist as a separate organization. The fiscal year 2001-2002 was our last full year of operation, although we continue to provide quality health services as part of a larger regional health authority.

The Regina Health District has faced many challenges and seen many successes. In our nine-year history we became one of the most integrated health care organizations in Canada. Over that period, our responsibilities grew to encompass Home Care, Emergency Medical Services, Public Health, Mental Health, the Hearing Aid Plan, and Alcohol and Drug Services. Services were offered through five community health centres, one rehabilitation centre, ten affiliated long-term care facilities, and the delivery of specialized acute care services through two hospitals.

A major challenge faced by all health care organizations is finding and keeping an adequate number of health care professionals. The Regina Health District was no exception. With the national shortage of trained staff, we often compete with other organizations across the country for the same people. However, programs to recruit and retain staff and health care professionals succeeded. For example, 124 new physicians were recruited to the District in the past three years – a net gain of 54 over those retiring or leaving.

The closure of the Plains Health Centre in 1998 became an opportunity for us to renovate, modernize and increase our care space. Following the closure of the Plains and renovations at the Regina General and Pasqua hospitals, the acute care space grew by close to an additional 50,000 square feet. As well, much of the original space in the two acute care facilities in Regina has been renovated.

Financial sustainability in the delivery of health care services was an ongoing challenge for the District. We worked with government to reach an agreement on predictable levels of adequate and sustainable operating funding. In our last fiscal year as a District, we eliminated our deficit, leaving the new regional health authority with a good base from which to begin operations.

Partnerships became increasingly important to the Regina Health District. We sought opportunities to work with health-minded agencies and organizations to share ideas, create solutions, and undertake activities to improve the health of the people we serve in common. We are proud that the outcome of these partnerships can be measured in the success we have had in expanding the reach of positive health and wellness initiatives throughout southern Saskatchewan. To the end of our mandate, we hope it can truly be said of the Regina Health District that we worked together for a healthy community.



Dwight Nelson
President &
Chief Executive
Officer

Anita Bergman
Chairperson
Regina District
Health Board

Leadership

Regina District Health Board

Anita Bergman,
Lumsden, Ward 1 (Chairperson)

Dr. Borden Bachynski,
Regina, Ward 6

Ray Boughen,
Moose Jaw

Lloyd Boutilier,
Regina

Tyronne Fisher,
Regina

Ruby Jeffers,
Regina, Ward 7

Ken Hutchinson,
Fort Qu'Appelle

John Hylton,
Regina, Ward 5 (Resigned October 2001)

Bryan Leier,
Sedley, Ward 8

Val Orb,
Cupar, Ward 2

Steve Paul,
Regina, Ward 3

Brian Rourke,
Morse

Garf Stevenson,
Regina

Alex Taylor,
Regina, Ward 4

District Management Team

Dwight Nelson
President and Chief Operating Officer

Roy A. Derrick
Director, Public Affairs

Patrick Dumelie
Chief Operating Officer, Integrated Health Services

Donna Evans
Chief Operating Officer, Human Resources and Functional Support

Carol Klassen
Chief Operating Officer, Decision and Performance Support

Dr. Brian Laursen
Chief Operating Officer, Medical Services; Vice President, Medical Services

Val Lusk
Director, Financial Services

Carol Ringer
Chief Operating Officer, Integrated Clinical Services

Dr. O. P. Sood
Chief of Staff, Chairperson, Medical Advisory Committee

Medical Advisory Committee

Dr. O.P. Sood (Chairperson)

Dr. E. Alport

Dr. E. Busse

Dr. G. Carson

Dr. N. Devitt

Dr. T. Diener

Dr. J. Dobson

Dr. C. Ekong

Dr. M. Fink

Dr. T. Goh

Dr. P. Gorman

Dr. J.D. Guerrero

Dr. J. McHattie

Dr. J.S. McMillan

Dr. D. Natarajan

Dr. M. Ogrady

Dr. O.R. Rivera

Dr. V.K. Trivedi

Dr. E. Tse

Medical Staff Association

Dr. M. Fink, President

Dr. P. Gorman, Vice President

Dr. C. Ekong

Dr. N. Ficzyz

Dr. R.P. Knaus

Dr. E. Poon

Dr. M. Sharman

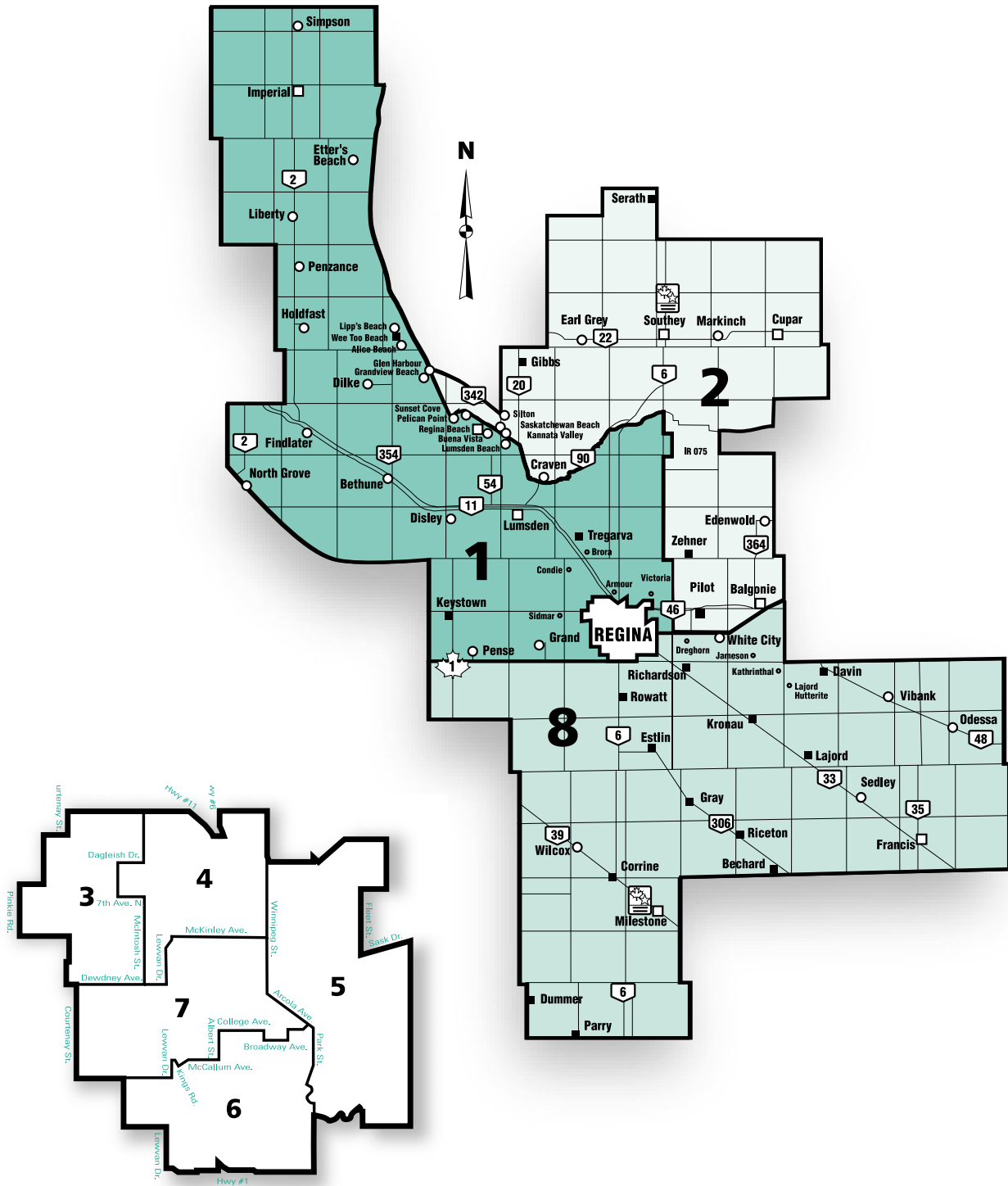
Dr. E. Tse

Note: All positions held were as of March 31, 2002

Regina Health District

Ward Maps

Rural Wards



Urban Wards

Headlines 2001-2002

A Look Back

May 8, 2001 – Regina Health District Scores Well in National Health Study

According to the Canadian Institute for Health Information (CIHI) the Regina Health District was providing better service and we were a healthier community. The survey, **Health Indicators 2001**, compared health regions across the country and found that the Regina Health District showed marked improvement on its previous record, and when compared to other regions of the country.

May 24, 2001 – Regina Health District Stakes Claim to a Saskatchewan First

The Regina Health District Service Access Guide – a 14-page green centre section in the DirectWest Telephone Directory – was the first initiative of its kind by a health district in this province. It has proven to be a useful home reference tool for people to quickly locate the health-related services they need. This is one more way the Regina Health District made accessing services easier for clients and patients.

July 4, 2001 – Regina Health District Awarded Funding for Community Care Research Project

The Canadian Health Services Research Foundation (CHSRF) awarded a \$100,000 grant to the Regina Health District to develop and evaluate guidelines for coordinating and allocating integrated health care services to elderly, chronically ill clients in a community setting. This was the first time a Saskatchewan agency had been awarded funding from the Government of Canada's CHSRF.

August 29, 2001 – Regina Health District Introduces New CEO

Dwight Nelson took on the challenge of guiding the Regina Health District into the future. Nelson came to Regina from the Headwaters Health Authority in southern Alberta, where he had a reputation for strong fiscal management, organizational leadership and the ability to build lasting relationships with stakeholders.

September 17, 2001 – Regina Health District Sponsors First Western Canadian Conference on Women's Mental Health

The First Western Canadian Conference on Women's Mental Health attracted specialists and experts from across Canada. The Conference raised the level of awareness and understanding of the serious mental health issues women struggle with every day.

December 5, 2001 – Regina Health District Welcomes New Partners: Pipestone and Touchwood Qu'Appelle Health Districts Amalgamated

The Pipestone, Regina and Touchwood Qu'Appelle health districts have always worked closely together, paving the way to immediately begin planning for the consolidation of services as an amalgamated health region. The Regina District Health Board has long supported stronger linkages between health care providers in southern Saskatchewan, believing such linkages would result in better health care service delivery.

December 14, 2001 – Regina Health District has First Eight-slice CT Scanner Installed in Canada

The installation of the first Eight-slice CT Scanner in Canada was part of a purchase of over \$8 million in state-of-the-art diagnostic equipment announced in June 2001. Other equipment purchased included an angiography suite, digital echocardiography equipment, MRI upgrades and digital radiology equipment.

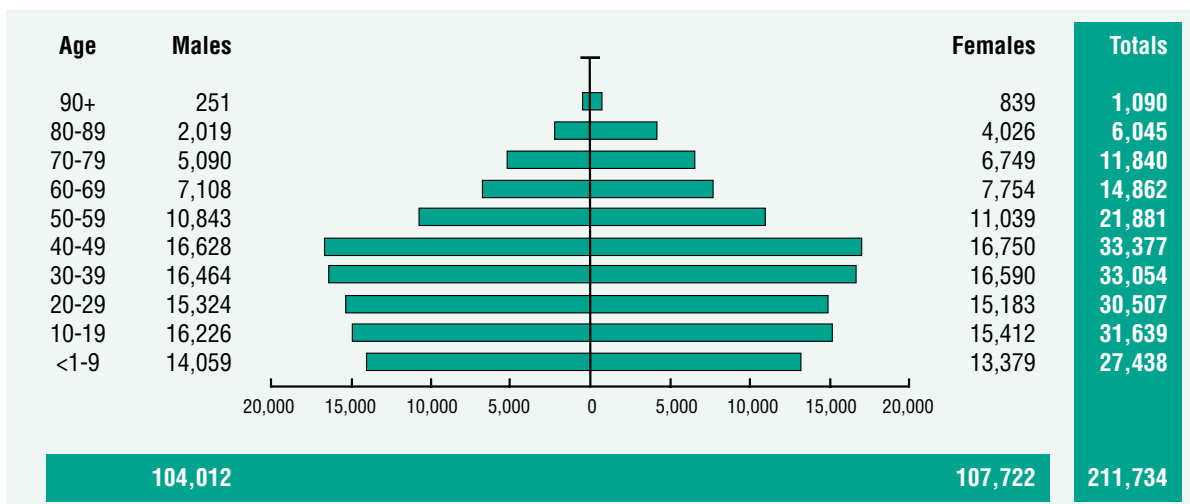
January, 2002 – Randall Kinship Centre Begins Operation

The Regina Health District's Randall Kinship Centre opened its doors in partnership with the Aboriginal Community in Regina to help children, youth and their extended families. Programs offer early identification and treatment that can prevent youth violence and involvement with the criminal justice system.

March 26, 2002 – Regina Health District Earns Accreditation

The Regina Health District was awarded the maximum three-year accreditation from the Canadian Council on Health Services Accreditation (CCSHA). After completing an intensive review of the District's governance, administration and operations, the CCHSA commended the Regina Health District as an organization which has "...demonstrated its commitment to providing quality care and service in the community."

Population Profile by Age Group and Gender Regina Health District, 2001



Source: Saskatchewan Health. Numbers refer to persons within the Regina Health District eligible for coverage under the Saskatchewan Health Insurance Plan as of June 30, 2001.

Continuum of Care

A Continuum of Care

The integration of services within the Regina Health District makes it possible for us to offer a continuum that covers the health care needs of our patients and clients. Because we offer such a wide range of services, we are able to develop and implement comprehensive health care plans tailored to individual needs.

As well, the District is a tertiary care centre providing specialized health care services to southern Saskatchewan and the rest of the province.

District services are offered in three integrated areas: acute care, rehabilitation, and community and continuing care services.

Acute Care Services

An extensive range of acute care services is provided at the District's two acute care facilities – Regina General Hospital and Pasqua Hospital. Both hospitals were renovated and expanded in the late 1990s to integrate services and enhance client-centred care. Through the integration of services, a variety of different health care providers have been brought together to provide specialized services throughout the District and beyond. Some of the acute care services offered include:

- Ambulatory Care Services
- Cardiosciences
- Critical Care Services
- Diagnostic Imaging Services
- Emergency Care Services
- Family Medicine
- Gastroenterology and Hepatology
- Gynecology/Urology
- Internal Medicine

Acute Care Surgery

	1999/2000	2000/2001	2001/2002
Total Number of Patients on Surgical Wait List	9,800	11,077	10,623
Pre-Admission Clinic Visits	7,929	8,047	7,167
Inpatient Surgery - Day of Admission	5,927	6,263	4,884
Inpatient Surgery - Non Day of Admission	5,695	5,445	4,818
Outpatient Surgery - Operating Room	11,485	11,061	10,817
Outpatient Surgery - Hospital Clinic	15,920	17,850	15,199
Total Surgeries	39,027	40,619	35,718

Note: The lower numbers of surgeries in 1999/2000 and 2001/2002 reflect the impact of a 1999 strike of the Saskatchewan Union of Nurses and 2001 job action by the Canadian Union of Public Employees.

Laboratory Services

	1999/2000	2000/2001	2001/2002
Laboratory Units	17,228,356	19,363,675	19,029,229

- 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
 - Pediatrics

Hospital Care

	1999/2000	2000/2001	2001/2002
Admissions	31,273	31,022	29,028
Patient Days	198,951	210,067	197,308
Average Daily Census	544	576	547
Average Length of Stay (days)	6.50	6.70	6.80
Births/Newborn Admissions	3,073	2,997	3,003
Emergency Visits	83,746	86,422	83,465
Radiology Examinations	145,512	163,811	163,249
CT Scanner Examinations	27,153	28,883	30,537
Nuclear Medicine Admissions	10,873	12,256	12,715
Physical Therapy Visits	60,806	77,542	89,859
Occupational Therapy Visits	17,806	14,987	16,021
Outpatient Registrations	214,835	221,435	227,900

Rehabilitation & Restorative Services

Rehabilitation Services designed to help children and adults regain quality of life after an illness or accident are offered throughout the District, frequently at the Wascana Rehabilitation Centre in Regina. These services include:

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

Community & Continuing Care Services

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

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

Immunization

	1999/2000	2000/2001	2001/2002
Number of Doses - Child Health Clinics	14,179	12,088	12,273
Number of School Children Immunized in School	11,438	14,439	12,025
Influenza Coverage Rates - People over 65 years	61.3%	70.2%	66.1%

Regina Health District Emergency Medical Services

	1999/2000	2000/2001	2001/2002
Rural Responses	487	459	483
Out-of-District	98	98	121
Interfacility	2,437	2,651	2,560
Urban Responses	9,872	10,269	10,458
No-Transport Calls	3,429	3,456	3,647
Total Calls	16,333	16,933	17,269

Regina EMS was 90.2% compliant in responding to emergency situations in under 8:59 minutes in 2001/2002. The National standard for major urban centres is a compliance rate of 90%.

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

- Al Ritchie Health Action Centre
- Cupar Health Centre
- Four Directions Community Health Centre
- Long Lake Valley Integrated Facility
- Southey Health Action Centre

In addition to long-term care provided through its Wascana Rehabilitation Centre and Long Lake Valley Integrated Facility sites, the Regina Health District has affiliation agreements and maintains a strong, positive working relationship with ten Special Care Homes to provide quality long term care. These are:

- Cupar and District Nursing Home
- Extencare (Elmview, Parkside and Sunset)
- Lumsden and District Heritage Home

- Qu'Appelle House
- Regina Lutheran Home
- Regina Pioneer Village
- Santa Maria Senior Citizens Home
- William Booth Special Care Home

Home Care

	1999/2000	2000/2001	2001/2002
Admissions	4,370	4,624	4,624
Annual Clients Served	7,350	7,511	7,951
Average Monthly Clients	2,562	2,469	2,383
Nursing Hours	59,387	63,999	69,559
Homemaking Hours	165,452	160,596	146,622
Number of Meals	46,452	48,023	45,386
Occupational Therapy Hours	4,274	5,056	5,518
Physical Therapy Hours	5,241	6,278	6,290
Support Hours	16,907	13,473	9,020
Social Work Hours	4,303	4,676	4,350
Volunteer Services - Hours	14,961	14,530	12,592

Service Access Guide

The Regina Health District publishes a Service Access Guide as part of both the Regina and Regina District DirectWest telephone directories. Turn to the green pages in the centre of these directories to see the Guide. There you will find an outline of the institutional and community programs and services provided by the District, as well as important contact information. Further information about what the District has to offer is available through our Web site at www.reginahealth.sk.ca

Regina Health District Staffing

Regina Health District Employees (full-time equivalent positions)

	1999/2000	2000/2001	2001/2002
Support Staff	1,945.22	1,984.70	1,970.75
Nursing	1,736.85	1,775.18	1,716.36
Other Professionals	533.38	538.70	546.48
Technical	379.13	370.25	378.24
Management Staff	220.21	216.49	220.37
Physicians	50.43	52.51	56.93
TOTAL	4,865.22	4,901.83	4,889.13

Employees of Affiliated Special Care Homes (full-time equivalent positions)

	1999/2000	2000/2001	2001/2002
Support Staff	1,078.85	1,088.84	1,097.55
Nursing	169.08	169.20	169.20
Management Staff	47.69	47.69	47.69
Other Professionals	23.83	23.91	24.23
TOTAL	1,319.45	1,329.64	1,338.67

Regina Health District Medical Staff

	1999/2000	2000/2001	2001/2002
Active	327	343	349
Associate	57	55	70
Locum	0	2	3
Visiting Consultant	19	18	22
District Affiliate	26	26	27
TOTAL	429	444	471

Regina Health District Medical Staff Turnover

	1999	2000	2001
New Appointments (does not include locums)	41	42	49
Resignations	25	22	30
Retired	2	3	4

Financial Statements

For the Year Ended March 31, 2002



SASKATCHEWAN

Provincial Auditor Saskatchewan

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

Phone: (306) 787-6398
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Internet e-mail: info@auditor.sk.ca

Auditor's Report

To the Members of the Legislative Assembly of Saskatchewan

I have audited the statement of financial position of Regina District Health Board as at March 31, 2002 and the statements of operations and changes in fund balance and cash flows for the year then ended. The Board's management is responsible for preparing these financial statements for Treasury Board's approval. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Board as at March 31, 2002 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

A handwritten signature in black ink, appearing to read 'F. Wendel'.

Fred Wendel, CMA, CA
Provincial Auditor

Regina, Saskatchewan
May 24, 2002

Regina District Health Board
Statement of Financial Position
As at March 31

(thousands of dollars)	2002	2001
ASSETS		
Current:		
Cash & short term investments (Note 2(f))	\$ 739	\$ 1,087
Accounts receivable - Saskatchewan Health		
- General Revenue Fund	5,150	5,081
Accounts Receivable - other	7,397	6,038
Inventory (Note 2(e))	3,654	3,714
Prepaid expenses	1,636	2,726
Total current assets	18,576	18,646
Investments (Notes 2(f) and 3)	1,229	1,480
Capital assets (Notes 2(d) and 4)	275,799	274,579
TOTAL ASSETS	\$ 295,604	\$ 294,705
LIABILITIES AND FUND BALANCE		
Current:		
Bank overdraft (Note 5)	\$ 17,361	\$ 17,901
Accounts payable	19,425	13,907
Accrued salaries	9,974	6,664
Current portion of long term debt	1,217	1,418
Deferred revenue (Note 7)	5,934	4,323
Accrued vacation pay	20,410	18,856
Total current liabilities	74,321	63,069
Long term accounts payable (Note 18)	8,828	0
Long term debt (Note 6)	3,577	4,847
TOTAL LIABILITIES	86,726	67,916
Fund balances:		
Operating fund	(42,273)	(36,310)
Capital fund	251,151	263,099
Fund balances	208,878	226,789
TOTAL LIABILITIES & FUND BALANCE	\$ 295,604	\$ 294,705

(See accompanying notes to the financial statements)

Regina District Health Board
Statement of Operations and Changes in Fund Balance
For the year ended March 31

(thousands of dollars)	Budget Operating Fund (Note 16)	Actual Operating Fund	Actual Capital Fund	Actual Total 2002	Actual Total 2001
Revenues:					
Saskatchewan Health					
- General Revenue Fund	\$ 357,820	\$ 362,150	\$ 9,441	\$ 371,591	\$ 357,195
Patient & agency charges	18,850	18,086	-	18,086	18,625
Donations	72	536	3,115	3,650	2,096
Ancillary revenue	2,989	3,376	-	3,376	3,093
Gain on disposal of assets	-	-	8	8	2
Other	10,179	10,854	443	11,298	9,714
Total revenues	389,910	395,002	13,007	408,009	390,725
Expenses:					
Salaries & other benefits	243,333	236,843	-	236,843	225,987
Medical remuneration & benefits	25,812	30,647	-	30,647	24,972
Medical & surgical - drugs & supplies	31,640	34,597	-	34,597	30,189
Utilities	6,287	6,392	-	6,392	5,832
Repair & maintenance	6,159	6,113	-	6,113	5,301
Food	3,353	3,727	-	3,727	3,432
Grants and transfer payments	44,954	45,938	34	45,972	44,204
Amortization of capital assets	-	-	16,093	16,093	15,807
Interest	1,964	1,202	-	1,202	1,938
Other	36,307	35,506	-	35,506	33,912
Total expenses	399,809	400,965	16,127	417,092	391,574
(Deficiency) of revenues over expenses before the following	<u>\$ (9,899)</u>	(5,963)	(3,120)	(9,083)	(849)
Workers' Compensation Board termination of Joint Operating Agreement (Note 18)		<u>0</u>	<u>(8,828)</u>	<u>(8,828)</u>	<u>0</u>
(Deficiency) of revenues over expenses		(5,963)	(11,948)	(17,911)	(849)
Fund balances, beginning of year		<u>(36,310)</u>	<u>263,099</u>	<u>226,789</u>	<u>227,638</u>
Fund balances, end of year		<u><u>(42,273)</u></u>	<u><u>251,151</u></u>	<u><u>208,878</u></u>	<u><u>226,789</u></u>

(See accompanying notes to the financial statements)

Regina District Health Board
Statement of Cash Flows
For the year ended March 31

(thousands of dollars)	2002	2001
Cash provided by (used in):		
Operations:		
Excess (Deficiency) of revenues over expenses currently funded - operating fund	\$ (5,963)	\$ 6,204
Net change in non-cash working capital (note 10)	11,715	(7,897)
Total	5,752	(1,693)
Investments:		
Purchase of capital assets	(17,313)	(3,289)
Proceeds on disposal of capital assets	8	2
Net disposal (purchase) of investments	251	1,132
Total	(17,054)	(2,155)
Financing:		
Debt repayment	(1,471)	(379)
Capital funding	9,441	8,081
Capital grants paid	(34)	(588)
Capital donations & other revenue	3,558	1,259
Total	11,494	8,373
Net increase (decrease) in cash & cash equivalents during the year	192	4,525
Cash & cash equivalents, beginning of year	(16,814)	(21,339)
Cash & cash equivalents, end of year	\$ (16,622)	\$ (16,814)
Cash and cash equivalents comprise:		
Cash and short term investments	739	1,087
Bank overdraft	(17,361)	(17,901)
	\$ (16,622)	\$ (16,814)

(See accompanying notes to the financial statements)

Regina District Health Board
Schedule of Revenues and Expenditures by Program
For the year ended March 31

(thousands of dollars)	2002 Budget Operating Fund (Note 16)	2002 Actual Operating Fund	2001 Actual Operating Fund
Revenues:			
Saskatchewan Health			
- General Revenue Fund	\$ 357,820	\$ 362,150	\$ 349,114
Long-term resident and respite income	2,395	2,576	2,396
Home based service - client fees	700	696	749
Emergency response service fees	1,977	2,909	1,786
Out of Province charges & third party reimbursements	14,353	12,464	14,270
Donations & research grants	0	530	868
Investment income	212	151	231
Ancillary revenue	2,517	2,943	2,585
Other	9,936	10,583	9,384
Total revenues	389,910	395,002	381,383
Expenses:			
Acute services	234,065	233,136	221,668
Supportive care services	23,561	25,120	23,183
Grants to affiliates - supportive care	41,676	42,514	40,375
Specialized hospital programs	20,701	20,766	15,941
Home based services	14,365	14,642	14,136
Health improvement initiatives	2,070	2,008	1,893
Health & wellness centres	302	254	245
Community care initiatives	597	592	583
Emergency response services	4,189	4,720	3,911
Addictions services	2,087	2,006	1,936
Community health services	13,224	12,569	11,935
Mental health services	15,861	15,811	14,172
Rehabilitation services	26,094	25,344	23,697
Trials, studies & research	0	374	697
Ancillary operations - expenses	1,017	1,109	807
Total expenses	399,809	400,965	375,179
(Deficiency) surplus of revenues over expenses	\$ (9,899)	\$ (5,963)	\$ 6,204

(See accompanying notes to the financial statements)

Regina District Health Board

Notes to the Financial Statements

March 31, 2002

1. Authority

The Regina Health Board was created as a Crown corporation by Order in Council 147/92 effective February 14, 1992 pursuant to the provisions of **The Crown Corporations Act**, 1978 and is continued as the Regina District Health Board (the Board) by **The Health Districts Act** (the Act) effective May 24, 1993.

The Board is responsible for planning, co-ordinating and providing health services within the geographic area known as the Regina Health District (District).

2. Significant Accounting Policies

These financial statements have been prepared in accordance with generally accepted accounting principles and include the following significant accounting policies.

a) Foundation

The Hospitals of Regina Foundation (Foundation) is incorporated under **The Non-Profit Corporations Act** and is a registered charity under **The Income Tax Act**.

Under the Foundation's Articles of Incorporation, all funds raised by the Foundation after payments of reasonable expenses must be paid to the Board. Consequently, control of the Foundation's activities by virtue of economic interest exists.

These financial statements do not include the financial activities of the Foundation. Alternatively, Note 12 describes the financial position and results of operations of the Foundation.

b) Fund Accounting

The accounts of the Board are maintained in accordance with the principles of restricted fund accounting. 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 Board 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 reflects the equity of the District in capital assets. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for 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.

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 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.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets 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 20%

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.

3. Investments

	(thousands of dollars)			
	2002		2001	
	Book Value	Market Value	Book Value	Market Value
Long term debentures/ bonds	\$ 1,229	\$ 1,295	\$ 1,480	\$ 1,572

4. Capital Assets

	(thousands of dollars)					
	2002			2001		
	Cost	Accumulated Amortization	Net Book Value	Cost	Accumulated Amortization	Net Book Value
Land	\$ 3,538	\$ ---	\$ 3,538	\$ 3,353	\$ ---	\$ 3,353
Buildings	318,172	88,360	229,812	317,578	80,372	237,206
Land and leasehold improvements	3,044	2,087	957	3,044	1,976	1,068
Equipment	153,079	111,587	41,492	136,545	103,593	32,952
	<u>\$ 477,833</u>	<u>\$ 202,034</u>	<u>\$ 275,799</u>	<u>\$ 460,520</u>	<u>\$ 185,941</u>	<u>\$ 274,579</u>

The total for buildings includes costs for regenerated structures on leased premises. The Board leases most of the land and buildings from the Saskatchewan Property Management Corporation under a long term lease for a nominal rent of \$1 per year.

5. Bank Overdraft

The Board has an unsecured line-of-credit limit of \$31 million approved by the Minister in 1999. Interest on the outstanding balance is charged at the bank's prime rate.

6. Long Term Debt

Bank demand loan of \$3,576,830 (2001 - \$3,855,144) 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. There is a remaining seventeen-year amortization on this loan with blended monthly payments of principal and interest, currently totaling \$373,000 per year.

7. Deferred Revenue

	(thousands of dollars)	
	2002	2001
Saskatchewan Health - General Revenue Fund		
- Rural Health Initiatives	\$ 163	\$ 202
- Successful Mothers	11	24
- Provincial behaviour consultant	---	42
- Workplace Wellness	609	532
- Four Directions – start up costs	3	6
- Bone density testing program	84	84
- Provincial Renal Management	321	530
- CENAPS Workshop	---	2
- Approved Home Program	17	15
- Co-ordinator High Risk Youth	---	71
- High Risk Youth	205	145
- Methadone Programs	25	25
- Primary Diabetes Prevention	17	33
- Primary Health Services	25	12
- Renal Data Management	85	85
- Disability Review	---	50
- Sask Health Vaccine	199	183
- Endovascular Grant	166	82
- Medical Remuneration – SMA Agreement	861	630
- Visudyne Therapy	223	---
- RHAPC Start-up Grant	90	---
- Podiatry Diabetes Program	43	---
- Kids First Program	8	---
- Lab Results Reporting	175	---
- Sask Nurse Council	150	---
Sub-Total Saskatchewan Health	<u>3,480</u>	<u>2,753</u>
Research Grants	460	382
Education Funds	66	58
Medical Earnings Pool	585	550
Acquired Brain Injury Program	204	253
Other	1,139	327
Total	<u>\$ 5,934</u>	<u>\$ 4,323</u>

Deferred Revenue is funding received from third parties, primarily Saskatchewan Health, which is restricted for specific purposes. The funding is recorded as revenue when the related costs are incurred.

8. Commitments

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

	(thousands of dollars)	
2003	\$	726
2004	\$	656
2005	\$	612
2006	\$	477
2007	\$	290

9. Contingent Liability

As at March 31, 2002 there was a contingent liability of \$3.1 million related to collective agreements negotiated between Saskatchewan Union of Nurses (S.U.N.) and Saskatchewan Association of Health Organizations (S.A.H.O.) and Health Sciences Association of Saskatchewan (H.S.A.S.) and S.A.H.O. whereby:

1. All new S.U.N. hirings after 1999 at the Regina General Hospital are now enrolled in the S.A.H.O. Pension and the S.A.H.O. Long Term Disability Plan.

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

2. All new H.S.A.S. hirings after 1999 are now enrolled in the S.A.H.O. Pension and the S.A.H.O. Long Term Disability Plan.

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

Discussions are ongoing between the City of Regina and the Regina Health District to resolve the issue.

10. Net Change in Non-Cash Working Capital

	(thousands of dollars)	
	2002	2001
(Increase) in accounts receivable	\$ (1,428)	\$ (5,519)
Decrease in inventory	60	27
Decrease (Increase) in prepaid expenses	1,090	(594)
Increase (decrease) in accounts payable	5,518	(3,311)
Increase (decrease) in accrued salaries	3,310	(1,027)
Increase in deferred revenue	1,611	1,181
Increase in accrued vacation pay	1,554	1,346
	<u>\$ 11,715</u>	<u>\$ (7,897)</u>

11. Related Party Transactions

Included in these financial statements are transactions with related parties. These related parties include various Saskatchewan Crown corporations, departments, boards and commissions related to the Board by virtue of its economic interest with the Government of Saskatchewan.

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 agreed upon exchange amounts and are settled on normal trade terms.

	(thousands of dollars)	
	2002	2001
Revenues – Patient & Agency Charges		
Saskatchewan Workers' Compensation Board	\$ 2,596	\$ 3,290
Saskatchewan Government Insurance	2,358	2,609
Revenues – Other		
Saskatchewan Cancer Foundation	\$ 2,305	\$ 1,975
Saskatchewan Health Information Network	371	---
Expenses		
Saskatchewan Telecommunications	\$ 1,468	\$ 1,518
Saskatchewan Power Corporation	3,377	3,198
Saskatchewan Property Management Corporation	1,369	588
Saskatchewan Workers' Compensation Board	4,166	4,439
Accounts Receivable – Other		
Saskatchewan Workers' Compensation Board	\$ 342	\$ 117
Saskatchewan Cancer Foundation	1,840	1,318
Saskatchewan Health Information Network	371	---

Other transactions with related parties and their terms of settlement are described separately in the financial statements.

12. Foundation

Fund-raising efforts are undertaken through a non-profit business corporation known as the Hospitals of Regina Foundation Inc. (the Foundation). During the year, the Foundation provided funding of \$3,108,436 (2001 - \$992,976) for capital and other acquisitions. These amounts are included in the Foundation's expenses.

The Foundation's fiscal year end is August 31. Financial statements for the Foundation as at March 31, 2002 the District's fiscal year end, are not available.

Hospitals of Regina Foundation

	(thousands of dollars)	
	August 31, 2001	August 31, 2000
Balance Sheet:		
Total assets	\$ 7,028	\$ 5,400
Total liabilities	\$ 2,548	\$ 2,781
Total net assets	4,480	2,619
	<u>\$ 7,028</u>	<u>\$ 5,400</u>

Results of Operations:		
Total revenues	\$ 5,333	\$ 3,687
Other expenses	1,001	764
	<u>4,332</u>	<u>2,923</u>
Distributions to Regina Health District	2,471	1,950
Excess (deficiency) of revenue over expenses	<u>\$ 1,861</u>	<u>\$ 973</u>
Cash Flows:		
Cash from operations	\$ 4,353	\$ 2,967
Distributions to Regina Health District	(2,471)	(1,950)
Cash used in financing and investing activities	(1,625)	(1,009)
Increase in cash	<u>\$ 257</u>	<u>\$ 8</u>

13. Pension

Employees of the Board participate in one of the following pension plans. Some employees participate in the retirement plan of the Saskatchewan Association of Health Organizations (SAHO), which is a multi-employer defined benefit plan. SAHO, a related party, is responsible for the plan. Other employees participate in the Regina Civic Employees Superannuation and Benefit Plan which is also a defined benefit plan. The City of Regina is responsible for this plan. The Board's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. The Board follows defined contribution plan accounting for its participation in these plans. Accordingly, the Board expenses all contributions it is required to make in the year.

Pension expense for the year amounted to \$9.8 million (2001 - \$9.6 million).

14. Affiliates

The Board has entered into affiliation agreements with special care homes to provide services.

Special care homes in the District receive funding from the Board on a monthly basis in accordance with budget amounts approved annually. These financial statements do not include the financial activities of the affiliates.

During the year, the following amounts were provided to these special care homes:

	(thousands of dollars)	
	2002	2001
The Qu'Appelle Diocesan Housing Company	\$ 654	\$ 602
Lumsden & District Heritage Home Inc.	1,240	1,209
Cupar & District Nursing Home Inc.	1,477	1,423
The Salvation Army William Booth Special Care Home	3,510	3,413
Regina Lutheran Housing Corporation	2,867	2,757
Santa Maria Senior Citizens Home Inc.	4,987	4,889
Extencicare Health Services Inc.	13,622	12,898
Regina Pioneer Village Ltd.	13,912	13,312
	<u>\$ 42,269</u>	<u>\$ 40,503</u>

15. Patient and Resident Trust Accounts

The Board administers funds held in trust on behalf of patients and residents utilizing the Board's facilities. The funds are held in separate trust accounts on behalf of the patients or residents at each facility. The total cash held in trust as at March 31, 2002 was \$90,867 (2001 - \$84,063). This amount is not reflected in the financial statements.

16. Budget

The health plan, which included the budget, was approved by the Board and submitted to the Minister of Health in accordance with "The Health District Act". The Board approved a budgeted deficit of \$9.899 M. In a letter dated March 7, 2002 Saskatchewan Health advised that the approved deficit was \$6.2 M.

17. Insurance

The Board 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 Board's sixth 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.

18. Saskatchewan Workers' Compensation Board

In 1985, agreement was reached between the Workers' Compensation Board and Wascana Rehabilitation Centre to jointly participate in the provision of rehabilitation services for injured workers and for the improvement and development of Wascana for the purpose of providing and improving services for injured workers. On July 16, 2001 the Regina Health District was served notice by Saskatchewan Workers' Compensation Board of its intent to terminate, without cause, the joint operating agreement between the two parties. The agreement states that three years from the date of notice payment of any outstanding amounts will be due from the Regina Health District. The amount owing is the depreciated value of the portion of the facility funded by Saskatchewan Workers' Compensation Board.

19. 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 Board is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Board's receivables are from the Federal and various Provincial Governments and their agencies and health insurance companies. 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 \$1,294,533 (2001 - \$1,571,968) is considered to approximate quoted market values.
- For the bank overdraft and debt, fair value is considered to be their carrying amounts.

20. Comparative Information

Certain 2001 balances have been reclassified to conform with the current year's presentation.

21. Regional Health Authority Act

On May 29, 2002, Bill no. 61 was presented to the Legislative Assembly. This Bill proposes to create the Regional Health Authority Act whose purpose will govern the delivery of health services as well as establishing and governing Health Regions and Regional Health Authorities in the province of Saskatchewan. Upon coming into force, the Pipestone District Health Board, the Touchwood Qu'Appelle District Health Board, and the Regina District Health Board will amalgamate into the newly created Regional Health Authority #4.

On coming into force, the Act will terminate the membership of the Regina District Health Board. All assets, liabilities, rights, and obligations of the Regina District Health Board will continue as the assets, liabilities, rights and obligations of the Regional Health Authority. All contracts with the District Health Board will remain in effect until repealed or replaced by the Regional Health Authority. The cost of the amalgamation cannot be reasonably estimated at this time.

Copies of this Annual Report are available from the Public Affairs Department of the Regina Health District.

For a copy:

Phone: (306) 766-5365

Email: publicaffairs@reginahealth.sk.ca

Or write to: Public Affairs

Regina Health District

2180 – 23rd Avenue

Regina, Saskatchewan

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The Report can also be found on our Web site at www.reginahealth.sk.ca

In addition, the District has made public two payee lists for fiscal year 2001-2002.

One list shows total payments to employees through the payroll system and the other provides the total amounts paid to vendors through the accounts payable system.

These payee lists may be viewed upon request, during regular business hours, at any of the District's health Sciences Libraries. These are located at the Pasqua and Regina General hospitals and at the Wascana Rehabilitation Centre.

