



**SUNRISE  
REGIONAL HEALTH AUTHORITY**

**2008-2009**

**ANNUAL REPORT**



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To view a copy of this report on-line, visit the Sunrise Health Region website at [www.sunrisehealthregion.sk.ca](http://www.sunrisehealthregion.sk.ca). Click on 'Reports & Studies' side menu on the left of the home page.

Hard copies of the Annual Report are available at Sunrise Health Region's Executive Office:  
Park Unit (Yorkton Regional Health Centre campus)  
270 Bradbrooke Drive  
Yorkton, Saskatchewan S3N 2K6

or by calling (306) 786-0110.



# **Letter of Transmittal**

June 22, 2009

The Honourable Don McMorris  
Minister of Health  
Province of Saskatchewan

Dear Mr. McMorris:

The Sunrise Regional Health Authority is pleased to provide you and the residents of the health region with its 2008-2009 Annual Report.

The report provides the audited financial statements of the region for the year ended March 31, 2009. The report also outlines the region's activities and accomplishments for the period.

Respectfully submitted,



Greg Kobyłka, Chairperson  
Sunrise Regional Health Authority

# Who We Are

Sunrise Health Region is one of thirteen health regions in the Province of Saskatchewan, Canada guided by specific directions in the Accountability Document for the prudent and ethical use of public funds. The mission of the Sunrise Health Region is *to improve the health and well-being of individuals and communities through leadership, collaboration and the provision of high quality health services.*

In support of this mission, our board, management, staff, volunteers and physicians will strive to abide by the following values:

We will promote a **positive work environment** that is safe and secure, stimulating, challenging and enjoyable.

We will serve in a **caring, concerned and compassionate** manner.

We will provide the **highest possible quality** in all aspects of care and service delivery.

We will base our decisions on the **best available evidence.**

We will treat people with **dignity, respect and trust.**

We will communicate **openly and honestly.**

We will acknowledge the **rights and responsibilities** of individuals, both in receiving and delivery of care or service.

We will fulfill our mission by pursuing **teamwork, partnership and collaboration.**

We will be **accountable** for our actions to the people we serve and to each other.

We will be **responsive** to the culturally-diverse needs of the people we serve.

The mission and values of the health region are devoted to achieving our long-term vision: *Working together ... for healthy people in healthy communities.*

The Sunrise Board provides staff with direction in the form of board approved strategic goals:

*Goal #1 – Embrace a client first culture*

*Goal #2 – Strengthen recruitment and retention efforts*

*Goal #3 – Promote effective wellness promotion and prevention*

*Goal #4 – Deliver an efficient, accountable health system*

*Goal #5 – Enhance a culture of public confidence*

Staff members throughout the health region participated to support the five strategic goals with the addition of objectives, key initiatives and performance measures. The Board received monitoring reports throughout the year to track progress. The Strategic Plan guided development of annual operational plans for various departments and programs.

In 2008-09, the **Sunrise Regional Health Authority** (RHA) provided health services to the residents of 49 cities, towns and villages, 28 rural municipalities, and three First Nations in east central Saskatchewan – approximately 57,065 Saskatchewan residents in total.

Approximately 2,834 staff members in the region provide and support health care through community-based services and within our 23 facilities. The region’s head offices are located in the city of Yorkton, which is the largest and the most central community in the region and is the location of the regional health centre.

Services were provided throughout the health region population and include a comprehensive range of health prevention/promotion, acute, supportive and rehabilitative services, provided in institutions, communities and people’s homes. Below is a sampling of service volumes provided in 2008-09 in Sunrise Health Region:

- Provided 30,870 hours of home care nursing service
- Provided 177,162 hours of home care support/personal care and Meals on Wheels
- 30,029 outpatient physiotherapy/occupational therapy visits
- 12,430 inpatient physiotherapy/occupational therapy visits
- Each day cleaned and maintained 97,192 sq meters of health care facilities
- Washed, dried and folded over 3.5 millions pounds of laundry
- Performed 3,951 day surgeries
- 65,425 Emergency Room visits
- 45,576 X-ray exams and 2,236 Mammography exams
- Attended 3853 Emergency Response Calls
- 12,139 Mental Health visits, excluding Psychiatry and Addictions
- delivered 681 newborns

**Sample Volumes and Costs 08-09**

<b>Service</b>	<b>08-09 Volumes</b>	<b>Cost per service</b>	<b>Total annual cost</b>
Laboratory Tests	1,167,755	\$5.09	\$5,943,872.
Hemodialysis Patients	336	\$5,688.80	\$1,911,054.
Emergency Room Visit (YRHC only)	26,318	\$129.81	\$3,416,339.
CT Scans	6,091	\$149.76	\$912,188.

Partnerships with the following health care organizations greatly assist Sunrise Health Region in addressing its goals:

### **KidsFirst**

KidsFirst is an early childhood development program, intended to provide vulnerable children with the best possible start in life, and to encourage nurturing and supportive well-functioning families and communities. KidsFirst provides home visiting services, early learning and child care spaces, mental health and addiction counseling, and other supports to families in need. Sunrise Health Region is the accountable partner and provides KidsFirst with financial, payroll and information technology services for a fee.

### **Society for the Involvement of Good Neighbours (SIGN)**

SIGN is a private non-profit corporation located in Yorkton in partnership with local agencies and organizations to develop and deliver needed services to area residents. Sunrise Health Region contracts with SIGN for services, with an annual service agreement that sets out the budget and terms and conditions of the services provided. Sunrise Health Region integrated alcohol and drug services are located to the SIGN building.

### **Emergency Medical Services**

Sunrise Health Region provides emergency medical services, ambulance services, and first responder services to communities in the health region by a combination of contract ambulance services and region-owned services. The ambulance services in the region are:

Privately contracted:

*Canora Ambulance Care*

*Crestvue Ambulance Services (Yorkton and area)*

*Duck Mountain Ambulance Care (Kamsack, Norquay and area)*

*Preeceville Ambulance Service*

*Shamrock Ambulance Service (Foam Lake and area)*

RHA owned and operated:

*Esterhazy Emergency Medical Service*

*Ituna Emergency Medical Service*

*Langenburg Emergency Medical Service*

*Melville Emergency Medical Service*

### **Affiliated Health Care Organizations: St. Paul Lutheran Home, Melville; St. Peter's Hospital, Melville; St. Anthony's Hospital, Esterhazy**

Affiliated with Sunrise Regional Health Authority are three faith-based facilities. St. Paul Lutheran Home is a 144-bed long-term care facility; St. Anthony's is a 22-bed hospital; and St. Peter's is a 30-bed hospital. (St. Paul and St. Peter's are located together with the Saul Cohen Centre and community-based services in Melville, as part of the Melville District Health Centre). *The Regional Health Services Act* defines the financial and operational relationship of health regions and affiliates. Governed by its own Board of Directors, each affiliate appoints a facility administrator to oversee the facility's staff and management team. The three affiliates and Sunrise Health Region have a very close, and almost completely integrated, management team. The affiliates have chosen a relationship whereby they follow all policies and procedures of the region (that do not infringe upon the faith-based mandates

of the organizations); human resource, finance and operational support services are fully integrated. The Sunrise Health Region and its affiliate partners produce a consolidated financial statement each year.

One of Sunrise Health Region's major accomplishments is the highly cooperative, successful, and proactive relationship with the affiliated health care organizations.

**In providing the services, Sunrise faces a number of risks each year that it attempts to mitigate through a variety of means. In 2008-09 the risks, and their mitigations, include:**

**Public Safety** – Public safety during periods of job action is a concern. On May 14, 2008, the provincial government passed *The Public Services Essential Service Act*. In September, CEO Joe Kirwan met with the Melville City Council to explain obstetrical services discontinued by the health region due to low volume and related patient safety concerns.

**Staff safety** – Risk to employees who work alone was the motivation for Sunrise Health Region to become the first health region in the province to utilize a new system of communications with its home care workers. The Home Care scheduling department now receives an alert if a home care worker fails to call in at pre-determined intervals.

**Recruiting and retaining sufficient health care workers** – this continues to be one of the health region's most significant risks.

Physicians – Recruiting physicians remained a major challenge and expense in 2008-09. The community of Kamsack experienced numerous emergency room service interruptions due to insufficient physician supply. There is also a significant shortage of physicians in Yorkton making it difficult for people new to the area to find a family physician. In September 2008, Sunrise Health Region hired a full-time physician recruitment and retention position. This employee will concentrate on physician recruitment and work to eliminate duplication of recruitment efforts. The Ministry of Health is working with the health regions to define what provincial initiatives may be of assistance in recruitment and retention efforts. The health region was pleased to announce the August 1, 2008, arrival of a pediatrician, ending a two-year recruitment search. The health region recruited a new psychiatrist out of Ireland following a yearlong recruitment effort. On March 12, 2009, the Sunrise Health Region welcomed a new physician in Canora to the Department of Family Medicine.

Nurses – During a February 28 to March 8, 2008 recruitment trip to the Philippines, 61 nurses accepted offers of employment with Sunrise Health Region. By March 31, 2009, 47 of the nurses had arrived. Ten of the nurses were in orientation classes and 37 were working in facilities in Yorkton, Preeceville, Melville, Esterhazy, Foam Lake, Kamsack, Langenburg, Saltcoats, Norquay, Invermay, Canora, and Preeceville. In 2008, the region also recruited two additional nurses from the Philippines through our usual recruitment methods as well as a further 24 nurses from inside and outside of Canada.

Emerging human resource risks - Sufficient supply of management personnel is a growing concern and out-of-scope managers were added to the hard-to-recruit list in 2008. Span of

control and span of supervision are concerns affecting the key risk areas of performance appraisals, supervision and communication. It is also difficult to replace qualified journeyman cooks, and part-time and relief home care workers. Efforts to enhance recruitment and retention in 2008-09 included GED preparation training for thirty-three staff, a journeyman cook program, and consultations with Kawacatoose and Cowessess First Nations for LPN student practicum.

It is sometimes necessary to reduce services when insufficient staffing is in place. The audiology/hearing aide program temporarily reduced service to four days a month for one year. This was necessary to accommodate an audiologist and technician leave of absence and inability to hire replacement staff.

**Infrastructure & space pressures** - Aging health facilities in Sunrise Health Region and space pressures continue to be a risk. Sunrise Health Region's infrastructure need is well documented in the recent VFA Canada Corporation report on facilities asset management. The VFA report defines the cost of infrastructure upkeep and identified Sunrise Health Region as having seven percent of the total health infrastructure funding need in the province behind only Saskatoon RHA and Regina Qu'Appelle RHA.

The Energy Renewal Project started in 2008-09 and will continue to upgrade the ventilation, heating and cooling systems, lighting, and central monitoring and control automation systems in the Yorkton facilities at a cost of \$6,148,000. SaskPower signed an energy performance contract guaranteeing fixed costs of upgrades, covered by guaranteed annual energy cost savings of \$473,000. Savings retained by the Sunrise Health Region will pay down the loan. Window replacement in the patient areas of the Yorkton Regional Health Centre are part of this project. This required tremendous cooperation and coordination. The staff and management are to be commended for accommodating the renovations with little disruption to services. In the past year, ambulatory care in Yorkton Regional Health Centre transferred to the third floor to improve the flow of services for patients.

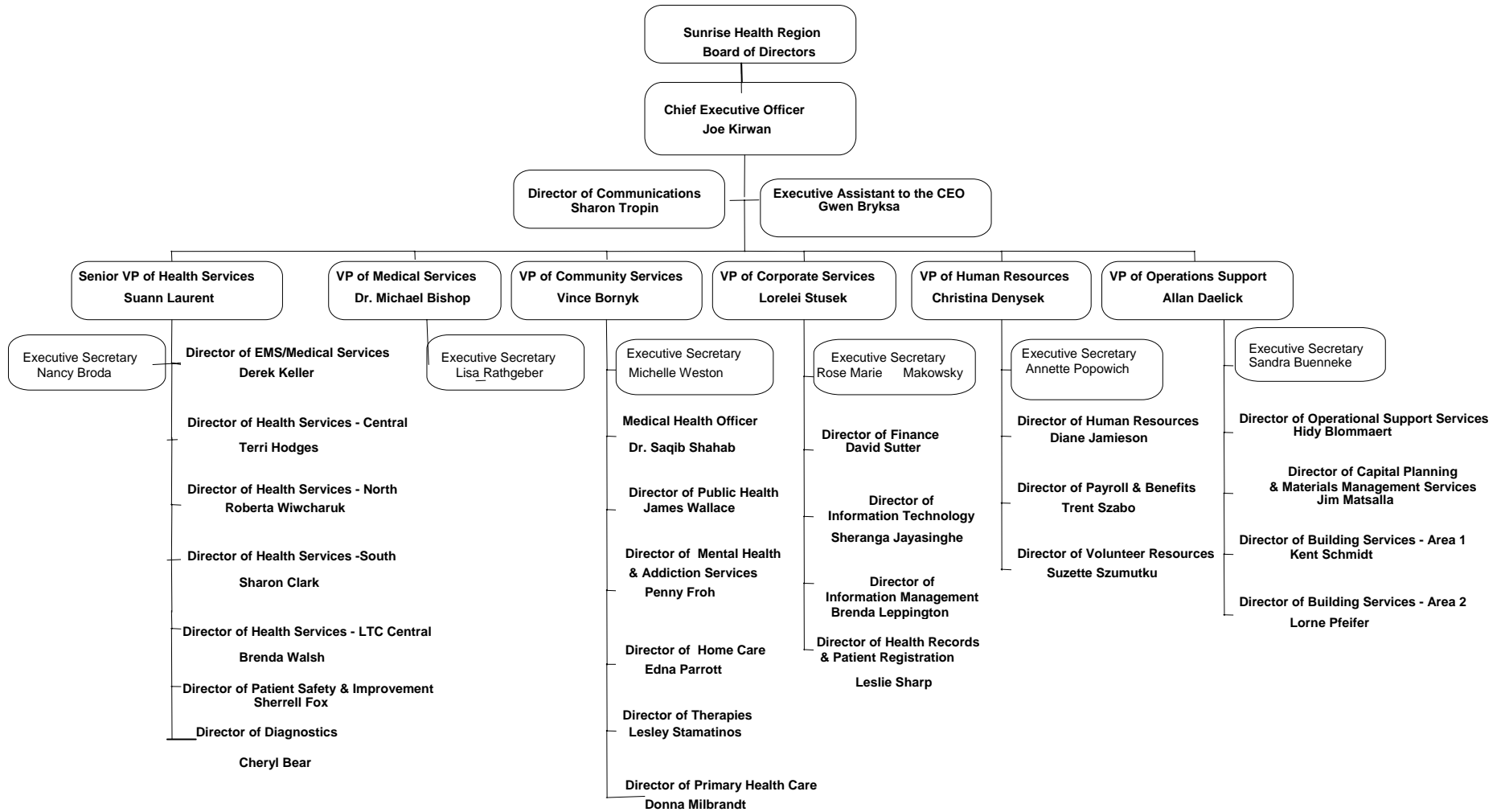
The Board passed a motion to amend the Energy Renewal agreement with Saskatchewan Power Corporation to renovate the remaining portion of the Public Health building at a cost of \$275,770 plus GST. The renovation will generate annual savings of \$23,331 and provides program space needed for the new Women's Wellness Centre.

The Province of Saskatchewan is developing a 10-year plan for health care infrastructure. In November 24, 2008, the Province announced eight million dollars for Sunrise Health Region infrastructure repairs and safety upgrades.

In 2008-09 the new long-term care section of the Preeceville and District Health Centre was constructed. Hospital services were temporarily relocated to the new LTC section while renovations were completed in the hospital section. The project will be complete in early summer 2009.

Some of the above projects were delayed due to lack of sufficient tradespersons and difficulty replacing a building services manager.

# SUNRISE HEALTH REGION EXECUTIVE LEVEL ORGANIZATIONAL CHART





# Our Region

## **Demographics and Other Factors**

Sunrise Health Region has a total covered population of 57,065 (2008 Covered Population), an increase of 765 people from 2007. This is the second year of growth in population since the region formed in 2002.

Within the region, the City of Yorkton's population increased by 343 people, for a total population of 17,603. Yorkton is home to nearly 31% of the region's total population.

Other larger communities in the region, and their respective populations, are Melville (4,677); Esterhazy (2,723); Canora (2,489); Kamsack (2,019); Preeceville (1,216); Foam Lake (1,260); and Langenburg (1,206). With the exception of Preeceville which has 5 fewer residents, the populations in all other communities rose above the population recorded in 2007. These seven communities have a total population of 15,590, which is an increase of 460 from the previous year. These communities are home to 27.3% of the region's population.

Throughout the remaining 69 rural municipalities, towns, villages and hamlets live 22,322 people (79 fewer than in 2007) and 1,550 residents live on the Cote, Key, and Keeseekoose First Nations (41 more than in 2007).

A key characteristic of the health region's population is that it is significantly older than the provincial average; its population can be appropriately described as the *oldest* in the province. Of the health region's population 21.7% are over age 65 (provincially, 14.5%), while 11.8% are over the age of 75 (provincially, 7.6%).

Another demographic challenge in Sunrise Health Region is the region's dependency ratio – the ratio of young and older people compared to the working age population. Sunrise is among the highest dependency ratios in Canada, at a rating of 83.4 as compared the national dependency ratio of 59. (Source – Statistics Canada: The ratio of the combined population aged between 0 to 19 years old and the population aged of 65 years and over to the population aged between 20 to 64 years old. This ratio is usually presented as the number of dependents for every 100 people in the working age population.).

The age of the workforce, labour shortages, recruitment, and retention of sufficient qualified workers are concerns not unique to this health region. Forty three percent of the Sunrise Health Region's 2,834 employees are over the age of 50. This number is similar to the demographic make-up of the region with 42% of the population over the age of 50 years.

## Health Status and Outcome Indicators

The health status of the population of Sunrise Health Region is tracked provincially and each year all health regions are instructed by the province to report on the following group of indicators. This is only a sampling as many other indicators are also gathered and monitored by the province and health region.

\*\* Please refer to source documents for details on the indicators, the sources for their calculations and methodology. The source document used by Sunrise Health Region in preparing this report is "Performance Management Accountability Indicators 2007/2008".

### *Infant Mortality*

Sunrise has a low infant mortality rate relative to the provincial average. Factors that influence infant mortality rates include; effectiveness of pre-natal care, maternal education, drug, alcohol and tobacco use of expectant mothers, and diet/nutritional awareness of expectant mothers. Low infant mortality is also closely related to low birth weight rates. Sunrise has among the lowest average rate of low birth weight babies in the province. This data was collected between 2002-04.

	<b>SHR</b>	<b>Sask</b>	<b>Prov Range</b>
<b>Infant Mortality</b> , per 1,000 live births (2002-2004)	4.5	5.9	4.0-10.5

### *Life Expectancy*

Residents of Sunrise Health Region have a life expectancy very close to the provincial average, slightly higher than the provincial average for women and slightly lower for men. Average life expectancy for a population is influenced by socio-economic factors such as education and income levels, for which Sunrise Health Region compares poorly with the province as a whole. Other factors that influence life expectancy include obesity, being overweight, and level of physical activity and the health region compares poorly with the provincial average for these factors. Life expectancy data was collected in 2001.

	<b>SHR</b>	<b>Sask</b>	<b>Prov Range</b>
<b>Life Expectancy</b> (2001)			
At-birth, Male	75.6	76.2	72.1-78.2
At-birth, Female	82.2	81.8	76.1-82.8
At 65, Male	16.6	16.9	15.6-18.0
At 65, Female	20.8	20.9	17.2-21.8

### *Overweight, Obesity and Physical Activity*

Sunrise Health Region has significantly higher rates of overweight people, higher obesity rates and lower rates of physical activity than the provincial average. These factors interact, and are risk factors for many chronic illnesses such as diabetes and heart disease. Because overweight and obesity were measured in the population 20-64 years of age, and physical activity in population ages 12 and over, lower rates in Sunrise may be due to the fact that we have proportionately more people ages 45 and over, and especially ages 65 and over, compared to other parts of the province. This data was collected in 2005.

## *Overweight, Obesity and Physical Activity indicators*

	<b>SHR</b>	<b>Sask</b>	<b>Prov Range</b>
<b>Overweight</b> (BMI 25.0-29.9)	36.12%	32.52%	30.53%-36.12%
<b>Obese</b> (BMI>30.0)	21.89%	20.3%	16.88%-24.19%
	<b>SHR</b>	<b>Sask</b>	<b>Prov Range</b>
<b>Physical Activity</b> (self-reported, age 12+)Active/moderately active	43.42%	48.62%	38.6%-53.35%
Inactive	54.98%	49.52%	44.06%-58.77%

### ***Self-reported Health Status***

The percentage of people in Sunrise Health Region (SHR) who report their health as either very good or excellent is significantly below the provincial average, and the lowest of all health regions. Self-reported health status can be influenced by age (Sunrise Health Region has the highest percentage of people over the age of 65, and over the age of 75, in the province) and socio-economic status (Sunrise is below the provincial average for income level and educational attainment). The data for this indicator was collected in 2005.

	<b>SHR</b>	<b>Sask</b>	<b>Prov Range</b>
<b>Self-Reported Health Status</b> Excellent/Very Good Health	39.86%	52.35%	39.86%-57.96%

### ***Diabetes Rate***

Diabetes can be influenced by factors for which Sunrise Health Region compares poorly (physical inactivity, high rates of obesity/overweight, age of the population). Diabetes is also of greater prevalence in the First Nations population, which in Sunrise Health Region is about eight per cent of the total population. Data for this indicator was collected in 2004/05 and in 2005/06. Note that the rate has increased between those years both in Sunrise Health Region (SHR) and in the province (Prov Range).

	<b>SHR 05/06</b>	<b>SHR 04/05</b>	<b>Sask</b>	<b>Prov Range 05/06</b>	<b>Prov Range 04/05</b>
<b>Diabetes Rate</b> , per 1,000 population (age/sex adjusted)	60.6	57.6	n/a	44.3-101.7	41.8-95.8



# **2008-2009 Results at a Glance**

The 2008-2009 fiscal year was a successful one for Sunrise Health Region in many respects, with several notable achievements and activities listed below:

## **Acute Services**

- ICU Quality Improvement team initiated
- OBS/Peds Quality Improvement team initiated

## **Emergency Medical Services**

- Funds raised to purchase four cardiac Monitors - \$ 86,485.00
- Received one time funding to purchase lifting equipment. five hydraulic stretchers and five stair chairs purchased. Cost approx. \$ 75,000
- Three ambulances leased in September 2008 – arrived first week of February 2009
- Public Access Defibrillation Program launched
- Two day Automated External Defibrillator (AED) demonstration held at Parkland Mall on November 21, 22
- Bredenburg and Saltcoats First Responders fundraised and acquired AED units
- Trained six First Responders for Rhein and Ebenezer areas
- College of Paramedics Act enacted September 2008
- Emergency Medical Services (EMS) Stroke Protocol started October 1, 2008

## **Medical Services**

- Pediatrician recruited to Yorkton
- Hired a Medical Services Employment Coordinator to increase physician recruitment
- Nurse Practitioner position funded for Yorkton Regional Health Centre emergency department

## **Diagnostic Services**

- Pacemaker checks performed on site at Yorkton and District Nursing Home rather than clients being transported to the hospital
- Implementation of International Standardized Creatinine methodology a standardized measurement that reduces inter-laboratory variation to improve detection, diagnosis and treatment of chronic kidney disease
- Reviewed and realigned all service agreements for laboratory and medical imaging departments
- Administrative assistant hired to support Director of Diagnostics and Director of Health Services – North
- Southern Regional Laboratory Forum established to coordinate services in southern Sask.
- Digital mammography grand opening April 2008
- Blood Administration on-line learning package posted on the intranet for nursing staff
- Health Foundation Cardiac campaign for echocardiogram, arrhythmia monitoring, defibrillation machines, pace maker checking system
- Medical Laboratory Assistant position established at Yorkton Regional Health Centre laboratory

- Two Combined Laboratory and X-ray Technician student practicum placement at Canora Hospital and St. Peters Hospital
- Development of Transportation of Dangerous Good on-line training program and exam for laboratory staff
- Three year accreditation received from Sask. College of Physicians and Surgeons Laboratory Quality Assurance Program for Yorkton, Melville, Foam Lake, Preeceville, Langenburg, Ituna laboratories
- Preeceville lab/x-ray successfully moved to temporary location during renovations
- Technological connections established for radiology shared on-call between Sunrise and Five Hills RHA
- Antibiotic Resistant Organisms (ARO) Surveillance Requirements working group established to identify the needs and requirements for ARO Surveillance as it impacts human, physical and financial resources for the region
- Participated on the new Provincial Transfusion Medicine Working Group that was established by the Ministry of Health.
- Provincial Chemistry Analyzer User Group Education Day – hosted in Yorkton
- Laboratory Information System replacement selected. Staff participating in training and development of new system
- South Saskatchewan Network of Excellence for Stroke Care committee established
- Implementation of standardized International Normalizing Ratio coagulation methodology at Health Centre to reduce inter-laboratory variation to improve monitoring of patients on anticoagulant therapy

#### **Long-Term Care (LTC) Services**

- Client Safety Summary Reports are now being circulated regionally
- Regional Falls Prevention Pilot underway
- First LTC quality improvement newsletter initiated and circulate
- Enhanced Medication Incident Reporting occurring in LTC
- LTC piloted new Accreditation Process (Qmentum) in November 2008
- St. Paul Lutheran Home received formal Eden registration and was awarded the “Seedling Award”
- Warfarin Management pilot project initiated in July - Yorkton & District Nursing Home
- Preeceville Project – moved LTC patients from hospital into permanent home in the new LTC wings, LTC patients currently in Preeceville Lions Housing will move to the new accommodations in 2009
- Regional Pharmacy Manual implemented

#### **Patient Safety & Improvement**

- Implemented follow-up process for recommendations from critical incident team reviews
- Further distribution of patient safety brochure
- Progress continued on Medication Reconciliation initiative with implementation at two pilot sites & development of timeline for further implementation
- Responded to recommendations from Accreditation Canada 2006 survey & maintained accreditation status

- Implementation of Winnipeg Regional Health Authority Risk Management framework- completed risk assessments with 13 quality improvement teams
- Accreditation Canada's sterile processing standards applied in a pilot survey
- Relocation of patient safety & improvement unit
- Implementation of new Qmentum process for team self-assessments
- Held patient safety week activities targeted at engaging front line staff
- Locally hosted "Halifax 8" and "Institute for Healthcare Improvement" web conferences
- Initiation of client safety reporting summary reports to teams/facilities
- Completed orientation to Quality as a Business Strategy
- Participation in Provincial Quality Insight Advisory group & Lean consortium

### **Community Services**

- Minimum data set (MDS) assessment and reports implemented in Home Care
- Working alone policies and "Call Me" program to improve staff safety
- Participation in "Living with Hope Research" and development of a health system navigation tool in conjunction with U of S researcher, Dr. Wendy Duggleby
- Preparations to co-host the provincial palliative care conference May 28 & 29, 2009
- Filled a vacant Director of Mental Health & Addictions Services position
- Filled a vacant psychiatrist position
- Constructed an intensive psychiatric care room that will facilitate safe care and minimize the use of restraints
- Space re-allocation renovations in the day program and child and youth program
- Developmental meetings held to support the provincial addiction treatment beds proposal
- Improved integration of mental health and addiction services in the area of concurrent disorders treatment, cross training, group programming
- Filled a vacant Primary Health Care Manager position
- Still working to obtain funding for the Langenburg Primary Health Care Site
- Hired a part-time position to provide lactation consultant services at Yorkton Regional Health Centre
- Contracting occupational and physical therapy services to Christ the Teacher School Division
- Regional Seniors Falls Prevention committee and four sub-committees dedicated to reducing falls
- Health Quality Council and Sunrise Health Region therapies department are working on a Clinical Practice Redesign Project to streamline the process to reduce therapy backlog
- Integrated Stroke Strategy pilot project announced December 10, 2008
- Provincial funding of \$216,000 received to implement an autism spectrum disorder strategy in the health region
- Filled a vacant Director of Public Health position
- Placed a hold on development of a needle exchange program pending provincial review and recommendations
- Developmental Assets, Positive Ticketing and Healthy Community – Healthy Youth project to improve youth health and youth engagement in the health system
- Partnered with local organizations and accessed Aboriginal Health Transition Funding for an enhanced Families First program in Kamsack with Good Spirit School Division as the accountable partner

- Reviewed and made improvements to vaccine cold chain management to prevent vaccine waste in the event of power outages.
- Development of a proposal for a Women's and Teen Wellness Centre
- Health promotion grants totaling \$30,760 were awarded to twenty eight groups for project addressing the Population Health Promotion Plan priority areas of positive mental well-being, decreased substance use and abuse, accessible nutritious foods, and promotion of physical activity.

### **Operations Support**

- Began work in the \$6.2 million Phase I Energy Renewal Project
- Phase I Energy Renewal - raised staff awareness and provided conservation education
- Renovation projects – Mental Health Intensive Observation Room, Public Health South Renovation, Nurse Call system replacement in Kamsack Hospital and Kamsack Nursing Home, Langenburg Health Care Complex Fire Alarm System Upgrade, I. T. Server Room
- Occupational Health & Safety Patient Lifting Equipment purchases and installations
- Exterior Signage at Public Health, Foam Lake Health Centre, Canora Hospital, Norquay Health Centre, and Esterhazy Homecare
- Surgical Equipment purchases
- Capital Management Plan for the Region
- Material Management Bar Code Scanning System implemented.
- Block Funding Infrastructure capital renovation plan and building system equipment replacement \$8 million
- New X-Ray System installed Preeceville Hospital
- Regional CVA leased vehicle fleet increased to 95 vehicles
- Regional master space plan being developed
- Staff Fall Protection Training
- Fall Protection planning for regional facilities
- Insurance property assessments
- Furniture and equipment purchased for Preeceville Hospital
- Emergency Preparedness Officer Position was created to work on Pandemic, Emergency Preparedness, Fire Education training
- Revitalized the Emergency Preparedness Committee with representation from all Sunrise Facilities and meeting four times a year. This committee has reviewed all the disaster color codes and updated policy and procedures as required.
- Revitalized the Pandemic Planning Committee to continue work on the Sunrise Pandemic Plan. Four Sunrise Health Region employees are also members of the South Sask. Provincial Pandemic Committee. This Committee brings all the Health Regions together in the Province to standardize the plans and share ideas.
- Regional menu implemented in 11 communities
- Regional Hazard Analysis Critical Control Point (HACCP) Audits conducted in the spring and fall
- Operational Support Services Job Fairs were hosted in Kamsack and Yorkton
- 4th Annual Operational Support Services Convention held in March with close to 100 SHR staff in attendance

## **Corporate Services**

- Sunrise Clinical Manager (clinical information system which will form part of the electronic health record), in 2008-09 continued to be expanded to new users. Access was rolled out to include Yorkton Regional Health Centre pharmacists, pharmacy technicians and dieticians. Access was also expanded to include Home Care Nursing and the Yorkton & District Nursing Home. E.g. of improvements - dietician can now monitor laboratory results to better determine effectiveness of diet changes in program areas of diabetes education. Palliative care and chemotherapy now have a process within SCM to determine if their patients are currently inpatients at Yorkton Regional Health Center.
- Privacy and Access Consultant hired. This position will continue Health Information Privacy Act education sessions, inventory personal health information across the Region, conduct privacy impact assessments for projects (electronic and paper) that involve personal health information, conduct pro-active auditing of clinical system to ensure privacy compliance and participate in privacy breach investigations, provide resource for patients, staff and public for privacy related concerns.
- The new Voice over Internet Protocol telephone system was installed at Yorkton Regional Health Centre to replace an aged and no longer supported telephone system
- Installed a fully featured centrally managed computer server room with in-row cooling
- Sunrise Health Region is the first region to deploy a fully secured data encryption for patient information when remotely accessing the MDS Home Care information system
- Regional standardization of abstracting system will be complete by June 2009
- Three year information management plan approved in 2008
- A Fixed Asset Module was added to the financial information system to manage all capital assets in the health region.

## **Human Resources**

- Provincial bargaining committee representation
- Essential Services Plans prepared for HSAS, SUN and CUPE
- Review, revision and re-evaluation of all out-of-scope positions following re-organization
- Individualized and personalized recruiting for RNs, RPNs and Physicians
- Centralized employee personnel files
- Nursing mentorship and graduate nurse job program developed
- Recruitment trip to the Philippines resulted in acceptance of 61 job offers
- By March 31, 2009, the health region has welcomed 47 of the Philippine nurses and each group of new arrivals received several weeks of nursing orientation. Sunrise Health Region volunteer services provided extensive assistance to help the nurses adjust and move to communities throughout Sunrise Health Region.
- As of March 31, 2009, there were 37 of the Philippine nurses working in facilities in Yorkton, Preeceville, Melville, Esterhazy, Foam Lake, Kamsack, Langenburg, Saltcoats, Norquay, Invermay, Canora, and Preeceville.
- Two additional nurses from the Philippines were recruited through the health region's regular recruitment processes.
- In addition to the Philippines recruitment trip, the health region recruited 24 other nurses in 2008.
- Representative Workforce strategy policy statement developed and approved

- 33 staff members were supported to attend GED preparation training
- Journeyman cook training project implemented
- Ongoing aboriginal awareness training
- LPN students' practicum arranged with Kawacatoose and Cowessess First Nations
- Enrollment in Canada's Hand Hygiene Campaign through the Canadian Patient Safety Institute with a Charter completed in draft and a pilot project developed
- Enhanced outbreak management and communication strategy
- Completed regional needs assessment for infection prevention and control
- Quarterly-information sessions for out-of-scope managers
- Management competencies and employee relations courses supported
- Employee focus groups and report completed
- Provincial Retention grant received for district-wide Respectful Workplace Training
- Provincial retention grant received, in partnership with Canadian Union of Public Employees, for enhancement of a quality workplace
- Event with Dr. Marla Shapiro in October with an employee afternoon workshop and public evening presentation
- Created an interpretation database to assist scheduling and labour relations to consistently apply articles from the collective agreements
- Implemented the Environment For Scheduling Personnel (ESP) system for consistent scheduling of support services and long-term care and acute nursing employees
- Hand hygiene and infection control education for volunteers
- Palliative Care Bereavement Support Program volunteer training
- Improvement to provide consistent registration, reference checking and identification badges for volunteers
- Annual meeting with staff who work with volunteers to review policy and address concerns in the workplace.
- Annual volunteer appreciation events in each community where there is a health care facility to acknowledge local volunteers.
- Grief Support Programs, conducted by Chaplain and volunteer(s), in four communities throughout the Region

# 2008-2009 Performance Results

The relationship between Sunrise Health Region, the Minister of Health, and the Department of Health is defined by *The Regional Health Services Act*. On an operational basis, the Accountability Document provides direction. The Accountability Document provides a substantial number of measures, which serve to identify priority areas for the Region.

The reportable indicators listed below are organized according to the strategic goals of the health region. As health region data collection systems mature it is now possible to produce enough reliable, comparable data to demonstrate trends in some areas.

## ***Goal: Embrace a client first culture***

### **Admission to alcohol and drug outpatient services**

	<b>2008-09</b>	<b>2007-08</b>
<b>Average wait time for admission to alcohol and drug outpatient services (in days)</b>	<b>9.7</b>	<b>9.3</b>

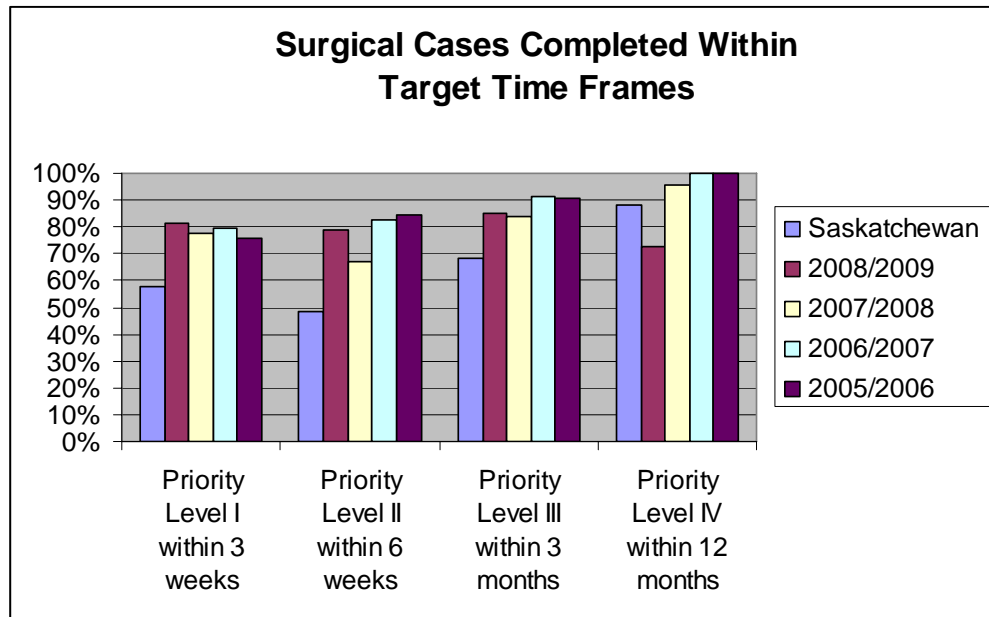
Wait time for admission to alcohol and drug outpatient services in the province ranges from 3.2 to 14.2 days. In Sunrise Health Region the average wait time is up slightly from the previous year.

Sunrise Health Region is awaiting provincial direction for an initiative to expand detoxification capacity in Saskatchewan. In 2008-09, the Health Region met with stakeholder groups and prepared a proposal for 10 detoxification beds.

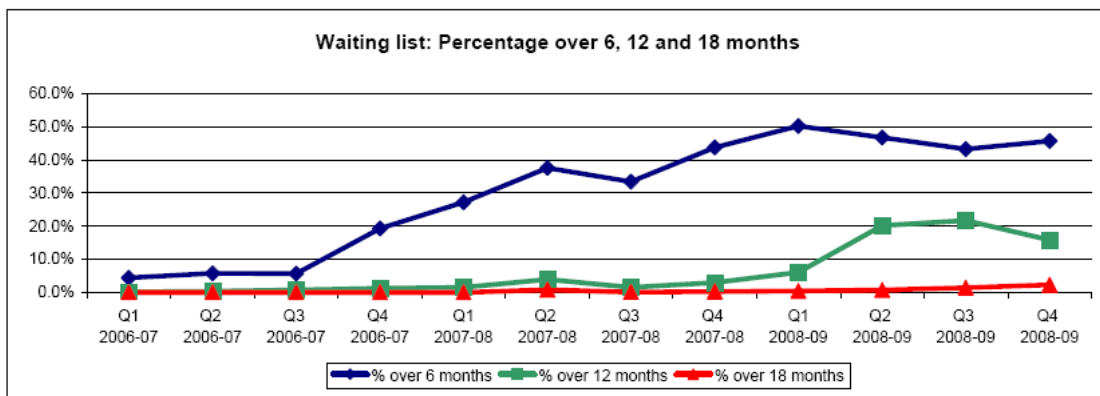
### **Cumulative number of surgical cases performed as a percentage of target and variance of target**

The target for the number of surgeries completed in Sunrise Health Region in 2008-09 was 3,400; the actual number completed was 3,495; that is, there were 95 more surgeries completed in 2009 than the target set and funded by the province. The percentage to target completed in Sunrise Health Region was 102.8% slightly better than the provincial average of 100.5%.

The above indicator measures surgical



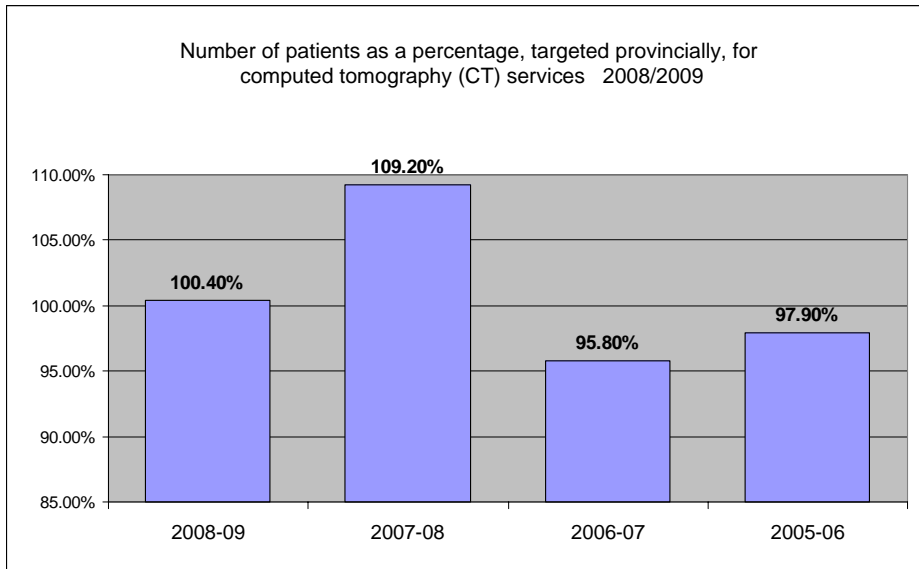
wait-times. In 2008/09, Sunrise Health Region reduced wait times and exceeded the provincial value for priority levels with the exception of Priority Level IV.



The province has set the expectation that no person should wait more than 18 months from booking date for surgery until the actual surgery is performed. In 2008-09 Sunrise Health Region met that expectation, as shown in the above graph. This indicator shows the proportion of patients waiting for surgery as of a given date that had already waited over 6 or 12 or 18 months.

### Computed Tomography Services (CT Services)

In 2008-09 the performance target established by the province for the number of patients to receive CT scans in Sunrise Health Region was 3,750. The actual number of patients to receive CT scans was 3,764. In 2008-09 Sunrise Health Region exceeded the goal set and the number of patients as a percentage of agreed on target for computed tomography (CT) services was 100.4%. The provincial average for this indicator is 101.8%. The significance of these results is that 220 more patients received CT exams in 2008-09 than in the previous year and that 3,764 people had access to this service. Prior to 2005 this service was not offered in this area of the province.

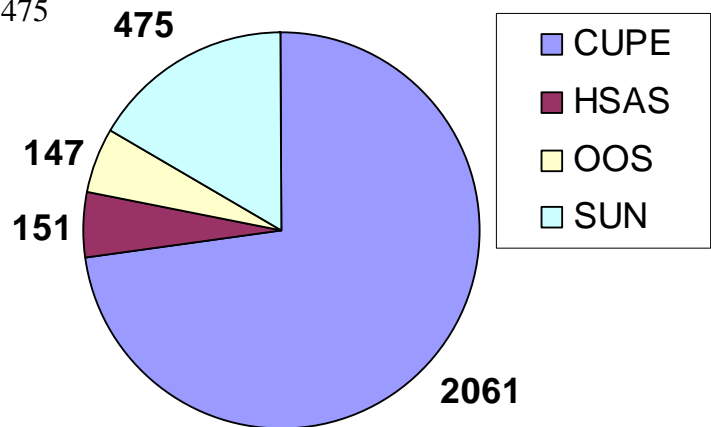


***Goal: Strengthen recruitment and retention efforts***

Sunrise Health Region actively recruits in all areas.

As of March 31, 2009, the number of employees by union affiliation were:

- Canadian Union of Public Employees (CUPE) 2,061
- Health Sciences Association of Saskatchewan (HSAS) 151
- Out of Scope/non-union (OOS) 147
- Saskatchewan Union of Nurses (SUN) 475
- All employees 2,834.



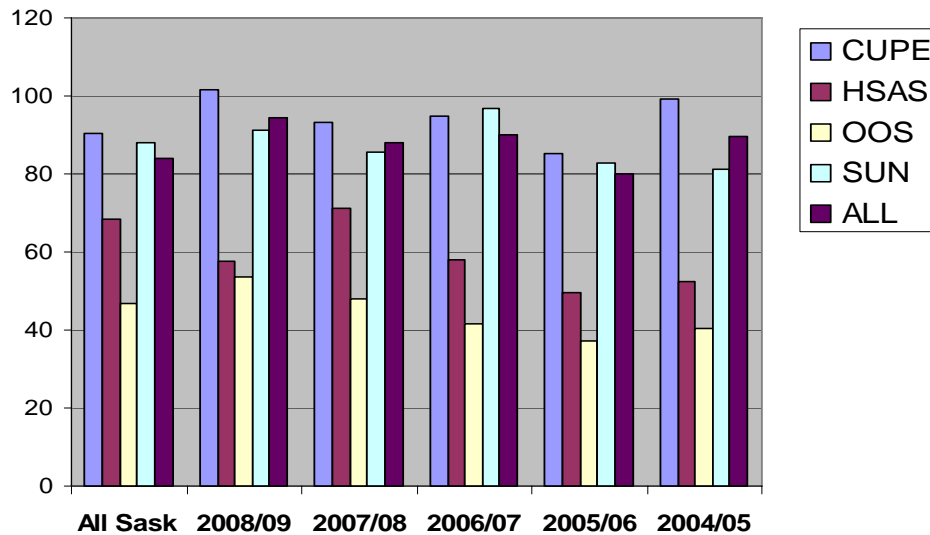
The Canadian Union of Public Employees (CUPE) is the provider union in Sunrise Health Region. Sunrise Health Region does not have any employees represented by the unions SGEU, SEIU or RWDSU.

### Sick Leave Hours

High sick leave hours were a factor contributing to the Sunrise Health Region budget deficit in 2008/09. The comparison with provincial averages by affiliation:

	Prov Average 2008/09	Sunrise 2008/09	Sunrise 2007/08	Sunrise 2006/07	Sunrise 2005/06	Sunrise 2004/05
Provider Unions (Sunrise - CUPE)	90.28	101.44	93.16	94.84	85.22	99.27
HSAS	68.53	57.54	71.25	58.17	49.80	52.54
OOS/OTHER	46.8	53.64	47.94	41.64	37.28	40.47
SUN	87.85	91.37	85.68	96.84	82.87	81.04
RWDSU	105.13					
Organization as a whole	84.09	94.32	87.87	90.09	80.07	89.60

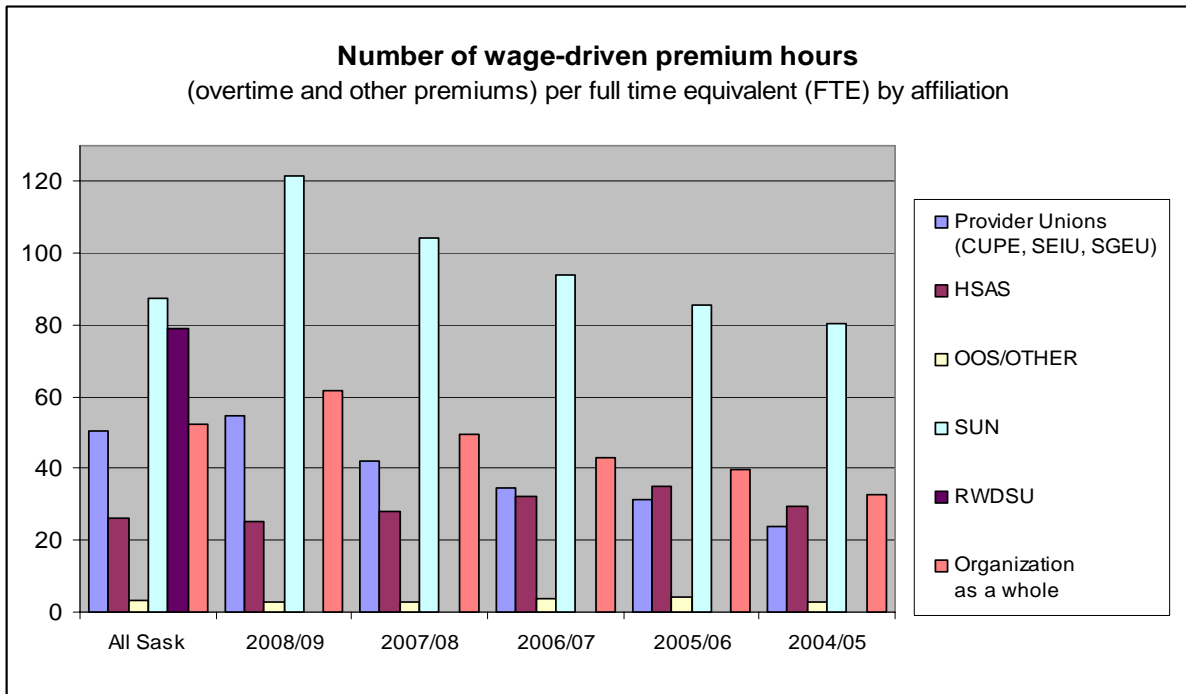
**Number of sick leave hours per full time equivalent by affiliation**



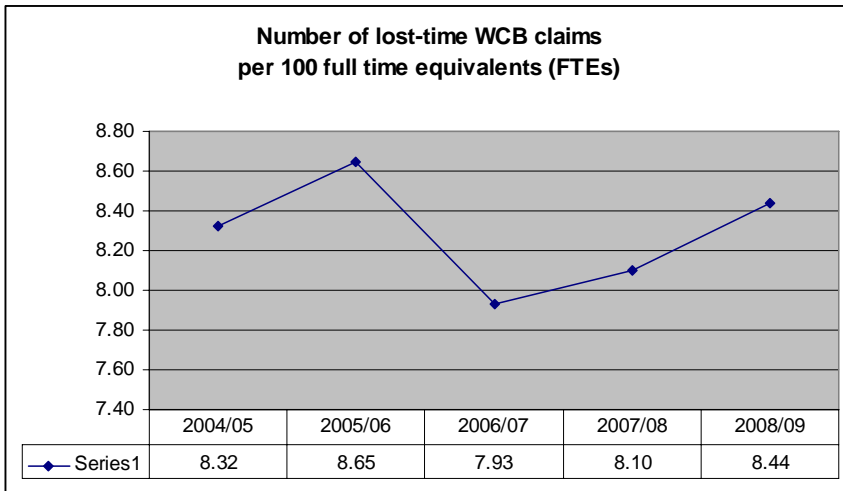
### Comparable Wage-driven premium hours (overtime and other premiums)

Sunrise Health Region, as a whole, was above the provincial average in 2008/09 for comparable number of wage-driven premium hours (overtime and other premiums). In review of the SUN affiliation it must be noted that the immigration process stops during periods of possible job action. Threatened job action delayed the arrival of nurses recruited outside of Canada. The budget was negatively impacted and the anticipated reduction in nursing wage-driven premium hours was not realized. The region also experienced shortages in other classifications represented by CUPE. These were in such professions as diagnostics, licensed practical nursing and some journeyman trained classifications. The region continues to aggressively recruit for these classifications.

	All Sask	2008/09	2007/08	2006/07	2005/06	2004/05
Provider Unions (CUPE, SEIU, SGEU)	50.62	54.57	41.96	34.7	31.3	23.81
HSAS	26.14	25.10	27.95	32.13	35.2	29.61
OOS/OTHER	3.5	2.99	2.95	3.7	4.2	2.97
SUN	87.48	121.39	104.29	94.18	85.52	80.22
RWDSU	78.89	n/a	n/a	n/a	n/a	n/a
Organization as a whole	52.2	61.68	49.58	43.08	39.66	32.96



### Workers Compensation Board Claims

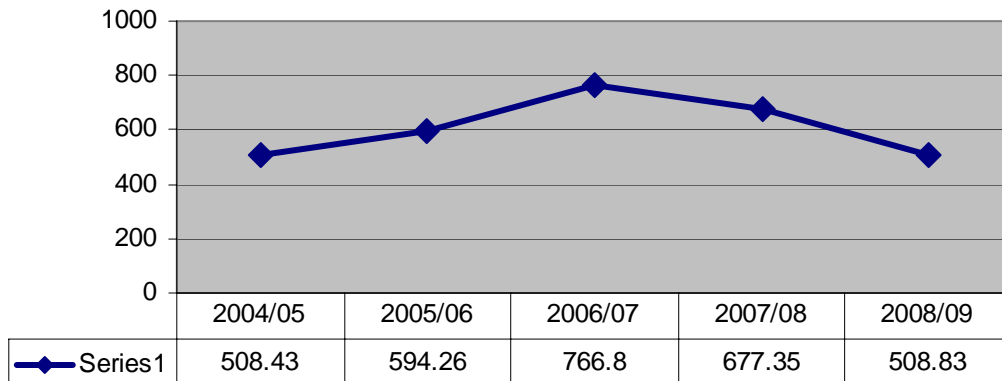


The number of lost-time Workers Compensation Board claims rose in 2008-09 and was above the provincial average of 6.93.

Of the health regions, Sunrise Health Region has the third highest number of lost-time WCB claims.

In 2008/09 Sunrise Health Region neared the low recorded in 2004/05 with an improvement of 168.52 days over the previous year. Unfortunately, at 508.83 Sunrise Health Region remains above the provincial average of 447.17 and has the second highest number of lost-time WCB days of Saskatchewan health regions. Sunrise Health Region is currently reviewing the specific causes of injury and will be participating in provincial initiatives such as Worker's Compensation Board's "Worksafe Saskatchewan" program, provincial injury reduction strategies currently being planned, and specific to health care in Saskatchewan. In addition, the region is planning for additional injury and prevention strategies specific to certain high injury locations within the organization.

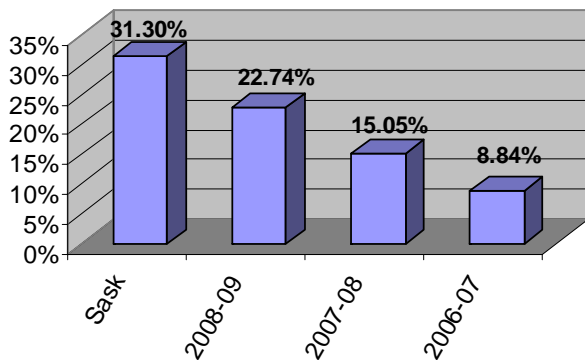
**Number of lost-time WCB days  
per 100 full-time equivalents (FTEs)**



***Goal: Promote effective wellness promotion and prevention***

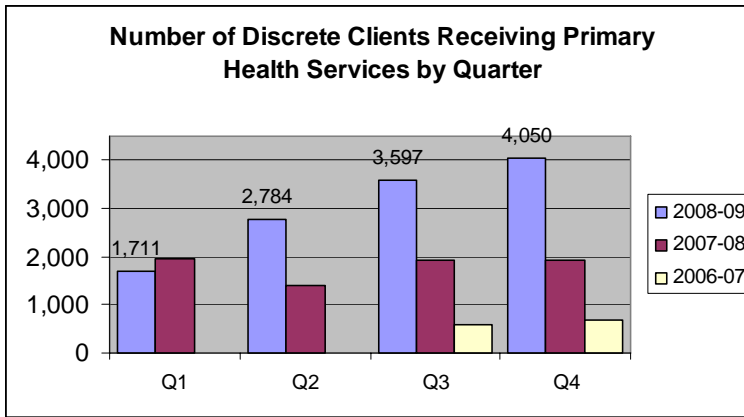
**Primary Health Care Services**

**Percentage of RHA population with geographic proximity to primary health care teams**



The percentage of the Sunrise Health Region population with geographic proximity to primary health care teams markedly increased from 15.05% in 2006/07 to 22.74% in 2008/09. This was not so much an increase in service as recognition of services previously offered in Sunrise Health Region but not tracked or funded until they met provincial criteria.

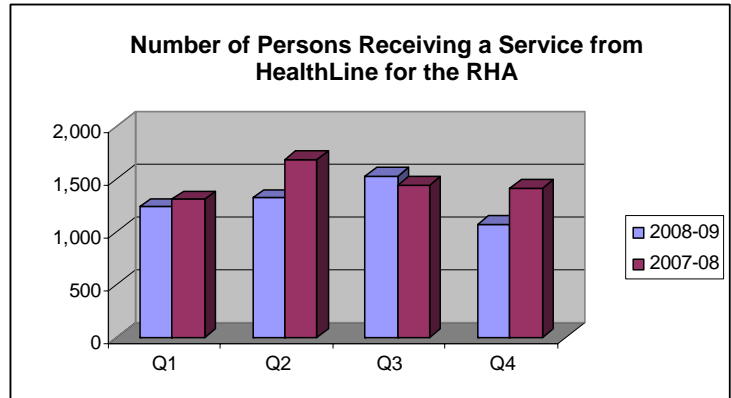
In 2008-09, the Langenburg primary health service became a recognized and funded program. Sunrise Health Region now has recognized primary health services in Norquay, Preeceville, Foam Lake and Langenburg.



**HealthLine**

For the year as a whole 5,157 people from Sunrise Health Region received a service from the provincial HealthLine.

By calling 1-877-800-0002 the public can receive health advice from a registered nurse. The chart to the right shows use of HealthLine by quarter.



***Goal: Deliver an efficient, accountable health system***

**Financial Summary**

The following financial indicators highlight both the most positive, and most troublesome, aspects of the health region’s financial statements. The health region began to forecast a year end deficit early in the 2008. Throughout 2008-09 the health region predicted that it would not balance its budget due to high use of overtime, sick leaves and high WCB claims. Additional pressure occurred with the full SUN contract was not funded. At the end of 2008-09 the health region recorded a deficit of \$1,637,637. While no deficit is acceptable, the region was within less than one percent of achieving its goal, or 1.0% over budget.

The health region is confident that it has sufficient monitoring measures in place to know that the managers did everything within their control to keep costs down. Managers are responsible for the submission of monthly variance reports to monitor compliance with budget. Small surpluses and tight budgets offer little room to adjust when anomalies occur.

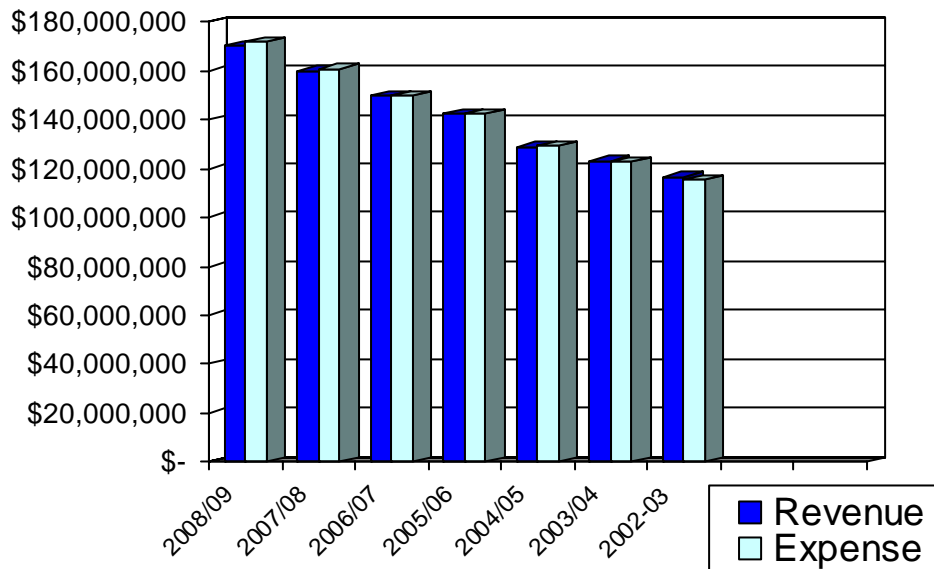
Negative working capital remains a concern and is reflective of the inherited deficits accumulated prior to health region formation. The health region functions each year with capital funding insufficient for the emergency capital needs of the health region, which adds to the problem.

	2008/09	2007/2008	2006/2007	2005/2006	2004/2005
<b>Surplus (deficit)</b>	<b>(\$1,637,637)</b>	<b>(\$752,820)</b>	\$90,050	\$141,102	<b>(\$414,715)</b>
<b>Surplus (deficit) as a percentage of actual operating expenditures</b>	-1.0%	-0.50%	0.10%	0.10%	-0.30%
<b>Number of days able to operate with working capital</b>	<b>(63.31)</b>	<b>(62.32)</b>	<b>(91.97)</b>	<b>(62.41)</b>	<b>(68.06)</b>
<b>Expenditures in program support funding pool as a percentage of total RHA operating expenditures</b>	4.20%	4.70%	4.60%	4.20%	4.30%

A deficit was forecast throughout 2008-09 due to:

- Overtime
- Sick Leaves
- WCB claims
- Unrealized overtime savings when nurse recruitment stalled due to threatened job action
- Underfunded elements of the SUN contract
- Year end deficit - \$1,637,637
- One percent of overall budget (1%)
- Expenditures on program support, as a percentage of overall health region expenditures in Sunrise Health Region are 4.2%, below the provincial target of 5%, and well below the provincial average of 5.9%

## Year End Financial Comparisons



## **Business Continuity Plans**

Sunrise Health Region has plans in various stages of development for continuance of health services in the event of a major disaster, emergency or service interruption.

In 2008-09, Sunrise Health Region created a new position, Emergency Preparedness Officer, to renew and expand on previous emergency and pandemic plans.

In 2008-09, there was considerable work on the Pandemic Preparedness Plan, however this work continues and should result in a major revision in 2009. In 2008-09, the health region evaluated and further refined the Illness Outbreak Response and Communication Plan which guides staff when significant illness outbreaks are declared by the Medical Health Officer.

The provincial government passed *The Public Services Essential Service Act* on May 14, 2008. Sunrise Health Region prepared essential services plans as directed by the legislation. The Essential Services Plans are now in place to ensure the public is protected from danger to life, health and safety during periods of job action.

In 2008-09 Sunrise Health Region approved an Information Technology Business Contingency Plan.

### ***Goal: Enhance a culture of public confidence***

Sunrise Health Region engages a variety of means to maintain the confidence of the public and improve public and staff understanding of the health system. This includes face-to-face meetings with stakeholder groups, Community Advisory Committees, attending municipal meetings upon invitation, participation in many multi-disciplinary health and community planning sessions. The health region also uses on-going communications activities and vehicles to inform and connect with our employees and members of the public. In 2008, this included:

- 30 News Releases and over 56 interviews resulting in 416 newspaper articles
- 26 Public Service Announcements PSAs
- 39 Illness Outbreak Alerts (internal communications)
- 10 Board Briefs - a summary of each board meeting
- 12 staff newsletters "The Connection"
- Major Event Announcements including Philippine Nurse Recruitment, Preeceville Construction Project, Energy Awareness and Window Replacement Project, Mammography Ribbon Cutting, Surgical and Safety Equipment Announcement, Dr. Marla Shapiro Presentation
- Maintenance of a public and a staff website. Overall activity on the website increased in 2008. The website had 54,963 visitors in 2008 by comparison in 2007 there were 38,799 visitors. In 2008 the average number of visitors each month was 4,580 which is up from the previous record of 3,233 set in 2007. The highest number of visitors was recorded in August 2008 with 5,622 visitors. The previous record was 4,044 in October 2007 Website address: [www.sunrisehealthregion.sk.ca](http://www.sunrisehealthregion.sk.ca)

## **Major Events**

In addition to on-going communications activities, there were several significant events communicated to the public 2008.

### **Philippine Nurse Recruitment**

In 2008-09 many activities were designed to involve the staff and community in welcoming the Philippine nurses into the community and workplace. Some of the activities included news releases, *Connections* articles, television, newspaper and radio interviews, a Welcome Committee, extensive volunteer participation, community and health region welcome breakfasts and community tours.

### **Preeceville Construction Project**

On-going communication efforts strove to properly engage and inform staff and community with Preeceville & District Health Centre construction updates including new releases, articles in the *Connection*, helping to inform the public of tours, and producing three community newsletters with the newsletters posed on the Sunrise Health Region website and 500 copies of each distributed in the community.

### **Energy Awareness & Window Replacement Project – Yorkton**

The Energy Renewal Project updating the heating, cooling, ventilation, and lighting in the Yorkton Regional Health Center, Mental Health, Regional Laundry, Yorkton and District Nursing Home and Public Health Buildings was announced October 2007 and communications continued throughout 2008-09. There were two major communications goals: 1) increase staff knowledge of the project and support for energy conservation and 2) inform staff and public of temporary relocation of services during replacement of the windows in the patient areas of Yorkton Regional Health Centre.

### **Mammography Ribbon Cutting**

The new digital mammography unit was unveiled at an event held on April 18, 2009. The Minister of Health, Deputy Premier and local MLA were in attendance. In addition to the formal ribbon cutting event, there were news releases, *Connection* articles, and interviews.

### **West Nile Virus, Service Interruptions, Illness Outbreaks**

Sunrise Health Region informs the public and staff of service interruption or illness outbreaks. The record number of West Nile Virus cases in 2007 prompted the health Region in conjunction with the Medical Health Officer and local media to place a high priority on alerting the public to precautions for 2008. However, there were few cases of West Nile in 2008, attributed to weather conditions being less favorable for development of the *Culex tarsalis* mosquito.

### **Dr. Marla Shapiro Presentations**

Employees and members of the community were alerted of an opportunity arranged by Sunrise Health Region to learn about current health issues from Dr. Marla Shapiro on October 23, 2008. Dr. Shapiro is a national speaker, CTV medical expert and host of the health magazine television show “Balance”.

### **Integrated Stroke Strategy Announcement**

This event took place in December 17, 2008, with the Minister of Health and the CEO/President of the Saskatchewan Health and Stroke Foundation in attendance. Through media advisories, news releases, interviews, and Connections article the health region advised staff and public of this major project. Raising public awareness of the benefits to the public of the integrated stroke strategy will continue to be a priority in 2009-10.

### **Asset Building and the Positive Ticketing Project**

Asset building is the process of identifying and building on strengths (assets) already in existence. In 2008-09, the health region created a dedicated position through the department of Public Health, Mental Health and Addictions to focus on building community capacity. In 2008, the Sunrise Regional Health Authority endorsed use of the 40 Developmental Assets®, throughout the year informed the public, and worked with various community organizations to ensure an environment where all young people thrive; one such group is the Yorkton Alliance of Asset Champions. The 40 Developmental Assets® are a framework of critical factors needed to maximize health growth and development of young people. Examples of youth asset-building initiatives promoted to the public in 2008 are the “Positive Ticketing” campaign, the drop-in music program in Yorkton, and the newly formed youth counsels in Ituna, Melville, Langenburg, and Foam Lake.

Sunrise Health Region promoted to the public the “Positive Ticketing” partnership with the Yorkton Alliance of Asset Champions and the RCMP. This project seeks to reward and reinforce positive behaviours. Police officers “catch” youth engaged in positive, healthy behaviors and “ticket” them with free passes to various activities in the city.

To find out more about Sunrise Health Region and the 40 Developmental Assets visit the “Connect to Healthy Choices/Community Assets” section of the Sunrise Health Region website [www.sunrisehealthregion.sk.ca](http://www.sunrisehealthregion.sk.ca).

# **Supporting Documents Available**

The following documents are available from the Sunrise Health Region at [www.sunrisehealthregion.sk.ca](http://www.sunrisehealthregion.sk.ca), or by calling (306) 786-0110.

- Strategic Plan and Key Initiatives
- Health Status Report
- Health and Healthcare in our Communities: Needs Assessment Executive Summary
- Information Management Plan
- Physician Resource Plan
- Workforce Planning & Reporting

## **Payee Disclosure List**

As part of government's commitment to accountability and transparency, the Department of Health and Regional Health Authorities disclose payments of \$50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures and the list can be found at the end of this Annual Report.

# **Future Outlook and Emerging Issues**

The Minister of Health appointed 12 members to the Sunrise Regional Health Authority in February 2009 including seven new members. In the fall of 2009, the Sunrise Regional Health Authority will re-visit the strategic direction for the organization.

In 2008-09, the Ministry of Health embarked on a comprehensive consultation process with public and health sector employees called the “Patient First Review”. In 2008-09, the Ministry of Health also began a major review of Provincial guidance to health regions and the accountability expectations for health regions. It is expected that these reviews will result in changes that could alter the focus of Sunrise Health Region operations.

Space for programming is a serious issue for Sunrise Health Region. Increases in service volumes have occurred in recent years. New equipment and larger replacement equipment have added to the need for space and to workplace pressures. The Yorkton Region Health Centre is literally “bursting at the seams” with every corner utilized. Many storage space and meeting rooms have been lost, increasing the need to rent space off-site. New services and programs add to the value of health services but force the health region to find space to accommodate the associated personnel and program needs. In 2009-10, Sunrise Health Region is planning for at least three new services not previously housed by the health region.

The integrated stroke strategy pilot project will require a stroke clinic and rooms and equipment for in-patient and out-patient therapy. Stroke prevention and care will be coordinated through the entire spectrum of health services and the lessons learned will be shared and will ultimately benefit stroke patients throughout Saskatchewan.

The Women’s Wellness Centre opening in June 2009 is a new regional service available to women and female teens. The Centre will be housed in Yorkton and will need space to accommodate physicians, nurse practitioners, reception, patient conference and examination rooms, and space for the visiting services.

A new provincial program will begin this year to provide services related to Autism Spectrum Disorders. This program will add staff members and program space pressures but will also be a service welcomed by many residents in Sunrise Health Region.

A quality assurance issue arose in May of 2009, when the College of Physician and Surgeons of Saskatchewan alerted Sunrise Health Region to a concern about the quality of work of a licensed radiologist working who has worked in the health region since 2004. Under provincial direction, the health region began a thorough re-read of all 69,631 x-ray, CT, mammography and ultrasound exams previously read by the radiologist. This is the largest quality assurance review and public disclosure ever undertaken in Saskatchewan. The personnel and effort needed is unprecedented. This project will greatly affect the health region in 2009-10. The health region will work with the Ministry of Health and the College of Physicians and Surgeons of Saskatchewan to strengthen future quality assurance measures in Saskatchewan.

# Governance and Transparency

The affairs of the region are guided by a 12-person governance body called the Regional Health Authority, the members of which are appointed by the Government of Saskatchewan.

As authorized by the *Regional Health Authorities Act*, the Minister of Health appoints 12 members to each of the regional health authorities in the Province and names a chairperson and vice chairperson. Sunrise Health Region is governed by the “Sunrise Regional Health Authority” which is the formal title. This governance body is also often referred to as the “Board” or the “board members”. Members were asked to reapply in 2008-09 and new appointments were announced in February 2009. The Sunrise Regional Health Authority members from April 1, 2008 to February 2009 were:

**Ivan Peterson**, Chairperson, of Hazel Dell; served from April 2002 to February 2009

**Greg Kobylka** Vice Chairperson, of Yorkton; served from November 2004 to present

**Irene Adams** of Langenburg; served from April 2002 to February 2009

**Lawrence Chomos** of Esterhazy; served from March 2007 to present

**Patricia Hack** of Foam Lake; served from March 2007 to present

**Janet Hill** of Yorkton; served from April 2002 to present

**Audrey Horkoff** of Kamsack; served from April 2002 to February 2009

**Karen Keshane** of Key First Nation; served from April 2002 to February 2009

**Jennie Ortynsky** of Canora; served from April 2002 to February 2009

**Dennis Popowich** of Yorkton; served from March 2007 to February 2009

**Grant See of Preeceville** of Preeceville; served from May 2006 to February 2009

**Dr. Walter Streelasky** of Melville; served from May 2006 to present

In February 2009, Minister McMorris announced appointments to Sunrise Regional Health Authority extending to January 27, 2012.

Greg Kobylka, previously the Board Vice-Chairperson for Sunrise Health Region, has accepted re-appointment as Board Chairperson. John Nightingale served on the Sunrise Regional Health Authority from 2002 to 2006 and now returns in the role of Vice Chairperson. Also returning are Janet Hill, Walter Streelasky, Lawrence Chomos, and Patricia Hack. New to the Sunrise Regional Health Authority are Ralph Ager, Doris Kopelchuk, Isabel O’Soup, Dave Schappert, Jo-Anne Seib and Lawrence Wegner.

The board members took part in provincial board orientation sessions in Saskatoon on March 2 and March 3, 2009. This orientation session focused on the role of governance and provincial structure, linkages, direction and accountability.

A day-long orientation specific to Sunrise Health Region was held in Yorkton on March 17, 2009. The board viewed a PowerPoint presentation by CEO Joe Kirwan with general orientation to the health region population and showing the facilities and services. Each of the Executive Leadership Team presented information about the structure and activities of their portfolio. In addition, the Board has received massive amounts of reading material to familiarize themselves with Sunrise Health Region structure, staff and services.

## **Sunrise Regional Health Authority (known as the Board):**

### **Ralph Ager**

Ralph Ager of Preeceville has been a business owner for 17 1/2 years. He received his Agricultural Engineering from the University of Saskatchewan in 1985. During this time Mr. Ager was an Alderman in the Town of Preeceville. He also participated in minor hockey and baseball as a coach and association president. Mr. Ager is currently a Lions Club member in Preeceville. He has been married to Lynn for 27 years and has three children, a son-in-law and a grandson. Mr. Ager is new to the Sunrise Regional Health Authority

### **Lawrence Chomos**

Lawrence Chomos of Esterhazy has served as a board member of the Sunrise Regional Health Authority, North Valley Health District and Chair of St. Anthony's Hospital Board. His career includes positions in school division senior administration in Alberta and Saskatchewan and Regional Director of Education in Saskatoon. Currently he is a consultant with the Saskatchewan Education Leadership Unit at the University of Saskatchewan. Mr. Chomos is a returning member of the Sunrise Regional Health Authority originally appointed March 2007.

### **Patricia Hack**

Patricia Hack of Foam Lake was a senior English teacher in Foam Lake Composite High School, a principal in Elfros School, and a teacher at Foam Lake Elementary School during her career in education. She retired in June 2007. She represented teachers as an STF counselor, president of the Shamrock Teachers' Association and chair of the Shamrock Administrators' Group. Her past community involvement includes but is not limited to the Foam Lake School of Dance, Foam Lake Swimming Pool, the Foam Lake Community Hall Committee, chairperson of the Foam Lake Health Advocacy Board and the Foam Lake Health Advisory Committee. Mrs. Hack is a director with the Breast Friends, a group of women from Foam Lake that author and publish cookbooks to raise funds for the fight against breast cancer and other cancer causes. Mrs. Hack returns to the Sunrise Regional Health Authority having served since March 2007.

### **Janet Hill**

Janet Hill of Yorkton is recently retired from the business community. Mrs. Hill is on the board of the Yorkton Short Film and Video Festival and is a former representative on the Health Foundation of East Central Saskatchewan. A former board member of the East Central Health District, she also served for two and a half terms as City Councilor for Yorkton, was a founding member of the Assiniboine Watershed Protection Committee and is actively involved as a volunteer in the community. Mrs. Hill is returned to the Sunrise Regional Health Authority and has served continuously since July 2002.

### **Greg Kobyłka**

Greg Kobyłka of Yorkton is the Sales and Retail Development Coordinator and Trainer with Saskatchewan Lotteries. In addition to attending the University of Saskatchewan, he has previously served as a volunteer with the Yorkton Volunteer Fire Protection Services and most recently served as Vice-Chairperson on the Sunrise Regional Health Authority. Mr. Kobyłka is returns as Chairperson of the Sunrise Regional Health Authority and has served continuously since November 2004.

### **Doris Kopelchuk**

Doris Kopelchuk of Canora, is a graduate of St. Paul's Hospital School of Nursing, Saskatoon. She worked as a Registered Nurse for over 38 years, most of which were spent in the Operating Room and Emergency departments. She is a life-long member of St. Andrew's United Church, Canora, Sk., and has worked with youth, choirs and music as well as United Church Women. She served on the provincial executive of the then Canadian Figure Skating Association, Saskatchewan Section. She serves on the Canora in Bloom and Winter Lights Festival committees for the Town of Canora. Ms. Kopelchuk is an active member of Beta Sigma Phi. Mrs. Kopelchuk is new to the Sunrise Regional Health Authority.

**John Nightingale**

John Nightingale is a retired mining executive, a returning board member of the Sunrise Health Region, and a former Mayor of Esterhazy. Mr. Nightingale's community involvement includes University of Saskatchewan Board of Governors, St. Joseph's Hospital board member, Elliot Lake Retirement Living board member and past president of the Saskatchewan Chamber of Commerce. He is also the past president of the Saskatchewan Mining Association. Mr. Nightingale is returning to the Sunrise Regional Health Authority after a break in service of two years. John served from July 2002 until June 2006 and was recently re-appointed as Vice Chairperson, effective February 2009.

**Isabel O'Soup**

Isabel O'Soup of Norquay is a board member with the Saskatchewan Indian Gaming Authority and former elected Chief of the Key First Nation. She was President of Women on the Move and a member of the board for the First Nations University of Canada and the Saulteaux Healing and Wellness Centre. Isabel is the Chairperson of the Audit and Finance Committee with Saskatchewan Indian Gaming Authority. Ms. O'Soup is new to the Sunrise Regional Health Authority.

**Dave Schappert**

Dave Schappert is a businessman since 1967 and Mayor of Langenburg since 1991. Mr. Schappert is currently a Langenburg Activity Center board member and a Session Elder for Knox Presbyterian church in Yorkton. He is also on the Board of Managers and the District of Assiniboia Presbytery representative. Mr. Schappert has served on local, provincial and national health boards including Langenburg Union Hospital, the Saskatchewan Health Care Association (now SAHO) and the Canadian Hospital Association. Mr. Schappert was the chair of the National Long-term Care Committee of C.H.A. for two years. In February 2009, Mr. Schappert was appointed to his first term on the Sunrise Regional Health Authority.

**Jo-Anne Seib**

Jo-Anne Seib of Yorkton is currently working as a youth worker at Orcadia Youth Residence. She has been a member of Ducks Unlimited and is involved in her church executive as treasurer and board member. Ms. Seib is new to the Sunrise Regional Health Authority.

**Walter Streelasky**

Dr. Walter Streelasky is the current Mayor of the City of Melville and has served as President of the Horizon Credit Union for the past 16 years. He is Chairperson of the Melville and District Physician Recruitment and Retention Committee and serves on the Board of the Sunrise Regional Health Authority. He was Chairperson of the Melville 2008 Centennial Celebrations Committee. Dr. Streelasky is a Faculty Advisor for both the University of Regina and Brandon University. Dr. Streelasky is returning to the Sunrise Regional Health Authority and has served continuously since May 2006.

**Lawrence Wegner**

Lawrence Wegner of York Lake has been a successful small business owner since 1991 and is currently on the executive of the Yorkton Chamber of Commerce and Chairman of the Public Policy Committee. Earlier, he held the title of Councilor with Yorkton City Council. Mr. Wegner also has board experience with Yorkton Union Hospital, Yorkton Nursing Home, the Health District Steering Committee and the Yorkton Agriplex Management Board. Although not new to health care boards, this will be the first time Mr. Wegner will serve on the Sunrise Regional Health Authority.

### **Public Transparency**

The dates, times and locations of all public RHA meetings are listed on the health region's web site and are published in local newspapers. Members of the public and area journalists are welcome to attend and observe the meetings. They can also contact the region and request to be included on the meeting agenda and make presentations to the RHA.

The RHA posts meeting minutes, once approved, on the web site. The minutes are public documents, as are the strategic plan and this annual report. Hard copies of the above can be obtained at the region's administrative office in Yorkton. Subsequent to all RHA meetings the Region distributes, to staff and to all local media outlets, a newsletter summarizing the meeting's highlights. The targeted timeframe for distribution of the *BoardBrief* is 48 hours after each meeting's completion.

### **Community Health Advisory Committees**

Six geographically based Community Health Advisory Committees (CHACs) have been established for the purpose providing the Sunrise Regional Health Authority with advice respecting the provision of health services. CHACs provide advice to the RHA in the areas of program and service development and delivery, health issues, needs and priorities, access to health services, and promotion of health. CHAC members are appointed by the Regional Health Authority. Prospective members may be recommended by the CHAC or other community groups or individuals, and are expected to complete a declaration of interest.

#### CHAC Committees:

Esterhazy/Langenburg & Area  
Foam Lake/Theodore & area  
Melville/Ituna and Area  
Yorkton & Area  
Kamsack/Canora/Invermay & Area  
Preeceville/Sturgis/Norquay & Area

In 2008-09, Committee meetings were held April, June, October and a joint meeting was held in December.

#### Major topics covered over the year:

April – community services portfolio  
June – Corporate services portfolio  
October – CTAS  
December – Patient First Review

In addition to the Community Health Advisory Committees, the health region also has public/external participants on the Regional Palliative Care Committee, Home Care Quality Improvement Committee, and Mental Health Review Panel Committee. There are also public/external participants on several of the health region's accreditation teams and emergency planning committees.



# Management Report

May 31, 2009


Sunrise Health Region  
Report of Management

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

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

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

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Regional Health Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by management.



Joe Kirwan  
Chief Executive Officer



Lorelei Stusek  
Vice President of Corporate Services

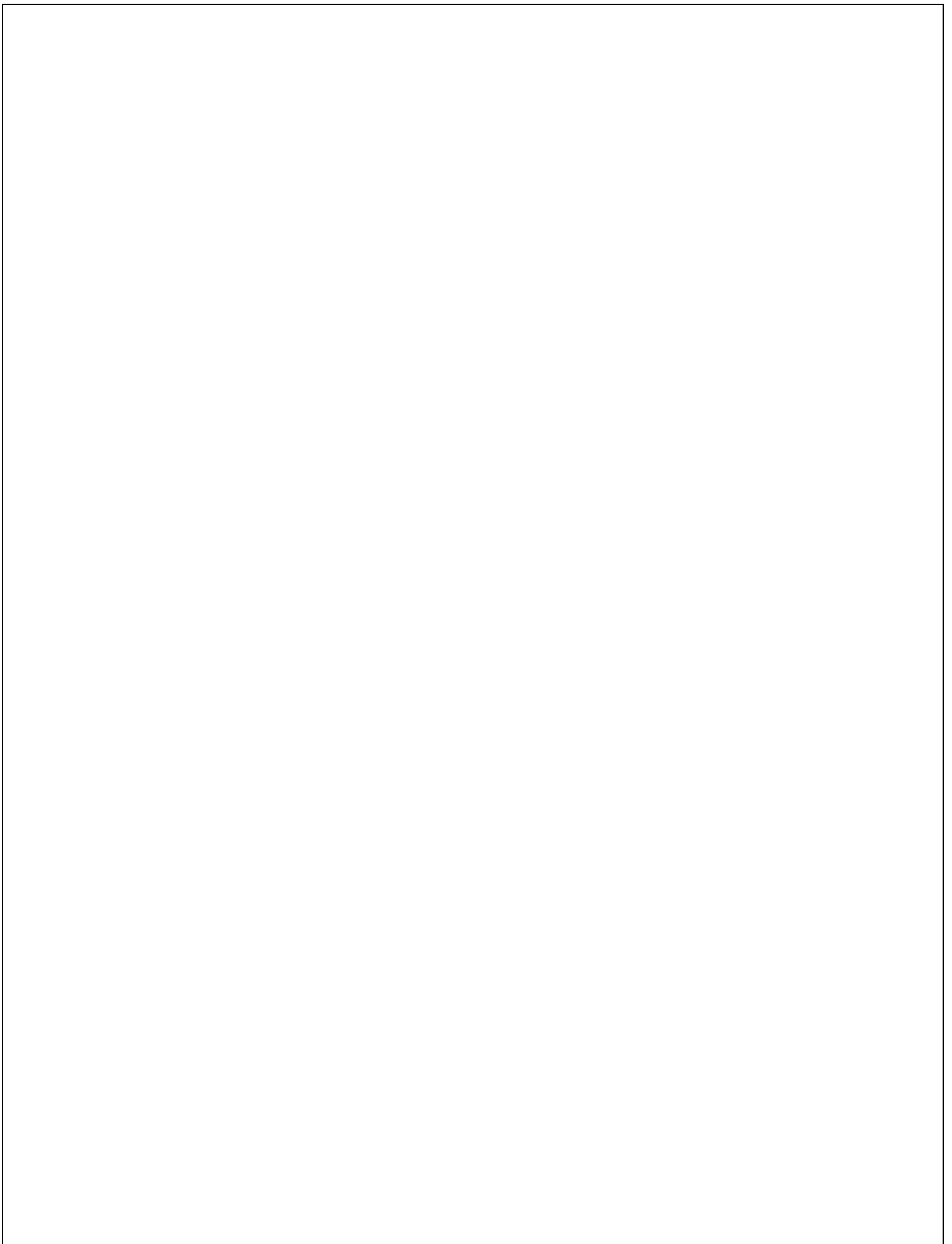




**SUNRISE  
REGIONAL HEALTH AUTHORITY**

**2008-2009**

**ANNUAL REPORT**



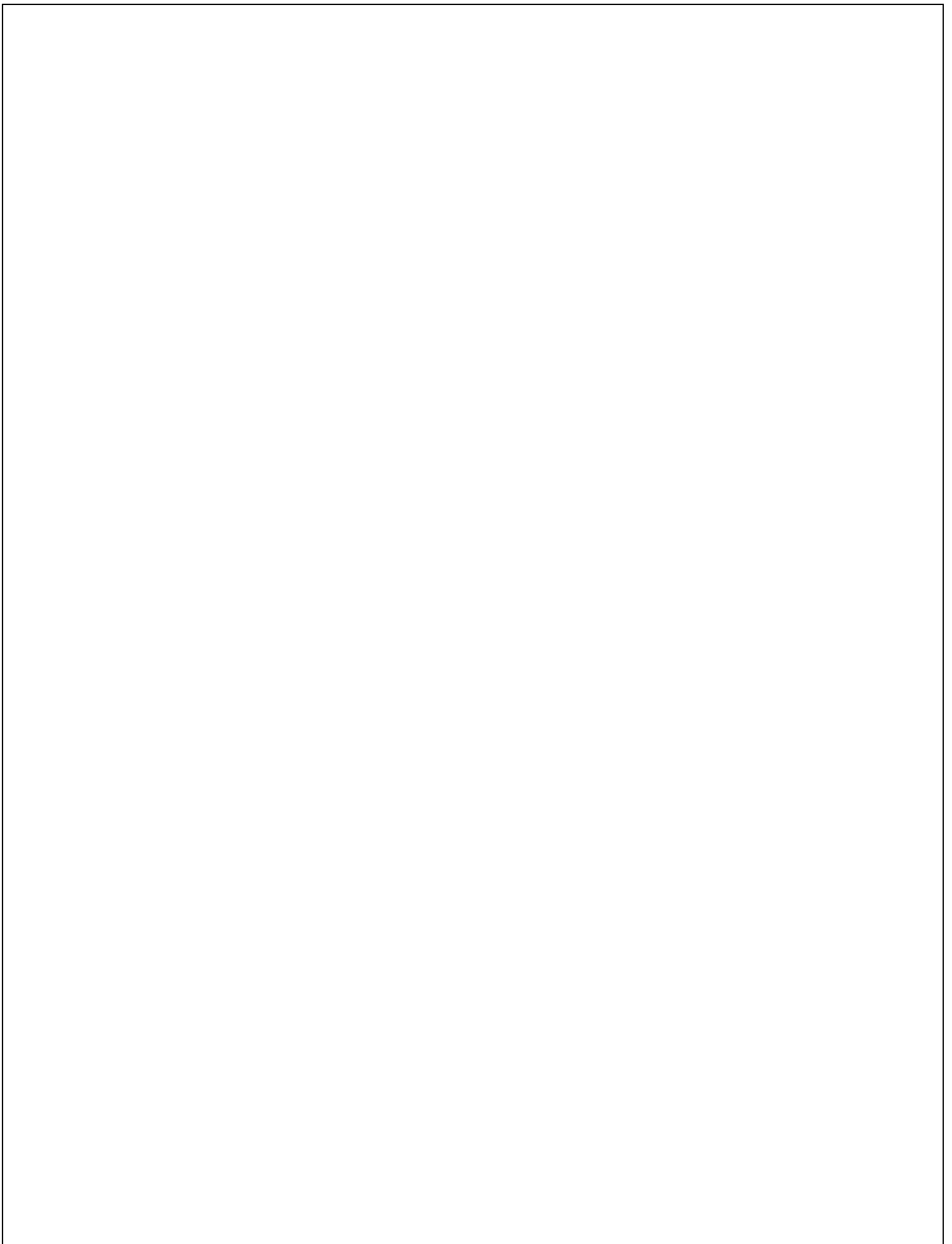
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To view a copy of this report on-line, visit the Sunrise Health Region website at [www.sunrisehealthregion.sk.ca](http://www.sunrisehealthregion.sk.ca). Click on 'Reports & Studies' side menu on the left of the home page.

Hard copies of the Annual Report are available at Sunrise Health Region's Executive Office:  
Park Unit (Yorkton Regional Health Centre campus)  
270 Bradbrooke Drive  
Yorkton, Saskatchewan S3N 2K6

or by calling (306) 786-0110.



# **Letter of Transmittal**

June 22, 2009

The Honourable Don McMorris  
Minister of Health  
Province of Saskatchewan

Dear Mr. McMorris:

The Sunrise Regional Health Authority is pleased to provide you and the residents of the health region with its 2008-2009 Annual Report.

The report provides the audited financial statements of the region for the year ended March 31, 2009. The report also outlines the region's activities and accomplishments for the period.

Respectfully submitted,



Greg Kobyłka, Chairperson  
Sunrise Regional Health Authority

# Who We Are

Sunrise Health Region is one of thirteen health regions in the Province of Saskatchewan, Canada guided by specific directions in the Accountability Document for the prudent and ethical use of public funds. The mission of the Sunrise Health Region is *to improve the health and well-being of individuals and communities through leadership, collaboration and the provision of high quality health services.*

In support of this mission, our board, management, staff, volunteers and physicians will strive to abide by the following values:

We will promote a **positive work environment** that is safe and secure, stimulating, challenging and enjoyable.

We will serve in a **caring, concerned and compassionate** manner.

We will provide the **highest possible quality** in all aspects of care and service delivery.

We will base our decisions on the **best available evidence.**

We will treat people with **dignity, respect and trust.**

We will communicate **openly and honestly.**

We will acknowledge the **rights and responsibilities** of individuals, both in receiving and delivery of care or service.

We will fulfill our mission by pursuing **teamwork, partnership and collaboration.**

We will be **accountable** for our actions to the people we serve and to each other.

We will be **responsive** to the culturally-diverse needs of the people we serve.

The mission and values of the health region are devoted to achieving our long-term vision: *Working together ... for healthy people in healthy communities.*

The Sunrise Board provides staff with direction in the form of board approved strategic goals:

*Goal #1 – Embrace a client first culture*

*Goal #2 – Strengthen recruitment and retention efforts*

*Goal #3 – Promote effective wellness promotion and prevention*

*Goal #4 – Deliver an efficient, accountable health system*

*Goal #5 – Enhance a culture of public confidence*

Staff members throughout the health region participated to support the five strategic goals with the addition of objectives, key initiatives and performance measures. The Board received monitoring reports throughout the year to track progress. The Strategic Plan guided development of annual operational plans for various departments and programs.

In 2008-09, the **Sunrise Regional Health Authority** (RHA) provided health services to the residents of 49 cities, towns and villages, 28 rural municipalities, and three First Nations in east central Saskatchewan – approximately 57,065 Saskatchewan residents in total.

Approximately 2,834 staff members in the region provide and support health care through community-based services and within our 23 facilities. The region’s head offices are located in the city of Yorkton, which is the largest and the most central community in the region and is the location of the regional health centre.

Services were provided throughout the health region population and include a comprehensive range of health prevention/promotion, acute, supportive and rehabilitative services, provided in institutions, communities and people’s homes. Below is a sampling of service volumes provided in 2008-09 in Sunrise Health Region:

- Provided 68,075 hours of home care nursing service
- Provided 177,162 hours of home care support/personal care and Meals on Wheels
- 30,029 outpatient physio/occup therapy visits; 12,430 inpatient therapy visits
- Each day cleaned and maintained 97,192 sq meters of health care facilities
- Washed, dried and folded over 3.5 millions pounds of laundry
- Performed 3,951 day surgeries
- 65,425 Emergency Room visits
- 45,576 X-ray exams and 2,236 Mammography exams
- Attended 3853 Emergency Response Calls
- 12,139 Mental Health visits, excluding Psychiatry and Addictions
- Brought 681 newborns into the world

**Sample Volumes and Costs 08-09**

<b>Service</b>	<b>07-08 Volumes</b>	<b>Cost per service</b>	<b>Total annual cost</b>
Laboratory Tests	1,167,755	\$5.09	\$5,943,872.
Hemodialysis Patients	336	\$5,688.80	\$1,911,054.
Emergency Room Visit (YRHC only)	26,318	\$129.81	\$3,416,339.
CT Scans	6,091	\$149.76	\$912,188.

Partnerships with the following health care organizations greatly assist Sunrise Health Region in addressing its goals:

### **KidsFirst**

KidsFirst is an early childhood development program, intended to provide vulnerable children with the best possible start in life, and to encourage nurturing and supportive well-functioning families and communities. KidsFirst provides home visiting services, early learning and child care spaces, mental health and addiction counseling, and other supports to families in need. Sunrise Health Region is the accountable partner and provides KidsFirst with financial, payroll and information technology services for a fee.

### **Society for the Involvement of Good Neighbours (SIGN)**

SIGN is a private non-profit corporation located in Yorkton in partnership with local agencies and organizations to develop and deliver needed services to area residents. Sunrise Health Region contracts with SIGN for services, with an annual service agreement that sets out the budget and terms and conditions of the services provided. In 2007-08, Sunrise Health Region integrated alcohol and drug services relocated to the SIGN building.

### **Emergency Medical Services**

Sunrise Health Region provides emergency medical services, ambulance services, and first responder services to communities in the health region by a combination of contract ambulance services and region-owned services. The ambulance services in the region are:

Privately contracted:

*Canora Ambulance Care*

*Crestvue Ambulance Services (Yorkton and area)*

*Duck Mountain Ambulance Care (Kamsack, Norquay and area)*

*Preeceville Ambulance Service*

*Shamrock Ambulance Service (Foam Lake and area)*

RHA owned and operated:

*Esterhazy Emergency Medical Service*

*Ituna Emergency Medical Service*

*Langenburg Emergency Medical Service*

*Melville Emergency Medical Service*

### **Affiliated Health Care Organizations: St. Paul Lutheran Home, Melville; St. Peter's Hospital, Melville; St. Anthony's Hospital, Esterhazy**

Affiliated with Sunrise Regional Health Authority are three faith-based facilities. St. Paul Lutheran Home is a 144-bed long-term care facility; St. Anthony's is a 22-bed hospital; and St. Peter's is a 30-bed hospital. (St. Paul and St. Peter's are located together with the Saul Cohen Centre and community-based services in Melville, as part of the Melville District Health Centre). *The Regional Health Services Act* defines the financial and operational relationship of health regions and affiliates. Governed by its own Board of Directors, each affiliate appoints a facility administrator to oversee the facility's staff and management team. The three affiliates and Sunrise Health Region have a very close, and almost completely integrated, management team. The affiliates have chosen a relationship whereby they follow all policies and procedures of the region (that do not infringe upon the faith-based mandates

of the organizations); human resource, finance and operational support services are fully integrated. The Sunrise Health Region and its affiliate partners produce a consolidated financial statement each year.

One of Sunrise Health Region's major accomplishments is the highly cooperative, successful, and proactive relationship with the affiliated health care organizations.

**In providing the services, Sunrise faces a number of risks each year that it attempts to mitigate through a variety of means. In 2008-09 the risks, and their mitigations, include:**

**Public Safety** – Public safety during periods of job action is a concern. On May 14, 2008, the provincial government passed the *Public Services Essential Service Act*. In September, CEO Joe Kirwan met with the Melville City Council to explain obstetrical services discontinued by the health region due to low volume and related patient safety concerns.

**Staff safety** – Risk to employees who work alone was the motivation for Sunrise Health Region to become the first health region in the province to utilize a new system of communications with its home care workers. The Home Care scheduling department now receives an alert if a home care worker fails to call in at pre-determined intervals.

**Recruiting and retaining sufficient health care workers** – this continues to be one of the health region's most significant risks.

Physicians – Recruiting physicians remained a major challenge and expense in 2008-09. The community of Kamsack experienced numerous emergency room service interruptions due to insufficient physician supply. There is also a significant shortage of physicians in Yorkton making it difficult for people new to the area to find a family physician. In September 2008, Sunrise Health Region hired a full-time physician recruitment and retention position. This employee will concentrate on physician recruitment and work to eliminate duplication of recruitment efforts. The Ministry of Health is working with the health regions to define what provincial initiatives may be of assistance in recruitment and retention efforts. The health region was pleased to announce the August 1, 2008, arrival of a pediatrician, ending a two-year recruitment search. The health region recruited a new psychiatrist out of Ireland following a yearlong recruitment effort. On March 12, 2009, the Sunrise Health Region welcomed a new physician in Canora to the Department of Family Medicine.

Nurses – During a February 28 to March 8, 2008 recruitment trip to the Philippines 61 nurses accepted offers of employment with Sunrise Health Region. By March 31, 2009, 47 of the nurses had arrived. Ten of the nurses were in orientation classes and 37 were working in facilities in Yorkton, Preeceville, Melville, Esterhazy, Foam Lake, Kamsack, Langenburg, Saltcoats, Norquay, Invermay, Canora, and Preeceville. In 2008, the region also recruited two additional nurses from the Philippines through our usual recruitment methods and an further 24 nurses from inside and outside of Canada.

Emerging human resource risks - Sufficient supply of management personnel is a growing concern and out-of-scope managers were added to the hard-to-recruit lists in 2008. Span of

control and span of supervision are concerns affecting the key risk areas of performance appraisals, supervision and communication. It is also difficult to replace public health nurses, nurse practitioners, cooks, and part-time and relief home care workers. Efforts to enhance recruitment and retention in 2008-09 include GED preparation training for thirty-three staff, a journeyman cook program, and consultations with Kawacatoose and Cowessess First Nations for LPN student practicum.

It is sometimes necessary to reduce services when insufficient staffing is in place. The audiology/hearing aide program temporarily reduced service to four days a month for one year. This was necessary to accommodate an audiologist and technician leave of absence and inability to hire replacement staff.

**Infrastructure & space pressures** - Aging health facilities in Sunrise Health Region and space pressures continue to be a risk. Sunrise Health Region's infrastructure need is well documented in the recent VFA Canada Corporation report on facilities asset management. The VFA report defines the cost of infrastructure upkeep and identified Sunrise Health Region as having seven percent of the total health infrastructure funding need in the province behind only Saskatoon RHA and Regina Qu'Appelle RHA.

The Energy Renewal Project started in 2008-09 and will continue to upgrade the ventilation, heating and cooling systems, lighting, and central monitoring and control automation systems in the Yorkton facilities at a cost of \$6,148,000. SaskPower signed an energy performance contract guaranteeing fixed costs of upgrades, covered by guaranteed annual energy cost savings of \$473,000. Savings retained by the Sunrise Health Region will pay down the loan. Window replacement in the patient areas of the Yorkton Regional Health Centre are part of this project. This required tremendous cooperation and coordination. The staff and management are to be commended for accommodating the renovations with little disruption to services. In the past year, ambulatory care in Yorkton Regional Health Centre transferred to the third floor to improve the flow of services for patients.

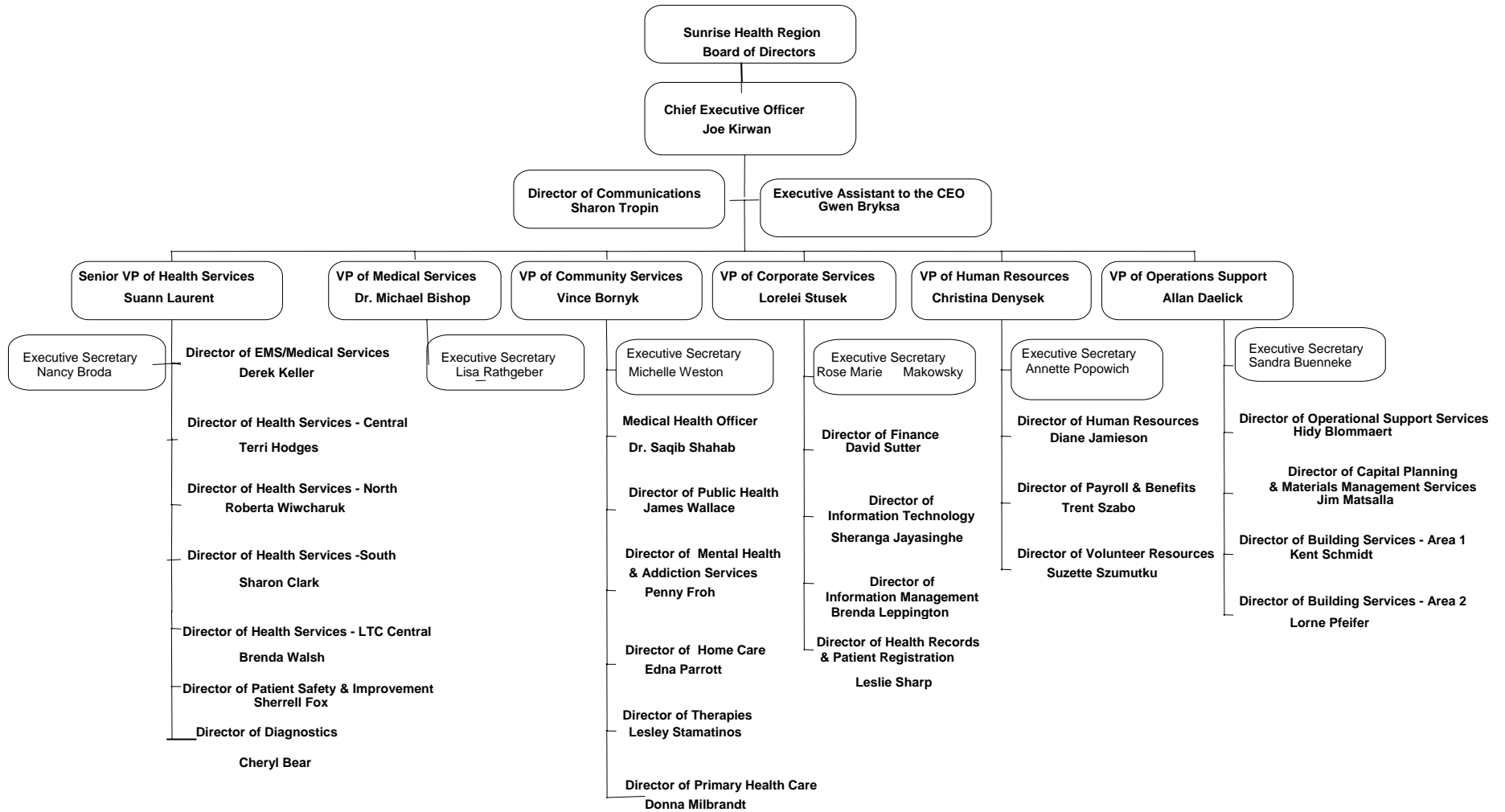
The Board passed a motion to amend the Energy Renewal agreement with Saskatchewan Power Corporation to renovate the remaining portion of the Public Health building at a cost of \$275,770 plus GST. The renovation will generate annual savings of \$23,331 and provides program space needed for the new Women's Wellness Centre.

The Province of Saskatchewan is developing a 10-year plan for health care infrastructure. In November 24, 2008, the Province announced eight million dollars for Sunrise Health Region infrastructure repairs and safety upgrades.

In 2008-09 the new long-term care section of the Preeceville and District Health Centre was constructed. Hospital services were temporarily relocated to the new LTC section while renovations were completed in the hospital section. The project will be complete in early summer 2009.

Some of the above projects were delayed due to lack of sufficient tradespersons and difficulty replacing a building services manager.

# SUNRISE HEALTH REGION EXECUTIVE LEVEL ORGANIZATIONAL CHART





# Our Region

## **Demographics and Other Factors**

Sunrise Health Region has a total covered population of 57,065 (2008 Covered Population), an increase of 765 people from 2007. This is the second year of growth in population since the region formed in 2002.

Within the region, the City of Yorkton's population increased by 343 people, for a total population of 17,603. Yorkton is home to nearly 31% of the region's total population.

Other larger communities in the region, and their respective populations, are Melville (4,677); Esterhazy (2,723); Canora (2,489); Kamsack (2,019); Preeceville (1,216); Foam Lake (1,260); and Langenburg (1,206). With the exception of Preeceville which has 5 fewer residents, the populations in all other communities rose above the population recorded in 2007. These seven communities have a total population of 15,590, which is an increase of 460 from the previous year. These communities are home to 27.3% of the region's population.

Throughout the remaining 69 rural municipalities, towns, villages and hamlets live 22,322 people (79 fewer than in 2007) and 1,550 residents live on the Cote, Key, and Keeseekoose First Nations (41 more than in 2007).

A key characteristic of the health region's population is that it is significantly older than the provincial average; its population can be appropriately described as the *oldest* in the province. Of the health region's population 21.7% are over age 65 (provincially, 14.5%), while 11.8% are over the age of 75 (provincially, 7.6%).

Another demographic challenge in Sunrise Health Region is the region's dependency ratio – the ratio of young and older people compared to the working age population. Sunrise is among the highest dependency ratios in Canada, at a rating of 83.4 as compared the national dependency ratio of 59. (Source – Statistics Canada: The ratio of the combined population aged between 0 to 19 years old and the population aged of 65 years and over to the population aged between 20 to 64 years old. This ratio is usually presented as the number of dependents for every 100 people in the working age population.).

The age of the workforce, labour shortages, recruitment, and retention of sufficient qualified workers are concerns not unique to this health region. Forty three percent of the Sunrise Health Region's 2,834 employees are over the age of 50. This number is similar to the demographic make-up of the region with 42% of the population over the age of 50 years.

## Health Status and Outcome Indicators

The health status of the population of Sunrise Health Region is tracked provincially and each year all health regions are instructed by the province to report on the following group of indicators. This is only a sampling as many other indicators are also gathered and monitored by the province and health region.

\*\* Please refer to source documents for details on the indicators, the sources for their calculations and methodology. The source document used by Sunrise Health Region in preparing this report is "Performance Management Accountability Indicators 2007/2008".

### *Infant Mortality*

Sunrise has a low infant mortality rate relative to the provincial average. Factors that influence infant mortality rates include; effectiveness of pre-natal care, maternal education, drug, alcohol and tobacco use of expectant mothers, and diet/nutritional awareness of expectant mothers. Low infant mortality is also closely related to low birth weight rates. Sunrise has among the lowest average rate of low birth weight babies in the province. This data was collected between 2002-04.

	SHR	Sask	Prov Range
<b>Infant Mortality</b> , per 1,000 live births (2002-2004)	4.5	5.9	4.0-10.5

### *Life Expectancy*

Residents of Sunrise Health Region have a life expectancy very close to the provincial average, slightly higher than the provincial average for women and slightly lower for men. Average life expectancy for a population is influenced by socio-economic factors such as education and income levels, for which Sunrise Health Region compares poorly with the province as a whole. Other factors that influence life expectancy include obesity, being overweight, and level of physical activity and the health region compares poorly with the provincial average for these factors. Life expectancy data was collected in 2001.

	SHR	Sask	Prov Range
<b>Life Expectancy</b> (2001)			
At-birth, Male	75.6	76.2	72.1-78.2
At-birth, Female	82.2	81.8	76.1-82.8
At 65, Male	16.6	16.9	15.6-18.0
At 65, Female	20.8	20.9	17.2-21.8

### *Overweight, Obesity and Physical Activity*

Sunrise Health Region has significantly higher rates of overweight people, higher obesity rates and lower rates of physical activity than the provincial average. These factors interact, and are risk factors for many chronic illnesses such as diabetes and heart disease. Because overweight and obesity were measured in the population 20-64 years of age, and physical activity in population ages 12 and over, lower rates in Sunrise may be due to the fact that we have proportionately more people ages 45 and over, and especially ages 65 and over, compared to other parts of the province. This data was collected in 2005.

### *Overweight, Obesity and Physical Activity indicators*

	<b>SHR</b>	<b>Sask</b>	<b>Prov Range</b>
<b>Overweight</b> (BMI 25.0-29.9)	36.12%	32.52%	30.53%-36.12%
<b>Obese</b> (BMI>30.0)	21.89%	20.3%	16.88%-24.19%
	<b>SHR</b>	<b>Sask</b>	<b>Prov Range</b>
<b>Physical Activity</b> (self-reported, age 12+)Active/moderately active	43.42%	48.62%	38.6%-53.35%
Inactive	54.98%	49.52%	44.06%-58.77%

### *Self-reported Health Status*

The percentage of people in Sunrise Health Region (SHR) who report their health as either very good or excellent is significantly below the provincial average, and the lowest of all health regions. Self-reported health status can be influenced by age (Sunrise Health Region has the highest percentage of people over the age of 65, and over the age of 75, in the province) and socio-economic status (Sunrise is below the provincial average for income level and educational attainment). The data for this indicator was collected in 2005.

	<b>SHR</b>	<b>Sask</b>	<b>Prov Range</b>
<b>Self-Reported Health Status</b> Excellent/Very Good Health	39.86%	52.35%	39.86%-57.96%

### *Diabetes Rate*

Diabetes can be influenced by factors for which Sunrise Health Region compares poorly (physical inactivity, high rates of obesity/overweight, age of the population). Diabetes is also of greater prevalence in the First Nations population, which in Sunrise Health Region is about eight per cent of the total population. Data for this indicator was collected in 2004/05 and in 2005/06. Note that the rate has increased between those years both in Sunrise Health Region (SHR) and in the province (Prov Range).

	<b>SHR 05/06</b>	<b>SHR 04/05</b>	<b>Sask</b>	<b>Prov Range 05/06</b>	<b>Prov Range 04/05</b>
<b>Diabetes Rate</b> , per 1,000 population (age/sex adjusted)	60.6	57.6	n/a	44.3-101.7	41.8-95.8



# **2008-2009 Results at a Glance**

The 2008-2009 fiscal year was a successful one for Sunrise Health Region in many respects, with several notable achievements and activities listed below:

## **Acute Services**

- ICU Quality Improvement team initiated
- OBS/Peds Quality Improvement team initiated

## **Emergency Medical Services**

- Funds raised to purchase four cardiac Monitors - \$ 86,485.00
- Received one time funding to purchase lifting equipment. five hydraulic stretchers and five stair chairs purchased. Cost approx. \$ 75,000
- Three ambulances ordered in September 2008 – arrived first week of February 2009
- Public Access Defibrillation Program launched
- Two day Automated External Defibrillator (AED) demonstration held at Parkland Mall on November 21, 22
- Bredenbury and Saltcoats First Responders fundraised and acquired AED units
- Trained six First Responders for Rhein and Ebenezer areas
- College of Paramedics Act enacted September 2008
- Emergency Medical Services (EMS) Stroke Protocol started October 1, 2008

## **Medical Services**

- Pediatrician recruited to Yorkton
- Hired a Medical Services Employment Coordinator to increase physician recruitment
- Nurse Practitioner position funded for YRHC Emergency department

## **Diagnostic Services**

- Pacemaker checks performed on site at Yorkton and District Nursing Home rather than clients being transported to the hospital
- Implementation of International Standardized Creatinine methodology a standardized measurement that reduces inter-laboratory variation to improve detection, diagnosis and treatment of chronic kidney disease
- Reviewed and realigned all service agreements for laboratory and medical imaging departments
- Administrative assistant hired to support Director of Diagnostics and Director of Health Services – North
- Southern Regional Laboratory Forum established to coordinate services in southern Sask.
- Digital mammography grand opening April 2008
- Blood Administration on-line learning package posted on the intranet for nursing staff
- Health Foundation Cardiac campaign for echocardiogram, arrhythmia monitoring, defibrillation machines, pace maker checking system
- Medical Laboratory Assistant position established at Yorkton Regional Health Centre laboratory

- Two Combined Laboratory and X-ray Technician student practicum placement at Canora Hospital and St. Peters Hospital
- Development of Transportation of Dangerous Good on-line training program and exam for laboratory staff
- Three year accreditation received from Sask. College of Physicians and Surgeons Laboratory Quality Assurance Program for Yorkton, Melville, Foam Lake, Preeceville, Langenburg, Ituna laboratories
- Preeceville lab/x-ray successfully moved to temporary location during renovations
- Technological connections established for radiology shared on-call between Sunrise and Five Hills RHA
- Antibiotic Resistant Organisms (ARO) Surveillance Requirements working group established to identify the needs and requirements for ARO Surveillance as it impacts human, physical and financial resources for the region
- Participated on the new Provincial Transfusion Medicine Working Group that was established by the Ministry of Health.
- Provincial Chemistry Analyzer User Group Education Day – hosted in Yorkton
- Laboratory Information System replacement selected. Staff participating in training and development of new system
- South Saskatchewan Network of Excellence for Stroke Care committee established
- Implementation of standardized International Normalizing Ratio coagulation methodology at Health Centre to reduce inter-laboratory variation to improve monitoring of patients on anticoagulant therapy

#### **Long-Term Care (LTC) Services**

- Client Safety Summary Reports are now being circulated regionally
- Regional Falls Prevention Pilot underway
- First LTC quality improvement newsletter initiated and circulate
- Enhanced Medication Incident Reporting occurring in LTC
- LTC piloted new Accreditation Process (Qmentum) in November 2008
- St. Paul Lutheran Home received formal Eden registration and was awarded the “Seedling Award”
- Warfarin Management pilot project initiated in July - Yorkton & District Nursing Home
- Preeceville Project – moved LTC patients from hospital into permanent home in the new LTC wings, LTC ptients currently in Preeceville Lions Housing will move to the new accommodations in 2009
- Regional Pharmacy Manual implemented

#### **Patient Safety & Improvement**

- Implemented follow-up process for recommendations from critical incident team reviews
- Further distribution of patient safety brochure
- Progress continued on Medication Reconciliation initiative with implementation at two pilot sites & development of timeline for further implementation
- Responded to recommendations from Accreditation Canada 2006 survey & maintained accreditation status

- Implementation of Winnipeg Regional Health Authority Risk Management framework- completed risk assessments with 13 quality improvement teams
- Accreditation Canada's sterile processing standards applied in a pilot survey
- Relocation of patient safety & improvement unit
- Implementation of new Qmentum process for team self-assessments
- Held patient safety week activities targeted at engaging front line staff
- Locally hosted "Halifax 8" and "Institute for Healthcare Improvement" web conferences
- Initiation of client safety reporting summary reports to teams/facilities
- Completed orientation to Quality as a Business Strategy
- Participation in Provincial Quality Insight Advisory group & Lean consortium

### **Community Services**

- Minimum data set (MDS) assessment and reports implemented in Home Care
- Working alone policies and "Call Me" program to improve staff safety
- Participation in "Living with Hope Research" and development of a health system navigation tool in conjunction with U of S researcher, Dr. Wendy Duggleby
- Preparations to co-host the provincial palliative care conference May 28 & 29, 2009
- Filled a vacant Director of Mental Health & Addictions Services position
- Filled a vacant psychiatrist position
- Constructed an intensive psychiatric care room that will facilitate safe care and minimize the use of restraints
- Space re-allocation renovations in the day program and child and youth program
- Developmental meetings held to support the provincial addiction treatment beds proposal
- Improved integration of mental health and addiction services in the area of concurrent disorders treatment, cross training, group programming
- Filled a vacant Primary Health Care Manager position
- Still working to obtain funding for the Langenburg Primary Health Care Site
- Hired a part-time position to provide lactation consultant services at Yorkton Regional Health Centre
- Contracting occupational and physical therapy services to Christ the Teacher School Division
- Regional Seniors Falls Prevention committee and four sub-committees dedicated to reducing falls
- Health Quality Council and Sunrise Health Region therapies department are working on a Clinical Practice Redesign Project to streamline the process to reduce therapy backlog
- Integrated Stroke Strategy pilot project announced December 10, 2008
- Provincial funding of \$216,000 received to implement an autism spectrum disorder strategy in the health region
- Filled a vacant Director of Public Health position
- Placed a hold on development of a needle exchange program pending provincial review and recommendations
- Developmental Assets, Positive Ticketing and Healthy Community – Healthy Youth project to improve youth health and youth engagement in the health system
- Partnered with local organizations and accessed Aboriginal Health Transition Funding for an enhanced Families First program in Kamsack with Good Spirit School Division as the accountable partner

- Reviewed and made improvements to vaccine cold chain management to prevent vaccine waste in the event of power outages.
- Development of a proposal for a Women's and Teen Wellness Centre
- Health promotion grants totaling \$30,760 were awarded to twenty eight groups for project addressing the Population Health Promotion Plan priority areas of positive mental well-being, decreased substance use and abuse, accessible nutritious foods, and promotion of physical activity.

### **Operations Support**

- Phase I Energy Renewal Project \$6.2 million
- Phase I Energy Renewal Staff Awareness and Education
- Projects – Mental Health Intensive Observation Room, Public Health South Renovation, Nurse Call system replacement in Kamsack Hospital and Kamsack Nursing Home, Langenburg Health Care Complex Fire Alarm System Upgrade, I. T. Server Room
- OHS Patient Lifting Equipment purchases and installations
- Exterior Signage at Foam Lake Health Centre, Canora Hospital, Norquay Health Centre, Esterhazy Homecare and Public Health
- Surgical Equipment purchases
- Capital Management Plan for the Region
- Material Management Bar Code Scanning System implemented.
- Block Funding Infrastructure capital renovation plan and building system equipment replacement \$8 million
- New X-Ray System installed Preeceville Hospital
- Regional CVA leased vehicle fleet increased to 95 vehicles
- Regional master space plan being developed
- Staff Fall Protection Training
- Fall Protection planning for regional facilities
- Insurance property assessments
- Furniture and equipment purchased for Preeceville Hospital
- Emergency Preparedness Officer Position was created to work on Pandemic, Emergency Preparedness, Fire Education training
- Revitalized the Emergency Preparedness Committee with representation from all Sunrise Facilities and meeting four times a year. This committee has reviewed all the disaster color codes and updated policy and procedures as required.
- Revitalized the Pandemic Planning Committee to continue work on the Sunrise Pandemic Plan. Four Sunrise Health Region employees are also members of the South Sask. Provincial Pandemic Committee. This Committee brings all the Health Regions together in the Province to standardize the plans and share ideas.
- Regional menu implemented in 11 communities
- Regional Hazard Analysis Critical Control Point (HACCP) Audits conducted in the spring and fall
- Operational Support Services Job Fairs were hosted in Kamsack and Yorkton
- 4th Annual Operational Support Services Convention held in March with close to 100 SHR staff in attendance

## **Corporate Services**

- Sunrise Clinical Manager information system will form part of the electronic health record. Expanded users include Yorkton Regional Health Centre pharmacists and dietitians and increased access to include Home Care Nursing and the Yorkton & District Nursing Home. E.g. of improvements - dietitian can not monitor laboratory results to better determine effectiveness of diet changes and program areas of diabetes education, palliative care and chemotherapy now have a process within SCM to determine if their patients are currently inpatients at Yorkton Regional Health Center
- Privacy and Access Consultant hired to continue Health Information Privacy Act education sessions, inventory personal health information, conduct privacy impact assessments for electronic health record projects, conduct pro-active auditing of clinical system to ensure privacy compliance, provider resource for patients and public for privacy related concerns and participate in privacy breach reviews.
- The new Voice over Internet Protocol telephone system was installed at Yorkton Regional Health Centre to replace an aged and no longer supported telephone system
- Installed a fully featured centrally managed computer server room with in-row cooling
- Sunrise Health Region is the first region to deploy a fully secured data encryption for patient information when remotely accessing the MDS Home Care information system
- Regional standardization of abstracting system will be complete by June 2009
- Three year information management plan approved in 2008
- A Fixed Asset Module was added to the financial information system to manage all capital assets in the health region.

## **Human Resources**

- Provincial bargaining committee representation
- Essential Services Plans prepared for HSAS, SUN and CUPE
- Review, revision and re-evaluation of all out-of-scope positions following re-organization
- Individualized and personalized recruiting for RNs, RPNs and Physicians
- Centralized employee personnel files
- Nursing mentorship and graduate nurse job program developed
- Recruitment trip to the Philippines resulted in acceptance of 61 job offers
- By March 31, 2009, the health region has welcomed 47 of the Philippine nurses and each group of new arrivals received several weeks of nursing orientation. Sunrise Health Region volunteer services provided extensive assistance to help the nurses adjust and move to communities throughout Sunrise Health Region.
- As of March 31, 2009, there were 37 of the Philippine nurses working in facilities in Yorkton, Preeceville, Melville, Esterhazy, Foam Lake, Kamsack, Langenburg, Saltcoats, Norquay, Invermay, Canora, and Preeceville.
- Two additional nurses from the Philippines were recruited through the health region's regular recruitment processes.
- In addition to the Philippines recruitment trip, the health region recruited 24 other nurses in 2008.
- Representative Workforce strategy policy statement developed and approved
- 33 staff members were supported to attend GED preparation training
- Journeyman cook training project implemented

- Ongoing aboriginal awareness training
- LPN student practicum's arranged with Kawacatoose and Cowessess First Nations
- Enrollment in Canada's Hand Hygiene Campaign through the Canadian Patient Safety Institute with a Charter completed in draft and a pilot project developed
- Enhanced outbreak management and communication strategy
- Completed regional needs assessment for infection prevention and control
- Quarterly-information sessions for out-of-scope managers
- Management competencies and employee relations courses supported
- Employee focus groups and report completed
- Provincial Retention grant received for district-wide Respectful Workplace Training
- Provincial retention grant received, in partnership with Canadian Union of Public Employees, for enhancement of a quality workplace
- Event with Dr. Marla Shapiro in October with an employee afternoon workshop and public evening presentation
- Created an interpretation database to assist scheduling and labour relations to consistently apply articles from the collective agreements
- Implemented the Environment For Scheduling Personnel (ESP) system for consistent scheduling of support services and long-term care and acute nursing employees
- Hand hygiene and infection control education for volunteers Palliative care Bereavement Support Program volunteer training
- Improvement to provide consistent registration, reference checking and identification badges for volunteers
- Annual meeting with staff who work with volunteers to review policy and address concerns in the workplace.
- Annual volunteer appreciation events in each community where there is a health care facility to acknowledge local volunteers.
- Grief Support Programs, conducted by Chaplain and volunteer(s), in four communities throughout the Region

# 2008-2009 Performance Results

The relationship between Sunrise Health Region, the Minister of Health, and the Department of Health is defined by *The Regional Health Services Act*. On an operational basis, the Accountability Document provides direction. The Accountability Document provides a substantial number of measures, which serve to identify priority areas for the Region.

The reportable indicators listed below are organized according to the strategic goals of the health region. As health region data collection systems mature it is now possible to produce enough reliable, comparable data to demonstrate trends in some areas.

## ***Goal: Embrace a client first culture***

### **Admission to alcohol and drug outpatient services**

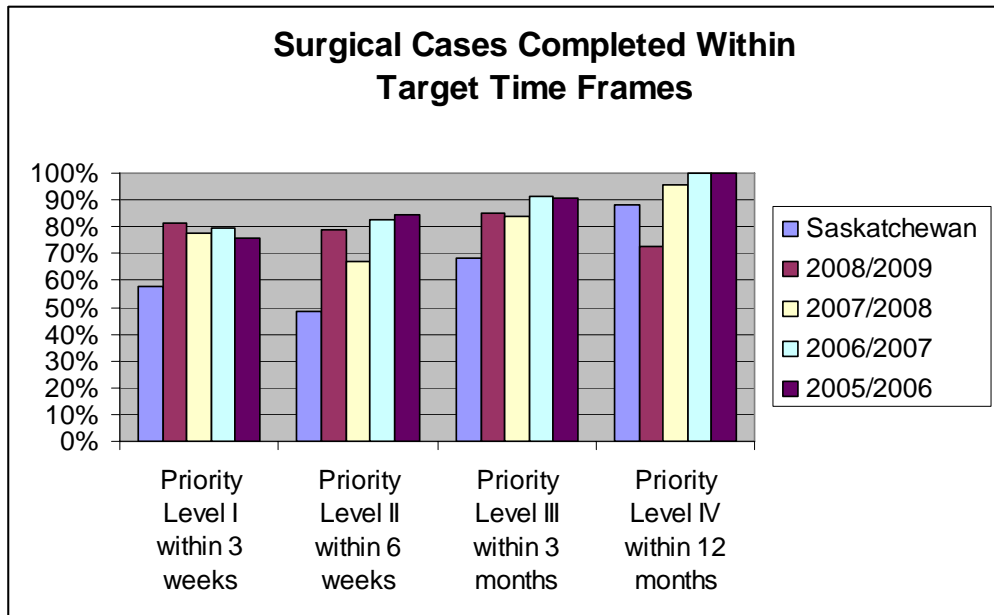
	<b>2008-09</b>	<b>2007-08</b>
<b>Average wait time for admission to alcohol and drug outpatient services (in days)</b>	<b>9.7</b>	<b>9.3</b>

Wait time for admission to alcohol and drug outpatient services in the province ranges from 3.2 to 14.2 days. In Sunrise Health Region the average wait time is up slightly from the previous year.

Sunrise Health Region is awaiting provincial direction for an initiative to expand detoxification capacity in Saskatchewan. In 2008-09, the Health Region met with stakeholder groups and prepared a proposal for 10 detoxification beds to be located in Sunrise Health Region. The 10 beds would include 8 beds to reflect the need in Sunrise Health Region and 2 additional beds requested by our neighbour, Kelsey Trail Health Region.

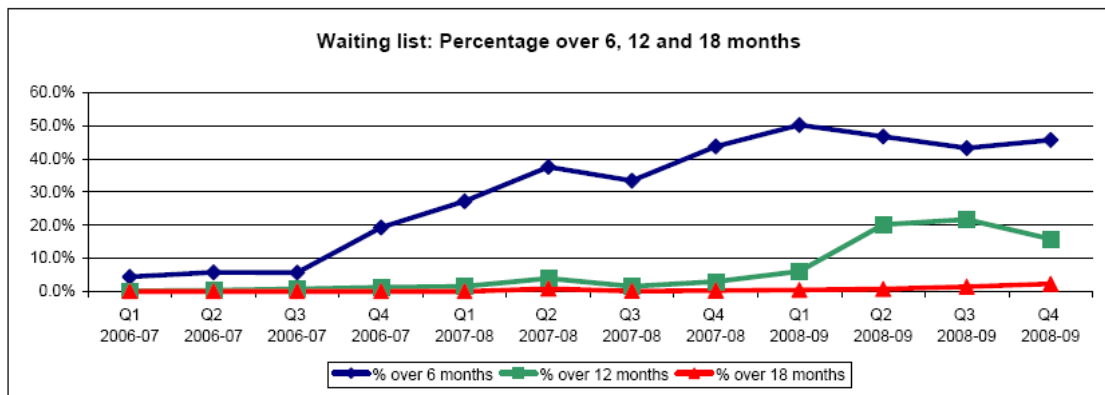
### **Cumulative number of surgical cases performed as a percentage of target and variance of target**

The target for the number of surgeries completed in Sunrise Health Region in 2008-09 was 3,400; the actual number completed was 3,495; that is, there were 95 more surgeries completed in 2009 than the target set and funded by the province. The percentage to target completed in Sunrise Health Region was 102.8% slightly better than the provincial average of 100.5%.



The

above indicator measures surgical wait-times. In 2008/09, Sunrise Health Region reduced wait times and exceeded the provincial value for priority levels with the exception of Priority Level IV.

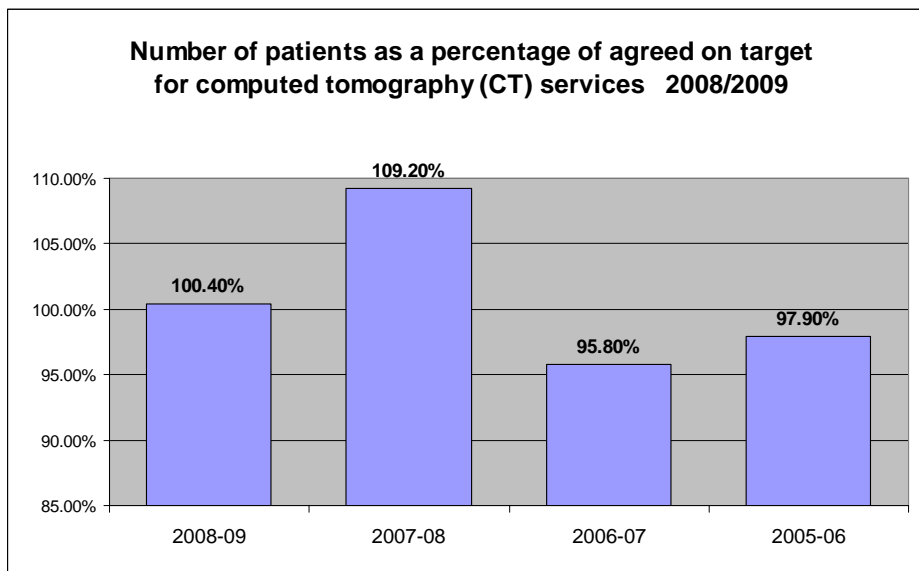


The province has set the expectation that no person should wait more than 18 months from booking date for surgery until the actual surgery is performed. In 2008-09 Sunrise Health Region met that expectation, as shown in the above graph. This indicator shows the proportion of patients waiting for surgery as of a given date that had already waited over 6 or 12 or 18 months.

### Computed Tomography Services (CT Services)

In 2008-09 the performance target established by the province for the number of patients to receive CT scans in Sunrise Health Region was 3,750. The actual number of patients to receive CT scans was 3,764. In 2008-09 Sunrise Health Region exceeded the goal set and the number of patients as a percentage of agreed on target for computed tomography (CT) services was 100.4%. The provincial average for this indicator is 101.8%. The significance of these results is that 220 more patients received CT exams in 2008-09 than

in the previous year and that 3,764 people had access to this service which was not available in this area of the province until 2005.

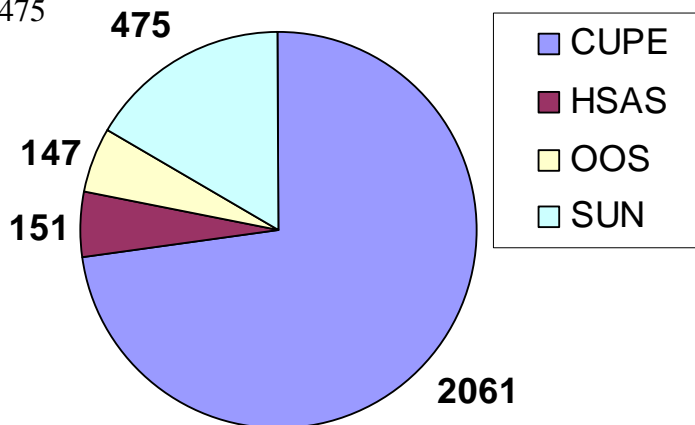


***Goal: Strengthen recruitment and retention efforts***

Sunrise Health Region actively recruits in all areas.

As of March 31, 2009 the number of employees by union affiliation were:

- Canadian Union of Public Employees (CUPE) 2,061
- Health Sciences Association of Saskatchewan (HSAS) 151
- Out of Scope/non-union (OOS) 147
- Saskatchewan Union of Nurses (SUN) 475
- All employees 2,834.



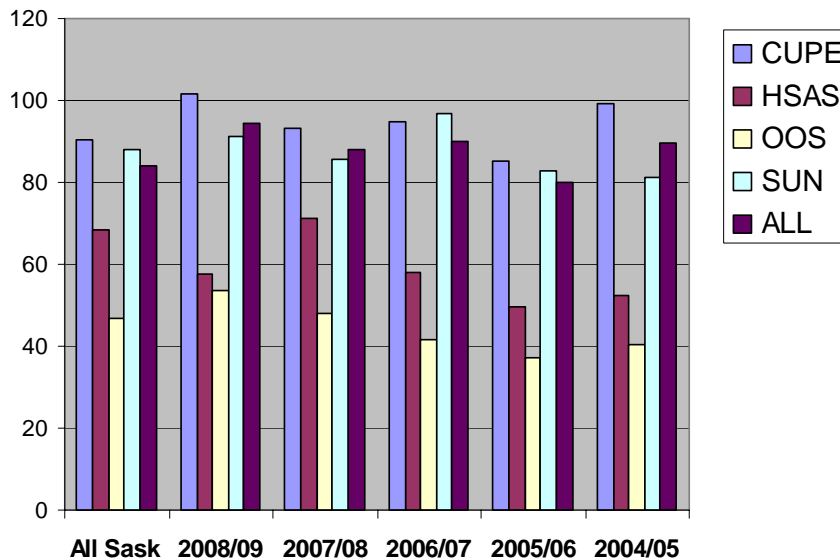
The Canadian Union of Public Employees (CUPE) is the provider union in Sunrise Health Region. Sunrise Health Region does not have any employees represented by the unions SGEU, SEIU or RWDSU.

### Sick Leave Hours

High sick leave hours were a factor contributing to the Sunrise Health Region budget deficit in 2008/09. The comparison with provincial averages by affiliation:

	Prov Average 2008/09	Sunrise 2008/09	Sunrise 2007/08	Sunrise 2006/07	Sunrise 2005/06	Sunrise 2004/05
Provider Unions (Sunrise - CUPE)	90.28	101.44	93.16	94.84	85.22	99.27
HSAS	68.53	57.54	71.25	58.17	49.80	52.54
OOS/OTHER	46.8	53.64	47.94	41.64	37.28	40.47
SUN	87.85	91.37	85.68	96.84	82.87	81.04
RWDSU	105.13					
Organization as a whole	84.09	94.32	87.87	90.09	80.07	89.60

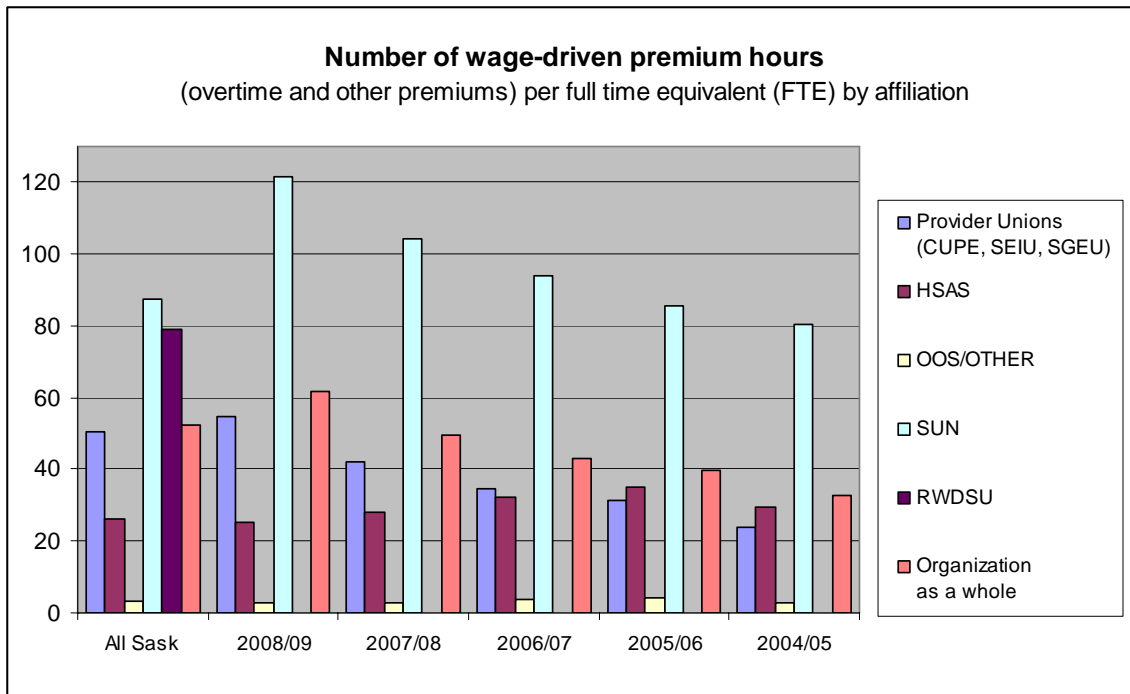
**Number of sick leave hours per full time equivalent by affiliation**



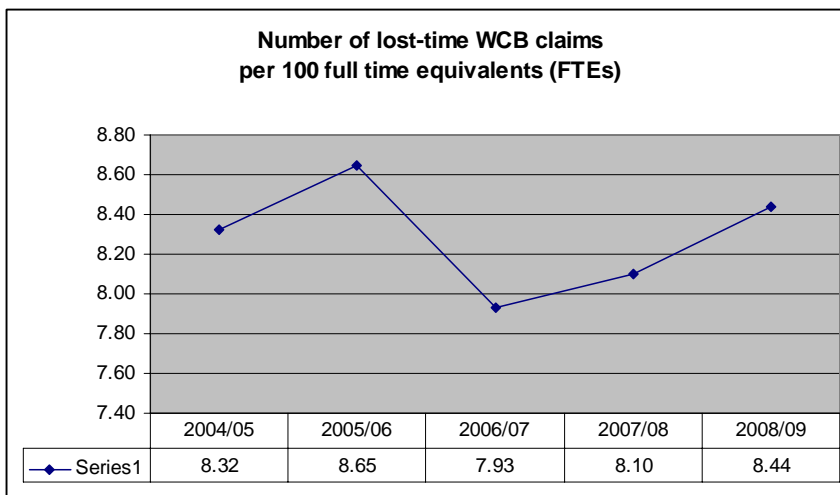
### Comparable Wage-driven premium hours (overtime and other premiums)

Immigration stops during periods of possible job action. The delayed arrival of nurses recruited outside of Canada negatively influenced the budget, as anticipated reduction in wage-driven premium hours was unrealized. For all affiliations with the exception of Saskatchewan Union of Nurses, Sunrise Health Region was below the provincial average in 2008/09 for comparable number of wage-driven premium hours (overtime and other premiums), as show below:

	All Sask	2008/09	2007/08	2006/07	2005/06	2004/05
Provider Unions (CUPE, SEIU, SGEU)	50.62	54.57	41.96	34.7	31.3	23.81
HSAS	26.14	25.10	27.95	32.13	35.2	29.61
OOS/OTHER	3.5	2.99	2.95	3.7	4.2	2.97
SUN	87.48	121.39	104.29	94.18	85.52	80.22
RWDSU	78.89	n/a	n/a	n/a	n/a	n/a
Organization as a whole	52.2	61.68	49.58	43.08	39.66	32.96



## Workers Compensation Board Claims

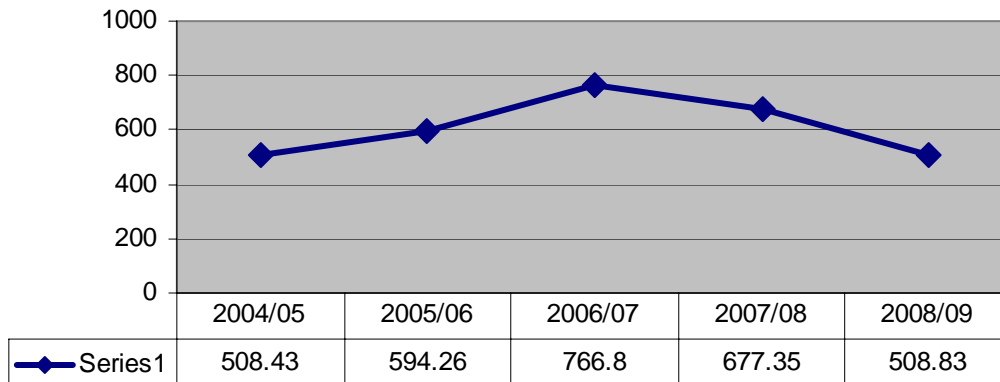


The number of lost-time Workers Compensation Board claims rose to in 2008-09 and was above the provincial average of 6.93.

Of the health regions, Sunrise Health Region has the third highest number of lost-time WCB claims.

In 2008/09 Sunrise Health Region neared the low recorded in 2004/05 and improvement of 168.52 days over the previous year. Unfortunately, at 508.83 Sunrise Health Region is still above the provincial average of 447.17 and has the second highest number of lost-time WCB days of Saskatchewan health regions.

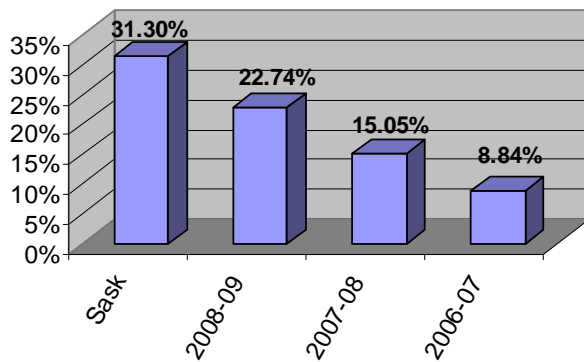
**Number of lost-time WCB days  
per 100 full-time equivalents (FTEs)**



***Goal: Promote effective wellness promotion and prevention***

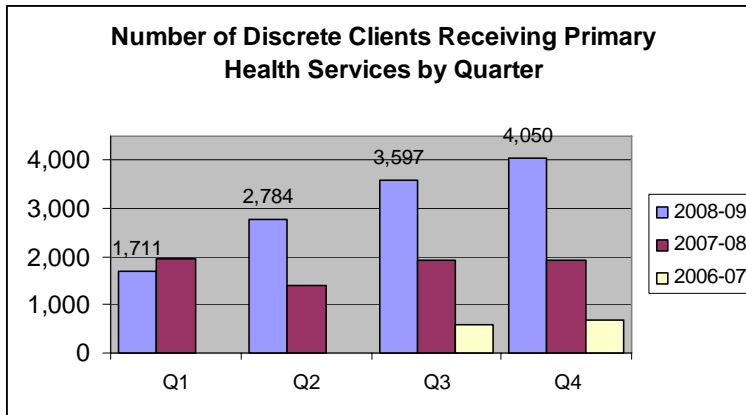
**Primary Health Care Services**

**Percentage of RHA population with geographic proximity to primary health care teams**



The percentage of the Sunrise Health Region population with geographic proximity to primary health care teams markedly increased from 15.05% in 2006/07 to 22.74% in 2008/09. This was not so much an increase in service as recognition of services previously offered in Sunrise Health Region but not tracked or funded until they met provincial criteria. In

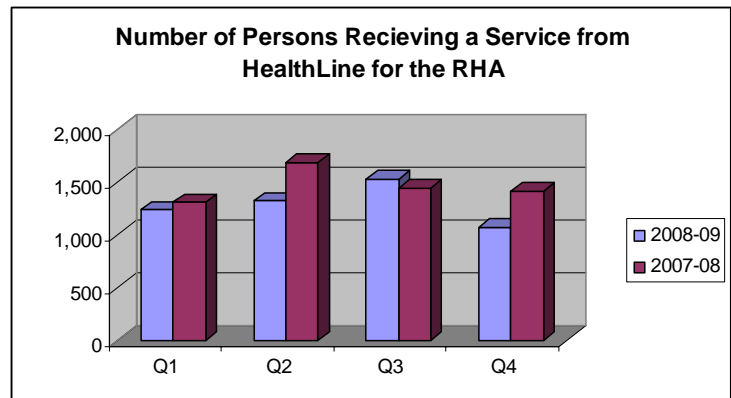
2008-09, the Langenburg primary health service became a recognized and funded program. Sunrise Health Region now has recognized primary health services in Norquay, Preeceville, Foam Lake and Langenburg.



**HealthLine**

For the year as a whole 5,157 people from Sunrise Health Region received a service from the provincial HealthLine.

By calling 1-877-800-0002 the public can receive health advice from a registered nurse. The chart to the right shows use of HealthLine by quarter.



***Goal: Deliver an efficient, accountable health system***

**Financial Summary**

The following financial indicators highlight both the most positive, and most troublesome, aspects of the health region’s financial statements. The health region began to forecast a year end deficit early in the 2008. Throughout 2008-09 the health region predicted that it would not balance its budget due to high use of overtime, sick leaves and high WCB claims. Additional pressure occurred with the full SUN contract was not funded. At the end of 2008-09 the health region recorded a deficit of \$1,637,637. While no deficit is acceptable, the region was within less than one percent of achieving its goal, or 1.0% over budget.

The health region is confident that it has sufficient monitoring measures in place to know that the managers did everything within their control to keep costs down. Managers are responsible for the submission of monthly variance reports to monitor compliance with budget. Small surpluses and tight budgets offer little room to adjust when anomalies occur.

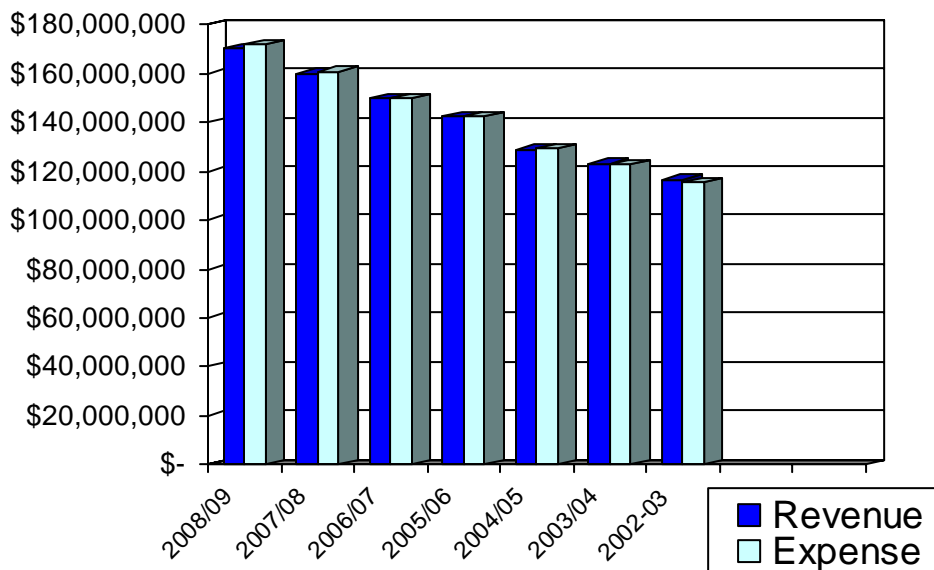
Negative working capital remains a concern and is reflective of the inherited deficits accumulated prior to health region formation. The health region functions each year with capital funding insufficient for the emergency capital needs of the health region, which adds to the problem.

	2008/09	2007/2008	2006/2007	2005/2006	2004/2005
<b>Surplus (deficit)</b>	(\$1,637,637)	(\$752,820)	\$90,050	\$141,102	(\$414,715)
<b>Surplus (deficit) as a percentage of actual operating expenditures</b>	-1.0%	-0.50%	0.10%	0.10%	-0.30%
<b>Number of days able to operate with working capital</b>	(63.31)	(62.32)	(91.97)	(62.41)	(68.06)
<b>Expenditures in program support funding pool as a percentage of total RHA operating expenditures</b>	4.20%	4.70%	4.60%	4.20%	4.30%

A deficit was forecast throughout 2008-09 due to:

- Overtime
- Sick Leaves
- WCB claims
- Unrealized overtime savings when nurse recruitment stalled due to threatened job action
- Underfunded elements of the SUN contract
- Year end deficit - \$1,637,637
- One percent of overall budget (1%)
- Expenditures on program support, as a percentage of overall health region expenditures in Sunrise Health Region are 4.2%, below the provincial target of 5%, and well below the provincial average of 5.9%

## Year End Financial Comparisons



## **Business Continuity Plans**

Sunrise Health Region has plans in various stages of development for continuance of health services in the event of a major disaster, emergency or service interruption.

In 2008-09, Sunrise Health Region out in place a new position, Emergency Preparedness Officer, to oversee further emergency preparedness planning and to renew and expand on previous emergency and pandemic plans.

In 2008-09, there was considerable work on the Pandemic Preparedness Plan, however this work continues and should result in a major revision in 2009. In 2008-09, the health region evaluated and further refined the Illness Outbreak Response and Communication Plan which guides staff when significant illness outbreaks are declared by the Medical Health Officer.

The provincial government passed the Public Services Essential Service Act on May 14, 2008. Sunrise Health Region prepared essential services plans as directed by the legislation. The Essential Services Plans are now in place to ensure the public is protected from danger to life, health and safety during periods of job action.

In 2008-09 Sunrise Health Region approved an Information Technology Business Contingency Plan.

### ***Goal: Enhance a culture of public confidence***

Sunrise Health Region engages a variety of means to maintain the confidence of the public and improve public and staff understanding of the health system. This includes face-to-face meetings with stakeholder groups, Community Advisory Committees, attending municipal meetings upon invitation, participation in many multi-disciplinary health and community planning sessions. The health region also uses on-going communications activities and vehicles to inform and connect with our employees and members of the public. In 2008, this included:

- 30 News Releases and over 56 interviews resulting in 416 newspaper articles
- 26 Public Service Announcements PSAs
- 39 Illness Outbreak Alerts (internal communications)
- 10 Board Briefs - a summary of each board meeting
- 12 staff newsletters "The Connection"
- Major Event Announcements including Philippine Nurse Recruitment, Preeceville Construction Project, Energy Awareness and Window Replacement Project, Mammography Ribbon Cutting, Surgical and Safety Equipment Announcement, Dr. Marla Shapiro Presentation
- Maintenance of a public and a staff website. Overall activity on the website increased in 2008. The website had 54,963 visitors in 2008 by comparison in 2007 there were 38,799 visitors. In 2008 the average number of visitors each month was 4,580 which is up from the previous record of 3,233 set in 2007. The highest number of visitors was recorded in August 2008 with 5,622 visitors. The previous record was 4,044 in October 2007 Website address: [www.sunrisehealthregion.sk.ca](http://www.sunrisehealthregion.sk.ca)

## **Major Events**

In addition to on-going communications activities, there were several significant events communicated to the public 2008.

### **Philippine Nurse Recruitment**

Communications for this major project involved preparing news releases, Connections articles, television, newspaper and radio interviews, formation of a Welcome Committee, community and health region welcome breakfasts, and community tours.

### **Preeceville Construction Project**

On-going communication effort strove to properly engage and inform staff and community including new releases, articles in the Connection, helping to inform the public of tours, and producing three community newsletters of which 500 copies were distributed in the community, and posted on the Sunrise website.

### **Energy Awareness & Window Replacement Project – Yorkton**

The Energy Renewal Project updating the heating, cooling, ventilation, and lighting in the Yorkton Regional Health Center, Mental Health, Regional Laundry, Yorkton and District Nursing Home and Public Health Buildings was announced October 2007 and communications continued throughout 2008-09. The communications for this project had two major goals 1) increase staff knowledge of the project and support for energy conservation and 2) inform staff and public of temporary relocation of services during replacement of the windows in the patient areas of Yorkton Regional Health Centre.

### **Mammography Ribbon Cutting**

The new digital mammography unit was unveiled at an event held on April 18, 2009. The Minister of Health, Deputy Premier and local MLA were in attendance. In addition to the formal ribbon cutting event, there were news releases, Connection articles, and interviews.

### **Surgical and Safety Equipment Announcement**

Funding for surgical and safety equipment was announced at an event held March 7, 2008, at the Yorkton and District Nursing Home. A joint news release and background information was produced with the Sask Health communications branch. The event was also featured in the staff Connection.

### **West Nile Virus, Service Interruptions, Illness Outbreaks**

Sunrise Health Region informs the public and staff of service interruption or illness outbreaks. A record number of West Nile Virus cases in 2007 prompted the the health Region in conjunction with the Medical Health Officer and local media to place a high priority on alerting the public to precautions. There were few cases of West Nile in 2008, which is attributed to weather conditions less favourable for development of the culex tarsalis mosquito.

### **Dr. Marla Shapiro Presentations**

Employees and members of the community were alerted of an opportunity arranged by Sunrise Health Region to learn about current health issues from Dr. Marla Shapiro on October 23, 2008. Dr. Shapiro is a national speaker, CTV medical expert and host of the television health magazine show “Balance”.

### **Integrated Stroke Strategy Announcement**

This event took place in December 17, 2008, with the Minister of Health and the CEO/President of the Saskatchewan Health and Stroke Foundation in attendance. The public was advised of this major pilot project through media advisories, news releases, interviews, and Connections article. Raising public awareness of the benefits to the public of the integrated stroke strategy will continue to be a priority in 2009-10.

### **Asset Building and the Positive Ticketing Project**

Asset building is the process of identifying and building on strengths (assets) already in existence. A dedicated position through the department of Public Health, Mental Health and Addictions was provided in 2008-09 to focus on building community capacity. The Sunrise Health Region works with many organizations within the Region to ensure an environment where all young people thrive. In 2008, the Sunrise Regional Health Authority endorsed using the 40 Developmental Assets®. The 40 Developmental Assets® are a framework of critical factors needed to maximize health growth and development of young people. A variety of groups and organizations in this region work on building community assets, either independently or together; one such group is the Yorkton Alliance of Asset Champions. Examples of youth asset building initiatives in Sunrise Health Region in 2008 are the “Positive Ticketing” campaign, the drop-in music program in Yorkton, and the newly formed youth counsels in Ituna, Melville, Langenburg, Foam Lake.

Sunrise Health Region is involved in the “Positive Ticketing” partnership with the Yorkton Alliance of Asset Champions and the RCMP. This project seeks to reward and reinforce positive behaviours. Police officers “catch” youth engaged in positive, healthy behaviors and “ticket” them with free passes to various activities in the city.

To find out more about Sunrise Health Region and the 40 Developmental Assets visit the “Connect to Healthy Choices/Community Assets” section of the Sunrise Health Region website [www.sunrisehealthregion.sk.ca](http://www.sunrisehealthregion.sk.ca).

# **Supporting Documents Available**

The following documents are available from the Sunrise Health Region at [www.sunrisehealthregion.sk.ca](http://www.sunrisehealthregion.sk.ca), or by calling (306) 786-0110.

- Strategic Plan and Key Initiatives
- Health Status Report
- Health and Healthcare in our Communities: Needs Assessment Executive Summary
- Information Management Plan
- Physician Resource Plan
- Workforce Planning & Reporting

## **Payee Disclosure List**

As part of government's commitment to accountability and transparency, the Department of Health and Regional Health Authorities disclose payments of \$50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures and the list can be found at the end of this Annual Report.

# **Future Outlook and Emerging Issues**

The Minister of Health appointed 12 members to the Sunrise Regional Health Authority in February 2009 including seven new members. In the fall of 2009, the Sunrise Regional Health Authority will re-visit the strategic direction for the organization.

In 2008-09, the Ministry of Health embarked on a comprehensive consultation process with public and health sector employees called the “Patient First Review”. In 2008-09, the Ministry of Health also began a major review of Provincial guidance to health regions and accountability expectations. These reviews are expected to result in change in direction to health regions that could alter the focus of Sunrise Health Region operations.

Space for programming is a serious issue for Sunrise Health Region. Increases in service volumes have occurred in recent years. New equipment and larger replacement equipment have eaten up space. The Yorkton Region Health Centre is literally “bursting at the seams” with every corner utilized. Storage space and meeting rooms have been put to other uses and storage and meeting space must at times be rented off-site. New services and programs add to the value of health services in the health region but force the health region to find space to accommodate the associated personnel and program needs. In 2009-10, Sunrise Health Region is already planning for at least three new services not previously housed by the health region.

The integrated stroke strategy pilot project will require a stroke clinic and rooms and equipment for in-patient and out-patient therapy. Stroke prevention and care will be coordinated through the entire spectrum of health services and the lessons learned will be shared and will ultimately benefit stroke patients throughout Saskatchewan.

The Women’s Wellness Centre opening in June 2009 is a new regional service available to women and female teens. The Centre will be housed in Yorkton and will need space to accommodate physicians, nurse practitioners, reception, patient conference and examination rooms, and space for the visiting services.

A new provincial program will begin this year to provide services related to Autism Spectrum Disorders. This program will add staff members and program space pressures but will also be a service welcomed by many residents in Sunrise Health Region.

Another quality issue arose in May of 2009, when the College of Physicians and Surgeons of Saskatchewan alerted Sunrise Health Region to a concern about the quality of work of a licensed radiologist working in the health region since 2004. As a result, the health region has started a thorough re-read of all 69,631 x-ray, CT, mammography and ultrasound exams previously read by the radiologist. This is the largest quality assurance review ever undertaken in Saskatchewan. The personnel and effort needed is unprecedented and will greatly impact the health region. The health region will work with the Ministry of Health and the College of Physicians and Surgeons of Saskatchewan to strengthen quality assurance measures in Saskatchewan.

# Governance and Transparency

The affairs of the region are guided by a 12-person governance body called the Regional Health Authority, the members of which are appointed by the Government of Saskatchewan.

As authorized by the *Regional Health Authorities Act*, the Minister of Health appoints 12 members to each of the regional health authorities in the Province and names a chairperson and vice chairperson. Sunrise Health Region is governed by the “Sunrise Regional Health Authority” which is the formal title. This governance body is also often referred to as the “Board” or the “board members”. Members were asked to reapply in 2008-09 and new appointments were announced in February 2009. The Sunrise Regional Health Authority members from April 1, 2008 to February 2009 were:

**Ivan Peterson**, Chairperson, of Hazel Dell; served from April 2002 to February 2009

**Greg Kobylka** Vice Chairperson, of Yorkton; served from November 2004 to present

**Irene Adams** of Langenburg; served from April 2002 to February 2009

**Lawrence Chomos** of Esterhazy; served from March 2007 to present

**Patricia Hack** of Foam Lake; served from March 2007 to present

**Janet Hill** of Yorkton; served from April 2002 to present

**Audrey Horkoff** of Kamsack; served from April 2002 to February 2009

**Karen Keshane** of Key First Nation; served from April 2002 to February 2009

**Jennie Ortynsky** of Canora; served from April 2002 to February 2009

**Dennis Popowich** of Yorkton; served from March 2007 to February 2009

**Grant See of Preeceville** of Preeceville; served from May 2006 to February 2009

**Dr. Walter Streelasky** of Melville; served from May 2006 to present

In February 2009, Minister McMorris announced appointments to Sunrise Regional Health Authority extending to January 27, 2012.

Greg Kobylka, previously the Board Vice-Chairperson for Sunrise Health Region, has accepted re-appointment as Board Chairperson. John Nightingale served on the Sunrise Regional Health Authority from 2002 to 2006 and now returns in the role of Vice Chairperson. Also returning are Janet Hill, Walter Streelasky, Lawrence Chomos, and Patricia Hack. New to the Sunrise Regional Health Authority are Ralph Ager, Doris Kopelchuk, Isabel O’Soup, Dave Schappert, Jo-Anne Seib and Lawrence Wegner.

The board members took part in provincial board orientation sessions in Saskatoon on March 2 and March 3, 2009. This orientation session focused on the role of governance and provincial structure, linkages, direction and accountability.

A day-long orientation specific to Sunrise Health Region was held in Yorkton on March 17, 2009. The board viewed a PowerPoint presentation by CEO Joe Kirwan with general orientation to the health region population and showing the facilities and services. Each of the Executive Leadership Team presented information about the structure and activities of their portfolio. In addition, the Board has received massive amounts of reading material to familiarize themselves with Sunrise Health Region structure, staff and services.

## **Sunrise Regional Health Authority (known as the Board):**

### **Ralph Ager**

Ralph Ager of Rockglen has been a business owner for 17 1/2 years. He received his Agricultural Engineering from the University of Saskatchewan in 1985. During this time Mr. Ager was an Alderman in the Town of Preeceville. He also participated in minor hockey and baseball as a coach and association president. Mr. Ager is currently a Lions Club member in Preeceville. He has been married to Lynn for 27 years and has 3 children, a son-in-law and a grandson. Mr. Ager is new to the Sunrise Regional Health Authority

### **Lawrence Chomos**

Lawrence Chomos of Esterhazy has served as a board member of the Sunrise Regional Health Authority, North Valley Health District and Chair of St. Anthony's Hospital Board. His career includes positions in school division senior administration in Alberta and Saskatchewan and Regional Director of Education in Saskatoon. Currently he is a consultant with the Saskatchewan Education Leadership Unit at the University of Saskatchewan. Mr. Chomos is a returning member of the Sunrise Regional Health Authority originally appointed March 2007.

### **Patricia Hack**

Patricia Hack of Foam Lake was a senior English teacher in Foam Lake Composite High School, a principal in Elfros School, and a teacher at Foam Lake Elementary School during her career in education. She retired in June 2007. She represented teachers as an STF counselor, president of the Shamrock Teachers' Association and chair of the Shamrock Administrators' Group. Her past community involvement includes but is not limited to the Foam Lake School of Dance, Foam Lake Swimming Pool, the Foam Lake Community Hall Committee, chairperson of the Foam Lake Health Advocacy Board and the Foam Lake Health Advisory Committee. Mrs. Hack is a director with the Breast Friends, a group of women from Foam Lake that author and publish cookbooks to raise funds for the fight against breast cancer and other cancer causes. Mrs. Hack returns to the Sunrise Regional Health Authority having served since March 2007.

### **Janet Hill**

Janet Hill of Yorkton is recently retired from the business community. Mrs. Hill is on the board of the Yorkton Short Film and Video Festival and is a former representative on the Health Foundation of East Central Saskatchewan. A former board member of the East Central Health District, she also served for two and a half terms as City Councilor for Yorkton, was a founding member of the Assiniboine Watershed Protection Committee and is actively involved as a volunteer in the community. Mrs. Hill is returned to the Sunrise Regional Health Authority and has served continuously since July 2002.

### **Greg Kobyłka**

Greg Kobyłka of Yorkton is the Sales and Retail Development Coordinator and Trainer with Saskatchewan Lotteries. In addition to attending the University of Saskatchewan, he has previously served as a volunteer with the Yorkton Volunteer Fire Protection Services and most recently served as Vice-Chairperson on the Sunrise Regional Health Authority. Mr. Kobyłka is returns as Chairperson of the Sunrise Regional Health Authority and has served continuously since November 2004.

### **Doris Kopelchuk**

Doris Kopelchuk of Canora, is a graduate of St. Paul's Hospital School of Nursing, Saskatoon. She worked as a Registered Nurse for over 38 years, most of which were spent in the Operating Room and Emergency departments. She is a life-long member of St. Andrew's United Church, Canora, Sk., and has worked with youth, choirs and music as well as United Church Women. She served on the provincial executive of the then Canadian Figure Skating Association, Saskatchewan Section. She serves on the Canora in Bloom and Winter Lights Festival committees for the Town of Canora. Ms. Kopelchuk is an active member of Beta Sigma Phi. Mrs. Kopelchuk is new to the Sunrise Regional Health Authority.

**John Nightingale**

John Nightingale is a retired mining executive, a returning board member of the Sunrise Health Region, and a former Mayor of Esterhazy. Mr. Nightingale's community involvement includes University of Saskatchewan Board of Governors, St. Joseph's Hospital board member, Elliot Lake Retirement Living board member and past president of the Saskatchewan Chamber of Commerce. He is also the past president of the Saskatchewan Mining Association. Mr. Nightingale is returning to the Sunrise Regional Health Authority after a break in service of two years. John served from July 2002 until June 2006 and was recently re-appointed as Vice Chairperson, effective February 2009.

**Isabel O'Soup**

Isabel O'Soup of Norquay is a board member with the Saskatchewan Indian Gaming Authority and former elected Chief of the Key First Nation. She was President of Women on the Move and a member of the board for the First Nations University of Canada and the Saulteaux Healing and Wellness Centre. Isabel is the Chairperson of the Audit and Finance Committee with Saskatchewan Indian Gaming Authority. Ms. O'Soup is new to the Sunrise Regional Health Authority.

**Dave Schappert**

Dave Schappert is a businessman since 1967 and Mayor of Langenburg since 1991. Mr. Schappert is currently a Langenburg Activity Center board member and a Session Elder for Knox Presbyterian church in Yorkton. He is also on the Board of Managers and the District of Assiniboia Presbytery representative. Mr. Schappert has served on local, provincial and national health boards including Langenburg Union Hospital, the Saskatchewan Health Care Association (now SAHO) and the Canadian Hospital Association. Mr. Schappert was the chair of the National Long-term Care Committee of C.H.A. for two years. In February 2009, Mr. Schappert was appointed to his first term on the Sunrise Regional Health Authority.

**Jo-Anne Seib**

Jo-Anne Seib of Yorkton is currently working as a youth worker at Orcadia Youth Residence. She has been a member of Ducks Unlimited and is involved in her church executive as treasurer and board member. Ms. Seib is new to the Sunrise Regional Health Authority.

**Walter Streelasky**

Dr. Walter Streelasky is the current Mayor of the City of Melville and has served as President of the Horizon Credit Union for the past 16 years. He is Chairperson of the Melville and District Physician Recruitment and Retention Committee and serves on the Board of the Sunrise Regional Health Authority. He was Chairperson of the Melville 2008 Centennial Celebrations Committee. Dr. Streelasky is a Faculty Advisor for both the University of Regina and Brandon University. Dr. Streelasky is returning to the Sunrise Regional Health Authority and has served continuously since May 2006.

**Lawrence Wegner**

Lawrence Wegner of York Lake has been a successful small business owner since 1991 and is currently on the executive of the Yorkton Chamber of Commerce and Chairman of the Public Policy Committee. Earlier, he held the title of Councilor with Yorkton City Council. Mr. Wegner also has board experience with Yorkton Union Hospital, Yorkton Nursing Home, the Health District Steering Committee and the Yorkton Agriplex Management Board. Although not new to health care boards, this will be the first time Mr. Wegner will serve on the Sunrise Regional Health Authority.

### **Public Transparency**

The dates, times and locations of all public RHA meetings are listed on the health region's web site and are published in local newspapers. Members of the public and area journalists are welcome to attend and observe the meetings. They can also contact the region and request to be included on the meeting agenda and make presentations to the RHA.

The RHA posts meeting minutes, once approved, on the web site. The minutes are public documents, as are the strategic plan and this annual report. Hard copies of the above can be obtained at the region's administrative office in Yorkton. Subsequent to all RHA meetings the Region distributes, to staff and to all local media outlets, a newsletter summarizing the meeting's highlights. The targeted timeframe for distribution of the *BoardBrief* is 48 hours after each meeting's completion.

### **Community Health Advisory Committees**

Six geographically based Community Health Advisory Committees (CHACs) have been established for the purpose providing the Sunrise Regional Health Authority with advice respecting the provision of health services. CHACs provide advice to the RHA in the areas of program and service development and delivery, health issues, needs and priorities, access to health services, and promotion of health. CHAC members are appointed by the Regional Health Authority. Prospective members may be recommended by the CHAC or other community groups or individuals, and are expected to complete a declaration of interest.

#### CHAC Committees:

Esterhazy/Langenburg & Area  
Foam Lake/Theodore & area  
Melville/Ituna and Area  
Yorkton & Area  
Kamsack/Canora/Invermay & Area  
Preeceville/Sturgis/Norquay & Area

In 2008-09, Committee meetings were held April, June, October and a joint meeting was held in December.

#### Major topics covered over the year:

April – community services portfolio  
June – Corporate services portfolio  
October – CTAS  
December – Patient First Review

In addition to the Community Health Advisory Committees, the health region also has public/external participants on the Regional Palliative Care Committee, Home Care Quality Improvement Committee, and Mental Health Review Panel Committee. There are also public/external participants on several of the health region's accreditation teams and emergency planning committees.



# Management Report

May 31, 2009

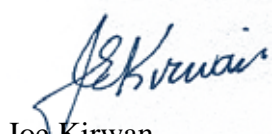
Sunrise Health Region  
Report of Management

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

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

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

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Regional Health Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by management.



Joe Kirwan  
Chief Executive Officer



Lorelei Stusek  
Vice President of Corporate Services



**FINANCIAL  
STATEMENTS**

**Sunrise Regional  
Health Authority**

**Year Ended March 31, 2009**

# Sunrise Regional Health Authority

Yorkton, Saskatchewan

March 31, 2009

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**PARKERQUINE LLP**  
**Chartered Accountants Business Advisors**

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**Auditors' Report**

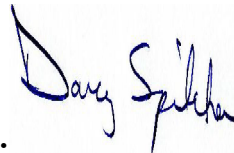
To the board of directors  
Sunrise Regional Health Authority

We have audited the Consolidated Statement of Financial Position of Sunrise Regional Health Authority as at March 31, 2009 and the Consolidated Statements of Operations and Changes in Fund Balances and Cash Flows for the year then ended. The health authority's management is responsible for preparing the financial statements. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, these financial statements present fairly, in all material respects, the financial position of Sunrise Regional Health Authority as at March 31, 2009 and the results of its operations and changes in its cash flow for the year then ended in accordance with Canadian generally accepted accounting principles.

**PARKERQUINE LLP**



**Per:**

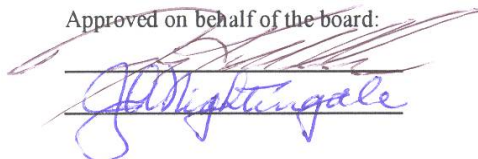
Yorkton, SK  
April 28, 2009

**Sunrise Regional Health Authority**  
 Yorkton, Saskatchewan  
 Consolidated Statement of Financial Position  
 As at March 31, 2009

**Statement 1**

	<u>Restricted Funds</u>			2009 Total	2008 Total
	Operating Fund	Capital Fund	Community Trust and Endowment Funds		
<b>Assets</b>					
<b>Current Assets</b>					
Cash and short-term investments - schedule 2	334,304	11,373,512	511,101	12,218,917	4,336,074
Accounts receivable Saskatchewan Health	346,076			346,076	186,839
Other	2,044,349	652,605		2,696,954	3,326,961
Inventories	1,317,711			1,317,711	1,361,224
Prepaid expenses	602,703			602,703	995,421
	<u>4,645,143</u>	<u>12,026,117</u>	<u>511,101</u>	<u>17,182,361</u>	<u>10,206,519</u>
<b>Long-Term Investments - schedule 2</b>					
Market \$300,000 (2008 - \$406,000)	214,479	82,941	0	297,420	405,859
<b>Capital Assets - note 3</b>	<u>0</u>	<u>82,946,264</u>	<u>0</u>	<u>82,946,264</u>	<u>76,356,061</u>
<b>Total Assets</b>	<u>\$ 4,859,622</u>	<u>\$ 95,055,322</u>	<u>\$ 511,101</u>	<u>\$ 100,426,045</u>	<u>\$ 86,968,439</u>
<b>Liabilities and Fund Balances</b>					
<b>Current Liabilities</b>					
Bank indebtedness - note 12(d)	10,111,534			10,111,534	13,576,733
Accounts payable	8,617,961	207,481		8,825,442	5,914,043
Accrued salaries	1,340,043			1,340,043	855,760
Vacation payable	10,553,353			10,553,353	9,974,792
Other accrued liabilities	948,423	53,812		1,002,235	776,005
Mortgages and leases payable - current - notes 4 and 6		670,600		670,600	897,400
Deferred revenue - note 5	2,359,601	15,896		2,375,497	1,353,213
	<u>33,930,915</u>	<u>947,789</u>	<u>0</u>	<u>34,878,704</u>	<u>33,347,946</u>
<b>Long-Term Liabilities</b>					
Mortgages payable - note 6	<u>0</u>	<u>14,163,813</u>	<u>0</u>	<u>14,163,813</u>	<u>11,830,784</u>
<b>Total Liabilities</b>	<u>33,930,915</u>	<u>15,111,602</u>	<u>0</u>	<u>49,042,517</u>	<u>45,178,730</u>
<b>Fund Balances - statement 2</b>					
Invested in capital assets		68,111,851		68,111,851	63,627,877
Externally-restricted - schedule 3		718,317	511,101	1,229,418	1,297,179
Internally-restricted - schedule 4	69,421	11,113,552		11,182,973	3,435,301
Unrestricted	( 29,140,714)			( 29,140,714)	( 26,570,648)
	<u>( 29,071,293)</u>	<u>79,943,720</u>	<u>511,101</u>	<u>51,383,528</u>	<u>41,789,709</u>
<b>Total Liabilities and Fund Balances</b>	<u>\$ 4,859,622</u>	<u>\$ 95,055,322</u>	<u>\$ 511,101</u>	<u>\$ 100,426,045</u>	<u>\$ 86,968,439</u>

Approved on behalf of the board:



See accompanying notes to the financial statements.

**Sunrise Regional Health Authority**  
**Consolidated Statement of Operations and Changes in Fund Balances**  
**For the year ended March 31, 2009**

**Statement 2**

	<u>Operating Fund</u>			<u>Restricted Funds</u>			
	Budget 2009	Total 2009	Total 2008	Capital Fund 2009	Community Trust and Endowment Funds 2009	Total 2009	Total 2008
<b>Revenue</b>							
Saskatchewan Health - general	142,276,880	148,195,553	139,579,778	15,144,338		15,144,338	7,007,178
Other provincial	422,604	1,257,200	323,202	234,437		234,437	241,455
Federal government	48,607	52,468	47,801				
Special funded programs	1,491,773	1,246,088	1,186,646				
Patient fees	13,065,439	13,197,432	12,785,785				
Out-of-province (reciprocal)	2,944,665	3,000,184	2,775,385				
Out-of-country	41,191	37,411	26,724				
Transfers from foundations/donations		192,422	127,876	2,002,097		2,002,097	2,607,089
Investment income	35,653	24,395	23,063	112,694	13,489	126,183	115,890
Ancillary operations	31,197	27,558	28,183				
Recoveries	2,498,234	2,923,316	2,983,083				9,174
Other	51,725	67,772	82,681				
<b>Total revenues</b>	<u>162,907,968</u>	<u>170,221,799</u>	<u>159,970,207</u>	<u>17,493,566</u>	<u>13,489</u>	<u>17,507,055</u>	<u>9,980,786</u>
<b>Expenses</b>							
Province wide acute care services	2,654,036	2,383,200	2,179,120				
Acute care services	55,664,598	60,922,178	55,424,071	2,314,690	2,500	2,317,190	2,300,035
Physician compensation - acute	4,816,686	4,159,618	3,999,092				
Supportive care services	57,572,152	62,317,760	59,209,531	3,063,247		3,063,247	2,958,866
Home based services - supportive care	8,484,009	8,794,625	8,388,710	21,920		21,920	18,175
Population health services	3,757,408	3,707,834	3,623,909	26,857		26,857	25,635
Community care services	7,375,782	7,064,799	6,460,477	27,793		27,793	24,800
Home based services - acute and palliative	1,816,028	1,926,277	1,764,521	3,509		3,509	8,553
Primary health care services	1,674,962	1,677,544	1,540,258	45,876		45,876	54,167
Emergency response services	4,569,000	4,682,009	4,549,287	45,431		45,431	28,430
Mental health services - inpatient/residential	2,012,571	2,423,365	2,079,655	469		469	
Physician compensation - community	2,358,370	2,410,531	2,021,663				
Program support services	7,863,021	7,231,086	7,530,168	599,164		599,164	516,586
Special funded programs	1,530,978	1,251,792	1,156,209				
Ancillary	758,367	907,413	796,356	123,550		123,550	139,771
<b>Total expenses - schedule 1</b>	<u>162,907,968</u>	<u>171,860,031</u>	<u>160,723,027</u>	<u>6,272,506</u>	<u>2,500</u>	<u>6,275,006</u>	<u>6,075,018</u>
<b>Excess (Deficiency) of Revenue over Expenses</b>	<u>\$ 0</u>	<u>( 1,638,232)</u>	<u>( 752,820)</u>	<u>11,221,060</u>	<u>10,989</u>	<u>11,232,049</u>	<u>3,905,768</u>
Fund balances (deficiency), beginning of year		<u>( 26,512,618)</u>	<u>( 24,384,176)</u>	<u>67,720,559</u>	<u>581,770</u>	<u>68,302,329</u>	<u>63,020,936</u>
Interfund transfers - note 13		<u>( 920,443)</u>	<u>( 1,375,622)</u>	<u>1,002,101</u>	<u>( 81,658)</u>	<u>920,443</u>	<u>1,375,622</u>
<b>Fund Balances (Deficiency), End of Year</b>		<u>\$( 29,071,293)</u>	<u>\$( 26,512,618)</u>	<u>\$ 79,943,720</u>	<u>\$ 511,101</u>	<u>\$ 80,454,821</u>	<u>\$ 68,302,326</u>

*See accompanying notes to the financial statements.*

# Sunrise Regional Health Authority

## Consolidated Statement of Cash Flows

For the year ended March 31, 2009

**Statement 3**

	Unrestricted Fund		Restricted Funds			
	Operating Fund 2009	2008	Capital Fund 2009	Community Trust and Endowment Funds 2009	2009 Total	2008 Total
<b>Cash Provided By (Used In):</b>						
Operations						
Excess (deficiency) of revenue over expenses for the year	( 1,638,232)	( 752,820)	11,221,060	10,989	11,232,049	3,905,768
Add items not requiring cash resources						
Amortization of capital assets			5,594,249		5,594,249	5,464,957
Loss (gain) on disposal of capital assets			( 2,629)		( 2,629)	( 13,788)
Net change in non-cash working capital - note 7	<u>5,799,988</u>	<u>1,705,241</u>	<u>329,771</u>		<u>329,771</u>	<u>( 745,913)</u>
	<u>4,161,756</u>	<u>952,421</u>	<u>17,142,451</u>	<u>10,989</u>	<u>17,153,440</u>	<u>8,611,024</u>
Investing activities						
Purchase of capital assets						
Buildings/construction			( 7,435,397)		( 7,435,397)	( 7,688,067)
Equipment			( 4,749,056)		( 4,749,056)	( 2,196,481)
Proceeds on disposal of capital assets						
Equipment			2,629		2,629	13,788
Purchase of long-term investments	( 118,802)	( 19,156)	( 12,508)		( 12,508)	( 70,433)
Disposal of long-term investments	<u>208,860</u>	<u>239,062</u>	<u>30,889</u>		<u>30,889</u>	<u>124,499</u>
	<u>90,058</u>	<u>219,906</u>	<u>( 12,163,443)</u>	<u>0</u>	<u>( 12,163,443)</u>	<u>( 9,816,694)</u>
Financing activities						
Increase (decrease) in bank indebtedness	( 3,465,199)	181,174				
Long-term debt issued			3,010,617		3,010,617	2,284,610
Repayment of debt			( 904,386)		( 904,386)	( 1,019,887)
	<u>( 3,465,199)</u>	<u>181,174</u>	<u>2,106,231</u>	<u>0</u>	<u>2,106,231</u>	<u>1,264,723</u>
<b>Net Increase in Cash and Short-Term Investments for the Year</b>	786,615	1,353,501	7,085,239	10,989	7,096,228	59,053
Cash and short-term investments, beginning of year	468,132	490,253	3,286,172	581,770	3,867,942	2,433,267
Interfund transfers - note 13	( 920,443)	( 1,375,622)	1,002,101	( 81,658)	920,443	1,375,622
<b>Cash and Short-Term Investments, End of Year</b>	<u>\$ 334,304</u>	<u>\$ 468,132</u>	<u>\$ 11,373,512</u>	<u>\$ 511,101</u>	<u>\$ 11,884,613</u>	<u>\$ 3,867,942</u>
<b>Represented By:</b>						
Cash and short-term investments	<u>\$ 334,304</u>	<u>\$ 468,132</u>	<u>\$ 11,373,512</u>	<u>\$ 511,101</u>	<u>\$ 11,884,613</u>	<u>\$ 3,867,942</u>

*See accompanying notes to the financial statements.*

# Sunrise Regional Health Authority

Notes to Financial Statements  
For the year ended March 31, 2009

## 1. Legislative Authority

The Sunrise Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Sunrise Health Region, under section 27 of *The Act*. The Sunrise RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

## 2. Significant Accounting Policies

These financial statements have been 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 community-based organizations (CBO's) and third parties to provide health services:  
Society for Involvement of Good Neighbours Inc.  
Yorkton Mental Health Drop In Centre

Note 9(b)(i) provides disclosure of payments to CBO'S and third parties.

- (ii) The RHA has joint service management agreements with all three of its affiliates; St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville. The purpose of the agreements is to share management, contract human resources and finance services to the affiliates.

As a result, the financial statements of St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville are consolidated with the financial statements of the RHA. Transactions and interorganizational balances between the RHA and St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville are eliminated.

Note 9(b)(ii) provides supplementary information regarding the financial position, results of operations and cash flows of the consolidated affiliates.

- (iii) The Health Foundation of East Central Saskatchewan Inc., St. Peter's Hospital Foundation (Melville) Inc. and St. Anthony's Hospital Foundation Inc. (the Foundations) are incorporated under *The Non-Profit Corporations Act* and are registered charities under *The Income Tax Act*.

Under the Foundations' Articles of Incorporation, the RHA or the respective affiliates have an economic interest in the Foundations.

These financial statements do not include the financial activities of the Foundations. Alternatively, note 9(b)(iii) provides supplementary information of the Foundations.

# Sunrise Regional Health Authority

Notes to Financial Statements  
For the year ended March 31, 2009

## 2. Significant Accounting Policies - continued

### (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 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 interest on long-term mortgages and amortization of capital assets.

#### (iii) Community trust and endowment fund

##### Community trust

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 district 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.

##### Endowment fund

Under the terms of the will of the late Dr. Borys Tolczynski, the RHA administers an endowment fund. The interest from this fund is to be used for education and training expenditures which benefit the health district. Unexpended interest each year is added to the endowment principal. The RHA cannot encroach upon the original endowment bequest of \$201,771 plus unexpended interest except in special circumstances.

# Sunrise Regional Health Authority

Notes to Financial Statements  
For the year ended March 31, 2009

## 2. Significant Accounting Policies - continued

### (c) Revenue

Unrestricted contributions are recognized as revenue in the operating fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

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

### (d) Capital assets

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

Land improvements	4% to 10%
Buildings and service equipment	2% to 4%
Equipment	4% to 25%

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

### (e) Asset retirement obligations

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

### (f) Inventories

Inventories consist of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost and net realizable value. Cost is determined on an average-cost basis.

# Sunrise Regional Health Authority

Notes to Financial Statements  
For the year ended March 31, 2009

## 2. Significant Accounting Policies - continued

### (g) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

### (h) Measurement uncertainty

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

### (i) Financial instruments

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

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

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

As at March 31, 2009 (2008 - none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

# Sunrise Regional Health Authority

Notes to Financial Statements  
For the year ended March 31, 2009

## 2. Significant Accounting Policies - continued

### (i) Financial instruments - continued

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

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

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

### (j) Replacement reserves

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

## 3. Capital Assets

	<u>March 31, 2009</u>			2008
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	246,528		246,528	246,528
Land improvements	913,149	732,740	180,409	184,471
Buildings and service equipment	104,883,152	48,611,296	56,271,856	58,795,381
Equipment	25,071,262	14,058,989	11,012,273	8,608,438
Construction-in- progress	15,235,198		15,235,198	8,521,243
	<u>\$ 146,349,289</u>	<u>\$ 63,403,025</u>	<u>\$ 82,946,264</u>	<u>\$ 76,356,061</u>

# Sunrise Regional Health Authority

Notes to Financial Statements  
For the year ended March 31, 2009

## 4. Commitments

### (a) Capital asset acquisitions

At March 31, 2009, commitments for acquisition of capital assets were \$606,865 (2008 - \$671,570).

### (b) Supplier payments

At March 31, 2009, commitments for outstanding purchase orders were \$1,265,250 (2008 - \$1,090,340).

### (c) Capital projects

The RHA has been approved to proceed with the development design and schematic design phase of the Preeceville Integrated Health Facility with a maximum approved Sask. Health shareable portion of \$10,000,000. This project includes maintaining ten acute-care beds, establishing a total of 40 long-term care beds and renovating existing facilities as funding is available. As at March 31, 2009, costs incurred total \$9,422,816 (2008 - \$5,568,219) and are included in construction-in-progress in these financial statements.

Sunrise RHA entered into a guaranteed energy performance savings contract with SaskPower Energy Solutions Company on September 27, 2007. The total cost of the energy performance contract is \$6,070,838 plus GST. As at March 31, 2008, construction costs incurred total \$5,498,944 (2008 - \$2,786,801) and are included in construction-in-progress in these financial statements.

### (d) Operating leases

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

2010	597,859
2011	415,853
2012	327,162
2013	271,395
2014	247,774
Thereafter	<u>255,363</u>
Total minimum lease payments	<u>\$ 2,115,406</u>

### (e) Asset retirement obligations

The RHA has not recorded a liability for an asset retirement obligation.

### (f) Contracted health service operators

The RHA contracts on an ongoing basis with private health service operators to provide health services in the RHA. The RHA has contracted for services in the year ending March 31, 2010 similar to those provided by these operators in the prior fiscal year.

# Sunrise Regional Health Authority

## Notes to Financial Statements For the year ended March 31, 2009

### 5. Deferred Revenue

Revenue	Balance, Beginning of Year	Less: Amount Recognized	Add: Amount Received	Balance, End of Year
<b>Sask. Health Initiatives</b>				
Human papillomavirus vaccine		12,516	22,716	10,200
High quality workplace	5,418	5,418		
Needle exchange		10,134	16,000	5,866
Quality health workplace initiatives	37,865	14,668	36,952	60,149
Clinical education and training	16,557	36,548	38,072	18,081
Integrated stroke strategy pilot		50,000	100,000	50,000
Project Hope - population health	25,843	75,680	70,000	20,163
Retention grant program - managing aggressive behaviour			75,000	75,000
Retention grant program - respectful workplace education program		1,568	75,000	73,432
Retention grant program - nutrition/ dietary services			16,000	16,000
Recruitment and relocation of international nurses		128,042	235,000	106,958
Recruitment and orientation of international nurses		187,090	305,000	117,910
Federal accord - home care	81,068	33,934		47,134
Integrated case management - cognitive disabilities strategy			15,000	15,000
MDS home care project	80,979	3,145		77,834
Hemodialysis expansion	119,362	52,691		66,671
Project Hope - other	7,931		4,332	12,263
Secure care youth detox	54,328	144,830	160,000	69,498
Facility assessment audit	16,736			16,736
Primary care - RN/NP services	28,150	14,228	25,000	38,922
Pharmacist enhancement	40,000			40,000
Nurse safety training	127,015	103,323	201,990	225,682
24/7 medical remuneration	99,136	99,136		
Project Hope - respite care home	33,112	73,000	88,600	48,712
Project Hope - recreation therapist	19,284	57,283	75,000	37,001
Project Hope - drop-in centre	13,690	4,054	13,500	23,136
Children's mental health outreach	38,000		76,000	114,000
Autism spectrum disorder services	28,000	15,739	200,000	212,261
Positive workplace	75,000			75,000
Infant influenza	3,180	3,180		
MMR immunization record check	4,986	4,986		
Primary care strategic initiatives	16,667	16,208	20,000	20,459
Immunization program enhancement			13,040	13,040
	<u>972,307</u>	<u>1,147,401</u>	<u>1,882,202</u>	<u>1,707,108</u>
<b>Non-Sask. Health Initiatives</b>				
Sask. Housing Corporation mortgage subsidy	15,796	15,796	15,896	15,896
Kids First	204,747	96,594	169,287	277,440
Acquired brain injury	30,657	78,592	56,784	8,849
Assist program	467	912	1,980	1,535
SUN/ SAHO nurse recruitment and retention			262,625	262,625
Rent received in advance	9,245	9,245	8,878	8,878
S.R.N.A. grant	5,649	2,977		2,672
Teen wellness	19,830	634		19,196
Ministry of Social Services	28,294	38,294	10,000	
Palliative care conference			18,233	18,233
SAHO - employee kiosks	5,570	5,570		
Dietary education	2,000	2,000		
Project Hope - corrections	36,502	84,970	75,000	26,532
Babyfriendly - Kids First	15,000	3,967	15,000	26,033
St. Paul's minor capital donations	5,602	5,602		
Foam Lake women's health day			500	500
Royal Purple children's donations	1,547	1,547		
	<u>380,906</u>	<u>346,700</u>	<u>634,183</u>	<u>668,389</u>
	<u>\$ 1,353,213</u>	<u>\$ 1,494,101</u>	<u>\$ 2,516,385</u>	<u>\$ 2,375,497</u>

## Sunrise Regional Health Authority

Notes to Financial Statements  
For the year ended March 31, 2009

### 6. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms (Principal and Interest)	Balance Outstanding 2009	Balance Outstanding 2008
Yorkton and District Nursing Home CMHC, due September 1, 2018	5.875%	\$23,481; mortgage renewal date, September 1, 2018	171,158	184,288
CMHC, due June 1, 2027	8.000%	\$69,670; mortgage renewal date, June 1, 2027	673,760	689,718
CMHC, due November 1, 2022	5.420%	\$163,120 of which \$57,689 is subsidized by SHC, yielding an effective interest rate of 1.77%; mortgage renewal date, December 1, 2012	1,577,996	1,654,476
Foam Lake Jubilee Home CMHC, due May 1, 2017	5.750%	\$10,911; mortgage renewal date, May 1, 2017	71,161	77,822
CMHC, due January 1, 2022	4.310%	\$40,893 of which \$9,983 is subsidized by SHC, yielding an effective interest rate of 1.85%; mortgage renewal date, December 1, 2016	403,411	426,568
Lakeside Manor Care Home CMHC, due August 1, 2021	4.310%	\$93,107 of which \$24,958 is subsidized by SHC, yielding an effective interest rate of 1.55%; mortgage renewal date, December 1, 2016	895,879	949,546
Theodore Health Centre CMHC, due December 1, 2023	4.540%	\$50,070 of which \$9,834 is subsidized by SHC, yielding an effective interest rate of 2.70%; mortgage renewal date, February 1, 2015	538,906	564,169
Langenburg Centennial Special Care Home CMHC, due September 1, 2026	8.000%	\$27,884; mortgage renewal date, September 1, 2026	264,549	271,322
CMHC, due April 1, 2022	4.420%	\$52,110 of which \$13,122 is subsidized by SHC, yielding an effective interest rate of 1.90%; mortgage renewal date, March 1, 2017	518,271	547,043

## Sunrise Regional Health Authority

Notes to Financial Statements  
For the year ended March 31, 2009

6. **Mortgages Payable** - continued

Title of Issue	Interest Rate	Annual Repayment Terms (Principal and Interest)	Balance Outstanding 2009	Balance Outstanding 2008
Invermay Health Centre CMHC, due March 1, 2017	4.610%	\$27,438 of which \$7,122 is subsidized by SHC, yielding an effective interest rate of .85%; mortgage renewal date, June 1, 2016	183,579	202,188
CMHC, due May 1, 2022	4.610%	\$34,471 of which \$7,578 is subsidized by SHC, yielding an effective interest rate of 2.61%; mortgage renewal date, June 1, 2016	380,145	400,780
Norquay Health Centre CMHC, due March 1, 2017	4.610%	\$26,824 of which \$6,409 is subsidized by SHC, yielding an effective interest rate of 1.14%; mortgage renewal date, June 1, 2016	179,468	197,660
CMHC, due July 1, 2022	4.610%	\$39,456 of which \$7,769 is subsidized by SHC, yielding an effective interest rate of 2.63%; mortgage renewal date, June 1, 2016	393,448	414,452
Canora Gateway Lodge CMHC, due January 1, 2023	7.250%	\$30,450; mortgage renewal date, January 1, 2023	267,116	278,058
CMHC, due April 1, 2017	4.610%	\$49,831 of which \$14,243 is subsidized by SHC, yielding an effective interest rate of 0.51%; mortgage renewal date, June 1, 2016	336,260	369,929
Kamsack Nursing Home CMHC, due February 1, 2017	4.420%	\$89,961 of which \$19,684 is subsidized by SHC, yielding an effective interest rate of 1.24%; mortgage renewal date, February 1, 2017	600,963	663,170

## Sunrise Regional Health Authority

Notes to Financial Statements  
For the year ended March 31, 2009

6. **Mortgages Payable** - continued

Title of Issue	Interest Rate	Annual Repayment Terms (Principal and Interest)	Balance Outstanding 2009	Balance Outstanding 2008
St. Paul Lutheran Home of Melville CMHC, due June 1, 2018	5.750%	\$15,859; mortgage renewal date, June 1, 2018	113,886	122,991
CMHC, due August 1, 2022	5.520%	\$112,991 of which \$43,388 is subsidized by SHC, yielding an effective interest rate of 1.49%; mortgage renewal date, September 1, 2012	1,073,094	1,126,062
Ituna & District Pioneer Lodge CMHC, due May 1, 2025	8.000%	\$28,656; mortgage renewal date, May 1, 2025	261,667	269,396
Esterhazy Centennial Special Care Home CMHC, due July 1, 2019	6.875%	\$20,918; mortgage renewal date, July 1, 2019	155,121	165,152
CMHC, due August 1, 2022	4.440%	\$47,375 of which \$12,357 is subsidized by SHC, yielding an effective interest rate of 1.81%; mortgage renewal date, December 1, 2017	479,350	505,063
East Central Regional Laundry Bank of Montreal, due January 1, 2009	4.240%	\$369,636; mortgage renewal date, January 1, 2009		363,721
Energy renewal project Concentra Financial, due 2032	prime (2.5%)	interest only during construction, replaced with a term facility up to the authorized limit of \$6,150,000 with interest to be fixed at the 5-year Government of Canada bond rate plus 1.25%, renewed after 5 years	5,295,225	2,284,610
			<u>14,834,413</u>	<u>12,728,184</u>
Less: Current portion			<u>670,600</u>	<u>897,400</u>
			<u>\$ 14,163,813</u>	<u>\$ 11,830,784</u>

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

# Sunrise Regional Health Authority

Notes to Financial Statements  
For the year ended March 31, 2009

## 6. Mortgage Payable - continued

For each of the mortgages, the RHA has pledged the related buildings of the facilities as security. Principal amounts due within each of the next five years are estimated as follows:

2010	670,600
2011	757,600
2012	793,200
2013	831,300
2014	871,000
2015 and subsequent	<u>10,910,713</u>
	<u>\$ 14,834,413</u>

## 7. Net Change in Non-Cash Working Capital

	Operating Fund		Capital Fund	Restricted Funds	
	2009	2008		Community Trust and Endowment Funds	2009 Total
Decrease (increase)					
Accounts receivable	222,281	( 565,320)	248,491	248,491	( 371,901)
Inventory	43,513	( 11,422)			
Prepaid expenses	( 92,494)	82,328	485,212	485,212	( 472,926)
Increase (decrease)					
Accounts payable	3,314,976	184,814	( 403,577)	( 403,577)	96,577
Accrued liabilities	1,289,528	1,605,535	( 455)	( 455)	4,106
Deferred revenue	1,022,184	409,306	100	100	( 1,769)
	<u>\$ 5,799,988</u>	<u>\$ 1,705,241</u>	<u>\$ 329,771</u>	<u>\$ 0</u>	<u>\$ 329,771</u>
					<u>\$ ( 745,913)</u>

## 8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents utilizing the RHA's facilities. The total cash held in trust as at March 31, 2009 was \$248,775 (2008 - \$242,154). These amounts are not reflected in the financial statements.

## 9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan crown agencies such as departments, corporations, boards and commissions under the common control of the government of Saskatchewan. The RHA is also related to non-crown enterprises that the government jointly controls or significantly influences. In addition, the RHA is related to other non-government organizations by virtue of its economic interest in these organizations.

# Sunrise Regional Health Authority

Notes to Financial Statements  
For the year ended March 31, 2009

## 9. Related Parties - continued

### (a) Related-party transactions

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

Financial Statement Accounts	2009	2008
Assets		
Accounts Receivable		
Saskatchewan Government Insurance	\$ 83	\$ 22,815
SAHO		30,210
Sask. Workers' Compensation Board	33,111	41,235
Prepaid Expenses		
SaskTel		22,370
SAHO	135,063	131,624
Liabilities		
Accounts Payable		
Saskatchewan Health Employees Pension Plan *		1,267,453
Sask. Workers' Compensation Board		607,812
SAHO - Disability Income Plan *	217,707	312,597
SaskEnergy	351,042	69,622
Sask. Property Management Corporation	79,334	10,711
SaskTel	270,053	37,222
SaskPower	292,140	615,010
SAHO	20,870	17,358
SAHO - Employee Benefit Programs *		125,616
Regina Qu'Appelle Health Region	28,016	23,070
Revenue		
Sask. Workers' Compensation Board	369,352	315,984
Saskatchewan Government Insurance	120,801	139,490
Expenses		
Saskatchewan Health Employees Pension Plan *	11,910,671	11,666,852
Sask. Workers' Compensation Board	1,820,421	2,200,661
SAHO - Disability Income Plan *	2,863,099	2,614,174
SAHO - Enhanced Dental Plan *	3,038,917	2,748,790
SaskPower	4,892,790	3,923,824
SaskEnergy	2,046,610	1,507,896
SAHO - Employment Strategy *	155,432	141,499
SAHO - Core Dental Plan *	1,353,762	1,033,804
Sask. Property Management Corporation	713,340	762,506
SaskTel	511,368	513,280
Public Employees Pension Plan *	340,646	314,792
SAHO	449,049	391,935
Public Service Superannuation Board *	65,058	60,182
Regina Qu'Appelle Health Region	309,056	130,555

\* Indicates that employee portion is included in the above expense.

# Sunrise Regional Health Authority

Notes to Financial Statements  
For the year ended March 31, 2009

## 9. Related Parties - continued

### (a) Related-party transactions - continued

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

### (b) Health-care organizations

#### (i) Community-based organizations and third parties

The RHA has also entered into agreements with community-based organizations (CBO's) and third parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBO's and third parties:

	2009	2008
Yorkton Mental Health Drop In Centre	123,883	98,253
Society for Involvement of Good Neighbours Inc.	<u>267,546</u>	<u>252,842</u>
	<u>\$ 391,429</u>	<u>\$ 351,095</u>

#### (ii) Affiliates with joint service management agreements

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. Further, the RHA provides most of the affiliate's funding. Accordingly, the RHA has the ability to affect the strategic operating, investing and financing activities of the affiliates.

The RHA consolidated financial statements include the accounts of St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville based on the joint service management agreement held with each of the three organizations. The following information, which combines the operating fund and capital fund, is supplementary to those statements.

# Sunrise Regional Health Authority

Notes to Financial Statements  
For the year ended March 31, 2009

## 9. Related Parties - continued

### (b) Health-care organizations - continued

#### (ii) Affiliates with joint service management agreements - continued

	St. Anthony's Hospital	St. Peter's Hospital	St. Paul Lutheran Home	2009 Total	2008 Total
<b>Statement of Financial Position</b>					
Total assets	<u>\$ 1,743,691</u>	<u>\$ 1,440,654</u>	<u>\$ 4,790,609</u>	<u>\$ 7,974,954</u>	<u>\$ 7,772,511</u>
Total liabilities	235,840	537,851	2,304,522	3,078,213	3,214,175
Total fund balances	<u>1,507,851</u>	<u>902,803</u>	<u>2,486,087</u>	<u>4,896,741</u>	<u>4,558,336</u>
	<u>\$ 1,743,691</u>	<u>\$ 1,440,654</u>	<u>\$ 4,790,609</u>	<u>\$ 7,974,954</u>	<u>\$ 7,772,511</u>
<b>Results of Operations</b>					
RHA grant	3,159,963	6,759,897	7,664,500	17,584,360	16,356,604
Other revenue	<u>250,255</u>	<u>372,508</u>	<u>3,013,720</u>	<u>3,636,483</u>	<u>3,504,124</u>
Total revenue	<u>3,410,218</u>	<u>7,132,405</u>	<u>10,678,220</u>	<u>21,220,843</u>	<u>19,860,728</u>
Salaries and benefits	2,610,921	5,252,342	8,660,576	16,523,839	15,948,005
Other expenses *	<u>746,335</u>	<u>1,782,658</u>	<u>1,829,606</u>	<u>4,358,599</u>	<u>4,074,548</u>
Total expenses	<u>3,357,256</u>	<u>7,035,000</u>	<u>10,490,182</u>	<u>20,882,438</u>	<u>20,022,553</u>
Excess (deficiency) of revenue over expenses	<u>\$ 52,962</u>	<u>\$ 97,405</u>	<u>\$ 188,038</u>	<u>\$ 338,405</u>	<u>\$ ( 161,825)</u>

\* Other expenses includes amortization of \$589,359 (2008 - \$527,517).

#### **Cash Flows**

Cash from operations	176,739	278,426	362,435	817,600	317,034
Cash used in financing activities			( 62,074)	( 62,074)	( 58,496)
Cash used in investing activities **	<u>( 170,678)</u>	<u>( 248,148)</u>	<u>( 336,730)</u>	<u>( 755,556)</u>	<u>( 317,910)</u>
Increase (decrease) in cash	<u>\$ 6,061</u>	<u>\$ 30,278</u>	<u>\$ ( 36,369)</u>	<u>\$ ( 30)</u>	<u>\$ ( 59,372)</u>

\*\* Cash used in investing activities includes capital purchases of \$916,123 (2008 - \$363,210).

# Sunrise Regional Health Authority

Notes to Financial Statements  
For the year ended March 31, 2009

## 9. Related Parties - continued

### (b) Health-care organizations - continued

#### (iii) Fundraising foundations

Fundraising efforts are undertaken through the non-profit business corporations known as The Health Foundation of East Central Saskatchewan Inc., St. Peter's Hospital Foundation (Melville) Inc. and St. Anthony's Hospital Foundation Inc. (the Foundations). The RHA or the respective affiliates have an economic interest in the Foundations. The Foundations have the following year-ends:

The Health Foundation of East Central Saskatchewan Inc. - December 31

St. Peter's Hospital Foundation (Melville) Inc. - December 31

St. Anthony's Hospital Foundation Inc. - March 31

	St. Anthony's Hospital Foundation Inc.	St. Peter's Hospital Foundation (Melville) Inc.	Health Foundation of ECS Inc.	2009 Total	2008 Total
<b>Statement of Financial Position</b>					
Total assets	<u>\$ 1,091,892</u>	<u>\$ 565,509</u>	<u>\$ 1,612,054</u>	<u>\$ 3,269,455</u>	<u>\$ 3,219,408</u>
Total liabilities		1,055	496,823	497,878	859,327
Total fund balances	<u>1,091,892</u>	<u>564,454</u>	<u>1,115,231</u>	<u>2,771,577</u>	<u>2,360,081</u>
	<u>\$ 1,091,892</u>	<u>\$ 565,509</u>	<u>\$ 1,612,054</u>	<u>\$ 3,269,455</u>	<u>\$ 3,219,408</u>
<b>Results of Operations</b>					
Total revenues	91,237	66,312	1,171,369	1,328,918	1,803,532
Total contributions to the RHA	( 15,826)	( 85,380)	( 333,312)	( 434,518)	( 1,059,161)
Total fundraising expenses			( 358,611)	( 358,611)	( 346,328)
Total operating expenses	<u>( 1,361)</u>	<u>( 2,239)</u>	<u>( 560,877)</u>	<u>( 564,477)</u>	<u>( 180,774)</u>
Excess (deficiency) of revenue over expenses	<u>\$ 74,050</u>	<u>\$ ( 21,307)</u>	<u>\$ ( 81,431)</u>	<u>\$ ( 28,688)</u>	<u>\$ 217,269</u>
<b>Cash Flows</b>					
Cash from operations	75,107	( 18,177)	( 82,286)	( 25,356)	412,030
Cash from (used in) financing and investing activities	<u>620,406</u>	<u>( 43,524)</u>	<u>                    </u>	<u>576,882</u>	<u>101,183</u>
Increase (decrease) in cash	<u>\$ 695,513</u>	<u>\$ ( 61,701)</u>	<u>\$ ( 82,286)</u>	<u>\$ 551,526</u>	<u>\$ 513,213</u>

# Sunrise Regional Health Authority

Notes to Financial Statements  
For the year ended March 31, 2009

## 10. Pension

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

(a) Saskatchewan Healthcare Employees' Pension Plan (SHEPP)

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

(b) Public Service Superannuation Plan (a related party)

This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

(c) Public Employees' Pension Plan (a related party)

This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense for the year amounted to \$6,310,353 (2008 - \$5,965,858) and is included in benefits in schedule 1.

	2009			Total	2008
	SHEPP**	PSSP	PEPP		Total
Number of active members	2,331	11	34	2,376	2,376
Member contribution rate, percentage of salary	3.00-5.00%*	3.00-5.00%*	3.00-5.00%*		
RHA contribution rate, percentage of salary	3.00-5.00%*	3.00-5.00%*	3.00-5.00%*		
Member contributions	5,435,684	42,817	139,531	5,618,032	5,308,685
RHA contributions	6,089,490	77,332	143,531	6,310,353	5,965,858

\*Contribution rate varies based on employee group.

\*\*Active members include all employees of the RHA, including those on leave of absence as of March 31, 2009. Inactive members are transferred to SHEPP and not included in these results.

# Sunrise Regional Health Authority

Notes to Financial Statements  
For the year ended March 31, 2009

## 11. Budget

The RHA Board approved the 2008-2009 budget plan on May 28, 2008.

## 12. 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 Workers' Compensation Board, health insurance companies or other provinces; therefore, the credit risk is minimal.

### (c) Fair value

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

- (i) The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature:

- Accounts receivable
- Accounts payable
- Accrued salaries and vacation payable

- (ii) Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

- (iii) The fair value of mortgages payable and long-term debt before the repayment required within one year is \$14,834,000 (2008 - \$12,728,000) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

# Sunrise Regional Health Authority

Notes to Financial Statements  
For the year ended March 31, 2009

## 12. Financial Instruments - continued

### (d) Operating line-of-credit

The RHA has an approved operating line-of-credit of \$15,750,000 (2008 - \$15,750,000) with interest charged at a rate of prime less 0.75%, which is renegotiated annually. The line-of-credit is secured by an assignment of grants and revenues of the RHA. Total interest paid on the line-of-credit in 2009 was \$299,020 (2008 - \$522,455). The line-of-credit was approved by the Minister on October 7, 1998.

The affiliates also have operating lines-of-credit with limits totalling \$650,000 (2008 - \$650,000). These lines-of-credit are secured by an assignment of grants and revenues from the RHA. Total interest paid on these lines-of-credit in 2009 was \$2,472 (2008 - \$4,388).

## 13. 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.

	2009			2008		
	Operating Fund	Capital Fund	Community Trust and Endowment Funds	Operating Fund	Capital Fund	Community Trust and Endowment Funds
Capital asset purchases by other funds	( 699,473)	774,664	( 75,191)	( 1,135,268)	1,528,383	( 393,115)
Replacement reserve allocations	( 128,232)	128,232		( 128,260)	128,260	
Mortgage principal and interest paid by operating fund	( 184,088)	184,088		( 220,906)	220,906	
Operating expenditures financed by replacement reserve	48,955	( 48,955)		33,520	( 33,520)	
Operating expenditures financed by community trust funds	6,467		( 6,467)	45,277		( 45,277)
Operating expenditures financed by capital fund	35,928	( 35,928)		30,015	( 30,015)	
	\$( 920,443)	\$ 1,002,101	\$( 81,658)	\$( 1,375,622)	\$ 1,814,014	\$( 438,392)

## 14. Volunteer Services

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

# Sunrise Regional Health Authority

Notes to Financial Statements  
For the year ended March 31, 2009

## 15. **Community-Generated Funds**

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the board. The assets are interest-bearing with the interest credited to the trust balance. The board presently administers \$152,549 (2008 - \$223,218) under these agreements.

Following is the status of the trust funds at March 31, 2009:

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

## 16. **Joint Job Evaluation Reconsiderations**

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU and SGEU allowed for an appeal process. As a result, employees and employers filed appeals, and recommendations on these appeals were completed. Major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). There still remains a number of individual issues that consist of recommendations that were not agreed to. Outcomes of the Tribunal resulted in further issues where additional classifications were created and duties of existing classifications were revised. A process to deal with the issues is being developed by a third party. Dealing with some of these issues is expected to extend until 2011. The results of outstanding issues are currently unknown. The costs of these cannot be reasonably determined at this time.

## Sunrise Regional Health Authority

Notes to Financial Statements  
For the year ended March 31, 2009

### 17. Energy Renewal Project

Energy performance contracting is a unique program that allows the RHA to implement facility improvements, reduce energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. SaskPower Energy Solutions performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost savings that will pay for the cost and financing of this project within an established time frame. Any additional savings are calculated and verified by methods established in the contract and are applied to the loan.

Sunrise RHA entered into a guaranteed energy performance savings contract with SaskPower Energy Solutions Company on September 27, 2007. The total cost of the energy performance contract is \$6,070,838 plus GST. As at March 31, 2009, construction costs of \$5,498,944 (2008 - \$2,786,801) have been financed through a construction debt facility of \$5,295,226 (2008 - \$2,284,610), which bears interest at a floating rate equal to the prime rate. The total construction debt facility is scheduled to be replaced with a term debt facility of up to \$6,150,000 at the construction completion date which has been revised to June 2009, which shall bear interest at a fixed rate equal to the yield payable on the 5-year Canada Bond rate plus 1.25% per annum. The term debt facility is to be amortized for a period of 23 years.

Total estimated utility savings for 2009 is \$344,823 (2008 - \$25,785).

Total interest cost on the construction debt facility in 2009 is \$158,371 (2008 is \$21,622).

The \$190,615 accumulated utility savings less the interest paid on the construction debt facility to March 31, 2009 are intended to reduce the term debt facility.

## Sunrise Regional Health Authority

Schedule of Expenses by Object  
For the year ended March 31, 2009

**Schedule 1**

	<b>Budget 2009</b>	<b>Actual 2009</b>	<b>Actual 2008</b>
<b>Operating</b>			
Board costs	117,160	111,561	84,772
Compensation - benefits	19,480,667	20,685,320	19,474,420
Compensation - salaries	104,645,672	113,392,177	105,884,637
Diagnostic imaging supplies	384,698	318,623	316,967
Drugs	2,603,720	1,970,061	2,187,905
Food	2,730,846	2,755,125	2,647,548
Grants to ambulance services	2,638,571	2,741,733	2,581,726
Grants to third parties	427,271	744,351	477,114
Housekeeping and laundry supplies	1,524,360	1,593,421	1,520,012
Information technology contracts	395,317	370,570	347,252
Insurance	529,067	543,437	413,678
Interest	564,455	332,434	547,073
Laboratory supplies	1,128,198	1,175,739	1,031,853
Medical and surgical supplies	3,003,072	2,902,929	2,859,921
Medical remuneration and benefits	7,053,856	6,480,960	5,963,053
Office supplies and other office costs	1,028,044	1,039,468	1,000,253
Other	2,286,675	1,764,793	1,904,808
Other referred-out services	1,643,605	1,537,003	1,203,423
Professional fees	844,299	1,065,721	818,082
Prosthetics	222,775	223,296	210,559
Purchased services	644,359	255,497	396,730
Rent/lease costs	1,313,601	1,468,462	1,046,028
Repairs and maintenance	851,750	1,158,237	1,126,189
Service contracts	1,254,733	1,303,064	1,211,490
Travel	1,617,280	1,664,424	1,446,824
Utilities	3,973,917	4,261,625	4,020,710
	<u>\$ 162,907,968</u>	<u>\$ 171,860,031</u>	<u>\$ 160,723,027</u>
<b>Restricted</b>			
Amortization		5,594,249	5,464,957
Loss (gain) on disposal of capital assets		( 2,629)	( 13,788)
Mortgage interest expense		680,886	570,414
Other		<u>2,500</u>	<u>53,435</u>
		<u>\$ 6,275,006</u>	<u>\$ 6,075,018</u>

*See accompanying notes to the financial statements.*

# Sunrise Regional Health Authority

## Schedule of Cash and Investments

As at March 31, 2009

**Schedule 2**

	Maturity Date	Effective Rate	Restricted Amount *	Unrestricted Amount	Total
<b>Cash and Short-Term Investments</b>					
Cash, chequing and savings accounts		0-2.5%	11,853,724	304,340	12,158,064
Guaranteed investment certificates					
Pacific & Western	10/02/2009	4.65%		18,074	18,074
Canadian Western Trust	09/26/2009	4.55%	30,889		30,889
Bonds and debentures					
Province of Prince Edward Island	06/09/2009	4.31%		<u>11,890</u>	<u>11,890</u>
<b>Total Cash and Short-Term Investments</b>			<u>11,884,613</u>	<u>334,304</u>	<u>12,218,917</u>
<b>Long-Term Investments</b>					
Bonds and debentures					
Province of Saskatchewan savings bond	07/15/2012	4.20%	52,500		52,500
Guaranteed investment certificates					
Canadian Western Bank	10/01/2010	4.10%		18,772	18,772
ICICIC Bank	06/09/2011	4.38%	12,508		12,508
National Bank of Canada	10/12/2010	4.86%	17,933		17,933
Equity in co-operatives		0.00%		15,872	15,872
Notes receivable - physicians		0.00%		<u>179,835</u>	<u>179,835</u>
<b>Total Long-Term Investments</b>			<u>82,941</u>	<u>214,479</u>	<u>297,420</u>
<b>Total Cash and Investments</b>			<u>\$ 11,967,554</u>	<u>\$ 548,783</u>	<u>\$ 12,516,337</u>

The carrying amounts of the long-term investments approximate fair value.

\* Restricted investments consist of:

- Community-generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held in the Capital Fund (Schedule 4).

# Sunrise Regional Health Authority

## Schedule of Externally-Restricted Funds

For the year ended March 31, 2009

**Schedule 3**

	Balance, Beginning of Year	Investment Income	Expenses	Withdrawals	Balance, End of Year
<b>Pre-Amalgamation Trust Accounts</b>					
Centennial Special Care Home	36,699	450		( 32,742)	4,407
Esterhazy Home Care	73,463	1,775		( 1,838)	73,400
Foam Lake primary care	19,448	360		( 5,638)	14,170
Gateway Lodge - Canora	1,275	83		( 1,358)	
Theodore Health Centre	<u>92,333</u>	<u>2,098</u>		<u>( 33,859)</u>	<u>60,572</u>
	223,218	4,766	0	( 75,435)	152,549
<b>Endowment Fund</b>					
Dr. Borys Tolczynski Memorial Fund	<u>358,552</u>	<u>8,723</u>	<u>( 2,500)</u>	<u>( 6,223)</u>	<u>358,552</u>
	<u>\$ 581,770</u>	<u>\$ 13,489</u>	<u>\$( 2,500)</u>	<u>\$( 81,658)</u>	<u>\$ 511,101</u>

	Balance, Beginning of Year	Investment Income	Donations	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance, End of Year
<b>Capital Fund - Donations for Capital Assets</b>						
Acute care administration	852			( 794)		58
Canora Hospital	24,782	798		( 47)		25,533
Esterhazy C.S.C.H.	107,653	2,902	13,400	( 5,239)	( 9,594)	109,122
Gateway Lodge - Canora	123,329	5,393	55,505	( 19,774)	( 10,805)	153,648
Home Care	12,867	365	7,940	( 5,256)		15,916
Invermay Health Centre	857	13	4,173			5,043
Ituna Pioneer Healthcare Centre	1,446	33	1,215	( 126)		2,568
Kamsack Hospital	52,128	1,090	2,410	154		55,782
Kamsack Nursing Home	19,470	434	600			20,504
Lakeside Manor Care Home	63,184	1,367	3,910	( 1,530)	( 12,210)	54,721
Mental Health	422	35	1,000			1,457
Norquay Health Centre	25,519	622	3,850	( 232)		29,759
Parkland Alcohol & Drug Services	5,839	143	50	( 450)		5,582
Preeceville building fund	45,742	364	36,327		( 47,929)	34,504
Preeceville Hospital	68,448	1,035	2,225	( 58)	( 7,171)	64,479
Preeceville Lions Housing	4,167	54				4,221
Rama First Responders	1,136	28				1,164
St. Anthony's Hospital	9,178	64				9,242
St. Paul Lutheran Home	20,000				( 20,000)	
South district - other	1,524	37				1,561
Sunrise regional donations	111,954	2,684	4,355	( 241)	( 12,176)	106,576
Yorkton R. H. C.	<u>14,912</u>	<u>383</u>	<u>3,920</u>	<u>( 2,338)</u>		<u>16,877</u>
	<u>\$ 715,409</u>	<u>\$ 17,844</u>	<u>\$ 140,880</u>	<u>\$( 35,931)</u>	<u>\$( 119,885)</u>	<u>\$ 718,317</u>

*See accompanying notes to the financial statements.*

**Sunrise Regional Health Authority**  
**Schedule of Internally-Restricted Funds**  
For the year ended March 31, 2009

**Schedule 4**

	Balance, Beginning of Year	Investment Income Allocated	Annual Allocation from Unrestricted Fund	Transfer to Unrestricted Fund (Expenses)	Transfer to Investment in Capital Asset Fund Balance	Balance, End of Year
<b>Capital</b>						
Replacement reserve funds						
Esterhazy Centennial Special Care Home	48,526	1,282	13,000		( 2,896)	59,912
Foam Lake Jubilee Home	31,281	586	11,590	( 4,090)	( 18,604)	20,763
Gateway Lodge - Canora	39,607	1,087	14,254			54,948
Invermay Health Centre	25,934	662	7,000	( 1,911)	( 12,595)	19,090
Ituna Pioneer Healthcare Centre	41,057	1,045	5,600			47,702
Kamsack Nursing Home	75,508	1,964	14,596			92,068
Lakeside Manor Care Home	60,445	1,403	8,000		( 19,031)	50,817
Langenburg Health Care Complex	11,404	368	10,288			22,060
Norquay Health Centre	31,546	827	7,000			39,373
St. Paul Lutheran Home	111,279	5,353	15,400	( 42,954)	( 26,023)	63,055
Yorkton & District Nursing Home	66,524	1,752	21,504		( 5,367)	84,413
	<u>543,111</u>	<u>16,329</u>	<u>128,232</u>	<u>( 48,955)</u>	<u>( 84,516)</u>	<u>554,201</u>
Other internally-restricted funds						
Funds for future capital expenditures	<u>2,834,160</u>	<u>78,521</u>	<u>7,646,670</u>	<u>0</u>	<u>0</u>	<u>10,559,351</u>
	<u>3,377,271</u>	<u>94,850</u>	<u>7,774,902</u>	<u>\$( 48,955)</u>	<u>( 84,516)</u>	<u>11,113,552</u>
<b>Operating</b>						
Other internally-restricted funds						
St. Paul Lutheran Home	32,601	1,636	14,230	( 4,967)		43,500
St. Peter's Hospital	25,429	492	0	0	0	25,921
	<u>58,030</u>	<u>2,128</u>	<u>14,230</u>	<u>( 4,967)</u>	<u>0</u>	<u>69,421</u>
<b>Total Internally-Restricted Funds</b>	<u>\$ 3,435,301</u>	<u>\$ 96,978</u>	<u>\$ 7,789,132</u>	<u>\$( 53,922)</u>	<u>\$( 84,516)</u>	<u>\$ 11,182,973</u>

**Sunrise Regional Health Authority**  
 Schedule of Board Remuneration, Benefits and Allowances  
 For the year ended March 31, 2009

**Schedule 5**

	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2009 Total	2008 Total
<b>RHA Members</b>								
Irene Adams		712		164			876	2,504
Ralph Ager		1,000		406			1,406	
Lawrence Chomos		4,900		2,662		182	7,744	4,720
Patricia Hack		4,163		1,690		113	5,966	3,184
Janet Hill		2,300				61	2,361	2,717
Audrey Horkoff		4,038		2,310		140	6,488	2,859
Greg Kobylka	1,578	6,295		1,282		241	9,396	3,393
Doris Kopelchuk		1,000		122		43	1,165	
John Nightingale		1,000		574			1,574	
Jennie Ortynsky								1,194
Isabel O'Soup		900		605			1,505	
Ivan Peterson	8,382	8,106		3,611		310	20,409	21,241
Dennis Popowich		3,300		900		117	4,317	3,775
Dave Schappert		1,000		808			1,808	
Grant See		3,625		1,882			5,507	5,338
Jo-Anne Seib		1,000		308		43	1,351	
Walter Streelasky		2,113		904		52	3,069	978
	<u>\$ 9,960</u>	<u>\$ 45,452</u>	<u>\$ 0</u>	<u>\$ 18,228</u>	<u>\$ 0</u>	<u>\$ 1,302</u>	<u>\$ 74,942</u>	<u>\$ 51,903</u>

*See accompanying notes to the financial statements.*

## Sunrise Regional Health Authority

### Schedule of Senior Management Salaries, Benefits, Allowances and Severance For the year ended March 31, 2009

**Schedule 5 (continued)**

	2009				2008			
	Salaries	Benefits and Allowances	Subtotal	Severance Amount	Total	Salaries, Benefits and Allowances	Severance	Total
<b>Senior Employees</b>								
Joe Kirwan, CEO	183,739	2,867	186,606		186,606	177,698		177,698
Dr. Michael Bishop, Chief-of-Staff	140,114		140,114		140,114	136,353		136,353
Vince Bornyk, VP	135,345	660	136,005		136,005	125,042		125,042
Allan Daelick, VP	117,928	66	117,994		117,994	114,573		114,573
Christina Denysek, VP	135,335	660	135,995		135,995	122,519		122,519
Suann Laurent, VP	151,960	1,244	153,204		153,204	142,876		142,876
Lorelei Stusek, VP	135,335	66	135,401		135,401	122,001		122,001
	<u>\$ 999,756</u>	<u>\$ 5,563</u>	<u>\$ 1,005,319</u>	<u>\$ 0</u>	<u>\$ 1,005,319</u>	<u>\$ 941,062</u>	<u>\$ 0</u>	<u>\$ 941,062</u>

- (1) Salaries include regular base pay, overtime, lump-sum payments, honoraria and any other direct cash remuneration including sick leave and vacation.
- (2) Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits and personal use of automobile, cell phone, computer, etc. (as well as any other taxable benefits).

**SUNRISE REGIONAL HEALTH AUTHORITY  
PAYEE DISCLOSURE LIST  
For the Year Ended March 31, 2009**

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of \$50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

**Personal Services**

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total \$50,000 or more

ABDAI, LAURETTA	97,496	BEAR, SUSAN D	72,476
ABRAHAMSON, DAWNA	89,121	BEATTIE, KATHRYN	88,698
ABRAHAMSON, THERESA	75,555	BEATTY, DONNA	100,500
ACHEMICHUK, NOLA	62,081	BEATTY, LAURA	77,633
ADAMS, WENDY	80,928	BECK, SUZANNE	64,802
AHUJA, PRAVEEN	51,257	BECKER, BRENDA	62,595
ALBERS, DONNA	56,145	BELANGER, LOUISE	64,375
AMY, KIERSTEN	68,648	BELL, SHERRY	94,648
ANDERSON, ANNE	78,979	BELLEGARDE, CANDICE	78,188
ANDRES, RYAN	66,190	BENDER, CAROLYN	57,167
ANDREW, H ELAINE	107,412	BERARD, RHONDA	65,052
ANDREYCHUK, FRANCES	88,243	BERG, PAUL	109,471
ANDRUSIAK, ELAINE	81,829	BERGER, BEVERLY	88,346
ANDRUSIAK, FAYE	57,655	BERGMAN, SYLVIA	58,333
ANGUS YANKE, MARY	60,576	BERRECLOTH, KAREN	83,928
ANUIK, JOAN	104,818	BILOKRELI, ROSANNA	79,342
ARESHENKO, MARGE	82,062	BILYK, GWEN	83,658
ARMSTRONG, JANET	79,550	BISHOP, RHONDA	51,791
ARNESON, BRIANNA	95,064	BLENNER HASSETT, BONNIE	95,072
ARNOLD, SANDRA	165,357	BLOMMAERT, BAREND	57,328
BABYAK, CAROLYN	89,904	BLOMMAERT, HIDY	96,688
BAERR, JUDY	70,216	BLOMMAERT, LAURIE	59,117
BALACKO, DEE ANNE	61,697	BODNAR, JOANNE	109,077
BALES, SHERI	62,437	BODNAR, SHERYL	85,170
BARAN, JUDY	60,790	BODNARYK, MERVIN	54,645
BARAN, PETER	68,921	BOHN, DEBORAH	112,042
BARANIUK, IONA	64,121	BOHUN, CHRISTOPH	60,881
BARNES, SHARON	58,752	BOMBERAK, TANIA	66,708
BARON, SANDRA	68,554	BONDARCHUK, SEAN	57,466
BARTESKI, ANDREA	94,843	BONICK, LOUISE	60,983
BASSINGTHWAITE, ERIN	60,018	BORGFORD, BEVERLEY	88,879
BAUER, BERYL	95,064	BORNYK, VINCENT	135,908
BEAR, CHERYL	89,798	BORYS, KIMBERLEY	59,455
BEAR, SHEILA	116,205	BOYCE, TWILA	89,644

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(Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total \$50,000 or more

BOYCHUK, JANICE	95,064	COBB, JANICE	85,215
BREITKREUZ, JAYNELLE	89,530	COBBLEDICK, PEGGY	87,332
BREITKREUZ, LAURIE	72,576	COLEMAN, DEBBIE	69,842
BREITKREUZ, MARTHA	84,895	COMBRES, GILBERT	84,241
BREZINSKI, ROSELINE	98,141	COMPTON, CARLA	58,477
BRIMACOMBE, DEBRA	60,857	COTTENIE, DEBORAH	97,694
BRODA, CHRISTY	76,805	COTTENIE, KATHERINE	64,966
BRODEUR, LISE	60,350	CRAIG, BLANCHE	97,579
BROWN RAYNER, ROXANE	73,567	CRANWELL, CATHY	55,853
BRYKSA, GWEN	53,892	CRISANTO, ALVINCITO	79,196
BRYMER, DORIS	97,318	CRISANTO, DAWN REIT	63,059
BUCHINSKI, SHARON	113,028	CRONKITE, STACEY	75,472
BUCKBERGER, WANDA	82,424	CROW, DANETTE	92,024
BUCSIS, KIM	95,309	CYMBALISTY, IRENE	62,381
BUDD, PATRICIA	61,488	CYMBALISTY, PHYLLIS	79,257
BUHLER, DEBBIE	79,807	CYR PHILIPCHUK, SUSANNE	95,902
BURBACK, DWAYNE	98,903	DAELICK, ALLAN	118,395
BURNS, BRYCE	65,095	DAHLIN, LIVIA	82,960
BYCZYNSKI, BEVERLEY	75,278	DALES, CHERYL	84,391
CAMERON, CAROLYN	99,908	DANYLUK, MILDRED	100,129
CANFIELD, LINDA	85,350	DAREICHUK, RUTH	63,570
CARNDUFF, KAREN	63,497	DAUM, GAYLE	109,801
CHABOT, CHRIS	65,534	DAVIDSON, BETTY	80,923
CHASE, SHELLEY	104,348	DAVIDSON, ELEANOR	67,989
CHERLAND, HENRIK	75,900	DAVIDUIK, MYLA	65,242
CHERLAND, JOLEEN	79,836	DECOCK, PAMELA	59,377
CHILLOG, SHARON	52,975	DECORBY, ALLISON	65,249
CHOPTUIK, KAREN	78,965	DEDMAN, BRENDA	54,229
CHOPTY, LEONA	60,034	DEMCHUK, ANITA	57,988
CHRISTOPHER, GLEN MARY	78,062	DEN BROK, LORI	88,522
CHUPA, BRIAN	84,800	DENESIK, RHEA	59,972
CHUPIK, TERESA	93,906	DENNIS, LORRAINE	88,172
CHURKO, JOANNE	186,467	DENYSEK, CHRISTINA	135,908
CHYZ, CORY	53,660	DERENIWSKY, KRISTEN	68,393
CHYZ, VERNA	57,911	DERKACH, HILDA	102,343
CLAIRMONT, JOANNE	50,463	DESAULNIERS, ANNETTE	53,071
CLARK, SHARON	86,258	DETILLIEUX, JASON	64,042
CLARKE, LINDA	54,012	DIAKOW, CHARLOTTE	52,928
CLEMENTS, SHEILA	87,636	DICKSON, PAMELLA	50,585

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Listed are individuals who received payments for salaries, wages, honorariums, etc. which total \$50,000 or more

DIEHL, JANET	72,291	FALLOWS, BRIAN	54,977
DIERKER, JEAN	69,979	FALODUN, SUSSAN	82,520
DILTS, JUDITH	96,453	FAWCETT, KIMBERLY	124,403
DIONNE, ALICE	59,971	FAYE, SHELLY	84,705
DIXON, CONNIE	64,354	FEDAK RUF, MARCELLA	66,871
DOBKO, KIM	99,246	FEDORAK, GAIL	67,479
DOBKO, ROBIN	54,827	FEDORCHUK, KATHY	64,978
DOBMEIER, TAMARA	65,313	FEDUN, RICHARD	54,922
DOMINEY, JENIFER	51,946	FICHTNER, TRACY	58,094
DOOLING, DOUG	56,940	FIEGE, PATRICIA	67,767
DREGER, CHRISTINE	57,748	FIELDING, ROGER	71,462
DREHER, DIANE	97,683	FIESELER, JUDY	95,064
DUBASOV, JACKIE	50,219	FITZPATRICK, PHYLLIS	132,359
DUBELT, AGNES	78,272	FLAMAN, JANICE	90,749
DUBNYK, NANCY	106,779	FLATT, LORRAINE	51,825
DUBOIS, CHRISTINE	60,979	FLEGER, KIMBERLY	55,573
DUDA, SUSAN	90,044	FLORES, LIDIA	51,609
DUFF, BARBARA	54,680	FLUNDER, LORRAINE	71,694
DUKE, BRENDA	77,188	FLUNDRA, CONNIE	71,872
DUNCAN, SHERRYLEE	73,296	FOGG, MARIANNE	80,769
DUTCHAK, MONICA	102,085	FOGG, SHELLY	52,750
DYCK, BRANDI	52,520	FOX, SHERRELL	89,069
DYKUN, KIMBERLY	70,943	FRANKE, JULIETTE	95,388
DZIAK, EWELINA	51,934	FREDERICKSON, JUDY	93,014
ECKHART, BEVERLEY	52,766	FRICK, GRACE	78,849
ECKLIN, VALINDA	54,884	FRICK, LAURIE	57,523
EDEL, KERRI	58,498	FRITZKE, JANICE	93,441
EDLIN, ROBERT	83,724	FROEHLICH, PERRY	73,472
EDWARDS, VALERIE	78,693	FROH, PENNY	87,119
ELASCHUK, SUZANNE	75,893	FUCHES, BEVERLEY	83,724
ELLIOTT, TERESA	54,988	FULLAWKA, KIMBERLY	66,840
ELLIS, JACKIE	67,512	GABRIEL, DONALD	83,679
ELMY, VERENE	89,488	GABRIEL, TRACY	78,324
ERHARDT, LORETTA	88,761	GALIZ, TRACY	60,306
ERICKSON, GLENDA	74,005	GARTNER, HEATHER	54,598
ERICKSON, TRACY	56,487	GAUDRY, JON	71,561
EXNER, ELAINE	53,808	GAZDEWICH, EMILY	78,352
FAGRIE, OLIVIA	89,188	GAZDEWICH, PAUL	54,430
FAHLMAN, JEANETTE	96,497	GEHL, RYAN	65,679
FALKINER, CHARLENE	108,763	GEMBEY, DEBORAH	65,002

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GIESBRECHT, DIANE	57,965	HOLLINGER, LEANNE	81,863
GOGOL, LINDA	50,664	HOLLMAN, JOANNE	72,129
GOODMAN, CINDY	60,104	HOLOVACH, BARBARA	72,420
GRIFFITH, WENDY	70,345	HOLOWACHUK, KIMBERLEY	80,508
GRODZINSKI, LISA	82,324	HOLOWATUK, GREER	93,958
GRUNERT, BONNIE	75,326	HOLZMANN, JACQUEL	72,920
GRUNERT, SHELLEY	63,149	HONEYWICH, SHERI	55,830
GRYWACHESKI, DEBORA L	80,293	HORDICHUK, ERNEST	126,390
GULKA, BECKY	64,684	HORNUNG, DIANA	89,704
GULKA, LESLIE	102,444	HORVATH, CAROL	60,361
GUSTAFSON, EUNICE	65,944	HOTOMANI, TASHA	56,584
HADUBIAK, CONSTANCE	52,568	HOVDE, CAROLE	122,168
HAGGARTY, BLENDA	72,347	HOWE, BEVERLEY	98,936
HAHN BROWN, NOREEN	72,810	HREBENIK, MELISSA	62,738
HALL, SUZANNE	52,662	HUBER, KEVIN	79,803
HALYK, EDITH	80,695	HUBER, LEANNE	61,365
HALYK, THERESA	82,882	HUBER, LINDSAY	62,654
HAMILTON, GAYLENE	85,504	HUBIC, JOY	85,017
HANLINE, SYLVIA	110,250	HUCKABAY, ANTHONY	91,135
HANNAH, JANICE	93,332	HUDYE, HOLLY	73,362
HARPER, MARGARET	54,846	HUDZINSKI, MARGARET	71,491
HARVEY, SYLVIA	50,498	HUGHES, DENNIS	65,037
HASSETT, TRACY	83,107	HULL, EVELYN	53,844
HASSLER, RAYE	86,326	HUNKO, LANA	53,515
HATTON, IRENE	66,220	HUTZUL, LYNNE	67,212
HAUSER, BONNIE	53,975	ILG, JUDY	97,559
HAWKINS, RHONDA	55,638	IRVINE, NITASHA	54,467
HAYWOOD, LEANNE	96,457	IVANOCHKO, NINA	64,815
HEGEDUS, MELVINA	76,557	JACKSON, ADELE	90,572
HELBERG, DIANE	57,780	JACOB, CARLA	64,178
HENDERSON, LORI	50,835	JACOB, LEANNE	96,014
HERPERGER, JANICE	55,695	JAMIESON, DIANE	96,737
HERTLEIN, JUDY	69,495	JANSSEN, COLLEEN	65,005
HESHKA, JEFFREY	63,425	JANZEN, BRIAN	55,528
HESHKA, LORIE	105,564	JANZEN, PATRICIA	84,652
HICKIE, LINDSAY	71,416	JARVIS, JODI	67,000
HILTON, FRED	72,365	JAYASINGHE, SHERANGA	96,737
HITCHENS, DORIS	55,361	JESKE, GERTRUDE	80,538
HODGES, TERRACE	105,846	JOHNSON, CATHERINE	80,519
HOFFMAN, JANET	86,001	JOHNSON, DEBBIE	61,554

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Listed are individuals who received payments for salaries, wages, honorariums, etc. which total \$50,000 or more

JOHNSON, JANINE	65,183	KOZAKEWICH, DEBORAH	52,729
JOHNSON, SHEILA	60,460	KOZUN, LEANNE	58,725
JONSON, LOIS	86,251	KREISER, DIANE	54,698
KACZUR ZIMMER, SHERRIE	89,496	KROCHAK, CARLA	121,970
KAISER, SHANNON	93,163	KRUSHKOWSKI, JACQUELIN	62,669
KANNENBERG, ANITA	83,960	KRYKLYWICZ, PATRICIA	83,997
KASPRICK, TIM	54,893	KUNTZ, HEIDI	72,180
KEEPER, TRACEY	66,938	KURTZ, LORIE	67,772
KEIL, FERN	71,884	KURTZ, LOUISE	55,188
KELLEN, JOY	85,471	KUSPIRA, PAT	80,092
KELLER, DEREK	88,410	KYRYLUK, SABRINA	55,955
KELLER, KRISTIN	66,793	LAEVENS, BERNADINE	70,207
KELLER, LORI	84,876	LAJEUNESSE, KATHALEEN	60,486
KENNEDY, DAWN	91,872	LAMBERTY, L CELESTE	53,876
KENTEL, JACKELYN	81,914	LANDSTAD, AUDREY	83,584
KEYOWSKI, JANICE	69,497	LAROSE JUNEK, LISA	59,136
KIDDER, MICHELLE	82,701	LARSON, DARLEEN	64,210
KINCH, DENISE	60,447	LARSON, LORI	88,799
KING, MARGARET	82,946	LATHAM, RONNELL	51,333
KIRSCHMAN, KELLY	70,548	LAURENT, SUANN	152,599
KIRWAN, JOSEPH	184,480	LAVIOLETTE, WILMA	69,336
KITCHEN, DEBRA	51,537	LAW, VERNA	72,387
KITCHEN, RONALD	59,559	LAWRENCE, GERARD	82,794
KITZ, LINDA	63,892	LAZARUK, VANESSA	56,877
KITZ, SHARILYN	91,637	LAZURKO, DONNA	110,921
KLAPAK, DANA	64,735	LEGGE, KAREN	84,396
KLAPATIUK, JANET	116,790	LENDERBECK, ELEANOR	98,330
KLUK, DAVID	97,077	LEONARD, KAREN	70,201
KLUK, GEORGETTE	91,801	LEONARD, SERGE	79,933
KLUK, SHELLEY	78,483	LEPPINGTON, BRENDA	83,724
KLUS, BETTY	52,491	LIEBRECHT, WILMA	98,325
KOBAN, GERALDINE	88,841	LINDGREN, WENDY	66,458
KOLISNEK, CAROL	55,547	LINGL, ARLENE	67,854
KOLISNEK, KEN	55,477	LINK, DEBRA	80,401
KOMINETSKY, DENISE	59,605	LITKE, KAREN	68,206
KONAN, MELODY	101,930	LIVINGSTONE, LILIA	54,261
KORMOS, BARBARA	90,041	LOMBARD, HERMANUS	325,311
KOSEDY, CAROL	56,245	LOMENDA, KRISTIN	55,754
KOSKIE, SUSAN	106,270	LOVERIDGE, KAREN	91,393
KOTIN, SVETLANA	334,721	LOVERIDGE, LINDA	90,452

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LUBINIECKI, BRENDA	67,617	MEADOWS, TANIA	56,501
LUDWAR, KIM	60,648	MEHLING, CHARMAINE	76,877
LUTZ, KAREN	83,437	MELNECHENKO, MARGO	59,572
LUTZ, YVONNE	61,168	MELNYK, EILEEN	110,214
LYSAK, LORRAINE	99,674	MICHALCHUK, SANDEE	79,544
LYSIUK, DEBRA	107,464	MICHEL, LOREE	75,143
MACKENZIE, BRENDA	71,837	MICHEL, TRACY	63,697
MACLEAN, BRENDA	95,669	MILBRANDT, DONNA	95,064
MACZA, SHELLY	67,020	MILBRANDT, MARLON	53,689
MADSEN, BARBARA	55,995	MILLER, DIANE	59,223
MAIER, PAULINE	78,038	MILLER, JOY	102,557
MAKSYMETZ, HAROLD	67,353	MILLER, WADE	71,964
MAKSYMIW, DORIS C	80,182	MILLHAM, JAMIE	90,076
MALAYNEY, CHARLENE	98,764	MILO, SHARON	57,371
MANASTYRSKI, LOEN	51,746	MIRCHANDANI, MUKESH	324,757
MANUM, MELISSA	57,621	MOHR, SHIRLEY	81,473
MARFLEET, CHERYL	81,591	MOLNAR, KARA	78,200
MARSHALL, GARY	53,919	MOORE, ANGELA	64,669
MARSHALL, MELANIE	89,288	MORASH, DEBBIE	50,404
MARTIN, AMBER	50,837	MORASH, LORI	83,541
MARTSINKIW, DARREN	72,380	MORGAN, CRIS	62,023
MASTRACHUK, JODI	54,365	MORGAN, JULIE	63,902
MATECHUK, MARION	90,644	MORRIS, CAROLYN	53,737
MATISHO, MARGARET	90,705	MOSIONDZ, CHERISE	54,961
MATSALLA, JAMES	96,737	MOTTER, SHARON	75,061
MAURER, VIRGINIA	69,160	MROZOWICH, APRIL	67,356
MAYER, CHRISTOPH	95,452	MROZOWICH, JERRY	72,347
MAYER, PAULA	69,533	MURPHY PARK, JACKIE	65,002
MCCALLUM, ANDREW	55,721	MURPHY, VIVIAN	55,787
MCCLINTON, SYLVIA	62,111	MURRAY, ELIZABETH	52,587
MCCORMICK, DONNA	109,786	MURRAY, MARILYN	58,295
MCFARLANE, MELANIE	60,752	MURRAY, SANDRA	84,493
MCGILL, GLENN	94,587	MUSSELMAN, JOYCE	57,435
MCINNES, AMY	51,913	MUSYJ, ELAINE	55,523
MCKAIG, JEANIE	54,523	NACLIA, WENDY	56,057
MCKEE, BRENT	70,721	NAGRAMA, TARCILA	60,759
MCLAREN, MARIA	83,510	NAGY MALINOSKI, CORREEN	94,699
MCLELLAN, GLADYS	119,893	NAGY, MELANIE	72,831
MCLEOD, DONNA	57,278	NANOWSKI, TERRY	66,030
MCMORRIS, BONITA	54,738	NASBY, AARON	71,709

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NECHVATAL, LORNA	62,584	PAWLIK, DARLENE	65,838
NELSON, JANE	114,928	PAWLIW, LOIS	74,124
NEUBAUER, SHANNAN	61,336	PEDDE, JOYCE	59,404
NEUFELD, ARLENE	52,081	PEDERSEN, PATRICIA	64,489
NICHOL, LYNN	80,892	PEDWELL, JAMES	64,931
NICKORIUK, KIMBERLY	56,868	PEESKER, SHIRLEY	70,247
NIECKAR, GAIL	79,969	PELECHATY, CARLA A	72,958
NORMAN, DIANNE	72,985	PEREPIOLKIN, PATRICIA	81,525
NORTON, FAITH	66,846	PERRAULTSTREETER, LISE	78,875
NUSSBAUMER, RACHEL	54,328	PETRACEK, PATRICIA	51,007
NYSTROM, TANYA	90,780	PETRIE, ELEANORE	72,769
O BYRNE, MARDEL	87,372	PETRIW, SVETLANA	57,053
OCHITWA, KAREN	54,543	PFEIFER, KIMBERLEY	76,890
OFF, EUNICE	99,714	PFEIFER, LORNE	83,724
OKRAINEC, LOIS	83,702	PICKARD, VIRGINIA	93,481
OLEYNIK, MABEL	56,737	PIERCE, SHIRLEY	86,710
OLIJNYK, MICHELLE	104,722	PILIPOW, JANICE	65,052
OLSON, SHIRLEY	65,052	PINDER, LENORE	76,407
OLSON, TANNIS	55,042	PINDUS, SHAWN	79,060
ONESCHUK, RHONDA	54,939	PLANEDIN, JOAN	69,527
ONSLOW KITZAN, DEBRA	85,341	PODOVINNIKOFF, JANIE	86,533
ONSLOW, DARLENE	95,252	POLK, SHERRY	59,337
ONSLOW, ETHEL	57,783	POLLOCK, ONEY	95,089
OSTAFICHUK, MAYNARD	73,974	POLOYKO, ANDREA	62,811
OUCHAREK, JOAN	80,543	POLVI, MARCIA	50,289
PACEY, BEVERLEY	98,864	PONCSAK, DEAN	61,130
PADAR, SANDRA	87,526	POTT, PAMELA	75,571
PADDOCK, CARMELLE	59,317	POWERS, KIMBERLY	64,735
PALCHEWICH, ELIZABETH	85,645	POZNIAK, DEBORA	97,960
PARK, ELAINE	61,099	PROBE, JUDY	75,966
PARKER, PATRICIA	50,696	PROTSKO, BRENDA	52,333
PARKER, SHARON	56,564	PROTZ, SHARON	74,411
PARKVOLD, CARRIE	79,244	PRYCHAK, SHERI	132,171
PARKVOLD, JASON	73,814	PUCKETT, SHELLY	81,895
PARROTT, EDNA	96,737	PURITCH, SUSAN	81,228
PARSONS, GAIL	83,975	PYE, LINDA	60,269
PASLOSKI, BRENDA	72,291	RAC, ZLATICA	56,614
PATRICK, CONNIE	72,347	RAE, IRIS	66,269
PATRON, ARLENE	59,326	RANSOME, LISA	65,787
PAUL, ROXANNE	58,207	RANSON, JUDY	78,291

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Listed are individuals who received payments for salaries, wages, honorariums, etc. which total \$50,000 or more

RAUCKMAN, IRIS	50,615	SCHMIDT, DEBORAH	57,571
REDENBACH, TARA	79,754	SCHMIDT, KENT	114,830
REGIMBAL, RENEE	101,667	SCHUTZ, SHARI	54,704
REIMAN, DEBRA	102,057	SCRATTON, ARLENE	83,328
RENKAS, ELEANOR	50,790	SEDLEY, ANDREW	56,190
RENKAS, SHELLEY	94,908	SEELEY, WENDY	94,964
REYNOLDS, ANDREA	57,402	SEIB, JOANNE	84,644
RHINAS, MYRNA	89,779	SEMESCHUK, LEANNE	94,433
RIEGER, LINDA	97,343	SEMESCHUK, RODNEY	69,584
RINK, JAY	65,663	SHAHAB, SAQIB	101,336
ROBERTSON, GAYLEEN	111,125	SHANNON, TAMMY	82,550
ROBINSON, ROBIN	79,595	SHARP, DIANE	59,699
RODEN, AMANDA	55,837	SHARP, LESLIE	70,410
RODENHURST, DAWN	56,724	SHARP, MILDRED	53,125
RODGER, PEGGY	147,892	SHAW, ROXANNE	72,076
ROGG, COLEEN	56,395	SHEWCHUK, GLADYS	65,659
ROLLER, MICHELLE	65,352	SHEWCHUK, PHYLLIS	83,807
ROSE, CANDISE	59,041	SHIVAK KWEENS, DAWN	78,370
ROSE, JEAN	65,185	SHOEMAKER, LINDSAY	54,836
ROSS, ROANNA	90,271	SHORE, MICHELLE	66,999
ROY, LAURIE	55,894	SHUMAY, BRENDA	82,370
ROZDEBA, CRES	63,013	SHUMAY, SHERRY	60,171
RUDY, SHARON	75,187	SHWAGA, KOLI ANN	130,609
RUSHKA, MARGARET	123,822	SICHKARUK, DIANNE	74,247
RUSSELL, ANNA	80,490	SICINSKI, SUSAN	78,440
RUSSELL, PAMELA	120,423	SIES, BRYAN	65,047
RUTEN, BETTY	63,853	SIMINOFF, MYRA	78,667
RUTZKI, KIM	75,461	SIMPSON, JANET	76,524
SAALMANN, BEATE	74,473	SKLARUK, HEIDI	81,060
SAND, CONNIE	68,982	SKORETZ, JOANNE	73,079
SAWCHUK, DEBBIE	56,595	SLONSKI, LINDA	85,703
SAWKIW, KAREN	87,195	SMITH, JUDITH	73,403
SCHAAB, LORETTA	76,996	SMULAN, CAROLE	57,923
SCHAFFER, NANCY	55,486	SOBKOW, ERNA	74,403
SCHENDEL, JANICE	104,948	SOWA, CAROLLEE	56,745
SCHERGEVITCH, THERESA	76,569	SPEARMAN, SHARI	80,579
SCHERLE, DALE	66,123	SPEZOWKA, PATRICIA	50,810
SCHICK, DELORES	74,652	SPILCHUK, SHAUNA	60,409
SCHICK, JENNIFER	82,628	SPYKERMANN, SUZEL	52,315
SCHINDLER, DURRIE	103,382	ST MARS, RAY	91,917

**SUNRISE REGIONAL HEALTH AUTHORITY  
PAYEE DISCLOSURE LIST  
For the Year Ended March 31, 2009**

**Personal Services** (Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total \$50,000 or more

STAMATINOS, LESLEY	89,779	THOMSON, FRED	65,599
STANICKI, SHARON	57,212	THOMSON, KAREN	65,052
STANLEY, JACKI	83,208	THORLEY, LINDA	90,650
STECHYSHYN, DARLA	93,848	THREINEN, DONNA	75,436
STEELE, LOUISE	91,130	TIESZEN, JONATHAN	60,033
STEELE, SCOTT	95,015	TILLUSZ, DAVE	50,072
STELMACOWICH, DARLENE	80,725	TOCHOR, BARRY	58,515
STEPPAN, LAUREL	142,979	TOMSKI, GLADYS	110,072
STERANKO, TARA	57,708	TOPLISS, LACEY	70,564
STEVELY, KAREN	84,483	TORRIE, HEATHER	71,058
STEWART, SUZANNE	64,244	TRATCH, KAREN	67,884
STOKES, SANDRA	78,560	TRESS, MARCELLA	58,175
STOLL, MOIRA	66,929	TROPIN, SHARON	75,929
STOPA, NORAH	59,951	UKABAM, COMFORT	59,844
STOPA, PATRICIA	85,262	UMANA, UKEME	87,812
STOYKO, WENDY	96,945	UNCHULENKO, CAROL	95,064
STRATECHUK, TWYLA	81,881	UNGAR, CARLA	64,601
STRENDIN, LYNN	86,801	UNTERSCHUTE, BRETT	53,069
STRINGFELLOW, CAROLINE	94,359	VALLEE, MARIE	97,140
STROEDER, DEBORAH	72,347	VAN WERT, SANDRA	79,933
STRUKOFF, GAIL	81,110	VAUGHAN HASTIE, SANDRA	75,823
STRUTYNSKI, MARTHA	106,880	WAGNER, GREGORY	81,166
STUSEK, LORELEI	135,908	WAGNER, J BRENT	51,144
SUEHSSCHLAF, KAREN	69,969	WALCHUK, CYNTHIA	72,185
SUSCHINSKY, DOREEN	138,155	WALKER, SHERRI	52,498
SUTCLIFFE, DEBRA	80,516	WALLACE, JAMES	94,853
SUTTER, DAVID	96,737	WALLEN, BRENDA LYN	83,591
SWEHLA, KATHERN	54,455	WALSH, BRENDA	96,339
SWEJDA, RICHARD	51,710	WALSH, NOLA	95,039
SWETLESHNOFF, GLADYS	51,256	WARBURTON, KATHRYN	111,479
SWITZER, SHONA	59,196	WASYLYSHEN, LISA	76,827
SZABO, TRENT	91,800	WEBER, WANDA	115,706
SZUMUTKU, SUZETTE	67,943	WEGNER, DAWN	85,467
TANGJERD, ARLENE	75,513	WEISS, LEAH	95,064
TAYLOR, CAROL	53,659	WERLE, HAZEL	83,994
THEBAUD, ROSELLA	83,082	WESTBERG, BEVERLEY	109,270
THIBODEAU, MARY JO	51,853	WESTERMAN, JULIA	85,750
THIESSEN, CHERYL	61,571	WHITE, EVA	110,155
THOMPSON, CORINNA	56,229	WILEY, LAURA	108,626
THOMSON, ANN	83,724	WILK, LAURA	53,550

**SUNRISE REGIONAL HEALTH AUTHORITY  
PAYEE DISCLOSURE LIST  
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**Personal Services**

(Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total \$50,000 or more

WIWCHARUK, ROBERTA	96,737
WLOCK, DAN	89,743
WOICICHOWSKI, KAREN	91,092
WOLFE, TAMMY	58,303
WOODS, WILLIAM	70,452
WOTHERSPOON, DEBORA	57,622
WRIGHT HOFFMAN, AUDRA	61,459
WYLLYCHUK, BRENDA	64,661
WYONZEK, NANCY	74,694
YACYSHYN, MARY ANN	90,200
YARECHEWSKI, COLLEEN	54,247
YAREMCHUK, MICHELLE	55,061
YAREMKO, CHERYL	114,446
YAREMKO, LARESA	55,142
YELLAND, DONNA	66,029
YESNIK, DIANE	63,660
YOUNG, JANA	87,391
ZELINSKI, KIMBERLY	57,172
ZORN, CAROLEE	69,437
ZUCHKAN, NANCY	65,343
ZULYNIAK, CURTIS	109,862
ZULYNIAK, SHARON	70,608

**Transfers**

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

Minister of Finance	173,740
Public Employees Pension Plan	340,646
Public Service Superannuation Bo	65,058
Regina Qu'Appelle Health Region	309,056
S.A.H.O.	7,860,259
Sask. Property Management Corp	713,340
Sask. Workers' Compensation Bo	1,820,421
Saskatchewan Health Employees	11,910,671
SaskEnergy	2,046,610
SaskPower	4,892,790
SaskTel	511,368
RECEIVER GENERAL FOR CAN/	33,511,383
ST. PETER'S HOSPITAL	1,295,529

**Transfers**

(Cont)

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

ST. ANTHONY'S HOSPITAL	322,759
S.I.G.N.	499,127
RESIDENT TRUST ACCT	394,600

**Supplier Payments**

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

A&S TRANSPORT	225,681
A1 POWER DOOR LTD.	56,178
ABBOTT DIAGNOSTICS	79,389
ABBOTT LABORATORIES - ROSS /	102,943
ADEFOLARIN, DR OLUREMI	267,512
ADVANCED RESPONSE VEHICLE	89,332
ALCON CANADA INC.	417,431
ALL SASK COFFEE SERVICES INC	61,346
AMT: ELECTROSURGERY	50,776
ANIXTER INC.	268,324
ARJOHUNTLEIGH CANADA INC.	348,525
BAXTER CORPORATION	73,116
BECKMAN COULTER CANADA INC	193,888

**SUNRISE REGIONAL HEALTH AUTHORITY  
PAYEE DISCLOSURE LIST  
For the Year Ended March 31, 2009**

**Supplier Payments** (Cont)

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

BENY, DR. M.	56,567	Heart & Stroke Foundation of Sa	50,231
BIA: DR. F. H.	274,359	HILL-ROM CANADA LTD.	152,596
BIOMED RECOVERY & DISPOSAL	96,576	HOSPIRA HEALTHCARE CORP.	519,592
BISHOP: DR. MICHAEL	149,878	HSAS	123,238
BUNZIL CANADA INC.	236,419	HUMBOLDT LUMBER MART LTD.	3,891,219
C.U.P.E. - LOCAL #4980 REGION	1,374,288	IMPACT SECURITY GROUP	55,655
CAA TRAVEL AGENCY/YKTN	59,206	INDEPENDENT AGENCIES	285,227
CANADIAN CORPS OF COMMIS	185,067	JANSSEN-ORTHO INC.	147,242
CAN-MED HEALTHCARE GROUP	204,314	JOHNSON & JOHNSON MEDICAL I	85,524
CANORA AMBULANCE CARE (19	581,834	JOHNSON DIVERSEY CANADA, IN	67,854
CARESTREAM HEALTH CANADA	88,299	JOKHAN, DR RIKASH	120,000
CHRISTIE GROUP LTD.	129,220	KABONGO, DR. TSHIPITA	333,949
CITY OF YORKTON	259,519	KIDS ZONE EARLY LEARNING CHI	63,298
CONCENTRA FINANCIAL	197,211	KOUDSI: DR. NASIR	113,414
COOK CANADA INC.	74,519	KOZIE DRYWALL	52,533
COTTENIE AND GARDNER INC	124,701	LEE: DR. F. R.	174,430
CPDN 3130827 CANADA INC.	835,021	MacPherson Leslie & Tyerman	196,815
CRESTLINE COACH LTD.	80,120	MACQUARIE EQUIPMENT FINANC	267,819
CRESTVUE AMBULANCE SERVI	717,044	MAHFUD: DR. AHMED	269,680
CU CREDIT	79,473	MARK'S AGENCY (1981) LTD.	57,090
DOWIE QUICK PRINT LTD	72,070	MCKESSON CANADA/CALGARY	307,428
DUCK MOUNTAIN AMBULANCE	574,662	MED-COM COMPREHENSIVE DIS	92,217
EECOL ELECTRIC (SASK) LTD	106,077	MEDTRONIC OF CANADA LTD.	216,718
ELSAYED, DR. A.A.	55,381	ODUNTAN: DR. O.	171,356
ENERGY GUARD WATER TECHI	92,411	OLYMPUS CANADA INC.	294,165
ESTERHAZY & DIST ASSOC COI	60,000	ORTHO CLINICAL DIAGNOSTICS	408,246
FOURIE: DR. P.	154,011	OTTENBREIT SANITATION SERVI	70,734
FRASER SHADING SYSTEMS IN	58,574	P3ARCHITECTURE	95,104
FUTUREMED HEALTH CARE PR	411,705	PENGUIN REFRIGERATION LTD./Y	103,814
GAMBRO RENAL PRODUCTS	142,920	PERIDOT MEDICAL INC.	484,048
GE CANADA EQUIPMENT FINAN	116,428	PHILIPS MEDICAL SYSTEMS CAN/	634,873
GE CLINICAL SERVICES/GE HE/	63,502	PRAIRIE DISTRIBUTORS (CENTRA	52,467
GRAND & TOY	185,657	PREECEVILLE AMBULANCE CARE	604,850
Great West Life Assurance Compa	818,505	PROCESS COMBUSTION SYSTEM	152,151
GROENEWALD: DR. P	144,803	ROCHE DIAGNOSTICS/LAVAL,PQ	147,335
Hahn: Dr. J. A.	444,120	Roodt, Dr. J.	154,013
Haque, Dr. M. N.	84,955	ROYAL BANK OF CANADA	80,209
HEALTHMARK LTD.	50,958	SACOR INC.	68,882
HEALTHMETRX CANADA INC.	68,451	SALIB: DR. M.	88,923

**SUNRISE REGIONAL HEALTH AUTHORITY  
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For the Year Ended March 31, 2009**

**Supplier Payments** (Cont)

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

SAPUTO FOODS LIMITED	85,925
SASK UNION OF NURSES	476,497
SASKWORKS VENTURE FUND I	298,799
SCHAAN HEALTHCARE PRODU(	1,498,865
SHAMROCK AMBULANCE/WYN\	266,536
SHERRING GOLD LTD.	53,275
SIEMENS HEALTHCARE DIAGN(	58,458
SIFTO CANADA	62,047
SMITHS MEDICAL CANADA LTD	71,492
SODEXHO SERVICES CANADA	101,240
SOFTCHOICE CORPORATION	93,093
SOKO, DR. P.	333,239
SOUMBASIS:DR. E.	150,710
SOURCE 1 DISTRIBUTORS	51,975
SOURCE MEDICAL	299,867
SPIES: DR. C	78,326
SRNA	227,918
STERIS CANADA INC.	451,510
STRYKER CANADA-Fax to JB Me	707,061
STRYKER CANADA-Fax to Stryke	336,197
SUNLIFE FINANCIAL	189,122
SUPREME BASICS	139,737
SWAN, DR. NADINE	158,963
SYSCO/SERCA	2,180,211
THE STEVENS COMPANY LTD	247,751
TRANE SERVICE - REGINA	50,980
TSATSI: DR. L.D.R.	381,370
TYCO HEALTHCARE GROUP CA	502,684
UNISOURCE CANADA INC.	67,631
VAN EEDEN: DR. DONAVAN	101,995
VAN HEERDEN, DR.	148,390
VITALAIRE HEALTHCARE	140,873
VORSTER, DR. J.	119,598
VORSTER, DR. R.	87,606
VWR INTERNATIONAL, LTD.	55,876
WBM OFFICE SYSTEMS	406,668
WEBER CONSTRUCTION LTD.	322,271
YORKTON CARPET LAND LTD.	56,982