

NEWS RELEASE  
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## **Sunrise Health Region Reducing 2010-11 Expenditures**

Despite an increase in funding of \$3.6 million, the 2010-11 expenditures for Sunrise Health Region must decrease by \$2.86 million to produce a balanced budget. The Board has considered all options to bridge the gap between 2010-11 funding and expenditures; however, no facility closures are contemplated in the 2010-11 budget.

“The 2010-11 budget planning was challenging and protection of services was the core value considered during our budget deliberations,” says CEO Joe Kirwan. “The Board and management recognize that health care expenditures cannot continue to grow at past rates.”

All health regions were asked by the Saskatchewan Ministry of Health to carefully scrutinize administration costs, consider group purchasing and reduce costs associated with sick-time, overtime and injury. The Ministry of Health has also set service performance expectations.

Salaries and benefits account for 77 percent of the Sunrise Health Region budget. There is very little room in the budget to reduce expenditures outside of salaries and benefits. Group purchasing has been standard practice for many years in the health region and will not reduce expenditures as significantly in Sunrise Health Region as it may in other health regions.

The health region will seek administrative efficiencies and investments that are aligned with provincial priorities including the Patient First Review. Administrative costs will be reduced by \$653,000, affecting many positions. This will include retirement, reassignment and realignment that may lead to position eliminations.

In 2009-10 more than \$8.5 million of funding allocated to Sunrise Health Region was used for sick-time replacement and overtime premiums paid to employees. The health region will work with the employees and their unions to reduce sick-time, overtime and injuries.

Last year there were fewer workplace injuries which will reduce related costs in the 2010-11 budget by \$123,000.

“Healthy workplace initiatives and lift equipment purchases are producing positive results,” says Kirwan. “We will continue in our quest for a safe workplace.”

Program budgets will be carefully monitored through the year and adjusted as necessary. Restrictions on staff travel and minor capital purchases will continue. Positions that become vacant during the course of the year will be individually assessed. Standardization of staffing has occurred in most areas of operations and will be applied to those areas not yet aligned.

The region will seek revenue options, starting with implementation of staff parking fees effective October 1, 2010.

The elimination of double resident rooms in long-term care will improve quality of care and personal space for residents. This change will reduce revenue and affect the associated costs and total number of long-term care beds. This change will gradually occur with careful management and monitoring.

Initiatives already underway, including the SUN partnership agreement and the energy retrofit project, will continue to enhance services and improve facilities. Targeted positions funded through the SUN partnership agreement will increase registered nurse numbers throughout the health region. Phase Two of the energy retrofit project will extend the benefit of energy savings and building comfort to all health facilities in Sunrise Health Region.

Provincially funded infrastructure projects will also continue in 2010-11 to address needs identified in the 2008 VFA Canada facilities study.

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