Mamawetan Churchill River Health Region
2003-2004 Annual Report

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Mamawetan Churchill River Health Region

"To preserve, promote and enhance the quality of life through leadership and working together in wellness."

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To : Minister of Health

The Mamawetan Churchill River Regional Health Authority is pleased to provide you and the residents of the health region with its 2003-04 annual report.

This report provides the audited financial statements of the region for the year ended March 31, 2004 as well as outlining the Region's activities and accomplishments for that period.

Respectfully submitted,

Louise Wiens,
Chairperson

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The electronic version of this annual report may be found at: www.mcrrha.sk.ca.

Glossary of Abbreviations

AEDC	Aboriginal Employment Development Coordinator
AHA	Athabaska Health Authority
APRS	Addiction Prevention and Recovery Services
BMI	Body Mass Index
CADAC	Creighton Alcohol and Drug Awareness Council
CAPC	Community Action Plan for Children
CCHSA	Canadian Council on Health Services Accreditation
CDA	Canadian Diabetes Association
CHAP	Community Health Action Plan
CQI	Continuous Quality Improvement
DaPT-Polio-Hib	Diphtheria, Pertussis, Tetanus – Polio – Hemophilus Influenza Type B Vaccination
DMF	Decayed, Missing, Filled
ECIP	Early Childhood Intervention Program
FASD	Fetal Alcohol Syndrome Disorder
HCO	Health Care Organization
HRDC	Human Resources Development Canada
HSAS	Health Sciences Association of Saskatchewan
ICFS	Indian Child and Family Services
IP	Internet Protocol
JJE	Joint Job Evaluation
KCC	Kinsmen's Children Centre
KFN	Kids First North
KYHR/RHA	Keewatin Yatthe Health Region/Regional Health Authority
LPN	Licensed Practical Nurse
LTC	Long Term Care
MCRHR/RHA	Mamawetan Churchill River Health Region/Regional Health Authority
MDS	Minimum Data Set
MHO	Medical Health Officer
MMR	Measles, Mumps, Rubella Vaccination
MRSA	Multiple Resistant Staph Aureus
NFS	Nutrition & Food Services
NLSD	Northern Lights School Division
O&G	Obstetrics & Gynecology
OH&S	Occupational Health & Safety
OOS	Out of Scope
P&P	Policies & Procedures
PART	Professional Assault Response Training
PBCN	Peter Ballantyne Cree Nation
PCN	Primary Care Nurse
PHI	Public Health Inspector
PHU	Population Health Unit
PYLL	Potential Years of Life Lost
RHA	Regional Health Authority
RN	Registered Nurse

SAHO	Saskatchewan Association of Health Organizations
SARS	Severe Acute Respiratory Syndrome
SCA	Special Care Aide
SGEU	Saskatchewan Government & General Employees Union
SGI	Saskatchewan Government Insurance
SIIT	Saskatchewan Indian Institute for Technology
SIPH	Saskatchewan Institute for the Prevention of Handicaps
SLP	Speech Language Pathologist
SRNA	Saskatchewan Registered Nurses Association
STI	Sexually Transmitted Infection
SUN	Saskatchewan Union of Nurses
TB	Tuberculosis
TLR	Transferring, Lifting and Repositioning
WHMIS	Workplace Hazardous Materials Information System

Mamawetan Churchill River Health Region
2003-2004 Annual Report

Who We Are:

Mission, Vision and Values*:*

Mission:
"To preserve, promote and enhance the quality of life through leadership and working together in wellness."
***Our mission is a description of our purpose or "why we exist" and identifies what we intend to do; for whom; and how we will do it. It does not describe the activities that we do on a day-to-day basis*.**

External Vision: "Children will be born healthy and raised in a safe, healthy and happy environment supported by the family and the community."
Internal Vision: "Our organization will be a safe and healthy workplace characterized by a reflective workforce and recognized by trust and respect for all employees; openness in all we do; and with an ongoing desire to improve services to our residents and to provide life long learning and career opportunities among our staff."
Our vision represents our picture of what the ideal future will look like. It conveys our future hopes and aspirations, even if they are never fully attainable. It is a positive, and inspiring statement of where and what we want to be in the future. Our Vision is the driving force behind the improvements we strive for and will be used as our guide to major and minor organizational decisions and actions. We believe our Vision should be widely shared so it will provide guidance and motivation to our staff.

Values:
We believe that:
- Every person and culture has the right to their values and beliefs (this includes culture and spiritual beliefs).
- Each individual has unlimited potential.
- People, especially children, are our most important resources.
- All people have equal intrinsic worth.
- The family, community and environment are primary influences in the development of the individual.
- Health is an important element in the development of an individual's mental, physical, social, spiritual and emotional needs.
- We need truth, honesty, respect and commitment for all in the framework of society.
- Everyone is created equal, unique and worthwhile.

Values are the principles that guide our daily behaviours and identify what we believe in and how we will act or should act while providing programs and services that are relevant and will help us to accomplish our mission.

Goals:

- Establish and foster a strong health promotion and illness and injury prevention approach to well being.
- Ensure that client-centered health care is accessible, appropriate, high quality, efficient, effective and delivered in a timely manner.
- Develop a mechanism for interagency cooperation and collaboration on the determinants of health.
- Continually improve and maintain the well being of all stakeholders and to address the needs of vulnerable groups (infants, youth, elders and those with special needs).
- Improve utilization of self-care.
- Recognize and respect the right to self-determination for aboriginal people.

Strategic Directions (January 2004):

- Mamawetan Churchill River Regional Health Authority organizational development.
    - All activities in the organization will reflect MCRRHA's Mission, Vision, Values and Principles.
    - All stakeholders in MCRRHA will recognize, understand and exercise their ability to influence the day to day effectiveness of services provided by MCRRHA.
    - We will effectively change organization culture to model organizational capacity building and development.
    - Staff will be energetic, engaged and positive.
- Community Development and Capacity Building
    - MCRRHA will have strong mutually advantageous partnerships with other health organizations and organizations in other sectors whose work and policies directly affect the health of the residents of MCRRHA.
    - MCRRHA will be an organization that incorporates the community capacity building and community development model.
    - MCRRHA communities and its organization will model healthy, respectful, vibrant, involved environments using community development and capacity building practices. (We will be change agents.)
- Health Promotion, disease and injury prevention
    - Active health living will be the norm in northern Saskatchewan.
    - We will create awareness of healthy families.
    - We will work in partnerships with others to support and promote strong and healthy families.
    - Premature deaths will decrease.
    - Communities will understand the root causes of premature deaths.
    - The rates of drug and alcohol use in youth will reduce.
- Current and future health services
    - Effective programs and services will exist to meet the needs of the elderly, disabled and vulnerable individuals in our communities.

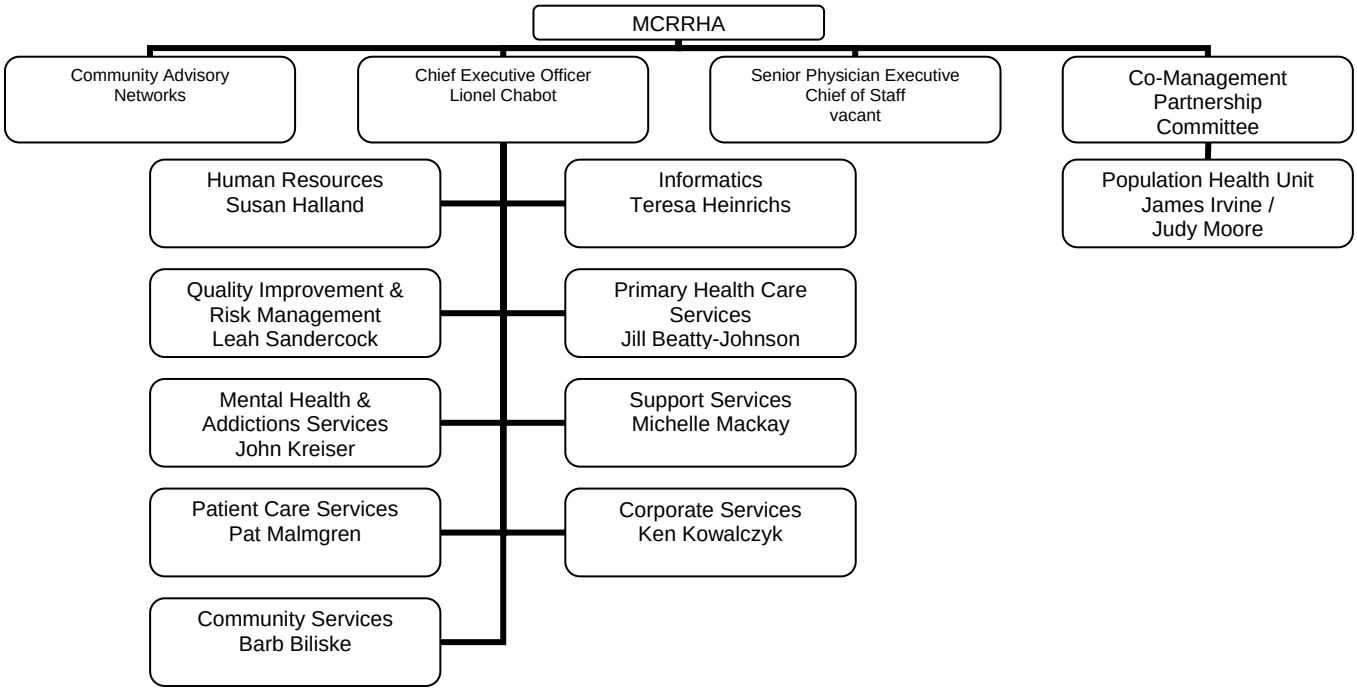
Governance and Organization:

Roles and Responsibilities of MCRRHA:
As defined in the Accountability Document which discusses the expectations in relation to the following key areas:

- Strategic Planning
- Fiscal management and reporting
- Relationships
- Quality management
- Monitoring, evaluation and reporting
- Management and performance

The RHA membership is reflective of the communities we serve and meets publicly 10 times per year in communities throughout the region utilizing a consensus model of decision making. At each meeting, RHA members are expected to report on their community's activities, events and issues. As a result, the committee structure is limited to the Committee of the Whole as described under the Act.

Organizational Chart:
MCRHR is organized utilizing a departmental model. Each program manager or director is held accountable for one or more functions. These senior managers and the Chief Executive Officer make up the Leadership Group. An organizational chart is provided for reference.



Functional Review:
The following is a list of programs and their functional areas of responsibility:

Human Resources:

- Long Service Recognition
- Human Resource planning
- Recruitment
- Labour Relations
- Performance management
- Staff Orientation program
- Aboriginal Employment Development Program
- Summer Student Placements
- Employee & Family Assistance Program
- Disability Management Program
- 2 FTE staff reporting

Carrie Finlayson, 30 years service

Quality Improvement & Risk Management:

- Regional OH&S committee
- Quality of care & concern handling
- Risk management
- Regional infection control committee
- Continuous quality improvement committee
- Accreditation coordination
- Quality Improvement Advisory Group Rep, Health Quality Council
- 0 FTE staff reporting

Professional Assault Response Training

Mental Health & Addictions Services:

- Addictions Prevention & Recovery Services
- Mental Health Services
- Driving Without Impairment program
- Health Care Organizations (joint responsibility) – Sandy Bay Outpatient Centre & Creighton Alcohol and Drug Addictions Centre
- 25 FTE staff reporting

Crazy Hat Day – National Addictions Awareness Week

Patient Care Services:

- Acute and Emergency Services La Ronge Health Centre
- La Ronge Emergency Medical Services (Ambulance)
- Liaison
- Central Supply Room
- Pharmacy
- Physiotherapy
- Diagnostics – Lab, X-ray, Ultrasound
- 33 FTE staff reporting

Acute Care Staff – Christmas 2003

Community Services:

- Long Term Care
- Home Care
- Children's Dental Program
- Public Health
- Diabetes Nurse Education
- Dietetic services
- Health Promotion and Education
- Problem Gambling Prevention
- Acquired Brain Injury
- Medical Transportation
- Speech Language Pathology
- Hearing Aid Plan
- Wellness Grants
- 37 FTE staff reporting

Craft Time at Nikinan (long term care)

Informatics:

- Information Systems
- Telehealth, La Ronge
- Health Information Services (Health Records)
- La Ronge Health Centre Switchboard
- Communication
- Privacy
- Board Support
- 5 FTE staff reporting

Secretaries Day – La Ronge Health Centre

Primary Health Care Services:

- Primary Care Demonstration Site in La Ronge
- Primary Health Care Centres in Sandy Bay & Pinehouse
- Administration of Creighton Health Centre
- Kids First North
- Sexual Wellness
- Emergency Medical Services – Sandy Bay, Creighton, Denare Beach
- 29 FTE staff reporting

Pinehouse Health Centre

Fire Extinguisher Training

Support Services:

- Regional Emergency / Disaster Planning
- Maintenance, La Ronge Health Centre
- Nutrition & Food Services, La Ronge Health Centre
- Housekeeping / Linen services, La Ronge Health Centre
- Regional vehicles
- Physicians' Apartments
- Regional Facilities Management
- 20 FTE staff reporting

Corporate Services:

- Financial Reporting
- Materials Management
- Payroll
- Contracts
- Insurance
- Asset Management
- System Controls
- 6 FTE staff reporting

Payroll and Finance

Population Health Unit:

- A partnership between the RHAs in the north under the auspices of the Co-Management Partnership Committee and Co-Management Advisory Group, which provides direction to the Population Health Unit.
- Public Health Nutrition
- Environmental Health
- Communicable Disease Control
- Chronic Disease Control
- Dental Health Education
- Health Indicators Development
- Health Status Report
- Medical Health Officer Services
- 15 staff reporting

Public Health Nutritionist – Food Costing

Community Advisory Networks:
Policies and procedures have been established around geographic representation. Networks will be located in 5 areas: La Ronge/Air Ronge/ LLRIB Reserves, Pinehouse, Sandy Bay/Pelican Narrows/Deschambault Lake, Creighton/Denare Beach/Flin Flon, and Weyakwin. The RHA is currently recruiting volunteers to participate.

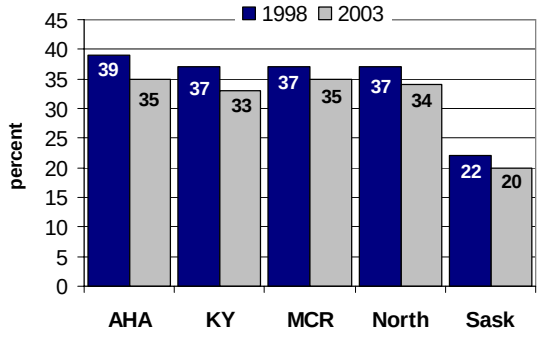
Health Care Organizations & Other Third Party Relationships:

- CADAC – provides outpatient addictions prevention and recovery services in the Creighton/Denare Beach area.
- Sandy Bay Outpatient Centre – provides outpatient addictions prevention and recovery services in the Sandy Bay area.
- Contracted EMS – La Ronge, PBCN Health Services, NorMan RHA (Flin Flon General Hospital Ambulance Service).

Regional Environmental Scan:

Key geographical, social and economic factors influencing regional priorities and actions:

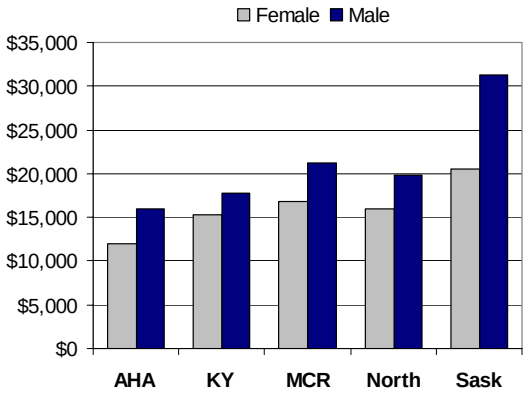
Population Less Than 15 Years of Age 1998 and 2003 Covered Population



Source: Sask Health Covered Population

Northern Saskatchewan has a significantly greater youth population than the province with 34% under 15 years versus 20% for the province. 35% of the population in MCRRHA are under the age of 15 years.

Average Personal Income, By Sex, 2000

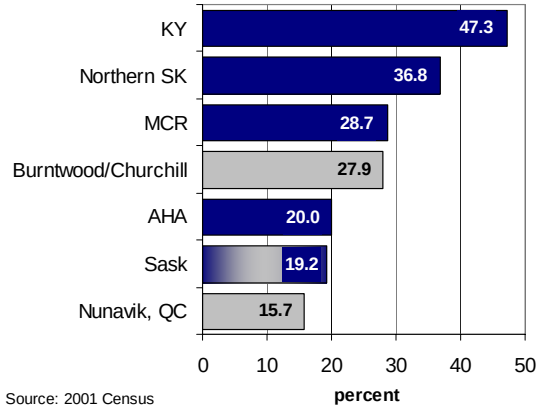


Source: 2001 Census

The average male in northern Saskatchewan has an income of approximately $20,000 in 2000 compared to about $32,000 in the province. The differences in personal income between men and women is slightly less in northern Saskatchewan (a difference of about 4,000 or 26%) compared to the province (a difference of about $11,000 or 35%).

Children in Low Income Families, Age 17 and Under

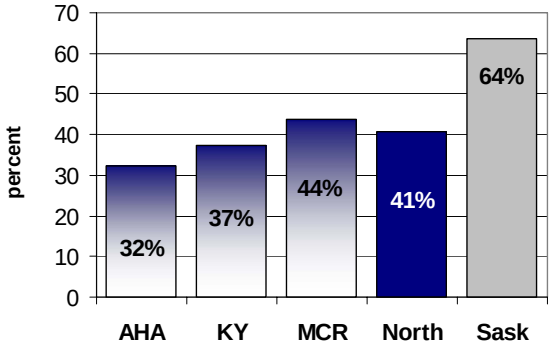
By Northern Region (Off Reserve Communities), 2000



Source: 2001 Census

A child living in poverty is a widely-used measure of children at risk for a wide variety of health and social issues. low-income cut-offs (LICO). The low income cut-offs represent levels of income where people spend disproportionate amounts of money for food, shelter, and clothing and are based on family and community size. Low income cut-off (LICO) data were not available for economic families or unattached individuals in the territories or on First Nations' reserves from the 2001 census.

Employment Rate, Percent of population aged 15 and up, 2001

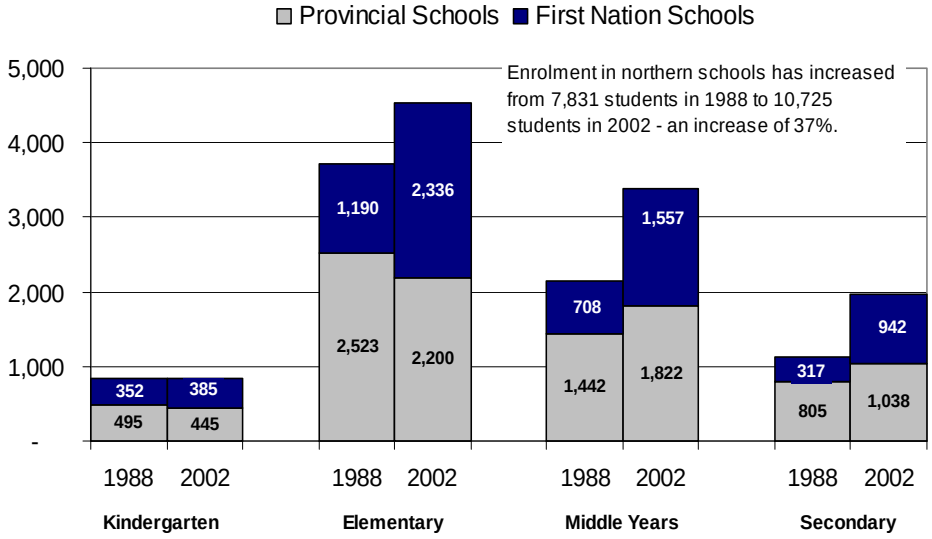


Source: 2001 Census

Across northern Saskatchewan the employment rate is almost 41% compared to 64% for the province as a whole. There are some differences in employment across the north, with the far north having the lowest employment rate. There are also differences in the employment rate between males and females.

Northern Saskatchewan School Enrolments

By First Nations and Provincial School Systems, 1988 and 2002

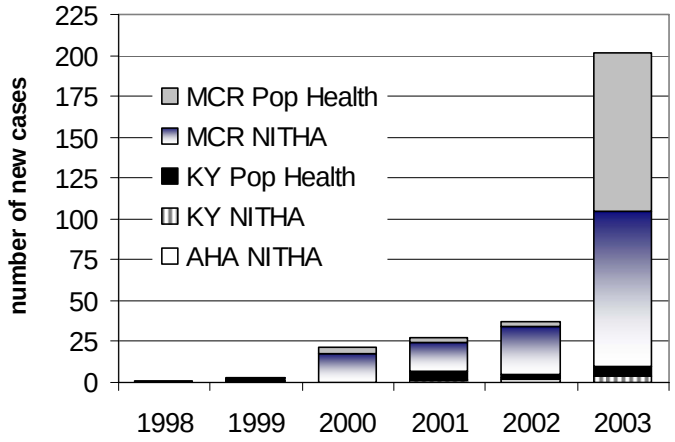


Source: 2002-2003 Provincial school enrolments from Northern Lights, Ile a la Crosse, and Creighton School Divisions. First Nations Schools: Northern Education Task Force Report 1989, Indian and Northern Affairs Canada 2002/2003 Nominal Roll. In: Northern Saskatchewan Regional Training Needs Assessment Report 2003

Enrolments in schools increased from 1988 to 2002 in northern Saskatchewan with the greatest increase found in the secondary schools, followed by the middle years and elementary schools. First Nations' schools had larger increases in enrollments in all levels compared to northern provincial schools, in which there was a slight decrease in enrollment in kindergarten and elementary grades during this period.

Emerging health issues

MRSA by Region and MHO, Northern Sask, 1998-2003



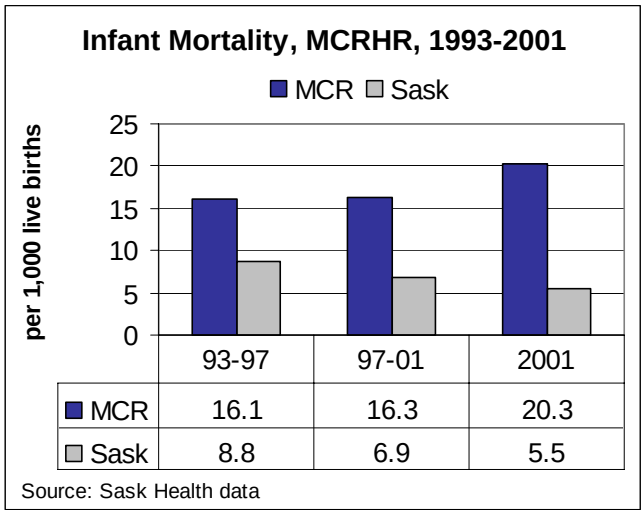
Source: Population Health Unit, Northern RHAs

In northern Saskatchewan, there was an increase in MRSA this past year (over 200 cases diagnosed), mainly seen as skin infections in 3 MCR communities. New guidelines have been developed to assist with management of MRSA in the community to complement those already available for the hospital setting.

A research project looking at ways to prevent and reduce the impact of antimicrobial resistance in northern communities has been initiated by a partnership between the University of Manitoba, the Saskatchewan and Manitoba provincial laboratories, Health Canada, the northern health authorities' Population Health Unit, the Northern Inter-Tribal Health Authority and various partnering communities and their health authorities. Funding has been provided through the Canadian Institute on Health Research.

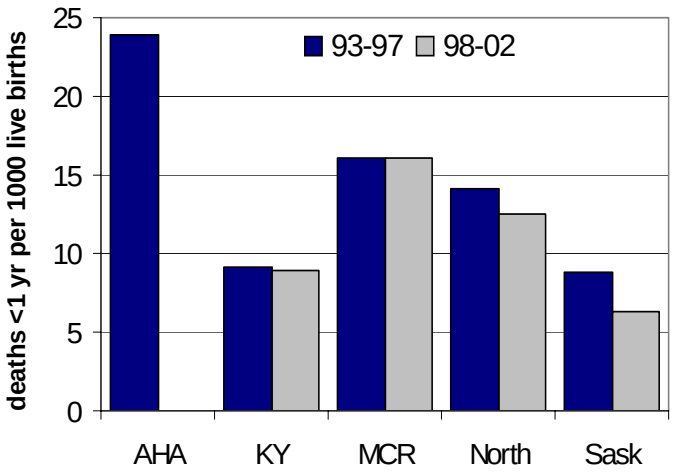
Health status and Outcome Indicators

Infant Mortality Rates



Source: Sask Health data

Infant Mortality Rate 1998-2002

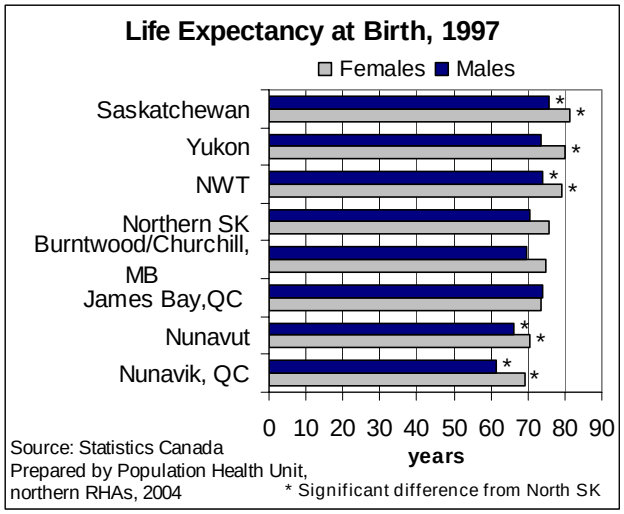


Source: Sask Health

Infant mortality is a significant issue in northern Saskatchewan. The rates across the north have been gradually improving for the north as a whole. Across the north, the infant mortality rate is twice as high in 1998-2002 averaged compared to the provincial rate. MCR has had relatively static infant mortality rates from the periods 1993-97 to 1998-2002 with the average rate the highest of all RHAs in the province. Data from Sask Health for MCRHA's infant mortality in 2001 and 2002 is not as accurate because it is

incomplete for the number of live births and tends to overestimate the infant mortality rate. Presently Sask Health is working to correct this.

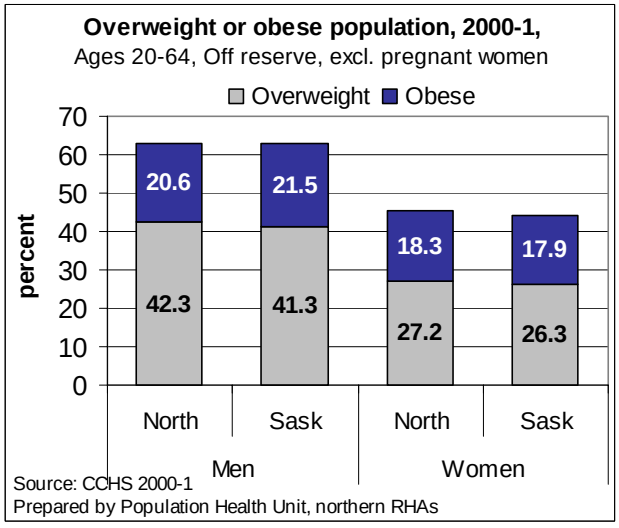
Life Expectancy



For females and males in 1997, the life expectancy at birth in the three northern health regions was 75.6 and 70.4 years respectively, significantly lower than the 81.4 and 75.6 years in all of Saskatchewan and also than in all other Saskatchewan health regions, as well as the Yukon (except for males) and the Northwest Territories. Compared to the life expectancy in other 'peer' health regions, it was similar to northern Manitoba and the James Bay Cree Region in Quebec, but significantly higher than in Nunavut and Nunavik, Quebec.

The life expectancy at age 65 for females (17.3 years) and males (15.1 years) in the three northern health regions was significantly lower than the life expectancy in all of Saskatchewan (20.7 years for females and 16.5 years for males) in 1997. However, it was similar to the life expectancy in the Yukon and the NWT and the four other northern peer health regions, with the exception of northern Saskatchewan males having a significantly longer life expectancy than in Nunavik, Quebec.

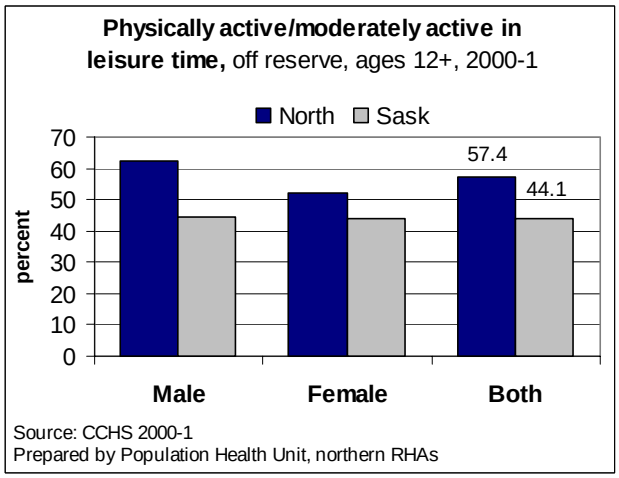
Body Mass Index (BMI): Overweight & Obesity Rates



There is an increasing health risk with BMIs in the overweight and obese categories for diseases such as type-2 diabetes, dyslipidemia (high lipids or fats in the blood), high blood pressure, coronary artery (heart) disease, gallbladder disease, obstructive sleep apnea and some cancers.

The proportion of people who reported being overweight or obese in northern Saskatchewan (54.6%) was similar to the proportion in all of Saskatchewan (53.7%) in 2000-01. The rates were higher among men than women in both the northern regions and Saskatchewan, but the differences were not statistically significant.

Participation in Physical Activity

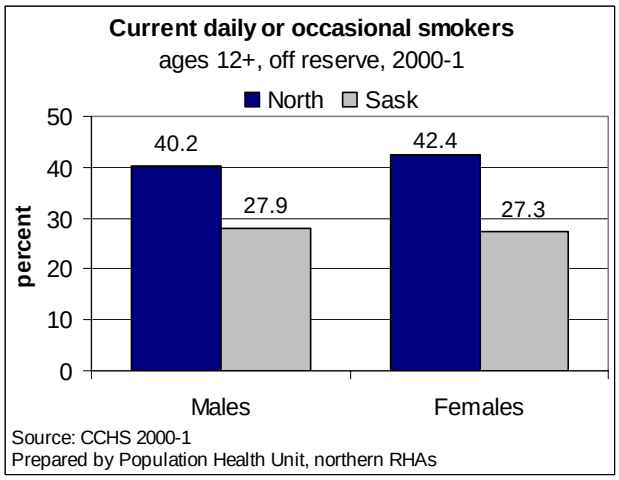


The percent of people physically active or moderately active during their leisure time was significantly higher in the northern health areas (57.4%) than in all of Saskatchewan (44.1%), in 2000-1. More northern males than females were active or moderately active.

On the other hand, significantly fewer northern people (40.5%) were inactive compared to people in the whole province (48.9%), not shown here.

However, the Saskatchewan In-Motion survey in 2003 found that fewer northern youth were inactive than the provincial youth, though northern adults were more inactive than provincial adults.

Smoking Rates by Age and Sex

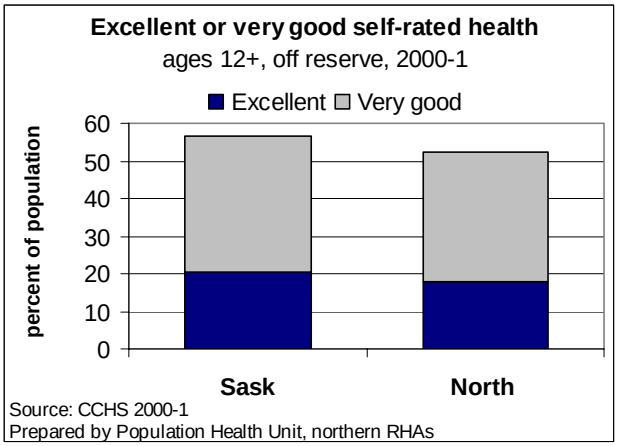


Smoking is estimated to be responsible for at least one-quarter of all adult deaths. Smoking has an impact on a variety of cancers (especially lung cancer), heart disease and stroke, chronic lung disease, SIDS, and diabetes.

In 2000-1, northern males (40%) reported being smokers more often than the provincial males (28%). Northern females (42%) reported being smokers more than the provincial females (28%) and more than the northern males.

Among Saskatchewan youth aged 12-19 years, a higher percent of girls (22.4%) than boys (18.8%) reported smoking. The numbers were too small to report for northern boys, but the northern girls (41%) had the highest smoking rates of all Saskatchewan youth.

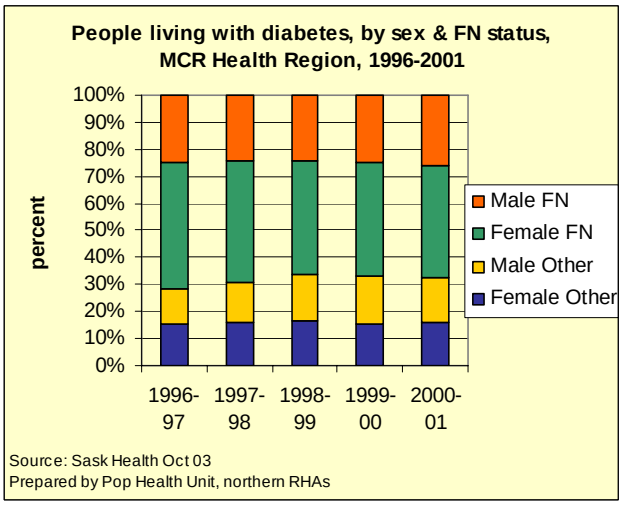
Self-reported Health Status



Self-rated health is an indicator of our "well-being".
It can include a self-assessment of physical, social, mental and emotional health. It can be a predictor for chronic disease, functional decline and survival.

In northern Saskatchewan, a smaller percentage of people rated their health as "excellent" or "very good" as compared to the overall Saskatchewan population.

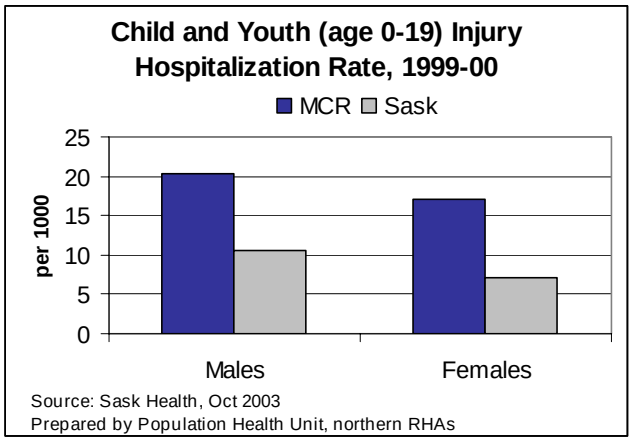
Diabetes Prevalence Rate

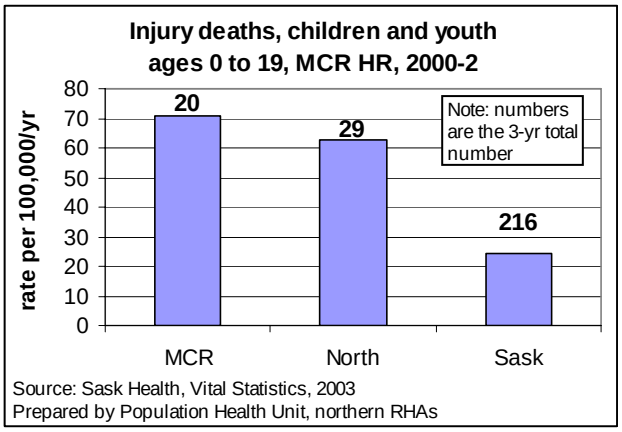


The age-sex adjusted prevalence rate of diabetes in 2000-1 was 74 cases per 1000 people compared to the Saskatchewan rate of 40.2/1000. As the identification of people with diabetes relies on physician billing data and hospitalization data, the rate may be underestimated for Mamawetan Churchill River Health Region, because the hospitalization data for residents at Flin Flon was not available for this year.

Within MCRHR, the number of people identified with diabetes increased from 530 in 1996 to 880 in 2001. The percentage that was not First Nations increased from 28.7% to 32.4%, as shown in the graph on the left. The proportion of diabetics who were male increased by 4.1% over the five-year period (by 3.4% among First Nations and by 4.2% among the rest of the population with diabetes).

Child and Youth Injury Hospitalization Rates





In 1999-2000, the child and youth injury hospitalization rate was highest in males and 1.9 times higher in MCR HR males and 2.4 times higher in northern females compared to Saskatchewan males and female aged 0 to 19 years. The child and youth injury death rate in MCR health region was higher than in the whole north and almost 3 times the rate in the whole province in 2000-2. The MCR injury death rates may be underestimated as the 2002 deaths occurring in Manitoba were not available for this chart.

For an in-depth picture of community characteristics and non-medical determinants of health (socio-economic), see the Northern Saskatchewan Health Indicator Report 2004.

Major Initiatives/Accomplishments:

Goal #1 – Improved access to quality health services

- Development and consolidation of a Mental Health intake / on call system, as well as the development of a file audit system.
- A new and expanded addictions Outpatient Centre facility located in Sandy Bay was completed.
- Primary Health Care Director was hired in August 2003. A Primary Health Care Plan for the region was developed and continues to be the working document for this initiative. Assumed administrative responsibility for the Primary Health Care Demonstration Site at the La Ronge Medical Clinic. A Community Health Manager was recruited for Sandy Bay and organized using the Pinehouse Health Centre model.
- Addictions Prevention / Recovery Services has a youth worker providing promotion and intervention services in the La Ronge schools.
- Telehealth Saskatchewan involved MCRHR in new initiatives such as teleradiology, implementation of IP technology and the technology support service contract provided from La Ronge for the northern telehealth sites.

Goal #2 – Effective health promotion and disease prevention

- Northern Lights School Division in collaboration with MCRRHA is developing a Division-wide Sexual Health Program.
- Comprehensive North-wide Oral Health Strategy is being developed as one of the initiatives of the Northern Health Strategy to support more accessible, efficient and effective services with Northern Inter-Tribal Health Authority, regional health authorities, Sask Health and First Nations Inuit Health Branch.
- Provincial Population Health Promotion Program Development – coordinated north-wide facilitation session on April 25 in Beauval, participated in provincial reference group, tracking of statistical information and initial planning to reflect the key strategies of the plan
- Northern Diabetes Prevention Coalition remains active with this year's major activities including:
    - the development of 2 sessions of Capacity Building Workshops for the three northern health authorities to build skills, methodology and strategies in middle management and partner organizations who work closely with communities and families. Received the Green Ribbon from SAHO for this initiative.
    - Intersectoral health promotion coordination across the north with continuing awareness building.
    - Initiation of physical activity healthy public policy with northern schools.
- Study on "Community acquired antimicrobial resistant bacteria in northern Canadian communities" received funding from Canadian Institute on Health Research and is being implemented through a research team from the University of Manitoba, Health Canada, Saskatchewan Provincial Lab, the Population Health Unit, KYRHA, MCRRHA, KTRHA, and NITHA. This study is being done in response to the increasing prevalence of methicillin-resistant Staph aureus infections we are seeing in some northern communities.
- Infant and perinatal mortality risk reduction project completed a comprehensive needs assessment across First Nations and off-reserve communities in partnership with Kids First North and the Saskatchewan Institute on the Prevention of Handicaps.

Goal #3 – Retain, recruit and train health providers

- Quality Workplace initiative was started in partnership with the SRNA.
- A website was created, giving MCRRHA a world wide web presence and enabling the region to expand opportunities for recruitment.
- Respectful workplace policy creation as a step towards creating a healthier work environment for all staff.
- LPN program was held for the 6th year at the La Ronge Health Centre. 7 graduates successfully completed the course in 2003-04.
- AEDP agreement was re-signed in August 2003.
- Recruited a coordinator for the Northern Human Services Partnership (NRIC).
- Full Scope of Practice is facilitated to the greatest extent possible.
- A Regional staff Orientation program was developed and is held quarterly.
- Leadership Group of MCRHR completed 1 of 6 phases in the Executive Leadership Program**.**

Goal #4 – A sustainable, efficient, accountable and quality health system

- A positive evaluation of the New Beginnings (FASD Intervention Program for high risk families) program was received.
- Increased number of Addictions Prevention/Recovery Services (APRS) referrals from physicians.
- Northern Health Conference – MCR and KY assisted the Northern Municipalities Association with planning, coordinating, delivery and evaluation of the conference which took place in Prince Albert on January 13-15, 2003. The focus of the conference was on communication and collaboration and the role of partnerships (municipalities) in health care and safety.
- Community Health Action Plan (CHAP) was completed and was given an honourable mention at the SAHO Green Ribbon Awards.
- Northern Health Strategy Working Group was successful in securing funding to March 31, 2006 from the Federal Government.
- Successful achievement of CCHSA's reporting requirements following 2 mock evacuation tabletop exercises, development of performance appraisal processes and implementation of a continuous quality improvement program.
- Special needs housing project is underway as a result of the work started in one of the initial accreditation care teams.
- Appointment of 5 new board members in March 2004 to fill the vacancies for the regional health authority.
- LTC renovations were completed in La Ronge Health Centre creating a more friendly atmosphere and more usable space.
- Developed framework and initiated regional development of Pandemic/ Major Communicable Disease Operation Plan.
- Initiated Long Term Drinking Water Strategy: organized public water files and inspected 52% of facilities in the north that provide accommodation, food and water to summer visitors.

Progress and Results:

Governance and Management:

In August 2003 Primary Health Care was added to the Leadership Group by the appointment of a director accountable for this service. This, along with the appointment of 5 new board members in March 2004, completes the region's governance and management structure.

In January of 2004, after a review of the completed CHAP, the board and leadership group held a planning session outlining strategic directions for the organization. The next steps include a further refinement of these directions and a rollout to the next level of the organization.

Quality

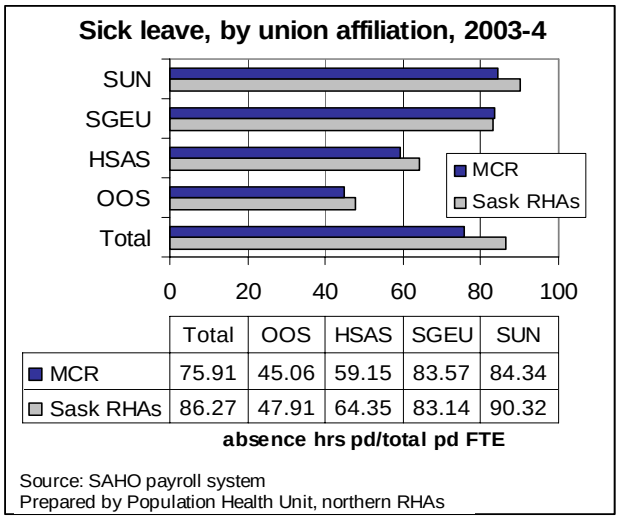
- Received Accreditation with report in August 2002. In 2003-04 reporting requirements were completed successfully. CCHSA survey is scheduled for June 2005.
- RHA receives quarterly updates on critical incidents and quality care complaints.

- 2 critical incidents were voluntarily reported in 2003-04.
- 20 quality care concerns were received in 2003-04. These concerns are broken down in the following manner: 3 access to service, 15 care delivery, 1 communication and 1 other. 75% of the concerns were resolved within 30 days.

Human Resources

Organizational Effectiveness Measurements for Human Resources

Total Sick Leave by Union Affiliation



	Total	OOS	HSAS	SGEU	SUN
MCR	75.91	45.06	59.15	83.57	84.34
Sask RHAs	86.27	47.91	64.35	83.14	90.32

Compared to all Saskatchewan RHAs combined in 2003-4, Mamawetan Churchill River Health Region had a lower use of sick leave for all union affiliations, except for SGEU which was similar to the whole province.

Turnover Rate: 13.45%

Measures Taken to Improve Retention

- Exit Surveys/Interviews
- Exit survey return rate an indicator in 2002 Accreditation
- Regular review of Exit Surveys by Leadership Group

Percentage of Self Identified Aboriginal Employees: 31.63%

Measures Taken to Improve Numbers of Aboriginal Employees

- Aboriginal Employment Development Coordinator on staff
- Advertise all externally posted positions in Aboriginal community
- Summer student employment program
- Aboriginal Awareness Training
- Aboriginal Employee Network to be implemented in 2004/05

Financial:

MCRHR continues to work collaboratively with the Department of Health to develop criteria for multi-year financial planning and strategies to address the unique challenges of delivering health services in the North.

Information Management:

A multiyear Information Technology Plan has been developed in conjunction with the

Provincial Information Technology Plan. It is integral to the regional multiyear Information Management Plan. Maintaining the information technology infrastructure is and continues to be a challenge.

Monitoring the quality and security of health information is an ongoing focus. Representatives sit on the provincial Privacy Working Group.

MCRHR met all provincial directives and uses all provincially mandated systems.

Communications and Issues Management:
This fiscal year has seen an increase in cooperation, planning and sharing of information and resources between the communications programs within the Regional Health Authorities, the Department of Health and SAHO. MCRHR has benefited from this shared expertise, however the southern RHAs manage different issues than those found in the North.

Capital:
Capital equipment planning is wholly dependent upon provincial resources. MCRHR is in the process of researching fundraising options, which includes the formation of a foundation.

Reporting:
MCRHR has met all reporting as required and within expected time frames.

Program Specific Expectations and Indicators
Primary Health Care
This model has been used extensively over the past 30 years primarily as a result of insufficient resources and creative management. The existing primary health care centres provide a wide range of health services. Many factors impact access to services, these include but are not restricted to lack of suitable housing for staff, geographic and professional isolation, and insufficient capital resources, ie telehealth unit for Sandy Bay.

Emergency Response Services
Healthline, 911 and ambulance services continue to pose challenges for both the provider and MCRHR residents and staff due to the unique geography, municipal infrastructure and demographics.

Inpatient/Residential Mental Health and Addictions Services

MCRHR has an 8 bed social detox centre located in the La Ronge Health Centre.

Average Length of Stay of Mental Health Inpatient Clients Compared to Expected Length of Stay
Mamawetan Churchill River RHA does not have a psychiatric inpatient facility. Information is not available by RHA residence of clients.

Alcohol and Drug Inpatient Treatment Completion Rates
In 2002-3, 55.8% (29/52) of the drug and alcohol inpatients completed treatment in the MCR health region treatment facility, compared to 74.6% of inpatients in all Saskatchewan treatment facilities. These numbers exclude detoxification, long-term residential and day-patient services and inpatients in treatment at fiscal year-end. Inpatient client numbers were under reported by 32 clients, Therefore total number of inpatient clients is 84 clients. The rate of client terminations was 40.4% (21/52) in MCR RHA compared to 18.1% for all Saskatchewan facilities. The severity of substance use, degree of self-awareness, family and community support, length of time between initial client contact and first treatment, cognitive impairment, and rate of self-referral all influence successful completion rates.

Alcohol and Drug Outpatient Treatment Completion Rates
In 2002-3, 24.5% (77/314) of the drug and alcohol outpatients completed treatment in the MCR health region outpatient programs, compared to 33.3% of outpatients in all Saskatchewan outpatient programs. These numbers exclude methadone, St. Louis follow up, and SGI outpatient services, clients identified as either “deceased” or for “screening/referral” purposes, and outpatients in treatment at fiscal year-end. The number of clients attending group programming was 65 clients and 48 clients completed the program for a completion rate of 73%. The rate of client terminations was 46.2% (145/315) in MCR RHA compared to 43.6% for all Saskatchewan facilities. The program’s ability to meet client needs, severity of substance use, degree of self-awareness, family and community support, length of time between initial client contact and first treatment, cognitive impairment, rate of self-referral, all influence successful completion rates. For many substance abusers, success comes after several failed attempts at alcohol and drug treatment.

Problem Gambling Treatment Completion Rates for Inpatient and Outpatient Services
Mamawetan Churchill River RHA does not have a gambling inpatient facility. Information is not available by RHA residence of clients.
Only two clients entered MCR outpatient gambling services in 2002-3 and both dropped out of the program. In Saskatchewan, the successful completion rate of outpatient gambling services was only 21.4% (69/322).

Institutional Supportive Care (long term care)
MCRHR operates a 16 bed facility in the La Ronge Health Centre, 14 beds are utilized for long term care and 2 beds for respite care. Residents of Creighton and Denare Beach access long term care from the NorMan RHA in Flin Flon. This raises the issue of residency as long term care residents are required to become Manitoba residents after 3 months in the facility.

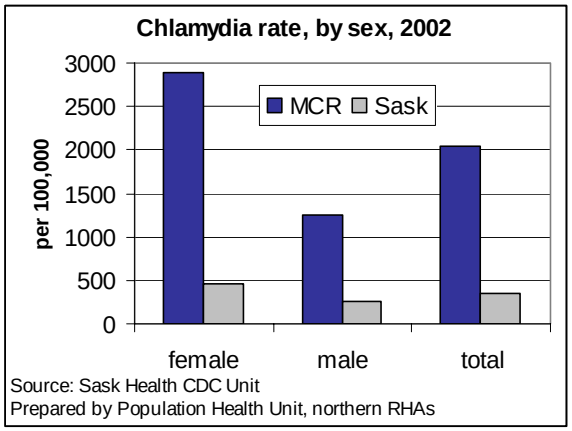
Home Based Acute and Palliative, and Supportive Care
Home Care services are provided from 5 service points: La Ronge/Air Ronge, Weyakwin, Pinehouse, Sandy Bay and Creighton/Denare Beach/Flin Flon, Sk.(the other border community in Saskatchewan). A major issue faced by Home Care in Creighton is the noticeable discrepancy when comparing Home Care services provided by NorMan RHA with the MCRHR services.

Program Support

Monthly, the Chair attends the Ministers Forum and the President/CEO attends the Leadership Council. Directors participate in various Joint Committee Meetings and comprise the senior management team for Mamawetan Churchill River Health Region. Participation is limited due to costs associated with travel.

Population Health

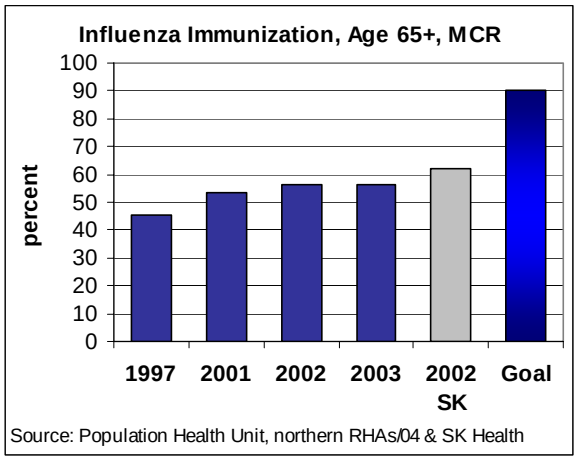
Chlamydia Rates



In 2002, the rate of Chlamydia in Mamawetan Churchill River Health Region was 6.4 times the provincial rate in females and 5 times the provincial rate in males. Next to the Saskatoon and Regina Qu'Appelle health regions, MCR HR had the largest absolute number of Chlamydia cases in the province in 2002, with only 2.1% of the population.

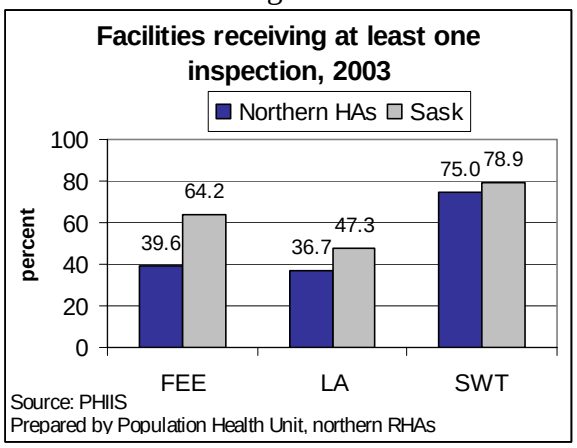
As shown in the Northern Saskatchewan 2004 Health Indicators Report, the highest age-specific Chlamydia rates are among the 15 to 19 year age group in females and the 20 to 24 year age group in males. Chlamydia rates have been increasing across the province and country and showed over a 50% increase across northern Saskatchewan between 1998 and 2003. The increase may be due to more convenient testing, with more cases being lab confirmed, as well to actual increases in disease incidence. Across Canada, from 1997-2002, there has been a 60% increase in Chlamydia which is roughly equivalent to the increase in northern Saskatchewan.

Influenza Immunization Rates for Older Adults, including First Nations Communities



Influenza immunization coverage in the MCR health region among the elderly population has improved gradually over the past several years, but it still falls behind the Saskatchewan coverage of 62% and the national goal of 90%. A strategy to increase coverage and to prepare for a pandemic could include increasing the capacity for mass immunization campaigns by extending training to nurses outside of public health. This will be explored for the fall of 2004.

Public Health Act Regulated Facilities



Public health inspectors employed by Mamawetan Churchill River RHA cover all three northern health areas. In 2003 they were able to inspect 40% of food eating establishments, 37% of licensed accommodations and 75% of facilities with swimming pools/water themes.

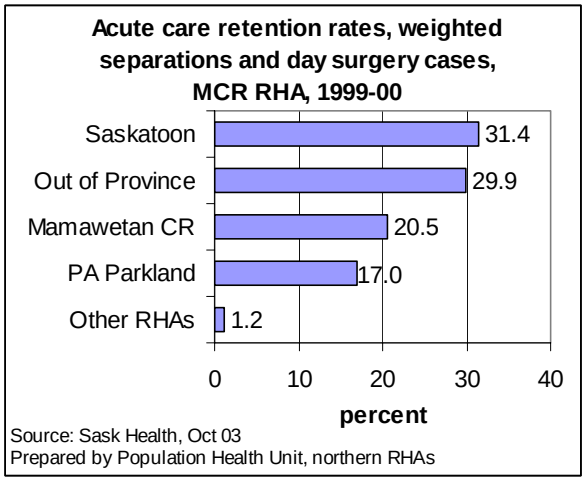
Factors contributing to the low rate of inspections include the large geographic area, the volume of facilities in the area, human and financial resources, and competing priorities.

The facilities are scattered over the northern half of the province (46% of the province's surface area), with many accessible only by air. This large area has significant implications for travel time and costs, particularly with air travel and poor gravel roads. The northern PHIs are responsible for 7% of Saskatchewan's food eating establishments, 25% of the licensed accommodations, and 4% of the facilities with swimming pools/water themes. Inspection rates are affected by the number of PHI positions (only 4) and staff turnover (currently 2/4 positions are vacant). Significant time is also spent on precautionary boil water advisories and boil water orders.

Acute and Emergency Services

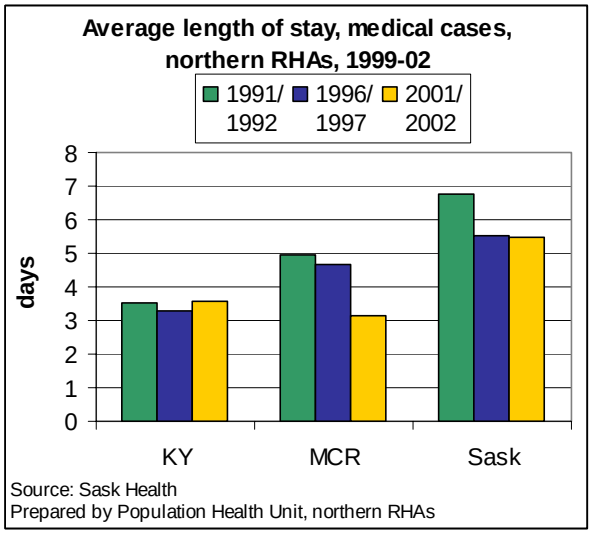
MCRHR continues to maintain one acute care facility in La Ronge. Residents of the eastern portion of the region access acute care services from the Flin Flon General Hospital in Manitoba.

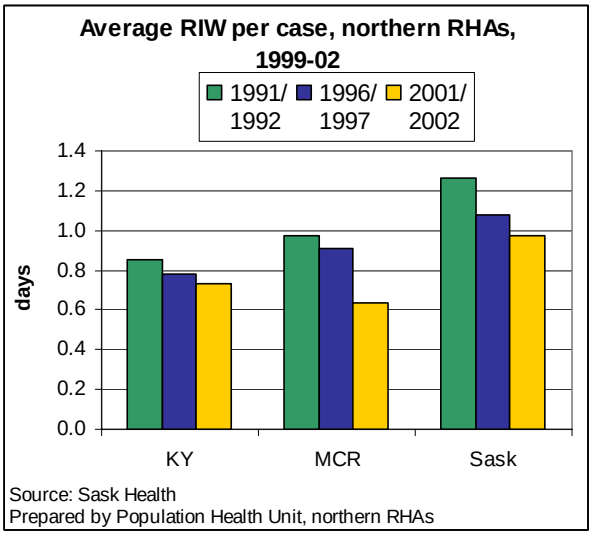
Acute Care Weighted Separations & Day Surgery Cases Retained in the Region



Data from 1999-00 (rather than 2001-2) was used for this indicator as the Flin Flon hospital data has not been available since August 2000.

Inpatient ALOS Compared to ALOS in Similar Regions for Medical Cases





There no other regions similar to the northern health regions, so a comparison can only made between the KY and MCR regions. The average length of stay for medical cases remained stable over the past 11 years in KY health region, with a 2% increase between 1991/2 and 2001/2 (3.5 to 3.6 days). The same measure decreased for MCR health region

by 37% in the same time period (5 to 3.1 days). Both are lower than the ALOS for all Saskatchewan medical cases.

The average resource intensity weight per case decreased from 1991-2 to 2001-2 from 0.86 to 0.73 in KY health region and from to 0.97 to 0.64 in MCR health region.

For a full report on health indicators for the Mamawetan Churchill River Health Region, refer to Northern Saskatchewan Health Indicators Report 2004.

Challenges and Future Directions:

- Human resource challenges range from recruitment issues such as shortages of various trained professionals (nurses, public health inspectors, health information professionals, etc), retention issues such as housing in Sandy Bay, implementation of full scope of practice for nursing (LPNs, RNs and Nurse Practitioners) and geographic and professional isolation. As a result of some of these challenges there is an increase in staff sick time, an increase in workload which means decreased participation on committees (OH&S, Disaster Planning, Continuous Quality Improvement, etc), and quality workplace issues relating to care delivery and staff morale. Currently MCRRHA is working with the SRNA and their Quality Workplace Program, the implementation of an attendance management program and creation of innovative policies and practices that promote staff retention (provision of housing, coverage of travel costs, etc).
- Balancing increased expectations with diminishing resources is a continual challenge. Requests for information from Sask. Health and SAHO for budgeting, bargaining and planning are often extensive and are required in very tight timeframes. MCRRHA battles the challenges of provincial funding formulae that do not take into consideration the diseconomies of scale due to size, the geographical location that leads to higher operating costs (travel), the lack of community resources, and the special needs population. Furthermore, we are faced with additional challenges of implementing a new provincial chart of accounts and payroll system, dealing with the complexity of numerous funding streams and the need to create a plan for capital fundraising. Currently capital funding is primarily directed towards patient care equipment, but there is a need to maintain and upgrade other equipment such as computers, servers, copiers, dictation, etc. The increasing costs of laundry, software and technology upgrades, heating, physical storage, are difficult to budget for when faced with uncontrollable and necessary costs related to medical and surgical supplies, etc.
- Balancing the need to attend provincial meetings with the need to “stay at home”. The benefits of networking and planning at a provincial level are important, however meetings that are located outside the region require a significant commitment in time and resources.
- Finally, there is recognition of ever increasing needs of our population that require program reviews and/or enhancements:
    - Ensuring that adequate follow-up services are available for Addictions Prevention / Recovery Services’ clients who complete programming and return to their communities.
    - There is a need to develop an ongoing networking strategy with all agencies to improve integrated case management and information sharing for APRS.

- Need to evaluate and continue development of youth services.
- Lack of psychiatric and general practitioner services in certain areas of the region.
- Need for practical parenting programs.
- Need to expand Sexual Wellness program.
- Increasing need for Home Care Services.
- Meeting the health needs of certain populations ie young pregnant women
- Increased populations in communities without resulting increase in staffing
- Increased availability & use of alcohol and street drugs
- MHO capacity – The internal and external evaluation of the co-management agreement and population health unit identified the capacity of MHO services across the north as a key issue. A determination of an appropriate level of service needs to be conducted.
- Public Health Inspector capacity – the workload is compounded due to geography and significant number of sites.
- There is a great need for supportive living options for some of the Mental Health, FASD and Acquired Brain Injury clients

Management Discussion and Analysis:

As MCRHR looks forward it is helpful to reflect on the events of the past and consider how they will impact on the future. Historically, the north has experienced chronic under funding resulting in the early adoption of primary health care which involves collaboration, consultation and cooperation among service providers from all jurisdictions. As the rest of the province adopts the northern model our challenge is to increase access to services, not establish the model. This requires a rethinking of funding criteria. Change for us does not involve creating teams, but rather supporting and enhancing existing networks.

There were several extraordinary costs encountered this fiscal year contributing to a small deficit. The SARS education and preparation did generate some unplanned expenses. These included equipment repairs, human resources and environmental health. There is no capital construction projects planned.

MCRHR will meet its commitments and financial obligations for the 2004-05 fiscal year. From time to time the region may be in an overdraft situation and there is certainly a need to look for ways to increase the revenue. Refining the budget process would be helpful. In 2003-2004 planning started in late summer, saw a submission in early fall and continuous revisions throughout the winter. July is the projected date for Department of Health to complete its actions around the budget for MCRHR. Many, many hours are spent on budget work. To condense this time and expedite the process would be most beneficial. Clarifying and expediting the approval process would also be desirable. Facilitating Regional capacity for independent evidence based decision-making and the freedom to implement is recommended.

MCRHR faces numerous risks as the local authority for the entire north. Although steps are taken to address the issue and to mitigate the risks, MCRHR lacks the resources to fully comply with *The Public Health Act*. The region continues to work collaboratively

with the Department on acquiring the appropriate resources to better meet the current needs.

In conclusion, with minimal management staff, MCRHR Health Region did an admirable job of meeting both financial and service delivery goals.

Mamawetan Churchill River Health Region

"To preserve, promote and enhance the quality of life through leadership and working together in wellness."

Box 6000
La Ronge, Sk. S0J 1L0
Phone : (306) 425-2422
Fax : (306) 425-5432

July 16, 2004

Mamawetan Churchill River Health Region
Report of Management

The accompanying financial statements are the responsibility of management and have been approved in principle by the Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity includes some amounts that are based on estimates and judgments. The financial information presented in the Management's Discussion and Analysis and elsewhere in this report is consistent with that in the financial statements.

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

The Authority Members carry out their responsibility for the financial statements through the *Committee of the Whole.* This Committee meets with Management to discuss and review financial matters. The appointed auditor has full and open access to the *Committee of the Whole.*

The appointed auditor conducts an independent audit of the financial statements. His examination is conducted in accordance with Canadian Generally Accepted Auditing Standards and includes tests and other procedures, which allow him to report on the fairness of the financial statements.

Lionel Chabot
Chief Executive Officer

Ken Kowalczyk
Chief Financial Officer

Financial Summaries:

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH

AUTHORITY

FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2004

Statement 1

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

STATEMENT OF FINANCIAL POSITION
As at March 31

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2004	Total 2003
ASSETS					
Current assets					
Cash and short-term investments (Statement 3 and Schedule 2)	$ 238,793	$ 224,055	$ 18,160	$ 481,008	$ 700,142
Accounts receivable					
Saskatchewan Health - General Revenue Fund	150,794	-	-	150,794	130,224
Other	389,979	9,344	-	399,323	309,514
Inventory	118,203	-	-	118,203	122,606
Prepaid expenses	98,572	-	-	98,572	110,212
	996,341	233,399	18,160	1,247,900	1,372,698
Capital assets (Note 2d and 3)	-	11,255,772	-	11,255,772	11,616,152
Total Assets	$ 996,341	$ 11,489,171	$ 18,160	$ 12,503,673	$ 12,988,850
LIABILITIES & FUND BALANCE					
Current liabilities					
Accounts payable	$ 194,767	$ 47,578	$ -	$ 242,345	$ 430,752
Accrued salaries	454,397	-	-	454,397	336,348
Vacation payable	527,966	-	-	527,966	477,241
Deferred Revenue (Note 5)	357,209	24,000	-	381,209	443,160
Total Liabilities	1,534,339	71,578	-	1,605,917	1,687,501
Fund Balances:					
Invested in capital assets	-	11,255,772	-	11,255,772	11,616,152
Externally restricted (Note 2 b[ii]; Note 2 b[iii] and Schedule 3)	-	139,585	18,160	157,745	70,297
Internally restricted (Schedule 4)	-	22,236	-	22,236	84,568
Unrestricted	(537,998)	-	-	(537,998)	(469,668)
Fund balances – (Statement 2)	(537,998)	11,417,593	18,160	10,897,755	11,301,349
Total Liabilities & Fund Balances	$ 996,341	$ 11,489,171	$ 18,160	$ 12,503,672	$ 12,988,850

(See accompanying notes to the financial statements)

APPROVED BY THE BOARD:

_____ Board Member

_____ Board Member

Statement 2

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31

	Operating Fund			Restricted			
	Budget 2004 (Note 13)	2004	2003 (Note 11)	Capital Fund 2004	Community Trust Fund 2004	Total 2004	Total 2003 (Note 11)
REVENUES							
Saskachewan Health - Revenue (Note 7)	$ 12,918,877	$ 12,953,710	$ 11,804,420	$ 200,000	$ -	$ 200,000	$ -
Other Provincial Revenue	129,997	177,702	236,744	-	-	-	-
Federal Government Revenue	2,970	3,300	2,790	-	-	-	-
Special Funded Programs	216,561	207,424	182,424	-	-	-	-
Patient Fees	249,614	249,591	242,150	-	-	-	-
Out of Province Revenue (Reciprocal)	16,873	19,525	16,873	-	-	-	-
Out of Country Revenue	2,054	9,110	2,054	-	-	-	-
Donations	-	-	-	21,216	-	21,216	11,096
Investment Revenue	14,400	12,672	15,559	4,055	12	4,067	5,268
Ancillary Revenue	76,501	83,317	81,707	-	-	-	-
Recoveries	24,698	21,122	20,864	-	-	-	-
Other Revenue	170,701	401,933	277,538	5,395	1,357	6,752	5,331
	13,823,246	14,139,406	12,883,123	230,666	1,369	232,035	21,695
EXPENSES							
Province Wide Acute Care Services	68,374	106,212	61,901	-	-	-	-
Acute Care Services (Note 7)	4,393,225	4,706,869	4,506,083	518,394	-	518,394	498,808
Physician Compensation - Acute Care Specialists	115,200	132,117	105,527	-	-	-	-
Supportive Care Services	359,585	372,007	338,478	-	-	-	-
Home Based Service - Supportive Care	175,778	116,443	104,139	-	3,827	3,827	6,835
Population Health Services	2,252,776	2,087,064	1,710,682	-	-	-	-
Community Care Services	1,571,109	1,493,689	1,471,741	-	-	-	-
Home Based Services - Acute & Palliative	677,733	685,292	716,525	-	-	-	-
Primary Health Care Services	1,735,484	2,080,032	1,637,134	-	-	-	-
Emergency Response Services	454,072	452,580	466,002	-	-	-	-
Addictions Services - Residential	219,737	248,536	226,003	28,173	-	28,173	27,109
Physician Compensation - Community Services	19,144	17,012	13,486	-	-	-	-
Program Support Services	1,593,104	1,527,654	1,386,810	-	-	-	-
Special Funded Programs	176,786	171,604	139,443	16,905	-	16,905	16,266
Ancillary	11,139	10,625	10,649	-	-	-	-
Total Expenses (Schedule 1)	13,823,246	14,207,736	12,894,603	563,472	3,827	567,299	549,018
(Deficiency) of revenues over expenses	$ -	(68,330)	(11,480)	(332,806)	(2,458)	(335,264)	(527,323)
Fund Balances, beginning of year		(469,668)	(458,188)	11,750,399	20,618	11,771,017	12,298,340
Fund balances, end of year		$ (537,998)	$ (469,668)	$ 11,417,593	$ 18,160	$ 11,435,753	$ 11,771,017

(See accompanying notes to the financial statements)

Statement 3

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31

	Operating Fund		Restricted Fund			
	2004	2003 (Note 11)	Capital Fund	Community Trust Fund	Total 2004	Total 2003 (Note 11)
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
(Deficiency) of revenue over expenditure	$ (68,330)	$ (11,480)	$ (332,806)	$ (2,458)	$ (335,264)	$ (527,323)
Net change in non-cash working capital (Note 6)	(281,687)	(123,084)	108,740	(2,987)	105,753	41,406
Amortization of capital assets	-	-	558,490	-	558,490	541,066
(Gain) on disposal of capital assets	-	-	(2,380)	-	(2,380)	-
	(350,017)	(134,564)	332,044	(5,445)	326,599	55,149
Purchase of capital assets						
Buildings/construction	-	-	(170,371)	-	(170,371)	-
Equipment	-	-	(85,345)	-	(85,345)	(159,921)
Proceeds on disposal of capital assets						
Buildings	-	-	60,000	-	60,000	-
	-	-	(195,716)	-	(195,716)	(159,921)
Net increase (decrease) in cash & short term investments during the year	(350,017)	(134,564)	136,328	(5,445)	130,883	(104,772)
Cash & short term investments, beginning of year	588,810	723,374	87,727	23,605	111,332	216,104
Cash & short term investments, end of year	$ 238,793	$ 588,810	$ 224,055	$ 18,160	$ 242,215	$ 111,332
Amounts in cash balances						
Cash & short term investments	$ 238,793	$ 588,810	$ 224,055	$ 18,160	$ 242,215	$ 111,332

(See accompanying notes to the financial statements)

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2004

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continue as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

The Mamawetan Churchill River Regional Health Authority was created by the Act. The Mamawetan Churchill River Regional Health Authority (RHA) is responsible for the planning, organization, delivery, and evaluation of health services it is to provide (The Act sec 27) within the geographic area known as the Mamawetan Churchill River Health Region.

2. Significant accounting policies

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

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following CBOs and third parties to provide health services:

Sandy Bay Outpatient Center Inc.
Creighton Alcohol and Drug Abuse Council Inc.
La Ronge Emergency Medical Services
Nor-Man Regional Health Authority
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.

Note 10 b) i) provides disclosure of payments to CBOs and third parties.

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.

2. Significant accounting policies – (continued)

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 amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

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

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

d) Capital Assets

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

Buildings	$2^1/_2$ % and 10%
Equipment	5% to 20%

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

2. Significant accounting policies – (continued)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are valued at cost as determined on the first in, first out basis.

f) Investments

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

g) Pension

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

h) Measurement Uncertainty

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

3. Capital Assets

	March 31,2004			March 31, 2003
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$407,572	$0	$407,572	$407,572
Buildings	12,865,031	2,623,397	10,241,634	10,455,359
Equipment	2,357,913	1,751,347	606,566	753,221
	$15,630,516	$4,374,744	$11,255,772	$11,616,152

4. Commitments

a) Operating Leases

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

2005	$ 42,499
2006	41,652
2007	20,256

3. Deferred Revenue

Deferred Revenue	Balance, Beginning of Year	Less Amount Recognized From Health	Add Amount Received From Health	Less Amount Recognized From Other Sources	Add Amount Received From Other Sources	Balance, End of Year
Saskatchewan Health - General Revenue Fund						
Environmental Health Officer Funding	$ 43,964	$ 13,797	$ 55,000	$ -	$ -	$ 85,167
Northern Regional Intersectoral Committee	-	43,349	80,000	-	-	36,651
Uranium Monitoring	-	43,082	57,540	-	-	14,458
Northern Human Services Partnership	-	-	-	26,086	45,000	18,914
Primary Care Demo Site	-	62,119	65,568	-	-	3,449
Long Term Water Strategy/Conference	12,963	101,263	88,300	11,000	11,000	-
Other Revenue Received In Advance						
Professional Development	15,790	6,741	1,683	-	-	10,732
SGI ABI Rehabilitation and Education	12,153	-	-	109,660	123,729	26,222
Infant Mortality	18,500	14,317	-		-	4,183
Diabetes Prevention	8,150	1,918	-	-	-	6,232
Population Health Training Program	14,460	-	-	2,568	-	11,892
Type 2 Diabetes/KYRHA	26,805	4,910	-	19,120	19,120	21,895
Provincial Diabetes Plan 01-02	35,000	35,000	-	-	-	-
Provincial Diabetes Plan 02-03	30,970	30,970	-	-	-	-
Primary Health Services	116,900	263,227	151,000	-	-	4,673
Northern Health Strategy Report	79,465	-	-	137,871	87,673	29,267
Summer Student Program	9,939	-	-	32,222	22,283	-
Vaccine Purchase	10,000	-	-	806	-	9,194
Youth Sexual Wellness	8,101	-	-	48,901	40,800	-
Dental Health Education	-	3,895	15,500	-	1,402	13,007
Primary Health Care Team Development	-	53,505	78,600	-	-	25,095
PBCN Diabetes Resource Worker	-	-	-	12,208	33,386	21,178
SRNA Quality Workplace Program Agreement	-	-	-	-	15,000	15,000
Total	$ 443,160	$ 678,093	$ 593,191	$ 400,442	$ 399,393	$ 357,209

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund is recorded as revenue as the related costs are incurred. The funding is restricted in use to provincially approved health improvement initiatives. Other sources are recorded as revenue as the related costs are incurred. Kids First North has prepaid rent to the RHA in the amount of $24,000 and is reflected in capital fund. Monthly revenue of $500 is recorded as rent costs are incurred.

6. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2004	2003	Capital Fund	Community Trust Fund	Total 2004	Total 2003
(Increase) Decrease in accounts receivable	$ (120,851)	$ 86,929	$ 37,176	$ -	$ 37,176	$ 44,792
(Increase) Decrease in inventory	4,403	(26,326)			-	-
(Increase) Decrease in prepaid expenses	11,640	(64,578)			-	-
Increase (Decrease) in accounts payable	(259,702)	(297,670)	47,564	(2,987)	44,577	(3,386)
Increase (Decrease) in accrued salaries	118,049	(119,968)			-	
Increase (Decrease) in vacation payable	50,725	72,679			-	
Increase (Decrease) in deferred revenue	(85,951)	225,850	24,000		24,000	
	$ (281,687)	$ (123,084)	$ 108,740	$ (2,987)	$ 105,753	$ 41,406

7. Athabasca Health Services

In 1998-99, the RHA became responsible for delivering community and mental health services for the Athabasca Health Authority Inc. (AHA). Also, the RHA received AHA's acute care funding from the Department of Health and paid to the Uranium City Hospital, which was responsible for delivering AHA's acute care services.

The funding the RHA received and the payments it made on behalf of AHA for the 2003-2004 fiscal year are:

Funds received from Saskatchewan Health for the AHA area:

		2004		2003
Uranium City Hospital		$0		$187,744
Community and mental health services	$0		$8,097	
Plus (less) over expended (unspent) funds as at March 31st*	7,569	7,569	7,569	15,666
		$7,569		$203,410

	2004	2003
Funds paid on behalf of AHA:		
To Uranium City Hospital	$0	$187,744
For community and mental health services	7,569	$15,666
	$7,569	$203,410

* These funds are due to the RHA for the delivery of past years's community and mental health care services in the AHA area.

8. Primary Health Care Transition Fund

The Northern Health Strategy Working Group (NHSWG) received a financial contribution from the Primary Health Care Transition Fund, Health Canada, (PHCTF) for an initiative entitled *Community and Organizational Transition to Enhance the Health Status of all Northerners*. The RHA, being the co-chair of the NHSWG, is the recipient to whom the contribution is being made and who is responsible for carrying out the obligations set out in the Contribution Agreement.

Partners: Northern Inter-Tribal Health Authority, University of Saskatchewan, Kelsey Trail Regional Health Authority, Athabasca Health Authority, Saskatchewan Health and Manitoba/Saskatchewan Region of Health Canada's First Nations and Inuit Health Branch.

Objectives: To utilize existing working relationships among various jurisdictions to move to a primary health care approach that is more comprehensive, accessible, coordinated, accountable, integrated, and sustainable.

Expected Results: A more coordinated approach across jurisdictions in the planning and delivery of primary health care services. By reducing jurisdictional barriers, individuals will receive more seamless services resulting in improved health outcomes. Particular improvements are expected in areas of chronic disease management, mental health and addictions, and injury prevention.

The financial contribution the RHA received and the payments it made on behalf of the NHSWG for the 2003-2004 fiscal year are:

	2004
Financial contribution	$ 50,000
Expenditures	48,021
Overpayment *	$ 1,979

* The RHA will repay PHCTF this overpayment as specified in signed Contribution Agreement.

These amounts are not reflected in the financial statements.

9. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2004, was $7,510 (2003- $8,485). These amounts are not reflected in the financial statements.

10. 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.

a) Related Party Transactions

	2004	2003
Accounts Receivable		
Other Regional Health Authorities	$ 149,243	$ 86,007
Youth Wellness	20,400	-
Other	23,115	-
Accounts Payable		
Saskatchewan Property Management Corporation	23,232	11,789
Other Regional Health Authorities	2,828	14,461
Other	41,103	113,821
Revenues		
Saskatchewan Government Insurance	148,347	142,525
Other	124,072	110,296
Expenses		
Saskatchewan Association Health Organizations	872,681	726,635
Saskatchewan Property Management Corporation	341,730	315,557
Workers Compensation Board	191,777	155,738
North Sask Laundry & Support Services Ltd.	149,930	120,878
Saskatchewan Telecomunications	144,755	134,060
Public Employees Superannuation Plan	132,297	115,628
Saskatchewan Healthcare Employees' Pension Plan	101,784	-
Saskatchewan Power Corporation	85,950	77,133
Other Regional Health Authorities	70,525	167,016
Health Care Organizations	55,963	131,452
Saskatchewan Government Employees Union	37,930	31,808
Saskatchewan Housing Corporation	33,215	28,889
Other	47,529	5,700

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 transaction are included in the financial statements at the standard rates charged by those organizations and are settled on normal trade terms.

10. Related Parties – (continued)

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchase. 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 CBOs 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 CBOs and Third Parties:

	2004	2003
Sandy Bay Outpatient Center Inc.	$129,017	$124,590
Creighton Alcohol and Drug Abuse Council Inc.	123,010	117,802
La Ronge Emergency Medical Services	321,738	321,738
Nor-Man Regional Health Authority	36,768	36,768
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.	35,840	35,840
	$ 646,373	$ 636,738

11. Comparative Information

Certain 2002-2003 balances have been reclassified to conform with the current year's presentation.

12. Pension Plan

Employees of the RHA participate in one of the following pension plans. Some employees participate in the Saskatchewan Healthcare Employees' Pension Plan (SHEPP), which is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors). Other employees participate in either the Public Service Superannuation Plan (a related party) which is also a defined benefit plan, or the Public Employees' Pension Plan (a related party) which is a defined contribution plan. Both of these plans are the responsibility of the Province of Saskatchewan. The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services.

12. Pension Plan – (continued)

Pension expense for the year amounted to $396,974 (2003 - $263,734) and is included in benefits in Schedule 1.

Effective December 14, 2003, SHEPP contribution rates are as follows:

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

13. Budget

The RHA Board approved the 2003-2004 budget plan on May 28, 2003.

14. Financial Instruments

a) Significant terms and conditions

Loan Guarantee
Mamawetan Churchill River Regional Health Authority is one of four shareholders of North Saskatchewan Laundry & Support Services Ltd. In March 2003, the Board of Directors passed a resolution to guarantee a proportionate share (1/4) of an operating loan for the laundry service. The liability of Mamawetan Churchill River Regional Health Authority is limited to $116,400.

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 carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

cash and short-term investments
accounts receivable
accounts payable
accrued salaries and vacation payable

14. Financial Instruments – (continued)

d) Operating Line-of-Credit

The RHA has a line-of-credit of $500,000 (2003 - $500,000) with an interest rate charged at prime rate. The line of credit was increased from $200,000 on September 20, 2002 and is secured by an Assignment and Hypothecation of Revenues. Total interest paid on the line-of-credit in 2004 was $nil (2003 - $nil). The line-of-credit was approved by the Minister on June 19, 2002.

15. 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.

16. 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 $18,610 (2003 - $20,618) under these agreements. The assets are not property of the RHA and are therefore not included as part of the assets of the Board.

17. Subsequent Events

Premium rates for SEIU, CUPE and General Disability Income Plans will be increasing effective April 1, 2004. The SEIU Disability Income Plan will increase from 3.00 per cent to 3.51 per cent, the CUPE Disability Income Plan will increase from 2.20 per cent to 2.79 per cent and the General Disability Income Plan will increase from 1.72 per cent to 2.14 per cent. No changes are to be made for the SUN Disability Income Plan.

Schedule 1

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31

	Budget 2004	2004	2003
Operating:			(Note 11)
Benefits	$ 1,423,924	$ 1,338,588	$ 1,106,959
Board costs	190,000	136,107	158,751
Diagnostic imaging supplies	18,400	15,522	16,621
Drugs	197,150	239,026	241,909
Food	143,932	141,528	129,867
Grants to ambulance services	394,346	395,204	409,716
Grants to third parties	258,027	252,814	242,392
Housekeeping and laundry supplies	22,192	20,940	21,133
Insurance	22,592	23,638	16,529
Interest	6,100	17,400	9,055
Laboratory supplies	41,000	54,523	39,501
Medical and surgical supplies	133,000	123,405	145,769
Medical remuneration and benefits	115,200	46,061	129,527
Office supplies and other office costs	74,390	71,227	67,575
Other	930,867	1,224,421	1,051,210
Professional fees	179,338	112,071	96,429
Purchased services	561,273	300,812	479,163
Rent/lease purchases	327,090	307,463	291,386
Repairs and maintenance	36,901	27,416	36,461
Salaries	7,863,976	8,402,261	7,371,527
Service contracts	71,547	107,458	83,128
Travel	509,514	592,001	449,185
Utilities	302,487	257,850	300,810
	$ 13,823,246	$ 14,207,736	$ 12,894,603
Restricted:			
Amortization		$ 558,490	$ 541,066
(Gain) on disposal of fixed assets		(2,380)	-
Other		11,189	7,952
		$ 567,299	$ 549,018

Schedule 2

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
For the Year Ended March 31, 2004

	Amount
Restricted Investments	
Cash and Short Term	
Chequing and Savings:	
Prince Albert Credit Union	$ 11,406
Flin Flon Royal Bank	3,664
Flin Flon Credit Union	3,090
La Ronge CIBC	224,055
	$ 242,215
Unrestricted Investments	
Cash and Short-Term Chequing and Savings - CIBC	$ 238,793
Long-Term - Province of Saskatchewan	0
	$ 238,793
Total Investments	$ 481,008

Restricted Investments consist of: community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule of Externally restricted Funds); and Saskatchewan Health has provided designated funding for capital expenditures. As a condition of this funding, the RHA is required to classify these funds as externally restricted in the Capital Fund (Note 2b[ii] and Schedule 3).

Schedule 3

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2004

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
La Ronge Home Care	$ 3,713	$ 308	---	318	---	$ 3,703
Weyakwin Home Care	5,655	3	---	957	---	4,701
Creighton Home Care	2,901	189	---	---	---	3,090
Sandy Bay Home Care	4,426	---	---	763	---	3,663
Pinehouse Home Care	3,923	869	---	1,789	---	3,003
Total	$ 20,618	$ 1,369	$ ---	$ 3,827	$ ---	$ 18,160

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 rate payers 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 Regional Health Authority with respect to use of the trust fund.

CAPITAL FUND

	Balance Beginning of Year	Capital Grant Funding	Expenses	Balance End of Year
Ergostand Stand-Up Lift	$ 3,537	$ -	$ 3,537	$ -
Mobile Phone	3,075	-	3,075	-
Water Heater	4,221	-	4,221	-
Laguana Tilt Shower/Commode Chair	2,000	-	2,000	-
1989 Chev Suburban Response Vehicle	7,665	-	7,665	-
Vital signs Monitor	4,914	-	4,914	-
Sask Dental Cart	6,213	-	6,213	-
Upgrade Call System - Acute and LTC	18,054	-	18,054	-
Automatic External Defibrillators (2)	-	10,000	-	10,000
Upgrade Defibrillator	-	10,000	-	10,000
Partable Vital Signs Monitor (2)	-	9,000	-	9,000
Audiometers (4)	-	8,887	-	8,887
Patient Controlled Analgesic Pump	-	3,700	-	3,700
Upgrade Call System - Acute and LTC	-	26,898	26,898	-
Electric Beds (5)	-	27,986	27,986	-
Emergency Beds (2)	-	10,000	-	10,000
ROHO Mattress	-	4,000	-	4,000
Air Conditioning	-	5,531	5,531	-
Carbon Monoxide Meter	-	2,000	-	2,000
Hematology Analyzer	-	58,998	-	58,998
Blood Gas Analyzer	-	23,000	-	23,000
Total	$49,679	$200,000	$110,094	$139,585

Schedule 4

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2004

	Balance, beginning of year	Transfer from unrestricted fund balance: Net income allocated	Transfer from Externally Restricted Fund Balance	Transfer to investment in capital asset fund balance	Balance, end of year
Capital Fund	$ 84,568	$ 83,289	$ 20,498	$ 166,119	$ 22,236

Amounts represented in this schedule are donations to be used for capital purchases.

Schedule 5

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULES OF

BOARD REMUNERATION, BENEFITS, AND ALLOWANCES
for the year ended March 31

	2004				2003		
Board Members	Retainer and Per Diems	Benefits[1]	Other Expenses	Total	Retainer and Per Diems	Benefits and Other Expenses	Total
Chairperson							
Louise Wiens	$ 22,082	$ 7,195	$ 7,324	$ 36,601	$ 31,383	$ 3,896	$ 35,279
Board Member							
Tammy Searson	5,550	973	1,624	8,147	5,628	1,757	7,385
Charlene Logan	5,827	3,068	5,308	14,203	9,114	3,603	12,717
William Dumais	3,125	1,636	2,641	7,402	7,509	3,407	10,916
Mary Denechezhe	6,526	8,433	9,021	23,980	13,570	3,870	17,440
Ivan Natomagan (2)	-	-	-	-	1,413	645	2,058
Rita Ray (2)	-	-	-	-	2,393	1,789	4,182
Flora Hansen (2)	-	-	-	-	4,000	1,883	5,883
Al Rivard	5,204	739	1,746	7,689	9,394	1,604	10,998
Lyle Carlson (3)	-	-	-	-	4,954	1,286	6,240
Angie Merasty (3)	-	-	-	-	4,225	2,382	6,607
Greg Ross (4)	600	133	543	1,276	3,741	1,734	5,475
Peter J. Bear	5,377	3,996	5,208	14,581	5,456	2,753	8,209
Total	$ 54,291	$ 26,173	$ 33,416	$ 113,879	$ 102,780	$ 30,609	$ 133,389

(1) Benefits includes employer CPP and all travel time.

(2) Term expired July 25, 2002.

(3) Resigned May 21 2003.

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
for the year ended March 31

	2004							2003			
					Severance						
Staff	Number of FTE's	Salaries[1]	Benefits and Allowances[2]	Sub-total	Number of FTE's	Amount	Total	Number of FTE's	Salaries, Benefits and Allowances	Severance	Total
Chief Executive Officer	1.00	$ 98,909	$ 11,200	$110,109		$ -	$110,109	1.00	$ 97,920	$ -	$ 97,920
Senior Positions:											
Director of Community Services	1.00	83,395	9,896	93,291	-	-	93,291	1.00	90,375	-	90,375
Director of Corporate Services	1.00	65,494	8,474	73,968	-	-	73,968	1.00	68,731	-	68,731
Director of Support Services	1.00	57,085	8,305	65,390	-	-	65,390	1.00	62,656	-	62,656
Director of Human resources	1.00	65,063	8,644	73,707	-	-	73,707	1.00	67,820	-	67,820
Director of Informatics	1.00	62,160	8,228	70,388	-	-	70,388	1.00	64,589	-	64,589
Director of Mental Health & Addiction	1.00	77,500	9,747	87,247	-	-	87,247	1.00	83,224	-	83,224
Director of Patient Care	1.60	109,462	11,786	121,248	-	-	121,248	1.60	121,318	-	121,318
Director of Population Health	1.00	69,003	8,761	77,764	-	-	77,764	1.00	72,461	-	72,461
District Quality Care Coordinator	1.00	49,015	7,405	56,420	-	-	56,420	1.00	52,291	-	52,291
Primary Care Coordinator	1.00	55,384	8,086	63,470			63,470				
Total	11.60	$792,470	$ 100,532	$893,002	-	$ -	$893,002	10.60	$ 781,385	$ -	$781,385

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

(2) Benefits and allowances include the employer's share of statutory and non-statutory benefits, and employee's taxable allowances.

Payee Disclosure List:

The payee disclosure list of individuals who received $2,500 or more for salaries, wages, honoraria and compensation for personal services is available upon request from the Director of Corporate Services at the telephone number 306-425-4835.