Heartland Health Region

Primary Health Care
Heartland's Winning Combination

2006-2007 Annual Report

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Heartland Health Region Website: www.hrha.sk.ca

Letter of Transmittal

To: The Honourable Len Taylor
Minister of Health

and

the Honourable Graham Addley
Minister of Healthy Living

Dear Minister Taylor and Minister Addley;

The Heartland Regional Health Authority is pleased to provide you and the residents of the Heartland Health Region with their 2006-07 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2007.

The Heartland Regional Health Authority had many successes during the fiscal year. I would like to highlight three:

- Following two rounds of consultation with employees and stakeholder groups, Heartland completed and approved the 2007-2010 Strategic Plan. The Plan will guide the health region's work from 2007 to 2010.
- Construction of the Outlook and District Health Centre began and is targeted for completion in November 2007.
- The region achieved significant progress in its Emergency Preparedness Program, with Emergency Preparedness Plans completed or in progress for 18 of 23 regional buildings.

Our overall success is gratefully attributed to the dedication and commitment of employees and the medical staff of the Heartland Health Region, as well as the generous residents who give unstintingly of time and money to ensure that they, their families and their neighbours have access to quality health care.

Respectfully submitted,

Lyle Leys
Chairperson

Who We Are

Heartland Health Region is guided by the vision, principles, goals and objectives approved by the Heartland Regional Health Authority in 2002. This framework, adapted from *The Action Plan for Saskatchewan Care*, provides direction for the Authority's decision making about resource allocation and the establishment of Heartland's program and service priorities.

Heartland Vision (2006-07)

Building a province of healthy people and healthy communities

Heartland Principles (2006-07)

1. Quality
2. Fiscal responsibility
3. Being accountable to the people we serve

Heartland Goals and Objectives (2006-07)

Improved access to quality health services	• Responsive, coordinated Primary Health Care (PHC) • Reduce waiting times for surgical procedures • Improve Emergency Medical Care • Improve hospital, specialized services and long-term care
Effective health promotion and disease prevention	• Better promotion of health and disease prevention • Improve the health of Northern and Aboriginal communities
Retain, recruit and train health providers	• Improve utilization and availability of health human resources • Develop representative work places • Create healthier more effective work places
A sustainable, efficient, accountable & quality health system	• Ensure quality, effective health care • Appropriate governance, accountability and management • Sustain publicly funded and publicly administered Medicare

Code of Conduct, Ethics and Values

Heartland Health Region's Code of Conduct states that individual Authority members are expected to conduct themselves in an 'ethical and businesslike' manner. To balance the public's high expectations for health care programs and services with available human and financial resources and the context of the day, the Authority frequently faces ethical dilemmas in every aspect of the health care sphere, from client treatment choices to protecting personal health information to appropriate allocation of scarce resources. The Ethics Advisory Committee (EAC) provides greater focus in sorting through ethical issues and the development of program initiatives that advance the understanding of ethical principles throughout the Region (e.g. Dialogue on Ethics Workshops – October 2006).

In addition to the region's three guiding principles, Heartland has developed Leadership Values that establish the basis for the actions, interactions and behaviours of all employees in providing health services to Heartland residents. Those values include:

Integrity
"Integrity is what we do, what we say, and what we say we do." Don Galer

Empathy And Compassion
Non-judgmental listening and support that reflects caring and sensitivity in our interactions with patients, residents and colleagues.

Honesty
Straight-forward, open and truthful behaviour where people take full accountability for their actions.

Trust
Confident in the belief that colleagues are truthful and authentic in their communication and actions.

Mutual Respect
Reflects a high regard for the unique abilities, talents, feelings and opinions of others.

Courage
A willingness to act on one's convictions and beliefs and to take responsibility in doing what needs to be done.

Abundance
A mindset that focuses on the region's 'abundance' of resources and individual talent to creatively accomplish what is necessary rather than focusing on 'scarcity' or 'lack of resources.'

Partnerships
Saskatchewan Health remained Heartland's key partner. As the region's primary funder, SK Health provided policy direction and set and monitored standards that ensured the provision of health care and services to area residents.

Heartland continued to work closely with the Saskatchewan Association of Health Organizations (SAHO), a non-profit, non-governmental association to which all health regions and associations that provide health services belong. SAHO represents its membership in labour negotiations, providing payroll and benefits services, and OH&S, educational and representative workforce resources.

The region continued and expanded its historical relationship with the Saskatoon Health Region. With no tertiary hospital or inpatient psychiatric or addictions services within its boundaries, Heartland professionals and physicians work closely with health providers in Saskatoon to ensure that patient/client health and wellness needs are met. That relationship expanded this year to include contracted

Medical Health Services from the Saskatoon Medical Health Officer portfolio in Saskatoon Health Region. As well, the Manager of Corporate Research now maintains an office with the Public Health unit of the Saskatoon Health Region Corporate Office two days a week, which enhanced opportunities for inter-regional research and collaboration.

Participation in the Regional Intersectoral Committee (RIC) remains a key Heartland commitment. Participants included the R.C.M.P., Sun West School Division, the Wild Goose Recreation Association, Prairie West Regional College, Department of Community Resources, Corrections & Public Safety, and Saskatchewan Crime Stoppers. Together, members of the RIC work to address the key determinants of health in Heartland's communities.

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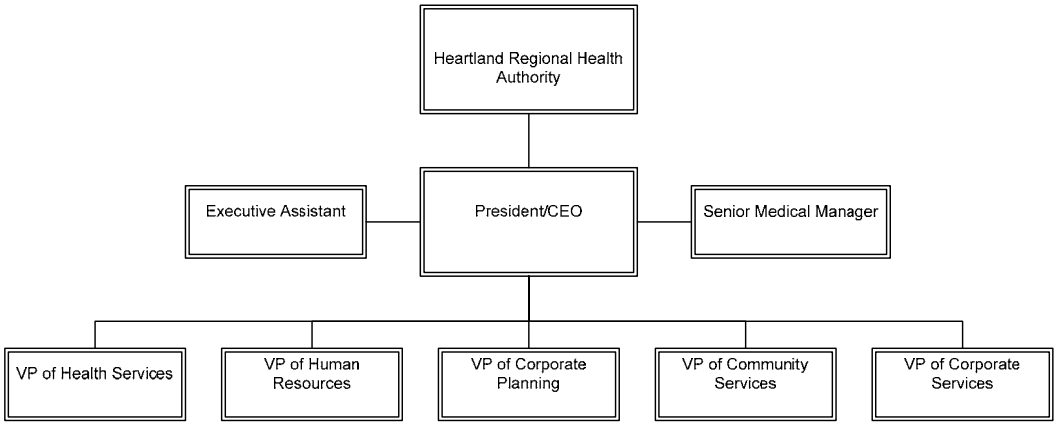
The West Central Municipal Government Committee (WCMGC), with representation from most RMS, towns and villages in the Heartland Health Region, meets monthly. The CEO provided updates on significant initiatives underway in the region. The WCMGC also functioned as a Community Advisory Group, providing feedback as requested by the region, and offered opportunities for members to address their concerns directly with the CEO.

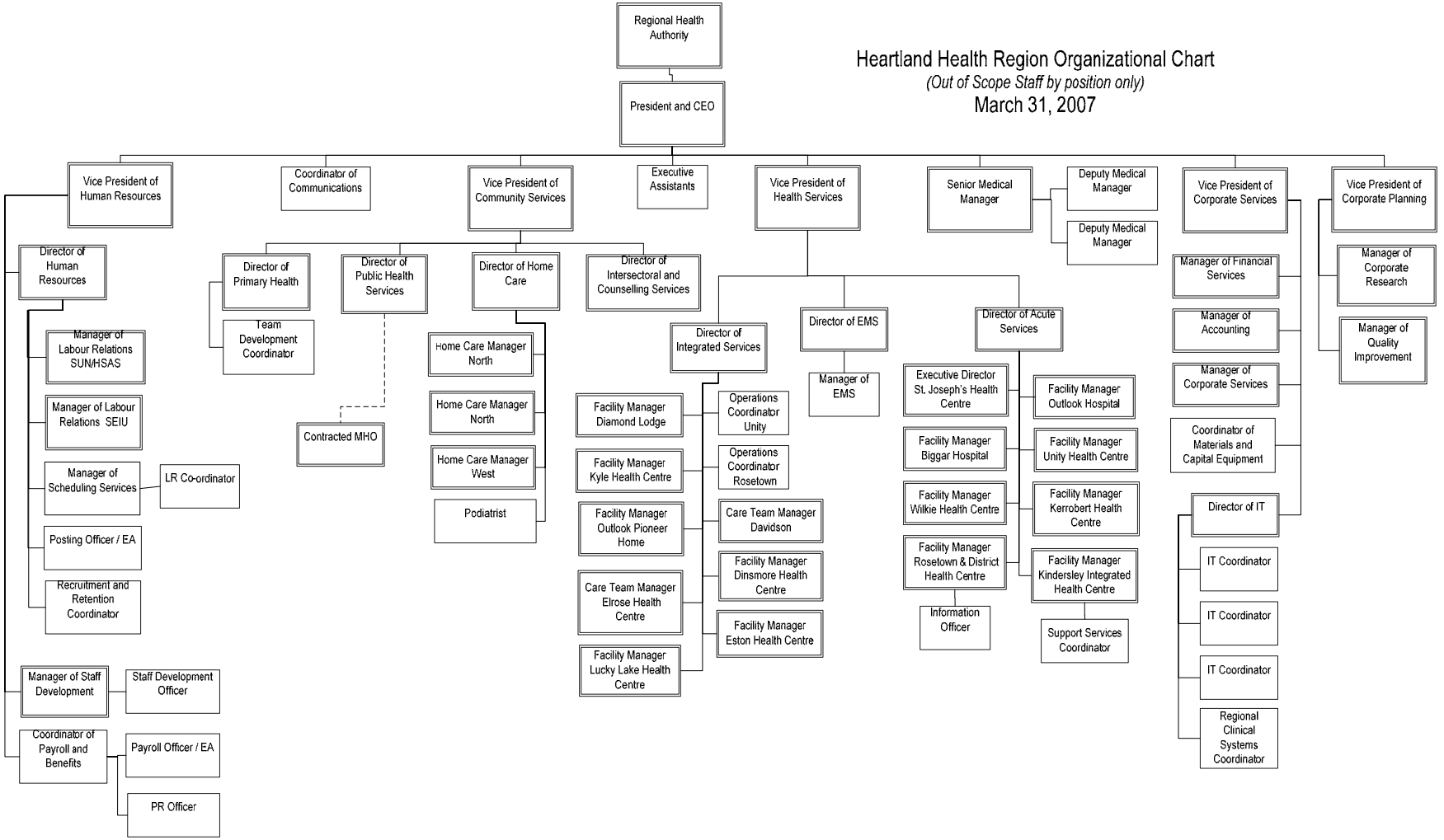
Figure 1. Heartland Health Region Senior Leadership Team



Administrative Structure

Under the direction of the President/CEO, Heartland's five Vice-Presidents carry out the portfolio responsibilities of Human Resources, Community Services, Health Services, Corporate Services and Corporate Planning. The Senior Medical Manager is a key member of the Senior Leadership Team, providing guidance and advice that helps the region align programs and services with the professional skills of physicians practicing in the region. Further leadership and support for the portfolio responsibilities is identified in the Organizational Chart shown in Figure 2.

Figure 2. Heartland Health Region Organizational Chart



Health Care Organizations

BridgePoint Centre Inc., Milden

Heartland is proud to be home to this provincial program that offers intensive recovery programming for people and families struggling with eating disorders. BridgePoint has now completed a decade of operation and has served clients from coast to coast across Canada. The program has received national recognition for its groundbreaking work. Governed by an independent Board of Directors, BridgePoint is located in the Village of Milden. Along with Saskatchewan Health, the Heartland Health Region has maintained a strong relationship with the BridgePoint Board of Directors through the representation on the board.

The Center provides options that include intensive rehabilitation, recovery and healing for people who experience eating disorders - coping through a range of food, body and weight-related behaviours. The retreat atmosphere offers peace, quiet, privacy and simplicity. Services are available to women, men, adolescents and their families. The program provides a team-based approach with an emphasis on group learning experiences.

Saskatchewan Health funding for this program flows through the HHR. Heartland is both respectful and supportive of the groundbreaking work taking place through the dedicated staff and Board at BridgePoint.

Canadian Mental Health Association, Kindersley

The Canadian Mental Health Association (CMHA), Kindersley Branch, is funded by Saskatchewan Health through the Heartland Health Region. The Kindersley Branch focuses on mental health promotion and education activities in the Kindersley area. The CMHA partners with Heartland Health Region and other community agencies in carrying out these activities.

St. Joseph's Health Centre, Macklin

St. Joseph's Health Centre in Macklin operates as Heartland's only affiliate Health Care Organization. St. Joseph's has its own Board of Directors that oversees the operation of the Health Centre through its Executive Director. Heartland Health Region is represented on the St. Joseph's board by a member of the Authority, Betty Shapka.

St. Joseph's offers: out-patient treatment; emergency stabilization; diagnostic lab and x-ray services and regional prevention/ promotions activities. It has 22 long term care beds and 4 program beds, and works in partnership with the Heartland Health Region in providing space for regional programs including community services, home care and Heartland's EMS services. Heartland continues to work cooperatively with the St. Joseph's Health Centre to ensure that residents of Macklin and area have access to quality and sustainable health services.

Programs and Services

Hospital/Acute Care

Acute care services in Heartland were provided in six community hospitals (Unity, Kerrobert, Biggar, Rosetown, Outlook and Davidson) and one district hospital (Kindersley) as designated under the Saskatchewan Action Plan for Health Care. The region's seven hospitals and one affiliate provided 80 designated acute care beds that offered services including emergency stabilization, emergency obstetrical, low-complexity surgeries and diagnostic services. Table 1 provides a summary of acute, long term care and program beds in Heartland Health Region, and their locations.

Institutional Supportive Care

Heartland provided Institutional Supportive Care (Long Term Care) services with the available 500 beds in facilities and one affiliate located in fourteen communities. Requests for placement in Long Term Care facilities are prioritized based on need and availability of beds. Heartland's facilities offered an additional 59 program beds that provide respite, palliative convalescent and observation programs.

Emergency Medical Services

Emergency Medical Services (EMS) responded to more than 2600 calls from 17 sites dispersed throughout the Region. Low call volumes in several sites, significant increases to standby/on call rates and recruitment difficulties continued to challenge the region's ability to effectively manage costs while providing quality care.

Home Care Services

Home Care provided a range of services including nursing, personal care, nutrition support, homemaking, palliative care, mental health support, home oxygen therapy and adult wellness clinics. Home Care also provided short-term acute care services on an as-needed basis.

Heartland residents who wish to live as independently as possible for as long as possible can apply for individualized funding. In 2006-07, however, there were no applicants to this program.

Community Services

The region continued to provide a wide range of programs to residents, including adult, child and youth counselling and psychiatric rehabilitation; addictions recovery and treatment services; public health nursing; public health inspection; public health nutrition and community dietitian services; dental health education; speech/language pathology; occupational and physical therapy; and podiatry.

Services are often delivered by a single dedicated professional. The region provided access to each program in as many communities as resources allowed. Staff spent a significant amount of time travelling to provide community services. This reality highlights the need to identify more efficient ways to provide direct services to patients and clients.

Primary Health Care Services

Heartland sees the Primary Health Care (PHC) model, a holistic way of responding to the health needs of area residents, as the way of the future in providing health care and services and promoting wellness. According to the Canadian Institute for Advanced Research, the health care system has about a 25% influence on an individual's health, with the remaining 75% of health affected by factors outside the health system. Therefore, the region continued to focus on building effective, coordinated and comprehensive community responses to address those factors, as well as encouraging and supporting individuals to take greater personal responsibility for their health by making healthy lifestyle choices, and treating individual who are sick or in failing health.

For more information about the region's progress in any of the areas listed above, please refer to the discussion located in the section titled *2006-07 Performance and Results* beginning on page 21 of this report.

Table 1. Summary of Acute, Long Term Care and Program Beds located in Heartland Health Region Facilities (2006-07)

Facility	Program Offered	Acute	Long Term Care	Program	Total Beds in Operation
Hospitals					
District Hospital					
Kindersley	Acute, Program	21	0	5	26
Hospital/Heritage Manor	LTC	0	78	2	80
Total District Hospitals		21	78	7	106
Community Hospitals					
Biggar Hospital	Acute	13	0	2	15
Davidson & District Health Centre	Acute, LTC, Program	2	30	6	38
Kerrobert Hospital/	Acute, Program	10	14	2	26
Buena Vista Lodge	LTC	0	28	0	28
Outlook Union Hospital	Acute,LTC, Program	8	12	6	26
Rosetown & District Health Centre	Acute Program	16	0	5	21
Unity & Dist. Health Centre	Acute, LTC, Program	10	33	2	45
Total Community Hospitals		59	117	23	199
Sub Total District/Community Hospitals		**80**	**195**	**30**	**305**
Health Centres					
Beechy Health Centre	Health Centre, M-F 5 days/week	0	0	0	0
Dinsmore Health Centre	LTC, Program (except) stabilization (16 hrs/day)	0	18	4	22
Eatonia Health Centre	Health Centre, 5 days/wk	0	0	0	0
Elrose Health Centre	(LTC, Program (except observation & stabilization) (12 hrs per day)	0	32	3	35
Eston Health Centre		0	35	4	39
Kyle Health Centre	LTC, Program, Stabilization (16 hours/day)	0	17	3	20
Lucky Lake Health Centre	LTC, Program, Stabilization (12 hours/day)	0	17	3	20
Wilkie Health Centre/Poplar Courts	LTC, Program	0	29	5	34
Health Centres Subtotal		0	148	22	170
Total Hospitals in Region		**0**	**343**	**52**	**475**
Special Care Homes					
Diamond Lodge	LTC, Respite	0	59	1	60
Outlook Pioneer Home	LTC, Day/Night, Respite	0	28	0	28
Rosetown Nursing Wing	LTC	0	22	0	22
Rosetown Wheatbelt Centennial Lodge	LTC, Respite	0	26	2	28
Special Care Home Subtotal		0	135	3	138
Total HHR Beds		80	478	55	613
Affiliated Health Centre					
St. Josephs- Macklin	LTC, Program	0	22	4	26
Grand Total		**80**	**500**	**59**	**639**

Key: R-Respite, P - Pallative, C - Convalescent, O - Operation

* Unlicensed Beds

^ Temp beds due to Outlook Project

North Wing demolished

12 bed temp unit hospital

4 beds Davidson - Nursing Program

Our Region

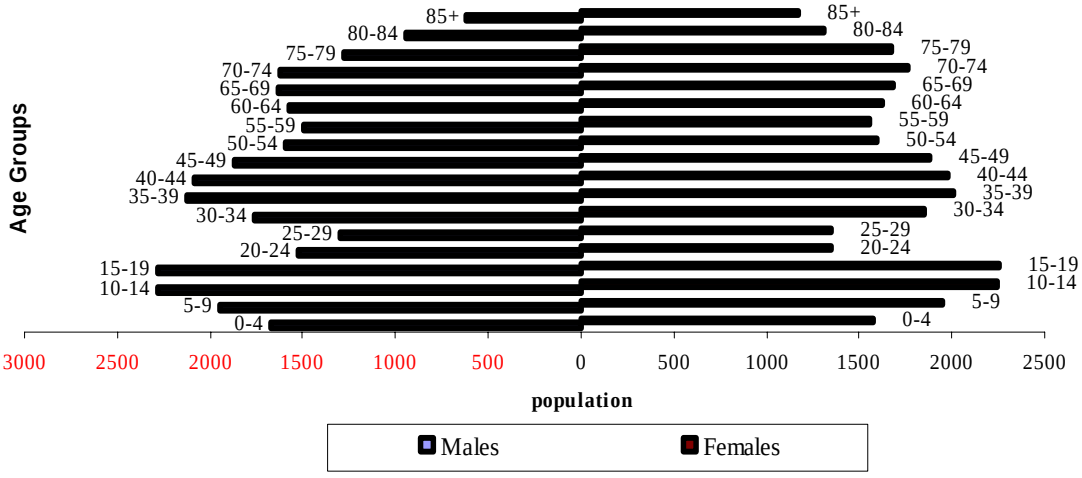
The Heartland Health Region is located in west central Saskatchewan. It covers some 41,770 square kilometres of land, and has 42,657 residents (1). Within its boundaries, there are 64 towns and villages, 44 rural municipalities, and 19 Hutterite Colonies. Somewhat atypical for Saskatchewan health regions, Heartland has no First Nation communities within its borders and has a relatively low number of residents identifying as Aboriginal (n ~650) [2][1]. The region's largest urban centre [1] is Kindersley (with a population of 4,730). Other major centres include Rosetown (2,625); Unity (2,378); Biggar (2,335); and Outlook (2,295).

Heartland Health Region ➔

Heartland Health Region has a relatively low population density (just 1.1 persons per square kilometre), meaning that the population is widely dispersed across our geography. Low population densities may impact the health of a portion of Heartland's population by contributing to social isolation and creating challenges in terms of access to services.

In 2006, Heartland's population was evenly divided between males and females Some 20% of the region's population is 65 years of age or over, compared to 15% in the provincial as a whole. Heartland's *dependency ratio* indicates that for every 100 working-aged residents (i.e., those aged 15 to 65 years), there are 55.7 dependants (i.e., children under age 15 years and/or elders over age 65 years). This informs us of current demands on formal and informal care giving in the region. Figure 3 provides a further breakdown of Heartland's 2006 population by age and sex.

Figure 3. Heartland Health Region Population Pyramid (2006)

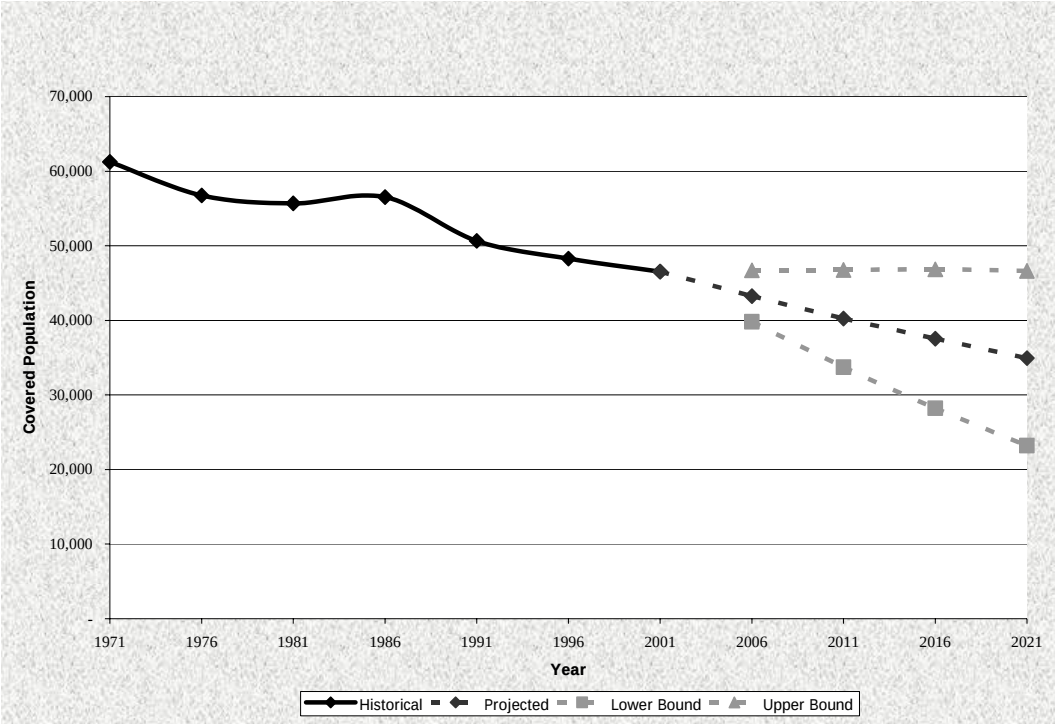


Source: Saskatchewan Health. Covered Population, 2006

[1] Square brackets indicate source of information, as identified in Endnotes, p. 18)

Between 2001 and 2006, Heartland's population declined approximately 8% (from 46,542 to 42,657 people). Population projections from Saskatchewan Health show that this trend is expected to continue for Heartland, and indeed, for all of Saskatchewan's southern, rural health regions. If their projections are accurate, Heartland's population for 2011 could be in the range of 40,249 (with projections as low as 33,722) and 34,927 by 2021 (see Figure 4). Population growth rates are affected by a variety of factors, including migration and changing fertility rates (e.g., a trend toward smaller families, fewer women of child bearing years living in an area, etc). According to Statistics Canada, the net population of the province of Saskatchewan during the last quarter of 2006 by 0.21%, reflecting a turnaround in the typical migration *from* Saskatchewan to Alberta, to more residents moving into Saskatchewan than out. Future data will inform whether this trend continues, and in which areas of the province new residents are moving to. The five-year average rate of fertility in Heartland (2001-2005) was 27.7 births per 1000 women, lower than the provincial average of 34 births per 1000 women, for the same time period. [3]

Figure 4. Historical and Projected Population for Heartland Health Region, 1971 to 2021.



Source: Saskatchewan Health. Population Projections 2006 to 2021.

Biology and genetics are critical in determining health, as are health services (particularly those directed at preventing disease, and maintaining and promoting health), but other factors also contribute. Non-medical factors such as income,

education, employment, gender and culture play a large role in determining overall health. Heartland's profile for some of these factors are listed below. Much of the Region's information about these non-medical determinants of health comes from the Canadian Census, for which most of the 2006 results have not yet been released. Therefore, the data below is somewhat outdated (Census 2001), but still provide a general picture of Heartland Health Region.

Socioeconomic Status

The following information is based on 2001 Census data

- The average annual earnings for working residents in Heartland was $22,300 (SK rate was $25,691)
- The median (middle point) income for individual residents over the age of 15 was $19,436
- The median income for coupled families in Heartland was $52,600 ($54,341 in SK)

Median Household Income, Heartland, 2000:
(50th Percentile)

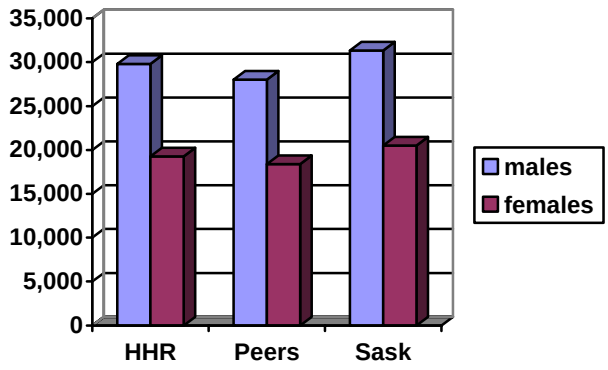
$0.00 **$40,543** $$$$

<….……<…….……*All Heartland Household Incomes*…….……>……..>

Proportion of total Heartland income held by households whose incomes fall Below the median (24.3%)	Proportion of total Heartland income held by households whose incomes fall Above the median (75.7%)

9% of Heartland families (roughly 1 in 10) reported 2000 incomes below the low-income cut-off (SK rates 12%, Canadian rates 13%) and 26% of unattached people (approximately 1 in 4) reported incomes below the low-income cut-off (36% SK, 38% Canada). Incomes below the cut-offs result in people spending disproportionate amounts of money for food, shelter, and clothing.

Average Personal Income: Age 15 and over (2000)



The negative effect of poverty on health is often more prevalent in lone-parent families, especially those headed by women. Most lone-parented families in Saskatchewan are headed by women (~82%). In 2000, women in Heartland Health

Region earned 35% less income than men. Heartland Health Region had the lowest proportion of lone-parent families (9.1%), compared to its Peer Regions (11.3%) and the province (15.7%) in 2001. The median income for lone-parent families in Heartland was $28,894 ($24,787 in SK).

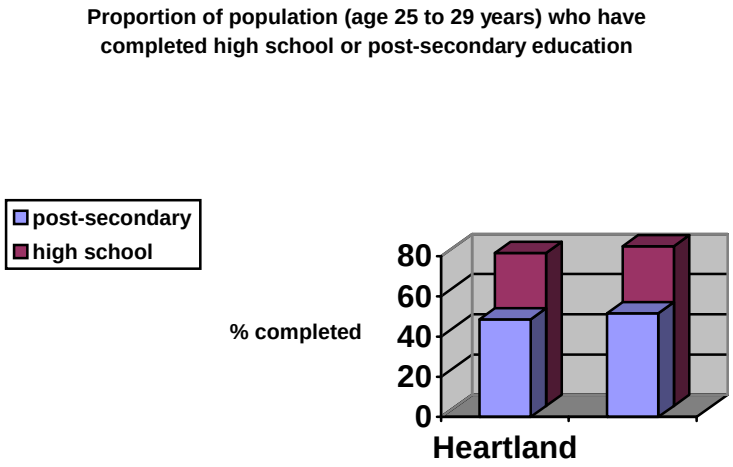
Education & Literacy

According to the 2001 Census, 76.1% of Heartland residents age 25-29 years had completed their high school education, or equivalent. The proportion provincially was 79.5%.

The proportion of Heartland residents of the same age group who had completed post-secondary education was 48.6%, compared to 51.6% provincially.

Culture & Ethnicity

Heartland Health Region has a relatively low Aboriginal population (1.5%) compared to the province. Approximately 13.6% of people in Saskatchewan identified as Aboriginal in 2001. [2]



Heartland also has a relatively low immigrant population (2.7%), compared to the Province (5.0%). Only the Northern Health Regions and Prairie North Health Region have the same or fewer numbers of immigrant residents. [2]

Heartland's visible minority population is 0.8%. Visible minorities are persons (other than Aboriginal people) who are non-Caucasian in race or non-white in colour. Visible minorities make up 2.9% of Saskatchewan's population. [2]

Approximately 9 in 10 of Heartland residents cited a religious affiliation in 2001 (SK rate was 8.4). Fewer than 1 in 10 (9.5%) spoke a language other than English or French in 2001. The percentage in Saskatchewan was 13%. 97% of Heartland residents were born in Canada (SK 95%). [2]

Health Behaviours

The Canadian Community Health Survey is conducted across Canada every two years, and provides information regarding the health behaviours and other health factors of Canadians over the age of 12 years. Since last year's Annual Report, information collected in 2005 has been released which enables us to update some of the indicators used to track Regional trends in health-related behaviours.

As evident in Table 2, smoking rates among males in Heartland were lower in 2003 than in 2005, while there was a slight increase in smoking among females. Although all smoking rates are cause for concern from a health perspective, when compared to other SK health regions, Heartland has the lowest smoking rate among females.

Table 2. Weighted Percentage of Population (Age 12 and over) who are current (daily or occasional) smokers [3]

	2003	2005
Males in Heartland	24%	20%
Males in Saskatchewan	25%	25%
Females in Heartland	14%	16%
Females in Saskatchewan	23%	20%

Immunization rates in Heartland are very good among the young, and average among the elderly. Coverage rates for children by their second birthday for all recommended antigens is relatively high (85% or above), compared to about 73% province-wide(4).The proportion of adults over age 65 years immunized annually for influenza remained at 68% in 2005/2006, as it was the year prior. The provincial proportion is 66%. [4]

Table 3. Percentage of population (age 12 years and over) who report being Inactive

	2000-01	2003	2005
Heartland	53.4%	50.3%	51.33%
Saskatchewan	48.9%	47.8%	49.52%

Inactivity (i.e., lack of physical activity) has been linked to increased risk of various chronic diseases of the heart and circulatory system, for example. The self-reported rate of inactivity among Heartland residents aged 12 years and over has not significantly improved since it started being measured in 2000/2001. [3]

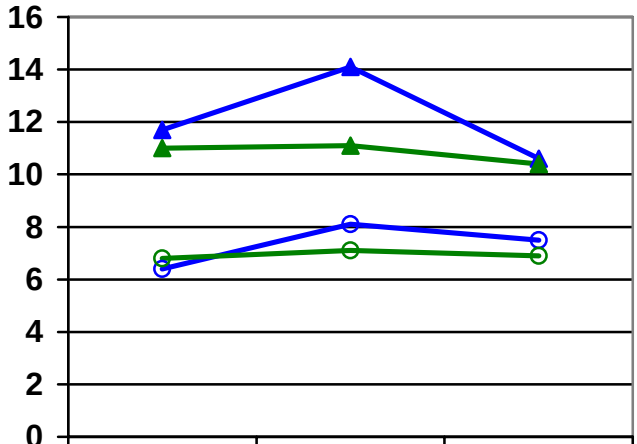
Table 4: Proportion (weighted sample) of at least 6 months exclusive breastfeeding

	2003	2005
Heartland	18.09%	40.11%
Saskatchewan	18.19%	21.28%

Breastfeeding is increasingly encouraged by public health professionals as an optimal nutrition choice for newborns. The number of new mothers in Heartland reportedly breastfeeding exclusively for at least 6 months increased by approximately 200 between 2003 and 2005. The rate of breastfeeding in Heartland in 2005 exceeded that of all other Regions in the province. [3]

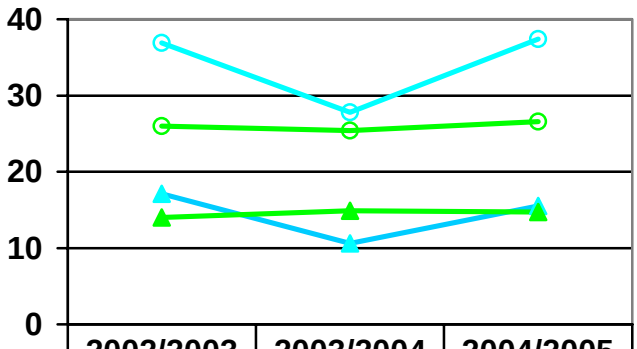
Rates of injury resulting in hospitalization among children and youth in Heartland have been at or above the provincial rate since 2002/2003 (Table 5). These rates reflect hospitalizations due to injuries sustained outside of the hospital setting (e.g., fractures, abrasions, wounds). The rate of hospitalization due to falls among elderly women (age 65 years and over) is especially high in Heartland (Table 6). One of the goals of Heartland Health Region's Strategic Plan is to develop strategies to reduce injury among the entire population.

Table 5. Injury Hospitalization rate per 1,000 population (age 0 to 19 years) [5]



	2002/2003	2003/2004	2004/2005
HHR Males	11.7	14.1	10.6
HHR Females	6.4	8.1	7.5
SK Males	11	11.1	10.4
SK Females	6.8	7.1	6.9

Table 6. Hospitalization rate due to falls per 1,000 population (age 65 years and over) [5]



	2002/2003	2003/2004	2004/2005
HHR Males	17.1	10.6	15.5
HHR Females	36.9	27.8	37.4
SK Males	14	14.9	14.7
SK Females	26	25.4	26.6

Health Status

The source of data for some traditional health status indicators have not been updated since the last Annual Report, such as life expectancy and infant mortality (Table 7).

However, we can see that the proportion of residents in Heartland, as in Saskatchewan, who regard their own health to be very good or excellent has decreased slightly from previous years. The rate of diabetes in Heartland has increased since 2003/2004. The proportion of people in the Region who are overweight is 2% higher than in the province as a whole. The proportion of Heartland residents who are obese is approximately 1% lower than in the province as a whole. [3]

Table 7. Health Status Indicators

Health Status Indicator		Heartland Health Region	Saskatchewan
Life expectancy at birth (2001) [2]	Males	**75.6**	**76.2**
	Females	**81.9**	**81.8**
Life expectancy at age 65 (2001) [2]	Males	**16.3**	**16.9**
	Females	**20.0**	**20.9**
Infant Mortality rate per 1,000 live births (2002-2004) [3]		**5.5**	**5.9**
Self-rated health status: Percentage population = very good or excellent (age 12 and over) [5]	2001	**57%**	**57%**
	2003	**63%**	**60%**
	2005	**55%**	**52%**
Age-Adjusted diabetes prevalence rate per 1,000 population [7]	2003/2004	**46.1**	**n/a**
	2004/2005	**48.0**	**n/a**
		Overweight	**Obese**
Percent of population (age 18 to 64 years) who are overweight or obese [5]	2001	**34%**	**20%**
	2003	**37%**	**24%**
	2005	**35%**	**19%**

Endnotes

[1] Saskatchewan Health Covered Population 2006
[2] Statistics Canada Community Profiles (2001 Census)
[3] Canadian Community Health Survey Cycles 1.1, 2.1, 3.1. Saskatchewan Health: Vital Statistics
[4] Saskatchewan Immunization Management System (SIMS)
[5] Saskatchewan Health Discharge Abstract Database; Person Registry System
[6] Statistics Canada: Vital Statistics
[7] Saskatchewan Health: National Diabetes Surveillance System

Results at a Glance: Major Initiatives and Accomplishments

This section briefly highlights the significant events and accomplishments that the Heartland Health Region has achieved throughout the fiscal year, including performance, operational, and financial achievements that pertain to regional and departmental goals, as well as a financial summary.

Goal 1 – Improved access to quality health services

- With Project Hope funding, Youth Outreach Workers (1.5 FTE) were hired in two communities to work with youth who are admitted to Secured Care under the Youth Drug Detoxification and Stabilization Act.
- Contracted with Saskatoon Health Region to access Medical Health Officer services.
- Following a Community Consultation, Heartland partnered with the Town of Kyle and RM of Lacadena to stabilize EMS in Kyle.
- Saskatchewan Health provided new funding to increase availability of respite services to families of children and youth involving trained services providers.
- Children's Action Plan provided funding to expand the Family & Schools Together Program to one other community in the Region.
- Psychiatric Rehabilitation Staff initiated Light Therapy program for people with Seasonal Affective Disorder

Goal 2 – Effective health promotion and disease prevention

- Hired a Population Health Promotion Coordinator to advance the PHC pillar of "Healthy Living" in Heartland.
- A personal emergency preparedness handbook was completed and circulated to all Heartland employees and physicians.
- The region achieved positive outcomes in Wave 1 of the Health Quality Council's Chronic Disease Management Collaborative, thanks to 'Best Practice' treatment and management prescribed by regional physicians.
- Regional Intersectoral Committees, the West Central Municipal Government Committee, REAP and Schools^{PLUS} were utilized as networks to share public and population health information.
- Provided influenza vaccinations to 68% of the population older than 65 years.
- Emergency Preparedness Plans completed or in progress in 18 of 23 sites in Heartland.

Goal 3 – Retain, recruit and train health providers

- Among all Saskatchewan health regions, Heartland had the lowest number of lost-time Workers' Compensation days, based on the number of employees in 2005-06, for which the region received an 11% discount on its WCB premiums, a saving of $103,549.
- Poster submissions about recruitment and retention initiatives (standardized 5-week orientation period for new practitioners of nursing and RN on-call system to support new practitioners of nursing practicing independently;

multi-site nursing positions) were accepted for display in the 2007 SAHO Gilbert Wright/Smith-Walshaw Poster display.
- Partnered with Saskatoon Health Region to locate Manager of Corporate Research with their Public Health unit two days a week to enhance opportunities for inter-regional research and collaboration.
- Partnered with the Nursing Education Program of Saskatchewan, the Town of Eston and the Full Gospel Bible College to provide a class on Clinical Community Nursing for 6 third year nursing students.
- Provided internships to 21 students in RN, LPN, Public Health Inspection and Therapeutic Recreation Therapy programs.
- Hosted 3 first-year medical students to complete a clinical observership through the Community Experience Program.
- Provided Aboriginal Awareness Training to 473 Heartland employees. In addition to the 159 employees trained last year, 38.4% of Heartland's total staff complement has now received the training program.
- Provided more than 1,000 clinical and support staff with the opportunity to participate in 150 education and training opportunities related to their program areas.

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

- Telehealth services were implemented in Unity, and a videoconferencing suite established in Rosetown.
- Regional breastfeeding policy passed and implemented
- Completed a Health Status Report to provide evidence for decision-making.
- The Region implemented a Professional Nursing Practice Advisory Committee which will provide a forum for identifying, examining, and making recommendations regarding current and future practice issues/initiatives that influence professional nursing practice and client care.
- Construction on the Outlook and District Health Centre project began.
- Completed Self-Assessment portion of Canadian Council on Health Services Accreditation.
- With funding support from the community, a new Fire Panel was installed in the Rosetown and District Health Centre
- Kindersley Integrated Health Centre completed Institute for Safe Medications Practice survey.

Financial Summary

- Achieved a surplus of $66,756, with total expenditures of $71,655,852 (within 0.25% of budget) and revenues of $72,384,195 (within 1.24% of budget)
- Maintained a working capital ratio greater that 1, indicating that Heartland was able to meet current financial obligations
- Acute and LTC expenditures were over budget; Home Care and Community Services under budget
- Surplus helped address long term capital needs: the 07-08 community services renovation, urgent capital equipment needs, and debt repayment.

2006-2007 Performance Results

This section of the Heartland Health Region's Annual Report to the Minister of Health and Minister Healthy Living contains a discussion of Program-Specific and Organizational Effectiveness Indicators. Heartland Health Region uses this information and its 2007-2010 Strategic Plan, as well as input from the department, community stakeholders, employees and physicians to guide priority-setting and decision-making in advancing the goals established by the Department and the region. All data provided was supplied by Saskatchewan Health, unless otherwise noted.

Goal 1: Improved access to quality health services

As is the case across Saskatchewan, the factors that continued to most limit access to health services related to retention and recruitment. The challenges are particularly acute for rural regions like Heartland, where a single retirement or sick leave threatens a facility's ability to continue to provide 24 hour care in the emergency room. For more information on Heartland's responses to this critical challenge, please see the discussion under Goal 3 below.

The Heartland Health Region contracted itinerant specialist services, including general surgery, cardiology, urology, orthopaedics, obstetrics and psychiatry from neighbouring regions. As well, regional residents had access to both the Acute Care and Critical Care Access Lines. In this way, Heartland physicians were able to access specialist care in Saskatoon or Regina that could not be provided within the region, and organize the timely transfer of patients to the appropriate care setting.

Access to MHO Services

In April 2006, the Heartland Health Region contracted with the Saskatoon Health Region to provide MHO services. The region utilized the contracted MHO services on several occasions during the year, related to outbreaks and infection control in facilities and among the general public.

Wait Times

Heartland residents experienced minimal delays in accessing surgery that is performed in the region, with wait times of 2 months or less. Data from the Saskatchewan Surgical Care Network (SSCN) indicate that 9 individuals were waiting for surgery at the fiscal year-end. None had been on the wait list for more than 12 months. Fifty percent of Priority Level I, 100% of Priority Level III and 99.4% of Priority Level IV surgeries were completed with target time frames. Heartland conducted 225 surgeries that were eligible for reporting to the SSCN during 2006-07, down from 271 in the previous year. The region's utilization data indicate that there were a total of 712 surgeries performed in the region, including those reported to the SSCN. The discrepancy between the two sources of information is due to the fact that not all surgical procedures are required to be

registered with the SSCN; endoscopic procedures for example, are not reported. Of all surgeries reported in the region, 589 were Day Surgeries and 123 were Inpatient (IP) Surgeries. There were 535 surgeries in Kindersley (59 IP surgeries & 476 Day Surgeries) and 177 in Rosetown (64 IP surgeries & 113 Day Surgeries).

Community therapies remain a challenge in Heartland as in most Saskatchewan health regions. The professions remain difficult to recruit to on either a permanent or a temporary basis, although the region expects that recent retention and recruitment programs offered by SK Health will help in that area. A resignation and a maternity leave have resulted in the loss of therapy services in various portions of the region.[2] The region is investigating the increased use of Community Therapy Aids to support the delivery of Physical and Occupational Therapies.

Primary Health Care (PHC)

Although there were no new PHC teams added this year, the region continued to explore innovative approaches to increase the delivery of services within the PHC model, focusing on the development of patient-centred health teams. To enhance its ability to continue to implement Primary Health Care, Heartland hired a Director of Primary Health Care, and designated resources for two 0.5 Team Development Coordinators to enhance progress toward providing services within the PHC framework.

To increase understanding of and appetite for PHC among physicians, employees and the public, Heartland delivered a comprehensive 10-week information campaign. The campaign comprised introductory and closing pieces, as well as two articles focused on each of the four pillars that constitute PHC. Messages were delivered via radio, print media, advertising, a special PHC section website (www.hrha.sk.ca/phc) and *The Beat*, the region's key internal e-newsletter. The materials generated have been compiled into resource binders, with the intention to ensure that each facility has two copies – one for employees and one for the public.

The Eatonia and area Rover EMT-A has been in service for two full years delivering Emergency Medical Services, and Population and Primary Health Care education and activities to local residents. Rover staff spent a large proportion of their paid hours supporting Primary and Population Health activities in the Eatonia area, and approximately one day per week working in a clinical capacity at the primary care clinic. In an evaluation of the Rover conducted after 18 months of service, local residents reported satisfaction with the Rover model for its timely service delivery, and commented positively on the community involvement of the Rover staff in delivery of health promotion activities and education events.

[2] A private provider supplies 14-15 physical therapy days per week in major HHR centres.

Over the 2006-07 fiscal year, Heartland's usage of Saskatchewan HealthLine increased over each quarter, from 572 calls in Q1 to 707 calls in Q4, for a total of 2,502 calls. Promotion of HealthLine is a significant aspect of both Heartland's communication strategy and the PHC information campaign; the information is provided in all correspondence, through *Health Matters* weekly print column and on our website.

Child and Youth Programs

Heartland's Child and Youth program received new funding from the Children's Action Plan for children and youth who were receiving mental health services. The funding was to support two programs:

- increased respite services to families of children and youth involving trained services providers. A training program will be established for service providers to train them in supporting counsellors in their work with children, youth and their families.
- expansion of Family & Schools Together (F&ST) Program to one other community in the Region. Funding will be used to expand the services to Biggar, and provide training for F&ST team members in that centre. The F&ST Program has proven successful in Kindersley where there were two graduations of F&ST cycles this fall. To date, over 85 families have participated in the F&ST Program.

The Parent Mentor Program in Biggar operates out of the Family Centre, which has become a charitable organization with a local Board of Directors. The program was first imagined as a means to provide moderate risk families with parenting skills until the children reach the age of 5. Over time, however, the program's mandate has expanded to include a Summer Preschool Program, a Community Kitchen, Kids in the Kitchen, a clothes exchange, "Watch Me Learn" (Parent Talk) parenting classes and life skills courses. This year, the program submitted an abstract entitled "Rural Family Centre – An Example of Community Development in Action" to the first National Conference for Community Health Nurses in Toronto.

"Momma Mia!!! It's Mommy and Me," operated by the Early Childhood Therapist and a Public Health Nurse, was offered in Rosetown for young mothers 18-22. Volunteer 'grandmothers' who provided child care while the young women participated in various life skills programming built strong relationships with both the mother and the child that will likely outlive the program. To provide further support to young moms needing to finish their GED, the Prairie West Regional College established a Bridging Program, which was also beneficial to others in the community. Planning was initiated to offer the program in Macklin.

Mental Health and Addictions Services

The Heartland Health Region continued to provide community care services in the areas of mental health and addictions. Funding from Project Hope enabled Heartland to hire two Youth Outreach Workers (1FTE Outlook; 0.5 FTE

Kindersley) to work with youth who are admitted to Secured Care under the Youth Drug Detoxification and Stabilization Act.

The Psychiatric Rehab Program launched a regional Light Therapy Program, after receiving training from the Saskatoon Health Region's Anxiety and Mood Disorder Clinic. The Region purchased lights used to treat SAD (Seasonal Affected Disorder) for each service centre in the Region and developed an information package for clients. Clients can rent the lights for a week at a minimal fee to determine whether it is helpful before purchasing their own light.

A tragic youth suicide in Eston sparked the development of a grassroots initiative to identify issues of concern to the community and youth in particular, and plan strategies to address those concerns. A Steering Committee was formed, with membership from Heartland, the local school and the community. The group decided to utilize a "Safe Communities" approach to addressing the issues identified by community consultation. One of the first activities sponsored by the group was a "*Get a Life* Transition Day" for Grade 11 and 12 students. Students received information about what they could expect when they left home after high school. Presentations included "New Responsibilities and Freedoms" and "Stress, Conflict and Relationships."

Clients who access mental health and/or addictions services frequently need services provided by both. Regional Directors for Mental Health & Addictions in the province have partnered with a national agency, the Centre for Addictions and Mental Health, who developed and have begun to implement an on-line program to provide cross-training to mental health and addictions counsellors. Fourteen facilitators (2 from Heartland) have been chosen for the first round of training. As well, a DVD of the training provided to Home Health Aides by Mental Health staff in Heartland has been requested by and sent to other health regions in the province.

Last year, Heartland initiated a strategy to headquarter staff in 5 communities in the Region (Biggar, Unity, Kindersley, Rosetown and Outlook) instead of having staff headquartered centrally. The expectation was that with less staff travel, the region would be able to provide more service to clients. As is evident in Table 8, this was the case in 3 of the 4 programs. The reduction in case load for the Psychiatric Rehabilitation program was due to closure of a number of inactive files and extended sick leave for two nurses.

Table 8. Community Services: Average Monthly Case Loads

	2005/6	2006/7	Increase/Decrease
Addictions	140	150	10
Adult Counselling	200	245	45
Child & Youth	164	174	10
Psych Rehab	239	198	- 41

As well, Home Care and Psychiatric Nursing Staff developed a proposal for the provision of Acute Mental health Home Support to mental health clients discharged from inpatient units back to the community. A training program was developed by the Psychiatric Nurses to present to Home Health Aides to prepare them for delivery of services. A DVD of the training provided to Home Health Aides by Mental Health staff in Heartland has been requested by and sent to other health regions in the province.

Long Term Care

Heartland continued to experience lower demand for than supply of LTC care beds, despite the temporary removal of seven beds from our system as a result of the Outlook and District Capital Project. During the past twelve months, the number of vacant Long Term Care beds in the Region after all requests for placement were met ranged from 0-6, averaging 2.3 beds per month. While this seems to be reduced from last year, when up to fifteen (15) beds were vacant following placement, the region also has 9 fewer LTC beds (Table 9).

Table 9. Heartland Health Region Long Term Care: Key Statistics

No. of Placement Requests	173
No. of Individuals Placed	172
Average Days on Transfer List	64.8
Average Length of Stay *(days)*	65.8
Average Days from Placement Request to Assessment	8.2
Average Days from Placement Approval to Admission	9.7
Average Placement Age > 65	84
# Placed in Facility OF CHOICE	87
# Placed in Facility NOT OF CHOICE	83
# Placed on Transfer List *(Desired Facility)*	59
# Transferred *(Transferred To)*	37
# Declined Transfer	5
# Deceased	27
# Discharged	2

On average, individuals waited 8.2 days between placement request and assessment, a day longer than was the case in 2005-06. The time between placement approval and admission was 9.7 days, or twice the 2005-06 length of wait. Individuals who were not immediately placed in their home communities were placed on a transfer list to return as beds become available.

The tension between the need to realign the delivery of Long Term Care services on a regional basis, and the pressure to maintain current infrastructure in Heartland Health Region continued. With many small facilities dispersed throughout the region, costs per bed are significantly higher than would be the case in larger facilities. Supporting these ongoing costs remained a continuing fiscal pressure for Heartland. The region continues to develop long term strategies to address these difficulties.

Emergency Services and Emergency Preparedness

The Rover EMT-A service in Eatonia completed its second full year of service provision. In its 18 month-evaluation, the majority of evaluation indicators scored in the acceptable to excellent performance range. The Rover EMT-A arrived on scene an average of 6 minutes faster than the previous ambulance service. An

EMT-A responds to every Rover call, with 78% of calls required this advanced skill set. The evaluation also pointed to a number of opportunities for improvement to Rover's EMS service: for example, the need to educate the community to call 911 in emergencies for optimal EMS response, rather than notifying EMS by other means. The issues identified in the evaluation will be addressed by the appropriate EMS working groups.

The region targeted resources to develop a comprehensive Emergency Preparedness Program by assigning the Director of Emergency Medical Services (EMS) to prepare an Emergency Preparedness Program, a need that was identified in the 2004 Accreditation Survey. Heartland struck Local Emergency Preparedness Committees in the 18 of 23 offices and facilities where planning has occurred, and used a template to develop specific response plans to the full range of emergency events that may affect the delivery of health care services. A respiratory protection plan has been developed and is scheduled for implementation in the fall of 2007.

The Regional Pandemic Influenza Preparedness Committee developed and implemented a workplan that will result in a written Pandemic Plan by December 2007. Committee members and other key personnel in the region participated in a table-top simulation to identify gaps and needs. The region (like others in Saskatchewan) experienced a higher than normal number of outbreaks of gastrointestinal and respiratory illnesses through which the region was able to test and refine outbreak control practices and communications strategies that may be useful when Pandemic does occur. As well, the region provided in-service training in the areas of sanitation and food handling to all facilities, and provided all dietary staff with food handling refresher courses if they hadn't attended training within the past 5 years.

Heartland allocated resources to address the shortage of EMS personnel identified last year, converting an existing EMT-A position into a Coordinator position and hiring 7 new 0.5 FTE EMT's and EMT-A's located throughout the region.

Goal 2: Effective health promotion and disease prevention

A key element of primary health care is the concept of using teams to deliver client-centred health care. Individuals, organizations and communities are seen as important member of those teams, through which capacity for, and interest in, taking greater community and personal responsibility for health can be enhanced. Heartland worked collaboratively with intersectoral partners to identify and develop strategies to address issues related to health promotion and disease prevention. An example is the Risk Education and Assessment Program (REAP), through which the region provided assessment and public education around the management of chronic diseases like diabetes. Another is the Regional Intersectoral Committee (RIC), which includes representation from the R.C.M.P., Sun West School Division, the Wild Goose Recreation Association, Prairie West

Regional College, Department of Community Resources, Corrections & Public Safety, and Saskatchewan Crime Stoppers.

Heartland trialed a Falls Prevention Strategy during flu clinics in October and November. Community Therapy Aids provided falls screening to the people attending and determining their risk level. Interested individuals were referred to an Injury and Falls Prevention Class. As shown in Table 10, a total of 193 individuals attended the screening display and 77 participated in the TUG[3] test. Forty-nine referrals were signed for individuals to attend a fall prevention class. The class will be offered as resources become available.

Table 10. Fall Screening Pilot with Seniors Attending Influenza Immunization Clinics

	# of individuals
Came to the booth	193
Yes to fall or near fall	89
No falls	126
TUG Tests	77
Signed referrals for fall prevention class	49

Immunization

There are a number of indicators that provide information on how successfully the region is promoting healthy choices, and how well it is meeting the health needs of its residents. In 2005-06, for example, Heartland exceeded the provincial average in providing immunization to children by their second birthday. Of the 376 children registered in the Saskatchewan Immunization Management System who were eligible to receive recommended immunizations, 85% to 87% were vaccinated, a rate which is more than 13 - 15% higher than the provincial average. Following participation in the provincial SIMS Point of Service Pilot Project that looked at Child Health Clinics and recording of immunization information "One Time – On Line," Heartland will move to implement Point of Service Immunization data entry at the time of immunization beginning in May of 2007. This is a 'Best Practice' that will increase client safety during immunization.

Table 11. Influenza immunization rates among residents age 65 years and over.

	2002-03	2003-04	2004-05	2005-06
Population (Adults 65+)	8,416	8,292	8170	8067
# Adults 65+ immunized	5303	5224	5556	5449
% of eligible population immunized	63%	63%	68%	68%

As indicated in Table 11, influenza immunization rates for Heartland

[3] The Timed Up and Go (TUG) test is a way to measure an individual's risk of falling. The test begins with an individual seated in a chair. The person is timed as she/he stands up, walks about 10 feet to a line on the floor at their regular pace, turns around and walks back to the chair and sits down. Those who take fourteen seconds or more to complete the test have been shown to indicate high risk of falls. (Saskatoon Health District. Timed Up and Go Test. Accessed June 15 at www.saskatoonhealthregion.ca/pdf/03_Timed%20Up%20and%20Go%20procedure.pdf.

residents 65 years and older remained constant at 68%. The influenza immunization rate among Heartland employees was 53.3%. International Travel Clinics continue to expand and be in demand. Heartland has supported the program by approving a 0.5 FTE position to the initiative.

SIMS data entry has confirmed that all children in HHR born 1996 to the present are entered into the electronic system. International Travel clients have been entered into SIMS for the past 2 years, with immunization provided to Heartland employees slated for entry in the next fiscal year.

Health Promotion

The region continued to use the media as an effective channel in promoting health and preventing disease. Heartland produced several media releases dealing with West Nile and Hantavirus that were picked up by all print and radio media. Nutrition information provided by one of the region's dietitians was picked up by many local papers each week. The region provided a daily one minute "Good Health" radio program containing information about a topical issue each week, followed by a 'made-in-Heartland' 30-second radio spot. Heartland produced a weekly "Health Matters" column in a newspaper circulated free of charge throughout the region. The column featured available health services, as well as information about events, workshops and seasonal health tips. In these ways, the residents of Heartland Health Region were kept abreast of emerging and ongoing health threats and lifestyle choices.

Compliance with the Tobacco Control Act among inspected public facilities in Heartland is 95-97%. There were few instances of complaints.

Table 12. Summary of Public Inspection Levels

	2004/2005		2005/2006		2006/2007	
	# of Facilities	Inspection Rate (%)	# of Facilities	Inspection Rate (%)	# of Facilities	Inspection Rate (%)
FEE – Food Eating Establishment	379	60.95	374	68	379	74
FPL – Food Processing (Licensed)	43	37.21	38	79	37	70
LA – Licensed Accommodations	148	75.68	137	69	138	72
SP – Swimming Pools (Licensed)	33	90.91	32	84	32	81
Public Water Supplies	143	64.34	140	31	141	18

Heartland Health Region Public Health Inspectors continued to increase inspection levels in Food Eating Establishments from 61 to 74% of facilities between 2004-05 and 2006-07 (Table 12). The slight decrease in inspection rates for Food Processing (Licensed) facilities, suspected to be due to inaccurate facility listings, is being monitored. Public water supplies listed include both potable and non-potable sources. Only potable water supplies are monitored by

the inspectors, thus the low inspection rate. All non-potable supplies are posted as such and are not inspected. With the new electronic data system, non-potable water supplies will be reclassified and not included in the facilities inspected.

Heartland experienced 20 outbreaks of gastrointestinal and respiratory illness in 2006-07, requiring extra inspections, education on various sanitation and disinfection techniques, and provision of in-services to housekeeping and food handlers by Public Health Inspectors.

Goal 3: Retain, recruit and train health providers

Heartland Health Region employed 1637 people in 1019.53 Full-Time Equivalents (FTEs) in 2006-07. The majority of employees (718.85 FTEs) belonged to the Service Employees International Union (SEIU), while 171.65 FTEs fell under the Saskatchewan Union of Nurses (SUN). Health Sciences Association of Saskatchewan (HSAS) and out of scope positions accounted for 61.34 FTEs and 67.69 FTEs, respectively. The proportion of Heartland employees that fell into each of the above groups/union were as follows: out of scope (6.6%); SEIU (70.5%); SUN (16.8%); and HSAS (6%). The region was home to 25 physicians on March 31, 2006.

The region continued to use two complementary initiatives to assist in recruiting and retaining new grad nurses. All new practitioners of nursing received a 5-week orientation to the region and its policies and procedures. In some of the region's smaller facilities where new practitioners of nursing worked alone on evenings and/or nights, the region continued to provide the RN on-call system for 6 months or longer. This innovative Heartland solution allows a new nurse grad to call an experienced acute care nurse will for support and information as needed. These initiatives are significant attractants for recruitment, and have been of great interest to other health regions in Saskatchewan.

Sick Leave, Overtime and WCB Claims

In all union affiliations, Heartland employees experienced about the same number of sick leave hours per FTE as was the Saskatchewan average. Among all affiliations, the Heartland rate was 87 hours per FTE compared with the Saskatchewan average of 84.12 hours. SEIU, SUN and HSAS members reported 95.23, 72.42 and 75.32 sick leave hours per FTE, compared with Saskatchewan averages of 89.78, 89.34 and 65.62 respectively. To enhance job satisfaction, the region continued to offer out of scope employees the alternative work arrangements of a compressed work week and flexible work hours. Their sick rate was reported at 47.09 sick leave hours per FTE, on par with the provincial average of 47.34.

As well, Heartland's wage-driven premium hours (34.54 hours per FTE) remained, on average, below the provincial average again this year (42.47 hours per FTE). The exception was in HSAS, where wage-driven premium hours for

HSAS members (43.17) were twice the provincial average (25.44). The slight reduction in wage-driven premium hours from last year (48.68 hrs per FTE) is due to Heartland's investment to enhance EMS staff in several locations throughout the region. Clearly, shortage of EMS personnel in the region continues to stress budgets.

The number of lost time WCB claims per 100 FTEs in Heartland rose slightly from 6.75 in 2005-06 to 10.00 in 2006-07. This year, Heartland's lost time claims exceeded the provincial average of 7.67 per 100 FTEs. However, the number of lost-time WCB days per 100 FTEs (244.72 days) was just slightly more than half the number of days lost at the provincial level (468.45 days). Heartland's commitment to safe workplaces is clearly paying off, as employees experience fewer, less severe injuries, fewer lost days and faster return to work. The region received an 11% discount on its WCB premiums, a saving of $103,549.

Retention and Recruitment

Recruitment to small rural communities remains a challenge. A single retirement or resignation in one of the region's smaller facilities, or a hard-to-recruit professional's vacation, injury or illness can precipitate a temporary service disruption. The region has, however, succeeded in avoiding service reductions due to staffing shortages on several occasions through improved communication and collaboration with community leaders. In Kyle, for example, an individual was hired in a joint Community Development/EMT position. She addressed various community needs for the Town of Kyle and the RM of Lacadena, in addition to being on call as an EMT. As well, the commitment of employees who delayed retirement or worked extra shifts also contributed to an overall reduction in the number of service disruptions that Heartland experienced this fiscal year.

To address the problem of part-time positions that may not offer sufficient hours to attract staff interested in full-time work, the region has implemented multi-site positions that offer more hours. In Davidson, for example, the region attracted an experienced RN by offering a position with hours in the facility and in Home Care. While innovative solutions like this temporarily improve Heartland's ability to provide service, inability to recruit continued to create long term unsustainability, negatively affect remaining staff, increase stress and burnout, and reduce the likelihood of retention.

The Heartland Health Region has entered into an agreement to contract the services of a Medical Health Officer (MHO) from the Saskatoon Health Region. This year, the Saskatoon MHO service provided support to the region regarding the frequent outbreaks of gastroenteritis and respiratory illness.

Education and Training

Heartland continued to provide support for, and opportunities to, staff for knowledge and skill development or enhancement. This occurs in required courses that were clinical or safety-oriented (e.g. Basic Emergency Care, Food

Safety), as well as education & training in areas of strategic development (e.g., workshops on Gerontology, Dementia). Annual education plans identified priority areas of education and assisted in the disbursement of available funding. This year, bursary opportunities for staff to attend professional development and workshops were expanded for nursing & care staff. Participants attended workshops and events provided by their professional associations and/or educating bodies (i.e. SRNA, SALPN, SIAST).

Heartland continued toward its goal of providing every employee with Aboriginal Awareness Training. To date, the region has provided Awareness training to 629 of 1637 employees (38.4%) in the 16 communities in which Heartland has facilities, services or offices.

"Made in Heartland" Strategies

Various comments received from the 2005 Employee Satisfaction survey indicated that individual workload demands interfere with the employee's ability to provide appropriate patient care. For this reason, Staffing Guidelines were created to point toward appropriate facility staffing levels. Permanent staffing level changes were made as a result of these guidelines. These changes resulted in enhancements in 3 locations totalling 0.5 FTE, and the introduction of the Licensed Practical Nurse classification into another location.

Other staffing enhancements included the following:

- To reduce workload and provide coverage to allow employees to access their vacation time, a relief position was created in Kindersley. This position also helped to provide a larger part time position to an employee wanting increased hours of work.
- Believing that retention strategies should be tailored to the life-cycle stage of employees, Heartland has developed policies providing for retirement extensions and re-employment of retirees.
- Heartland introduced anticipatory hiring practices, thus allowing the region to predict future staffing needs and plan for recruitment before positions were vacated.
- Therapist Assistants were hired to extend the number of clients that physical and occupational therapists are able to provide services to.

Comments made in the Employee Satisfaction survey indicated that employees wanted greater opportunity for input and involvement in decision making, and improved communication processes. To address these concerns, the Heartland Consultation Process was developed and implemented. It is a very formal process with working groups and committees intended to be used for any major changes within the organization (e.g. the Outlook Capital Project). Informal consultation continued to be encouraged on an on-going basis within the organization through committee and regular staff meetings.

To promote workplace wellness, each worksite was able to access $300 to go towards workplace wellness. Nineteen worksites took advantage of this grant and will be promoting wellness through guest speakers, pedometer challenges, wellness refreshment breaks, massage therapists, relaxation rooms and various other creative ideas.

Goal 4: A sustainable, efficient, accountable, quality health system.

The Heartland Health Region continued to fulfill reporting requirements outlined by Saskatchewan Health. The region submitted: a Regional Operational / Budget Plan that outlined potential financial requirements; updates of the Diabetes Plan and the Primary Health Care Plan; and the Annual Report for 2005-06. The region also undertook communications activities to increase public confidence throughout the year.

Of 225 Heartland surgeries included in data from the Saskatchewan Surgical Care Network, 86 (39.1%) were day surgeries.

The Regional Health Authority initiated the development of a strategic planning process closely linked to the development of long term strategies with respect to three areas: Long Term Care Services; Emergency Medical Services; and Primary Care Services. Recommendations developed for long term planning strategies in these and other key areas have been integrated into the region's 2007-2010 Strategic Plan.

Quality Improvement

Heartland completed the self-evaluation for its June 2007 Canadian Council on Health Services Accreditation (CCHSA) survey. Eight regional Quality Care Committees that represent care, service or organizational areas met on a regular basis during the last year to address Heartland's progress on CCHSA standards and Required Organizational Practices.

In 2005-06, the Long Term Care Quality of Care Committee did a PDSA to implement the Alzheimer Society's "Enhancing Care Program" in two regional faculties. The program was implemented in two other facilities this year. As resources permit, the program will continue to be implemented in facilities throughout the region

In response to a provincial safety alert, Heartland Health Region developed and implemented a bathwater temperature check policy and procedure. As well, the region also developed "Lift Sling Safety Checks" – policies and procedures to ensure that safety checks of sling fabrics and fastenings are done before each use. The region also implemented "Classifications of Care" policies and procedures to ensure appropriate and consistent utilization of LTC and Program beds throughout the region. The region developed a Position Statement on quarterly medication reviews for all LTC residents using 9 or more medications. The Position

Statement will be put forward to the Regional Medical Advisory Committee for discussion and development of an implementation strategy.

Heartland's commitment to providing quality care for area residents includes a concern handling program through which clients and patients are able to address concerns or complaints about regional health authority services. The Manager of Quality Improvement dealt with 43 concerns in 2005-06, up from 37 in 2004-05. Despite an increase in call volume, the Manager concluded 81% of concerns within 30 days, down slightly from 86% in 2004-05. Concerns were about access to service, care delivery, cost, communication or other issues. Critical incidents were reported to the department within the required three days 100% of the time.

Heartland continued to maintain a linkage with Saskatchewan's Health Quality Council through participation in the Chronic Disease Management Collaborative, which focused on improving the care and health of people living with coronary artery disease (CAD) and diabetes in Saskatchewan, and improving access to physician practices. In the first wave results, Heartland's Regional Improvement Team (RIT) did very well, and achieved leading results in several areas. Good management of chronic conditions like diabetes and heart disease helps patients to increase independence and improve their quality of life. It increases patient access to 'Best Practice' care for those conditions, and ensures effective, efficient use of scarce health care resources.

The region continued to monitor the occurrence of Grades 3 and 4 pressure sores among Long Term Care residents (Table 13). Heartland's wound care strategy focused on improving consistency of treatment and reducing harm. The objective therefore, was to reduce progression of all pressure sores, and limit the harm resulting Grade 3 and 4 pressure sores. The more severe pressure sores usually came into the facility from home, and were of a long-standing nature related to pre-disposing medical conditions.

Table 13. Number of Long Term Care residents with Grades 3 and 4 pressure sores

2004-05	2005-06	2006-07
13	17	11

Providing Efficient, Sustainable Service

Heartland Health Region purchased and installed digital diagnostic imaging equipment in the Kindersley and District Integrated Health Centre, supported by a $280,263 contribution from the Kindersley & District Health & Wellness Foundation. Their donation also funded the renovations needed to prepare a room in the hospital to receive the new system the renovations needed for the equipment to be properly installed. Saskatchewan Health provided funding in 2006-07 that the region will use to upgrade X-ray equipment in the region. As X-ray equipment is upgraded, the region is committed to ensuring that it will be ready to join the provincial digital imaging network when it is fully implemented.

The Heartland Health Region continued its commitment to providing health care professionals and support staff with the instruments, information and assistance needed to provide quality care and service. The region focused on moving forward with key mandated integrated clinical initiatives that will move the region toward a comprehensive provincial Electronic Health Record (siEHR). The region achieved milestones in working toward the provincial siEHR including:

- Rosetown Health Centre Client Patient Indexing (CPI) System Implementation
- Kindersley Pharmacy Information System Implementation
- Kindersley Pharmaceutical Information Program (PiP) Implementation
- Kindersley Shared Client Index (SCI) System Implementation
- Kindersley Computed Radiography Modality Implementation. Two CR Readers were installed to convert diagnostic images to digital format. Connections were then created to allow those images to be transmitted to external providers (Queen City Diagnostics, Royal University Hospital)

MDS 2.0 has become an important tool, providing Heartland decision-makers with dependable information. Regular assessment results of long term care residents (conducted every 90 days) guide the delivery of appropriate and effective client-centered care. The Long Term Care Team began to use graphs to track the quality of the care provided in eleven domains (e.g. accidents, clinical management, cognitive impairment, infection control, psychotropic drug use and quality of life, etc.). Their efforts resulted in the team receiving a National Innovation Award at the National Resident Assessment Forum in May 2006 for their work in tracking and graphing MDS Indicators. A quality monitoring process has been developed and implemented in a number of regional facilities.

Several initiatives have been undertaken to ensure that the HHR is making optimal use of available resources:

- A Policy Management System was purchased, and will be implemented in 2007-08.
- Regional Budget System Implementation was completed.

Heartland Health Region experienced significant growth in the area of Information Technology and continued to make infrastructure improvements to adequately support that growth:

- The Kindersley Data Centre was renovated to include specialized racks and an enhanced cooling system to protect primary computer and telecommunications equipment. The changes improved the availability of systems relying on that equipment.
- Improvements to data back-up and recovered systems included the addition of new tape drive devices to expand the capacity to store and retain regional data. A new ‘auto-loading’ backup system implemented in the Kindersley Data Centre eliminated the need for employees to replace tapes.

- Network infrastructure in Rosetown and Kerrobert were upgraded. A request was submitted to and approved by the province to upgrade the Rosetown Community Net (CNet) to enable Telehealth and RIS/PACS. Another request was approved by the province to upgrade the Kerrobert CNet connection to a level more appropriate for the clinical and support systems that are currently run from that location (WinCis, Care Organizer, Financials)
- The regional Antivirus solution (McAfee) was standardized throughout the region, providing Heartland with a standard platform and improving protection from computer security threats.
- The region implemented an Internet Usage monitoring system (iPRISM) that provided the capability to restrict access to policy-violating sites. The appliance also provided the ability to report Internet usage statistics for planning purposes.

Health foundations, along with community donors, remain important partners in ensuring the provision of sustainable health care. Together, they contributed more than $500,000 to help purchase capital equipment and upgrade buildings to generally improve the quality of care and quality of life for Heartland residents. As well, through the KLD Foundation, communities in the Kerrobert area have raised or committed $4.5 million as the community portion for a new facility in Kerrobert.

Public Confidence, Accountability and Transparency

Heartland continued to provide clear, relevant, honest and timely information to stakeholders, thereby enhancing its reputation and increasing public confidence and trust in the organization's leadership and decision making. In support of that concept, the region continues to follow the regional Communications Plan to address reputation management, public confidence, and issues and concerns handling with internal and external stakeholders. As important channels in communicating the region's health programs and services to the residents of the region, local media remain important allies with whom Heartland continued to build positive relationships. The communication plan also includes collaboration with the Minister of Health, Saskatchewan Health and other Regional Health Authorities. The Coordinator of Communications participates in the Joint Communications Committee weekly conference calls and quarterly meetings. The Heartland Health Region website is regularly updated to share information with employees, physicians and the public. All public documents, including media releases, publications and authority minutes are available on the website. This year, a section Primary Health Care was added to the website (www.hrha.sk.ca/phc).

As well, the region undertook specific activities to address public confidence during the year, including:

- Produced and distributed an eight-page newsletter, *The Heartlander*, to all households in the region. The newsletter provided an overview of the

2006-07 Annual Report and the Draft Strategic Plan, as well as health service highlights.

- Regular and ad hoc communications about pertinent organizational decisions and initiatives with managers and employees.
- Members of the Heartland Health Region Senior Leadership Team visited communities and facilities throughout the region to share and collect information about the current status of and possible future 'look' of health service in the region, as well as feedback about the first draft of the 2007-2010 Strategic Plan. The Information collected was used to refine the Strategic Plan that went to the Board for approval. .

The region also completed its first Health Status Report. The Report provides a comprehensive look at the health status of the residents of Heartland Health Region, and presents information about some of the determinants of overall health using the most up-to-date information available at the Regional level. The report will provide evidence that will assist in the strategic planning of the Heartland Health Region's health services over the next few years.

Financial Summary

2006/07 was a financially successful year for Heartland Health Region. The region has achieved balanced budgets since its inception, and 06-07 was no different, with a surplus of $66,756.[4] Total expenditures of $71,655,852 were within 0.25% of budget and Revenues of $ 72,384,195 were within 1.24% of budget.

The region continued to maintain a working capital ratio greater that 1, ranking 6th among health regions. The ratio indicated that Heartland was able to meet current financial obligations through management of current assets and current liabilities. Ranking 4th among health regions, the number of days that Heartland was able to operate with working capital was negative. This indicated that the region would be unable to operate without additional revenue, for some of the reasons indicated below. Given the status quo budgets, achieving significant surpluses to improve this situation is difficult.

	2004-05	**2005-06**	**2006-07**
Working Capital Ratio	1.06	1.01	1.13
Working Capital Ratio (Provincial Range)	*0.62-1.69*	*0.36-2.02*	*0.23-1.75*
Number of Days able to operate with working capital	(4.77)	(0.63)	(0.91)
Number of Days able to operate with working capital (Provincial Range)	*(68.06) – 28.83*	*(62.41) – 18.50*	*(61.97) – 28.71*

[4] The region's total surplus at March 31st, 2007 was $728,343. Following a capital transfer of $661,587, Heartland's surplus was $66,756.

Heartland's expenditures by programs saw both Acute and LTC over budget, and Home Care and Community Services under budget due to vacancies. Salaries explained the majority of the negative variance in expenditures, but drugs and special initiative programming saw the largest surpluses.

As for revenues, the region saw fewer empty LTC beds, averaging only 2.5 for the year. This resulted in revenues that were 4% over budget. On the other hand, there were fewer EMS trips in 2006-07, resulting in revenues that were 17.5% below budget.

Through effort, Heartland's surplus was used to help address many long term capital needs: funds for the 07-08 community services renovation; $125,000 in urgent capital equipment needs; and $125,000 toward debt repayment.

Future Outlook/Emerging Issues

Primary Health
Heartland has self identified as an innovator in Primary Health. The entire service delivery program with Heartland will be restructured toward that end. As Heartland moves into Primary Health Care Service areas, teams that are clearly defined and interdisciplinary in nature will develop. We believe that the service and care provided will be more client-centred and comprehensive. Within this overall direction, the region will ensure that the specialty services that currently exist are maintained and enhanced at every opportunity.

The changes will see a matrix-style organizational chart with direct supervision and clinical expertise potentially coming from different managers. Change management is a major concern - one to which Heartland is dedicating resources. Each Primary Health Care Service Area will employ a .5FTE Team Development Facilitator to work with Directors and Managers.

Enhancing Healthy Living programs (which would include Chronic Disease Management) is a major priority for Heartland. The future should see a program that reaches across the region to provide skilled support for all patients and residents to develop Healthy Living behaviours. Heartland residents and their families need to be able to receive the education and support necessary following cardiac events, strokes, diagnosis of chronic diseases such as diabetes or multiple sclerosis. Heartland residents need to be able to experience Healthy Living even with a chronic disease.

The end result of this approach will be better service to the residents of Heartland.

Currently within Heartland, there is much talk of “growth.” Every community talks of real estate sales and new residents. Optimism abounds. On the other hand, all of the demographic “predictors” of the past have indicated a slow decline in the population of Heartland. We will have to watch evolving population changes very carefully. We do believe however, that with a Primary Health Care delivery approach, changes will be easier to identify and respond to.

Technology plays an extremely important role in health care. This is especially true for large rural regions like Heartland. Technology helps bridge the distance gaps. It can bring the service to the client or community rather than requiring the consumer to travel to the service. One of the pillars of Primary Health Care is access. In Heartland we believe that technology is a key to facilitating enhanced access. A few examples would include access to health professionals – both for interventions and consultations – Telehealth education, RIS/PACS, enhanced patient safety by participation in systems such as P.I.P. The more dispersed our access points are within the region, the more advantages can be realized.

As important as increased technology is, it also brings challenges. In Heartland, we face the challenge of ensuring access to IT expertise, as well as the challenges of educating large numbers of staff from basic computer literacy to confident comfortableness with new systems.

Human Resources
The biggest Human Resource issue of the future is the high number of retirements that could occur in the next few years. Finding ways to encourage senior employees to remain in the workforce will be one priority and finding qualified people to fill vacant positions will be the second. Although Heartland prides itself on being creative in making a "home/work" balance important, it is certain that even more creativity will be required to ensure enough human resources in the future. Consideration will need to be given to staged or graduated retirements, job sharing, mentoring, project work and a range of other options. Recruitment will continue to be a challenge that must be met. While retention is important, steps must be taken to recruit and to provide employees with opportunities for promotion. Succession preparation is essential to preserving a strong leadership team within Heartland.

Communications and Public Confidence
Always this is an issue of concern. If human resources are unavailable and services need to be changed, the public is often alarmed. If there are more long term care beds than are needed on a regional basis, and the number of beds need to be reduced, the public can become alarmed. Those who see themselves as affected by any noticeable change in the health system tend to react to very quickly to the situation. Competitiveness between communities within a region does at times cause concern, and can lead to public alarm. These situations must be acknowledged and strategies developed to carefully and successfully manage them. Proactive communication is critical to increasing public confidence and managing expectations of the system. Finding the appropriate resources to achieve those goals is paramount to ensuring the public's confidence in Heartland Health Region and its ability to deliver health care programs and services.

A Culture of Safety
Heartland has committed to a Culture of Safety – not only within the organization, but also with the community. To develop this culture and to see that it becomes the culture of the organization, its employees, their families and the communities in which we all live is a challenge of immense proportions. Aside from reducing the human costs associated with 'accidents,' Heartland, and the extended system of public supports, would save money by reducing 'accidents' both on and off the job. It is a lofty, but very worthy goal.

Quality
Maintaining a sustainable infrastructure continues to be a challenge. This will be no less so as technology continues to evolve, and all sites want all things. The buildings, furnishings, equipment, technology, software: these are the tools

needed to do the work. Maintaining a quality standard is difficult, a difficulty that is enhanced by the large number of small services and sites that Heartland maintains. Thoughts and discussions must turn to questions like: “How many is the right number?” “Where should they be?” “What about the others?” “How does a region best manage this change?” “When does this happen?”

Governance and Transparency

The Heartland Health Region was formed on August 1st, 2002, through the Regional Health Services Act (RHSA). The region assumed responsibility for operating three former Health Districts: Prairie West, Greenhead and Midwest. While the RHSA requires that the region is served by a twelve-member Regional Health Authority (RHA), Heartland's Board currently has 11 members. The region continues to await the appointment of the twelfth authority member. The authority is responsible to plan, organize, deliver, monitor and evaluate health services delivered in the region. Members of the Authority were appointed by the Minister of Health, as was the Chair, Lyle Leys, and the Vice-Chair, Betty Shapka, who oversaw twelve (12) RHA meetings held throughout the year.

Policy Governance

The RHA is committed to an adapted policy governance model that frames an interdependent relationship between the Authority, regional stakeholders and Heartland's President/CEO. A monthly review of governance policies at board meetings ensures compliance with Heartland's governance process.

Roles and Responsibilities

As defined by Saskatchewan Health's *Roles and Expectations Document*, the RHA must meet expectations in six (6) key areas: Strategic Planning; Fiscal Management and Reporting; Relationships; Quality Management; Monitoring, Evaluation and Reporting; and Management and Performance. The annual Accountability Document provided by Saskatchewan Health also identifies specific program and service expectations for the health region. The RHA reviewed and reported on the identified responsibilities in the Roles and Expectations Document on a monthly basis, and the regional commitments of the Accountability Document on a quarterly basis.

The President/CEO reported to directly to the RHA about general and daily operations of the health region. The Senior Leadership Team, comprising the 5 vice-presidents, the Senior Medical Manager and the CEO, met frequently, and were responsible for planning, integration and delivery of health services throughout the region. The Regional Operational Planning Team was responsible for identifying key initiatives and actions, and monitoring the success of desired outcomes.

Committee Structure

To support the Authority in fulfilling its responsibilities, it has established three standing committees:

Executive Committee – Comprising three (3) authority members (Chair, Vice-Chair and one (1) additional member) and the President/CEO, this committee attends to emergent issues when a full quorum of the Authority cannot be gathered.

Figure 5. Heartland Regional Health Authority. Back Row (L-R): Bill Sittler; Cindy Hoppe; Erhard Poggemiller; Gary Johnson; Wayne Vaxvick. Second row (L-R): Les Langager; Eve Wagner; George Siemens. Front Row (L-R): Carey Howie; Lyle Leys, Chair; Betty Shapka, Vice-Chair.

Table 13. Members of the Heartland Regional Health Authority and committees

Names of HRHA Board Members		
Lyle Leys, Chair *Betty Shapka, Vice-Chair* *Cindy Hoppe* *George Siemens* *Wayne Vaxvick* *Carey Howie* *Erhard Poggemiller* *Gary Johnson* *Les G. Langager* *Bill G. Sittler* *Eve Wagner*	*Elrose* *Macklin* *Biggar* *Fiske* *Outlook* *Kindersley* *Kerrobert* *Eston* *Loreburn* *Wilkie* *Unity*	
Executive Committee	**Internal Audit Committee**	**Ethics Committee**
Lyle Leys, Chair *Betty Shapka, Vice-Chair* *Gary Johnson*	*Betty Shapka, Chair* *George Siemens* *Eve Wagner* *Gary Johnson* *Lyle Leys (Ad Hoc)*	*Lyle Leys* *Wayne Vaxvick* *Carrie Howie*
This committee did not find it necessary to meet this year.	This committee met three times in 2006-07 (Apr. 19 2006; Sept. 28, 2006 and Feb. 27, 2007.	This committee held four (4) meetings of the full committee in 2006-07.

Internal Audit Committee – Comprising five (5) authority members, this committee attends to matters of compliance and quality that reflect effective, efficient, transparent and accountable governance. The Authority committed in 2006-07 to activate this committee in early 2006-07.

Ethics Advisory Committee – Comprising authority members, staff and volunteers, this committee addresses Ethical Treatment and Services, Ethical Research and Ethical Decision Making and Resource Allocation.

Community Advisory Networks

The Authority remains committed to working and communicating with existing representative organizations, institutions and agencies to share information and obtain input into issues relating to health services. In particular, the RHA has worked closely with different individual community groups – ie: West Central Municipal Government Committee (WCMGC) to successfully resolve issues related to equipment requirements, service levels and resident concerns. Heartland strongly believes in networking through existing groups rather than establishing another formal layer.

The RHA maintains ongoing links through a variety of groups, organizations and processes such as:

- Delegations at Authority meetings
- Annual public meetings in several communities
- Reporting member of West Central Municipal Government Committee
- Consistent contact with local Health Foundations
- Links to Rural Economic Development Associations
- Participation in Regional Intersectoral Committees
- Liaison and planning with School Divisions and Regional Colleges
- Regular contact and appreciation for volunteer organizations
- Remaining receptive to concerns and issues of special interest groups
- Attendance at focus groups

Commitment to Public Transparency

Heartland continued to share important information to help the public to understand issues affecting the delivery of health services and programs in Heartland. Monthly meetings of the Authority were open to the public, and local media regularly attended and reported on decisions and discussion. Meetings were held in the communities of Dinsmore, Outlook, Kindersley, Milden and Rosetown during the past year. A media release issued following each regular Authority meeting highlighted discussions, decisions and presentations. The region also published all public documents, as well as regional policies and procedures on its corporate website.

Heartland completed a three-year Strategic Plan that was ratified by the Board in January 2007. Heartland staff and stakeholders were consulted prior to development of the first draft of the Plan, and were consulted once again about

the content of the draft. Information collected was considered in revising the Strategic Plan which was subsequently approved by the Board. The plan will be publicly launched early in 2007-08.

Payee Disclosure Lists

Payee disclosure requirements relate to payments made for the fiscal year reported in the Annual Report. The Saskatchewan Treasury Board determines the threshold required disclosure. The minimum threshold for the 2006-07 fiscal year was $50,000 for Payees in all categories including: personal services, transfers, supplier payments and other expenditures.

The Payee Disclosure Lists for all Regional Health Authorities are available on the Saskatchewan Health website at www.health.gov.sk.ca.

Payee Disclosure List: Personal Services

Listed are individuals who received payments for salaries, wages, overtime honorariums, severance pay, education leave allowance, taxable education expenses, car allowances and any other direct cash remuneration including sick leave, short-term disability vacation and differentials which total $50,000 or more.

ABBOTT-BELL	JEANETTE	$ 55,396	CARRIERE	JEAN	$ 52,832
ADAMOWSKI	GAIL	$ 76,488	CHAPMAN	JULIE	$ 59,677
ALLARD	JEAN-MARI	$ 60,246	CHEYNE	JAMES	$ 58,125
ANDERSON	BRENDA	$ 67,792	CHOLIN	SHANNON	$ 59,585
ANDERSON	CHRISTIE	$ 51,556	CHRISTENSEN	ELIZABETH	$ 59,959
ANDREWS	JACKLIN	$ 75,978	COCHRANE	CARRIE	$ 54,641
ANGELOPOULOS	JOSEPHINE	$ 77,332	COLE	KAREN	$ 65,940
ANHOLT	GARY	$ 60,121	COOL	GLORIA	$ 74,279
ARTYMOVICH	MARJORIE	$ 54,618	CORDES	SANDRA	$ 51,198
ASKIN	KIM	$ 54,249	COWELL	BARBARA	$ 89,215
BARTLETT	RHONDA	$ 61,090	CRICKETT	VALERIE	$ 77,046
BASLER	CAROLYNE	$ 53,377	CUPPLES	STEVE	$ 62,663
BECKER	LINDA	$ 84,123	DAVID	LAURA	$ 61,886
BEDIER	LOUISE	$ 70,791	DAVIDSON	LEEANN	$ 68,978
BELAK	RONALD LE	$ 80,370	DEGENSTEIN	ROBERT	$ 72,950
BELCHER	CALLISTA	$ 51,079	DEIBERT	KERRY	$ 69,114
BELL	BETTY	$ 89,315	DEMOISSAC	LORRAINE	$ 58,633
BENCHARSKI	PATRICIA	$ 65,781	DENNEY	JANE	$ 56,045
BERIAULT	DORIS	$ 72,441	DESROSIERS	WANDA	$ 74,918
BLACKWELL	TAMMY	$ 53,681	DESROSIERS	CHERYL	$ 56,388
BLAIS	ALBERT	$ 79,514	DIES	ANN MARIE	$ 71,002
BLANCHETTE	DEBRA	$ 70,068	DOSHEN	CECILY	$ 64,408
BLODER	JANET	$ 50,908	DRURY	SHIRLEY	$ 56,953
BOKITCH	ALLISON	$ 63,842	DUERKSEN	LORETTA J	$ 69,684
BOND	CHRISTY	$ 64,679	DUNN	BONNIE	$ 56,718
BORNE	RODNEY	$ 59,900	DUPUIS	JO-ANN	$ 51,637
BOSCH	STACEY	$ 114,861	EDBOM	ROBERT	$ 106,598
BOSCH	DONNA	$ 52,900	ETSELL MCLEOD	ELAINE	$ 67,456
BOTHNER	CHARLOTTE	$ 57,415	EYOLFSON	JILL E	$ 68,041
BOUCHER	COLLEEN	$ 67,262	EYRE	GWEN	$ 59,493
BOYLE	ALAN	$ 78,206	FAGNOU	JULIA	$ 68,503
BRADLEY	LINDA	$ 62,323	FELTIS	ELAINE	$ 78,016
BRENNER	RICHARD	$ 60,983	FISHER	MARY PAT	$ 68,547
BREWER	DIANE	$ 54,658	FLAD	MELONI	$ 53,292
BRIGHAM	WENDY	$ 61,309	FLYNN	RENEE	$ 53,420
BROWN	LAVERN	$ 103,846	FORTIN	CHERYL	$ 51,434
BROWN	WANDA	$ 66,369	FRERICHS	JENNIFER	$ 61,572
BROWN	BARBARA	$ 65,832	FRITZ	MARION	$ 75,210
BROWN	SANDRA	$ 54,118	FROYSTAD	LISA	$ 55,449
BROWN	CORINNE	$ 53,682	GEORGE	DOREEN	$ 67,403
BUECKERT	AUDREY	$ 69,954	GEREIN	NICOLE	$ 64,724
CARNEGIE	LORENA	$ 57,908	GEREIN	JACKIE	$ 53,371

GIESBRECHT	BRAD	$ 55,194	LANGE	PATRICIA	$ 54,647
GILCHRIST	MARTHA	$ 75,547	LARSEN	LINDA	$ 70,845
GLASSFORD	CARRIE	$ 56,548	LAVIGNE	BEVERLEY	$ 84,475
GLESSING	CAROLYN	$ 95,164	LEGROW	WENDY	$ 52,492
GOETTLER	DIANE	$ 54,947	LEITH	MARLENE	$ 60,259
GROSS	EDITH	$ 59,084	LI	ESTHER	$ 56,595
HABERMEHL	PATRICIA	$ 53,067	LILBURN	CHRISTINE	$ 70,591
HADUIK	CONNIE	$ 71,995	LOITZ	TERRIE	$ 52,156
HAM	LESLIE	$ 62,618	LONGTIN	CATHY	$ 51,285
HARTSOOK	REID	$ 61,411	LOW	BONNIE	$ 66,776
HAUBRICH	SHARON	$ 78,170	MACKERACHER	DEBBIE	$ 51,543
HAUBRICH	KATRINA	$ 57,130	MACRAE	JOAN	$ 71,178
HAYES	BRENT	$ 86,702	MAHARAJ	SUBHAS	$ 75,978
HAYNES	BARBARA	$ 55,168	MAHARAJ	MONA L	$ 74,205
HAZEL	GLENDA	$ 73,581	MANN	GAYLEEN	$ 57,094
HEALEY	COLLEEN	$ 61,901	MARCHUK	ANDREA	$ 51,409
HEIDT	TRACY	$ 80,800	MARTIN	MONANNE	$ 56,068
HERMANSON	RUTH	$ 55,586	MASSIE	LESLEY	$ 57,776
HILL	CAROL	$ 79,621	MATLOCK	CAROLYN	$ 54,014
HINTHER	CATHY	$ 51,768	MAY	CARLA	$ 58,174
HOEHN	CAROL	$ 62,784	MCCONNELL	SYLVIA	$ 60,233
HOFER	FAYE	$ 66,616	MCCORMICK	ANN	$ 59,049
HOGG	DARLENE	$ 58,025	MCDONALD	BRENDA	$ 68,646
HOLLER	BERNIE	$ 73,954	MCLEOD	ROSEMARY	$ 53,342
HOLTON	IAN	$ 67,114	MCPHERSON	THELMA	$ 60,907
HORN	VIRGINIA	$ 67,516	MERKEL	GORDON	$ 84,925
HUBER	CAROL	$ 72,590	MESCALL	AUDREY	$ 50,506
HUBER	LOIS	$ 58,152	MESCHISHNICK	MICHELLE	$ 54,256
IRELAND	SCHARLENE	$ 63,542	MEYER	JANICE	$ 66,315
JACKSON	LINDSAY	$ 53,417	MEYER	NORMA	$ 53,599
JAINDL	SHARON	$ 55,268	MILLER	E RUTH	$ 71,135
JOHNSON	KATHRYN	$ 56,298	MILTON	DEBBIE	$ 70,164
JOHNSTON	KIM	$ 69,019	MOEBIS	DONNA	$ 50,199
KAUTH	PAMELA	$ 59,533	MOORE	SUSAN	$ 84,055
KEMBEL	KELLEY	$ 59,279	MOORE	DENNIS	$ 60,163
KERNOHAN	BEVERLY	$ 65,971	MOORE	BRENDA	$ 52,270
KIRKNESS	BRIAN	$ 50,005	MORESIDE	DIANNE	$ 58,884
KNORR	NANCY	$ 69,632	MORHART	NICOLE	$ 60,109
KOENDERS	KRISTA	$ 76,268	MORRISON	PATRICIA	$ 56,811
KOHLMAN	LYNDA	$ 50,671	MOSKALYK	STACY	$ 51,105
KOKESCH	MEGAN	$ 52,659	MYRE	GENEVIEVE	$ 50,078
KOOP	CAROLYN J	$ 67,470	NELSON	SHELLY	$ 52,315
KREKOSKI	GAIL	$ 71,942	NEUMEIER	BRENDA	$ 62,141
KRENTZ	JEANNE	$ 51,820	NICKEL	MELVIN	$ 66,307
KRONBERG	DIANE	$ 65,018	NODWELL	CARLA	$ 58,649
KUNTZ	SYLVIA	$ 63,625	OSMAN	JOY	$ 55,859
KURULAK MILNE	DEBORAH	$ 50,696	PAJUNEN	SHEILA	$ 112,096
LANGAGER	JUDY	$ 57,732	PALMER	CATHERINE	$ 66,928

PARK	GLORIA	$ 54,777	SPROXTON	LEFA	$ 116,414
PARKINSON	SHIRLEY	$ 67,281	ST JOHN	SUZIE	$ 55,096
PELLETIER	GRACE	$ 51,480	STABBLER	LEONA	$ 53,530
PICHE	DOROTHY	$ 53,542	STANJEK	DONNA	$ 58,066
POITRAS	CHARMAINE	$ 56,029	STANLEY	LEESA	$ 71,943
POLETZ	DENISE	$ 73,258	STEER	SYDNEY	$ 56,128
POOL	PATRICIA	$ 52,660	STEIERT	AUDREY	$ 69,832
POTRATZ	CAROLYN	$ 53,344	STENERSON	BARBARA	$ 50,455
PRINCE	JOHN	$ 66,241	STOLZ	JENNIFER	$ 61,474
PURCELL	LINDA	$ 92,480	STOPANSKI	VALERIE J	$ 59,760
READ	RUTH	$ 75,401	STORY	TERRI	$ 59,885
REDDEN	DEBBIE	$ 65,685	STRATTON	CARLA	$ 68,138
REED	LORRY	$ 51,891	SUTER	DONNA	$ 53,354
RESCH	MARILYN	$ 54,217	SUTHERLAND	DONNA	$ 93,350
RETZLEFF	TRUDY	$ 53,062	TAYLOR	SHERI	$ 58,093
RHODES	CAROL	$ 80,045	TERNES	DALE	$ 78,150
RICHARDSON	AMANDA	$ 57,645	TERNES	ALVIN	$ 65,631
RIENDEAU	GAYLE	$ 94,328	THOMPSON	NANCY	$ 51,948
RINGROSE	CATHY	$ 83,134	TOLLEFSON	CHRISTINE	$ 57,373
RITCHIE	ADELE	$ 75,041	TORRANCE	CAROLYN	$ 66,049
RITCHIE	DAWN	$ 50,035	TRUMBLEY	BETTYANN	$ 77,029
RITZ	SUSAN	$ 61,627	TUNALL	MARJORIE	$ 71,395
ROBINSON	DEBORAH	$ 71,290	TURNER	KATHLEEN	$ 67,704
ROBSON	SHELLY	$ 72,845	TURTON	AMBER	$ 67,243
ROSZELL	JOAN	$ 57,730	VANTHUYNE	MARLENE	$ 64,162
ROTH	KATHY	$ 68,092	VAVRA	DONNA	$ 66,104
RYAN	CAROL	$ 67,221	VAXVICK	JEAN	$ 52,609
RYSAVY	BEVERLEY	$ 62,258	VETTER	AUDREY	$ 50,193
SANVILLE	ANNEMARIE	$ 51,078	VOLK	BEVERLEY	$ 58,633
SCHIMPF	JOANNE	$ 55,547	VOLK	DONALD	$ 55,809
SCHMIEDGE	ADRIAN	$ 65,723	WAGNER	LESLIEANN	$ 67,204
SCHOLER	BRENDA	$ 83,485	WAITE	DONNA	$ 61,611
SCHWAB	EVA	$ 62,682	WALKER	EVELYN	$ 71,175
SCHWARTZ	BERNIE	$ 54,094	WALKER	CHERYL	$ 53,976
SCOTT	MICHELLE	$ 57,103	WALLS-INGRAM	SHEENA	$ 55,662
SENGER	DIANA	$ 66,759	WARREN	LYNNE	$ 61,100
SERFAS	KAREN	$ 84,885	WASKO-LACEY	LINDA	$ 118,692
SERFAS	MAUREEN	$ 71,050	WEBER	TRAVIS	$ 77,022
SHEREMETA	DONALD W	$ 58,393	WEBER	DAWN	$ 59,263
SIBLEY	TANISLEI	$ 52,948	WEBSTER	LINDA	$ 57,813
SIMONSON	SUSAN	$ 59,462	WEISZ	THOMAS	$ 74,600
SINCLAIR	AGNES	$ 57,288	WELLS	STACEY	$ 69,471
SINCLAIR	VALERIE	$ 52,433	WELLS	BONNIE	$ 57,977
SIROSKI	PATSY	$ 61,309	WELLS	SHIRLEY	$ 51,509
SKINNER	THERESA	$ 55,111	WENZEL	KRISTENE	$ 59,833
SMITH	DARLENE	$ 71,858	WERSCH	KEN	$ 166,848
SMITH	SANDY	$ 62,033	WESTON	MARLENE	$ 87,089
SMITH	WENDY	$ 59,407	WIEBE	DIANNE	$ 66,574

WIENS	CHRISTINE	$ 71,211	WINNY	TERESA	$ 53,714
WIENS	JOEANN	$ 69,063	WISTE	SHEILA	$ 70,190
WILDEMAN	BERNIE	$ 72,146	WYLIE	JACQUELIN	$ 72,765
WILLIAMS	MARILYN	$ 68,182	ZAMULINSKI	AUDREY	$ 61,942
WILSON	DIANNE	$ 58,065			

Payee Disclosure List: Transfers

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

ST. JOSEPH'S HEALTH CENTRE		$ 1,563,662
BRIDGEPOINT		$ 450,890

Payee Disclosure List: 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-1 SOUNDTRONICS		$ 53,321
ASSOC. RADIOLOGISTS OF S'TOON		$ 242,062
BECKMAN COULTER CANADA INC.		$ 133,182
BEECHY/DEMAINE EMERGENCY SERVICES		$ 124,193.63
BUNZL CANADA - OAKVILE		$ 91,807
CAN-med		$ 90,322
DAIRYLAND FLUID DIVISION LTD.		$ 126,571
DELL COMPUTER CORPORATION		$ 79,729
DEPARTMENT OF PROPERTY MANAGEMENT		$ 771,576
DOMCO CONSTRUCTION INC.		$ 7,569,177
DR. J.C. COOPER		$ 278,177
EATONIA OASIS LIVING INC.		$ 54,546
FUTUREMED HEALTH CARE PRODUCTS		$ 108,678
GRAND & TOY		$ 158,895
HEALTHCARE INSURANCE RECIPROCAL OF CANADA		$ 73,596
HIROC INSURANCE SERVICES LIMITED		$ 191,726
HOSPIRA HEALTHCARE CORPORATION		$ 139,354
JOHNSON & JOHNSON		$ 373,851
KPMG		$ 63,744
LAERDAL MEDICAL CANADA LTD.		$ 71,094
M.D. AMBULANCE & CARE LTD		$ 93,916
MCKESSON CANADA		$ 128,072
MINISTER OF FINANCE		$ 55,690
MOMENTUM HEALTHWARE		$ 193,643
PENTAX CANADA INC.		$ 55,937
PHH ARC ENVIRONMENTAL		$ 90,550
PHILIPS MEDICAL SYSTEMS CANADA		$ 299,294
RCDP / CPDN		$ 204,098
ROCHE DIAGNOSTICS		$ 52,009
ROYAL BANK OF CANADA		$ 54,907
SASK ASSOC. OF HEALTH ORGAN.		$ 509,903
SASK ENERGY		$ 692,067

SASK POWER		$ 729,648
SASK TEL		$ 436,246
SASKATCHEWAN HEALTH		$ 55,879
SASKATCHEWAN REG. NURSES ASSOC		$ 115,257
SASKATOON HEALTH REGION		$ 330,790
SCHAAN HEALTHCARE PRODUCTS		$ 727,019
SIMPLEX/GRINNELL		$ 57,842
SOMAGEN DIAGNOSTICS INC.		$ 50,648
SOMMERFELD ELECTRIC (SASKATOON) LTD.		$ 212,197
STERIS CANADA INC.		$ 57,221
STONE HUTCHINSON ARCHITECTS LTD.		$ 684,149
SYSCO FOOD SERVICES OF REGINA		$ 722,510
THE STEVENS COMPANY LTD.		$ 70,310
TRANE SASKATCHEWAN		$ 77,547
VITAL AIRE		$ 105,188
WBM OFFICE SYSTEMS		$ 123,013

Payee Disclosure List: Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

GREAT WEST LIFE ASSURANCE CO		$ 351,597
HEALTH SCIENCES ASSOC OF SASK		$ 56,065
PUBLIC EMPLOYEE PENSION PLAN		$ 81,370
SAHO - DENTAL PLAN		$ 430,645
SAHO - DISABILITY INCOME PLAN		$ 659,676
SAHO - EXTENDED BENEFITS PLAN		$ 1,289,142
SASKATCHEWAN UNION OF NURSES		$ 190,054
SEIU		$ 454,178
SHEPP - PENSION PLAN		$ 2,838,724
WCB		$ 984,381

2006-07 Performance Management Summary

The Performance Management Accountability Indicators table provides information on Heartland Health Region's performance relative to indicators defined by Saskatchewan Health and outlined in the *Action Plan for Saskatchewan Health Care*, as well as a Financial Summary. It serves as a reference tool for the Heartland Health Region in reporting on and interpreting the indicators in the 2006-07 Accountability Document. The Accountability Document, in turn, provided the framework for Heartland's Performance Plan, and is the tool by which the region's management provided quarterly reports to the Authority on progress made toward priorities identified by the province and the region.

The source of data for the Heartland Health Region information is Saskatchewan Health. The information in the provincial comparison and Provincial Range columns has been provided by Saskatchewan Health. This information enables comparison between the Heartland Health Region and the other regional health authorities in the province. For further information on technical interpretations and definitions of the indicators below, refer to the *Performance Management* document on the Saskatchewan Health website at www.health.gov.sk.ca.

Indicators that are not relevant to Heartland Health Region have not been included in this Summary, nor have indicators that have yet to be developed.

Indicator	RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators				
Quality				
Date of last CCHSA accreditation or when accreditation is scheduled *as of March 2007*	June 2007	*not applicable*	*not applicable*	*to be determined*
Date when the RHA participated in the Institute for Safe Medication Practices (ISMP) Canada "Hospital Medication Safety Self-Assessment", or when participation is planned *as of March 2007*	April 19, 2006	*not applicable*	*not applicable*	*to be determined*
Number of client contacts with the Quality of Care Coordinator to raise a concern *2005/2006*	43	*not applicable*	*not applicable*	*not applicable*
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2005/2006*	81%	86%	66% – 99%	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Workforce Planning					
The number of positions sitting vacant for periods longer than six months *[indicator to be developed]*		———	———	———	———
Distribution of health system full time equivalents (FTEs) by affiliation *2006/2007*	Provider Unions (CUPE, SEIU, SGEU)	718.85	*not applicable*	*not applicable*	*not applicable*
	HSAS	61.34			
	OOS/OTHER[1]	67.69			
	SUN	171.65			
	RWDSU[2]	n/a			
	Organization as a whole	1019.53			
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2006/2007*	Provider Unions (CUPE, SEIU, SGEU)	33.21	36.85	16.36 – 91.10	*to be determined*[3]
	HSAS	43.17	25.44	0.25 – 117.97	*to be determined*[3]
	OOS/OTHER[1]	2.14	3.46	0.00 – 16.92	*to be determined*[3]
	SUN	49.81	81.54	27.14 – 368.66	*to be determined*[3]
	RWDSU[2]	n/a	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	34.54	42.47	17.19 – 131.56	*to be determined*[3]
Worked hours as a percentage of total hours by affiliation *2006/2007*	Provider Unions (CUPE, SEIU, SGEU)	78.2%	78.3%	73.1% – 80.7%	*to be determined*[3]
	HSAS	80.4%	80.8%	75.0% – 83.9%	*to be determined*[3]
	OOS/OTHER[1]	83.6%	82.5%	76.4% – 84.5%	*to be determined*[3]
	SUN	76.8%	74.7%	63.7% – 77.9%	*to be determined*[3]
	RWDSU[2]	n/a	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	78.5%	78.1%	72.5% – 80.7%	*to be determined*[3]

Indicator		RHA Value	Provincial Value	Range	Target
Number of sick leave hours per full time equivalent (FTE) by affiliation *2006/2007*	Provider Unions (CUPE, SEIU, SGEU)	95.23	89.78	71.62 – 107.61	*to be determined*[3]
	HSAS	75.32	65.62	44.65 – 92.53	*to be determined*[3]
	OOS/OTHER[1]	47.09	47.34	27.68 – 61.46	*to be determined*[3]
	SUN	72.42	89.34	63.83 – 96.84	*to be determined*[3]
	RWDSU[2]	N/a	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	87.00	84.12	64.15 – 93.63	*to be determined*[3]
Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2006/2007*		10.00	7.67	0.53 – 10.00	*to be determined*[3]
Number of lost-time WCB days per 100 full time equivalents (FTEs) *2006/2007*		244.72	468.45	38.43 – 766.40	*to be determined*[3]
Percentage of employees self-identifying as Aboriginal *2005/2006*[4]		0.1%	*not available*	*not applicable*	*to be determined*
Number of clinical placements offered and taken within the region / SCA *[indicator to be developed]*		———	———	———	———
Financial					
Surplus (deficit) *2006/2007*		$728,343	*not applicable*	$90,050 - $7,861,926	$0
Surplus (deficit) as a percentage of actual operating expenditures *2006/2007*		1.0%	*not applicable*	0.1% - 9.0%	0.0% – 0.5%
Working capital ratio (current ratio) *2006/2007*		1.13	*not applicable*	0.70 – 1.81	*to be determined*
Number of days able to operate with working capital *2006/2007*		(0.91)	*not applicable*	(61.97) – 28.71[29]	*to be determined*
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported *2006/2007* *[yes/no indicator]*	Q1	yes	*not applicable*	*not applicable*	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	yes			

Indicator		RHA Value	Provincial Value	Range	Target
Capital					
Program-Specific Indicators					
Province-Wide Services					
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre[12] *2005/2006*	Child / Youth	*Data suppressed for privacy*	*not applicable*	*not applicable*	*to be determined*
	Adult	*Data suppressed for privacy*			
Acute Care					
Percentage of surgical cases performed as day surgery[13] *2006/2007*		39.1	56.3%	39.1% – 74.8%	*not applicable*
Number and percentage of surgical cases on wait list that have already waited over 12 months[13] *2006/2007*	Number	0	*not applicable*	*not applicable*	*not applicable*
	Percentage	0.0%	19.9%	0.0% – 23.8%	10%
Number and percentage of surgical cases on wait list that have already waited over 18 months[13] *2006/2007*	Number	0	*not applicable*	*not applicable*	*not applicable*
	Percentage	0.0%	9.5%	0.0% – 12.0%	0%
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames[13] *2006/2007*	Priority Level I within 3 weeks	50.0%	57.3%	43.7% – 97.4%	95%
	Priority Level II within 6 weeks	0.0% *(number suppressed to protect privacy)*	43.8%	0.0% – 96.6%	90%
	Priority Level III within 3 months	100%	63.9%	43.3% – 100.0%	90%
	Priority Level IV within 12 months	99.4%	88.0%	79.3% – 100.0%	90%
Cumulative number of surgical cases performed as a percentage of target and variance from target[13] *2006/2007*	Percentage of target	85.2%	98.3%	85.2% – 122.4%	100%
	Variance from target	-39	*not applicable*	*not applicable*	*not applicable*
Institutional Supportive Care					
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores[14] *as at the end of Q2 2006/2007*		22.25%	21.94%	16.47% – 28.28%	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Case mix index for institutional supportive care facilities[14] *as at the end of Q2 2006/2007*		0.760	0.771	0.725 – 0.800	*to be determined*
Population Health Services					
Percentage of off reserve schools that are implementing health food nutrition policies *as of September 1, 2006*		3.4%	*not applicable*	0.0% – 27.3%	60% of schools by September 2011
Exclusive breastfeeding rates[15] *2005*		40.11%	21.28%	13.64% – 40.11%	*to be determined*
Percentage of eligible population registered in SIMS and receiving recommended immunization at second birthday[16] *July 1, 2005 to June 30, 2006*	Diphtheria	87.2%	73.5%	50.0% – 87.2%	*to be determined*
	Measles	86.1%	72.5%	67.9% – 86.1%	
Influenza immunization rate per 100 population (age 65 years and over) *2005/2006*		68%	66%	46% – 77%	*to be determined*
Percentage of licensed or regulated facilities inspected each year (pursuant to *The Public Health Act*) *2005/2006 and 2006/2007*	FEE – Food Eating Establishment	68% 74%	*not applicable*	45% – 100% 71% – 100%	80% – 100%
	FPL – Food Processing (Licensed)	79% 70%	*not applicable*	20% – 100% 67% – 100%	
	LA – Licensed Accommodations	69% 72%	*not applicable*	31% – 100% 52% – 100%	
	SP – Swimming Pools	84% 81%	*not applicable*	43% – 100% 45% – 100%	
	Public Water Supplies	31% 18%	*not applicable*	20% – 100% 18% – 100%	
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns *[data is currently not available due to system implementation issues]*		———	———	———	90% compliance
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers[15] *2005*	Males	19.95%	25.13%	19.95% – 41.75%	*to be determined*
	Females	16.36%	23.30%	16.36% – 32.31%	

Indicator		RHA Value	Provincial Value	Range	Target
Community Care Services					
Alcohol and drug outpatient treatment completion rate per 100 admissions *2005/2006*		67.8%	59.7%	41.8% – 72.2%	*to be determined*
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams *March 2007*		11.87%	19.98%	0.00% – 100.00%	25% of SK residents by 2006, 100% by 2011
Number of discrete clients receiving primary health care services in the RHA *2006/2007*	Q1	1285	*not applicable*	*not applicable*	*not applicable*
	Q2	1045			
	Q3	1377			
	Q4	1142			
Number of Healthline calls for the RHA *2006/2007*	Q1	572	*not applicable*	*not applicable*	*not applicable*
	Q2	581			
	Q3	642			
	Q4	707			
	Year as a whole	2502			
Total number of new primary health care teams developed in the current year *2006/2007*		0	*not applicable*	*not applicable*	*not applicable*
Emergency Response Services					
Percentage of calls where the maximum qualification of all personnel on the call was less than Emergency Medical Technician (EMT) *2005/2006*		3.53%	0.73%	0.00% – 17.97%	*to be determined*
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures *2006/2007*		5.0%	*not applicable*	3.8% - 10.5%	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births[24] *2002-2004*		5.5	5.9	4.0 – 10.5	*to be determined*
Low birth weight rate per 100 live births[24] *2002-2004*		6.0	5.4	3.7 – 6.0	*to be determined*
High birth weight rate per 100 live births[24] *2002-2004*		12.9	15.7	12.9 – 31.1	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Potential years of life lost per 100,000 population (age 0 to 74 years)[15] *2001*[25]	Circulatory Diseases	909.3	951.5	817.9 – 1,208.9	*to be determined*
	All Malignant Neoplasms	1550.2	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	63.5	222.9	63.5 – 376.5	
	Unintentional Injuries	1203.1	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	458.6	412.1	315.1 – 628.5	
Disability-free life expectancy (at birth)[15] *1996*[25]	Males	69.2	66.6	61.8 – 69.2	*to be determined*
	Females	71.6	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years)[15] *1996*[26]	Males	11.0	11.2	8.7 – 12.1	*to be determined*
	Females	12.8	12.7	8.4 – 13.2	
Life expectancy (at birth)[15] *2001*[27]	Males	75.6	76.2	72.1 – 78.2	*to be determined*
	Females	81.9	81.8	76.1 – 82.8	
Life expectancy (at age 65 years)[15] *2001*[27]	Males	16.3	16.9	15.6 – 18.0	*to be determined*
	Females	20.0	20.9	17.2 – 21.8	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent[15] *2005*		54.95%	52.35%	39.86% – 57.96%	*to be determined*
Percentage of population (age 18 to 64 years) who are overweight or obese[15] *2005*	Overweight (BMI 25.0-29.9)	34.79%	32.52%	30.53% – 36.12%	*to be determined*
	Obese (BMI 30.0+)	18.63%	20.03%	16.88% – 24.19%	
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive[15] *2005*	Active / moderately active	47.14%	48.62%	38.60% – 53.35%	*to be determined*
	Inactive	51.33%	49.52%	44.06% – 58.77%	
Number of visits to a physician for a mental health reason *2005/2006*	General Practitioners	16,961	*not applicable*	*not applicable*	*not applicable*
	Psychiatrists	1,838			
Age-sex-adjusted diabetes prevalence rate per 1,000 population[28] *2004/2005*		48.0	*not applicable*	41.8 – 95.8	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Injury hospitalization rate per 1,000 population (age 0 to 19 years) *2004/2005*	Males	10.6	10.4	7.3 – 27.0	*to be determined*
	Females	7.5	6.9	4.8 – 12.9	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) *2004/2005*	Males	15.5	14.7	10.5 – 22.0	*to be determined*
	Females	37.4	26.6	19.9 – 38.0	

Notes:
Please refer to the document "Performance Management Accountability Indicators" for detailed indicator descriptions.

1 The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.

2 The RWDSU category is applicable to Regina Qu'Appelle only.

3 Benchmark development is still in progress for the workforce planning indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.

4 The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2005/2006, and is not available for Five Hills, Cypress, Heartland, Prairie North, the Saskatchewan Cancer Agency, or the province as a whole.

5 MRI and bone mineral densitometry indicators are applicable to Regina Qu'Appelle and Saskatoon only.

6 CT indicators are applicable to Cypress, Five Hills, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, Saskatoon, and Sunrise only.

7 Patient years of dialysis indicator is applicable to Cypress, Five Hills, Regina Qu'Appelle, Saskatoon, Kelsey Trail, Prairie North, Prince Albert Parkland, and Sunrise only.

8 Chronic kidney disease services indicator is applicable to Regina Qu'Appelle and Saskatoon only.

9 SHNB indicator is applicable to Prairie North only.

10 "Length of stay efficiency of inpatient rehabilitation programs" indicator is applicable to Regina Qu'Appelle (Wascana Rehabilitation Centre) and Saskatoon (Saskatoon City Hospital) only.

11 Wascana Rehabilitation Centre and Saskatoon City Hospital are not peer facilities, in terms of their inpatient rehabilitation programs. Therefore, their results should not be compared to each other.

12 "Alcohol and drug inpatient treatment completion rate – Calder Centre" is applicable to Saskatoon only.

13 The 2006/2007 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.

14 Due to the small number of institutional supportive care residents in Mamawetan Churchill River and Keewatin Yatthé, the case mix index and pressure sores indicators are not applicable to these regions.

15 Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.

16 The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.

17 Data collection through the Alcohol and Drug Client Information System (ADCIS) will start in April 2007. Results for alcohol and drug inpatient, detoxification, and stabilization services are based on data collected manually in February and March 2007 (Saskatoon detoxification data available for March 2007 only).

18 Mental health inpatient indicators are not applicable to Heartland, Keewatin Yatthé, Kelsey Trail, and Mamawetan Churchill River.

19 "Alcohol and drug inpatient treatment completion rate" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only.

20 "Average wait time for admission to alcohol and drug inpatient services" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland (youth services), Regina Qu'Appelle, and Saskatoon (both adult and youth services) only.

21 "Average wait time for admission to alcohol and drug detoxification services" is applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only.

22 "Average wait time for admission to alcohol and drug stabilization services" is applicable to Regina Qu'Appelle and Saskatoon only.

23 "Average wait time for admission to alcohol and drug long term residential treatment services" is applicable to Prairie North only.

24 Starting 2005/2006, the calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used previously. The time period also changed (three consecutive years, instead of five). Because these measures are calculated on a three-year basis, results are the same as those reported in 2005/2006.

25 Statistics Canada calculates this measure intermittently. The most recent is based on 2000 through 2002 death data and 2001 population estimates. Therefore, results are the same as those reported for 2005/2006.

26 Statistics Canada no longer calculates this measure (a similar measure, "Health Adjusted Life Expectancy (HALE)", exists but is not available at the regional level). Therefore, results are the same as those reported for 2004/2005 and 2005/2006.

27 Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results are the same as those reported for 2004/2005 and 2005/2006.

28 Starting 2005/2006, diabetes cases are determined using an enhanced version of the methodology (the prescription drug database is now used along with the hospital separations and physician services databases). Caution should be exercised if comparing results to those presented in the 2004/2005 summary. The age-sex-adjusted rates were calculated using 1996 Statistics Canada Census populations for Saskatchewan by sex and ten-year age groups.

29 Range values are based on data from final, unaudited financial statements.

Management Report

May 1, 2007

Heartland Health Region
Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Heartland Regional Health Authority. The financial statements have been prepared in accordance with the Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgements. 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.

Ken Wersch
Chief Executive Officer

Stacey Bosch
VP of Corporate Services