



**SUNRISE
REGIONAL HEALTH AUTHORITY**

2005-2006

ANNUAL REPORT

Table of Contents

	Page
TABLE OF CONTENTS _____	2
LETTER OF TRANSMITTAL _____	3
WHO WE ARE _____	4
OUR REGION _____	10
2005-2006 RESULTS AT A GLANCE _____	13
2005-2006 PERFORMANCE RESULTS _____	15
FUTURE OUTLOOK AND EMERGING ISSUES _____	20
MANAGEMENT REPORT _____	22
2005/2006 FINANCIAL REPORT _____	23
GOVERNANCE AND TRANSPARENCY _____	24
PERFORMANCE MANAGEMENT SUMMARY (INDICATOR TABLES) _____	26
APPENDICES:	
A. SUPPORTING DOCUMENTS AVAILABLE _____	35

To view a copy of this report on-line, visit the Sunrise Health Region website at www.sunrisehealthregion.sk.ca. Click on 'Documents' at the top of our home page.

Hard copies of the Annual Report are available at Sunrise Health Region's Executive Office:

Park Unit (Yorkton Regional Health Centre campus)
270 Bradbrooke Drive
Yorkton, Saskatchewan S3N 2K6

or by calling (306) 786-0110.

Letter of Transmittal

June 30, 2006

The Honourable Len Taylor
Minister of Health
Province of Saskatchewan

Dear Mr. Taylor:

The Sunrise Regional Health Authority is pleased to provide you and the residents of the health region with its 2005-2006 Annual Report.

The report provides the audited financial statements of the region for the year ended March 31, 2006. The report also outlines the region's activities and accomplishments for the period.

Respectfully submitted,

Ivan Peterson
Chairperson
Sunrise Regional Health Authority

Who We Are

The mission of the Sunrise Health Region is *to improve the health and well-being of individuals and communities through leadership, collaboration and the provision of high quality health services.*

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

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

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

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

We will base our decisions on the best available evidence.

We will treat people with dignity, respect and trust.

We will communicate openly and honestly.

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

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

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

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

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

The vision, mission and values of Sunrise Health Region support the Performance Plan produced by Saskatchewan Health, which contains a provincial vision – *Building a province of healthy people and healthy communities* – and a common set of four goals and objectives for the health system:

- *Improved access to quality health services*
- *Effective health promotion and disease prevention*
- *Retain, recruit and train health providers*
- *A sustainable, efficient, accountable, quality health system*

The Sunrise Regional Health Authority (RHA) provides health services to the residents of 51 cities, towns and villages, 28 rural municipalities, and three First Nations in east central Saskatchewan – approximately 58,000 Saskatchewan residents in total.

Roughly 2,700 staff members (2,000 full-time equivalents) in the region provide and support health care through community-based services and within our 24 facilities. The region's head offices are located in Yorkton, a city of 17,000 residents, which is both the largest and the most central community in the region.

Services provided to this population include a comprehensive range of preventive/promotive, acute, supportive and rehabilitative services, provided in institutions, communities and people's homes. Specifically, in 2005-2006 Sunrise Health Region:

- operated six hospitals in Yorkton, Melville, Esterhazy, Kamsack, Canora and Preeceville, for a total of 185 acute care beds; plus an additional 18 acute mental health inpatient beds in Yorkton.
- operated sixteen long-term care facilities (some of which are integrated with hospitals) in thirteen communities, providing a total of 900 long-term care and respite beds.
- provided over 34,000 hours of home care nursing service, and over 112,000 hours of home health aide services.
- provided 40,000 physiotherapy and occupational therapy visits (including over 7,000 new clients).
- served 65,500 emergency room visits (to the six hospitals).
- delivered 671 babies.
- provided a wide range of health promotion and illness prevention services across the region and in partnership with many community organizations and human services providers.

Sunrise is greatly assisted in the provision of services by its partnerships with the following health care organizations:

KidsFirst

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

Parkland Alcohol and Drug Abuse Society (PADAS)

PADAS, located in Yorkton, is a non-profit organization that offers services to anyone troubled by their own or someone else's use of alcohol or drugs. Sunrise Health Region contracts with PADAS for services, with an annual service agreement that sets out the budget and terms and conditions of the services provided.

Saul Cohen Centre, Melville

Located in Melville, the Saul Cohen Centre is a non-profit organization offering counselling regarding the use or misuse of drugs or alcohol. Centre staff provide services in Esterhazy twice a week, and in Ituna bi-weekly. Sunrise Health Region provides financial and payroll services to the centre, as indicated in the region's audited financial statements.

Society for the Involvement of Good Neighbours (SIGN)

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

Emergency Medical Services

Emergency medical services, ambulance services, and First Responder services are provided to communities in the health region by a combination of contract ambulance services and district-owned services. The ambulance services in the region are:

Privately contracted:

Canora Ambulance Care

Crestvue Ambulance Services (Yorkton and area)

Duck Mountain Ambulance Care (Kamsack, Norquay and area)

Preeceville Ambulance Service

Shamrock Ambulance Service (Foam Lake and area)

RHA owned and operated:

Esterhazy Emergency Medical Service (formerly Kilbach's Ambulance Service, a private contractor, purchased by Sunrise Health Region in 2005)

Ituna Emergency Medical Service

Langenburg Emergency Medical Service

Melville Emergency Medical Service

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

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

followed by the affiliates; human resource, finance and operational support services are fully integrated.

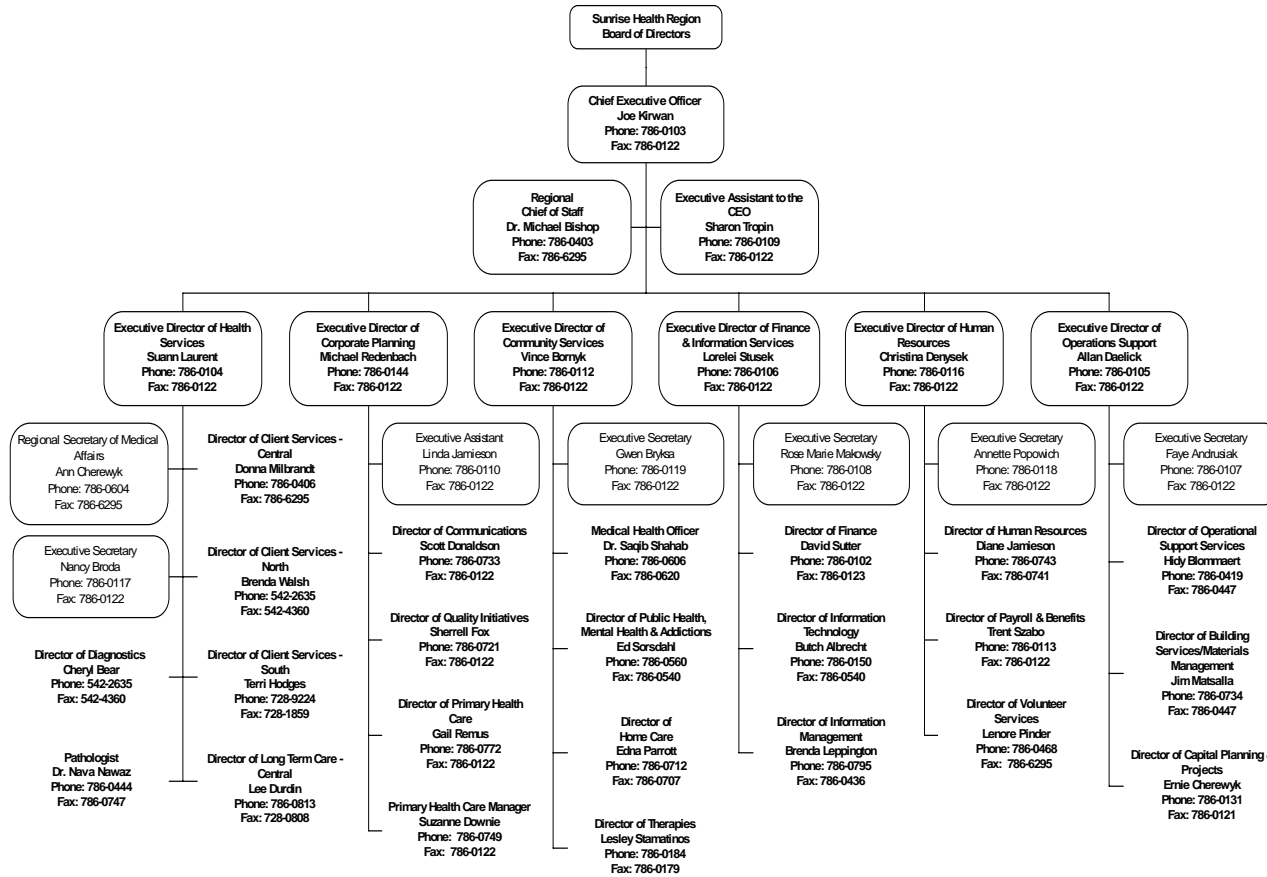
One of Sunrise Health Region's most proud accomplishments is its highly cooperative, successful, and proactive relationship with the affiliated health care organizations.

In providing the above services, Sunrise faces a number of risks that it attempts to mitigate through a variety of means. The risks, and their mitigations, include:

- Financial pressures in the short and long term. With limited opportunity to independently generate revenues, and government direction to maintain status quo in services, Sunrise is highly dependent on receiving adequate provincial funding. Since its inception in 2002, Sunrise has successfully managed its budget, achieving surpluses in three of four years (in the fourth year the deficit was relatively small and manageable). This successful management of the budget has not come without some difficult decisions, including decisions not to invest in areas (such as capital investments), that might be imprudent in the long run. In the long term, the region (in cooperation with the Department of Health) will need to address its line-of-credit obligations and other indebtedness. Strategies to address the line-of-credit have been deferred since the region's formation.
- Capital investment. Like all health regions, and like the Department of Health as a whole, Sunrise is faced with a growing list of capital requirements that far exceed available funds. Facility repair, maintenance and replacement is not being undertaken at the pace that it should. Much capital equipment (including diagnostic and surgical equipment, information technology, beds and other 'basic' equipment) is also in need of replacement. To address this risk Sunrise annually prepares a capital management plan that outlines the highest priority capital needs, and the potential sources of funding including CMHC (Canada Mortgage and Housing Corporation) reserves, health foundations (and other donations), trust committees, provincial funding and health region capital allocations.
- Physician availability. In the past year, Sunrise Health Region has experienced a growing frequency of 'crises' associated with physician availability in rural communities. Preeceville, Canora, Kamsack and Melville all have fewer physicians than they had only two years ago, and the ability of the remaining physicians to provide the needed services (and maintain hospital and emergency room services) is severely stretched. Physician recruitment has become an ongoing and very time-consuming activity. On several occasions in the past year Kamsack Hospital was closed to emergency patients (while maintaining inpatient services). This event will most certainly re-occur in 2006-2007, and will also likely occur in Canora and Preeceville. To address this risk Sunrise is working closely with local towns and municipalities to recruit physicians. In the long term, however, if recruitment continues to be as difficult as it has been, decisions will need to be made about the types of services that can be provided in some rural hospitals, and the ways in which those services will be provided. This is an emerging trend province-wide, and has the potential to jeopardize the ongoing operation of hospitals.

- Availability of other human resources. The recruitment of Registered Nurses and other 'hard-to-recruit' professionals continues to be difficult. While Sunrise has had considerable success in recruitment, we must continue to be very successful merely to keep pace with retirements. Demographic factors alone (aging of the workforce and pending retirements) do not bode well for the future. Sunrise has been very active in recruiting and looks forward to complementing the province's workforce action plan.
- Patient safety. Provincially and nationally there is a greater awareness of the need of health care organizations to address patient safety proactively, and implement best practices wherever possible. To this end Sunrise works closely with Health Quality Council, and is undergoing an accreditation survey in 2006 (during which the region will be assessed against 21 required organizational practices for patient safety). Most notably perhaps, Sunrise has identified patient safety and quality improvement as one of its five strategic goals.

**SUNRISE HEALTH REGION
EXECUTIVE LEVEL
ORGANIZATIONAL CHART**



Our Region

Demographics and Other Factors

Sunrise Health Region has a total covered population of 57,543 (2005 Covered Population). As with all rural health regions in Saskatchewan, Sunrise has experienced a trend of slowly decreasing population over many years. Within the region, the population is migrating toward larger communities, and in particular, to the City of Yorkton which has a population of 17,261 – 30% of the region's total population.

Other larger communities in the region, and their respective populations, are Melville (4,531); Esterhazy (2,648); Canora (2,406); Kamsack (1,957); Preeceville (1,262); Foam Lake (1,243); and Langenburg (1,134). These seven communities have a total population of 15,181 – representing 26% of the region's population.

The remaining 23,101 regional residents are dispersed throughout 82 rural municipalities, towns, villages and hamlets. Also included in that total are 1,622 residents of the Cote, Key, and Keeseekoose First Nations. Approximately 5.6% of the region's total population is of aboriginal descent, while less than 1% of the population consists of other visible minorities.

Perhaps the key characteristic of the health region's population is that it is significantly older than the provincial average; its population can be appropriately described as the *oldest* in the province. Approximately 22% of the health region's population are over age 65 (provincially, 14.5%), while 12% are over the age of 75 (provincially, 7.6%).

The age of our population is also represented in the region's dependency ratio – the ratio of young and older people compared to the working age population. Sunrise has among the highest dependency ratios in Canada, with the exception of regions in northern parts of provinces, at 67.4. (The dependency ratio is the number of youth under age 15 plus the number of seniors 65 and over, divided by the number of people age 15 to 64).

There are no local economic trends of significance that will have an effect on the 2005-2006 operational plan for the Sunrise Health Region. On a province-wide basis the strength of the agriculture industry (or the weakness) will continue to contribute to the population shift in the province and will need to be considered in the long term.

Health Status and Outcome Indicators

The following table provides information on the health status of the population of Sunrise Health Region, in comparison to the provincial average and other health regions. *SHR* indicates the Sunrise Health Region rate; *Sask* indicates the provincial average; and *SHR Rank* indicates Sunrise Health Region's ranking relative to other Saskatchewan health regions, with **1** representing the most positive ranking and **12** the least positive ranking.

	SHR	Sask	SHR Rank	Prov Range
Infant Mortality , per 1,000 live births (2002-2004)	4.5	5.9	3	4.0-10.5
Life Expectancy (2001)				
At-birth, Male	75.6	76.2	6t	72.1-78.2
At-birth, Female	82.2	81.8	4	76.1-82.8
At 65, Male	16.6	16.9	8	15.6-18.0
At 65, Female	20.8	20.9	6	17.2-21.8
Overweight (BMI 25.0-29.9)	38.3%	35.8%	8	31.7%-41.8%
Obese (BMI>30.0)	25.3%	20.5%	9t	16.4%-27.2%
Physical Activity (self-reported, age 12+)				
Active/moderately active	44.7%	49.8%	9	41.7%-56.1%
Inactive	53.0%	47.8%	10	41.0%-56.4%
Smoking Rates				
Total Male	22.6%	24.6%	3	20.8%-40.7%
Total Female	23.3%	23.1%	7	11.6%-42.0%
Self-Reported Health Status				
Excllnt/Vry Gd Health	47.6%	59.5%	11	47.6%-63.7%
Diabetes Rate , per 1,000 population (age adjusted)	55.7	n/a	7	46.1-91.3
Child/Youth Injury Hospitalization Rates				
per 1,000 population				
Male	14.2	11.1	11	8.4-28.7
Female	7.7	7.1	5	5.3-15.5

** Please refer to source documents for details on the indicators, the sources for their calculations and methodology. The source document used by Sunrise Health Region in preparing this report is "Performance Management Accountability Indicators 2005/2006", prepared by Saskatchewan Health. Within that document, various indicators have different sources and different years from which the information was taken.

** Rankings are based on all 13 health regions. Note that due to their small and unique populations, northern health regions may not always be appropriately comparable.

Infant Mortality

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

Life Expectancy

Residents of Sunrise Health Region have a life expectancy very close to the provincial average, slightly higher than the provincial average for women and slightly lower for

men. Average life expectancy for a population is influenced by socio-economic factors such as education and income levels, for which Sunrise Health Region compares poorly with the province as a whole. Other factors that influence life expectancy include obesity, being overweight, and level of physical activity. For all of these factors, the health region compares poorly with the provincial average.

Overweight, Obesity and Physical Activity

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

Smoking Rates

Rates of smoking in Sunrise Health Region are very close to the provincial average – slightly lower for men, slightly higher for women. The City of Yorkton had enacted a civic bylaw that pre-dates the provincial smoking ban legislation by six months, and which includes provisions for smoke-free workplaces.

Self-reported Health Status

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

Diabetes Rate

Sunrise is mid-range of health regions for prevalence of diabetes. Diabetes can be influenced by factors for which Sunrise Health Region compares poorly (physical inactivity, high rates of obesity/overweight, age of the population). Diabetes is also of greater prevalence in the First Nations population, which in Sunrise Health Region is about eight per cent of the total population.

Child/Youth Injury Hospitalization Rates

Injury is the leading cause of hospitalization and deaths in children in Canada. Sunrise Health Region is mid-range of health region hospitalization rates, only slightly above the provincial average for both males and females. Hospitalization rates can be affected both by the actual number of injuries, and by hospital admission practices and the availability of hospital beds.

The complete Health Status Report is available at www.sunrisehealthregion.sk.ca.

2005-2006 Results at a Glance

The 2005-2006 fiscal year was a successful one for Sunrise Health Region in many respects. For the most part, the focus of the region was on maintaining the status quo in terms of services offered. However, there were several notable achievements in targeted areas, involving new, expanded or improved services. Examples include:

Goal 1 – Improved Access to Quality Health Services

- Achievement of much-improved rates of retaining general surgery patients. By 2005, 76% of patients (482 out of 632) were having their general surgeries done in the region, a substantial improvement from previous years. This improvement was accomplished through the combined efforts of many people, and included the recruitment of additional general surgeons, a second radiologist, an ophthalmologist, the implementation of CT scanning, and improved sharing of acute/surgical services within hospitals in the region.
- In June 2005 the 93-bed addition to the Yorkton and District Nursing Home (which, in addition to long-term care beds, included respite, rehabilitation and observation beds, physical and occupational therapy department, day wellness program, a chapel, and central kitchen services for Yorkton) opened on time and on budget. Throughout the year additional staffing was provided to the facility, supported significantly by additional funding from Saskatchewan Health.
- Led by the Regional Access Review Committee (ARC), Sunrise implemented a coordinated long-term care placement process resulting in a highly effective means of prioritizing long-term care beds for the applicants most in need. The process has resulted in 91% of long-term care residents in Sunrise being Level IV.
- Utilization of LPNs to their full scope of practice.
- Implementation of CTAS – Canadian Trauma Assessment System – in all hospitals in the region.

Goal 2 – Effective Health Promotion and Disease Prevention

- Investment in Project Hope, resulting in the hiring of a Mental Health/Addictions Health Promotion Coordinator, and the development and implementation of a Regional Drug Strategy.
- Implementation of the Population Health Promotion Strategy, which included the ‘Step Up to Health’ campaign, the Baby Friendly Initiative, and the development of a community drug strategy.
- The awarding of 43 health promotion grants to community groups throughout the region, for a total of \$29,945.
- Implementation of the Home Care/Mental Health First Ministers’ Meeting Accord, including no personal care fees charged for up to 14 days, expanded palliative care services, and a Mental Health Home Support Initiative.

Goal 3 – Retain, Recruit and Train Health Providers

- Sunrise participated in the first province-wide employee opinion survey and will work with managers and staff to implement improvements in the workplace.

- Sunrise Health Region was the sole recipient of a Green Ribbon Award at this year's SAHO Conference, in recognition of its Therapeutic Clowning Program.
- Signed a new partnership agreement with respect to a representative workforce.
- Volunteer recognition and employee long-service awards events held in fourteen communities throughout the region.
- Received provincial project funding for quality workplace improvement.
- Conducted ongoing aboriginal awareness training – a total of 49% of health region staff have received training, including 35% in the 2005-2006 fiscal year.
- A total of 55 RNs and RPNs were hired by the region in the past two years, including 25 in 2005-2006.

Goal 4 – A Sustainable, Efficient, Accountable, Quality Health System

- Continued participation in, and leadership on specific aspects of, the development of an electronic health record in Saskatchewan.
- In addition to the multipurpose facility, the health region also made the following capital investments:
 - Kamsack Hospital – renovation and security upgrade to the main entrance (\$55,000).
 - Yorkton Regional Health Centre – renovations to main entrance and laboratory washrooms for wheelchair accessibility (\$82,400).
 - St. Anthony's Hospital – renovations to emergency room, and addition of second exam room (\$75,000 – funded by St. Anthony's Hospital Foundation).

Financial Summary

- Achieved a surplus budget at the end of the fiscal year – \$141,102.
- Expenditures on program support, as a percentage of overall health region expenditures, have been well below the target of 5.0%.
- Successful management of issues associated with line-of-credit and negative working capital.

2005-2006 Performance Results

The relationship between Sunrise Health Region, the Minister of Health, and the Department of Health is defined by *The Regional Health Services Act*. On an operational basis, the Accountability Document provides direction. The Accountability Document provides a substantial number of measures which serve to identify priority areas for the region. Examples of this can be seen in the region's focus on sound financial management, improvement of surgical services, improvement of sick leave utilization and other indicators.

The following tables provide data on the accountability indicators, and are organized according to the four goals of the Saskatchewan health care system.

Goal 1 – Improved Access to Quality Health Services

Sunrise has been successful in addressing several provincial priorities at a local level. With the introduction of CT scan services in January 2005, the region moved into full capacity in 2005-2006. Sunrise exceeded its targeted amount of 3,500 CT scans by 6%. Sunrise also continues to increase the number of general surgeries done locally (in Yorkton and Melville), and has a higher-than-average percentage of surgeries that are done as day surgery.

In terms of addressing surgical wait lists, Sunrise has achieved positive results as well. For Priority Level II cases, Sunrise performs 72.9% of its cases within three weeks (this is greater than the provincial average of 56.3%, but less than the targeted rate of 95%). For Priority Level IV cases, Sunrise performs 83.2% of cases within three months (higher than the provincial average of 67.0%, and *above* the targeted rate of 80%). For Priority Level VI cases, Sunrise performs 100% of cases within 12 months (provincial average being 90.8%).

	SHR	Sask	SHR Rank	Prov Range
Number of exams, as a percentage of target for specialized medical imaging services – CT Scans	106%	n/a	n/a	n/a
Number of surgical cases	3,400	n/a	n/a	n/a
Percentage of surgical cases performed as day surgery	61.0%	54.4%	4	39.0%-66.6%
Percentage of surgical cases Completed within Saskatchewan's Target Time Frames				
Priority Level II	72.9%	56.3%	3	44.1%-97.5%
Priority Level IV	87.6%	65.1%	6	46.4%-100.0%
Priority Level VI	100.0%	84.2%	1t	72.9%-100.0%

Percentage of RHA population with geographic proximity to a primary health care team	0.0%	26.6%	13	0.0%-100.0%
--	------	-------	----	-------------

With regard to Primary Health Care teams, Sunrise Health Region has three teams currently operating in the communities of Foam Lake, Langenburg and Norquay, and surrounding areas. These three teams collectively serve a population of approximately 10,000 – representing 17.4% of the region. These teams, however, have not met some of the criteria required by Saskatchewan Health and as a result are not included in the official accounting of teams as demonstrated in the above statistics.

In its newly-developed strategic plan, Sunrise has created two goals to supplement the provincial goal: ‘Align Service to Changing Needs’ (access); and ‘Enhance a Culture of Safety and Quality’ (quality).

Goal 2 – Effective Health Promotion and Disease Prevention

	SHR	Sask	SHR Rank	Prov. Range
Percentage of facilities in compliance with The Tobacco Control Act in the category that includes: billiard halls/ bingo establishments/bowling centers/ casinos/restaurants/taverns				Data is currently not available for this indicator

Aside from the enforcement of The Tobacco Control Act, Sunrise Health Region has placed much emphasis on health promotion and disease prevention. Specific initiatives include:

- the Population Health Promotion Strategy (and specific work groups devoted to Physically Active Communities; Mental Health and Wellbeing; Decreasing Substance Use and Abuse; and Access to Nutritious Food).
- establishment of the Chronic Disease Team (formerly the Diabetes Steering Committee) to provide more focus on addressing chronic disease management. The region also has two physician practices (in Langenburg and Melville) participating in Health Quality Council’s Chronic Disease Management Collaborative.
- advancement of the Baby Friendly Initiative.
- work to improve communication with aboriginal communities and organizations.

Goal 3 – Retain, Recruit and Train Health Providers

Sunrise Health Region has seen slow but steady improvement in its sick leave utilization. Statistics for CUPE, in particular, have shown a marked improvement to the point that Sunrise is one of the best-performing regions among the provider unions. In fact, Sunrise’s sick leave utilization is below the provincial average for all affiliations (CUPE, HSAS, SUN, out of scope). As part of its strategic plan, Sunrise has identified further improvements as a key initiative.

For overtime and other premium hours, Sunrise has some room to improve. For all of the affiliations except CUPE, Sunrise's premium hours are above the provincial average.

	SHR	Sask	SHR Rank	Prov Range
Number of sick leave hours, per full-time equivalent				
CUPE	85.22	90.60	4	79.59-116.42
HSAS	49.80	64.00	3	45.01-123.48
SUN	82.87	91.94	6	53.66-98.79
OOS	37.28	48.09	4	30.44-61.87
All affiliations	80.07	85.18	4	69.24-103.96

	SHR	Sask	SHR Rank	Prov Range
Number of wage-driven premium hours (overtime and other premiums) per full-time equivalent by affiliation				
CUPE	31.30	32.83	8	15.22-80.89
HSAS	35.20	24.75	8	0.35-88.09
SUN	85.52	72.44	8	24.61-426.41
OOS	4.20	3.17	7	0.00-10.15
All affiliations	39.66	38.06	8	17.96-130.02

	SHR	Sask	SHR Rank	Prov Range
Distribution of health system full-time equivalents (FTEs) by affiliation				
CUPE	1413.66	16737.98	3	n/a
HSAS	94.53	1869.41	4	n/a
SUN	365.45	5806.28	4	n/a
OOS	127.29	2474.38	5	n/a
All affiliations	2000.93	26956.18	3	n/a

	SHR	Sask	SHR Rank	Prov Range
Number of lost-time WCB claims per 100 full-time equivalents (FTEs)	8.65	8.07	10	4.48-10.57

	SHR	Sask	SHR Rank	Prov Range
Number of lost-time WCB days per 100 full-time equivalents (FTEs)	594.27	447.10	11	190.64-618.66

Other successful activities related to retaining, recruiting and training of health providers include:

- ongoing professional development in the areas of clinical education, preceptor training and recognition, and Alternate Dispute Resolution training.
- recruitment successes for Registered Nurses, Public Health Inspectors, Pharmacists, and Psychologists.
- acceptance as a pilot site for career pathing through the representative workforce strategy.
- participation in the provincial employee opinion survey.
- signing of partnership agreement for a representative workforce.
- ongoing training for N95 fit testing (as part of pandemic preparedness).
- increase in flu immunization rates for staff.

Goal 4 – A Sustainable, Efficient, Accountable, Quality Health Care System

Sunrise Health Region has devoted considerable time and effort to its concern-handling processes. In 2005-2006 the number of client contacts increased by 70% over the previous year (from 164 to 280). Despite this very large increase, the region concluded 89% of concerns within 30 days (above the provincial average of 83%).

	SHR	Sask	SHR Rank	Prov Range
Percentage of critical incidents meeting timeframe for notification (3 days)	100.0%	96.9%	1t	94.2%-100.0%
Percentage of critical incidents meeting submission timeframe for written report (60 days or 180 days)	Data currently not available for this indicator.			
Key activities undertaken by RHA to address public confidence reported	Yes	n/a	n/a	n/a

The provincial goal of a sustainable, efficient, accountable, quality health care system has been adopted by Sunrise and incorporated into its strategic plan. Examples of commitment to this goal include:

- participation in accreditation (next scheduled for November 2006).
- establishment of concern-handling processes and investment in additional staffing for addressing critical incidents and complaints.
- sound financial management, including timely reporting and balanced budgets.
- expenditures on program support activities below the provincial target.

Sunrise Health Region continues to be motivated by the need to provide good governance and sound management.

Financial Summary

The following financial indicators highlight both the most positive, and most troublesome, aspects of the health region’s financial statements. On an operational basis, the region has been very successful in achieving balanced budgets and in controlling program support expenditures. However, the region’s working capital continues to be negative (since the time of region formation) and without the achievement of significant surpluses, it is unlikely that working capital will be addressed soon.

The region’s total operating revenue for the year was \$142.4 million (\$7.3 million more than budgeted); total operating expenses were \$142.2 million (\$7.1 million more than budgeted). The net operating surplus for the year was \$141,102 – which represents 0.01% of the total budget, or about nine hours of operation for the health region. The large variance from budget to actual figures was due almost entirely to extra costs (and

extra revenue) associated with collective agreement payments and joint job evaluation commitments.

	SHR	Sask	SHR Rank	Prov. Range
Number of days able to operate with working capital	(62.41)	n/a	12	(62.41)-18.50
Surplus/(deficit) as a percentage of actual operating expenditure	0.1%	n/a	8t	(1.2)%-1.3%
Expenditures in program support funding pool as a percentage of total RHA operating expenditures	4.2%	n/a	2	3.4%-10.5%

All of the above indicators, and indeed the entire accountability document, have served to inform the region’s strategic planning process. Please refer to www.shr.sk.ca for a copy of the region’s strategic plan, and key initiatives. Throughout the region’s plan, specific reference is made to accountability measures. The Regional Health Authority reviews progress on the strategic plan quarterly.

Future Outlook and Emerging Issues

Earlier in this report, in the section ‘Who We Are’, a number of risks to the region were identified. These risks included financial pressures in the short and long term, availability of physicians, registered nurses and other hard-to-recruit professionals, capital investment and patient safety. These risks will almost certainly continue into the future and will need to be managed.

Other external factors that will continue to influence the strategic direction of the health region include:

- declining rural population, with most rural municipalities and small communities losing population, and even larger communities struggling to maintain population (at best).
- increased operating costs, caused largely by the cost of collective agreements (not just in wages and benefits, but in many other non-compensation areas that contribute to the cost of doing business), drug and medical supply costs, and evolving/improving technology.
- a desire on the part of the public, and the government, to maintain services (particularly facility-based services) to the fullest extent possible, and reluctance at the provincial level to initiate change, even in cases where demographics/utilization/bed ratios would indicate change/reduction/facility closure would be appropriate.

The above three trends cannot continue together in the long term.

In the short term, in order to balance its budget, Sunrise Health Region has made operational decisions which are not sustainable in the long term. Positions are left vacant longer than they ordinarily would be, capital improvements are delayed or avoided altogether, education and training costs are constrained, and service areas of high priority are left unfunded or poorly funded.

While all health regions will continue to struggle with the combined effects of changing demographics, high expectations and tight funding, there are also many positive issues to which time and energy will be devoted.

Sunrise Health Region continues to enjoy close and productive working relationships with other health regions, Saskatchewan Health, the Health Quality Council and professional bodies. These relationships have facilitated common approaches to service decisions and have resulted in much more of a provincial system of care. In the past year the South Regions Forum (Sun Country, Five Hills, Cypress, Regina Qu’Appelle and Sunrise Health Regions) has proven to be an effective way for regions to cooperate, and coordinate services.

In the coming years some of the most notable new or continuing initiatives include:

- construction of the addition to Preeceville Hospital (replacement of Preeceville Lions Lodge).

- development of primary health care teams.
- continuing focus on surgical and diagnostic services wait lists.
- development of the electronic health record (and components thereof).
- pursuit of a representative workforce.

To address the above priorities and mitigate internal and external risks, Sunrise Health Region has a strategic plan that is aligned closely with the goals and objectives of the province. The five goals for Sunrise Health Region are:

Align Service to Changing Needs

Effective Health Promotion and Disease Prevention

Employee Engagement

A Sustainable, Efficient, Accountable and Quality Health System

Enhance a Culture of Safety and Quality

The health region's strategic plan, including all key initiatives and progress to date in achieving those initiatives, is available at www.sunrisehealthregion.sk.ca.

Management Report

May 9, 2006

Sunrise Health Region
Report of Management

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

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

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

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

Joe Kirwan
Chief Executive Officer

Lorelei Stusek
Executive Director of Finance and
Information Services

FINANCIAL
INFORMATION

Governance and Transparency

The affairs of the region are guided by a 12-person Regional Health Authority, the members of which are appointed by the Government of Saskatchewan. The Regional Health Authority appoints a Chief Executive Officer who is responsible for the general administration and organization of the region. As of March 31, 2006 the RHA had ten members:

Ben Weber, Chairperson, of Yorkton; retired psychiatric nurse

Ivan Peterson, Vice Chairperson, of Hazel Dell; retired teacher and farmer

Irene Adams of Langenburg; retired teacher

Janet Hill of Yorkton; businessperson

Audrey Horkoff of Kamsack; farmer/rancher

Karen Keshane of Key First Nation; community health representative

Raymond King of Foam Lake; retired hospital administrator

Greg Kobylka of Yorkton; Saskatchewan Lotteries manager

John Nightingale of Esterhazy; retired mining executive

Jennie Ortynsky of Canora; retired nurse

The terms for Beverly Kostichuk from Insinger and Albert Seib from Melville expired during the 2005-2006 year and they did not seek re-appointment.

Public Transparency

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

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

Community Health Advisory Committees

Six geographically-based Community Health Advisory Committees (CHACs) have been established for the purpose of providing the Sunrise Regional Health Authority with advice respecting the provision of health services. CHACs provide advice to the RHA in the areas of program and service development and delivery, health issues, needs and priorities, access to health services, and promotion of health. A total of 13 CHAC meetings were held in 2005-2006, addressing topics including the health status of the population, strategic plans for the health region, recruitment and retention of staff and physicians, quality improvement processes, and finances. In addition, for the first time

the members of the six CHACs were invited to a common meeting with the Board to discuss the Board's strategic plan.

CHAC members are appointed by the Regional Health Authority. Prospective members may be recommended by the CHAC or other community groups or individuals, and are expected to complete a declaration of interest.

In addition to the Community Health Advisory Committees, the health region also has public/external participation on the Primary Health Care Regional Planning Team, the Mental Health Program Review Steering Committee, the Population Health Promotion Strategy Steering Committee, and the Chronic Disease Team.

Payee Disclosure List

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

Sunrise Health Region's 2005-2006 Payee Disclosure List can be accessed at http://www.health.gov.sk.ca/ph_rha_reporting.html or can be obtained by contacting the Sunrise Health Region's Executive Office at 786-0110.

Performance Management Summary (Indicator Tables)

In support of *The Action Plan for Saskatchewan Health Care*, Saskatchewan Health developed an accountability framework and accountability documents with each health region that define and clarify the performance relationship between authorities and the province. In addition to articulating organizational and program expectations of the RHAs, the accountability documents also link these expectations with funding and with performance indicators/measures of progress towards, and achievement of, the expectations.

To demonstrate accountability and transparency to the public, these indicators are publicly reported through this summary table in each region's annual report. 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.

Indicator	RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators				
Quality				
Date of last CCHSA accreditation or when accreditation is scheduled¹ <i>as of March 2006</i>	November 2003 (accreditation with report)	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
Number of client contacts with the regional Quality of Care Coordinator to raise a concern <i>2004-2005</i>	280	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days <i>2004-2005</i>	89%	83%	58% – 96%	<i>to be determined</i>
Percentage of critical incidents meeting timeframe for notification (3 days) <i>2005-2006</i>	100.0%	96.9%	94.2% – 100.0%	100% compliance
Percentage of critical incidents meeting submission timeframe for written report (60 days or 180 days) <i>2005-2006²</i>	<i>data currently not available</i>	<i>data currently not available</i>	<i>data currently not available</i>	100% compliance

Indicator		RHA Value	Provincial Value	Range	Target
Health Human Resources					
Number of sick leave hours per full-time equivalent (FTE) by affiliation 2005-2006	Provider Unions (CUPE, SEIU, SGEU)	85.22	90.60	79.59 – 116.42	_____ 5
	HSAS	49.80	64.00	45.01 – 123.48	_____ 5
	OOS/OTHER ³	37.28	48.09	30.44 – 61.87	_____ 5
	SUN	82.87	91.94	53.66 – 98.79	_____ 5
	RWDSU ⁴	n/a	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>
	All Affiliations	80.07	85.18	69.24 – 103.96	_____ 5
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation 2005-2006	Provider Unions (CUPE, SEIU, SGEU)	31.30	32.83	15.22 – 80.89	_____ 5
	HSAS	35.20	24.75	0.35 – 88.09	_____ 5
	OOS/OTHER ³	4.20	3.17	0.00 – 10.15	_____ 5
	SUN	85.52	72.44	24.61 – 426.41	_____ 5
	RWDSU ⁴	n/a	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>
	All Affiliations	39.66	38.06	17.96 – 130.02	_____ 5
Distribution of health system full time equivalents (FTEs) by affiliation 2005-2006	Provider Unions (CUPE, SEIU, SGEU)	1413.66	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>
	HSAS	94.53			
	OOS/OTHER ³	127.29			
	SUN	365.45			
	RWDSU ⁴	n/a			
	All Affiliations	2000.93			
Number of lost-time WCB claims per 100 full-time equivalents (FTEs) 2005-2006		8.65	8.07	4.48 – 10.57	_____ 5
Number of lost-time WCB days per 100 full-time equivalents (FTEs) 2005-2006		594.27	447.10	190.64 – 618.66	_____ 5

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of employees self-identifying as Aboriginal 2003-2004 ⁶		1.1%	<i>not available</i>	<i>not applicable</i>	<i>to be determined</i>
Worked hours as a percentage of total hours by affiliation 2005-2006	Provider Unions (CUPE, SEIU, SGEU)	79.6%	79.3%	73.7% – 80.2%	_____ 5
	HSAS	82.1%	82.2%	76.4% – 84.4%	_____ 5
	OOS/OTHER ³	84.1%	84.0%	80.9% – 87.1%	_____ 5
	SUN	75.4%	76.0%	63.7% – 78.7%	_____ 5
	RWDSU ⁴	n/a	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>
	All Affiliations	79.3%	79.2%	73.2% – 80.4%	_____ 5
Financial					
Working capital ratio (current ratio) 2005-2006		0.36	<i>not applicable</i>	0.36 – 2.02	<i>to be determined</i>
Number of days able to operate with working capital 2005-2006		(62.41)	<i>not applicable</i>	(62.41) – 18.50	<i>to be determined</i>
Surplus/deficit 2005-2006		\$141,102	<i>not applicable</i>	(\$1,507,000) – \$5,002,000	\$0
Surplus/deficit as a percentage of actual operating expenditures 2005-2006		0.1%	<i>not applicable</i>	(1.2%) – 1.3%	0.0%
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported 2005-2006 [yes/no indicator]	Q1	Yes	<i>not applicable</i>	<i>not applicable</i>	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			
Program-Specific Indicators					
Province-Wide Services					
Number of exams as a percentage of agreed on target for specialized medical imaging services: magnetic resonance imaging (MRI) scans ⁷ 2005-2006		n/a	<i>not applicable</i>	<i>not applicable</i>	100%
Number of exams as a percentage of agreed on target for specialized medical imaging services: computed tomography (CT) scans ⁸ 2005-2006		106%	<i>not applicable</i>	<i>not applicable</i>	100%

Indicator		RHA Value	Provincial Value	Range	Target
Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB) ⁹ 2004-2005		n/a	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre ¹⁰ 2004-2005	Child / Youth	n/a	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
	Adult	n/a			
Length of stay efficiency of inpatient rehabilitation programs – Wascana Rehabilitation Centre and Saskatoon City Hospital ^{11,12} 2004-2005	Stroke	n/a	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
	Brain Dysfunction	n/a			
	Spinal Cord Dysfunction	n/a			
	Orthopaedic Conditions	n/a			
	Neurological Conditions	n/a			
	Amputation of Limb	n/a			
	Major Multiple Trauma	n/a			
	Medically Complex	n/a			
	Debility	n/a			
	Cardiac	n/a			
	Pulmonary	n/a			
	Arthritis	n/a			
	Pain Syndrome	n/a			
Other	n/a				
Acute Care Services					
Number of surgical cases ¹³ 2005-2006		3,400	<i>not applicable</i>	<i>not applicable</i>	— ¹⁴
Percentage of surgical cases performed as day surgery ¹³ 2005-2006		61.0%	54.4%	39.0% – 66.6%	<i>to be determined</i>
Percentage of Priority Level II, IV and VI surgical cases completed within Saskatchewan's Target Time Frames ¹³ 2005-2006	Priority Level II within 3 weeks	72.9%	56.3%	44.1% – 97.5%	95%
	Priority Level IV within 3 months	87.6%	65.1%	46.4% – 100.0%	80%
	Priority Level VI within 12 months	100.0%	84.2%	72.9% – 100.0%	80%

Indicator		RHA Value	Provincial Value	Range	Target
<i>Institutional Supportive Care Services</i>					
Average wait time between approval for placement and placement for institutional supportive care services <i>to be determined</i>		<i>data currently not available</i>	<i>data currently not available</i>	<i>data currently not available</i>	<i>to be determined</i>
Case mix index for institutional supportive care facilities ¹⁵ <i>as at the end of Q2 2005-2006</i>		0.77	0.77	0.75 – 0.80	<i>to be determined</i>
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores ¹⁵ <i>as at the end of Q2 2005-2006</i>		20.7%	22.2%	15.2% – 29.8%	<i>to be determined</i>
<i>Home-Based Supportive Care Services</i>					
Average wait time between assessment and commencement of supportive home care services <i>to be determined</i>		<i>data currently not available</i>	<i>data currently not available</i>	<i>data currently not available</i>	<i>to be determined</i>
<i>Population Health Services</i>					
Percentage of eligible population receiving recommended immunization at second birthday ¹⁶ <i>July 1, 2004 to June 30, 2005¹⁷</i>	Diphtheria	76.4%	72.9%	50.0% – 86.5%	<i>to be determined</i>
	Measles	73.8%	71.2%	50.0% – 83.9%	
Percentage of facilities in compliance with <i>The Tobacco Control Act</i> in the category that includes: billiard halls/bingo establishments/ bowling centres/casinos/restaurants/ taverns 2005-2006 ¹⁸		<i>data currently not available</i>	<i>data currently not available</i>	<i>data currently not available</i>	90% compliance
Percentage of licensed or regulated facilities inspected each year (pursuant to <i>The Public Health Act</i>) 2004-2005	FEE – Food Eating Establishment	52.35%	<i>not applicable</i>	16.91% – 100.77%	80% – 100%
	FPL – Food Processing (Licensed)	45.16%	<i>not applicable</i>	0.00% – 96.43%	
	LA – Licensed Accommodations	55.65%	<i>not applicable</i>	28.66% – 100.00%	
	SWT – Swimming Pools / Water Themes	61.90%	<i>not applicable</i>	12.00% – 100.00%	
	Public Water Supplies	37.38%	<i>not applicable</i>	21.23% – 99.28%	

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers ¹⁹ 2003 ²⁰	Males	22.6%	24.6%	20.8% – 40.7%	<i>to be determined</i>
	Females	23.3%	23.1%	11.6% – 42.0%	
Influenza immunization rate per 100 population (age 65 years and over) 2004-2005		60%	68%	57% – 75%	<i>to be determined</i>
Community Care Services					
Alcohol and drug outpatient treatment completion rate per 100 admissions 2004-2005		46.7%	54.5%	35.7% – 80.9%	<i>to be determined</i>
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams March 2006		0.0%	26.6%	0.00% – 100.00%	25% of SK residents by 2006, 100% by 2011
Total number of new primary health care teams developed in the current year 2005-2006		0	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>
Regional Operational/Budget Plan includes an updated Primary Health Care Plan that identifies the location of primary health care teams March 2006 [yes/no indicator]		Yes	<i>not applicable</i>	<i>not applicable</i>	Yes
Regional Operational/Budget Plan includes an updated Primary Health Care Plan that includes an updated Diabetes Plan March 2006 [yes/no indicator]		Yes	<i>not applicable</i>	<i>not applicable</i>	Yes
Regional Operational/Budget Plan includes an updated Primary Health Care Plan that outlines potential primary health care financial requirements March 2006 [yes/no indicator]		Yes	<i>not applicable</i>	<i>not applicable</i>	Yes
RHA participated in 5-year evaluations of demonstration sites, as required March 2006 [yes/no indicator]		n/a	<i>not applicable</i>	<i>not applicable</i>	Yes
Mental Health and Addiction Services					
Average length of stay of mental health inpatients compared to expected length of stay ²¹ 2004-2005	Average Length of Stay	17.1	14.4	11.1 – 18.0	<i>to be determined</i>
	Average Expected Length of Stay	12.2	12.4	9.0 – 15.0	
Mental health inpatient readmission rate per 100 mental health inpatients ²¹ 2004-2005		27.4%	21.6%	17.9% – 30.3%	<i>to be determined</i>

Indicator	RHA Value	Provincial Value	Range	Target	
Alcohol and drug inpatient treatment completion rate per 100 admissions ²² 2004-2005	n/a	64.3%	56.8% – 72.3%	to be determined	
Average wait time for admission to alcohol and drug inpatient services to be determined	data currently not available	data currently not available	data currently not available	to be determined	
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures 2005-2006	4.2%	not applicable	3.4% – 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 ²³ 2002-2004	4.5	5.9	4.0 – 10.5	to be determined	
Low birth weight rate per 100 live births ²³ 2002-2004	4.8	5.4	3.7 – 6.0	to be determined	
High birth weight rate per 100 live births ²³ 2002-2004	16.1	15.7	12.9 – 31.1	to be determined	
Potential years of life lost per 100,000 population (age 0 to 74 years) ¹⁹ 2001	Circulatory Diseases	1208.9	951.5	817.9 – 1,208.9	to be determined
	All Malignant Neoplasms	1602.7	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	219.3	222.9	63.5 – 376.5	
	Unintentional Injuries	1150.0	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	421.4	412.1	315.1 – 628.5	
Disability-free life expectancy (at birth) ¹⁹ 1996 ²⁴	Males	66.8	66.6	61.8 – 69.2	to be determined
	Females	70.1	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years) ¹⁹ 1996 ²⁴	Males	11.4	11.2	8.7 – 12.1	to be determined
	Females	12.4	12.7	8.4 – 13.2	
Life expectancy (at birth) ¹⁹ 2001 ²⁵	Males	75.6	76.2	72.1 – 78.2	to be determined
	Females	82.2	81.8	76.1 – 82.8	
Life expectancy (at age 65 years) ¹⁹ 2001 ²⁵	Males	16.6	16.9	15.6 – 18.0	to be determined
	Females	20.8	20.9	17.2 – 21.8	

Indicator		RHA Value	Provincial Value	Range	Target
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent ¹⁹ 2003 ²⁰		47.6%	59.5%	47.6% – 63.7%	<i>to be determined</i>
Percentage of population (age 18 to 64 years) who are overweight or obese ¹⁹ 2003 ²⁰	Overweight (BMI 25.0-29.0)	38.3%	35.8%	31.7% – 41.8%	<i>to be determined</i>
	Obese (BMI 30.0+)	25.3%	20.5%	16.4% – 27.2%	
Percentage of population (age 12 years and over) who report physical activity participation levels of active/moderately active or inactive ¹⁹ 2003 ²⁰	Active / moderately active	44.7%	49.8%	41.7% – 56.1%	<i>to be determined</i>
	Inactive	53.0%	47.8%	41.0% – 56.4%	
Number of visits to a physician for a mental health reason 2004-2005	General Practitioners	18,651	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>
	Psychiatrists	587			
Age-adjusted diabetes prevalence rate per 1,000 population ²⁶ 2003-2004		55.7	<i>not applicable</i>	46.1 – 91.3	<i>to be determined</i>
Injury hospitalization rate per 1,000 population (age 0 to 19 years) 2003-2004	Males	14.2	11.1	8.4 – 28.7	<i>to be determined</i>
	Females	7.7	7.1	5.3 – 15.5	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) 2003-2004	Males	16.3	14.9	10.2 – 23.0	<i>to be determined</i>
	Females	29.9	25.4	0.0 – 38.3	

Notes:

Please refer to the document "Performance Management Accountability Indicators" for detailed information about all of the indicators presented in this summary.

- 1 The content of this indicator changed from the 2004-2005 summary (the date of [last or scheduled] CCHSA accreditation, instead of the accreditation status).
- 2 Data on critical incident written report submission will always lag by up to six months because of the timeframe in which reports may be submitted. Data is currently not available for the complete 2005-2006 fiscal year.
- 3 The OOS/OTHER category includes all non-unionized employees on the SAHO payroll system, not just management personnel.
- 4 The RWDSU category is applicable to Regina Qu'Appelle only.
- 5 Benchmark development is still in progress for the health human resources indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.
- 6 The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2003-2004, and is not available for Sun Country, Five Hills, Prairie North or the province as a whole. These values were also reported in Saskatchewan Health's "2005-2006 Provincial Budget Performance Plan" and "2006-2007 Provincial Budget Performance Plan."

- 7 MRI indicator is applicable to Regina Qu'Appelle and Saskatoon only.
- 8 CT indicator is applicable to Five Hills, Cypress, Regina Qu'Appelle, Sunrise, Saskatoon, Prince Albert Parkland, and Prairie North only.
- 9 SHNB indicator is applicable to Prairie North only.
- 10 "Alcohol and drug inpatient treatment completion rate – Calder Centre" is applicable to Saskatoon only.
- 11 "Length of stay efficiency of inpatient rehabilitation programs" indicator is applicable to Regina Qu'Appelle (Wascana Rehabilitation Centre) and Saskatoon (Saskatoon City Hospital) only.
- 12 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.
- 13 Surgical indicators are not applicable to Mamawetan Churchill River and Keewatin Yatthé.
- 14 The 2005-2006 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.
- 15 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.
- 16 The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.
- 17 The reporting period for "Percentage of eligible population receiving recommended immunization at second birthday" changed from what was used for the 2004-2005 summary (July 1 to June 30, instead of calendar year).
- 18 Data on *Tobacco Control Act* compliance is currently not available due to system implementation issues.
- 19 Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.
- 20 The Canadian Community Health Survey (CCHS) is updated bi-annually, so results will be the same as those reported for 2004-2005.
- 21 Mental health inpatient indicators are not applicable to Heartland, Kelsey Trail, Mamawetan Churchill River, and Keewatin Yatthé.
- 22 "Alcohol and drug inpatient treatment completion rate" is applicable to Regina Qu'Appelle, Saskatoon, Prairie North, Mamawetan Churchill River, and Keewatin Yatthé only.
- 23 The calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used for the 2004-2005 summary. The time period also changed (three consecutive years, instead of five).
- 24 Statistics Canada is no longer calculating this measure (they replaced it with a similar measure, "Health Adjusted Life Expectancy (HALE)," but it is not available at the regional level). Therefore, results will be the same as those reported for 2004-2005.
- 25 Statistics Canada calculates this measure every five years, based on the latest census (2001). Therefore, results will be the same as those reported for 2004-2005.
- 26 Diabetes cases are now determined using the prescription drug database along with the hospital separations and physician services databases. Caution should be exercised if comparing results to those that were presented in the 2004-2005 summary.

Appendix A

Supporting Documents Available

The following documents are available from the Sunrise Health Region at www.shr.sk.ca, or by calling (306) 786-0110.

- Strategic Plan and Key Initiatives
- Health Status Report
- Health and Healthcare in our Communities: Needs Assessment Executive Summary
- 2006-2007 Budget Documents
- Information Management Plan
- Physician Resource Plan
- Health Workforce Plan