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South East Sask. students awarded health care bursaries

Thirty-six educational bursaries were disbursed in 2007 to students from communities in Sun Country Health Region who are enrolled in post-secondary health care programs.

"We are extremely pleased that our local students are interested in health care and willing to commit to obtaining a professional health care designation," says Don Ehman, Vice President of Human Resource for Sun Country Regional Health Authority (SCRHA).

Don says the provincial government incentives for health care education and the additional bursaries announced this year will continue to ensure a trained and enthusiastic work force for health care organizations in the future.

"SCRHA is very proud of these students. We look forward to them joining us once they have graduated," he says.

SCHR increased its bursaries earlier this year to \$5,000 for each student each year, to a maximum of \$20,000, in exchange for a return of service agreement. Provincial bursary recipients are:

Laura E. Wood, Alameda, Basic Critical Care; Leah M. Johnson, Beaubier, Speech Language Pathology; Brittney L. Hesketh, Bienfait, RN; Kimberly G. Penney, Carlyle, Combined Laboratory and X-Ray Technology (Clinical); Michele L. McLean, Michele L. Carlyle LPN (Clinical); Chrysta L. Folbar, Estevan LPN (clinical); Mayra C. Gonzalez, Estevan, Physical Therapy; Samantha M. Scheirer, Kenosee Lake, RN; Amanda D. Kearns, Kennedy, Licensed Practical Nurse; Shayna L. Scott, Midale, Speech Language Pathology; Amy L. Scott, Radville, Speech Language Pathology; Michelle R. Rudy, Weyburn, Medical Radiologic (Radiation) Technology;

Randi L. Biss, Weyburn, Speech Language Pathology; Erin E. Weinrauch, Weyburn, Medical Radiologic (Radiation) Technology. Recipients of Sun Country Health Region bursaries: **Rhonda Nicolay, RN, Stoughton; Camille Megenbir, RN, Weyburn; Jessica Pragnell, RN, Weyburn, Mallory Luscombe, RN, Wawota; Lisa Guest, RN, Estevan; Amanda Bedore, LPN, Weyburn; Kennan Bert, RN, Estevan; Kyra Clark, CLXT, Estevan; Justice Schneider, RN, Weyburn; Ashley Vargo, RN, Kipling; Niki Rodine, RN, Weyburn. Megan Forrester, RN, Bromhead; Keri Taylor, RN, Wawota; Jessi Henderson, Speech Language Pathology, Estevan; Anita Nuessler, Occupational Therapist, Winnipeg; Rebecca Balough, RN, Corning; Amy Schmidt, RN, Lang; Kimberley Tant, Weyburn, RN; Michelle Rudy, Weyburn, LPN. Three other students wished to remain anonymous.**



Thoughts:

From the desk of Calvin Tant,
President/CEO,
Sun Country Regional Health Authority

There's been a different buzz around Sun Country Health Region over the last year. Residents, patients, clients and our staff are talking about patient safety in health care in a more focused and intense way than ever before. The talk doesn't arise because of any particular incident, but because we at Sun Country Health Region are focusing our minds and efforts on bringing patient safety to the front of every decision we make and every program we offer.

The buzz started late last year when a new Patient Safety Committee was formed to guide our progress. We decided that from the housekeeping department's decision about the kind of wax it uses on the floor in our facilities, to the care we take in hiring personnel, we want patient safety to be wrapped tightly around our daily work. We want our staff to go out of their way to ensure that each program we provide, each service we offer, each person we hire remembers to keep the safety of his/her patients, residents and clients at the forefront of their mind.

The process of creating a safer health care system is quite complicated because of the large number of functions we perform every day. We give needles, issue medications, assess injuries, renovate buildings, cook food, wash soiled linens, bath residents, sterilize equipment, bag garbage. There are safe and safer methods of performing each of those tasks and all the others. We want the safest methods used in every situation.

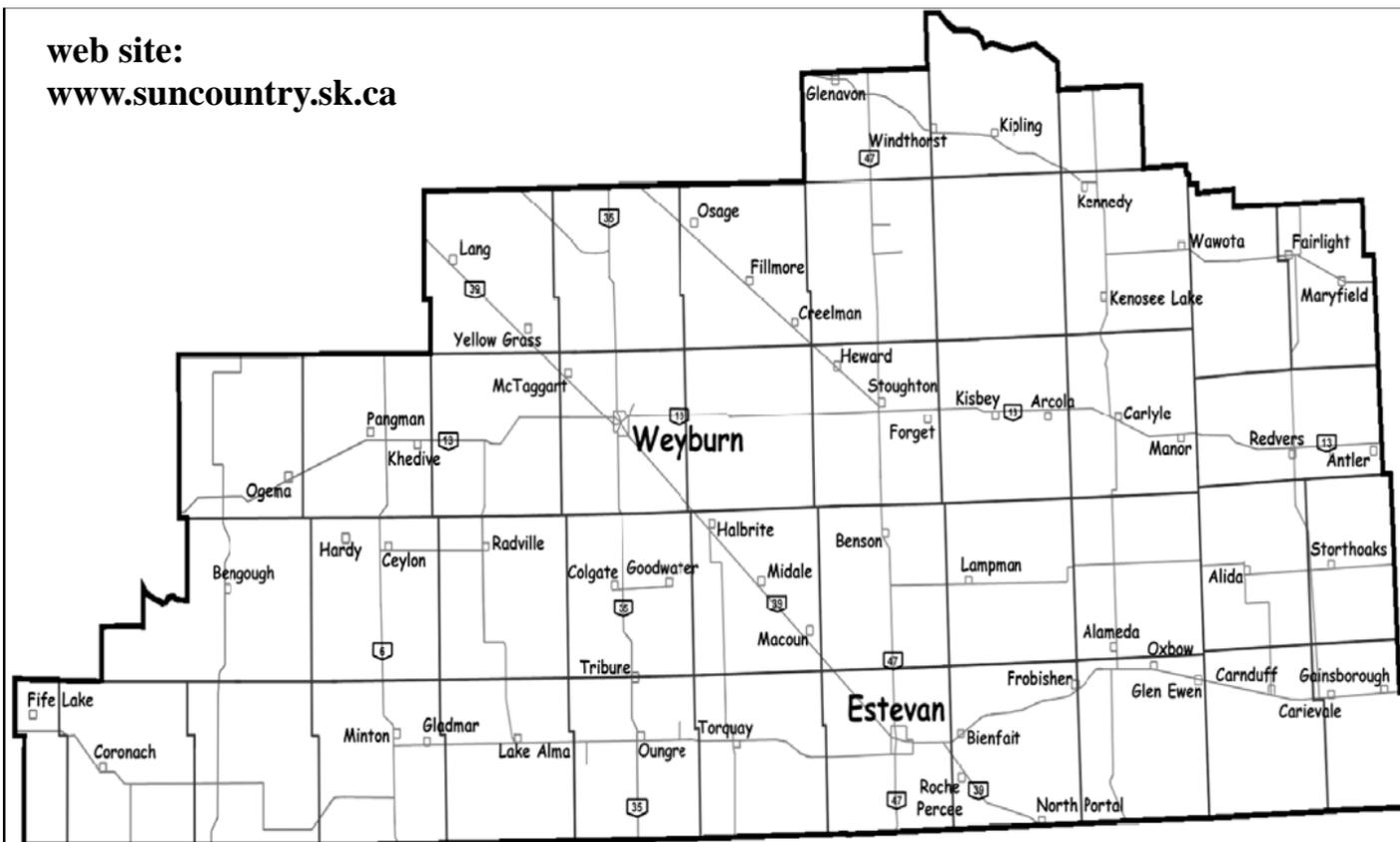
A successful Patient Safety Conference in October reminded us about some of the best practices to follow and some of the methods we can use to check our actions. Two hundred of our very busy staff members attended the conference.

This says volumes about the importance of the subject, and of our overwhelming desire to protect the people in our care. I look forward to our progress in patient safety and will report back to you in the future.



Thanksgiving Tree of Thanks — Staff members at St. Joseph's Hospital in Estevan this fall gathered their reasons to be thankful on paper leaves, which were compiled to form the Tree of Thanks.

web site:
www.suncountry.sk.ca



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Donation to Weyburn General Hospital - EnCana community relations advisor Twila Walkeden and nurses from the Weyburn General Hospital gather next to a recently purchased colonoscope. The nursing staff includes operating room charge nurse Coreen Ward and sterilization processing technicians Shelley Wanner and Janet Olson. EnCana donated \$25,000 towards the purchase of the colonoscope.

Nurse Practitioner in Maryfield

Sun Country Regional Health Authority announced this summer that Nicki Ford, nurse at the Maryfield Health Centre, has assumed an enhanced role in nursing service to the Maryfield community.

As a fully licensed NP, she will provide an expanded scope of services from Maryfield Health Centre. The Saskatchewan Registered Nurses Association (SRNA) defines a nurse practitioner as a Registered Nurse with advanced education and clinical training. NPs can diagnose, prescribe medication, order diagnostic tests and treat illnesses.

The NP practice focuses on health promotion disease prevention and health education.

SRNA licenses Nurse Practitioners as independent practitioners guided by a set of standard Core Competencies and a national exam.

Nurse Practitioner services in Maryfield are provided in addition to the existing physician services. As a nurse practitioner, Nicki will use her advanced knowledge and skills to provide client services in an interdisciplinary team approach at Maryfield Health Centre.

In addition to direct clinical care, she will promote community development processes, address Population Health issues and help to address healthy lifestyles and health promotion.

CUPE awards honour cooks

Dietary staff receive achievement awards

The dietary staff in four health facilities in Sun Country Health Region stepped out of the kitchen and into the limelight this fall when they were honoured for their commitment to food excellence, public service and community spirit.

The Health Care Council of the Canadian Union of Public Employees (CUPE) presented Certificates of Recognition and Achievement to CUPE **dietary staff in Lampman, Wawota, Radville and Fillmore.**

The events were held in conjunction with CUPE's national Communities Day

celebrations.

The awards, presented in three categories – Food Excellence, the People's Choice and Supporting the Local Community – recognize the work of dietary staff and other health providers who prepare hot, nutritious meals from scratch, go the extra distance to improve the quality of life for hospital patients and long-term care residents, and buy locally to support the community.

"Everyone knows the importance of nutrition to health and well-being," says CUPE Health Care Council President Gordon

Campbell.

"But it's particularly true for hospital patients recovering from surgeries and elderly residents living in a long-term care facilities."

The Food Excellence Certificate recognizes the work of dietary staff who "slave over a hot stove" to ensure that meal time is the best part of people's days in hospitals and long-term care facilities across the province, Campbell says.

The award is only presented to facilities that prepare food with fresh

ingredients and restrict their use of pre-packaged food products.

This year's recipients of the Food Excellence Award are the dietary staff at the Lampman Health Centre and Deer-view Lodge in Wawota. This year's People's Choice Award went to the dietary staff at the Fillmore Health Centre, who make every meal a special occasion, while the Supporting the Local Community Award was presented to the dietary staff at the Radville Marian Health Centre.

Report to the community

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For a complete version of Sun Country Health Region's 2006-07 annual report, go to www.suncountry.sk.ca

Sun Country Regional Health Authority submitted its 2006-07 annual report to Saskatchewan Health Minister **Len Taylor** and the Minister of Healthy Living Services **Graham Addley** in July. The entire report is available on the Sun Country Health Region website at www.suncountry.sk.ca The following is a condensed version. SCRHA operates 28 health care facilities and 46 community health programs for the 53,000 people in this region. That includes 12 health centres, two district hospitals, three community hospitals, 16 EMS stations, 18 long term care centres, one senior's housing facility, and one inpatient mental health unit.

Who We Are

The mandate of Sun Country Regional Health Authority (SCRHA) is to provide quality health services to the residents of South East Saskatchewan. SCRHA is accountable to the Ministers of Health for the planning, organization, delivery and evaluation of health services provided within Sun Country Health Region.

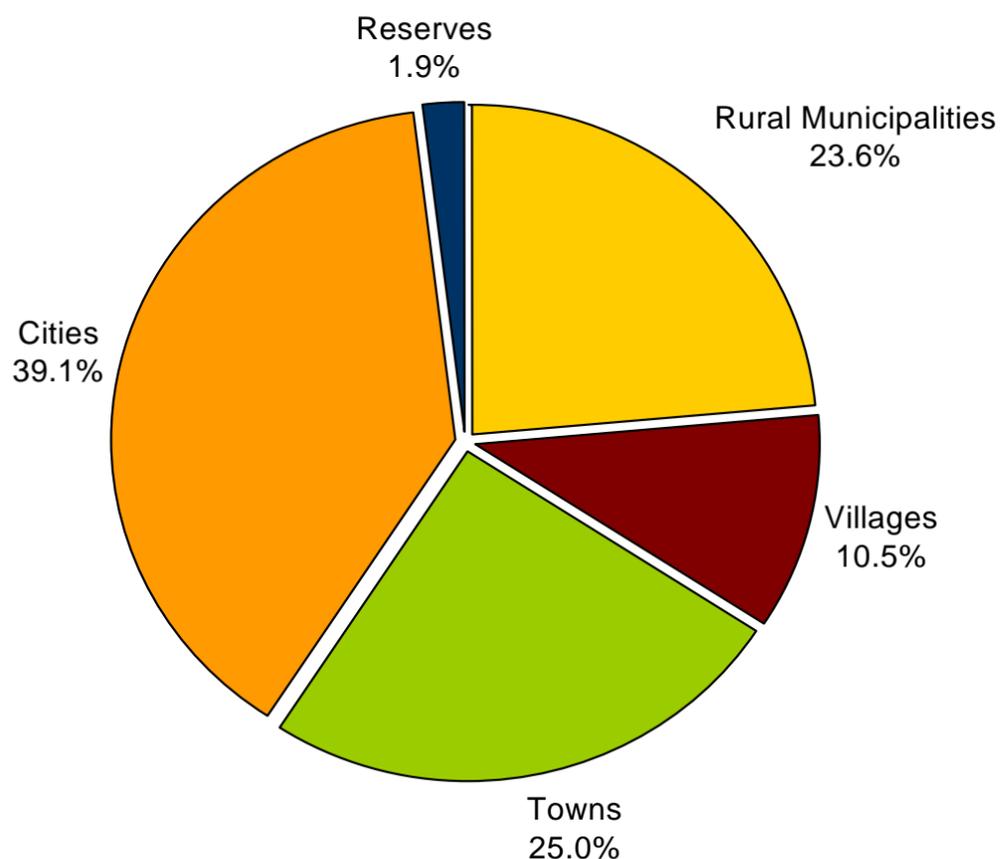
Goals

- To provide Health Services that are reasonably accessible and available to all residents of the Region.
- 2. To increase the awareness of the health services provided by the Region.
- 3. To develop an education strategy that places greater emphasis on the wellness philosophy of health care including health promotion, the prevention of illness, health maintenance and the promotion of independent living.
- 4. To recruit, retain and develop the Region's Human Resources.
- 5. To provide an effective and comprehensive range of health services.
- 6. To be fiscally responsible.
- 7. To ensure regular assessment of the services provided in the Region.



Population Distribution by Residence Type

Sun Country Health Region - 2006



Future Risks and Challenges

SCRHA faces several key risks and challenges:

- An aging population and changing demographics.
- Tobacco use remains a high risk factor for males and females, with over 23 per cent who are daily or occasional smokers.
- Approximately one-third of the residents are overweight or obese and less than 50 per cent are physically active.
- The health care work force is aging; maintaining an adequate supply of health care professionals and workers continues to be challenging.

- The continuous need to maintain health facilities and update technology challenges our ability to provide safe, quality services and prevent adverse events.
 - Annual operating costs continue to increase due to staff shortages (staff overtime, sick time, etc), collective agreements, medical equipment, drug and supply costs, and utility costs which are mostly beyond our control.
- Some of these factors result in an increased demand for services in home care, laboratory services and public

health nursing. SCRHA is monitoring the situation. Population reduction also affects the availability of informal family and community supports for people, especially for the elderly or mentally ill. This creates an increased demand on an already stressed health care. Reduction in the population also contributes to a lack of support for community organizations which, in turn, can increase the instances of residents seeking the kind of services they might once have received from the volunteer organizations.

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Emerging Health Issues

Diabetes

The high rates of physical inactivity (50% of residents aged 12 years and over report that they are not physically active) and obesity are likely major contributors to the increasing rates of diabetes.

Since 2000/2001 the age-adjusted prevalence rate of diabetes has increased from 36.9% to 50.6% in 2004/2005.

Diabetes rates have also been increasing in other health regions during this time period.

Injuries

The injury hospitalization rate for children less than 19 years of age is higher than the provincial value for both males and females but the difference is not statistically significant.

These rates have remained relatively constant from 2002/2003, 13.1 for males and 8.8 for females, and have increased marginally for the province, from 9.3 to 10.4 for males and from 6.5 to 6.9 for females.

SCRHA's Injury Prevention Subcommittee continues to work on some of the major causes of injuries: motor vehicle accidents, falls and farm injuries.

Hospitalizations, due to falls continue to be a major concern for seniors. The hospitalization rate for males aged 65 and older is 18.1/1000, compared to 14.7 for males in Saskatchewan. For females, the rates are 38.0 and 26.6/1000 for SCRHA and the province, respectively.



Learning about advanced foot care services: Dr. Nick Perry, left, Sun Country Health Region Podiatrist, conducts foot care workshops for nurses in the Region. Here he demonstrates advanced techniques to Penny Spencer, middle, and Christina Haskey, right, both from the Gainsborough Health Centre.

Influenza

Preventing influenza, and the secondary complications from influenza, requires a coordinated approach. As the population continues to age, protecting residents through annual seasonal influenza immunization will become increasingly important.

In 2006-07, SCRHA focused on increasing immunization coverage rates in children 6 to 23 months of age and the employees of long term care facilities.

SCRHA had one of the highest staff uptake rates in Saskatchewan at 74.4 per cent coverage in 2005. A goal of 85 per cent was set for the 2006 season. Long term care resident coverage rates were compared to staff coverage rates.

The urgency of pandemic

influenza preparedness was also evaluated. In the end, a team effort was put forward and major achievements were made, with one facility experiencing a 73 per cent coverage rate in 2005 and increasing to a 92 per cent coverage rate in 2006.

Influenza immunization coverage rates in 2006 were:

- Residents of long term care facilities – 93.9% (up from 93.4% in 2005)
- Employees of long term care facilities - 80.6% (up 6.5% from 2005 – 74.1%) and in the six targeted long term care facilities, immunization coverage rates increased from 1.1% to 27%. Three of the six facilities achieved coverage rates of over 80%.
- Children 6 to 23 months of age – 43.7% (up from 25.9% in 2005).

Institutional Outbreaks

As the population continues to age, Special Care Homes will become “home” for larger numbers of individuals and individuals at increased risk for the complications of infectious diseases.

Creating and maintaining a safe and healthy environment where quality of life is optimized is a priority, and the work of the SCRHA Infection Control Committee and employees is crucial. From January 1, 2006 to December 31, 2006, SCRHA experienced 32 outbreaks of Norovirus, respiratory, gastroenteric and Influenza. The attack rate in the long term care residents was 32% and the attack rate was 7% in staff. The attack rate in unvaccinated residents (100%) was three times higher than the attack rate in vaccinated residents (28.2%).

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During 2006-07, SCRHA achieved many objectives and reached many successes that are in line with its strategic goals. Below is a summary of the important highlights.

Goal 1: Improved Access to Quality Health Services

Results: Wait times

Waiting time for surgery is an important dimension of accessibility. SCRHA exceeds the provincial average for providing several levels of surgical cases within the target time frames.

- In 2006-07, SCRHA exceeded its performance targets for the number of surgeries, performing 45 more surgical cases while exceeding last year's numbers.
- Access to general surgical services was improved in Weyburn General Hospital. Three itinerant surgeons now provide services in Weyburn.

Results: Diagnostic Equipment

SCRHA's medical imaging services continued to improve with the addition of new diagnostic imaging equipment in Arcola Health Centre and Oxbow Health Centre.

- Several new types of laboratory equipment were also put in place to assist physicians with diagnosis. Rural physicians have equipment to quickly diagnose a heart attack.

- With the assistance of Saskatchewan Health, a new laboratory information system in Weyburn General Hospital means quicker reporting and more efficient procedures for staff.

Results: HealthLine Calls

Strong use of HealthLine in SCRHA is a reflection of the increased public awareness of the service and the reduction physician and nursing services in some



Registered Nurse Kathy Aspinall in an operating room in St. Joseph's Hospital in Estevan.

quarters in the Region.

- Residents made 3,741 calls in 2006.

Results: Renal Dialysis Unit

- Construction began late in 2006 on a \$1.7 million renal dialysis unit for residents, to be located at St. Joseph's Hospital in Estevan.
- A joint fund-raising committee, with representatives from St. Joseph's Hospital Board of Directors and SCRHA, has been established to raise about \$500,000 for

new equipment.

Results: Primary Health Services

- Primary Health Care Services were discontinued in May 2006 when SCRHA's primary care agreement with the Estevan Medical Clinic ended.
- SCRHA continues to send collaborative teams through the Region, made up of dietitians, pharmacists, social workers, and other members of the health care sec-

tor.

- A new Primary Health Care proposal for the Arcola/Carlyle Health Centre was approved by Sun Country Regional Health Authority in January, 2007.

Results: Patient Safety Committee

- A Patient Safety Committee was established by SCRHA staff in 2006-07 to create a culture committed to excellence and patient safety.

Goal 2: Effective Health Promotion, Disease Prevention

Results: Promoting Healthy Choices

- An interactive educational exhibit for school children called Body Walk, to demonstrate various parts of the body and their function will be presented in local schools in 2007.
- The Region's physical activity coordinator helped to distribute activity bags to Weyburn senior housing groups and the senior centre.
- The Active Communities Committee is planning a regional senior's symposium in 2008 with educational, physical activity, and social sessions.
- Public Health staff drafted a regional food policy to serve as a role model for the community.
- Public Health staff contributed to

the formation of an Accessible Nutritious Foods Task Group in 2006. One off-reserve school has adopted a healthy food policy.

Results: Substance Abuse

A Reduced Substance Abuse subcommittee is exploring an alcohol policy to influence the norms and beliefs around the role of substance use and abuse in our communities and to highlight that alcohol is not necessary for one to function or be socially accepted; A Youth Advisory Network is to be developed giving youth a voice in community decision making and leadership.

- A 2006 needs assessment survey revealed that alcohol continues to be the substance of choice for misuse and abuse in both youth and adults in the re-

gion. Marijuana is the second most used drug in youth. Working adults tend to use marijuana and cocaine at about the same rate. Ecstasy and crystal methamphetamine appear to be used very little in SCRHA.

• SCRHA is working with Prairie South School Division in Coronach to develop a policy encompassing all four areas of the Population Health Plan, to be followed by implementation of a work plan using the 40 Developmental Assets.

Results: Tobacco Control

- SCRHA began planning in the fall for a revised Smoke and Tobacco Free Environment policy, effective May 1, 2007 that will create a tobacco-free environment in all Regional facilities, properties, grounds and vehicles.

- The Health Promotions Coordinator & Fly Higher Advisor developed a very successful city-wide Anti-Smoking Project with the Estevan Comprehensive High School in March to raise awareness about the harmful health effects of tobacco.

Compliance of facilities with the Saskatchewan Tobacco Control Act was close to 100 per cent. SCRHA followed up on all complaints and took enforcement action on a few occasions.

Results: Project Hope

- Project Hope funding is utilized to enhance current population health promotion activities in the Region.
- SCRHA received funding under the Project Hope banner to hire a Mental Health/ Addictions Population Health Promotion Coordinator

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Goal 2 Continued . . .

- SCRHA received funding to enhance its ability to provide outreach and support services for those youth receiving Community Treatment Orders or returning from the Secure Detoxification and Stabilization Unit.

Results: Mental Health

- About half of the 1,224 referrals to Mental Health Services were directed to the Child, Youth and Adult Community Services program.
- A new centralized intake process was initiated in January 2007 to better identify and manage clients at risk and those in crisis.
- Child and Youth Services sponsored a workshop on "Self Mutilation" that was attended by health care related professionals from three provinces.
- Training sessions were conducted in the Mental Health Home Care Program to provide support to those with a newly-diagnosed mental illness.

- A psychiatrist was recruited and arrived from the United Kingdom in May 2006 to fill our vacant second psychiatry position.

Results: Falls Prevention Program

- SCRHA staff was trained to increase awareness of the various fall risks facing older clients, to increase recognition of a client's current fall risks and to increase awareness of available and appropriate referrals and community resources.
- An information/resource booklet entitled "Your Next Step: Falls Prevention Program" was developed and distributed at the training sessions to home care clients and to various professionals including physicians and physiotherapists.



Jennifer Elias-White, left, and Mary Keturakis, two emergency services personnel who work for Sun Country Regional Health Authority.

Goal 3: Retain, Recruit and Train Health Care Providers

Results:

Workforce Planning

- Sick leave hours in SCRHA per full time equivalent (FTE) during 2006-07 is higher in all groups compared to the provincial average. This high absence from scheduled work creates pressure on the organization to maintain services and results in increased overtime. Our aging workforce and the physical nature of work are contributing factors to the increased incidence of illness of injury.
- Total sick leave hours as a result of illness was 139,802 hours in 2006-07. This equates to approximately 72 FTEs.
-

Results: Overtime

- A high overtime rate, though less than the provincial average, indicates a shortage of staff. Vacancies in several positions in the 28 facilities are covered by overtime hours.
- There are many staff vacancies in many classifications such as nursing and laboratory/x-ray that affect services in several loca-

tions.

- An aggressive marketing and recruitment initiative was initiated in 2006-07 to attract workers. SCRHA developed a new position dedicated to recruitment, placed more advertisements, attended additional career fairs, offering expanded bursaries and relocation allowances. A new, more user-friendly website should assist with recruitment efforts.
- Student preceptorships have occurred in various professional disciplines, including nursing (public health inspection, population health promotion, social work, speech-language pathology, health records, psychology, pharmacy and food services).

Results: WCB Claims

- During 2006-7, SCRHA scheduled more employees for occupational/physical therapy services for functional and return-to-work programs. This enables employees to heal faster and return to work sooner. The number of lost-time WCB claims for full time employees has dropped slightly. This is

- an encouraging trend. A number of individuals are not expected to recover to an acceptable level to return to their former positions. Most of these employees may require further education to return to the work force. Vocational rehabilitation costs may begin to rise over the coming years as well.
- The number of lost-time WCB days for full time staff has risen over the past year.
 - When a time-loss claim is evident, a disability management program is developed and implemented involving the injured worker, SCRHA and the respective union.
 - A growing number of musculoskeletal injuries to the back and shoulder require diagnosis and therapy then therapeutic and possibly surgical intervention. The key factor in WCB related time-loss is most often related to improper lifting or transferring of objects or clients.
 - Wait lists for assessment services and/or surgery prolong the return to work period and increase overall operating costs.

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

Results: Acute Care

SCRHA continues to coordinate with physicians to provide more types of surgical procedures on a day surgery basis and to decrease in-patient postoperative stays, allowing more procedures to be done and help shorten wait times. In the past year, SCRHA performed over 56% of its surgical cases as day surgery, among the highest in the province. The higher level of day surgery frees up acute care hospital beds more quickly so surgeons can perform a higher number of surgical cases with the result of lower wait times for patients.

Results: Quality

- SCRHA reviews incidents, including critical incidents, and has had several reviews of cases with the patient and family present at the review. There were 152 client contacts with the Quality of Care Coordinator for the year 2005-2006. This number is up from 134 from the previous year. A measure of the

organization's effect at responding to the concerns of clients is the number of concerns resolved within 30 days. Ninety per cent of concerns were resolved in less than 30 days. Concerns that are not resolved within 30 days usually involve several disciplines and are interregional in nature.

- SCRHA reports all critical incidents to Saskatchewan Health. For the fiscal year 2006-2007, 100 per cent of critical incidents met the notification time frame of three days. Of these critical incidents, 100 per cent met the submission time frame for written report of 60 days.

Results: Environmental Stewardship

SCRHA adopted an environmental policy during 2006 stating that the Region has a direct responsibility for the environment and will endeavor to make consistent, measurable progress to implement safe and resourceful environmental

practices, including purchasing supplies. The policy commits the SCRHA to promoting energy conservation and awareness and minimizing the environmental health and safety risks to its employees and the community in which it operates.

- SCRHA's Physical Plants Department is developing a region-wide energy management program to regulate energy consumption in the Region. A Building Energy Performance Index will be established. Energy conservation is to be monitored by performance measurement.
- About 3,000 pounds of paper products were recycled. The Housekeeping Department is investigating the establishment of a recycling bin at each of the 28 facilities to save on all landfills.
- SCRHA recycles pop cans, and milk containers/plastic.
- About 49,000 pounds of shredded confidential papers

were shipped out in 2006, with the potential for increases in future years.

Results: Accreditation

SCRHA's first Accreditation survey in May, 2005 resulted in a three-year Accreditation status, (Accreditation with Condition: Report). Progress reports were submitted in 2006 addressing several areas, including: aligning the work in developing indicators with the strategic plan; implementing the new performance appraisal tool; engaging in consultations with physicians to ensure patient charting occurs in a timely manner; carrying out fire drills on all shifts in all of the long term care facilities; and ensuring that double locked cupboards are available to store narcotics.

In November of 2006, SCRHA was awarded full Accreditation status.

Financial Summary

Sun Country Regional Health Authority (SCRHA) posted a surplus of approximately \$1.1 million (1.1% of actual operating expenditures) in 2006-07.

Overall, revenues were significantly higher than the 2006-07 budget (\$1.8 million or 1.7%) and the prior fiscal year 2005-06 (\$3.4 million or 3.4%), due to:

- Increased funding from Saskatchewan Health (\$1.2 million over budget and \$2.9 million over prior year) which is mainly for contracted salary increases, additional February Statutory Holiday and extra costs for Norwalk.
- Increase in the patient fees (\$257,000 over the

2006-07 budget and \$468,000 over prior fiscal year 2005-06) due to increases in Long Term Care rates and in Emergency Medical Service (ambulance) trips.

- Higher investment revenue (\$56,000 over 2006-07 budget and \$53,000 over prior fiscal year 2005-06) due to an increase in cash flow.

Salaries were under budget by \$1.3 million (2.14%) due to continued staff vacancies. Drugs have decreased from budget (\$54,389 or 10%) and prior year (16,648 or 3.3%) due to regionalization of the distribution of drugs, and decrease in the use of more expensive drugs.

Grants to third parties increased from budget (\$749,260 – 4.9%) and prior year (\$1,377,867 – 9.39%) due to additional funding for CUPE retro, Joint Job Evaluation, and other unexpected costs throughout the year.

Medical and Surgical supplies increased from budget (\$171,960 or 15.32%) and prior year (\$116,542 or 9.89%) due to inflation, Norwalk outbreaks and an increased use of Safety Engineered Sharps Devices (SESD).

Medical Remuneration decreased from the prior year by \$1,347,508 (44.08%) due to the fact that the Primary Care Alternative Payments

for the Estevan Primary Care site were stopped in May, 2006.

Rent/Lease/Purchase is higher than budget (\$364,157 or 59.56%) and prior year (298,694 or 44.13%). Since SCRHA was in a surplus, extra minor equipment that was needed was also purchased in 2006-07.

Repairs and Maintenance are higher than budget (\$460,017 or 55.48%) and prior year (\$409,010 or 46.47%) due to resurfacing the Weyburn General Hospital parking lot.

For a complete version of Sun Country Health Region's 2006-07 annual report, go to www.suncountry.sk.ca/