People, Families, and Communities Working Together Toward Improved Health.
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Annual Report available online at www.paphr.sk.ca
May 26, 2004

Honourable John Nilson
Minister of Health
Province of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Minister Nilson:

The Prince Albert Parkland Regional Health Authority is pleased to provide you and the residents of the health region with its 2003-04 Annual Report.

This report provides the audited financial statements of the Prince Albert Parkland Health Region for the year ended March 31, 2004, as well as outlining the Region’s activities and accomplishments for that period.

Respectfully submitted,

Ray Ewanchuk, Chairperson
Prince Albert Parkland Regional Health Authority
Introducing
Prince Albert Parkland Health Authority

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Location</th>
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<tbody>
<tr>
<td>Ray Ewanchuk</td>
<td>Authority Chair Whitkow</td>
</tr>
<tr>
<td>Howard Gange</td>
<td>Authority Vice-Chair Anglin Lake</td>
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<tr>
<td>Cecile O'Neil</td>
<td>Big River</td>
</tr>
<tr>
<td>Irene Attrux</td>
<td>Hafford</td>
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<td>Dolores MacDonald</td>
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<td>Larry Hill</td>
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<td>Patricia Leson</td>
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<td>Lorraine Saam</td>
<td>Shellbrook</td>
</tr>
<tr>
<td>Jack Boechler</td>
<td>Spiritwood</td>
</tr>
</tbody>
</table>

The Prince Albert Parkland Health Authority currently has two vacancies.
Defining
Prince Albert Parkland Health Region

Vision as defined by C. Garfield is “an image of a desired state of affairs that inspires action.” It is an ideal state of a preferred future. The mission is the organization’s purpose. Together the vision and mission of an organization is the direction it moves to or where it wants to go. A mission incorporates a vision of what the organization stands for or strives to create.

The Prince Albert Parkland Health Authority strives to achieve:

**Vision**

*Healthy Living in Healthy Communities*

**Mission**

*People, Families and Communities Working Together Toward Improved Health*

In the process of defining the vision and mission the Prince Albert Parkland Health Authority realized and adopted a set of values.

**We value**

- And respect the dignity, rights, and cultures of all by delivering quality physical, spiritual, emotional, and social care throughout our health services.
- Being fiscally accountable and responsible to all stakeholders.
- Providing an accessible, equitable, effective, and responsive health system.
- Sharing the responsibilities for individual and community health by providing mechanisms for stakeholder input into the delivery of competent, caring health services.
- Being environmentally responsible.
- Ensuring a quality representative workplace where our employees and volunteers feel supported, encouraged, and appreciated personally and professionally

The Prince Albert Parkland Health Authority is committed to working together toward improved health. Everyone, as an individual and a member of a community, has a responsibility for sustaining and improving personal health. The health care system can provide programs and services to support individual and community health and well being. Health care becomes a shared responsibility. The theme of the 2003-04 Prince Albert Parkland Health Authority Annual Report is:

“People, families, and communities working together toward improved health.”
Regional/Provincial Alignment

The Prince Albert Parkland Health Authority has been a region in transition since the proclamation of the Regional Health Service Act on August 1, 2002. Bringing two Health Districts together into one region has presented challenges that put the region’s mission to the test. How do we work together toward improved health? This question has been at the forefront both provincially and regionally. In response to this challenge, Saskatchewan Health has developed an “Action Plan for Saskatchewan Health Care,” which is a blueprint of the future of health service in Saskatchewan outlining Saskatchewan Health’s vision and goals.

Vision

Building a Province of healthy people and healthy communities

Goals

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

The plan to achieve Saskatchewan Health’s goals is outlined in the Action Plan focusing on:

Primary Health Care
Healthy Communities
Northern and Aboriginal Health
Emergency Medical Care
Better Hospital Care and Long Term Care
Reducing Wait Times
Retaining, Recruiting and Training Health Care Providers
Quality Care
Regional Health Authorities
Sustaining Public Medicare
Governance and Organization

The Prince Albert Parkland Health Authority’s governing style outlines the goals and objectives in terms of ends policies. Ends Policies prescribe what benefits will occur for which people at what cost. Written with a long-term perspective, these mission-related policies embody the Authority’s long-range vision. Ends policies, or the Authority’s goals and objectives, are one of four policy categories under Policy Governance. Policy Governance is a complete model for governance which includes a coherent framework of concepts and principles, which make policies that are consistent with the Authority’s beliefs, commitments, values and vision. There are four policy categories in policy governance: Ends, Governance Process, Executive Limitations, and Authority-CEO Relationship.

Operating in policy governance, the Prince Albert Parkland Health Authority fulfills the expectations of the Minister of Health. The document produced by Saskatchewan Health titled, “Roles and Expectations of the Minister of Health and Saskatchewan’s Regional Health Authorities” defines the responsibilities of the region. The Prince Albert Parkland Health Authority strives to meet and exceed the defined roles and expectations. The region has six key responsibility areas.

1. **Strategic Planning**
The Prince Albert Parkland Health Authority has demonstrated its accountability to strategic planning by establishing vision, mission and values that are consistent with the strategic direction of Saskatchewan Health. The Authority has defined six strategic themes to work within. The Authority strives to comply with legislation, develop partnerships, deliver quality health services and maintain accountability.

2. **Fiscal Management and Reporting**
The Prince Albert Parkland Health Authority is audited annually by the Saskatchewan Provincial Auditor. The Provincial Auditor’s Report for 2002-03 deemed the Authority in compliance with legislation. More specifically, the Auditor concluded that the system of internal controls is reasonable in its circumstances and the financial statements present fairly the financial position of the organization.

3. **Relationships**
Several activities are being done to effectively communicate with the public. The formation of the region has increased the required scope of communication. The challenge exists to successfully reach all residents in a timely and cost effective manner. The 2003-04 monthly Authority meetings were held in different communities throughout the region. This gave residents in more communities an opportunity to attend the meetings and express their views. In addition, relationships are being formed with health care organizations and health care professionals. The Community Advisory Network is an avenue for developing partnerships in health care delivery and effectively communicating with urban, rural, and First Nations communities in the region.

4. **Quality Management**
The Prince Albert Parkland Health Authority strives to comply with this expectation by ensuring that there is a quality assurance process, privacy to health information, and a process of identifying risk to the organization. The Quality of Care Coordinator in the region is part of a provincial network widening the scope of information. The challenge the region faces is to develop and implement a comprehensive risk management process addressing the care needs of the population.

5. Monitoring, Evaluation and Reporting
The Research and Partnerships department of the Prince Albert Parkland Health Region keeps the Authority abreast of the demographics and population health needs of the region addressing program and service effectiveness as required. This department is one of many ways of evaluating information and reporting to the Authority, Saskatchewan Health, the Canadian Institute for Health Information and Health Canada.

6. Management and Performance
The Prince Albert Parkland Health Region is governed by policies that clearly state the desired results and the guidelines to achieve them. The policy categories outline the region’s goals with limitations on executive authority establishing the prudence and ethical boundaries within which management activity and decisions must take place. Policy specifies how the Authority conceives, carries out and monitors its own tasks. Policies also specify how authority is delegated and its proper use monitored, specifically to the Chief Executive Officer’s role, authority, and accountability to the Regional Health Authority. A complete copy of the Prince Albert Parkland Health Authority policies are available to the public by contacting the corporate office at Victoria Square in Prince Albert.

One of the ways the Prince Albert Parkland Health Authority organizes itself in order to strive to fulfill its role is by its committee structure. The Authority’s committees are assigned so as to reinforce the wholeness of the Authority’s job. The Committees ordinarily will assist the Authority by preparing policy alternatives and describe their implications for Authority deliberation. The following Prince Albert Parkland Health Authority committees have been established:

- **Committee of the Whole**
- **Executive Committee**
- **Joint Conference Committee**
- **Community Advisory Network**
- **First Nations Community Advisory Network**
- **Communications Committee** – approved March 31, 2004
- **Policy Committee** – approved March 31, 2004

The Prince Albert Parkland Health Authority’s policy category, governance process, outlines the Authority’s linkage with the community. In this policy the “owners” of the region are defined as the residents of the entire region. Transparency in Authority operations is vital. In 2003-04, the Authority met with a variety of people from the region. This was done at monthly Authority meetings in different communities (Rabbit Lake, Canwood, Leoville, Leask, Kinistino, Shellbrook, Spiritwood, Prince Albert) throughout the region, and at meetings with various stakeholders (including Prince Albert Cooperative Health Centre, City of Prince Albert, Mont St. Joseph Board). The public has the opportunity to observe and take part in Authority meetings. Individuals and groups wishing to speak and present to the Authority must advise the Secretary in writing at least ten days prior to the meeting. In addition, the Prince Albert Parkland Health Authority provides information and collects input from the community through the operations of the Community Advisory Networks.
The Community Advisory Networks are established in accordance with The Regional Health Services Act, Section 28 and directives from Saskatchewan Health. The networks promote active and representative citizen participation in keeping with the Authority’s community development role. The Networks advise the Authority on broad issues respecting the provision of health services in the region. The Prince Albert Parkland Health Region has established two networks:

Community Advisory Network
The inaugural meeting was held on December 2, 2003. Representatives from the communities of Christopher Lake, Birch Hills, Holbein, Hafford, Shellbrook, Candle Lake, Prince Albert, Paddockwood and Shell Lake were present. The region’s profile and demographics, and the network’s terms of reference were presented. Information from the communities was gathered.

First Nations Community Advisory Network
The inaugural meeting of the First Nations Community Advisory Network was held on December 12, 2003. There was representation from Muskoday First Nation, Prince Albert Grand Council, Big River First Nation, Muskeg Lake Cree Nation, Pelican Lake First Nation, Lac La Ronge Indian Band and Ahtahakoop First Nation. All First Nations communities in the region are included in the network. An environmental scan and profile of the region was presented. The terms of reference were reviewed and discussed, co-chairs selected. Members of the network provided feedback.

Health care organizations and community agencies are extremely important aspects of
the total health care services provided to residents of the Prince Albert Parkland Health Region. To facilitate a comprehensive array of health care services in the region, the Prince Albert Parkland Health Authority contracts some of its services. These organizations and agencies assist the Authority in achieving the expectations defined by Saskatchewan Health. The following health care organizations and community agencies are contracted by the Authority to deliver service:

**Contracted Community-Based Organizations:**

**Prince Albert Community Alcohol and Drug Addiction Centre (PACADA)**

Outpatient alcohol and drug services for the Prince Albert Parkland Health Region residents is delivered by PACADA which provides a full range of adult addictions services including counseling, Driving Without Impairment program, and support groups. There were 1,144 admissions in 2003-04 reporting a successful completion rate of 24.3 percent compared to the provincial rate of 33.3 percent. This does not denote system ineffectiveness because clients must be ready for treatment and success may come after several attempts at alcohol and drug treatment. Separate funding is received for the Safe Driving program, which is funded in partnership with SGI. PACADA is located in Prince Albert and provides service to residents of the Prince Albert Parkland Health Region.

**Self Help and Recreation Education (SHARE)**

SHARE provides vocational and pre-vocational opportunities for persons with mental illness in Prince Albert. It serves as a group home for clients discharged from Mental Health inpatient Villas at the Victoria Hospital. In Prince Albert, SHARE offers a six-space, group home program and two respite beds as well as outreach services for persons needing support in the community.

**Canadian Mental Health Association (CMHA)**

CMHA assists people with emotional and mental illnesses to live in the Prince Albert community independently. Support is provided in the form of low-skilled jobs and pre-vocational training. This is done through obtaining employment at As Good As New (used clothing store in Prince Albert), obtaining skills through the quilting projects and shopping skills project, and other life skills.

**Family Futures**

Family Futures is contracted to provide parent support for the geographic area of the former Prince Albert Health District. Workers provide counseling, referral and emotional support to high risk parents with preschool children.

**Cooperative Health Centre**

Three programs or projects are contracted.

1. Methadone Program – a contract for delivering the methadone program for IV drug users. Other agencies such as the Prince Albert City Police and Prince Albert pharmacists also form part of the management group for the program. Local Prince Albert pharmacies provide the methadone to the users who have been assessed and are being monitored by a physician with specialized addictions training.

2. Birch Hills Health Centre – a contract for the health region to provide clerical and physician office space.

3. Dental Pilot Project – a contract to provide a school-based dental treatment program to several schools within the City of Prince Albert. There is a prevention com-
ponent to the program.

**Mobile Crisis Cooperative**
Mobile Crisis provides 24-hour service to clients in crisis. Services includes a crisis phone line, mobile workers who attend to the clients and a sexual assault program.

**Prince Albert Grand Council (PAGC) – Urban Services**
PAGC provides a Kookum Project which links an Aboriginal Elder with an IV drug user on the Methadone program. By using the Elders as support persons to these individuals, it is hoped that substance abuse can be curtailed.

**Contracted Health Care Organizations: Ambulance Services**
Services are contracted with Parkland Ambulance Care, Blaine Lake Ambulance Care, WPD Battleford, Big River Ambulance Care, Spiritwood Ambulance Care and Melfort Ambulance Care.

**Secondary Assessment and Treatment Program – SGI and WCB**
Ongoing therapies provided to SGI and WCB clients.

**Chemotherapy Outreach Program**
Service is provided at the Victoria Hospital as an extension of the Saskatoon Cancer Clinic.

**Acquired Brain Injury Program – SGI**
A variety of services are provided to individuals, groups, and families so that they may live successfully in their communities with improved quality of life.

**Dialysis Unit**
Service is provided at the Victoria Hospital as an extension of the St. Paul’s Hospital Dialysis Unit.

**Primary Care Sites**
Primary Care Sites have been established in the communities of Birch Hills and Hafford.

**Pharmacy Services**
Local retail pharmacies provide medication dispensing and consultation to special care homes throughout the region.

**SRNA Quality Workplace Program**
A consultation model that involves management, unions and front line staff has been newly implemented in the Prince Albert Parkland Health Region in partnership with the Saskatchewan Registered Nurses Association and Saskatchewan Health. A working group meets to identify challenges in the workplace and to determine solutions. The program goals are to improve nurse retention, increase staff morale and promote front line leadership.

Health Care Organizations and other Third Party Relationships and contracts established with the Prince Albert Parkland Health Authority provides the region with intersectoral alliances and partnerships which are important in the regional strategic planning process. Effective working relationships are developed that contribute to the achievement of the region’s role and expectations/responsibilities with accountability to the region by the contracted organizations.

The Prince Albert Parkland Health Authority has committed to aligning the region’s vision, mission, goals, and objectives with those of Saskatchewan Health. This alignment is a unified commitment to pull health care regionally and provincially in the same direction.
To illustrate this alignment, the annual report will examine the progress made in 2003 – 04 to address the challenge of improving health and sustaining health care in Prince Albert Parkland Health Region and Saskatchewan. The progress made in achieving the goals or ends demonstrates the authority’s ability to strive to meet and exceed the defined roles and expectations/responsibilities through the authority’s governance and organization structure.

I. “Improved Access to Quality Services”
The Prince Albert Parkland Health Authority defines objectives to improve access to quality services. The objectives established to achieve this long-range vision are: responsive, co-ordinated primary health care; reduced waiting time for surgical procedures; improved emergency medical care; improved hospital, specialized services and supportive care; and public confidence that services will be there when required. Similarly, the goal for the Saskatchewan health system is improved access to quality health services in all its forms.

Primary Health Care services, as defined in “The Action Plan for Saskatchewan Health Care,” are usually the first point of contact people have with the health care system. Patient care is improved by co-ordinating and expanding primary health care services. Residents in various communities have improved access to quality services via a team of health care providers who manage and deliver care. The client and health care professionals work together toward improved health. The Prince Albert Parkland Health Authority is taking steps to fulfill this commitment by developing a four-year plan for primary health care throughout the region. The plan provides the details regarding the introduction of primary health care into various communities over the next four year period. It was submitted to Saskatchewan Health in June 2003. In December 2003, the Prince Albert Parkland Health Authority received confirmation that the Birch Hills community was approved for a Primary Care Nurse position. Work began with the community, the Cooperative Health Centre and local health providers to design the position to meet the needs of the Birch Hills catchment area. Several meetings were held with the local team and the Primary Care Nurse position is expected to be in place in 2004-05.

A Regional Primary Health Care team began meeting quarterly during this fiscal year. The team includes health care providers who manage and deliver care on a regional basis from the Public Health sector, Health Promotion sector, Mental Health sector, Therapies sector, Dental Health and Nutrition sector, and representation from the Medical Health Officer, Chief Medical Staff, and the Integrated Health Facilities from Big River, Spiritwood, and Shellbrook. The team uses a monthly publication entitled “Primary Care E-notes” as its method of communication.

Hafford Primary Care site continues into its sixth year of operation. Four itinerant Physicians deliver care into this community. A Primary Care Nurse provides service three and one half days per week in Hafford and one and one half days in Blaine Lake.

Surgical Procedures are a concern for many. The concern grows when there is a wait. Saskatchewan Health is committed to addressing the waiting times by providing funding to major surgical centres, improving co-ordination of waiting lists, establishing priority standards, and providing clear information to those waiting for surgical procedures.
The Prince Albert Parkland Health Authority is striving to achieve improvement in reducing waiting times for surgical procedures. The region received $96,000 from Saskatchewan Health in 2003-04 for surgical equipment. The challenge still exists to maintain the present surgery program scope and volume with an ongoing need to replace worn out equipment and upgrade with new technology. The Prince Albert Parkland Health Authority will continue to work with the Victoria Hospital Foundation and with other potential donors to enhance and supplement basic surgery equipment replacement funding provided by Saskatchewan Health.

To assist the region in monitoring who needs surgery and when, a surgical patient registry has been developed. In addition, the Prince Albert Parkland Health Authority implemented a new patient assessment process, ensuring that surgeons across the province use consistent criteria to rank the urgency of their patients and the target time frames. These programs were implemented in July 2003.

### Acute Care Utilization Indicator 2001-2002

(Statistics Canada, CIHI, Health Indicators 2004)

<table>
<thead>
<tr>
<th></th>
<th>Inpatient/ Day Surgery Separations</th>
<th>Inpatient/ Day Surgery Weighted Wases</th>
<th>Acute Inpatient Separations</th>
<th>Acute Inpatient Days</th>
<th>Acute Inpatient Weighted Cases</th>
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<tbody>
<tr>
<td>PAPHR (Total)</td>
<td>13,112</td>
<td>8,585</td>
<td>7,293</td>
<td>40,397</td>
<td>7,556</td>
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<tr>
<td>PAPHR to Saskatoon Health Region</td>
<td>3,807</td>
<td>3,537</td>
<td>2,104</td>
<td>13,576</td>
<td>3,159</td>
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<tr>
<td>Saskatoon Health Region to PAPHR</td>
<td>361</td>
<td>208</td>
<td>181</td>
<td>850</td>
<td>172</td>
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<tr>
<td>Mamawetan Churchill River to PAPHR</td>
<td>1,019</td>
<td>505</td>
<td>550</td>
<td>1,923</td>
<td>417</td>
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<tr>
<td>Mamawetan Churchill River to Saskatoon Health Region</td>
<td>1,025</td>
<td>971</td>
<td>640</td>
<td>3,960</td>
<td>893</td>
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<td>Athabasca Health Authority to PAPHR</td>
<td>197</td>
<td>108</td>
<td>120</td>
<td>455</td>
<td>94</td>
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<td>Athabasca Health Authority to Saskatoon Health Region</td>
<td>169</td>
<td>150</td>
<td>110</td>
<td>686</td>
<td>140</td>
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</table>

The above table indicated that Saskatoon continues to draw a significant number of people there for service. It is significant to note that residents of Mamawetan Churchill River Health Region and the Athabasca Health Region are referred to the Victoria Hospital or to Saskatoon in almost equal numbers.

Emergency Medical Care services are consistently offered across the province to facilitate high quality emergency response. Regional Health Authorities provide funding grants to help pay for road ambulance services. All calls for ambulance services are handled through a wide-area dispatch centre. Prince Albert is host to one of the provincial dispatch centres which ensures better use of ambulances to respond to emergencies. It is a sophisticated system of receiving, recording and dispatching. The system is proficiently standardized based on protocol. The type of response is based on the type of call.
The Prince Albert Parkland Regional Health Authority contracts ambulance services in Prince Albert, Spiritwood, Big River and Blaine Lake. Paramedic services are available in Prince Albert, while EMT services are available in Spiritwood, Blaine Lake and Big River.

The ambulance services in the Prince Albert Parkland Health Region are equipped with global positioning which gives the dispatcher the current location of the ambulance at all times. The average response time for emergency calls in the urban area meets and exceeds the standard (Accountability Document, PAPHR 2003-04) of more than 90 percent of emergency calls responded to in under 8 minutes and 59 seconds. The average response time for all other centres is more than 30 minutes which does not meet the standard (Accountability Document, PAPHR 2003-04) of 90 percent responded to in less than 30 minutes. In the Prince Albert Parkland Health Region, location of communities is a factor in meeting the standard in emergency response time.

Hospital, specialized services and supportive care are quality services that are offered in the Prince Albert Parkland Health Region. Saskatchewan Health has committed to strengthening hospitals by defining each facility to ensure that they focus on their strengths. This region has 191 acute care beds that are set up and staffed.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Location</th>
<th>Acute Beds Set-up and staffed</th>
<th>Average Daily Census</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Prince Albert</td>
<td>Victor Hospital</td>
<td>107</td>
<td>62.4</td>
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<tr>
<td></td>
<td>Mental Health Inpatient</td>
<td>44</td>
<td>30.4</td>
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<tr>
<td>Community</td>
<td>Shellbrook Hospital</td>
<td>19</td>
<td>13.2</td>
</tr>
<tr>
<td>Integrated Facilities</td>
<td>Big River Health Centre</td>
<td>9</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>Spiritwood Health Centre</td>
<td>12</td>
<td>6.6</td>
</tr>
<tr>
<td>TOTAL ACUTE BEDS</td>
<td></td>
<td>191</td>
<td></td>
</tr>
</tbody>
</table>

(Source: Action Plan for Saskatchewan Health and Acute and Emergency Services Branch; and Core Indicators for Progress and Results)

The Regional Mental Health Inpatient unit had 867 separations for a total of 11,110 days with an average length of stay of 12.8 days compared to the provincial rate of 14.8 days. The expected length of stay for conditions analyzed is 13.8 days which is almost one day more than the Prince Albert Parkland Health Region’s record. This difference is attributed to a successful community mental health and home care program that enables people to cope in their home and/or community.

The Prince Albert Parkland Regional Health Authority focuses on its strengths by providing a secondary level of services which exceeds the basic regional hospital requirement as defined by Saskatchewan Health. Basic specialty services: internal medicine, general surgery, obstetrics and gynecology; and secondary services: otorhinolaryngology, orthopedics, ophthalmology, urology, pediatrics, psychiatry, radiology, pathology, and anesthesia, are provided at the Victoria Hospital to residents of this region and other regions. Added to the complement of secondary services is the full-time Emergency Room coverage with dedicated Emergency Room physicians.

The Saskatchewan Telehealth Network has improved the health of residents in the Prince Albert Parkland Health Region by allowing patients and physicians in rural and remote
areas to consult with specialists through an interactive video link. Telehealth enables rural health care providers, patients and members of the public to participate in education programs without leaving their communities.

The Telehealth service for the Prince Albert Parkland Health Region is located in the Victoria Hospital with links to La Ronge, Pinehouse, Saskatoon, Nipawin, Regina, Kindersley, Yorkton, Weyburn, Moose Jaw, Swift Current, Ile a la Crosse, Beauval, Meadow Lake, North Battleford and Lloydminster. Service increased by 30 percent from 2002-03 to 2003-04. In 2003-04, 30 clinics were conducted compared to 23 in 2002-03. The number of patients receiving the telehealth service increased by 28 percent. In 2003-04, 41 patients attended the clinics compared to 32 in 2002-03.

### Integrated Health and Long Term Care Services

<table>
<thead>
<tr>
<th>COMMUNITY</th>
<th>LTC &amp; Respite</th>
<th>SERVICES:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BEDS</td>
<td>Home Care Base</td>
</tr>
<tr>
<td>Big River</td>
<td>LTC 28</td>
<td>X visiting</td>
</tr>
<tr>
<td>Shellbrook</td>
<td>Respite 1</td>
<td>X X</td>
</tr>
<tr>
<td>Spiritwood</td>
<td>LTC 35</td>
<td>X visiting</td>
</tr>
<tr>
<td>Haldim</td>
<td>Respite 2</td>
<td>X visiting</td>
</tr>
<tr>
<td>Birch Hills</td>
<td>LTC 29</td>
<td>X</td>
</tr>
<tr>
<td>Keratinne</td>
<td>Respite 1</td>
<td>X</td>
</tr>
<tr>
<td>Leoville</td>
<td>LTC 15</td>
<td>X visiting</td>
</tr>
<tr>
<td>Leask</td>
<td>Respite 3</td>
<td>X</td>
</tr>
<tr>
<td>Canwood</td>
<td>LTC 29</td>
<td>X</td>
</tr>
<tr>
<td>Prince Albert, Mont St. Joseph (affiliate)</td>
<td>LTC 119</td>
<td>Respite 1</td>
</tr>
<tr>
<td>Pinetree Terrace</td>
<td>LTC 50</td>
<td>Respite 2</td>
</tr>
<tr>
<td>Herb-Rousseau Home</td>
<td>LTC 142</td>
<td>Respite 5</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>574</strong></td>
<td></td>
</tr>
</tbody>
</table>

(Source: Institutional Supportive Care Committee Report, October 2003)

Community and Integrated Facilities provide a standard minimum level of services: general medicine, observation, assessment, convalescent, and palliative care. Integrated health centres such as those in Big River and Spiritwood also provide long term care or supportive care.
Long term care, or institutional supportive care, and home care support seniors and those with disabilities or illness to manage their daily lives in their communities and in their homes. The Authority is committed to providing quality long term care that is accessible, effective, safe and efficient. This is done by ensuring that admission to long term care facilities is accessible for people whose needs cannot appropriately be met in the community, and to ensure that respite care and day programming are part of the long term care continuum.

As reported in The Action Plan for Saskatchewan Health Care, one in seven residents in Saskatchewan is over the age of 65. In this region, 6.5 percent of residents are 75 years old and older. Currently, the Prince Albert Parkland Health Region is licensed for 574 long term care beds or 114.8 long term care beds per 1000 age 75-plus. As of March 31, 2003 there were 544 occupied long term care beds or 108.8 long term care beds per 1000 age 75-plus. The difference in licensed bed numbers and occupied bed numbers can be attributed to a larger than usual number of beds in transition on the census date.

Challenges for long term care are mainly in the area of human and capital resources. Because of a nation-wide shortage of health care providers, the Prince Albert Parkland Health Region is not always able to provide 24 hour RN/RPN/LPN staffing in some facilities, particularly in the rural areas. The Region still manages to operate within the legislated staffing requirements for Special Care Homes.

Two facilities are reaching the 40 year mark and were never designed for heavier levels of care. This presents a challenge in the provision of care and having an appropriate environment for residents. The Authority is taking measures to develop a long-range strategy to address this challenge.

Admissions of heavier care residents to long term care is measured by the distribution of the levels of care of total long term care population in the Prince Albert Parkland Health Region. The majority of the long term care population in the Prince Albert Parkland Health Region require level 3 and 4 of care.

**Distribution of Levels of Care of Total LTC Population**

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>% of LTC Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>2</td>
<td>1.8%</td>
</tr>
<tr>
<td>3</td>
<td>43.9%</td>
</tr>
<tr>
<td>4</td>
<td>54.2%</td>
</tr>
</tbody>
</table>

(Continuing Care 2003-03 – Utilization Number Ratio by RHA, October 2003)
Home Care is the single point of entry to home based services and long term care. There is now one wait list for the Region. Clients in hospital who become ready for placement are offered placement in long term care based on the facility with a permanent vacancy that has the ability to meet their needs, and is closest to the client’s home community. If the facility is not their first choice residents are put on a transfer list and can be moved to their place of choice as their name rises to the top of the list.

Residents are assessed at admission to a long term care facility using a coordinated MDS/RUGs system of assessment and classification. This system coordinates service delivery into a care plan that focuses on quality indicators and resource utilization groupings. This system is used in all the long term care facilities in the Prince Albert Parkland Health Region. The region is moving towards central hosting of MDS/RUGs.

The progress made in moving towards the Eden Alternative is another example of the commitment the Prince Albert Parkland Health Authority has made to providing quality long term care to residents. Staff and residents include children, pets and plants as part of a philosophy to address loneliness, boredom and helplessness for a more home-like environment. A partnership was established with the community to have a children’s summer day program at Birchview Lodge. Many of the children are great grandchildren of the residents and they had an opportunity to spend time together “Bridging the Gap.”

Special Care Homes Week was introduced during the past year. The first Special Care Homes Week was proclaimed in September in all communities with Special Care Homes in the Region. Events such as pancake breakfasts, teas and special outings for residents were conducted to celebrate the week. A video of activities in each facility was produced and enjoyed by residents, families and staff.

The Prince Albert Parkland Health Authority is committed to providing quality home based care by planning and delivering accessible (24/7), effective, comprehensive and efficient home based supportive care services. Assessment and care coordination, nursing, personal care, respite, home management, minor home maintenance, meals, and therapies are provided in homes. Services were also provided at wellness clinics, including such services as foot care and blood pressure monitoring.

Home care clients are now being assessed by the MDS-HC system on a pilot project basis. The principle is the same for home care clients as it is for long term care residents. Home care clients are assessed on factors associated in a home environment and long term care residents are assessed on factors associated in a controlled institutional environment. Staff learn client needs, develop care plans, assign a level of care classification and measure quality indicators of the outcomes of care provided.

The Prince Albert Parkland Health Region has different electronic systems used for collecting home care data, scheduling client services and communicating through e-mail. Data is collected to measure outcomes of service delivery, with results used to determine service trends which in turn determines service delivery. The data collection is done manually and then combined with the electronic data collection system. Manually collecting data puts further pressure on the limited human resources at many of the home care sites. To overcome the challenge of collecting data for home care services, a long term plan to roll out an electronic system to coordinate data collection is being considered.
Public is confident that services are there when required further defines the Prince Albert Parkland Health Authority’s goal of improving access to quality health service. The public at large supports the health care system through taxation. For this reason, confidence must be earned from all citizens. In the “Health System Quality Measures Public Confidence Indicator Report – November 2003,” service is defined in satisfaction with the personal experience, or perception, of care and outcome. The report reflected the results of a sample of Prince Albert Parkland Health Region residents who were surveyed on service specifically regarding respect, fairness, safety, appropriateness of care, and access. The report showed Prince Albert Parkland Health Region at slightly above provincial average which implies at least average or mid-range confidence that services are there when required.

The Prince Albert Parkland Health Authority places public confidence as a regional priority. The Authority holds monthly Authority meetings in communities throughout the region to further inform the public about local health system issues. The Community Advisory Networks increase understanding of health issues and community issues leading to new and more productive practices. Issues or concerns regarding quality of service are addressed by the Quality of Care Coordinator in a timely and efficient manner.

The Prince Albert Parkland Health Region’s Quality of Care Coordinator reported 66 concerns regarding quality of care from 65 clients during the 2003-04 fiscal year. Of those concerns, 61 were resolved during that time period – with nineteen people saying they were satisfied with the resolution, 11 saying they were not satisfied and 31 with unknown satisfaction. Further action was recommended in 19 cases, has been completed in 12 and initiated in four. Of the 61 concerns that were resolved, 42 were completed in less than 30 days, while 19 took more than 30 days.

Improved access to quality services is a desired state for both the region and province. The Prince Albert Parkland Health Authority has made strides in addressing this challenge by working together with the residents, families, and communities of the region. In 2003-04, the region

- expanded its primary health care services to include the Hafford Primary Care site and the Birch Hills community.
- improved by reducing waiting times for surgical procedures in the region.
- improved continuously the access to quality emergency medical care, hospital, specialized services and supportive care by regular monitoring of service volumes, bed/staff capacity, and assessment and care coordination.

II. “Effective Health Promotion and Disease Prevention”

The Prince Albert Parkland Health Authority is committed to working together toward improved health. By addressing the determinants of health (income, education, diet, housing, and support from family and friends), the health outlook for individuals and entire communities can be improved. The “Action Plan for Saskatchewan Health Care” recognizes the value of an increased focus on healthy lifestyle promotion which will in turn give people the tools required to be responsible for sustaining and improving their own health. In other words, “People, families, and communities working together toward improved health.” The Prince Albert Parkland Health Authority has made effective health promotion and disease prevention a priority and is committed to achieving this goal by addressing the health status of residents, families, and
Better promotion of health and disease prevention has taken a coordinated direction in the Prince Albert Parkland Health Region. The establishment of the School Based Health Promotion team facilitates the coordination of health promotion services in the 59 schools within the region by:

- linking health and education by developing an effective communication strategy;
- building healthy public policy;
- supporting relationships between sectors;
- becoming familiar with existing resources and coordinating programs; and
- building new programs to meet the ever-changing needs of students.

Health promotion or primary prevention occurs prior to a diagnosed illness and receipt of treatment. The School Based Health Promotion team focuses on primary prevention by engaging schools three ways:

1. Obtaining a school needs assessment for health promotion service.
2. Providing monthly theme information packages on tobacco reduction, winter safety, nutrition, dental health, physical activity, and summer activity.
3. Developing a speakers bureau resource that lists the health promotion services available from the Prince Albert Parkland Health Region and community agencies. This enables a school to acquire an expert to present on a specific topic.

In addition, the community nutrition program is an integral part of health promotion in the region. The program focuses on primary prevention through creating healthy public food policy, addressing food security issues, working with media, developing teaching resources for schools and giving presentations to community groups and health professionals. A significant achievement was the partnership with school divisions to place a nutritionist in the schools. The result has been the achievement of healthier food choices and healthier lifestyle for students.

The “Action Plan for Saskatchewan Health” states the commitment to developing early childhood programs. A key accomplishment stated in the “Action Plan for Saskatchewan Health – Progress Report” is the implementation of SchoolPlus and KidsFirst. SchoolPlus is an innovative approach that places the school as the community focal point for enriched services that support children, youth and their families. The Prince Albert Parkland Health Region’s School Based Health Promotion team is a prime example of enrichment services to students. There is an ongoing need in many schools for counseling on addictions and various behavior issues. As a pilot project, several members of the mental health and addictions staff now dedicate specific days in Shellbrook Composite High, Wesmor Community High School and St. Mary High School. The goal is to provide a presence in the school so that students will find the counselors approachable.

The Prince Albert Parkland Health Region staff and community partners participated in a special consultation day to identify target issues for a provincial health promotion strategy in April 2003. As a result of the information obtained by the Regional Health Authorities within the province, “Healthier Places to Live, Work, and Play – A Population Health Promotion Strategy for Saskatchewan” was developed and released in April 2004. In this document it states, “Treatment and population health promotion are both needed to make sure that people in Saskatchewan are the healthiest they can be!” The Prince Albert Parkland Health Region provides clinical programs to address secondary prevention and
treatment services. KidsFirst is an example of secondary prevention. This program assists vulnerable children assessed as high-risk to get a better start in life. Other examples of secondary prevention and treatment services are:

- Dental Education program consists of a Dental Health educator providing oral assessments and health education to students in schools within the region. A partnership with the Cooperative Health Centre in Prince Albert also provides treatment services to children with high needs and who have no dental coverage.

- The Diabetes Education Centre is a resource for diabetic clients who can receive comprehensive care from a variety of health professionals including a medical director, diabetic nurse educator, registered dietitian and a podiatrist. The grand opening of the centre was held on March 31, 2004. The centre also works in various primary prevention activities with the school based team and other health promotion endeavors. A special teaching tool called the Diabetes Walk is being used in school to teach students about diabetes and how it can be prevented by adopting better lifestyles at an early age.

- The Sexual Health Clinic located at McIntosh Mall in Prince Albert continues to serve many clients at high risk for many lifestyle diseases. Programs offered by the centre include the needle exchange program, Hepatitis C clinic, health counseling and primary prevention program throughout many areas of the region. The chlamydia rates for this region are high. There were 606.8 reported cases per 100,000 for females and 323.4 cases per 100,000 for males. The rates for Saskatchewan are 453.1 per 100,000 for females and 251.3 per 100,000 for males. An intersectoral endeavor lead by the region’s health staff included a public education program geared at proper handling and disposal of used hypodermic needles found in public areas. Each year the needle exchange program safely disposes of approximately 205,000 needles.

- Community Dietitian based in Shellbrook provides assessment and diet counseling to clients with chronic illnesses requiring special diets. Conditions most commonly addressed include diabetes, obesity and high cholesterol. Clinics are held in Big River, Spiritwood, Shellbrook, Leoville and Hafford.

- Community Therapy consisting of two occupational therapists and two physical therapists provides service to the rural areas. The programs focus on maximizing the client’s functional abilities in their home and school environments.

**Achieve Optimal Health Status of Residents** in the Prince Albert Parkland Health Region is another objective in accomplishing the mission or theme of this report. People, families and communities working together toward improved health increases the health status to an optimal level. All service providers in the Prince Albert Parkland Health Region strive to positively affect the health status of individuals and communities.

Public Health Nursing programs reach children, youth, adults and seniors to assist in achieving optimal health status. This comprehensive service includes:

⇒ child health conferences, school health education and immunization to preschool and school age groups;

⇒ early maternal discharge support program or post-partum follow up;

⇒ immunization against vaccine-preventable illness including flu clinics and international travel assessments and vaccine provision for foreign travel – during the past year there was a 27 percent increase in
travel vaccines given. The influenza immunization rate for persons over 65 years of age is 58 percent. This is lower than the provincial rate of 62 percent. It is recommended that all adults over 65 receive one dose per year;
⇒ teen wellness centre provides education and information about sexuality and birth control to those who request this service.

Public Health Inspection also strives to positively affect the health status of individuals and communities. A few initiatives include:
⇒ track and monitor public water supplies to ensure compliance with the Health Hazard Regulations, enacted December 2002;
⇒ the West Nile Virus control program for the province was put into action, and this involves establishing mosquito trapping sites, submission of dead corvids and providing assistance to communities within the region in order to reduce the risks of West Nile Virus infection;
⇒ administration of The Tobacco Control Act, Part III and The Tobacco Control Regulations as well as a number of other acts and regulations that pertain to food and environmental safety.
⇒ occupational and public health standards are met. Public Health Inspection visited 49.89 percent of 467 food eating establishments in 2003-04. Of the 171 licensed accommodations 52.63 percent were inspected along with 60 percent of the 25 swimming pools.

Addiction Services strive to achieve optimal health status of residents of the region by providing an outpatient Problem Gambling Program. This treatment service is conducted through Mental Health Services. There were 45 admissions during 2003-04 with a successful completion rate of 51.72 percent compared to the provincial average of 21.4 percent.

Effective health promotion and disease prevention has direct effects on health status. Working together to address the determinants of health will positively affect the health of each individual and community. It is a shared responsibility and ownership of health care.

III. “Health Human Resource Planning”
The Prince Albert Parkland Health Authority has implemented a comprehensive recruitment and retention plan for all health-care professionals.

Provide practicum and locum placements through partnerships with educational institutes is a priority function of health human resource planning. In 2003 there were 28 contracts in place. These represent 18 training institutions encompassing Saskatchewan, Alberta, Ontario and North Dakota. The Prince Albert Parkland Health Authority provides the students with the facilities relevant to practical experience.

Two new programs have been implemented in the Prince Albert Parkland Health Region that supports the effective, efficient utilization of health human resources. Introduced in November 2003 is 24-hour emergency physician coverage in the emergency department of the Victoria Hospital. In July 2003, the Prince Albert Parkland Health Region initiated the Family Medicine Residency Training program.

The University of Saskatchewan Rural Family Medicine Program was established in 1997 to train Family Medicine Residents specifically interested in gaining the knowledge and experience necessary to practice medicine in rural and remote settings. The Rural Family Medicine Program of the University of Saskatchewan, which was initially based out of Saskatoon, was moved to Prince Albert in...
2003 in an effort to provide more appropriate training opportunities for Rural Family Medicine Residents.

On July 1, 2003, four residents began their first year of their two-year program in Prince Albert. The Rural Family Medicine Residency Program is managed by a Medical Program Coordinator and an Administrative Assistant. This program has received tremendous support from the general practitioners in Prince Albert as well as our many specialists in the areas of anesthesia, surgery, pediatrics, emergency, obstetrics & gynecology, internal medicine, and psychiatry.

There are several advantages in having the Family Medicine Residency Program in Prince Albert.
1. Improve the region’s ability to recruit family practitioners.
2. Assist the care provision activities in the Victoria Hospital particularly on call services for patients.
3. Benefit physicians and other direct health providers in the region with the current academic knowledge that residents bring to the care of patients.
4. Increase awareness and interest in gaining knowledge and experience necessary to practice medicine in rural and remote settings.
5. Enhance and differentiate Victoria Hospital in Prince Albert as a regional referral centre.

Ensure effective, efficient utilization of health human resources is facilitated by the long term goal or vision “To Be An Employer of Choice” of the human resource plan. One of the ways this is being achieved is through the Attendance Support Program implemented throughout the Prince Albert Parkland Health Region in January 2003. Staff are provided the necessary support to be as healthy as possible in efforts to reduce and remove the work attendance barriers. In 2003-04, sick leave cost the Prince Albert Parkland Health Region $2,490,408 which translates to 128,770.35 hours of lost work time.

**Sick Leave by Union Affiliation**
(Source: Saskatchewan Health Absence Trending Report, 2003-04)

Sick leave by Union affiliation tracks close to the provincial levels in both CUPE and SUN. HSAS uses nearly 10 percent less sick leave than in the province as a whole. Out of scope staff have a sick time utilization rate that is 20.62 percent more than the provincial average. These rates form the baseline upon which future years will be measured.

<table>
<thead>
<tr>
<th>Paid Hours per Total Paid FTE:</th>
<th>CUPE</th>
<th>HSAS</th>
<th>OOS</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAPHR</td>
<td>96.03</td>
<td>58.17</td>
<td>57.79</td>
<td>87.05</td>
</tr>
<tr>
<td>Provincial</td>
<td>92.90</td>
<td>64.35</td>
<td>47.91</td>
<td>90.32</td>
</tr>
</tbody>
</table>

Attract and retain a qualified representative workforce among all occupational levels of staff and among volunteers is a priority of the Prince Albert Parkland Health Authority and Saskatchewan Health. The Action Plan for Saskatchewan Health identified that a major challenge for the future is to have a representative workforce in Saskatchewan health care. The Prince Albert Parkland Health Authority is responding to this challenge with a representative workforce strategy so Aboriginal employability and employment increases. Approximately 15 percent of the workforce in the Prince Albert Parkland Health Region is Aboriginal, which is an increase from 10.5 percent in 2002-03. In addition, the region conducts cultural awareness training sessions to further enhance the workplace in creating a positive workplace environment for Aboriginal peo-
These sessions were developed in cooperation with Saskatchewan Association of Health Organizations and with the Canadian Union of Public Employees. Since the cultural awareness training session began in January 2003, 938 employees have participated in the sessions. The target is to train all Prince Albert Parkland Health Region employees by 2005.

For example, an Aboriginal Elder can be called upon to provide traditional healing for acute care patients in the Victoria Hospital. The patients’ families are included in the healing circle. The program is part of the pastoral care program.

Create healthier workplaces for staff and volunteers is achieved in many ways from volunteer and staff recognition/appreciation events to the attendance support program. Volunteers are the Prince Albert Parkland Health Region’s greatest natural resource. An annual volunteer recognition function is held to acknowledge volunteer efforts. It includes the need to thank volunteers for their efforts and to be aware of and respond to volunteer input. In 2003-04 the region had 2,878 registered volunteers who work in various capacities in all the facilities throughout the region. More than 49,000 hours of service was provided by Volunteers in such ways as palliative care through Home Care. Duties include visiting on a one-on-one basis, providing relief and support for families. Another important program is Junior Volunteers. Students grade 8-12 (ages 13 years – 18 years) volunteer their services September to May in all long term care facilities and the Victoria Hospital. Duties include assisting with supper, feeding patients, play therapy, folding linens, serving ice water, visiting and playing games with patients and residents, etc.

A healthy workplace is a shared responsibility. All individuals have the responsibility to minimize harm and to optimize one’s health at work and away from work. The Prince Albert Parkland Health Authority is committed to providing a safe and healthy place to work by ensuring effective, efficient utilization of health human resources and volunteers.

IV. A Sustainable, Efficient, Accountable Quality Health System.

In keeping with the organization’s mission, the Prince Albert Parkland Health Authority has a commitment to working together toward improved health. Everyone, as individuals and as members of communities had a responsibility for sustaining and improving one’s own health. In doing so, the health care system can perform effectively and efficiently to provide services. Health care becomes a shared responsibility.

As stated in the Action Plan for Saskatchewan Health – Progress Report, September 2003, technological advances and new medications allow people to live longer and healthier lives. These new advances put enormous pressures on health spending. In these times of increased pressure on health spending, accountability for services obtained, services provided and dollars spent is crucial. For a health system to be sustainable, efficient, and accountable, there must sound evidence that the programs, practices and procedures are the most effective means to improve the health of individuals and society. This is the foundation of the Prince Albert Parkland Health Authority’s strategic direction.

Ensure quality, effective health care is a priority in all that is done in the Prince Albert Parkland Health Region. The Prince Albert Parkland Health Region’s Quality of Care Coordinator reported 66 concerns regarding quality of care from 65 clients during the 2003-04 fis-
cal year. Of those concerns, 61 were resolved during that time period. Of the 61 concerns that were resolved, 42 were completed in less than 30 days, while 19 took more than 30 days.

In 2003-04, 68 percent of the concerns were resolved in an average of 9.8 days. In 2002-03, 58 percent of concerns were resolved in an average of 7.6 days.

**Type of Concern/Complaint by Category**
(Source: Complaints Summary Report, April 1, 2003 to March 31, 2004)

<table>
<thead>
<tr>
<th>Type of Concern</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Service</td>
<td>16</td>
<td>24.24%</td>
</tr>
<tr>
<td>Care Delivery</td>
<td>25</td>
<td>37.88%</td>
</tr>
<tr>
<td>Communication</td>
<td>5</td>
<td>7.58%</td>
</tr>
<tr>
<td>Cost</td>
<td>6</td>
<td>9.09%</td>
</tr>
<tr>
<td>Environmental Factors</td>
<td>11</td>
<td>16.67%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>3.03%</td>
</tr>
<tr>
<td>Non-Jurisdictional</td>
<td>1</td>
<td>1.52%</td>
</tr>
<tr>
<td><strong>TOTAL CONCERNS:</strong></td>
<td><strong>66</strong></td>
<td></td>
</tr>
</tbody>
</table>

Region matched funds to build upon existing quality improvement activities. Two new activities introduced in 2003-04 were the perinatal mortality review and the emergency department morbidity/mortality review.

*Appropriate governance, accountability and management for the health sector* is the basis for all regional operations. The Prince Albert Parkland Health region has demonstrated fiscal responsibility. Policy governance demands appropriate governance, accountability and management for health operations. The Prince Albert Parkland Health Authority is audited annually by the Provincial Auditor Saskatchewan. The Provincial Auditor Saskatchewan report deemed the Authority in compliance with legislation. Internal controls are reasonable in its circumstances and the financial statements present fairly the financial position of the organization.

In 2003-04 the budget items for which the region can exert control over resulted in significant savings. For example, there were significant savings in travel expenses. However, the savings in these areas are offset by the increases in salaries and benefits. Continued sick leave utilization at historically high levels resulted in significant overtime cost. The Authority is demonstrating fiscal responsibility and accountability by implementing the attendance support program which assists staff and the financial sustainability of the region.

**Comparison Data**
(Source: Complaints Summary Report, April 1, 2003 to March 31, 2004)

<table>
<thead>
<tr>
<th></th>
<th>2003-04</th>
<th>2002-03</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of client contacts</td>
<td>65</td>
<td>76</td>
</tr>
<tr>
<td>Total # of concerns</td>
<td>66</td>
<td>90</td>
</tr>
<tr>
<td>Concerns resolved</td>
<td>92%</td>
<td>93%</td>
</tr>
<tr>
<td>Average length of time to resolve a concern</td>
<td>23.3 days</td>
<td>46.4 days</td>
</tr>
</tbody>
</table>
By continuing to govern in an appropriate accountable manner, the Prince Albert Parkland Health Authority will respond to the pressures on health spending and sustain health care in the region. Governance is key in managing the challenge the region faces in key geographical, social and economic factors that influence regional priorities and actions. The Prince Albert Parkland Health Authority plays an important but limited role in determining the health status of its population. The Authority does play a major role in providing services to address the health status of the region’s residents. The regional environmental scan will identify the health status of the region by examining health determinants, factors affecting the population, and emerging health issues. In addition, it will include an internal analysis that evaluates the region’s resources and identifies risks that may adversely affect the region’s ability to achieve its goals and objectives.

**Regional Environmental Scan**

The statistical picture of the Prince Albert Parkland Health Region is one that looks fairly good when the population is considered in its entirety. Overall, life expectancy at birth exceeds both the national and provincial rate for males. Females are slightly lower than the provincial average but not alarming. Life expectancy at age 65 is very good for both males and females.

(Statistics Canada, CIHI, Health Indicators 2004)

<table>
<thead>
<tr>
<th></th>
<th>Canada</th>
<th>Saskatchewan</th>
<th>PAPHR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Life Expectancy at Birth:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>75.7 yrs</td>
<td>75.6 yrs</td>
<td>75.9 yrs</td>
</tr>
<tr>
<td>Females</td>
<td>81.3 yrs</td>
<td>81.4 yrs</td>
<td>81.2 yrs</td>
</tr>
<tr>
<td><strong>Life Expectancy at 65:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>16.2 yrs</td>
<td>16.6 yrs</td>
<td>17.6 yrs</td>
</tr>
<tr>
<td>Females</td>
<td>20.0 yrs</td>
<td>20.7 yrs</td>
<td>21.5 yrs</td>
</tr>
</tbody>
</table>

This trend does not hold true for the entire population of the Prince Albert Parkland Health Region. The life expectancy for Aboriginal peoples is calculated at 7 to 10 percent less than non-Aboriginal peoples. This region’s Aboriginal population is 31.4 percent of our total population.

The infant mortality rate (deaths per 1000 as five year average) is better than the provincial rate. Provincial it is reported as 6.9 per 1000. The Prince Albert Parkland Health Region reports 6.3 per 1000. The numbers of deaths per year (7) and the varied causes of death make this indicator very difficult to program for and subsequently effect. Efforts have been concentrated in the pre and postnatal periods. Contact for primary health care purposes for those who live on reserve remains a challenge.

Child and youth (age 0-19) injury hospitalization rates compare favorably to the provincial rate. The Prince Albert Parkland Health Re-
People, Families, and Communities Working Together Toward Improved Health

The Prince Albert Parkland Health Region has 9.2 per 1000 for males and 5.2 per 1000 for females compared provincially at 10.2 per 1000 for males and 6.6 per 1000 for females.

Self reported health is considered to be a very good indicator of population health status. Residents of the region report excellent health at 20.2 percent (Canada 25.6 percent, Saskatchewan 20.5 percent) or very good at 37.6 percent (Canada 35.8 percent, Saskatchewan 36.3 percent). The Health Indicators 2004 from the Canadian Institute for Health Information report the Prince Albert Parkland Health Region at 13.8 percent describing their health as fair/poor. Canada reports 12.0 percent and Saskatchewan 12.8 percent.

Obesity is defined as a body mass index of over 30.0. Overweight is defined as a body mass index of between 25.0 and 29.9. In the Prince Albert Parkland Health Region 33.3 percent of the population is overweight compared to Canada at 32.5 percent and Saskatchewan at 34.0 percent. Obesity is reported at 26.5 percent. Canada as a whole has an obesity rate of 14.9 percent and Saskatchewan at 19.7 percent.

Physical activity however is reported as statistically quite good on a comparative basis. In this region 47.7 percent of the population reports they were active or moderately active compared to Canada at 42.6 percent and Saskatchewan at 44.1 percent. On the other end of the spectrum, 45.4 percent report being physically inactive compared to Canada at 49.1 percent and Saskatchewan at 48.9 percent. Physical activity is a prerequisite for good health. Our life expectancy as a whole is very good, but our obesity rates are very poor and self reported health of fair to poor is high.

The crude diabetes prevalence rate and the age sex adjusted rate is reported at 43.5 per 1000 and 43.6 per 1000. Saskatchewan crude rate is reported at 40.2 per 1000. Statistics Canada reports (2001 Aboriginal Peoples Survey) that the Aboriginal population in the City of Prince Albert has a rate of nearly 10 percent (100 per 1000). Statistics Canada reports the Prince Albert Parkland Health Region at 6.9 percent and 8.3 percent for females. They report Saskatchewan overall at 4.7 percent and Canada overall at 4.6 percent. Regardless of the reporting methodology, the rate of diabetes in this region is high and a source of concern. Obesity and low activity levels are thought to be contributing factors.

The following table indicates more determinants of health that affect the Prince Albert Parkland Health Region’s health status.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Canada</th>
<th>Saskatchewan</th>
<th>PAPHR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependency Ratio</td>
<td>45.8</td>
<td>55.6</td>
<td>60.9</td>
</tr>
<tr>
<td>Diabetes rate</td>
<td>4.1</td>
<td>4.0</td>
<td>6.5</td>
</tr>
<tr>
<td>Low Income rate</td>
<td>16.2</td>
<td>15.8</td>
<td>19.3</td>
</tr>
<tr>
<td>Post-secondary graduates</td>
<td>55.7</td>
<td>51.6</td>
<td>49.6</td>
</tr>
<tr>
<td>High School graduates</td>
<td>85.3</td>
<td>79.5</td>
<td>75.0</td>
</tr>
</tbody>
</table>

(Statistics Canada, CIHI, Health Indicators 2004)
As stated in the “Action Plan for Saskatchewan Health,” Northern Saskatchewan offers an example of how factors such as income, education, diet, housing and early childhood development exert a tremendous influence over long-term health status. These determinants of health are directly related to health status. Since the determinants of health for Aboriginal Peoples is substantially lower, the health status of Aboriginal Peoples is substantially lower.

Health services are provided on-reserve and off-reserve in many communities. Prince Albert Parkland Health Region provides service to many Northern community residents who come to the region for health care services and/or utilize telehealth services in Northern communities like Pinehouse, La Ronge, Ile a la Crosse, and Beauval. The region has the highest Aboriginal population as a proportion of total population – excluding the three northern regions.

The Prince Albert Parkland Health Authority is striving to strengthen Aboriginal health services. The region encourages greater Aboriginal participation in health workplaces by:

- conducting Aboriginal Awareness session to staff to facilitate a supportive work environment;
- implementing the Aboriginal Employment Development Program, with the goal to increase Aboriginal employability and employment across public and private sectors in Saskatchewan; and
- encouraging partnerships through the First Nation’s Community Advisory Network.

The Prince Albert Parkland Health Region has a relatively healthy population. However, about 31 per cent of the region’s population, as a whole, has very high health care needs due to poor health status. Statistically speaking, those who are of Aboriginal descent have a greater chance of poor health status requiring greater health care needs.

### Table 1: Population and Aboriginal Population Statistics

<table>
<thead>
<tr>
<th></th>
<th>Canada</th>
<th>Saskatchewan</th>
<th>PAPHR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>30,859,000</td>
<td>1,020,000</td>
<td>77,215</td>
</tr>
<tr>
<td>% Population Aboriginal</td>
<td>3.4%</td>
<td>13.6%</td>
<td>31.4%</td>
</tr>
<tr>
<td>Aboriginal Population</td>
<td>1,049,206</td>
<td>138,720</td>
<td>24,246</td>
</tr>
</tbody>
</table>

(Statistics Canada, CIHI, Health Indicators 2003)
Major Initiatives and Accomplishments

Despite the challenges that were faced by the Prince Albert Parkland Health Authority in responding to the health status of the population and pressures in health care spending, new initiatives and accomplishments were achieved in the region during the 2003-04 fiscal year.

The initiatives and accomplishments are evidence the Prince Albert Parkland Health Authority is committed to working together toward improved health. The Authority’s established goals/ends and objectives are proving effective with the initiatives and accomplishments that were achieved in this region.

The Prince Albert Parkland Health Region is proud of the following highlighted initiatives and accomplishments.

1. Secured funding to establish Primary Care Nurse in the community of Birch Hills to facilitate development of the primary health care concept.
2. Established a Regional Primary Health Care team to coordinate service delivery and care planning on a regional basis.
3. Established Physician Emergency Room coverage on a 24-hour basis at Victoria Hospital.
4. Expanded Telehealth service for clients/patients has by 28 per cent which improves the health of residents in the region by allowing clients/patients and physicians in rural and remote areas to have consultation with specialists in larger centres through an interactive video link.
5. Initiated “Bridging the Gap,” an innovative partnership between the Birch Hills community and Birchview Lodge is providing quality long term care to residents.
6. Secured funding for a pilot project to implement an MDS-HC system of coordinating care for home care clients by using a comprehensive assessment tool.
7. Rotated monthly Prince Albert Parkland Health Authority meetings in various communities throughout the region to facilitate public communication and transparency in operations.
8. Strengthened School Based Health Promotion team coordinating health promotion or primary prevention services in 59 schools throughout the region.
9. Through partnership with school divisions in the Region placed nutritionist in the schools resulting in healthier food choices and healthier lifestyle education for students.
10. Introduced a Region-wide Attendance Support Program to provide staff with the necessary support to be as healthy as possible in efforts to reduce and remove the work attendance barriers.
11. Established the Family Medicine Residency Training at Victoria Hospital benefiting the Region’s physicians and other direct health providers from the very current academic knowledge that residents bring to the care of patients.
12. Strengthened the representative workforce strategy increasing the employability and employment of Aboriginal Peoples in the region from 10.5 percent in 2002-03 to 15 per cent in 2003-04.
13. Established Region-wide Volunteer Services. In 2003-04 the region had 2,878 registered Volunteers provide more than 49,000 hours of service.
14. Saskatchewan Provincial Auditor’s report deemed the Authority in compliance with legisla-
tion and reported the internal controls are reasonable in its circumstances and the financial statements present fairly the financial position of the organization.

15. In cooperation with Mont St. Joseph and municipal authorities, a Region-wide Special Care Homes Week was introduced to highlight special care home programs and services.

16. There is evidence that services are there when the residents of the Prince Albert Parkland Health Region require them in the many notes of thanks that the staff in the region receive on a daily basis. The following are just a sample of many Notes of thanks…

“...the staff were excellent and I was well looked after.” (Day Surgery – Victoria Hospital)

“...thank you for your kindness and concern during my stay in the hospital. It is a gift to be able to offer reassurance and calm to a person whose world has suddenly been turned upside down...” (Intensive Care Unit – Victoria Hospital)

“...I received prompt and very competent care from each staff member whom I encountered. From receptionist and technician, to nurse and doctor, my medical and personal needs were well attended to by all.” (Emergency Department – Victoria Hospital)

“...you have been gifted with the ability to deal with very sensitive topics in a way which strengthens our ability to reconcile death with life. Your unique skills and knowledge in this area are most appreciated by all of those whom you have provided support, assistance and counseling.” (Spiritual Care Unit – Prince Albert Parkland Health Region)

“...As Mom enters another year of her life we wish to thank the staff of Evergreen for the wonderful care she has received over the past 10 years.” (Evergreen Health Centre – Leoville)

“...thank you for giving me information on end of life options...it relieved a great burden for me.” (Medical Social Services – Victoria Hospital)
Conclusion

Management Discussion and Analysis

The Prince Albert Parkland Health Authority strives to fulfill the region’s mission, vision, and values by establishing clear policies that clearly state the desired results and the guideline to achieve them. Management operates within these guidelines striving to meet the ends policies or Authority’s goals. In doing so, the financial health of the organization is key. A balance must be struck between the operations to fulfill the ends policies or Authority’s goals and the region’s finances.

The Region has the ability to meet its commitments, its financial obligations and any restrictions on its resources. There are current financing arrangements in place. There were no extraordinary items and ongoing operational costs that require attention or cause for concern.

The Region experienced an operating deficit in 2003-04 of $1,060,821 ($646,560 in 2002-03). At this time, the Region is able to meet its financial obligations and commitments without additional borrowing. However, the Region will be unable to meet its future commitments without additional borrowing if operating deficits continue.

The Region has two long-term capital loans, which will be repaid within the next two years. The Region also has a $1,000,000 line of credit that it accessed only temporarily during 2003-04.

The Prince Albert Parkland Health Region’s ability to operate is evident in the audited financial statements which clearly indicate the financial position of the region.

Challenges and Future Directions

The 2003-04 fiscal year continued to be a year of transition for the newly formed Prince Albert Parkland Health Region. Bringing two Health Districts together into one region has presented challenges that put the region’s mission to the test. This document has shown how the Prince Albert Parkland Health Authority responded to the test. The alignment of the Authority’s goals/ends and objectives with Saskatchewan Health’s goals/ends and objectives shows there is a unified commitment to pull health care regionally and provincially in the same direction. Progress has been made in 2003-04 to address the challenge of improving health and sustaining health care in Prince Albert Parkland Health Region and Saskatchewan. The progress made in achieving the goal or ends demonstrated the authority’s ability to strive to meet and exceed Saskatchewan Health’s defined roles and expectations/responsibilities through the authority’s governance and organization structure.

Regardless of the progress and strides made in accomplishing the 2003-04 Annual Report’s theme of “People, families, and communities working together toward improved health,” challenges exist that require future consideration and attention. The following challenges have been identified in this document:

- Enhancing internal and external communication;
- Developing and implementing a comprehensive quality improvement and risk management process;
- Maintaining present surgery program scope and volume even though challenges still exist with an ongoing need to replace worn out equipment and upgrade with new
technology;
- Recruiting and retaining health care professionals;
- Developing a strategy to deal with capital resources for aging facilities;
- Engaging the workforce;
- Improving measures for community consultation and relationships with stakeholders; and
- Implementing measures to live within available operating funding levels.

The Prince Albert Parkland Health Authority has adopted a strategic planning action model that will assist in addressing these challenges. The overall objective is the alignment of programs, services, desired outputs and outcomes. Indicators from the Canadian Institute for Health Information (CIHI), Statistics Canada, Saskatchewan Health, Prince Albert Parkland Health Region, First Nations Inuit Health Branch and the Northern Intertribal Health Authority will be used to determine a baseline for the variables influencing strategic management. These variables include service area health care needs, financial resources, human resources and physical plant, equipment and capital resources. The results will determine the strategic thrusts for output outcomes. An evaluation process including participatory evaluation every three months, strategic evaluation annually, and a best practice evaluation every three years will be conducted.
Healthy Living in Healthy Communities

June 2, 2004

RE: Prince Albert Parkland Health Region
REPORT OF MANAGEMENT

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

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

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

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

Gren Smith-Windsor, Morgan Kennedy,
Chief Executive Officer Chief Financial Officer