# AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Discussion Item</th>
<th>Decision Item</th>
<th>Info Item</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:00 p.m.</td>
<td>1. Call to Order</td>
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<tr>
<td>2:00 p.m.</td>
<td>2. Consideration of the Proposed Agenda</td>
<td>GP-15</td>
<td>X</td>
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<tr>
<td>2:00 p.m.</td>
<td>3. Declaration of Any Conflict of Interest</td>
<td>GP-10</td>
<td></td>
<td>X</td>
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<tr>
<td>2:00 p.m.</td>
<td>4. Consideration of the Minutes of the Previous Meetings</td>
<td></td>
<td></td>
<td>X</td>
<td>2</td>
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<tr>
<td>2:00 p.m.</td>
<td>5. Business Arising from the Previous Minutes</td>
<td></td>
<td></td>
<td>X</td>
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<tr>
<td>2:00 p.m.</td>
<td>6. Presentations</td>
<td>GP-13.1</td>
<td></td>
<td>X</td>
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<tr>
<td>2:00 p.m.</td>
<td>7. Quality and Safety Monitoring</td>
<td>EE-7</td>
<td></td>
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<td>8</td>
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<tr>
<td>2:10 p.m.</td>
<td>7.1 Decision Item: Appointment to PAPHR Medical Staff</td>
<td></td>
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<td>8</td>
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<tr>
<td>2:30 p.m.</td>
<td>8. Committee Reports</td>
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<tr>
<td>2:30 p.m.</td>
<td>8.1 Financial Status Report</td>
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<td>X</td>
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<td>12</td>
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<tr>
<td>2:30 p.m.</td>
<td>8.2 Board Finance Audit Committee (D. Code)</td>
<td>GP-8.3</td>
<td></td>
<td>X</td>
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</tr>
<tr>
<td>2:30 p.m.</td>
<td>8.3 Quality and Safety Committee (D. Code)</td>
<td>GP-8.4</td>
<td>X</td>
<td></td>
<td>17</td>
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<tr>
<td>2:30 p.m.</td>
<td>8.4 Victoria Hospital Foundation Report (M. Bender)</td>
<td>GP-14</td>
<td></td>
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<tr>
<td>2:30 p.m.</td>
<td>8.5 Shellbrook &amp; District Health Services Foundation (M. Kreeese)</td>
<td>GP-14</td>
<td></td>
<td>X</td>
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<tr>
<td>2:45 p.m.</td>
<td>9. Report of the Chairperson</td>
<td>GP-5</td>
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<td>X</td>
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<tr>
<td>2:55 p.m.</td>
<td>10. Report of the Chief Executive Officer</td>
<td>EE-9</td>
<td>X</td>
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<tr>
<td>3:15 p.m.</td>
<td>11. Questions from the Public</td>
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<td>3:15 p.m.</td>
<td>12. “Nice to Know” Information Items</td>
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<td>X</td>
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<tr>
<td>3:30 p.m.</td>
<td>13. Meeting Evaluation</td>
<td>GP-11</td>
<td></td>
<td>X</td>
<td>25</td>
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<tr>
<td>3:30 p.m.</td>
<td>14. Adjournment</td>
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</table>
Prince Albert Parkland Regional Health Authority
Minutes of Regular Authority Meeting
Wednesday, September 20, 2017
Main Floor Conference Room, 1521 – 6 Avenue West (Prince Albert)

Present: Board Members
Merv Bender (2:00 p.m. - 3:00 p.m.)
Bevra Fee (2:00 p.m. - 3:00 p.m.)
Larry Fladager (2:00 p.m. - 3:00 p.m.)
Marcie Kreese (2:00 p.m. - 3:00 p.m.)
Hugh Otterson (2:00 p.m. - 3:00 p.m.)
Mona Selanders (2:00 p.m. - 3:00 p.m.)
Alan Tanchak (2:00 p.m. - 3:00 p.m.)

Administration:
Cecile Hunt, Chief Executive Officer
Doug Dahl, Communications Officer
Cheryl Elliott, Vice President of Finance and Corporate Support Services
Brett Enns, Vice President of Primary and Community Health Services
Carol Gregoryk, Vice President of Integrated Health Services
Don McKay, Vice President of Human Resources
Pat Stuart, Vice President of Clinical Support Services and Quality Performance
Kathy Holmgren, Executive Assistant (Recorder)

Regrets: Don Code
Shirley Schwab

1. Call to Order
   - The meeting was called to order by Bevra Fee, A/Chairperson at 2:00 p.m.

2. Consideration of the Proposed Agenda
   Motion: 1885/09/17
   “THAT the agenda be approved as circulated.”
   M. Kreese/M. Bender..........................................................carried

3. Declaration of Any Conflict of Interest
   - None

4. Minutes of the Previous Meeting
   Motion: 1886/09/17
   “THAT the minutes of the Regular Authority Meeting dated June 28, 2017 be approved as circulated.”
   A. Tanchak/M. Bender..........................................................carried

5. Business Arising from the Previous Minutes
   - None

6. Presentations
   - None
7. Quality and Patient Safety Monitoring

7.1 Decision Item: Appointment to PAPHR Medical Staff

Motion: 1887/09/17

“THAT the Prince Albert Parkland Regional Health Authority approve the appointments, reappointments and membership to the medical staff of the Prince Albert Parkland Health Region, as recommended by the Practitioner Advisory Committee meetings held June 19, 2017 as follows:

Dr. Bazim EKPENIKE  
Medical staff status be changed from Associate to Active status effective May 25, 2017

Dr. Ivan SERUNKUMA  
Medical staff status be changed from Associate to Active status effective May 25, 2017

Dr. Simon ERIKI  
Observer privileges for May 23 and 24, 2017 and thereafter Resident privileges as of May 25 to June 4, 2017 for the purpose of an evaluation of his obstetrical skills as requested by the Enhanced Surgical Skills Program, U of S

Dr. Jasmine HASSELBACK  
Visiting membership status and specialist privileges as Medical Health Officer as of May 25, 2017

Dr. Anis HAJI MOHAMMAD TAGHI  
Active medical status and Dental privileges as of May 23, 2017

Dr. Kyle RAAB  
Temporary membership status and specialist privileges in Anaesthesia for June 5 to 9, 2017

Dr. Holly WELLS  
Active membership status and privileges to provide ultrasound services as of May 25, 2017

U of S Family Medicine / Anaesthesia Residents

Dr. Rebecca EPP  
August 28 to September 24, 2017 & February 12 to March 11, 2018

Dr. Chelsea WILGENBUSCH  
September 25 to October 22, 2017 & April 9 to May 6, 2018

U of S Family Medicine / Emergency Medicine Residents

Dr. Bindi BRAR  
August 28 to September 24, 2017

Dr. Chris ROBERTS  
October 23 to November 19, 2017

Dr. Brittni WEBSTER  
January 1 to 28, 2018

Dr. Anna SEDLAKOVA  
February 12 to March 11, 2018

U of S Emergency Medicine Residents

Dr. Ponn BENJAMIN  
July 31 to August 27, 2017

Dr. Sachin TRIVEDI  
October 23 to November 19, 2017

U of S Obstetrics/Gynaecology Residents

Dr. Danielle NAULT  
PGY4  July 1 to 20, 2017

Dr. Peter THIEL  
PGY1  August 28 to September 24, 2017

Dr. Jillian KERRY  
PGY1  September 25 to October 22, 2017

Dr. Julie VERMEER  
PGY1  October 23 to November 19, 2017

Dr. Erin KOT  
PGY5  November 20 to December 17, 2017

Dr. Mae CANTOS  
PGY4  January 15 to February 11, 2018
7.2 Visibility Wall Walk

- A Visibility Wall power point presentation was provided to update board members on PAPHR’s activities to support the following Provincial Priorities and PAPHR Priorities and Targets:

<table>
<thead>
<tr>
<th><strong>Provincial Priority:</strong></th>
<th><strong>Fully implement a provincial Safety Alert/Stop the Line (SAS/TL) process throughout Saskatchewan and achieve zero harm to patients and staff by March 31, 2019.</strong></th>
</tr>
</thead>
</table>
| **PAPHR Safety Hoshin—REDUCE WORKPLACE INJURIES, by March 31, 2018:** | • Implement elements 1-3 of Safety Management System (SMS) in all PAPHR facilities.  
• Implement elements 1-6 of Safety Management System (SMS) in Herb Bassett Home, Whispering Pine Place and Birchview Home (focusing on the reduction of musculo-skeletal injuries).  
• Sick Time Reduction - 10% reduction in sick time hours from previous years rates.  
• Hand Hygiene – 80% audited hand hygiene compliance rate across the organization. |
| **PAPHR Safety Hoshin—SAFETY ALERT/STOP THE LINE (SAS/TL) SYSTEM, by March 31, 2018:** | • Roll-out of STL to all Acute Care units:  
  - 100% of incident report actions to be closed with report writers.  
  - 10% Increase of “Near Miss” Reporting vs. Actual Harm.  
• Operationalize Safety Huddles across Region (daily for key clinical areas).  
• Improved Safety of LTC residents: 100% of all residents will have the Suicide Prevention screening and assessment protocol. |

<table>
<thead>
<tr>
<th><strong>Provincial Hoshin:</strong></th>
<th><strong>Improve access for patients and reduce ED waits by 60%, with necessary improvements in key areas achieved by 2019.</strong></th>
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</thead>
</table>
| **PAPHR Hoshin—IMPROVE ACCESS & REDUCE EMERGENCY DEPARTMENT (ED) WAITS, by March 31, 2018** | • Meeting Expected Length of Stay (ELOS) for Non-admitted ED Patients (ED Length of Stay @ 90th percentile):  
  - Canadian Triage and Acuity Scale (CTAS) 1-3 = 8 hrs (non-admitted patients)  
  - Canadian Triage and Acuity Scale (CTAS) 4-5 = 4 hrs (non-admitted patients)  
• Decreasing Hospital Utilization of Chronic Obstructive Pulmonary Disease (COPD) Patients:  
  - 10% decrease in baseline of hospital utilization for patients managing COPD.  
• Decreasing wait time for psychiatry:  
  - 10% reduction from baseline for psychiatry wait times for clients triaged as moderate (T3) and mild (T4).  
• Appropriateness:  
  - Increase cooperative management of all acutely ill adult inpatients who have Internal Medicine consults.  
• HIV Testing:  
  - 15% increase in # of HIV tests from the Ministry’s 2016-17 target. |
8. Committee Reports

8.1 Financial Status Report

- Prince Albert Parkland Health Region has an operating deficit of $1,317,587 for the four months ended July 31, 2017. After required transfers to capital for long term care reserves, mortgage payments, parking equipment purchases and energy performance loan payments the deficit increases to $1,668,926. The region is forecasting an operating deficit of $3,112,000 for the 2017-2018 fiscal year based on year to date operating results this deficit will increase to $4,163,200 after required transfers to capital.

- Statistical information (April to June 2017 and Prior Year Actual) was provided for Acute Care, Laboratory and Radiology, Addictions and Mental Health Community Programs, Long Term Care, and Community Health Programs.

8.2 Board Finance Audit Committee

- Draft minutes from the meeting held on September 20, 2017 were circulated for information.

Motion: 1888/09/17

“THAT the Prince Albert Parkland Regional Health Authority send formal communication to MNP indicating that their services will not be required for 2017/2018 and thanking them for their past service.”

H. Otterson/L. Fladager..............................................................carried

Motion: 1889/09/17

“THAT Bevra Fee, A/Chairperson of the Prince Albert Parkland Regional Health Authority Board of Directors in regards to the lack of an interim audit being completed when the amalgamation of PAPHR into the Saskatchewan Health Authority takes place and that clarity be sought regarding the liability of the PAPHR Board of Directors.”

H. Otterson/M. Kreese..............................................................carried

Motion: 1890/09/17

“THAT the Prince Albert Parkland Regional Health Authority approve the following borrowing resolution:

RESOLUTION OF THE Prince Albert Parkland Regional Health Authority to authorize the borrowing of certain monies;

WHEREAS THE Prince Albert Parkland Regional Health Authority (hereinafter referred to as the Board) is a body corporate pursuant to The Regional Health Services Act;

AND WHEREAS the Board appointed under the said Act may, in any fiscal year, by Resolution authorize the borrowing of such sums of money as may be required to meet the expenditures of the Board for operating purposes.

AND WHEREAS the Board will not borrow an amount in excess of any prescribed limits set by Legislation.

NOW, THEREFORE, BE IT RESOLVED by the Board as follows:

1. That the Board be and is hereby authorized to borrow on behalf of the Prince Albert Parkland Regional Health Authority, from the Canadian Imperial Bank of Commerce (the “Bank”) the sum of $1,000,000 to meet the expenditures of the Prince Albert Parkland Regional Health Authority and to pay or agree to pay interest on the monies borrowed both in advance or at maturity and in either case after maturity at the variable nominal rate of a variable per cent per annum, that being a rate 0.50 percentage points below the Prime interest Rate of the Bank in effect on the date hereof; provided that if and whenever the Prime interest rates comes into effect and without notice to The Board, so that at all times the interest rate thereunder shall be the said number of percentage points below the Prime then in effect.

2. The said sums borrowed and interest thereon is to be paid out of and be a first charge upon the grants and revenues received from The Board.

3. That the said sums may be borrowed from the Bank by way overdraft on the current account of The Board or by way of Bankers’ Acceptances or such other form of borrowing as the Bank may allow and may be secured by way of promissory note or notes and the hypothecation of all grants and revenues to be received by The Bank executed on behalf of The Board by the Chairman and Secretary. The Chairman and Secretary of The Board are hereby authorized and empowered to execute and give such promissory note or notes on behalf of the said Board as may be required by the Bank.

4. That this resolution shall carry forward until such time as:
   a. 90 days following a change to the Chairman or Secretary of The Board.
   b. A change in the amount authorized to borrow as stated in point 1.
   c. A change in the borrowing rate that reflects the new rate as less than the variable nominal rate stated in point 1.

H. Otterson/A. Tanchak..............................................................carried
Motion: 1891/09/17
“THAT the Prince Albert Parkland Regional Health Authority approves the 2017-18 amended capital equipment purchases made between April 1, 2017 and August 31, 2017 totaling $217,187.”
H. Otterson/M. Bender.................................................................carried

8.3 Victoria Hospital Foundation Report

- Merv Bender provided a verbal update on the meeting held September 11, 2017.
  - 12th Annual Give a Little Life Day will be held on December 1, 2017. Pharmacy will be the recipient of the funds raised.
  - 3rd Annual Doctors Gala will be held on April 7, 2018 at 6:00 p.m. at Plaza 88.
  - Staff 50/50 Lottery is a huge success.
  - 10th Annual Scotiabank Rotary Wine Premier will be held on October 21, 2017 at Plaza 88 Convention Centre at 6:30 p.m. Proceeds from this event will go to Mont St. Joseph Foundation and the Victoria Hospital Foundation.
  - Sherry Buckler, Executive Director continues to attend provincial meetings between health officials and the foundations.

8.4 Shellbrook & District Health Services Foundation

- Marcie Kreese provided an update on the meetings held July 4 and September 5, 2017:
  - Flag poles will be installed outside the Parkland Integrated Health Centre.
  - The gates to stop traffic for STARS landing have been installed and are functional.
  - The field around the Parkland Integrated Health Centre will be seeded to hay next year, to eliminate the use of sprays around the building in the future.
  - A motion was made to purchase staff educational training equipment for adult and infant CPR-AED (e.g. training manikins, other related equipment) as per staff request.
  - A new donation form has been developed.
  - With the assistance of Botkin Construction for hauling asphalt; RM of Shellbrook for equipment and manpower; and Sterile Concrete for equipment and manpower, the rear grounds of the Parkland Integrated Health Centre have been repaired to improve staff parking.
  - The Foundation has received a donation through a life insurance bequest of approximately $25,000 and because of the Meining family’s previous donations and this bequest the Foundation has named a room in their honour.
- Next meeting is scheduled for October 3, 2017.

9. Report of the Chairperson

- B. Fee, A/Chairperson attended a screening of the documentary on homeless people at the John M Cuelenaere Library on September 14, 2017. A British Columbia filmmaker has spent the last 10 years creating a feature-length documentary with homeless subjects, and one of them has roots in Northern Saskatchewan. La Loche’s Karen Montgrand is featured in Us and Them, a film created by Krista Loughton from Victoria, B.C. Us and Them is the story of Loughton’s own quest for healing, and how homeless people played a role in her journey.

10. Report of the Chief Executive Officer

- Written report (attached) was profiled.

Motion: 1892/09/19
“THAT the Prince Albert Parkland Regional Health Authority approve the Prince Albert Parkland Health Region 2016-2017 Annual Report to the Minister of Health as completed and tabled with the Saskatchewan legislature on July 28, 2017.”
M. Bender/M. Kreese.................................................................carried
Accreditation Canada performed their survey visit in Prince Albert Parkland Health Region from June 12-16, 2017. Pat Stuart, Vice President of Clinical Support Services and Quality Performance provided an overview of the Accreditation Report.

Motion: 1893/09/17
“THAT the Committee Reports, Chairperson Report and CEO Report be accepted as presented.”
M. Selanders/M. Bender.................................................................................................................................carried

11. Questions/Comments from the Public
- None

12. “Nice to Know” Information Items
- None

13. Meeting Evaluation
- Authority members individually completed the “Meeting Effectiveness” form.

14. Adjournment

Motion: 1894/09/17
“THAT the meeting adjourn at 3:00 p.m.”
M. Selanders............................................................................................................................................carried

NEXT REGULAR MEETING:  Wednesday, October 18, 2017
Main Floor Meeting Room, 1521 – 6 Avenue West, Prince Albert
2:00 p.m.

_______________________________  _________________________________
Chairperson      Secretary
7.1 Decision Item: Appointment to PAPHR Medical Staff

Prince Albert Parkland Regional Health Authority Bylaws state as follows:

RESPONSIBILITIES OF THE BOARD
6(1) The board shall be responsible for the governance and management of the affairs of the corporation.
   (2) The board shall be responsible, without limitation, as follows:
      i) appoint and reappoint physicians, dentists and chiropractors and to delineate their respective privileges after considering the recommendations of the Practitioner Advisory Committee, the board’s resources and whether there is a need for such services in the community;

Recommended Motion:
“THAT the Prince Albert Parkland Regional Health Authority approve the appointments, reappointments and membership to the medical staff of the Prince Albert Parkland Health Region, as recommended by the Practitioner Advisory Committee meetings held September 18, 2017 as follows:

Dr. Breena ARDELL, Resident medical status and privileges consistent with their second year Rural Family Medicine Residency as of July 1, 2017
Dr. Joel BUHIRE,
Dr. Christine CHANG,
Dr. Emily GOULD,
Dr. Christopher LITTLE

Dr. Joel WOLSEY Resident medical status and privileges consistent with his second year Rural Family Medicine Residency as of June 18, 2017

Dr. Isa SAIDU Associate membership status and general practice privileges as of June 22, 2017

Dr. Sabrina FEE Associate membership status and general practice privileges as of June 29, 2017

Dr. Tamer BANOUH Associate membership status and general practice privileges as of June 20, 2017

Dr. Oladapo MABADEJE Thyroid surgery privileges revised to without supervision

Dr. Samer ALANDARY Resident privileges for June 19 to July 28, 2017 under the supervision of Dr. Nigel Painter for the purpose of undertaking the Saskatchewan International Physician Practice Assessment

Dr. Milad HANNA Resident privileges for June 19 to July 28, 2017 under the supervision of Dr. Jan Bischoff for the purpose of undertaking the Saskatchewan International Physician Practice Assessment

Dr. Alireza ABEDI Resident privileges for July 31 to September 8, 2017 under the supervision of Dr. Nigel Painter for the purpose of undertaking the Saskatchewan International Physician Practice Assessment

Dr. Mamdouh ELSERAFY Resident privileges for July 31 to September 8, 2017 under the supervision of Dr. Jan Bischoff for the purpose of undertaking the Saskatchewan International Physician Practice Assessment
Dr. Matthew BUTZ, Dr. Jamie KEESS, Dr. Kilmeny MELNICK, Dr. Mira PAVAN, Dr. Rebecca SCHMIDT, Dr. Cheyanne VETTER

Resident medical status and privileges consistent with their first year Rural Family Medicine Residency as of July 4, 2017 pending an interview with the Senior Medical Officer

U of S General Internal Medicine Residents

Dr. Jon DEAN PGY4 August 14 to 25, 2017
Dr. Andrew YANG PGY4 October 23 to November 5, 2017
Dr. Michelle LUND PGY4 November 6 to 17, 2017

U of S Clinical Clerks – O & G Elective:

Ms. Kayleen WINGERT September 11 to 25, 2017
Ms. Candina BEAURIVAGE September 25 to October 22, 2017
Ms. Elizabeth HOGEWEIDE October 2 to 15, 2017

U of S Clinical Clerks – E.R. Elective:

Mr. Cody SECORD August 14 to 27, 2017
Mr. Eric BRENNA August 28 to September 10, 2017
Ms. Kira NYHUS-RUNTZ September 4 to 17, 2017
Ms. Payton PEDERSON September 11 to 24, 2017
Mr. Jordan ANDERSON September 25 to October 8, 2017
Ms. Krishia McLaren September 25 to October 8, 2017
Mr. Jordan HOUNJET October 9 to 22, 2017
Mr. Andrew ARNDT December 4 to 17, 2017

U of S Clinical Clerks – Psychiatry Elective:

Mr. Aidan VOOGHT August 28 to September 10, 2017

U of S Clinical Clerks – Family Medicine Elective:

Mr. Eric BORTOLOTTI Dr. Nico deBeer August 14 to August 27, 2017
Mr. Michael SCHINOLD Dr. Vipul Parekh August 14 to August 27, 2017
Ms. Elizabeth HOGEWEIDE Dr. Craig Cantin August 14 to August 27, 2017
Ms. Krishia McLaren Alanna Surkan August 14 to August 27, 2017
Mr. Andrew ARNDT Dr. Gord Surkan August 14 to August 27, 2017
Ms. Kaitlyn MAYERLE Dr. Michelle James August 14 to August 27, 2017
Ms. Elizabeth HOGEWEIDE Dr. Craig Cantin August 14 to August 27, 2017
Ms. Krishia McLaren Alanna Surkan August 14 to August 27, 2017
Ms. Kaitlyn MAYERLE Dr. Michelle James August 14 to August 27, 2017
Mr. Tanner ISINGER Dr. Stan Oleksinski August 14 to August 27, 2017
Ms. Genevieve COUTU Dr. Alanna Surkan August 28 to September 1, 2017
Ms. Justine GREER Dr. Stan Oleksinski August 28 to September 10, 2017
Ms. Janessa MANN Dr. Stan Oleksinski August 28 to September 10, 2017
Mr. Richard ZHU Dr. Christine Ryan August 28 to September 24, 2017
Mr. Matthew SCHULTZ Dr. Vipul Parekh September 11 to September 24, 2017
Ms. Caitlin YEAGER  Dr. Craig Cantin  September 11 to September 24, 2017
Ms. Katelyn POSTNIKOFF  Dr. Alanna Surkan  September 11 to September 24, 2017
Mr. Jeffrey KENDAL  Dr. Stan Oleksinski  September 11 to September 24, 2017
Mr. Luke TURANICH  Dr. Gord Surkan  September 11 to September 24, 2017
Mr. Stephan HOUNJET  Dr. Vipul Parekh  September 25 to October 8, 2017
Ms. Brigid von DEWITZ  Dr. Mark Halyk  September 25 to October 8, 2017
Ms. Candina BEAURIVAGE  Dr. Vipul Parekh  October 23 to November 5, 2017
Mr. Brandon CANADAY  Dr. Craig Cantin  October 23 to November 5, 2017
Ms. Anna REDEKOP  Dr. Alanna Surkan  October 23 to November 5, 2017
Ms. Bonnie LIU  Dr. Mark Halyk  October 23 to November 5, 2017
Ms. Kim HIGGINS  Dr. Andre Grobler  October 23 to November 5, 2017
Mr. Sanji ALI  Dr. Stan Oleksinski  October 23 to November 5, 2017
Ms. Kayleen WINGERT  Dr. Gord Surkan  October 30 to November 12, 2017
Ms. Jacqueline CAVERHILL  Dr. Christine Ryan  November 6 to December 3, 2017
Ms. Laura HALYK  Dr. Vipul Parekh  December 4 to 17, 2017
Mr. Ron NGUYEN  Dr. Mark Halyk  December 4 to 17, 2017

Dr. Aaron DETERS  Fifth year U of S General Surgery Resident requiring C-Section Training with Dr. Sivertson and Colleagues for June 18 to 30, 2017
Dr. Brittni WEBSTER  Second year U of S Family Medicine Resident undertaking ICU rotation for June 19 to 30, 2017
Dr. Raymond KHAN  Family physician trained in Curacao observing E.R. Physicians for May 27 to September 30, 2017
Dr. James HOLMLUND  Associate medical status and specialist privileges in Psychiatry as of September 5, 2017
Dr. Oladele OLADAPO  Associate medical status and specialist privileges in Psychiatry as of September 5, 2017
Dr. Jonathan NESS  Resident medical status and privileges consistent with his second year Rural Family Medicine Residency as of September 4, 2017
Dr. Robert WEITEMEYER  Associate membership status and general practice privileges as of July 4, 2017
Dr. Kimberley ALLAN  Resident medical status and privileges consistent with her Family Medicine Enhanced Surgical Skills Residency as of July 4, 2017
Dr. Shawna PANDYA  Resident medical status and privileges consistent with her Family Medicine Enhanced Surgical Skills Residency as of July 4, 2017
Dr. Archie Navid ROBERTSON  Medical staff status be changed from Associate to Active status effective September 7, 2017
Dr. Dawn POISSON  Medical staff status be changed from Associate to Active status effective September 7, 2017
Dr. Aaron ADESINA  Medical staff status be changed from Associate to Active status effective September 7, 2017
Dr. Melissa KUHN  
Medical staff status be changed from Associate to Active status effective September 7, 2017

Dr. Shelby JENKINS  
Medical staff status be changed from Associate to Active status effective September 7, 2017

Dr. Nirosha HOOVER  
Medical staff status be changed from Associate to Active status effective September 7, 2017

Dr. Alanna KURYTNIK  
Medical staff status be changed from Associate to Active status effective September 7, 2017

Dr. Moses MAFOWOSOFO  
Limited membership status and privileges to access diagnostic imaging, laboratory and therapies as of August 3, 2017

Dr. David HORNE  
Visiting medical status and consultant privileges in Radiology as of July 14, 2017

Dr. Aatif PARVEZ  
Visiting medical status and consultant privileges in Radiology as of July 14, 2017

Dr. Mikhail SHAHAT  
Resident privileges for September 11 to October 27, 2017 under the supervision of Dr. Nigel Painter for the purpose of undertaking the Saskatchewan International Physician Practice Assessment pending a Credentials interview

Family Medicine Residents - ESS Electives

Dr. Erin BERESH  
Regina, FMR1, August 7 to 18, 2017

Dr. Claire MOFFAT  
Newfoundland & Labrador FMR1, August 8 to 25, 2017

Dr. Jenny DUKE  
Grande Prairie, FMR1, September 25 to October 22, 2017

Dr. Geoffrey ZERR  
Regina, FMRII, September 4 to 17, 2017

U of S Clinical Clerk – Family Medicine Elective:

Mr. Kristian HUNDSETH  
Dr. Christine Ryan  
August 14 to 25, 2017

U of S Clinical Clerks – Psychiatry Elective:

Mr. Patrick JACOBSON  
September 11 to 24, 2017

U of S Clinical Clerks – Paediatrics Elective:

Ms. Nicole TYMINSKI  
August 14 to 25, 2017

Ms. Kimberley HIGGINS  
January 1 to 12, 2018

Ms. Elizabeth HOGEWEIDE  
December 5 to 15, 2018
8.1 Financial Status Report

Date: October 11, 2017
To: Ms. Cecile Hunt, CEO
From: Cheryl Elliott, VP of Finance & Corporate Support Services
Re: August 2017 Finance Report

Prince Albert Parkland Health Region has an operating deficit of $1,122,097 for the five months ended August 31, 2017. After required transfers to capital for long term care reserves, mortgage payments, parking equipment purchases and energy performance loan payments the deficit increases to $1,562,711. The region is forecasting an operating deficit of $3,169,000 for the 2017-2018 fiscal year based on year to date operating results this deficit will increase to $4,220,200 after required transfers to capital.

Revenue

Revenue is over budget $135,813 as at August 31, 2017.
- Base funding is under budget $717,715. Base funding includes $1,300,000 (annual) of frozen funds for surgical volumes. The region will only recognize a portion of this funding this fiscal year as implementation of expanded staff hours in surgery is implemented.
- Deferred revenue is over budget $237,014.
  - Each year there are areas that are unable to include their plans for deferred revenue in the budget resulting in a positive variance in this line
- Special funding is over budget $132,026.
  - 2016-2017 physician on call funding accrued at year end was not sufficient. These payments were received in the first quarter resulting in this line being over budget.
- WCB revenue is over budget $105,857 year to date the majority of which is related to retroactive and current year billings for inpatient stays.

Expenditures

Expenditures are over budget $1,638,169 for the first five months.
- Compensation Benefits – Other Compensation Benefits is over budget $134,633.
  - Benefit costs are cyclical in nature and are expected to be high early in the fiscal year until those who reach maximum benefit payments have done so by July or August. Benefit payments increase again in January as they are based on a calendar year.
- Compensation – Salaries are over budget $1,308,547.
  - Overtime hours continue to contribute to the negative variance in salaries.
  - Sick time hours exceed budgeted relief rates in many areas.
  - Accrual banks payable decreased by $484,681 in August resulting in a reduction of $1,207,889 year to date. Unfortunately this is only a temporary reduction as vacation accruals will increase after the summer months.
- Purchased salaries are over budget $500,809 as the region continues to fill vacancies with contract nurses to reduce overtime in those facilities where vacancies are difficult to fill.
- Information Technology Contracts are over budget $194,491. eHealth billings for previous years have created an overage in this expense category.
- Rent/Lease/Purchase costs are under budget $160,723. This line includes minor equipment purchases; the region continues to require CEO approval for these purchases as part of fiscal restraint.
- Drugs are over budget $107,733 year to date. Increased drug costs and usage variances are resulting in a growing variance in drug costs throughout the fiscal year.
## Statement of Financial Position

### as at August 31, 2017

### Prince Albert Parkland Regional Health Authority

#### ASSETS

<table>
<thead>
<tr>
<th></th>
<th>Operating Fund</th>
<th>Capital Fund</th>
<th>Community Trust Fund</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
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<tr>
<td>Cash and Short-term Investments</td>
<td>2,224,167</td>
<td>8,243,280</td>
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<tr>
<td>Ministry of Health - GRF</td>
<td>81,546</td>
<td>631,128</td>
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<td>712,675</td>
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<td>Other</td>
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<td>1,875,420</td>
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<td>Prepaid Expenses</td>
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<td>584,295</td>
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<tr>
<td>Interfund Transfers</td>
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<tr>
<td>Other Current Assets</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td><strong>Total Current Assets</strong></td>
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<td>9,003,284</td>
<td>6,671</td>
<td>14,919,093</td>
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<td><strong>Investments</strong></td>
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<tr>
<td><strong>Capital Assets</strong></td>
<td>102,780,388</td>
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<td>-</td>
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<td><strong>Other Long-term Assets</strong></td>
<td>-</td>
<td>554,398</td>
<td>-</td>
<td>554,398</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td>5,909,138</td>
<td>111,783,672</td>
<td>561,072</td>
<td>118,253,880</td>
</tr>
</tbody>
</table>

#### LIABILITIES

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
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<tr>
<td>Bank Indebtedness</td>
<td>-</td>
<td>-</td>
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<td>Accounts Payable</td>
<td>(5,739,017)</td>
<td>(278,171)</td>
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<td>(6,017,188)</td>
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<td>Accrued Salaries</td>
<td>(4,626,021)</td>
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<td>-</td>
<td>(4,626,021)</td>
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<tr>
<td>Vacation Payable</td>
<td>(12,634,068)</td>
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<tr>
<td>Long-term Debt - Current</td>
<td>-</td>
<td>(220,000)</td>
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<tr>
<td>Mortgages payable-current</td>
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<td>(626,423)</td>
<td>-</td>
<td>(626,423)</td>
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<tr>
<td>Deferred Revenue</td>
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<tr>
<td>GRF</td>
<td>(3,663,505)</td>
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<tr>
<td>Other</td>
<td>(59,626)</td>
<td>-</td>
<td>-</td>
<td>(59,626)</td>
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<tr>
<td>Interfund Transfers</td>
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<tr>
<td>Other Current Liabilities</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>(26,724,238)</td>
<td>(1,124,594)</td>
<td>-</td>
<td>(27,848,830)</td>
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<td><strong>Long-term Debt</strong></td>
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<tr>
<td>Bank Loan payable</td>
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<td>(2,610,960)</td>
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<td>(2,610,960)</td>
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<tr>
<td>Mortgages payable</td>
<td>(6,130,300)</td>
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<td>-</td>
<td>(6,130,300)</td>
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<tr>
<td>Employee future benefits</td>
<td>-</td>
<td>-</td>
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<td>-</td>
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<tr>
<td><strong>Total Liabilities</strong></td>
<td>(32,854,538)</td>
<td>(6,598,954)</td>
<td>-</td>
<td>(39,453,090)</td>
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</tbody>
</table>

#### FUND BALANCES

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Invested in Capital Assets</td>
<td>-</td>
<td>(96,460,005)</td>
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<td>(96,460,005)</td>
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<tr>
<td>Externally Restricted</td>
<td>-</td>
<td>(3,412,631)</td>
<td>(561,070)</td>
<td>(3,973,700)</td>
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<td>Internally Restricted</td>
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<td>(5,312,481)</td>
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<tr>
<td>Unrestricted</td>
<td>26,945,398</td>
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</table>

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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</thead>
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<tr>
<td><strong>Fund Balances</strong></td>
<td>26,945,398</td>
<td>(105,185,117)</td>
<td>(561,070)</td>
<td>(76,800,789)</td>
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<tr>
<td><strong>TOTAL LIABILITIES &amp; FUND BALANCES</strong></td>
<td>(5,909,138)</td>
<td>(111,783,671)</td>
<td>(561,070)</td>
<td>(118,253,878)</td>
</tr>
</tbody>
</table>

1 Other Debt acquired such as mortgages and lines of credit at the organization's year end.
## Prince Albert Parkland Regional Health Authority

### Operating Revenues

**As At Month Ended August 31, 2017**

<table>
<thead>
<tr>
<th>Summary of Revenues</th>
<th>2016-17 Audited Actual</th>
<th>2017-18 Annual Budget</th>
<th>2016-17 YTD Actual</th>
<th>2017-18 YTD Budget</th>
<th>2017-18 YTD Actual</th>
<th>2017-18 Year-End Forecast</th>
<th>Variance inc/(dec) YTD actual over YTD budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Ministry of Health:</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Base Funding ¹</td>
<td>216,072,592</td>
<td>218,274,000</td>
<td>90,144,985</td>
<td>91,495,677</td>
<td>90,777,962</td>
<td>218,233,000</td>
<td>(717,715)</td>
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<tr>
<td>Deferred Revenue ²</td>
<td>982,487</td>
<td>585,432</td>
<td>324,521</td>
<td>228,920</td>
<td>465,935</td>
<td>803,200</td>
<td>237,014</td>
</tr>
<tr>
<td>Special Payments ³</td>
<td>4,254,882</td>
<td>2,673,000</td>
<td>1,009,050</td>
<td>1,120,463</td>
<td>1,252,489</td>
<td>2,788,200</td>
<td>132,026</td>
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<tr>
<td>Other Provincial Revenue:</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>WCB</td>
<td>2,626,229</td>
<td>286,940</td>
<td>1,308,378</td>
<td>120,279</td>
<td>226,136</td>
<td>375,300</td>
<td>105,857</td>
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<tr>
<td>SGI ⁴</td>
<td>789,088</td>
<td>870,732</td>
<td>328,880</td>
<td>364,992</td>
<td>346,783</td>
<td>833,000</td>
<td>(18,208)</td>
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<tr>
<td>SUN/Health Region Nursing Retention and Recruitment Fund</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>-</td>
<td></td>
</tr>
<tr>
<td>Other Provincial Ministries</td>
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<td>437,737</td>
<td>497,556</td>
<td>175,052</td>
<td>208,565</td>
<td>251,228</td>
<td>497,600</td>
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<tr>
<td>Federal Government Revenue</td>
<td>701,748</td>
<td>614,500</td>
<td>265,071</td>
<td>257,585</td>
<td>253,291</td>
<td>604,300</td>
<td>(4,294)</td>
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<td>Alberta Funding for Lloydminster</td>
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<tr>
<td><strong>Patient &amp; Client Fees:</strong></td>
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<tr>
<td>Supportive Care Fees</td>
<td>6,778,231</td>
<td>7,099,810</td>
<td>2,748,977</td>
<td>2,976,085</td>
<td>2,990,728</td>
<td>7,134,700</td>
<td>14,444</td>
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<td>Home Care Fees</td>
<td>389,264</td>
<td>389,264</td>
<td>162,079</td>
<td>163,171</td>
<td>158,933</td>
<td>379,200</td>
<td>(4,239)</td>
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<td>EMS Fees</td>
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<tr>
<td>Other (Includes Ward Rates)</td>
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<td>2,160</td>
<td>905</td>
<td>1,000</td>
<td>(905)</td>
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<tr>
<td>Out of Province Revenue (Reciprocal)</td>
<td>929,008</td>
<td>937,600</td>
<td>379,517</td>
<td>393,021</td>
<td>566,523</td>
<td>969,100</td>
<td>173,502</td>
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<tr>
<td>Out of Country Revenue</td>
<td>164,218</td>
<td>48,740</td>
<td>2,673</td>
<td>20,431</td>
<td>31,483</td>
<td>54,300</td>
<td>11,052</td>
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<tr>
<td>Donations</td>
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<td>1,000</td>
<td>6,595</td>
<td>419</td>
<td>33,349</td>
<td>50,000</td>
<td>32,930</td>
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<td>Ancillary Revenue</td>
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<td>1,218,803</td>
<td>412,897</td>
<td>510,895</td>
<td>421,432</td>
<td>1,042,400</td>
<td>(89,464)</td>
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<td>Investment Revenue</td>
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<td>110,150</td>
<td>37,597</td>
<td>46,172</td>
<td>80,772</td>
<td>120,400</td>
<td>34,599</td>
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<td>Recoveries:</td>
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<td>Patient Related</td>
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<td>499,099</td>
<td>200,884</td>
<td>209,211</td>
<td>177,160</td>
<td>422,600</td>
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<td>Interregional</td>
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<td>944,053</td>
<td>296,332</td>
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<td>1,182,681</td>
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<td>1,229,482</td>
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<td>60,646</td>
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<td>Other</td>
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<td>270,050</td>
<td>386,920</td>
<td>864,400</td>
<td>116,869</td>
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<tr>
<td><strong>Total Operating Revenues</strong></td>
<td>240,525,785</td>
<td>239,139,072</td>
<td>99,169,820</td>
<td>99,951,405</td>
<td>100,087,218</td>
<td>239,149,400</td>
<td>135,813</td>
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</tbody>
</table>

¹ Base funding equals the initial bi-weekly plus frozen funding released and recognized as revenue during the year.
² Deferred Revenue includes amounts received in prior years and recognized as revenue in the current year.
³ Special Payments include any current year operating funding, other than base funding, received and recognized as revenue in the current year. Includes Specialist Emergency Coverage Program (SECP) and Fee-for-service.
⁴ Includes Safe Driving and ABI.
## Prince Albert Parkland Regional Health Authority
### Operating Expenditures by Object Code
#### As At Month Ended August 2017

<table>
<thead>
<tr>
<th>Object Code</th>
<th>2016-17 Audited Actual</th>
<th>2017-18 Annual Budget</th>
<th>2016-17 YTD Actual</th>
<th>2017-18 YTD Budget</th>
<th>2017-18 Year-End Forecast</th>
<th>Variance inc/(dec) YTD actual over YTD budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Compensation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation - Benefits:</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>WCB Employer Premium</td>
<td>2,572,030</td>
<td>2,793,715</td>
<td>1,131,224</td>
<td>1,173,205</td>
<td>1,087,911</td>
<td>2,788,600</td>
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<tr>
<td>Other Compensation Benefits</td>
<td>24,905,407</td>
<td>25,326,148</td>
<td>10,885,076</td>
<td>10,652,983</td>
<td>10,787,616</td>
<td>25,319,700</td>
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<td>Compensation - Employee Future Benefits</td>
<td>198,300</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Compensation - Salaries</td>
<td>138,305,470</td>
<td>135,669,940</td>
<td>56,374,679</td>
<td>56,574,543</td>
<td>57,883,090</td>
<td>138,738,000</td>
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<td>Medical Remuneration and Benefits:</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WCB Employer Premium</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other Medical Remuneration and Benefits</td>
<td>25,091,587</td>
<td>24,119,398</td>
<td>10,285,021</td>
<td>10,121,359</td>
<td>10,212,022</td>
<td>24,361,000</td>
</tr>
<tr>
<td>Purchased Salaries</td>
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<td>2,340,070</td>
<td>1,552,498</td>
<td>993,637</td>
<td>1,494,446</td>
<td>3,564,200</td>
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<td><strong>Grants</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affiliated Health Service Organizations (HSOs)</td>
<td>10,057,400</td>
<td>9,957,926</td>
<td>4,173,718</td>
<td>4,149,159</td>
<td>4,176,835</td>
<td>9,964,400</td>
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<td>Non-Affiliated HSOs - Not-For-Profit</td>
<td>376,065</td>
<td>294,044</td>
<td>155,481</td>
<td>169,542</td>
<td>164,242</td>
<td>342,500</td>
</tr>
<tr>
<td>Non-Affiliated HSOs - For-Profit (Contracted LT)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>4,481,242</td>
<td>4,583,551</td>
<td>1,867,185</td>
<td>1,921,324</td>
<td>1,909,797</td>
<td>4,583,600</td>
</tr>
<tr>
<td><strong>Infrastructure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information Technology Contracts</td>
<td>776,252</td>
<td>456,143</td>
<td>116,620</td>
<td>191,205</td>
<td>385,696</td>
<td>465,000</td>
</tr>
<tr>
<td><strong>Medical &amp; Surgical</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Imaging Supplies</td>
<td>82,182</td>
<td>92,023</td>
<td>33,842</td>
<td>38,574</td>
<td>31,340</td>
<td>80,300</td>
</tr>
<tr>
<td>Drugs</td>
<td>2,555,345</td>
<td>2,355,613</td>
<td>969,393</td>
<td>987,421</td>
<td>1,095,155</td>
<td>2,612,600</td>
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<tr>
<td>Laboratory Supplies</td>
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<td>1,339,463</td>
<td>511,182</td>
<td>561,473</td>
<td>575,740</td>
<td>1,359,000</td>
</tr>
<tr>
<td>Medical and Surgical Supplies</td>
<td>5,786,971</td>
<td>5,849,153</td>
<td>2,409,506</td>
<td>2,451,837</td>
<td>2,449,145</td>
<td>5,775,200</td>
</tr>
<tr>
<td>Prosthetics</td>
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<td>1,615,669</td>
<td>672,623</td>
<td>677,253</td>
<td>600,808</td>
<td>1,435,600</td>
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<tr>
<td>Therapeutic Supplies</td>
<td>134,081</td>
<td>137,187</td>
<td>55,388</td>
<td>57,506</td>
<td>58,760</td>
<td>121,500</td>
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<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advertising and Public Relations</td>
<td>60,627</td>
<td>57,834</td>
<td>16,919</td>
<td>24,243</td>
<td>15,658</td>
<td>53,500</td>
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<td>Board Costs</td>
<td>81,051</td>
<td>56,400</td>
<td>33,025</td>
<td>23,642</td>
<td>21,703</td>
<td>51,800</td>
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<tr>
<td>Contracted-Out Services - Other</td>
<td>3,209,414</td>
<td>3,852,610</td>
<td>1,237,573</td>
<td>1,621,779</td>
<td>1,623,672</td>
<td>3,873,500</td>
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<tr>
<td>Continuing Education Fees and Materials</td>
<td>173,605</td>
<td>353,632</td>
<td>55,114</td>
<td>148,286</td>
<td>46,396</td>
<td>246,600</td>
</tr>
<tr>
<td>Dietary Supplies</td>
<td>140,599</td>
<td>186,251</td>
<td>56,306</td>
<td>78,072</td>
<td>61,304</td>
<td>146,300</td>
</tr>
<tr>
<td>Food</td>
<td>2,691,166</td>
<td>2,755,528</td>
<td>1,130,687</td>
<td>1,155,057</td>
<td>1,169,305</td>
<td>2,772,500</td>
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<tr>
<td>Housekeeping and Laundry Supplies</td>
<td>1,214,847</td>
<td>1,266,504</td>
<td>516,641</td>
<td>530,891</td>
<td>500,145</td>
<td>1,229,800</td>
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<td>Interest</td>
<td>26,678</td>
<td>35,290</td>
<td>9,201</td>
<td>14,793</td>
<td>13,255</td>
<td>31,600</td>
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<tr>
<td>Meeting Expense</td>
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<td>27,579</td>
<td>11,416</td>
<td>11,560</td>
<td>6,238</td>
<td>21,200</td>
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<tr>
<td>Office Supplies and other Office Costs</td>
<td>757,441</td>
<td>833,320</td>
<td>280,316</td>
<td>292,746</td>
<td>276,800</td>
<td>56,564</td>
</tr>
<tr>
<td>Other</td>
<td>511,250</td>
<td>256,247</td>
<td>44,243</td>
<td>80,709</td>
<td>294,900</td>
<td>48,246</td>
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<tr>
<td>Professional Fees</td>
<td>1,348,385</td>
<td>1,236,452</td>
<td>355,635</td>
<td>518,294</td>
<td>341,752</td>
<td>1,255,900</td>
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<tr>
<td>Supplies - Other</td>
<td>978,459</td>
<td>1,000,815</td>
<td>384,568</td>
<td>419,582</td>
<td>467,429</td>
<td>1,115,100</td>
</tr>
<tr>
<td>Travel</td>
<td>1,828,221</td>
<td>1,897,997</td>
<td>770,441</td>
<td>796,542</td>
<td>711,943</td>
<td>1,768,200</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>241,890,029</td>
<td>238,087,935</td>
<td>98,608,065</td>
<td>99,571,147</td>
<td>101,209,315</td>
<td>242,318,400</td>
</tr>
</tbody>
</table>
## Expenditures by Function Operating

<table>
<thead>
<tr>
<th>Function</th>
<th>2016-17 Audited Actual</th>
<th>2016-17 YTD</th>
<th>2017-18 YTD Actual</th>
<th>Variance (inc/dec) over 2016-17 YTD</th>
<th>2017-18 Forecast</th>
<th>2017-18 YTD</th>
<th>Variance (inc/dec) over budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient and Resident Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Administration</td>
<td>4,828,737</td>
<td>4,395,530</td>
<td>1,894,227</td>
<td>1,772,492</td>
<td>1,804,584</td>
<td>32,092</td>
<td>4,323,200</td>
</tr>
<tr>
<td>Acute Services</td>
<td>44,673,444</td>
<td>42,729,882</td>
<td>18,426,681</td>
<td>17,911,430</td>
<td>18,733,974</td>
<td>822,544</td>
<td>44,880,200</td>
</tr>
<tr>
<td>Institutional Supportive Care Services</td>
<td>40,874,959</td>
<td>38,249,730</td>
<td>18,633,446</td>
<td>17,062,827</td>
<td>40,876,300</td>
<td>1,029,179</td>
<td>570,094</td>
</tr>
<tr>
<td><strong>Total Inpatient &amp; Resident Services</strong></td>
<td>51,370,040</td>
<td>46,865,250</td>
<td>26,259,549</td>
<td>25,854,137</td>
<td>45,046,279</td>
<td>1,790,132</td>
<td>9,215,500</td>
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<tr>
<td><strong>Total Support Services</strong></td>
<td>44,768,835</td>
<td>43,895,586</td>
<td>17,990,934</td>
<td>18,432,074</td>
<td>18,794,169</td>
<td>485,795</td>
<td>4,440,800</td>
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<tr>
<td><strong>Total Expenditures</strong></td>
<td>964,147,882</td>
<td>921,757,836</td>
<td>345,744,079</td>
<td>333,266,141</td>
<td>333,266,141</td>
<td>12,480,932</td>
<td>1,205,942</td>
</tr>
</tbody>
</table>

### Support Services

| Program Support Services        | 10,722,551             | 10,793,568           | 4,146,833         | 4,529,583                           | 4,422,229      | (117,334)             | 10,594,290                       |
| Operational Support Services (Includes Research and Education) | 33,469,245             | 32,922,717           | 13,671,137        | 13,755,821                          | 14,082,079     | 316,258               | 33,735,900                       |
| **Total Support Services**      | 44,191,796             | 43,616,285           | 17,817,964        | 17,640,108                          | 17,761,327     | 320,220               | 44,319,190                       |

### Ancillary Services

| Program Support Services        | 98,269                 | 76,301               | 32,765            | 35,599                               | 34,960         | 630                    | 389,400                          |
| **Total Ancillary Services**    | 388,030                | 293,402              | 123,774           | 127,764                              | 126,754        | 788                    | 1,274,000                        |

### Total Expenditures

| 214,890,209 | 238,087,935 | 98,608,065 | 99,571,147 | 101,209,315 | 168,169 | 243,318,400 | 263,073,400 | 204,44 |

### Net Income

| (1,364,244) | 1,051,137 | 561,756 | 380,259 | 1,122,097 | 1,502,355 | (3,699,053) | 104,43 |

### Transfers to Capital Fund

| (4,100) | (1,000) | (32,475) | (20,342) | (23,824) | (10,000) |

### Mortgage Payments

| (561,229) | (574,096) | (223,148) | (240,650) | (240,650) | (574,105) |

### Energy Performance Loan Payments

| (596,000) | (583,000) | (150,622) | (150,622) | (150,622) | (583,000) |

### Equipment Purchased

| (41,252) | (44,039) | (18,465) | (18,465) | (18,465) | (44,100) |

### Fuel

| 94,984 | 12,179 | 1,043 | 1,043 | 1,043 | 1,043 | 1,043 | 1,043 |

### Total Expenditures

| 214,890,209 | 238,087,935 | 98,608,065 | 99,571,147 | 101,209,315 | 168,169 | 243,318,400 | 263,073,400 | 204,44 |

### Net Income

| (1,364,244) | 1,051,137 | 561,756 | 380,259 | 1,122,097 | 1,502,355 | (3,699,053) | 104,43 |

### Transfers to Capital Fund

| (4,100) | (1,000) | (32,475) | (20,342) | (23,824) | (10,000) |

### Mortgage Payments

| (561,229) | (574,096) | (223,148) | (240,650) | (240,650) | (574,105) |

### Energy Performance Loan Payments

| (596,000) | (583,000) | (150,622) | (150,622) | (150,622) | (583,000) |

### Equipment Purchased

| (41,252) | (44,039) | (18,465) | (18,465) | (18,465) | (44,100) |

### Fuel

| 94,984 | 12,179 | 1,043 | 1,043 | 1,043 | 1,043 | 1,043 | 1,043 |
1. **Call to Order**

- The meeting was called to order by Don Code, Chairperson at 1:05 p.m.
- Quorum of committee members was not present.

2. **Consideration of the Proposed Agenda**

- Agenda approved by consensus.

3. **Approval of Previous Minutes**

- Minutes dated June 26, 2017 will be brought forward for approval at the next Quality and Safety Committee meeting.

4. **Business Arising from the Minutes**

- None

5. **New Business**

5.1 **Critical Incidents / Litigations**

- Darcy Blahut, Manager of Planning, Quality and Patient Safety provided a verbal update on PAPHR’s Critical Incidents and litigations.
- Summary of Provincial Critical Incidents was provided for information.

5.2 **Review and monitor progress of continuous quality improvement deployment in PAPHR and encourage involvement of its members in projects.**

Pat Stuart, Vice President of Clinical Support Services and Quality Performance provided an update on the following:

- Continuous Quality Improvement Basics (Kaizen Basics)
  - Kaizen Basics sessions have not been held this Quarter.
Lean Leader Certification
- The region previously had reported on being 100% trained, but has since reactivated an inactive participant. The participant is co-leading a Mistake Proofing project for their last requirement towards certification.

Lean Improvement Leaders Training (LILT)
- The third cohort of Lean Improvement Leader Training was completed on June 21, with 11 participants graduating. The fifth cohort began on September 5, 2017. Ten are enrolled in this session. Sixty-five (65) people have enrolled in the program since June 2015.

5S Training
- A week long 5S event was held in the Victoria Hospital dietary storage area in June, 2017. This was done in preparation for further Kanbans to be held in this area.

Value Stream Mapping (VSM) Campaign
- No events this quarter.

Mistake Proofing
- April 24, 2017 was the launch of Mistake Proofing project #15, Eliminate Deep Hip Infections Post Orthopedic Surgery. This project is currently in data collection phase, to be followed by the trial phase. Two LILT graduates are participating on this team.

Kanban
- A Kanban event to implement an inventory system was held in dietary formula storage the week of May 29, 2017. This was unique due to Food and Nutrition’s self-sufficiency when it comes to ordering. Materials Management has been in charge of Kanban since it began, and this is the first event not under the MM umbrella.
  - Goal: Implement a Kanban system for Formula products for Acute Care patients, Home Care clients, and LTC residents in Nutrition and Food Services.
  - Outcome:
    - Vendor now to deliver to Food and Nutrition Services loading dock resulting is 74% reduction in walking distance for receivers
    - Created andons to signal reordering and when to move the buffer stock forward
    - Created Kanban cards for all formulas and supplements
    - Created Kanban post for “to be ordered” and “ordered” products
    - Developed a backorder process
    - Developed an audit process to aid and adjust par levels when necessary
    - 30% reduction in inventory
    - 24% reduction in cost of excess inventory

- Next Kanban will be held week of October 2, 2017 in Food and Nutrition Services dry goods storage.

Kaizen Events
- RPIWs (Rapid Process Improvement Workshops) are in the preparation phase with the events occurring October 2 – 6, 2017.
  - RPIW 64 – Development of an improved process for getting the required clinical information (height, weight, allergies) on new patients prior to treatment
  - RPIW 65 – Improve meal service process for Residents in Pineview Terrace Lodge
- Confirmed upcoming RPIWs November 20-24, 2017 include:
  - RPIW 66 – improve the flow of dietary information between Acute Care and Food and Nutrition Services.
  - RPIW 67 - Revise the current process for suicide prevention protocol for intervention and treatment of patients presenting to Emergency Department to improve consistent use of the suicide screen.
  - RPIW 68 – Improve access to Pediatric OT (Occupational Therapy) initial assessment appointments.
- Draft Upcoming RPIWs January 29 – February 2, 2018 include:
  o RPIW 69 – Improve the appropriate registration of patients to Emergency Department
  o RPIW 70 – Improve access to Primary Care Network by designing a new model and implementing based on outcome of Value Stream Mapping (VSM)
  o RPIW 71 – Improve Therapies outpatient referral/consent form

- Draft Upcoming RPIWs March 19 – 23, 2018 include:
  o RPIW 72 – Improve the hand hygiene infection control process for isolation precaution
  o RPIW 73 – Improve patient safety by implementing the lower extremity wound pathway.
  o RPIW 74 – Improve childhood immunization process

- 3P Event
  - 3P events were not held during this Quarter.

- Strategic Planning
  - Quarter 2 Review for Prince Albert Parkland Health Region is scheduled for September 27, 2017. The purpose of this review is to highlight the Continuous Improvement Journey and to demonstrate how the service line and portfolio plans and strategies will result in obtaining their goals. This will be an exciting event which will include two virtual Gemba Tours (Access Place – Steven Mah and Level 5 – Dori Kaytor). In addition, Lean Improvement Leader Training (LILT) Certificates will be presented to Intake #3 participants who completed their courses in June.
  - Kaizen Planning has continued through the summer with project planning meetings as the CIO (Continuous Improvement Office) specialists continue to work with their service line and portfolio leaders to identify and schedule improvement events that support achieving the strategic priorities.
  - Key accomplishments are 60 days before the 180 Day Audit date and remain meeting audit metric target at 180 days. Improvement events that have become a key accomplishment because the improvements have been sustained throughout the audit process include:

  RPIW #57
  Goal: Eliminate error (improve consistency) in dietary tray from order to delivery on Victoria Hospital Level 4
  Major Changes Implemented:
  • Compulsory patient identification check via wristband/verbal before meal delivery
  • Ward clerk updates SCM, updates diet roster and calls down all dietary changes 7:00am – 8:00pm
  • Night floor nurse updates diet roster 8:00pm to 7:00am
  • Verification walk by Level 4 floor nurse or designate before each meal using diet roster as a guide and updating where necessary
  • Food Service Worker checks roster and initials ALL meal deliveries
  • Implementation of social aspect of meal delivery re: self-identification and greeting of patients

  RPIW #45.2
  Goal: Improve the resident experience & eliminate defects in information flow for the LTC move-in process
  Major Changes Implemented:
  • Clarification of provider roles by creating work standards for LTC facilities in PAPHR
  • Elimination of HC as a middle man in the LTC admission process; homes now have more ownership of the admission of their new residents
  • Elimination of walking distance to admitting desk at the Vic Hospital for HBH new residents to conform with other LTC facilities within the region
  • Creation of a single admission package for all facilities within the region
  • Introduction of follow up call to new clients/families no more than three days after admission to ask about their experience
Mistake Proofing #13
Goal: Eliminate Requisition Errors in Lab Requisitions from ED
Major Changes Implemented:
- Stop the line implemented - requisition will not be taken if not complete
- Created Andon to notify Emergency staff of incomplete requisition
- WS for training and using printed labels for samples to eliminate errors

5.3 PAPHR Organizational Wellness

- Don McKay, Vice President of Human Resources provided an update on the following:
  - PAPHR Safety Hoshins (for Patients and Staff)
    - Reduce Workplace Injuries by March 31, 2018:
      - Implement elements 1-3 of Safety Management System (SMS) in all PAPHR facilities
      - Implement elements 1-6 of Safety Management System (SMS) in Herb Bassett Home, Whispering Pine Place and Birchview Home
      - Sick Time Reduction - 10% reduction in sick time hours from previous year’s rates.
      - Hand Hygiene – 80% audited hand hygiene compliance rate across the organization.
    - Implement Safety Alert/Stop the Line (STL) System in test site by March 31, 2018:
      - Roll-out of STL to all Acute Care units
      - 100% of incident report actions closed with report writers
      - 10% Increase of “Near Miss” Reporting vs. Actual Harm
      - Operationalize Safety Huddles across Region (daily for key clinical areas)
  - Safety Management System
  - Works Compensation Board (WCB) Claims
  - Sick Hours
  - Wage Driven Premium (WDP) Hours

5.4 Long Term Care Quality Indicators

- Corrective Action Plans for Quarter 1 (April 1 – June 30, 2017) were provided for information.

  Daily Physical Restraints
  - Target is 10% for the province. The Region is 8.37%
  - Two facilities are over the target – Big River Health Centre is the highest at 51.85%. Items considered restraints are barriers that the resident cannot undo themselves. They come in the form of Broda chairs and tables up across the resident.
  - Big River Health Centre:
    - 1 resident family has signed Restraint Form.
    - 1 resident with Huntington’s chorea has frequent uncontrolled movements

  Antipsychotics without a Diagnosis
  - Target is 27% and the region is 35.19%.
  - Eight facilities are over the target – Spiritwood & District Health Complex is the highest at 43.24%. This is a consistent rate for the region.
  - Site managers have attended a Webex session on Rx files around this area and there are many options now available for work with physicians and NP’s on reducing this number. This is also identified by recent accreditation as an area to work on.
Residents whose pain worsened
- Target is 7% and the region is at 12.91%.
- Ten facilities triggered. Jubilee Lodge was highest at 40%. Four residents at Jubilee Lodge triggered this QI for the following reasons:
  - Possible discrepancies in the MDS coding
  - 2 residents having increased pain due to decreased mobility and confinement to wheelchairs
  - Long standing medical histories of osteoarthritis
  - 1 resident continues to be self-abusive
  - 1 resident continues to have chronic pain from old injuries

Residents whose stage 2-4 pressure ulcer worsened or residents with a newly occurring stage 2-4 pressure ulcer
- Target for the province is 2%; the region is at 2.23%.
- Four facilities triggered for ulcer worsened with Parkland Integrated Health Centre being the highest at 6.45%.
- Two facilities triggered for newly occurring ulcer with Parkland Integrated Health Centre being the highest at 6.67%.

Residents whose bladder continence worsened
- Target for the province is 17.4%; the region is at 20.92%.
- Seven facilities triggered with Big River Health Centre being the highest at 40%.

Residents who fell in the last 30 days
- Target is 8.0% the regional rate is 9.06%.
- Six facilities triggered this QI. Big River Health Centre is the highest at 25.93%. They have 7 high risk residents for falls.

5.5 Long Term Care (LTC) – Implementation of Standards of Care

- Target: 100% of staff will view the Program Guidelines for Special-care Homes DVD by March 31, 2018.
- As of June 30, 2017 the average for the region was 89%.

6. Information Items

- None

7. Education

7.1 CTAS Scores

- Carol Gregoryk, Vice President of Integrated Health Services provided a presentation on Canadian Triage and Acuity Scale (CTAS):
  - What is Triage?
  - What is CTAS?
  - Scoring – what does it mean?
  - Who can triage patients?
  - Computer vs. Paper
  - How do we get a triage score?
  - What is included in the triage note?
  - Triaging a patient should be a 5 minute interaction
  - Reassessment – what does this mean?

8. Adjournment

- The meeting adjourned at 2:05 p.m.
**Flu Clinics Starting Across the Province**

- The publicly-funded influenza vaccine will become available through public health clinics across the province and from some physicians and Nurse Practitioners on October 23, 2017. The free vaccine is offered to all Saskatchewan residents six months and older. It is also available from community pharmacies for individuals older than 9 years of age.

- The flu vaccine is recommended to everyone six months and older but is particularly important for people at high risk of serious complications from influenza:
  - children under five
  - adults 65 and older
  - people with a chronic health condition
  - pregnant women
  - nursing home residents
  - caregivers and contacts of people at high risk

- Visitors to health facilities are encouraged to wear a mask if they have not been immunized. Hand hygiene is also a critical component in reducing the risk of influenza.

- For information on influenza symptoms, prevention and treatment visit [www.saskatchewan.ca/flu](http://www.saskatchewan.ca/flu) or call HealthLine 811.

**PAPHR Public Immunization Clinic Schedule – 2017**

- The Prince Albert Parkland Health Region is preparing for the annual fall influenza campaign. Below are the clinics scheduled to date. Some clinics are staffed by 1 Registered Nurse, others have multiple providers. This schedule is subject to change.

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 23</td>
<td>Big River Health Centre – Public Health Clinic Room</td>
<td>9:00 a.m. – 12:00 p.m. 1:00 p.m. – 4:30 p.m.</td>
</tr>
<tr>
<td></td>
<td>Prince Albert - South Hill Mall (between Carlton Trail Hearing &amp; People’s Jewelers)</td>
<td>9:00 a.m. – 5:30 p.m.</td>
</tr>
<tr>
<td></td>
<td>Spiritwood - Public Health Office</td>
<td>10:00 a.m. – 12:00 p.m. 1:00 p.m. – 4:30 p.m.</td>
</tr>
<tr>
<td>October 24</td>
<td>Leask Happy Homesteaders</td>
<td>10:00 a.m. – 1:00 p.m.</td>
</tr>
<tr>
<td></td>
<td>Prince Albert - South Hill Mall (between Carlton Trail Hearing &amp; People’s Jewelers)</td>
<td>9:00 a.m. – 5:30 p.m.</td>
</tr>
<tr>
<td></td>
<td>Shell Lake – Schwartz Villa</td>
<td>10:00 a.m. – 1:00 p.m.</td>
</tr>
<tr>
<td>October 25</td>
<td>Debden Community Centre</td>
<td>9:00 a.m. – 12:00 p.m. 1:00 p.m. – 4:00 p.m.</td>
</tr>
<tr>
<td></td>
<td>Leoville Senior Centre</td>
<td>10:00 a.m. – 12:00 p.m. 1:00 p.m. – 4:00 p.m.</td>
</tr>
<tr>
<td></td>
<td>Medstead Senior Centre</td>
<td>10:00 a.m. – 1:00 p.m.</td>
</tr>
<tr>
<td></td>
<td>Shellbrook Senior’s Hall</td>
<td>9:00 a.m. – 1:00 p.m. 2:00 p.m. – 6:00 p.m.</td>
</tr>
<tr>
<td></td>
<td>Prince Albert - South Hill Mall (between Carlton Trail Hearing &amp; People’s Jewelers)</td>
<td>9:00 a.m. – 5:30 p.m.</td>
</tr>
<tr>
<td>October 26</td>
<td>Chitek Lake Seniors Centre</td>
<td>9:30 a.m. – 12:00 p.m.</td>
</tr>
<tr>
<td></td>
<td>Prince Albert - South Hill Mall (between Carlton Trail Hearing &amp; People’s Jewelers)</td>
<td>9:00 a.m. – 5:30 p.m.</td>
</tr>
<tr>
<td>October 27</td>
<td>Rabbit Lake – Rose Gill</td>
<td>10:00 a.m. – 1:00 p.m.</td>
</tr>
<tr>
<td></td>
<td>Prince Albert - South Hill Mall (between Carlton Trail Hearing &amp; People’s Jewelers)</td>
<td>9:00 a.m. – 5:30 p.m.</td>
</tr>
<tr>
<td>October 28</td>
<td>Spiritwood – Public Health Office</td>
<td>11:00 a.m. – 3:00 p.m.</td>
</tr>
<tr>
<td></td>
<td>Prince Albert - South Hill Mall (between Carlton Trail Hearing &amp; People’s Jewelers)</td>
<td>9:00 a.m. – 5:30 p.m.</td>
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</tbody>
</table>
Visitor Restrictions at Prince Albert Parkland Health Region Long Term Care Facilities:
- The Prince Albert Parkland Health Region implemented visitor restrictions at the following facilities:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Outbreak</th>
<th>Outbreak Declare On</th>
<th>Outbreak Declared Over on</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mont St. Joseph Home Inc.</td>
<td>Respiratory</td>
<td>September 18, 2017</td>
<td>September 22, 2017</td>
</tr>
<tr>
<td>Birchview Home</td>
<td>Respiratory</td>
<td>October 11, 2017</td>
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**BETTER CARE**

**Physician Services – Birch Hills and Surrounding Area**
- There will be a transition of physician services from the Prince Albert Cooperative Health Centre and the physician group to the Prince Albert Parkland Health Region effective November 20, 2017.
- Physicians from the Community Clinic will continue to provide services until a replacement physician is contracted. Physician recruitment is currently underway. Once this process is complete additional information will be provided to the community.
**Long Term Care Tours**
- The Minister of Health requested that health region CEOs/Senior Leadership team visit all long term care homes in their region by September 30, 2017 and submit the long term care quality assessments for each home. This year, the Ministry of Health did not require action plans or quarterly updates on the region’s progress. The Ministry of Health has recommended the information be part of a regional family/patient centered plan. It is anticipated that the Long Term Care Quality Assessment reports for all regions will be soon available to the public on the Ministry of Health’s website.

**BETTER VALUE**

**Ronald McDonald Family Room**
- The Ronald McDonald Family Room, located on the 3rd Floor at the Victoria Hospital, celebrated its 1st Anniversary on September 27, 2017.
- The Family Room strives to provide a home-like space for families creating a peaceful and quiet escape just steps away from their sick child. The Family Room is a licensed program and 1 of 215 worldwide. The Family Room receives funding from RMHC Canada, McDonald’s owner/operators, corporate and individual donors and third party fundraising – all to support its annual operating budget of $64,000. The Family Room works closely with the PAPHR in promoting Family Centred Care. The Family Room is supported by PAPHR which provides RMHC-SK with volunteer services support and complimentary space, power, utilities, maintenance, security and cleaning services.
- Since opening in 2016, the Family Room at the Victoria Hospital has seen:
  - 8,907 family visits
  - 717 families supported
  - 3,008 volunteer hours given
  - 1,100 pots of coffee served
  - 320 dozen cookies baked
  - 1,097 loads of laundry done

**BETTER TEAMS**

**PAPHR Retirement Banquet**
- Planning has started for the 2017 banquet. The Ches Leach Lounge, Shananigan’s Catering, and Turned Down (entertainment) have been booked for November 16, 2017 starting at 5:00 p.m. There are 71 retirees that are eligible to be honored. Each retiree will be provided with two complimentary banquet tickets.

**PAPHR STAFF CHANGES**

<table>
<thead>
<tr>
<th>Out-of-Scope Position</th>
<th>Name</th>
<th>Last Day</th>
<th>Starting Day</th>
<th>Previous Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability Management Consultant</td>
<td>Lonnie Ross</td>
<td>October 2, 2017</td>
<td></td>
<td>Payroll Benefits Consultant</td>
</tr>
<tr>
<td>Manager of Rehabilitation and Community Services</td>
<td>Darlene Zanidean</td>
<td>October 2, 2017</td>
<td></td>
<td>Community Mental Health Nurse</td>
</tr>
<tr>
<td>Recruitment Assistant</td>
<td>Heather Kosowan</td>
<td>October 12, 2017</td>
<td></td>
<td>Finance Clerk</td>
</tr>
<tr>
<td>A/Director of Care – Spiritwood &amp; District Health Complex</td>
<td>Lynnda Berg</td>
<td>October 30, 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional Manager Payroll and Benefits</td>
<td>Glenn Carruthers</td>
<td>December 1, 2017</td>
<td></td>
<td>Retiring</td>
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</table>
1. Members received the agenda and related materials in time to be sufficiently prepared for the meeting.

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<th>Low</th>
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2. The agenda was of an appropriate length.

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3. There was sufficient information presented at the meeting to make good decisions.

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4. Adequate time was devoted to important issues.

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5. The agenda clearly identified policy issues.

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6. The agenda clearly identified issues that were for discussion only.

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7. The agenda clearly identified issues that were for information only.

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8. Members of the board were provided regular opportunities to speak to individual concerns and important issues.

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9. The board thoroughly discussed problems and causes before proposing solutions.

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10. Board members were willing to express their ideas and feelings about issues presented to them at the meeting.

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11. The meeting was well run.

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</thead>
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Comments about the meeting (i.e. was the meeting effective? Suggestions to make it more effective):