



Lac La Ronge Indian Band Health Services Inc.



2014 / 2015 Annual Report
*Moving Towards
Healthy Communities*

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Lac La Ronge Indian Band
Health Services Inc.
2014 / 2015 Annual Report



MISSION STATEMENT

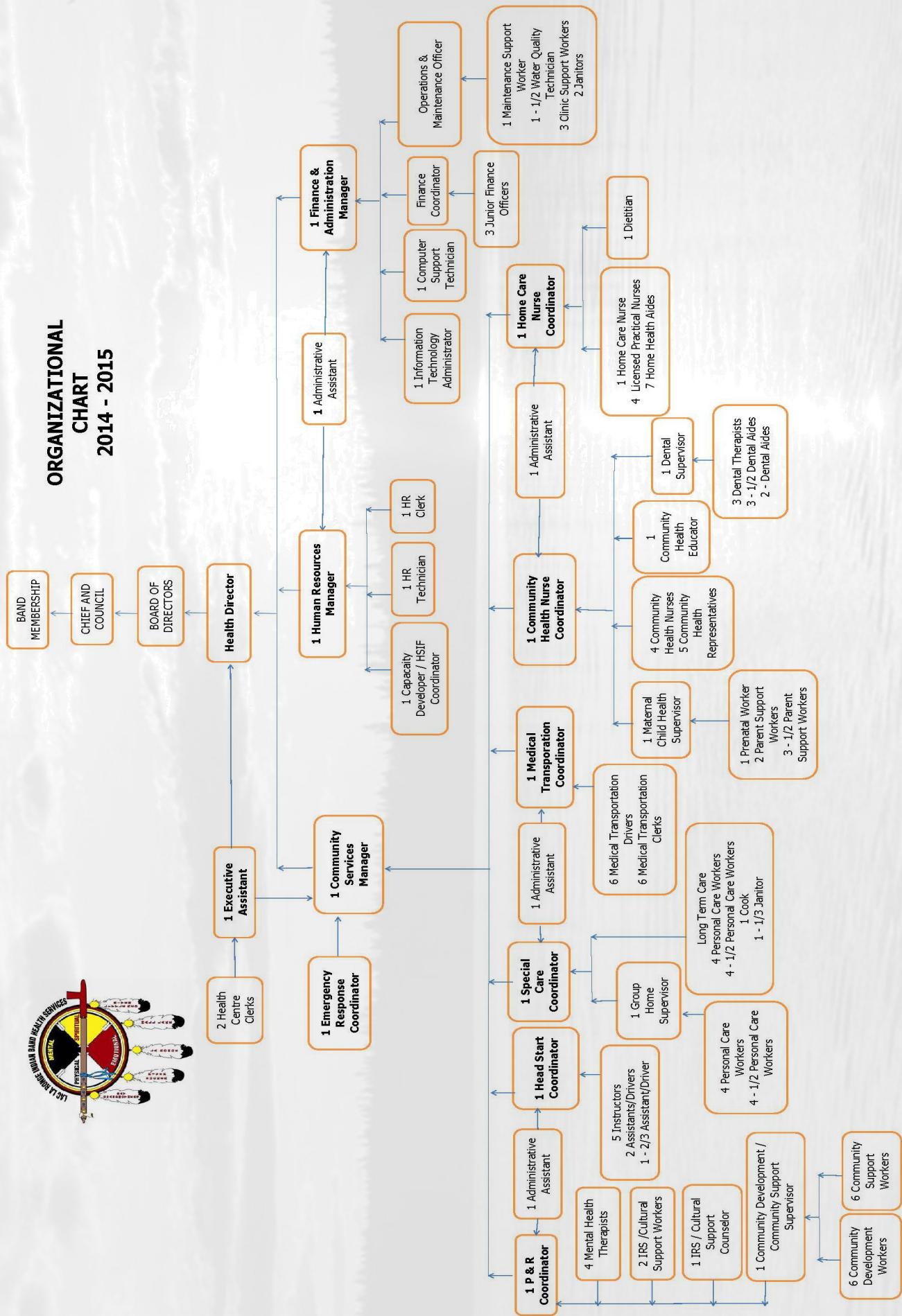
The Lac La Ronge Indian Band Health Services Inc. will provide quality and efficient programming which is equitable and accessible while supporting and ensuring the holistic well-being of all band members in each of our communities.

VISION STATEMENT

The five (5) communities we serve will work together to promote and enhance healthy lifestyles for all band members, while ensuring continuous quality improvement and sustainable health services.



**ORGANIZATIONAL
CHART
2014 - 2015**



MESSAGE FROM THE BOARD OF DIRECTORS



MESSAGE FROM THE

CHAIRMAN



Miles Ratt, Chairman

The LLRIB Health Services Inc. Board of Directors consists of one elected member from the communities of **Hall Lake, Grandmother's Bay, Little Red River and Sucker River**, there are two elected members from Lac La Ronge for a total of six members and one appointed Elder. Two Portfolio Councillors sit as advisory Council to LLRIB Health Services Inc. Board.

LLRIBHS INC. ELDER



Elder Miles Charles was appointed by LLRIBHS Inc. Board of Directors on January 30, 2015 based on his knowledge of the Woodland Cree traditions and customs, experience in leadership and band governance as an Elder.

Miles Charles, Elder – La Ronge, SK

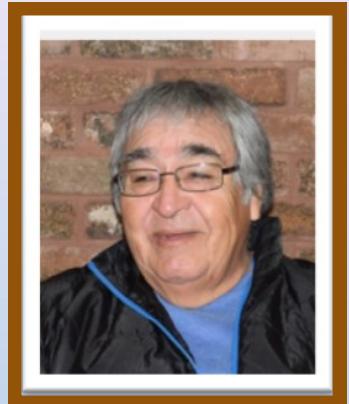
LLRIBHS INC. BOARD OF DIRECTORS



FRANCES CHARLES
LA RONGE



CECILIA McKENZIE
GRANDMOTHER'S BAY



THOMAS RATT
HALL LAKE



MARIUS REDIRON
LA RONGE

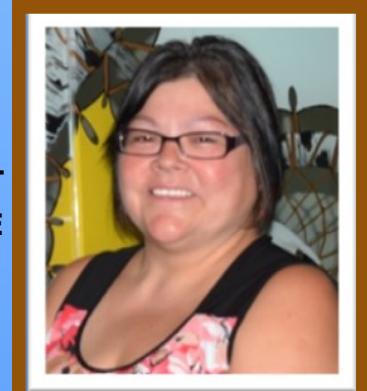


PHYLLIS MOCCASIN
LITTLE RED RIVER

LLRIBHS INC. PORTFOLIO COUNCILLORS



LEON CHARLES
GRANDMOTHER'S BAY



ANN RATT
LA RONGE

The Board members support Health Services by providing guidance to the Health Director and staff. They are involved in the development and planning of programming and assist in identifying the health needs in their respective communities.

The Board assisted in the development of the Community Health Plan, the new plan is based on: Local control over program delivery; local governance, management and administration; the provision of health workers in each community, program specialists and improved training opportunities for staff. **This process was in preparation the new 5 year Health Funding Agreement. LLRIB Health Services' new funding agreement is for the period April 1, 2012 to March 31, 2017.**

The Board was involved in the Health Services Transfer Agreement Evaluation conducted to review health services and programming for the period April 1, 2008 to March 31, 2012. The evaluation focused on the activities and findings related to the Health Centres in the five communities. An evaluation of the Health Centre in Stanley Mission was done separately.

As a result of the findings and recommendations made by consultants Meyers Norris and Penny (MNP) the Health Board plans to meet and discuss the conclusions drawn upon and use a guide along with other priorities to set their strategic direction in the next five years.

Community members continue to be at the heart of the work we do and we commit our work to the well-being of families and children in the Lac La Ronge Indian Band.



This year, the LLRIBHS Inc. Board have been working closely with Chief Tammy Cook -Searson and Band Council and selected Health Committee members on LLRIB Mental Health Strategy and Feasibility Study for a Wellness Centre in La Ronge, Saskatchewan. Margaret Kress, PhD was hired to manage and conduct a feasibility study in Phase I.

Margaret Kress, PhD



The Lac La Ronge Indian Band Health Services formed an Advisory Committee on Mental Health and Wellness and toured various treatment and wellness centres in Saskatchewan and Alberta as part of the feasibility study. This feasibility study will provide an analysis on the viability of this initiative in order to proceed into Phase II.



LLRIB Advisory Council on Mental Health and Wellness visiting The White Raven Healing Centre, which is located at the All Nations Healing Hospital in Fort Qu'Appelle, Saskatchewan.

In the month of May 2015, Focus Group Gatherings were held in all six Lac La Ronge Indian Band Communities (**La Ronge, Hall Lake, Grandmother's Bay, Little Red River, Sucker River, and Stanley Mission**). Upon completion of the feasibility study, Margaret Kress, PhD will compile a final report and set a date to launch this project on behalf of LLRIBHS Inc.

The Board members would like to express their gratitude for the support given by Elders, Chief and Council, Community Members, Partners and the dedication of staff members within the Lac La Ronge Indian Band Health Services Inc.

Health Director's Address 2014 / 2015



On behalf of the Chief and Council and the LLRIB Health Services Inc. Board of Directors, I am pleased to present the 2014 / 2015 Health Services Inc. Annual Report for the reporting period of April 1st, 2014 to March 31st, 2015.

The past year was a really busy one. The organization has gone through a lot of changes. I am in the acting role of Health Director until the appointment of the new Health Director.

Hamid Shahzad

Acting Health Director

A market based competitive salary grid is now in place. It will help to attract and retain talents within the Health Services Inc. We have completed three out of 5 years of the Health Transfer Agreement, and are now entering the 4th Year. While developing the **new Community Health Plan, with recommendations by MNP, our community and employee's feedback will be given foremost priority.**

LLRIBHS Inc. Board continues to award Elder Catherine Charles Health Careers Scholarships to eligible Lac La Ronge Indian Band members. Eligible students should have completed one year of full time studies in a post-secondary health related program and be enrolled as a full-time student in a post-secondary health related program of study that is a minimum of two academic years in length. Three individual scholarship awards are provided for \$1,500 and qualified individuals may only be allocated one scholarship per academic year. The purpose is to encourage local talent.

LLRIB Chief & Council, Health Services Inc. Board of Directors and employees are working towards setting up of a Wellness / Healing Centre. This Centre will be focused on mental health wellness of the community. **This is going to be a major project in Health Services' history. We are in the process of developing guidelines and detailed planning with the help and advice of our community members, Elders, councillors and Board of Directors.**

Governance:

Miles Charles - Elder

Health Board is comprised of the following members:

Miles Ratt - Director / (Chairperson)

Marius Rediron - Director

Phyllis Moccasin - Director

Leon Charles - Portfolio Councillor Health

Francis Charles - Director

Thomas Ratt - Director

Cecilia Mcleod - Director

Annie Ratt - Portfolio Councillor Health

Priorities

I look forward to the coming year where focus will be on the following:

- Developing the new Community Health Plan for 2017 - 2022.
- Developing the initial study and project feasibility for the proposed Wellness / Healing Centre.
- Search for partners for the Wellness / Healing Centre.

Thanks to our Elders, leadership, Board of Directors, Executive Directors, Community members and staff for their hard work and dedication. We look forward to continue doing our good work.

Respectfully,

Hamid Shahzad

Acting Health Director



HUMAN RESOURCES PROGRAM

HUMAN RESOURCES ANNUAL REPORT

The Human Resources Department provides a wide range of human resource services at **Lac La Ronge Indian Band Health Services Inc. (LLRIBHS Inc.)** that support and enable employees, coordinators, supervisors and managers in their efforts to deliver effectual programs/services to the Lac La Ronge Indian Band Health Services, which includes:

- Recruitment of staff;
- Organizational development & design;
- Employee relations;
- Compensation and benefits administration

The purpose of the Human Resources department of LLRIBHS is to provide human resource services that support the strategic and day to day operational objectives. The Human Resources Department provides the structure and ability to meet the Lac La Ronge Indian Band Health Services Inc. Community Health Plan through strategic and functional human resources support.

The Human Resources Department has contributed to the process of LLRIBHS reforms for a healthy future by crafting and making changes to the human resources practices that should increase the effectiveness of LLRIBHS workforce. The Human Resources Department proactively adopted formal management systems to increase accountability, efficiency & improve services

LLRIBHS employed a total staff of 118 members, 44 new staff have been hired for the fiscal year 2014 – 2015

to the members of the community and streamline the administration to achieve the common goal of **Lac La Ronge Indian Band**.

The Human Resources Department is determined to ensure a high performing workforce for LLRIBHS. The Human Resources retained its focus on attracting, retaining, developing and rewarding high potential individuals by providing opportunities of growth in an effective and efficient manner. The department ensures its governance through the Personnel Policy Manual and seeks continuous updates and guidelines through Federal and Provincial legislations.

Kispinkohtihin kakithakekwaw kitahan” — *Heart is the most important quality in Leaders.
Everything else can be learned*

Rizwan Ahmed

Director Support Services

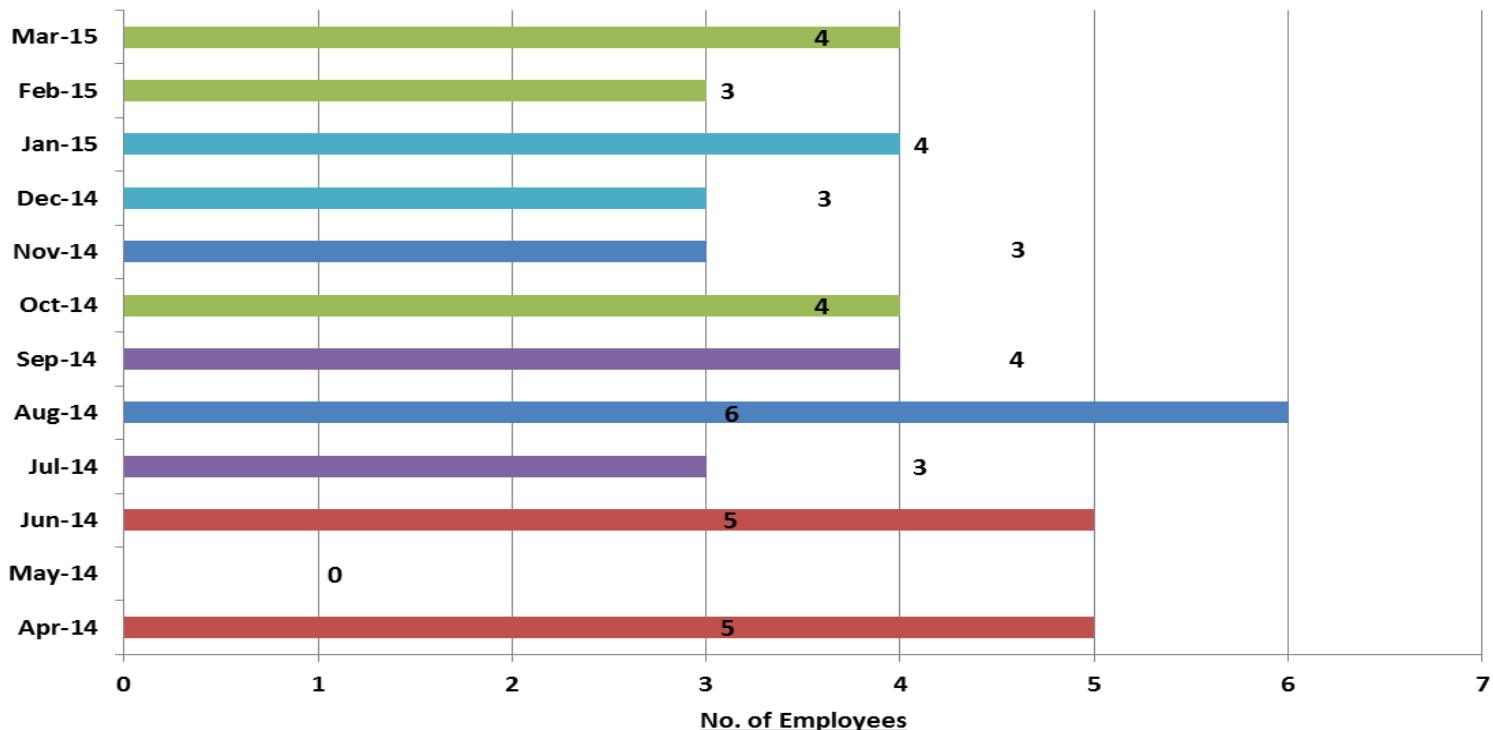


SELECTION AND RECRUITMENT

The Human Resources Department at LLRIBHS is providing job opportunities for the betterment of band members by attracting people from the local community. We continue to apply a standardized assessment procedure to the selection and recruitment of workforce for the La Ronge and surrounding communities. The Human Resources team has provided crucial Human Resources protocols in ensuring that candidates are selected to meet the needs of LLRIBHS.

In 2014-15, 44 persons qualified, started serving in different roles in different communities of the LLRIBHS.

New Employees Recruitment



Therefore, the Human Resources objective for the next year is to retain and recruit qualified candidates.

EMPLOYEE BENEFIT & PENSIONS

Human Resources closely coordinate with First Nation Insurance Services Inc. (FNIS) to register and meet the health, family assistance, & pension needs of LLRIBHS employees.



"Kitamamawatuskihahk - (We will work all together)"

Martin Halkett

Human Resources Coordinator

T - Together

E - Everyone

A - Achieves

M - More

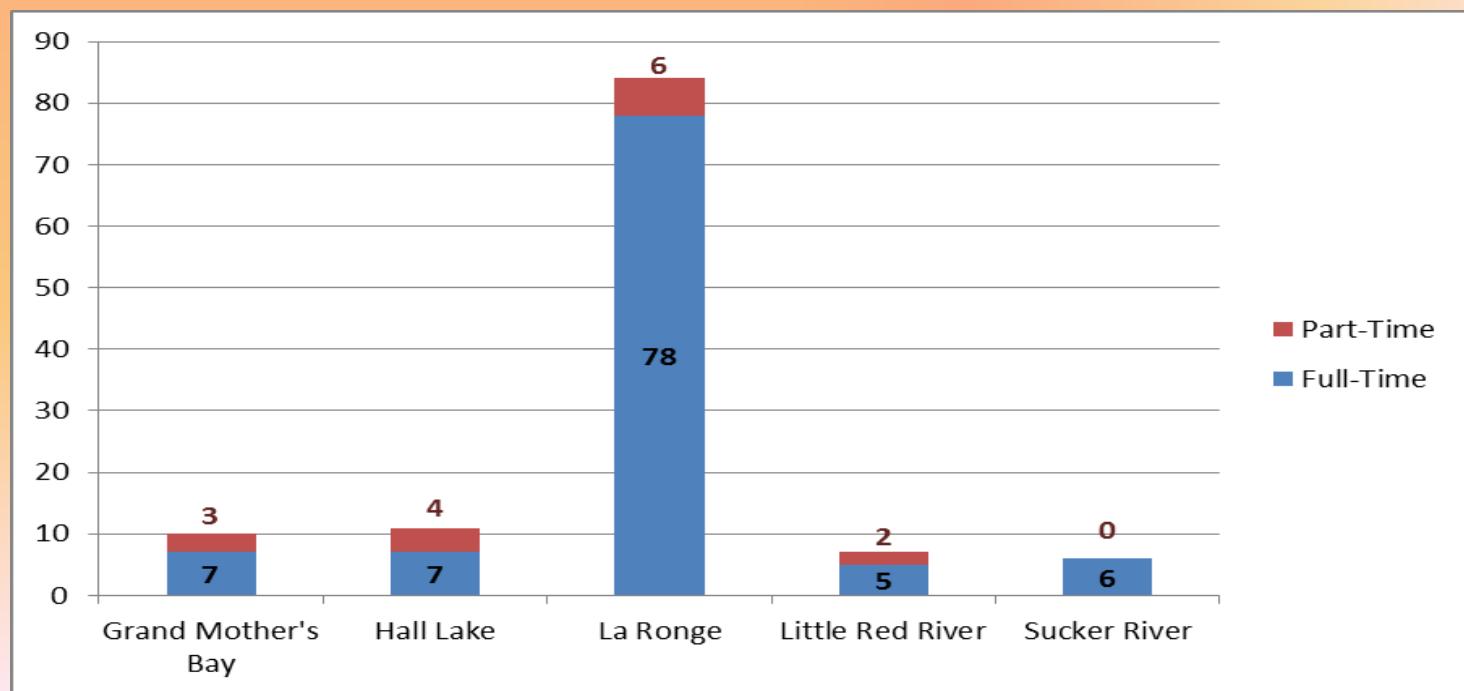
WORKPLACE SAFETY

Human Resources at LLRIBHS are committed to provide its employees a working environment that is free from workplace violence, harassment and discrimination through the development and implementation of policies, procedures and practices in true letter and spirit.

MOBILITY

There have been arrangements of staff movements from one position to another at the same location. This lateral movement has resulted from the systematic approach to reassigning staff within the department as per the requirement. The number of employees working in La Ronge and surrounding communities is 149 which include full time, part time and casual employees.

| Communities | Full Time | Part Time |
|-------------------|-----------|-----------|
| Grandmother's Bay | 7 | 3 |
| Hall Lake | 7 | 4 |
| La Ronge | 78 | 6 |
| Little Red River | 5 | 2 |
| Sucker River | 6 | 0 |



In 2014 – 15, LLRIBHS provided student internship opportunities for the youth within the community through the **Summer Student Employment Program (SSEP)**. The goal of this program is to help students get trained and supervised by professionals who will act as mentors and let students explore more career enhancement opportunities and gain useful job skills and valuable work experience.

STAFF DEVELOPMENT

Human Resources provides a range of career advancement opportunities to the LLRIBHS employees. To meet the increasing need and advancement in the field of health, the educational development program provides enough resources and tools for staff to bridge and overcome any barriers to perform their duties efficiently and effectively. Employees are endowed with prospects to develop and increase their productivity, covering all phases of business operations by imparting technical, managerial, and operational related external trainings. Staff members have participated in different training programs / certifications to develop their skills and grow in their role more competently.

Succession planning is a key feature for LLRIBHS Human Resources management department. LLRIBHS has invested in the career advancement of its pool of successors through the training, internal mentoring, and developmental programs.

LLRIBHS pursues to encounter its leadership and skill needs through its employees retention, advancement, formal mentoring and external progressive programs. This includes on the job training, education upgrade, and certification programs. The skill / educational development program offers employees to obtain academic degrees / certificates / diploma through a full-time or part-time course of study.

In 2015 / 2016, LLRIBHS Human Resources department objective will be the development of employees to secure the long-term and quality services through training and performance management.

COMPENSATION

Human Resources have continued reviewing compensation and benefits in line with those of the other First Nation communities in the Health Sector. HR department strongly believes in the total reward **program and continuously review the compensation and benefits for its' enhancement in order to make it** more lucrative and attractive for LLRIBHS employees. The efforts resulted in the enhancement of pay scale.

CONFLICT MANAGEMENT

Human Resources department use various means of reviewing administrative actions / decisions, with a view to resolve matters at an early stage through conciliation & mediation. Human Resources **department's conflict management strategy has proven to be successful in defusing conflicts, and has** promoted a more positive and constructive work environment. We strongly believe in constructive criticism and always emphasize on providing feedback on every level and at every stage during the process.



Four words to gain co-workers trust. Just four! By asking one question — “What do you think?”— You let people know that you value their input, respect their opinion and have an open mind toward solving problems.

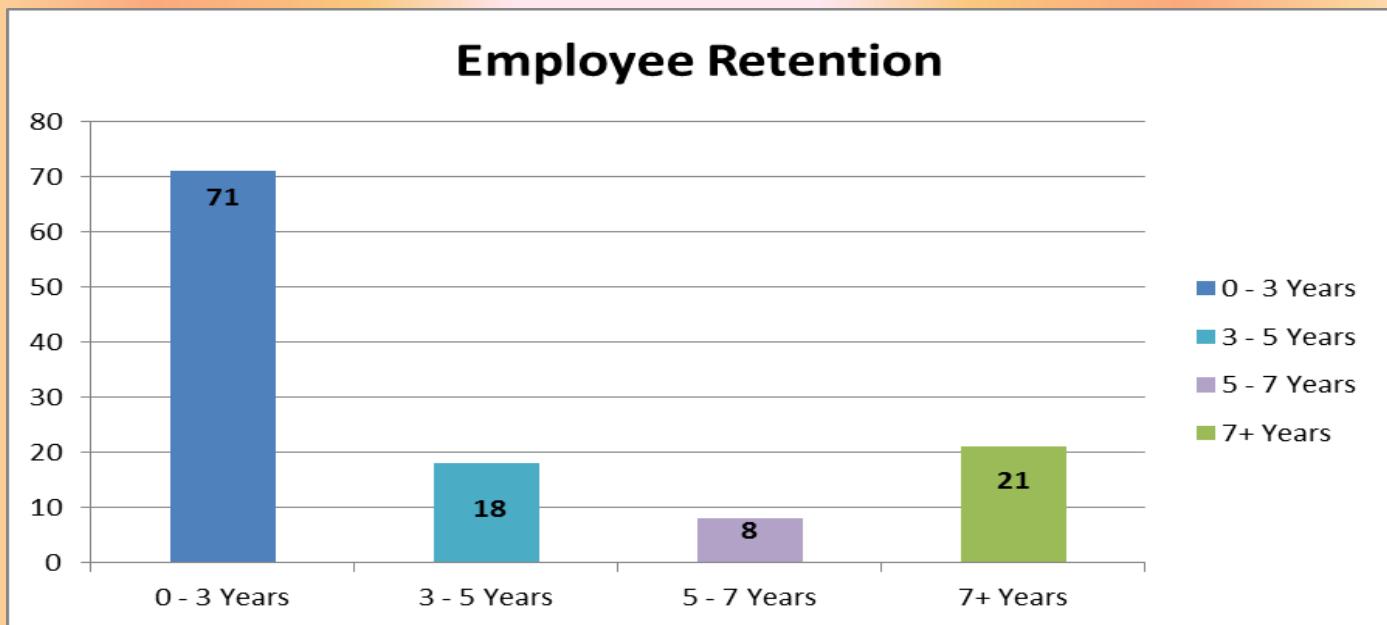
Zishan Nasir

Human Resources Technician

EMPLOYEE RETENTION

In these days, retention of the workforce is a big challenge because skilled employees are the source of competitive advantage for organizations. For LLRIBHS, retaining and motivating the employees is a key to the long term success. LLRIBHS provide staffs with the organizational experience that makes them feel cherished and supported, as well as helps them building strong relations with co-workers and community members. LLRIBHS views retention as a priority and work to retain talent through focuses on total reward strategy, employee career development, training, performance management, and employee engagement. The graph clearly specifies the strong retention connectivity of employees with LLRIBHS.

| No. of Years | Total no. of Employees |
|--------------|------------------------|
| 7 + | 21 |
| 5 - 7 | 8 |
| 3 - 5 | 18 |
| 0 - 3 | 71 |



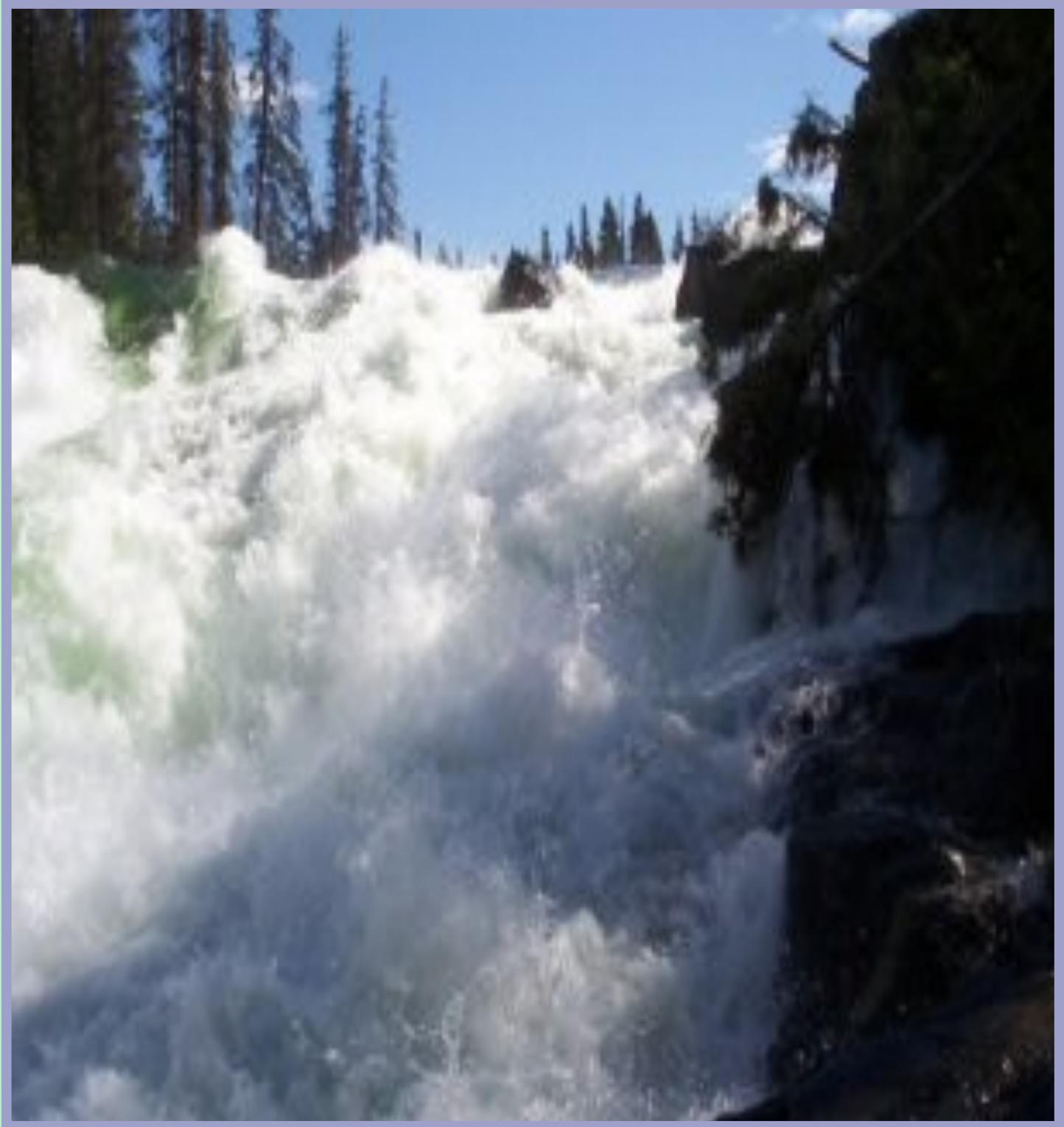
Human Resources at LLRIBHS address employee's grievances and act as a link between them and management. Complaints related to the work safety and environment are addressed and resolved by Human Resources through various stakeholders. Furthermore, Human Resources handle complaints from employees and provide them counselling and immediate resolution.

"I am proud to say that we have recruited many fine employees that will bring much satisfaction to our people we serve"

Mary Charles

Human Resources Clerk





ADMINISTRATION PROGRAM

Finance and Administration Program 2014 / 2015

Overview

The Finance & Administration Manager contributes to the overall success of the organization by effectively managing all administrative and financial tasks for the organization. Also, submitting the required financial reporting to the funding agencies necessary to comply with the reporting requirements of each agreement. Finance and Administration Manager is responsible for Finance, Operations & Maintenance, and IT programs.

Welcome and Goodbye


Hamid Shahzad
Finance & Administration
Manager

Welcome to Mona Bell who has joined the Health Department as Inventory Clerk in the Jeannie Bird Clinic and goodbye to Carmen Fronea.

Finance Department

Current Health Transfer Agreement is for 5 years and three years have been completed. There is one consolidated Health Transfer Agreement effective till 31st March 2017. 2014/15 fiscal year was a very exciting one and Health Services has gone through lots of changes. Health Services now has its own dedicated website and Facebook page. Community members and other stakeholders can have better access to health services activities and information. Our strategic objectives for next year are to plan and develop for a Wellness Centre. The Finance Department is a key member of this project. Other priorities are the development of the Community Health Plan for next Health Transfer Agreement. There are others programs covered through other **partnerships: Tobacco Cessation programs, Group Home program, Elder's Home program, Water Quality program, Home Care program, Emergency Response program and E-Health Solutions** are the programs not covered through Health Transfer Agreement.


Joanne Morin
Finance Coordinator

Finance Team



Ambrose Charles

Senior Finance Officer



Francis McKenzie

Junior Finance Officer
(Payables)



Beverly Charles

Payroll Officer



Mona Bell

Inventory Clerk

The Finance Department is responsible for accounts receivables, budgeting payables, payroll and financial reporting.

Information Technology



Lyle Carlson

IT Administrator

Lyle Carlson, the IT Administrator joined the Health team in 2006. His roles and responsibilities range from trouble-shooting computers, configuring the Wide Area Network, setting up technical equipment, and maintaining the Local Area Network. Setting up Teleconference sessions between LLRIB outlying clinics and the JBC main office, as well as, thoroughly researching computer hardware and other equipment before making purchasing recommendations,



Roderick Sanderson

Computer Support Technician

Roderick Sanderson has been with the organization since July 2007. His responsibilities include: users help, maintaining finger scanning machines for employee's attendance, keeping inventory of IT equipment, etc. Roderick has been working on the PC migration from Windows XP to Windows 7, as security updates and technical support for the Windows XP operating system has been discontinued since April 8, 2014.

The organization has a new public website that can be viewed on the Internet.

The website address is:

<http://www.llribhs.org>

Operations and Maintenance



Susan Beatty

Operations and Maintenance
Officer

In the area of Operations & Maintenance, Susan Beatty continues to coordinate the Operations & Maintenance of the five clinics in the communities of: Grandmother's Bay, Sucker River, La Ronge, Hall Lake and Little Red River. Besides the clinics, she's responsible for maintenance at the Group Home, Catherine Charles Long Term Care Home, the two duplexes in Hall Lake and Grandmother's Bay, and the four garages in the outlying communities of Hall Lake, Sucker River, and Grandmother's Bay, Little Red as well as the new Prevention & Recovery building.

The Jeannie Bird Clinic in La Ronge had some major maintenance work with the exhaust/supply fan.

Susan is also responsible for the 42 fleet vehicles under Lac La Ronge Indian Band Health Services. Within this year we switched/transferred two fleets to the outlying communities & purchased 7 new ones for La Ronge. At the end of March 2014, Health Services had a total of 42 fleet vehicles that are used in all communities for the delivery of all services. All the vehicles receive regular and preventative maintenance, and tracking of odometers and maintenance is done on a data base system.

Susan is also responsible to supervise the Maintenance Service Worker, the two Janitors, and the three Clinic Support Workers. She is responsible for ordering Janitor supplies for the five clinics, the Group Home and Catherine Charles Long Term Care facilities.

Maintenance Support



Frank Patterson

Maintenance Support
Worker

In April 2014, Frank Patterson was hired as a casual Maintenance Support Worker to assist in maintenance and on August 18, he was hired as the permanent full-time Maintenance Support Worker. In February, Frank attended training in Ile a la Crosse for one week and received his boiler ticket for minor repairs to furnaces. He has been quite busy and at the same time still learning some new things that he may not be familiar with. He is a hard, dedicated worker and is ready for the challenges that lay ahead of him, including any relevant training to his position.

Clinic Support Workers



Annie Roberts

John G. Ross Clinic
Hall Lake



Stephanie Ratt

Sucker River Clinic
Sucker River



George Halkett

Kokum's Clinic
Grandmother's Bay

The clinic support workers continue to do water testing as directed by Prince Albert Grand Council, janitor duties, minor maintenance and covering off limited duties for clinic staff that are on leave. **Aaron McKenzie resigned as the Clinic Support Worker for the Grandmother's Bay clinic. George Halkett filled in as the casual and was hired as the permanent full-time Clinic Support Worker for Kokum's Clinic in Grandmother's Bay.**

Water Quality Program

The Clinic Support Workers in the communities of Grandmother's Bay, Sucker River, and Hall Lake continue to do the five (5) testing of water samples. As well as, the ½ time Dental Aide in the community of La Ronge and the ½ time Community Health Representative in Little Red. This program is responsible for routinely testing treated drinking water in order to detect potential problems in all LLRIB communities and to test all cisterns twice a year as set out in Health Canada guidelines for Drinking Water Safety.

The Technician works closely with the Environmental Health Officer (EHO) through the Prince Albert Grand Council (PAGC). The protocols are set out by Health Canada on how to monitor water and are carried out by LLRIB Health Staff. In the community of Little Red River, the water quality is being done by Francine McCallum.



Denise McKenzie

1/4 time Water Quality
La Ronge



Francine McCallum

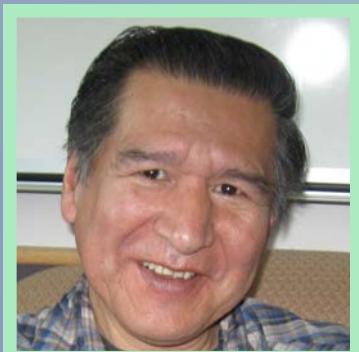
1/4 time Water Quality
Little Red River

Janitorial Support



Samantha Ross

Little Red River Clinic
Little Red River Reserve



Gerald Venne

Jeannie Bird Clinic
La Ronge

The janitors clean thoroughly and use their daily/weekly/monthly check list to ensure that each task is done properly practicing their infection control procedures. Each chemical is measured to the tee and stored away as it should be. Infection control is the main task the janitors strive for to ensure that quality of cleanliness is there.

Capital Projects

The remaining funds from Health Canada for the Jeannie Bird Clinic Crawlspace Project were used towards the following projects:

- The fire alarm panel at the Hall Lake Clinic.
- Replaced/installed new fans at the Sucker River Clinic.
- Had to wire in the battery for the genset at the Jeannie Bird Clinic.

Summary O & M

The Operations & Maintenance program is a busy area most of the times, we also address emergencies that come up and the majority of the time they take precedence over routine scheduled jobs. The workload at times can be very busy yet challenging, in times like this casuals are called in to assist with the workload. As a team we continue to excel at what we do; ensuring that all buildings are germ free and concentrate on infection control. The coordination of the fleet vehicles can be frustrating at times. When the shop is busy and short of staff, Susan will try her best to ensure that staff have a reliable fleet to provide the services required. Staff may have to team up together in a fleet; in any effort juggling of the fleets is a challenge. Continuous training in this program for the staff is mandatory as it pertains to their job.



COMMUNITY SERVICES PROGRAM

Community Services Manager 2014-2015 Annual Report



Lillian Sanderson

Community Services
Manager

Tansi! It has been an honor and a privilege to be of service to the Lac La Ronge Indian Band, Health Services and membership in this past year. Tinikih to the Board of Directors, management team and staff for the opportunity to learn and grow in my position as the Community Services Manager. Following are briefly some highlights of events in this past year:

Community Health Nursing immunization rates surpassed the 2014 goals in the Community Health Plan. The supervising dentist came to do assessment and treatment plans for the school aged children. An AIDS day event and an HIV conference were held for students and community members. Community Kitchens, Prenatal Classes, and Baby Showers were held in each of our communities. The Maternal Child Health (MCH) program also utilized the new hunters and gatherers program where meat is used in the community kitchen programs, incorporating traditional meals and wild meat is given to single parent MCH program families.

Home Care provides weekly nursing visits to the communities of Hall Lake & Sucker River, monthly foot care clinics in all communities, host an annual Elder's Christmas party and an annual Teddy Bear picnic in the summer. The Diabetes Nurse has offered cooking classes, presentations, booths, a weekly walking club, home visits and office visits. We have visiting physicians that go out to the communities of Hall Lake and Grandmother's Bay as well as to the Catherine Charles Long Term Care and the Group Home.

The *Special Care* programs have worked to meet the requirements of the Ministry of Health and Community Living Service Division. Professional development was provided to employees, including all casual staff; training on documentation for resident's files and binders, to be able to administer medication, Personnel Care Worker certification. Our events include shopping, home visits, picnics, daily walks, planning boat rides and camping for this summer. Clients are more active and happier. We are happy to continue to provide a safe friendly environment for all our residents and families to enjoy.

Prevention & Recovery moved into their new offices at Morin's Hill (Previous Administrative Building). The Traditional 7 Teachings / Moss Bag Teachings were delivered in Sucker River in conjunction with the Mental Health Program. We collaborated to plan and facilitate the La Ronge Men's Group, the Woodland Cree Gathering / Cultural Celebration, the Hall Lake Cultural Gathering and the 2nd Annual Women & Wellness Gathering. IRS Program worked to secure funds for the La Ronge Indian Residential School Monument. We proudly hosted National Aboriginal Addictions Awareness Week events, Personal Credits Applicant Support sessions & feasts, Indian Residential School "Wellness Day" event in La Ronge, the Youth "Gift of Choice" Conference 2015. We have also restored the Community Cultural Support program that focuses on traditional activities and traditional foods for community events, single parents and our Elders.

Medical Transportation moved to the Band Office so we could provide more centralized services and easier access to medical transportation for community members. We provided transportation services from La Ronge, Grandmother's Bay, Sucker River, Hall Lake and Little Red River. We transported **14,023** clients and escorts for out-of-town and in-town appointments. This unit works in partnership with the LLRIB Emergency Program to allow for improved coordination with private mileage and emergency funds.

The *Emergency Response* program has taken the responsibility to review all the emergency plans and pandemic plans also any material that was relevant to preparing for emergencies. Several first-aid training events were facilitated by the coordinator for Health Services as well as other LLRIB departments. The First Responders program was supported by filling supply orders, updating active first responders list with contact numbers in all communities as well as coordinating first responders training for staff. The coordinator also attended a justice symposium, completed basic emergency management course and emergency operation center training.

Aboriginal Head Start classes are provided in all communities Monday to Thursday mornings and afternoons for 3 – 4 year old children living on reserve. We teach the 6 components of Head Start learning which are: Cree Culture and Language, Education, Health Promotion, Nutrition, Social Support and Parent / Family Involvement. We plan for visitors to the classrooms such as Elders, partner agencies and in addition take the children on outings such as picnics and cultural events. We strive to help parents and their children develop physically, emotionally, mentally and spiritually through holistic teaching and learning methods. AHS pays special attention to positive behavior and healthy lifestyles to prepare them for entrance into Nursery or Kindergarten.

As our population continues to grow, we are challenged to ensure we provide the health services that are required by our People. We need to be creative from our cultural teachings and perspective as we move forward to ensure we achieve optimal health for all our People. We are entering our fourth year of our current Health Transfer Agreement and soon will be going through a process of evaluation and developing a new health plan that will give us the opportunity and challenges of building a health system that will meet our needs. Again, Tinikih for the opportunity to be of service to our People, I am honored.

HOME AND COMMUNITY CARE



Home Care team:

Back Row (L to R): Sheena Halkett, Wilma Roberts, Patricia Halkett, Loretta Ross, Monica Dorion, Susan Church, Francine McCallum, Anita Custer, Victoria Ratt, Donna Mirasty

Front Row (L to R): Nicole Eninew, Jennifer Halkett, Barb McKenzie, Josephine Ross, Bertha Hegland, Yvette Carriere, Faye Charles



Wilma Roberts

Home & Community Care
Nursing Coordinator (RN)

The Home and Community Care program works with clients, their family and **community resources to preserve and maximize the client's ability to remain as independent in their home as long as possible.** A holistic approach is used based upon respect and dignity of family and client. A Registered Nurse assesses the client and a care plan is developed and agreed upon by the client, family members and the nurse. When support services are not available by family and community, Home Care provides clients with supportive care they need. The amount of high need client care continues to increase, as does our aging population.

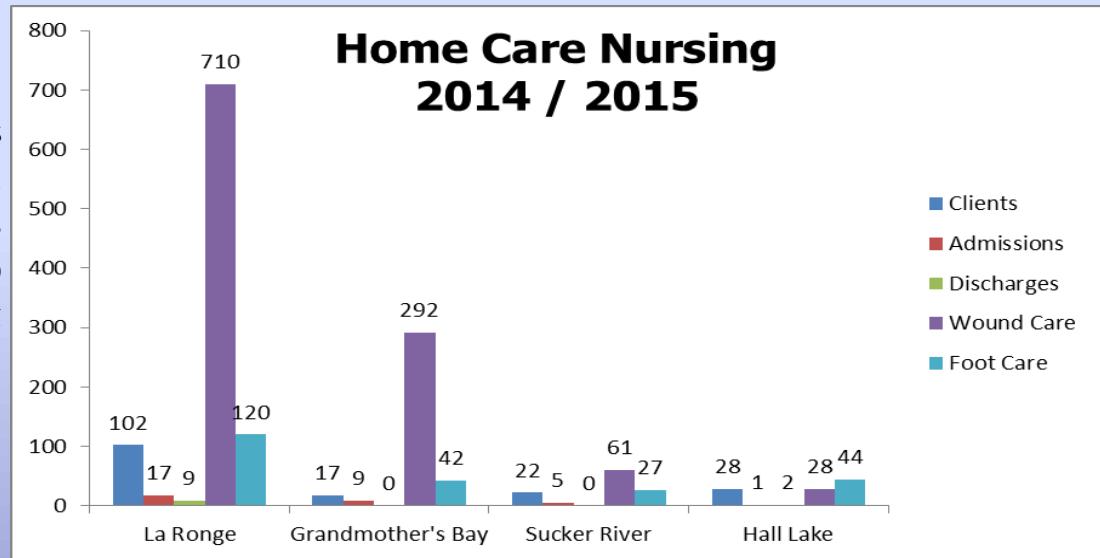
Home and Community Care Program has a Home Care Registered Nurse Coordinator, 1 Registered Nurse, 4 Licensed Practical Nurses, 1 Registered Diabetes Nurse, 1 Community Health Representative and 7 Home Health Aides.

HOME CARE NURSING

Catherine Charles Long Term Care Home (CCLTC) receives scheduled weekly visits by a Licensed Practical Nurse, as well as whenever needed to provide dressing changes, foot care or to check on a client.

Registered Nurses and Licensed Practical Nurses took

part in the following Educational Sessions: Wound Care Course, Cardiovascular Workshop, First Aid and CPR, Foot Care Course, Professional Assault Response Training, Critical Incident Stress Management Training and a Quality Improvement Workshop.



Hall Lake - Home Care Nurse / Home Health Aide



Josephine Ross

Home Health Aide

Josephine Ross, Home Health Aide, provides daily Home Care services to clients and Jennifer Halkett was the visiting Home Care Nurse.



Jennifer Halkett

Home Care Nurse (LPN)

Grandmother's Bay - Home Care Nurse / Home Health Aide



Barb McKenzie

Home Health Aide

Barb McKenzie, Home Health Aide, provides daily Home Care services and Loretta Ross and Anita Custer were the visiting Home Care Nurses. Anita Custer is based in GMB.



Anita Custer

Home Care Nurse (LPN)



Loretta Ross

Home Care Nurse (LPN)

Sucker River - Home Care Nurse / Home Health Aide



Victoria Ratt

Home Health Aide

Victoria Ratt, Home Health Aide, provided daily services to clients and Sheena Halkett and Donna Mirasty were the visiting Home Care nurses.



Donna Mirasty

Home Care Nurse (LPN)



Sheena Halkett

Home Care Nurse (LPN)

Little Red River Reserve - Home Health Aide



Francine McCallum

Home Health Aide

Prince Albert Grand Council provides Home Care nursing services. Francine McCallum, Home Health Aide, is assigned 6 clients in Little Red River.

Francine's job was modified and she is half time Home Health Aide (HHA) and half time Community Health Representative (CHR).

HOME HEALTH AIDES



Bertha Hegland

La Ronge



Faye Charles

La Ronge



Patricia Halkett

La Ronge

The Home Health Aides received more training to assist nurses with procedures that they could do within their scope of practice. These include blood pressure monitoring, blood sugar screening, basic wound care management, diabetes management, First Aid & CPR, and palliative care. Home Health Aides continue to provide personal care, home management, transportation, translation, medication pickup, laundry services, respite and palliative care to all eligible clients.

Monthly foot care clinics are offered in all communities with foot care trained nurses, while HHA's assist with meal preparation, transportation, and taking vital signs.

The annual culture camps in communities received assistance from our Home Care department. Clients really enjoyed participating in these events and utilized the opportunity to socialize, eat traditional foods, and enjoy themselves. Other events & home management activities were carried out as identified in the client care plan, planning and organizing social and exercise activities for Elders such as berry picking, **cultural camps, gardening, Christmas, Valentine's Day and Easter dinners, Teddy Bear Picnic, Long Term Care visits, and storytelling.** The Elder's appreciate all the efforts the Home Care team places into planning these events for them.

Training opportunities that Home Health Aides participated in were Professional Assault Response training, First Aid & CPR, Critical Incident Stress Management Training and SOAP Charting.



Susan Church

Home Care

Community Health Representative

DIABETES EDUCATION



Monica Dorion

Diabetic Nurse Educator

Monica provided a number of community activities, as well as direct client assessment and education. She worked collaboratively with Mamawetan Churchill River Regional Health Authority (MCRRHA). Clients were given information on healthy meal preparation, as well as learning the benefits of exercise on their diabetes.

Monica planned/participated in many diabetes and chronic disease prevention educational events in each community such as Wellness Conferences, Community Kitchen, Diabetes Blitz at Keethanow Supermarket, Treaty Days, **Foot Care Clinics, Elder's Gatherings, Kids Cooking Class, Educating in the Schools**, as well as numerous presentations.

Partnerships were maintained with MCRRHA Home Care, La Ronge Medical Clinic and MCRRHA Diabetes Nurse Educator as an additional resource.

Educational opportunities the Aboriginal Diabetes Initiative Nurse participated in include; various webinars and teleconferences in topics related to nutrition and diabetes, Canadian Diabetes Association and the Annual Aboriginal Diabetes Gathering.

COMMUNITY HEALTH NURSING PROGRAM



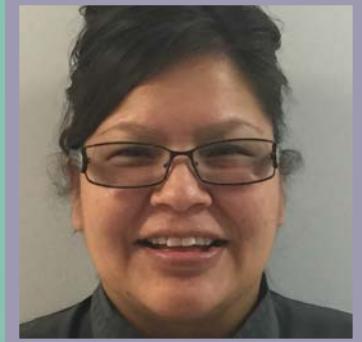
Lisa Mayotte

Community Health Nursing
Coordinator



Nicole Eninew

Administrative Assistant
(resigned November 2014)



Jessica Charles

Administrative Assistant
(started December 2014)

Community Health Program

The Community Health Program is where we strive to help band members live the healthiest, most independent lifestyle possible, by ensuring programming meets community needs.



Back Row (L to R): Sophie McLeod, John Charles, Karen Kammermayer, Marjorie Charles, Sarah Charles, Nicole Eninew, Priscilla Charles, Priscilla Caisse, Susie Bird, Amelia McKenzie, Jonathan Suetta

Front Row (L to R): Denise McKenzie, Connie Venne, Amy Laliberte, Esther Keighley, Virginia Ross, Lisa Mayotte, Joanne Mercredi, Angie Sanderson, Flora Ratte

Community Health Representatives



Caroline Ross

Hall Lake



Priscilla Caisse

Sucker River



Sophie McLeod

Grandmother's Bay

Community Health Representatives (CHR's) work in a broad and expanded role and are a vital link between community members and Community Health Nurses (CHN's). They focus on the health needs of the community and assist community members to live the healthiest lifestyle possible. CHR's are a liaison between health staff and community members by assisting with delivery of health programs. Some of the services they provide are: obtaining consents for immunization, advertising and promoting health programs, providing health education, making referrals, transporting clients, translating, assessing clients, notifying community members about upcoming medical appointments, arranging influenza and immunization clinics and communicable disease contact tracing with the CHN's.

Community Health Representatives participated with health staff in events that were held in our communities such as: **Treaty Days, Annual Baby Showers, Mass Flu Clinics, Elder's Christmas Party, Youth Conferences, Culture Camps, GMB Wellness Conference, World AIDS Day, HIV Conference, Berry Picking,** and a variety of other community events sponsored by band departments.

Staff continued their education through participation in First Aid and CPR, Safe Food Handling, HIV 101 Basics, Critical Incidence Stress Management, ASSIST Training, Panorama Training, and the bi-annual CHR Refresher Conference held in March 2015.

Community Health Representatives are: Grace Goertzen and Susie Bird in La Ronge; Sophie McLeod in **Grandmother's Bay (recently retired in Jan, 2015); Caroline Ross in Hall Lake and Priscilla Caisse in Sucker River** as half time Community Health Representative and half time Parent Support Worker.



Grace Goertzen

La Ronge

Susie Bird

La Ronge



Community Health Nursing



Lisa Mayotte

Community Health Nurse
(RN)



Joanne Mercredi

Community Health Nurse
(RN)



Esther Keighley

Community Health Nurse
(RN)

Community Health Nurses are: Esther Dorion, Joanne Mercredi (On Maternity Leave Jan. 2015-Jan. 2016), Lisa Mayotte, Karen Kammermayer, and Robyn Klassen started in Jan. 2015. Jan Shewchuk and Kathy Prokopchuk work on a casual basis. The CHNs were responsible for delivering the Communicable Disease Control program, Tuberculosis program, Maternal Child Health program and the Immunization Programs in La Ronge (Kitsaki), Hall Lake, Sucker River and Grandmother's Bay.

The Community Health Nurses continued their education through participation in conferences, teleconferences, video conferences, and webinars, on numerous subjects, such as: Dog bites and Rabies Management, PANORAMA training, WHMIS, Breastfeeding, STI's, the National Immunization Conference, the Regional Nursing Workshop, Personal Protective Equipment in Ebola Disease Control, nutrition, annual NITHA CHN review, and SOAP Charting training.



Karen Kammermayer

Community Health Nurse
(RN)



Robyn Klassen

Community Health Nurse
(RN)



Jan Shewchuk

Community Health Nurse
(RN)



Kathy Prokopchuk

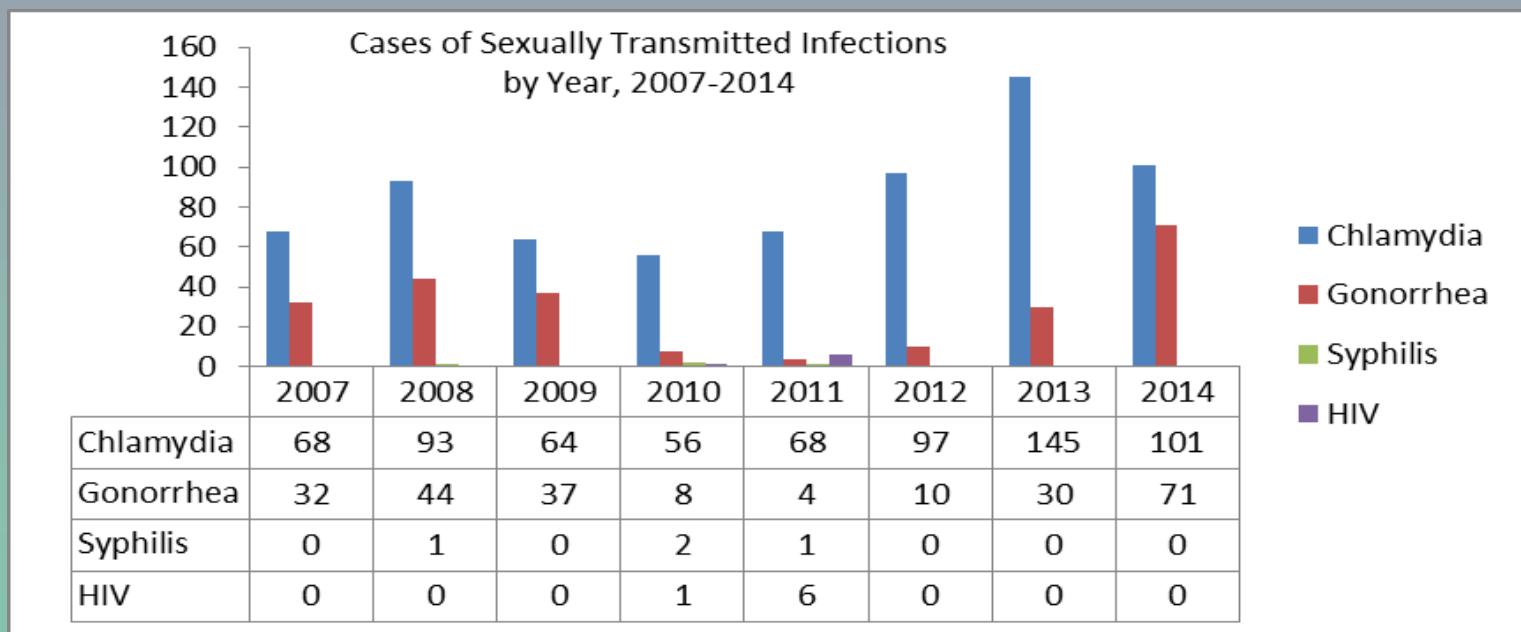
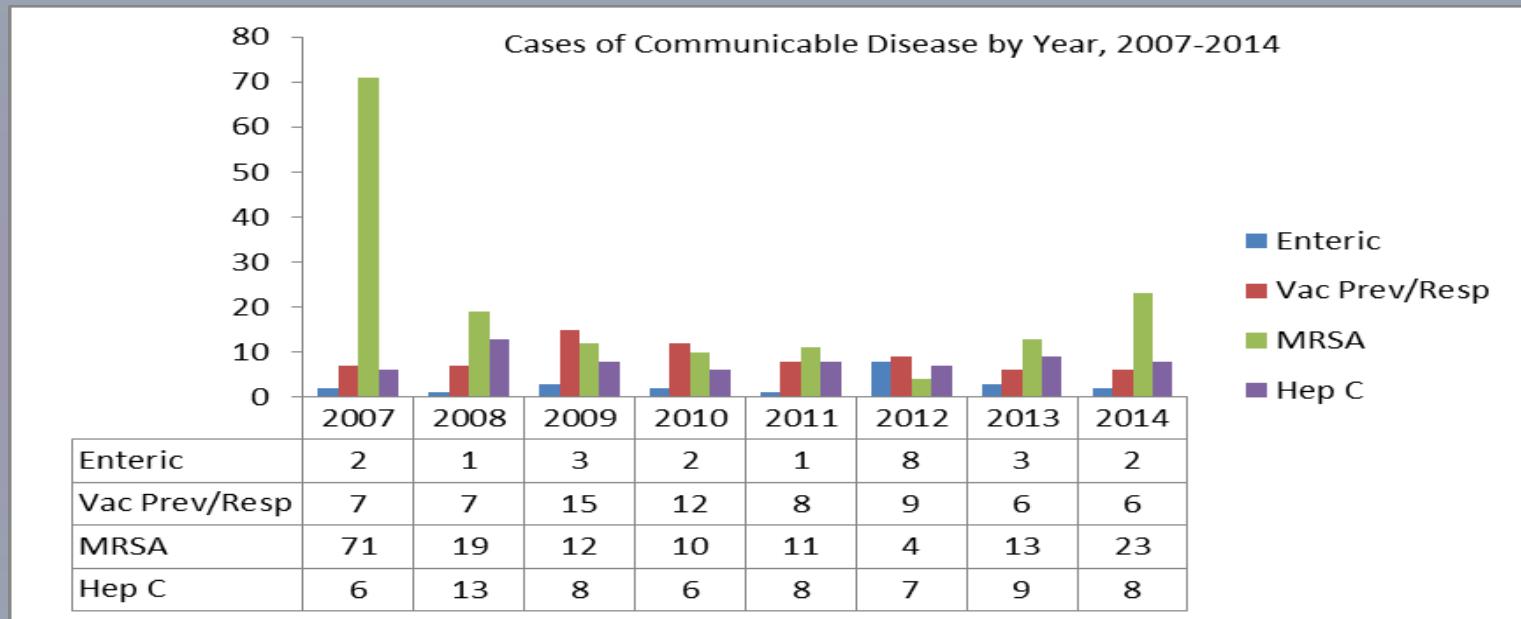
Community Health Nurse
(RN)

Communicable Disease Control

This program works directly with the Community Health Status and Surveillance Unit (CHSSU) at NITHA under the direction of a Medical Health Officer. CHSSU receives notification of all lab confirmed communicable diseases for our communities, then forwards a copy to our office for follow up with the appropriate action. This includes teaching, counseling, and making medical appointments for clients who have a communicable disease or are contacts of someone with a communicable disease.

Sexually transmitted infection rates remain high in our communities. The numbers for Chlamydia have decreased from last year, but Gonorrhea rates have more than doubled in the last year. We saw no new cases of HIV in our community, which could be attributed to a decrease in testing and clients using off-reserve addresses for testing purposes. Hepatitis C rates have remained steady, seeing between 6-13 new cases per year since 2007.

HEALTH SERVICES - SUMMARY OF TRENDS



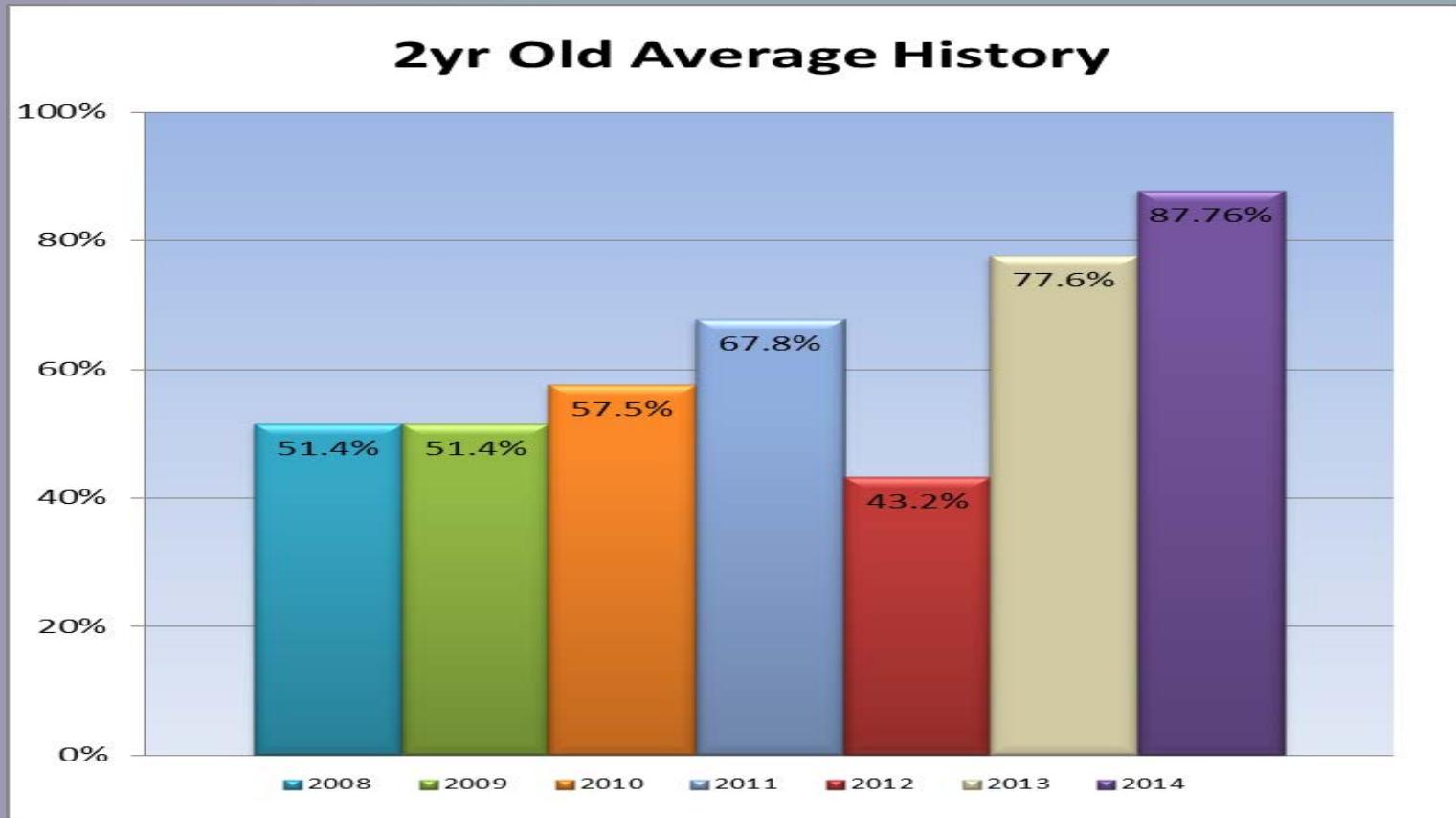
Immunization

This year a major change was made in the immunization program with the transition from using the Saskatchewan Immunization Management System (SIMS) to the newly implemented Panorama System for immunization management. The Panorama Immunization module was implemented in February 2015 in Saskatchewan. Panorama is a comprehensive, integrated public health information system that helps public health professionals' work together to effectively manage vaccine inventories and immunizations. Training was done with the CHNs and CHRs prior to the deployment.

The immunization rate for our two year old population in La Ronge is at 87.76% this is the highest it has been in 7 years. Grandmother's Bay achieved 100%, for the third year in a row. Sucker River's immunization rate for the two year old population is 96.43%, and Hall Lake's immunization rate is at 76.79% for the two year old population.

The graphs below show the immunization rates per community for two year old children.

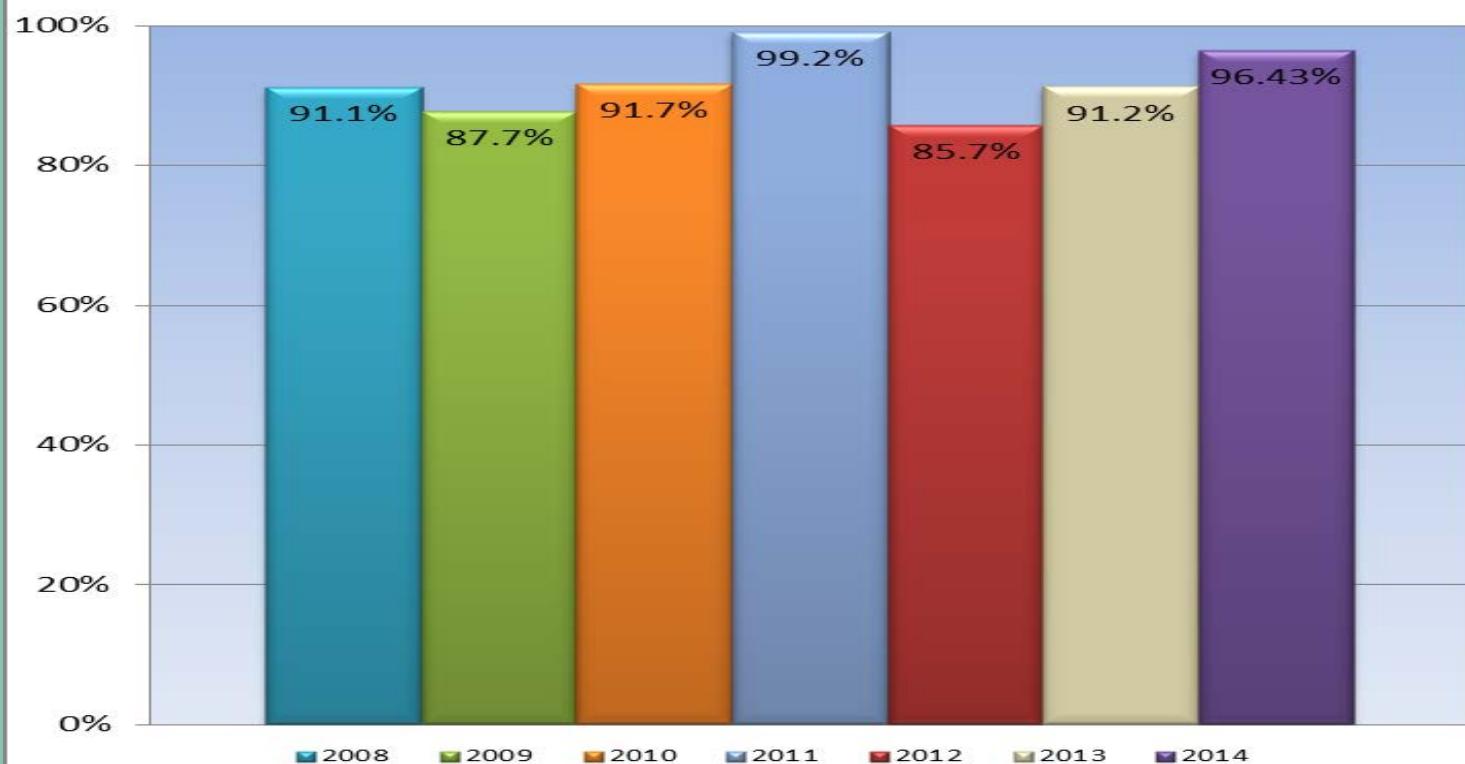
La Ronge (Kitsaki)



Over the year the CHN's, CHR's, and PSW's successfully continued and enhanced the "no show-home immunization" strategy in La Ronge (Kitsaki). This strategy began as a way to address the decline in the immunization rate in 2012. It involved home visits to clients and families that had missed 3 consecutive immunization appointments. Health teaching would be done at that time and a further option was given to the family to have the child immunized in their own home. This strategy has been shown to be highly effective in helping increase the immunization rates in La Ronge.

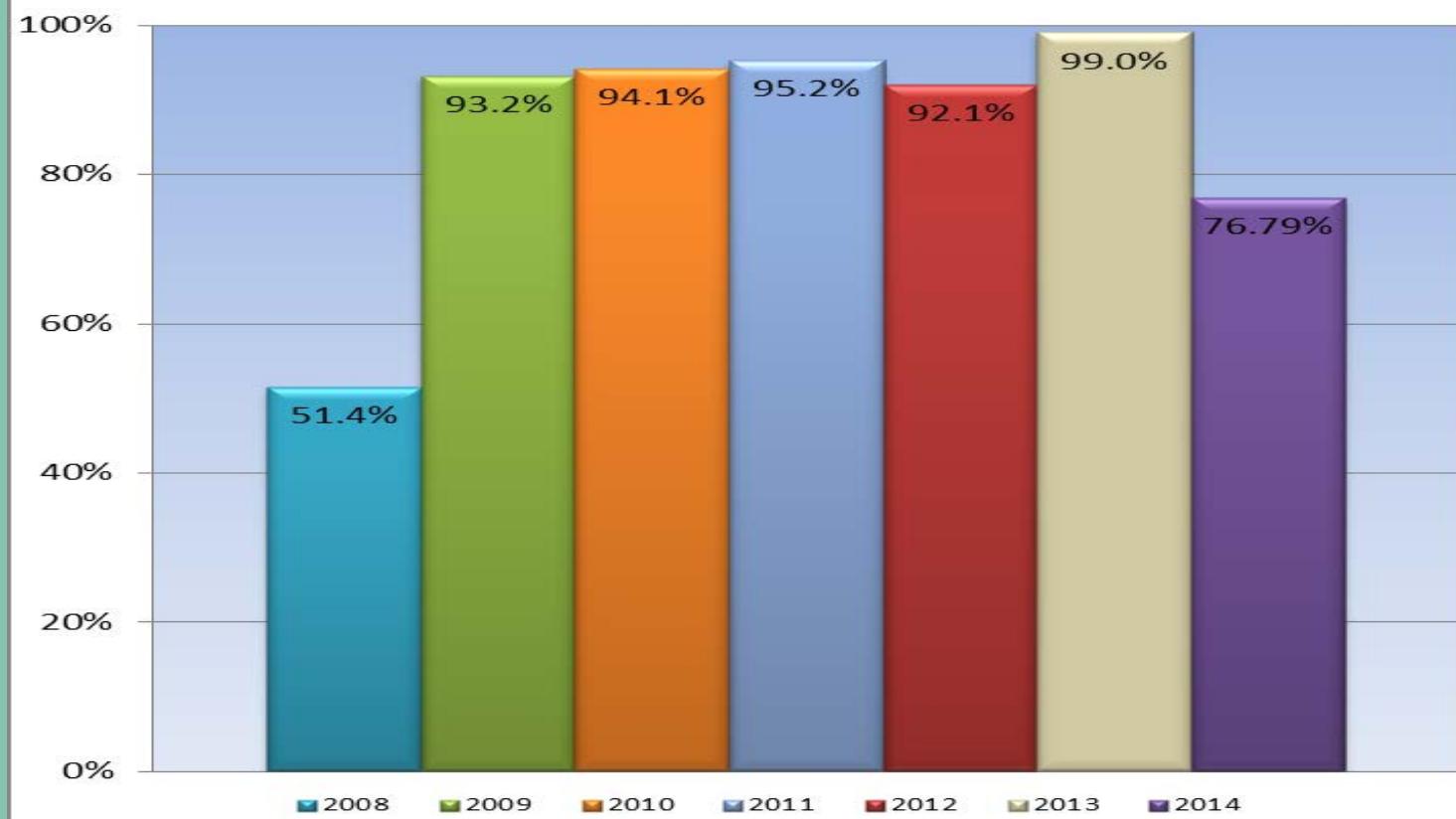
Sucker River

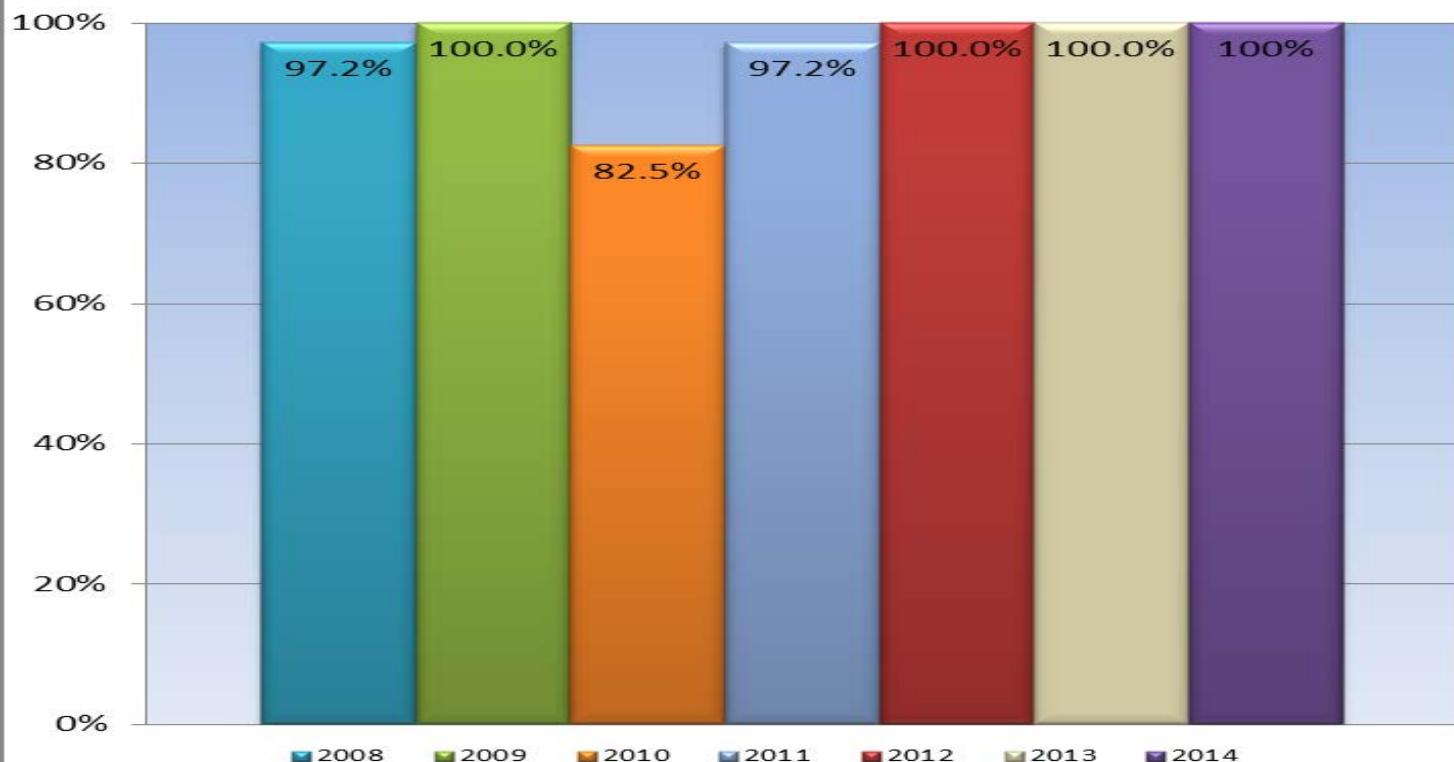
2yr Old Average History



Hall Lake

2yr Old Average History



2yr Old Average History**Tuberculosis (TB)**

The TB program provides Mantoux screening for children and adults. There was 1 person on Directly Observed Therapy (DOT) for the year and no contact traces as there were no active cases of TB. Grace Goertzen, TB Worker, hired through NITHA, provided part time support to this program by administering medication and assisting with education and routine screening.

Maternal Child Health Program (MCH)

The vision of this program is that all women and families with infants and children who live in our communities will be supported to reach their fullest developmental and lifetime potential by providing access to a locally integrated and effective MCH care system that responds to the family as a whole. The Canada Prenatal Nutrition Program (CPNP) component is specifically aimed at reducing the incidence of unhealthy birth weights, improving the health of both infant and mother and encouraging breastfeeding.

Angie Sanderson

Maternal Child Health
Supervisor



There were 120 women who participated in our CPNP program in 2014-2015. The majority of women accessed the program in their first or second trimester of pregnancy.

The following core elements were provided:

- Nutritional/dietary assessment
- One to one nutrition counseling/education
- Traditional/Cultural teachings
- Vouchers for food
- Community Kitchens
- Breastfeeding Education & Support
- Parenting support



Prenatal women were provided with food vouchers that were used to purchase milk and milk products, fruit and/or vegetables. The vouchers are provided from conception until three months postnatal, if the mother is breastfeeding.

Community kitchens were offered on a monthly basis in each community. The participants were provided with recipes and supplies to cook a low cost nutritious meal. Traditional foods were used whenever possible in preparing the meal. Teaching about nutrition and ways to have a healthier pregnancy was provided at the same time. The women and men who participated had many positive comments, partly because of the relaxed and informal environment. Whenever possible, traditional teachings were incorporated and offered.

Prenatal classes were offered to pregnant women every 2nd month this year in collaboration with Mamawetan Churchill River Health Authority, Kids First North and Kikinahk Friendship Center.

The CHN's offer a prenatal assessment and educational visit once during each trimester. A postnatal home visit is completed as soon as possible after mom and baby are at home. When necessary, referrals were made to other health care professionals in both the pre and postnatal periods.

The Parent Support Workers (PSW'S) visited prenatal families or those with children from birth to age six. They assisted families with household and parenting issues by building on family strengths, acting as advocates and discussing health promotion topics when visiting in the home. They participated in a number of health events by inviting clients and/or providing transportation, setting up information booths **on programs and services provided or presenting parenting information.** PSW's assist the CHN's on post natal home visits and make follow up visits as recommended to provide support and education to the families.

During the month of March a community baby shower was held in each community to welcome all 103 babies born in 2014. Each baby was given a gift, Elders offered expert advice, numerous health information tables were set up, door prizes were given, a delicious meal was served, games were played, family pictures were taken, activities were planned for older siblings, and the babies and their families were given opportunities to interact with each other. In August we hosted a pre/post natal reunion picnic with **52 participants, including Moms, Dads, babies, children, and Elder's.**

Staff who work with the Maternal Child Health program continued their education through participation in First Aid and CPR re-certification, Safe Food Handling, Breastfeeding Education Day/Seminars, SIIT Home Visitor Training in Case Management, Applied Suicide Intervention Strategies Training, Critical Incident Stress Management training, Healthy Child Development Workshops, FASD Workshop, and SOAP charting



Yvonne Ross

Hall Lake (resigned Dec. 2014)



Tiffany Bell

Hall Lake (started Jan. 2015)



Cheryl Charles

Grandmother's Bay



Grace Goertzen

Sucker River



Connie Venne

La Ronge



Candace Ratt

La Ronge

Community Health Educator



Flora Ratte

Community Health Educator

Flora Ratte, Community Health Educator worked closely with school staff and students, providing bi-monthly classroom sexual health education; which included methods of contraception, puberty, cultural teachings, self-esteem, and general healthy activities. Age appropriate education was provided in all schools from Grade 4 – 12 following a consultation and information session with health staff and one in each community for parents. Condoms are given to students who request them and left with the teacher for distribution to students who request them. Presentations have been given at a variety of workshops and events on topics such as self-esteem, sexually transmitted infections, HIV/AIDS, and stress management. Numerous referrals have been made to various health departments, different band departments as well as to different community agencies.

There was also participation at Culture Camps, Treaty Days, World AIDS Day, Community Flu Clinics, the Youth Conference, and the HIV conference in the form of presentations, information booths, transportation, or general assistance and planning.

A Youth conference was held on World AIDS Day in December with a number of guest speakers from NITHA, Prince Albert and the La Ronge Medical Clinic. Another HIV conference was held in March for the community with students invited from SMVS. There were guest speakers from NITHA, the Hep C. Clinic in PA, La Ronge, the Mamawetan Churchill River Health District, the La Ronge Medical Clinic, and Scattered Sites.

Youth Wellness Worker continued her education by participating in Teaching Sexual Wellness workshops, HIV/Aids workshops, and teleconferences on various topics related to sexual health.

Dental Program

The Dental Program provides dental services by dental therapist supervised by a visiting dentist. The Dental Therapist provides treatment, education, preventative, and school programs in the communities of **La Ronge (Kitsaki), Sucker River, Hall Lake and Grandmother's Bay**.



Back Row (L to R): Jonathan Suetta, Priscilla Charles
Front Row (L to R): Virginia Ross, Marjorie Charles, Denise McKenzie, Amy Laliberte, Amelia McKenzie, Sarah Charles

The dental team staff consists of our Dental Therapists – Priscilla Charles - Dental Supervisor, Amelia McKenzie, Amy Laliberte, and Jonathan Suetta (resigned in November). Dental Aides include, Candace Roberts in La Ronge (resigned in August), Denise McKenzie in La Ronge, Sarah Charles in La Ronge, and Mikhaela Ross in La Ronge, Virginia Ross in Hall Lake (Mat leave in Oct.), Sandra Halkett in Hall Lake, and **Marjorie Charles in Grandmother's Bay.**

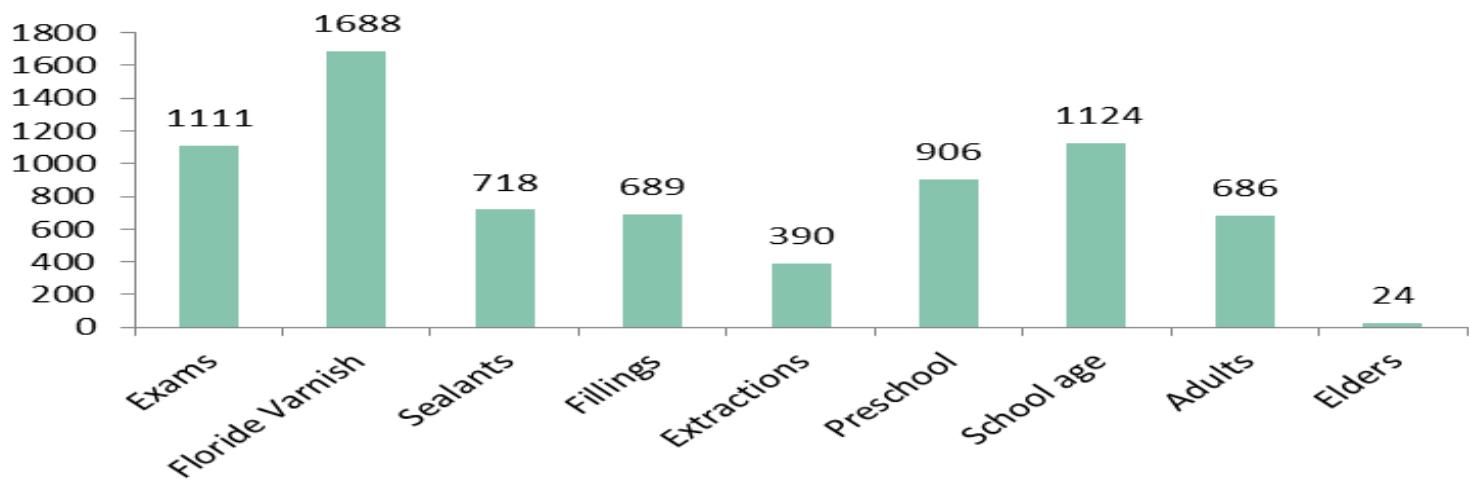
Priscilla, Amy, Jon, and Amelia continued their educational requirements by attending training sessions on new products, patient management, medical emergencies and updates on infection control. The Dental Aides continue chair side assisting, infection control, presentations on oral hygiene and other preventative services such as fluorides and accompany Dental Therapists on home visits when requested.

Dental Therapists and Dental Aides provide both prevention and treatment dental services to outlying communities. Little Red River is serviced by PAGC, while Hall Lake and Grandmother's Bay each have a part-time Dental Aide that lives in the community and provides fluoride mouthrinse and home visits. Dental Therapists visit 2 times per week to see patients. Sucker River has a team that visits the community 2 times per week. The dental clinics are set up in the Health Centers in the outlying communities, in La Ronge we have a dental clinic in each of our schools as well as a 2 chair clinic in the Jeannie Bird Clinic.

We focus on prevention in the 0 – 5 age group to bring down the number of general anaesthetic referrals. We work with the parents and children to educate and provide fluoride varnish to the children, as well as network with other Health Services staff to deliver educational information at prenatal classes and other parenting groups. We provide fluoride mouthrinse to all of our schools and provide treatment such as fillings and extractions to all age groups.

We contracted a supervising Dentist who visited outlying communities for exams, provided prescriptions when needed and was available for consultations.

Dental Stats: Apr. 2014 - Mar. 2015



Special Care Coordinators Report



June 23, 2015 will be one year since I joined the LLRIBHS as the Special Care Coordinator for the Wuwuhtewikumihk Group Home and Catherine Charles Long Term Care units.

It has been a real challenge, it has taken me almost a full year to reorganize, update the administration requirements of both units:

Ruby K. Jones

Special Care Coordinator

Catherine Charles Long Term Care Unit:

Staff: (new working schedule, less use of casuals and staff are more accountable)

- Personnel Care Workers (PCW) - 4 full time, 2 part time, and ongoing casual list
- PCW Staff work on 12 hours shifts – 2 PCW staff on day shift, 1 PCW staff on night shift, 1 cook 8 hours per day weekdays, PCW's cook for residents on weekends and holidays, and 2 hours a day part time janitor.

Residents: (more planning of activities and events: monthly shopping, evening drives

outdoor events: picnics, planning boat rides and camping) Elders are more active and happier.

- Open 24/7
- 10 residents (5 males & 5 females) Elders
- Residents come from surrounding northern communities
- Family members make the referrals
- Waiting list: ongoing
- Committees: LTC partnership with the Mamawetan Health Regional Health Authority, Elder Abuse Committee – working on an Elder Abuse Policy

Updates:

- Proper documentation of the resident's medical binders, with the help of LPN's from Home Care who are assigned to assist with the medical aspect of the binder (history, doctors notes, PCW charting, assessments, directives, personnel information)
- 2014 Income Tax returns & most Elders received back pay on their GST refunds.
- Saskatchewan Health Cards – renewals / Treaty cards – replacements. This is ongoing because some Elders need proper identification.

Administration:

- Filing – updating and reorganization of paper work and proper documentation.
- Insurance: June 2015 – Ministry of Health
- Licencing: annual renewal 2015
- Inspections – all inspections APPROVED and Completed
- Incident Reports – less incident report as clients are more active
- Medication orders – less as staff are now training and will continue to be trained to give medication properly
- Staff Scheduling – 3 month draft schedule, seniority list, staff accountability, and disciplinary actions – with this in place staff are not missing work as often, still ongoing, staff are now realizing that they have to be accountable for their actions
- Recruiting casual staff – ongoing – HR is assisting in this area
- Weekly Grocery orders – action item; planning needs to take place as we are spending a lot of funding dollars in this area.
- **RPO's / PO's** – working out
- Collecting resident payments / banking

Equipment & Supplies:

- Janitorial supplies – ordered only every 3 months – keeps the cost down and staff learn to save and not misuse the supplies.
- In house supplies – ordered only every 3 months
- Repairs on equipment (washer, dryer, etc.) all need to be replaced
- Bath Lift, Bath tub, scale, lift – insurance purchased to help offset the cost
- Cleaning equipment and supplies for the floors – spring cleaning / fall cleaning - this is mandatory to be done twice a year, ongoing.

Wuwuhewikumihk Group Home Unit:

Staff: (new working schedule, less use of casuals and staff are more accountable)

- Personnel Care Workers - 4 full time, 2 vacant part time positions, and ongoing casual list - HR assisting.
- PCW Staff work on 12 hours shifts – 2 PCW staff on day shift, 1 PCW staff on night shift, Staff on duty cook all meals
- 2 hours a day part time janitor – **supervised by Susan Beatty's program**

Residents: (more planning of activities and events: monthly shopping, home visits outdoor events: picnics, daily walks, planning boat rides and camping for this summer) Clients are more active and happier.

- Open 24/7
- 8 residents (4 males & 4 females)
- Residents come from surrounding northern communities
- Family members make the referrals
- No waiting list at this time, families have called to find out if we have openings

Updates:

- **Proper documentation of the residents medical binders, with the help from the LPN's from Home** Care who are assigned to assist with the medical aspect of the binder; (history, doctors notes, PCW charting, assessments, directives, personnel information) A lot more work needs to be done at the Group Home. I am having a hard time doing all the paper work, that is why it is so important to have a Group Home Supervisor, which has been vacant for almost a year.
- I am going to apply for all the Group Home Clients to receive GST refunds.
- Saskatchewan Health Cards – renewals / Treaty cards – replacements as some clients have outdated cards.

Administration:

- Filing – updating and reorganization of paper work and proper – ongoing due to shortage of staff
- Insurance: 2015 – Community Living Service Division
- Licencing: annual renewal 2015
- Inspections – all inspections APPROVED and completed
- Incident Reports – less incident report as clients are more active
- Medication orders – less staff are now training and will continue to be trained to give medication properly (mandatory Online Medication Cert)
- Staff Scheduling – 3 month draft schedule, seniority list, staff accountability, and disciplinary actions – with this in place staff are not missing work as often, still ongoing; staff are realizing that they have to be accountable for their actions
- Recruiting casual staff – ongoing – HR is assisting in this area
- Weekly Grocery orders – action item; planning needs to take place as we are spending a lot of funding dollars in this area.
- RPO's / PO's – working out

Staff Training: (most staff have completed all the required training)

- Personnel Care Worker Certificate - offered in La Ronge
- Medication assistant certificate – online
- CPR/First Aide – renewals
- Drivers Program – staff are required to do this on their own.
- First Responders Training – ongoing – Crawford is assisting in this area

Equipment & Supplies:

- Janitorial supplies – ordered only every 3 months – keeps the cost down and staff our learning to save and not misuse the supplies.
- In house supplies – ordered only every 3 months
- Equipment (washer, dryer, etc.) have all been replaced
- Medication cart, vital sign monitor and the weight scale has been placed on order.
- Cleaning equipment and supplies for the floors – spring cleaning/fall cleaning - this is mandatory to be done twice a year, ongoing.

Coordinators closing comments:

This fiscal year has been a real challenge in getting both units up to standards. With the requirements of the Ministry of Health and Community Living Service Division, I have provided the proper educational training that staff requires to be able to do their jobs as PCW's (Personnel Care Workers) when assisting the residents. Staff are also working on learning to do proper documentation for resident's files and binders. I have stressed that all staff have to take proper training to be able to administer medication, this includes all casual staff, because without the education of how to give medication to residents we end up with a lot of med errors, and with the right training I am seeing less medication errors and the residents are happier. I have really enjoyed working with the LLRIBHS, and we all know there is a lot more work to be done and I feel as time progresses and we continue to support our staff, everyone will see the change and we will be able to provide a safe friendly environment for all our residents and families to enjoy.

Ruby K. Jones

Special Care Coordinator

Catherine Charles LTC

Wawahtewamihk Group Home

LLRIBHS

Medical Transportation



Back Row (L to R): Barrett Halkett, Yollanda Bear, Jimmy Halkett, Brendan Olson, Mary Mirasty, Alice McKenzie

Front Row (L to R): Gladys McLeod, Sylvia Charles, Samantha Isbister, Mabel Isbister, Evelyn McKenzie

It is the intent of LLRIB Health Services Inc., Medical Transportation unit to assist community members to access medically necessary health services that cannot be obtained on the reserve or in their community of residence.

It is our responsibility to provide and maintain a safe working environment to protect our employees and the members of the communities where we provide services from injury and personal loss.

The role of Medical Transportation is to provide access to Health Services under the policy of Non-Insured Health Benefits (NIHB), as set out by Health Canada. Health Canada requires bands to implement the policies in their communities. Health Canada has the final decision on whether authorization is provided for such trips.

The Medical Transportation unit provided transportation services from La Ronge, Grandmother's Bay, Sucker River, Hall Lake and Little Red River.

For the period April 1, 2014 to March 31, 2015 the Medical Transportation unit provided medical transportation for in-town and out-of-town appointments. We transported a total of **14,023** clients and escorts to and from medical appointments.

A new position was created in this unit the Medical Transportation Coordinator, Yollanda Bear assumed the responsibility for this position the beginning of June 2014.

Some of the services available include:

- Off- Reserve members are eligible for the services (provided they are within a certain mileage radius, this does not include the town of La Ronge).
- 24-hr notice in advance is required for in-town transportation unless it is an emergency.
- 48-hr notice in advance is required for out-of-town transportation unless it is an emergency
- All escorts have to be medically required and prior approved.
- Vans are being utilized more for hospital emergencies because Health Canada does not cover ambulatory care for none critical situations. Health Canada also does not provide hospital to hospital transfers from a larger facility to a smaller one

The Medical Transportation unit consists of: One Coordinator, Medical Transportation Clerks in each community and Medical Transportation Drivers. The Medical Transportation drivers are respectful, courteous, and assist the clients in a friendly manner.

This unit works in partnership with the LLRIB Emergency Program to allow for improved coordination with private mileage and emergency funds.

Medical Transportation moved to the Band Office in order to provide more centralized services and easier access to medical transportation for community members.

The staff take the time in supporting other staff when necessary, together we work hard as team players to provide the services for our band membership.

Staff at Medical Transportation work closely with Health Canada Non-Insured Health Benefits and try our best to provide equitable and accessible services to all our band members and other First Nation members.

We continue to strive in improving services to our membership.

PREVENTION & RECOVERY PROGRAMS



Angelique Clinton
Prevention & Recovery
Coordinator



Krystal Charles
Administrative Assistant

OVERVIEW

In the 2013 - 2014 Year was my 11th year of employment at Prevention & Recovery Services. After fulfilling the position of Acting Holistic Manager, I accepted the position of the Prevention & Recovery Coordinator in March 2014. First, thank you to all the Prevention & Recovery team who have worked diligently to provide the best services to our membership.

The Prevention & Recovery consists of the following Programs: Mental Health, National Aboriginal Youth Suicide Prevention, Fetal Alcohol Spectrum Disorder / Fetal Alcohol Effects Prevention, Indian Residential School, Community Development (Addictions) and Community Support.

Prevention & Recovery staff moved into their new offices at Morin's Hill (previous Admin Building) on the week of September 7, 2014. This relocation was to foster community members' comfort and confidential experience. In the spring Lillian Mahoney, Administrative Assistant accepted the Front Reception Clerk position at JBC. Krystal Charles was then hired as the Administrative Assistant in October; her skills and ability have been an asset to office stability and functioning.

The CBRT Report - Mental Health, Addictions, National Aboriginal Suicide Prevention and Fetal Alcohol Effects Programs stats were submitted in June.

We were involved in providing several extended supports to community agencies this year. First Health Services Staff, Community Services Manager, Prevention & Recovery Coordinator and support staff as well as the Nursing Coordinator with support staff assisted / supported the 407 Stanley Mission Evacuees at the JRMCC Site on May 21st, 22nd & 24th. Throughout the year Mental Health, Addictions and Indian Residential School Staff provided Critical Incident Stress Debriefing to community members and groups. Co-hosted, coordinated and facilitated the 2nd Annual Women & Wellness Gathering on August 1st -3rd.

Prevention & Recovery co-planned and hosted the Critical Incident Stress Management (CISM) Group & Individual Crisis Intervention Training For Health Services Staff On December 9th - 12th.

Again, this year we co-organized with Lac La Ronge Indian Band Council and Band Programs for the Woodland Cree Gathering / Cultural Celebration on August 26th - 28th. During the Woodland Cree Gathering our unit provided and organized the cultural component. The Gathering was eventful with many of our Band members present for all our 5 Communities. We also had visitors from various communities in Saskatchewan, Alberta, British Columbia, Six Nations (Ontario) and Manitoba. We captured the event with honored Elders that demonstrated their Traditional Woodland Cree Skills and valued teachings to the community Members.

Prevention and Recovery – Mental Health



(L to R): Flora Dumais (La Ronge / Grand Mother's Bay), **Darlene George** (La Ronge), **Jean Charles** (La Ronge / Hall Lake) **Ida Ratt** (Sucker River / Grand Mother's Bay / Hall Lake)

The Mental Health Team continue to work with the Community Development Workers (Addictions), Indian Residential School and Cultural Support workers. They provide counselling sessions for individuals, couples and families. Support is provided to all band members who are either referred by self, family member or an agency.

Best wishes to long term employee Selim Anwar, Senior Mental Health Therapist who departed from Health Services in August. Then our program welcomed Mental Health Therapists; Jean Charles in October and Flora Dumais in November. In addition Darlene George was hired to the existing three (3) Therapist team in January.

The Mental Health team offers sessions on healthy relationships, emotional management, grief recovery, stress management, suicide prevention and intervention, and various other topics. We are a member of the emergency/crisis response team that works with provincial agencies to respond to crisis situations such as suicide attempts or accidents. Mental wellness activities and services provided to communities are: counselling services, presentations, support for AA meetings, healing circles, suicide prevention, culture camps, youth wellness conferences and other special events are planned and delivered in the communities of Grandmothers Bay, Sucker River, La Ronge, Hall Lake and Little Red River. Staff continue to be updated with training on grief and recovery, suicide intervention, self-help and cultural teachings.

The Mental Health Therapists provide counselling to La Ronge, Hall Lake, Grandmother's Bay and Sucker River. To the right is a chart that reflects both Mental Health and Addiction client interventions.



FASD Program

In April 2014, the Fetal Alcohol Effects and Prevention Program funded the Traditional 7 Teachings / Moss Bag Teachings in Sucker River. Ida Ratt, the Mental Health Therapist, has provided this programming with the objective to support, guide, and educate young families and promote healthy pregnancies and positive **childhood rearing**. Early in 2015, Ida has expanded this program to the community of Grandmother's Bay. This has been a beneficial program to the community of Sucker River. As well Mental Health and Community Development (Addictions) employees provide the facilitation of FASD awareness and prevention.

National Aboriginal Youth Suicide Program (NAYSPS) Program

Mental Health Therapists and Addictions Workers produce and provide a culturally appropriate youth suicide awareness program to the communities. Mental Health co-facilitates the Applied Suicide Intervention Skills Training (ASIST) to staff. This training increases awareness that includes a focus on suicide awareness and prevention and specialized services to children and youth. As well the Mental Health Therapists and Addictions Counsellors provide one-on-one intervention sessions and Grief and Recovery presentations to youth and young adults. As well this year three (3) permanent full –time employees received Ed-U Therapy Grief Recovery Certified Training on March 14th - 17th.

The Youth "Gift of Choice" Conference 2015 on February 12th & 13th was proudly hosted and funded by Lac La Ronge Indian Band Health Services. This inspiring and motivational event was intended for youth between the ages of 12 - 28. The location of the conference was at Senator Myles Venne School. The free event provided youth with skills to enhance self-awareness, personal balancing, self-development and inspirational messages of fulfilling future aspirations. With facilitation of Inspirational and Empowering Sessions, Key Note Speaker, Traditional Teachings, Self-Care Treatments, Educational Booths, Music and Entertainment.



Indian Residential School Program



Ron Ratte (IRS Support Worker)

Shirley Hegland - Lachance (Indian Residential School Counsellor)

Tom Roberts (IRS Support Worker)

This team has worked closely with the survivors and those affected by Indian Residential School experience. The Mental Health Therapists also assist with counselling for this program. Tom, Shirley and Ron provide emotional support, advocacy, along with assisting clients filling out paperwork, applications, attending lawyer appointments and Independent Assessment Process (IAP) Hearings . This program also provides translation and cultural support.

at the Woodland Cree Gathering August 26th was well attended by Elders, families and community members.



Tom Roberts was honored by PAGC for sharing his personal story of the IRS gathering.



Unveiling of the La Ronge Indian Residential School Monument



La Ronge Wellness Event

Awareness of Indian Residential Schools has increased as employees continue to provide education to clients, families, schools and communities groups. Staff members are trained and updated in programming by First Nations and Inuit Health.



This year the Indian Residential School Program funder and hosted the Personal Credits Applicant Support & Feast Events

- “IRS Community Feast” - Sucker River on January 28, 2015
- “IRS Community Feast” - Grandmother’s Bay on February 11, 2015
- “IRS Community Feast” - Hall Lake on February 25, 2015
- “IRS Coming Home” - Stanley Mission on March 10 & 11, 2015
- “IRS Community Feast: - La Ronge on March 12, 2015

The goal is to provide an update, support and services to the Indian Residential School Personal Credits Applicants. Further to create community support and strengthen existing relationships by providing a feast. As well the program hosted and funded the Indian Residential School “Wellness Day” event in La Ronge on March 30, 2015 with 80% of healers from Lac La Ronge Indian Band membership.

Community Development & Cultural Support



Maggie King

Community Development
& Cultural Support
Supervisor

In January, Maggie King was welcomed as the Community Development & Cultural Support Supervisor. This program supervises the Community Development Workers (Addictions) and Cultural Support Workers.

Community Development (Addictions)

This year, two employees were welcomed; Dennis Sanderson in April and Sally McLeod in June. Community Development Worker, Kennetch Charlette continued to receive current and on-going training from SIIT in Mental Health and Addictions Certificate Training Program.

The Community Development Workers work with the community members, schools and other Lac La Ronge Indian Band departments to deliver healthy lifestyle activities and organize educational presentations. They organize school



L to R: **Richard Charles**
(Little Red River)

Kennetch Charlette (Hall
Lake)

Frank Clinton (La Ronge)



Mary Roberts

Sucker River



Sally McLeod

Grandmother’s Bay



Dennis Sanderson

La Ronge

and community presentations on bullying, sniffing, FASD awareness and prevention parenting, self-care, stress management, suicide awareness and prevention, healthy relationships, emotional and spiritual well-being are delivered throughout the year. They co-facilitate with the Mental Health Therapists with the primary focus in supporting healthy communities by empowering members to build capacity, promote wellness and positive choices. Staff plan and deliver events such as culture camps, wellness conferences, and youth activities. Tradition and culture are the basis for our program. This program provides a variety of healthy lifestyle events that supports community members to participate in craft nights, men's night, support AA meetings, canoe trips, and birch bark syrup making, traditional trapping, fishing, hunting, berry and plant gathering.

The following Events were Hosted and co-organized; Hall Lake Cultural Gathering on Aug 9th – 13th, La Ronge Men's Group – April – June, AA Round up on July 31st – Aug 3rd. The program funded, and employees co-facilitated/organized the National Aboriginal Addictions Awareness Week from November 17th to 21st. All the Prevention & Recovery staff travelled to all outlying communities and provided informational, prevention and recovery workshops.



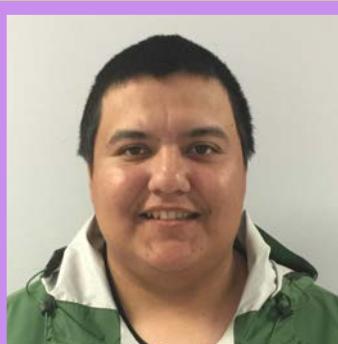
Cultural and Community Support



Myrtle Ballantyne

Community Health Worker
Little Red River
(Contract completed June 8, 2014)

Phillip McLeod
Community Support Worker
La Ronge



Daniel Halkett
Community Support Worker
Hall Lake



Michael Bird
Community Support Worker
La Ronge



The Community Support Workers promote healthy traditional practices and assist the Health Team in providing health programming in the communities. They are interpreters between English and Cree speaking clients and health care providers.

Karen Charles in Little Red River has a diverse position as she delivers many services needed by the community. Her position included Community Health Representative responsibilities, she assists the PAGC nurses when they visit Little Red River. Karen does translation and assists in educating clients and delivers presentations to schools and other groups upon request. She assists the elderly with shopping, hunting and gathering and takes the Elders and youth berry picking, canoeing and on other traditional outings. Other job responsibilities include water testing in the community where she records and compiles information for the Water Quality Program.

The Community Support Workers assist other Health Services programs by providing transportation and translation. Provide home visits and assists Elders by accompanying clients when necessary to appointments and transporting to community cultural events. Daniel has assisted the elderly and disabled to live independently at home by providing transportation for shopping, chopping wood, shovelling snow, hunting and gathering food. Assist in organizing annual events such as cultural camps, berry picking expeditions, trips for the elderly and traditional outings for the elderly.

All Community Support Workers assist in planning and organizing annual events such as cultural camps and hunt for community events. They assist the Community Development Workers and Mental Health Therapists with planning and delivering events.

Ikosi Tiniki

Prevention & Recovery Coordinator

Angelique Clinton

Aboriginal Head Start On Reserve – AHSOR

Staff were re-certified in CPR and First Aid and received Early Childhood Environmental Rating Scale (ECERS-R) certification as well as Giving Preschoolers a Head Start on Nutrition: Menu Planning training. Our instructors also attended the 2014 LLRIB Education Conference and received Hanen certification to support speech and language development for early childhood. Other trainings some staff attended include the 2015 Awasis Conference, Safe Food Handling course, Applied Suicide Intervention Skills Training (ASIST) and First Responder Level 2 Certification.

AHSOR staff have been focusing on improving parent and family participation; they achieve this by having annual program orientations, Thanksgiving, Christmas, Easter and graduation celebrations. Some instructors took their children to culture camps and held family picnics. Registration starts at the Treaty Day events and continues through home visit throughout the summer. AHSOR puts on summer day camps, focusing on early learning. The La Ronge site held a National Child Day Celebration on November 2014 called Kiskisitan Awasisak, which was well attended and invited children 0 – 12 years old and their families.



(Bottom to Top , L to R)

Natalie Aldridge - AHSOR Coordinator

C. Lisa Charles - Sucker River
(Instructor)

Yvonne Ross - Hall Lake (Instructor)

Alvina Charles - Little Red River
(Instructor)

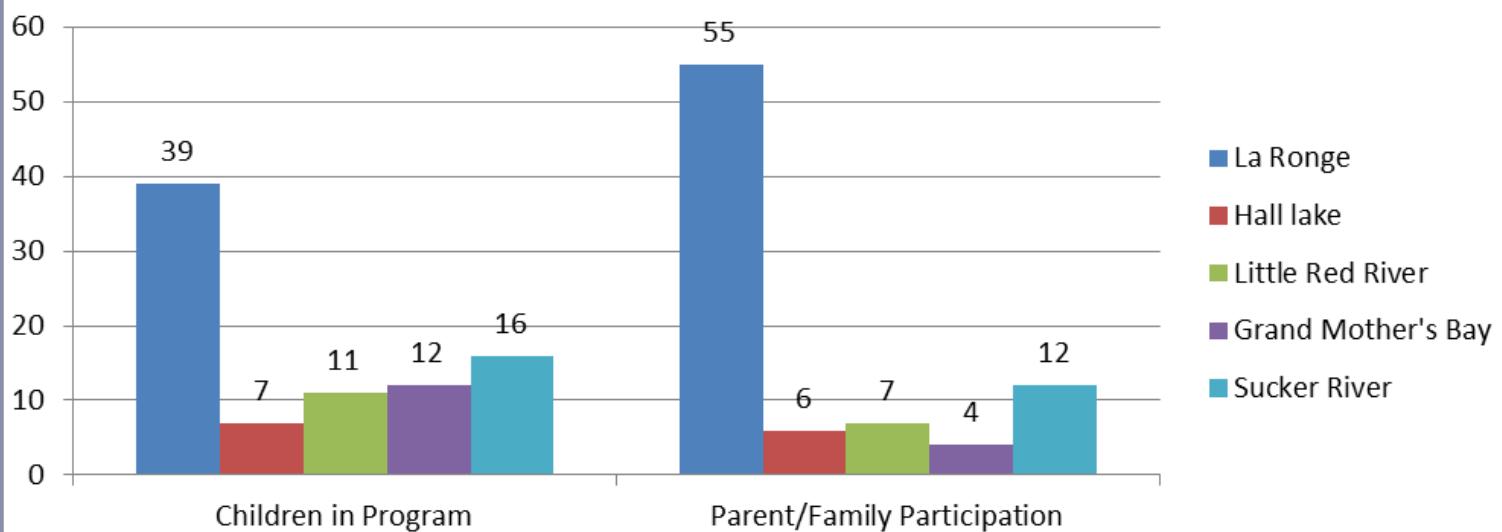
Bella Ballantyne - Grandmother's Bay
(Instructor)

Adele Bell - La Ronge (Instructor)

Beverly Sanderson - Little Red River
(Driver / Assistant)

Tanya Sanderson - La Ronge (Assistant)

Statistics Children in Program and Parent / Family Participation



**Lac La Ronge Indian Band Health
Services Inc.
Financial Statements**

March 31, 2015

Lac La Ronge Indian Band Health Services Inc.

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For the year ended March 31, 2015

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Management's Responsibility

To the Board of Lac La Ronge Indian Band Health Services Inc.:

The accompanying financial statements of Lac La Ronge Indian Band Health Services Inc. are the responsibility of management and have been approved by management.

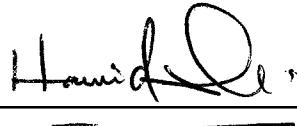
Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian public sector accounting standards. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

In discharging its responsibilities for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Lac La Ronge Indian Band Health Services Inc. Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial statements. The Board fulfills these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Board is also responsible for recommending the appointment of the Health Services Program's external auditors.

MNP LLP is appointed by the Board to audit the financial statements and report directly to the Board of the Lac La Ronge Indian Band Health Services Inc.; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Board and management to discuss their audit findings.

July 23, 2015



Harry D. Quill

Health Director

Independent Auditors' Report

To the Board of Lac La Ronge Indian Band Health Services Inc.:

We have audited the accompanying financial statements of Lac La Ronge Indian Band Health Services Inc., which comprise the statement of financial position as at March 31, 2015, and the statements of operations and accumulated surplus, changes in net financial assets, cash flows and the related schedules for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Lac La Ronge Indian Band Health Services Inc. as at March 31, 2015 and the results of its operations, changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Prince Albert, Saskatchewan

July 23, 2015

MNP LLP
Chartered Accountants

MNP

Lac La Ronge Indian Band Health Services Inc.
Statement of Financial Position
As at March 31, 2015

| | 2015 | 2014 |
|---|------------------|-------------------|
| Financial assets | | |
| Current | | |
| Cash resources | 4,346,726 | 4,553,792 |
| Accounts receivable (Note 3) | 905,121 | 347,814 |
| Advances to related Nation entities & departments (Note 4) | - | 35,354 |
| Restricted cash (Note 5) | 32,143 | 34,927 |
| | 5,283,990 | 4,971,887 |
| Liabilities | | |
| Current | | |
| Accounts payable and accruals (Note 6) | 688,181 | 512,783 |
| Deferred revenue (Note 7) | 289,323 | 341,857 |
| Advances from related Nation entities & department (Note 4) | 34,817 | 110,000 |
| | 1,012,321 | 964,640 |
| Net financial assets | 4,271,669 | 4,007,247 |
| Contingencies (Note 15) | | |
| Non-financial assets | | |
| Tangible capital assets (Note 8) (Schedule 1) | 5,543,501 | 6,279,108 |
| Prepaid expenses | 26,509 | 62,416 |
| | 5,570,010 | 6,341,524 |
| Accumulated surplus (Note 9) | 9,841,679 | 10,348,771 |

Approved on behalf of the Board of Directors

Mila D. Root

Director

 Sharron Coker Director

Lac La Ronge Indian Band Health Services Inc.
Statement of Operations and Accumulated Surplus
For the year ended March 31, 2015

| | <i>Schedules</i> | <i>2015 Budget (Note 11)</i> | <i>2015</i> | <i>2014</i> |
|---|------------------|--------------------------------------|-------------------|-------------------|
| Revenue | | | | |
| Government funding (Note 12) | | | | |
| Aboriginal Affairs and Northern Development Canada | 250,000 | 250,000 | 250,000 | 250,000 |
| Health Canada - FNIHB | 6,510,284 | 7,911,553 | 7,031,868 | |
| Rental income | 6,760,284 | 8,161,553 | 7,281,868 | |
| NITHA revenue | 906,584 | 913,159 | 893,775 | |
| Tribal council | 125,000 | 147,618 | 157,416 | |
| Interest income | 73,514 | 77,858 | 77,294 | |
| Miscellaneous | 19,000 | 36,499 | 30,945 | |
| | 666,953 | 147,738 | 239,103 | |
| | 8,551,335 | 9,484,425 | 8,680,401 | |
| Expenses | | | | |
| FNIHB - Primary Health Care | 3 | 3,915,347 | 3,715,796 | 3,052,867 |
| FNIHB - Health Infrastructure Support | 4 | 2,023,946 | 2,781,900 | 1,712,204 |
| FNIHB - Supplementary Health Benefits | 5 | 1,409,894 | 1,687,584 | 1,465,957 |
| Other Programs | 6 | 902,288 | 978,905 | 966,352 |
| Other - Elder Catherine Charles Long-term Care Home | 7 | 506,663 | 795,684 | 700,267 |
| | 8,758,138 | 9,959,869 | 7,897,647 | |
| Annual surplus (deficit) before other items | | (206,803) | (475,444) | 782,754 |
| Other income (expense) | | | | |
| Loss on disposal of tangible capital assets | | - | (31,648) | - |
| Annual surplus (deficit) | | (206,803) | (507,092) | 782,754 |
| Accumulated surplus, beginning of year | | 10,348,771 | 10,348,771 | 9,566,017 |
| Accumulated surplus, end of year | | 10,141,968 | 9,841,679 | 10,348,771 |

The accompanying notes are an integral part of these financial statements

Lac La Ronge Indian Band Health Services Inc.
Statement of Change in Net Financial Assets
For the year ended March 31, 2015

| | 2015 <i>Budget</i> <i>(Note 11)</i> | 2015 | 2014 |
|---|---|------------------|------------------|
| Annual surplus (deficit) | (206,803) | (507,092) | 782,754 |
| Purchases of tangible capital assets | (60,000) | (211,492) | (298,986) |
| Amortization of tangible capital assets | - | 881,801 | 527,314 |
| Loss on sale of tangible capital assets | - | 31,648 | - |
| Proceeds of disposal of tangible capital assets | - | 33,650 | - |
| Acquisition of prepaid expenses | - | - | (13,507) |
| Use of prepaid expenses | - | 35,907 | - |
| Increase in net financial assets | (266,803) | 264,422 | 997,575 |
| Net financial assets, beginning of year | 4,007,247 | 4,007,247 | 3,009,672 |
| Net financial assets, end of year | 3,740,444 | 4,271,669 | 4,007,247 |

The accompanying notes are an integral part of these financial statements

Lac La Ronge Indian Band Health Services Inc.
Statement of Cash Flows
For the year ended March 31, 2015

| | 2015 | 2014 |
|---|------------------|-------------|
| Cash provided by (used for) the following activities | | |
| Operating activities | | |
| Annual surplus (deficit) | (507,092) | 782,754 |
| Non-cash items | | |
| Amortization | 881,801 | 527,314 |
| Loss on disposal of tangible capital assets | 31,648 | - |
| | 406,357 | 1,310,068 |
| Changes in working capital accounts | | |
| Accounts receivable | (557,307) | 139,091 |
| Prepaid expenses | 35,907 | (13,507) |
| Accounts payable and accruals | 175,397 | (340,544) |
| Deferred revenue | (52,534) | 16,193 |
| | 7,820 | 1,111,301 |
| Financing activities | | |
| Net advances from/to related Nation entities & department | (39,828) | 234,333 |
| Capital activities | | |
| Purchases of tangible capital assets | (211,492) | (298,986) |
| Proceeds of disposal of tangible capital assets | 33,650 | - |
| | (177,842) | (298,986) |
| Increase (decrease) in cash resources | (209,850) | 1,046,648 |
| Cash resources, beginning of year | 4,588,719 | 3,542,071 |
| Cash resources, end of year | 4,378,869 | 4,588,719 |
| Cash resources are composed of: | | |
| Cash resources | 4,346,726 | 4,553,792 |
| Restricted cash | 32,143 | 34,927 |
| | 4,378,869 | 4,588,719 |

The accompanying notes are an integral part of these financial statements

Lac La Ronge Indian Band Health Services Inc.

Notes to the Financial Statements

For the year ended March 31, 2015

1. Operations

The Lac La Ronge Indian Band Health Services Inc. ("Health Services Program") is a program operated as part of the Lac La Ronge Indian Band. These financial statements include the operations of Health Services at all Lac La Ronge Indian Band reserves except for Stanley Mission (which has its own health services program) and the Elder Catherine Charles Long-term Care Home Inc. These financial statements do not include all the assets, liabilities, surplus, revenue and expenses of the Lac La Ronge Indian Band.

The mission of Lac La Ronge Indian Band Health Services Inc. is to provide quality, equitable and accessible programs and support by ensuring the holistic well being and healing of each member of its communities.

The Health Services Program is exempt from income taxes under Section 149 (1)(l) of the Income Tax Act and therefore no provision for income taxes is included in these financial statements.

2. Significant accounting policies

These financial statements are the representations of management, prepared in accordance with Canadian public sector accounting standards and including the following significant accounting policies:

Cash and cash equivalents

Cash and cash equivalent include balances with banks and short-term investments with maturities of three months or less. Cash subject to restrictions that prevent its use for current purposes is included in restricted cash.

Tangible capital assets

Tangible capital assets are initially recorded at cost based on historical cost accounting records. Contributed tangible capital assets are recorded at their fair value at the date of contribution.

Amortization

Amortization for tangible capital assets is provided using the following methods at rates intended to amortize the cost of the assets over their estimated useful lives:

| | Method | Rate |
|-------------------------|---------------|----------|
| Buildings | straight-line | 25 years |
| Vehicles | straight-line | 5 years |
| Furniture and equipment | straight-line | 5 years |

A full year of amortization is applied in the year of acquisition.

Change in Estimate

Effective April 1, 2014, Health Services changed its method of amortizing tangible capital assets from the declining balance method to the straight line method. The change was applied prospectively and therefore prior periods have not been restated.

Lac La Ronge Indian Band Health Services Inc.

Notes to the Financial Statements

For the year ended March 31, 2015

2. Significant accounting policies *(Continued from previous page)*

Revenue recognition

Non-government funding

Non-government funding is recognized as it becomes receivable under the terms of applicable funding agreements. Funding received under funding arrangements that relate to a subsequent fiscal period are reflected as deferred revenue on the statement of financial position in the year of receipt.

Government transfers

The Health Services Program recognizes a government transfer as revenue when the transfer is authorized and all eligibility criteria, if any, have been met. A government transfer with stipulations giving rise to an obligation that meets the definition of a liability is recognized as a liability. In such circumstances, the Health Services Program recognizes revenue as the liability is settled. Transfers of non-depreciable assets are recognized in revenue when received or receivable.

Other revenue

Rental income is recognized during the period for which the property is rented. Other revenue including interest revenue is recognized as revenue when earned.

Retirement benefits

The Health Services Program has defined contribution pension plan covering substantially all full-time employees. Contributions to the plan are based on 7.5% for status participants' contributions and 2.55% for non-status participants' contributions prior to January 2015 and 7.5% for non-status participants' contributions thereafter. The Health Services' contributions and corresponding expense totaled \$280,171 (2014 - \$230,996).

Measurement uncertainty

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period.

Accounts receivable are stated after evaluation as to their collectability and an appropriate allowance for doubtful accounts is provided where considered necessary. Amortization is based on the estimated useful lives of tangible capital assets.

These estimates and assumptions are reviewed periodically and, as adjustments become necessary they are reported in excess of revenues and expenses in the periods in which they become known.

Statement of Remeasurement Gains and Losses

By presenting remeasurement gains (losses) separately, changes in the carrying value of financial instruments arising from fair value measurement are distinguished from revenues and expenses reported in the statement of operations. The statement of operations reports the extent to which revenues raised in the period were sufficient to meet the expenses incurred. Remeasurement gains (losses) attributable to financial instruments in the fair value category do not affect this assessment as they are recognized in the statement of remeasurement gains and losses. Taken together, the two statements account for changes in Health Services Program's net assets (liabilities) in the period. The Health Services does not have any items giving rise to remeasurement gains (losses) and as such no statement has been included in these financial statements.

Upon settlement of a financial asset or liability measured at fair value, the cumulative gain (loss) is reclassified from the statement of remeasurement gains and losses and recognized in the statement of operations. Interest and dividends attributable to all financial instruments are reported in the statement of operations.

Lac La Ronge Indian Band Health Services Inc.

Notes to the Financial Statements

For the year ended March 31, 2015

2. Significant accounting policies *(Continued from previous page)*

Segments

The Health Services Program conducts its business through five reportable segments described below. These operating segments are established by senior management to facilitate the achievement of the Health Services' long-term objectives to aid in resource allocation decisions, and to assess operational performance.

For each reported segment, revenue and expenses represent both amounts that are directly attributable to the segment and amounts that are allocated on a reasonable basis. Therefore, certain allocation methodologies are employed in the preparation of segmented financial information. Administration fees and rent expense have been apportioned based on a percentage of budgeted revenue, where permitted by the funder.

The accounting policies used in these segments are consistent with those followed in the preparation of the financial statements. Inter-segment transfers are reported at their exchange amount.

The five reportable segments are as follows:

FNIHB - Primary Health Care - Includes health promotion and disease prevention, public health protection and primary care activities.

FNIHB - Health Infrastructure Support - Includes general operations and infrastructure management.

FNIHB - Supplementary Health Benefits - Includes community dental benefits and medical transportation.

Other programs - Includes various programs not funded by health Canada.

Elder Catherine Charles Long-term Care Home Inc. - Includes long-term care services for members.

3. Accounts receivable

| | 2015 | 2014 |
|-----------------------|----------------|----------------|
| Health Canada - FNIHB | 752,298 | 259,271 |
| NITHA | - | 2,324 |
| Other receivables | <u>152,823</u> | <u>86,219</u> |
| | 905,121 | 347,814 |

4. Related party transactions

The Health Services Program is an entity under control of the Lac La Ronge Indian Band, and as such is related to all other departments and businesses controlled by the Lac La Ronge Indian Band. At year-end the related party balance is comprised of \$nil (2014 - \$35,354) due from Lac La Ronge Admin Department and \$34,817 (2014 - \$110,000) payable to the Stanley Mission Health Services Inc.. Accounts payable includes \$4,082 (2014 - \$9,159) due to various related parties.

Included in expenses are amounts paid to proprietorships and corporations under the control of the Lac La Ronge Indian Band. The expenses were conducted in the normal course of operations and measured at the exchange amount, which is the amount of the consideration established and agreed to by the related parties.

During the year 5 vehicles were sold to the Lac La Ronge Indian Band or entities controlled by the Lac La Ronge Indian Band for total proceeds of \$33,650. The sale resulted in a loss on disposal of tangible capital assets of \$31,648.

See Note 7 for deferred revenue for a contribution from a related department of the Lac La Ronge Indian Band.

Lac La Ronge Indian Band Health Services Inc.

Notes to the Financial Statements

For the year ended March 31, 2015

5. Restricted cash

| | 2015 | 2014 |
|-------------------|---------------|---------------|
| Bingo fundraising | 32,143 | 29,214 |
| Capital projects | - | 5,713 |
| | 32,143 | 34,927 |

Bingo fundraising cash represents unspent proceeds from bingos, where the proceeds are restricted to expenses as authorized by Indigenous Gaming Regulators Inc. and/or Saskatchewan Liquor and Gaming Authority.

Capital projects cash is unspent funding from Health Canada for specific capital projects.

6. Accounts payable and accruals

Included in accounts payable and accruals is \$98,764 (2014 - \$104,960) for accrued vacation, \$412,525 (2014 - \$230,129) for accrued payroll, and \$26,002 (2014 - \$54,968) payable to Health Canada for set contributions unexpended as of March 31 and a clawback from previous years.

7. Deferred revenue

The following table represents changes in the deferred revenue balance attributable to each major category of external restrictions:

| | <i>Balance, beginning of year</i> | <i>Contributions received</i> | <i>Amounts recognized</i> | <i>Balance, end of year</i> |
|--|---|-----------------------------------|-------------------------------|---------------------------------|
| Health Canada - Special Projects (crawl space) | 56,563 | 695,819 | 752,382 | - |
| Rent received in advance | - | 1,100 | - | 1,100 |
| Lac La Ronge Indian Band start-up grant for ECCL | 256,080 | - | - | 256,080 |
| Bingo fundraising | 29,214 | 17,986 | 15,057 | 32,143 |
| | 341,857 | 714,905 | 767,439 | 289,323 |

8. Tangible capital assets

The tangible capital assets reconciliation is included in Schedule 1.

Lac La Ronge Indian Band Health Services Inc.

Notes to the Financial Statements

For the year ended March 31, 2015

9. Accumulated surplus

Accumulated surplus consists of the following:

| | 2015 | 2014 |
|--|-------------|------------|
| Equity in internally restricted reserve (note 10) | | |
| Balance, beginning of year | 354,509 | 392,715 |
| Contributions | 3,362,400 | 53,786 |
| Withdrawals | (214,519) | (91,992) |
| | <hr/> | <hr/> |
| | 3,502,390 | 354,509 |
| Equity in Movable Asset Reserve | | |
| Balance, beginning of year | 37,049 | 54,382 |
| Health Canada revenue allocation | 19,236 | 19,236 |
| Moveable asset purchases | (56,285) | (36,569) |
| | <hr/> | <hr/> |
| | - | 37,049 |
| Equity in investment in tangible capital assets | | |
| Balance, beginning of year | 6,279,108 | 6,507,436 |
| Capital asset purchases | 211,492 | 298,986 |
| Capital asset disposals | (65,298) | - |
| Amortization of capital assets | (881,801) | (527,314) |
| | <hr/> | <hr/> |
| | 5,543,501 | 6,279,108 |
| Unrestricted surplus | | |
| Balance, beginning of year | 3,678,105 | 2,611,484 |
| Transfer from (to) internally restricted reserve | (3,147,881) | 38,206 |
| Transfer from (to) Movable Asset Reserve | 37,049 | 17,333 |
| Transfer from (to) investment in tangible capital assets | 735,607 | 228,328 |
| Current year annual surplus (deficit) | (507,092) | 782,754 |
| | <hr/> | <hr/> |
| | 795,788 | 3,678,105 |
| | <hr/> | <hr/> |
| | 9,841,679 | 10,348,771 |

The internally restricted reserves represents amounts designated by the Board for specified future uses as per Note 10 and are funded by designated cash.

Moveable asset reserve is an appropriation of funding received from Health Canada under the Health Transfer Agreement to be used for the replacement of certain moveable assets. The Health Transfer Agreement reporting requirements require separate disclosure of allocations to and usage of fundings from the moveable asset reserve. The moveable asset reserve is reduced for expenditures for the replacement or substitution of moveable assets during the year. Funds are transferred from the annual surplus to cover any deficiency in the moveable asset reserve.

The invested in tangible capital assets represents accumulated surplus amounts not available for operations, but rather past transactions creating tangible capital assets that will be used to provide future services.

The unrestricted surplus represents amounts available to offset future operational revenue requirements (if deficit, future revenue required for past operational activities).

Lac La Ronge Indian Band Health Services Inc.

Notes to the Financial Statements

For the year ended March 31, 2015

10. Internally restricted reserve

The Board of Directors have approved to set aside a total of \$3,960,186 for the following programs (\$457,795 used by March 31, 2015).

| | 2015 | 2014 |
|-----------------------------|------------------|----------------|
| Other appropriated surplus | 169,523 | 354,509 |
| Staff and board training | 100,000 | - |
| Wellness centre | 2,000,000 | - |
| Parking lot | 200,000 | - |
| 8 plex staff accommodations | 500,000 | - |
| Company vehicles | 300,000 | - |
| Clinic renovations | 200,000 | - |
| HRMS project | 10,429 | - |
| Driver training project | 22,438 | - |
| | 3,502,390 | 354,509 |

11. Budget information

During the year, the Board approved its operating budget based on planned expenses relating to the current year funding from Health Canada and other current year sources of revenue on March 27, 2014. The disclosed budget information is required to be presented on the same basis as the actual results, therefore \$60,000 of budgeted tangible capital asset purchases have been removed from the budgeted expenses as presented on the Statement of Operations.

12. Government transfers and funding reconciliation

During the year, the Health Services had the following federal government transfers:

| | 2015 | 2014 |
|--|------------------|------------------|
| Health Canada - FNIHB | | |
| Revenue as per confirmation | 11,173,931 | 10,837,250 |
| Add: Minor construction agreement | 984,125 | 193,000 |
| Less: Minor construction deferred (note 6) | 56,563 | (32,015) |
| Less: Amount transferred to Stanley Mission Health Services Inc. | (4,303,066) | (3,913,942) |
| Less: Set funding not expended and reported as payable | - | (26,002) |
| Less: Recovery of 2012 transportation expenditures included in 2014 confirmation | - | (26,423) |
| Revenue per statement of operations | 7,911,553 | 7,031,868 |
| Aboriginal Affairs and Northern Development Canada | | |
| Block funding allocated to Health Services | 250,000 | 250,000 |
| | 8,161,553 | 7,281,868 |

Lac La Ronge Indian Band Health Services Inc.
Notes to the Financial Statements
For the year ended March 31, 2015

13. Allocations of expenses

Administration and rent expenses have been allocated on the basis of budgeted amounts, typically as per agreements with the Health Services Programs' funding agencies, and have been allocated as follows:

| | 2015 | 2014 |
|--|-----------|-----------|
| Administration expenses | | |
| FNIHB - Headstart | 58,940 | - |
| FNIHB - FAS/FAE | 9,275 | 9,200 |
| FNIHB - Maternal child health | 19,506 | 18,682 |
| FNIHB - Youth suicide prevention | 9,550 | 7,940 |
| FNIHB - Indian residential school | 23,500 | 23,768 |
| FNIHB - Diabetes initiative | 14,516 | 14,516 |
| FNIHB - HIV/AIDS | 3,089 | 9,888 |
| FNIHB - Immunization strategy | 2,263 | 2,263 |
| FNIHB - Nursing | 3,900 | 3,900 |
| FNIHB - Home and community care | 77,183 | 77,614 |
| FNIHB - Dental benefits | 69,439 | 69,438 |
| FNIHB - Medical transportation | 48,877 | 48,467 |
| Other - Water quality technician | 5,335 | 5,335 |
| Other - Group home | 51,058 | 4,525 |
| Other - Home care | 22,523 | 12,500 |
| FNIHB - Health planning and management | (452,217) | (402,634) |
| FNIHB - Diabetes survey program | - | 5,782 |
| FNIHB - Health Service Integration Fund | - | 30,036 |
| FNIHB - E-Health | - | 380 |
| Other - Elder Catherine Charles Long-term Care Home Inc. | 29,095 | 58,400 |
| Nitha emergency coordinator | 4,168 | - |
| | - | - |
| Rent expenses | | |
| FNIHB - FAS/FAE | 7,200 | 3,600 |
| FNIHB - Maternal child health | 3,600 | 3,600 |
| FNIHB - Youth suicide prevention | 3,600 | 3,600 |
| FNIHB - Indian residential school | 7,200 | 7,200 |
| FNIHB - Diabetes initiative | 3,600 | 3,600 |
| FNIHB - Community Health Promotion | 7,200 | - |
| FNIHB - HIV/AIDS | 3,600 | 3,600 |
| FNIHB - Home and community care | 7,200 | 7,200 |
| FNIHB - Dental benefits | 21,600 | 21,600 |
| FNIHB - Medical transportation | 7,200 | 7,200 |
| FNIHB - Health service integration fund | - | 7,200 |
| Other - Home care | 7,200 | 7,200 |
| FNIHB - Nursing | (79,200) | (75,600) |
| | - | - |

Lac La Ronge Indian Band Health Services Inc.
Notes to the Financial Statements
For the year ended March 31, 2015

14. Economic dependence

The Health Services Program receives substantially all of its revenues from Health Canada. The ability of the Health Services Program to continue operations is dependent upon the Government of Canada's continued financial commitments.

15. Contingencies

These financial statements are subject to review by the Health Services' funding agents. It is possible that adjustments could be made based on the results of their reviews.

16. Comparative figures

Certain comparative figures have been reclassified to conform with current year presentation.

Lac La Ronge Indian Band Health Services Inc.
Schedule 1 - Schedule of Tangible Capital Assets
For the year ended March 31, 2015

| | <i>Buildings</i> | <i>Vehicles</i> | <i>Furniture & equipment</i> | <i>2015</i> | <i>2014</i> |
|---|------------------|-----------------|----------------------------------|------------------|------------------|
| Cost | | | | | |
| Balance, beginning of year | 7,929,227 | 1,631,767 | 1,379,808 | 10,940,802 | 10,641,816 |
| Acquisition of tangible capital assets | - | 179,445 | 32,047 | 211,492 | 298,986 |
| Disposal of tangible capital assets | - | (215,360) | - | (215,360) | - |
| Balance, end of year | 7,929,227 | 1,595,852 | 1,411,855 | 10,936,934 | 10,940,802 |
| Accumulated amortization | | | | | |
| Balance, beginning of year | 2,647,412 | 911,701 | 1,102,581 | 4,661,694 | 4,134,380 |
| Annual amortization | 448,188 | 299,888 | 133,725 | 881,801 | 527,314 |
| Accumulated amortization on disposals | - | (150,062) | - | (150,062) | - |
| Balance, end of year | 3,095,600 | 1,061,527 | 1,236,306 | 5,393,433 | 4,661,694 |
| Net book value of tangible capital assets | 4,833,627 | 534,325 | 175,549 | 5,543,501 | 6,279,108 |
| Net book value of tangible capital assets 2014 | 5,281,815 | 720,066 | 277,227 | 6,279,108 | |

Lac La Ronge Indian Band Health Services Inc.
Schedule 2 - Schedule of Consolidated Expenses by Object
For the year ended March 31, 2015

| | 2015 <i>Budget</i> (Note 11) | 2015 | 2014 |
|--|------------------------------------|------------------|------------------|
| Consolidated expenses by object | | | |
| Salaries and benefits | 6,378,477 | 6,400,745 | 5,769,658 |
| Amortization | - | 881,801 | 527,314 |
| Repairs and maintenance | 48,500 | 792,166 | 89,249 |
| Transportation | 327,871 | 326,529 | 301,724 |
| Supplies | 297,633 | 277,272 | 215,612 |
| Program expense | 167,611 | 241,931 | 185,365 |
| Meeting | 113,850 | 191,818 | 87,484 |
| Consulting | 144,800 | 189,015 | 162,984 |
| Training | 216,726 | 105,038 | 54,937 |
| Utilities | 103,850 | 90,038 | 86,750 |
| Telephone | 74,092 | 79,718 | 73,312 |
| Travel | 76,541 | 73,862 | 63,243 |
| Insurance | 44,363 | 68,454 | 57,501 |
| Professional fees | 48,250 | 65,814 | 53,928 |
| Rent | 70,624 | 47,624 | 54,111 |
| Advertising | 33,950 | 33,420 | 23,122 |
| Medical supplies and prescriptions | 26,966 | 24,533 | 49,734 |
| Miscellaneous | 9,550 | 23,878 | 9,952 |
| Cultural support | 11,000 | 15,004 | 10,038 |
| Postage | 2,900 | 13,406 | 4,661 |
| Office equipment lease | 8,850 | 10,416 | 8,612 |
| Professional development | 7,700 | 9,029 | 7,697 |
| Bad debts | - | - | (45,402) |
| Administration | 544,034 | (1,642) | 46,061 |
| | 8,758,138 | 9,959,869 | 7,897,647 |

Lac La Ronge Indian Band Health Services Inc.

FNIHB - Primary Health Care

Schedule 3 - Schedule of Revenue and Expenses

For the year ended March 31, 2015

| | 2015 <i>Budget</i> <i>(Note 11)</i> | 2015 | 2014 |
|------------------------------------|---|------------------|------------------|
| Revenue | | | |
| Health Canada - FNIHB | | | |
| Block | 2,916,414 | 3,182,430 | 2,935,257 |
| Set | 1,070,184 | 1,155,301 | 1,169,239 |
| Tribal council | 20,164 | 24,508 | 23,794 |
| | 4,006,762 | 4,362,239 | 4,128,290 |
| Expenses | | | |
| Salaries and benefits | 3,020,130 | 2,773,018 | 2,355,323 |
| Administration | 217,822 | 217,822 | 163,872 |
| Program expense | 121,371 | 129,613 | 53,451 |
| Consulting | 48,800 | 108,678 | 120,845 |
| Transportation | 92,947 | 97,836 | 87,212 |
| Supplies | 95,949 | 97,334 | 37,052 |
| Rent | 78,624 | 85,712 | 79,911 |
| Meeting | 51,000 | 71,852 | 28,965 |
| Training | 82,050 | 46,438 | 19,328 |
| Travel | 37,014 | 26,340 | 32,545 |
| Medical supplies and prescriptions | 26,966 | 24,703 | 49,734 |
| Cultural support | 10,000 | 14,954 | 9,294 |
| Telephone | 10,589 | 11,361 | 7,940 |
| Advertising | 15,450 | 10,408 | 7,055 |
| Repairs and maintenance | 500 | - | 340 |
| Insurance | 1,135 | - | - |
| Utilities | 5,000 | (273) | - |
| | 3,915,347 | 3,715,796 | 3,052,867 |
| Annual surplus | 91,415 | 646,443 | 1,075,423 |

Lac La Ronge Indian Band Health Services Inc.
FNIHB - Health Infrastructure Support
Schedule 4 - Schedule of Revenue and Expenses
For the year ended March 31, 2015

| | 2015 Budget (Note 11) | 2015 | 2014 |
|---|-----------------------------|------------------|------------------|
| Revenue | | | |
| Health Canada - FNIHB | | | |
| Block | 1,322,461 | 1,352,568 | 1,313,188 |
| Set | 39,000 | 69,913 | 84,362 |
| Special projects/minor capital | - | 752,382 | 50,985 |
| Movable asset reserve funding | - | 19,236 | 19,236 |
| Interest income | 19,000 | 36,499 | 30,945 |
| Miscellaneous | 448,953 | 16,432 | 3,607 |
| NITHA revenue | 62,500 | 3,504 | 6,380 |
| | 1,891,914 | 2,250,534 | 1,508,703 |
| Expenses | | | |
| Salaries and benefits | 1,395,260 | 1,558,904 | 1,385,639 |
| Repairs and maintenance | 31,500 | 781,659 | 63,874 |
| Amortization | - | 313,650 | 202,481 |
| Meeting | 58,300 | 116,668 | 50,137 |
| Consulting | 77,500 | 66,724 | 35,639 |
| Professional fees | 40,750 | 65,814 | 43,640 |
| Transportation | 50,000 | 64,809 | 56,721 |
| Supplies | 81,213 | 55,542 | 92,242 |
| Utilities | 51,250 | 54,131 | 50,711 |
| Telephone | 46,961 | 53,774 | 51,330 |
| Insurance | 28,878 | 49,402 | 38,191 |
| Program expense | 15,600 | 22,053 | 3,600 |
| Travel | 16,905 | 21,637 | 18,522 |
| Training | 52,521 | 21,591 | 13,484 |
| Advertising | 11,000 | 15,731 | 10,709 |
| Miscellaneous | 7,050 | 15,382 | 5,886 |
| Postage | 2,500 | 13,112 | 4,279 |
| Office equipment lease | 8,850 | 9,937 | 8,497 |
| Professional development | 7,500 | 9,028 | 7,500 |
| Bad debts | - | - | (45,402) |
| Rent | (56,200) | (77,688) | (69,000) |
| Administration | 96,608 | (449,960) | (316,476) |
| | 2,023,946 | 2,781,900 | 1,712,204 |
| Annual deficit before other items | (132,032) | (531,366) | (203,501) |
| Other income (expense) | | | |
| Gain (loss) on disposal of capital assets | - | (31,648) | - |
| Annual deficit | (132,032) | (563,014) | (203,501) |

Lac La Ronge Indian Band Health Services Inc.
FNIHB - Supplementary Health Benefits
Schedule 5 - Schedule of Revenue and Expenses
For the year ended March 31, 2015

| | 2015 <i>Budget</i> <i>(Note 11)</i> | 2015 | 2014 |
|-------------------------|---|------------------|----------------|
| Revenue | | | |
| Health Canada - FNIHB | | | |
| Set | 1,162,225 | 1,379,723 | 1,459,601 |
| Expenses | | | |
| Salaries and benefits | 952,529 | 961,204 | 884,311 |
| Amortization | - | 299,888 | 180,017 |
| Transportation | 161,544 | 153,542 | 147,171 |
| Administration | 115,238 | 118,316 | 117,905 |
| Supplies | 47,571 | 47,291 | 44,623 |
| Rent | 41,000 | 32,400 | 36,000 |
| Travel | 16,622 | 22,885 | 9,836 |
| Consulting | 18,000 | 13,613 | 6,500 |
| Training | 26,250 | 11,879 | 8,213 |
| Program expense | 9,840 | 10,135 | 9,216 |
| Telephone | 8,300 | 6,814 | 6,987 |
| Repairs and maintenance | 5,000 | 4,396 | - |
| Meeting | 3,000 | 2,638 | 2,421 |
| Advertising | 5,000 | 2,583 | 3,595 |
| Insurance | - | - | 9,162 |
| | 1,409,894 | 1,687,584 | 1,465,957 |
| Annual deficit | (247,669) | (307,861) | (6,356) |

Lac La Ronge Indian Band Health Services Inc.

Other Programs

Schedule 6 - Schedule of Revenue and Expenses

For the year ended March 31, 2015

| | 2015 <i>Budget</i> <i>(Note 11)</i> | 2015 | 2014 |
|--|---|------------------|------------------|
| Revenue | | | |
| Aboriginal Affairs and Northern Development Canada | | | |
| Contributions | 250,000 | 250,000 | 250,000 |
| Tribal council | 53,350 | 53,350 | 53,500 |
| Rental income | 540,584 | 547,159 | 532,426 |
| Miscellaneous | - | 14,304 | 15,106 |
| NITHA revenue | 62,500 | 144,113 | 151,036 |
| | 906,434 | 1,008,926 | 1,002,068 |
| Expenses | | | |
| Salaries and benefits | 642,787 | 700,873 | 735,348 |
| Administration | 85,166 | 83,084 | 22,360 |
| Program expense | 20,800 | 80,130 | 119,098 |
| Supplies | 32,400 | 41,739 | 8,583 |
| Utilities | 34,100 | 21,026 | 22,345 |
| Training | 41,655 | 20,174 | 13,284 |
| Transportation | 16,380 | 8,163 | 7,396 |
| Rent | 7,200 | 7,200 | 7,200 |
| Insurance | 2,000 | 4,279 | (978) |
| Repairs and maintenance | 7,500 | 3,518 | 20,793 |
| Advertising | 1,000 | 2,758 | 414 |
| Telephone | 3,000 | 2,337 | 2,211 |
| Travel | 5,000 | 1,867 | 1,847 |
| Miscellaneous | 500 | 972 | 429 |
| Meeting | 1,050 | 660 | 4,272 |
| Postage | - | 295 | - |
| Professional fees | 1,750 | - | 1,750 |
| Medical supplies and prescriptions | - | (170) | - |
| | 902,288 | 978,905 | 966,352 |
| Annual surplus | 4,146 | 30,021 | 35,716 |

Lac La Ronge Indian Band Health Services Inc.
Other - Elder Catherine Charles Long-term Care Home
Schedule 7 - Schedule of Revenue and Expenses

For the year ended March 31, 2015

| | 2015 Budget (Note 11) | 2015 | 2014 |
|--------------------------|--------------------------------------|------------------|------------------|
| Revenue | | | |
| Rental income | 366,000 | 366,000 | 361,349 |
| Miscellaneous | 218,000 | 117,003 | 220,389 |
| | 584,000 | 483,003 | 581,738 |
| Expenses | | | |
| Salaries and benefits | 367,771 | 406,746 | 409,037 |
| Amortization | - | 268,262 | 144,816 |
| Supplies | 40,500 | 35,366 | 33,111 |
| Administration | 29,200 | 29,096 | 58,400 |
| Utilities | 13,500 | 15,155 | 13,695 |
| Insurance | 12,350 | 14,773 | 11,126 |
| Miscellaneous | 2,000 | 7,524 | 3,637 |
| Telephone | 5,242 | 5,431 | 4,843 |
| Training | 14,250 | 4,956 | 628 |
| Repairs and maintenance | 4,000 | 2,594 | 4,241 |
| Transportation | 7,000 | 2,179 | 3,224 |
| Advertising | 1,500 | 1,940 | 1,349 |
| Travel | 1,000 | 1,133 | 493 |
| Office equipment lease | - | 479 | 115 |
| Cultural support | 1,000 | 50 | 744 |
| Professional development | 200 | - | 200 |
| Postage | 400 | - | 382 |
| Professional fees | 5,750 | - | 8,538 |
| Meeting | 500 | - | 1,688 |
| Consulting | 500 | - | - |
| | 506,663 | 795,684 | 700,267 |
| Annual deficit | 77,337 | (312,681) | (118,529) |

OUR COMMUNITIES

LAC LA RONGE INDIAN BAND HEALTH SERVICES INC.



Jeannie Bird Memorial Clinic - La Ronge

Phone # : 306 - 425 - 3600 / 4076

Fax # : 306 - 425 - 5520

Toll Free # : 1 - 877 - 425 - 3443

Little Red River

Phone # : 306 - 982 - 4294

Fax # : 306 - 982 - 3672

Toll Free # : 1 - 866 - 982 - 4294



John G. Ross Clinic - Hall Lake

Phone # : 306 - 425 - 8075

Fax # : 306 - 425 - 8091

Toll Free # : 1 - 866 - 973 - 8075



Sucker River

Phone # : 306 - 425 - 5591

Fax # : 306 - 425 - 3153

Toll Free # : 1 - 888 - 425 - 5590



Kokum's Clinic - Grandmother's Bay

Phone # : 306 - 635 - 4440

Fax # : 306 - 635 - 2370

Toll Free # : 1 - 877 - 635 - 4440





*Lac La Ronge Indian Band
Health Services Inc.*

P.O. Box 1770

La Ronge, SK

SoJ 1Lo