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March 31, 2009

Don McMorris  
Honorable Minister of Health  
Province of Saskatchewan  
Room 302  
Legislative Building  
2405 Legislative Drive  
Regina, SK  
S4S 0B3

Dear Minister McMorris:

The Athabasca Health Authority is pleased to provide you and the residents of the Athabasca Basin with its 2008 - 2009 Annual Report.

This report provides the audited financial statements of the region for the year ended March 31, 2009, as well as a outlining of the Regions activities and accomplishments for that period.

Respectfully submitted,

Claire Larocque,  
Chairperson
March 31, 2009

Leona Aglukkaq  
Minister of Health  
Brooke Claxton Building  
16th Floor Tunney's Pasture  
P.L. 09066  
Ottawa, Ontario  
K1A 0K9

Dear Minister Aglukkaq:

The Athabasca Health Authority is pleased to provide you and the residents of the Athabasca Basin with its 2008 - 2009 Annual Report.

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Respectfully submitted,

Claire Larocque,  
Chairperson
March 31, 2009

Chief Donald Sayazie  
Black Lake First Nation  
Black Lake, Sk  
S0J 0H0

Chief Albert Mercredi  
Fond du Lac First Nation  
Fond du Lac, Sk  
S0J 0W0

Chief Bart Tsannie  
Hatchet Lake First Nation  
Wollaston Lake, SK  
S0J 3C0

Mayor Daniel Powder  
General Delivery  
Stony Rapids, SK  
S0J 2R0

Chairperson Harold Graysley  
General Delivery  
Uranium City, SK  
S0J 2W0

Chairperson, Claire Larocque  
General Delivery  
Camsell Portage, Sk  
S0J 2W0

Dear Sir/Madam:

The Athabasca Health Authority is pleased to provide you and the residents of the Athabasca Basin with its 2008 - 2009 Annual Report.

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Respectfully submitted,

Claire Larocque,  
Chairperson
Mission, Vision & Principles

MISSION | The Mission of the Authority is to create “a place to heal northern people”

- Where comprehensive health services will be provided in an integrated and holistic manner to support, nurture and restore physical, mental, spiritual and emotional health
- Where all residents and communities will enjoy equal access to quality services that are comparable to provincial and federal standards, while being culturally appropriate
- Where the Authority is an effective community based organization accountable to the community, staffed wherever possible by people from the region
- Where the partnership between the people and the Authority is the foundation for the pursuit of excellence and the sustainability in health care and will guide other partnerships essential to the realization of our vision

VISION | Healthy People - Healthy Land

AHA believes in a future where people and the land are healthy

- Communities, families and individuals live in peace and harmony.
- Traditional values, concepts and health practices are maintained, respected and understood in partnership with contemporary care.
- There is a hope and confidence that being healthy is achievable
- The communities, families and individuals of the region take responsibility for their health through personal and collective practices and through ownership of the governance, Management and delivery of health services in the region

PRINCIPLES

- Comprehensive, quality services
- Equal access
- Culturally appropriate
- AHA is accountable
- Employ People from the region
- Support local people in health careers
- Partnership is between AHA and the people
- Membership legislation and government mandates are followed
Governance

AHA BOARD MEMBERS:

Claire Larocgue - Chairperson - Camsell Portage
Caroline Isadore - Fond du Lac
Georgie MacDonald - Fond du Lac
Flora Beavereye - Fond du Lac
Edwin Boneleye - Black Lake
Raymond MacDonald - Black Lake
Modest Bigeye - Black Lake
Margaret Powder - Uranium City
Doris MacDonald - Stony Rapids

Hatchet Lake Representatives:

Jeanette Tsannie
George Tsannie
Joseph Besskaystare

The Board of Directors follows the modified Carver model of governance and has one employee, the Chief Executive Officer. The Authority is managed by the Senior Management Team composed of the Chief Executive Officer, Director of Community Services, and Director of Support Services. Program managers are responsible for their program areas. Board meeting are held monthly and rotate between the communities. The Board also attends a retreat usually held in the fall at a location outside of the communities. Board Minutes are available for the residents in the communities and Board Members have a responsibility to disseminate information and promote the Authority. Board meetings are open to the general public.
Message
from the Chief Executive Officer

On behalf of the Athabasca Health Authority Senior Management Team, I would like to take this time to commend all staff for their tireless work ethic in our efforts to deliver community based health services. The past year has been seen many developments in key facets of AHA’s continued mandate to provide integrated health services to both on and off reserve members within the Athabasca Basin.

The initial Five Year Health Evaluation Plan was researched and completed for the communities of Black Lake and Fond du Lac Denesuline Nations, as prescribed under the Health Transfer Renewal Process. The Health Evaluation Plan is the foundation of where the authority established health services priorities for the next five year window based on recent trends and indicators in all aspects of community health.

As such, a Five Year Health Plan was developed and submitted to Health Canada outlining AHA’s intent to address both health and social issues identified in the evaluation report. The authority will be signatory to the next generation of Health Agreements with Health Canada that will allow for more flexibility to deliver health services on a broader spectrum. The focus during this period will be on ensuring community based, culturally relevant health services in areas of primary health, acute care, specialist services, chronic disease, emergency medical transportation, air medivac, homecare, long term care, addictions, mental health, dentistry, and children’s services.

In addition, the past year has seen other crucial developments, such as, the research of an Athabasca based midwifery initiative where funds have been secured for further development and fit-up. AHA also embarked on the Accreditation Process, which will be ongoing until such time there is an on-site survey completed by Accreditation Canada. There were recruitment efforts made to strengthen the Team Approach that culminated in the staffing of a Director of Regional Primary Healthcare Services and Executive Assistant.

In conclusion, there is a vision that all health services for the communities within the Athabasca Basin will be fully integrated through the completion of a long term Strategic Plan that will be operational in the fall of 2009.

Marsi, Tiniki and Thank You,

Vince Robillard
Chief Executive Officer
The Athabasca Health Authority serves a relatively small population (4500), which is spread over a large geographical area. Comprehensive services are provided to the communities of Black Lake, Stony Rapids, Fond du Lac, Uranium City and Camsell Portage. In addition, Mental Health & Addiction services are provided to Hatchet Lake First Nation.

An integrated primary health care model has been incorporated by the Athabasca Health Authority, providing primary health and community-care, acute, emergency, palliative, respite and long term care to the residents of the Athabasca Region.
The Athabasca Health Authority (AHA) continues to have a young, growing population. In 2008, AHA had 34% of its population under 15 and only 4% aged 65 or older. Saskatchewan had only 19% under 15 but 14% were aged 65 or older. AHA has had a slight but steady increase in its total population over the past several decades, from 2003 individuals in 1987 to 2375 individuals in 2008. During the same time period the provincial population has remained fairly stable, with just over a million individuals. The biggest decrease in the percentage of the total AHA population was in the 10-19 age group, decreasing by 4.4%, while the biggest increase was 3.5% in the 40-49 age group. The absolute population changes in each of these age groups have implications on health needs and health service requirements. AHA along with Keewatin Yatthe and Mamawetan Churchill River Health Regions have the highest ‘dependency ratio’s of all other health regions in Canada. This is a reflection of the number of youth under 20 and elders over 65 years of age compared to the middle aged groups. Dependency ratios are economic indicators - regions with high dependency ratios indicate economically stressed areas. In 2006, the majority of AHA’s population lived on-reserve (85% on-reserve, 15% off-reserve). This is in marked contrast to the overall Saskatchewan population with only 5% of the population living in reserve communities.
AHA Region environmental scan

Non-medical (socio-economic) determinants of health

- Varied school enrollment changes: There was a 27% growth in secondary school enrollment in northern provincial schools between September 2000 and 2008; however decreases of 14, 21 and 22% in middle years, elementary and kindergarten, respectively, led to an overall decrease of 10% in the total K-12 enrollment. (Northern Saskatchewan Regional Training Needs Assessment Report 2009).

- Knowledge and use of Aboriginal language common in AHA: Close to 88% of the AHA population have knowledge of an Aboriginal language, with nearly the same number of individuals (83%) having an Aboriginal language as their mother tongue. Similarly, almost 70% of the AHA population speak an Aboriginal language most often at home.

- High Aboriginal population: 95.3% of the AHA population are Aboriginal. This is considerably high, even compared to other northern regions such as NWT (50.3%) and Yukon (25.3%), as well as Saskatchewan as a whole (14.9%) (Census 2006).

- Low employment rate: In 2006, the employment rate for AHA males and females was 34.9% and 33.1% respectively. Overall, the employment rate for AHA (34.0%) was 30 percentage points below that of the province (64.6%) (Census 2006).

- Low personal income: In 2005, median income for AHA population aged 15 and over (11,296) was much lower than other northern regions such as NWT (35,006) and Yukon (31,352), as well as only 47.5% of their provincial counterparts (23,755) (Census 2006).

The median age for AHA in 2006 was only 21.4 years, compared to 38.7 years for the province (Census 2006)
High crowding and homes in need of major repair: In AHA, 24.5% of occupied private dwellings have more than 1 person per room, compared to only 1.4% in the province as a whole. As well, 36.3% of occupied private dwellings are in need of major repair, compared to only 10.5% in the province.

Food costs higher in the north: The average weekly cost of a nutritious food basket in Saskatchewan increases consistently over 2 gradients, from large center to small and from South to North. The average weekly cost of the nutritious food basket in the Far North is over 80% greater than a large city in the south. This could be the difference of nearly 460 dollars per month.

How do they (key factors) affect results? - AHA
The indicators for the non-medical determinants of health for the AHA region indicate significant challenges. The high dependency rate, as well as the low employment rate, are indicators of economic stress, with implications on childhood poverty levels, as well as overall health. The growing segments of the population puts additional stresses on the health services in the region. The current high proportion of adolescents and young adults in the population will impact conditions typically seen in these age groups such as injuries, pregnancies, and sexually transmitted infections. On the other hand, the growth in the middle-age groups will impact numbers of individuals with diabetes, heart disease, chronic lung disease, and cancer.

What is the health status of the region?
Disparity in Body Mass Index (BMI) increase: People who are classified as overweight have a BMI of 25.0-29.0, while those who are obese have a BMI of 30.0 or greater. Overweight and obese people are at higher risk to develop diseases such as type-2 diabetes, high blood pressure, heart disease, some cancers, gallbladder disease, and others. In 2005, 33.9% and 24.2% of northern Saskatchewan residents reported being either overweight or obese, respectively. The disparity between northern Saskatchewan rates and provincial rates has increased from 2001-2005 which emphasizes the important continuing need for health promotion, intersectoral initiatives.
Physical activity levels changing: In comparison to other Saskatchewan health regions, the northern health authorities had the highest percentage of residents who reported participating in active or moderately active levels of physical activity during leisure time in 2005. Similarly, the northern health regions also had the lowest percentage of residents who reported inactivity levels. However, the percentage of northern residents reporting active or moderately active physical activity levels has been decreasing slightly since 2001 (57.4% to 53.4%), while those reporting inactivity has been increasing slightly during the same time period (40.5% to 44.1%).

High smoking rates: Smoking rates in northern Saskatchewan off-reserve communities remain substantially higher than provincial rates though there appears to be some improvement in female rates in 2005. The percent of off-reserve northern males aged 12+ that report current daily or occasionally smoking has remained relatively stable since 2001 (40.2, 40.7, 41.8%). On the other hand, the percent of females reporting to smoke has shown a 9.7% decrease in 2005 compared to 2003, going from 42.0 to 32.3%. Northern rates for both males and females remain substantially higher than provincial rates in 2005 (25.1% in males and 23.3% in females).

Low influenza coverage rates: The percentage of the AHA population aged 65 and over on and off-reserve that received the influenza immunization steadily increased between 2003/4 and 2005/6, from 68% to 77%. However, since 2006/7, the coverage rate has decreased by 35%, from 77 to 42%. During that same time, Saskatchewan rates remained fairly constant at 66%, before decreasing to 62% in 2007/8. Currently, the AHA coverage rate is 20% lower than the provincial rate.

Influenza immunization increasing among Regional Health Authority staff: Between 2006-7 and 2007-8 AHA increased its influenza immunization coverage rate amongst health care staff by approximately 10%, from 68.3% to 79.0%. Saskatchewan experienced a similar increase in its influenza coverage rates, going from 46.2% in 2006-7 to 57.0% in 2007-8. Currently, the AHA coverage rate (79%) is 22% higher than the provincial rate (57%).
Elevated teen pregnancy rates: The teen pregnancy rate in AHA increased by 32% from 133 pregnancies per 1,000 females aged 15-19 in 2003-04, to 176 in 2005-06. This rate remains substantially higher than the provincial rate of 43 pregnancies per 1,000 females aged 15-19.

Self rated health slightly below province: Self rated health status is good indicator of overall health as it corresponds with the individual's personal meaning of health. Thus, this indicator can capture components of health, such as early stages of disease, disease severity, aspects of positive health status, physiological and psychological reserves and social and mental function, which other measures cannot. Since 2003, Northern residents' self rated health status has remained relatively stable in the very good category (32.9 in both 2003 and 2005) but has decreased in the excellent category (18.4% in 2003 and 15.1% in 2005). The province has seen decreases in both the very good (38.6% in 2003 and 35.8% in 2005) and excellent categories (20.8% in 2003 and 16.6% in 2005); however both categories of self rated health status remain higher at the provincial level than in the northern health authorities.

The proportion of AHA individuals living with diabetes (prevalence rate) slightly increased, from 16.6 cases per 1000 population in 2002-3 to 18.9 cases in 2004-5. However, in 2005-6 there was a slight decrease of 1.6 cases. The provincial rates have increased over the same time going from 52.7 cases per 1,000 population in 2002-3 to 62 cases in 2005-6. Currently, the provincial rate is over 3 times the AHA rate. As the middle-aged and elderly (who have higher rates of diabetes) make up a smaller proportion of the northern population, age-sex adjustments have to be made in order to allow for provincial comparisons. The adjusted proportion of people living in AHA with diabetes has remained relatively stable since 2002/3, ranging between 46.0 and 44.3 cases per 1,000 population. Currently, AHA has the lowest age-sex adjusted prevalence rate in the province at 44.3 cases per 1,000 population.

The life expectancy at birth in the three northern health regions increased 0.5 years among females to 76.1 years and 1.7 years among males (to 72.1
years) from 1997 to 2001. Although the life expectancy for northern residents remains significantly lower than for all of Saskatchewan, the gap in life expectancy at birth is closing with only a 0.4 year gain among females (to 81.8 years) and 0.6 year gain among males (to 76.2 years) across Saskatchewan in the same period.

The life expectancy among those who reach age 65 in the three northern health regions decreased from 1997 to 2001 by 0.1 year among females (to 17.2 years of life or 82.2 years of age) and 0.5 years among males (to 15.6 years of life or 80.6 years of age). For all of Saskatchewan, females at age 65 in 2001 could expect to live 0.2 years longer than in 1995 and males could expect to live 0.3 years longer.

Northern Saskatchewan residents have the lowest life expectancy in the province at birth and at age 65, reflecting their overall health status in comparison to their southern counterparts, as well as the influence of health determinants such as the proportion of the population living in poverty. Higher rates of infant mortality and premature deaths from injuries seen in the north could also be a contributing factor to the lower life expectancies of northern residents.

There were no infant deaths in the AHA area in the three year period of in 1999 to 2001 and between 1 and 5 from 2002 to 2004, resulting in a rate of 10.5 per 1,000 live births for 2002-4. With small numbers, there can be wide fluctuations in rates from one time period to another. In comparison, the IMR for Saskatchewan dropped from 6.2 to 5.9 infant deaths per 1000 live births from 1999-2001 to 2002-2004. The infant mortality rate is a measure of child health and also of the well-being of a society. It reflects the level of mortality, health status, and health care of a population, and the effectiveness of preventive care and the attention paid to maternal and child health. Increased funding and efforts aimed at reducing infant mortality in northern regions over the past two years have been focused on improving prenatal nutrition and prenatal care, as well as reproductive health education.
The leading causes of death in AHA (crude rate) between 1997 and 2006 were neoplasm diseases, injuries, and circulatory diseases. In contrast, the leading causes of death in Saskatchewan, over the same time period, were circulatory, neoplasm and respiratory diseases. This difference is not surprising as the population in AHA is much younger (where injuries are more dominant), with less population in the older age groups (where the chronic conditions such as respiratory diseases, circulatory diseases and neoplasms are more common). As the middle-aged and elderly (who have higher rates of chronic diseases) make up a smaller proportion of the northern population, age-sex adjustments have to be made in order to allow for provincial comparisons. After these adjustments are made, neoplasms, circulatory diseases, injuries and respiratory diseases remain the 4 leading causes of death in AHA; however these rates are now much higher than the provincial rates. Age-standardization allows for a more accurate comparison of health risks between population groups. With the small population size in AHA, there can be large fluctuations in these rates, without them being clinically or statistically significant, so caution is required in interpretation.

**Emerging and infectious health issues in the region.**

Exceedingly high rate of Tuberculosis: In 2007 the North had an increase in its TB rate from 152.5 cases per 100,000 in 2006 to 198.1 cases in 2007. On average, between 1996-2006, the northern Saskatchewan new and relapsed TB incidence rate has been 32 times greater than the southern Saskatchewan rate. Of the 71 northern cases of new active and relapsed TB cases in 2007, 25 were residents in AHA. The 2007 rate in AHA of 1078.1 cases per 100,000 population remains considerably higher than the provincial rates over the past 10 years. However, it should be noted that the small numbers seen in AHA can lead to large variations in rates from year to year. The rate of new and relapsed TB in northern Saskatchewan is exceedingly high, even when compared nationally or globally.
In 2005, compared to the WHO regions, NorthSask would have the second highest rate (228), second only to the Africa Region (343). Nationally this means that compared to the highest provincial and territorial rates, NorthSask would have had the highest rate by at least 30% above Nunavut and about 45 times the Canadian rate.

Sexually Transmitted Infections high and increasing: After adjusting for age and sex, the rate of Chlamydia in AHA, 4116 cases per 100,000 population, remained 2.3 times higher than the closest Northern Health Region and 6.6 times higher than the closest Southern Health Region. Using preliminary PHU data, the AHA crude Chlamydia rate initially decreased in 2006, before increasing in 2007 and 2008. The 2008 crude rate of 6,147 cases per 100,000 population is now 13% above 2005 levels.

MRSA in new individuals increasing: Methicillin-resistant Staphylococcus aureus (MRSA) is a Staphylococcus bacterium resistant to common antibiotics including methicillin. Between 2001 and 2005 there were only a handful of cases of MRSA each year in AHA; however, since 2006, MRSA has been steadily increasing. The rate of new individual MRSA cases (a case occurring in an individual for the first time) reached its highest total in 2008 with a rate of 280 cases per 10,000 population. MRSA has been known to occur in hospital settings. More recently, it has been shown to occur in the community setting, and is known as community-acquired MRSA (CA-MRSA). In the north, CA-MRSA predominates and can result in a variety of skin and soft-tissue infections ranging from boils to severe bone or muscle infections and can also result in severe pneumonias. As a result, there has been increased community-based hygiene initiatives and education as well as infection control strategies.

Elevated rates of injury hospitalizations in AHA for children and youth: The leading causes of injury hospitalization in children and youth aged 0-19 are very similar between AHA and the province. The 3 leading causes in both regions are Other causes of injury, Motor vehicle accidents and Falls. In all of these categories rates are substantially higher in AHA compared to the province, ranging...
from 56-146% higher. Although Fire and Flame is not in the top 3 causes, it is important to highlight as the discrepancy between the AHA rate and the provincial rate is quite large, with the AHA rate being 3.2 times higher than the provincial rate.

Environment
Overall improvements in inspections of licensed/regulated facilities: Between 2007-8 and 2008-9, the percentage of licensed or regulated facilities that were inspected in the North increased for food eating establishments, but decreased for lodging and public water supplies. However, inspections rates for all types of facilities remain above rates seen in 2006/7, indicating an overall trend of improvement. It is important to note that there are both year round and seasonal facilities that need to be inspected each year. Inspection rates for all three categories for the seasonal tourist and outfitting camps are greatly influenced by the ability to do onsite inspections when and if they are open each year. Work continues to improve on these rates.

Environmental assessment reviews: There has been significant expansion in the mineral and uranium exploration in the north. This has significant potential ramifications as it relates to population changes and economic development but also has potentially serious ramifications as it relates to social health concerns. Our Population Health Unit was involved with 7 new projects across the north that went through the environmental assessments review process during 2007/8. This accounted for 36.8% of the total number of projects that went through the review process in Saskatchewan. As well, there were 5 projects that had adjustments made to their plans that required them to go through the review process. This is almost the exact same number (45%) as the other 10 southern health regions combined, who had 6 projects with adjustments. The north was also involved with 4 human health risk assessments in 2007-8
Community services
This year, 2008, we celebrated the five year Anniversary of the official opening of the Athabasca Health Authority. This celebration provided an opportunity to reflect on the progress made in the development of programs to meet the health and social needs of the residents of the Athabasca. As Director of Community Services during this five years I have been a part of this development and have witnessed all programs continue to forge ahead to bring the best possible services to our area.

The completion of the Five Year Evaluation by Moore Chamberlain & Associates, and the completion of the AHA Community Health Plan, both required documents for ongoing funding from First Nation Inuit Health reveals progress to date and the intention of AHA to continue to deliver services and to work with the First Nations Communities toward better health.

Health Directors from Black Lake and Fond du Lac are the liaison with each of their respective communities and work closely with all Community Services Programs. Regular meetings provide an opportunity to gain community input into the delivery of all services.

**Special Projects**

Special Projects covers an important range of health promotion, new program development and educational activities.

**Aboriginal Diabetes Initiative** - As of January 2008, FNIH accepted the AHA proposal to manage this program. Consequently AHA was able to recruit a Diabetes Nurse Educator on a full time basis to focus on delivery of diabetes prevention, screening and care initiatives designed, developed and delivered by communities to respond to identified community needs. Thanks to the great efforts of Susan Hartman this program is well underway. Each community has a Diabetes Worker and these workers are participating in the Community Diabetes Prevention Worker Training from the Yellowquill College, they will graduate in September of 2009.

**Midwifery Initiative** - Sask. Health accepted the proposal submitted for Research and Development of a Midwifery Program for the Athabasca Health Authority. A Committee was established to visit established Midwifery programs and to put together a Business Plan for ongoing funding for this program. The Business Plan will be submitted in mid June 2009 for consideration. Development of this program is ongoing and will take a few more years to have the program in operation.

**Infection Control** - The whole area of Infection Control required the development of Policy and Procedures for Community Services. A Infection Control Specialist was contracted and has developed the required documents. The provision of educational sessions in all communities and all schools regarding Hand Washing techniques is ongoing and Hand Washing Audits have taken place.
Each Primary Health Care Clinic will undergo renovations in 2009 to establish an Infection Control area which will meet the Canadian Standards. Training program for community health staff are planned for 2009.

**Dental Program**
The Contract with the University of Manitoba was renewed in 2008 and the services of dentists for Black Lake and Fond du Lac continued. The provincial communities have access to the service by these dentists and regular scheduled days are provided on an as needed basis.

The Dental Therapist Program continues to be developed and more consistent therapist services have been provided. The establishment of the Dental Therapist Lab in the Fond du Lac School has made this program more accessible to the student population and this improved the oral, dental health in the school population.

I am proud, once again, to provide the reports from each Manager of Community Services outlining the activities and events in each of their programs. The supportive work of each Manager and Community Services Staff on behalf of all our communities is reflected in the various accomplishments and progress throughout this report.

Respectfully submitted

Fay Michayluk, RN, BScN
Director of Community Services.
The Athabasca Health Authority Community Services Program provides varying degrees of nursing services to the First Nations communities of Fond du Lac, Black Lake, and the provincial communities of Stony Rapids, Uranium City and Camsell Portage. Primary Health Care is the underlying premise that guides all activities, values and goals.

Nursing Staff offer acute care, clinical care, chronic care, pre and post natal care, public health programming, health promotion and preventative strategies. In the Community Health centers nurses work closely with dedicated CHR's and Support Staff to offer programs mandated through Transfer Agreements with FNIH and Service Agreements with Sask. Health, to provide a high quality of care to members of the communities they are a part of. There are 10 primary health care nursing positions based throughout the Athabasca area. We have a compliment of 10 RNs, 1 RN/NP, 2 LPN's the majority work on a permanent part time or casual basis.

All nursing staff employed in the community programs is required to attend the Orientation Skills Training which includes 2 weeks of mentorship and a process for signing off of Transfer of Medical Function. The Manager of Community Services is responsible to maintain profiles on every nurse providing service to AHA communities.

Every effort is made to ensure safe, competent nurses with appropriate skill levels are employed with AHA. It is a very difficult task to recruit and retain staff in the north, partly due to the national shortage but also due to the challenges of working in remote areas and the high demand of care in the north. Major efforts are needed on a daily basis for Health Promotion and Health Education.

Clinical and Acute Services

The following statistical data was compiled from the computer based daily entry which records treatment services provided in each community. During the past year the data entry program has been further developed to allow us to study trends and utilize data collected for further consideration of health issues specific to each community. Trends appear to be age related and in some cases common to all communities.

**Infants and Young Children** - most commonly present with ear infections and respiratory infections. This can be related to the very low incidence of Breast Feeding and in spite of concentrated effort of prenatal education, is an area to be addressed over the next year.

**Women age 24 to 45** - most commonly present with conditions related to women's wellness, obstetrical and gynecological issues.

**Men age 24 - 45** - most commonly present with skin, musculoskeletal issues and numerous injuries requiring minor treatment such as suturing.

**All age groups** - present with skin related issues and in most cases relates to the increase of MRSA and high incidents of impetigo in all communities.
Pre and Post - Natal Program
The Community Health Nurse and the Community Health Representative assigned to the pre and post natal program work closely with the AHA Children’s Services Program Family Support Workers to provide the program for expectant Moms, newborns and new Moms for the first 6 weeks after delivery. The program uses the directives of the Canadian Pre Natal Nutrition Program (CPNP). Prenatal assessments are completed and prenatal and post natal visits form the basis of this program. Weekly and monthly Pre Natal Classes are organized and Moms and Infants are encouraged to attend. During this past year there has been an increased interest and attendance at programs and classes thanks to the hard work of all workers assigned to this program.

Immunization Program
Well Child (ages 2 months to 4 years)
School Program (ages 5 to school leaving)

These mandatory programs are offered in each community on a regular basis. Immunization clinics are offered weekly in an effort to maintain a high level of protection for the children.

The Regional Public Health Nurse provides one week per month in each community as part of the established School Program. She designs programs along with teachers in an attempt to meet the needs of the school age population. Yearly work plans are devised and are aimed toward in-class teaching and the use of available resources to assist in the facilitation of school health teaching and other Public Health concerns. She maintains the school immunization program.

The nursing staff and CHR’s are to be commended for their diligent work in maintaining immunization stats at 95-100% in all communities.

The following graphs show comparisons for the calendar year 2008. Red is the Canadian Immunization Rates and the Blue is the Athabasca Health Authority Rates.
Nursing Services

Two-Month Old Immunization Rates

Two Year Old Immunization Rates

Communicable Disease Control

The Athabasca Health Authority ensures an ongoing reporting, surveillance, treatment and follow up of all reportable communicable diseases. First Nations communities report to the Northern Intertribal Health Authority Community Health Status and Surveillance Unit and provincial communities report to the Population Health Unit in La Ronge.

This past year has shown an increase in sexually transmitted infections and this is a critical concern in all our communities. AHA Community Public Health Nurses work closely with teachers in all schools to provide information sessions on sexual wellness, healthy lifestyles, cleanliness and infection control, throughout the school year.
Nursing Services

community services

Chronic Program
There is a definite increase in chronic conditions such as hypertension, respiratory disease and diabetes in all communities.

Wellness Clinics are held in the communities and screening, education and promotion of wellness to reduce risk factors are presented at these Clinics. Community Health Nurses work closely with the Community Health Representatives in each community to provide a holistic approach to chronic care service delivery.

Chronic Client Lists are maintained in each community and are reviewed annually and submitted to First Nation Inuit Health where updated records of this program are held. These lists are maintained in FNIH Regional Office and the local communities.

Fond du Lac was selected to take part in a trial project for a computer based data program through FHNI.

First Nations Communities have been involved in the Chronic Care Coalition Program managed by PAGC and Northern Health Strategy.

Efforts to develop a Self Management of Chronic Disease Program is underway.

Respectfully submitted
Paula Coleshaw, Manager of Community Services.

Infection Control
This has been a major priority over the last year. With the help of an Infection Control Consultant, a binder of Policies and Procedures for infection control measures has been formulated for the Athabasca Health Authority Primary Care Clinics as well as training sessions on hand washing and general infection control measures.

Mask fitting for N95 masks has taken place and staff is reminded on a daily basis about the importance of infection control measures.
The Home and Community Care Program is a mandatory program that provides services that have a direct impact on the health and safety of community members. The Home and Community Care Program is organized around the nine essential service elements which are:

- Client assessment — a process completed by a Registered Nurse and provides ongoing determination of client needs and service allocation.
- Case management — a managed care process that incorporates care planning, referrals and service linkages to existing services both on and off reserve.
- Home care nursing services — direct nursing service delivery
- Home support services: personal care and home management services
- In home respite care — provided a few hours at a time to assist family caregivers
- Access to medical supplies and equipment — provision of specialized client needs
- Information and data collection — provides for program monitoring and ongoing planning and evaluation of activities and programs
- Management and supervision — professional supervision to ensure a safe and effective delivery of services
- Linkage with other services — an established link with other professional and social services both within and outside the community.

The whole purpose of the Home and Community Care Program is to assist clients and their families to remain in their own homes as long as possible with the support and assistance of both their families and the home care workers.

The Athabasca Health Authority Home and Community Care Program provides services to all communities within their jurisdiction. The Manager of Community Services - Home Care and Health Promotions provides professional supervision and ensures the overall delivery of this program for all communities.

The program is staffed with Licensed Practical Nurses and Band Employed Home Care Workers.

During this past year the following programs in addition to the regular program delivery were provided:

- Foot Care Clinics
- Meals on Wheels in most communities and in Stony Rapids every Friday.
- Elders Wellness Clinics
- Home Visits on a regular basis
- On going screening and medication delivery.

Respectfully Submitted
Christine Arcand, Manager of Community Services
Health Promotions
community services

This program is managed by the Manager of Community Services. Working in consultation with the Health Directors workshops and inservice planning has taken place for the Community Health Representatives and other Community Support Workers.

AHA is not funded adequately for the establishment and delivery of this program and continued collaboration with funding agencies is required in order to facilitate this program and to deliver the program to adequately meet the needs of the employees and the community members.

Community Wellness programs and information sessions have been presented by other programs and personnel which maintains a high level of prevention and promotion work in the AHA. Some of these programs are:

- Wellness Programs - provided by the Home Care Program
- Elders Programs - provided by the Home Care Program
- Foot Care Clinics which provide education sessions at the same time - provided by the Home Care Program.
- Education programs on Diabetes, Cholesterol Control, Nutrition, Food Planning all provided by the Diabetes Nurse Educator.
- Grieving and Grief Support Meetings and Sessions provided by the Mental Health and Addictions Workers
- Educational Sessions with in the school program provided by the Public Health Nurses.
- Workshop for CHRs and Home Health Aids provided by Manager of Community Services
- Infection Control Sessions, Hygiene and Hand Washing Procedures provided by the Infection Control Specialist.
- Ongoing CPR and First Aid Certifications provided by Trainers, for all staff as needed.
- On going informational sessions on Pandemic Planning for staff and community
- Several sessions on Accreditation

AHA make every attempt to provide ongoing informational sessions for all levels of staff. AHA make every attempt to meet the ongoing health promotion and prevention needs of the community as requested by the community and with respect to ongoing health and social issues.
In the writing of this Annual Report, the Athabasca Health Authority would like to take this opportunity to remember the late Judy Ettibar who passed away on October 5, 2008. For many years, the late Judy Ettibar was a dedicated, caring addiction worker who supported and encouraged many clients on their journey to sobriety. Her professionalism, dedication to AA and the field of Addictions will not be forgotten by the Athabasca Health Authority, co-workers, clients and the community of Black Lake.

The Athabasca Health Authority Mental Health and Addictions program is an integrated program and the services provided are based on an integrated approach to the mental well being of the clients served.

AHA Community Addiction Services:
Addiction services continue to be provided by NNADAP funded addiction workers in the communities of Black Lake, Fond Du Lac and Hatchet Lake. Congratulations to these workers who applied and were successful in obtaining professional certification with First Nations Wellness/Addiction Accreditation Board.

The Addiction Workers provide Outpatient assessment and counseling services primarily on a one to one basis with clients as well as facilitating Group sessions in their respective communities. There have been a high number of clients requiring more intensive services. The workers have been busy sending referrals to the appropriate Inpatient Treatment Programs in the South.

Staffing:
Hatchet Lake/Wollaston Lake: Mary Sha’Oulle, Alex Besskaystare and Madelyn Denechezhe.
Black Lake: Martha Toutsaint, Dora Mongrande.
Fond Du Lac: Gary Gilley, Rick Kuckartz(addictions and mental Health)

During this reporting period, Chris Archibald continued to provide addiction services to the Provincial communities of Stony Rapids, Uranium City and Camsell Portage. Chris has been offering individual and group addiction counseling as well as providing prevention and education programs to school- aged children and youth. Chris has been facilitating Safe Driving Screening and Assessments to clients in the Athabasca Region.

In addition, Chris and Kathy Bird offered the First Aid Mental Health Course to AHA staff in Black Lake and Stony Rapids.

Administrative Services:
Diane Mercredi provides Administrative services to the Addiction and Mental Health Team. Diane receives statistical Data from both Teams and enters this data the Provincial and Federal information systems. Diane graduated from the Community Services Addiction program in 2008.

<table>
<thead>
<tr>
<th>Community</th>
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<th>Male</th>
<th>Female</th>
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<tr>
<td>Fond du Lac</td>
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<tr>
<td>Hatchet Lake</td>
<td>440.10</td>
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<td>98</td>
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<tr>
<td>Uranium City/Camsell</td>
<td>23</td>
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<td>10</td>
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<tr>
<td>Stony Rapids</td>
<td>164.85</td>
<td>47</td>
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</table>
New Initiatives in Addiction Programming.

In December/08, the Athabasca Health Authority obtained funding from the National Anti-Drug Strategies (NADS) to research options to improve and expand the range of addictions related services in order to better meet the needs of clients in the far North.

The overall goal was to research best practices approaches to enhance the existing Outpatient Addiction Program in the communities of Black Lake, Fond Du Lac and Hatchet Lake.

Members of three communities in the Athabasca were invited to participate on the research team to learn about best Practice approaches and to consider new models and options for improving addiction services in the community as well as the Athabasca health authority as a whole. The research team included community Health Directors, Provincial Addiction worker, NNADAP funded Addiction workers, Mental Health and Addiction Program manager, Director of Community Services and one contracted Mental Health Therapist. The goal was to explore different models of providing addiction services using best Practice Methods which encompassed key clinical principals; The Trans Theoretical Model of Recovery and the Matrix Intensive Outpatient model were selected by the research team as the focus of exploration.

The research Team interviewed staff from two different Treatment Centers who currently implement these models. Those interviewed provided the Team with valuable information regarding best practice principals connected to the Stages of Change Program as well as the Matrix Program.

Following this, the research team planned to meet with community members. The community meetings consisted of dissemination of information in the communities of Fond Du Lac, Black Lake and Hatchet Lake. The information presented by the Research Team was well received by Leadership and community members. Those in attendance supported ongoing development of services in their communities.

Recently, a proposal for funding to modernize addiction services has been submitted to FNIB with the following Objectives:

To modernize and update the Addiction Outpatient Treatment Program in the Athabasca Health Authority.

Outcomes:

- To improve and expand the range of addiction services in order to better meet the needs of the clients of the Far north.
- To provide a cost-effective recovery process to a large group of chemically dependent and collateral clients.
- To generate community will and responsibility for ongoing change and development.
- To model a community recovery process.
- To model a community based on healthy lifestyles.

By building worker capacity to address addictions through a Best Practice Approach, it is our hope that clients requiring intensive addiction services will be able to access services within the Athabasca Region rather than being removed from their home communities.
AHA Community Services Mental Health Therapy Program.
The Athabasca Health Authority is most fortunate to have well experienced and qualified Mental Health Therapists as part of our service delivery. Each are well qualified and skilled and bring a wealth of knowledge in the field of Mental Health. The Therapists provide individual counseling as well as group therapy and counseling.

Hatchet Lake: Javier Hillario - resigned in March/09.
Black Lake: Ed Risling and Kathy Bird.
Stony Rapids and Camsell Portage: Lynda McCuaig
Fond Du Lac: Dana Case, Glenda Risling and Rick Kuckartz (Addictions and Mental Health)
Uranium City: Dana Case.

The Mental Health Program has had a busy year and the Stats clearly indicate the activity and the complex issues that arise on a daily basis. Each Therapist works closely with the visiting Psychiatrist, Dr. Donna Malcolm.

<table>
<thead>
<tr>
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<td>Stony Rapids</td>
<td>61.00</td>
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<td><strong>Total</strong></td>
<td><strong>1649.90</strong></td>
</tr>
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Presenting Problems


In addition to providing individual and group sessions, the mental health team has been involved in staff and community development initiatives.

Rick Kuckartz facilitated the Personality Dimensions Workshops to the staff in Black Lake, Stony Rapids and Fond du Lac. This interactive workshop explored our unique individual personalities styles and the personality styles of others. The goal of the Personality dimensions workshop was to support and celebrate the diverse personality styles in a way that helps better understand our interactions with others, improves communication, and enhances individual self-worth.

In November, Rick was instrumental in organizing the “Images of Hope Workshop” which was facilitated by Archbishop Sylvain Lavoie, OMI, who is the Archbishop of Keewatin-Le Pas, MB.

The Images of Hope Workshop/ Retreat is both a workshop and a treat in that it is a blend of information and process that includes presentations, individual quiet time and opportunity for sharing. It is intended for individuals wanting to recover from any addiction, heal from emotional pain and move on towards an addiction-free lifestyle.

Psychiatric Clinic
Dr. Lewis Mehl-Madrona had been coming to the Athabasca Region for 3 days every month to provide psychiatric services. The Athabasca Health Authority was fortunate to have Dr. Mehl-Madrona who is a renowned author of many books on Aboriginal Mental wellness. During his tenure, Dr. Mehl-Madrona provided services from a more indigenous model of psychiatry/psychology which emphasizes focus upon family and community and upon empowering local staff and residents to self-manage with minimization of reliance upon expert consultations.
Unfortunately, Dr. Mehl-Madrona returned to the United States in October, 2008. The Athabasca Health Authority is appreciative of the efforts by Northern Medical Services in terms of recruiting Dr. Donna Malcolm to the Athabasca. Currently, Dr. Malcolm has been conducting Mental Health Clinics for 1 day every three months at Yutthé Dene Nakóhódí Health Facility.

### Patient Numbers for Mental Health Clinics

<table>
<thead>
<tr>
<th>Dates</th>
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<th>Stony Rapids /UC</th>
<th>Black Lake</th>
<th>Totals</th>
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<td>4</td>
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<tr>
<td>May /08</td>
<td>20/05/08</td>
<td>21/05/08</td>
<td>22/05/08</td>
<td></td>
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<tr>
<td></td>
<td>2</td>
<td>6</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
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<td>25/06/08</td>
<td>26/06/08</td>
<td>27/06/08</td>
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<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>July /08</td>
<td>21/07/08</td>
<td>22/07/08</td>
<td>23/07/08</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>5</td>
</tr>
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<td>August/08</td>
<td>19/08/08</td>
<td>20/08/08</td>
<td>21/08/08</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>10</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td>September/08</td>
<td>17/09/08</td>
<td>18/09/08</td>
<td>19/09/08</td>
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<tr>
<td></td>
<td>5</td>
<td>5</td>
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<td>February 27, 2009</td>
<td>3</td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>60</td>
</tr>
</tbody>
</table>

### Youth Outreach Position:

In December, The Athabasca Health Authority recruited Duncan Fisher into this position. Prior to coming to the Athabasca Duncan was employed with Ranch Ehrlo Society in Regina. Duncan comes to the Athabasca with many years experience in working with Youth. This position is Provincially funded. The purpose of this position is to increase the likelihood that youth and young adults will achieve success in their home communities and make positive lifestyle changes, including reducing substance use and abuse. The program will focuses on the development of and facilitation of programs that are geared toward youth and young adults who have been typically difficult to reach through traditional services. In addition, the program provides educational workshops, and presentations to youth and adults about risks, consequences of substance use and making healthier choices.

In March, a successful family/parent gathering was held in Stony Rapids. Duncan was very much involved in terms of proposal writing, organizing guest speakers, registration, arranging travel/ accommodations for families and guests. In addition, Duncan facilitated and acted as MC for the gathering.

This project was funded by the Province of Saskatchewan through the Prevention and support Grant. The grant was established as a component of a comprehensive strategy to enhance the well-being of children, youth and families. This project was meant to help increase family and individual awareness of positive coping skills to specific life challenges; build strong relationships within families through improved communication skills: enhance or increase youth and their parents understanding of the 40 Developmental Assets for Adolescents, as well as Best Practices for supporting children and youth.

### PLANS FOR 2009

Consideration to facilitate the P.A.R.T.Y. (Prevent Alcohol And Risk Related Trauma In Youth) Program which is a one-day injury awareness and prevention program for youth. The goal of P.A.R.T.Y. is to provide young people with information about trauma (injury) that will enable them to recognize potential injury-producing
situations, make prevention-orientated choices, and adopt behaviors that minimize unnecessary risk.

- Prevention of youth violence and youth exposed to violence Program. This is a new joint prevention strategy between Stony Rapids RCMP and AHA Mental Health and Addictions.

- Mental Health and addictions Program will endeavor to support the use of the 40 Developmental Assets for Adolescents as the formwork in service delivery to youth and young Adults.

- Continue to enhance addiction services in the Athabasca Region by working closely with the funding agencies in developing Best Practices approaches in Addiction services.

- Addiction and Mental Health Team to continue to participate in the Accreditation process. Team to work on the completion of an integrated Mental Health and Addictions Policy and Procedure Manual.

It has been a challenging as well as rewarding year. Both Addictions and Mental Health Programs are developing and expanding as more programs and services are provided with a focus to meeting the needs of the residents of the Athabasca Health Authority.

Respectfully Submitted By

Lynda McCuaig, RSW
Manager of Mental Health and Addictions
Children’s Services

community services

The AHA Children’s Services Program has now been operational for 3 years and once again the program has developed and expanded to provide services to an increased number of families and parents. During this past year Family Support Workers have continued to increase their knowledge and experience by attendance at ongoing training and informational sessions.

The increase in families and parents desiring assistance led to the hiring of two more half time workers and financial support from funding agencies was made available to allow for the increase in staffing levels.

Manager of AHA Children's Program - 1

Fond du Lac - 1 & ½ Family Support Workers
Black Lake - 1 & ½ Family Support Workers
Stony Rapids/Uranium City/Camsell Portage - 1 Family Support Worker
All Communities - 1 Family Support Worker - Fetal Alcohol Spectrum Disorder

<table>
<thead>
<tr>
<th>Community</th>
<th># in Program</th>
<th># on waiting list</th>
</tr>
</thead>
<tbody>
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<td>17</td>
<td>57</td>
</tr>
<tr>
<td>Black Lake</td>
<td>32</td>
<td>61</td>
</tr>
<tr>
<td>Stony Rapids/U City/Camsell</td>
<td>10</td>
<td>6</td>
</tr>
</tbody>
</table>

The following services are provided to Families and Parents from the Prenatal Period until the child is age 5 as long as the program and support is needed and requested by the parents and families.

- In depth assessments for entry into the program
- Case management based on determined needs
- Follow up with referrals
- Home visits initially and on a regular basis dependent on needs
- Telephone contact
- Delivery of information
- Transportation to and from appointments and informational sessions
- Assist and present at programs such as prenatal classes
- Set up appointments and accompany specialists such as occupational therapists, speech and language pathologists and physiotherapists
- Arrange for follow up and assist with children who are developmental delayed.
FASD Family Support Worker: Ongoing educational sessions and presentation in the communities and schools of Black Lake, Stony Rapids, Fond Du Lac and Uranium City.

The FASD Family Support Worker uses the Resource guide ‘Teaching for the Prevention of Fetal Alcohol Spectrum Disorder Grades 1 - 12. The learner outcomes are grouped in divisional levels: Grades 1-3, Grades 4-6, Grades 7-9, and Grades 10-12. The teaching resource is organized around these topics:

- Understanding Relationships - students are asked to learn about and reflect on the impact positive and negative behaviors have on the development of healthy relationships and decision making
- Dealing with Feelings - students focus on developing an understanding of healthy ways to express and manage their emotions and feelings
- Managing risks and making personal choices - students develop skills that enable them to understand decision-making processes and the effects of positive choices on personal health.
- Increase the students understanding of healthy verses harmful substances and;
- Create awareness of Fetal Alcohol Spectrum Disorders (FASD) among students by introducing the dangers of drinking alcohol during pregnancy.
- Increase young students understanding of people with differences.
- Introduce Fetal Alcohol Syndrome.
- Increase young students respect for others, regardless of their capabilities or disabilities.

FASD Family Support worker provides on-going service to prenatal, mothers, infants, childrens and families assisting the Family Support Worker with home visits. Participation in Youth Conferences, Prenatal class, Wellness class, providing information handouts on FASD is all part of the role of the worker.

AHA Children’s Services Annual Report 2008-2009 type of service and number of people we provide ongoing service.

### TYPE OF SERVICE

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of People</th>
</tr>
</thead>
<tbody>
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<td>Office Visit</td>
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<tr>
<td>Information Delivered</td>
<td>246</td>
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<tr>
<td>Advocacy</td>
<td>102</td>
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<tr>
<td>Telephone Contact</td>
<td>688</td>
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<tr>
<td>Transportation</td>
<td>194</td>
</tr>
<tr>
<td>Follow-Up</td>
<td>224</td>
</tr>
<tr>
<td>Home Visit</td>
<td>624</td>
</tr>
</tbody>
</table>

### NUMBER OF PEOPLE
In the Athabasca region we are faced with many challenges such as economic conditions, lack of employment, lack of educational opportunities, community and family supports, healthy child development and personal health practices and coping skills. However, there are many positive influences to life in the Athabasca communities, the wisdom of the elders, the ability to work together, the resiliency of our communities. These challenges and influences impact on a parent’s ability to nurture, support and assist in healthy child development.

It has been very rewarding to work with Family Support Workers who are dedicated and committed to work with the families and parents in our area. We strive to provide support to the families we work with and guide them to the provision of a healthy and safe surrounding for the children they are bringing into our communities and our lives.

Over the past year the Family Support Workers have taken part in ongoing training and professional development and this is beginning to be evident in the increase in participation and interest with each family we work with.

Respectfully Submitted by
Sandra Hansen, AHA Children’s Services Manager
REGIONAL SERVICES
primary health care
The Nursing Team at Athabasca Health Facility is a committed group of Registered Nurses and Nurse Practitioners who work in collaboration with Physicians, Intermediate Care Paramedics and Special Care Aides to provide Health Care Services to the people of the Athabasca Basin.

The Athabasca Health Facility is a five year old, state of the art 14 bed facility designed to provide in-patient and out-patient services. The 14 in-patient beds consist of: 3 Long-term Care beds, 1 Respite bed, 1 Maternity bed, 1 Close Observation bed and 8 Acute Care beds. The Emergency/Primary Care Department is equipped with 5 examination beds to provide emergency services, walk-in client assessments as well as booked physician clinics.

In the past year all Registered Nurses and Nurse Practitioners working at the Facility have acquired and will maintain Advanced Cardiac Life Support, Pediatric Advanced Life Support and International Trauma Life Support certification in addition to all other Registered Nursing health care standards.

The Health Quality Council chronic disease management collaborative was initiated last year and with the aide of RN’s continues to improve the health of people diagnosed with Diabetes and Coronary Artery Disease. In 2009 the goal at the Athabasca Health Facility is to expand the Health Quality Council chronic disease collaborative to include Chronic Obstructive Pulmonary Disease and Depression.

The Athabasca Health Facility sterilization department standards have been reviewed and the Canadian Standards for Sterilizing have been implemented.

The Well Woman program has also proven to be a success and a Well Man program will be added in 2009.

The Athabasca Health Authority is committed to continuing with current health initiatives and implementing future health initiatives to ensure quality health care to the clients of the Athabasca Region.
Emergency Medical Services (EMS) for the Athabasca Health Facility (AHF) continues alongside the interdisciplinary health care team providing quality patient care which has translated in positive outcomes for the ill and injured of the region.

The 2008 Chevrolet 4x4 Rescue/Transport Vehicle acquired in early 2008 has proven to be up to the task in all adverse weather and road conditions. Patients find themselves transported and cared for in a safe, stable and secure transport vehicle from one health care site to another.

A plan to construct a garage to house the Rescue/Transport Vehicle was undertaken late in summer of 2008 with the pouring of a concrete pad to the immediate south of the Athabasca Health Facility with the remainder of the construction to proceed in 2009.

The Transwest Navajo aircraft utilized for medevacs in this region and to tertiary centers in the south of the province has added a headset capability for the EMS provider. This allows for uninterrupted patient care while communicating with the pilot’s changes in a patient’s medical condition, weather updates or unforeseen destination changes.

EMS providers employed by AHA and throughout Saskatchewan are now licensed practitioners governed by the Saskatchewan College of Paramedics as of December 31, 2008.

It is the continued hope that EMS shall always be an integral part of the Athabasca Health Authority and the northern people they respectfully serve.
<table>
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<tr>
<th>Month</th>
<th>Air Medevacs to AHF</th>
<th>Air Medevacs from AHF</th>
<th>Sask Air Ambulance from AHF</th>
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</table>
## Medevac Summary Regional Services

### Transwest Air Charters into AHF from:

<table>
<thead>
<tr>
<th>Location</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fond du Lac</td>
<td>51</td>
</tr>
<tr>
<td>Uranium City</td>
<td>8</td>
</tr>
<tr>
<td>Camsell Portage</td>
<td>1</td>
</tr>
<tr>
<td>Prince Albert</td>
<td>0</td>
</tr>
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<td>Miscellaneous</td>
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### Transwest Air Charters from AHF to:

<table>
<thead>
<tr>
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<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prince Albert</td>
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</tr>
<tr>
<td>Saskatoon</td>
<td>26</td>
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<tr>
<td>Fond du Lac</td>
<td>1</td>
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<tr>
<td>LaRonge</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
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### Transwest Air Charters Bypassing AHF:

<table>
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</thead>
<tbody>
<tr>
<td>Fond du Lac to Prince Albert</td>
<td>3</td>
</tr>
<tr>
<td>Fond du Lac to Saskatoon</td>
<td>2</td>
</tr>
<tr>
<td>Wollaston Lake to LaRonge</td>
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</tr>
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<td><strong>Total</strong></td>
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### Saskatchewan Air Ambulance from AHF to:

<table>
<thead>
<tr>
<th>Location</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prince Albert</td>
<td>2</td>
</tr>
<tr>
<td>Saskatoon</td>
<td>4</td>
</tr>
<tr>
<td>Regina</td>
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<tr>
<td>LaRonge</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6</strong></td>
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### Saskatchewan Air Ambulance into AHF from:

<table>
<thead>
<tr>
<th>Location</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prince Albert</td>
<td>0</td>
</tr>
<tr>
<td>Saskatoon</td>
<td>3</td>
</tr>
<tr>
<td>Regina</td>
<td>0</td>
</tr>
<tr>
<td>LaRonge</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
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### HTV Trips into AHF from:

<table>
<thead>
<tr>
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<th>Count</th>
</tr>
</thead>
<tbody>
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<td>Black Lake Clinic</td>
<td>102</td>
</tr>
<tr>
<td>Black Lake Area</td>
<td>1</td>
</tr>
<tr>
<td>Stony Rapids Airport (SRAP)</td>
<td>72</td>
</tr>
<tr>
<td>Stony Rapids Area</td>
<td>20</td>
</tr>
<tr>
<td>Treated without Transport</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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### HTV Trips from AHF to:

<table>
<thead>
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<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stony Rapids Airport (SRAP)</td>
<td>73</td>
</tr>
<tr>
<td>Black Lake Area</td>
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<td>Stony Rapids Area</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>75</strong></td>
</tr>
</tbody>
</table>
The past year in the lab and diagnostic imaging has proved to be another busy one. We saw many patients from Stony Rapids as well from the outlying communities. We also processed many referred in specimens.

We have not replaced or added any new equipment to the lab this year. All equipment is new and is good repair at this time. We are in the initial phases of a possible upgrade to the x-ray department which will allow us to do more views from a stretcher or a wheel chair in trauma situation.

In June and July we added and updated our policy and procedure manual in our quest for accreditation.

Future Initiatives: upgrades to x-ray room, the addition of liver function tests and blood gases in the lab.
## Laboratory & Diagnostic Imaging Statistics

### Laboratory Statistics

<table>
<thead>
<tr>
<th>Month</th>
<th>Veni</th>
<th>Referred Out</th>
<th>Hem</th>
<th>Coag</th>
<th>Urinalysis</th>
<th>Chem</th>
<th>ECG</th>
<th>Total Patients</th>
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<tbody>
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<td>51</td>
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<td>56</td>
<td>806</td>
<td>82</td>
<td>16</td>
<td>76</td>
<td>391</td>
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<td>310</td>
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<tr>
<td>Jun 08</td>
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<td>84</td>
<td>18</td>
<td>45</td>
<td>353</td>
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<td>79</td>
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<td>11</td>
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<td>639</td>
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<td>12</td>
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<td>8</td>
<td>41</td>
<td>406</td>
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<td>88</td>
<td>8</td>
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<td>392</td>
<td>10</td>
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<td>Jan 09</td>
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<td>671</td>
<td>97</td>
<td>18</td>
<td>40</td>
<td>395</td>
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<td>102</td>
<td>15</td>
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<td>455</td>
<td>8</td>
<td>268</td>
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### Diagnostic Imaging Statistics

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<th>Pelvis /Lower Extremities</th>
<th>Thoracic</th>
<th>Abdomen</th>
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<th>Total Patients</th>
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<td>24</td>
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<td>8</td>
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<td>11</td>
<td>18</td>
<td>14</td>
<td>25</td>
<td>6</td>
<td>77</td>
<td>61</td>
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<td>12</td>
<td>108</td>
<td>84</td>
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<td>16</td>
<td>17</td>
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<td>62</td>
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</tr>
<tr>
<td>Aug 08</td>
<td>6</td>
<td>8</td>
<td>15</td>
<td>28</td>
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<td>5</td>
<td>85</td>
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<td>Sep 08</td>
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<td>6</td>
<td>12</td>
<td>10</td>
<td>44</td>
<td>10</td>
<td>108</td>
<td>75</td>
</tr>
<tr>
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<td>20</td>
<td>27</td>
<td>33</td>
<td>22</td>
<td>118</td>
<td>83</td>
</tr>
<tr>
<td>Nov 08</td>
<td>3</td>
<td>8</td>
<td>15</td>
<td>25</td>
<td>23</td>
<td>5</td>
<td>79</td>
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<td>Dec 08</td>
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<td>87</td>
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</tr>
<tr>
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<td>8</td>
<td>13</td>
<td>31</td>
<td>7</td>
<td>78</td>
<td>57</td>
</tr>
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<td>10</td>
<td>8</td>
<td>22</td>
<td>19</td>
<td>72</td>
<td>47</td>
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<td>Mar 09</td>
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<td>13</td>
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<td>5</td>
<td>57</td>
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<td>238</td>
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<td>102</td>
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</tr>
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</table>
Teresa Arthur, Health Information Management Consultant, was hired in June of 2008 to implement her audit recommendations related to Health Records. As the Health Records Manager position remained vacant, she assumed those duties as well. There was also a lot of staff turnover within the department throughout the year.

In June of 2008, Health Records staff became responsible for the Medical Transportation duties. Health Canada staff visited the Athabasca Health Facility in August of 2008 to provide three days of Medical Transportation training for the Medical Transportation Clerks in the Basin.

Kendra Chernoff, Occupational Therapist, spent time with each of the staff to discuss ergonomics at work. She also made some recommendations for equipment to be purchased.

Throughout the year, many processes were implemented and procedures streamlined. We organized the files (paper and electronic); the bulletin boards and the office furniture to create more efficiency in our workflow. We also revised a number of our forms.

New chart folders were purchased and implemented. We began the process of moving from a decentralized filing system to a centralized filing system. All of the separate filing areas within the Outpatient chart area (Basin Residents, Out-of-Province, RCMP, Transient, etc.) were amalgamated. The staff then began moving the charts from the Outpatient chart area (filed alphabetically by last name) to the Inpatient chart area (filed numerically). Future patients will be assigned a chart number which will decrease the number of duplicate charts.

The staff also began the process of purging the inactive Stony Rapids clinic charts.

In the future, Health Records staff will continue to move forward with a centralized filing system as well as other initiatives to improve efficiency.

Respectfully submitted,

Teresa Arthur, CHIM
Health Information Management Consultant
### Outpatients
**April 1, 2008 - March 31, 2009**

<table>
<thead>
<tr>
<th>Month</th>
<th>Non-Treaty</th>
<th>Treaty</th>
<th>Out of Province</th>
<th>Out of Country</th>
<th>Total Patient Services</th>
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<td>5</td>
<td>0</td>
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<td>1</td>
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### Daily Census - Evenings & Weekends
**Total Patient Services by Area of Discipline**
**April 1, 2008 - March 31, 2009**

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<thead>
<tr>
<th>Month</th>
<th>Doctor</th>
<th>Nurse Practitioner</th>
<th>Nurse Practitioner &amp; Doctor</th>
<th>Primary Care Nurse</th>
<th>Primary Care Nurse &amp; Doctor</th>
<th>Total Patient Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 08</td>
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<td>18</td>
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<td>14</td>
<td>19</td>
<td>54</td>
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<td>3</td>
<td>16</td>
<td>62</td>
</tr>
<tr>
<td>Jun 08</td>
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<td>41</td>
<td>15</td>
<td>11</td>
<td>10</td>
<td>93</td>
</tr>
<tr>
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<td>14</td>
<td>7</td>
<td>6</td>
<td>92</td>
</tr>
<tr>
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<td>27</td>
<td>12</td>
<td>7</td>
<td>3</td>
<td>62</td>
</tr>
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<td>1</td>
<td>76</td>
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<td>86</td>
</tr>
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<td>Feb 09</td>
<td>13</td>
<td>49</td>
<td>6</td>
<td>0</td>
<td>2</td>
<td>70</td>
</tr>
<tr>
<td>Mar 09</td>
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<td>37</td>
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<td>63</td>
<td>82</td>
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</table>
## Comparative Statistical Report

**Specialist Services Delivered at Athabasca Health Facility**

**Total Patient Services by Area of Specialty**

*April 1, 2008 - March 31, 2009*

<table>
<thead>
<tr>
<th>Specialist Clinic</th>
<th>Black Lake</th>
<th>Fond du Lac</th>
<th>Stony Rapids</th>
<th>Uranium City</th>
<th>Total Patient Services</th>
</tr>
</thead>
<tbody>
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<td>Ultrasonography</td>
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<td>27</td>
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<td>171</td>
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<td>Obstetrics &amp; Gynecology</td>
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## Inpatients Admissions & Discharges

*April 1, 2008 - March 31, 2009*

<table>
<thead>
<tr>
<th>Services</th>
<th>Apr 08</th>
<th>May 08</th>
<th>Jun 08</th>
<th>Jul 08</th>
<th>Aug 08</th>
<th>Sep08</th>
<th>Oct 08</th>
<th>Nov 08</th>
<th>Dec08</th>
<th>Jan 09</th>
<th>Feb 09</th>
<th>Mar 09</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatients Carried Over From</strong></td>
<td>8</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>7</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>5</td>
<td>50</td>
</tr>
<tr>
<td>Previous Month (includes LTC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Admissions</strong></td>
<td>35</td>
<td>26</td>
<td>33</td>
<td>17</td>
<td>23</td>
<td>24</td>
<td>30</td>
<td>22</td>
<td>24</td>
<td>17</td>
<td>20</td>
<td>25</td>
<td>296</td>
</tr>
<tr>
<td>General Medicine</td>
<td>24</td>
<td>21</td>
<td>22</td>
<td>10</td>
<td>10</td>
<td>16</td>
<td>19</td>
<td>9</td>
<td>19</td>
<td>12</td>
<td>15</td>
<td>17</td>
<td>194</td>
</tr>
<tr>
<td>Pediatric Medicine</td>
<td>11</td>
<td>4</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>41</td>
</tr>
<tr>
<td>Obstetrics Delivered</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Obstetrics Antepartum</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>10</td>
</tr>
<tr>
<td>Obstetrics Aborted</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Alternate Level of Care</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Transferred to Another Facility</td>
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<td>2</td>
<td>4</td>
<td>4</td>
<td>5</td>
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<td>3</td>
<td>1</td>
<td>4</td>
<td>5</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total Discharges (incl. last month)</strong></td>
<td>40</td>
<td>28</td>
<td>32</td>
<td>17</td>
<td>18</td>
<td>27</td>
<td>29</td>
<td>23</td>
<td>25</td>
<td>14</td>
<td>21</td>
<td>26</td>
<td>300</td>
</tr>
<tr>
<td><strong>Total Days Stayed</strong></td>
<td>141</td>
<td>803</td>
<td>47</td>
<td>59</td>
<td>41</td>
<td>100</td>
<td>83</td>
<td>101</td>
<td>63</td>
<td>53</td>
<td>137</td>
<td>70</td>
<td>1698</td>
</tr>
<tr>
<td><strong>Average Length of Stay</strong></td>
<td>3.5</td>
<td>28.7</td>
<td>1.5</td>
<td>3.5</td>
<td>2.3</td>
<td>3.7</td>
<td>2.9</td>
<td>4.4</td>
<td>2.5</td>
<td>3.8</td>
<td>6.9</td>
<td>2.7</td>
<td>5.53</td>
</tr>
</tbody>
</table>
Physical Therapy

Adult Physical therapy services are provided to the communities of Black Lake, Fond du Lac and Stony Rapids once a month by Corey Young, B.Sc.P.T. from Pro Sport Rehab and Fitness in Saskatoon. Corey has been providing this service since September 2007. Physical therapy services include the assessment and treatment programming for all musculoskeletal injuries including muscle and joint injuries, neck and back pain, this also includes WCB and SGI injuries.

For the past fiscal year the number of treatments provided are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Fond du Lac</th>
<th>Stony Rapids</th>
<th>Black Lake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 08</td>
<td>4/5</td>
<td>3/3</td>
<td>4/5</td>
</tr>
<tr>
<td>May 08</td>
<td>3/4</td>
<td>0/1</td>
<td>3/4</td>
</tr>
<tr>
<td>Jun 08</td>
<td>3/5</td>
<td>2/2</td>
<td>3/4</td>
</tr>
<tr>
<td>Jul 08</td>
<td>1/2</td>
<td>3/4</td>
<td>1/2</td>
</tr>
<tr>
<td>Aug 08</td>
<td>6/6</td>
<td>3/5</td>
<td>3/5</td>
</tr>
<tr>
<td>Sep 08</td>
<td>5/9</td>
<td>3/7</td>
<td>0/2</td>
</tr>
<tr>
<td>Oct 08</td>
<td>7/10</td>
<td>6/7</td>
<td>2/4</td>
</tr>
<tr>
<td>Nov 08</td>
<td>5/7</td>
<td>5/9</td>
<td>4/5</td>
</tr>
<tr>
<td>Dec 08</td>
<td>4/9</td>
<td>4/12</td>
<td>1/3</td>
</tr>
<tr>
<td>Jan 08</td>
<td>4/8</td>
<td>N/A - Weather</td>
<td>4/5</td>
</tr>
<tr>
<td>Feb 08**</td>
<td>2/6</td>
<td>7/11</td>
<td>2/5</td>
</tr>
<tr>
<td>Mar 08**</td>
<td>11/12</td>
<td>16/26</td>
<td>3/5</td>
</tr>
<tr>
<td>Avg.</td>
<td>4.6/6.9 = 67%</td>
<td>4.7/7.9 = 59%</td>
<td>2.5/4.1 = 61%</td>
</tr>
</tbody>
</table>

Columns denote the number of client's who attended/the number booked.

** Indicates months where both pediatric and adult clinics were held.

Occupational Therapy Report

Adult and Pediatric Occupational Therapy services are currently provided to the communities of Black Lake, Fond du Lac and Stony Rapids once a month by Ryan Fitzpatrick B.M.R. O.T. Reg. SK, CWCE and/or Kendra Chernoff B.Sc. O.T. Reg. (Sask.) of Fitzpatrick's Occupational Therapy in Saskatoon. Ryan has been providing this service since August of 2005 with Kendra joining on in September of 2008.

Occupational Therapy services include the assessment and treatment programming for upper extremity musculoskeletal injuries as well as foot or ankle injuries. The Occupational Therapist is able to fabricate splints and/or orthotics and often works closely with Physical Therapy services. Occupational Therapy services also include home assessment for evaluation of mobility and ability to complete Activities of Daily Living (ADL's) safely and may involve equipment prescription for items such as walkers, grab bars or wheelchairs for example. Occupational Therapy services are also provided for long term care residents and acute care patients as needed within the healthcare facilities and is also involved in ergonomic education and assessment for staff members as needed. Pediatric services are also provided and address neurologic conditions, musculoskeletal conditions, and sensory-based developmental delay.
Pharmacy services were provided this year by Crescent Heights Pharmacy, located in Prince Albert, SK. Crescent Heights has been contracted by the Athabasca Health Authority on an annual basis since its inception.

This year, there were some changes involving staffing. Glen Booker, who originally made the physical visits to the region, left in July, 2008. Crescent Heights Pharmacy made arrangement to replace his position with another pharmacist, Fel dePadua, who started in August 2008.

The pharmacy provided the following services:

- Delivery of prescriptions and services to the residents of the Athabasca Health Authority from the Crescent Height Pharmacy, based out of Prince Albert
- Provision of on-site pharmacy services to the health centres at Stony Rapids, Black Lake, Fond Du Lac, and Uranium City. A pharmacist was present approximately 40 hours monthly. Visits to Black Lake and Fond Du Lac were made quarterly and Uranium City annually
- Stock medications provided to the Community Health Centers in each of the communities.
- Provision of drug information and pharmacy services for the nurses, nurse practitioners, physicians and other staff delivered on a monthly basis as needed. Crescent Heights Pharmacy phone consultations available 7 days a week, 365 days a year

The total time spent in the Athabasca Health Region at the Health Facility and Clinics was 552 hours. The prescription counts for the Athabasca Health Authority for the past year are as follows:

- Black Lake: 6520
- Fond Du Lac: 7874
- Stony Rapids: 4502
- Uranium City/Camsell Portage: 903

Other activities that occurred, but not limited to were:

- Maintenance of quality measures to provide consistent, safe and effective medications to patients.
- Review and maintenance of the AHA formulary, involving Pharmacy and Therapeutics committees submissions for additions and deletions
- Research and provision of drug information not readily accessible by medical staff
- Follow up of the Pharmaceutical Information Program (PIP) to establish its use within the AHA region.
- Maintenance of medication inventory and proper removal and disposal of expired medications and patient-own medications.
- Participation in meeting, committees, and educational seminars as required.
- Involvement in accreditation as required.
- New initiatives this year included establishment of medication reconciliation, follow up of Health Quality Council's Chronic Disease Management Collaboration, and involvement in AHA's accreditation process.
The Human Resources Department have been busy with up-dating Personnel files, job offer letters, Independent and Indefinite Service contracts, updating drivers’ license, annual vacation hours & coinciding with Payroll data, SRNA licenses, job postings, payroll preparation, staff scheduling, obtaining references, and assisting with interviews.

Calculating and keeping track of all on-calls, toil and overtime hours of employees and nurses. Some employees and nurses will toil or bank their time and taking time off another day.

All employees and independent and infinite service contractors had an increase in their wages on April 01, 2009 which HR had to calculate into their pay to reflect the changes. Also First Nations Insurance forms were then completed and mailed regarding the change in salary for the monthly premium statements.

Archiving March 31, 2008 to April 1, 2009 personnel files of all employees and independent and indefinite service contractors. Archiving closed personnel files from April 01, 2008 to March 31, 2009 in label boxes.

Diarizing all personnel documents in a rolodex filing system. E.g. Driver’s license, wage increment, SRNA license, professional insurance licenses, birthdates, and other licenses relating to their profession.

Employees Personnel files are regularly updated with the computer data program. The program enables the Director to check upon current status of an employee's personnel leaves, unexcused absences, educational leave, meetings, and other pertinent leaves.

Job descriptions are being updated to reflect the employee's job duties.

Job evaluation forms are completed by supervisors and been sent to Human Resources personnel file folders for the 6 month probationary periods.

Grant Verification with Saskatchewan Health - Human Resources keeps track off all hours of work for employees to contractors that apply for the two years in the north.

Organizing staff activities throughout the months in relations to staff moral. Activities during Easter, Mother's Day, Spirit Week, and Father's Day, Staff Appreciation Week, brought a lot of staff working together to coordinate activities.

5 years AHA anniversary July 16, 2008. All employees participated decorating the facility, barbeque and cooking for about 150 visitors from Black Lake, Stony Rapids and Fond du Lac. A lot of door prizes to bike decorations for the children. There were a lot of laughs amongst employees and visitors.

During the fire evacuation, the employees who stayed behind had ensured their departments were running smoothly with doing other jobs - multi-tasking. Also AHA employee's helping work with at Red Cross at Prince Albert and Saskatoon Campus.

Worked on supplying data entry to the Northern Health Human Resources Planning Data Collection.

Update HR personnel forms and time sheets to coincide with both employees and independent and indefinite service contractors.

HR has been appointed to attend the AHA Accreditation Team meetings.

Orientation for new workers, to completing information packages, forms and policy procedures.

**Personnel Workforce: During the period of April 01, 2008 - March 31, 2009**

- 87 full time employees
- 6 part time employees
- 53 casual employees
Human Resources
regional services

Education, Conferences & Workshops
During the period, there was a total of 2,933.79 hours of education, conferences and workshop leaves taken. During this period there were workshop training for the Children’s Services Program, Registered Nurses of the Communities, Intermediate Care Paramedics for the Communities and Mental Health & Addictions. Casual Housekeeping, Dietary, Special Care Aides and Medical Records employees were trained on-the-job.

Personnel Vacation Hours Taken
During the period, there was a total of 6,434.18 hours of vacation leaves taken. During the leaves, there were casual employees called in for replacements when required.

Personnel Absenteeism Hours
During this period, there was a total of 2,006.75 hours of absenteeism.

Sick Leaves Taken
During the period, there was a total of 3,286.35 hours of sick leaves. The department that has been affected mostly is the Athabasca Health Facility, Community Registered Nurses, Mental Health & Addictions, Finance/Stores, Children’s Services, and Human Resources Department. Calculations do not include employees who are on Short or Long Term Disability.

Statutory Days and Gifted Days Taken
During the period, there was a total of 5, 204.00 hours of statutory days and gifted days taken off.

Applicants for Job Openings
During this period, there have been a total of 48 job openings 126 applicants with several postings of casual workers required for the Facility in Dietary, Housekeeping and Special Care Aide Departments.
The Athabasca Health Authority has partnered with the Saskatchewan Population Health and Evaluation Research Unit (SPHERU) on research projects since 2002. The focus of our work together is the creation of new knowledge and understanding that can be used to assist policy makers and program managers to develop, design, evaluate and improve upon policies and programs that affect the health and wellness of people in the Athabasca. Since 2002 three research projects have been undertaken:


  In this project, funded by the Canadian Institutes of Health Research (CIHR), we developed indicators and a framework for use by First Nations and northern health organizations to track the effects of health and human service programs under their jurisdiction on indicators of community health. The Community Health Indicators Toolkit and Logic Models were created and provided to AHA managers in binder and CD format. Interest in further development of indicators contained in the toolkit led to a subsequent project (Tools2) which is currently underway. The toolkit and other project information can be found on the SPHERU website at: http://www.spheru.ca/research-projects/first-nation2019s-health-development-tools-for-assessment-of-health-and-social-service-program-impacts-on-community-wellness-and-capacity.

  In 2008, funding was received from the Social Science and Humanities Research Council (SSHRC) to conduct an evaluation of the Community Health Indicators Toolkit and Logic Models. The purpose of the study was to identify how the Toolkit and logic models were being used by community partners and outside organizations, to determine how widely they had been distributed, and to find out what recipients would like to know about how others have made use of the toolkit and logic models. Along with a report of findings from interviews with toolkit recipients, a web-based interactive map is being created that will show where the toolkit has been distributed and highlight how recipients have used it in their work.

- **Improving Access to Health Care Services for Northern Residents (2004 - 2008)**

  This study, again funded by Canadian Institutes of Health Research (CIHR), was undertaken in collaboration with Brandon University in Manitoba to look at ways of improving access to health care for northern residents. Focus groups and interviews were held in participating communities in northern Saskatchewan and Manitoba. The project concluded with a two-day workshop where researchers and health service delivery representatives from both provinces, including representatives from AHA, came together to share project findings and become
familiar with procedures and structures that exist across provincial borders. The workshop presented a unique opportunity to learn from one another's successes and challenges and generate ideas for improving access to health services in the North.

A summary report of the findings from the Saskatchewan portion of the project has been released, along with a report from the workshop. Both documents and background information on the project can be found on the SPHERU website at http://www.spheru.ca/research-projects/community-collaboration-to-improve-health-care-access-of-northern-residents.

- **Tools 2: Implementing the Community Health Indicators (2007 - 2011)**
  The Tools 2 project idea grew from the Tools for Program Planning and Evaluation project, with AHA community partners identifying four domain areas of the Community Health Indicators framework that they wished to explore further. The study will focus on asking: "How healthy is our community" and "Why would we want to measure that?" in the areas of food, housing, culture and environment. Work on the Tools 2 project got underway in 2008, with information on selected indicators in each of the four areas being collected by Community Research Assistant Sandra Hansen. This information will be used to create a database and health profiles for each of the five AHA communities.

This summer Photovoice, a method that involves providing participants with cameras to record and discuss meaningful images, will be used to capture "A year in the life..." of community members. Community Research Assistants Maggie Robillard in Black Lake and Clarissa McDonald in Fond du Lac will work with 10 participants from each community who will be part of a 6-8 week seasonal data collection cycle, taking pictures that both show what they feel is important about their food, housing, culture and environment to keep their community healthy, along with what they feel are the threats and facilitators in these areas. The photovoice project will help researchers, funders and policy makers to understand the lived experience of a selection of indicators from the toolkit.
Health Quality Council of Saskatchewan (HQC)

The Health Quality Council of Saskatchewan (HQC) is committed to working with health organizations to improve the quality of health services/access to health services as the quality of individual health.

AHA partnered with HQC on the three (3) year Chronic Disease Management Collaborative (CDMC) project. The CDMC project supports the AHA Primary Health Care Team and patients to improve the quality of care and health for patients with chronic disease, such as diabetes, heart and respiratory disease. More than fifty (50) patients from AHA communities participated in this project.

In collaboration with HQC, AHA has established a regional improvement team that has supported the chronic disease management initiative and will play an important role in sustaining these and other quality improvement initiatives in the future.

Prince Albert Grand Council (PAGC)

PAGC is a partner organization, which has supported Athabasca Health Authority through the developmental stages and continues to provide support and advice. Athabasca Health Authority continues to access program and service support from PAGC for the Diabetes Education Program, Environmental Health, Dental Program and Brighter Futures.

During the developmental stages of the Athabasca Health Authority, the Chief Executive Officer and Senior Management Team have appreciated the support and advice received from all partners in both First Nations and Provincial Organizations. The professional approach and support shared by all partners is very much appreciated and has assisted in many ways with the effective and successful development of AHA.
NITHA

AHA Partnerships

Northern Intertribal Health Authority

NITHA is a partner organization, which supports health services that assist in improving health status in First Nations’ Communities. NITHA provides support to AHA in the area of professional advice and guidance through research, data collection, proposal development, sound two way communication, information sharing, policy review, training and standards development.

The Community Health Status and Surveillance Unit – focuses on communicable disease control and provides:

- Medical Health Officer resource.
- Disease surveillance and intervention of communicable diseases.
  - Epidemiological functions by identifying preventable and non-preventable diseases and health trends research.
  - Assistance in the development of health policy and protocols pertaining to communicable diseases and crisis situations.
  - Assistance in the analysis and planning for program support in both communicable diseases and non-communicable disease programs and intervention planning.
  - Community based service delivery in support for TB identification and treatment.

The Community Health Support Unit – provides support and advice to AHA in the area of capacity development, primary care nursing, community-health nursing and home care nursing, mental health, addictions program, dental health and information technology.
Northern Health Strategy (NHS)

The Authority is a member of the Northern Health Strategy working group, which provides a forum for concerned northerners, health boards, health care employees and other organizations to share information and concerns about similar issues faced in the north such as:

- Human Resource Issues
- Multiple and complex jurisdictions.
- Geographic distances.
- Small population.
- Cultural and language differences between North and South.
- Similar disease patterns and other health issues.
- Similar community aspirations.
- Similar health service deficiencies.
- Diseconomics of scale

The goal is to improve the health status in Northern Saskatchewan. Northerns have a right to expect a certain level of health services. Communities and families must be part of health promotion and health care.
The Population Health Unit provides leadership, support, expertise and specialized public health and population health services, in collaboration with the three northern Health Authorities, under a Co-Management Agreement, to preserve and enhance the health of the population.

The Population Health Unit has roles and responsibilities within the three northern health authorities for:

- Health protection and disease control and prevention
- Health surveillance and health status reporting
- Legislated mandate under the Public Health Act (2004) and its regulations
- Liaison, consultation and advice
- Population and public health program planning and evaluation
- Population health promotion (advocacy for healthy public policy, community development, health education)

The Population Health Unit staff include:

- Medical Health Officer
- Executive Assistant to the MHO
- Deputy Medical Health Officer
- Communicable Disease / Immunization Nurse
- Nurse Epidemiologist
- Infection Control Practitioner
- Public Health Nurse Specialist
- Environmental Health Manager
- Public Health Inspectors (5)
- Environmental Health Protection Coordinator
- Dental Health Educator/Technical Consultant
- Public Health Nutritionist
- Office Administrative Assistant
- Office Clerk
- Director
- Temporary positions:
  - Prenatal Nutrition Coordinator
  - Population Health Promotion Coordinator
The accompanying financial statements are the responsibility of management and have been approved in principle by the Board of Directors of the Athabasca Health Authority Inc. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity includes some amounts that are based on estimates and judgments.

The Board of Directors carries out their responsibility for the financial statements through the Senior Management Team, with whom they review financial statements and report on regular basis. The appointed auditor has full and open access to the Senior Management Team. The Members of the Authority, as per Unanimous Members Agreement, retain the authority to approve and the acceptance of the Annual Audit.

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

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

The payee disclosure lists of individuals who received $2,500 or more for salaries, wages, honoraria and compensation for personal services in available upon request from the Director of Support Services who may be contacted by telephone at (306) 439-2200 or by email at sthatcher@athabascahealth.ca

Vince Robillard,  
Chief Executive Officer

Steve Thatcher  
Director of Support Services
STAFF LIST
Elizabeth MacDonald  Human Resource Officer
Carrie Toutsaint  Human Resource Clerk
Sharlene Robillard  Finance Clerk
Kathy Robillard  Finance Officer
Sheila Robillard  Stores/Purchasing Clerk
Bonnie Boneyley  Stores Clerk
Michelle Throassie  Maternity Leave
Lorna Alphonse  Maternity Leave
Albert Sayazie  Maintenance Worker
Jeanette Villeneune  Maintenance Worker
Rod Gross  CEO Assistant
Jack Lloyd  Facility Manager
Lynda Mccuaig  Family Health Worker
Darlene Laban  Family Health Worker
Elizabeth Beavereye  Family Health Worker
Doris MacDonald  Family Health Worker
Theresa Robillard  Family Health Worker
Diane Mercredi  Family Health Worker
Brenda Mercredi  Family Health Worker
Donna Sandypoint  Family Health Worker
Martha Toutsaint  Family Health Worker
Sandra Augier  Family Health Worker
Louie Mercredi  Family Health Worker
Christine Arcand  Family Health Worker
Madeline Marie Denezech  Family Health Worker
Alex Besskaystare  Family Health Worker
Mary Sha'Oulle  Family Health Worker
Connie Mercredi  Family Health Worker
Paula Coleshaw  Family Health Worker
Wayne Kuffner  Family Health Worker
Duncan Fisher  Family Health Worker
Garry Gilley  Family Health Worker
Brian Gilley  Family Health Worker
Mary Anne Sayazie  Family Health Worker
Jordan Hansan  Family Health Worker
Jenny Toutsaint  Family Health Worker
Robertta Sayazie  Family Health Worker
Mary Rose Medal  Family Health Worker
Mary Rose Randhile  Family Health Worker
Florence Seegrets  Family Health Worker
Brenda Sayazie  Family Health Worker
Jennifer E. Mercredi  Family Health Worker
Jessica Throassie  Family Health Worker

Human Resource Officer  Human Resource Clerk  Finance Clerk  Finance Officer  Finance Manager  Stores/Purchasing Clerk  Stores Clerk  Maternity Leave  Maintenance Worker  CEO Assistant  Maintenance Supervisor  Facility Manager  Manager Mental Health and Addictions  Family Health Worker  Home Care Worker  Home Care Worker  Mental Health Administrative Assistant  Family Health Worker  Victim Services Co-ordinator  Addiction Worker  Family Health Worker  Maintenance Worker  Manager Community Services - Home Care  Addiction Worker  Addiction Worker  Addiction Worker  F.A.S.D Worker  Manager Community Services - Nursing  Addiction Worker  Youth Outreach Worker  Addiction Worker  Addiction Worker  Assistant Cook  Assistant Cook  Special Care Aide  Special Care Aide  Special Care Aide  Special Care Aide  House Keeping  Housekeeping  Receptionist  Transportation Clerk


Special Care Aide  Dietary  Dietary/House Keeping  Dietary  Receptionist  Special Care Aide/House Keeping  Special Care Aide/House Keeping  Special Care Aide/House Keeping  Special Care Aide/House Keeping  Dietar/House Keeping  Special Care Aide/House Keeping  Dietary/House Keeping  Maintenance  Director of Support Services  Director of Regional Services  Director of Community Services  Chief Executive Office
AHA Offices
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Happy 5th Anniversary
Athabasca Health Authority

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