



Saskatoon Regional Health Authority - Public Meeting Agenda

Date: Wednesday, March 1, 2017
Time: 1:00 – 3:00 pm
Location: SCH Boardroom, Level 2 Executive Offices
Chair: Mike Stensrud

Our Values
 Respect
 Compassion
 Excellence
 Stewardship
 Collaboration

Strategic Directions
 Better Health
 Better Care
 Better Teams
 Better Value

Our Mission
 We improve health through excellence and innovation in service, education and research, building on the strengths of our people and partnerships.

Our Promise
 Every moment is an opportunity to create a positive experience in the way we treat and care for people, in how we work and interact with each other, and in how we deliver quality service. We promise to seize every opportunity.

SRHA Members:

Mike Stensrud, Chairperson
 Frank Lukowich, Vice Chairperson
 Gary Beaudin
 Michael Couros
 Garry Derenoski
 Malcolm Eaton
 Ghislaine McLeod
 Bobbylynn Stewart
 Glenn Wig

SHR Administration Members:

Dan Florizone, President and CEO
 Niles Kavia, Vice President
 Dr. George Pylypchuk, Vice President
 Jackie Mann, Vice President
 Diane Shendruk, Vice President
 Petrina McGrath, Vice President
 Lori Frank, Director
 Julie Beres, Executive Assistant to the President and CEO (recorder)

SRMA Representative:

Dr. John Gjevre

Time	Agenda Item (purpose: information, discussion, decision)	Attachment	Lead
GENERAL AGENDA ITEMS			
1:00 pm	1. Call to Order		M. Stensrud
	1.1. Approval of Agenda	✓	
	1.2. Approval of Minutes (previous meeting)	✓	
	1.3. Disclosure of any conflicts of interest		
1:10 pm	2. Report of the Chairperson (Inform/Discuss)	✓	M. Stensrud
1:20 pm	3. Report of the President and Chief Executive Officer (Inform/Discuss)	✓	D. Florizone
MONITORING			
1:40 pm	4. Performance Monitoring (Decision)		N. Kavia
	4.1. Acceptance of financial statements to January 31, 2017	✓	
	4.2. Expenditure Approval for First Quarter 2017-18	✓	
OVERSIGHT			
2:00 pm	5. Credentials Report – November 24, 2016 (Approved in Principle – February 1, 2017) and January 26, 2017 (Decision)	✓	G. Pylypchuk



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COMMITTEE REPORTS

QUALITY AND SAFETY

2:05 pm **6. Report on December 8, 2016 and January 12, 2017 Joint Quality and Safety Committee meetings** (Inform/Discuss) G. McLeod

POLICY AND GOVERNANCE

2:15 pm **7. Report on January 25, 2017 Policy and Governance Committee meeting** (Inform/Discuss) B. Stewart

PARTNERSHIP

2:25 pm **8. Report on January 27, 2017 Partnership Committee meeting** (Inform/Discuss) M. Stensrud

AUDIT, FINANCE AND RISK

2:35 pm **9. Report on January 31 and February 28, 2017 Audit, Finance and Risk Committee meeting** (Inform/Discuss) F. Lukowich

INFORMATION

2:45 pm **10. Report of the Saskatoon Regional Medical Association** **verbal** J. Gjevre
 (Inform/Discuss)

OTHER BUSINESS

2:55 pm **11. Community Inquiries** (Inform/Discuss) M. Stensrud

3:00 pm **12. Adjournment** M. Stensrud

Next meeting:
 Wednesday, May 17, 2017
 1:00 pm
 Saskatoon City Hospital Boardroom



Saskatoon Regional Health Authority - Public

Minutes

Date: Wednesday, December 7, 2016
Time: 1:00 pm – 3:30 pm
Location: Saskatoon City Hospital Boardroom, Level 2 Executive Offices

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SRHA Members in Attendance: Mike Stensrud, Chairperson (via teleconference) Frank Lukowich, Vice Chairperson Garry Derenoski (via teleconference) Malcolm Eaton Ghislaine McLeod Bobbylynn Stewart	SHR Administration in Attendance: Dan Florizone, President and CEO Nilesh Kavia, Vice President Diane Shendruk, Vice President Dr. George Pylypchuk, Vice President Lori Frank, Director (2:00 – 3:15 p.m.) Julie Beres, Executive Assistant to the President & CEO (recorder)
SRMA Representative Dr. Joel Yelland, President	

SRHA Regrets: Gary Beaudin Michael Couros Randy Donauer Glenn Wig	SHR Administration Regrets: Sandra Blevins, Vice President Jackie Mann, Vice President Dr. Petrina McGrath, Vice President Dr. Cory Neudorf, CMHO Jean Morrison, President and CEO, SPH Patty Martin, Director Mike Northcott, Director
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Presenters and other SHR Staff in attendance: Bonnie Grove, Community Development Coordinator / June Gawdun, Executive Director / Candace Skrapek / Shan Landry / Jane McPhee, Saskatoon Council on Aging Evert Van Olst, Legal Counsel / Dr. Qaiser Fahim, Ethicist Michele Bossaer, Communications Consultant	Public present: Media – 4 Public – 1
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GENERAL AGENDA ITEMS

1. **Call to Order**
 The meeting was called to order at 1:00 pm by Frank Lukowich, Vice Chairperson, who welcomed those present.
 - 1.1 Approval of Agenda

MOTION:

That the agenda be approved.

Moved by Malcolm Eaton, seconded by Ghislaine McLeod. Carried.



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1.2 Approval of Minutes

MOTION:
That the November 2, 2016 minutes are hereby approved as presented.
Moved by Bobbylynn Stewart, seconded by Malcolm Eaton. Carried.

1.3 Disclosure of conflicts of interest

- None

2. Report of the Chairperson

- Frank Lukowich presented the written report highlighting events attended by the Chairperson and SRHA members from November 2 – December 7.

3. Report of the President and Chief Executive Officer:

Dan Florizone, President and CEO provided this report with the following highlights:

- highlighted progress on the five Strategic Directions (Hoshins).
- patient flow continues to be an area of major emphasis and concern – great physician support in looking at admission alternatives and solutions.
- Children’s Hospital of Saskatchewan (CHS) project continues to be on time and on budget.
- Influenza immunization:
 - immunization of high needs patients in communities is slightly higher than last year / staff uptake is slightly down from last year.
 - 62,437 flu shots given to date in SHR – 39% administered by the Region / 44% by pharmacists / 10,848 by physicians

4. Report of the Saskatoon Regional Medical Association (SRMA)

Dr. Joel Yelland, President, provided verbal report with the following highlights:

- SRMA election next week – new representative will attend future SRHA meetings.
- Acknowledged work of teams working to deliver healthcare services – impressed by number of volunteers working on projects e.g. Stars Gala / Festival of Trees, etc.
- Physicians of Saskatchewan expressing desire to be part of the solution – ongoing communication is key to positive changes.
- Thanked the SRHA and SHR staff for the opportunity to attend many Board meetings.

MONITORING

5. Performance Monitoring

5.1 Acceptance of Financial Statements to October 31, 2016

Nilesh Kavia, Vice President, provided summary of financial position and reported results to October 31, 2016.

- To the end of October 31, 2016, the Region is running a \$13.4 million deficit.
- The Region continues to experience increased volume service pressures. Adult and Child patient days have increased 6% over the prior year.
- Given the current volumes, the Region is forecasting a year end deficit of \$24.5 million.

MOTION:
That the Saskatoon Regional Health Authority approves the October 31, 2016 financial results and the resulting year end forecast of a \$24.5 million deficit.
Moved by Ghislaine McLeod, seconded by Malcolm Eaton. Carried.



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OVERSIGHT

6. Credentials Report – October 27, 2016

- Dr. George Pylypchuk, Vice President, Practitioner Staff Affairs, provided this report:
- Recommended that the SRHA approve the Credentials Reports as presented.
 - No concerns were identified.
 - Continue to have more practitioners applying for privileges than leaving.

MOTION:

That the Saskatoon Regional Health Authority approves the October 27 Credentials Committee Report as presented.

Moved by Bobbylynn Stewart, seconded by Ghislaine McLeod. Carried.

DECISION

7. SHR Medical Assistance in Dying (MAID) Policy

- Federal legislation on MAID was passed on June 17, 2016.
- This Policy echoes requirements found in federal legislation – have worked in collaboration with Chairs of policy committees across Saskatchewan as well as with the provincial MAID group.
- The Policy is a result of the work of a subcommittee comprised of a cross section of physicians, nurses, social workers, and ethics committee members. Patient Family Advisory Council (PFAC) members also provided feedback on the policy.
- A policy is needed to direct staff decision making on matters related to MAID. The Policy is co-owned by SHR Legal Counsel, Practitioner Staff Affairs and Ethics.
- A quality assurance process has been developed.
- Process has been developed to ensure equitable access across the Region. A MAID team of physicians and nurse practitioners is in place to address and provide the service if the request meets the criteria.

MOTION:

That the Saskatoon Regional Health Authority approves the Saskatoon Health Region Medical Assistance in Dying (MAID) Policy.

Moved by Malcolm Eaton, seconded by Mike Stensrud. Carried.

COMMITTEE REPORTS

8. Report on November 10, 2016 Joint Quality and Safety Committee Meeting

- Ghislaine McLeod, Chair, provided this report:
- Pathology backlog – provided update on steps taken to decrease backlog with intention to get to zero.
 - Service line reporting from Brain Health, Rehabilitation, Interprofessional Practice, FIT/Kinetik and tour of SCH Rehabilitation Services – reviewing and revising service line reporting template.
 - Looking at Quality and Safety Committee member skills matrix and aligning meetings with Board reporting.

INFORMATION

9. Saskatoon Council on Aging (SCOA) Presentation

Bonnie Grove, Community Development Coordinator / June Gaudun, Executive Director / Candace Skrapek / Shan Landry / Jane McPhee presented highlights of Phase 3 of the *Age-friendly Saskatoon Initiative: Implementation and Evaluation* report:



- The primary goal of the Age-friendly Saskatoon Initiative was to work with community partners in creating a more age friendly community – working toward health and independence of older individuals.
- Due to SHR's budget situation, funding and in kind support to SCOA were withdrawn, however, there will be opportunity to work with SCOA on some initiatives SHR will be leading in the community. SCOA offered to lend the expertise of older adults to SHR to help with initiatives.

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OTHER BUSINESS

12. Community Inquiries

- Inquiry from the community regarding geriatrics and whether there has been any additional training in this specialty – Dr. George Pylypchuk, Vice President, Practitioner Staff Affairs, responded that SHR is in the process to recruit, however, there has been more difficulty in recruiting in Geriatrics and Pediatrics. There is a shortage of geriatricians across Canada.

13. Closing of Meeting

- The meeting adjourned at 3:15 pm. Motion to adjourn made by Malcolm Eaton, seconded by Bobbylynn Stewart. Carried.

**Next meeting:
 Wednesday, March 1, 2017
 Saskatoon City Hospital Boardroom, Level 2 Executive Offices**

DATE ADOPTED: _____ March 1, 2017 _____

AUTHORITY CHAIRPERSON: _____

AUTHORITY SECRETARY: _____

**SASKATOON REGIONAL HEALTH AUTHORITY
REPORT OF THE ACTIVITIES OF THE CHAIRPERSON
December 8, 2016 – March 1, 2017**

Mike Stensrud, Chairperson, reported on the following:

- January 3, 2017 – conference call with Deputy Minister of Health re: RHA amalgamation
- January 4, 2017 – conference call with Minister of Health re: timelines of RHA changes
- January 17, 2017 – attended Board Chairs Quarterly Forum
- January 27, 2017 – attended Partnership Committee meeting with SRHA Vice Chair, Frank Lukowich; SHR President and CEO, Dan Florizone; and St. Paul's Hospital Board representatives
- February 1, 2017 – SRHA Board Meetings
- February 6, 2017 – conference call with Twin Rivers and Ron Dufresne re: Rosthern Hospital Project
- February 7, 2017 – attended meeting with Twin Rivers, Ministers Reiter and Ottenbreit re: Rosthern Hospital Project
- December 8, 2016 – March 1, 2017 – Weekly Teleconference with SHR President and CEO – The Chairperson and President and CEO, Dan Florizone, continued to connect each Friday morning (except holidays and the day immediately following an SRHA meeting).

I would be pleased to answer any questions you may have.

Mike Stensrud, Chairperson
Saskatoon Regional Health Authority



SUBMISSION TO SASKATOON REGIONAL HEALTH AUTHORITY REPORT OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER

MARCH 1, 2017

PROGRESS ON OUR STRATEGIC DIRECTIONS

PREAMBLE

There has been a significant amount of activity related to the transition planning that is underway as we move toward a single Provincial Health Authority.

Some bright, dedicated and knowledgeable people from Saskatoon Health Region have been tapped to assist the transition team, and more may be asked to help as the transition unfolds. Those involved hold a great cross-section of views and a vast knowledge base in areas of expertise such as finance, information technology, Indigenous health, policy, communications, change management, human resources, physician governance, and more. We completely trust we are in good hands during this period of historic change.

Not all of us can be involved – there are over 14,000 people working in our Region, and about 40,000 people working in health care in Saskatchewan. What healthcare workers do in this province is vital to the safety and well-being of us all, so not everyone can be pulled away from their daily work to help.

We need to hold strong together and prepare, under the guidance of those talented people selected to lead, to take those first steps forward into our bright future.

Executive Leadership Voluntary Separation Plan

CEOs and vice-presidents in all 12 health regions in Saskatchewan were offered a voluntary separation package for their consideration.

This news was not entirely unexpected. After all, there will be fewer positions for CEOs and vice-presidents as we consolidate into a single Provincial Health Authority this coming fall.

The offer to apply for voluntary separation is respectful of the situation senior leaders face, as it allows them to self-identify if they are not interested in joining the new provincial health authority, and would like to leave their organizations and receive a fair package by the end of March.

You may recall our own Region provided a voluntary separation option to leaders and other out-of-scope employees last year, as a mean of minimizing involuntary separations.

It will be up to each of the senior leaders, including myself, to make the decision to apply or not. It's an individual choice. I'll be respecting the privacy of the senior members of my leadership team when it comes to this choice, and I ask that others please do the same.

I want to take this opportunity to recognize the work of the vice-presidents of Saskatoon Health Region for the time and effort they devote to this organization. They are each integral to our success.

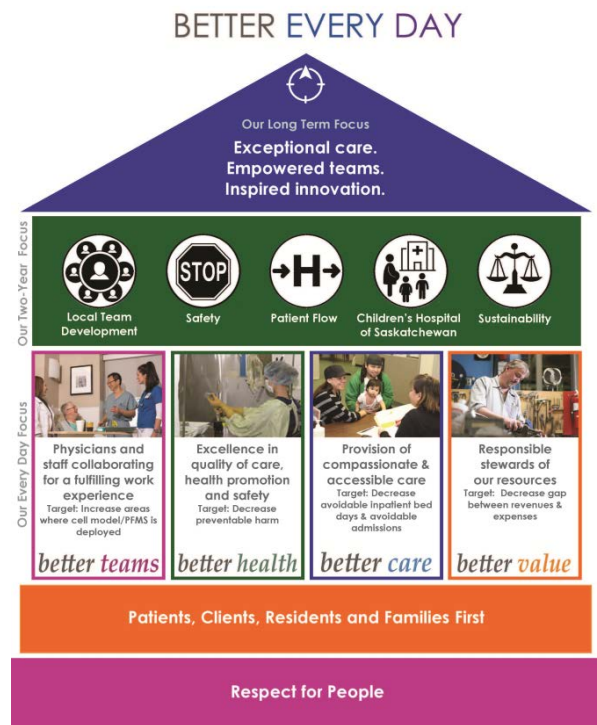
Over the coming weeks, there will be more transition planning occurring, however, our main focus remains, and will always be, providing safe, quality care to the patients, residents and clients we serve throughout the Region from across the province.

**LOCAL TEAM DEVELOPMENT STRATEGIC DIRECTION
(Leads: Dr. Marilyn Baetz/Patti Simonar)**

Goal: We need to transform the way we work through a structure of support (cells) as well as develop our staff, clinicians and leaders to solve problems daily, achieve improvements continuously and sustain those improvements (Patient First Management System).

Key Areas of Work:

- Create manager capacity through a cellular support structure
- Develop unit leadership to assist with safety and quality initiatives
- Develop Patient First Management System training (behaviors, philosophies, processes and tools to constantly improve our care and achieve operational excellence)
- Test and implement the Patient First Management System in targeted areas
- Align the organization in one management system
- Align strategic priorities to daily improvement system



Deployment of our cellular model support structure continues. This model of decentralized service delivery places support personnel on the floor with clinical managers, effectively creating a team structure that ensures the right person is doing the right job. This structure frees time for the manager to focus on quality, safety and improved healthcare services to patients and their families.

To date, 17 of 31 cells are in place with five more cells being deployed in March 2017. This model, which has the potential for replication across the province, is transforming the way clinical teams function. So far, 21.2 per cent of a manager's day, previously spent on administrative functions, has been reallocated to knowing and growing their people, understanding their business and improving their processes. The baseline percentage for this work was 3.5 per cent for managers. We are now well on our way to achieving our target of managers spending at least 24 per cent on these critical areas by the beginning of June 2017.

A training system for point of care leaders has been completed. The training focuses on twelve key areas: safety, leaders standard work, visual management, daily accountability, leaders teaching leaders, change leadership, coaching / problem solving, respect for people, leading self, teamwork, innovation, and continuous improvement. Managers in the Medicine units began testing the training system February 6, 2017.

Our intent is that this training will equip leaders to develop teams of problem solvers, who in turn, can maintain and continuously improve their work environment and ultimately, the patient, resident and client care experience. This means we can work in a systemized, standardized way that enables us to maintain the system improvements we make and achieve operational sustainability. By the end of March 2017, our expectation is all managers in all units will have an identified path for completing the training.

SAFETY STRATEGIC DIRECTION

(Leads: Dr. Paul Babyn/Petrina McGrath)

Goal: Decreasing preventable harm to patients, staff and physicians

Key Areas of Work:

- Leadership and Governance:
 - Board and Quality of Care Committee knowledge, skill and accountability
 - Program level quality and safety teams
 - Unit/service level safety training, education and supports
- Standardized Safety Information flow to learn and improve:
 - Design and implement process to involve physicians in level 3 and 4 safety events
 - Decrease lead time for level 3 and 4 safety events while improving patient, family, staff and physician experience
 - Implement standardized death review process
 - Design, test and implement interdisciplinary clinical quality review process
 - Team-based quality and safety scorecard (including Board)
- Reducing patient harm through clinical process improvement for sepsis and hospital-acquired infections
- Reduce staff harm through shoulder and back injury reductions

Leadership and Governance

Team leads will be working with the Practitioner Advisory Committee (PAC) later in February to discuss the planning of a visioning session scheduled for the end of May, as well as the next steps around structure and key elements for quality and safety committees.

The safety team is also working on a preliminary outline of a core safety curriculum, which currently has six areas of focus:

- History of patient and staff safety
- Just culture
- Reporting culture
- Informed culture
- Learning culture
- Human factors/ergonomics

The development of the content of these modules has been assigned to an occupational health and safety expert and a patient safety Specialist who will be presenting their first draft to the Safety and Wellness team on March 15.

During the Safer Every Day 90 Day project, a team led by Dr. Malone Chaya examined the impact that critical incidents have on staff and physicians, and the support required to build resilience. Recently, this team secured funding from the Royal University Hospital Foundation to take the first steps in establishing compassionate care rounds called Schwartz Rounds. The Schwartz Center for Compassionate Healthcare in Boston, Massachusetts has been a leading force since its inception in 1995. The Schwartz Center Rounds program brings clinicians and frontline staff together to discuss the challenging emotional and psychological issues they face in caring for patients and families. Our first Schwartz Rounds session is scheduled for April.

Process Improvement for Level 3 and 4 Safety Events

The team has reviewed the best practices around critical incidents and completed the current state value stream map for serious safety events, which includes Level 4 critical incidents. This is the first step in developing and testing new standard processes for physician involvement in safety events as well as standard processes for patient safety specialists and client representatives to support the teams. A session with physician leaders is scheduled for March to redesign the process for Level 4 critical incident investigation, mitigation and closure.

PATIENT FLOW STRATEGIC DIRECTION

(Leads: Dr. Haissam Haddad/Dr. Ivar Mendez/Jackie Mann)

In January, hospital activity level was very high, as our predictive model had anticipated. In preparation for this anticipated surge we: permanently staffed flex units at St. Paul's Hospital (SPH) and Saskatoon City Hospital, increased staffing in emergency departments, and increased support staff, including therapies. The General Internal

Medicine team of physicians at SPH recently improved their capacity as they realigned within their current resources to create a much needed additional physician rotation.

Over the past six weeks, we have focused on optimizing use of all of our staffed beds, including those in rural facilities. Within Saskatoon on a daily basis, our medicine units have been reviewing the home location of patients and working with others to facilitate their return closer to home as soon as appropriate. We need to continue this work and expand it to all patients appropriate to transition closer to home.

A number of areas have been working on improving patient flow through the implementation of interdisciplinary rounds.

We know that ultimately the redesign of our community services to support as much care and service as possible close to home will be the means to reduce pressure on our hospitals. The Saskatchewan Advisory panel report highlighted this concept in its recommendations by referencing 'service integration areas' as well as the 'enhancement of team-based primary health care.' This past month, our leadership roles were realigned in order to dedicate a dyad leadership team to this important work. Suzanne Mahaffey, Director Population and Public Health, has shifted into leading the community services redesign work, along with some dedicated time being provided by Dr. Jenny Basran, Associate Professor and Head, Division of Geriatric Medicine.

Redesigning our hospital care will also be required to support the needs of people requiring acute care. Based on some early success in Regina with a form of inpatient care something called the *accountable care unit*, we are pursuing a similar concept. The key components to accountable hospital care include: physical co-location of the team, structured communication on the unit, visible active dyad leadership and continuous learning and improvement. The General Internal Medicine service at St. Paul's Hospital has agreed to lead the way in our Region to redesign hospital care. With our medicine units fully engaged in the cellular model and Patient First Management System training, our next steps with an accountable care unit will build on these initiatives.

CHILDREN'S HOSPITAL OF SASKATCHEWAN (CHS) STRATEGIC DIRECTION (Leads: Dr. Laurence Givelichian/Jackie Mann)

Operational Readiness

As of January 2017, the annual milestone status for the CHS Operational readiness plan is on track for 78 per cent of our remaining active milestones. We have completed 34 per cent of our planned work and 22 per cent of the milestones are red, but with mitigation plans.

Through January, ongoing collaborative work related to establishing the operating budget for CHS occurred with the Ministry of Health. We anticipate the Ministry budget processes to unfold through the spring.

Additional work includes completing the implementation of print-on-demand in clinical units and preparing to trial staff-to-staff communication processes and tools. Clinical and support services continue to develop milestones for the upcoming 2017-18 fiscal year to guide their plans for next year.

Construction

As of end of January 2017, overall construction progress is approximately 46 per cent complete. This progress remains on track to achieve the identified our target of 50 per cent construction completion by March 31, 2017. Project completion date remains on schedule with construction substantial completion in 2019.

Work was completed from late January to mid-February to install the steel for the bridge connection from CHS to existing the Royal University Hospital (RUH) facility. This connector will be primarily available to healthcare teams to assist in moving supplies back and forth, along with bringing patients to major diagnostic services within RUH such as MRI and PET CT.

A significant visual milestone was achieved with the removal of one of the two tower cranes on February 17, 2017. The other large tower crane will remain on site through the end of construction. Over the next few months, work will continue on exterior walls, framing and window installation in some areas of the building in addition to on-going interior steel stud and electrical rough-in. Work will also be underway in the coming months on the west edge of the structure which will see a portion of the CHS building cantilever above the ramp and columns in that area of the site. Project cost monitoring continues to ensure full completion within approved construction budget.

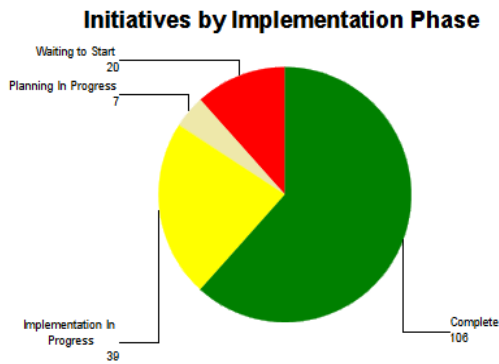
Work continues to review and approve the procurement plan for the identified furniture, fixtures and equipment (FF&E) to be purchased for the CHS facility through the project governance structure. An update will be provided to CHS Steering Committee in early March.

FINANCIAL SUSTAINABILITY STRATEGIC DIRECTION (Leads: Dr. George Pylypchuk/Nilesh Kavia)

Current Status

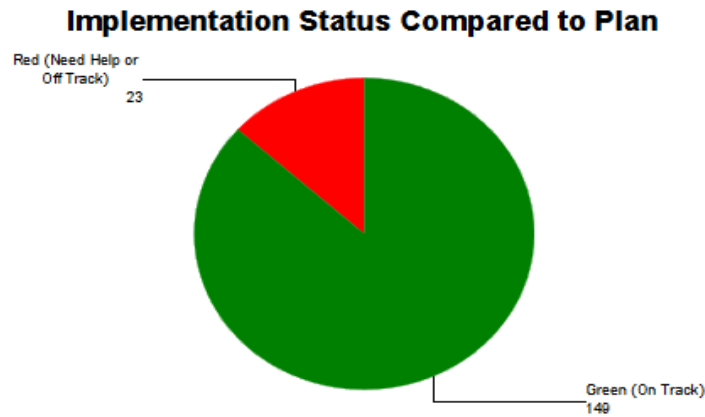
As at January 31, 2017, the status of financial sustainability initiatives is depicted in the charts:

- 106 initiatives with planned annual savings of \$23.9 million (or 62 per cent) are **complete**
- 39 initiatives with planned annual savings of \$5.2 million (or 23 per cent) are in implementation
- 20 initiatives with planned annual savings of \$3.5 million (12 per cent) have not started



Initiative Phase	Dollar Value	Count
Complete	\$23,968,070	106
Implementation In Progress	\$5,225,690	39
Planning In Progress	\$1,831,000	7
Waiting to Start	\$3,468,748	20
	<u>\$34,493,508.00</u>	<u>172</u>

As outlined below, 149 of the initiatives are considered green and progressing as planned. The remaining 23 are red for numerous reasons, most commonly a delay in schedule.



Overall Assessment:

Green: Financial results to January 31, 2017 report a \$19.2 million deficit which is an average of \$1.9 million per month over ten months. The Sustainability plan projected a \$30.8 million deficit or \$2.6 million per month.

Respectfully submitted,

Dan Florizone
 President and Chief Executive Officer



SUBMISSION TO SASKATOON REGIONAL HEALTH AUTHORITY

DATE OF MEETING: March 1, 2017

SUBMITTED BY: Niles Kavia, VP Finance and Corporate Services

CONSULTED WITH: Nadia Maruschak-Clay, Director, Financial Reporting and Operations
Ken Unger, Director, Financial Planning and Advisory Services

TOPIC: January 31, 2017 Financial Statement

PURPOSE OF SUBMISSION: Information Decision/Approval

SITUATION

- The Region is requesting the Saskatoon Regional Health Authority approve its January 31, 2017 financial results and year end forecast.

BACKGROUND

- To the end of January 31, 2017, the projected annual deficit has dropped from an expected \$30.8 million at the start of the fiscal year to \$19.2 million.
- The Region has narrowed the gap between its revenues and expenses, while continuing to experience increased volume and service pressures. Adult and Child patient days have increased 5.7% over the prior year. During the same time, the Region has reduced its paid hours by 0.7%, implying that we've reduced paid hours to more than the equivalent of that needed to absorb the increase in patient volumes.

ASSESSMENT, ALTERNATIVES AND RESOURCE IMPLICATIONS

- The Region spent \$3.44 million per day to the end of January.
- The Region is forecasting to balance monthly revenues and expenses in February and March.

COMMUNICATION STRATEGY

- Internally, the Region routinely updates its financial position with staff and physicians and provides monthly updates to the SRHA Board, St. Paul's Hospital Board, senior leadership, operational leadership, managers and affiliates.
- Externally, results of our financial position are shared at public board meetings, with the Ministry of Health and routinely discussed with media. This financial report is also posted on the Region's website.

RECOMMENDATION

- That Saskatoon Regional Health Authority approves the January 31, 2017 financial results and the resulting year end forecast deficit of \$19.2 million.



SUBMISSION TO SASKATOON REGIONAL HEALTH AUTHORITY

**SASKATOON HEALTH REGION
Statement of Financial Position
(in thousands of dollars)
As at January 31, 2017**

	<u>January 31, 2016</u>	<u>March 31, 2016</u>	<u>January 31, 2017</u>
Current Assets			
Cash and Investments	\$ 148,173	\$ 139,021	\$ 90,706
Due from Sask. Health	3,870	8,343	4,051
Other Receivables	23,963	19,645	19,665
Inventory	10,623	10,823	11,756
Prepaid Expenses	6,065	5,274	5,954
	<hr/> 192,694	<hr/> 183,106	<hr/> 132,132
Capital Assets	355,356	363,905	427,280
Total Assets	<hr/> \$ 548,050 <hr/>	<hr/> \$ 547,011 <hr/>	<hr/> \$ 559,412 <hr/>
Liabilities and Fund Balances			
Accounts Payable and Accrued Liabilities	\$ 59,996	\$ 62,401	\$ 72,986
Accrued Salaries	18,792	34,833	23,319
Accrued Vacation Pay	53,852	55,940	57,564
Deferred Revenue	31,740	11,320	45,447
	<hr/> 164,380	<hr/> 164,494	<hr/> 199,316
Long Term Debt	41,423	46,486	49,852
Employee Future Benefits	27,073	27,311	27,311
Fund Balances			
Operating	(154,199)	(152,587)	(171,786)
Capital and Community Trusts	469,373	461,307	454,719
	<hr/> 315,174	<hr/> 308,720	<hr/> 282,933
Total Liabilities and Fund Balances	<hr/> \$ 548,050 <hr/>	<hr/> \$ 547,011 <hr/>	<hr/> \$ 559,412 <hr/>



SUBMISSION TO SASKATOON REGIONAL HEALTH AUTHORITY

Consolidated Statement of Operations

SASKATOON HEALTH REGION

For the Period Ended January 31, 2017

	Current Year Actual	Current Year Budget	Current Year Variance	Current Year Annual Budget	Percentage of Budget Used
REVENUES					
OTHER PROVINCIAL REVENUE	18,460,757	9,451,430	9,009,327	12,500,773	147.68%
PATIENT AND AGENCY	25,755,423	24,208,280	1,547,143	29,102,339	88.50%
SASKATCHEWAN HEALTH	945,443,119	948,335,359	(2,892,240)	1,137,843,489	83.09%
SUNDRY	44,402,307	45,919,087	(1,516,780)	55,108,280	80.57%
	1,034,061,606	1,027,914,156	6,147,450	1,234,554,881	83.76%
EXPENSES					
Accrued Vacation	1,533,672	3,081,527	1,547,855	2,676,274	57.31%
Ambulance Service Grants	11,644,091	11,785,515	141,424	14,298,163	81.44%
Benefits	103,936,758	104,431,767	495,009	126,440,899	85.41%
Board Costs	32,193	96,035	63,842	115,241	27.94%
Diagnostic Imaging Supplies	2,665,097	2,429,284	(235,813)	2,910,959	91.55%
Drugs	27,691,272	27,302,813	(388,459)	32,697,936	84.69%
Food	6,957,306	7,026,917	69,611	8,420,595	82.62%
Grants to Third Parties	97,684,805	97,594,574	(90,231)	117,983,981	82.79%
Housekeeping and Laundry Supplies	3,803,210	3,735,898	(67,312)	4,472,032	85.04%
Information Technology Contracts	3,980,617	4,251,044	270,427	5,052,230	78.79%
Insurance	1,455,213	1,425,351	(29,862)	1,710,415	85.08%
Interest Expense	2,513,131	2,607,528	94,397	3,209,784	78.30%
Laboratory Supplies	8,681,933	8,040,320	(641,613)	9,648,659	89.98%
Medical and Surgical Supplies	49,186,140	47,772,960	(1,413,180)	57,857,503	85.01%
Medical Remuneration and Benefits	110,293,331	112,782,021	2,488,690	136,512,232	80.79%
Office Supplies and Other Office Costs	2,438,424	2,301,150	(137,274)	2,932,415	83.15%
Other	8,403,219	(3,017,209)	(11,420,428)	935,431	898.33%
Other Referred Out Services	23,532,370	24,244,372	712,002	29,697,101	79.24%
Professional Fees	1,395,945	1,590,147	194,202	1,869,392	74.67%
Prosthetics	15,737,449	15,710,707	(26,742)	20,460,655	76.92%
Purchased Services	8,362,258	8,725,008	362,750	10,452,776	80.00%
Rent/Lease/Purchase	9,206,966	9,947,847	740,881	11,903,804	77.34%
Repairs and Maintenance	6,690,832	6,777,883	87,051	9,648,433	69.35%
Salaries	521,770,876	524,255,860	2,484,984	623,625,142	83.02%
Service Contracts	9,306,798	9,178,386	(128,412)	10,997,977	84.62%
Travel Expense	3,707,245	4,103,243	395,998	4,901,660	75.63%
Utilities	10,649,673	11,278,260	628,587	13,923,242	76.49%
	1,053,260,824	1,049,459,208	(3,801,616)	1,265,354,931	83.24%
Deficit	(19,199,218)	(21,545,052)	2,345,834	(30,800,050)	



SUBMISSION TO SASKATOON REGIONAL HEALTH AUTHORITY

DATE OF MEETING: March 1, 2017

SUBMITTED BY: Nilesh Kavia, Vice President, Finance and Corporate Services

TOPIC: Expenditure Approval for First Quarter 2017-18

PURPOSE OF SUBMISSION: Information Decision/Approval

SITUATION

- Approval required for SHR to continue spending in first quarter of 2017-18.

BACKGROUND

- Whereas SHR has not finalized the budget for the 2017-18 fiscal year, approval for an interim operating budget for the first quarter of the fiscal year is being sought at this time.
- This interim budget will be based on the average run rate for November 2016 to January 2017.

RECOMMENDATION

- The Joint SRHA/SPH Audit, Finance and Risk Committee recommends that the Saskatoon Regional Health Authority approves \$323,700,000 million Budget operating expenses for the first quarter of 2017-18, based on three-month average daily run rate expenses.



SUBMISSION TO SASKATOON REGIONAL HEALTH AUTHORITY

DATE OF MEETING: March 1, 2017

SUBMITTED BY: Dan Florizone, President and CEO
Dr. George Pylypchuk, Vice President, Practitioner Staff Affairs

TOPIC: November 24, 2016, Credentials Report – Practitioner Staff
(Approved in Principle at February 1, 2017 SRHA Non Public Meeting)

PURPOSE OF SUBMISSION: Information Decision/Approval

BACKGROUND

- Privileges granted to individual members of the practitioner staff shall be recommended by the Credentials Committee, recommended by the Practitioner Advisory Committee and granted by the Board per Practitioner Staff Bylaws

ASSESSMENT

- The credentialing process is utilized to ensure the provision of quality medical care to the patients, residents and clients we serve.

RECOMMENDATION

- The Practitioner Advisory Committee recommends that the Saskatoon Regional Health Authority approve the attached November 24, 2016 Credentials Report. The Report was reviewed/approved at the PAC meeting.

R	VP Practitioner Staff Affairs	(Recommender - the person who initiates or drives the process)
A	SRHA	(Individual who needs to Agree or Approve a decision)
P	VP Practitioner Staff Affairs	(Perform - person who carries out the decision)
I	CEO	(Input - who must be considered before a decision is made. Does not have a vote or veto but has the right to be heard)
D	SRHA	(Decide - has the final authority and can commit the organization to action)

**CREDENTIALS COMMITTEE REPORT – November 24, 2016
APPLICATIONS TO THE PRACTITIONER STAFF**

A) ASSOCIATE MEDICAL/DENTAL STAFF

RECOMMENDATION TO APPROVE THE INTERIM APPOINTMENT TO THE TEMPORARY MEDICAL/DENTAL STAFF BY THE SENIOR MEDICAL OFFICER AND RECOMMENDATION TO APPROVE THE APPOINTMENT TO THE ASSOCIATE MEDICAL /DENTAL STAFF			
Name	Department	Effective Date	Comments
Gusztak, Roman	Anesthesia	November 1, 2016	Anesthesiology
Berscheid, Mark	Dentistry/Oral & Maxillofacial Surgery	July 1, 2016	Pediatric Dentistry
Cullingham, Kyle	Medicine	November 3, 2016	Dermatology
Poliakov, Ilia	Medicine	November 1, 2016	Neurology
Davis, Kellie	Pediatrics	November 21, 2016	Medical Genetics
Kalaniti, Kaarthigeyan	Pediatrics	November 2, 2016	Neonatal Intensive Care – Clinical Assistant
Hnenny, Luke	Surgery	November 1, 2016	Neurosurgery – Previously Visiting

B) ACTIVE MEDICAL/DENTAL STAFF

RECOMMENDATION TO CHANGE APPOINTMENT FROM THE ASSOCIATE MEDICAL/DENTAL STAFF TO THE ACTIVE MEDICAL/DENTAL STAFF AS RECOMMENDED BY THE DEPARTMENT HEAD			
Name	Department	Effective Date	Department Head
Hasanni, Sameer	Adult Critical Care	July 1, 2016	Dr. M. James

C) TEMPORARY MEDICAL/DENTAL STAFF

RECOMMENDATION TO APPROVE THE INTERIM APPOINTMENT TO THE TEMPORARY MEDICAL /DENTAL STAFF BY THE SENIOR MEDICAL OFFICER AND RECOMMENDATION TO APPROVE THE APPOINTMENT TO THE TEMPORARY MEDICAL/DENTAL STAFF			
Name	Department	Effective Date	Comments
Dilnaz, Alam	Psychiatry	Nov 7/16 – Nov 21/16	Observer
Khan, Amal	Laboratory Medicine	Nov 21/16 – Jan 21/17	Observer
Morishita, Kimberly	Pediatrics	Oct 25/16 – Oct 29/16	Locum
Ofoegbu, Nnenna	Laboratory Medicine	Nov 28/16 – Dec 2/16	Observer
Shipilova, Irina	Laboratory Medicine	Nov 21/16 – Nov 25/16	Observer
Sico, Sean	Medicine	Dec 9/16 – Dec 24/16	Observer

D) VISITING MEDICAL/DENTAL STAFF

RECOMMENDATION TO APPROVE THE INTERIM APPOINTMENT TO THE TEMPORARY MEDICAL/DENTAL STAFF BY THE SENIOR MEDICAL OFFICER AND RECOMMENDATION TO APPROVE THE APPOINTMENT TO THE VISITING MEDICAL/DENTAL STAFF			
Name	Department	Effective Date	Comments
Al-Agha, Osama	Laboratory Medicine	November 7, 2016	Regina
Jones, Edward	Laboratory Medicine	November 7, 2016	Regina

E) RESIDENT MEDICAL/DENTAL STAFF

RECOMMENDATION TO APPROVE THE INTERIM APPOINTMENT TO THE TEMPORARY MEDICAL/DENTAL STAFF BY THE SENIOR MEDICAL OFFICER AND RECOMMENDATION TO APPROVE THE APPOINTMENT TO THE RESIDENT MEDICAL/DENTAL STAFF			
Name	Department	Effective Date	Comments
Eckstein, Janine	Medicine	Nov 1/16 – Apr 30/17	Independent Clinical Practice
Ganta, Ninada	Medicine	Oct 31/16 – Nov 20/16	Resident Elective
Gu, Jeffrey	Oncology	Nov 1/16 – Apr 30/17	Moonlighting

RECOMMENDATION TO APPROVE THE INTERIM APPOINTMENT TO THE TEMPORARY MEDICAL/DENTAL STAFF BY THE SENIOR MEDICAL OFFICER AND RECOMMENDATION TO APPROVE THE APPOINTMENT TO THE RESIDENT MEDICAL/DENTAL STAFF

Name	Department	Effective Date	Comments
Mendez, Adrian	Surgery	Oct 31/16 – Nov 18/16	Resident Elective

F) APPLICATION FOR AFFILIATE MEMBERSHIP

Name	Primary Department	Affiliate Department	Effective Date
Prokopchuk-Gauk, Oksana	Laboratory Medicine	Oncology	November 8, 2016

G) LEAVE OF ABSENCE

Name	Department	Effective Date	Comments
Berenbaum, Errol	Anesthesia	Dec 8/16 – Feb 28/17	Leave of Absence from Clinical Duties

H) REAPPOINTMENTS:

DEPARTMENT OF OPHTHALMOLOGY

REAPPOINTMENTS TO THE PRACTITIONER STAFF

January 1, 2017– December 31, 2017

SUMMARY REPORT

The following members are recommended for reappointment to the SHR Practitioner Staff in the Department of Ophthalmology:

SURNAME	GIVEN NAME	CATEGORY
Blackwell	Thomas	Active
Colleaux	Kevin	Active
Conlon	Ronan	Active
Erraguntla	Vasudha	Active
Kent	Jerrold	Associate
Kent	Shefalee	Associate
Murphy	Paul H.	Active
Nrusimhadevara	Ravikrishna	Active
Pekush	Robert	Active
Qasemi	Frozan	Active
Rawlings	Nigel	Active
Rubab	Shehla	Active
Sharma	Vikas	Active

The following members are 70 years of age or older as outlined in Section 54(3) of the Saskatoon Health Authority Practitioner Staff Bylaws:

SURNAME	GIVEN NAME	AGE	CATEGORY
Blackwell	Thomas	73	Active

Please note the following members have resigned from your Department:

SURNAME	GIVEN NAME	CATEGORY	EFFECTIVE DATE
Hamilton	William K.	Active	November 1, 2016

DEPARTMENT OF PUBLIC HEALTH

REAPPOINTMENTS TO THE PRACTITIONER STAFF

January 1, 2017- December 31, 2017

SUMMARY REPORT

The following members are recommended for reappointment to the SHR Practitioner Staff in the Department of Public Health:

SURNAME	GIVEN NAME	CATEGORY
Kapaj	Simon	Associate
Kryzanowski	Julie	Active
Neudorf	Cordell (Cory)	Active
Opondo	John Mark	Active
Schwandt	Michael	Active



SUBMISSION TO SASKATOON REGIONAL HEALTH AUTHORITY

DATE OF MEETING: March 1, 2017

SUBMITTED BY: Dan Florizone, President and CEO
Dr. George Pylypchuk, Vice President, Practitioner Staff Affairs

TOPIC: January 26, 2017, Credentials Report – Practitioner Staff

PURPOSE OF SUBMISSION: Information Decision/Approval

BACKGROUND

- Privileges granted to individual members of the practitioner staff shall be recommended by the Credentials Committee, recommended by the Practitioner Advisory Committee and granted by the Board per Practitioner Staff Bylaws.

ASSESSMENT

- The credentialing process is utilized to ensure the provision of quality medical care to the patients, residents and clients we serve.

RECOMMENDATION

- The Practitioner Advisory Committee (PAC) recommends that the Saskatoon Regional Health Authority approve the attached January 26, 2017 Credentials Report. The Report was reviewed/approved at the February 13, 2017 PAC meeting.

R	VP Practitioner Staff Affairs	(Recommender - the person who initiates or drives the process)
A	SRHA	(Individual who needs to Agree or Approve a decision)
P	VP Practitioner Staff Affairs	(Perform - person who carries out the decision)
I	CEO	(Input - who must be considered before a decision is made. Does not have a vote or veto but has the right to be heard)
D	SRHA	(Decide - has the final authority and can commit the organization to action)

**CREDENTIALS COMMITTEE REPORT – January 26, 2017
APPLICATIONS TO THE PRACTITIONER STAFF**

A) ASSOCIATE MEDICAL/DENTAL STAFF

RECOMMENDATION TO APPROVE THE INTERIM APPOINTMENT TO THE TEMPORARY MEDICAL/DENTAL STAFF BY THE SENIOR MEDICAL OFFICER AND RECOMMENDATION TO APPROVE THE APPOINTMENT TO THE ASSOCIATE MEDICAL /DENTAL STAFF			
Name	Department	Effective Date	Comments
Abdulkareem, Akram	Family Medicine	November 1, 2016	Wynyard Community Health Centre
Ghuman, Inder Roop	Family Medicine	October 24, 2016	GAMA Integrated Medical Centre
Jimenez Guerra, Idalberto	Family Medicine	January 16, 2017	Mount Royal Family Physicians
Ojelabi, Oluyemisi	Family Medicine	December 13, 2016	Kenderdine Medical Clinic
Shalaby, Mohamed	Family Medicine	November 1, 2016	Lenore Medical Clinic
Solgi, Ali	Family Medicine	October 17, 2016	GAMA Integrated Medical Centre – Previously Visiting
Lim, Siok Ping	Medical Imaging	January 3, 2017	Associated Radiologists
Akindipe, Oyebukola (Bukky)	Psychiatry	January 1, 2017	Adult Psychiatry

B) ACTIVE MEDICAL/DENTAL STAFF

RECOMMENDATION TO CHANGE APPOINTMENT FROM THE ASSOCIATE MEDICAL/DENTAL STAFF TO THE ACTIVE MEDICAL/DENTAL STAFF AS RECOMMENDED BY THE DEPARTMENT HEAD			
Name	Department	Effective Date	Department Head
Abaiian, Kayvan	Surgery	November 22, 2016	Dr. I. Mendez
Adedeji, Taofik	Family Medicine	January 19, 2017	Dr. R. Chernoff
Bumbac, Jonathan	Dentistry	August 17, 2016	Dr. F. Hohn
Glaeske, Daniel	Family Medicine	February 1, 2017	Dr. R. Chernoff
Mohsen, Yosra	Family Medicine	January 2, 2017	Dr. R. Chernoff
Muradi, Ibrahim	Dentistry	October 9, 2016	Dr. F. Hohn
Patel, Abdullah	Dentistry	October 9, 2016	Dr. F. Hohn
Rahoum, Auday	Family Medicine	February 8, 2017	Dr. R. Chernoff
van der Merwe, Da-elene	Medicine	November 30, 2016	Dr. H. Haddad

C) TEMPORARY MEDICAL/DENTAL STAFF

RECOMMENDATION TO APPROVE THE INTERIM APPOINTMENT TO THE TEMPORARY MEDICAL /DENTAL STAFF BY THE SENIOR MEDICAL OFFICER AND RECOMMENDATION TO APPROVE THE APPOINTMENT TO THE TEMPORARY MEDICAL/DENTAL STAFF			
Name	Department	Effective Date	Comments
Adebayo, Oluwatosin	Psychiatry	Jan 4/17 – Jan 25/17	Observer
Baig, Kashif	Ophthalmology	Feb 10/17 – Feb 10/17	Assisting with Procedures
Beed, Stephen	Adult Critical Care	Jan 1/17 – Dec 31/17	Locum
Dickson, Catherine	Public Health	Nov 22/17 – Aug 31/18	Locum
Dickson, Catherine	Public Health	Nov 22/16 – Nov 21/17	Locum
Ghazal, Sanjeela	Family Medicine	Jan 16/17 – Feb 10/17	SIPPA CFA
Dodd, Mary-Magdalene	Ophthalmology	Jan 10/17 – Jun 1/17	Locum
Hunter, Allison	Surgery	Nov 21/16 – Dec 16/16	Additional Training in a Procedure
Kamencic, Huse	Obstetrics & Gynecology	Jan 1/17 – Dec 31/17	Assisting with Procedures
Marcos, Loren	Family Medicine	Jan 16/17 – Feb 10/17	SIPPA CFA
Laxer, Ronald	Pediatrics	Jan 23/17 – Jan 27/17	Locum
McClellan, Karen	Medicine	Jan 30/17 – Feb 10/17	Locum
McClellan, Karen	Medicine	Nov 28/16 – Dec 9/16	Locum
Moorosi, Setsoana	Family Medicine	Dec 9/16 – Apr 21/17	Locum

RECOMMENDATION TO APPROVE THE INTERIM APPOINTMENT TO THE TEMPORARY MEDICAL /DENTAL STAFF BY THE SENIOR MEDICAL OFFICER AND RECOMMENDATION TO APPROVE THE APPOINTMENT TO THE TEMPORARY MEDICAL/DENTAL STAFF

Name	Department	Effective Date	Comments
Morishita, Kimberly	Pediatrics	Jan 9/17 – Jan 13/17	Locum
Porter Margaret (Anne)	Psychiatry	Jan 16/17 – Dec 31/17	Locum
Talat, Arooba	Medicine	Dec 12/16 – Dec 16/16	Observer
Tikoo, Richa	Pediatrics	Dec 21/16 – Jan 31/17	Observer
Verdolin Campos De Azevedo, Bernardo	Surgery	Mar 6/16 – Apr 7/17	Observer

D) RESIDENT MEDICAL/DENTAL STAFF

RECOMMENDATION TO APPROVE THE INTERIM APPOINTMENT TO THE TEMPORARY MEDICAL/DENTAL STAFF BY THE SENIOR MEDICAL OFFICER AND RECOMMENDATION TO APPROVE THE APPOINTMENT TO THE RESIDENT MEDICAL/DENTAL STAFF

Name	Department	Effective Date	Comments
Archer, Sarah	Psychiatry	Dec 13/16 – Jan 9/17	Resident Elective
Jariwala, Mehul	Pediatrics	Nov 22/16 – Feb 20/17	Pre-licensure Assessment
Johnson, Kate	Oncology	Feb 13/17 – Jan 12/17	Resident Elective
Lee, Jordan	Family Medicine	Dec 19/16 – Jan 13/17	Resident Elective
Pascas, Michael	Oncology	Dec 12/16 – Apr 30/17	Moonlighting
Fenske, Mark	Medicine	Dec 10/16 – Apr 30/17	Independent Clinical Practice
Moolman, Nico	Surgery	Jan 3/17 – Jan 20/17	Resident Elective
Prystajeky, Michael	Medicine	Dec 11/16 – Apr 30/17	Independent Clinical Practice
Sawaya, Jamil	Family Medicine	Dec 19/16 – Jan 13/17	Resident Elective
Siddiqui, Urooj	Anesthesia	Jan 16/17 – Feb 5/17	Resident Elective
Tse, Richard	Oncology	Jan 13/17 – Mar 12/17	Moonlighting

E) APPLICATION FOR AFFILIATE MEMBERSHIP

Name	Primary Department	Affiliate Department	Effective Date
Chamarti, Venkataramayya	Family Medicine	Adult Critical Care	December 5, 2016
Eshtaya, Ehab	Adult Critical Care	Emergency Medicine	December 19, 2016
Geller, Brian	Family Medicine	Adult Critical Care	December 1, 2016
Kawa, Emmanuel	Surgery	Obstetrics & Gynecology	January 13, 2017

F) LEAVE OF ABSENCE

Name	Department	Effective Date	Comments
Kawchuk, Joann	Anesthesia	Jan 12/17 – Feb 1/18	Sabbatical

G) RESIGNATIONS & RETIREMENTS

Name	Department	Effective Date	Comments
Krueger, Joel	Family Medicine	June 30, 2016	Resigned
Montgomery, Mark	Pediatrics	November 1, 2016	Resigned
Vaska, Solomon	Family Medicine	November 30, 2016	Retired
Wirth, Sandra	Family Medicine	November 10, 2016	Retired
Zdravkovic, Tatjana	Physical Medicine & Rehabilitation	November 1, 2016	Resigned

H) REAPPOINTMENTS:

DEPARTMENT OF LABORATORY MEDICINE

REAPPOINTMENTS TO THE PRACTITIONER STAFF

January 1, 2017 – December 31, 2017

SUMMARY REPORT

The following members are recommended for reappointment to the SHR Practitioner Staff in the Department of Laboratory Medicine:

SURNAME	GIVEN NAME	CATEGORY
Al-Nourhji	Omar	Associate
Alport	Edward	Visiting
Angel	Steven	Active
Angeles	Ronald	Visiting
Auer	Roland	Associate
Banerjee	Tamalina	Active
Benoit	Janine	Active
Blondeau	Joseph M.	Limited
Brits	Nico	Active
Cabigon	Enrico	Visiting
Chibbar	Rajni	Active
DeCoteau	John	Active
Demczuk	Suzanne	Limited
Deneer	Harry	Limited
Diudea	Dana	Active
Ganatra	Seema	Active
Ganugapati	Usharani	Active
Geyer	Clarence Ronald	Limited
Godsalve	Valerie Margret	Active
Harding	Sheila	Active
Herath	Chaturika	Active
Kalra	Jawahar	Active
Kanthan	Rani	Active
Kinloch	Marilyn (Mary)	Associate
Kirby	Angus	Visiting
Korol	Debra	Visiting
Ladham	Shaun	Active

SURNAME	GIVEN NAME	CATEGORY
Ledingham	Donna	Visiting
Leia	Allan	Visiting
Lyon	Martha	Limited
Lyon	Andrew	Limited
Magee	Fergall	Active
McGaw	Timothy	Active
Nistor	Andreea	Associate
Peters	Edmund	Active
Podberezin	Mark	Active
Prokopchuk-Gauk	Oksana	Associate
Quenneville	Louise	Active
Qureshi	Mabood	Limited
Rees	Henrike	Active
Robinson	Christopher	Active
Saxena	Anurag	Active
Seno	Rommel	Visiting
Sharma	Rajendra	Limited
Takhalov	Yury	Active
Torlakovic	Goran	Visiting
Wang	Chunjie	Active
Wilde	Brent	Active
Wooff	Jill	Visiting
Wu	Yue	Active
Xu	Qingyong	Limited
Yu	Darryl	Active
Zherebitskiy	Viktor	Associate

The following members hold an Affiliate Membership in the Department of Laboratory Medicine:

SURNAME	GIVEN NAME	CATEGORY	PRIMARY DEPARTMENT
Copete	Maria	Active	Dentistry/Oral &Maxillofacial Surgery
Sanche	Stephen	Active	Medicine
Sheridan	David	Active	Medicine
Williams	Kurt	Active	Medicine

The following members are 70 years of age or older as outlined in Section 54(3) of the Saskatoon Health Authority Practitioner Staff Bylaws:

SURNAME	GIVEN NAME	AGE	CATEGORY
Godsalve	Valerie Margaret	70	Active
Quershi	Mabood	74	Limited
Sharma	Rajendra	74	Limited

Please note the following members have resigned from your Department:

SURNAME	GIVEN NAME	CATEGORY	EFFECTIVE DATE
Ang	Lei	Associate	December 19, 2016
Yan	Jiong	Active	June 30, 2016

DEPARTMENT OF MEDICAL IMAGING

REAPPOINTMENTS TO THE PRACTITIONER STAFF

January 1, 2017 – December 31, 2017

SUMMARY REPORT

The following members are recommended for reappointment to the SHR Practitioner Staff in the Department of Medical Imaging:

SURNAME	GIVEN NAME	CATEGORY
Almgrahi	Abdulaziz	Active
Babyn	Paul	Active
Beck	Maxine	Active
Bell	Clifford D.	Active
Berscheid	Bruce	Active
Buglass	Tiffany	Visiting
Burbridge	Brent E.	Active
Chatterson	Leslie	Active
Chavarria	Cesar	Visiting
Chow	Vance	Active
Dabirzadeh	Hamid	Active
Dhir	Anita	Active
Ellchuk	Tasha	Active
Fladeland	Derek	Active
Flegg	Carolyn	Active
Fraser	Donald	Active
Gitlin	Joshua	Active
Gordon	Heather	Active
Hendel	Mary-Jane	Active
Irving	Hugh	Limited
Jacob	Preman	Active
Karjala	Geoffrey	Active
Kenny	Anne	Active
Leswick	David Allen	Active
Lim	Meng	Visiting
Mack	Tyson	Active
Marshall	Geoff	Active
McIntosh	Donald	Active

SURNAME	GIVEN NAME	CATEGORY
Moulton	Kyle	Associate
Nijjar	Sundeep	Active
Norval	Ivan	Active
Obaid	Haron	Active
Ollenberger	Glenn	Visiting
Otani	Robert	Active
Rabin	Michael	Active
Rakheja	Rajan	Active
Rashidi	Farid	Active
Rodriguez	Carl	Active
Ross	Todd	Active
Scott	Andrew	Active
Shepel	Michael	Active
Sinclair	Nicolette	Active
Stoneham	Grant	Active
Szkup	Leszek (Peter)	Active
Tan	Kiat	Active
Theoret	Christina	Active
Tremeer	Cory	Active
Trivedi	Vijay	Visiting
Verrall	John	Active
Waddell	Ian C.	Active
Wall	Christopher	Active
Waslen	Thomas	Active
Wesolowski	Carl	Active
White	Christopher	Active
Wiebe	Sheldon	Active

The following members are 70 years of age or older as outlined in Section 54(3) of the Saskatoon Health Authority Practitioner Staff Bylaws:

SURNAME	GIVEN NAME	AGE	CATEGORY
Rabin	Michael	75	Active

Please note the following members have resigned from your Department:

SURNAME	GIVEN NAME	CATEGORY	EFFECTIVE DATE
Tynan	Jennifer	Active	December 31, 2016

DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION

REAPPOINTMENTS TO THE PRACTITIONER STAFF

January 1, 2017 – December 31, 2017

SUMMARY REPORT

The following members are recommended for reappointment to the SHR Practitioner Staff in the Department of Physical Medicine and Rehabilitation:

SURNAME	GIVEN NAME	CATEGORY
Bernacki	Barry	Active
Hader	Walter	Active
Hattingh	Suzanne	Active
Joyce	Brenda	Associate
Jurgens	Margery	Visiting
Kim	Brian	Associate
Knox	Katherine	Active
Linassi	Gary	Active
Rocheleau	Michael	Visiting
Rudachyk	Lila	Active
Selk	Brad	Active

The following members hold an Affiliate Membership in the Department of Physical Medicine and Rehabilitation:

SURNAME	GIVEN NAME	CATEGORY	PRIMARY DEPARTMENT
Archer	David	Active	Family Medicine
Blushke	Jeffrey	Limited	Surgery
Chandran	Geethan	Active	Surgery
Clapson	Brian	Active	Surgery
DeCoteau	Earle	Active	Medicine
Laliberte	Michael	Active	Surgery
Mohsen	Yosra	Associate	Family Medicine
Rattan	Ukesha	Active	Family Medicine
Reitz	Francois	Active	Family Medicine
Robinson	Arthur	Active	Family Medicine
Russell	Robert S.	Active	Family Medicine
Thakore	Shefali	Active	Anesthesia
Thiessen	Trent	Active	Surgery
Voll	Christopher L.	Active	Medicine
Werbicki	James	Active	Emergency Medicine
Williams	Sarah	Active	Family Medicine

The following members are 70 years of age or older as outlined in Section 54(3) of the Saskatoon Health Authority Practitioner Staff Bylaws:

SURNAME	GIVEN NAME	AGE	CATEGORY
Hader	Walter	85	Active

Please note the following members have resigned from your Department:

SURNAME	GIVEN NAME	CATEGORY	EFFECTIVE DATE
Zdravkovic	Tatjana	Visiting	November 1, 2016