

2018—2019

Annual Report



All Nations' Healing Hospital



Fort Qu'Appelle, Saskatchewan

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The All Nations' Healing Hospital is situated on Treaty 4 lands near the site of the signing of Treaty 4 on September 15, 1874. The Treaty 4 Governance Centre in Fort Qu'Appelle, Saskatchewan is the central ground for the Chiefs' Legislative Assembly. The ANHH strives to honor Treaty Right to Health as described in the 1874 Treaty 4 agreement and a nation to nation relationship.



Treaty Right to Health

"In the context of Treaty 4, the Qu'Appelle Treaty: The Queen cares for you and for your children, and she cares for the children that are yet to be born ... The Queen has to think of what will come long after today. Therefore, the promises we have to make to you are not for today only but for tomorrow, not only for you but for your children born and unborn, and the promises we make will be carried out as long as the sun shines above and water flows in the ocean." - http://www.naho.ca/documents/naho/english/publications/DP_rights.pdf

The All Nations' Healing Hospital is owned and operated by the File Hills Qu'Appelle Tribal Council and Touchwood Agency Tribal Council communities. Any resident or visitor from the catchment area is able to fully access all available services from the Emergency Department, Laboratory and X-Ray Departments, Pasikow Muskwa Healing Centre, and White Raven Healing Centre.

For more information visit us online at:

<http://www.fortquappelle.com/health-emergency/all-nations-healing-hospital> and <http://www.fhqtc.com>

BOARD CHAIRMAN

Message from Edmund Bellegarde, Chairman of ANHH Board of Directors

The fundamental responsibility of a hospital is to provide optimum, safe and responsive health care services to the patients we serve. 2018 was another successful year for the All Nations' Healing Hospital (ANHH) remaining fully committed to ensuring our health care promise is fulfilled. The ANHH's Board has an oversight role of program development and implementation of services to support patients to achieve their optimal health and wellness through safe, high quality and wholistic care in acute and outreach services available from ANHH.



With a formalized commitment to work together to identify common priorities and improve the health status of the populations we work with, ANHH and the Saskatchewan Health Authority signed a Memorandum of Understanding committing both parties to explore innovative and responsive programs and services working together to remove any barriers which may affect individuals from achieving their health goals. This commitment is integral in further strengthening our relationship as leaders in health in Saskatchewan.

Looking out for the interests of the patients and communities we serve also means looking beyond what is happening in our hospital. This year our board is playing a leadership role in advancing the health care model for those affected with communicable disease by moving forward with the recommendations of the Community Needs Assessment and opening the Miko Mahigan (Red Wolf) Healing Centre in downtown Fort Qu'Appelle. The Centre is a response to the voices of the community to better understand the effects and impacts of HIV and Hepatitis C. We have emphasized the need for the development of a strategy which responds to emerging health crisis', including Crystal Meth, by developing a better understanding its effects.

Although 2018 was a year of many accomplishments for ANHH, we recognize that challenges remain; from ensuring we continue to sustain and maintain our core services to addressing and responding to the rapid changes occurring in the world of health care. We must not only ensure we continue to provide services but also preserve them for the future. To that end, in 2018 the Board oversaw and approved a patient experience review which will help ANHH continue to deliver responsive health care which is culturally responsive and sustainable for its members with a focus on growth and innovation.

We thank all the ANHH staff, the communities and the citizens of our catchment area for their incredible work this year and look forward to continuing to serve the people.

On behalf of the Board of Directors for the All Nations' Healing Hospital,
Edmund Bellegarde

EXECUTIVE DIRECTOR

Message from Gail Boehme, Executive Director

In 2018, we continued our conversation with our health industry partners about what we felt mattered most in the area of health care and related services. Our answer over the past several years hasn't changed; community identified and driven programs and services at ANHH are the most important. It is the foundation on which secure, sustainable acute care services rest, and when gauging the success of services it is this measure that matters most. Our members count on us for one thing: a safe, stable and sustainable community hospital service that they know will be there for them when the need it most, now and far into the future.



Health care is a long-term endeavour with true success measured over decades rather than years. This is important to remember when short-term events occur or times are challenging. Over the long term we know the period of low will happen. This is why we continue to work diligently to ensure ANHH is able to weather these events. The primary goal of the organization must be to maintain and advance our services while looking into the future, monitoring emerging trends and responding to the voices of the community we serve. This accomplishment is considerable in the environment where 2018 presented numerous external challenges including significant staffing challenges during the summer months.

These are not short term or unique challenges. Creating sustainability over the long term means embracing innovation and transformation, always looking for ways to improve our quality and care with certainty, sustainability and stability. We pay close attention to our clients' views on the service they receive and subsequently are undertaking a review and evaluation of those service patients have had while at ANHH. We look forward to hearing from them and making the changes to provide an even more responsive service for our clients.

In keeping with community led services the Rising Bear Healing Centre, another community driven initiative, implemented satellite hemodialysis services in September and quickly on the heels of starting dialysis services implementation of another community led initiative was well underway. Plans for the implementation and opening of the Miko-Mahikan (Red Wolf) Healing Center are well underway with a target to full implementation in the spring of 2019. The purpose of Miko-Mahikan is to introduce a progressive new program which features a respectful and confidential approach to care. The primary focus of the Centre is to reduce the incidence and prevalence of HIV and HCV by expanding access to services including information, treatment and follow-up.

A Winning Culture

The culture we have developed at ANHH is one of the most important resources we bring to each project we undertake. Collaboration and idea sharing are essential to who we are, along with listening to the perspectives of others. I believe a winning culture embraces inclusiveness and different perspectives. To help foster our culture we have the unique ability to reach out to our partner, the White Raven Healing Centre, bringing in the traditional cultural values of First Nations people of our Tribal Council to our programs and services.

EXECUTIVE DIRECTOR

Gail Boehme Message Continued

Facing the Future

In addition to providing hospital services we are creating conversations intended to lead to improved health services for First Nation and rural clients which can be nurtured and sustained. The goal is to continue to foster these discussions and generate insights and ideas on how to address the growing challenges in the areas of health care and work collectively to find solutions to complex issues. As the province transitions to a single health authority, working with our partners is at the forefront to provide a better understanding of our Vision, our Programs and Services, and our Goals while preserving our core elements, setting ANHH apart from the rest of the health care organizations in Saskatchewan.

In an era of growing global need for high-quality medical and health care professional training ANHH continues to partner with institutions to provide teaching and mentorship opportunities with an emphasis on healthcare professionals who will serve with knowledge, compassion, dedication and expertise. These individuals are our future healthcare providers and ensuring they receive a meaningful experience now will mean they are better prepared for the future.

With the growing economic health and environmental challenges sustainable and responsive health care matters now more than ever. I would like to thank the ANHH staff for their hard work in 2018 and ANHH's Board of Directors for their guidance and oversight. As we look ahead to 2019 we will continue to stay the course, putting the clients' health interests foremost in all we do.



ALL NATIONS' HEALING HOSPITAL

BOARD OF DIRECTORS

2018—2019

2018 saw the Board bid farewell to several Trustees including, Chief Alvin Frances, Marcel DeDecker and Richard Rathgaber. Their contributions assisted ANHH achieve its goals in 2018 and we gratefully acknowledge and thank Chief Francis, Mr. DeDecker and Mr. Rathgaber for their years of service and commitment on behalf of members of ANHH.



This year was also a time of renewal as four new Trustees joined the Board. Chief Tony Cappel was appointed as a representative from the File Hills Qu'Appelle Tribal Council and Chief Tom Dustyhorn was appointed as a representative of the Touchwood Agency Tribal Council. Mr. Lee Carlson was appointed as the representative from the RM of North Qu'Appelle and Marian Zerr, appointed as Member at Large. We extend a warm welcome to our newest Trustees.

Edmund Bellegarde, Tribal Chief and ANHH Chairman of the Board	Marcel DeDecker, North Qu'Appelle RM Reeve
Chief Cappel, Muscowpetung Saulteaux First Nation	Shirley McNab
Chief Daywalker-Pelletier, Okanese First Nation	Richard Rathgaber
Chief Dustyhorn, Kawakatoose First Nation	Corey Senft, Lipton RM Reeve
Chief Redman, Standing Buffalo Dakota Nation	Joye Schoonbaert, Village of Lipton
Chief Starr, Starblanket Cree Nation	Jerry Whiting, Fort Qu'Appelle Mayor
Hugh Pratt, George Gordon First Nation Council	



ANHH BOARD OF DIRECTORS ACHIEVEMENTS

Okanese First Nation Chief named to Order of Canada



CTV Regina
Published Thursday, March 14, 2019 1:23PM



Chief Marie-Ann Daywalker Pelletier.

Chief Marie-Anne Day Walker-Pelletier has been named to the Order of Canada in recognition of her lifelong commitment to leadership of her Nation.

Chief Day Walker-Pelletier is to date the longest serving consecutive term chief in the country, leading Okanese First Nation for nearly four decades.

During her time as chief, Day Walker-Pelletier has held a passion for women's and children's issues well known around North America. She has also played a key role in the formation of numerous boards, commissions, organizations and programs dedicated to advocacy and the betterment of women and children.



"Chief Marie-Anne Day Walker-Pelletier's advocacy and guidance on issues we face as Indigenous people has been invaluable to not only our Tribal Council, but to the province and Canada." said File Hills Qu'Appelle Tribal Council Chief Edmund Bellegarde in a release. "We are truly blessed to have such a strong leader amongst us today."

The induction ceremony was held Thursday in Ottawa, where Chief Day Walker-Pelletier was officially named to the Order of Canada by Governor General Julie Payette.

Okanese First Nation is located approximately 120 kilometres north east of Regina.

-Article used with permission, CTV Regina

2017—2020 STRATEGY MAP

		All Nations Healing Hospital 2017 – 2020 Strategy Map					
		Vision Recognized leaders in the development, delivery, and influence of exceptional, safe and wholistic care					
		Mission The All Nations Healing Hospital delivers safe, wholistic health services and research to meet the needs of our communities. Specifically, ANHH provides services in the areas of acute and chronic health care and women’s health.					
		Values Respectful, compassionate service that understands client needs Partnerships based on mutually desirable outcomes Confidentiality and accessibility Recognize and exercise the Treaty Right to Health Innovation Fostering independence Accountability, honesty and integrity					
		Three Year Strategic Imperative To maintain the highest standard of accreditation while continuing to evolve and demonstrate a better model of health care for our communities and surrounding area.					
Clients/ Stakeholders	4.1 Recipients of Care 4.1.1 Wholistic care that is responsive to the unique needs of individual clients resulting in improved health outcomes	4.2 Funders 4.2.1 Supportive partnerships that champion the delivery of the wholistic care model and best practices in culturally integrated services.	4.3 Communities 4.3.1 Confidence and trust in the availability of quality care impacting the overall health of communities	4.4 Practitioners 4.4.1 Supportive leaders of the wholistic model in an inclusive environment devoid of systemic barriers to individualized care.	4.5 First Nations Community 4.5.1 Confidence and trust in the services provided and proud supporters of the ANHH		
	3.1 Sustain 3.1.1 Maintain sound, accountable financial operations to support sustainability	3.2 Grow 3.2.1 Expand revenue sources to support growth in programs and facilities					
Financial	2.1 Research and Development 2.2.1 Expand research in efficacy of traditional healing and wholistic health care service delivery 2.2.2 Evaluate programs and services	2.2 Health Care Service Delivery 2.2.1 Continue to provide excellent acute health care 2.2.2 Expand chronic health care services 2.2.3 Build on the success of the Women’s Health Centre	2.3. Health Promotion 2.3.1 Improve public health outcomes through education literacy	2.4 Public Engagement and Advocacy 2.4.1 Build community knowledge and interest 2.4.2 Maintain and expand existing partnerships 2.4.3 Build policy support for model of care	2.5 Technology 2.5.1 Continue to be a leader in information management to ensure integration of services		
Operations							
Organizational	1.1 First Nations Capacity 1.1.1 Continue to build First Nations capacity in all areas of service delivery	1.2 Build an organizational culture that supports the wholistic model of care 1.2.1 Provide training and mentorship for all care providers	1.3 Governance Excellence 1.3.1 Ensure informed, representative, and supportive leadership 1.3.2 Build effective governance practices	1.4 Recruitment and Retention 1.4.1 Ensure exceptional resource complement			

ALL NATIONS' HEALING HOSPITAL AND SASKATCHEWAN HEALTH AUTHORITY

Memorandum of Understanding

ANHH Board of Director chair, File Hills Qu'Appelle Tribal Council Chief Edmund Bellegarde and SHA CEO Scott Livingstone signed the agreement formalizing the relationship between All Nations Healing Hospital and the Saskatchewan Health Authority. They committed to working together to identify common priorities and improve the health status of the First Nations population. This includes working together on health-related issues, taking a collaborative approach which respects traditional medicine and spiritual healing practices, as well as current Western medicine treatment techniques for improving the health of the people they serve.

"As a Health Authority, we can learn from the example that has been set during the development and now into the operation of the satellite dialysis unit," said R. W. (Dick) Carter, SHA Board Chair. "They have truly consulted with the community, engaged the patients and worked to create a health-care model that is not only culturally responsive, but blends Western medicine with First Nations knowledge and healing practices."

The development and operation of the satellite dialysis centre at PMHC is the first collaborative project between ANHH and SHA. The inclusive and innovative model of care delivered at PMHC includes traditional healing practices and utilizes First Nation ways of knowing, aimed at addressing the unique needs of not only First Nations, but also all patients in the area who access the services provided.

"The Pasikow Muskwa Healing Centre is evidence of our belief in the Spirit & Intent of recognizing our Treaty Right to Health, and is a step forward on the path toward Reconciliation," shared FHQ Tribal Chief Edmund Bellegarde. "This MOU is integral to further strengthening our relationship as leaders in health in this province. With the signing of this MOU, we awaken the Spirit & Intent of our special relationship as we move forward into the future."

Both parties acknowledge that addressing the health gaps of First Nations populations requires innovative and responsive programs and services which improve the health status and health outcomes of First Nations people and communities. Through the MOU they will work together to remove any barriers which may affect achieving their goals.

"There is no doubt that genuine transformation in the Saskatchewan Health Authority will come from the strength of our people," said SHA CEO Scott Livingstone. "It is evident that what has been done here is a direct result of the strength of this community. You have led the way, creating a plan to support the delivery of dialysis services at the Healing Centre. We are honoured to be on this journey with you."



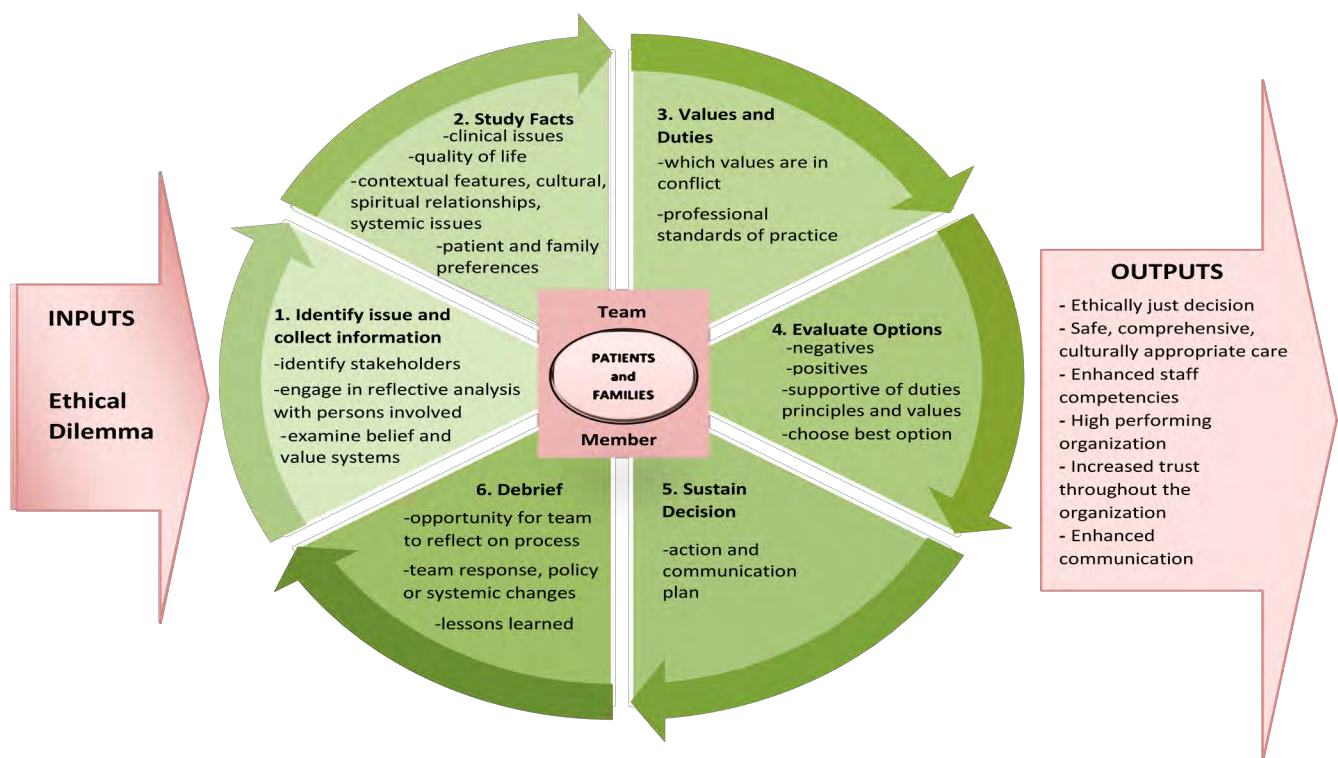
(L-R) ANHH Board of Director chair, File Hills Qu'Appelle Tribal Council Chief Edmund Bellegarde and Saskatchewan Health Authority CEO Scott Livingstone

ETHICS FRAMEWORK

Ethical Issues ~ Policy Reviews ~ Case Consultations

An Ethics Committee was established with membership from ANHH internal departments and representation from external affiliates. The committee provides consultation and advice on ethical issues, policy reviews, and case consultations. The group also ensures health research protocols are adhered to and provides educational opportunities.

Subsequently, an Ethics Framework was developed to further guide and assist staff and other professionals with every day ethical issues in his or her work in order to provide the best possible outcomes for clients.



ANH H DEPARTMENTS

DEPARTMENT	DEPARTMENT HEAD	TITLE
ANH H & FHQ Health Services	Gail Boehme	Executive Director
ANH H & FHQ Client Services	Lorna Breitreuz, RN, MN	Director of Client Services
Diagnostics	Sonya Mayo	Supervisor
Health Information Management	Laurie Dixon	Supervisor
Quality Improvement & Infection Control	Dinys Reed, RN BScN	Accreditation Coordinator
Maintenance	Dale Walter	Supervisor
Environmental Services/Dietary/Laundry	Dawn Desjarlais	Supervisor
Purchasing/Scheduling	Erin Anardi	Coordinator
Nursing	Michelle Carroll, RN	Supervisor
Women's Health Centre	Stella DeVenney, RN, NP	Manager
Finance	Lana George, BBA	Manager
Human Resources	Lisa Acoose, IBM, CFNHM	Manager

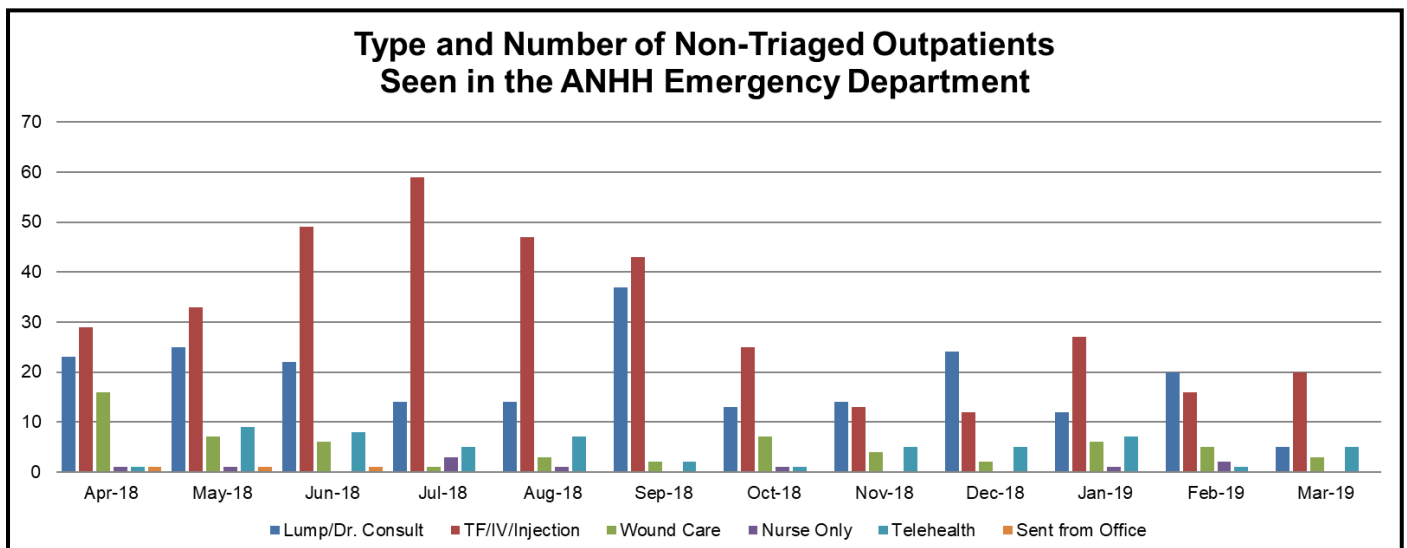
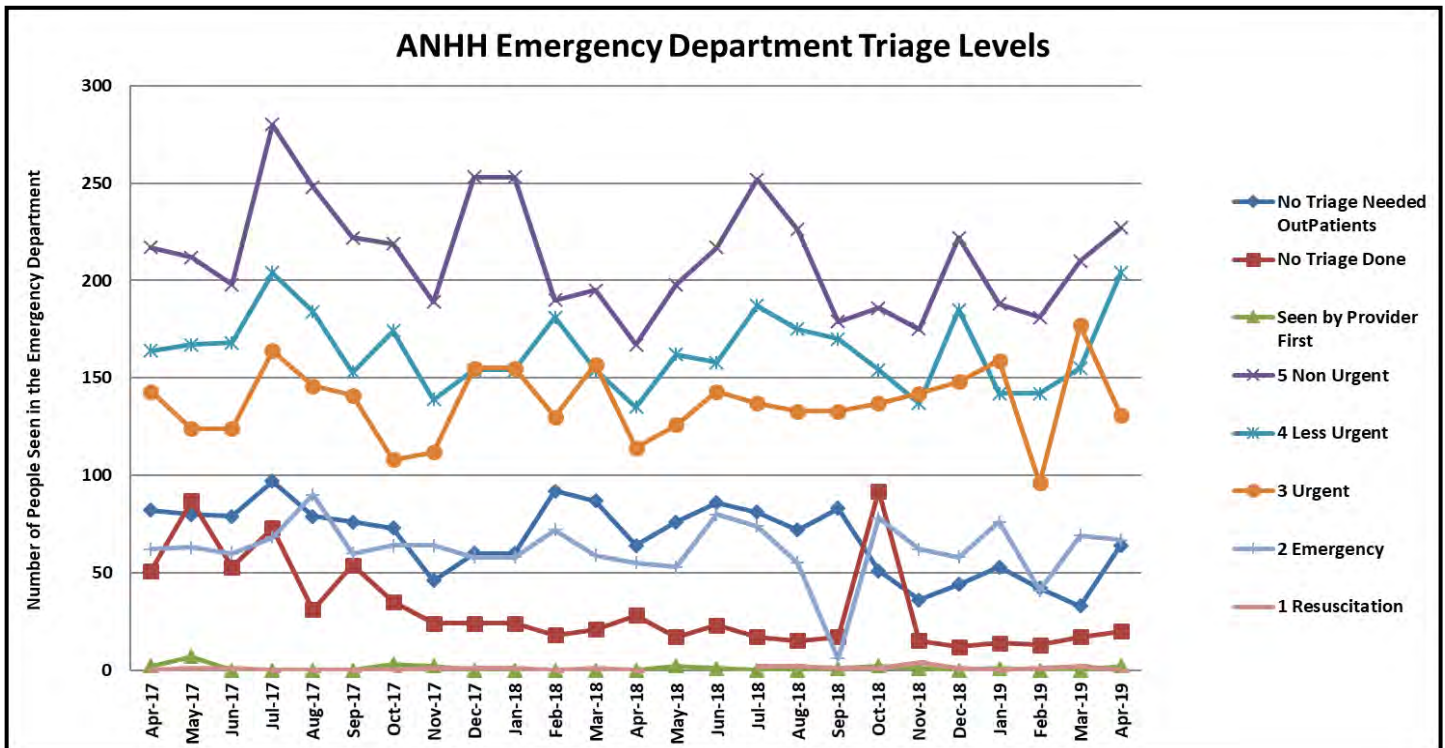
"Staff members are trained and comfortable in their jobs, and always work well as a team. Staff members are client focused and take ownership of their jobs." Accreditation Canada Surveyor Report.



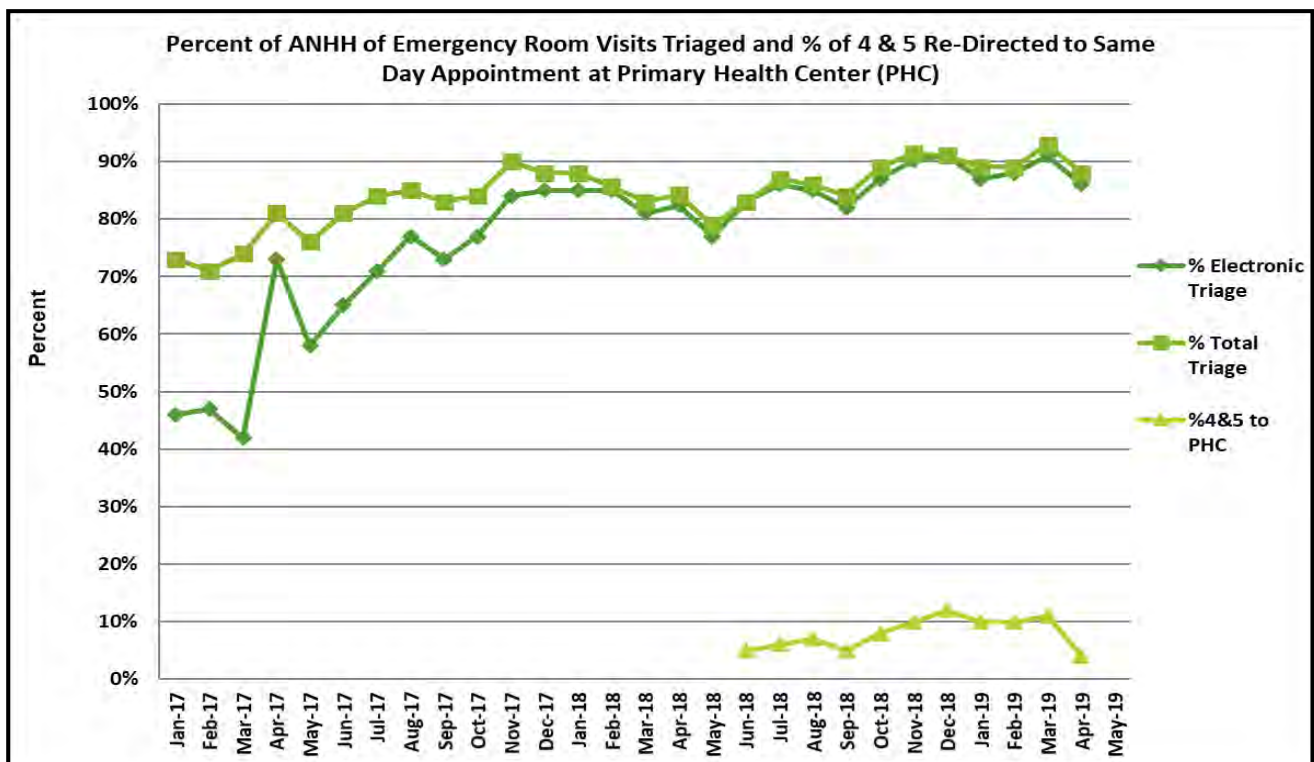
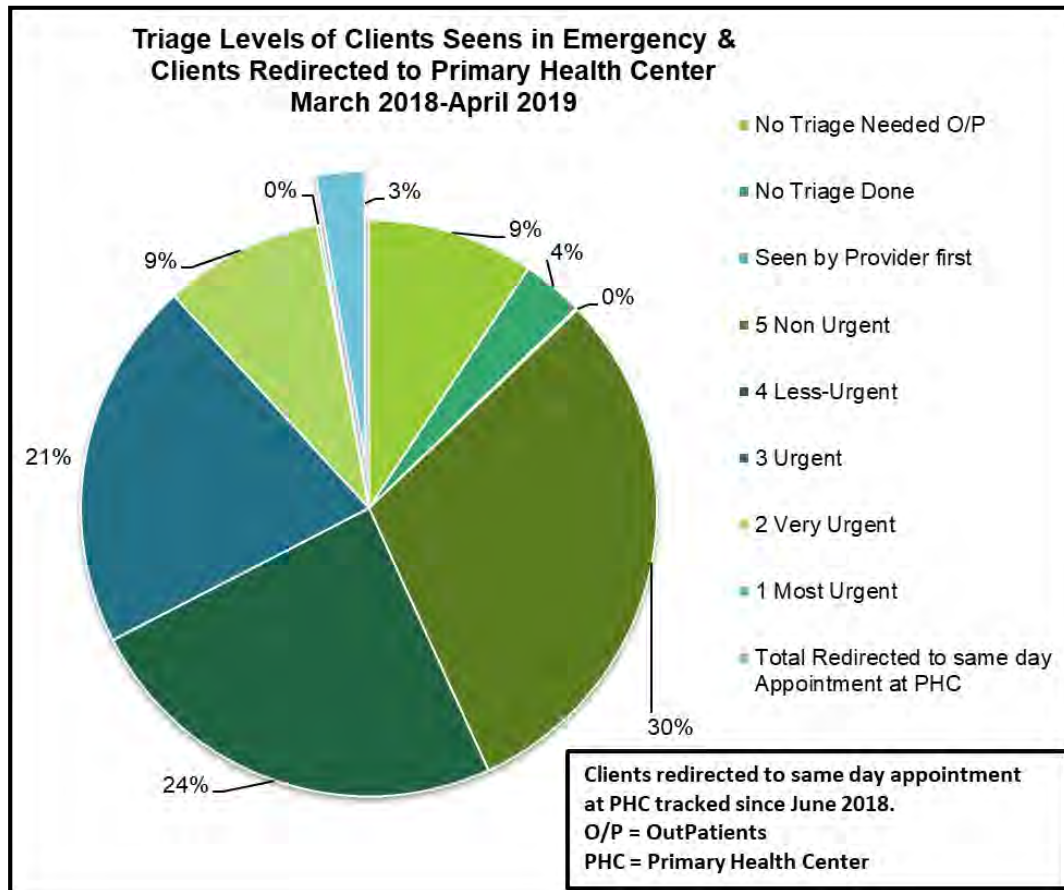
ANHH EMERGENCY ROOM

Triage is the process of determining the priority of patients' treatments based on the severity of their condition. Triage helps to determine the order and priority of emergency treatment to ensure meeting the needs of the emergency patients and efficient use of Emergency Department resources.

Triage = We treat the most critical patient first.



ANHH EMERGENCY ROOM



ANHH EMERGENCY ROOM

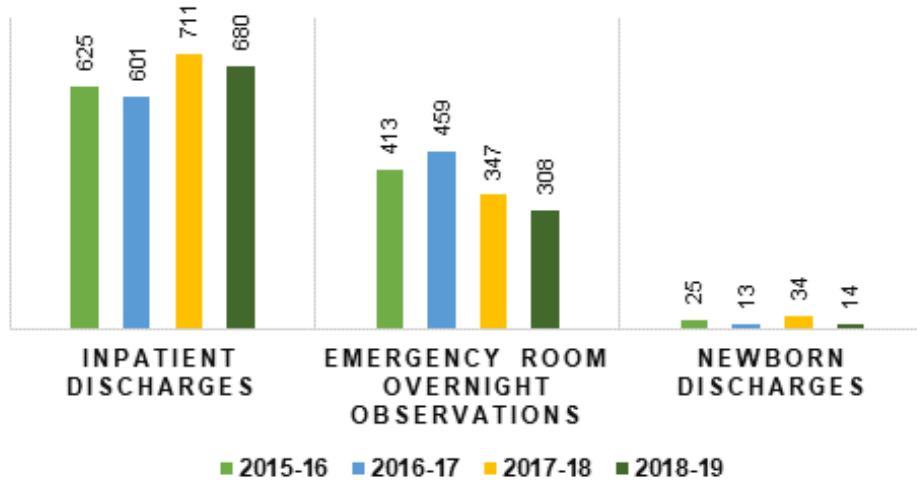
EMERGENCY ROOM UTILIZATION

■ EMERGENCY ROOM VISITS

■ BOOKED PROCEDURES IN OUTPATIENTS



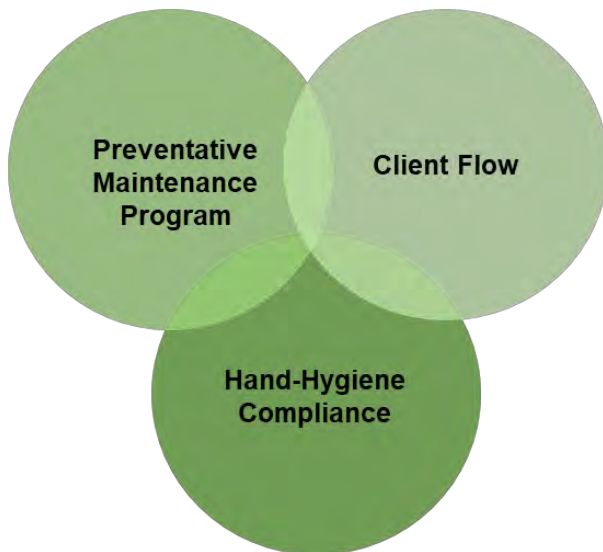
TYPES OF DISCHARGES



ACCREDITATION AND QUALITY IMPROVEMENT

Accreditation is an ongoing process of evaluating and recognizing a program or service is meeting established standards. Every four years Accreditation Canada Surveyors visit the organization to conduct an onsite survey. During this survey an assessment of achievements, strengths and opportunities for improvement are identified. ANHH is due for an Accreditation Canada on-site survey in October 2019

Staff works in their day to day practice to ensure the integration of Accreditation into daily operations to improve the quality and safety of programs and services delivered throughout the organization. Data is collected to ensure safe work practices are in place and to identify areas for improvement such as but not limited to the following Required Organizational Practices (ROPs):



Preventative Maintenance Program:

An effective preventative program helps to ensure medical devices and equipment are safe and functional. It also helps to identify and address any potential problems with devices or equipment that may result in injury to patients/clients or team members

- * A collaborative work effort has been initiated to revised and update Policies and Procedures and to develop Job Aides. Job aides promote consistency of work practices
- * There are documented Preventative Maintenance reports and documented follow-up of any incidents and problems related to medical devices or equipment in place. Issues with equipment or devices can easily be tracked

Client Flow

Client flow is improved throughout the organization and the emergency department overcrowding is mitigated by working proactively with internal teams and teams from other sectors

- * Interdisciplinary huddles are held weekly to identify, potential barriers to patient access to services, any patient needs and to initiate discharge planning.
- * Work being done with the Primary Health Care Center to enable the ANHH Emergency Department to Re-Direct patients to a same day appointment at the Primary Health Care Center helping to ensure that patients/clients are seen by the most appropriate provider at the most appropriate place
- * Leadership recognizes the importance of a dedicated ER triage space and renovations are planned for 2019
- * Electronic Triage ensures clients are assessed and a treatment plan is implemented based on the severity of their condition

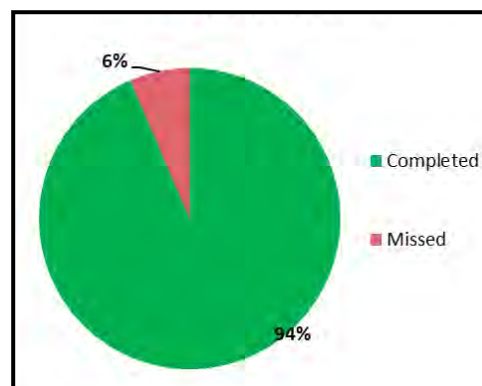
ACCREDITATION AND QUALITY IMPROVEMENT

Required Organizational Practices

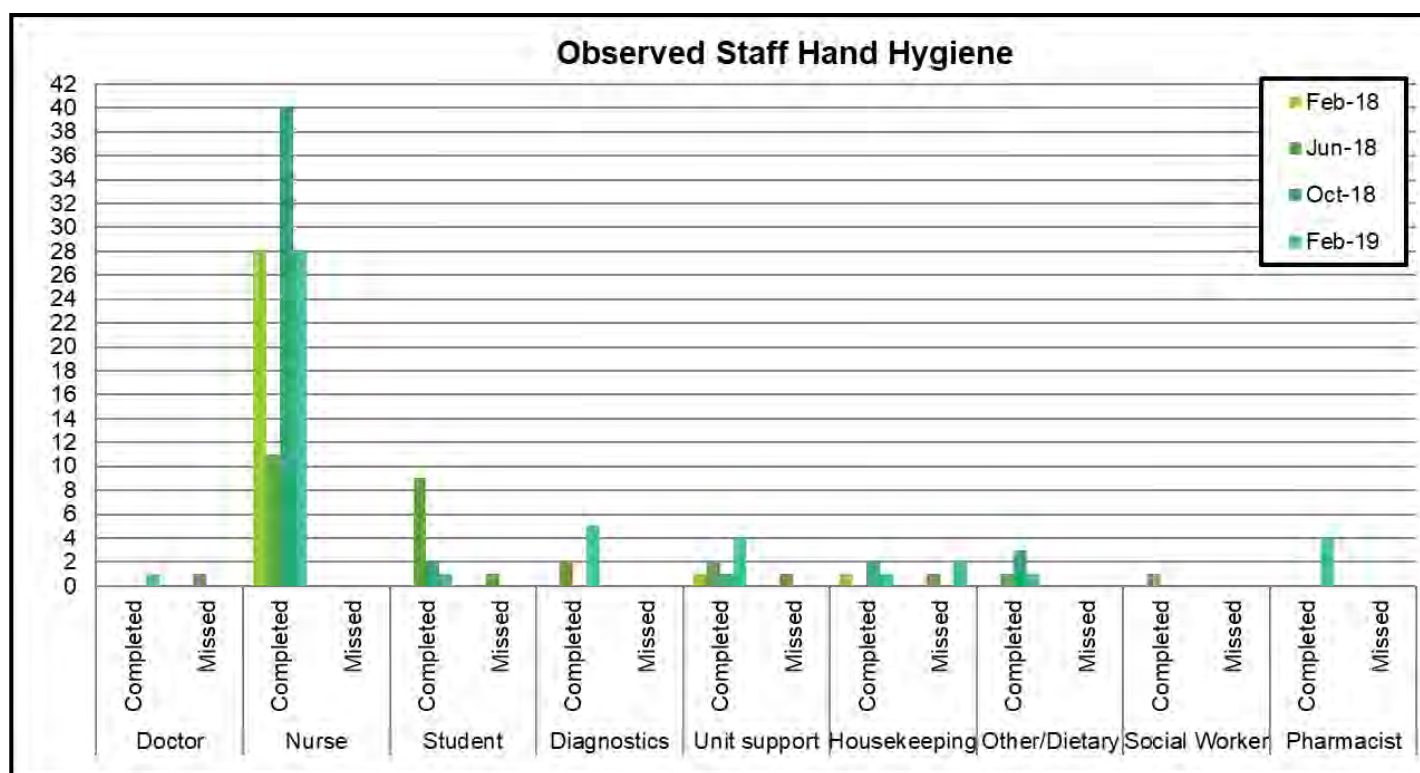
Hand-Hygiene Compliance

Compliance with accepted hand –hygiene practices is measured

- * All staff are required to completed Hand Hygiene Modules annually and provide a return demonstration of hand hygiene techniques to a Hand Hygiene observer
- * The interactive Hand hygiene modules are accessed from Infection Prevention and Control Canada (IPAC) and the Center for Disease Control (CDC)
- * Quarterly hand hygiene audits are done and results submitted to the SHA. Staff working in community or working alone participated by completing a self-audit
- * Hand hygiene opportunities and giveaway prizes for the public are provided at the Annual Open House in front of the food line



Observed Staff Hand Hygiene Opportunities
Feb. 2018 to Feb. 2019



INFECTION CONTROL

Required Organizational Practices—Infection Control

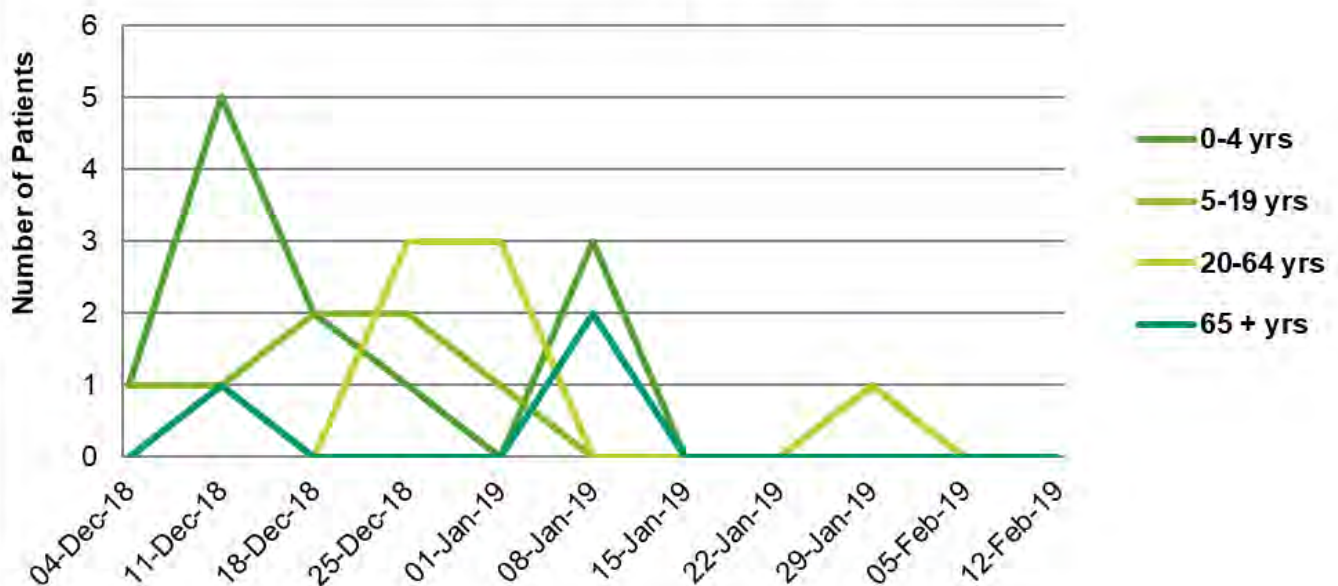
Reprocessing: *The processes for cleaning and disinfecting and sterilizing medical devices and equipment are monitored and improvements made as needed.*

- * November 22, 2019 ANHH invited the Provincial Medical Device Reprocessing Medical Devices Regulation (MDR) auditors to audit the MDR areas of Acute Care and First Nations' Health Services.
- * Audit completed and recommendations were provided. ANHH has implemented an action plan for improvement ensuring that the ANHH MDR processes continue to comply with Canadian Safety Association Standards.

Infection Rates

- * ANHH has not had any infection outbreaks.
- * The Provincial outbreak report is shared throughout the organization.
- * ANHH participates annually with the Province to gather data on Influenza Like Illness seen in the Emergency Department. The Provincial Epidemiologist generates a report that is shared throughout the organization.

**Influenza Like Illness Seen in the ANHH Emergency Department
2018-2019 Flu Season**



Data Collection for the season ended Feb 15, 2019

LABORATORY

Partnerships ~ Client Care ~ Equipment ~ Staff Development

Partnerships:

- The relationship with the Saskatchewan Health Authority continues, including acquiring resources to benefit and advance our facility.
- The Saskatchewan Polytechnic partnership provided learning opportunities for Combined Laboratory and X-ray Technology (CLXT) and Medical Laboratory Technology (MLT) students. The opportunities expanded our knowledge and provided us the privilege of recruiting excellent staff to our team.

Client Care:

- With the purchase of a TV screen we have initiated a method to better communicate with our clients about the processes we follow in the diagnostic department and what they can expect during their time with us.
- The Department continued to provide high quality, positive and friendly experience for clients.

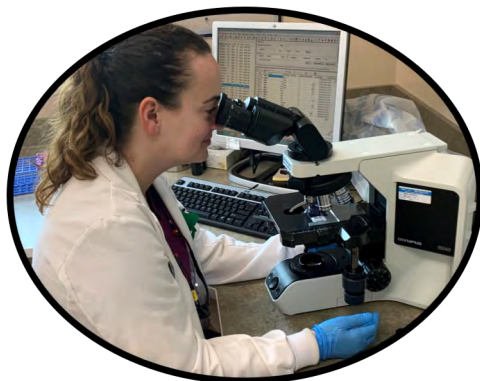


Equipment:

- Implementation of improved Troponin Point Of Care tests strips, as well as validation of heparinized samples on the chemistry analyzer to accommodate the collection of blood for our dialysis patients are allowing us to adapt to the needs of our clients.
- A new paperless chart recorder for the blood bank fridge and a new fridge for our costly reagents are some of the improvements to the equipment in the lab.

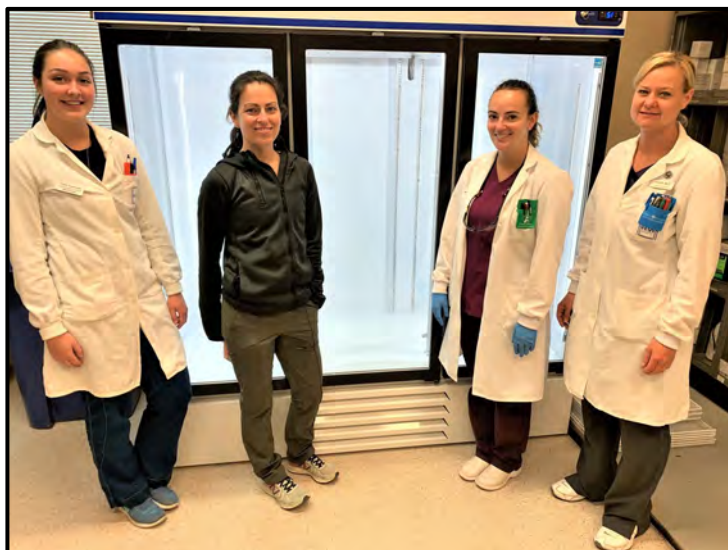
Staff Development:

- Combined Laboratory and X-ray Technology staff members completed a blood management course as part of our commitment to meet laboratory standards and provide training to staff.
- All staff continue to perform a variety of continuing education and competency tasks to expand knowledge and skills.



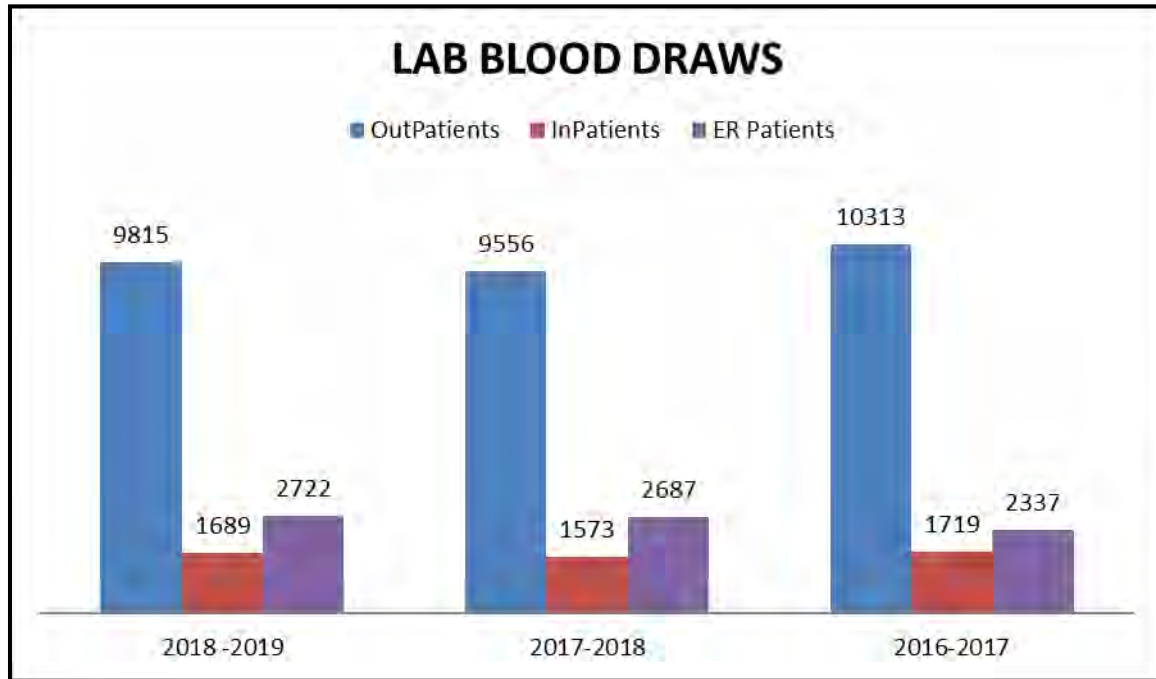
"I always find the staff helpful, cheerful and very competent."

"Very capable, professional staff. Good experience."



LABORATORY

Blood Draws ~ XRay's ~ ECG's ~ Holter Monitors



2,409

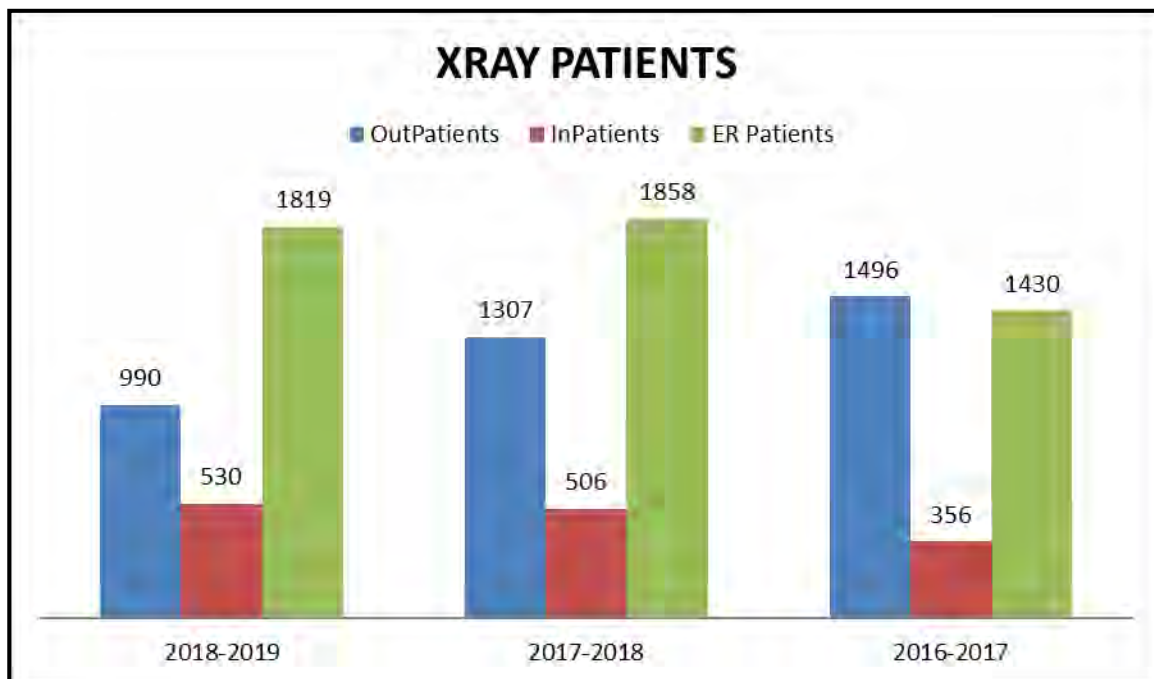
Electrocardiograms (ECG) Performed

195 InPatient ~ 1,242 Emergency ~ 972 OutPatient

105

Holter Monitors Performed

2018—2019



HEALTH TECHNOLOGY

Education ~ Clinics ~ Support

106 TELEHEALTH CLINICS

- ☐ 118 Patients
- ☐ 76 Family Members
- ☐ 42 Staff

1,083 SERVICE CALLS

- ☐ Provided by the Telehealth/eHealth Coordinator and IT Resource Consultant



29 EDUCATION EVENTS ATTENDED

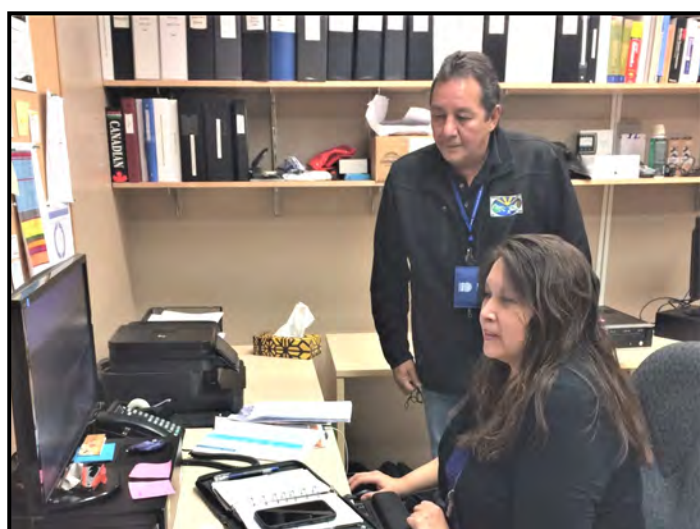
- ☐ 62 Staff
- ☐ 17 Members of the Public

6 MEETING EVENTS

- ☐ 12 Staff attended 6 administrative meetings, eliminating the need to travel

TELEHEALTH CLINICS

Oncology	Nephrology	Neurosurgery
Chronic Kidney Disease	Infectious Disease	Genetics
Hematology	Pain and Symptom Management	Cardiology Transplant
Psychiatry	Metabolics	Hip and Knee Surgery



WOMEN'S HEALTH CENTRE

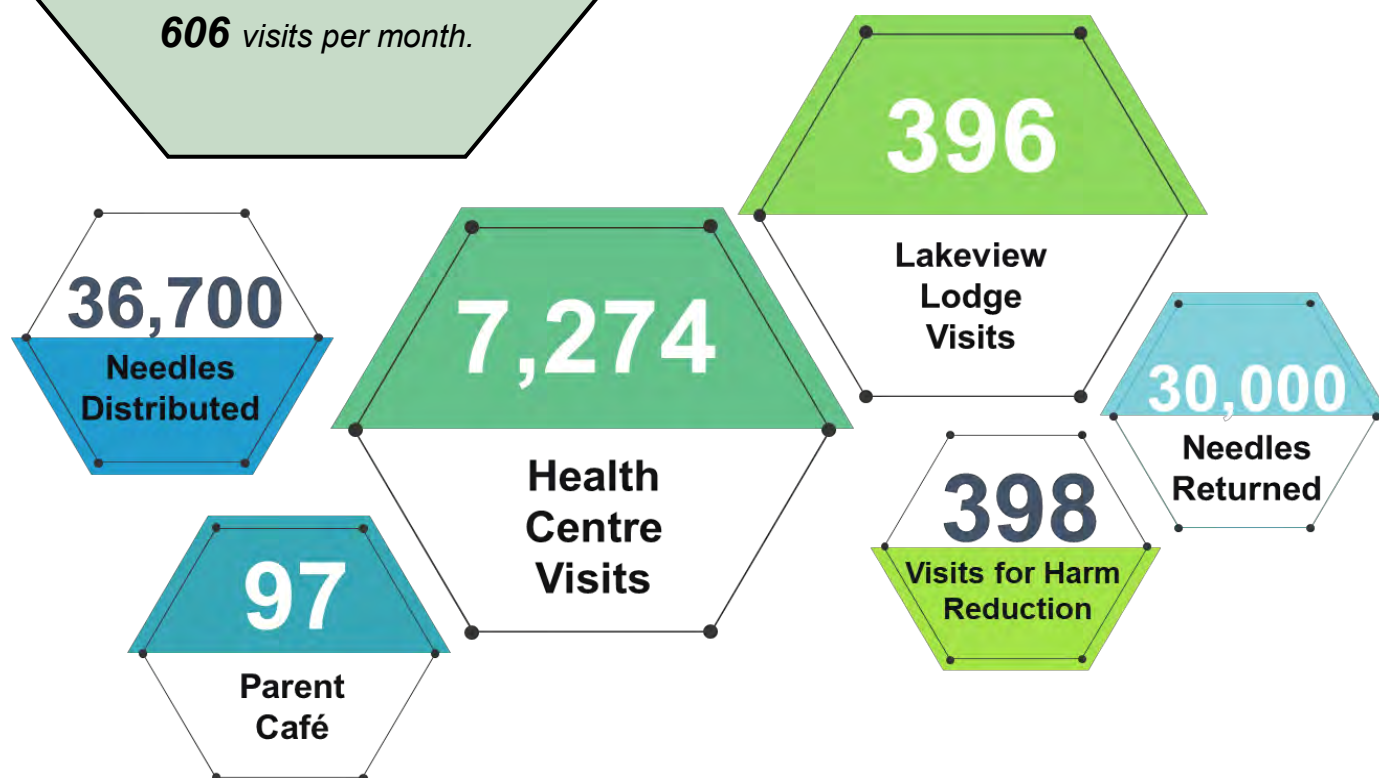
~ Providing care to women of all ages

Women's Health Centre Staff	
Stella Devenney	Nurse Practitioner
Diana Ashfield	Nurse Practitioner
Joelynn Radbourne	Nurse Practitioner
Debbie Vey	Midwife
Jacky Nduru	Midwife
Tonia Saulteaux	Medical Office Assistant
Chelsea Poitras	Medical Office Assistant

Nurse Practitioner Services	
Well Women Exams	Prenatal Care
Breast Exams	Contraceptive Counselling and Management
Pap Smears	STI Testing & Treatment
Outreach clinics in First Nation communities	Depression and Anxiety Assessment and Management
Menopause Care	Medical Care and Support for Lakeview Lodge Residents

The Women's Health Centre has an average of **606** visits per month.

Harm Reduction is a method to promote the reduction of potential risks associated with prescription or recreational drug use or misuse.



MIDWIFERY PROGRAM

Maternal Health ~ Outreach Clinics ~ Parent/Baby Sessions

People

- Debbie Vey, Midwife
- Jacky Nduru, Midwife
- Acute Care Nurses as Second Attendants

Stats

46 Births:

- 18 All Nations' Healing Hospital
- 28 Regina General Hospital

54 Parent Cafés

Programs

- Outreach Clinics
- Serving First Nation Communities
- Parent Cafés/Mother & Baby Sessions

Continuing Competence

- Ongoing education & certification
- Peer review & Chart Audits
- Mandatory Inter-Provincial Training
- Committee Work for the Saskatchewan Health Authority and College of Midwives



ENVIRONMENTAL SERVICES

Environmental Services ~ Laundry ~ Dietary

The Environmental Services team upholds and maintains rigorous standards, providing a clean and safe work environment for patients, staff and the general public. Standards are upheld, in part, through the use of monitoring and inspection systems including the implementation of tracking and quality assurance checklists.

One new checklist monitors the cleaning of the acute care patient rooms and the team has initiated a "room refresh" schedule with maintenance. This process includes taking a single patient room and identifying all the needs such as paint, repairs, floor care and room updates. The room is closed for 4 to 5 days for a refresh and then on to the next room.



" Clients feel the atmosphere is warm and welcoming. The food serviced by the kitchen was excellent.", Accreditation Canada's Client Satisfaction Survey Report.

MAINTENANCE DEPARTMENT

Prevention ~ Public Safety ~ Quality Control

The Maintenance Department Team is responsible for regular equipment checks, general maintenance and winter snow removal schedules. A tracking tool is in place to ensure visitor safety is foremost and quality improvement standards are maintained. Fleet Vehicle maintenance and inspections are conducted weekly on all vehicles.



HUMAN RESOURCES

Community Driven ~ Safety a Priority ~ High Quality Care

Serving Our Clients

As a community-driven health care organization, delivering safe, high quality care and services to our clients is our top priority. We work every day to make a difference to our clients. All of our people care deeply about the clients we serve and that care is often most evident in those who work in the front line. During 2018 we said goodbye to long term employees who chose to retire and in some cases resign. We thank these individuals for their years of services and wish them all best on their future endeavours and welcome the new employees who bring their expertise and experiences to ANHH.

SERVICE RECOGNITION		
SERVICE	NAME	POSITION
20 years	Erin Anardi	Purchasing Agent
15 years	Carolyn Hockley	Combined Laboratory & X-Ray Technician
10 years	Larysa Myzernyuk	Cook, Food Services Worker, Environmental Services Worker
10 years	Gail Boehme	Executive Director, ANHH & FHQTC Health Services
10 years	Lynette Grand	Environmental Services Worker
10 years	Kimberly Strongarm	Licensed Practical Nurse
10 years	Christine Renwick	Registered Nurse
5 years	Kira Dotchuk	Combined Laboratory & X-Ray Technician
5 years	Sharon Fayant	Environmental Services Worker
5 years	Carrie McNabb	Licensed Practical Nurse
5 years	Jennifer Dolmage	Registered Nurse
5 years	Tanya Huber	Registered Nurse

“The All Nations’ Healing Hospital reinforces the values of integrity, excellence and wellness to enable the hospital to meet its service goals by promoting excellence in human resource management.”

~ Accreditation Surveyor



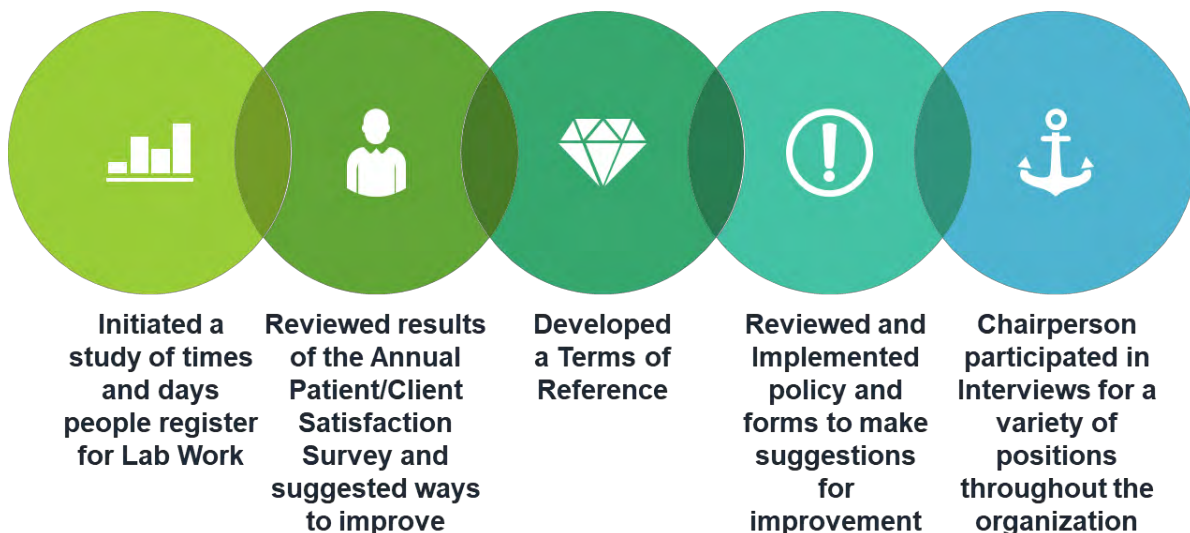
PATIENT AND FAMILY ADVISORY COUNCIL



Back row, L to R: Doug Weiss (PFAC volunteer), Tanya Mores, Bonnie Shing (PFAC volunteer), Kristal Dickie, Joan Bellegarde (PFAC volunteer), Leona Peigan (PFAC volunteer)

Front Row, L to R: Dyns Reed, Mary Muirhead (PFAC volunteer), Debra Wizniak (Sask. Health Authority PFAC), Lorna Breitreuz, Rick Favel

The ANHH Patient and Family Advisory Council had their initial orientation in October 2018. The Council holds regular meetings and has been actively involved in the following activities:



Patient and Family advisors are volunteers who aren't familiar with the complexity of health care and see things from a very different perspective. They see what people who work in the environment day in and day out don't see. -SHA Patient and Family Centered Care Program (Regina Area)

PASIKOW MUSKWA (RISING BEAR) HEALING CENTRE

Holistic Services ~ Kidney Wellness ~ Traditional & Clinical Health Services

The Pasikow Muskwa Healing Centre is a culturally enhanced Chronic Kidney Wellness Initiative. The centre provides holistic services for individuals, families and communities and includes traditional healing practices and/or clinical health services. Health care professionals address all aspects of health and well-being for Physical, Emotional, Spiritual and Cultural Health.



Program Goals

- ~ To improve access to culturally safe care for individuals, families and communities that is innovative, diverse and respectful of various ways of knowing
- ~ To enhance community engagement, provide early screening/detection, and active self-management across the continuum of care for Kidney Wellness
- ~ To support, strengthen, and facilitate cultural healing through Traditional and Spiritual Institutes

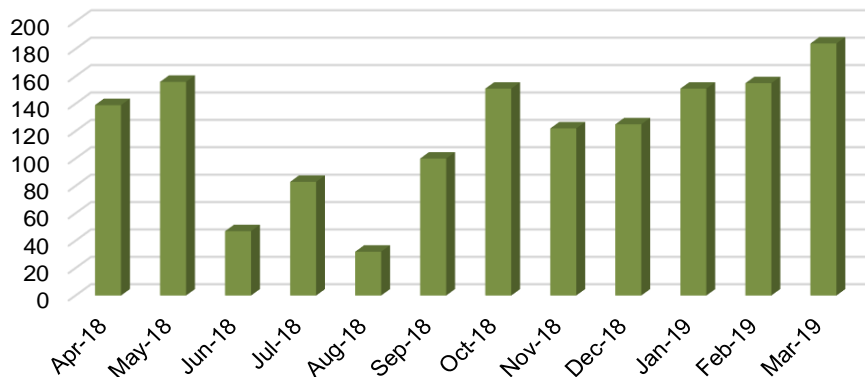
Team of Providers:

Nurse Practitioner	Health Navigator
Traditional Knowledge Keeper	Pharmacist
Primary Care Chronic Disease Nurse	Medical Office Assistant
Dietitian	Visiting Specialists
Diabetes Nurse Educator	



Rick Favel, Traditional Knowledge Keeper

**Number of Patients
April 2018 to March 2019**



**June to August statistic
variances due to Staff
attendance at hemodialysis
training**

PASIKOW MUSKWA HEALING CENTRE

Satellite Dialysis Services opened September 26th, 2018 operating Monday, Wednesday, Friday to accommodate 12 patients.

While receiving dialysis treatments, additional services are brought to the patient to improve accessibility and provide a wholistic and cultural experience in care. These services include; Traditional Medicine, Traditional and Spiritual counseling, smudging, prayer, feasts, Traditional Healer services, psychologist counseling, Home care and wound management, PT/OT services, diabetes education and follow-up, dietitian and pharmacist counseling and primary care services with support from Nurse Practitioner specialized in renal care.

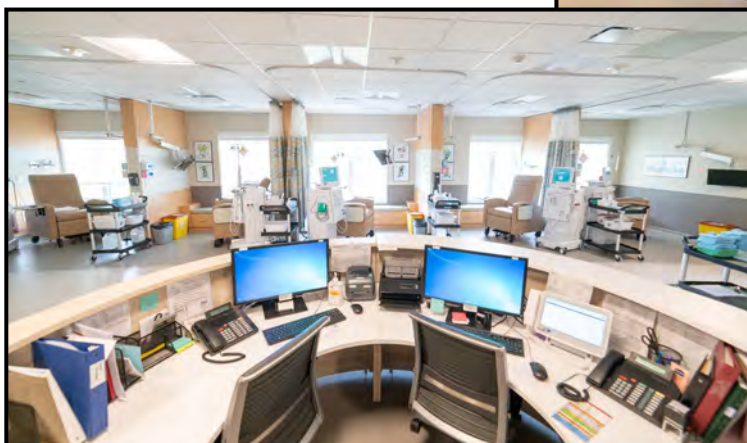
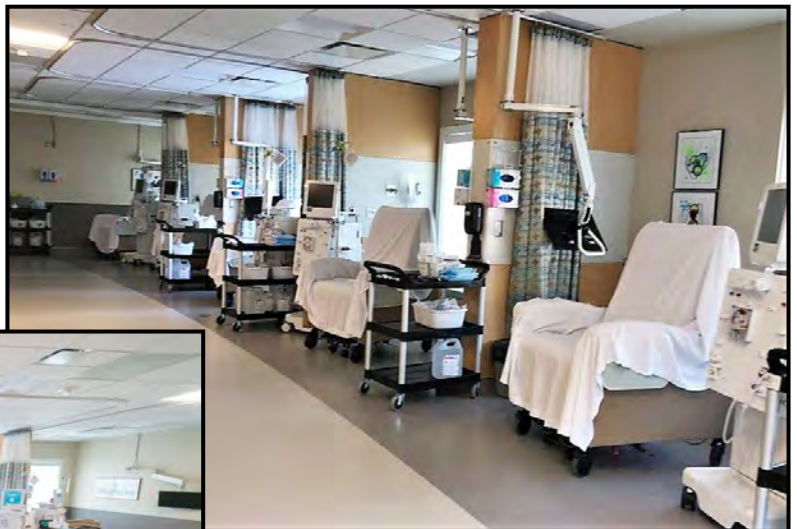


Advancing Technology – The satellite dialysis unit is the first in the Province to implement an integrated electronic dialysis management system that allows health providers and nurses direct electronic monitoring, documenting and individualization of a patients dialysis treatment. The electronic system is bidirectional with the Dialysis machine. Ensuring patient safety, enhancing patient treatments and improving overall outcomes.

Access to an Independent Dialysis Suite is available, which allows patients, whom for varying reasons cannot have the equipment set up in their home, the ability to self-manage their own hemodialysis treatments. Access to the suite is accommodated 7 days per week.

Dr. Karunakaran continues to visit each month. Providing Chronic Kidney Disease clinic as well as reviewing patients during hemodialysis.

Primary Care Clinic operating Monday through Friday, providing multi-disciplinary and culturally responsive care for clients/communities with chronic conditions. Services include; primary care services for conditions such as diabetes, hypertension, kidney disease, cholesterol management; counseling and education, dietitian and diabetes educator services, Traditional & Cultural services, Tele-health support for specialist appointments, 24hr ambulatory blood pressure monitoring, outreach services.



WHITE RAVEN HEALING CENTRE

The White Raven Healing Centre provides client-centred, culturally based programs for those requiring services on site as well as referred from the community.

WRHC offers a variety of services, all provided by approved Therapists, Addictions Workers and Elders:

- Cultural Program
- Counseling Support Program
- Crisis Intervention
- Addictions Services
- Indian Residential School Resolution Program
- Mental Health/Addictions Services



Vision: To provide client-centered mental health and addictions services that integrates the best of mainstream therapeutic techniques with traditional First Nation healing practices to provide a holistic approach to heal from past traumatic experiences and current psychological issues.

Mission: To promote guiding principles that will encourage open communication with all individuals, families and communities. Our primary focus is to provide traditional and conventional therapeutic counseling designed to address the legacy of intergenerational impacts of residential schools and unresolved trauma and family violence.

WRHC Client Statistics

	ADULT		ELDERLY		CHILD		YOUTH		GROUPS	TOTALS
	Female	Male	Female	Male	Female	Male	Female	Male		
Therapists	136	58	5	0	17	33	46	17	1,210	1,522
Critical Incident Stress Management	72	28	9	2	0	0	4	1	4,383	4,500
Addictions	184	237	2	4	11	9	33	5	7,176	7,661
Indian Residential School Support	304	108	0	0	2	0	17	1	8,711	9,143
TOTALS	696	431	16	6	30	42	100	24	21,481	22,826

White Raven Healing Centre

Cultural Activities

CULTURAL EVENTS	ACTIVITIES	ATTENDANCE BY AGE GROUP					TOTALS
		0-29	30-49	50-69	70+	Unknown	
Sweats	113	680	573	476	78	177	2,097
Night Ceremonies	7	15	21	20	0	66	129
Open & Closing Prayers	18	0	4	5	2	103	132
Traditional Counseling	32	2	1	4	1	2	154
Referrals	32	2	1	4	1	2	42
Pipe Ceremonies	124	645	641	486	63	1,583	3,542
Medicine Exchanges	47	1	10	21	2	13	94
Residential School Support	0	0	0	0	0	0	0
Culture Presentations	16	20	4	3	0	3,050	3,077
Feasts	109	638	568	495	75	479	2,314
Smudging Ceremonies	127	258	699	475	63	780	2,402
WRHC Tours	29	97	17	6	0	141	290
Tee Pee Presentations	21	23	2,858	2	0	15,715	18,613
TOTALS	711	2,388	5,416	1,961	287	19,089	29,809



White Raven Healing Centre Staff:

Murry Ironchild
 Michelle Bellegarde
 Dianne McKay
 Donna Okeewehow
 Ethel Starblanket
 Joyce Poitras
 Dale Whitecap
 Melinda Moosemay

MIKO-MAHIKAN RED WOLF CENTER

Education ~ Treatment ~ Follow Up

The Miko-Mahikan Red Wolf Program is a progressive new program featuring a respectful and confidential approach to care. The goal of the Miki-Mahikan Program is to reduce the incidence and prevalence of HIV (Human Immunodeficiency Virus) and HCV (Hepatitis C Virus) by expanding public access to information, harm reduction approaches, treatment options and follow-up services. Harm Reduction is regarded as a method to promote the reduction of potential risks associated with prescription or recreational drug use or misuse.

The four pillars that guide the rights-based approach to this harm reduction program includes:

1. Traditional Knowledge Keeper Oversight and elder availability to offer direction, guidance and support
2. Educational component tailored to community requirements
3. Harm reduction services to provide a safe space for clients
4. Treatment of HIV, Hepatitis C and Opiate Use Disorder, Case Management Practices and Outreach Services

Currently, Miko-Mahikan Red Wolf Program employs two Nurse Practitioners, as well as a Health Navigator, HIV/HCV Educator and Medical Office Assistant. An HIV/HCV Outreach Nurse will soon join the team. Services provided at the centre include Opioid Replacement Therapy and Harm Reduction Best Practices such as a needle exchange program and supply kit availability. The supportive services provided to clients are confidential and anonymous. In addition, if a member of the public finds a used needle, call the office and staff will arrange for safe retrieval and appropriate disposal.



Early detection and treatment of HIV and HCV will reduce
mortality and transmission rates

PHYSICIAN UPDATE

Dr. Kieran Conway and Dr. Nicole Heintz have established a relationship with the College of Medicine for the clinical placement of medical students. These physicians mentor medical students at the All Nations' Healing Hospital, therefore providing potential recruitment opportunities.



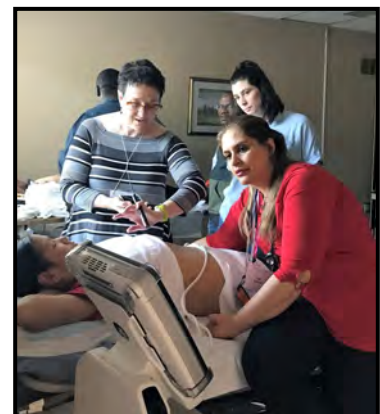
Medical students practicing their skills with Dr. Nicole Heintz.



Medical students working with Rick Favel, Traditional Knowledge Keeper (second from left), Dr. Kieran Conway (far right) and Dr. Nicole Heinze (left).

PHYSICIAN UPDATE: CONTINUING COMPETENCIES

Ultrasound Course for Physicians hosted by All Nations' Healing Hospital

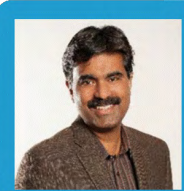


OUTREACH SPECIALIST SERVICES

Clinics ~ Accessibility ~ Individualized Care

NEPHROLOGY

Dr. S. Karunakuran is a Kidney Specialist providing regular clinics for those living with chronic kidney disease. These clinics provide accessibility options for clients from the area.



INFECTION CONTROL

Dr. S. Skinner is an Infectious Disease Specialist offering clinics at ANHH, providing convenient access for clients living with infectious disease.

DERMATOLOGY

Dr. R. Asiniwasis, MD, FRCPC, DABD, has a dermatology practice in Regina and provides a variety of general and medical dermatology services to clients at ANHH.



PHYSIOTHERAPY

The Saskatchewan Health Authority and Bourassa & Associates offer Physiotherapy services to in-patients at ANHH, utilizing a variety of therapeutic interventions.

ANHH FUNDRAISING

2018—2019 Total Donations:



\$75.00

Memorial Donations

\$6,973.15

**Regular
Donations**

\$17,760.11

Golf Fundraiser

\$56,062.00

**Pasikow Muskwa
Rising Bear**

\$2,370.14

**Women's Health
Centre**

\$83,240.40

*Thank you for your
kind contributions!*



ALL NATIONS' HEALING HOSPITAL INC.

FINANCIAL STATEMENTS

MARCH 31, 2018

MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL STATEMENTS

The accompanying financial statements of **All Nations' Healing Hospital Inc.** have been prepared by the Organization's management in accordance with Canadian accounting standards for not-for-profit organizations and necessarily include some amounts based on informed judgement and management estimates.

To assist management in fulfilling its responsibilities, a system of internal controls has been established to provide reasonable assurance that the financial statements are accurate and reliable and that assets are safeguarded.

The board of directors has reviewed and approved these financial statements.

These financial statements have been examined by the independent auditors, **Virtus Group LLP**, and their report is presented separately.

A handwritten signature in black ink, appearing to read 'G. Boehme', is written over a horizontal line.

Gail Boehme

Executive Director

INDEPENDENT AUDITORS' REPORT



**VIRTUS
GROUP**
Chartered Professional Accountants
& Business Advisors LLP

To the Directors,

All Nations' Healing Hospital Inc.

We have audited the accompanying financial statements of **All Nations' Healing Hospital Inc.** which comprise the statement of financial position as at **March 31, 2018** and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Organization as at **March 31, 2018** and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Other Matter

Our audit was conducted for the purposes of forming an opinion on the financial statements taken as a whole. The supplementary information in Schedule 1, 2 and 3 are presented for additional information purposes only. This supplementary information has been subjected to procedures in the context of the audit of the financial statements as a whole, and thus, no additional procedures have been performed on these schedules.

May 10, 2018

Regina, Saskatchewan

VIRTUS GROUP LLP

Chartered Professional Accountants

SASKATOON

Suite 200 - 157 2nd Ave North | Saskatoon, SK S7K 2A9
t. 306-653-6100 f. 306-653-4245 e. virtus.saskatoon@virtusgroup.ca

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www.virtusgroup.ca

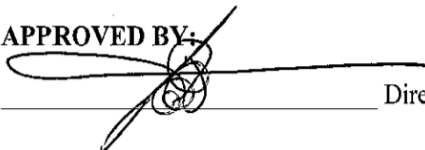
REGINA

Suite 200 - 2208 Scarth Street | Regina, SK S4P 2J6
t. 306-522-6500 f. 306-522-6222 e. virtus.regina@virtusgroup.ca

ALL NATIONS' HEALING HOSPITAL INC.
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2018
(with comparative figures for 2017)

ASSETS		2018	2017
Current assets			
Cash	\$	298,122	\$ 388,616
Term deposits (Note 3)		794,155	904,039
Accounts receivable		249,231	421,247
Inventory		70,025	70,936
Prepaid expenses		30,933	39,270
		<u>1,442,466</u>	<u>1,824,108</u>
Tangible capital assets (Note 4)		<u>9,915,082</u>	<u>9,707,403</u>
	\$	<u><u>11,357,548</u></u>	<u><u>\$ 11,531,511</u></u>
LIABILITIES			
Current liabilities			
Accounts payable and accrued liabilities	\$	451,145	\$ 594,314
Deferred capital contributions (Note 6)		128,763	356,707
Deferred contributions relating to purchase of tangible capital assets (Note 7)		<u>9,821,268</u>	<u>9,614,856</u>
		<u>10,401,176</u>	<u>10,565,877</u>
NET ASSETS			
Net assets invested in tangible capital assets		93,814	92,547
Internally restricted surplus (Note 8)		1,247,134	1,245,754
Unrestricted surplus (deficit)		<u>(384,576)</u>	<u>(372,667)</u>
		<u>956,372</u>	<u>965,634</u>
	\$	<u><u>11,357,548</u></u>	<u><u>\$ 11,531,511</u></u>
Commitments			

APPROVED BY:

 Director

 Director

ALL NATIONS' HEALING HOSPITAL INC.
STATEMENT OF CHANGES IN NET ASSETS
FOR THE YEAR ENDED MARCH 31, 2018

	Internally restricted surplus (Note 8)	Investment in tangible capital assets	Unrestricted surplus (deficit)	2018	2017
Balance - beginning of year	\$ 1,245,754	\$ 92,547	\$ (372,667)	\$ 965,634	\$ 945,553
Purchase of tangible capital assets	-	706,224	(706,224)	-	-
Transfers from deferred contributions		(706,224)	706,224	-	-
Amortization of deferred contributions relating to purchase of tangible capital assets		499,812	(499,812)	-	-
Amortization of tangible capital assets		(498,545)	498,545	-	-
Excess (deficiency) of revenues over expenses	1,380	-	(10,642)	(9,262)	20,081
Balance - end of year	<u>\$ 1,247,134</u>	<u>\$ 93,814</u>	<u>\$ (384,576)</u>	<u>\$ 956,372</u>	<u>\$ 965,634</u>

ALL NATIONS' HEALING HOSPITAL INC.
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2018
(with comparative figures for the year ended March 31, 2017)

	<u>2018</u>	<u>2017</u>
Revenues		
Amortization of deferred contributions relating to tangible capital assets	\$ 499,812	\$ 396,199
Cafeteria and dietary receipts	50,527	47,953
FHQ shared cost revenue	119,040	119,040
File Hills Qu'Appelle Tribal Council	418,682	502,572
Health Canada - FNIHB	242,836	144,258
Other patient revenue	144,083	93,207
Other revenue	63,879	114,065
Province of Saskatchewan	12,680	12,680
Resident long-term care	1,686	5,314
Saskatchewan Health Authority	5,411,712	5,251,219
	<u>6,964,937</u>	<u>6,686,507</u>
Expenses		
Accreditation	109,483	108,822
Administration	168,628	100,914
Amortization	498,545	394,136
Dietary supplies	81,845	82,030
Health records	1,585	1,577
Hospital maintenance	123,156	95,210
Housekeeping supplies	26,598	22,319
Lab supplies	155,995	147,767
Maternal Child and Women's Health Services	726,104	603,088
Medical supplies	87,187	96,257
Nursing supplies	63,301	63,113
Pharmacy	80,688	68,394
Radiology	74,114	69,511
Telehealth operating	8,088	9,508
Ultrasound	62,791	116,490
Utilities	154,295	153,012
Vehicle maintenance	3,798	4,733
Wages and benefits	4,547,998	4,529,545
	<u>6,974,199</u>	<u>6,666,426</u>
Excess (deficiency) of revenues over expenses	<u>\$ (9,262)</u>	<u>\$ 20,081</u>

ALL NATIONS' HEALING HOSPITAL INC.
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2018
(with comparative figures for the year ended March 31, 2017)

	<u>2018</u>	<u>2017</u>
Cash provided by (used in) operating activities:		
Excess (deficiency) of revenues over expenses	\$ (9,262)	\$ 20,081
Items not involving cash:		
- Amortization	498,545	394,136
- Transfers from other entities recognized	(146)	(145)
- Amortization of deferred contributions relating to purchase of tangible capital assets	(499,812)	(396,199)
	(10,675)	17,873
Non-cash operating working capital (Note 9)	147,979	886,748
	<u>137,304</u>	<u>904,621</u>
Cash provided by (used in) investing activities:		
Additions to tangible capital assets	(706,224)	(2,344,068)
	<u>(706,224)</u>	<u>(2,344,068)</u>
Cash provided by (used in) financing activities:		
Contribution by FHQ and transfers from other entities	392,902	1,478,941
Restricted donations, interest and fundraising (Note 6)	85,524	100,348
	<u>478,426</u>	<u>1,579,289</u>
Increase (decrease) in cash	(90,494)	139,842
Cash position - beginning of year	<u>388,616</u>	<u>248,774</u>
Cash position - end of year	<u>\$ 298,122</u>	<u>\$ 388,616</u>

ALL NATIONS' HEALING HOSPITAL INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2018
(with comparative figures for the year ended March 31, 2017)

1. Nature of operations

All Nations' Healing Hospital Inc. (the "Hospital") is a not for profit organization and a registered charity. It operates a hospital which provides acute, palliative, emergency, women's health, midwife, laboratory, radiology services, low risk birthing and renal programs in Fort Qu'Appelle and surrounding areas. As a registered charity, the Hospital is exempt from income taxes under Section 149(1)(f) of the *Income Tax Act (Canada)*.

2. Summary of significant accounting policies

The financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations which required management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenues and expenses during the period. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in earnings in the period in which they become known. The financial statements reflect the following policies:

Financial instruments - recognition and measurement

Financial assets and financial liabilities are recorded on the statement of financial position when the Hospital becomes party to the contractual provisions of the financial instrument. All financial instruments are required to be recognized at fair value upon initial recognition, except for certain related party transactions. Measurement in subsequent periods of equity instruments is at fair value. All other financial assets and financial liabilities are subsequently measured at amortized cost adjusted by transaction costs, which are amortized over the expected life of the instrument.

Fair value is the amount at which a financial instrument could be exchanged at arm's length between willing, unrelated parties in an open market. Changes in fair values of financial assets and financial liabilities measured at fair value are recognized in statement of operations.

When there is an indication of impairment and such impairment is determined to have occurred, the carrying amount of financial assets measured at amortized cost is reduced to the greater of the discounted cash flows expected or the proceeds that could be realized from sale of the financial asset. Such impairments can be subsequently reversed if the value improves.

The Hospital's financial instruments include cash, term deposits, accounts receivable and accounts payable. The fair market value of cash, term deposits accounts receivable, and accounts payable approximate carrying values given the short term nature of the amounts.

Inventory

Inventory consists of medical supplies and medication. It is recorded at the lower of cost or net realizable value, with cost determined on the first in first out basis.

ALL NATIONS' HEALING HOSPITAL INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2018
(with comparative figures for the year ended March 31, 2017)

2. Summary of significant accounting policies (continued)

Tangible capital assets

Tangible capital assets are recorded at cost less accumulated amortization. Amortization is provided on the diminishing balance basis over the estimated useful life of the assets at the following annual rates:

Buildings	4 %
Hospital equipment	20 %

Deferred capital contributions

Contributions received to fund capital purchases are deferred until the related assets are purchased. Once assets are purchased, the deferred capital contributions are transferred to deferred contributions related to the purchase of tangible capital assets, and is then amortized on the same basis as the related asset is amortized.

Revenue recognition

The Hospital recognizes revenues using the deferral method. Unrestricted revenues are recognized as revenue in the year received or receivable if the amount can be reasonably estimated and collection is reasonably assured. Restricted revenues are recorded as deferred revenue and recognized as revenue in the year in which the related expenses are incurred.

3. Term deposits

Term deposits are recorded at cost, have interest rates ranging from .45% - .50% and maturity dates ranging from April 2018 to June 2018. The market value at March 31, 2018 is \$794,155 (\$904,039 in 2017).

4. Tangible capital assets

	2018		2017	
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Building under construction	\$ 2,918,280	\$ -	\$ 2,918,280	\$ 2,406,043
Buildings	11,218,482	4,790,807	6,427,675	6,738,851
Hospital equipment	2,816,668	2,268,041	548,627	542,009
Land	20,500	-	20,500	20,500
	<u>\$ 16,973,930</u>	<u>\$ 7,058,848</u>	<u>\$ 9,915,082</u>	<u>\$ 9,707,403</u>

5. Line of Credit

The Hospital has an authorized line of credit of \$250,000 which bears interest at prime plus 1%, and has a guaranteed investment certificate and general security agreement pledged as security. At year end, the line of credit was not utilized (2017 - \$0).

ALL NATIONS' HEALING HOSPITAL INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2018
(with comparative figures for the year ended March 31, 2017)

6. Deferred capital contributions

	<u>2018</u>	<u>2017</u>
Balance, beginning of year	\$ 356,707	1,042,187
Contributed by FNIHB	-	420,846
Contributed by other third parties	406,347	1,073,214
Restricted donations, interest and fundraising	85,524	100,348
Amounts recognized into income	(13,445)	(15,119)
Transfer to deferred contributions relating to purchase of tangible capital assets	(706,224)	(2,264,624)
Expenses paid for with funding	(146)	(145)
Balance, end of year	<u>\$ 128,763</u>	<u>\$ 356,707</u>

7. Deferred contributions relating to purchase of tangible capital assets

	<u>2018</u>	<u>2017</u>
Balance, beginning of year	\$ 9,614,857	7,746,432
Contributions received	706,224	2,264,624
Amortization recognized in the year	(499,812)	(396,199)
Balance, end of year	<u>\$ 9,821,269</u>	<u>\$ 9,614,857</u>

8. Internally restricted net assets

The Board of Directors has internally restricted net assets for specific purposes as follows:

- Charity Fund: \$882,709 (2017 - \$881,329) consists of the unspent funds raised through charitable activities.
- FHQ Fund: \$364,425 (2017 - \$364,425) consists of unspent contributions from File Hills Qu'Appelle Tribal Council.

These funds will be used at the discretion of the Board of Directors. The Board intends to transfer the charity fund amounts to a new not for profit organization in the next fiscal year.

ALL NATIONS' HEALING HOSPITAL INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2018
(with comparative figures for the year ended March 31, 2017)

9. Non-cash operating working capital

Details of net change in each element of working capital relating to operations excluding cash are as follows:

	<u>2018</u>	<u>2017</u>
(Increase) decrease in current assets:		
Term deposits	\$ 109,884	\$ 730,369
Accounts receivable	172,016	(30,461)
Inventory	911	(12,794)
Prepaid expenses	8,337	3,235
	<u>291,148</u>	<u>690,349</u>
Increase (decrease) in current liabilities:		
Accounts payable and accrued liabilities	<u>(143,169)</u>	<u>196,399</u>
	<u>\$ 147,979</u>	<u>\$ 886,748</u>

10. Related party transactions

In addition to amounts disclosed separately, the Hospital incurred the following related party transactions with File Hills Qu'Appelle Tribal Council for the year:

	<u>2018</u>	<u>2017</u>
Revenue:		
Cafeteria and catering	\$ 15,243	\$ 17,969
Other revenue	10,700	6,000
Expenses:		
Telehealth	8,088	-
Other expenses	4,000	1,800

These transactions are in the normal course of operations and are measured at the exchange amount, which is the amount of consideration established and agreed to by the related parties.

At the end of the year, the amount included in accounts receivable and payable related to File Hills Qu'Appelle Tribal Council is as follows:

	<u>2018</u>	<u>2017</u>
Accounts receivable	\$ 101,297	\$ 378,924

The balance is payable on demand and has arisen from the transactions referred to above.

ALL NATIONS' HEALING HOSPITAL INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2018
(with comparative figures for the year ended March 31, 2017)

11. Financial risk management

The Hospital has a risk management framework to monitor, evaluate and manage the principal risks assumed with financial instruments. The significant financial risks to which the Hospital is exposed are:

Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The Hospital is exposed to credit risk on the accounts receivable from its patients, however, does not have a significant exposure to any individual patient or counterpart. The majority of the Hospital's receivables are from Government agencies and therefore, credit risk is low.

Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Hospital's exposure to interest rate risk is limited to the line of credit. The interest rate on this debt is variable; therefore, the Hospital may face increasing interest costs in an increasing interest rate market, if a balance is outstanding.

Liquidity risk

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities. The Hospital's exposure to liquidity risk is dependent on the receipt of funds from its operations, external borrowings and other related sources. Funds from these sources are primarily used to finance working capital and capital expenditure requirements, and are considered adequate to meet the Hospital's financial obligations.

ALL NATION'S HEALING HOSPITAL

Schedule 1 - Statement of Revenues, Expenses and Surplus (Deficit)

Accreditation

Department 22 (unaudited)

Year ended March 31

	Budget	2018
FNIHB	\$ 34,750	\$ 34,748
FNHS	72,550	65,550
	<u>107,300</u>	<u>100,298</u>
Salaries and wages	97,300	99,084
Staff education and travel	4,000	-
Survey fees	4,600	9,701
Supply expenses	700	-
Telephone	700	699
	<u>107,300</u>	<u>109,483</u>
Excess (deficiency) of revenues over expenses	<u>\$ -</u>	<u>\$ (9,185)</u>

ALL NATION'S HEALING HOSPITAL

Schedule 2 - Statement of Revenues, Expenses and Surplus (Deficit)

Telehealth

Department 25 (unaudited)

Year ended March 31

	Budget	2018
FNIHB	\$ 8,088	\$ 8,088
	8,088	8,088
Minor equipment	8,088	8,088
	8,088	8,088
Excess (deficiency) of revenues over expenses	\$ -	\$ -

ALL NATION'S HEALING HOSPITAL

Schedule 3 - Statement of Revenues, Expenses and Surplus (Deficit)

HIV

Department 26 (unaudited)

Year ended March 31

	Budget	2018
FNIHB	\$ 200,000	\$ 200,000
	200,000	200,000
Salary & Benefits	150,000	172,204
Supplies general	30,000	21,691
Education	5,000	11
Travel	5,000	1,197
Meeting costs	5,000	1,781
Food clinics	5,000	3,116
	200,000	200,000
Excess (deficiency) of revenues over expenses	\$ -	-



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