

2019 - 2020



All Nations'  
Healing Hospital

# *Annual Report*



Fort Qu'Appelle, Saskatchewan



# Looking Back at History

**1874**

Treaty 4 was signed September 15, 1874 in the area now known as Fort Qu'Appelle.

**1930's**

The bands reorganized to become the Protective Association for Indians and their Treaties. They expanded their focus to protect Treaty rights, Indian lands and resources, and socio-economic development.

**1970**

Sixteen bands from the Touchwood, File Hills and Qu'Appelle Agencies amalgamated to form the Touchwood File Hills Qu'Appelle (TFHQ) District Chiefs Council. Their purpose was to consult Indian leaders on policies and program issues.

**1994**

Regina Treaty/Status Indian Services is formed to meet the needs of our urban citizens.

**2000**

FHQ Tribal Council hosted the official grand opening of the Treaty Four Governance Centre during the Treaty Four Gathering.

**2007**

Leading Thunderbird Lodge opens and welcomes their first clients.

**2011**

All Nations Healing Hospital receives Exemplary Status with Accreditation Canada.

**2015**

All Nations Healing Hospital receives Exemplary Status with Accreditation Canada.

**2018**

Opening of Pasikow Muskwa (Rising Bear) Healing Centre, Satellite Renal Dialysis Unit.

**1959**

The Allied Bands partnered with the Association of Saskatchewan Indians to create the Federation of Saskatchewan Indians.

**1999**

TFHQ Tribal Council reorganized and restructured to create two separate tribal councils – the File Hills Qu'Appelle Tribal Council and the Touchwood Agency Tribal Council.

**1880's**

Bands along the Qu'Appelle Valley formed the Allied Bands to maintain Indian nationhood and sovereignty, and to pressure Her Majesty to fulfill Treaty Obligations.

**1983**

TFHQ District Chiefs Council became a non-profit corporation and moved into service and program delivery, and administration.

The TFHQ District Chiefs Council formally changed it's name to Touchwood File Hills Qu'Appelle (TFHQ) Tribal Council.

Silver Sage Housing Corporation is Incorporated.

TFHQ Safe Shelter's formed.

**2004**

All Nations Healing Hospital officially opens its doors.

White Raven Healing Centre opens.

**2010**

FHQ Developments is formed.

**2014**

FHQ Health Services receives Exemplary Status with Accreditation Canada.

**2018**

Opening of Pēkiwēwin (Coming Home) House.

**2020**

All Nations' Healing Hospital Continues to Upgrade and Improve.



Back Row, L. to R. - Mrs. North Wind (or Mrs. Keewaydin); Mrs. Squaretoes (or Mrs. Jack Fisher); Mrs. Sitting before the Fire (or Mrs. Miss-ta-tik); Mrs. Buffalo Bow; Mrs. Yellow Belly; Mrs. Buffalo Blanket (or Mrs. Pimotatt); Mrs. Playful Child (or Tuckanow).

Standing Centre - Day Walker.

Front Row, L. to R. - Chief Hawke; Crooked Nose; Chief Star Blanket; Pointed Cap (Cheepoostalin); Buffalo Bow; Sitting before the Fire (Miss-ta-tik); Feather (Me-Kuinness).

Pointed Cap was 107 years of age when this photo taken.

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FOUNDATION**

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](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>



## MESSAGE

# FROM THE BOARD CHAIRMAN

**EDMUND BELLEGARDE**

*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 area can fully access all available services from the Emergency Department, Laboratory and X-Ray Departments, Pasikow Muskwa Healing Centre and White Raven Healing Centre.*

The All Nations' Healing Hospital (ANHH) is pleased to provide you and the residents of our communities with the 2019-2020 ANHH Annual Report to the members.

The Annual Report demonstrates the ANHH's commitment to transparency and accountability. This year's report includes the approved audited financial statements for the year ending March 31, 2020. Due to high demands on the ANHH caused by the COVID-19 universal pandemic, this report is a condensed report compared to previous years.

A key accomplishment for ANHH during 2019 was the achievement of Accreditation Status which took place in October. Achieving accreditation indicates we have met nationally accepted standards of quality and safety and signifies our commitment to a culture of quality improvement.

One of the Board's key initiatives is to ensure safe quality health care is provided and meets the client expectations. To better understand the client expectations, we undertook the initiative to survey the users of our hospital services and the results of the survey will help us better understand the perceptions of the clients and community regarding the ANHH services. The survey is ongoing and will help ANHH continue to deliver responsive health care which is safe, culturally responsive and sustainable for its members with a focus on growth and innovation.



We recognize challenges remain including addressing and responding to the rapid changes resulting from COVID-19. Our commitment to a philosophy of care underpins our activities as the foundation of the values at the All Nations' Healing Hospital.

On behalf of our Board of Directors and our Executive Leadership Team, we look forward to continuing to work with the people we serve and our health care teams to achieve our vision as leaders in the development, delivery, and influence of exceptional, safe and wholistic care.

Edmund Bellegarde



# LEADERSHIP BOARD OF DIRECTORS

ABOUT US

## ALL NATIONS' HEALING HOSPITAL BOARD OF DIRECTORS

Edmund Bellegarde  
Chief Cappo  
Chief Daywalker-Pelletier  
Chief Dustyhorn  
Chief Soo-Oyewaste  
Chief Starr  
Lee Carlson  
Shirley McNab  
Hugh Pratt  
Joye Schoonbaert  
Corey Senft  
Mayor Jerry Whiting  
Marian Zerr

### REPRESENTATION

The Board of Directors of the All Nations' Healing Hospital is comprised of representatives from the File Hills and Qu'Appelle Agencies as well as surrounding Municipalities, Villages and Towns.

### BOARD CHANGES

In 2019, the Board welcomed one new member. Chief Soo-Oyewaste was appointed to the Board by the Qu'Appelle Agency of Chiefs and Chief Rodger Redman concluded his term on the Board. We extend our appreciation for his years of dedicated service to the ANHH and the communities we serve.

# 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

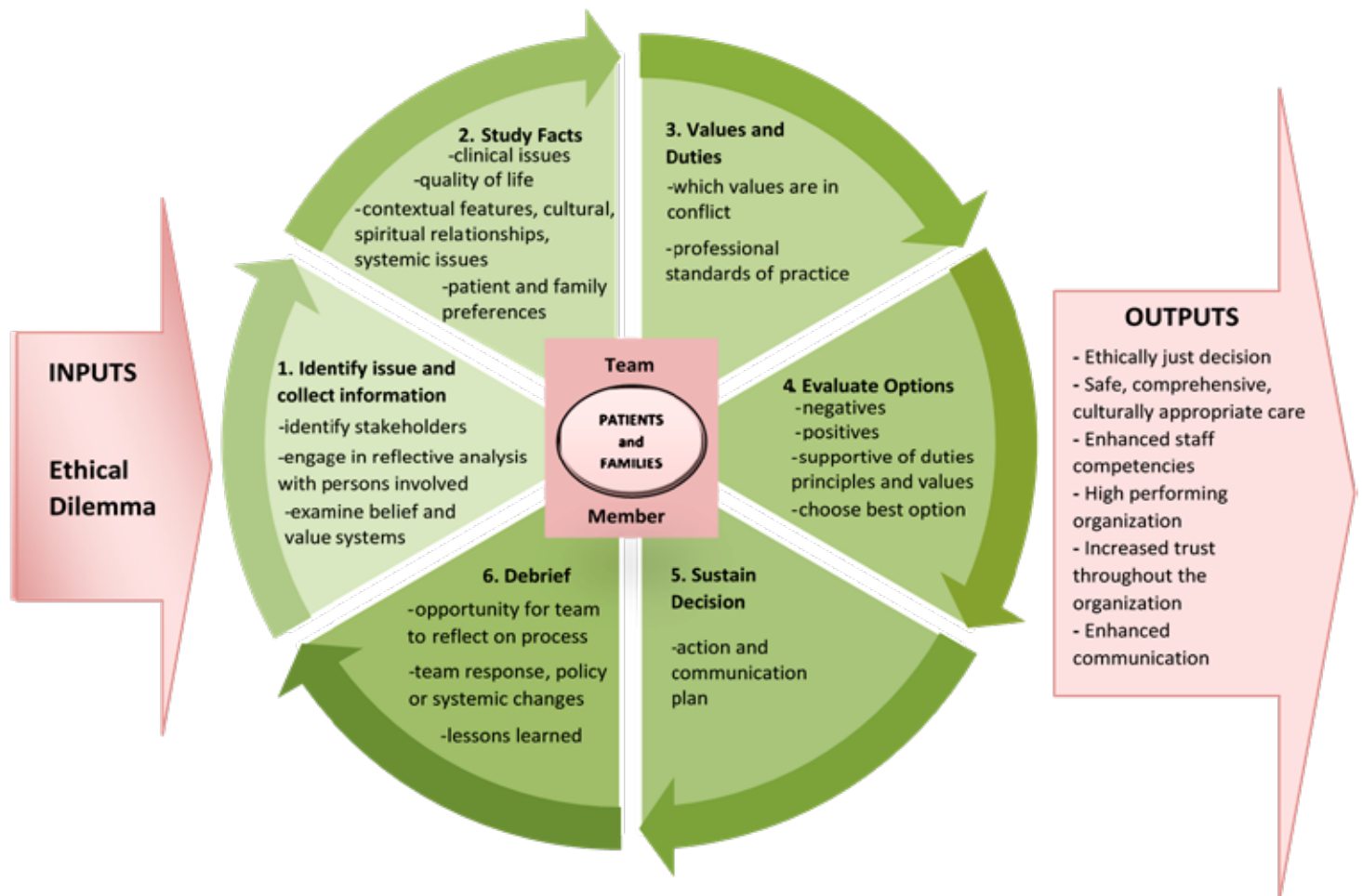
Accountability, honesty and integrity

### 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.

<b>Clients/ Stakeholders</b>	<b>4.1 Recipients of Care</b> 4.1.1 Wholistic care that is responsive to the unique needs of individual clients resulting in improved health outcomes	<b>4.2 Funders</b> 4.2.1 Supportive partnerships that champion the delivery of the wholistic care model and best practices in culturally integrated services.	<b>4.3 Communities</b> 4.3.1 Confidence and trust in the availability of quality care impacting the overall health of communities	<b>4.4 Practitioners</b> 4.4.1 Supportive leaders of the wholistic model in an inclusive environment devoid of systemic barriers to individualized care.	<b>4.5 First Nations Community</b> 4.5.1 Confidence and trust in the services provided and proud supporters of the ANHH
<b>Financial</b>	<b>3.1 Sustain</b> 3.1.1 Maintain sound, accountable financial operations to support sustainability	<b>3.2 Grow</b> 3.2.1 Expand revenue sources to support growth in programs and facilities			
<b>Operations</b>	<b>2.1 Research and Development</b> 2.2.1 Expand research in efficacy of traditional healing and wholistic health care service delivery 2.2.2 Evaluate programs and services	<b>2.2 Health Care Service Delivery</b> 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	<b>2.3. Health Promotion</b> 2.3.1 Improve public health outcomes through education 2.3.2 Improve health literacy	<b>2.4 Public Engagement and Advocacy</b> 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	<b>2.5 Technology</b> 2.5.1 Continue to be a leader in information management to ensure integration of services
<b>Organizational</b>	<b>1.1 First Nations Capacity</b> 1.1.1 Continue to build First Nations capacity in all areas of service delivery	<b>1.2 Build an organizational culture that supports the wholistic model of care</b> 1.2.1 Provide training and mentorship for all care providers	<b>1.3 Governance Excellence</b> 1.3.1 Ensure informed, representative, and supportive leadership 1.3.2 Build effective governance practices	<b>1.4 Recruitment and Retention</b> 1.4.1 Ensure exceptional resource complement	

# GUIDING ETHICS



*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 to provide the best possible outcomes for clients.*



# PATIENT FAMILY ADVISORY COUNCIL



## 01 ORIENTATION, MEETINGS

- The initial orientation was held October 22, 2018 for founding members with a second orientation December 10, 2019 for new members, which included five volunteers and two staff
- Council met once per month for a total of 13 meetings

## 02 RECRUITMENT

- The Council actively recruits new members through public signage, communication with community stakeholders, special events, word of mouth and informal communication
- Council recognizes the value of diverse members and actively seek youth representation and includes student nurse participation

## 03 PARTICIPATION

- Participation in new employee interviews
- PFAC member sits on the local Physician Recruitment Working Group
- PFAC volunteers participated in two focus groups: the ANHH Accreditation survey and for Praxis to assist in development of a client satisfaction survey
- Participated in a *Patients as Partners* webinar
- Volunteered as patient escorts during ANHH renovation
- PFAC volunteer will sit on ANHH Ethics committee once meetings resume

## 04 DEVELOPED, DISTRIBUTED, REVIEWED

- Distributed client satisfaction surveys, reviewed results and made recommendations to staff
- Developed Terms of Reference
- Designed new ANHH brochure
- Reviewed various documents used in the organizations
- Patient valuables list and signage
- Emergency triage signage
- Dialysis independent suite user agreement
- Patient Experience survey
- Lab registration data gathering and analysis and communication of results to public

## MESSAGE

# FROM THE CEO

The All Nations' Healing Hospital is pleased to provide you, the owners, and the residents of the health area we serve, with our 2019-2020 Annual Report.

The report provides the Saskatchewan Health Authority, Indigenous Services Canada, and most importantly you, the reader our approved audited financial statements of the All Nations' Healing Hospital for the year ending March 31, 2020. The report also highlights the activities we undertook during the 2019-2020 fiscal year.

The accompanying consolidated financial statements are the responsibility of management and are approved by the All Nations' Healing Hospital Board of Directors. The consolidated financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards and of necessity include amounts based on estimates and judgements.

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

The external auditor and ANHH financial management team review the consolidated financial statements and meet with the Board and Senior Management to discuss and review the financial matters and approve the consolidated financial statements.

The appointed auditor conducts an independent audit of the consolidated financial statements. The auditor's report expresses an opinion on the fairness of the consolidated financial statements prepared by management.

Beyond our financial accountabilities, the global pandemic has underscored the need to recognize in an era of growing global need for high-quality, responsive medical and health care services which are provided with knowledge, compassion, dedication, and expertise. The world is changing at an increasingly rapid pace with unique challenges. Our approach requires us to be nimble and responsive to our client base ensuring we can move proactively in identifying and acting on the emerging risks as they present. It is this approach which helps us prepare for the future.

I would like to thank the ANHH staff for their dedication and commitment and our Board of Directors for their guidance and oversight. As we look ahead, we will continue to stay the course, putting our clients and patients interests foremost in all we do.

Gail Boehme

# KEY ACTIVITIES FOR THE FISCAL YEAR

## TEAM LEADERSHIP

DEPARTMENT	DEPARTMENT HEAD	TITLE
ANHH & FHQ Health Services	Gail Boehme	Executive Director
ANHH & FHQ Client Services	Lorna Breitzkreuz, 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

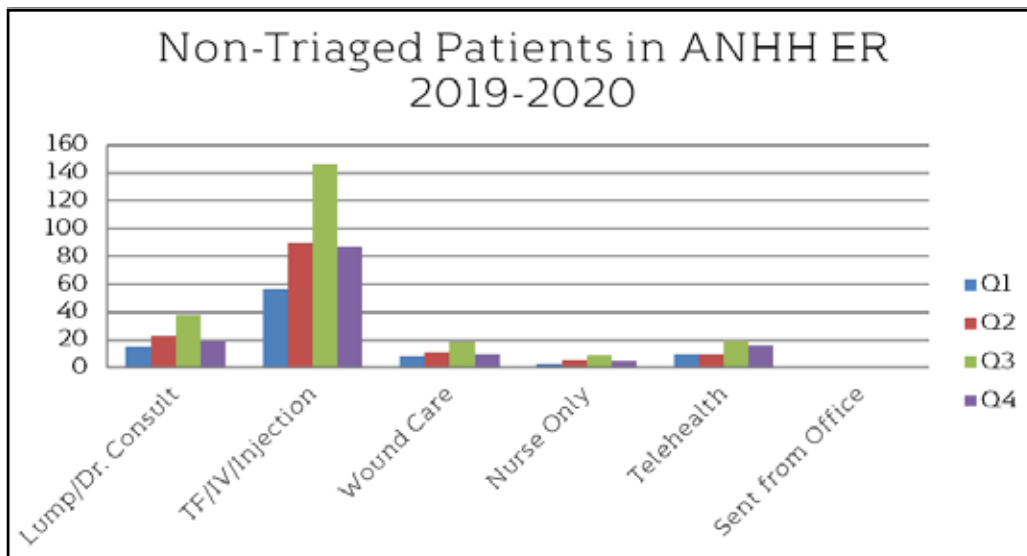
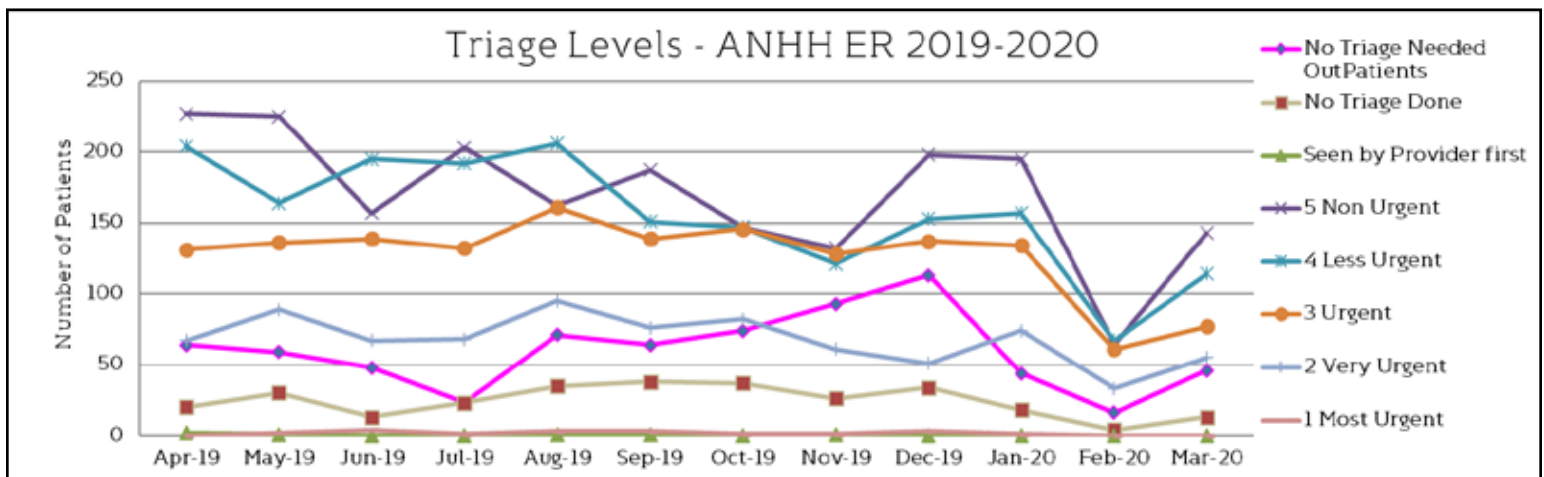


# OPERATIONS

# EMERGENCY DEPARTMENT

***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.

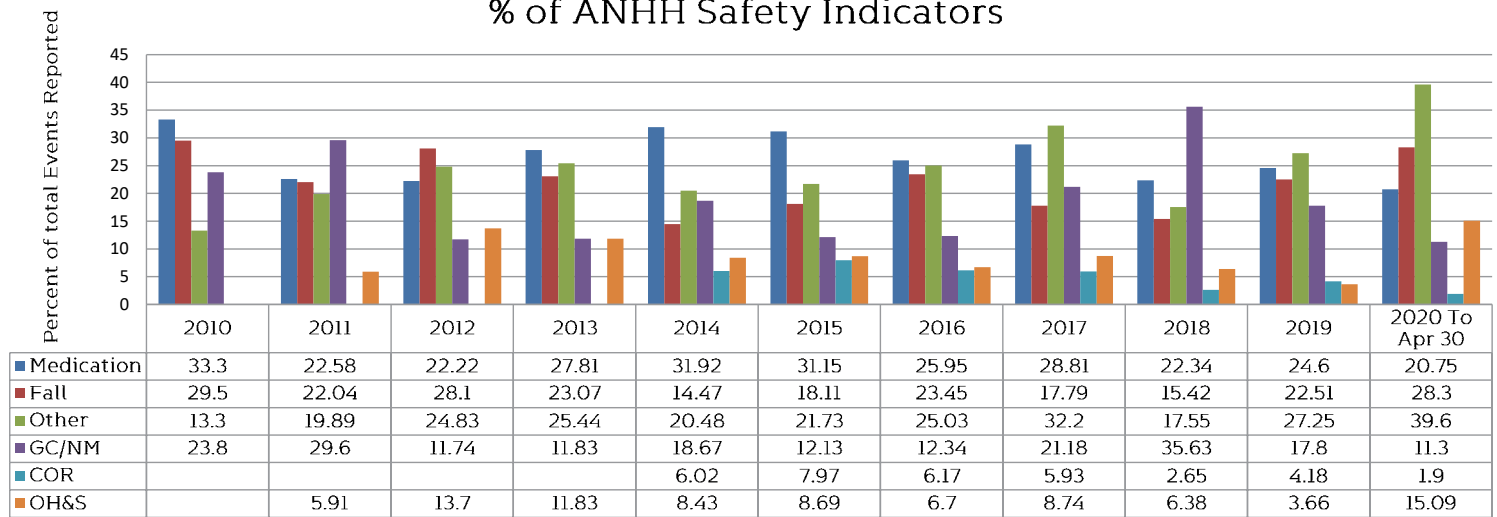
**TRIAGE = WE TREAT THE MOST CRITICAL PATIENT FIRST**



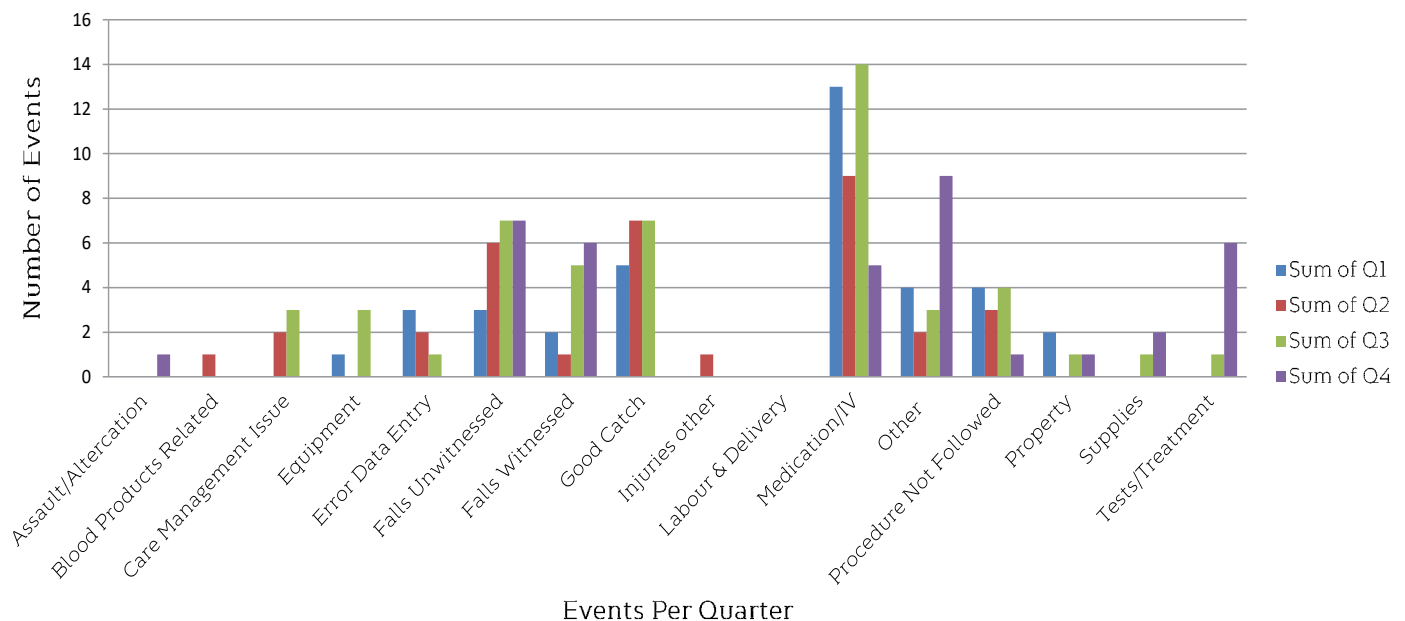
# OPERATIONS

## QUALITY IMPROVEMENT

% of ANHH Safety Indicators



Cumulative Event Summary 2019-20 by Quarter



# OPERATIONS

# ACCREDITATION

ACCREDITATION CANADA

**Accreditation Canada is a not-for-profit organization that is dedicated to working with patients, policy makers and the public to improve the quality of health and social services for all.**



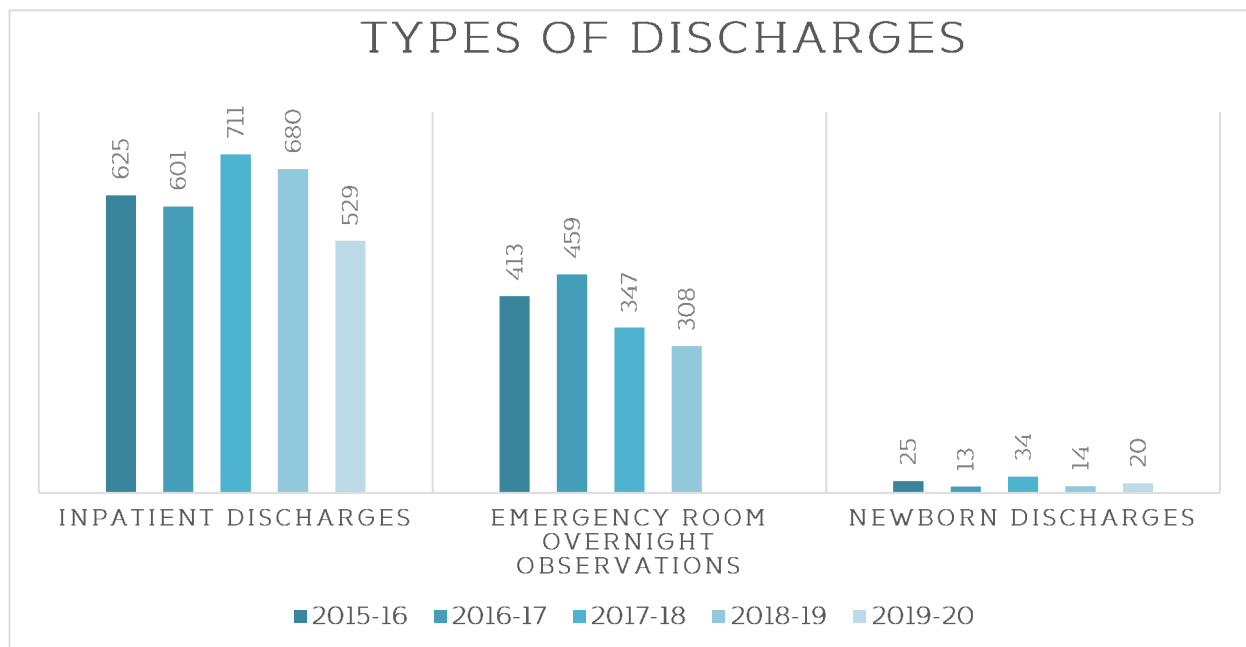
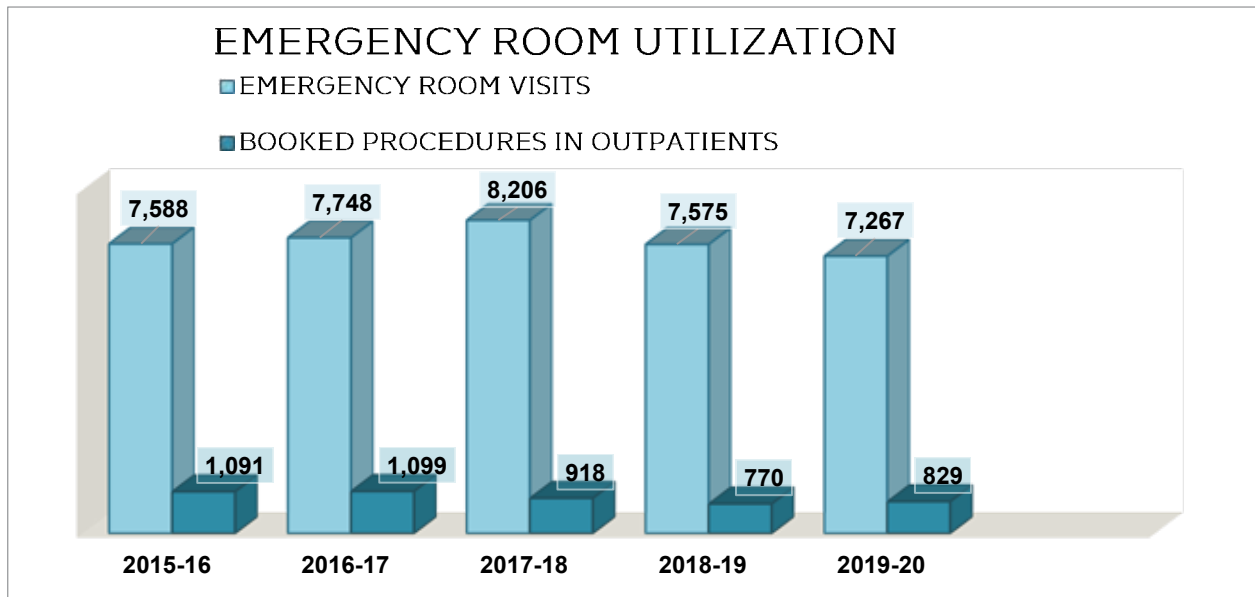
Accreditation is an ongoing process of assessing health organizations against standards of excellence to identify what is being done well and what needs to be improved. It involves all members of our organization, from the board of directors to frontline staff as well as members of the community including patients and families and our community partners. It provides the organization an opportunity to understand how to make better use of our resources, increase efficiency, enhance quality and safety, and reduce risk.

One of the recommendations from the 2017 survey was to work on improving patient and family engagement with the organization. In the fall of 2018, we began recruiting for volunteers for an All Nations' Healing Hospital/File Hills Qu'Appelle Tribal Council Health Services Patient and Family Advisory Council (PFAC). Orientation was held on October 22, 2018 with five volunteers and five staff participating. Since then the Council has grown to nine volunteers, meeting monthly and getting involved in a variety of activities throughout the organization. PFAC has developed terms of reference, designed a new ANHH brochure, participated in new employee interviews, represented the group on the Physician Recruitment Working Group and reviewed and provided recommendations on a number of projects within the organization.



# OPERATIONS

## ACUTE CARE



# OPERATIONS

## LABORATORY – Diagnostics Report

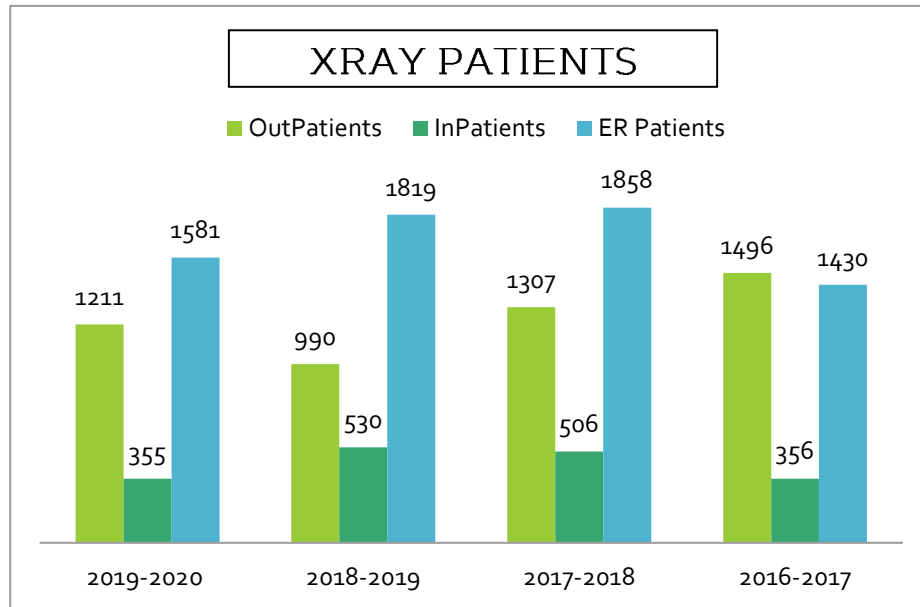


The ANHH Diagnostic Department has taken the following steps to better serve clients and communities:

- *Setting up a Urinalysis Machine on the Emergency Department to allow trained nurses to perform testing when Laboratory Staff is not on site.*
- *Adding point of care GeneXpert Analyzer that can provide rapid testing for COVID-19.*

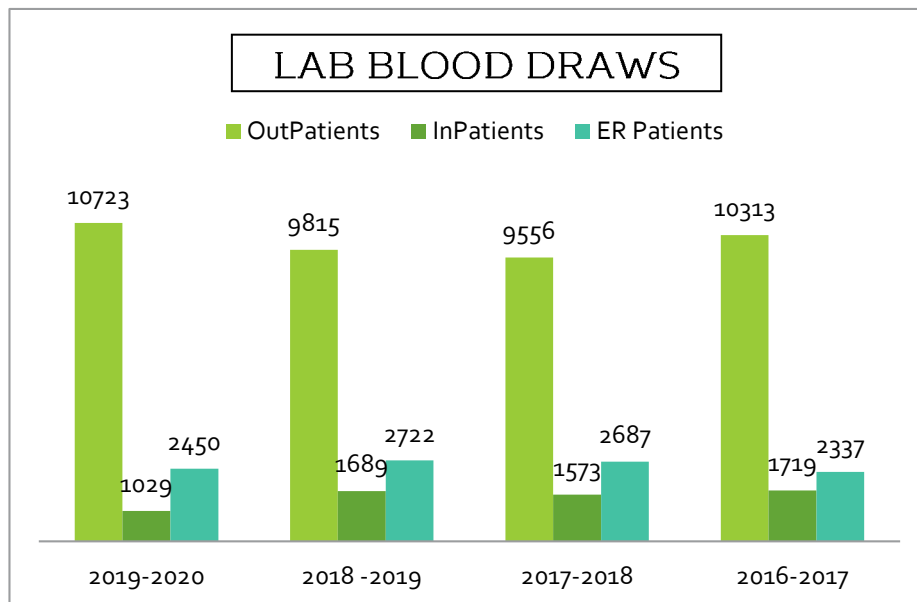
## OPERATIONS

## LABORATORY- Patient Statistics



**113**

HOLTER  
MONITORS  
PERFORMED IN  
2019-2020  
(PREVIOUS  
YEAR: 105)



**2106**

ECGS  
(Electro-  
cardiograms)  
PERFORMED IN  
2019-2020  
(PREVIOUS  
YEAR: 2409)



# OPERATIONS

## HEALTH TECHNOLOGY

The Telehealth Department provides support for the delivery of health care, health education and health information through Telehealth technology.

### 128 CLINICS

- 138 patients
- 33 Registered Nurses
- 6 Pharmacists
- 9 staff
- 78 family members



### Types of Clinics

Oncology	Pediatric Oncology	Nephrology	Neurosurgery
Neurology	Chronic Kidney Disease	Infectious Disease	Genetics
Hematology	Cardiology Arrhythmia	Psychiatry	General Surgery
Metabolics	Medical Assistance in Dying	Gastroenterology	Internal Medicine
Respiratory	Urology	Hip and Knee Surgery	Pelvic Floor Pathway and Shoulder Surgery

# OPERATIONS

## HEALTH TECHNOLOGY

### EDUCATION

Telehealth provides Health Education, Continuing Education and Training opportunities.

There were 28 Telehealth Educational events held with 60 ANHH staff and 20 members of the public.

Nine staff attended administrative meetings, thus reducing travel time and cost.

### RENOVATION AND CONSTRUCTION

The All Nations' Healing Hospital Emergency and Nursing renovation project has been completed.

The File Hills Qu'Appelle Tribal Council Health Services project saw approximately 40 staff temporarily relocated for 5 months. In March, staff began the transition to their new office



*In response to the COVID-19 pandemic, all Telehealth services within Saskatchewan Health Authority facilities were ceased on March 20, 2020 for an undetermined length of time. All the Telehealth services at All Nations' Healing Hospital were cancelled until further notice.*

## OPERATIONS

# WOMEN'S HEALTH CENTRE

Women's Health Centre Staff	
Stella DeVenney	Nurse Practitioner/Manager
Joelynn Radbourne	Nurse Practitioner
Erin Wellsch	Nurse Practitioner
Tonia Saulteaux	Medical Office Assistant
Chelsea Poitras	Medical Office Assistant
Diana Ashfield	Nurse Practitioner

The Women's Health Centre provides comprehensive services that focus on improving access to preventative health care for women. In a safe environment reproductive health care is available to meet the needs of the women from all our communities. Nurse Practitioners are able to manage and treat health concerns unique to women across the life span.

These essential services continued to be offered through the pandemic. Extra safety precautions were utilized to ensure everyone's safety.

**6,113 visits in  
2019-2020**

**Over 100 women attended  
Women's Wellness Day**

**Health presentations in  
community and health  
fairs**

**Provided care and weekly  
visits to Lakeview Lodge  
residents**

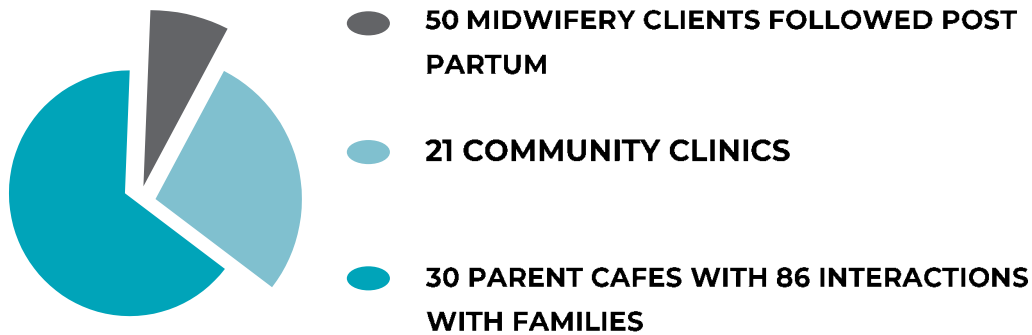
**Outreach Clinics**

**Psychologist Support**



## OPERATIONS

# MIDWIFERY PROGRAM



Three Midwives worked within the collaborative care model at the All Nations' Healing Hospital and File Hills Qu'Appelle Tribal Council Health Services and the Saskatchewan Health Authority.

Nurse Practitioners, Community Health Nurses, Registered Nursing students, and medical students all working with midwives during clinics.



- **116 MIDWIFERY CLIENTS AND SHARED CARE CLIENTS**
- **16 DELIVERIES AT ANHH BIRTHING CENTER**
- **16 DELIVERIES AT REGINA GENERAL HOSPITAL**

## COMPLEMENTARY

# PASIKOW-MUSKWA (RISING BEAR) HEALING CENTRE

We serve our clients offering a unique accumulation of highly specialist knowledge and experience.

### PROGRAMMING

- Nurse Practitioner led Primary Care clinic focused on chronic disease, increasing needs and patient complexity related to co-morbid chronic disease and limited access to physician primary care service
- Traditional services and Traditional Medicine continued to be fundamental and available to access for all clients of Pasikow Muskwa
- Continued referral for 24hr ambulatory blood pressure monitoring
- Increased outpatient IV Iron for CKD not on dialysis
- Worked closely with specialty services, Nephrologists and Dr. Karunakaran with monthly Nephrologist clinic

### POINT OF CARE KIDNEY SCREENING

Community	Kidney Screening Completed
Lebret	9
Okanese	4
Peepeekisis (5 different events)	26
Muscowpetung	3
Piapot	7
Cowessess	5

Community Screening, Outreach Services in communities and Nephrologist Clinics on hold during COVID



## COMPLEMENTARY SERVICES

# PASIKOW-MUSKWA (RISING BEAR) HEALING CENTRE

Since opening Satellite Dialysis services on September 26, 2018, over 2,500 hemodialysis treatments have been completed.



### Satellite Unit Census: 13

Dialysis Client survey was conducted March 2020. 14 surveys completed. Overall responses very positive, patients feel involved in decisions of their care and participate in Traditional services.

## DIALYSIS SERVICES

Expanded to open 4<sup>th</sup> treatment day on Saturdays for one run on April 18<sup>th</sup>, 2020 in response to patient needs and anticipated surge capacity during COVID-19 Pandemic

Transonic Monitoring: purchased equipment through donations. Transonic monitoring is used for assessment and surveillance of dialysis accesses, such as fistula or graft. To assess for adequacy of treatment, early intervention of any complications and cardiac function. Previously patients would have to travel to Regina for this service, which is now available at Pasikow Muskwa.

COVID-19 Pandemic has resulted in barriers for clients such as transportation, housing, food security, access to services (ie. Access Nurses/Transplant/Home Dialysis clinics/Telehealth/Home Care/OT/podiatry etc.) ALC, Private care home and respite care access. Requiring increased need for Health Navigator support, social advocacy and mental health counseling.

**Independent Dialysis Suite:** has been in use 5 days per week since November 2019. Community of Ile-a-la-Crosse have looked at the Independent Dialysis Suite as a demonstration site to implement two independent suites at their hospital.

## COMPLEMENTARY SERVICES

# PASIKOW-MUSKWA (RISING BEAR) HEALING CENTRE

By working closely with the cultural program, pharmacy services help integrate patient care with traditional and spiritual practices offered to help achieve holistic needs of the client and family.



### PHARMACY SERVICES

A full time Pharmacist is part of the interdisciplinary team at Pasikow Muskwa. Pharmacy services for the organization cover a wide range of activities both on-site and in our communities. Based out of the Pasikow Muskwa Healing Center, the pharmacist provides expertise drug knowledge as part of the multidisciplinary patient care team. Support is provided on-site for chronic disease management, enhanced kidney disease services, acute care, emergency, and women's health and midwifery programs. Pharmacy leads several integral programs that allow the organization to maintain a high standard of patient care and align with accreditation standards such as medication management and antimicrobial stewardship.

Pharmacist knowledge is shared in the community during clinics or during community requested presentations. Funding has been secured to better assess the community needs and identify patient care gaps that exist. This information will be used to guide projects that can help improve the accessibility of provincially funded pharmacy services to clients and families and have a positive impact on health outcomes.

## COMPLEMENTARY

# WHITE RAVEN HEALING CENTRE



White Raven Healing Centre is located in the All Nations' Healing Hospital. WRHC provides culturally based support and services to clients as well as referrals from others and the communities of File Hills Qu'Appelle Tribal Council.

*THE VISION of White Raven Healing Centre is to provide client- centered Mental Health and Addictions Services that integrate the best of mainstream therapeutic techniques with traditional First Nation's healing practices to provide a holistic approach to heal from past traumatic experiences and current psychological issues.*

*OUR 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.*

White Raven Healing Centre provides Mental Wellness, Community Crisis and Substance Use Services. Mental wellness services include individual, family and group sessions. Workshops are provided on site, as well as in the community. The culture and spiritual services are provided by the Knowledge Keepers in a culturally sensitive environment to assist individuals' families and communities in healing trauma and to maintain emotional wellness.

The Centre offers a holistic healing program of services delivered by an integrated, interdisciplinary team of staff where cultural/spiritual services are the fundamental component encompassing all within a cultural framework.

WRHC is comprised of programs that are developed and adapted for supporting the overall individual, family and community. Programs include family, group and couples counselling, grief counselling and recovery, anger management, suicide intervention and cultural supports. As well, WRHC often provides training to First Nations front-line workers, consultation and support for First Nations working in mental health and addictions, and other



activities for First Nations like program development, information and resource sharing, and community crisis intervention.

Some of the success that staff at WRHC have shared are “I am able to share positive coping strategies, breathing techniques, self-care strategies, mental health maintenance plan of preventing and dealing with problems for those who struggle with substance misuse”. Another staff mentioned “The cultural, traditional and spiritual teachings being available to clients. Seeing the results of our work with clients.” The Elders shared “The most important is our language and Natural Laws.” “Our culture is the centre spoke of the circle and WRHC is the centre of FHQTC.” A staff stated “Working with the WRHC Elders, smudging with clients before one on one counselling sessions, staff/clients attending sweats and ceremonies Girls/Boys Cultural day camps and smudge boxes for clients”

## White Raven Healing Centre Staff

Senator Margaret Keewatin, Female In-House, Traditional Knowledge Keeper  
Murray Ironchild, Male In-House, Traditional Knowledge Keeper  
Dr. Kim McKay-McNabb, Executive Director  
Rhonda Rosebluff, Executive Assistant  
Joyce Poitras, BISW, BA, RSW. CISM Crisis Coordinator  
Melinda Moosemay, CACII Mental Health Wellness Worker/Addictions Worker  
Dale Whitecap, CACII Outreach and Addictions Counsellor  
Claudia Goodwill, Mental Wellness Therapist CISW, BISW, RSW  
Wendell Starblanket, Traditional Helper  
Dianne McKay, ICADC, CGC, CCAC. A/Director, Addictions Specialist, FNARF  
Michelle Bellegarde, MSW, BSW, RHSW  
Ethel Dubois, BSW, RSW, CACII, CGC.  
Donna Okeeweehow, Administrative Assistant



## COMPLEMENTARY SERVICES

# MIKO-MAHIKAN RED WOLF

The Miko-Mahikan Red Wolf program provides comprehensive services that focus on improving all areas of wellness and is directed by Traditional Knowledge Keepers. The program is based on person-directed care, which includes meeting people where they are at in their journey and supporting them to work toward their goals. The program promotes an integrative and cultural approach to address the prevalence of HIV/HCV. This includes the screening and treatment of HIV/HCV and the treatment of opioid use disorder. It has been recognized that individuals accessing services may have other medical needs and experience socio-economic challenges that are quite impactful to their well-being. To address these complexities, the program utilizes education, case coordination, and outreach.

The program offers a safe environment that is free of judgement. In the last year, there were 879 harm reduction visits in which supplies were provided. Through these visits a level of trust has been established among many people accessing the services, which provides an opportunity to engage and connect people with services if they choose to do so.

**SERVICES CONTINUED TO BE OFFERED  
THROUGH THE PANDEMIC.**

Miko-Mahikan Red Wolf Staff	
<b>Stella DeVenney</b>	<b>Nurse Practitioner</b>
<b>Diana Ashfield</b>	<b>Nurse Practitioner</b>
<b>Jessica Pelletier</b>	<b>Medical Office Assistant</b>
<b>Shannon Arnason</b>	<b>Educator</b>
<b>Janelle Sebastian</b>	<b>Health Navigator</b>
<b>Shayla Leier</b>	<b>Outreach Navigator</b>

**44,259 Sterile Needles  
Distributed**

**28,487 Used Needles  
Collected**

**667 Appointments  
with Health/Outreach  
Navigators**

**804 Appointments  
with Nurse  
Practitioners**

**Participated in 36  
Community Needle  
Pickups**

**46 People Started  
Opioid Agonist Therapy**

# COMPLEMENTARY SERVICES

## OUTREACH SPECIALIST SERVICES

### 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 MIKO-MAHIKAN RED WOLF, PROVIDING CONVENIENT ACCESS FOR CLIENTS LIVING WITH INFECTIOUS



### DERMATOLOGY

DR. RACHEL NETAHE ASINIWASIS (MD, FRCPC) IS A DERMATOLOGIST BASED IN REGINA AND CONTINUES TO PROVIDE MEDICAL DERMATOLOGY SERVICES AT ANHH SINCE 2014.



### PHYSIOTHERAPY

THE SASKATCHEWAN HEALTH AUTHORITY AND BOURASSA AND ASSOCIATES OFFER PHYSIOTHERAPY SERVICES TO IN-PATIENTS AT ANHH, UTILIZING A VARIETY OF THERAPEUTIC INTERVENTIONS.



# FOUNDATION DEK/ANHH

On July 21, 2019 ANHH received a **\$1,025,000.00** donation from the family of a patient who had passed away at ANHH. The organizational needs were discussed with the family, including the Board's desire to establish a foundation at ANHH. As a result, a Foundation Fund was established at the family's request.

## BOARD OF DIRECTORS MOTION

**To approve the establishment of the DEK/ANHH Foundation Fund and Deed of Gift with the South Saskatchewan Community for the provision of midwifery services at ANHH.**

## DONOR REQUESTS

1. In memory of their husband and father the Foundation be named the DEK/ANHH Foundation Fund.
2. ANHH work with the South Saskatchewan Community Foundation (SSCF) to manage the funds until such time as ANHH can establish an independent Foundation.
3. A media Release announcing the donation occur on the weekend of August 11 which marks the one-year anniversary of his passing at ANHH.



# FINANCIAL STATEMENT



ALL NATIONS' HEALING HOSPITAL INC.

FINANCIAL STATEMENTS

MARCH 31, 2020



## MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL STATEMENTS

The accompanying financial statements of **All Nations' Healing Hospital Inc.** have been prepared by the Hospital'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.



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Gail Boehme  
Executive Director

## INDEPENDENT AUDITORS' REPORT

**To the Directors,  
All Nations' Healing Hospital Inc.**

### *Opinion*

We have audited the financial statements of **All Nations' Healing Hospital Inc.**, which comprise the statement of financial position as at March 31, 2020, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital as at March 31, 2020, and its financial performance and cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

### *Basis for Opinion*

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Hospital in accordance with the ethical requirements that are relevant to our audit of the financial statements in Saskatchewan, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### *Information Other than the Financial Statements and Auditors' Report Thereon*

Management is responsible for the other information. The other information comprises the information included in the annual report, but does not include the financial statements and our auditors' report thereon. The annual report is expected to be made available to us after the date of this auditors' report.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above when it becomes available and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

When we read the annual report, if we conclude that there is a material misstatement therein, we are required to communicate the matter to those charged with governance.

### *Responsibilities of Management and Those Charged with Governance for the Financial Statements*

Management is responsible for the preparation and fair presentation of the 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.

In preparing the financial statements, management is responsible for assessing the Hospital's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Hospital or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Hospital's financial reporting process.

## INDEPENDENT AUDITORS' REPORT continued

### *Auditor's Responsibilities for the Audit of the Financial Statements*

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 Hospital's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Hospital's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Hospital to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- We communicate with those charged with governance regarding, among other matters, the planned scope and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

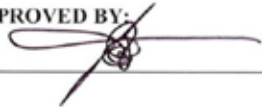
July 7, 2020  
Regina, Saskatchewan

VIRTUS GROUP LLP  
Chartered Professional Accountants



**ALL NATIONS' HEALING HOSPITAL INC.**  
**STATEMENT OF FINANCIAL POSITION**  
**AS AT MARCH 31, 2020**  
(with comparative figures for 2019)

<b>ASSETS</b>			
		<b>2020</b>	<b>2019</b>
<b>Current assets</b>			
Cash	\$	437,825	\$ 244,165
Term deposits (Note 3)		786,092	772,830
Accounts receivable		1,705,041	409,536
Inventory		75,624	68,231
Prepaid expenses		29,069	55,130
		<u>3,033,651</u>	<u>1,549,892</u>
<b>Tangible capital assets (Note 4)</b>		<u>11,935,456</u>	<u>9,892,663</u>
	\$	<u>14,969,107</u>	<u>\$ 11,442,555</u>
<b>LIABILITIES</b>			
<b>Current liabilities</b>			
Accounts payable and accrued liabilities	\$	1,667,213	\$ 434,504
<b>Deferred capital contributions (Note 6)</b>		470,033	237,099
<b>Deferred contributions relating to purchase of tangible capital assets (Note 7)</b>		<u>11,848,613</u>	<u>9,802,405</u>
		<u>13,985,859</u>	<u>10,474,008</u>
<b>NET ASSETS</b>			
<b>Net assets invested in tangible capital assets</b>		86,844	90,258
<b>Internally restricted surplus (Note 8)</b>		1,266,525	1,252,215
<b>Unrestricted surplus (deficit)</b>		<u>(370,121)</u>	<u>(373,926)</u>
		<u>983,248</u>	<u>968,547</u>
	\$	<u>14,969,107</u>	<u>\$ 11,442,555</u>
<b>Commitments (Note 11)</b>			

APPROVED BY:  Director

 Director

**ALL NATIONS' HEALING HOSPITAL INC.**  
**STATEMENT OF CHANGES IN NET ASSETS**  
**FOR THE YEAR ENDED MARCH 31, 2020**

	Internally restricted surplus (Note 8)	Investment in tangible capital assets	Unrestricted surplus (deficit)	2020	2019
Balance - beginning of year	\$ 1,252,215	\$ 90,258	\$ (373,926)	\$ 968,547	\$ 956,372
Excess of revenues over expenses	14,310	-	391	14,701	12,175
Purchase of tangible capital assets	-	2,639,727	(2,639,727)	-	-
Transfers from deferred contributions		(2,639,727)	2,639,727	-	-
Amortization of tangible capital assets		(596,933)	596,933	-	-
Amortization of deferred contributions relating to purchase of tangible capital assets		593,519	(593,519)	-	-
Balance - end of year	\$ 1,266,525	\$ 86,844	\$ (370,121)	\$ 983,248	\$ 968,547



**ALL NATIONS' HEALING HOSPITAL INC.**  
**STATEMENT OF OPERATIONS**  
**FOR THE YEAR ENDED MARCH 31, 2020**  
(with comparative figures for the year ended March 31, 2019)

	<u>2020</u>	<u>2019</u>
<b>Revenues</b>		
Amortization of deferred contributions relating to tangible capital assets	\$ 593,519	\$ 502,386
Cafeteria and dietary receipts	63,147	38,771
FHQ shared cost revenue	132,720	125,400
File Hills Qu'Appelle Tribal Council	410,437	180,734
Health Canada - FNIHB	30,878	338,944
Other patient revenue	120,603	134,203
Other revenue	50,220	81,931
Resident long-term care	8,608	984
Saskatchewan Health Authority	5,558,623	5,524,680
	<u>6,968,755</u>	<u>6,928,033</u>
<b>Expenses</b>		
Accreditation	73,478	101,778
Administration	170,495	132,684
Amortization	596,933	505,942
Dietary supplies	76,573	75,672
Health records	3,572	5,345
Hospital maintenance	121,960	125,552
Housekeeping supplies	32,660	25,264
Lab supplies	140,043	106,630
Maternal Child and Women's Health Services	649,481	717,861
Medical supplies	114,761	108,467
Nursing supplies	56,011	67,995
Pharmacy	109,238	76,570
Radiology	62,674	67,845
Ultrasound	11,059	10,650
Utilities	186,530	175,792
Vehicle maintenance	5,505	4,289
Wages and benefits	4,543,081	4,607,522
	<u>6,954,054</u>	<u>6,915,858</u>
<b>Excess of revenues over expenses</b>	<u>\$ 14,701</u>	<u>\$ 12,175</u>

**ALL NATIONS' HEALING HOSPITAL INC.**  
**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED MARCH 31, 2020**  
(with comparative figures for the year ended March 31, 2019)

	<u>2020</u>	<u>2019</u>
<b>Cash provided by (used in) operating activities:</b>		
Excess of revenues over expenses	\$ 14,701	\$ 12,175
Items not involving cash:		
- Amortization	596,933	505,942
- Transfers from other entities recognized	-	(17)
- Amortization of deferred contributions relating to purchase of tangible capital assets	(593,519)	(502,386)
	18,115	15,714
Non-cash operating working capital (Note 9)	(57,390)	(178,024)
	(39,275)	(162,310)
<b>Cash provided by (used in) investing activities:</b>		
Additions to tangible capital assets	(2,639,726)	(483,523)
	(2,639,726)	(483,523)
<b>Cash provided by (used in) financing activities:</b>		
Contribution by FHQ and transfers from other entities	2,844,181	499,577
Restricted donations, interest and fundraising (Note 6)	28,480	92,299
	2,872,661	591,876
<b>Increase (decrease) in cash</b>	193,660	(53,957)
<b>Cash position - beginning of year</b>	244,165	298,122
<b>Cash position - end of year</b>	<u>\$ 437,825</u>	<u>\$ 244,165</u>

**ALL NATIONS' HEALING HOSPITAL INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED MARCH 31, 2020**  
(with comparative figures for the year ended March 31, 2019)

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**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, 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*.

**2. Summary of significant accounting policies**

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles. The financial statements 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.

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**ALL NATIONS' HEALING HOSPITAL INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED MARCH 31, 2020**  
(with comparative figures for the year ended March 31, 2019)

**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 uses the deferral method of accounting for contributions. The Hospital enters into agreements with government agencies and other organizations and the funding is recorded in the period specified in the agreement. Amounts received in advance of the contract period, or for which services have not yet been delivered, are deferred until the next fiscal period. Restricted revenues are recorded as deferred revenue and recognized as revenue in the year in which the related expenses are incurred. Contributions for tangible capital assets are deferred and recognized into revenue on the same basis as the asset is amortized. Donations are recognized when received. Other income is recorded in the period the amounts are earned.

**3. Term deposits**

Term deposits are recorded at cost, have interest rates ranging from 1.15% - 1.60% and maturity dates ranging from July 2020 to April 2021. The market value at March 31, 2020 is \$786,092 (\$772,830 in 2019).

**4. Tangible capital assets**

	2020		2019	
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Buildings	\$ 17,034,941	\$ 5,542,750	\$ 11,492,191	\$ 9,306,098
Hospital equipment	3,041,739	2,618,974	422,765	566,065
Land	20,500	-	20,500	20,500
	<u>\$ 20,097,180</u>	<u>\$ 8,161,724</u>	<u>\$ 11,935,456</u>	<u>\$ 9,892,663</u>

**5. Line of Credit**

The Organization 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 (2019 - \$0).

**ALL NATIONS' HEALING HOSPITAL INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED MARCH 31, 2020**  
(with comparative figures for the year ended March 31, 2019)

**6. Deferred capital contributions**

	<b>2020</b>	<b>2019</b>
Balance, beginning of year	\$ 237,099	128,763
Contributions received	2,844,181	506,293
Restricted donations, interest and fundraising	28,480	92,299
Amounts recognized into income	-	(6,716)
Transfer to deferred contributions relating to purchase of tangible capital assets	(2,639,727)	(483,523)
Expenses paid for with funding	-	(17)
Balance, end of year	<u>\$ 470,033</u>	<u>\$ 237,099</u>

**7. Deferred contributions relating to purchase of tangible capital assets**

	<b>2020</b>	<b>2019</b>
Balance, beginning of year	\$ 9,802,405	9,821,268
Transfers from deferred capital contributions	2,639,727	483,523
Amortization recognized in the year	(593,519)	(502,386)
Balance, end of year	<u>\$ 11,848,613</u>	<u>\$ 9,802,405</u>

**8. Internally restricted net assets**

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

- Charity Fund: \$902,099 (2019 - \$887,790) consists of the unspent funds raised through charitable activities.
- FHQ Fund: \$364,425 (2019 - \$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.



**ALL NATIONS' HEALING HOSPITAL INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED MARCH 31, 2020**  
(with comparative figures for the year ended March 31, 2019)

**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>2020</u>	<u>2019</u>
<b>(Increase) decrease in current assets:</b>		
Term deposits	\$ (13,262)	\$ 21,325
Accounts receivable	(1,295,505)	(160,305)
Inventory	(7,393)	1,794
Prepaid expenses	26,061	(24,197)
	<u>(1,290,099)</u>	<u>(161,383)</u>
<b>Increase (decrease) in current liabilities:</b>		
Accounts payable and accrued liabilities	<u>1,232,709</u>	<u>(16,641)</u>
	<u>\$ (57,390)</u>	<u>\$ (178,024)</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>2020</u>	<u>2019</u>
<b>Revenue:</b>		
Cafeteria and catering	\$ 6,336	\$ 10,041
Other revenue	7,500	9,000
<b>Expenses:</b>		
Other expenses	950	2,200

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 amounts included in accounts receivable and payable related to File Hills Qu'Appelle Tribal Council are as follows:

	<u>2020</u>	<u>2019</u>
Accounts receivable	\$ 1,496,765	\$ 246,347
Accounts payable	950,810	82,932

These balances are payable on demand and have arisen from the transactions referred to above.

**ALL NATIONS' HEALING HOSPITAL INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED MARCH 31, 2020**  
(with comparative figures for the year ended March 31, 2019)

**11. Commitments**

The Organization leases equipment and services under agreements requiring aggregate minimum payments over the next five years as follows:

2021	\$	27,945
2022		26,735
2023		24,409
2024		24,409
2025		2,409

**12. Economic dependence**

The Hospital currently received significant funding from the Saskatchewan Health Authority and File Hills Qu'Appelle Tribal Council. As a result, the Hospital is dependent on the continuance of these grants to maintain operations at their current level.

**13. Beneficial interest in an endowment fund**

In 2020, a donor contributed \$1,000,000 to establish a fund, The DEK All Nations' Healing Hospital Foundation Fund, which is held and managed by the South Saskatchewan Community Foundation. The fund was established for the benefit of the Hospital. The original contribution was an endowment, and thus, may not be withdrawn. The Hospital may apply to withdraw 3.5% of the fund balance, in excess of the endowed amount, annually.

**14. 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.

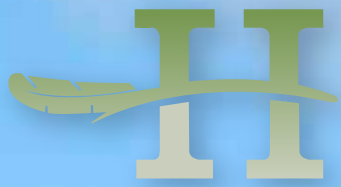
**ALL NATIONS' HEALING HOSPITAL INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED MARCH 31, 2020**  
(with comparative figures for the year ended March 31, 2019)

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**15. Subsequent event**

On March 11, 2020, the World Health Organization declared a global pandemic for the COVID-19 virus. The Hospital is following health advisories and mandatory requirements from local, provincial and national health and government organizations. At this time, the Hospital continues to provide health services to the public as it has been deemed an essential service by government authorities. The impact of the pandemic on the Hospital's future operations and finances, is unknown at this time.

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# All Nations' Healing Hospital

450 - 8th Street | Fort Qu'Appelle, Saskatchewan | S0G 1S0  
Phone: 306.332.5611 | Fax: 306.332.5033

