

CHINOOK REGIONAL HEALTH AUTHORITY

FINANCIAL STATEMENTS

MARCH 31, 2005

**Chinook Regional Health
Authority**

Financial Statements

March 31, 2005

Auditor's Report

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The official version of this Report of the Auditor General, and the information the Report covers, is in printed form.

Auditor's Report

To the Members of the Chinook Regional Health Authority
and the Minister of Health and Wellness

I have audited the statement of financial position of the Chinook Regional Health Authority as at March 31, 2005 and the statements of operations, changes in net assets, and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2005 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

[Original Signed by Fred J. Dunn, FCA]

Auditor General

Edmonton, Alberta
June 6, 2005

CHINOOK REGIONAL HEALTH AUTHORITY

MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING

FINANCIAL STATEMENTS

MARCH 31, 2005

The accompanying financial statements are the responsibility of management and have been approved by the Authority. The financial statements were prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Directives issued by Alberta Health and Wellness, and of necessity include some amounts that are based on estimates and judgments.

To discharge its responsibility for the integrity and objectivity of financial reporting, management maintains a system of internal accounting controls comprising written policies, standards and procedures, a formal authorization structure, and satisfactory processes for reviewing internal controls. This system is designed to provide management with reasonable assurance that transactions are in accordance with governing legislation, are properly authorized, reliable financial records are maintained, and assets are adequately accounted for and safeguarded. The Authority has established a code of ethics and corporate directives, which require communication of the code to employees.

The Authority members carry out their responsibility for the financial statements through the Governance Committee. This Committee meets with management and the external auditor, the Auditor General of Alberta, to discuss and review financial matters, and recommends the financial statements to the Chinook Regional Health Authority Board for approval. The external auditor has full and free access to the Governance Committee.

The external auditor, the Auditor General of Alberta, provides an independent audit of the financial statements. Their examination is conducted in accordance with Canadian Generally Accepted Auditing Standards and includes tests and other procedures, which allow them to report on the fairness of the financial statements prepared by management.

[Original Signed]

Chief Executive Officer

Date: *JUNE 6, 2005*

[Original Signed]

Chief Operating Officer

Date: *JUNE 6, 2005*



CHINOOK REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
MARCH 31, 2005
(thousands of dollars)

	2005	2004
ASSETS		
Current:		
Cash and investments (Note 3)	\$ 18,698	\$ 7,513
Accounts receivable (Note 4)	8,191	5,328
Inventories	2,314	2,111
Prepaid expenses	1,578	1,593
	30,781	16,545
Non-current cash and investments (Note 3)	16,709	19,458
Capital assets (Note 5)	176,950	175,776
Other assets (Note 6)	7,818	7,967
	\$ 232,258	\$ 219,746
LIABILITIES AND NET ASSETS		
Current:		
Accounts payable and accrued liabilities	\$ 24,036	\$ 22,615
Accrued vacation pay	10,263	9,559
Deferred contributions (Schedule 3)	6,635	4,036
Current portion of long-term debt (Note 8)	56	71
	40,990	36,281
Deferred capital contributions (Note 7)	15,975	10,444
Long-term debt (Note 8)	178	233
Deferred Contributions - Healthy Aging Partnership (Note 9)	3,670	3,869
Unamortized external capital contributions (Note 10)	164,674	162,904
Other liabilities	367	68
	184,864	177,518
Net assets:		
Accumulated deficit	(5,788)	(6,771)
Investment in capital assets	12,042	12,568
Operating net assets	6,254	5,797
Endowments	150	150
	6,404	5,947
	\$ 232,258	\$ 219,746

The accompanying notes and schedules are part of these financial statements.

CHINOOK REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2005
(thousands of dollars)

	2005		2004
	Budget	Actual	Actual
	(Note 11)		
Revenue			
Alberta Health and Wellness contributions (Note 12)	\$ 241,571	\$242,153	\$ 216,851
Other government contributions (Note 13)	3,419	4,451	3,661
Fees and charges (Note 14)	19,074	18,223	16,436
Ancillary operations, net (Note 15)	304	243	208
Donations	312	406	391
Investment and other income (Note 16)	5,164	5,831	5,208
Amortization of external capital contributions (Note 10)	10,330	10,301	9,876
	280,174	281,608	252,631
Expenses (Schedule 1)			
Facility-based inpatient acute nursing care services	67,273	67,967	63,560
Facility-based emergency and outpatient services	17,865	17,785	16,302
Facility-based continuing care services	35,832	35,508	34,449
Community-based care	14,949	15,617	12,916
Home care	13,564	14,870	13,109
Diagnostic and therapeutic services	47,286	48,157	43,860
Promotion, prevention and protection services	10,279	10,584	10,207
Administration (Note 17)	11,266	12,086	10,955
Information technology	5,909	6,120	6,222
Support services (Note 18)	44,736	46,796	44,532
Amortization of facilities and improvements	7,061	6,961	6,940
	276,020	282,451	263,052
Excess (deficiency) of revenue over expenses	\$ 4,154	\$ (843)	\$ (10,421)



CHINOOK REGIONAL HEALTH AUTHORITY
STATEMENT OF CHANGES IN NET ASSETS
FOR THE YEAR ENDED MARCH 31, 2005
(thousands of dollars)

	2005					2004
	Operating	Invested in Capital Assets from internally funded sources	Total Operating	Endowments	Total	Total
Deficiency of revenue over expense	\$ (843)	\$ -	\$ (843)	\$ -	\$ (843)	\$ (10,421)
Capital assets internally funded	(833)	833	-	-	-	-
Land acquired with external funds	-	1,300	1,300	-	1,300	-
Amortization on internally funded capital assets	2,729	(2,729)	-	-	-	-
Repayment of long-term debt used to fund capital assets	(70)	70	-	-	-	-
Net change	983	(526)	457	-	457	(10,421)
Balance at beginning of year	(6,771)	12,568	5,797	150	5,947	16,368
Balance at end of year	\$ (5,788)	\$ 12,042	\$ 6,254	\$ 150	\$ 6,404	\$ 5,947

CHINOOK REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2005
(thousands of dollars)

	2005		2004
	Budget	Actual	Actual
Cash generated from (used by):			
Operating activities			
Excess (deficiency) of revenue over expenses	\$ 4,154	\$ (843)	\$ (10,421)
Non-cash transactions:			
Amortization of capital equipment - internally funded	2,691	2,419	2,860
Amortization of capital equipment - externally funded	3,371	3,509	3,101
Amortization of facilities and improvements	6,959	7,009	6,984
Gross amortization of external capital contributions (Note 10)	(10,330)	(10,308)	(9,883)
Loss (gain) on disposal of capital equipment	61	(129)	152
	6,906	1,657	(7,207)
Change in non-cash working capital accounts (Note 19)	(8,317)	4,263	7,184
Cash (used by) generated from operations	(1,411)	5,920	(23)
Investing activities:			
Purchase of capital assets:			
internally funded	-	(833)	(3,329)
externally funded - equipment	(4,743)	(3,769)	(4,145)
- facilities & improvements	(15,042)	(8,309)	(2,435)
- land	-	(1,300)	-
Proceeds on sale of capital assets	-	229	57
Change in other assets	352	149	(2,584)
Change in non-current cash	8,552	2,749	(1,270)
Cash used by investing activities	(10,881)	(11,084)	(13,706)
Financing activities:			
Capital contributions received (Note 7)	17,666	18,909	11,944
Change in non-cash working capital accounts (Note 19)	-	(2,590)	765
Principal payments on long-term debt used to fund capital assets	(204)	(70)	(87)
Principal payments on long-term debt - other	-	-	(345)
Proceeds on long-term debt	-	-	126
Change in other liabilities	-	299	-
Change in deferred contributions-Health Aging Partnership	(287)	(199)	(305)
Net change in non-current deferred contributions	-	-	(2,970)
Cash generated from financing activities	17,175	16,349	9,128
Increase (decrease) in cash and investments	4,883	11,185	(4,601)
Cash and investments, beginning of year	7,513	7,513	12,114
Cash and investments, end of year	\$ 12,396	\$ 18,698	\$ 7,513
Cash and cash equivalents are defined as follows:			
Cash and investments	\$ 12,396	\$ 18,698	\$ 7,513

CHINOOK REGIONAL HEALTH AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2005

(Thousands of dollars)

Note 1 Authority, Purpose and Operations

The Chinook Regional Health Authority (the "Authority") was established on June 24, 1994 under the authority of the Regional Health Authority Act, Chapter R-10, Revised Statutes of Alberta 2000. The Authority is exempt from the payment of income tax and is also a registered charity under the Income Tax Act.

The Authority is responsible for the delivery of appropriate, accessible and affordable health services within the Chinook Region (the "Region"). This responsibility includes operating programs designed to promote, protect, maintain, restore and enhance physical and mental well-being.

The operations of the Authority include the following facilities and sites:

- Barons-Eureka-Warner Health Unit
- Border Counties General Hospital
- Cardston General Hospital
- Children's Assessment, Rehabilitation and Education Centre Society of South-western Alberta
- Chinook Health Unit
- Crowsnest Pass General and Auxiliary Hospital
- Fort Macleod Health Care Centre
- Fort Macleod Special Development Unit
- City of Lethbridge Health Unit
- Lethbridge Regional Hospital
- Magrath General Hospital
- Picture Butte Health Centre
- Pincher Creek Municipal Hospital
- Raymond General Hospital
- Taber and District Health Care Complex
- Raymond Care Centre

These financial statements do not include the assets, liabilities and operations of any voluntary or private facilities providing health services in the region. Information on these facilities is disclosed in Schedule 4.

Note 2 Significant Accounting Policies and Reporting Practices

The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the reporting requirements of Financial Directives 24 issued by Alberta Health and Wellness. Following are the significant accounting policies:

(a) Basis of Presentation

These financial statements are prepared using the deferral method of accounting. The Foundations are not consolidated.

(b) Revenue Recognition

- (i) Unrestricted operating grants and other contributions are recognized as revenue when receivable.
- (ii) Externally restricted non-capital contributions are deferred and recognized as revenue in the year when related expenses are incurred.
- (iii) Externally restricted capital contributions are recorded as deferred capital contributions until the amount is invested in capital assets. Amounts invested representing externally funded capital assets are then transferred to unamortized external capital contributions. Unamortized external capital contributions are recognized as revenue in the periods in which the related amortization expense of the funded capital asset is recorded.
- (iv) Restricted contributions for the purchase of capital assets which will not be amortized are recorded as direct increases to net assets.
- (v) Unrestricted investment income is recognized in the year it is earned.
- (vi) Investment income subject to external restrictions is, depending on the nature of the restrictions, recorded as a direct increase to net assets, or is deferred and recognized as revenue in the year the related expenses are incurred.
- (vii) Donations and contributions in kind are recorded at fair value when such value can reasonably be determined.

(c) Full cost

The Authority accounts for all costs and revenues related to services carried out for which it is responsible.

Note 2 Significant Accounting Policies and Reporting Practices (continued)

The fair value of costs of services are recorded. The fair value transactions recorded consist of the following:

- (i) Revenues earned by contracted health service operators from Ministry of Health and Wellness designated fees and charges are recorded as fees and charges of the Authority. An equivalent amount is recorded as contracted health service operator expense of the Authority.
 - (ii) Payments made by Alberta Health and Wellness directly to contracted health service operators for health programs are recorded as revenues and an equivalent amount recorded as program expenses as these payments represent part of the cost of the Authority's health programs.
 - (iii) The fair value for the use of non-acute care facilities not owned by the Authority and provided to the Authority at zero or nominal rent is recorded as other government contributions and as program expenses.
 - (iv) Other assets, supplies and service contributions that would otherwise have been purchased are recorded as revenue and expenses, at fair value at the date of contribution, when a fair value can be reasonably determined. Volunteers contribute a significant amount of time each year to assist the Authority in carrying out its programs and services. However, contributed services of volunteers are not recognized as revenues and expenses in these financial statements because fair value cannot be reasonably determined.
- (d) Employee Future Benefits

The Authority participates in the Local Authorities Pension Plan. This is a multi-employer defined benefit plan that provides pensions for the Authority's participating employees, based on years of service and earnings.

Defined contribution plan accounting is applied to a multi-employer defined benefit plan for which the Authority has insufficient information to apply defined benefit plan accounting.

Pension costs included in these financial statements comprise the amount of employer contributions required for its employees during the year, based on rates which are expected to provide for benefits payable under the pension plan. The Authority's portion of the pension plans' deficit or surplus is not recorded by the Authority.

The Authority participates in a defined benefit plan for a prescribed class of employees. Benefits are based on years of service and 1.75% of the excess of average of full calendar year earnings over a consecutive five year period for which such average is highest over average of maximum pensionable earnings as determined under the provisions of the Local Authorities Pension Plan over the same consecutive five year period multiplied by the member's total years of healthcare (LAPP) eligible service after December 31, 1991. The plan is unfunded. The Authority accrues its obligation for the defined benefit pension plan as the employee renders the service necessary to earn benefits.

The Authority fully accrues its obligations for employee non-pension future benefits.

Note 2 Significant Accounting Policies and Reporting Practices (continued)

(e) Investments

Temporary investments are recorded at lower of cost and market. Non-current investments are recorded at cost. Where there has been a loss in the value of an investment other than a temporary decline, the investment is written down to recognize the loss. The written down value is deemed to be the new cost.

(f) Financial Instruments

The carrying value of accounts receivable, accounts payable and accrued liabilities approximates their fair value as of March 31, 2005 because of the short-term maturity of these items.

The carrying value of long-term debt approximates fair value.

(g) Inventories

Inventories are valued at the lower of cost, determined on a first-in, first-out basis, or net realizable value.

(h) Capital Assets

Capital assets and construction projects in progress are recorded at cost. Capital assets costing less than five thousand dollars are expensed.

Capital assets except land, construction in progress and art are amortized over their estimated useful lives on a straight line basis as follows:

	<u>Useful Life</u>
Land improvements	10 - 25 years
Buildings	20 - 40 years
Equipment	5 - 15 years

Construction projects in progress are not amortized until the project is complete.

Leases transferring substantially all of the benefits and risks of ownership of capital assets to the Authority are accounted for as acquisitions of capital assets financed by long-term obligations.

Note 2 Significant Accounting Policies and Reporting Practices (continued)

(i) Measurement Uncertainty

The financial statements, by their nature, contain estimates and are subject to measurement uncertainty. Capital assets are amortized over their estimated useful lives. The amounts recorded for amortization of external capital contributions are based on estimates of the useful life of related assets. Actual results could differ from these estimates.

The Region has an unsettled labour contract at March 31, 2005. The Region has accrued for this contract using management's best estimate. Actual results could differ from this estimate.

Note 3 Cash and Investments

	2005		2004	
	Market Value	Carrying Value	Market Value	Carrying Value
Cash and cash equivalents	\$ 23,835	\$ 23,835	\$ 7,029	\$ 7,029
Term deposits	634	634	649	649
Fixed income securities	9,374	8,931	16,063	15,464
Equities	2,769	2,007	4,883	3,829
	<u>\$ 36,612</u>	<u>35,407</u>	<u>\$ 28,624</u>	<u>26,971</u>
Amount held for non-current purposes		(16,709)		(19,458)
	<u>\$ 18,698</u>		<u>\$ 7,513</u>	

Income and financial returns are exposed to credit and price risks. Credit risk relates to the possibility that a loss may occur when another party fails to perform according to terms of the contract. Price risk comprises interest rate risk and market risk. Interest rate risk relates to the possibility that investments will change in value with future fluctuations in market interest rates. Market risk relates to the possibility that investments will change in value due to fluctuations in market prices.

To earn optimal financial returns at an acceptable level of risk, management has established a policy asset mix of 65% to 100% for fixed-income instruments, 0% to 25% for equities, and 0% to 20% for cash and cash equivalents. Risk is reduced through asset class diversification, diversification within each asset class and quality constraints on fixed-income and equity instruments.

- (i) Term deposits with Alberta Treasury Branches maturing as follows:
- Maturing May 2005 and bearing interest at 2.5%.
 - Maturing July, 2009 and bearing interest at 4.27% paid annually.
- (ii) Fixed-income securities have an average effective yield of 5.19% per annum for securities maturing between 1 and 10 years. As at March 31, 2005, the securities have the following term structure based on par:

	%
1 to 5 years	34.62
5 to 10 years	36.74
Over 10 years	28.64

Note 3 Cash and Investments (continued)

- (iii) Equities comprise publicly traded equities. Risk is reduced by prudent security election and sector rotation.

Non-current cash and investments represent the following:

	2005	2004
Endowments	\$ 150	\$ 150
Externally restricted for capital acquisitions	15,975	10,444
Externally restricted for specific purposes	584	548
Other	-	8,316
	<u>\$ 16,709</u>	<u>\$ 19,458</u>

Note 4 Accounts Receivable

	2005	2004
Contributions receivable	\$ 3,421	\$ 830
Accounts receivable - patients and other	4,770	4,498
	<u>\$ 8,191</u>	<u>\$ 5,328</u>

Note 5 Capital Assets

	Cost				Accumulated Amortization				Net Book Value 2005	Net Book Value 2004	
	Opening Balance April 1/04	Cost Transfers from CIP	Additions	Disposals	Closing Balance Mar 31/05	Opening Balance April 1/04	Current Year Amortization	Amortization on Disposals			Closing Balance Mar 31/05
Land	\$ 2,402	\$ -	\$ 1,300	\$ -	\$ 3,702	\$ -	\$ -	\$ -	\$ -	\$ 3,702	\$ 2,402
Other Non-depreciable Assets	46	-	-	-	46	-	-	-	-	46	46
Land Improvements	4,192	-	-	-	4,192	3,587	97	-	3,684	508	605
Buildings and Improvements	242,573	5,398	1,404	-	249,375	93,018	6,818	-	99,836	149,539	149,555
Leasehold Improvements	215	993	-	-	1,208	43	93	-	136	1,072	172
Major Equipment - Other	60,436	-	3,820	1,284	62,972	44,224	4,265	1,225	47,264	15,708	16,212
Major Equipment - Information Systems	12,180	1,180	373	209	13,524	9,617	1,540	168	10,989	2,535	2,563
Major Equipment - Software Licenses	933	(300)	193	-	826	278	124	-	402	424	655
Construction in Progress (CIP)	3,566	(7,420)	7,270	-	3,416	-	-	-	-	3,416	3,566
	<u>\$ 326,543</u>	<u>\$ (149)</u>	<u>\$ 14,360</u>	<u>\$ 1,493</u>	<u>\$ 339,261</u>	<u>\$ 150,767</u>	<u>\$ 12,937</u>	<u>\$ 1,393</u>	<u>\$ 162,311</u>	<u>\$ 176,950</u>	<u>\$ 175,776</u>

Note 5 Capital Assets (continued)

(a) Land

Land at the Crowsnest Pass General and Auxiliary Hospital and Picture Butte Health Centre has been provided to the Authority at nominal value.

(b) Leased Capital Assets

	Cost Mar 31/05	Accumulated Amortization Mar 31/05	Net Book Value 2005	Net Book Value 2004
Buildings and Improvements ⁽¹⁾	\$ 28,017	\$ 3,501	\$ 24,516	\$ 25,216
Major Equipment - Other	286	210	76	133
	<u>\$ 28,303</u>	<u>\$ 3,711</u>	<u>\$ 24,592</u>	<u>\$ 25,349</u>

⁽¹⁾ The building and improvements under capital lease pertain to the transfer of assets from St. Michael's Health Centre to Alberta Infrastructure. Alberta Infrastructure subsequently leased these assets to the Authority.

Capital assets have been funded from the following sources:

	2005	2004
Externally funded	\$ 164,674	\$ 162,908
Internally funded	12,042	12,564
Financed by debt	234	304
	<u>\$ 176,950</u>	<u>\$ 175,776</u>

Note 6 Other Assets

	2005	2004
Long-term receivable		
Supportive Living Options	\$ 7,739	\$ 7,870
Participating Physicians	79	97
	<u>\$ 7,818</u>	<u>\$ 7,967</u>

The amounts included in the Supportive Living Options are forgivable for services rendered by the contracted health service provider over the life of the Continuing Care Agreement. The Continuing Care Agreement is for a term of 20 years effective from the date of commencement of operations, unless otherwise terminated.

The Chinook Health Region provided financial assistance to participating physicians to assist in a portion of costs of the Sleep Apnea clinic. These costs will be reimbursed to the Chinook Health Region over the term of the existing agreement of 5 years.

Note 7 Deferred Capital Contributions

Deferred capital contributions balance represents amounts accounted for in accordance with accounting policy described in Note 2(b).

	2005	2004
Amounts received:		
Restricted Alberta Health and Wellness	\$ 8,243	\$ 2,380
Restricted other government	9,645	8,160
Restricted investment income (Note 16)	11	14
Other	316	-
Regional shared information program	75	300
Transferred from (to) deferred contributions (Schedule 3)		
Donations	658	618
Other	(39)	472
	<u>18,909</u>	<u>11,944</u>
Transferred (to) from:		
Unamortized external capital contributions (Note 10)		
Other	(11,345)	(5,662)
Donations	(658)	(618)
Regional shared information program	(75)	(300)
	<u>(12,078)</u>	<u>(6,580)</u>
Investment in Capital Assets	(1,300)	-
	<u>(13,378)</u>	<u>(6,580)</u>
Change during the year	5,531	5,364
Balance, beginning of year	10,444	5,080
Balance, end of year	<u>\$ 15,975</u>	<u>\$ 10,444</u>
Balance at end of year is restricted for the following purposes:		
Equipment replacement	1,335	552
New construction	14,640	9,892
	<u>\$ 15,975</u>	<u>\$ 10,444</u>

Note 8 Long-term Debt

	2005	2004
Debentures	\$ 138	\$ 152
Obligations under capital leases	96	152
	<u>234</u>	<u>304</u>
Less: current portion	56	71
Long-term portion	<u>\$ 178</u>	<u>\$ 233</u>

Note 8 Long-term Debt (continued)

Future payments	Capital Leases	Debentures	Total
For the year ended March 31:			
2006	41	15	56
2007	25	16	41
2008	25	17	42
2009	5	19	24
2010 and thereafter	-	71	71
	<u>96</u>	<u>138</u>	<u>234</u>

Capital leases expire on various dates to May, 2008. Debentures mature in March, 2012 and bear interest at a rate of 9.5%.

Note 9 Deferred Contributions – Healthy Aging Partnership

Funds received from Alberta Health and Wellness for the purpose of providing supportive living options to the Region's residents are recorded as long-term deferred contributions.

During the year the Authority amortized \$257 (2004 - \$265) of the Healthy Aging Partnership program to community and home-based services and recognized an equal amount as revenue under Alberta Health and Wellness Contributions.

Note 10 Unamortized External Capital Contributions

The region follows the deferral method of recognizing capital contributions as described in Note 2 (b) (iii). The balance of unamortized external capital contributions at the end of year represents the external capital contribution to be recognized as revenue in future years.

	2005	2004
Balance, beginning of year	\$ 162,904	\$166,207
Transfers from deferred capital contributions (Note 7)		
Other	11,345	5,662
Donations	658	618
Regional shared health information program	75	300
	<u>12,078</u>	<u>6,580</u>
Less amounts recognized as revenue		
Amortized external capital contributions: equipment	(3,505)	(3,097)
Amortized external capital contributions: facilities and improvements	(6,796)	(6,779)
Amortization - Ancillary operations	(7)	(7)
	<u>(10,308)</u>	<u>(9,883)</u>
Balance, end of year	\$ 164,674	\$162,904

Note 11 Budget

	2004/05 Approved Budget ⁽¹⁾
Revenue:	
Alberta Health and Wellness contributions	\$ 241,571
Other government contributions	3,419
Fees and charges	19,074
Net ancillary operations	304
Donations	312
Investment and other income	5,164
Amortization of external capital contributions	<u>10,330</u>
Total revenue	<u>280,174</u>
Expenses:	
Facility-based inpatient acute nursing care services	67,273
Facility-based emergency and outpatient services	17,865
Facility-based continuing care services	35,832
Community-based care	14,949
Home care	13,564
Diagnostic and therapeutic services	47,286
Promotion, prevention and protection services	10,279
Administration	11,266
Information technology	5,909
Support services	44,736
Amortization of facilities and improvements	<u>7,061</u>
Total expenses	<u>276,020</u>
Excess of revenue over expense	<u>\$ 4,154</u>

⁽¹⁾ The budget was approved by the members of the Authority on September 1, 2004 and submitted to the Minister of Health and Wellness.

Note 12 Alberta Health and Wellness Contributions

	2005	2004
Unrestricted contributions	\$ 234,758	\$ 211,153
Transfers from deferred contributions (Schedule 3)	6,960	5,255
Healthy Aging Partnership (Note 9)	257	265
Alberta Health and Wellness payments to contract operators		
Non-district nursing home capital upgrade program	178	178
	<u>\$ 242,153</u>	<u>\$ 216,851</u>

Alberta Health and Wellness Contributions include an unrestricted contribution of \$7,337 to eliminate the Authority's accumulated deficit as at March 31, 2004. This contribution has been included in revenue in the current year.

Note 13 Other Government Contributions

	2005	2004
Persons with Developmental Disabilities		
South Alberta Board (Schedule 3)	\$ 2,387	\$ 2,123
Transfers from deferred contributions (Schedule 3)	780	756
Alberta Infrastructure (Schedule 3)	346	166
	<u>3,513</u>	<u>3,045</u>
Fair value of rent less rent charges for non-acute care facilities used by the Authority	938	616
	<u>\$ 4,451</u>	<u>\$ 3,661</u>

Note 14 Fees and Charges

	Inpatient/Resident		Outpatient		Total	
	2005	2004	2005	2004	2005	2004
Acute Care						
Uninsured resident of Alberta	\$ 9	\$ 11	\$ 32	\$ 27	\$ 41	\$ 38
Out-of-province	1,371	1,270	1,300	1,034	2,671	2,304
Out-of-country base amount	118	71	66	60	184	131
Out-of-country surcharge	148	65	64	56	212	121
WCB Standard charges	311	316	1,044	801	1,355	1,117
Federal	9	37	65	53	74	90
Uninsured medical services	-	37	158	119	158	156
Preferred accommodation	42	88	-	-	42	88
Continuing care standard ward	101	126	-	-	101	126
Continuing care semi-private	63	41	-	-	63	41
Continuing care private	76	5	-	-	76	5
	<u>2,248</u>	<u>2,067</u>	<u>2,729</u>	<u>2,150</u>	<u>4,977</u>	<u>4,217</u>
Continuing Care						
Continuing care standard ward	307	309	-	-	307	309
Continuing care semi-private	2,327	2,506	-	-	2,327	2,506
Continuing care private	1,964	1,499	-	-	1,964	1,499
Out-of-province	-	13	-	-	-	13
	<u>4,598</u>	<u>4,327</u>	<u>-</u>	<u>-</u>	<u>4,598</u>	<u>4,327</u>
Home Care						
Homemaking Fees	-	-	19	12	19	12
Public Health	-	-	264	220	264	220
Other	8,335	7,626	30	34	8,365	7,660
Total	<u>\$ 15,181</u>	<u>\$ 14,020</u>	<u>\$ 3,042</u>	<u>\$ 2,416</u>	<u>\$ 18,223</u>	<u>\$ 16,436</u>

Note 15 Ancillary Operations

	2005					2004	
	Non-Patient Food Services Operations	Laundry Operations	Parking Operations	Other Operations	Total	Budget	Total
Revenues							
Revenues	\$ 1,018	\$ 83	\$ 366	\$ 326	\$ 1,793	\$ 1,811	\$ 1,668
Amortization of deferred capital contributions	-	2	5	-	7	-	7
	<u>1,018</u>	<u>85</u>	<u>371</u>	<u>326</u>	<u>1,800</u>	<u>1,811</u>	<u>1,675</u>
Expenses							
Other expenses	909	83	54	459	1,505	1,460	1,413
Amortization	3	2	46	1	52	47	54
	<u>912</u>	<u>85</u>	<u>100</u>	<u>460</u>	<u>1,557</u>	<u>1,507</u>	<u>1,467</u>
Excess (deficiency) of revenues over expenses	<u>\$ 106</u>	<u>\$ -</u>	<u>\$ 271</u>	<u>\$ (134)</u>	<u>\$ 243</u>	<u>\$ 304</u>	<u>\$ 208</u>

Note 16 Investments and Other Income

	2005	2004
Investment Income Earned		
Unrestricted resources	\$ 1,691	\$ 1,612
Restricted resources for capital assets	11	14
Restricted resources for special purpose programs	-	80
Resources held for endowment	5	4
	<u>1,707</u>	<u>1,710</u>
Other Income		
Transfers from deferred contributions (Schedule 3)	1,469	1,353
Other	2,666	2,239
	<u>5,842</u>	<u>5,302</u>
Less amounts deferred:		
Restricted for capital asset acquisition (Note 7)	(11)	(14)
Restricted for special purpose programs	-	(80)
	<u>\$ 5,831</u>	<u>\$ 5,208</u>

Investment income is comprised of interest and dividends and gains or losses on the sale of investments.

Other income is comprised of recoveries from sources external to the Health Authority for compensation, material and supplies.

Note 17 Administration

	2005	2004
General administration	\$ 6,463	\$ 5,792
Finance	1,625	1,489
Human Resources	2,058	1,797
Administration - contract operators (Schedule 4)	<u>1,940</u>	<u>1,877</u>
	<u>\$ 12,086</u>	<u>\$ 10,955</u>

Note 18 Support Services

	2005	2004
Bad Debt Expense	\$ 613	\$ 105
Bio-Medical Engineering	740	617
Building maintenance, operations and security	11,618	11,440
Communications	661	646
Education	775	633
Housekeeping	4,520	4,321
Laundry and linen	1,386	1,393
Materials management	4,114	4,116
Patient food services	7,208	6,892
Patient health records	2,631	2,521
Patient registration	1,269	1,295
Patient transportation	1,802	1,831
Volunteer services	370	361
Support Services-contract operators (Schedule 4)	<u>9,089</u>	<u>8,361</u>
	<u>\$ 46,796</u>	<u>\$ 44,532</u>

Note 19 Changes in Non-Cash Working Capital Accounts

	2005	2004
Accounts receivable	\$ (2,863)	\$ 847
Inventories	(203)	(325)
Prepaid expenses	15	(770)
Accounts payable and accrued liabilities	1,421	7,736
Accrued vacation pay	704	760
Current portion of deferred contributions	2,599	(299)
	<u>\$ 1,673</u>	<u>\$ 7,949</u>
Reflected in the Statement of Cash Flows as:		
Operating activities	\$ 4,263	\$ 7,184
Financing activities	(2,590)	765
	<u>\$ 1,673</u>	<u>\$ 7,949</u>

Note 20 Related Parties

(a) Provincial Government

The Authority is established under the Regional Health Authorities Act. The Minister of Health and Wellness appoints the members. The Authority is economically dependent upon the Ministry of Health and Wellness since the viability of its on-going operations depends on contributions from the Ministry. Transactions between the Authority and the Province of Alberta are disclosed in the Statement of Operations and in the notes to the financial statements.

(b) Foundations

The Authority exercises control over the following Foundations by virtue of its ability to appoint a majority of the voting members of the Boards of Directors. These Foundations were established under the Regional Health Authorities Act and are registered charities under the Income Tax Act.

The controlled Foundations are not consolidated in these financial statements.

Note 20 Related Parties (continued)

(i) Crowsnest Pass Health Foundation (established August 28, 1996)

	2005	2004
Total assets	\$ 183	\$ 96
Total liabilities	(3)	(3)
Net assets	<u>\$ 180</u>	<u>\$ 93</u>
Revenue	\$ 200	\$ 82
Expenses	(113)	(65)
Excess of revenue over expenses	<u>\$ 87</u>	<u>\$ 17</u>

The resources of the Foundation amounting to \$72 have been restricted by the donors for the exclusive use of Crowsnest Pass Health Care Facility.

The financial statements for the Crowsnest Pass Health Foundation are prepared using the Restricted Fund method.

(ii) Cardston and District Health Foundation (established August 28, 1996)

	2005	2004
Total assets	\$ 28	\$ 7
Total liabilities	(3)	(1)
Net assets	<u>\$ 25</u>	<u>\$ 6</u>
Revenue	\$ 52	\$ 31
Expenses	(33)	(66)
Excess (deficiency) of revenue over expenses	<u>\$ 19</u>	<u>\$ (35)</u>

The resources of the Foundation amounting to \$22 have been restricted by the donors for the exclusive use of Cardston Health Care Facility.

The financial statements for the Cardston and District Health Foundation are prepared using the Restricted Fund method.

Note 20 Related Parties (continued)

(iii) North County Health Foundation (established October 16, 1997)

	2005	2004
Total assets	\$ 73	\$ 57
Total liabilities	<u>(7)</u>	<u>-</u>
Net assets	<u>\$ 66</u>	<u>\$ 57</u>
Revenue	\$ 62	\$ 17
Expenses	<u>(53)</u>	<u>(8)</u>
Excess of revenue over expenses	<u>\$ 9</u>	<u>\$ 9</u>

The resources of the Foundation amounting to \$18 have been restricted by the donors for the exclusive use of Picture Butte Health Care Facility.

The financial statements for the North County Health Foundation are prepared using the Restricted Fund method.

(iv) Fort Macleod and District Health Foundation (established April 21, 1998)

	2005	2004
Total assets	\$ -	\$ 35
Total liabilities	<u>-</u>	<u>(1)</u>
Net assets	<u>\$ -</u>	<u>\$ 34</u>
Revenue	\$ -	\$ 9
Expenses	<u>-</u>	<u>(9)</u>
Excess of revenue over expenses	<u>\$ -</u>	<u>\$ -</u>

The financial statements for the Fort Macleod and District Health Foundation were not available for the year ending March 31, 2005.

Note 20 Related Parties (continued)

(v) Windy Slopes Health Foundation (established April 28, 1998)

	2005	2004
Total assets	\$ 59	\$ 51
Total Liabilities	<u>(5)</u>	<u>-</u>
Net assets	<u>\$ 54</u>	<u>\$ 51</u>
Revenue	\$ 157	\$ 67
Expenses	<u>(154)</u>	<u>(92)</u>
Excess (deficiency) of revenue over expenses	<u>\$ 3</u>	<u>\$ (25)</u>

The resources of the Foundation amounting to \$11 have been restricted by the donors for the exclusive use of Pincher Creek Health Care Facility.

The financial statements for the Windy Slopes Health Foundation are prepared using the Restricted Fund method.

	Contributions Received by Health Authority		Resources held by Foundation	
	Year ended March 31		At March 31, 2005	
	2005	2004	Externally Restricted	Unrestricted
Crowsnest Pass Health Foundation	\$ 78	\$ 27	\$ 149	\$ 30
Cardston and District Health Foundation	7	52	22	3
North County Health Foundation	32	-	18	48
Fort Macleod and District Health Foundation	-	-	-	-
Windy Slopes Health Foundation	122	65	11	43
	<u>\$ 239</u>	<u>\$ 144</u>	<u>\$ 200</u>	<u>\$ 124</u>

Note 20 Related Parties (continued)

(d) Other Foundations

The Authority has an economic interest in the Lethbridge Regional Hospital Foundation and the Taber and District Health Foundation by virtue of its representation on the Board of Directors. The Foundations were established to raise funds for use in the respective communities. The Foundations were continued under the Regional Health Authorities Act and are registered charities under the income Tax Act. Financial information for these foundations is as follows:

	Contributions Received by Health Authority		Resources held by Foundation	
	Year ended March 31		At March 31, 2005	
	2005	2004	Externally Restricted	Unrestricted
Lethbridge Regional Hospital Foundation	\$ 543	\$ 547	\$ 4,765	\$ 156
Taber and District Health Foundation	73	131	568	306
	<u>\$ 616</u>	<u>\$ 678</u>	<u>\$ 5,333</u>	<u>\$ 462</u>

Contributions include externally restricted amounts for equipment, programs, research, and education for the specific communities supported by the Foundations.

Note 20 Related Parties (continued)

The value of administrative support provided to Foundations, and the accounts receivable from the Foundations at year end are as follows:

	Administrative Support		Accounts Receivable	
	Year ended March 31		As at March 31	
	2005	2004	2005	2004
Controlled Foundations:				
Crowsnest Pass Health Foundation	\$ 18	\$ 12	\$ 3	\$ 3
Cardston and District Health Foundation	18	12	3	1
North County Health Foundation	12	6	7	-
Fort Macleod and District Health Foundation	-	-	-	-
Windy Slopes Health Foundation	17	4	5	-
Other Foundations:				
Lethbridge Regional Hospital Foundation	220	180	263	183
Taber and District Health Foundation	14	15	4	34
	<u>\$ 299</u>	<u>\$ 229</u>	<u>\$ 285</u>	<u>\$ 221</u>

(e) Society of Friends of the Lethbridge Regional Hospital (the "Society")

The Authority significantly influences the Society through its provision of administrative and financial services and by representation on the Board. The Society is incorporated under the Societies Act of Alberta and operates the gift shop, telephone and television rentals, and other various fund-raising activities. All funds earned are used to support the activities of the Lethbridge Regional Hospital Site of the Authority by transferring funds through the Lethbridge Regional Hospital Foundation.

As at March 31, 2005, \$35 (2004 - \$55) was due to the Authority for net inter-entity transactions.

(f) Voluntary and Private Health Service Operations

The Authority has an economic interest through its contracts with voluntary and private health service operators to provide health services in the Region. Details are presented in Schedule 4.

Note 21 Pension Costs

- a) The Authority participates in the Local Authorities Pension Plan, which is a multi-employer defined benefit plan. The pension expense recorded in these financial statements is equivalent to the Authority's annual contributions payable of \$7,064 for the year ended March 31, 2005 (2004 - \$5,598).

At December 31, 2004, the Local Authorities Pension Plan reported a deficiency of \$1,288,924 (2003 - deficiency of \$1,453,487).

- b) The Authority established a defined benefit pension plan for a prescribed class of employees effective March 3, 2004. The pension plan is unfunded. At March 31, 2005 the unamortized accrued benefit obligation is \$367. The significant actuarial assumptions in measuring the Authority's accrued benefit obligation as of March 31, 2005 are as follows:

Discount Rate	6.00%
Increase in pensionable earnings	3.50%
Increase in maximum pension permitted Under income tax act	3.50%

Note 22 Commitments and Contingencies

The Authority is committed to future capital upgrade projects in the amount of \$11,686.

The Authority procured natural gas futures brokered through Cinergy Canada Inc. for the period of April 1, 2005 to October 31, 2005. This natural gas was contracted for supply to the Lethbridge Regional, Crowsnest Pass, Raymond, Taber, Fort Macleod, Milk River and St. Michael's Health Care facilities for 600 gigajoules per day. All usage above this amount during the contract period is purchased from the spot market.

The Authority has entered into various commitments for the purchase of consumables, reagents and chemicals. The commitments expire at various dates to March, 2006.

Note 23 Comparative Figures

Certain 2004 figures have been reclassified to conform to the 2005 presentation.

Note 24 Operating Deficit

The Authority is prohibited by Section 2.9(2) of the Regional Health Authorities Amendment Regulation (A.R. 127/2002) from incurring an operating deficit. If a regional health authority incurs an operating deficit, further action would normally be required. The Authority incurred an operating deficit of \$843 for the year ended March 31, 2005.

Note 25 Approval of Financial Statements

These financial statements have been approved by the Board of the Authority.

Schedule 1
CHINOOK REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
FOR YEAR ENDED MARCH 31, 2005
(thousands of dollars)

	<u>Budget</u>	<u>2005</u>	<u>2004</u>
Salaries & Benefits (Schedule 2)	\$ 158,801	\$ 162,696	\$ 151,796
Contracts with health service operators (Schedule 4)	43,723	46,935	42,860
Drugs & gases	4,457	4,736	4,589
Medical & surgical supplies	6,485	7,064	6,232
Other contracted services	20,745	18,891	16,167
Interest on long term debt	20	15	16
Other ⁽¹⁾	30,232	30,863	29,762
Amortization:			
Capital equipment - internally funded	2,734	2,295	3,012
Capital equipment - externally funded	3,371	3,509	3,101
Facilities and improvements	6,959	7,004	6,984
	<u>277,527</u>	<u>284,008</u>	<u>264,519</u>
Less amounts reported in ancillary operations (Note 15)	<u>(1,507)</u>	<u>(1,557)</u>	<u>(1,467)</u>
	<u>\$ 276,020</u>	<u>\$ 282,451</u>	<u>\$ 263,052</u>
⁽¹⁾ Other			
Included in other expense are the following:			
Supplies	\$ 13,525	\$ 13,764	\$ 13,269
Minor equipment and maintenance	6,204	6,436	6,647
Travel	3,405	3,596	3,405
Utilities	4,763	4,401	4,705
Other	2,335	2,666	1,736
	<u>\$ 30,232</u>	<u>\$ 30,863</u>	<u>\$ 29,762</u>

**CHINOOK REGIONAL HEALTH AUTHORITY
SCHEDULE OF SALARIES AND BENEFITS
FOR THE YEAR ENDED MARCH 31, 2005**
(thousands of dollars)

Schedule 2

	2005							2004			
	Number of Individuals ⁽¹⁾	Salaries and Honoraria ⁽²⁾	Benefits and Allowances ⁽³⁾	Sub-total	Severance ⁽⁴⁾		Total	Number of Individuals ⁽¹⁾	Salaries, Benefits, Honoraria ^{(2) (3)}	Severance ⁽⁴⁾	Total
					Number of Individuals	Amount					
Authority/Member Compensation											
Chairperson	1	\$ 30	\$ -	\$ 30	-	\$ -	\$ 30	1	\$ 25	\$ -	\$ 25
Members											
	1	12	-	12	-	-	12	1	15	-	15
	1	8	-	8	-	-	8	1	12	-	12
	1	11	-	11	-	-	11	1	15	-	15
	1	7	-	7	-	-	7	1	1	-	1
	1	9	-	9	-	-	9	1	10	-	10
	1	16	-	16	-	-	16	1	10	-	10
	1	9	-	9	-	-	9	1	10	-	10
	1	13	-	13	-	-	13	1	13	-	13
	1	10	-	10	-	-	10	1	11	-	11
	1	12	-	12	-	-	12	1	14	-	14
	1	13	-	13	-	-	13	1	12	-	12
Total Honoraria	12	150	-	150	-	-	150	12	148	-	148
Staff Compensation											
Chief Executive Officer ⁵	0.10	21	9	30	-	-	30	-	-	-	-
Chief Executive Officer - (retired) ^{5,6}	0.90	233	348	581	-	-	581	1	300	-	300
Management reporting to CEO:											
Senior Vice President ⁶	0.90	160	25	185	-	-	185	1.00	201	-	201
Chief Clinical Officer	0.10	24	-	24	-	-	24	-	-	-	-
Vice President Medical Services ⁶	0.90	267	-	267	-	-	267	1.00	286	-	286
Chief Operating Officer	0.10	14	9	23	-	-	23	-	-	-	-
Vice President Finance & Administration ⁶	0.90	130	12	142	-	-	142	1.00	163	-	163
Executive Director Fund Development	1.00	104	22	126	-	-	126	1.00	123	-	123
Director Communications	1.00	75	14	89	-	-	89	1.00	84	-	84
Vice President Community Health (MOH)	-	-	-	-	-	-	-	0.38	63	-	63
Other management persons reporting directly to those above	23.00	2,303	468	2,771	-	-	2,771	21.56	2,601	84	2,685
Other Management	95.01	7,875	1,698	9,573	3	68	9,641	98.04	9,250	108	9,358
Medical Doctors not included above	37.04	2,526	297	2,823	-	-	2,823	45.69	2,633	-	2,633
Regulated Nurses not included above - RN's, Reg, Psych Nurses, Grad Nurses	752.89	51,094	10,845	61,939	-	-	61,939	752.15	59,029	-	59,029
LPN's	167.69	6,964	1,426	8,390	5	71	8,461	161.18	7,724	-	7,724
Other Health Technical and Professionals	404.60	26,900	5,429	32,329	-	-	32,329	388.74	28,553	5	28,558
Unregulated Health Service Providers	147.67	4,698	1,013	5,711	4	14	5,725	148.86	5,410	9	5,419
Other Staff	843.02	30,367	6,952	37,319	9	71	37,390	839.48	35,004	18	35,022
Total Staff Compensation	2,476.82	133,755	28,567	162,322	21	224	162,546	2,462.08	151,424	224	151,648
Total	2,488.82	\$ 133,905	\$ 28,567	\$ 162,472	21	\$ 224	\$ 162,696	2,474.08	\$ 151,572	\$ 224	\$ 151,796

Schedule 2 (continued)

**SCHEDULE OF SALARIES AND BENEFITS
FOR THE YEAR ENDED MARCH 31, 2005**

- 1) Full Time Equivalent (FTE is determined at the rate of 2022.75 annual hours for each full-time employee. Total actual discrete number of individuals employed: 4,147 (2004 – 3,574).

“Individuals” are those on salary or wage, including contract persons considered employees under Canada Customs and Revenue Agency (CCRA) guidelines and rulings.
- 2) Salaries include regular base pay, overtime, lump sum payments, shift differential, honoraria, sick leave, short term disability, earned vacation leave and other remuneration.
- 3) Benefits and allowances include employer’s share of all employee benefits and contributions or payments paid or payable on behalf of employees including pension, health care, dental coverage, vision coverage, out-of-country medical benefits, group life insurance, accidental disability and dismemberment insurance, long and short term disability plans, Canada Pension Plan, employment insurance, Workers Compensation, car allowance, professional membership and recruitment and relocation expenses.
- 4) Severance includes all monies paid or payable directly or on behalf of an employee upon termination that do not relate to salaries and benefits. The number of individuals receiving severance’s disclosed in the schedule is the discrete number of individuals.
- 5) The Chief Executive Officer is provided with an automobile; no dollar amount is included under benefits and allowance.
- 6) The Chief Executive Officer retired February 28, 2005.

The Senior Vice President assumed responsibility of the Chief Executive Officer on March 1,2005.

The Vice President Finance and Administration assumed responsibility of the Chief Operating Officer on March 1, 2005, accepting new responsibilities.

The Vice President Medical Services assumed responsibility of the Chief Clinical Officer on March 1, 2005.

CHINOOK REGIONAL HEALTH AUTHORITY
SCHEDULE OF DEFERRED CONTRIBUTIONS
AS AT MARCH 31, 2005
(thousands of dollars)

Schedule 3

SCHEDULE OF DEFERRED CONTRIBUTIONS	Amounts received or receivable					Amounts recognized as revenue				Contributions Returned	Transfers (to)/From Capital	Closing Balance March 31, 2005
	Opening Balance April 1, 2004	Alberta Health and Wellness	Other government contributions	Foundations	Investments and other	Alberta Health and Wellness	Other government contributions	Foundations	Investments and other			
Alberta Health and Wellness:												
Aboriginal Health Initiative	\$ 41	\$ 49	\$ -	\$ -	\$ -	\$ 44	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 46
Ambulance Transition	-	275	-	-	-	123	-	-	-	-	-	152
Capacity building fund (integrated chronic disease prevention and management)	553	861	-	-	-	458	-	-	-	-	-	956
Early childhood development	321	435	-	-	-	467	-	-	-	-	-	289
Early childhood development-mental health	-	174	-	-	-	174	-	-	-	-	-	-
Emergency Medical Technician-Paramedic Training	-	139	-	-	-	-	-	-	-	-	-	139
Enhancement of Discharge Planning	70	38	-	-	-	86	-	-	-	-	(15)	7
Equity buyout - Coaldale	-	1,400	-	-	-	486	-	-	-	-	-	914
Health Families (Action for Health)	-	100	-	-	-	100	-	-	-	-	-	-
Immunization Grant	-	335	-	-	-	62	-	-	-	-	-	273
Information security compliance	111	312	-	-	-	111	-	-	-	-	-	312
Local Primary Care Initiative	-	100	-	-	-	100	-	-	-	-	-	-
Max Utilization of Specialty Assessment Resources Across the Continuum of Care	-	167	-	-	-	-	-	-	-	-	-	167
Regional Health Information Program	-	318	-	-	-	111	-	-	-	-	(143)	64
Rural on call	189	1,369	-	-	-	1,276	-	-	-	-	-	282
Service delivery changes	559	-	-	-	-	125	-	-	-	-	-	434
Specialist on call	593	3,662	-	-	-	3,109	-	-	-	-	-	1,146
Stanford Management Training	-	63	-	-	-	-	-	-	-	-	-	63
System transition	340	-	-	-	-	46	-	-	-	-	(132)	162
Taber Project	57	-	-	-	-	21	-	-	-	-	(17)	19
Telehealth Grant	-	60	-	-	-	60	-	-	-	-	-	-
Varicella Immunization	-	1	-	-	-	1	-	-	-	-	-	-
RSHIP	-	-	-	-	17	-	-	-	-	-	-	17
Other contributors:												
AADAC grant	24	-	88	-	-	-	74	-	-	-	-	38
Lethbridge Youth Foundation (sponsor for Health Canada)	-	-	131	-	-	-	131	-	-	-	-	-
Persons with Development Disabilities (SDU unit)	140	-	2,282	-	-	-	2,387	-	-	-	-	35
Southwest Alberta Child and Family Services Authority - Families First	47	-	341	-	-	-	343	-	-	(45)	-	-
Southwest Alberta Child and Family Services Authority - First Steps	-	-	232	-	-	-	232	-	-	-	-	-
Alberta Mental Health Board-SHIP grant transferred	11	-	-	-	-	-	-	-	-	-	-	11
Manulife Financial - Group Insurance demutualization	27	-	-	-	-	-	-	-	-	-	-	27
Poverty project	20	-	-	-	-	-	-	-	18	-	-	2
Taber Research Project	56	-	-	-	-	-	-	-	37	-	-	19
University of Calgary-PBMA project	31	-	-	-	-	-	-	-	-	-	-	31
Aboriginal Youth Suicide	-	-	-	-	10	-	-	-	-	-	-	10
AHFMR-SEARCH grant	6	-	-	-	9	-	-	-	-	-	-	15
Alberta Cancer Board-Cervical screening program	10	-	-	-	45	-	-	-	35	-	-	20
Calgary Health Region-Shared Mental health (Capacity Building Fund)	201	-	-	-	307	-	-	-	261	-	-	247
Geriatric education	2	-	-	-	17	-	-	-	18	-	-	1
Glaxo-Smith Klien-Diabetes Prissime project	-	-	-	-	50	-	-	-	-	-	-	50
Heart Failure Clinic	18	-	-	-	1	-	-	-	19	-	-	-
Local Primary Care Initiative	-	-	-	-	74	-	-	-	74	-	-	-
Obesity Clinic	-	-	-	-	50	-	-	-	37	-	-	13
PHAA-Telehealth - Ist Nations Enhanced Discharge Planning	-	-	-	-	23	-	-	-	-	-	-	23
Provincial Alzheimer and Dementia Front Line Training	-	-	-	-	22	-	-	-	-	-	-	22
Raymond Care Centre canteen	2	-	-	-	46	-	-	-	48	-	-	-
Westwinds School Division-Student Health Partnership-Childrens Health	20	-	-	-	787	-	-	-	807	-	-	-
Westwinds School Division-Student Health Partnership-Mental Health	-	-	-	-	85	-	-	-	85	-	-	-
Other	40	-	-	-	34	-	-	-	30	-	-	44
Transfer from Capital-Infrastructure Admin fee/Feasibility Studies	-	-	-	-	-	-	155	-	-	-	155	-
Transfer from Capital-Infrastructure St. Mikes Telephone system funding	-	-	-	-	-	-	191	-	-	-	191	-
Donations	547	-	-	1,109	-	-	-	405	-	(8)	(658)	585
Total 2005	\$ 4,036	\$ 9,858	\$ 3,074	\$ 1,109	\$ 1,577	\$ 6,960	\$ 3,513	\$ 405	\$ 1,469	\$ (53)	\$ (619)	\$ 6,635
Total 2004	\$ 7,305	\$ 5,655	\$ 2,828	\$ 1,036	\$ 1,478	\$ 5,255	\$ 3,045	\$ 379	\$ 1,353	\$ (3,144)	\$ (1,090)	\$ 4,036

CHINOOK REGIONAL HEALTH AUTHORITY
SCHEDULE OF VOLUNTARY AND PRIVATE HEALTH SERVICE PROVIDERS
FOR YEAR ENDED MARCH 31, 2005
(thousands of dollars)

Schedule 4

Facility Name	Direct Region Funding	Direct Alberta Health Funding	Approved Patient Fees and Charges	Total Revenue	Facility-based inpatient acute nursing services	Facility-based emergency and outpatient services	Facility-based continuing care services	Community-based services	Home care	Diagnostic and therapeutic services	Administration	Information Technology	Support Services	Total Expenditures
Voluntary														
St. Michael's Health Centre	\$ 10,441	\$ -	\$ 3,166	\$ 13,607	\$ -	\$ -	\$ 8,346	\$ -	\$ -	\$ 899	\$ 812	\$ 101	\$ 3,449	\$ 13,607
Coaldale Health Care Centre	2,731	-	694	3,425	-	489	1,741	-	-	214	187	-	794	3,425
Victorian Order of Nurses	88	-	36	124	-	-	-	124	-	-	-	-	-	124
Private														
Edith Cavell Nursing Home	5,053	-	1,928	6,981	-	-	4,045	-	-	451	397	-	2,088	6,981
Extencare - Lethbridge	4,897	-	1,771	6,668	-	-	3,940	-	-	438	384	-	1,906	6,668
Extencare - Fort Macleod	2,049	178	770	2,997	-	-	1,803	-	-	182	160	-	852	2,997
Designated Assisted Living														
Good Samaritans	4,055	-	-	4,055	-	-	-	4,055	-	-	-	-	-	4,055
Green Acres	460	-	-	460	-	-	-	460	-	-	-	-	-	460
Home Care Providers	7,583	-	-	7,583	-	-	-	-	7,583	-	-	-	-	7,583
Mental Health Community Agencies	1,035	-	-	1,035	-	-	-	1,035	-	-	-	-	-	1,035
Total 2005	\$ 38,392	\$ 178	\$ 8,365	\$ 46,935	\$ -	\$ 489	\$ 19,875	\$ 5,674	\$ 7,583	\$ 2,184	\$ 1,940	\$ 101	\$ 9,089	\$ 46,935
Total 2004	\$ 35,022	\$ 178	\$ 7,660	\$ 42,860	\$ 64	\$ 468	\$ 19,189	\$ 4,580	\$ 6,106	\$ 2,114	\$ 1,877	\$ 101	\$ 8,361	\$ 42,860

