



2015-16

ANNUAL REPORT



EMPOWERING PATIENTS,
ENABLING CARE.



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LETTER OF TRANSMITTAL

Regina, Saskatchewan

The Honourable Dustin Duncan
Minister of Health—as of March 31, 2016

Honourable Dustin Duncan:

I have the honour of submitting the Annual Report of eHealth Saskatchewan for the fiscal year ending March 31, 2016. I take responsibility for public accountability seriously and, as CEO, I have made every effort to ensure the accuracy of this report.

Susan Antosh

Susan Antosh
Chief Executive Officer
eHealth Saskatchewan



MESSAGE FROM THE CEO

The 2015-16 fiscal year at eHealth Saskatchewan was filled with many exciting achievements and announcements that have ultimately improved health care for patients across the province. Our vision to empower patients and enable care remains at the heart of everything we do.

Earlier this year, I was pleased to stand beside Saskatchewan's Health Minister and announce an exciting pilot program that empowers patients to take a more active role in their own health care. The Citizen Health Information Portal, or CHIP, is a patient-driven initiative that gives participants secure access to their medical history and other personal health records online. We surpassed our goal of successfully signing up 1,000 participants to take part in the six month pilot, which runs from January to August 2016.

Our organization continues to find ways of making our programs and services more efficient and user-friendly for our customers. eHealth partnered with the federal government and launched a new Bundled Birth Service in January 2016. The new service allows parents to register the birth of their baby and, at the same time, apply for important government services, including Saskatchewan Health Card, Saskatchewan Birth Certificate, Social Insurance Number and Canada Child Benefits. Giving parents easy access to four government services on one comprehensive form, means less paperwork to fill out and more time to spend with their loved ones.

It has been an exemplary fiscal year for eHealth's programs. For example, the Picture Archiving and Communications System (PACS) marked a momentous event—the first Community Based Radiology Clinic is now contributing studies to our Provincial PACS, which will have significant positive impacts for patients and health care providers.

Telehealth is another program that has experienced many successes this fiscal year. Approximately 3,200 patients were able to receive follow-up cancer care in Oncology Clinics via Telehealth, which represents an incredible 196 per cent increase in one year. Cancer Care Services and Mental Health and Addictions are now the top service lines using Telehealth. About 1,500 patients used the videoconferencing technology to receive Mental Health and Addictions services thanks to support from health regions, such as Prairie North and Prince Albert Parkland.

This fiscal year ended on a high note for eHealth's Pharmaceutical Information Program (PIP) team. They have been focusing on the integration between local pharmacies and PIP since 2010 and, just recently, reached an impressive milestone—99 per cent of Saskatchewan pharmacies are now integrated with PIP. This integration is important because it allows pharmacies to view a patient's PIP drug information quickly and easily from their pharmacy computer system.

We have seen increasing demand from health care providers, system administrators and policy makers for more timely access to high-quality and reliable health information and analytics to improve system delivery and patient care. eHealth is listening and working to do just that. Efforts made throughout this fiscal year focused on improving self-service access to analytic reporting tools, creating an inventory of health data to improve access and privacy, as well developing a robust data quality strategy to help enhance patient safety and data reliability.

We are also working to improve patient care by modernizing our current data centre model. This project is focused on ensuring continued access to patient information across the health system, improved disaster recovery and modernized infrastructure and security supporting systems. This plan will also significantly reduce the risk of major service disruptions, which could impact patient safety in the event of an outage. This project is expected to be completed by the end of June 2016.

eHealth greatly values the collaborative work done with our partners, including Regional Health Authorities, Saskatchewan Cancer Agency, 3sHealth and the Saskatchewan Medical Association, as they all greatly support us in our efforts to improve the patient experience. Going forward, I am confident that we will be able to build on our successes and achievements in the months and years to come.



Susan Antosh
Chief Executive Officer
eHealth Saskatchewan

MESSAGE FROM THE BOARD CHAIR

Each and every one of eHealth Saskatchewan's programs and services are created and developed with one main goal in mind—to improve patient care in the province. The 2015-16 fiscal year was no exception. The past year was highlighted by a number of exciting projects and announcements that will improve the patient experience, as well as Saskatchewan's health care system. eHealth's successes continue to make me proud to Chair its Board of Directors.

One such success is the Citizen Health Information Portal (CHIP) that was developed specifically for Saskatchewan patients. CHIP is a six month pilot program that provides 1,100 participants with secure, online access to their personal health records, including lab results, immunizations, prescriptions and acute care visits. The program also allows participants to add personal health information, set reminders to take medications, and record upcoming appointments. If CHIP is successful, then we will be one step closer to having a similar program available to all Saskatchewan residents.

eHealth's programs celebrated significant successes this fiscal year and met many of our board targets and priorities. For the past three years, the programs team has worked diligently to enhance and expand the Medical Imaging program and improve patient care across the province. Their hard work has resulted in 26 new Medical Imaging sites, which greatly surpassed the board target of 10 site implementations.

eHealth's Laboratory Information System (LIS) also exceeded one of the Board targets. Ten LIS sites were implemented this fiscal year—the board target was eight sites. LIS facilitates the order of lab tests for patients, manages lab test data and generates and distributes results to clinicians, wards and other agencies. This electronic system contributes to improved patient care, as it gives providers timely access to the information needed when making important health care decisions.

Telehealth is yet another program seeing impressive growth. That growth is especially good news for patients living in rural or remote communities, as it means quick and easy access to a health care provider. There were 96 Telehealth sites in 2008 and that number jumped to 339 sites in 2015, spanning 130 communities and serving 11,533 patients. With more patients opting to take advantage of Telehealth, instead of travelling long distances to receive health care, more than 4.3 million kilometers of patient travel was saved in 2015.

This fiscal year also saw the Chronic Disease Management Quality Improvement Program (CDM-QIP) continue to grow to support patients living with chronic conditions, such as diabetes and coronary artery disease. The CDM-QIP focuses on improving the quality and continuity of care for those patients by encouraging health care providers to follow a series of flow sheets that list the most current best practices. In early 2016, the program launched two additional flow sheets for chronic obstructive pulmonary disease and heart failure.

It has been a pleasure to serve as Chair of the Board for the past three years. It is rewarding to work with an organization that is truly making a difference in people's lives. Behind the scenes, eHealth's dedicated employees work hard every day to improve the quality of health care for all Saskatchewan patients. eHealth's many accomplishments have also been supported by its exceptional partners and stakeholders. Thank you for everything you do to help eHealth realize its ongoing vision to empower patients and enable care.



Gerald Fiske
Board Chair

SUMMARY OF HIGHLIGHTS

At the heart of each and every one of eHealth Saskatchewan's programs and services is its vision: Empowering Patients, Enabling Care. The organization's commitment to improving the quality of care for all Saskatchewan patients inspired many important successes and achievements throughout the 2015-16 fiscal year.

In January 2016, a first-of-its-kind pilot project was launched that enables Saskatchewan residents to take a more active role in managing their health. The Citizen Health Information Portal, or CHIP, is a six month pilot that gives 1,100 participants access to their medical history, such as lab results, hospital visits, immunizations and prescriptions through a secure website. Participants have also been asked to provide their feedback, which will help to shape future patient-driven initiatives.

Parents of newborns in Saskatchewan now have less paperwork to fill out, giving them more time to spend with their little one. As of January 1, 2016, parents can apply for both provincial and federal benefits for their child, thanks to a partnership between eHealth, Employment and Social Development Canada and Canada Revenue Agency. The new Birth Registration Package allows parents to register the birth of their baby and, at the same time, apply for related government services, including Social Insurance Number, Canada Child Benefits, Saskatchewan Health Card and Saskatchewan Birth Certificate.

eHealth's programs also saw a number of success stories that mean better and more timely care for patients across the province. The Electronic Health Record (EHR) continues to be one of eHealth's biggest success stories. The EHR builds on existing sources of health information, which increases its use for health care providers and enables the delivery of safer, sooner and smarter care. During this fiscal year, five sources were added to the EHR, including:

- Heartland Health Region – Laboratories
- Kelsey Trail Health Region – Medical Imaging reports
- Keewatin Yatthé Regional Health Authority – Clinical Encounters
- Regina Qu'Appelle Health Region – Clinical Encounters
- Community Based Organization, Mayfair Diagnostics – Radiology Information System Reports

In 2015-16, additional features were added to the EHR, including Medical Imaging information from Community Based Radiology Clinics and data from physician Electronic Medical Records (EMRs) for Heart Failure and Chronic Obstructive Pulmonary Disease.

Through an integration initiative (CeRx Integration Project), the Pharmaceutical Information Program (PIP) successfully integrated 99 per cent of Saskatchewan pharmacies to the PIP application. This integration means that nearly all pharmacies in the province can view a patient's drug information quickly and easily from their pharmacy computer system.

The original scope of the Laboratory Information System (LIS) Replacement Project was completed by implementing LIS in the Heartland Health Region. In total, 10 LIS sites were implemented in 2015-16, exceeding eHealth's Board target of eight LIS sites. Furthermore, results from new source sites in Heartland, Sun Country, Five Hills, Prairie North and Kelsey Trail Health Regions were added to the Saskatchewan Laboratory Results Repository and are now being distributed electronically. Fifty-seven sites have been implemented across the midsize health regions and the Saskatchewan Disease Control Laboratory, in addition to the Saskatoon and Regina Qu'Appelle sites. The move toward this electronic system gives providers more timely access to the information they need when making important health care decisions, which leads to improved care for patients.

Patients across Saskatchewan have faster access to health care with the province's Telehealth program. Telehealth connects patients to health care professionals using live, two-way videoconferencing technology. Sixty-nine new Telehealth sites were added in 26 health care facilities across the province, resulting in a total of 339 active sites in Saskatchewan. As the program expands, more patients are benefitting from its convenience. The number of Telehealth visits increased 29 per cent over the last fiscal year and more than 4.3 million kilometers of travel was saved by those patients and families who went to a nearby Telehealth site, instead of travelling long distances to see a health care provider.

2015-16

The top services using Telehealth continue to be Cancer Care and Mental Health and Addictions. More than 3,200 patients were able to receive follow-up cancer care services via Telehealth.

eHealth's Primary Health Care (PHC) Program was busy supporting the ongoing adoption of EMRs across the province, as well as assisting with integrated services to the EMRs. In 2015-16, more than 80 per cent of the province converted from a paper-based practice to an EMR. By implementing a common EMR among PHC teams across Saskatchewan, eHealth is achieving its goal of giving health care providers quick and easy electronic access to patient information. The PHC Program also continued to promote the Chronic Disease Management Quality Improvement Program (CDM-QIP). The CDM-QIP focuses on improving the quality and continuity of care for those patients with chronic conditions by encouraging physicians, and other health care providers, to follow a series of flow sheets that list the most current best practices.

Saskatchewan residents and health care providers are benefitting from the province's continued investment in the Public Health Information System, Panorama. The vaccine inventory module of Panorama was implemented in March 2014, and the immunizations module in February 2015. Panorama inventory allows public health professionals to record, maintain and centrally manage the quantity of vaccines at multiple locations across the province. These modules allow a patient's vaccine information to be available electronically to their health care team. The 2015-16 fiscal year focused on optimizing Panorama, which led to improvements in coverage rate reports, forecasting immunization eligibility and immunization recall reminders.

eHealth kicked-off the Community Based Radiology Integration Initiative to give health care providers in Saskatchewan a single record of all patient Medical Imaging images and reports. This initiative will allow all images and reports taken in the community, or in a hospital, to be available to providers in the right place, at the right time. Patients visit Community Based Radiology Clinics for pre-operative exams, pre-specialist appointment exams and post-operative follow-up exams. Radiology Information System and Provincial Archiving and Communications System saw 26 sites implemented this fiscal year, bringing the total to 62 sites across Saskatchewan. Those sites are helping to improve patient care in every corner of the province.

Sunrise Clinical Manager enables health care providers to view health information from several departmental areas, such as registration information, lab results, hospital pharmacy dispensed medications and radiology results. At the end of the 2015-16 fiscal year, Sunrise Clinical Manager contained: three million unique patient visits; 8,500,000 lab results; 707,000 radiology results; 1,300,000 clinical documents; and had 2,800 users.

This fiscal year also saw the completion of eHealth's multi-year program to update and modernize its data centres to make them leaner, faster and more reliable. These data centres are the buildings that provide physical security—including redundant electrical power, supplemented by diesel generators and a controlled humidity and temperature environment—to support the electronic delivery of health care services. The bulk of eHealth's electronic services, such as the EHR, as well as other acute care and Ministry of Health related services, are migrating into the new south facility. The data centre program is focused on ensuring continued access to critical patient information across the health care system, in addition to improved disaster recovery for the health care information services eHealth provides to the health system.

eHealth will continue to make improvements to the programs and services it provides to the health care system. Those improvements are made with one ongoing goal at the forefront—to make the important work that health care providers do every day, a little easier. When providers have access to the very best programs and services and can better treat and care for their patients, everyone in Saskatchewan benefits.



ALIGNMENT WITH GOVERNMENT'S DIRECTION

The provincial government's vision for Saskatchewan is to be the best place in Canada to live, work, start a business, get an education, raise a family and build a life. This high quality of life on the prairies would not be attainable without the health and safety of our people. Health care providers, such as doctors, nurses and pharmacists, give patients the best possible care and help keep everyone healthy. Frontline professionals, as well as their patients, benefit when they have support from corporations like eHealth Saskatchewan (eHealth).

eHealth plays a key role in making important electronic health information readily available to health care teams across the province. When doctors and pharmacists can quickly and easily access a patient's important health care information, such as diagnostic imaging and lab tests, they are better equipped to deliver more timely care and treatment to those patients. eHealth's commitment to improving the quality of health care in the province aligns with government's vision and goals to secure a better quality of life for all Saskatchewan people.

The 2015-16 annual report supports government's commitment to ensuring greater transparency and accountability to the people of Saskatchewan. eHealth is committed to working with government year-round to help make Saskatchewan the best place in the country to receive the highest quality health care.

Government of Saskatchewan's Vision

“...to be the best place in Canada – to live, to work, to start a business, to get an education, to raise a family and to build a life.”

Government's Goals

Sustaining growth and opportunities for Saskatchewan people.

Meeting the challenges of growth.

Securing a better quality of life for all Saskatchewan people.

Delivering responsive and responsible government.

**eHEALTH SASKATCHEWAN
BOARD OF DIRECTORS
2015-16**



2015-16 BOARD MEMBERS



Gerald Fiske - Chair

Gerald Fiske has a rich history of experience in the Information Technology world, previously serving as Chief Information and Services Officer in the Information Technology Office. He has held Senior Executive positions with ISM/IBM and ran his own consulting company for 15 years. Gerald has served on the eHealth Board since 2013. In February 2016, he was reappointed for another three-year term.



David Fan - Vice Chair

David Fan is the President and CEO of the Prairie North Health Region. He brings a valuable perspective and input from the Regional Health Authorities. David has served on the eHealth Board for several years and was reappointed for a three-year term in February 2016.



Dr. Milo Fink

Dr. Milo Fink is an Assistant Professor for Rehabilitation Medicine at the University of Saskatchewan. Prior to the establishment of eHealth Saskatchewan, he was President of the Saskatchewan Medical Association. During his term, he helped develop the collaborative co-management of electronic medical records with the Ministry of Health. Dr. Fink has served on the eHealth Board for several years and was reappointed for a three-year term in March 2013.



Scott Livingstone

Scott Livingstone is the President and CEO of the Saskatchewan Cancer Agency and has previously served as CEO of eHealth Saskatchewan. He has also worked in the Ministry of Health for several years as Executive Director of the Health Information Solutions Branch, which became the Treasury Board Crown Corporation, eHealth Saskatchewan. Scott has been on the board since those formative days.

2015-16 BOARD MEMBERS

Duane Mombourquette

Duane Mombourquette is the Executive Director of Partnerships and Workforce Planning with the Ministry of Health. Duane has also worked in the Ministry of Justice for many years as the Executive Director/Privacy Officer in the Access and Privacy Branch. He has served on the eHealth Board for several years and was reappointed for a three-year term in February 2016.



Kimberly Kratzig

Kimberly Kratzig is an Assistant Deputy Minister of Health responsible for seniors issues, mental health and addictions, population and public health and the Saskatchewan Disease Control Laboratory. She was appointed to the eHealth Board in December 2014. Kimberly is a board member of the Mental Health Commission of Canada. She is also a sessional lecturer at the University of Regina.



Velma Geddes

Velma Geddes is an FCPA, FCA and provides contract consulting services on public sector financial reporting. She has extensive senior financial management/CFO experience in the education and health sectors. Velma was appointed to the eHealth Board in December 2014.



Marian Zerr

Marian Zerr is a Senior Director in Meyers Norris Penny (MNP) Public Sector Services practice. Prior to joining MNP, she served as the Deputy Minister of Social Services and as the Associate Deputy Minister of Executive Council, Government of Saskatchewan. Marian also served in the federal public service for more than 30 years in a variety of capacities, which included significant work with First Nations. She was appointed to the eHealth Board in December 2014.



Key Roles of eHealth Saskatchewan:

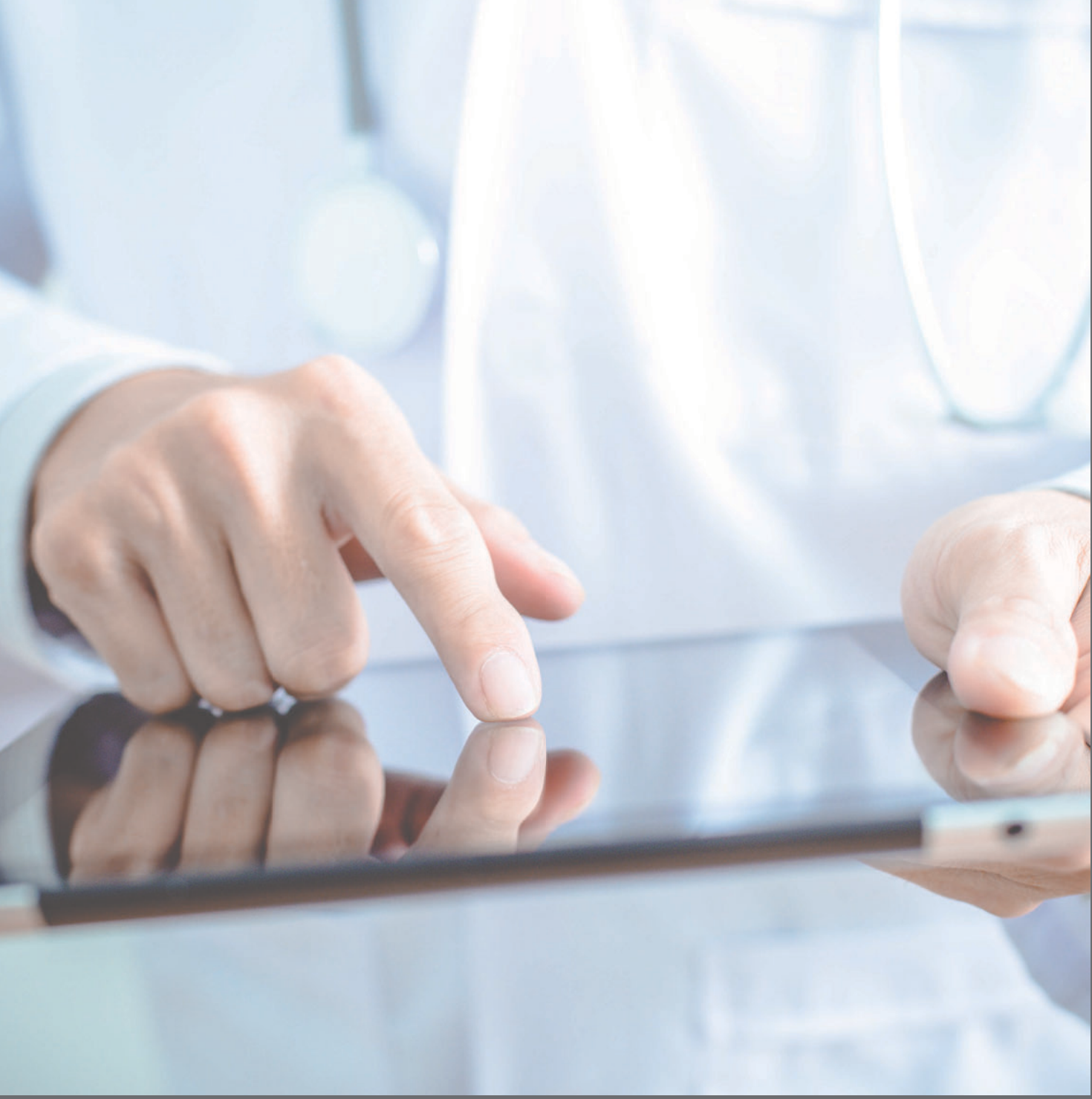
- To **lead** Saskatchewan electronic health record (EHR) planning and strategy.
- To **procure, implement, own, operate and manage** the Saskatchewan EHR including the associated provincial components and infrastructure to facilitate improved health provider and patient access and use of electronic health information.
- To **procure, implement, own, operate and manage** other health information systems.
- To **deliver** an electronic health record for Saskatchewan citizens.
- To **establish** the provincial eHealth information and technology standards necessary to access the Saskatchewan EHR and the associated provincial components and infrastructure.
- To **provide data stewardship** for the EHR and, where appropriate, of health information systems, including the following:
 - To **administer the rules for EHR** data collection, use and disclosure.
 - To establish and administer **provincial standards to protect** the quality, confidentiality and security of EHR data.
 - To **protect** EHR data as a strategic resource.
- To act as trustee and information manager for Saskatchewan EHR databases and services.
- To **facilitate** improved health provider, patient access and use of electronic health information thus enhancing the delivery of health care services in the province.
- To **work and cooperate** with regional health authorities, other health care organizations, providers, other organizations providing related services as agents, contractors or partners in health information systems and the public in the development and delivery of the Saskatchewan EHR and other health information systems.
- To **pursue consistent funding** for the Saskatchewan EHR and other health information systems from all available sources, including Canada Health Infoway and to be accountable for the spending of such funds.
- To **manage and operate** the Health Registries, Vital Statistics Registry, Change of Name Registry and all associated services.



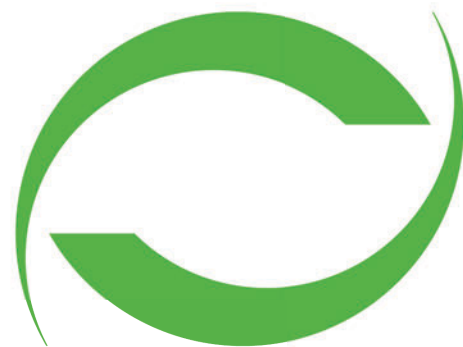
Vision: Empowering Patients, Enabling Care.

Mission: Making patient information available electronically to patients and their health care team.

Values: Respect, Engagement, Excellence, Transparency, Accountability.



In Focus



ENGAGING WITH PATIENTS

Many Saskatchewan residents are taking a more active role in their own health care, thanks to a new and exciting pilot program launched by eHealth in January 2016. The new Citizen Health Information Portal, or CHIP, is a patient-driven initiative that gives participants private access to their medical history, and other personal health records, through a secure website.

eHealth surpassed its goal of successfully signing up 1,000 participants to take part in the six month pilot program. Until August 2016, participants can view their lab results, hospital visits, and immunization and pharmacy history, from anywhere in the world.

Regina resident, Lisa Mulgrew, was eager to sign up for this unique opportunity. She has Type 1 Diabetes and is finding CHIP very useful.



"CHIP is awesome," said Mulgrew. "I went to my family physician to get some blood work done and, soon after, all of my results were available in my CHIP profile. The program even explains if my results are normal or high, and I'm also able to compare all of my current and previous results with the click of a button.

Plus, all of my prescriptions are listed on my profile, so I can easily keep track of them. It's the best thing ever!"

All personal health information in CHIP is stored in private and confidential files and can only be accessed through a highly secure, personalized login. Even health care providers need permission to view a patient's medical history.

Easy, online access to health records can lead to improved patient care, as it enables health care providers to make quicker and more informed decisions. Improved access to health information is valuable for everyone, and is especially important for those who have recently changed doctors, moved within Canada, or need medical attention while travelling anywhere in the world.

CHIP is just one of the many ways that eHealth is working to make health care information more readily available to both patients and their health care teams. Having better access to patient information enables providers to make better decisions about treatment and care.

"eHealth's vision to empower patients and enable care continues to shape and inspire innovative programs like CHIP," said Susan Antosh, CEO, eHealth Saskatchewan. "eHealth thanks all CHIP participants for their interest in the program, as it could help to shape the future of health care in Saskatchewan."

Research has shown that the vast majority of Canadians want access to digital health tools and capabilities. eHealth will be compiling their own, first-hand research by collecting feedback from participants. CHIP users will be asked to assess the program's functionality and usefulness, describe their overall experience with the program, as well as its effect on their health care. Their valuable comments could drive the creation of future health care programs.

"I have been telling people about CHIP and showing the program to my family and friends. They all love the idea and are hoping this program becomes available to everyone," said Mulgrew.

Registration of new users has closed; however, residents can learn more about the CHIP pilot by going to eHealthSask.ca.



"Having access to CHIP has engaged me to become more focused and aware of my health care. I became aware of it through my pharmacist, who knows how seriously I take my health. When she told me there was a pilot project coming up and that I could be a part of it, I was very excited. I use it to record all kinds of data like my blood pressure results, cholesterol levels, body measurements and weight, prescriptions and lab results."

–Todd Richter, CHIP Participant

"CHIP is of value to me because it has enhanced my access to my own medical profile."

–Tyler Moss, CHIP Participant



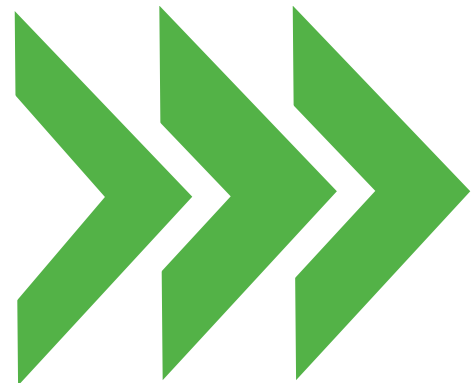


FINAL SALES





PROGRAMS IN PROGRESS 2015-16



INTEGRATED ELECTRONIC HEALTH RECORD SERVICE LINE

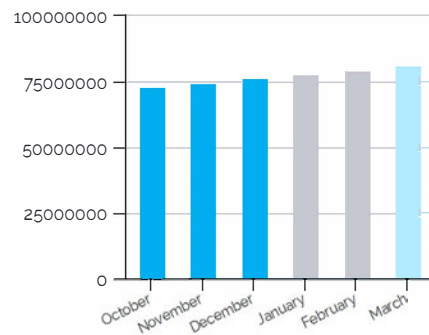
The Provincial Electronic Health Record and Interoperability

The Provincial Electronic Health Record (EHR) is a patient record that brings together health care information from multiple point-of-care systems in hospitals and community based clinics, and from all Regional Health Authorities in Saskatchewan, into a single view for providers. The EHR contains health care information, including, but not limited to:

- Lab results (more than 90 per cent of lab results in the province)
- Community dispensed medications (100 per cent of community pharmacies)
- Acute Care patient visits/encounters (physicians can now see if their patients have received care in a hospital)
- Immunization history
- Chronic Disease Management
- Various clinical documents, including discharge summaries and breast cancer operative reports

Laboratory Results

- 1 117,000 unique patients impacted by results routing.
- 2 203,000 average monthly provider accesses.
- 3 1,578,000 average monthly result growth.
- 4 More than 80,000,000 results in eHR repository,



Laboratory Results Growth

Total Laboratory Results collected from the Regional LIS & Provincial Laboratory.

Month	Monthly Increase	Unique Patients	Provider Accesses
March	1,673,301	124,268	242,782
February	1,545,343	118,364	223,004
January	1,589,399	117,593	229,462
December	1,477,455	112,643	198,586
November	1,559,649	114,734	142,771
October	1,623,058	119,630	180,474

Growth / Usage

Monthly increase, unique patients that contributed to the increase and the number of provider accesses of laboratory results.

A secure provider portal is used to access patient records—better known as the eHR Viewer. The eHR Viewer allows health care providers to access a patient's health information, regardless of where they went for care. Access to this information directly benefits patients because it leads to faster diagnosis and treatment, less duplication of tests, reduced medication errors and, potentially, less costly travel and time off of work.

The focus of 2015-16 was stability and sustainability of services. eHealth took measures to strengthen its integrated service offerings to ensure that information is available when needed. The program continued to build on existing sources of information, as well as maximize its use for health care providers. In 2015-16, additional features were added to the EHR, including:

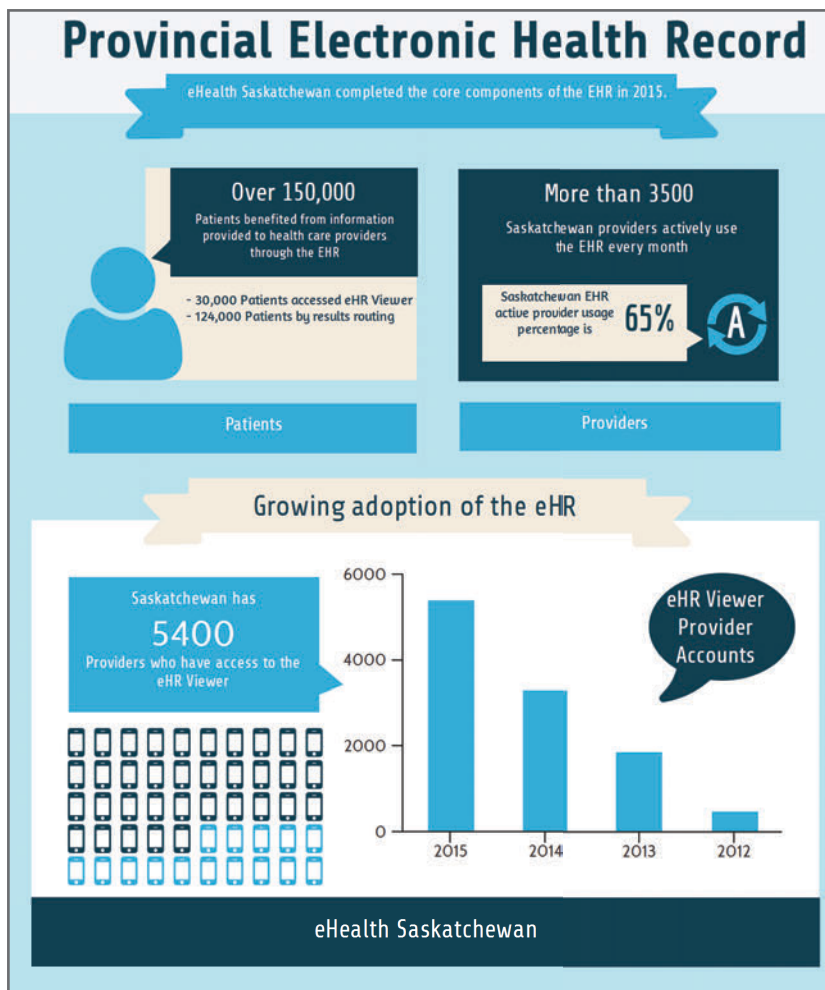
- Medical Imaging information (Radiology Reports) from Community Based Radiology Clinics;
- The template and integrated information from physician EMRs for two additional chronic diseases—Heart Failure and Chronic Obstructive Pulmonary Disease; and
- Expanded sources of laboratory results, clinical encounters and Medical Imaging information.

eHealth will remain focused and committed to working with its partners in an effort to continue expanding the patient information that is available in the EHR, as well as improve its functionality.

MAKING A DIFFERENCE:

• According to data collected in March 2016, approximately 154,000 people benefitted from the EHR.

• Approximately 5,400 health care providers have access to the eHR Viewer, including physicians, pharmacists and nurse practitioners.



DRUG AND PHARMACY PROGRAMS

Pharmaceutical Information Program

The Pharmaceutical Information Program (PIP) is a provincial Drug Information System of dispensed drugs in community pharmacies. Through an integration initiative (CeRx Integration Project), the program has successfully integrated patient information between community pharmacy systems and PIP in Saskatchewan. Thanks to the dedication of the program and partners, eHealth integrated 99 per cent of Saskatchewan pharmacies to PIP, as of March 2016. CeRx integration enables pharmacies to view a patient's complete medication profile within their local system, which improves drug interaction checking and reduces potential contraindications and adverse effects. Those improvements directly enhance patient care and safety.

The PIP Quality Improvement Program (PIP QIP) dedicates efforts to creating awareness of the importance of accurate and complete data in the community pharmacy systems and, ultimately, PIP. PIP QIP has made great strides in decreasing data quality issues by providing education to health care professionals. More education leads to improved care for patients. Dispenses that failed to be sent from the pharmacy system to PIP, which are also known as failed transactions, have decreased from nearly five per cent in 2014, to less than one per cent in March 2016, due to the efforts of PIP QIP and eHealth's health system partners.

In 2015-16, the program also integrated PIP to the Electronic Medical Record (EMR) system, allowing EMR vendors to provide built-in access to view PIP profile information within the EMR. Currently, almost 550 EMR users have integrated PIP.

Regional Pharmacy Program

The Regional Pharmacy Program's objective is to optimize patient safety and meet patient needs by improving the flow of drug information. Through the deployment of a Provincial Pharmacy Information System, BDM, the regional pharmacists and stakeholders hope to improve patient outcomes by having a seamless flow of information through the continuum of care.

BDM Provincial Pharmacy Information System—The transition from individual acute pharmacy systems to a single, shared, acute pharmacy system (BDM) for Saskatoon Health Region and for 11 midsize regions kicked off in January 2016. The completion of this transition has been targeted for June 2017.



The eHealth Regional Pharmacy Advisory Network was established to ensure a provincial strategy for drug information flow and for the achievement of standardized and integrated systems to the fullest extent possible. Areas of standardization include Acute Care Pharmacy Information System (BDM), Drug Database/Clinical Decision Support (FDB), Packagers, Automated Medication Distribution Systems, integration between BDM and the Provincial Adjudication System (for online adjudication to the Drug Plan for outpatient dispensing) and alignment of the Medication Reconciliation Discharge/Transfer forms and processes.

LABORATORY SERVICES PROGRAMS

Laboratory Information System

The Laboratory Information System (LIS) plays a vital role in providing better patient care by facilitating the collection and analysis of specimens from patients, such as blood samples, tissue samples and biopsies, and then reporting the results to health care providers, wards and other agencies in a timely and accurate fashion. The LIS has been implemented in hospitals and community lab sites across the province, and also provides lab result information to the Saskatchewan Laboratory Results Repository system.

New Site Implementations

The Laboratory Program worked with regional partners to implement the following LIS expansions:

- Heartland – Kerrobert
- Five Hills – Central Butte and Gravelbourg
- Prairie North – Meadow Lake, Turtleford and Maidstone
- Sun Country – Radville and Redvers
- Kelsey Trail – Carrot River and Arborfield, SoftBank module deployment – Melfort, Tisdale, Nipawin, Porcupine Plain and Hudson Bay
- 17 instrument additions/changes/moves across all midsize health regions

Saskatchewan Laboratory Results Repository

The regional LIS systems, along with the Saskatchewan Disease Control Laboratory, send lab results to be stored in the Saskatchewan Laboratory Results Repository (SLRR)—approximately 60,000 results are stored daily. SLRR information is distributed to Electronic Medical Records (EMRs) across the province, including the Saskatchewan Cancer Agency. In addition to sending the information to EMRs, the results in SLRR are available in the Provincial eHR Viewer as soon as they are entered online, enabling doctors to make faster decisions about patient follow-up care and treatment.

In 2015-16, results from new source sites in Heartland, Sun Country, Five Hills, Prairie North and Kelsey Trail Health Regions were added to SLRR and are now being distributed electronically. In addition to the Saskatoon and Regina Qu'Appelle sites, 57 sites have been implemented across the midsize health regions and the Saskatchewan Disease Control Laboratory.

MAKING A DIFFERENCE:

• **73.89%**
(**^3.6%**) of
**results sent to
SLRR are routed to an
Electronic Medical Record
(EMR).**

• **Electronic laboratory test results
were provided to 304 (^12%) clinics
and more than 1,463 (^11.8%) providers.**

• **753 sites with 2,961 (^31.9%) users have access
to a web-based eHR Viewer for laboratory results and
future health information from other repositories.**

CONTINUITY OF CARE SERVICE LINE

Telehealth: Bringing Medical Care Close to Home

Telehealth connects patients to health care professionals using live, two-way videoconferencing technology and equipment. This secure service is available in many health care facilities across the province and allows patients and doctors to communicate, both verbally and visually, from two completely separate areas of the province. Patients can receive specialized or general health care by visiting the nearest Telehealth site and meeting with a professional in a virtual exam room. Telehealth can also connect to available diagnostic peripherals, such as stethoscopes, vital signs monitors and ultrasound equipment, making real-time diagnosis and patient monitoring possible. Access to specialists located outside of Saskatchewan can also be arranged, if that service is not offered in the province. A wide variety of health care services are offered via Telehealth, including Mental Health, Neurology, Oncology and Nephrology.

Telehealth is possible thanks to a collaboration between eHealth, Regional Health Authorities, Saskatchewan Cancer Agency, First Nation Inuit Health Branch and other health care partners.

Telehealth is Private and Secure

Telehealth operates in a private and secure network that can only be accessed by authorized health care professionals. This secure network operates within the province's Community Net—a world-class, high-speed, digital internet system that ensures privacy safeguards are in place.

As soon as patients are connected to a health care provider in their virtual exam room, they will be introduced to the provider and any other health care workers who may be taking part in the appointment, to ensure full disclosure and maximize the patient's comfort.



The Benefits of Telehealth

Telehealth can greatly improve access to a wide variety of health care services. It is particularly valuable and beneficial for rural and remote patients as it is convenient, reduces travel times and the costs associated with travelling long distances to receive care. Providers also benefit through reduced travel times and costs, improved sharing of best practices and strengthened knowledge and skill development.

In 2015, Telehealth saw overall patient count grow by **29 per cent**. Together, the patients and families who took advantage of the program saved more than **4.3 million kilometers** of travel—a **27 per cent** increase. The number of Oncology clinics using Telehealth increased by **196 per cent**, totalling more than **3,200 patients** seen via Telehealth. **Sixty-nine** new Telehealth endpoints were added in **26 facilities** across the province, resulting in a total of **339 active** Telehealth endpoints in Saskatchewan.

How Patients Benefit from Telehealth:

- 11,533 patients were seen by a health care professional through Telehealth in 2015, accounting for a 25 per cent growth from the previous year.
- More than four million kilometers of patient travel was saved by using Telehealth in 2015, resulting in a 27 per cent increase.
- 339 Telehealth sites were added in 130 communities in 2015, representing a 37 per cent increase since 2014.
- More than 1,200 public attendees use Telehealth every year to participate in Public Education events on health-related topics, such as Diabetes and Alzheimer's and Parkinson's Disease.
- Cancer Care and Mental Health and Addictions are the top services using Telehealth.
- 3,500 patients received follow-up Cancer Care services via Telehealth in 2015—an astonishing 196 per cent increase in one year.
- 1,500 patients received Mental Health and Addictions services using Telehealth. Saskatchewan health regions, such as Prairie North and Prince Albert Parkland, have been instrumental in its use.



MAKING A DIFFERENCE:

- **Better Access to Health Care.** Patients have quicker and easier access to specialty care by visiting a nearby Telehealth site.
- **Less Travel.** Patients no longer have to travel long distances to receive specialized health care.
- **Time and Money Saved.** Limiting travel time and overnight stays saves patients time and reduces their health care expenses.
- **Improved Safety.** Telehealth reduces the need for travelling long distances in dangerous winter driving conditions.

Citizen Health Information Portal (CHIP)

Providing Patients with Secure Access to their Personal Health Care Information

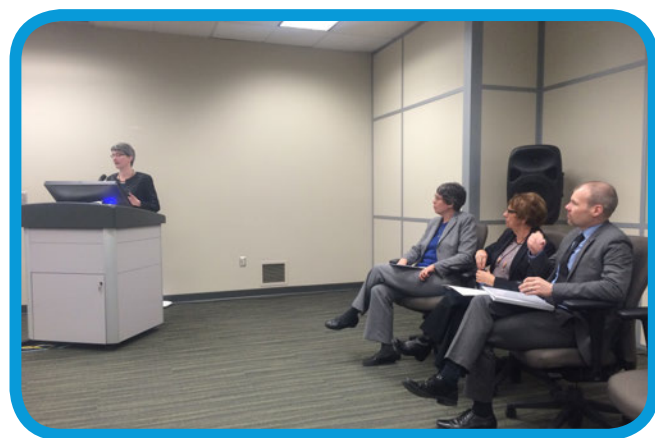
eHealth reached a key milestone in the 2014-15 fiscal year with the completion of the core components of the provincial Electronic Health Record (EHR). Health care providers are now able to access patient information from anywhere in the world through the Electronic Health Record Viewer (eHR Viewer). This achievement led to the creation of another vision—the Citizen Health Information Portal, or CHIP.

CHIP is a six month pilot project that gives participants the exciting and unique opportunity to access their own medical history through a secure website. The pilot was rolled out in January 2015 and, soon after, eHealth surpassed its goal of successfully signing up 1,000 participants. Until August 2016, approximately 1,100 users will have quick and easy online access to their medical history, including lab results, immunizations, prescriptions and hospital and acute care visits. Participants will also have the ability to add personal health information, set reminders to take medications, or record upcoming appointments. Furthermore, CHIP includes a health care provider access page that allows physicians to review the information that patients add to their profile.

The patients and providers participating in the CHIP pilot will be periodically asked to provide their comments and feedback in an effort to shape future programs. Participants will be asked to identify its ease of functionality, the most valuable and least valuable features and improvements that could be made. This feedback will also be used to guide decisions on how to share electronic health care records with Saskatchewan residents in the future.

Testing CHIP is a critical step in helping to gather valuable information about how eHealth can best offer electronic health records to Saskatchewan people. Several stakeholder groups have also been organized to provide valuable feedback from differing points of view. Their involvement is important as it will help shape the best customer experience for everyone in the province. If CHIP proves valuable, the pilot could help prioritize what would be needed for a full launch province-wide. CHIP is yet another way eHealth is staying committed to improving access to personal health information, and online tools, in an effort to enhance the quality of health care for all Saskatchewan people.

CHIP Media Event at eHealth





COMMUNITY AND PRIMARY HEALTH CARE SERVICE LINE

Community and Primary Health Care Service Line consists of Primary Health Care, Public Health Programs, Home Care, Long Term Care and Mental Health and Addictions.

Primary Health Care Program

Throughout the 2015-16 fiscal year, eHealth's Primary Health Care (PHC) Program was busy supporting the ongoing adoption of Electronic Medical Records (EMRs) across the province, as well as assisting with integrated services to the EMRs. The PHC Program works with health regions and community clinics across Saskatchewan to implement EMRs and support the delivery of primary care services in the province. In 2015-16, more than 80 per cent of the province converted from a paper-based practice to an EMR. By implementing a common EMR among PHC teams across Saskatchewan, the goal is to give health care providers quick and easy electronic access to patient information that will enable them to:

- Effectively manage care through contraindication alerts with medications, allergies, medical conditions, etc.
- Act on real-time data, such as receiving e-lab results directly to their EMR from the Saskatchewan Laboratory Results Repository (SLRR).
- Provide evidence-based decision-making tools for service delivery, through the use of provincial templates (e.g. Chronic Disease Management Quality Improvement Program flow sheets).
- Efficiently communicate between team members by providing them access to a shared patient database within a health region or community clinic.

The PHC Program continued to promote the Chronic Disease Management Quality Improvement Program (CDM-QIP) to support those living with chronic conditions in the province. The CDM-QIP focuses on improving the quality and continuity of care for those patients by encouraging physicians, and other health care providers, to follow flow sheets that list current best practices. The CDM-QIP flow sheets are available in providers' EMRs, as well as on paper, and support enhanced patient treatment and follow-up. When health care providers have quick and easy access to the most up-to-date information and tools related to chronic conditions, they can better treat and care for their patients. That care includes referring them to a specialist when appropriate and sending them for regular lab work and tests as needed.

In early 2016, the PHC Program launched two further flow sheets for Chronic Obstructive Pulmonary Disease and Heart Failure. Those who use the CDM-QIP paper flow sheets are able to input their information into the Electronic Health Record Viewer (eHR Viewer). This further contributes to the CDM-QIP data that is collected by those who export information through their EMRs. Having a central repository of CDM information in the eHR Viewer allows providers to access a patient's CDM information from anywhere in the province, so that the continuity of care is maintained.

CDM-QIP reporting is also available through the program. Specific queries and dashboard reporting are available in the EMRs, enabling providers to run recall lists and identify patients due for follow-up visits and those with lab results that are out of target range. Providers are also able to better identify potential candidates for programs, such as smoking cessation classes. Providers who do not have an EMR can login to Microstrategy and run similar reports on their CDM patients. The health care reports are intended to further support providers and optimize the management and care of patients living with chronic conditions.

Public Health Program

Continued investment in Panorama will allow residents to benefit from additional components of the application. Most Canadians remember the anxiety of the Influenza Pandemic of 2008 and the massive public health efforts to immunize the public for the pandemic flu. In 2015, outbreaks of pertussis and measles were declared, and there were increases in the incidents of sexually transmitted infections.

Saskatchewan residents and health care providers are benefitting from the Province's continued investment in the Public Health Information System, Panorama. Panorama makes it easier for health care professionals to collect, share and analyze information for vaccine inventories and immunization histories which, in turn, helps to improve the health of individuals and families across the province.

The vaccine inventory module of Panorama was implemented in March 2014 and the immunizations module in February 2015. Panorama inventory allows public health professionals to record, maintain and centrally manage the quantity of vaccines at multiple locations.

These modules allow a patient's vaccine information to be available electronically to their health care team. Every person who receives public health care services in Saskatchewan will have a single, confidential client record, regardless of where they received those services in the province. Connecting providers from various regions improves the coordination of patient care, which means less duplication of vaccinations and improved access to information.

Currently, all public health staff providing publically-funded immunization services are using Panorama to record these immunization events. The immunizations module allows public health providers to manage client immunizations, forecast immunization eligibility, record contraindications and remove compromised vaccines, among other functionalities.

The 2015-16 fiscal year focused on Panorama optimization, which included making improvements to coverage rate reports, forecasting immunization eligibility and immunization recall reminders.

Panorama has additional components—communicable disease investigations and communicable disease outbreak management. Those components support the rapid identification, investigation and management of those at risk of acquiring disease or transmitting disease while, at the same time, preserving privacy and confidentiality of Saskatchewan residents.

The ability to track disease and vaccines is crucial for public health officials to keep our residents safe. Panorama will improve the capability of health care jurisdictions across Canada, giving them the ability to share and track that information.

Saskatchewan's Panorama is part of the pan-Canadian Panorama initiative funded through Canada Health Infoway. Five other jurisdictions are in the process of implementing Panorama, including Québec, British Columbia, Yukon, Ontario and Manitoba.

MAKING A DIFFERENCE:

- More than 38,000 individuals living with a chronic condition received treatment and care from a provider who used the provincial electronic best practice CDM-QIP flow sheets.

- More than 650 primary health care providers across the province have submitted CDM-QIP information through their EMR or through the eHR Viewer to the provincial CDM repository.

Home Care Program

Saskatchewan residents requiring home care can be assured that a stable home care system has been implemented in the province. The long-term approach is to create a home care system that can share clinically relevant home care information with other jurisdictional systems, such as sharing provincial home care assessment information with the Canadian Institute for Health Information.



Long Term Care Program

Long term care staff continue to monitor the health and well-being of residents through the analysis of data on a month-to-month basis. All regions in the province are now contributing this information with the Canadian Institute for Health Information.

Mental Health and Addictions Program

eHealth and the Ministry of Health, along with support from regional partners, have embarked on a project to implement a level of care utilization system (LOCUS) for mental health and addiction services. LOCUS and the Child and Adolescent Level of Care Utilization System (CALOCUS), will give mental health and addiction health care providers a standard way of determining the service best suited to a client's current need. The system will allow client evaluation to be done at various times during treatment. The strength of LOCUS is that evaluation will be based on a client's current level of functioning, rather than on diagnosis and psychiatric risk alone.



MEDICAL IMAGING SERVICE LINE

The Medical Imaging Service Line is responsible for critical support areas for diagnostic programs, including Radiology Information System, Picture Archiving and Communication System and the Community Based Radiology Initiative. Together, these systems support the effective and efficient flow of diagnostic information from providers to patients.

Radiology Information System, Picture Archiving and Communications System

Treatment for patients is more effective and efficient when all imaging, and reporting of images, within the province is available through a single source, such as Radiology Information System (RIS) and Picture Archiving and Communications System (PACS).

eHealth implements and supports RIS and PACS for Saskatchewan. RIS helps streamline departmental operations, including scheduling procedures, order entry, worklist management, result distribution and billing. PACS interfaces with RIS to provide a complete imaging solution with interpreted radiology reports.

In most Saskatchewan hospitals, X-rays, CT scans, Ultrasounds, Medical Resonance Imaging (MRI), Nuclear Medicine and Positron Emission Tomography (PET) Scans are now available on PACS and can be interpreted by physicians and specialists in different locations throughout the province.

Consultation between physicians and regions to optimize treatment can take place once imaging has been sent to PACS. If a patient needs to travel for treatment, imaging can be reviewed and preparation for treatment can begin prior to the patient's arrival, without arranging the transport of imaging records. Patients pursuing treatment outside of Saskatchewan can request their imaging files on DVD or other portable devices.



Community Based Radiology Initiative

This fiscal year, eHealth kicked-off the Community Based Radiology Initiative to provide health care professionals in Saskatchewan with a single record of all patient Medical Imaging and reports. This initiative will make all images and reports taken in the community, or in a hospital, available to providers in the provincial PACS, in the right place, at the right time. Patients go to Community Based Radiology Clinics for pre-operative exams, pre-specialist appointment exams and post-operative follow-up exams. These images and reports from providers are stored within provincial PACS, giving providers and patients a single source of Medical Imaging information. Approximately one third of medical images captured in the province of Saskatchewan are provided by private community based service providers.

Thanks to a collaborative effort with eHealth's partners in the Regional Health Authorities, here are some of the highlights of the 2015-16 fiscal year:

- Throughout the past three years, the eHealth Medical Imaging team has focused on improving efficiency, eliminating defects, reducing variation and improving their relationship with their clients.
- Both RIS and PACS surpassed the board target of 10 site implementations, with 26 sites being implemented in health regions. A total of 62 sites across Saskatchewan are helping to improve patient care.
- Ile La Crosse and La Loche in Keewatin Yatthé implemented RIS and PACS.
- Canora, Kamsack, Esterhazy and Melville in Sunrise Health Region implemented RIS and PACS.
- Fort Qu'Appelle, Moosomin, Broadview, Balcarres, Indian Head, Lestock and Wolseley in Regina Qu'Appelle Health Region implemented RIS and PACS.
- Davidson and Kerrobert in Heartland Health Region implemented RIS and PACS.
- Kipling, Radville and Estevan in Sun Country Health Region implemented RIS and PACS.
- Athabasca, Carrot River, Hudson Bay, Kelvington, Melfort, Nipawin and Porcupine Plain in Kelsey Trail Health Region implemented RIS and PACS.
- Moose Jaw (Dr. F.H. Wigmore Hospital) connected its new MRI to RIS and PACS.
- Estevan CT connected to RIS and PACS.
- RIS upgrade kicked-off for Saskatchewan.
- Through the Community Based Radiology Integration Initiative, eHealth implemented the proof-of-concept site—Mayfair Diagnostics—to the Provincial PACS.
- Completed the Data Centre move for RIS.

MAKING A DIFFERENCE:

• 151 active radiologists are currently using PACS, which contains 133,379,126 images.

• More than 4,000 providers are set up to receive report results from RIS and PACS.

• Radiology reports are now available in eHealth's Provincial eHR Viewer.

ACUTE CARE SERVICE LINE

The Acute Care Service Line consists of several health care applications that support operational needs and patient safety in the Acute Care hospital environment. In Acute Care, an integrated suite of applications is used to provide care for patients within the health system.

Registration (WinCIS) – WinCIS is an application used in midsize health regions to register patient and client visits.

- Registration information can be considered the foundation of the patient health record. This information contains critical demographic and patient identifiers that are integrated into other clinical applications, including Laboratory, Radiology, Surgical, Pharmacy, etc.
- The Registration team supports the complex integration of admissions, discharge and transfer information that feeds all downstream systems.
- The Registration system was implemented in Sunrise Health Region for St. Peter's Hospital in Melville.

Surgical Information System (SIS) – SIS is an application used in surgical areas to support a patient's surgical experience, as well as manage the day-to-day requirements of busy operating rooms.

- The SIS system schedules patients and also provides waitlist and supply management for each surgical procedure, electronic charting while in the perioperative suites, tracking boards and more.
- OR Manager (Operating Room software) was upgraded in four regions from version 8.1 to 8.5.

Sunrise Clinical Manager (SCM) – SCM provides electronic information to doctors, nurses and other health care staff and is used primarily in the Acute Care setting, such as hospitals.

- SCM is the Acute Care electronic patient record and was upgraded from 5.5 to 15.1 in all midsize health regions.
- SCM enables health care providers to view health information from several departmental areas, such as registration information, lab results, hospital pharmacy dispensed medications and radiology results.
- At the end of the 2015-16 fiscal year, SCM contained: three million unique patient visits; 8,500,000 lab results; 707,000 radiology results; 1,300,000 clinical documents; and had 2,800 users.

Renal (MIQS) – MIQS is used to manage the care of patients undergoing renal dialysis, primarily in the Acute Care setting, such as hospitals.

- MIQS manages specific information that is unique and relevant to each patient undergoing dialysis throughout the province.
- The 2015-16 fiscal year was focused on planning an upgrade for MIQS. This upgrade will move forward in the 2016-17 fiscal year.

In 2015-16, eHealth, along with its regional partners, completed a move of all eHealth-hosted Acute Care applications into the new eHealth Data Centre.



HEALTH REGISTRIES AND VITAL STATISTICS

More people than ever are calling Saskatchewan home. When individuals and families move here from another province, or from a different country, they are required to register for Saskatchewan health benefits. One of the most important pieces of identification that newcomers need to add to their wallets is a Saskatchewan Health Card to ensure that they have health coverage.

Since health registration services moved to eHealth from the Ministry of Health in 2014, residents have only had to visit one location, or simply go online, to take care of their health card and vital event certificate needs. At 2130 11th Avenue, Regina, Saskatchewan, eHealth's friendly customer service team is helping individuals renew, replace and apply for health cards, as well as apply for vital event certificates of birth, death and marriage.

Bundled Birth Service

Saskatchewan parents of newborns now have much less paperwork to complete when applying for provincial and federal benefits for their child, thanks to a partnership between eHealth, Employment and Social Development Canada (ESDC) and Canada Revenue Agency (CRA). In January 2016, the provincial and federal governments announced the new Bundled Birth Service. After welcoming a child into the world, parents will receive a more comprehensive and user-friendly Registration of Live Birth form that makes it quicker and easier for them to register the birth of their child and also apply for related government services, including:

- Social Insurance Number (SIN) through ESDC;
- Canada Child Benefits through CRA;
- Saskatchewan Health Card through eHealth; and
- Saskatchewan Birth Certificate through eHealth.



“Welcoming a newborn into the world can be an exciting and very busy time for parents. Our government is committed to supporting new parents and this new bundled birth service will make it quicker and easier for them to access government services related to the birth of their child.”

– The Honourable Dustin Duncan, Saskatchewan Minister of Health

“We understand that new parents have their hands and arms full when they welcome a new addition into their family and don’t have a lot of extra time to fill out paperwork. Giving parents access to four optional government services on one comprehensive form, gives them more free time to spend with their loved ones.”

– Susan Antosh, CEO, eHealth Saskatchewan



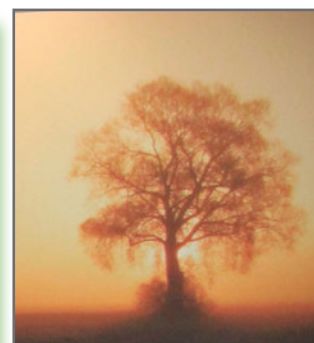
With their child's SIN, parents can access various Government of Canada programs and benefits, including the Canada Learning Bond and the Canada Education Savings Grant. Applying early for Canada Child Benefits ensures that parents receive the credit and benefit payments to which they are entitled, on time and in the right amount.

The new Registration of Live Birth forms are available in health care facilities across Saskatchewan. Shortly after the Bundled Birth Service announcement, legislation was passed that enables Health Registries to accept electronic registrations of vital events. This new legislation marks the change required in order to proceed with developing an online registration process.



More Efficient Process for Completing Medical Certificates of Death

As of January 1, 2016, prescribed practitioners, which includes nurse practitioners, are now able to complete the certificate of death. This change in legislation has reduced delays for customers requiring a Medical Certificate of Death for their loved ones.



Revised Criteria for Change of Sex Designation on a Birth Registration

Government has adopted revised criteria that allows adult individuals to change their sex designation on their birth registrations, without undergoing gender reassignment surgery. Changing a birth registration will also result in a new and updated birth certificate. The revised criteria came into effect on March 1, 2016 and will remain in effect until The Vital Statistics Act is amended. Government is committed to working with the Saskatchewan Human Rights Commission and other stakeholders on these amendments. The specifics of the proposed amendments will depend on information gathered from consultations with various stakeholders. Those consultations are currently underway.

Individuals in the province, who want to apply for a change to the designation of sex on their birth registration, must be 18 years of age, or older, and born in Saskatchewan, and must provide eHealth Vital Statistics with the following:

1. A statutory declaration completed by the individual (the applicant) and signed before a Commissioner for Oaths or Notary Public.
2. A letter from a physician or a psychologist.
3. An optional amendment form if requesting a change of sex designation on a Saskatchewan Health Card and/or a Saskatchewan driver's licence.
4. The fee to change a birth registration, which is \$20.00.
5. The fee for a birth certificate, which is \$25.00.

If eHealth Vital Statistics is satisfied that these criteria have been met, then the applicant's birth registration will be amended and a new birth certificate with the changed sex designation will be issued to them.

Health Care Coverage for Syrian Refugees

Saskatchewan welcomed hundreds of refugees from Syria in the last fiscal year, and more Syrians continue to travel to the prairies in search of a new home and a fresh start. Many of those refugees have arrived with both immediate and long-term health care needs. eHealth collaborated with other government and external agencies to make the health card application process easier for refugees to follow and ensure that their applications were processed within two business days if submitted online and within five business days if a paper application was submitted. This collaborative work ensured that the health care needs of all refugees would be dealt with promptly upon arrival in the province. For refugees who arrive with permanent documents, the province is the first payer for basic coverage upon receipt of their Saskatchewan Health Card for:

- Physician visits
- Hospital visits
- Emergency Room visits
- Eye exams for children
- Other insured services typically covered through a Saskatchewan Health Card

Out-of-Province Health Coverage Extended for Snowbirds

In November 2015, the Government of Saskatchewan announced that the Province was amending regulations to increase the amount of time residents are allowed to be out-of-province while still maintaining their health care benefits.

The new policy, which came into effect on January 1, 2016, enables Saskatchewan residents to maintain health coverage after spending a maximum of seven months outside of the province. Prior to that date, residents were only allowed to be absent for a maximum of six months over any 12 month period before their health benefits were discontinued.

The regulatory change aligns Saskatchewan with many other Canadian jurisdictions, including British Columbia, Alberta, Manitoba, Ontario, Nova Scotia and the Northwest Territories.



BY THE NUMBERS:

HEALTH CARDS

Number of people who registered for health coverage in 2015-16, according to Health Registries – 30,737

Average number of calls handled per day – 877

Number of health card applications submitted online – 13,226

•Number of certificate applications submitted online = 26,086

VITAL EVENTS CERTIFICATES ISSUED

(April 1, 2015 – March 31, 2016)

Births – 52,973

Deaths – 6,099

Marriages – 7,994

Stillbirths – 33

TOTAL = 67,099

VITAL EVENTS REGISTERED

(April 1, 2015 – March 31, 2016)

Births – 17,730

Deaths – 9,595

Marriages – 6,457

Stillbirths – 165

TOTAL = 33,947

STRATEGY, QUALITY AND RISK MANAGEMENT

Strategic Planning

eHealth is committed to delivering initiatives that advance the outcomes and targets of the Saskatchewan health system, while continuing to improve its ability to deliver quality health care through IT solutions. In 2015-16, eHealth integrated the Hoshin Kanri Strategic Planning process, with Portfolio Management methodologies, to develop a focused delivery plan that is cascaded across all of eHealth's divisions and teams, while being able to deliver strategic results.

Data and Analytics

eHealth continued to respond to increased demand from health care providers, system administrators and policy makers for timely access to high quality and reliable information and analytics to improve system delivery and patient care. Efforts this year focused on: improving self-service access to analytic reporting tools, creating an inventory of health data holdings to improve access and privacy and the development of a robust data quality strategy to help enhance patient safety and data reliability.

Legal and Policy

Amendments to The Vital Statistics Act and Regulations were introduced and proclaimed that allow for improved customer service and administrative function. Additionally, significant work was done with respect to the Medical Care Insurance Beneficiary and Administration Regulations to lengthen the period of time a person can be absent from the province and still retain their health coverage. There was also significant work done on various corporate policies to improve internal administration and reduce corporate risk.



Enterprise Risk Management – Privacy, Security, Access and Patient Safety

eHealth is committed to ensuring the privacy and security of the private health information entrusted to it by the people of the province. eHealth continues to make strides in the maturation of its enterprise risk practices that encompass the privacy, security and patient safety programs.

As the reliance on its provincial health information systems to support direct care of patients increases, so too must the trust residents and providers have in the confidentiality, integrity and availability of the Electronic Health Record.

The 2015-16 fiscal year was focused on building on previous successes by maturing eHealth's practices and creating additional capabilities for the provincial health sector. The design and build of two new data centres provided the ability for eHealth to focus on Business Continuity and Disaster Recovery plans to ensure uninterrupted information flow to providers across the province. eHealth has now established a business continuity plan for all business functions within the organization that will allow it to maintain its services to the province through any disruption. eHealth also established the ground work to build geographic resiliency into the high risk IT systems hosted in its data centres. As the move to the new data centres is completed in the second quarter of 2016, eHealth will begin to architect the critical systems to use two data centres to facilitate redundancy.

eHealth's privacy, access and patient safety team has built a new provincial privacy auditing and monitoring solution to provide visibility to the regional privacy officers into privacy events across the Electronic Health Record systems. This visibility allows privacy officers to proactively and reactively respond to events outside normal activity. Through the consolidation of privacy event information, the team is able to apply correlation algorithms and business intelligence to identify abnormalities and assist in investigations.



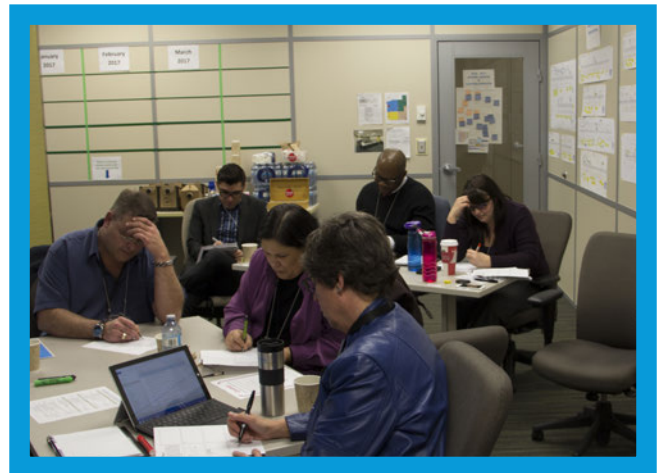
Patient safety continued to be a priority for eHealth. In 2015-16, eHealth's patient safety policy was approved, laying the foundation for eHealth to build its patient safety framework and program. This work is expected to be completed in 2016-17.

eHealth continues to remain connected and act as a leader in the provincial and national security and privacy fields through its activities in the Saskatchewan Healthcare Privacy and Security Forums, in the Government of Saskatchewan Security Officer Forum and as a provincial and national member of the Critical Infrastructure Advisory Network.

QUALITY IMPROVEMENT OFFICE

eHealth's Quality Improvement team launched in November 2012. Fast forward to the end of 2015-16, and already 98 per cent of eHealth's leaders were certified as Lean Leaders or were participating in the eHealth Lean Improvement Leaders Training (LILT) program. The current LILT participants will be certified by June 2016. During 2015-16, eHealth conducted six Rapid Process Improvement Workshops (RPIWs), one mistake-proofing project and a 3P Event (Production Preparation Process). Improvements were made in a number of areas as a result of those events, including:

- Ensuring that customer calls are answered the first time they phone the Health Registries Call Centre by reducing abandoned calls by 40 per cent.
- Continuing to protect the privacy and security of the Electronic Health Record by reviewing and improving account recertification processes.
- Eliminating of defects in the change management process, ensuring that changes made to programs do not result in system errors or downtime.
- Simplifying the process of registering providers for clinical applications, reducing provider sign-up time, reducing eHealth staff time, resulting in health information being available sooner, giving providers more time to spend with their patients.



DATA CENTRE

The 2015-16 fiscal year is the second year of a multi-year program to update and modernize eHealth's data centres. A data centre is the building that provides physical security—as well as redundant electrical power, supplemented by diesel generators and a controlled humidity and temperature environment—to support electronic delivery of health care services. The previous year was spent on finalizing construction and infrastructure standards for the new data centres. This year saw the complete installation of all physical computing, storage and network components in the new north and south data centres. Plus, the bulk of the electronic services that eHealth provides, such as the Electronic Health Record, and other Acute Care and Ministry of Health related services, are migrating into the new south facility. Plans are in place to complete the migration of services by the end of June 2016.

The service migration saw a major effort and focus by eHealth's entire team. While the migration is primarily a technical activity, it also required a significant amount of communication to stakeholders, as well as a large amount of testing to ensure continued quality of delivery. eHealth is proud of the efforts put forward by the entire organization.

The multi-year program around the data centres is designed to unlock new capabilities that are leaner, faster and more reliable. The entire project is focused on ensuring:

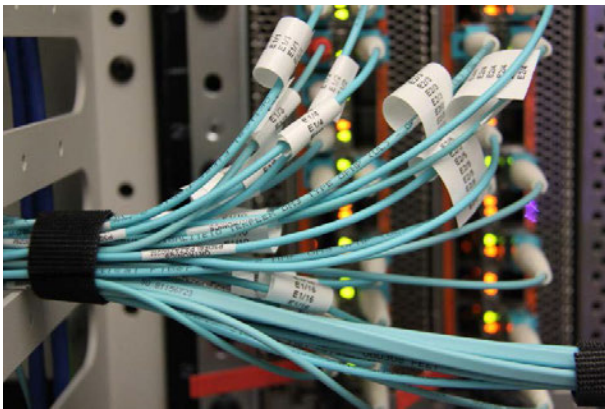
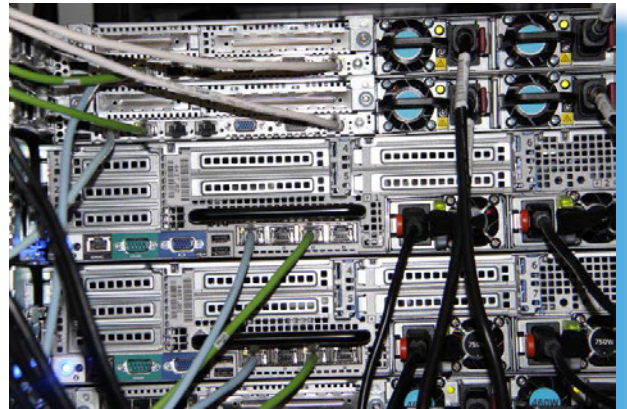
- o Continued access to critical patient information across the health care system;
- o Improved disaster recovery for the health information services eHealth provides to the health system; and
- o The modernization of the infrastructure and security supporting these systems.



Why This Is Important:

Timely access to patient information leads to improved patient outcomes.

The upcoming fiscal year will see technologies put in place to ensure seamless delivery of electronic health care services. These application changes will help guarantee that eHealth's services and data—which is patient data—are replicated across both data centres, as well as ensure their protection from natural disasters, power failures or equipment failures at either facility. The migration has resulted in significantly faster processing times and, therefore, quicker electronic delivery times. Furthermore, this work will give health care providers more reliable access to electronic health records and critical patient information when needed. When health care providers have quicker and easier access to patient information, they are able to make better and more timely decisions about the treatment and care for their patients.



SERVICE DESK

eHealth's Service Desk supports more than 70,000 customers, including health care professionals from all fields of specialization in Saskatchewan. Those customers use nearly 200 clinical and administration systems and services within the provincial health care system to provide high quality health care to patients across Saskatchewan. The Service Desk's hardworking staff are always available to assist customers whenever they have questions or need help with those programs or services.

The Service Desk receives approximately 500 phone calls and 150 emails and faxes every day during the week. Plus, it supports critical services 24/7 in cooperation with its support partners within eHealth, as well as in the various health regions.

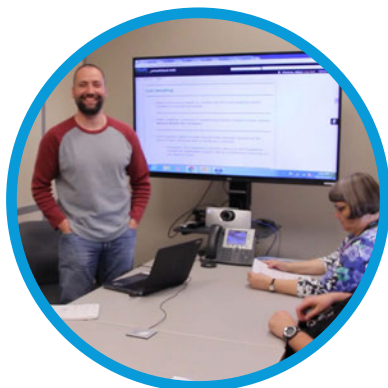


The 2015-16 fiscal year saw the Service Desk sustain many of the successful process changes in late 2014/early 2015 that dramatically improved customer service and responsiveness. Continuous improvement was the theme throughout the remainder of 2015. The team embraced the challenge and implemented many more efficiency ideas. The Service Desk also focused heavily on collaboration with other eHealth departments and regional partners, both directly and indirectly through its excellent partnership with the eHealth Knowledge Management team. In fact, the Service Desk owes much of its published success to the Knowledge Management team, who help prepare the information the Service Desk needs to support its customers.

MAKING A DIFFERENCE:

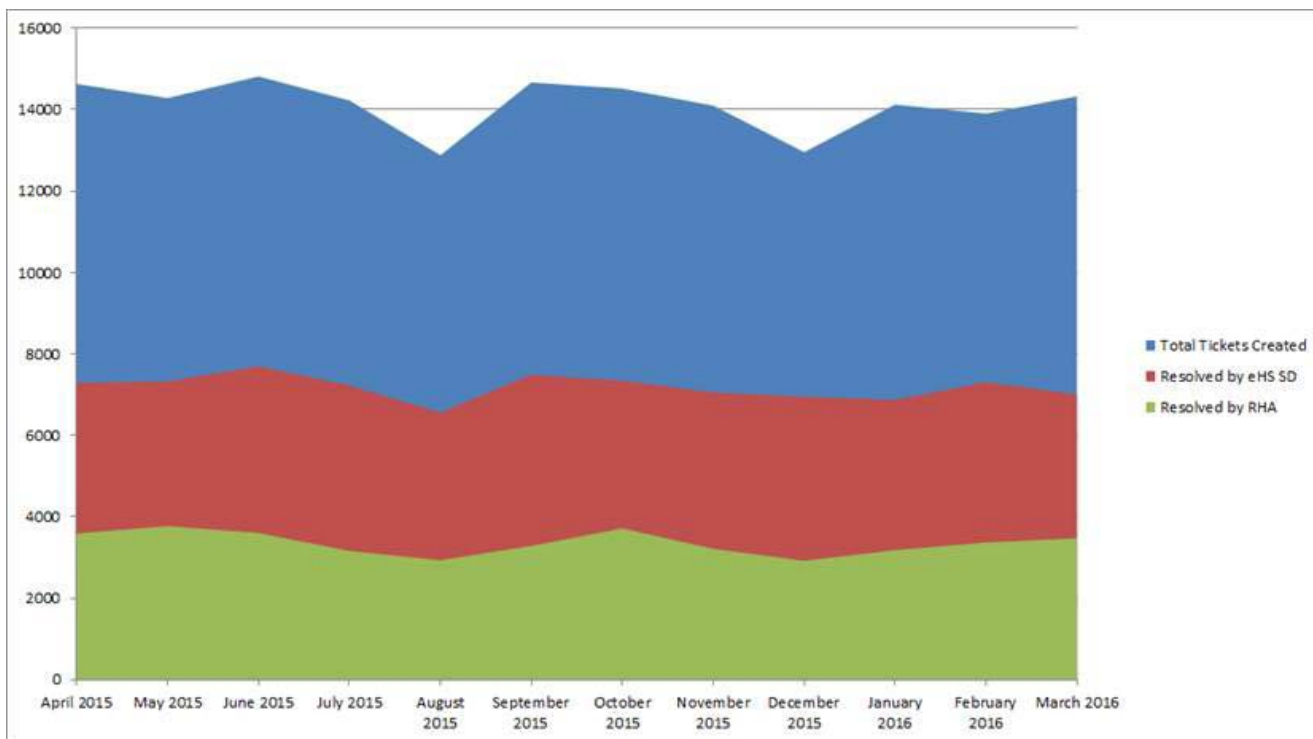
- Customers who have access to the Service Desk: 70,545— an increase of 7,564 (9.3%) from last fiscal year.
- Number of incidents/requests logged: 169,446—an increase of 244 (0.14%) from last fiscal year.
- Number of incidents resolved by the Service Desk: 86,159 and 40,254 by Regional Personnel.
- Total calls received by the Service Desk: 113,976.
- Average abandon rate: 1.73%.
- Average grade of service: 88.82%.

The Service Desk experienced a nine per cent increase in customer contacts in 2015, compared to 2014. With an additional focus on resource load-leveling and process improvements, especially in the area of email management, the team was able to resolve 1,500 more incidents in 2015, compared to 2014.



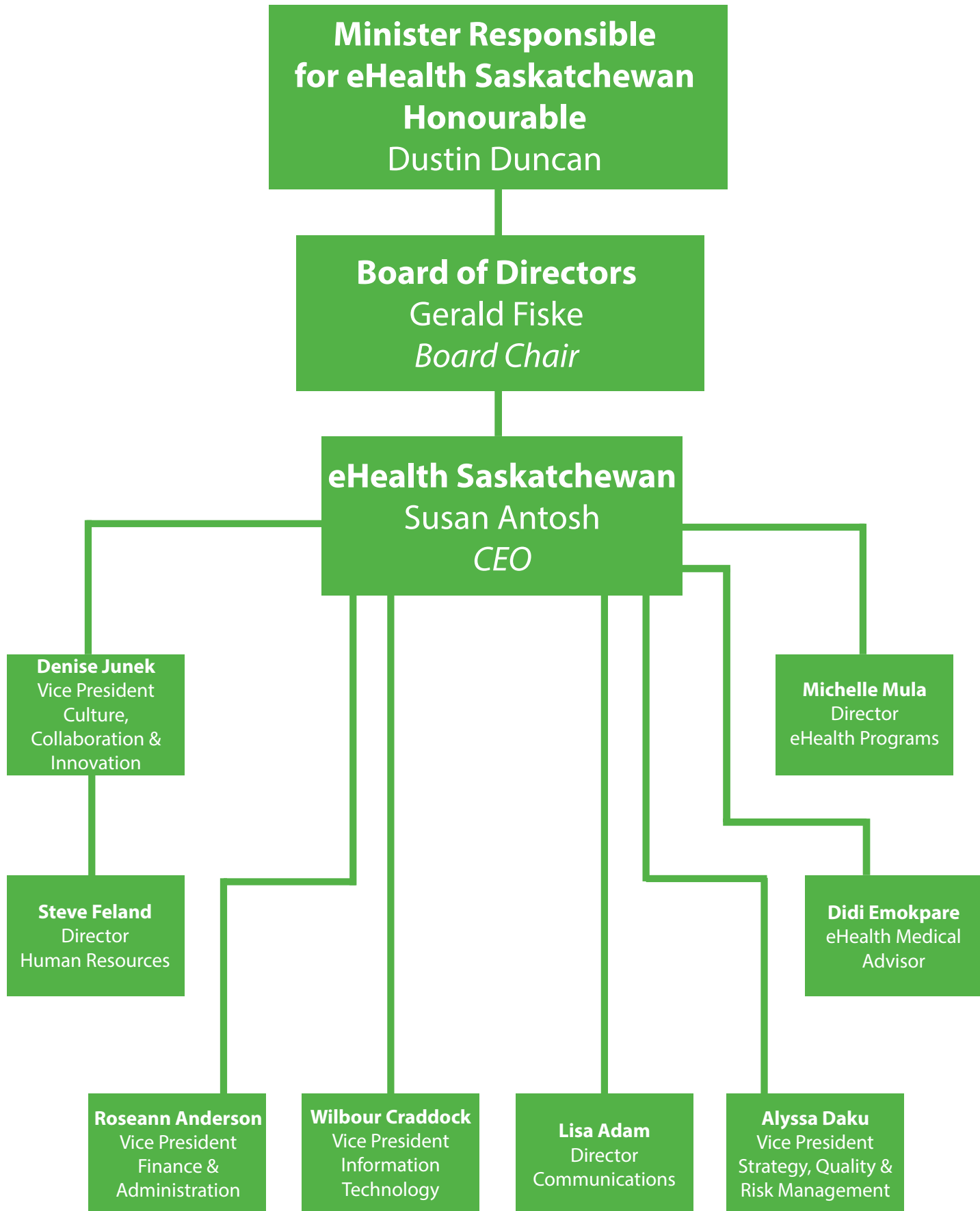
The Service Desk provides frontline Information Technology (IT) support to customers, including:

- All Saskatchewan health regions
- College of Physicians and Surgeons
- College of Pharmacists
- Saskatchewan Cancer Agency
- Department of Family Medicine at the College of Medicine
- Saskatchewan Registered Nurses Association
- 3sHealth
- Ministry of Health
- Other provincial ministries, private labs, private clinics and pharmacies





ORGANIZATION CHART



eHealth Saskatchewan 2015-16 Financial Statements

MANAGEMENT'S RESPONSIBILITIES

The accompanying financial statements included in the Annual Report for the year ended March 31st, 2016, are the responsibility of management.

Management has prepared these financial statements in accordance with the Canadian public sector accounting standards, consistently applied using management's best estimates and judgments where appropriate.

The eHealth Saskatchewan Board of Directors is responsible for overseeing the business affairs of the corporation and also has the responsibility for approving financial statements. The Board fulfills these responsibilities by reviewing financial information prepared by management and discussing the relevant matters with management and external auditors.

Management maintains a system of internal controls to ensure the integrity of information that forms the basis of the financial statements. The internal controls provide reasonable assurance that transactions are recorded and executed in compliance with legislation and required authority; that assets are properly safeguarded; and that reliable records are maintained.

The Provincial Auditor of Saskatchewan has audited the financial statements. Her report to the members of the Legislative Assembly precedes the financial statements.



Susan Antosh
Chief Executive Officer



Roseann Anderson, CMA
VP, Finance and Administration



INDEPENDENT AUDITOR'S REPORT

To: The Members of the Legislative Assembly of Saskatchewan

I have audited the accompanying financial statements of eHealth Saskatchewan, which comprise the statement of financial position as at March 31, 2016, and statements of operations, changes in net financial assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for Treasury Board's approval, 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.

Auditor's Responsibility

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 comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of eHealth Saskatchewan as at March 31, 2016, and the results of its operations, changes in its net financial assets, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Regina, Saskatchewan
June 27, 2016

Judy Ferguson, FCPA, FCA
Provincial Auditor

Statement 1

eHealth Saskatchewan Statement of Financial Position as at March 31 (\$000s)

	2016	2015
Financial Assets		
Due from General Revenue Fund (Note 3)	\$ 1,900	\$ 3,102
Receivable from Ministry of Health	1,012	5,101
Other Accounts Receivable	6,483	6,141
	<u>9,395</u>	<u>14,344</u>
Liabilities		
Accounts Payable & Accrued Liabilities	6,001	6,314
Accrued Salaries & Benefits	1,245	1,656
Accrued Vacation	1,011	644
Deferred Revenue (Note 12)	255	492
Obligations Under Capital Leases (Note 11)	17,711	3,332
	<u>26,223</u>	<u>12,438</u>
Net Financial (Debt) Assets (Statement 3)	<u>\$ (16,828)</u>	<u>\$ 1,906</u>
Non-financial Assets		
Tangible Capital Assets (Note 6)	40,180	37,663
Prepaid Assets	5,816	6,566
	<u>45,996</u>	<u>44,229</u>
Accumulated Surplus (Statement 2)	<u>\$ 29,168</u>	<u>\$ 46,135</u>

Commitments (Note 10 and Note 14)

(See accompanying notes to financial statements)

Statement 2

eHealth Saskatchewan Statement of Operations for the Year ended March 31 (\$000s)

	Budget 2016 (Note 4)	2016	2015
Revenue			
Ministry of Health Funding			
GRF Grant	\$ 64,137	\$ 61,937	\$ 63,374
Other Ministry of Health Revenue	4,300	9,631	9,530
Canada Health Infoway Funding	2,032	1,205	2,088
Recoveries / Other	12,971	11,345	8,856
Total Revenue	<u>83,440</u>	<u>84,118</u>	<u>83,848</u>
Expenses			
Amortization	19,000	15,615	18,612
Business Relations	29,623	31,564	31,784
Finance and Administration	9,143	9,466	9,836
Board and Executive Office	1,936	1,777	1,601
Information Technology	31,597	33,661	33,060
Risk and Strategy Management	8,278	9,002	4,790
Total Expenses (Schedule 1)	<u>99,577</u>	<u>101,085</u>	<u>99,683</u>
Annual Deficit (Statement 3)	\$ (16,137)	\$ (16,967)	\$ (15,835)
Accumulated Surplus, at beginning of year	<u>46,135</u>	<u>46,135</u>	<u>61,970</u>
Accumulated Surplus, at end of year (Statement 1)		<u>\$ 29,168</u>	<u>\$ 46,135</u>

(See accompanying notes to financial statements)

Statement 3

eHealth Saskatchewan Statement of Change in Net Financial Assets for the Year ended March 31 (\$000s)

	<u>Budget 2016</u> (Note 4)	<u>2016</u>	<u>2015</u>
Annual Deficit (Statement 2)	\$ (16,137)	\$ (16,967)	\$ (15,835)
Acquisition of Tangible Capital Assets	(21,142)	(18,132)	(11,461)
Amortization of Tangible Capital Assets	19,000	15,615	18,612
	<u>(2,142)</u>	<u>(2,517)</u>	<u>7,151</u>
Use (acquisition) of Prepaid Assets	(250)	750	(1,323)
	<u>(250)</u>	<u>750</u>	<u>(1,323)</u>
Decrease in Financial Assets	\$ (18,529)	\$ (18,734)	\$ (10,007)
Net Financial Assets, beginning of year	<u>1,906</u>	<u>1,906</u>	<u>11,913</u>
Net Financial (Debt) Assets, end of year (Statement 1)	<u>\$ (16,623)</u>	<u>\$ (16,828)</u>	<u>\$ 1,906</u>

(See accompanying notes to financial statements)

Statement 4

**eHealth Saskatchewan
Statement of Cash Flows
for the Year ended March 31
(\$000s)**

	<u>2016</u>	<u>2015</u>
Cash Flows From Operating Activities		
Cash Receipts	\$ 87,628	\$ 81,429
Cash Paid To Suppliers And Others	(85,077)	(83,589)
Increase/(Decrease) in Operating Activities For The Year	<u>2,551</u>	<u>(2,160)</u>
 Cash Flows From Capital Activities		
Purchase Of Tangible Capital Assets	(18,132)	(11,461)
Decrease In Capital Activities For The Year	<u>(18,132)</u>	<u>(11,461)</u>
 Cash Flows From Financing Activities		
Net Change in Obligations Under Capital Leases	14,379	3,332
Increase In Financing Activities For The Year	<u>14,379</u>	<u>3,332</u>
 Net Decrease In Due From General Revenue Fund	\$ (1,202)	\$ (10,289)
Due From General Revenue Fund, Beginning Of The Year	3,102	13,391
Due From General Revenue Fund, End Of The Year	<u>\$ 1,900</u>	<u>\$ 3,102</u>

(See accompanying notes to financial statements)

eHealth Saskatchewan
Notes to the Financial Statements
for the year ended March 31, 2016
(\$000s)

1. Description of Business

Saskatchewan Health Information Network (SHIN) was established as a Treasury Board Crown Corporation by Order in Council 581/1997 under the provisions of *The Crown Corporations Act, 1993* (Act) effective August 19, 1997.

SHIN was renamed to eHealth Saskatchewan by Order in Council 734/2010.

eHealth Saskatchewan (eHealth) was created to design, implement, own, operate, and manage a provincial health information network. eHealth's purpose is to foster the development of the health information technology sector, to foster re-engineering of health delivery processes and to protect health information as a strategic resource.

2. Significant Accounting Policies

Pursuant to standards established by the Public Sector Accounting Board (PSAB) and published by Chartered Professional Accountants (CPA) Canada, eHealth is classified as an other government organization. eHealth uses Canadian public sector accounting standards to prepare its financial statements. A statement of remeasurement gains and losses has not been presented in these financial statements because all financial instruments carrying value approximates their fair value. The following principles are considered to be significant:

a) The Basis of Accounting

The financial statements are prepared on the accrual basis of accounting.

b) Revenue

Government transfers are recognized as revenue in the period the transfer is authorized and any eligibility criteria are met. Other revenue is recognized in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

c) Expenses

Expenses represent the cost of resources consumed for operations during the year. Expenses include provision for the amortization of tangible capital assets.

d) Pension Plan

Employees of eHealth Saskatchewan participate in the Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan. eHealth's financial obligation to the plan is limited to making the required payments to this plan according to the PEPP agreement. Pension expense is included in Salary & Benefits in Schedule 1

e) Tangible Capital Assets

Tangible capital assets are recorded at cost and are amortized over their useful life. Leased assets are amortized over the life of the lease. Amortization is recorded, commencing with the quarter after the assets are placed into service, on a straight-line basis at the annual rates set out below:

Desktop Computer Hardware	33%
Computer Software	33%
Network Hardware, Software & System Development costs	20%
Office Equipment	20%
Office Furniture	10%

f) Non-financial assets

Tangible capital and other non-financial assets are accounted for as assets because they can be used to provide services in future periods. These assets do not normally provide resources to discharge liabilities unless they are sold.

g) Measurement Uncertainty

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of financial 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 reporting period. These estimates are reviewed periodically, and, as adjustments become necessary, such adjustments are reported in earnings in the period in which they become known. Significant items that require estimates include amortization and accrued liabilities.

3. Due from the General Revenue Fund

Earned interest is calculated and paid by the General Revenue Fund on a quarterly basis into the Corporation's bank account using the Government's thirty-day borrowing rate and eHealth's average daily account balance. The Government's average thirty-day borrowing rate in 2016 was 0.60% (2015 - 0.87%).

4. Budget Approval

eHealth's budget was approved by the Board on April 15, 2015. A revised budget was presented to the Board and approved on September 24, 2015

5. Accumulated Surplus

eHealth's accumulated surplus of \$29,168 in 2016 (2015-\$46,135) is made up of; tangible capital assets not fully amortized (\$40,180); lease obligations \$17,711 and; designated assets held for specific purposes (\$3,370). eHealth's accumulated surplus surplus after adjusting for the items previously identified is \$3,329.

6. Tangible Capital Assets

	March 31, 2016						March 31, 2015	
	Desktop Computer Hardware & Software	Computer Network Hardware	Licensed or Multiple Application Software	Office Furniture & Equipment	System Development Costs	Work in Progress System Development	Total	Total
Opening Cost	\$ 13	\$ 10,779	\$ 11,825	\$ 3,043	\$ 155,906	\$ -	\$ 181,566	\$ 170,105
Additions During the Year	-	18,127	-	-	-	5	18,132	11,461
Closing Cost	13	28,906	11,825	3,043	155,906	5	199,698	181,566
Opening Accumulated Amortization	9	5,256	7,515	455	130,668	-	143,903	125,291
Annual Amortization	3	4,308	1,780	288	9,236	-	15,615	18,612
Closing Accumulated Amortization	12	9,564	9,295	743	139,904	-	159,518	143,903
Total Tangible Capital Assets	\$ 1	\$ 19,342	\$ 2,530	\$ 2,300	\$ 16,002	\$ 5	\$ 40,180	\$ 37,663

7. Maintenance Agreements for Software

eHealth has several agreements with software vendors to provide maintenance for software that has been purchased by eHealth. A total of \$21,496 was spent in 2016 (2015 - \$20,480). This arrangement will likely continue into the future.

8. Related Parties

These financial statements include routine transactions with related parties. eHealth is related to all Saskatchewan Crown agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. Related party transactions to March 31, 2016, include the following:

	2016	2015
Revenue		
Health Quality Council	\$ -	\$ 1
Health Shared Services Saskatchewan (3S Health)	78	(22)
Regional Health Authorities	7,827	5,672
Saskatchewan Cancer Agency	120	380
Saskatchewan Ministry of Finance	60	125
Saskatchewan Ministry of Health	71,568	73,215
	\$ 79,653	\$ 79,371
Accounts Receivable		
Health Quality Council	\$ 1	\$ 1
Health Shared Services Saskatchewan (3S Health)	48	7
Regional Health Authorities	4,445	3,156
Saskatchewan Cancer Agency	40	227
Saskatchewan Ministry of Finance	8	16
Saskatchewan Ministry of Health	1,012	5,418
	\$ 5,554	\$ 8,825
Expenditures		
Health Shared Services Saskatchewan (3S Health)	\$ 399	\$ 547
Other ¹	104	10
Public Employees - Dental Plan	322	284
Public Employees - Disability Income Plan	110	97
Public Employees - Extended Health Care Plan	555	443
Public Employees - Group Life Insurance Plan	137	132
Public Employees Pension Plan	3,628	3,198
Regional Health Authorities	3,795	2,036
Saskatchewan Ministry of Central Services	617	698
Saskatchewan Ministry of Justice	157	118
Saskatchewan Opportunities Corporation	-	5
Saskatchewan Workers' Compensation Board	205	443
SaskEnergy	41	23
SaskPower	185	202
SaskTel	8,669	9,565
	\$ 18,924	\$ 17,801
Accounts Payable		
Health Shared Services Saskatchewan (3S Health)	\$ 30	\$ 55
Other	1	1
Public Employees - Dental Plan	-	24
Public Employees - Disability Income Plan	-	9
Public Employees - Group Life Insurance Plan	-	12
Public Employees Pension Plan	13	-
Regional Health Authorities	189	262
Saskatchewan Ministry of Central Services	89	69
Saskatchewan Workers' Compensation Board	147	-
SaskEnergy	-	3
SaskTel	622	1,215
	\$ 1,091	\$ 1,650

Other transactions with related parties and amounts due to/from them are described separately in the financial statements and the notes thereto.

Routine operating transactions with related parties are recorded at the rates charged by those organizations and are settled on normal trade terms. In addition, eHealth pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases.

¹ Other Expenditures include Ministry of Social Services; Saskatchewan Government Insurance; Health Quality Council; University of Regina; and University of Saskatchewan.

9. Financial Instruments

eHealth's financial instruments include due from the General Revenue Fund, accounts receivable and accounts payable. The carrying amount of these instruments approximates fair value due to their short-term nature. These instruments have no interest, market, liquidity or credit risk.

10. Operating Lease

eHealth has entered into a lease agreement with Primaris which expires March 31, 2023 for office space, as well as a new data centre with Fujitsu Consulting. eHealth currently has 6 leases with Macquarie Equipment Finance for desktop computer equipment. The operating lease payments for the next 8 years are as follows:

2017	\$	2,015
2018		2,010
2019		2,091
2020		2,111
2021		2,130
2022		2,151
2023		2,171
Total Lease Payments	\$	<u>14,679</u>

11. Capital Leases

eHealth currently has two capital leases on office furniture and 29 capital leases for computer hardware. Capital lease obligations are recorded at the present value of the minimum lease payments excluding executory costs. The minimum annual lease payment for the capital leases over the remaining years is as follows.

2017	\$	5,668
2018		5,096
2019		4,841
2020		3,529
2021		728
Total		<u>19,862</u>
Less Interest		<u>871</u>
Net		<u>18,991</u>
Less Maintenance		<u>1,280</u>
Total Obligation	\$	<u>17,711</u>

12. Deferred Revenue

As of March 31, 2016, eHealth's deferred revenue balance is \$255 (2015 - \$492). Deferred revenue is only used once all project planning and due diligence (including stakeholder readiness) is completed and other revenue opportunities are maximized. Deferred revenue consists of unspent amounts provided by the Project Management Board of the Provider Registry System from Alberta, Saskatchewan, Newfoundland and Quebec

Deferred Revenue	April 1, 2015	2015-16 Expenditures	Amounts Received	March 31, 2016
Provider Registry Host Agency	\$ 492	\$ 582	\$ 345	\$ 255
Total Deferred Revenue	\$ 492	\$ 582	\$ 345	\$ 255

13. Designated Assets

eHealth's designated assets represent Ministry of Health funding committed to developing information technology systems that support frontline delivery and improve access, quality and efficiency of care. eHealth's designated asset balance as at March 31, 2016 is \$3,370 (2015 - \$7,312). In 2015-16, the designated assets consist of a combination of cash and accounts receivable. eHealth's Board of Directors has approved the following designated assets in 2015-16:

Designated Assets	April 1, 2015	2015-16 Expenditures	Amounts Received	March 31, 2016
Drug Plan System Enhancements	\$ 160	\$ 4	\$ -	\$ 156
Acute and Emergency System Enhancements	1,644	1,644	-	-
Community System Enhancements	1,428	529	-	899
Physician Payment System Enhancements	271	20	-	251
Saskatchewan Surgical Initiatives	775	511	235	499
Chronic Disease Management	2,384	954	-	1,430
Strategy & Innovation	600	4,965	4,500	135
Population Health	50	50	-	-
Total Designated Assets	\$ 7,312	\$ 8,677	\$ 4,735	\$ 3,370

14. Commitments

As of March 31, 2016, eHealth is committed to technical support for internal and regional IT systems totaling \$80,795 (2015 - \$51,224). The following table outlines the funds dedicated for capital and operational expenditures over the remaining years as follows:

2016	\$	24,023
2017		16,132
2018		15,662
2019		13,801
2020		6,456
Thereafter		4,721
Total Commitment	\$	<u>80,795</u>

15. Comparative Figure Note

Prior year figures have been restated and reclassified to conform to current year presentation.



Schedule 1

**eHealth Saskatchewan
Schedule of Expenses by Object
for the Year ended March 31
(\$000s)**

	2016		2015
Amortization	\$ 15,615	\$	18,612
Board	26		19
Cabling	35		55
Communications	631		499
Community Net	6,610		5,884
Facilities	548		466
Hardware	853		1,119
Hardware Maintenance	441		264
Insurance	36		25
Leases	754		287
Legal	304		217
Membership	297		207
Miscellaneous	373		1,230
Office Supplies	884		1,457
Parking	479		303
Professional Fees	14,544		16,078
Rent	3,169		2,689
Salary & Benefits	30,820		26,317
Software License	2,554		2,920
Software Maintenance	21,496		20,218
Telephone	280		338
Travel	336		479
	\$ 101,085	\$	99,683



eHealth
Saskatchewan



2130 11th Avenue

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NOTES

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