

# Ministry of Health



## Annual Report for 2018-19



# Table of Contents

<b>Letters of Transmittal</b>	3
<b>Introduction</b>	6
<b>Ministry Overview</b>	7
<b>Progress in 2018-19</b>	8
Team-Based Care in the Community	8
Mental Health and Addiction Services	10
Team-Based Care in the Hospital	11
Seamless Patient Care	12
Quality Improvement and Safety	13
Appropriateness of Care	14
Service Coordination and Alignment	15
Physicians as Leaders	16
Health Promotion and Disease Prevention	17
<b>2018-19 Financial Overview</b>	19
<b>For More Information</b>	27
<b>Appendices</b>	28
Appendix I – Executive Organizational Chart	28
Appendix II – Critical Incidents Summary	29
Appendix III – Contact Information	32
Appendix IV – Summary of Health Legislation	34
Appendix V – New Legislation in 2018-19	37
Appendix VI – Legislative Amendments and Proclamations in 2018-19	38
Appendix VII – New Regulations in 2018-19	39
Appendix VIII – Regulatory Amendments in 2018-19	40
Appendix IX – List of Publications and Updated Reprints in 2018-19	42
Appendix X – Acronyms	43



# Letters of Transmittal



*The Honourable  
Jim Reiter  
Minister of Health*



*The Honourable  
Greg Ottenbreit  
Minister Responsible  
for Rural and  
Remote Health*

Office of the Lieutenant Governor of Saskatchewan,

The undersigned are pleased to present the Ministry of Health Annual Report for the period ending in March 31, 2019.

Our Government is committed to adopting measures that will increase accountability and will honour its commitments to the people of Saskatchewan through responsible management of all health-related expenditures.

The Ministry of Health is dedicated to achieving a responsive, integrated and efficient health system.

We are pleased to report on the progress made on the Ministry's 2018-19 Annual Plan and respectfully submit the Annual Report of the Ministry of Health for the fiscal year ending March 31, 2019.

A handwritten signature in black ink, appearing to read 'Jim Reiter'.

Jim Reiter  
Minister of Health

A handwritten signature in black ink, appearing to read 'Greg Ottenbreit'.

Greg Ottenbreit  
Minister Responsible for Rural and Remote Health



*Max Hendricks  
Deputy Minister of Health*

The Honourable Jim Reiter,

May it please Your Honour:

Our Ministry is committed to improving the health and healthcare experience of residents by putting patients first and listening to what patients, families and communities have to say. We are investing in a path forward to meet the diverse health needs of Saskatchewan people, and support them to achieve the best possible health outcomes.

In 2018-19, we continued building on the foundation of a team-based, integrated approach through the Connected Care Strategy, developed and delivered with health system partners, including the Saskatchewan Health Authority. It's exciting to see Connected Care build momentum and open doors in our communities to team-based, patient-centered care available as close to home as possible.

A key area of the Connected Care focus in 2018-19 was mental health and addictions. We invested in community-based services to reach out to Saskatchewan residents no matter where they live in the province. By increasing the number of mental health providers who work with children and youth, and increasing opportunities for physicians to be trained in child and youth mental health and addictions issues, improvements are being made in reducing wait times and enhancing access.

Community Recovery Teams were assembled in centres across the province to assist patients dealing with complex and persistent mental health challenges. As well, Take Home Naloxone kits and training on how to use them are now available in multiple communities across Saskatchewan to help with overdose prevention. The lifesaving kit is provided free of charge to individuals at risk of an opioid overdose or those who could potentially witness one. By the end of March 2019, Naloxone kits helped save 130 lives.

Progress is underway to establish health networks province-wide, which will serve as an organizational framework for all services, and will *connect care* between teams in the community and other parts of the health system. Health networks are collaborative teams of health professionals, including physicians and community partners, providing fully integrated services to meet the health needs of communities and individuals, including those living with complex or chronic conditions. They are designed to deliver health care services closest to where the patient lives and works, and provide the support needed for patients to transition as seamlessly as possible into the healthcare setting that best fits their needs, reducing dependence on emergency rooms and hospitals.

A team-based, collaborative approach also creates improved patient care experience within hospital settings, demonstrated by Accountable Care Units® (ACUs). ACUs follow the team-based model, with enhanced protocols for more intensive medical conditions.

In 2018-19, we've made investments in other important areas. Our Ministry committed to full coverage of HIV medications, which have proven effective in suppressing the virus and extending lives. Investments were also committed to individualized funding for children with Autism Spectrum Disorder to access the support needed for early intervention.

Progress was made in major capital investments in our healthcare facilities. Saskatchewan Hospital North Battleford (SHNB) celebrated its grand opening in March 2019 with an over \$400 million investment to build this world-class facility. The new SHNB is dedicated to psychiatric care and it replaces the former facility, which was over 100 years old. The new hospital includes 188 psychiatric rehabilitation beds and a separate secure wing with 96 beds for offenders living with mental health issues, a total of 284 beds.

The Jim Pattison Children's Hospital saw major construction progress in 2018-19 and, once officially opened in fall 2019, will offer exceptional care to Saskatchewan children and families.

The information contained in this report is accurate, complete and reliable. I also acknowledge the financial statements disclosed in this annual report are accurate and complete.

I am pleased to submit the Annual Report on behalf of the Ministry of Health for the fiscal year ending March 31, 2019.

A handwritten signature in black ink, appearing to read 'Max Hendricks', with a stylized, cursive script.

Max Hendricks  
Deputy Minister of Health

# Introduction

This annual report for the Ministry of Health presents the Ministry's results for the fiscal year ending March 31, 2019. It provides results of publicly committed strategies, key actions and performance measures identified in the *Ministry of Health Plan for 2018-19*. It also reflects progress toward commitments from the Government Direction for 2018-19, the *Saskatchewan Plan for Growth – Vision 2020 and Beyond*, throne speeches and the Ministry.

The annual report demonstrates the Ministry's commitment to effective public performance reporting, transparency and accountability to the public.

## Alignment with Government's Direction

The Ministry's activities in 2018-19 align with Saskatchewan's vision and four goals:

### 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."*

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

Together, all ministries and agencies support the achievement of Saskatchewan's four goals and work towards a secure and prosperous Saskatchewan.



# Ministry Overview

## Mandate Statement

Through leadership and partnership, the Ministry of Health is dedicated to achieving a responsive, integrated and efficient health system that puts the patient first, and enables people to achieve their best possible health by promoting healthy choices and responsible self-care.

## Mission Statement

The Saskatchewan health care system, which includes the Ministry of Health and health partners agencies, work together with you to achieve your best possible care experience and health.



The Ministry supports the Saskatchewan Health Authority and former health regions long standing strategic direction for 2018-19, which focuses on the four provincial goals:

- **Better Health** – Improve population health through health promotion, protection and disease prevention, and collaboration with communities and different government organizations to close the health disparity gap.
- **Better Care** – In partnership with clients and families, improve the individual's experience, achieve timely access and continuously improve health care safety.
- **Better Value** – Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment, and information infrastructure.
- **Better Teams** – Build safe, supportive and quality workplaces that support client and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

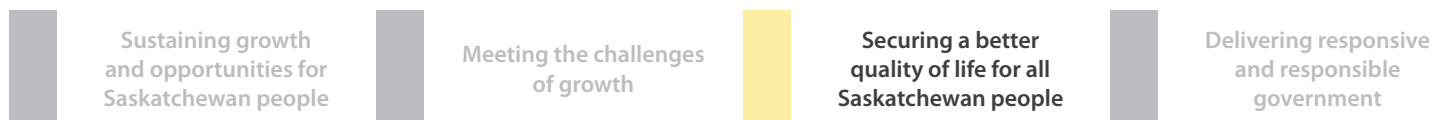
Ministry of Health employees are located in T.C. Douglas building, 3475 Albert Street, Regina.

The Ministry's 2018-19 Full-Time-Equivalent (FTE) utilization was 337.0 FTEs.

Key partners and stakeholders include the Saskatchewan Health Authority, Saskatchewan Cancer Agency, Athabasca Health Authority, eHealth, 3sHealth and Health Quality Council and Saskatchewan Association of Health Organizations (SAHO).

# Progress in 2018-19

## Government Goals



## Ministry Goal

Connected care for the people of Saskatchewan: Improve team-based care in communities and reduce reliance on acute care services.

## Performance Measure

By March 31, 2019, achieve a 35% reduction in Emergency Department waits (2013/14 baseline).

Target: By March 31, 2019, achieve a 35% reduction in Emergency Department waits (2013/14 baseline).	Status: Not achieved
I. Emergency Department Length of Stay - Admitted	I. 13% Year-To-Date (YTD*) increase
II. Emergency Department Length of Stay - Non-admitted	II. 11% YTD increase
III. Time Waiting for Inpatient Bed	III. 6% YTD increase
IV. Time to Physician Initial Assessment	IV. 10% YTD increase

Based on Canadian Institute for Health Information (CIHI) data. \* YTD is April 2018 through January 2019 (the latest available).

## Strategy: Enhance Team-Based Care in Saskatchewan Communities

### Key Actions

- **Support the delivery of coordinated, team-based health care as close to home as possible.**

In 2018-19, planning for enhanced team-based community services continued in Regina and Saskatoon to assist seniors with multiple chronic conditions who are frequent users of emergency departments. Planned service enhancement for team-based community services in Prince Albert is also underway.

**Results:** In 2018-19, new community health centres opened in south central Regina (The Gardens) and in Saskatoon's Nutana suburban centre neighbourhood (Market Mall).

In 2018-19, health system partners began to collaboratively design and build health networks across the province. Health networks are collaborative teams of health professionals, including physicians

and community partners, providing fully integrated services to meet the health needs of communities and individuals, including those living with complex or chronic conditions. They are designed to deliver health care services closest to where the patient lives and works, and provide the support needed for patients to transition as seamlessly as possible into the healthcare setting that best fits their needs, reducing dependence on emergency rooms and hospitals.

**Results:** By year-end 2018-19, the design process for health network geographies was nearly complete.

The Seniors' House Calls programs in Regina and Saskatoon continued to provide seniors who have complex medical needs with home-based clinician visits and health care services using a team-based model. In 2018-19, \$1.5 million was provided to fund this initiative.

**Results:** The Regina program saw an average of 534 clients per month (January 2018 to December 2018) and avoided 103 emergency department visits per month, on average. The Saskatoon program saw an average of 340 clients per month (March 2018 to February 2019) and avoided 194 emergency department visits per month, on average.

- **Enhance access to care for individuals with the most complex needs.**

Programs to address health care gaps and strengthen services to provide intermediate care for patients with complex needs are part of the Connected Care Strategy. This includes services that assist seniors in their homes (including home-based physician or nurse practitioner visits), and facilitate appropriate discharge from acute care back into community settings. In addition, community paramedicine uses paramedic skills to provide medical care, treatment and support to patients in their homes including after-hours, and Hotspotting provides outreach and inter-disciplinary intensive case management services to Regina and Saskatoon clients with complex health needs.

- **Expand access to care in remote communities through use of technology.**

Remote Presence Technology (RPT) is an advanced telemedicine technology that allows expert health providers, such as a physician, nurse or pharmacist, to be virtually “present” and improve patient access to health services in their own community.

**Results:** Access is now available to RPT in Stony Rapids, La Loche, English River Dene Nation and Pelican Narrows, and has also expanded to Fond-du-Lac, Clearwater River Dene Nation, and Hatchet Lake (Wollaston). RPT is used by Northern Medical Services family physicians to increase access to care and reduce services disruptions in various communities across northern Saskatchewan. Plans to expand this service to more communities is underway.

- **Enhance health promotion efforts to support children and youth.**

Promotion efforts have been prioritized to support healthy child and youth development, and improve physical and social environments, to achieve a healthier population and reduce dependence on the acute care system.

School nutrition is a key element contributing to optimum health, development and learning potential in children. The Ministry of Health partnered with the Ministry of Education to renew a policy document called *Nourishing Minds: Eat Well - Learn Well - Live Well* (2019) to assist educators in updating nutrition standards, and following food safety practices,

respecting Saskatchewan voices, cultural considerations and First Nations and Métis perspectives.

- **Enhance chronic disease management and prevention.**

Saskatchewan citizens with one or more chronic diseases require robust systems of coordinated health care. In addition to system-wide improvements such as health networks and team-based community care, specific enhancements in 2018-19 include:

- **Chronic Disease Management-Quality Improvement Program (CDM-QIP)**, which supports health care providers to deliver optimal care to patients living with chronic conditions such as diabetes, heart failure, coronary artery disease and chronic obstructive pulmonary disease, by using best practice guidelines and disease-specific indicators. In 2018-19, work began to update flow sheets to reflect recently revised guidelines;
- **Medication support;**
- Increased access to **diabetes specialists** and additional efforts to recruit another **endocrinologist** to Regina; and
- **Care pathways** to ensure people with certain chronic conditions such as diabetes, chronic obstructive pulmonary disease, low back issues or Multiple Sclerosis or who have suffered a stroke receive appropriate and timely assessment, proper treatment, information and support to make decisions about their care. The pathway teams identify challenges, make improvements and provide advice and recommendations to health system leaders for large scale improvements.

- **Improve palliative care services.**

In 2018-19, the Saskatchewan Health Authority began recruitment efforts for additional palliative care physicians and hired 7.5 FTE palliative care coordinators supported by \$1.92 million in federal funding. Also, \$500,000 in federal funding was provided for continued training in “Education-in-Palliative and End-of-Life Care” (EPEC) and “Learning Essential Approaches to Palliative and End of Life Care” (LEAP) for staff and physicians will enhance the health system’s capacity to provide high quality palliative care services.

- **Expand urban Community Health Centres.**

In 2018-19, two community health centres opened in Saskatchewan - one in Regina and the other in Saskatoon.

The Gardens Community Health Centre in Regina officially opened October 2018 and offers extended hours and telephone consultation services. The Seniors’ House Calls program operates out of Gardens. The clinic serves citizens who benefit from a team of health

care providers that includes physicians, nurses, nurse practitioners, counselors, pharmacists, paramedics, occupational and physical therapists, a respiratory therapist, a nutritionist as well as specific supports for chronic disease care and management.

The Community Health Centre at Market Mall in Saskatoon officially opened in late November 2018. It

features specialty care for adults over the age of 50, to bridge the gap between their family physician's office and the hospital, and supports patients with multiple chronic conditions, mental health issues, medication-related problems and social vulnerability. The Centre at Market Mall provides consultation and support to family physicians who care for frail elderly patients.

## Performance Measure

### Unnecessary Hospital Care Days

Target: 5% reduction from previous year	Status:
By March 31, 2019, reduce the number of days that patients are in hospital when they no longer require hospital care by 5%.	Saskatoon: Not achieved (14% increase)
	Regina: Achieved (9% reduction)

Based on Canadian Institute for Health Information (CIHI) data

### Unnecessary Hospital Admissions

Target: 5% reduction from previous year	Status:
By March 31, 2019, reduce unnecessary admissions (Ambulatory Care Sensitive Conditions) to hospital by 5%.	Saskatoon: Not achieved (7% YTD increase)
	Regina: Achieved (8% reduction)

Based on Canadian Institute for Health Information (CIHI) data

## Strategy: Enhance Access to Mental Health and Addiction Services

### Key Actions

- **Lead the inter-ministerial efforts to implement the Mental Health and Addictions Action Plan.**

Since 2014, collaborative work has continued across several Government ministries on recommendations in Saskatchewan's 10-year Action Plan to determine how to best deliver supports and services to Saskatchewan people. The Government of Saskatchewan has provided training for Mental Health First Aid, introduced the Take Home Naloxone program, expanded Internet-delivered Cognitive Behavioural Therapy (I-CBT) at the University of Regina, and expanded the Police and Crisis Teams (PACT) to more communities.

- **Expand mental health and addictions supports for children and youth.**

In the 2018-19 budget, an additional \$2.97 million was invested to increase access and capacity in child and youth mental health services. Twenty-five new positions were dedicated to child and youth mental health services to expand service delivery.

A Mental Health Capacity Building project was piloted in select Saskatchewan schools with nine FTEs hired (school coordinators and wellness promoters). This initiative received \$1.2 million in 2018-19, and focuses on prevention and mental health promotion, early

identification and intervention to help children and youth better manage their feelings and overall mental health, and increase awareness on where to find help.

Targeted physician training launched in 2018-19 to improve recognition, assessment and treatment of mental health conditions in children and youth. Four child psychiatrists and three family physicians began training to facilitate program delivery, with the first cohort of 25 participants in 2018-19 and plans for additional future sessions.

- **Improve supports to individuals with severe and persistent mental health issues by establishing Community Recovery Teams.**

The 2018-19 Budget provided a \$4.2 million investment to create multi-disciplinary Community Recovery Teams in eight communities. They are providing client-centred support to individuals with serious and persistent mental illness for whom traditional mental health services are not frequent or intensive enough. Teams vary by community, but typically include community mental health nurses, social workers, addictions workers, occupational therapists and peer support workers. A total of 33 FTEs were hired to join Community Recovery Teams.

- **Expand the use of technology in meeting the mental health needs of residents by expanding the reach of online therapy.**

The Ministry of Health continues to expand the Internet-delivered Cognitive Behavioural Therapy (I-CBT) into the continuum of mental health and addiction services in Saskatchewan, in partnership with the University of Regina and the Saskatchewan Health Authority. Cognitive Behavioural Therapy is a form of psychotherapy used to treat a number of mental health conditions, including depression and anxiety. In 2018-19, 400 individuals received I-CBT.

- **In partnership with the Ministry of Justice, improve the response to individuals with crisis mental health needs through the expansion of police and crisis teams (PACT).**

An investment of \$980,000 was made in 2018-19 to expand PACT teams into Prince Albert, North Battleford, Moose Jaw and Yorkton, partnering mental health professionals with police officers to create mobile teams that assist individuals experiencing a mental

health or addictions-related crisis. The goal is to provide the right care to individuals who are better served in the community, and avoid inappropriate visits to emergency departments or entry into the criminal justice system. PACT expansion follows the success of similar initiatives in Saskatoon and Regina.

- **Open the new Saskatchewan Hospital North Battleford.**

The new 284-bed Saskatchewan Hospital North Battleford opened March 2019, aligning with Government's plan to build a better quality of life for all Saskatchewan residents by improving health care outcomes and building safer communities. The additional 32 psychiatric rehabilitation beds for a total of 188 in the new facility will improve patient flow and transfers from regional mental health centres to the new hospital. A 96-bed secure wing was also created for individuals involved in the criminal justice system with mental health issues. The facility will help reduce long-term stays in acute care facilities and reduce emergency room waits.

## Performance Measures

### Benchmark Wait Times

By March 31, 2019, all individuals seeking service will be seen within the benchmark wait times in child and youth as well as adult outpatient mental health and addiction services.

	Target	Status
Mental Health – Adult*	100%	100%
Mental Health – Child & Youth*	100%	96%
Addictions – Adult*	100%	100%
Addictions – Youth*	100%	100%

\* Does not include data from the former Regina Qu'Appelle Health Region.

## Strategy: Enhance Team-Based Care in Hospitals

### Key Actions

- **Continue implementation of Accountable Care Units® (ACUs) in Regina and Saskatoon.**

Existing ACUs continue to mature, with expansion of additional units at Pasqua Hospital (Regina) and St. Paul's Hospital (Saskatoon).

ACUs and Connected Care hospital units (CCUs) are staffed by unit-based teams co-led by a physician and nurse manager. Generally, physicians and interdisciplinary teams are co-located on ACUs/CCUs to ensure team-based care. Patients and families are full partners in care decisions.

- **Spread key elements of team-based care in selected hospitals across the province.**

Progress has been made in implementing team-based care elements to hospitals in Lloydminster, Meadow Lake and North Battleford.

Evaluations to assess the impact of ACUs and Connected Care hospital units (CCUs) are underway to ensure outcomes are met and to determine potential expansion of this model of care. The ACU/CCU model is part of the larger provincial Connected Care Strategy to improve emergency wait times and patient flow.

## Performance Measures

### Length of Stay in Accountable Care Units

Target: 5% reduction from previous year	Status:
By March 31, 2019, achieve a 5% reduction in length of stay on newly created Accountable Care hospital units.	Not Achieved.

## Strategy: Ensure Seamless Patient Care

### Key Actions

- **Integrate hospital care with community-based teams and services.**

In January 2019, Saskatoon-based teams from St. Paul's Hospital and Nutana suburban centre neighbourhood (Market Mall) began developing and implementing processes to identify patients in hospital better supported by care providers in the community, and to transition these patients from hospital to home as seamlessly as possible. As health networks are being designed, they will strengthen the transition from hospital back to primary care and home care through a team-based approach to meet patient needs.

- **Develop standardized approaches to patient discharge and transition planning.**

Work is underway to develop and test a standard process for patients to move from one care setting to

another, including being discharged home under the care of the patient's primary care team. One component of a standardized approach is medication reconciliation.

- **Implement medication reconciliation at admission to, and at discharge/transfer from, hospital.**

Medication reconciliation (MedRec) is a formal process in which health care providers work together with patients, families, and care providers to ensure that accurate, comprehensive medication information is communicated consistently across the patient's transitions of care.

**Results:** In March 2019, the provincial average for compliance with MedRec was 66% for all care transitions. MedRec was performed during 92% of admissions to hospital, and 40% of discharges or transfers from hospital.

## Performance Measures

### 30-Day Hospital Readmission Rate

Target: 5% reduction from previous year	Status:
By March 31, 2019, achieve a 5% reduction in 30-day hospital readmission rate.	Not achieved 3% YTD reduction

*Based on Canadian Institute for Health Information (CIHI) data*



## Government 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

## Ministry Goal

Create a health system culture that promotes patient and staff safety.

## Strategy: Advance a Culture of Quality Improvement and Safety

### Key Actions

- **Implement the Provincial Health Care Safety Management System (SMS) province-wide by:**

- o Standardizing policies for the six elements of Safety Management System and sharing with all health care workers.

Saskatchewan Association for Safe Workplaces in Health (SASWH), in collaboration with the healthcare industry, has created a manual that includes Safety Management System (SMS) policies to support standardization in respecting workplace safety. The Saskatchewan Health Authority has integrated Safety Management into its overall Management System. A safety model line incorporating key components of the System was implemented in the Nutrition and Food Services service line at Saskatoon City Hospital in 2018-19 (90 employees) and will be replicated to all SHA Nutrition and Food Services areas (4540 employees) in 2019-20 and beyond.

- o Providing awareness and education to all health care workers for the first three elements of the Safety Management System.

The first three elements are Leadership and Commitment, Hazard Identification and Control, and Training and Communications. SASWH is fulfilling its commitment to the healthcare system for required health and safety programs and

services. In 2018, over 16,000 front line workers received required health and safety education and training.

- o For more information about SMS, please visit [www.saswh.ca/index.php/programs/healthcare-sms-basics-training](http://www.saswh.ca/index.php/programs/healthcare-sms-basics-training).

- **Implement key quality care improvements in long-term care.**

Government investments and program enhancements are improving quality care for long-term care residents in the province. Seven quality indicators are regularly monitored in all long-term care facilities, such as physical restraints, antipsychotics without a diagnosis, pain worsened, pressure ulcer newly occurring, pressure ulcer worsened, bladder continence worsened and falls. This data allows homes to monitor trends and address emerging problems.

Results from the Resident and Family Experience Survey, quarterly monitoring of key quality indicators, and feedback from the annual CEO Long-Term Care Tours, indicate improvements for care residents.

In 2018-19, the Saskatchewan Health Authority conducted a the second bi-annual Long-term Care Resident and Family Experience Survey. The results survey will be available in 2019-20.

## Performance Measures

### Patient Safety

	Target	Status
Improve overall long-term care resident and family experience ratings by 5% over 2016-17 ratings.	93% Residents 88% Family Members	In Progress
Reduce the use of anti-psychotic drugs in long-term care to 22% of residents.	22%	25%
No increase in the rate of falls across the province.	10.5%	9.7%

## Staff Safety

Target: 5% reduction over previous year	Status: Not achieved
By March 31, 2019, achieve a 5% reduction in Workers' Compensation Board claims.	The 5% reduction in Workers' Compensation Board claims was not achieved.

Healthcare is the largest employer and has one of the highest injury records, which significantly affects the overall provincial injury rate. Employee injuries affect patient safety, quality of care, employee morale, staff retention and the cost of providing service. Research shows that when workplace safety is visible, measured, and reinforced as one of the core operational values, injury rates and costs to the system are lower.

- The following actions have been in place to help meet the target in the future:
  - o Establish a Safety Partnership Advisory Group with key representatives from the health sector to provide ongoing safety advice.
  - o Saskatchewan Health Authority's Quality and Safety portfolio consulted with both internal and external stakeholders to better understand the root causes

- of staff and patient harm, and develop a blueprint to advance a culture of safety and continuous improvement.
- o Saskatchewan Health Authority, in partnership with the Saskatchewan Workers' Compensation Board, began the model safety line, which tests, validates and implements a specific safety plan in 2018-19. The work will continue in 2019-20 in the Nutrition and Food Services portfolio as staff experience among the highest rate of injury. The model safety line will be used for other service lines.
- o Saskatchewan Health Authority has created an internal database to identify key areas of harm to support this initiative.

## Strategy: Strengthen Capacity for Improving Appropriateness of Care

### Key Actions

- **Deliver clinical quality improvement education program.**

The Clinical Quality Improvement Program (CQIP) is a formal training program that provides clinicians with opportunities to learn skills and methodologies to lead and participate in clinical quality improvement (QI) work. CQIP has been an important part of the provincial Appropriateness of Care Strategy, and the physician leadership and engagement strategy. To date, three cohorts have been completed resulting in a total of 61 clinicians (57 physicians and four non-physician healthcare professionals), including the third cohort of 25 clinicians who started the program in September 2018.

- **Spread the CT/MRI Lumbar Spine Checklist to selected locations.**

A combined CT and MRI Lumbar Spine Checklist was developed to help referring physicians order appropriate lumbar spine MRIs and CTs for patients with lower back pain. It was trialed in Moose Jaw for three months from May 2018 to July 2018 with a plan for provincial expansion scheduled for 2019-20.

- **Develop and implement Pre-Operative Testing and Evaluation guidelines in selected locations.**

A provincial pre-op testing guideline was developed in April 2018 to improve appropriate use of pre-operative testing for adult patients undergoing elective surgical procedures. The guideline was tested in North Battleford and Lloydminster from May 2018 to August 2018; implemented in October 2018 for Hip and Knee surgical procedures in Saskatoon; and, in February 2019, used for all elective procedures in Meadow Lake.



## Performance Measures

### Agreed Upon Best Practices

By March 31, 2019, 80% of clinicians in selected locations will use agreed upon best practices for ordering Lumbar Spine MRI and CTs and Pre-Operative testing.

	Target	Status
Lumbar Spine MRI and CT Checklist	80% of clinicians	Achieved. The trial data from Moose Jaw indicated that more than 80% of clinicians who ordered lumbar spine CTs or MRIs submitted the checklist to the Medical Imaging Department.
Pre-Operative Testing Guideline	80% of clinicians	Not achieved. The trial data from Lloydminster and North Battleford indicated that physician uptake of the pre-operative testing guideline didn't meet the target. Teams in these two sites are working on improving the uptake. Information on physician uptake in Meadow Lake and Saskatoon is not available at the moment; data is currently being collected.

## Strategy: Improve System-Wide Coordination and Alignment of Services

### Key Actions

- **Begin integration of diagnostics services across the province.**

Successfully integrated Roy Romanow Provincial Laboratory (RRPL) into the Saskatchewan Health Authority in April 2018.

- **Amalgamate key organizations into the Saskatchewan Health Authority.**

Opportunities to integrate services, including those delivered by the RRPL, and to create a standardized approach to a range of health services, including the

Physician Recruitment Agency of Saskatchewan (PRAS), were pursued and work on this integration process is ongoing.

- **Standardize data collection and analysis across the health system.**

The Ministry collaborated with the SHA, the Saskatchewan Cancer Agency, eHealth, the Health Quality Council, 3SHealth and SAHO to develop a governance structure for data stewardship and analytics in the health system. Work to implement this new governance structure will continue in 2019-20.

## Performance Measures

### Critical Incidents

- By March 31, 2019, align and improve the critical incident reporting and follow up process.

The SHA has identified inconsistencies throughout the province in how patient safety incidents are identified, reported, investigated and addressed, and is creating a unified approach to improve safety within the health care system. The SHA, in collaboration with the Ministry of Health, has identified priorities for improvement and standardizing the reporting process. The completion of work in 2018/19 has set the stage for a series of improvements in 2019/20.

### Integration of Key Provincial Organizations

- By March 31, 2019, integrate the Roy Romanow Provincial Laboratory (RRPL) and Physician Recruitment Agency of Saskatchewan (PRAS) into the Saskatchewan Health Authority.

The RRPL was successfully transitioned into Saskatchewan Health Authority in April 2018. Fully integrating the lab's operations into the SHA's processes has been a 2018-19 priority for the SHA's Pathology and Laboratory Services program and will take precedence going forward.

The PRAS transitioned to the Saskatchewan Health Authority in July 2018.

## Government 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

## Ministry Goal

Establish physicians as leaders in the health care system.

## Strategy: Enhance Physicians' Role in Management and Governance of the Health System

### Key Actions

- **Co-develop a demonstration site for an improved model of care delivery with physicians and local administrators.**

Work is underway between health sector agencies to examine the potential for a demonstration site in Prince Albert, Shellbrook and area. A large three-day design event was hosted in Prince Albert in October 2018 with approximately 70 local physicians and 50

health care leaders, representing the Ministry of Health, Saskatchewan Health Authority, Saskatchewan Medical Association, eHealth, Health Quality Council, patient and family advisers and Indigenous elders.

Core features being examined include a unified medical group (UMG) where physicians are responsible for high-quality patient care, provider well-being, and improved accountability.

## Performance Measures

### Accountability Framework

By March 31, 2019, identify and define an evaluation and accountability framework and key performance metrics for the demonstration site.

From January to March 2019, approximately 30 Prince Albert and Shellbrook physicians organized into four working groups to plan further details around the UMG concept, such as how it would be structured; how physicians in the area would work with other health providers; innovative compensation approaches; data/analytics requirements; and an accountability framework.

# Government 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

## Health Promotion and Disease Prevention

### Ministry Goal

Improve population health through health promotion, disease prevention and collaboration with communities and government organizations to reduce health disparities.

### Key Actions

- **Human Immunodeficiency Virus (HIV) 2018-19 Accomplishments**

In July 2014, the Joint United Nations Programme on HIV and AIDS (UNAIDS) set global targets to end the AIDS epidemic as: 90% of people with HIV are diagnosed; 90% of those diagnosed are on treatment; and 90% of those on treatment are virally suppressed. Based on data released in July 2018, the 90-90-90 estimates for Saskatchewan are 70%, 91% and 77% respectively.

The Saskatchewan HIV Collaborative is a provincial committee that works with federal, provincial, community and Indigenous partners and provides advice and input on prevention, diagnosis and care of those living with HIV/AIDS. It also strives to improve access to testing and clinical care; engage, educate and support individuals and communities; and stop the transmission of HIV. The work of the Saskatchewan HIV Collaborative aligns with the 90-90-90 indicators as reflected in their provincial workplan (2017-2020).

Addressing HIV in Saskatchewan is supported by annual Ministry funding of approximately \$5M for HIV services in the Saskatchewan Health Authority and community-based organizations. Of this, \$667K supports harm reduction programs which reduce the transmission of HIV and other blood-borne infections.

The Government of Saskatchewan announced full funding for HIV medications in April 2018. This change reduces financial barriers to HIV treatment and prevention in our province. A social marketing campaign was developed for World AIDS Day (December 1, 2018). Posters, wallet cards, a video, online and radio advertising were used to promote HIV testing.

In 2018, there was a 6 per cent increase in HIV testing performed by the Roy Romanow Provincial Laboratory. In addition, the number of HIV point of care testing sites has more than quadrupled, from 20 to 90 sites since 2012.

Under the leadership of a Primary Health Care Capacity Building Task Group, more primary care providers are engaged in testing, treatment and ongoing care of people living with HIV. Clinical HIV education workshops are held annually for physicians and nurse practitioners with interest in treating patients living with HIV. Ongoing virtual classrooms and mentorship are also provided. Also, LINK (Leveraging Immediate Non-urgent Knowledge) provides support to physicians managing HIV-positive patients with rapid access to specialists via telephone consultation.

- **Improving the Influenza Immunization Program**

Influenza (flu) immunization protects both the individual and their contacts from influenza. It is highly recommended for those at high risk of influenza-related complications and their care givers, including:

- o infants and children up to age five years;
- o pregnant women in any trimester;
- o people aged 65 and older and nursing home residents;
- o those with chronic conditions such as heart or lung disease, cancer or other diseases which affect their immune system; and,
- o caregivers and contacts of medically high-risk clients.

In 2018-19, the flu program included high dose influenza vaccine for long-term-care residents 65 years and older. This vaccine offers improved protection for seniors, especially the frail elderly, and can reduce hospitalizations.

Another improvement is the expansion of pharmacists' administration of influenza vaccine to children five and older and through home visits and congregate living facilities.

- **Expanding Panorama**

Panorama is a comprehensive, integrated public health information system. The vaccine inventory module

was implemented in early 2014, the immunizations module in February 2015 and the communicable disease investigations module in October 2018. This positions Saskatchewan to have a solid foundation for managing vaccine inventories, immunizations and communicable disease investigations in a standardized manner across the province. The recent implementation of the communicable disease investigations module offers support and surveillance tools for investigating, monitoring, managing, analyzing and reporting of communicable diseases.

- **Increasing Knowledge of Lyme disease in the Province**

Lyme disease is an emerging disease and the risk of acquiring it increases in areas where ticks that carry the Lyme disease bacterium (the black-legged or “deer tick”) have become established. The risk of acquiring Lyme disease in Saskatchewan is low but not zero. Primary care providers regularly submit hundreds of samples to the Roy Romanow Provincial Laboratory for testing. Each year the number of tests increases. Actions include:

- o Increasing public awareness by providing information that advises people to take precautions to reduce their risk of tick bites;
- o Working with our federal, provincial and Saskatchewan Health Authority partners to increase tick surveillance within the province;
- o Providing up-to-date guidance and resources for health care providers; and
- o Working with our federal, provincial and territorial partners on a national Lyme disease strategy to increase public awareness and promote prevention of Lyme disease.

- **Providing Population Health Monitoring and Assessment Reporting**

The Ministry produces provincial health status and other population health monitoring and assessment reports. Reports for the public are posted on the Saskatchewan government website as well as on specific topic-related webpages ([www.saskatchewan.ca/government/government-structure/ministries/health/other-reports/public-health-monitoring-and-surveillance](http://www.saskatchewan.ca/government/government-structure/ministries/health/other-reports/public-health-monitoring-and-surveillance)).

The provincial population health reports provide information on key data and trends for use in planning health strategies and services, with a goal to improve the health of people in our province.

Typically, these reports identify important preventable population level health issues.

# 2018-19 Financial Overview

The Ministry incurred \$5.4B in expenses in 2018-19, \$38.8M greater than its 2018-19 budget. During 2018-19, the Ministry received \$45M in Special Warrant funding primarily to address service pressures within the Saskatchewan Health Authority and Saskatchewan Cancer Agency, and funding for the Administrative Information Management System project.

In 2018-19, the Ministry received \$38.9M of revenue, \$6.2M more than its 2018-19 budget. The additional revenue is primarily due to one-time federal funding for the Opioid Emergency Treatment Fund as well as higher than anticipated refunds of prior year expenses and expense recoveries.

## Ministry of Health Comparison of Actual Expense to Estimates

	2017-18 Actuals \$000s	2018-19 Estimates \$000s	2018-19 Actuals \$000s	2018-19 Variance \$000s	Notes
<b>Central Management and Services</b>					
Ministers' Salary (Statutory)	94	98	98	-	
Executive Management	2,165	2,353	1,969	(384)	
Central Services	4,669	4,737	3,667	(1,070)	
Accommodation Services	2,363	2,301	2,451	150	
<b>Subtotal</b>	<b>9,291</b>	<b>9,489</b>	<b>8,185</b>	<b>(1,304)</b>	
<b>Saskatchewan Health Services</b>					
Athabasca Health Authority Inc.	7,034	7,034	7,034	-	
Saskatchewan Health Authority	3,442,180	3,434,907	3,452,852	17,945	
Saskatchewan Health Authority Targeted Programs and Services	30,165	54,368	47,023	(7,345)	(1)
Saskatchewan Cancer Agency	167,222	170,363	173,710	3,347	
Facilities - Capital	70,373	78,400	78,524	124	
Equipment - Capital	11,800	20,823	41,223	20,400	(2)
Programs and Support	27,617	27,538	26,994	(544)	
Provincial Laboratory	29,394	1,537	2,066	529	
<b>Subtotal</b>	<b>3,785,785</b>	<b>3,794,970</b>	<b>3,829,426</b>	<b>34,456</b>	
<b>Provincial Health Services</b>					
Canadian Blood Services	47,724	49,086	46,182	(2,904)	
Provincial Targeted Programs and Services	52,085	55,175	53,234	(1,940)	
Health Quality Council	4,698	4,604	4,604	-	
Immunizations	14,859	15,695	15,641	(54)	
eHealth Saskatchewan	64,197	102,633	102,530	(104)	
<b>Subtotal</b>	<b>183,563</b>	<b>227,193</b>	<b>222,191</b>	<b>(5,002)</b>	
<b>Medical Services &amp; Medical Education Programs</b>					
Physician Services <sup>1</sup>	561,557	604,305	594,801	(9,504)	
Physician Programs <sup>1</sup>	148,481	116,209	115,737	(472)	
Medical Education System	61,401	64,538	64,363	(175)	
Optometric Services	13,059	13,123	13,614	491	
Dental Services	1,473	2,183	1,550	(633)	
Out-of-Province	137,901	135,162	142,762	7,600	(3)
Program Support	3,914	4,468	4,173	(295)	
<b>Subtotal</b>	<b>927,786</b>	<b>939,988</b>	<b>937,000</b>	<b>(2,988)</b>	
<b>Drug Plan &amp; Extended Benefits</b>					
Saskatchewan Prescription Drug Plan	305,269	310,917	318,075	7,158	
Saskatchewan Aids to Independent Living	43,598	42,699	45,941	3,242	
Supplementary Health Program	27,628	23,805	27,628	3,823	
Family Health Benefits	4,112	4,030	4,072	42	
Multi-Provincial Human Immunodeficiency Virus Assistance	234	263	252	(11)	
Program Support	4,522	4,721	4,458	(263)	
<b>Subtotal</b>	<b>385,363</b>	<b>386,435</b>	<b>400,426</b>	<b>13,991</b>	

	2017-18 Actuals \$000s	2018-19 Estimates \$000s	2018-19 Actuals \$000s	2018-19 Variance \$000s	Notes
<b>APPROPRIATION</b>	<b>5,291,788</b>	<b>5,358,075</b>	<b>5,397,228</b>	<b>39,153</b>	
Capital Asset Acquisitions	(532)	-	(104)	(104)	
Non-Appropriated Expense Adjustment	822	212	(50)	(262)	
<b>TOTAL EXPENSE</b>	<b>5,292,078</b>	<b>5,358,287</b>	<b>5,397,074</b>	<b>38,787</b>	
Special Warrant	-	45,000	-	(45,000)	(4)
<b>REVISED TOTAL EXPENSE</b>	<b>5,292,078</b>	<b>5,403,287</b>	<b>5,397,074</b>	<b>(6,213)</b>	
<b>FTE STAFF COMPLEMENT</b>	<b>507.4</b>	<b>358.0</b>	<b>337.0</b>	<b>(21.0)</b>	

<sup>1</sup> 2017-18 and 2018-19 actuals will not align due to a restructure of program budgets in 2018-19.

Approximately 90 percent of the expenditures were provided to third parties for health care services, health system research, information technology support, and coordination of services such as the blood system. The majority of the remaining funding was primarily paid to individuals through the Saskatchewan Prescription Drug Plan and extended benefit programs.

#### Explanations for Major Variances

Explanations are provided for all variances that are both greater than 5 percent of the Ministry's 2018-19 program budget and greater than 0.1 percent of the Ministry's total expense.

1. Primarily due to one-time grant program savings in Saskatchewan Health Authority (SHA) Targeted programs.
2. Funding provided for the new Administrative Management Information System (AIMS) project in the SHA.
3. Program Utilization above budgeted levels.
4. Special Warrant funding primarily for service pressures in the SHA and Saskatchewan Cancer Agency, and funding for the AIMS project.

## Ministry of Health Comparison of Actual Revenue to Budgeted Revenue

	2018-19 Estimates \$000s	2018-19 Actuals \$000s	Variance \$000s	Note
<b>Other Own-source Revenue</b>				
Investment Income	114	61	(53)	
Other fees and charges	1,259	1,080	(179)	
Miscellaneous	1,385	4,499	3,114	(1)
Total	2,758	5,640	2,882	
<b>Transfers from the Federal Government</b>	29,987	33,306	3,319	(2)
<b>TOTAL REVENUE</b>	<b>32,745</b>	<b>38,946</b>	<b>6,201</b>	

The Ministry receives transfer revenue from the federal government for various health-related initiatives and services. The major federal transfers include amounts for mental health and addictions, connected care strategy, air ambulance services, implementation of the *Youth Criminal Justice Act*, and employment assistance for persons with disabilities. The Ministry also collects revenue through fees for services such as personal care home licenses and water testing fees. All revenue is deposited in the General Revenue Fund.

### Explanations for Major Variances

Variance explanations are provided for all variances greater than \$1,000,000.

1. Primarily as a result of higher than anticipated prior year expense recoveries and one-time funding for Joint Medical Professional Review Committee decisions.
2. Primarily due to one-time federal funding for the Opioid Emergency Treatment Fund.



# Saskatchewan Health Authority

## Statement of Operations (In 000s Dollars)

	Budget 2019	Actual 2019	2018 restated
<b>Revenues</b>			
Ministry of Health - General Revenue Fund	3,500,283	3,678,311	3,625,002
Other provincial	48,791	60,775	43,645
Federal government	7,493	7,216	8,861
Alberta funding for Lloydminster	40,647	41,606	41,065
Patient & client fees	120,580	118,888	119,337
Out of province (reciprocal)	30,370	30,269	30,066
Out of country	5,892	11,995	6,071
Donations	1,992	29,660	31,413
Ancillary	30,818	30,658	30,592
Recoveries	45,553	91,566	57,965
Research grants	-	1,086	836
Investment	835	5,599	3,787
Other	17,212	28,026	32,651
Restructuring	-	2,999	-
<b>Total Revenues</b>	<b>3,850,466</b>	<b>4,138,654</b>	<b>4,031,291</b>
<b>Expenses</b>			
<b>Inpatient &amp; resident services</b>			
Nursing administration	36,784	34,162	36,364
Acute	835,860	893,298	873,378
Supportive	448,149	457,497	457,326
Integrated	168,702	175,832	170,709
Rehabilitation	11,400	12,568	12,658
Mental health & addictions	52,510	63,826	59,262
	1,553,405	1,637,183	1,609,697
<b>Ambulatory care services</b>	288,739	300,609	293,284
<b>Diagnostic &amp; therapeutic services</b>	574,220	563,811	522,635
<b>Community health services</b>			
Primary health care	139,546	142,488	136,303
Home care	144,902	144,084	143,440
Mental health & addictions	140,738	139,332	131,859
Population health	99,894	96,410	97,070
Emergency response services	90,188	92,922	93,600
Other community services	75,006	68,896	74,491
	690,274	684,132	676,763
<b>Support services</b>			
Program support	202,215	240,756	229,225
Operational support	547,184	568,798	552,111
Other support	(31,583)	150,773	133,518
Employee future benefits	1,181	3,121	3,115
	718,997	963,448	917,969
<b>Ancillary</b>	18,121	18,208	17,859
<b>Total Expenses</b>	<b>3,843,756</b>	<b>4,167,391</b>	<b>4,038,207</b>
<b>Surplus (deficit)</b>	<b>6,710</b>	<b>(28,737)</b>	<b>(6,916)</b>
Accumulated surplus from operations, beginning of year	1,284,336	1,284,336	1,291,252
<b>Accumulated surplus from operations, End of Year</b>	<b>1,291,046</b>	<b>1,255,599</b>	<b>1,284,336</b>

## Statement of Financial Position (In 000s Dollars)

	2019	2018 restated
<b>Financial Assets</b>		
Cash	206,015	169,588
Investments	15,067	26,863
Accounts receivable:		
Ministry of Health - General Revenue Fund	111,818	113,083
Other	71,340	78,472
	404,240	388,006
<b>Liabilities</b>		
Accounts payable and accrued liabilities	515,490	471,834
Debt	106,274	87,378
Capital lease payable	6,726	4,933
Obligations under long-term financing arrangement	116,685	119,257
Deferred revenue	12,855	9,328
Employee future benefits	99,345	96,224
	857,375	788,954
<b>Net debt</b>	<b>(453,135)</b>	<b>(400,948)</b>
<b>Non-Financial Assets</b>		
Tangible capital assets	1,667,680	1,636,192
Inventory held for consumption	20,863	25,425
Prepaid expenses	19,079	23,575
	1,707,622	1,685,192
<b>Accumulated surplus</b>	<b>1,254,487</b>	<b>1,284,244</b>
<b>Accumulated Surplus is comprised of</b>		
Accumulated surplus from operations	1,255,599	1,284,336
Accumulated remeasurement gains(losses)	(1,112)	(92)
	<b>1,254,487</b>	<b>1,284,244</b>

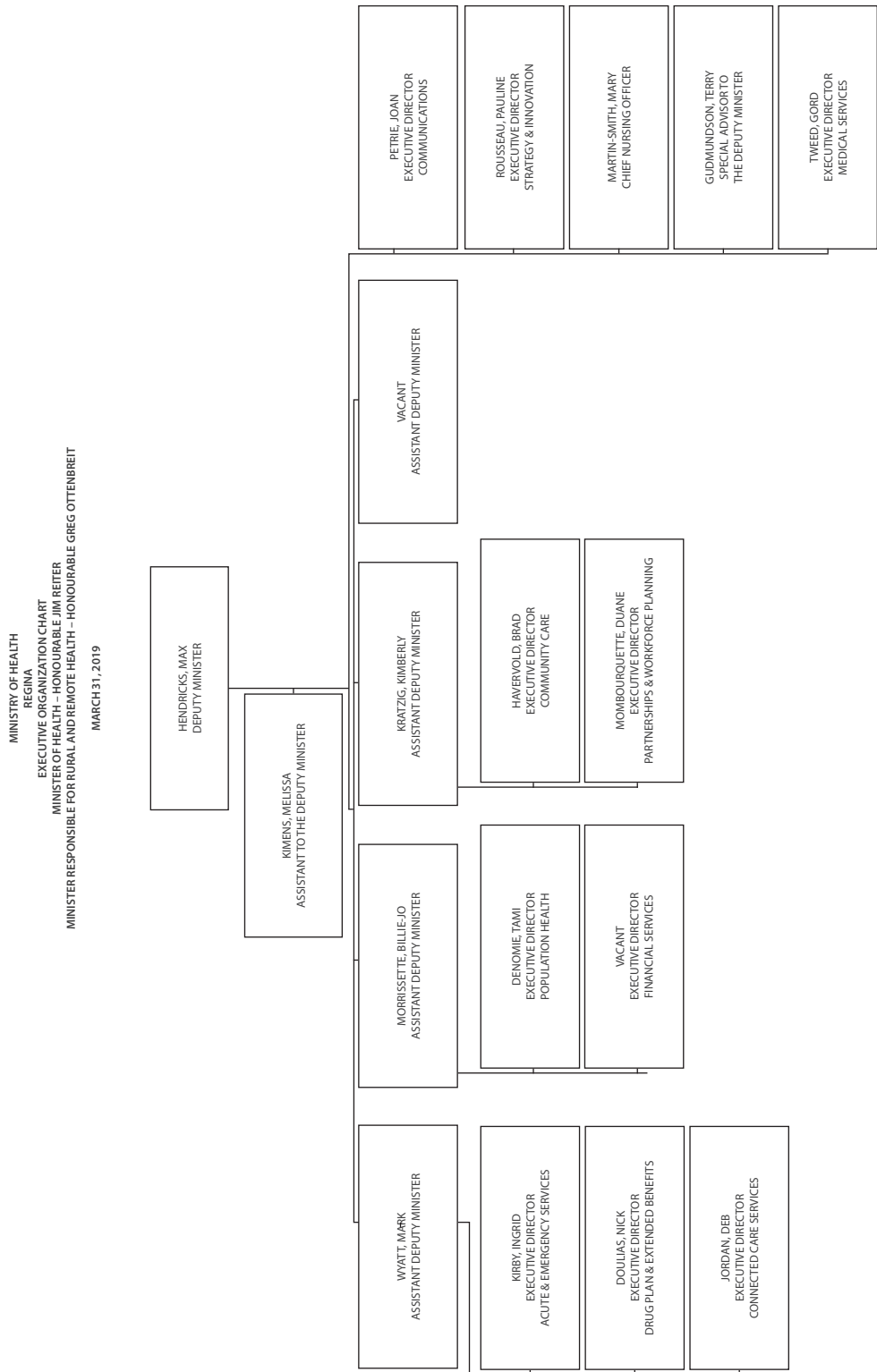
## Schedule of Expenses by Object (In 000s Dollars)

	Budget 2019	Actual 2019	Actual 2018 (restated)
Advertising & public relations	998	652	666
Amortization	485	134,097	120,354
Board costs	520	461	524
Compensation - benefits	421,958	426,033	411,530
Compensation - salaries	2,101,591	2,129,862	2,106,875
Continuing education fees & materials	3,854	3,307	2,904
Contracted-out services	91,939	95,141	87,958
Diagnostic imaging supplies	4,396	4,633	4,348
Dietary supplies	1,619	1,837	1,759
Drugs	60,219	68,034	63,017
Food	36,038	37,260	35,767
Grants to ambulance services	41,543	42,094	41,485
Grants to health care organizations & affiliates	280,603	282,303	276,899
Housekeeping & laundry supplies	13,598	14,457	14,024
Information technology contracts	14,670	27,609	24,532
Insurance	6,800	8,201	6,662
Interest	4,840	11,189	10,982
Laboratory supplies	35,330	39,344	27,676
Medical & surgical supplies	142,769	146,240	139,287
Medical remuneration & benefits	360,562	356,934	349,010
Meetings	714	546	479
Net (gain) loss on disposals and write-downs	-	3,908	1,540
Office supplies & other office costs	19,007	20,084	18,449
Other	(52,822)	23,267	16,958
Professional fees	18,170	23,908	23,212
Prosthetics	44,007	47,942	46,195
Purchased salaries	15,847	20,072	20,101
Rent/lease/purchase costs	36,483	52,658	41,049
Repairs & maintenance	55,879	59,103	61,828
Supplies - other	10,158	11,669	10,923
Therapeutic supplies	868	1,003	1,068
Travel	23,366	24,053	23,275
Utilities	47,747	49,490	46,871
	<b>3,843,756</b>	<b>4,167,391</b>	<b>4,038,207</b>

# For More Information

Please visit the Ministry of Health's website at [www.saskatchewan.ca/government/government-structure/ministries/health](http://www.saskatchewan.ca/government/government-structure/ministries/health).

# Appendix I: Ministry of Health Executive Organizational Chart



## Appendix II: Critical Incidents Summary

### 2018-19 Annual Report Critical Incident Summary

Saskatchewan was the first jurisdiction in Canada to formalize critical incident reporting through legislation that came into force on September 15, 2004.

A “critical incident” is defined in the *Saskatchewan Critical Incident Reporting Guideline*, 2004 as “a serious adverse health event including, but not limited to, the actual or potential loss of life, limb or function related to a health service provided by, or a program operated by, a regional health authority (RHA) or health care organization (HCO).” With legislative changes enacted in 2007, reporting of critical incidents also became mandatory for the Saskatchewan Cancer Agency (SCA). In addition to the definition of critical incident, the *Saskatchewan Critical Incident Reporting Guideline*, 2004 contains a specific list of events that are to be reported to the Ministry of Health.

On December 4, 2017, the operations of the 12 former regional health authorities were amalgamated into the Saskatchewan Health Authority (SHA), which retains the obligation under provincial legislation to report critical incidents to the Ministry of Health. At present, critical incident reports continue to be submitted by, and categorized according to, the former regional health authority in which they occurred.

The province has an established network of professionals in place within the SHA and the SCA who identify events where a patient is harmed (or where there is a potential for harm), report de-identified information to the Provincial Quality of Care Coordinators (PQCCs) in the Ministry of Health, conduct an investigation, and implement necessary changes. Arising out of their review of critical incidents, the SHA and the SCA generate recommendations for improvement that they are then responsible for implementing.

The role of the PQCCs is to aggregate, analyze, and report on critical incident data, and broadly disseminate applicable system improvement opportunities. The PQCCs also provide advice and

support to the SHA and the SCA in their investigation and review of critical incidents.

During 2018/19, a total of 221 critical incidents were reported to the Ministry of Health. These 221 incidents represent an 18% and 19% increase compared to reported incidents in the 2017/18 and 2016/17 fiscal years, respectively. The volume of critical incidents reported annually has fluctuated for the past five years, with a high of 249 incidents in 2015/16 (the highest volume of incidents reported annually since inception of reporting) and 186 in 2016/17. While a change in the number of critical incidents reported (either more incidents reported or fewer incidents reported) may be because of a change in the actual number of critical incidents occurring, it could also be due to awareness of, and compliance with, the reporting legislation and regulations, as well as the event reporting system in use and the culture of safety present at every level of the health care organization, which can ebb and flow. We continue to encourage reporting as the learning opportunities arising from recognition and review of incidents that occur in the healthcare system help generate invaluable knowledge and contribute to the safety of our health system as a whole.

Delivery of health care services is a complex process involving many inter-related systems and activities. The formal critical incident reporting process has the potential to increase patient safety by reducing or eliminating the recurrence of similar critical incidents in Saskatchewan through implementation of targeted recommendations which address the underlying, or root causes, of critical incidents. Monitoring of critical incidents can also be used to direct patient safety and improvement initiatives. When recommendations are felt to be broadly applicable, the learnings are shared with a provincial network of Quality of Care Coordinators, risk managers, health providers, and health education program leaders.

Critical incidents are classified according to the *Saskatchewan Critical Incident Reporting Guideline, 2004* in the following categories and sub-categories:

Category	2018/19	2017/18	2016/17	2015/16	2014/15
<b>I. Surgical Events</b>					
a) Surgery performed on wrong body part	1	1	0	1	0
b) Surgery performed on the wrong patient	0	0	0	1	0
c) The wrong surgical procedure performed on a patient	0	0	1	0	0
d) Retention of a foreign object in a patient after surgery or other procedure	2	2	3	6	4
e) Death during or immediately after surgery of a normal, healthy patient, or of a patient with mild systemic disease	0	0	0	0	0
f) Unintentional awareness during surgery with recall by the patient	0	1	0	0	0
g) Other surgical event	6	3	4	11	4
<b>Total</b>	<b>9</b>	<b>7</b>	<b>8</b>	<b>19</b>	<b>8</b>
<b>II. Product and Device Events</b>					
a) Contaminated drugs, devices, or biologics provided by the RHA/HCO	1	1	0	0	1
b) Use or function of a device in patient care in which the device is used or functions other than as intended	5	2	5	3	5
c) Intravascular air embolism	0	0	0	0	0
d) Other product or device event	2	8	1	5	4
<b>Total</b>	<b>8</b>	<b>11</b>	<b>6</b>	<b>8</b>	<b>10</b>
<b>III. Patient Protection Events</b>					
a) An infant discharged to the wrong person	0	0	0	0	0
b) Patient disappearance	5	4	1	10	10
c) Patient suicide or attempted suicide	33	25	10	24	15
d) Other patient protection event	9	0	4	14	5
<b>Total</b>	<b>47</b>	<b>29</b>	<b>15</b>	<b>48</b>	<b>30</b>
<b>IV. Care Management Events</b>					
a) Medication or fluid error	31	32	17	20	19
b) Hemolytic reaction due to the administration of ABO-incompatible blood or blood products	0	0	0	0	0
c) Maternal death or serious disability	2	3	0	3	3
d) Full-term fetal or neonatal death or serious disability	5	1	4	4	9
e) Hypoglycemia while in the care of the RHA/HCO	0	1	1	0	0
f) Neonatal death or serious disability, including kernicterus, associated with failure to identify and treat hyperbilirubinemia	0	0	1	0	0
g) Stage 3 or 4 pressure ulcers acquired after admission to a facility	15	22	20	17	7
h) Delay or failure to transfer	9	5	3	1	5
i) Error in diagnosis	5	6	13	25	7
j) Other care management issues	38	36	42	56	49
<b>Total</b>	<b>105</b>	<b>106</b>	<b>101</b>	<b>126</b>	<b>99</b>



Category	2018/19	2017/18	2016/17	2015/16	2014/15
<b>V. Environmental Events</b>					
a) Electric shock while in the care of the RHA/HCO	0	0	0	0	0
b) Oxygen or other gas contains the wrong gas or is contaminated by toxic substances	0	0	0	0	0
c) Burn from any source	1	2	0	0	0
d) Patient death associated with a fall	30	21	35	36	21
e) Use or lack of restraints or bed rails	1	3	3	0	0
f) Failure or de-activation of exit alarms or environmental monitoring devices	0	0	1	0	1
g) Transport arranged or provided by the RHA/HCO	2	1	0	0	0
h) Delay or failure to reach a patient for emergent or scheduled services	4	2	3	5	9
i) Other environmental event	6	2	7	3	3
<b>Total</b>	<b>44</b>	<b>31</b>	<b>49</b>	<b>44</b>	<b>34</b>
<b>VI. Criminal Events</b>					
a) Care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider	0	2	0	0	0
b) Abduction of a patient of any age	0	0	0	0	0
c) Sexual assault of a patient	1	1	0	2	5
d) Physical assault of a patient within or on grounds owned or controlled by the RHA/HCO	1	0	2	1	3
e) Sexual or physical assault of a patient perpetrated by an employee	5	0	1	0	1
f) Other criminal event	1	1	4	1	4
<b>Total</b>	<b>8</b>	<b>4</b>	<b>7</b>	<b>4</b>	<b>13</b>
<b>Total CIs Reported</b>	<b>221</b>	<b>188</b>	<b>186</b>	<b>249</b>	<b>194</b>

## Appendix III: Contact information for Ministry of Health Programs and Services

### Saskatchewan Health Authority

[www.saskhealthauthority.ca/Services-Locations](http://www.saskhealthauthority.ca/Services-Locations)

(306) 655-0080

1-833-445-0080 (toll free)

### Athabasca Health Authority

(306) 439-2200

### Saskatchewan Cancer Agency

(639) 625-2010

### Saskatchewan Health Card Applications

To apply for a Saskatchewan Health Services Card, report changes to personal or registration information, or for more information about health registration:

Phone 306-787-3251

1-800-667-7551 (toll-free Canada & US)

Email [change@ehealthsask.ca](mailto:change@ehealthsask.ca)

### Vital Statistics

Phone 306-787-3251

1-800-667-7551 (toll-free Canada & US)

Email [vitalstatistics@ehealthsask.ca](mailto:vitalstatistics@ehealthsask.ca)

### Health Services Cards:

Email [change@ehealthsask.ca](mailto:change@ehealthsask.ca)

**Apply** online for a Saskatchewan Health Services Card at [www.ehealthsask.ca/residents/health-cards/Pages/Apply-for-a-Health-Card.aspx](http://www.ehealthsask.ca/residents/health-cards/Pages/Apply-for-a-Health-Card.aspx)

**Update** personal and registration information online at [www.ehealthsask.ca/residents/health-cards/Pages/Update-or-Replace-a-Health-Card.aspx](http://www.ehealthsask.ca/residents/health-cards/Pages/Update-or-Replace-a-Health-Card.aspx)

**More** information available at [www.ehealthsask.ca/residents/health-cards](http://www.ehealthsask.ca/residents/health-cards)

### Family Health Benefits

For eligibility and to apply:

Regina (306) 787-4723

Toll-Free 1-888-488-6385

For information on what is covered:

Regina (306) 787-3124

Toll-Free 1-800-266-0695

[www.saskatchewan.ca/residents/health/prescription-drug-plans-and-health-coverage/extended-benefits-and-drug-plan/family-health-benefits](http://www.saskatchewan.ca/residents/health/prescription-drug-plans-and-health-coverage/extended-benefits-and-drug-plan/family-health-benefits)

### HealthLine

For health information from a registered nurse  
24 hours a day.

Phone

811 or 1-877-800-0002

Deaf and hard of hearing

1-800-855-1155

(SaskTel Relay Operator)

### HealthLine Online

[www.healthwise.net/saskhealthauthority](http://www.healthwise.net/saskhealthauthority)

### Problem Gambling Help Line

1-800-306-6789

### Smokers' HelpLine

1-877-513-5333

[www.smokershelpline.ca](http://www.smokershelpline.ca)

### Saskatchewan Air Ambulance program

24-Hour Emergency

Call 9-1-1

Physicians or Designates should call

1-306-933-5255 or

1-888-782-8247

[www.saskatchewan.ca/residents/health/emergency-medical-services/ambulance-services#saskatchewan-air-ambulance](http://www.saskatchewan.ca/residents/health/emergency-medical-services/ambulance-services#saskatchewan-air-ambulance)

### Saskatchewan Aids to Independent Living (SAIL)

Regina (306) 787-7121

Toll Free 1-888-787-8996

Email [dp.sys.support@health.gov.sk.ca](mailto:dp.sys.support@health.gov.sk.ca)

[www.saskatchewan.ca/residents/health/accessing-health-care-services/health-services-for-people-with-disabilities/sail](http://www.saskatchewan.ca/residents/health/accessing-health-care-services/health-services-for-people-with-disabilities/sail)

### Special Support Applications for Prescription Drug Costs

To apply:

[www.saskatchewan.ca/residents/health/prescription-drug-plans-and-health-coverage/extended-benefits-and-drug-plan/special-support-program](http://www.saskatchewan.ca/residents/health/prescription-drug-plans-and-health-coverage/extended-benefits-and-drug-plan/special-support-program)

Applications also available at all Saskatchewan pharmacies.  
For inquiries:

Regina

(306) 787-3317

Toll-Free within Saskatchewan

1-800-667-7581

**Prescription Drug Program**

Regina (306) 787-3317  
Toll-Free within Saskatchewan 1-800-667-7581

[www.saskatchewan.ca/residents/health/prescription-drug-plans-and-health-coverage/extended-benefits-and-drug-plan](http://www.saskatchewan.ca/residents/health/prescription-drug-plans-and-health-coverage/extended-benefits-and-drug-plan)

To obtain refunds for out-of-province drug costs, forward bills to:

Drug Plan and Extended Benefits Branch  
Ministry of Health  
3475 Albert Street  
Regina SK S4S 6X6

**Out-of-province health services**

Regina (306) 787-3475  
Toll-Free within Saskatchewan 1-800-667-7523

[www.saskatchewan.ca/residents/health/prescription-drug-plans-and-health-coverage/health-benefits-coverage/out-of-province-and-out-of-canada-coverage](http://www.saskatchewan.ca/residents/health/prescription-drug-plans-and-health-coverage/health-benefits-coverage/out-of-province-and-out-of-canada-coverage)

To obtain refunds for out-of-province physician and hospital services, forward bills to:

Medical Services Branch  
Ministry of Health  
3475 Albert Street  
Regina SK S4S 6X6

## Appendix IV: Summary of Health Legislation

### ***The Ambulance Act***

The Act regulates emergency medical service personnel and the licensing and operation of ambulance services.

### ***The Cancer Agency Act***

The Act sets out the funding relationship between Saskatchewan Health and the Saskatchewan Cancer Agency and its responsibility to provide cancer-related services.

### ***The Change of Name Act, 1995***

An Act respecting Changes of Name.

### ***The Chiropractic Act, 1994***

The Act regulates the chiropractic profession in the province.

### ***The Dental Disciplines Act***

The Act regulates the six dental professions of dentistry, dental hygiene, dental therapists, dental assistants, denturists and dental technicians.

### ***The Dieticians Act***

The Act regulates dieticians in the province.

### ***The Emergency Medical Aid Act***

The Act provides protection from liability for physicians, nurses and others when they are providing, in good faith, emergency care outside a hospital or place with adequate facilities or equipment.

### ***The Family and Community Services Act***

This Act authorizes the Minister to undertake any action needed to promote the growth and development of family and community services and resources.

### ***The Fetal Alcohol Syndrome Awareness Day Act***

The Act establishes that September 9th of each year is designated as Fetal Alcohol Syndrome Awareness Day.

### ***The Health Administration Act***

The Act provides the legal authority for the Minister of Health to make expenditures, undertake research, create committees, operate laboratories and conduct other activities for the benefit of the health system.

### ***The Health Districts Act***

Most of the provisions within this Act have been repealed. Provisions have been incorporated with regard to payments by amalgamated corporations to municipalities.

### ***The Health Facilities Licensing Act***

The Act governs the establishment and regulation of health facilities such as non-hospital surgical clinics.

### ***The Health Information Protection Act***

The Act protects personal health information in the health system in Saskatchewan and establishes a common set of rules that emphasize the protection of privacy, while ensuring that information is available to provide efficient health services.

### ***The Health Quality Council Act***

The Act governs the Health Quality Council, which is an independent, knowledgeable voice that provides objective, timely, evidence informed information and advice for achieving the best possible health care using available resources within the province.

### ***The Hearing Aid Sales and Services Act***

The Act regulates private businesses involved in the testing of hearing and the selling of hearing aids.

### ***The Human Resources, Labour and Employment Act*** (with respect to section 4.02)

An Act respecting human resources, labour and employment.

### ***The Human Tissue Gift Act, 2015***

The Act regulates organ donations in the province and repeals *The Human Tissue Gift Act*.

### ***The Licensed Practical Nurses Act, 2000***

The Act regulates licensed practical nurses in the province.

### ***The Medical Laboratory Licensing Act, 1994***

The Act governs the operation of medical laboratories in the province.

### ***The Medical Laboratory Technologists Act***

The Act regulates the profession of medical laboratory technology.

### ***The Medical Profession Act, 1981***

The Act regulates the profession of physicians and surgeons.

### ***The Medical Radiation Technologists Act, 2006***

The Act regulates the profession of medical radiation technology.

### ***The Mental Health Services Act***

The Act regulates the provision of mental health services in the province and the protection of persons with mental disorders.

### ***The Midwifery Act***

The Act regulates midwives in the province.

### ***The Naturopathy Act***

The Act regulates naturopathic practitioners in Saskatchewan.

### ***The Naturopathic Medicine Act***

The Act includes provisions that support the scope of practice for naturopathic doctors in the province. The Act has not yet been proclaimed in force.

### ***The Occupational Therapists Act, 1997***

The Act regulates the profession of occupational therapy.

### ***The Opticians Act***

The Act regulates opticians (formally known as ophthalmic dispensers) in the province.

### ***The Optometry Act, 1985***

The Act regulates the profession of optometry.

### ***The Paramedics Act***

The Act regulates paramedics and emergency medical technicians in the province.

### ***The Patient Choice Medical Imaging Act***

The Act regulates the licensing and operation of certain facilities providing medical imaging services.

### ***The Personal Care Homes Act***

The Act regulates the establishment, size, and standards of services of personal care homes.

### ***The Pharmacy and Pharmacy Disciplines Act***

An Act respecting pharmacists, pharmacy technicians, pharmacies and drugs.

### ***The Physical Therapists Act, 1998***

The Act regulates the profession of physical therapy.

### ***The Podiatry Act***

The Act regulates the podiatry profession.

### ***The Prescription Drugs Act***

The Act provides authority for the provincial drug plan and the collection of data for all drugs dispensed within the province.

### ***The Provincial Health Authority Act***

The Act addresses the governance and accountability of the Saskatchewan Health Authority, establishes standards for the operation of various health programs and repeals *The Regional Health Services Act*.

### ***The Prostate Cancer Awareness Month Act***

The Act raises awareness of prostate cancer in Saskatchewan.

### ***The Psychologists Act, 1997***

The Act regulates psychologists in Saskatchewan.

### ***The Public Health Act***

Sections 85-88 of this Act remain in force in order that governing boards of some facilities can continue to operate.

### ***The Public Health Act, 1994***

The Act provides authority for the establishment of public health standards, such as public health inspection of food services.

### ***The Public Works and Services Act***

(with respect to clauses 4(2)(a) to (g), (i) to (l), (n) and (o) and section 8)

An Act respecting public works and the provision of supplies and services.

### ***The Registered Nurses Act, 1988***

The Act regulates registered nurses in Saskatchewan.

### ***The Registered Psychiatric Nurses Act***

The Act regulates the profession of registered psychiatric nursing.

### ***The Residential Services Act***

The Act governs the establishment and regulation of facilities that provide certain residential services. The act is jointly assigned to the Minister of Health, the Minister of Justice and Attorney General, and the Minister of Social Services.

### ***The Respiratory Therapists Act***

The Act regulates the profession of respiratory therapists.

### ***The Saskatchewan Health Research Foundation Act***

The Act governs the Saskatchewan Health Research Foundation, which designs, implements, manages, and evaluates funding programs to support a balanced array of health research in Saskatchewan.

***The Saskatchewan Medical Care Insurance Act***

The Act provides the authority for the province's medical care insurance program and payments to physicians.

***The Speech-Language Pathologists and Audiologists Act***

The Act regulates speech-language pathologists and audiologists in the province.

***The Tobacco Control Act***

This Act controls the sale and use of tobacco and tobacco related products and allows for making consequential amendments to other Acts.

***The Tobacco Damages and Health Care Costs Recovery Act***

The Act is intended to enhance the prospect of successfully suing tobacco manufacturers for the recovery of tobacco related health care costs. It was proclaimed in force and became law in May 2012.

***The Vital Statistics Act, 2009***

This Act provides authority for the keeping of vital statistics and making consequential amendments to other Acts.

***The Vital Statistics Administration Transfer Act***

This Act transfers the administration of *The Vital Statistics Act, 1995*, *The Change of Name Act, 1995* and other statutory duties of the Director of Vital Statistics to eHealth Saskatchewan.

***The White Cane Act***

The Act sets out the province's responsibilities with respect to services for the visually impaired.

***The Youth Drug Detoxification and Stabilization Act***

The Act provides authority to detain youth who are suffering from severe drug addiction/abuse.

# Appendix V: New Legislation in 2018-19

No new legislation was created in 2018-19.

## Appendix VI: Legislative Amendments and Proclamations in 2018-19

One Act was amended in 2018-2019.

### ***The Vital Statistics Amendment Act, 2018***

Amendments to *The Vital Statistics Amendment Act, 2018* received Royal Assent and is in force. Specifically, the amendments provide the Registrar of Vital Statistics the authority to issue a birth certificate that does not display a sex designation to any Saskatchewan born individual who requests it.

Two Acts were proclaimed in 2018-19.

### ***The Vital Statistics Amendment Act, 2018***

Amendments to *The Human Tissue Gift Act, 2015* received Royal Assent and are proclaimed in force. Specifically, the amendments:

- Enables the Lieutenant Governor in Council to make regulations that establish standards, practices and procedures that will improve access to organ donation and transplantation such as the purchase of corneal tissues in Saskatchewan;
- Repealed and replaced *The Human Tissue Gift Act, 1978* to modernize the language (i.e. update gender neutrality) and generally update the Act; and
- Increase the limit for a fine from \$1K to \$100K for contravening any provision of the Act.

### ***The Podiatry Act***

Amendments to *The Podiatry Act* received Royal Assent and are proclaimed in force. Specifically, the amendments:

- Proclaimed clauses 14(2)(n) and (o) of The Podiatry Act to allow podiatrists to prescribe drugs and order diagnostic tests. In 2007, all the provisions of the Act were proclaimed except these provisions because the necessary regulatory bylaws had not yet been developed. The podiatry bylaws are now in place.



# Appendix VII: New Regulations in 2018-19

No new regulations were created in 2018-19.

## Appendix VIII: Regulatory Amendments in 2018-19

Eight regulations were amended in 2018-19.

### ***The Practitioner Staff Appeals Amendment Regulations, 2018***

These amendments were developed to:

- Allow practitioner staff of the Saskatchewan Health Authority (SHA) to be selected for a panel to hear an appeal of a decision made by the SHA;
- Provide the Practitioner Staff Appeals Tribunal (PSAT) the powers conferred on a commission by sections 11, 15 and 25 of *The Public Inquiries Act, 2013*. This includes the power to compel evidence, contempt of commission, and the power to engage services of staff;
- Clarify that decisions of the PSAT may be appealed to a judge of the Court of Queen's Bench within 30 days after the date of the PSAT's decision; and
- Ensure the amendments are retroactive to December 4, 2017; the date on which *The PHA Act* came into force.

### ***The Food Safety (Slaughter Plants) Amendment Regulations***

Amendments to the regulations will:

- update the requirements for slaughter plants to better align with current safe food handling practices;
- remove licensing fees for slaughter plants;
- apply to facilities that slaughter any animal and not just those that slaughter cattle, swine and sheep as per *The Sanitation Regulations*;
- require slaughter plant operators to submit operational information, e.g. the number of each species of domestic and wild animals slaughtered during the previous year, to the Saskatchewan Health Authority (SHA) annually;
- allow for public access to slaughter plant information, e.g. inspection reports, contents of any order issued or enforcement action taken by the SHA; and
- result in the repealing of *The Sanitation Regulations*.

### ***The Health Information Protection Amendment Regulations, 2018***

The amendments to these regulations were developed to:

- Allow a trustee to disclose personal health information for the purpose of complying with any Act of the Parliament of Canada or any regulation made pursuant to any Act of the Parliament of Canada;
- Allow a trustee to disclose personal health information to a committee established by the provincial health authority to review or study requests for, or the delivery of services associated with, medical assistance in dying; and
- Amend and update relevant sections to strike out the term 'regional health authority' and replace it with 'provincial health authority'; and to strike out the term 'Department' and replace it with 'Ministry'.

### ***The Mental Health Services Amendment Regulations, 2018***

Amendments to the regulations were developed to:

- Prevent the transfer of an inmate patient in the secure area of the mental health centre at Saskatchewan Hospital North Battleford (SHNB) to another mental health centre under *The Mental Health Services Act (MHSA)*;
- Ensure that inmate patients are only transferred through the provisions of *The Correctional Services Act, 2012 (CSA)*;

- Prevent the wrongful departure of an inmate patient from the secure area of the mental health centre at SHNB under *The MHSA*; and
- Prevent inmate patients from accessing their trust accounts through *The MHSA*. Ensure that inmate patients can only access their trust accounts through *The CSA*.

### ***The Health Professions Training Bursary Amendment Regulations, 2018***

Amendments to this regulations allow for:

- Removal of the restriction to limit funding to four years of training as medical residency training can require longer than four years of training in most specialties.

### ***The Human Tissue Gift Regulations***

Amendments to the regulations were developed to:

- Exempt the purchase of corneal tissue from provisions under *The Human Tissue Gift Act, 2015* (*The HTGA*) that prohibit the purchase, sale, etc. of tissue for valuable consideration. This will enable corneas to be purchased for the purpose of transplantation;
- Provide an exception for the reimbursement of eligible expenses incurred for donors so that the reimbursements for organ and tissue donors are not considered in contravention of the Act;
- Remove legal barriers preventing the use or display of human tissue for the specific purpose of public health education;
- Regulate the sharing of information between the transplant program and the Minister of Health; and
- Remove barriers in the identification of potential donors by enabling preliminary chart reviews to be performed by organ and transplant coordinators for the purpose of facilitating organ and tissue donation and transplantation.

### ***The Saskatchewan Medical Care Insurance Payment (Physicians Services) Regulations, 2018***

Amendments to The Saskatchewan Medical Care Insurance Payment Regulations, 1994 provide the authority to pay:

- Negotiated and approved insured services within an existing agreement with the Saskatchewan Medical Association (SMA) effective April 1, 2018, and October 1, 2018.

### ***The Vital Statistics (Medical Certificate of Death) Amendment Regulations, 2018***

The amendments to these regulations were developed to:

- Clarify that in cases where a death has occurred as a result of the provision of medical assistance in dying, the manner of death on the medical certificate of death (MCD) is to be recorded as “unclassified”; and
- Allow for retroactive changes to MCDs to alter the manner of death from “suicide” to “unclassified” if desired by family members.

## **Appendix IX: List of Publications and Updated Reprints in 2018-19**

### **April 2018**

Saskatchewan Quality Pocket Checklists (to improve consistency and accuracy)

- Referral Pocket Checklist (for referring physicians)
- Consult Pocket Checklist (for specialists)

### **October 2018**

Guide for patients and caregivers:

- A Guide to Bariatric Surgery

### **January 2019**

Guide for patients and caregivers:

- Your Guide to Eating Well after Bariatric Surgery

## Appendix X: Acronyms

AAC	Appropriateness of Care The right care, provided by the right providers, to the right patient, in the right place, at the right time, resulting in optimal care.	FTE	Full Time Equivalent Term used in Human Resources with respect to staff.
ACUs	Accountable Care Units ACUs are staffed by unit-based teams co-led by a physician and nurse manager. Generally, physicians and interdisciplinary teams are co-located on ACUs/CCUs to ensure team-based care. Patients and families are full partners in care decisions.	HIV	Human Immunodeficiency Virus
		I-CBT	Internet-delivered Cognitive Behavioural Therapy
		LEAP	Learning Essential Approaches to Palliative and End of Life Care Training for staff and physicians to enhance the health system's capacity to provide high quality palliative care services.
AIMS	Administrative Management Information System New system being implemented by the Saskatchewan Health Authority.	LINK	Leveraging Immediate Non-urgent Knowledge LINK is a provincial telephone consultation service that gives family physicians quick access to specialists to consult on complex but non-urgent conditions.
CCUs	Connected Care hospital units CCUs are staffed by unit-based teams co-led by a physician and nurse manager. Generally, physicians and interdisciplinary teams are co-located CCUs to ensure team-based care. Patients and families are full partners in care decisions.	MedRec	Medication reconciliation Health care providers work together with patients, families and care providers to ensure that accurate, comprehensive medication information is communicated consistently.
CDM-QIP	Chronic Disease Management-Quality Improvement Program It supports health care providers to deliver optimal care to patients living with chronic conditions such as diabetes, heart failure, coronary artery disease and chronic obstructive pulmonary disease, by using best practice guidelines and disease-specific indicators.	MRI	Magnetic resonance imaging MRI is a medical imaging technique used in radiology to form pictures of the anatomy and the physiological processes of the body.
CQIP	Clinical Quality Improvement Program CQIP is a formal training program that provides clinicians with opportunities to learn skills and methodologies to lead and participate in clinical quality improvement work.	PACT	Police and Crisis Teams These teams are partnering mental health professionals with police officers to create mobile teams that assist individuals experiencing a mental health or addictions-related crisis.
		PQCC	Provincial Quality of Care Coordinators The role of PQCCs is to aggregate, analyze, and report on critical incident data, and broadly disseminate applicable system improvement opportunities. PQCCs also provide advice and support to health regions and the SCA in their investigation and review of critical incidents.
CT	Computed tomography A CT scan makes use of computer-processed combinations of X-ray measurements taken from different angles to produce cross-sectional images of specific areas.	PRAS	Physician Recruitment Agency of Saskatchewan
EPEC	Education-in-Palliative and End-of-Life Care Training for staff and physicians to enhance the health system's capacity to provide high quality palliative care services.	PSAT	Practitioner Staff Appeals Tribunal
		QI	Quality Improvement
		RRPL	Roy Romanow Provincial Laboratory

RHA	Regional Health Authority	SHA	Saskatchewan Health Authority
RPT	Remote Presence Technology Advanced telemedicine technology that allows an expert health provider (physician, nurse, pharmacist, etc.) to be virtually “present” in the community and perform real-time assessments, diagnostics and patient management from a remote location, through a mobile robot or a smaller portable hand-held device known as a “doc-in-a-box”.	SHNB	Saskatchewan Hospital North Battleford
		SMA	Saskatchewan Medical Association
		SMS	Safety Management System Standardization across the health care system with respect to workplace safety. The Saskatchewan Health Authority has integrated Safety Management into its overall Management System.
SAIL	Saskatchewan Aids to Independent Living SAIL provides people with physical disabilities and certain chronic health conditions a basic level of coverage for disability related equipment, devices, products and supplies in a cost effective and timely manner.	UMG	Unified Medical Group As part of a Unified Medical Group, physicians are responsible for high-quality patient care, provider well-being, and improved accountability.
SASWH	Saskatchewan Association for Safe Workplaces in Health		
SCA	The Saskatchewan Cancer Agency SCA operates prevention and early detection programs, conducts innovative research and provides safe, patient and family centered care. Two locations: Saskatoon and Regina.		