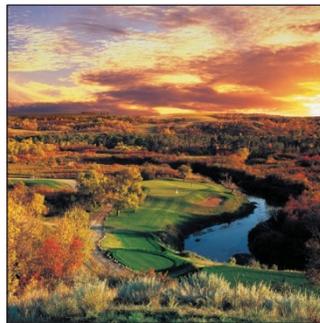


# Ministry of Health



## Plan for 2020-21

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# Statement from the Ministers



*The Honourable  
Jim Reiter  
Minister of Health*



*The Honourable  
Warren Kaeding  
Minister Responsible for  
Rural and Remote Health  
and Minister Responsible for  
Seniors*

We are pleased to present the Ministry of Health's 2020-21 Plan.

Government Direction and Budget 2020-21 is focused on growth for a better quality of life – fostering a strong economy, creating strong communities and strong families – and Building a Strong Saskatchewan.

A robust and strong health system serves to strengthen our families and communities across Saskatchewan by supporting better health, one individual at a time.

Our Government continues to increase access to mental health and addictions services in our communities, with funding for more treatment beds, more walk-in counselling clinics, mental health coordinators in schools, and Community Recovery Teams in communities to assist people with complex mental illness.

Government has also committed to reducing surgical wait times to no more than three months. Recent significant investments will help ensure thousands of Saskatchewan patients waiting for surgery will have their procedure sooner. As well, recently expanded capacity for MRIs and CT scans in Saskatoon will also improve access to medical imaging.

Following up on the recent openings of Saskatchewan Hospital North Battleford and the Jim Pattison Children's Hospital in Saskatoon, our government is making a major investment in redeveloping the Prince Albert Victoria Hospital to meet health care needs in northern Saskatchewan. The new Prince Albert facility will feature a multi-story addition with a new acute care tower and adult mental health space. Design work and project planning for replacement of the Weyburn General Hospital will also continue in the 2020-21 fiscal year. In addition, the Saskatchewan Health Authority will oversee construction of an expanded long-term care facility in Meadow Lake, the final of 13 projects over the past decade to replace care facilities across the province.

Health care networks in Saskatchewan are improving team-based care in communities and helping citizens receive care closer to home, thus avoiding hospital visits.

Improving organ and tissue donation rates in Saskatchewan is also a priority for this government. The 2020-21 fiscal year will see the advancement of organ and tissue donation registry along with development of a donor physician model in Regina based on the successful model in Saskatoon.

We will report on the progress made on this plan in the Ministry's 2020-21 Annual Report.

# Response to Government Direction

The Government of Saskatchewan is committed to *Building a Strong Saskatchewan*. Investing in strong communities and strong families creates opportunities for a better quality of life for the people of our province. Maintaining a strong economy will enable us to build upon the past decade of growth and continue to provide the services, jobs and infrastructure that meets Saskatchewan's needs.

## 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."*

**A Strong Economy**

**Strong Communities**

**Strong Families**

Saskatchewan's vision and three goals provide the strategic direction for organizations to align their programs and services to build a strong Saskatchewan.

All organizations will report on progress in their 2020-21 annual reports.

# Operational Plan

## 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 works together with you to achieve your best possible care, experience and health.





## Government Goals

A Strong Economy

Strong Communities

Strong Families

## Ministry Goal

### Connected care for the people of Saskatchewan

Establish collaborative teams of health professionals, including physicians and community partners, to provide fully integrated services to meet the health needs of individuals and communities, reducing reliance on emergency and acute care services.

## Strategy

### Improve team-based care in the community

Ensure citizens get the health care they need sooner, in or closer to their homes, thereby reducing visits to emergency departments.

## Key Actions

- Continue to enhance health services and care in the community through implementation of Health Networks with interdisciplinary teams.
- Align existing Patient- and Family-Centred Care Committees with Health Networks.
- Operate a 15-bed palliative care hospice in Saskatoon (Glengarda).
- Operate a 10-bed palliative care hospice in Prince Albert (Rose Garden).
- Increase access to midwifery services in Regina and Saskatoon.
- Establish a plan to adopt and implement the chronic obstructive pulmonary disease (COPD) and diabetes pathways across the province.

## Performance Measures

### Interdisciplinary team huddles

By March 31, 2021, 100% of Health Networks will be conducting daily interdisciplinary team meetings to discuss and ensure patient care needs are met.

### Third next available appointment<sup>1</sup>

By March 31, 2021, data on wait times for the third next available appointment will be consistently collected in select primary health care clinics.

### Emergency department visits for less severe cases

By March 31, 2021, there will be a reduction in the number of emergency department visits for less severe cases (i.e. patients triaged as Canadian Triage Acuity Scale levels 4 and 5).

### Avoidable hospital admissions

By March 31, 2021, there will be a reduction in hospital admissions of patients under the age of 75 with ambulatory care sensitive conditions<sup>2</sup>.

<sup>1</sup> *Third next available appointment* is a widely-recognized measure of patient access to primary health care. "Third next available" appointment is used rather than the "next available" appointment because it is a more sensitive reflection of true appointment availability. For example, an appointment may be open at the time of a request because of a cancellation or other unexpected event. Using the "third next available" appointment eliminates these chance occurrences from the measure of availability. (Source: <http://www.ihl.org/resources/Pages/Measures/ThirdNextAvailableAppointment.aspx>)

<sup>2</sup> *Ambulatory care sensitive conditions* are a set of conditions such as asthma and diabetes, for which emergency department visits are avoidable if patients receive appropriate care in the community.



## Strategy

### **Improve mental health and addictions services**

Continue to address recommendations in the Mental Health and Addictions Action Plan (MHAAP), ensuring that Saskatchewan residents have improved access to services from the most appropriate mental health and addictions professional at the right location when needed.

### **Key Actions**

- Continue investments in mental health and addiction services to address recommendations in the Mental Health and Addictions Action Plan. This includes initiatives through the Opioid Emergency Treatment Fund, a federal-provincial fund to improve access to effective, evidence-based treatment options for people with opioid substance use disorders.
- Improve response to crystal methamphetamine through specialized treatment beds and medical supports in detox, including new addiction treatment beds in Estevan.
- Enhance community supports for children and youth with complex mental health needs.
- Develop suicide prevention initiatives in cooperation with provincial stakeholders.
- Collaborate with other human service ministries to better serve common clients, in particular youth.

## Performance Measures

### **Reduce number of patients visiting emergency departments for mental health services where effective treatment does not require admission to a hospital**

By March 31, 2021, the number of mental health presentations to emergency departments in Prince Albert, Regina and Saskatoon where the patient is not admitted, will be reduced by 5%.

### **Reduce 30-day readmissions to an inpatient mental health unit**

By March 31, 2021, 30-day inpatient readmissions for individuals admitted with a primary mental health-related diagnosis will be reduced by 5%.

### **Increase number of Opioid Substitution Therapy prescribers**

By March 31, 2021, the number of Opioid Substitution Therapy prescribers will be increased by 25%.



## Strategy

### Improve access to team-based acute care

Increase capacity in the acute care system to ensure patients have timely access to medical services.

### Key Actions

- Operate 36 additional acute care beds, recently opened in March 2020, at Royal University Hospital in Saskatoon to accommodate patients admitted through the emergency department.
- Continue implementation of the organ donation care model and related improvements to raise organ and corneal tissue donation rates, including implementation of a provincial organ donor registry.
- Develop a surgical services plan to achieve a three-month wait time target by 2030 ensuring appropriate, effective, and efficient service delivery.
- Continue to mature interdisciplinary teams in existing accountable care units.
- Begin operation of community magnetic resonance imaging (MRI) services in Saskatoon to improve access to MRI for patients in central and northern Saskatchewan.

## Performance Measures

### Inpatient 30-day readmission rates

By March 31, 2021, achieve a provincial reduction in the 30-day hospital readmission rate.

### Organ Donation

By March 31, 2021, increase Saskatchewan's organ donation rate to 23 donations per million population.

### Surgery Wait Times

By March 31, 2021, implement the Surgical Information System in one additional location (Regina).

By March 31, 2021, perform additional surgeries and make system improvements to achieve the initial goal of:

- 90% of surgical patients receive a first offer of surgery within six months, toward the longer-term goal of a three-month maximum wait.
- 90% of urgent cancer surgery patients receive a first offer of surgery within three weeks.



## Strategy

### Ensure seamless patient care at all points in the health system

Ensure citizens receive the best possible care, in the most appropriate location when needed, and are transitioned to community alternatives or hospital care when appropriate.

### Key Actions

- Develop a plan to align capacity with demand for services, including command centres that coordinate services to improve patient flow, and shared care planning between hospitals and community-based services.
- Develop a provincial virtual care strategy that will help to overcome the distance, cost, physical and other challenges faced by patients when accessing care.
- Improve collection and flow of electronic health information to allow records to be shared across health care settings, improve clinical decision-making and care management, and enable patients to become more active participants in their care.

## Performance Measures

### Avoidable hospital days

By March 31, 2021, there will be a reduction in the number of days patients spend in hospital after being designated as an alternate level of care patient (i.e. a patient that no longer requires acute care services).

### Virtual care framework

By March 31, 2021, a provincial virtual care framework will be in place to guide coordinated and aligned activity in the area across the health system.



## Government Goals

A Strong Economy

Strong Communities

Strong Families

## Ministry Goal

### Deliver safe and high quality health care

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

## Strategy

### Invest in health care infrastructure

Ensure hospitals, clinics and other health facilities are safe for patients and employees, provide for the effective delivery of health programs and services, and continue to meet the needs of a growing province.

## Key Actions

- Expand and redevelop the Prince Albert Victoria Hospital to manage growing service delivery needs in a safe and high-quality care environment.
- Continue the work to replace aging Weyburn General Hospital and Northland Pioneers Lodge in Meadow Lake with new facilities that support high-quality care environments.
- Continue to examine options to replace services at aging long-term care facilities, such as Regina Pioneer Village and Grenfell Pioneer Home.
- Continue to examine the options for addressing the shortage of parking for patients and staff at the Regina General Hospital, including the feasibility of a privately built, owned and operated parkade.

## Performance Measures

By March 31, 2021, complete 50% construction of the new 72-bed Northland Pioneers Lodge long term care facility in Meadow Lake.



## Strategy

### **Improve cultural responsiveness in the health care system**

Improve the ability of individuals and systems to respond respectfully and effectively to Indigenous peoples, in a manner that preserves their dignity, in order to improve access to services, quality of care, and health outcomes.

### **Key Actions**

- Implement the Traditional Pathways Program in the Regina area, directing patients wishing to access traditional medicine to a traditional health care practitioner for support and service.
- Provide traditional food options at two long term care facilities.
- Develop a provincial First Nations and Métis recruitment and retention strategy for Saskatchewan Health Authority (SHA).
- Embed cultural responsiveness into Health Network service delivery including engagement, education and awareness.
- Develop a system-wide Truth and Reconciliation action plan based on SHA's commitment to the Calls to Action relevant to health and healthcare.

## Performance Measures

### **Culturally Responsive Care**

- By March 31, 2021, the number of patients seen by traditional health care practitioners in Regina will increase by 50%.



## Strategy

### Enhance the culture of safety and continuous improvement

Advance health system safety and quality by promoting a safety culture and improving systems, processes and services to be safe and reliable.

### Key Actions

- Continue to build capacity in our people through awareness, training and tools to improve safety, safety culture, and quality.
- Progress strategies to improve patient safety in areas of high-risk including patient falls and medication safety.
- Progress strategies to improve staff safety in areas of high-risk including reducing the rate of musculoskeletal injuries.
- Implement violence prevention strategies in high-risk areas.
- Progress strategies to improve patient experience.

## Performance Measures

### Safety culture of the work environment

By March 31, 2021, there will be a 5% improvement in a prioritized area, based on results from the March 2020 safety culture survey.

### Falls causing harm

By March 31, 2021, the rate of falls causing harm in hospitals will be reduced by 5%.

### Medication reconciliation completion

By March 31, 2021, the health system will:

- Achieve or sustain completion of medication reconciliation at admission to hospital 90% of the time.
- Establish a baseline for medication reconciliation completion at discharge from hospital and improve by 10%.

### Workers' Compensation Board claims

By March 31, 2021, Workers' Compensation Board claims per 100 Full-Time Equivalents (FTEs) will be reduced by 5%.



## Strategy

### Strengthen appropriateness of care

Improve appropriateness of care in Saskatchewan to ensure that patients receive evidence-informed, high quality care with the optimal use of resources.

### Key Actions

- Increase physician involvement in the clinical quality improvement program and appropriateness activities through education and training.
- Introduce strategies to ensure appropriate testing, treatments and procedures; and develop improved reporting tools to assess performance and observe on variance in practice.

## Performance Measures

### Quality improvement projects

By March 31, 2021, 10 new clinical quality improvement projects will be introduced to provide physicians with training and experience with clinical quality improvement methodologies.

### Diagnostic and prescribing practices

By March 31, 2021, three additional provincial departments will have determined baseline measures for assessing the appropriateness of diagnostic usage or prescribing practices.



## Government Goals

A Strong Economy

Strong Communities

Strong Families

## Ministry Goal

Establish physicians as leaders in the health care system

## Strategy

### Enhance physicians' role in the management and governance of the health system

Incorporate essential physician knowledge and expertise to improve the design and delivery of health care services, and to promote shared accountability for health system performance.

## Key Actions

- Formally develop physician leadership through the SHA leadership pathway.
- Integrate more physicians into the culture of the SHA by including them in the Staff Engagement and Safety Survey.
- Continuously improve service delivery through physician-led *Practice Profile Reports* and *Health Network Profiles*<sup>3</sup>.
- Involve physicians in designing an approach for virtual collaboration within Health Networks, with a focus on enhancing team-based care, increasing access, and quality and safety.
- Demonstrate co-leadership of shared work plans between Division Leads, Directors of Primary Health Care, and their respective Health Networks.

## Performance Measures

### Establishment of Health Networks

- Integrate physicians into daily team meetings, to discuss and ensure patient care needs are met, in 10 Health Networks across the province.

### Physician Engagement and Practice Profile Reports

- By March 31, 2021, 25% of all Saskatchewan physicians will have completed the SHA Staff Engagement and Safety Survey.
- By March 31, 2021, there will be a 50% increase in the number of family physicians that have requested *Practice Profile Reports*.

<sup>3</sup> *Practice Profile Reports* provide Saskatchewan family physicians with accessible and relevant information about their patient population – including demographics, continuity of care, health service use, and prescribing. *Health Network Profiles* provide similar information, but for all patients within Health Network boundaries, allowing physicians to understand how their patients and practices are similar to or different from those of other physicians. This information can help optimize continuity of care, aid in understanding the clinical needs of patients, and support clinic-level business planning.

# Highlights

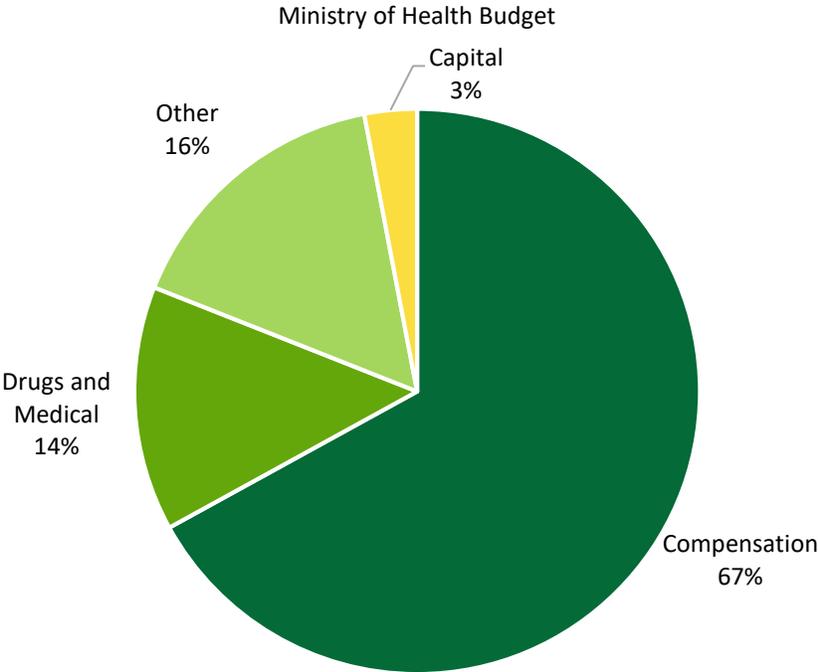
## 2020-21 Budget Highlights:

- **\$3.7B** for the SHA for operating funding and investments in targeted programs and services. This is a \$140.6M increase to enhance operational programs and services. Highlights include:
  - **\$20M** to address surgical wait times and ensure thousands of Saskatchewan patients waiting for surgery will have their procedures sooner;
  - **\$15.9M** to fund increased operating and physician costs for the Jim Pattison Children's Hospital;
  - **\$7.9M** to fund operations for 36 new, permanent acute care medical beds at Royal University Hospital;
  - **\$1.8M** to support the gynecologic-oncology program;
  - **\$1.4M** for Computer Aided Dispatch Renewal to upgrade existing dispatch technology;
  - **\$1.2M** to continue advancing the organ and tissue donation registry development process;
  - **\$1.0M** to support the operation of a highly specialized four-bed Epilepsy telemetry unit at Royal University Hospital;
  - **\$833K** to support operations for a new 10-bed palliative care hospice in Prince Albert;
  - **\$827K** to support improvements to the pediatric hematology program;
  - **\$611K** to introduce liquid-based cytology tests for improved cervical abnormality detection;
  - **\$410K** to expand midwifery services and increase access to this service for more expectant mothers; and
  - **\$188k** to staff a second ambulance in Pelican Narrows (Peter Ballantyne Cree Nation).
- **\$18.4M** in additional funding to the Saskatchewan Cancer Agency for enhanced cancer care services, such as new drug treatments and resources.
- **\$7.4M** to eHealth Saskatchewan to support security upgrades, maintenance and licensing, and 2020 health card renewal.
- **\$141.7M** in capital and equipment funding. Highlights include:
  - **\$55M** to improve safety measures and provide for emergency, maintenance and repair requirements in our healthcare facilities;
  - **\$28.5M** for capital equipment including diagnostic, medical, surgical, patient comfort and safety and IT equipment for health facilities;
  - **\$15.7M** to build a new long term care facility in Meadow Lake;
  - **\$15M** for the Prince Albert Victoria Hospital redevelopment project for planning, design and procurement activities;
  - **\$13.9M** for electrical renewal at the Regina General Hospital and Pasqua Hospital (the funding will also upgrade and replace aged electrical infrastructure at tertiary centres in Regina); and
  - **\$13.6M** for eHealth to upgrade critical capital infrastructure to ensure all the clinical systems and applications are able to function appropriately.
- The Ministry of Health is investing **\$435 million** for mental health and addictions supports and services, the highest budget ever. This funding will support specialized crystal meth support services in Estevan, increased access to mental health and addictions treatment beds and supports, intensive supports for children and youth, and increased partnerships and innovations. This is a targeted increase of **\$12 million** over last year. Investments include:
  - Intensive supports for children and youth with complex mental health needs;
  - New addiction treatment beds in Estevan focused on crystal meth treatment;
  - Increased access to emergency addictions supports in emergency departments; and
  - Investments to support suicide prevention efforts across the province.

# Financial Summary

Ministry of Health 2020-21 Estimates (\$5,765 million)	(in thousands of dollars)
Central Management and Services	\$10,048
Saskatchewan Health Services	\$4,115,494
Provincial Health Services and Support	\$236,055
Medical Services and Medical Education Programs	\$983,068
Drug Plan and Extended Benefits	\$420,798
<b>Ministry Appropriation</b>	<b>\$5,765,463</b>
Non-Appropriated Expense Adjustment	\$187
<b>Ministry Expense</b>	<b>\$5,765,650</b>

For more information, see the Budget Estimates at: <http://www.saskatchewan.ca/budget>



## For More Information

Please visit the Ministry's website at <http://www.saskatchewan.ca/government/government-structure/ministries/health>