

# Ministry of Health

## Annual Report for 2019-20

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# Letters of Transmittal



The Honourable  
Jim Reiter  
Minister of Health

Office of the Lieutenant Governor of Saskatchewan,

We respectfully submit the Annual Report for the Ministry of Health for the fiscal year ending March 31, 2020.

In 2019-20, the Ministry of Health continued to build on a responsive and efficient health system placing patient care at the forefront. With the largest investment in the mental health and addictions budget, opening of the Jim Pattison Children's Hospital in Saskatoon, surgical investments and advancements made in team-based care settings across the province, there were many achievements to recognize.



The Honourable  
Warren Kaeding  
Minister Responsible  
for Rural and Remote  
Health

Attention to the spread of the COVID-19 pandemic in early 2020 shifted a large proportion of the health system's focus in the final quarter of this fiscal year to develop and execute a proactive approach in order to protect Saskatchewan residents from this threat.

We are pleased to report on the progress made on the Ministry's 2019-20 Annual Plan.

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

Jim Reiter  
Minister of Health

A stylized, handwritten signature in blue ink, appearing to read 'W. Kaeding'.

Warren Kaeding  
Minister Responsible for Rural and Remote Health



Max Hendricks  
Deputy Minister

The Honourable Jim Reiter,

May it please Your Honour:

I have the honour of submitting the Annual Report of the Ministry of Health for the fiscal year ending March 31, 2020.

A key health system goal in 2019-20 was to better connect patients with the right care in the right setting by organizing health networks across the province. This fundamental objective set a course for physician-led health care teams in 38 small geographical areas to continue building and strengthening relationships through collaborative efforts to enhance overall health care in communities.

For example, residents in Central Regina now benefit from improved team-based care at Four Directions Community Health Centre's new Albert Street location. By connecting programs and staff from the original Four Directions Health Centre with several other facilities in the Regina north central area, a wider range of services and expertise are now available in one location including primary care, immunization services, mental health and addictions counseling, as well as parenting and Indigenous cultural programs.

Saskatchewan's 2019-20 investment in mental health and addictions services was the largest in history. This funding supported multiple initiatives such as adding new addiction treatment beds for pre- and post-treatment care based in Indian Head and Saskatoon; and hiring seven new primary care counsellors and 12 new child and youth mental health professionals, including in many northern communities such as Sandy Bay, Stanley Mission and Pinehouse.

Walk-in mental health counselling services expanded to 23 communities across the province due to a \$1.2 million government investment. Free counselling services through Family Service Saskatchewan member agencies is now available for anyone looking for help with a range of issues, including stress, depression, anxiety, family conflict and urgent mental health needs.

In late fall, the provincial government provided \$10 million in new funding aimed at lowering surgical wait times. These surgeries include cataracts, hip and knee replacements, gynecological surgeries, dental, and ear nose throat procedures.

In addition, Transcatheter Aortic Valve Implantation (TAVI) cardiac procedures saw a significant increase in both Saskatoon and Regina.

This year saw the launch of MySaskHealthRecord, a secure website that gives eligible Saskatchewan residents quick and easy access to their personal health information. Once registered, the website empowers patients to play a more active role in their health care by providing them with information such as laboratory test results, medical imaging reports and clinical visit history, including hospital admissions.

Significant progress in the commencement and conclusion of several capital projects was made this year as well. In the final fiscal quarter, announcements around a \$300 million commitment for future renewal and expansion of the Prince Albert-Victoria Hospital; 100 long-term care spaces to house current residents of Regina Pioneer Village; and a new hemodialysis and kidney wellness unit in Meadow Lake generated much excitement.

The grand opening of the new Jim Pattison Children's Hospital in Saskatoon in September 2019 was a moment to celebrate in Saskatchewan. This state-of-the-art facility is the result of 10 years of visionary planning between many partners to build a place of hope and healing for Saskatchewan children. Pediatric specialists, sub-specialists and surgeons are now centralized in more than 20 specialties. Featuring a dedicated children's emergency department, this new 176-bed facility is a source of great pride and achievement for the people of this province.

In early 2020, the COVID-19 pandemic began disrupting healthcare systems across the world and reached Saskatchewan's borders before the conclusion of the fiscal year. The Ministry of Health, the Saskatchewan Health Authority and our health system partners demonstrated exceptional commitment in the planning and delivery of an effective and comprehensive COVID-19 response to protect and care for the people of this province.

A handwritten signature in black ink, appearing to read "Max Hendricks". The signature is fluid and cursive, with the first name "Max" being more prominent than the last name "Hendricks".

Max Hendricks  
Deputy Minister of Health

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



The Ministry supports the Saskatchewan Health Authority and other health system partners long standing strategic direction for 2019-20, 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 2019-20 Full-Time-Equivalent (FTE) utilization was 331.2 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.

# Progress in 2019-20 Ministry

## Goal 1

### 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

#### 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:** Citizens get the health care they need sooner, in or closer to their homes, thereby reducing visits to emergency departments.

### Key Actions

- In partnership with local physicians, patients, families, and communities, establish health networks across the province.
  - Health Networks are a key component of the Connected Care strategy. They are focused on strengthening care in the community and ensuring residents receive the “right care, at the right time, from the right provider, as close to home as possible.
  - Health networks support teams of health professionals and community partners to work collaboratively within small geographic areas to provide service designed to meet local health needs.
  - Better integration of team-based community and primary care within networks across the province will provide care closer to home, reduce the likelihood of residents needing acute care and will strengthen the transition back to primary or home care from the hospital.
  - Thirty-eight health networks have been established across the province. Community profiles, which describe population characteristics, health service utilization and prospective health needs in each network, have been developed. These profiles are being used by networks to guide service planning (e.g. a higher than typical children’s population may drive a need for more immunization services, relative to other networks).
  - Health network development to enable a collaborative approach to the delivery of local health services is underway. Community stakeholders were involved in defining geographic boundaries for the networks and a Community Engagement Framework was developed and tested in three communities to as a model for other communities.



- Co-locate existing community-based teams that provide access to every day health services to one location in Estevan, Preeceville, Maidstone, La Loche/Green Lake, North Battleford, and Nipawin.
  - The Maidstone co-location project has been completed and the five remaining projects were paused in the fourth quarter of the fiscal year when planning and preparation for the COVID-19 response took priority. These remaining projects are expected to move forward in 2020-21.
- Expand community health centres and enhance team-based community care in Saskatoon and Regina.
  - In Regina, the enhanced Four Directions Community Health Centre officially opened in October 2019 and; the enhanced Al Ritchie Heritage Community Health Centre opened in January 2020. These centres provide access to a broad range of team-based programs and services to better support patients with complex health and social needs (e.g. mental health and addiction issues, high-risk prenatal needs, and chronic diseases) with the goal of reducing emergency department visits.
- Open a 15-bed palliative care hospice in Saskatoon.
  - Work progressed on the palliative care hospice in Saskatoon, with opening targeted for later in 2020.
- Expand partnerships to improve breast and colorectal cancer screening programs in the province.

Progress in improving these programs was slowed due to COVID-19.

## Performance Measure Results

### Emergency Department Waits

By March 31, 2020, there will be a reduction in emergency department wait time measures of physician initial assessment and length of stay for admitted patients in Prince Albert, Regina and Saskatoon.

- Time to physician initial assessment decreased by 5.1% over the previous year (2019-20 fiscal year, 90<sup>th</sup> percentile).
- Emergency department length of stay for admitted patients decreased by 3.4% over the previous year (2019-20 fiscal year, 90<sup>th</sup> percentile).

### Avoidable Hospital Care Days

By March 31, 2020, there will be a provincial reduction in avoidable hospital care days (ALC days).

- Avoidable hospital care days increased by 2.7% from April 1, 2019 to February 29, 2020 (March data is not currently available).

### Avoidable Hospital Admissions

By March 31, 2020, there will be a provincial reduction in avoidable hospital admissions.

- Avoidable hospital admissions decreased by 2.7% from April 1, 2019 to February 29, 2020 (March data is not currently available).

## Strategy

**Improve mental health and addiction services:** Continue to address recommendations in the Mental Health and Addictions Action Plan, ensuring that Saskatchewan residents have improved access to services from the right mental health and addictions professional at the right time and in the right location.

### Key Actions

- Enhance mental health and addictions supports by hiring more mental health professionals.
  - Significant progress was made on the commitment to mental health supports by hiring more professionals.
    - Over 4 FTEs were added to the JPCH emergency department including pediatric psychiatric liaison nurses and outreach social workers to provide capacity to appropriately assess and treat children and youth presenting to the Emergency Departments with mental health concerns.
    - A total of 1.5 Registered Psychiatric Nurse FTEs were added to the Regina General Hospital emergency department to improve discharge planning and coordination for the transfer of individuals to community or inpatient units. These additional FTEs provide for extended hours allowing for better patient flow.
    - Seven new primary care counsellors and 12 new child and youth mental health professionals are in place. New primary health mental health counsellors are now located in Wadena, Île-à-la-Crosse, La Loche, Nipawin, Tisdale, and Saskatoon. New children and youth positions were added to Yorkton, Meadow Lake, Prince Albert, Stanley Mission, Pinehouse, Sandy Bay, Cumberland House, Regina and Saskatoon.
    - Mental health walk-in and single session counseling clinics opened across the province. The SHA partnered with Family Service Saskatchewan to offer counselling clinics in 23 locations across the province.
    - Mental health professionals for autism-specific mental health disorders are in place. Funding was provided to Autism Resource Centre in Regina and Autism Service Saskatoon to each have a dedicated position to provide mental health supports to their clients.
    - Implemented a mental health wellness program for emergency medical services professionals (e.g. paramedics).
- Improve supports to individuals with severe and persistent mental health issues including expanded residential supports.
  - Substantial progress to expand residential supports for individuals with complex mental health needs were achieved. A Request for Proposals (RFPs) process for 75 residential spaces was completed. The Saskatchewan Health Authority selected successful proponents and recruitment of organizations to provide services was initiated with anticipated opening in 2020-21.
- Enhance the continuum of addictions services including expanded treatment beds and additional pre and post-treatment care.

This includes:

  - launched three Rapid Access Addiction Medicine clinics in Regina, Saskatoon and Prince Albert;
  - enhanced medical supports in detox in La Ronge;

- continued addiction medicine services in Prince Albert and the north;
- provided training for health care providers to allow treatment for substance disorders;
- built resources and training for the treatment of patients using crystal meth;
- recruited and trained health care professionals to provide Opioid Substitution Therapy (physicians, pharmacists and nurse practitioners); and
- provided funding to support for Innovative Treatment Solutions to improve access to treatment for those using opioids and/or crystal meth.
- In addition, steps were taken to expand addiction treatment beds and access to pre- and post-treatment care,
  - A total of 16 additional addiction treatment beds were opened in Indian Head (10) and Saskatoon (6).
  - A RFP was completed for up to 50 pre- and post-addiction treatment beds and 6 inpatient youth treatment beds to open these beds in 2020-21.
- Expand the provincial response to the use of opioids and crystal methamphetamine by creating awareness, reducing stigma, expanding supports to patients and families and developing clinical best-practice support for health professionals.
  - The provincial response to opioids and crystal methamphetamine (crystal meth) included:
    - Medical supports for the La Ronge Detox Centre are now in place.
    - Funds were provided to the SHA to build capacity in health care providers and allied professionals to provide treatment for substance use disorders with training to recognize and support patients and families with exposure to trauma.
    - A Request for Applications was completed and funds distributed to successful proponents to deliver innovative treatment solutions to improve access to treatment which help patients meet their most pressing needs (i.e. development of order sets for the treatment for the use of crystal meth or opioid, physician education, etc.).
    - Funds were provided to recruit and train more health care professionals to provide Opioid Substitution Therapy. In 2019-20, there were 41 new prescribers.
    - Funds were provided to the SHA for resources and training for the treatment of patients using crystal meth.

## Performance Measure Results

### Readmission Rates

By March 31, 2020, 30-day inpatient readmissions for individuals admitted with a primary mental health related diagnosis will be reduced.

- 30-day inpatient readmissions for individuals admitted with a primary mental health related diagnosis increased in 2019-20 to 10.8% from 10.2% in 2018-19.

### Admission Rates

By March 31, 2020, the number of mental health presentations to the emergency departments in Prince Albert, Regina and Saskatoon where the patient is not admitted, will be reduced.

- The number of mental health presentations to the emergency departments in Prince Albert, Regina and Saskatoon where the patient is not admitted increased to 1,368/month in 2019-20 from 1,200/month in 2018-19.

### **Access to Opioid Substitution Therapy**

By March 31, 2020, the number of Opioid Substitution Therapy prescribers will be increased.

- The number of Opioid Substitution Therapy (OST) prescribers was increased to 122 in 2019-20 from 81 in 2018-19, a 51% increase.

## **Strategy**

### **Enhance team-based care in hospital and ensure seamless patient care at all points in the health system:**

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

### **Key Actions**

- Enhance hospital care to Saskatchewan children and youth by opening the Jim Pattison Children's Hospital.
  - Opening of the Jim Pattison Children's Hospital in September 2019 has enhanced hospital and outpatient care for Saskatchewan children and youth in the following ways:
    - Providing a dedicated children's emergency department with separate triage and admitting;
    - Increased capacity in highly specialized inpatient beds;
    - Enhanced pediatric surgical and cardiology services;
    - Centralizing all highly specialized pediatric services to one location with supporting team based care;
    - Single patient rooms, with sleep space for parents to remain an essential care provider to inpatient children; and,
    - State of the art pediatric outpatient area, with team based care provided by increased pediatric subspecialties.
- Begin the multi-year implementation of the Maternal Child Service Delivery Model of Care to strengthen services provincially and delivered locally when and where appropriate.
  - Implementation of Maternal Child Service Delivery Model of Care is underway. Enhancement has focused on the pediatric services in Regina and Prince Albert (e.g., JPCH virtually supports pediatricians in Prince Albert to provide enhanced care to their patients locally. Several pediatric subspecialists travel to Regina from JPCH to provide care and see patients).
- Establish an approach and begin to standardize best practice discharge planning in Prince Albert, Regina and Saskatoon.
  - Standardization of best practice discharge planning in Regina, Saskatoon and Prince Albert is underway with focus on medication reconciliation at point of discharge. The opening of the JPCH has reduced the need to transfer critically ill children and newborns around Saskatchewan and out of province. It has centralized highly specialized care and support teams to one location.
- Establish a standard approach to improve the transitions in patient care.

- 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 processes and communication strategies to ensure organ donation coordinators and physicians are aware of an individual's intent to donate.
  - In collaboration with the SHA, work is ongoing to improve the organ and tissue donation system in Saskatchewan. In 2019-20, work included:
    - Increasing capacity and initial steps to standardize referral and wait list processes for patients requiring corneal transplants. Capacity was increased through increased staff training to support cornea transplants as well as through the purchase and transplantation of additional corneas. There were 66 cornea transplants performed in 2019-20, an additional 14 transplants over 2018-19.
    - Implementation of a Donation after Cardio-Circulatory Death (DCD) Program in Saskatoon and Regina. To date, the program has seen eleven successful DCD donations which would not have been possible previously.
    - Full implementation of a Donor Care Model in Saskatoon, which consists of donor physician and donor coordinators.
    - In collaboration with eHealth and the SHA, development of a provincial organ donor registry is underway. A donor registry will allow Saskatchewan residents to make a formal declaration of their intentions to become an organ and/or tissue donor after their death. It is expected to be launched to the public in 2020.

## **Performance Measure Results**

### **Hospital Readmission Rate**

By March 31, 2020, achieve a provincial reduction in the 30-day hospital readmission rate.

- Data for readmission rate in 2019-20 is not available yet.

### **Organ Donations**

By March 31, 2020, increase Saskatchewan's organ donation rate to 18 donations per million population.

- In 2019-20, Saskatchewan saw the highest number of donations in a single year with 18 reported deceased donors (15.4 donations per million population) compared to 16 donors (13.7 donations per million population) in 2018-19.
- 2019-20 rate of donations would have been even higher however, due to the COVID-19 pandemic donations were not accepted in last two months of the fiscal year.

# Progress in 2019-20 Ministry Goal 2

## 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

**Deliver safe and high quality health care**

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

## 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 and quality.
  - A common framework for enhancing quality and safety based on best practice methods was piloted in a service line, resulting in that line having a 10% reduction in time-loss and medical aid safety incidents.
- Progress strategies to improve patient safety in areas of high risk including patient falls and medication safety.
  - Actions taken to reduce falls in 2019-20 include the following:
    - A provincial falls prevention and injury reduction steering committee was formed and a falls reduction strategy is under development.
    - Individualized care plans were implemented for hospitalized patients considering factors such as risk of falling, impact of medications, need for protective devices or modifications to the environment, and awareness of the fall prevention plan.
    - A province-wide scan of fall events and near misses was undertaken in order to gain a better understanding of the factors that contribute to falls.
    - The month of November was recognized as fall prevention month and staff posted fall and injury prevention posters to remind staff and patients of the risk of falling.
    - Measures were taken to improve staff performance with respect to fall prevention and injury reduction using the four-point S-A-F-E Strategy (S-Safe Environment, A-Assist with mobility, F-Fall risk reduction and E-Engage client and family).
- Progress strategies to improve staff safety in areas of high risk including reducing the rate of

musculoskeletal injuries.

- Actions taken to improve staff safety in these areas in 2019-20 include the following:
  - A Safety Partnership Advisory Group was established with key representatives from the health sector to provide ongoing safety advice.
  - The SHA's Quality and Safety portfolio consulted with both internal and external stakeholders to better understand the root causes of staff and patient harm, and to develop a blueprint to advance a culture of safety and continuous improvement.
  - The SHA, 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 continued 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.
  - The SHA created an internal database to identify key areas of harm to support this initiative.
- Establish the baseline health system safety culture score to help inform priorities for improvement in 2020-21.
  - The SHA initiated planning for a safety culture survey. The survey will occur in 2020-21.
- Develop a framework and plan for addressing violence in the health system.
  - A Violence Prevention Framework was established by the SHA in February and will be implemented in 2020-21.

## **Performance Measure Results**

### **Falls Causing Harm**

By March 31, 2020, the rate of falls causing harm in the health system will be reduced by 5%.

- The rate of falls causing harm per 100,000 hospital days in Saskatchewan hospitals was 28 in 2019-20. This is down 2.4% from 2018-19.

### **Medication Reconciliation**

By March 31, 2020, using a collaborative interdisciplinary approach, completion of medication reconciliation at care transition points will increase by 15%.

- In March of 2019, medication reconciliation was completed for 64% of care transitions, therefore the March 2020 target for medication reconciliation was established as 74% (15% higher than 2019). The audit results from December 2019 (the most recent results available) were 67% which is only a 1.5% increase and short of the target.

### **Workers' Compensation Board Claims**

By March 31, 2020, Workers' Compensation Board claims will be reduced by 5%.

- The number of WCB injury claims for the Saskatchewan Cancer Agency, the Saskatchewan Health Authority and associated affiliates over the 12-month period increased by 112 (4.0%) from 2,817 in 2018-19 to 2,929 in 2019-20. The average number of WCB injury claims per 100 FTEs over the same 12-month period remained relatively constant, increasing by only 0.02 from 0.68 to 0.70 claims per 100 FTEs.

## 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 clinical quality improvement through education and training.
  - The Clinical Quality Improvement Program (CQIP) provides clinicians opportunities to learn clinical quality improvement knowledge and skills and apply the skills to a clinical quality improvement project. The fourth Cohort of the program began in September 2019 with 21 participants (15 physicians and 6 non-physician clinicians) involved in 18 projects.
- Reduce unnecessary testing, treatments and procedures through targeted actions and increased awareness among clinicians, patients and the public in collaboration with patient and family advisors.
  - This was supported by the development of Clinician Reports as interactive electronic reports that present practice metrics using individual clinician specific de-identified data that are reported by department / clinic on an ongoing basis utilizing audit and feedback. Milestone charts will outline the progression of each report.

## Performance Measure Results

### Quality Improvement Projects

By March 31, 2020, five new clinical quality improvement projects will align with health system strategic goals and priorities.

- Learning events for participants in the fourth Cohort of the CQIP program continued up to February 2020, and at least five of the projects aligned with the health system goals and priorities.

### Diagnostic and Prescribing Practices

By March 31, 2020, three provincial departments will have baseline variation of practice metrics for defined diagnostic usage or prescribing practice.

- As of November 2019, status of the clinician reports for baseline variation of practice by department:
  - Emergency (BNP, ESR, D-Dimer, CRP, UAMP, APTT, INR, CT head, CT abdomen, CT pelvis, PE study, renal calculi, chest pain clinic referrals) – Partially complete
  - Cardiology (outpatient cardiac procedures, inpatient and outpatient ECGs and holters, cath lab procedures) – Partially complete
  - Critical Care (lab tests, CXR, CT abdomen, CT head, transfers) – Draft build in progress
  - GI (physician time report, patient wait time report) – Complete
  - Obstetrics & Gynecology (C-sections, time of delivery, LOS, hemoglobin, transfusions, SSI, readmissions, iron therapy) – Partially complete
  - Antimicrobial and Opioid Prescribing - Complete



## 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

- Develop a formalized, meaningful, and continuous engagement process with Indigenous communities, leaders, and agencies.
  - First Nation & Métis Engagement Framework and First Nation & Métis Engagement Process completed and approved by senior leadership in the Saskatchewan Health Authority (SHA).
  - Both the Framework and Process are included in the Health Network development Community Engagement Framework.
- Continue systematic, ongoing cultural responsiveness training for Saskatchewan Health Authority staff and leadership.
  - In 2019-20, First Nations and Métis Relations (FNMR) delivered over 150 training sessions to more than 4,500 SHA employees, nursing students, patient family advisors, SHA volunteers and physicians.
  - Training included cultural awareness training for over 1,700 new staff in Saskatoon, 65 KAIROS Blanket Exercises to over 1,300 staff around the province and over 145 individuals participated in the Intercultural Development Inventory assessment (IDI).
- Engage Métis citizens on Saskatchewan Health Authority implementation of the Cultural Responsiveness Framework.
  - SHA and Métis Nation of Saskatchewan (MN-S) engaged Métis citizens collectively to report out on and inform in areas such as: health network development and the memorandum of understanding (MOU) with the MN-S.
  - Continuation of relationship building with ongoing quarterly meetings around the Cultural Responsiveness Framework, and the work the MN-S is doing with the Canadian Partnership Against Cancer (CPAC).
  - SHA will support the MN-S in the development of a Métis specific Cultural Responsiveness Framework.
- Develop a traditional foods pilot program and implementation strategy.
  - Initial engagement with SHA, Gabriel Dumont Institute Training and Employment and Saskatoon Tribal Council in program development and strategy implementation.
  - Initiate pilot in two locations for 2020-21 year.
- Establish an Indigenous Birth Support Worker program in Saskatoon.
  - Completed Indigenous Birth Support Worker (IBSW) program development in partnership with Dumont Technical Institute (DTI) and Saskatoon Tribal Council (STC).
  - Program started in September, 2019 with 9 First Nation and Métis students.
  - Program completion in October, 2019 with a 100% graduation rate.
  - All nine graduates were offered fulltime, part-time and casual positions with Jim Pattison Children's Hospital (JPCH); eight accepted.
  - There are currently two IBSWs on the floor on rotation at JPCH 24 hours, 7 days a week.

## **Performance Measure Results**

### **Cultural Responsiveness Training**

By March 31, 2020, 50% of new Saskatchewan Health Authority staff will have completed cultural responsiveness training.

- By March 31, 2020, 88% of new Saskatchewan Health Authority staff have completed cultural responsiveness training.

### **Establishment of Ceremonial Rooms**

By March 31, 2020, two ceremonial rooms will have been created, one each to be located in Prince Albert and Saskatoon.

- A multipurpose room at Victoria Hospital in Prince Albert was converted into a ceremonial room and work is underway to contract an elder to provide cultural and other ceremonial support as required.
- The request for proposal for the St. Paul's hospital entrance project and consultant work for ceremonial space at Royal University Hospital project is closed and responses are being reviewed to award the contract.

# Progress in 2019-20 Ministry

## Goal 3

### Government Goals



### Ministry Goal

**Establish physicians as leaders in the health care system.**

### Strategy

**Enhance physicians' role in the management and governance of the health system:** Physician knowledge and experience is essential to improve the design and delivery of health care services, and to promote shared accountability for health system performance.

### Key Actions

- Establish a Medical Leadership Structure enabling physicians to actively drive health care integration and coordinated care for patients.
  - A physician leadership model for health networks has been developed. The model includes pairing Department and Division Leads for Family Medicine with SHA administrators (Executive Directors and Directors of Primary Health Care, respectively) and expanding the role of physician leaders to include operational and strategic planning. Recruitment to fill these physician co-leads positions is underway.
- Develop a demonstration site including a new physician organizational structure that supports shared accountability with physicians and enables joint stewardship within the health system.
  - The Ministry, in partnership with Saskatchewan Medical Association, the SHA, and Prince Albert and Shellbrook physicians, continue to develop a demonstration site to improve the organization and delivery of care in those communities. A Unified Medical Group (UMG) has been established where physicians are collectively responsible for high-quality patient care, provider well-being, and improved accountability for the health system and patient outcomes. Approximately seventy physicians have signed agreements to participate in the developmental period while the UMG is established as an organizational entity. An interim Board of Directors comprised of 10 physicians has been elected.

## **Performance Measure Results**

### **Establishment of Health Networks**

By March 31, 2020, family physicians will be leaders in the establishment of health networks with each network having a designated family physician lead working in partnership with an administrative leader.

- Recruitment for the physician Area Department Lead positions is underway and we anticipate this will continue in 2020-21.

### **Physician Organizational Structure**

By March 31, 2020, create a physician organizational structure and contractual accountability framework for the demonstration site.

- A Unified Medical Group (UMG) has been established and approximately seventy physicians have signed agreements to participate. Physicians were engaged with health sector partners to develop the accountability framework.

# Progress in 2019-20 Ministry

## Goal 4

### Government Goals



### Ministry Goal

**Improve system-wide coordination and alignment of services.**

### Strategy

**Integrate business systems and delivery of health services:** Integrated business systems and standardized processes will enhance effectiveness and ensure Saskatchewan residents experience high quality care across the province.

### Key Actions

- Standardize processes to better manage financial, human resource and supply chain capital to the benefit of patients, employees and vendors.
  - Majority of project including the finance, supply chain, and core human resources modules, is largely complete.
    - Work continues on payroll reconciliation, custom software development for staff scheduling and timekeeping.
    - Anticipated implementation is 2020-21.
- Achieve greater coordination and consistency of Emergency Medical Service delivery through implementation of new performance-based contracts and related service provisions.
  - The new agreed upon performance-based contract template is currently being used by the SHA to update and renew its contracts with the contracted ambulance services. As of September 30, 2019, the SHA has signed 13 performance-based contracts with 16 ambulance services. The SHA continues to work with the remaining operators to negotiate their contracts.
- Coordinate tertiary acute care services to reduce duplication and variation, and improve consistency and quality of service delivery.
  - In 2019-20 Regina and Saskatoon neonatal intensive care wards came together to discuss service planning on a regular basis. Since working together in a more consistent fashion, there has not been a single neonatal capacity transfer out of province, ensuring moms and newborns are cared for as close to home as possible (there were 21 neonatal transfer out of province in 2018-19).
- Expand access to the Citizen Health Portal which aims to provide Saskatchewan citizens with

access to their personal health information online.

- MySaskHealthRecord was made available in October 2019.
- Improve health care providers' access to appropriate clinical information in a timely manner to support informed clinical decision-making by adding more patient health care data to the electronic health record.
  - As a part of the pilot project to integrate the Electronic Health Record (eHR) viewer into the Electronic Medical Records (EMRs), 12 providers are using newly integrated functions within their EMR.

## **Performance Measure Results**

### **Business System Integration**

By March 31, 2020, Phase 1 of business system integration will be complete.

- The completion of Phase 1 of business system integration is expected by spring 2021.

### **Electronic Access to Health Records**

By March 31, 2020, 10% of Saskatchewan residents will have electronic access to their health record.

- MySaskHealthRecord is available for all Saskatchewan citizens beginning in October 2019. Approximately 50,000 (4%) citizens have registered to access their personal health information on the portal. A plan to increase adoption of the portal will be implemented in 2020-21.

### **Integration of Physician Office Information**

By March 31, 2020, improvements in the integration of physician office information systems will allow physicians to electronically share clinical information with other members of the patient's care team working throughout the health system.

- Pilot to integrate the provincial eHR Viewer into the physician office information systems was concluded for one of the two EMR vendors

# Financial Summary

The Ministry incurred \$5.7B in expenses in 2019-20, which is \$110.0M over its 2019-20 budget. During 2019-20, the Ministry received \$123.5M in Special Warrant funding to address operating pressures in the Saskatchewan Health Authority and Saskatchewan Cancer Agency, Cabinet approved programs/project pressures and Ministry utilization program pressures.

In 2019-20, the Ministry received \$41.1M of revenue, \$2.6M more than its 2019-20 budget. The additional revenue is primarily due to one-time Joint Medical Professional Review Committee decisions as well as higher than anticipated refunds of prior year expenses and expense recoveries.

Ministry of Health Comparison of Actual Expense to Estimates					
	2018-19 Actuals \$000s	2019-20 Estimates \$000s	2019-20 Actuals \$000s	2019-20 Variance \$000s	Notes
<b>Central Management and Services</b>					
Ministers' Salary (Statutory)	98	100	98	(2)	
Executive Management	1,969	2,452	2,265	(187)	
Central Services	3,673	4,866	4,012	(854)	
Accommodation Services	2,347	2,301	2,256	(45)	
<b>Subtotal</b>	<b>8,086</b>	<b>9,719</b>	<b>8,631</b>	<b>(1,088)</b>	
<b>Saskatchewan Health Services</b>					
Athabasca Health Authority Inc.	7,034	7,034	7,034	-	
Saskatchewan Health Authority	3,452,852	3,511,443	3,598,060	86,617	
Saskatchewan Health Authority Targeted Programs and Services	47,023	91,153	129,499	38,346	(1)
Saskatchewan Cancer Agency	173,710	177,970	186,955	8,985	(2)
Facilities - Capital	78,524	89,280	44,019	(45,261)	(3)
Equipment - Capital	41,223	66,743	58,016	(8,727)	(4)
Programs and Support	27,004	26,865	25,581	(1,284)	
Provincial Laboratory	2,066	-	-	-	
<b>Subtotal</b>	<b>3,829,436</b>	<b>3,970,488</b>	<b>4,049,164</b>	<b>78,676</b>	
<b>Provincial Health Services</b>					
Canadian Blood Services	46,182	48,806	42,194	(6,612)	(5)
Provincial Targeted Programs and Services	53,234	55,483	52,303	(3,180)	
Health Quality Council	4,604	4,604	3,604	(1,000)	
Immunizations	15,353	16,475	16,419	(56)	
eHealth Saskatchewan	102,530	103,145	108,710	5,565	
<b>Subtotal</b>	<b>221,903</b>	<b>228,513</b>	<b>223,230</b>	<b>(5,283)</b>	
<b>Medical Services &amp; Medical Education Programs</b>					
Physician Services	594,801	605,536	608,343	2,807	
Physician Programs	115,737	114,951	115,991	1,040	
Medical Education System	64,363	69,391	69,150	(241)	
Optometric Services	13,614	14,381	14,028	(353)	
Dental Services	1,550	2,183	1,516	(667)	
Out-of-Province	142,762	137,162	154,340	17,178	(6)
Program Support	4,173	5,307	4,728	(579)	
<b>Subtotal</b>	<b>937,000</b>	<b>948,911</b>	<b>968,096</b>	<b>19,185</b>	
<b>Drug Plan &amp; Extended Benefits</b>					
Saskatchewan Prescription Drug Plan	318,075	313,817	329,865	16,048	(7)
Saskatchewan Aids to Independent Living	45,941	44,789	47,883	3,094	
Supplementary Health Program	27,628	28,416	28,638	222	
Family Health Benefits	4,072	4,209	3,847	(362)	
Multi-Provincial Human Immunodeficiency Virus Assistance	252	263	227	(36)	
Program Support	4,458	4,967	4,469	(498)	
<b>Subtotal</b>	<b>400,426</b>	<b>396,461</b>	<b>414,929</b>	<b>18,468</b>	
<b>Non-Appropriated Expense Adjustment</b>	<b>223</b>	<b>179</b>	<b>225</b>	<b>46</b>	
<b>TOTAL EXPENSE</b>	<b>5,397,074</b>	<b>5,554,271</b>	<b>5,664,275</b>	<b>110,004</b>	
<b>Capital Asset Acquisitions</b>	104	-	337	337	
<b>Non-Appropriated Expense Adjustment</b>	(50)	179	(757)	(936)	



<b>TOTAL APPROPRIATION</b>	<b>5,397,228</b>	<b>5,554,092</b>	<b>5,665,369</b>	<b>111,277</b>	
<b>Special Warrant</b>	-	<b>123,500</b>	-	<b>(123,500)</b>	(8)
<b>REVISED TOTAL EXPENSE</b>	<b>5,397,074</b>	<b>5,677,771</b>	<b>5,664,275</b>	<b>(13,496)</b>	
<b>FTE STAFF COMPLEMENT</b>	<b>337.1</b>	<b>358.0</b>	<b>331.2</b>	<b>(26.8)</b>	

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 2019-20 program budget and greater than 0.1 percent of the Ministry's total expense.

- (1) Primarily due operating and project pressures in the Saskatchewan Health Authority (SHA).
- (2) Additional operational and drug program pressures.
- (3) Lower than anticipated project expenditures.
- (4) Lower than anticipated project expenditures.
- (5) One-time savings reflecting actual utilization.
- (6) Program utilization was higher than anticipated.
- (7) Program utilization was higher than anticipated.
- (8) Special Warrant funding was provided primarily for operating pressures in the SHA and Saskatchewan Cancer Agency, programs/project pressures, surgical funding and Ministry utilization pressures.

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

	2019-20 Estimates \$000s	2019-20 Actuals \$000s	Variance \$000s	Note
<b>Other Own-source Revenue</b>				
Investment Income	100	56	(44)	
Other fees and charges	1,327	3,638	2,311	(1)
Miscellaneous	1,135	1,104	(31)	
Total	2,562	4,798	2,236	
<b>Transfers from the Federal Government</b>	35,949	36,286	337	
<b>TOTAL REVENUE</b>	<b>38,511</b>	<b>41,084</b>	<b>2,573</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.

## **2019/20 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 are still 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 the 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 2019/20, a total of 290 critical incidents were reported to the Ministry of Health. These 290 incidents represent a 31% increase compared to reported incidents in the 2018/19 fiscal year and is the largest number of critical incidents reported to the Ministry during a fiscal year since the inception of reporting in 2004.

The volume of critical incidents reported annually has fluctuated for the past five years, with 2019/20 having the highest number of critical incidents reported yet, followed by 249 incidents reported in 2015/16, and 188 in 2018/19. 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. Critical incident reporting is encouraged as the learning opportunities arising from recognition and review of incidents generate invaluable knowledge and contribute to the health system safety 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. The number of critical incidents in each sub-category are shown below.

Category	2019/20	2018/19	2017/18	2016/17	2015/16
I. Surgical Events					
a) Surgery performed on wrong body part	0	1	1	0	1
b) Surgery performed on the wrong patient	0	0	0	0	1
c) The wrong surgical procedure performed on a patient	1	0	0	1	0
d) Retention of a foreign object in a patient after surgery or other procedure	2	2	2	3	6
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	2	0	1	0	0
g) Other surgical event	9	6	3	4	11
<b>Total</b>	<b>14</b>	<b>9</b>	<b>7</b>	<b>8</b>	<b>19</b>
II. Product and Device Events					
a) Contaminated drugs, devices, or biologics provided by the RHA/HCO	3	1	1	0	0
b) Use or function of a device in patient care in which the device is used or functions other than as intended	5	5	2	5	3
c) Intravascular air embolism	0	0	0	0	0
d) Other product or device event	7	2	8	1	5
<b>Total</b>	<b>15</b>	<b>8</b>	<b>11</b>	<b>6</b>	<b>8</b>
III. Patient Protection Events					
a) An infant discharged to the wrong person	0	0	0	0	0
b) Patient disappearance	11	5	4	1	10
c) Patient suicide or attempted suicide	28	33	25	10	24
d) Other patient protection event	3	9	0	4	14
<b>Total</b>	<b>42</b>	<b>47</b>	<b>29</b>	<b>15</b>	<b>48</b>
IV. Care Management Events					
a) Medication or fluid error	40	31	32	17	20
b) Hemolytic reaction due to the administration of ABO-incompatible blood or blood products	1	0	0	0	0
c) Maternal death or serious disability	3	2	3	0	3
d) Full-term fetal or neonatal death or serious disability	3	5	1	4	4
e) Hypoglycemia while in the care of the RHA/HCO	2	0	1	1	0
f) Neonatal death or serious disability, including kernicterus, associated with failure to identify and treat hyperbilirubinemia	1	0	0	1	0
g) Stage 3 or 4 pressure ulcers acquired after admission to a facility	16	15	22	20	17
h) Delay or failure to transfer	6	9	5	3	1
i) Error in diagnosis	16	5	6	13	25
j) Other care management issues	94	38	36	42	56
<b>Total</b>	<b>182</b>	<b>105</b>	<b>106</b>	<b>101</b>	<b>126</b>

Category	2019/20	2018/19	2017/18	2016/17	2015/16
<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	1	2	0	0
d) Patient death from a fall	18	30	21	35	36
e) Use or lack of restraints or bed rails	0	1	3	3	0
f) Failure or de-activation of exit alarms or environmental monitoring devices	2	0	0	1	0
g) Transport arranged or provided by the RHA/HCO	1	2	1	0	0
h) Delay or failure to reach a patient for emergent or scheduled services	9	4	2	3	5
i) Other environmental event	4	6	2	7	3
<b>Total</b>	<b>35</b>	<b>44</b>	<b>31</b>	<b>49</b>	<b>44</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	0	2	0	0
b) Abduction of a patient of any age	0	0	0	0	0
c) Sexual assault of a patient	0	1	1	0	2
d) Physical assault of a patient within or on grounds owned or controlled by the RHA/HCO	0	1	0	2	1
e) Sexual or physical assault of a patient perpetrated by an employee	0	5	0	1	0
f) Other criminal event	2	1	1	4	1
<b>Total</b>	<b>2</b>	<b>8</b>	<b>4</b>	<b>7</b>	<b>4</b>
<b>Total CIs Reported</b>	<b>290</b>	<b>221</b>	<b>188</b>	<b>186</b>	<b>249</b>

*Data current as of May 27, 2020*

Submitted by: Jennifer White/Susan Burns/Sunita Toffan  
Provincial Quality of Care Coordinators  
Ministry of Health

**Listing of Acts assigned to the Ministry of Health  
OC 280-2019**

<i>The Ambulance Act</i>	<i>The Optometry Act, 1985</i>
<i>The Cancer Agency Act</i>	<i>The Paramedics Act</i>
<i>The Change of Name Act, 1995/Loi de 1995 sur le changement de nom</i>	<i>The Patient Choice Medical Imaging Act</i>
<i>The Chiropractic Act, 1994</i>	<i>The Personal Care Homes Act</i>
<i>The Dental Disciplines Act</i>	<i>The Pharmacy and Pharmacy Disciplines Act</i>
<i>The Dieticians Act</i>	<i>The Physical Therapists Act, 1998</i>
<i>The Emergency Medical Aid Act</i>	<i>The Podiatry Act</i>
<i>The Family and Community Services Act</i>	<i>The Prescription Drugs Act</i>
<i>The Fetal Alcohol Syndrome Awareness Day Act</i>	<i>The Prostate Cancer Awareness Month Act</i>
<i>The Health Administration Act</i>	<i>The Provincial Health Authority Act</i>
<i>The Health Districts Act</i>	<i>The Psychologists Act, 1997</i>
<i>The Health Facilities Licensing Act</i>	<i>The Public Health Act</i>
<i>The Health Information Protection Act</i>	<p><i>The Public Health Act, 1994, except:</i></p> <ul style="list-style-type: none"> <li>○ <i>subsection 8(2) which is jointly assigned to the Minister of Health and the Minister Responsible for Saskatchewan Water Security Agency, but with respect to the Minister Responsible for Saskatchewan Water Security Agency, only for the purpose of administering section 9.1 of The Health Hazard Regulations.</i></li> <li>○ <i>section 19.1, which is assigned to the Minister of Labour Relations and Workplace Safety.</i></li> </ul>
<i>The Health Quality Council Act</i>	<i>The Public Works and Services Act, but only with respect to:</i>

	<ul style="list-style-type: none"> <li>○ <i>clauses 4(2)(a) to (g), (i), (n) and (o), which are jointly assigned to the Minister of Health, The Minister of Central Services, the Minister of Education and the Minister of Highways and Infrastructure: and</i></li> <li>○ <i>section 8, which is jointly assigned to the Minister of Health, the Minister of Central Services, the Minister of Education, the Minister of Highways and Infrastructure and the Minister Responsible for SaskBuilds</i></li> </ul>
<i>The Hearing Aid Sales and Services Act</i>	<i>The Registered Nurses Act, 1988</i>
<i>The Human Resources, Labour and Employment Act – but only with respect to section 4.02</i>	<i>The Registered Psychiatric Nurses Act</i>
<i>The Human Tissue Gift Act, 2015</i>	<i>The Residential Services Act</i> <ul style="list-style-type: none"> <li>○ <i>jointly assigned to the Minister of Health, the Minister of Justice and Attorney General, the Minister of Social Services and the Minister of Corrections and Policing</i></li> </ul>
<i>The Licensed Practical Nurses Act, 2000</i>	<i>The Residential Services Act, 2019</i> <ul style="list-style-type: none"> <li>○ <i>jointly assigned to the Minister of Health, the Minister of Justice and Attorney General, the Minister of Social Services and the Minister of Corrections and Policing</i></li> </ul>
<i>The Medical Laboratory Licensing Act, 1994</i>	<i>The Respiratory Therapists Act</i>
<i>The Medical Laboratory Technologists Act</i>	<i>The Saskatchewan Medical Care Insurance Act</i>
<i>The Medical Profession Act, 1981</i>	<i>The Speech-Language Pathologists and Audiologists Act</i>
<i>The Medical Radiation Technologists Act, 2006</i>	<i>The Tobacco Control Act</i>

<i>The Mental Health Services Act</i>	<i>The Tobacco Damages and Health Care Costs Recovery Act</i>
<i>The Midwifery Act</i>	<i>The Vital Statistics Act, 2009/Loi de 2009 sur les services de l'état civil</i>
<i>The Naturopathic Medicine Act</i>	<i>The Vital Statistics Administration Transfer Act</i>
<i>The Naturopathy Act</i>	<i>The White Cane Act</i>
<i>The Occupational Therapists Act, 1997</i>	<i>The Youth Drug Detoxification and Stabilization Act</i>
<i>The Opticians Act</i>	<i>The Health Hazard Regulations</i> <ul style="list-style-type: none"> <li>○ <i>except section 9.1, which is assigned to the Minister Responsible for Saskatchewan Water Security Agency</i></li> </ul>

## 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)