

Ministry of Health Annual Report for 2020-21

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Letters of Transmittal

We respectfully submit the Annual Report for the Ministry of Health for the fiscal year ending March 31, 2021.



The Honourable
Paul Merriman
Minister of Health

In 2020-21, our provincial health system dealt with unprecedented challenges due to the COVID-19 pandemic. The Ministry of Health and partner agencies, including the Saskatchewan Health Authority (SHA), took steps early to ensure the safety and well-being of Saskatchewan people, especially the most vulnerable. Saskatchewan residents did their part by following public health orders and the *Re-Open Saskatchewan* guidelines.

In December 2020 we began delivering COVID-19 vaccinations, initially as a pilot to frontline health care providers and then to other population groups based on priority sequencing criteria. Wide scale plans for mass vaccination during the spring of 2021 were prepared that involved drive-thru access and clinics in multiple locations. These plans were later expanded to include hundreds of pharmacies, providing all Saskatchewan residents with the chance to *Stick It To COVID* as soon as vaccines were available. Mental health services and supports were also promoted and made available to Saskatchewan residents who needed them to cope with the impacts of the COVID-19 pandemic.

Although addressing COVID-19 has been a primary focus this past year, the Ministry continued to deliver in other critical areas of work including capital investments, seniors' care and a significant \$33 million funding boost for mental health and addictions programs.

Government released *Pillars for Life: The Saskatchewan Suicide Prevention Plan*, a collaborative approach to suicide prevention, outlining plans for expanded use and monitoring of suicide protocols, and enhancement of research, data and surveillance for local suicide prevention.

Millions of dollars were committed to establish and provide ongoing funding for a new provincial addictions treatment centre at St. Joseph's Hospital in Estevan. This funding supported 30 new addictions treatment beds dedicated to people recovering from crystal meth and other addictions.

Saskatchewan people and our health care workers are determined, hard working, compassionate and resilient. Our Ministry will continue to work with our partners to recover from the impacts of COVID-19 and further strengthen our robust and progressive health system.



The Honourable
Everett Hindley
Minister of Mental Health
and Addictions, Seniors,
and Rural and Remote
Health

A handwritten signature in blue ink, appearing to read 'Paul Merriman'.

The Honourable Paul Merriman, Minister of Health

A handwritten signature in blue ink, appearing to read 'Everett Hindley'.

The Honourable Everett Hindley, Minister of Mental Health and Addictions,
Seniors, and Rural and Remote Health



Max Hendricks
Deputy Minister of Health

Dear Ministers:

I have the honour of submitting the Annual Report for the Ministry of Health for the fiscal year ending March 31, 2021.

The health system experienced serious challenges this fiscal year due to COVID-19 but showed a remarkable ability to adapt to serve both the urgent and routine health care needs of Saskatchewan people. The province's comprehensive pandemic response was informed by evolving science and evidence, along with capacity planning models developed by provincial experts. The Ministry of Health closely collaborated with federal, provincial and territorial counterparts, the SHA, and many other partners to plan for, respond, and react as effectively as possible to COVID-19.

Saskatchewan's COVID-19 strategy focused on public health actions to prevent the spread of the virus by increasing access to COVID-19 testing, contact tracing, supplying personal protective equipment (PPE) to health care facilities, effective management of community outbreaks, and assisted self-isolation sites for vulnerable populations.

The Ministry of Health and the SHA prepared for multiple waves of this pandemic. Acute and community care surge capacity plans were developed to address higher hospitalization rates and a more robust COVID-19 workforce strategy was created. Additional capital equipment to respond to the pandemic included hundreds of ventilators, more critical care and hospital beds and stretchers, more patient monitoring equipment, respiratory equipment and supplies, plus thousands of patient monitoring equipment pieces and accessories to prepare for an acute surge.

At the onset of the pandemic, and consistently throughout the year, detailed response plans were released to educate the public on how to protect themselves, their families and communities to "flatten the curve". Frequent public updates were provided with prescribed isolation measures, physical distancing, effective hand washing, gathering size limitations and adoption of widespread mask usage.

Following the initial disruptions caused by the pandemic, the health system adopted a methodical approach to resume everyday health services for patients, with phased increases in surgical and medical imaging volumes and the addition of services at SHA-operated specialty clinics. Several hundred health services resumed by late spring 2020, including harm reduction, chronic disease management, therapy and rehabilitation services, immunization services and home care. All areas met their targets related to surgical resumptions, until surgical and other services were slowed again in response to the second wave of COVID-19.

In December 2020, Saskatchewan began its pilot vaccination program for frontline health care workers. Priority sequencing measures were then adopted based on national recommendations with Phase 1 focused on vaccinating high-risk populations, people of advanced age, and health care workers. Phase 2 focused on vaccinating the general population by age, as well as the clinically extremely vulnerable and people in emergency shelters and group homes. Plans were created and delivered across the province for a mass vaccination roll out.

Despite ongoing challenges to manage COVID-19 pressures, there were many notable accomplishments throughout the 2020-21 fiscal year. The Government of Saskatchewan dedicated \$15 million toward developing new Urgent Care Centres in both Regina and Saskatoon. The Centres will provide a 24-hour/seven-day-a-

week alternative to emergency departments for non-life threatening illness or injury, including mental health and addictions supports.

Saskatchewan seniors benefited from significantly reduced ambulance fees from \$275 per trip to \$135 per trip. An organ and tissue donor registry at www.givelifesask.ca was launched, a key part of government's plan to modernize the province's organ and tissue donation system.

The location was announced for Weyburn's new 35-bed integrated health care facility and 10-bed inpatient mental health unit, replacing the Weyburn General Hospital. The Al Ritchie Heritage Community Health Centre opened in Regina as part of Connected Care, a provincial strategy to enhance access to team-based community, home and primary health care, and reduce wait times in emergency departments.

Government announced significant investment of more than \$80 million in long-term care facilities across the province, including in Grenfell and La Ronge.

Provincial inpatient and outpatient services for youth struggling with mental health and addictions is now based out of Dorie's House in Swift Current. In partnership with 19 post-secondary education partners, Government launched a collaborative Healthy Campus Saskatchewan initiative to support student health and wellbeing.

The Ministry of Health and partners acted to protect the lives and health of our citizens during this very challenging and uncertain time. We made efforts to provide the people of Saskatchewan with access to the best preventative measures and health care available to fight this pandemic.



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.

Vision: Healthy people, healthy communities

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

The ministry is located at the T.C. Douglas building, 3475 Albert Street, Regina. The Ministry's 2020-21 Full-Time-Equivalent (FTE) utilization was 356.2 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.

Ministry of Health COVID-19 Response Highlights

Overview

The COVID-19 pandemic has challenged government operations during the 2020-21 fiscal year. The expected operations of programs and services may have significantly changed as the Government of Saskatchewan worked quickly to support citizens and businesses. Annual Reports for the 2020-21 fiscal year provide information on the impacts of COVID-19 and recognize the work of the Government of Saskatchewan in responding to the pandemic.

Organization COVID-19 Response Highlights

The Ministry of Health led the health system's strategic response to the COVID-19 pandemic, which was a massive effort requiring unprecedented levels of collaboration and coordination across organizational boundaries and sectors. The pandemic's disruption to the health care system meant that some aspects of the Ministry's sector plan for 2020-21 were put on hold or pursued less actively in order to respond effectively to COVID-19 pressures.

The COVID-19 response permeated every aspect of Ministry and sector operations. The sections below outline some of the highlights of the health system's COVID-19 response between April 1, 2020 and March 31, 2021. In some cases, due to data collection limitations and to capture efforts made from the beginning of the pandemic, dates referenced may be slightly outside of the 2020-21 time frame.

Health Service Delivery

- There were 665,449 COVID-19 tests run from March 18, 2020 to March 31, 2021.
- There were 204,000 vaccines administered up to March 31, 2021.
- More than 136 million pieces of personal protective equipment (e.g. masks, face/eye protection, gloves, gowns, etc.) were procured and used during the year. For some types of equipment, like face protection and masks, this was four to five times the number that had been used in the previous year.
- Nearly 1.8 million virtual physician services were billed using newly established virtual care fee codes between March 2020 and March 2021. More than 575,000 patients received these services.
- *MySaskHealthRecord* gained 170,620 new users.

Strategic Guidance to the Health System

- 55 public health orders were issued.
- There were 437 news releases issued and 112 live-broadcast news conferences with simultaneous sign language translation were organized.
- There were 194 pages of COVID-19-related content published on saskatchewan.ca as of May 10, 2021.¹
- The COVID-19 sections of Saskatchewan's Dashboard, government's online data portal, was launched May 15, 2020 and updated daily thereafter.

¹ A count of the number of pages published as of March 31, 2021 is not available.

- More than 800 Facebook posts containing COVID-19 announcements and guidance were uploaded.
- 15 major public education campaigns took place. These include:
 - *Stick It to COVID*;
 - Dozens of radio transcripts including Missinipi Broadcasting Corporation, which broadcasts across northern Saskatchewan and translates public information from English into Dene, Cree and Michif for listeners;
 - Social media influencers encouraging vaccination including: Tatiana Maslany, Kaleb Dahlgren, Roughriders, Gainer the Gopher and others; and
 - Ongoing general awareness campaigns on Facebook, Twitter, Instagram, Snapchat, TikTok, Spotify, and YouTube.
- The Ministry informed the development of 28 *Re-Open Saskatchewan* guidelines.

Communication

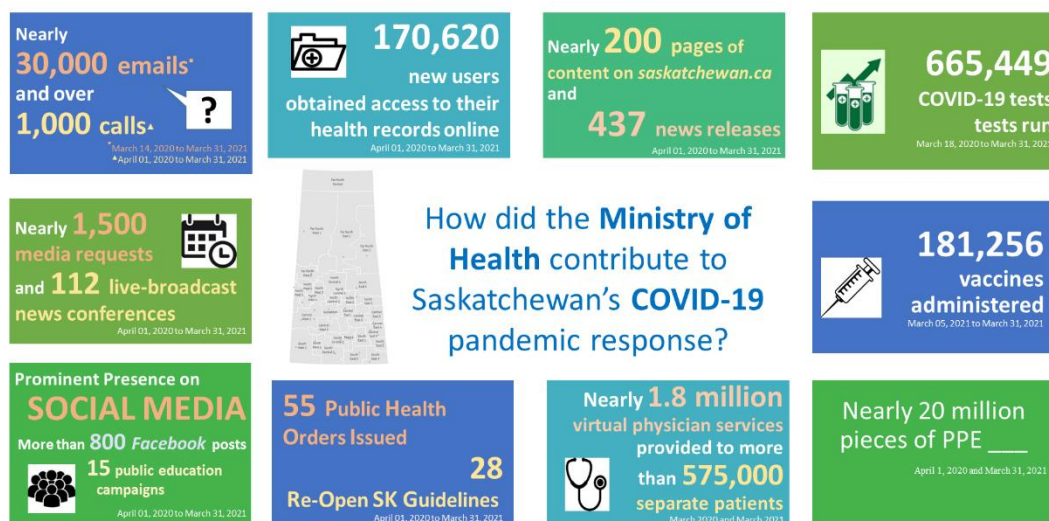
Since the beginning of the pandemic, the Ministry has observed strong demand for, and engagement with information provided publicly. For example:

- There were more than **978,817 page views** of the residents/health section of [saskatchewan.ca](https://www.saskatchewan.ca), representing a 21% increase from the previous year of 805,436 page views.
- There were more than **11,587,887 page views** of the COVID-19 data in Saskatchewan's Dashboard, the provincial government's online data portal, from May 15, 2020 to March, 2021.
- More than 34,149,746 page views in the /COVID19 section of [Saskatchewan.ca](https://www.saskatchewan.ca).

Responding to Public Concerns

- From March 14, 2020 to March 31, 2021, Ministry staff responded to:
 - 29,479 emails in the Ministry's COVID-19 email inbox;
 - 1,140 COVID-19 related calls to the Ministry's General Enquiry Phone Line.
 - 1,442 COVID-19-related media requests; and
 - 8,165 non-compliance inquiries from the public (60% concerning businesses and 40% concerning individuals).

COVID-19 Response Statistics 2020-21



Progress in 2020-21

Ministry Goal 1

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 and 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.
 - Health network development continued to be advanced across the province, with increased co-leadership of network services by network directors and their physician partners and the co-location of community teams in several communities. While health networks are in the early phase of development (geographies were defined in summer 2019), their value was demonstrated as the health system moved quickly to implement the COVID-19 response plan.
- Align existing Patient- and Family-Centred Care Committees with Health Networks.
 - The circumstances of, and response to, COVID-19 necessitated involvement and engagement of patients and families in different ways. The SHA created a new forum – Patient Family Partner Fast Feedback Group and partnered with patient, family and community representatives to share reliable COVID-19 information with the public. It also developed and distributed a survey in fall 2020 to learn about the impacts of COVID-19 and seek feedback on initiatives such as virtual care and family presence in care settings.
- Operate a 15-bed palliative care hospice in Saskatoon (Glengarda).
 - The Glengarda Hospice opened on January 25, 2021. This stand-alone facility will support a comprehensive end-of-life strategy that allows for the option of transfer to hospice when patients' needs can no longer be met at home.

- Operate a 10-bed palliative care hospice in Prince Albert (Rose Garden).
 - Rose Garden Hospice is a non-profit organization. Government committed to provide operational funding of up to \$2 million annually to support operations. The Rose Garden Hospice Association committed to fund all capital costs for the construction of the facility. Fundraising efforts were impacted by COVID-19 and thus construction was delayed. It is anticipated that construction will begin in summer 2021.
- Increase access to midwifery services in Regina and Saskatoon.
 - Funding for three additional midwifery positions was included in the 2020-21 budget. Two positions in Saskatoon have been filled; it is anticipated one position in Regina will be filled by summer 2021.
- Establish a plan to adopt and implement the chronic obstructive pulmonary disease (COPD) and diabetes pathways across the province.
 - Delayed due to COVID-19.

Performance Measure Results

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.

- Across the SHA, cascading huddles were implemented to support monitoring of the COVID-19 response and course correct in real time.

Third next available appointment²

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

- Delayed due to COVID-19.

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).

- There was a 23.4% reduction in emergency department visits (77,920 vs 101,681) for less severe cases to hospitals in Regina, Saskatoon, and Prince Albert compared to the same period in the previous year (April to February). However, these reductions seem to be consistent with the overall decrease in visits to the emergency departments during the pandemic.

² *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>)

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 conditions³.

- There was a 28.8% reduction (3,236 vs 4,587) across the province in the number of admissions of patients under the age of 75 with ambulatory care sensitive conditions, compared to the same period in the previous year (April to February). These reductions appear to be the result of the overall decrease in visits to the emergency departments during the pandemic

Additional supports for community-based care introduced in 2020-21:

Insulin Pumps

- By March 31, 2021, the Ministry received budget approval to proceed with expanding the Saskatchewan Aids to Independent Living (SAIL) Insulin Pump Program (previously limited to those 25 years of age and under) to people of all ages experiencing Type 1 diabetes (who meet certain medical criteria).

Continuous Glucose Monitoring

- By March 31, 2021, the Ministry received budget approval to proceed with making available (at no cost for children and youth under 18 who meet specific medical criteria) continuous and flash glucose monitors and related supplies.

Individualized Funding for Children with Autism Spectrum Disorder (ASD)

- Children under the age of six with a confirmed diagnosis of ASD were eligible for \$8,000 for ASD individualized funding in 2020-21. Up to six-hundred and seven children accessed this funding in 2020-21.
- Expansion of the ASD individualized funding program comes into effect Summer 2021; children aged six to 11 years of age, who have been medically diagnosed with ASD, will be eligible for \$6,000 per year.

Cost of Ambulance Calls

- As of December 14, 2020, government reduced ground ambulance fees for seniors from \$275 to \$135 and began providing inter-facility air and ground ambulance transfers at no charge under the Senior Citizens' Ambulance Assistance Program (SCAAP). Along with these changes, government is providing coverage under SCAAP for "return inter-facility" transfers for First Nation seniors, aged 65 and over, who are not covered by Health Canada.

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.

³ 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.

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.
 - Even though the COVID-19 pandemic delayed the implementation of a number of new initiatives, there was significant progress including:
 - 57 of the 75 supportive mental health residential spaces in the community are operational with the remainder in final development.
 - Implementation plans were finalized for additional detox capacity in Regina and Saskatoon along with a new mobile community-based detox service based in Swift Current.
 - Through the Opioid Emergency Treatment Fund:
 - *The College of Physicians and Surgeons of Saskatchewan* and the *Continuing Professional Development for Pharmacy Professionals Program* were supported to train more Opioid Substitution Therapy providers.
 - The SHA developed a resource guide for clinicians that provides recommendations on effective treatment options for crystal methamphetamine (meth) substance use, as well as protocols and clinical responses for individuals withdrawing from crystal meth.
- Improve response to crystal meth through specialized treatment beds and medical supports in detox, including new addiction treatment beds in Estevan.
 - 20 new addiction treatment beds were opened in Estevan in fall 2020.
 - Plans were approved for medical supports in detox centres located in Moose Jaw and Prince Albert with further implementation in additional communities.
 - Addictions worker capacity was increased in emergency departments in Regina, Saskatoon and Prince Albert, bringing these in-house supports to 16 hours per day, seven days per week.
- Enhance community supports for children and youth with complex mental health needs.
 - Supports are implemented and fully operational in Saskatoon, partially operational in Regina, and Prince Albert is in the process of seeking a vendor.
- Develop suicide prevention initiatives in cooperation with provincial stakeholders.
 - Pillars for Life: The Saskatchewan Suicide Prevention Plan was released on May 8, 2020.
 - Implementation of Pillars for Life year one actions were underway, and was impacted by the need for a comprehensive COVID-19 health system response.
 - The Ministry of Health held seven virtual orientation sessions to share the suicide prevention plan with stakeholders including the health system, government ministries, select school divisions, the Federation of Sovereign Indigenous Nations, the Metis Nation of Saskatchewan, Indigenous Services Canada and many community-based organizations.
 - A governance model was adopted to oversee and guide planning and implementation including a multi-stakeholder team to advise on priorities.
 - In September 2020, the Government of Saskatchewan signed a tri-party Letter of Commitment to Address First Nations Suicide Prevention along with Indigenous Services Canada and the Federation of Sovereign Indigenous Nations.
- Collaborate with other human service ministries to better serve common clients, in particular youth.
 - Established a governance structure and project team to oversee planning, including the development of options to be considered for 2021-22.

Performance Measure Results

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%.

- The number of mental health presentations to emergency departments in Prince Albert, Regina and Saskatoon where the patient is not admitted remained the same at 1,356/month in 2020-21 from 1,368/month in 2019-20.

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%.

- 30-day inpatient readmissions for individuals admitted with a primary mental health-related diagnosis increased in 2020-21 to 11.9% from 10.8% in 2019-20.

Increase number of Opioid Substitution Therapy prescribers

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

- The number of Opioid Substitution Therapy (OST) prescribers increased to 133 in 2020-21 from 122 in 2019-20; a 9% increase.

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, which opened in March 2020, at Royal University Hospital in Saskatoon to accommodate patients admitted through the emergency department.
 - These beds are in operation and supported by a multi-disciplinary team of care providers.
- 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.
 - In 2020-21, expansion of the donor care model to Regina commenced with the recruitment of donor coordinators and a provincial donation manager. Due to COVID-19 staffing redeployments, full implementation of the Regina model will occur in 2021-22.
 - Since the implementation of donor coordinators beginning in Saskatoon in 2018-19, and policies supporting the routine notification of potential donors to the Donation Program, there has been a 224% increase in cornea donations in Saskatchewan.
 - The Saskatchewan Organ and Tissue Donor Registry launched in September 2020. At March 31, 2021, over 13,000 Saskatchewan residents had registered their consent to be donors in the registry.
- Develop a surgical services plan to achieve a three-month wait time target by 2030 ensuring appropriate, effective, and efficient service delivery.
 - A \$20 million permanent increase in funding to surgical services was announced in the 2020-21 budget as a commitment to improving wait times for surgery.
 - COVID-19-related surgical slowdowns resulted in fewer elective surgeries being performed. The number of surgeries performed was approximately 20% below historical base volumes.
 - Approximately \$4 million went to strategic investments in surgical equipment, information infrastructure and operating room nurse training to increase surgical capacity in the future.

- The Ministry and SHA have established a Surgical Executive Committee (SEC) comprised of senior leaders in the Ministry, SHA and physician leadership. Members of the SEC have been working closely to develop plans to address COVID-19-related backlogs.
- Continue to mature interdisciplinary teams in existing accountable care units.
 - Delayed due to COVID-19.
- Begin operation of community magnetic resonance imaging (MRI) services in Saskatoon to improve access to MRI for patients in central and northern Saskatchewan.
 - Community-based MRI services in Saskatoon began operation on August 17, 2020.
 - Since it commenced, the number of patients waiting in the Saskatoon area has decreased from 6,199 patients (Aug. 31, 2020) to 5,142 (March 31, 2021).

Performance Measure Results

Inpatient 30-day readmission rates

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

- The rate of readmission to a hospital within 30 days of discharge was 9.7% in 2020-21 (based on April 2020 to February 2021 discharges) which is the same as the rate in 2019-20.

Organ Donation

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

- Recognizing the limitations of COVID-19, the measure was revised for 2020-21:
 - By March 31, 2021, increase Saskatchewan's organ donation rate to 18 donations per million population through the implementation of several best practice improvements within the organ donation and transplantation system.
 - Despite slowdowns due to COVID-19, Saskatchewan reported its highest year yet for organ donations with 25 deceased organ donors (21 donations per million population).

Surgery Wait Times

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

- Implementation of the Surgical Information System in Regina will be complete with roll out of the provincial Operating Room (OR) Manager program to replace the existing surgical scheduling program in three Regina surgical facilities.
 - Due to COVID-19 disruptions, initiation of the OR Manager project was delayed to September 2021.

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.
 - Due to COVID-19 related disruptions, fewer surgeries were performed in 2020-21 than expected.
 - The percentage of surgical patients who received a first offer of surgery within six months was 86.8%.
- 90% of urgent cancer surgery patients receive a first offer of surgery within three weeks.
 - Urgent cancer surgeries continued to take place in spite of disruptions to surgical services. The percentage of cancer surgery patients assessed as urgent priority by a surgeon of three weeks who received a first offer of surgery within three weeks was 78.6%.

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.
 - A number of patient flow initiatives were implemented in 2020-21 to provide more services in community settings and support the plan for COVID-19 hospital surge capacity. The SHA's provincial system flow coordination enabled the effective view and use of available hospital capacity across the province. The legacy of these improvements will serve the health system into the future.
- Develop a provincial virtual care strategy that will help to overcome the distance, cost, physical and other challenges faced by patients when accessing care.
 - Delayed due to COVID-19. Preliminary consultations have been completed with health system partners: the SHA, SCA, eHealth Saskatchewan, Saskatchewan Medical Association, and Athabasca Health Authority. Consultation supports the development of key components of the framework.
- 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.
 - Initiation of the multi-year development and implementation of the Integrated Shared Care Plan was delayed due to COVID-19. System resources and attention were devoted to the immediate information technology and management needs of the pandemic response.

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).

- Across the province during the first 10 months of the 2020-21 fiscal year, a 25.2% reduction in alternate level of care days was observed - 78,691 days in comparison to 105,215 days during the same period in the prior fiscal year. This observed change should be viewed with caution, as it was likely significantly influenced by measures implemented in response to COVID-19.

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.

- In 2020-21, there was a six-month pause in the development of the framework. The current target date for framework finalization is March 31, 2022.

Progress in 2020-21

Ministry Goal 2

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.
 - In consultation with the SHA and the Ministry of SaskBuilds and Procurement, planning continued in 2020-21 with an expectation of a design contract being awarded in spring 2021.
- Continue the work to replace the aging Weyburn General Hospital and Northland Pioneers Lodge in Meadow Lake with new facilities that support high-quality care environments.
 - The scope, project delivery method, and site location for the Weyburn General Hospital were approved in 2020-21 with an expectation of a design contract being awarded in spring 2021.
 - Construction of the long-term care facility in Meadow Lake continued in 2020-21 with an expectation that the project would be completed in the fall of 2021.
- Continue to examine options to replace services at aging long-term care facilities, such as Regina Pioneer Village and Grenfell Pioneer Home.
 - Considering the impacts of COVID-19, the Ministry is developing a replacement strategy for long-term care beds in Regina.
 - The Ministry is leading the replacement of Grenfell Pioneer Home and as part of Saskatchewan's economic stimulus plan; \$15 million in provincial funding was included for replacement of the facility. The design contract has been awarded, and construction activities could commence in fall 2021.

- 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.
 - The SHA has completed a business case, which includes analysis on the private development of parkades at both Regina General and Pasqua Hospitals. In consultation with the Ministry of SaskBuilds and Procurement, a decision on approach is expected in late 2021.

Performance Measures

By March 31, 2021, complete⁴ 50% construction of the new 72-bed Northland Pioneers Lodge long-term care facility in Meadow Lake.

- Construction is ongoing with 50% complete as of March 31, 2021.

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.
 - Traditional Pathways Program was launched and is functioning in the Regina area.
 - COVID-19 did necessitate that traditional services be switched to distance healing in fall of 2020.
- Provide traditional food options at two long-term care facilities.
 - Work continued around having the traditional food option available in the new Northland Pioneers Lodge in Meadow Lake once it opens, including developing a menu with traditional foods and establishing a viable supply chain to provide the wild game and natural foods.
 - A pilot project in a second location, the La Ronge Health Centre, was paused due to COVID-19. The traditional foods pilot will be shifting to the new long-term care facility being built in La Ronge.
- Develop a provincial First Nations and Métis recruitment and retention strategy for the SHA.
 - Preliminary work on creating a recruitment and retention strategy was completed. However, staff redeployments across the SHA due to COVID-19 have greatly impacted its progress.
 - Some work did proceed despite COVID-19 related delays, such as exploring options on expanding the Indigenous Birth Support Worker Program. However, as a result of COVID-19, this work has taken longer than initially planned.
- Embed cultural responsiveness into Health Network service delivery including engagement, education and awareness.
 - Delayed due to COVID-19.
- Develop a system-wide Truth and Reconciliation action plan based on SHA's commitment to the Calls to Action relevant to health and healthcare.
 - Delayed due to COVID-19.

⁴ Percentage complete is measured against construction costs billed and / or paid.

Performance Measure Results

Culturally Responsive Care

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

- For 2020-2021, Greywolf Lodge provided traditional healing services to 1,085 patients accessing traditional health care. This number was more than double the number of patients seen in 2019-20 (500) and greatly exceeded the targeted 50% increase.

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.
 - An established improvement framework was applied to make timely gains in increasing testing and contact tracing capacity, vaccine deployment and supply management of PPE for the health system.
- Progress strategies to improve patient safety in areas of high-risk including patient falls and medication safety.
 - The process of auditing monthly medication reconciliation was temporarily paused due to COVID-19 priorities, and resumed in October 2020.
- Progress strategies to improve staff safety in areas of high-risk including reducing the rate of musculoskeletal injuries.
 - Due to COVID-19, the majority of the activities were paused.
 - Where there are high injury rates, progress was made on assessing tasks carried out by Environmental Services Workers and Porters in Regina using the Ergoworks program (in partnership with Workers' Compensation Board and Bridges Health).
- Implement violence prevention strategies in high-risk areas.
 - Using the Violence Prevention Framework, the focus to date is completing a violence risk assessment in acute and emergency departments in a number of hospital settings throughout the province.
 - Seven hospitals are currently engaged in this work. This includes five emergency departments, one acute mental health unit, and the secure unit at Saskatchewan Hospital North Battleford. Due to COVID-19, the progress with these seven sites is not as far along as anticipated. As soon as COVID-19 pressures permit, all seven sites will re-engage.
 - Collaboration has been positive in identifying hazards, assessing the risks and establishing mitigation strategies to reduce the potential of a violent occurrence. Some examples of recommendations made include:
 - In the emergency department at Prince Albert Victoria Hospital, the team resolved a number of high risk safety concerns and recommended the placement of a barrier wall (which would act as a necessary barrier between offices, an open medical supply storage area, and high traffic public entry areas).
 - Established a visual identification symbol placed on the Sunrise clinical management system (which is a patient information system). This symbol signals to all staff members the potential for a patient to be violent. Prior to this corrective action, some staff were unaware of the potential for violent behavior.

- Progress strategies to improve patient experience.
 - The SHA undertook the following strategies to improve patient experience:
 - Supporting managers and front line teams to enable safe family presence, and supporting leaders to implement best practice guidelines;
 - Surveying the public about their experience, chronic conditions and COVID-19 to understand and measure the impact of the pandemic. The results are used to understand what matters to patients, families and the community to improve patient care and trust in the system; and
 - The Patient and Family Leadership Council is leading the development of a provincial Patient and Family Charter of Rights and Responsibilities. It is also guiding conversations among patients, families, front line care providers and leaders to support the recovery of the health system and build trust as it advances integrated people-centered care.

Performance Measure Results

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.

- Delayed due to COVID-19.

Falls causing harm

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

- Delayed due to COVID-19.

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.
 - Given COVID-19 pressures, medication reconciliation at admission decreased slightly to 89.5%.
- Establish a baseline for medication reconciliation completion at discharge from hospital and improve by 10%.
 - Baseline medication reconciliation at discharge was established at 41% and the improvement target was set at 45%. Audit results show that medication reconciliation at discharge was performed 58.8% of the time.

Workers' Compensation Board claims

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

- The number of accepted Workers' Compensation Board injury claims per 100 FTEs per fiscal year for the SHA and associated affiliates, and the SCA increased by 5.3% from 8.35 claims per 100 FTEs in 2019-20 to 8.79 claims per 100 FTEs in 2020-21.

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 program⁵ and appropriateness activities through education and training.
 - This training is now being delivered virtually.
 - While there were significant delays due to COVID-19, the fourth group of program participants completed the training in January 2021.
 - Due to COVID-19, the fifth group of trainees will not begin their program until August 2021.
- Introduce strategies to ensure appropriate testing, treatments and procedures; and develop improved reporting tools to assess performance and observe on variance in practice.
 - Delayed due to COVID-19.

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.

- Due to COVID-19, learning events for participants in the fifth group of the CQIP program were delayed

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.

- Delayed due to COVID-19.

⁵ 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.

Progress in 2020-21

Ministry Goal 3

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.
 - Delayed due to COVID-19.
- Integrate more physicians into the culture of the SHA by including them in the Staff Engagement and Safety Survey.
 - Work progressed on the survey during fall 2020, but due to COVID-19 delays, further work on this item will continue in 2021-22.
- Continuously improve service delivery through physician-led *Practice Profile Reports*⁶ and *Health Network Profiles*⁷.
 - Delayed due to COVID-19.
- 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.
 - Delayed due to COVID-19.
- Demonstrate co-leadership of shared work plans between Division Leads, Directors of Primary Health Care, and their respective Health Networks.
 - Delayed due to COVID-19.

⁶ *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.

⁷ *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 plan.

Performance Measure Results

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.

- Delayed due to COVID-19.

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*.

- Work progressed on the survey design during fall 2020, but administration of the survey was delayed due to COVID-19.

By March 31, 2021, there will be a 50% increase in the number of family physicians that have requested *Practice Profile Reports*.

- Delayed due to COVID-19.

2020-21 Financial Overview

The Ministry incurred \$6.2B in expenses in 2020-21, \$353.8M greater than its 2020-21 budget. During 2020-21, the Ministry received \$354.3M in Supplementary Estimates and Special Warrant funding primarily to address COVID-19 related operating and capital pressures, and other operating pressures in the Saskatchewan Health Authority.

In 2020-21, the Ministry received \$51.9M of revenue, \$7.4M more than its 2020-21 budget. The additional revenue is primarily due to the Saskatchewan Virtual Care Bi-Lateral Agreement, a higher number of physician receivables in 2020-21, as well as higher than anticipated refunds of prior year expenses and expense recoveries.

Ministry of Health Comparison of Actual Expense to Estimates

	2019-20 Actuals \$000s	2020-21 Estimates \$000s	2020-21 Actuals \$000s	2020-21 Variance \$000s	Notes
Central Management and Services					
Ministers' Salary (Statutory)	98	102	102	-	
Executive Management	2,265	2,596	2,463	(133)	
Central Services	3,999	5,049	6,580	1,531	
Accommodation Services	2,572	2,301	2,580	279	
Subtotal	8,934	10,048	11,725	1,677	
Saskatchewan Health Services					
Athabasca Health Authority Inc.	7,034	7,234	7,234	-	
Saskatchewan Health Authority	3,598,060	3,589,832	3,732,832	143,000	
Saskatchewan Health Authority Targeted Programs and Services	129,499	153,368	490,188	336,820	(1)
Saskatchewan Cancer Agency	186,955	196,381	197,602	1,221	
Facilities - Capital	44,019	143,250	113,652	(29,598)	(2)
Equipment - Capital	58,016	42,088	88,599	46,511	(3)
Programs and Support	25,581	26,991	27,533	542	
Provincial Laboratory	-	-	-	-	
Subtotal	4,049,164	4,159,144	4,657,640	498,496	
Provincial Health Services					
Canadian Blood Services	42,194	48,106	43,510	(4,596)	
Provincial Targeted Programs and Services	52,303	56,357	57,170	813	
Health Quality Council	3,604	4,604	4,604	-	
Immunizations	17,414	16,475	17,245	770	
eHealth Saskatchewan	108,710	110,513	111,313	800	
Subtotal	224,225	236,055	233,842	(2,213)	
Medical Services & Medical Education Programs					
Physician Services	608,343	635,633	518,285	(117,348)	(4)
Physician Programs	115,992	115,380	111,279	(4,101)	
Medical Education System	69,150	68,491	68,233	(258)	
Optometric Services	14,028	14,881	11,418	(3,463)	
Dental Services	1,516	2,183	1,026	(1,157)	
Out-of-Province	154,340	141,162	117,855	(23,307)	(5)
Program Support	4,748	5,338	7,189	1,851	
Subtotal	968,117	983,068	835,285	(147,783)	

Drug Plan & Extended Benefits

Saskatchewan Prescription Drug Plan	329,865	334,929	339,676	4,747
Saskatchewan Aids to Independent Living	47,883	47,319	46,999	(320)
Supplementary Health Program	28,638	29,041	24,596	(4,445)
Family Health Benefits	3,847	4,209	2,690	(1,519)
Multi-Provincial Human Immunodeficiency Virus Assistance	227	263	169	(94)
Program Support	4,469	5,037	4,924	(113)
Subtotal	414,929	420,798	419,054	(1,744)

TOTAL APPROPRIATION	5,665,369	5,809,113	6,157,546	348,433
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Less: Capital Asset Acquisitions	337	-	1,997	1,997
Plus: Non-Appropriated Expense Adjustment	(757)	187	(3,188)	(3,375)

TOTAL EXPENSE	5,664,275	5,809,300	6,152,361	353,805
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Supplementary Estimate and Special Warrant	-	354,300	-	(354,300) (6)
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REVISED TOTAL APPROPRIATION	5,665,369	6,163,413	6,157,546	(5,867)
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FTE STAFF COMPLEMENT	331.2	358.0	356.2	(1.8)
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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.

Explanation 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 to COVID-related pressures in the Saskatchewan Health Authority (SHA), such as COVID operating costs and Personal protective equipment (PPE) supplies.
- (2) One-time savings in capital facilities projects.
- (3) Primarily due to COVID-related capital equipment pressures in the SHA.
- (4) Fee-for-service utilization less than budget primarily due to COVID-19.
- (5) Program Utilization below budgeted levels primarily due to COVID-19.
- (6) Supplementary Estimate and Special Warrant funding primarily provided for COVID-19 related operating and capital pressures, and other operating pressures in the SHA.

Ministry of Health Comparison of Actual Revenue to Budgeted Revenue

	2020-21 Estimates \$000s	2020-21 Actuals \$000s	Variance \$000s	Note
Other Own-source Revenue				
Investment Income	100	201	101	
Other fees and charges	1,330	983	(347)	
Miscellaneous	1,135	6,790	5,655	(1)
Total	2,565	7,974	5,409	
Transfers from the Federal Government	41,940	43,894	1,954	(2)
TOTAL REVENUE	44,505	51,868	7,363	

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, virtual care, 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 a result of higher physician receivables in 2020-21 and higher than anticipated prior year expense recoveries.
- (2) Primarily related to unbudgeted funding for the Saskatchewan Virtual Care Bi-Lateral Agreement.

Appendix A

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 the SHA, the SCA, or a health care organization (HCO). The *Saskatchewan Critical Incident Reporting Guideline, 2004* contains a list of events that are to be reported to the Ministry.

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, 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 2020/21, 195 critical incidents were reported to the Ministry (detailed in the table below)⁸. This is a 33% decrease compared to 2019/20 when 290 critical incidents were reported. The COVID-19 pandemic may have contributed to fewer critical incidents being reported due to fewer interactions with the health system. A number of SHA patient safety and quality improvement staff were redeployed within the SHA to assist in COVID-19 preparations and response. This may also have contributed to a reduction in reported events this fiscal year, and may have contributed to deferrals of scheduled multi-disciplinary critical incident reviews (root cause analyses).

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. Variation in the number of critical incidents reported may result from 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 safety culture present at every level of the health care organization.

The SHA and system partners have ongoing improvement work to address the consistency of reporting, identification of critical incidents, the quality of reports, and implementation of recommendations arising following a review.

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.

⁸ Data current as of May 14, 2021.

The Provincial Auditor performed an audit of the Ministry of Health's process for critical incident reporting for the period ending December 31, 2020. The purpose of the audit was to ensure that the Ministry had effective processes for using critical incident reporting to improve patient safety. The report and recommendations was released in June 2021 and can be found here: <https://auditor.sk.ca/publications/public-reports/item?id=166>.

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	2020/21	2019/20	2018/19	2017/18	2016/17
I. Surgical Events					
a) Surgery performed on wrong body part	0	0	1	1	0
b) Surgery performed on the wrong patient	0	0	0	0	0
c) The wrong surgical procedure performed on a patient	0	1	0	0	1
d) Retention of a foreign object in a patient after surgery or other procedure	1	2	2	2	3
e) Death during or immediately after surgery of a normal, healthy patient, or of a patient with mild systemic disease	1	0	0	0	0
f) Unintentional awareness during surgery with recall by the patient	0	2	0	1	0
g) Other surgical event	1	9	6	3	4
Total	3	14	9	7	8
II. Product and Device Events					
a) Contaminated drugs, devices, or biologics provided by the RHA/HCO	2	3	1	1	0
b) Use or function of a device in patient care in which the device is used or functions other than as intended	4	5	5	2	5
c) Intravascular air embolism	0	0	0	0	0
d) Other product or device event	3	7	2	8	1
Total	9	15	8	11	6
III. Patient Protection Events					
a) An infant discharged to the wrong person	0	0	0	0	0
b) Patient disappearance	7	11	5	4	1
c) Patient suicide or attempted suicide	19	28	33	25	10
d) Other patient protection event	8	3	9	0	4
Total	34	42	47	29	15

Category	2020/21	2019/20	2018/19	2017/18	2016/17
IV. Care Management Events					
a) Medication or fluid error	25	40	31	32	17
b) Hemolytic reaction due to the administration of ABO-incompatible blood or blood products	1	1	0	0	0
c) Maternal death or serious disability	2	3	2	3	0
d) Full-term fetal or neonatal death or serious disability	3	3	5	1	4
e) Hypoglycemia while in the care of the RHA/HCO	0	2	0	1	1
f) Neonatal death or serious disability, including kernicterus, associated with failure to identify and treat hyperbilirubinemia	0	1	0	0	1
g) Stage 3 or 4 pressure ulcers acquired after admission to a facility	16	16	15	22	20
h) Delay or failure to transfer	5	6	9	5	3
i) Error in diagnosis	9	16	5	6	13
j) Other care management issues	52	94	38	36	42
Total	113	182	105	106	101
V. Environmental Events					
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	1	2	0
d) Patient death from a fall	22	18	30	21	35
e) Use or lack of restraints or bed rails	1	0	1	3	3
f) Failure or de-activation of exit alarms or environmental monitoring devices	0	2	0	0	1
g) Transport arranged or provided by the RHA/HCO	0	1	2	1	0
h) Delay or failure to reach a patient for emergent or scheduled services	4	9	4	2	3
i) Other environmental event	5	4	6	2	7
Total	33	35	44	31	49

Category	2020/21	2019/20	2018/19	2017/18	2016/17
VI. Criminal Events					
a) Care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider	0	0	0	2	0
b) Abduction of a patient of any age	0	0	0	0	0
c) Sexual assault of a patient	1	0	1	1	0
d) Physical assault of a patient within or on grounds owned or controlled by the RHA/HCO	0	0	1	0	2
e) Sexual or physical assault of a patient perpetrated by an employee	2	0	5	0	1
f) Other criminal event	0	2	1	1	4
Total	3	2	8	4	7
Total CIs Reported	195	290	221	188	186

Appendix B Listing of Acts assigned to the Minister of Health (Order in Council 482/2020)

The Ambulance Act

The Cancer Agency Act

The Change of Name Act, 1995/Loi de 1995 sur le changement de nom

The Chiropractic Act, 1994

The Dental Disciplines Act

The Dietitians Act

The Emergency Medical Aid Act

The Fetal Alcohol Syndrome Awareness Day Act

The Health Administration Act

The Health Districts Act

The Health Facilities Licensing Act

The Health Information Protection Act

The Health Quality Council Act

The Hearing Aid Sales and Services Act

The Human Resources, Labour and Employment Act – but only with respect to section 4.02

The Human Tissue Gift Act, 2015

The Licensed Practical Nurses Act, 2000

The Medical Laboratory Licensing Act, 1994

The Medical Laboratory Technologists Act

The Medical Profession Act, 1981

The Medical Radiation Technologists Act, 2006

The Mental Health Services Act

The Midwifery Act

The Naturopathic Medicine Act

The Naturopathy Act

The Occupational Therapists Act, 1997

The Opioid Damages and Health Care Costs Recovery Act

The Opticians Act

The Optometry Act, 1985

The Paramedics Act

The Patient Choice Medical Imaging Act

The Personal Care Homes Act

The Pharmacy and Pharmacy Disciplines Act

The Physical Therapists Act, 1998

The Podiatry Act

The Prescription Drugs Act

The Prostate Cancer Awareness Month Act

The Provincial Health Authority Act

The Psychologists Act, 1997

The Public Health Act

The Public Health Act, 1994, except:

- Subsection 8(2), which is jointly assigned to the Minister of Health and the Minister Responsible for Saskatchewan Water Security Agency, only for the purpose of administering section 9.1 of The Health Hazard Regulations.
- Section 19.1, which is assigned to the Minister of Labour Relations and Workplace Safety.

The Public Works and Services Act, but only with respect to:

- Clauses 4(2)(a) to (g), (i), (n) and (o), which are jointly assigned to the Minister of Health, the Minister of SaskBuilds and Procurement, the Minister of Education and the Minister of Highways: and
- Section 8, which is jointly assigned to the Minister of Health, the Minister of SaskBuilds and Procurement, the Minister of Education and the Minister of Highways.

The Registered Nurses Act, 1988

The Registered Psychiatric Nurses Act

The Residential Services Act

- jointly assigned to the Minister of Health, the Minister of Justice and Attorney General, the Minister of Social Services and the Minister of Corrections, Policing and Public Safety.

The Residential Services Act, 2019

- jointly assigned to the Minister of Health, the Minister of Justice and Attorney General, the Minister of Social Services and the Minister of Corrections, Policing and Public Safety

The Respiratory Therapists Act

The Saskatchewan Medical Care Insurance Act

The Speech-Language Pathologists and Audiologists Act

The Tobacco and Vapour Products Control Act

The Tobacco Damages and Health Care Costs Recovery Act

The Vital Statistics Act, 2009/Loi de 2009 sur les services de l'état civil

The Vital Statistics Administration Transfer Act

The White Cane Act

The Youth Drug Detoxification and Stabilization Act

The Health Hazard Regulations

- except section 9.1, which is assigned to the Minister Responsible for Saskatchewan Water Security Agency

For More Information

Please visit the Ministry of Health's website at

www.saskatchewan.ca/government/government-structure/ministries/health.