

Ministry of Health Annual Report for 2021-22

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Letters of Transmittal



The Honourable
Paul Merriman

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, 2022.

In 2021-22, the provincial healthcare system focused on the ongoing challenges caused by the COVID-19 pandemic. Delivery of the largest vaccination efforts in our province's history continued throughout 2021 with a majority of residents receiving their first and second doses.

There was also major focus on several other key initiatives taking place across the health sector, involving an aggressive approach to restoring surgical and medical procedures, mental health and addictions services, and new investments in capital projects across the province.

In late 2021, our Government announced an action plan intended to address the COVID-related surgical backlog. Redeployed health care staff were returned to their home positions to restore these critical services for Saskatchewan patients.

Supporting Saskatchewan people of all ages with mental health and addictions challenges is a priority for our Government. Government of Saskatchewan invested a record \$458 million for mental health and addiction services and supports.

Investment dollars were dedicated to multiple infrastructure projects in the province including developing plans for future construction of Urgent Care Centres in Regina and Saskatoon, renewal of the Prince Albert Victoria Hospital, as well as plans to construct a new hospital to serve residents of Weyburn and the surrounding area. Construction began on a new hemodialysis unit at Meadow Lake Hospital among many other infrastructure projects underway across Saskatchewan.

Government announced a three-year commitment beginning in 2021-22 to hire 300 new Continuing Care Assistants (CCAs). This first year included an investment of \$6 million to hire an additional 108 CCA positions – 90 dedicated to long-term care facilities and 18 to support rural home care. Nearly all these positions have been filled as we now enter the second year of this commitment.

We would like to sincerely thank our health care workers for their dedication in caring for Saskatchewan patients across the province and demonstrating their compassion and resilience through a very challenging time. The Ministry of Health will continue to work with our partners to strengthen our Province's health care system to provide the best care possible to those in need.

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

The Honourable Paul Merriman, Minister of Health
Office of the Lieutenant Governor of Saskatchewan

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



Tracey Smith
Deputy Minister of
Health

Dear Ministers:

I have the honour of submitting the Annual Report of the Ministry of Health for the fiscal year ending March 31, 2022.

This past year has again proven to be very challenging for our province's healthcare system and health care professionals. In a time of need, we saw our workforce step up to the challenges and tackle them head-on.

Staffing redeployment was required for ICU coverage, mass immunization clinics, vaccine administration and contact tracing among many other duties. In this past year, the sheer amount of high-quality work delivered by our frontline healthcare workers and teams across the province cannot be overstated.

However, stressors created by the COVID-19 pandemic have impacted the workforce. We will continue working together to resume an improved sense of normalcy for our dedicated teams serving the healthcare system.

The past year saw the largest and most complex vaccination campaign rollout in the province's history. First doses were available for every 18+ Saskatchewan resident before the end of May 2021, and second dose eligibility opened to the 12+ age groups before the end of June 2021. In Fall 2021 third dose boosters became available to the public.

By establishing an easy-to-follow age-based distribution approach, with provisions for high-risk and vulnerable groups and essential workers, the province was able to vaccinate the population quickly and effectively.

Although addressing COVID-19 was a primary focus over the past year and certain health services across Saskatchewan were temporarily paused, the Ministry of Health continued to deliver on a wide range of other critical work areas.

In late fall of 2021, aggressive targets were set to address the surgical waitlist. Government has set a goal to perform an additional 7,000 surgeries in 2022-23 over the pre-pandemic levels. Volume targets will grow by 6,000 in 2023-24 and 5,000 in 2024-25.

A new public awareness campaign was launched to help address the stigma often experienced by those facing mental health and addiction issues. There is Help, There is Hope, campaign focused on changing the underlying attitudes, behaviours, and beliefs that contribute to the stigma surrounding mental health.

Despite some of the challenges of the past year, it's encouraging to look forward and release plans around a large-scale service resumption effort to get our system back on track. The Ministry of Health looks forward to continuing to work with its health system partners into the future.

Tracey Smith
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 healthcare 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.

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

Progress in 2021-22

Ministry Goal 1

Government Goals



A Strong
Economy



Strong
Communities



Strong
Families

Ministry Goal

Effective COVID-19 response and recovery

Contain the transmission of COVID-19 in Saskatchewan; minimize serious illness and deaths due to COVID-19 and the burden on health care resources. Start facilitating the recovery from the COVID-19 pandemic and a gradual lifting of public health restrictions.

Strategy

COVID-19 response

Respond to COVID-19 through public health measures, surveillance, testing, contact tracing and monitoring of infectious individuals, and vaccinations while ensuring that the Saskatchewan health system has adequate capacity to manage increased demands.

Key Actions

- Through community care and acute care surge plans, ensure that the health system has the capacity to meet increased demands for COVID-19 care while continuing to provide essential services to non-COVID-19 patients.
 - Additional surge capacity for intensive care units and inpatient beds was implemented throughout 2021-22 through active daily monitoring, load levelling across acute care sites, and up-skilling and redeployment of staff to support patient needs.
 - The system activated targeted service slowdowns to redeploy appropriate staff to acute care while striving to minimize impacts on non-COVID patients and services.
 - The Test to Protect or COVID-19 self-testing program was expanded in fall 2021. Saskatchewan successfully distributed and made rapid antigen testing kits widely available throughout the province to help residents monitor for COVID-19 at home.
- Immunize every Saskatchewan resident who wishes to receive the COVID-19 vaccine as quickly as possible and as vaccine supply allows.
 - COVID-19 vaccine eligibility opened first to health care workers in December 2020 and quickly expanded to residents of long-term care facilities, then the entire population through descending age cohorts. Scheduled drive-thru and walk-in clinics throughout the province supported Saskatchewan's plan to vaccinate as many residents as possible. 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. Through this approach, the Government of Saskatchewan deployed one of the fastest vaccination programs in the country.

- May 20, 2021, all Saskatchewan residents age 12 and older were eligible for their first dose. June 24, 2021, all Saskatchewan residents age 12 years and older who received their first dose of vaccine were eligible to receive their second dose.
- On September 7, 2021, Saskatchewan began a country-leading approach for booster and fourth dose rollouts for select populations.
- Continue to deploy evidence-informed public health measures and guidelines as necessary.
 - Throughout 2021, the Government of Saskatchewan rolled out several province-wide health measures and guidelines based on factual information for the health and safety of residents. Residents were continually encouraged to get vaccinated.
 - The Stick It to COVID campaign was launched on March 29, 2021, featuring real Saskatchewan people sharing their stories of why they are getting vaccinated. This campaign was rolled out as part of a multi-faceted media plan to encourage Saskatchewan residents to get vaccinated.

Performance Measure Results

COVID-19 vaccination

By September 30, 2021, a COVID-19 vaccine will be offered to all adult Saskatchewan residents who wish to receive it (dependent on the federal supply of vaccines).

- Eligibility for a first dose of an approved COVID-19 vaccine was extended to all citizens age 12 and older in May 2021, and second dose eligibility was fully extended in June 2021.
- On December 20, 2021, booster doses became available to all citizens age 18 and older three months after completing a primary series.

Strategy

Health system recovery and pandemic planning

Gradually and safely lift public health restrictions and resume deferred health care services. Building on the experience of COVID-19, develop a rolling pandemic plan that is adaptable to future pandemics and ensures needed public health infrastructure and capacity.

Key Actions

- Develop and implement a new re-opening plan to safely and gradually lift public health restrictions/measures.
 - In May 2021, the Government of Saskatchewan released the “Re-Opening Roadmap” - a three-step plan that gradually lifted public health restrictions as Saskatchewan reached significant vaccination levels. Province-wide masking mandates and gathering sizes remained in place until guidance was fully finalized.
 - Step One, on May 30, 2021, the following changes were made:
 - Private gathering limits were increased to 10 people indoors and outdoors.
 - Public gathering limits were increased to 30 people indoors and 150 people outdoors.
 - Restaurants and bars continued to operate with table restrictions.
 - Group fitness classes indoors, gameplay and competition for outdoor sports resumed.
 - Places of worship capacity were set to 30% or 150 people (whichever was less).
 - Capacity restrictions of 30% or 150 people (whichever was less).
 - Step Two, on June 20, 2021 the following changes were made:
 - Private gatherings increased to 15 people indoors and 150 people outdoors.
 - Public gatherings were limited to 150 people indoors and 150 people outdoors.
 - Table limitations were lifted for restaurants and bars.
 - Capacity limits for retail and personal services were removed.
 - All remaining restrictions for adult and youth sports were lifted (except for interprovincial play).
 - Capacity limits were increased to 150 people at facilities and venues previously restricted to 30 people
 - Step Three, on July 11, 2021 the following changes came into effect:
 - All remaining restrictions were lifted, including masking requirements, capacity limits, gathering limits, and isolation requirements.
- Develop a plan to address any backlogs for patients waiting due to COVID-19 health service slowdowns.
 - The Ministry continues to work with the Saskatchewan Health Authority to identify and address service backlogs caused by the COVID-19 response. Medical imaging and surgical backlogs have been identified and will be addressed through a multi-year plan; additional efforts are required in 2022-23 to address other service areas.
- Design a process for renewal of the pandemic preparedness plan that reflects the COVID-19 experience and ensures responsiveness to emerging pathogens.
 - The Ministry of Health will continue to assess, review and adapt the pandemic preparedness plan to incorporate lessons learned from the COVID-19 experience to better prepare for future pandemic needs.

Progress in 2021-22

Ministry Goal 2

Government Goals



A Strong
Economy



Strong
Communities



Strong
Families

Ministry Goal

Responsive mental health and addictions services

Continue to build responsive mental health and addictions services as part of a broader health system.

Strategy

Improve mental health and addictions services

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

Key Actions

- Continue to advance the Drug Task Force's priorities, implement shared priorities, and finalize the next multi-year action plan based on engagement with community stakeholders.
 - The Drug Task Force successfully developed a 90-day demonstration pilot of a drug harms dashboard for monitoring and planning purposes.
 - Development of a public and community engagement process was established. Public engagement took place and results informed the 2022-23 planning.
 - Key Drug Task Force priorities and budget allocations were identified for 2022-23.
- Develop and pilot an integrated youth services model.
 - A province-wide webinar was held to engage community-based organizations and propose the concept of integrated youth services in the province.
 - A website was also created to include videos and information describing the concept.
 - A team of inter-ministry officials developed a governance model, implementation plan, best proactive research, and an environmental scan to ensure Saskatchewan's model complemented and learned from other provinces.
 - A market sounding was conducted to solicit interest from the community-based sector in operating the central core function. A formal Request for Proposals was also initiated.

- Enhance mental health, addictions and harm reduction services, including \$850K for 12 additional provincial addictions treatment beds plus two pre-treatment beds at the addictions treatment centre located at St. Joseph's Hospital in Estevan, expanded access to Naloxone and implementation of mobile harm reduction buses.
 - In the fall of 2021, 12 new addictions spaces in Estevan opened in a temporary location. Transitioning to the permanent structure will take place in 2022-23.
 - As of March 31, 2022, provincially funded take-home naloxone kits are available in 225 locations across 76 communities, including 81 pharmacies.
 - The implementation of mobile harm reduction buses is underway, though supply chain challenges have impacted their delivery. The buses are anticipated to serve south, central, and northern Saskatchewan, with operation beginning in 2023.
- Study and scope a plan to improve entry points and navigation for mental health and addictions services to enhance patient and family-centred care.
 - This initiative was paused due to priorities associated with the COVID-19 pandemic.
 - Discussions are planned to occur within 2022 to restart this study.
- Implement actions within Pillars for Life: The Saskatchewan Suicide Prevention Plan.
 - A suicide prevention and awareness campaign was conducted to target youth, particularly youth in northern Saskatchewan.
 - Several training initiatives were conducted, including with the media, on best practices when reporting suicides.
 - Community partners were engaged in a safe medication disposal program which will launch in 2022-23.
 - Continued liaison with the Federation of Sovereign Indigenous Nations and the Government of Canada on the Joint Commitment to Address First Nations Suicide Prevention in Saskatchewan.

Performance Measure Results

Patients visiting emergency departments for mental health services where effective treatment does not require admission to a hospital

By March 31, 2022, the number of mental health presentations to emergency departments in Prince Albert, Regina, and Saskatoon where the patient is not admitted, will be reduced.

- Mental health presentations to emergency departments where the patient was not admitted increased to 1,471 a month in 2021-22 across Prince Albert, Regina, and Saskatoon hospitals. This is compared to 1,356 per month in the exact locations in 2020-21.
- Factors contributing to this increase may be attributed to the slow down of community-based services throughout the COVID-19 pandemic. We expect that as services resume to full capacity this metric should see improvement.

30-day readmissions to an inpatient mental health unit

By March 31, 2022, 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 remained largely the same in 2021-22 at 11.5% compared to 11.9% in 2020-21.

Opioid substitution therapy prescribers

By March 31, 2022, the number of Opioid Substitution Therapy prescribers will be increased.

- Opioid Substitution Therapy prescribers increased to 160 in 2021-22 from 133 in 2020-21, a 20% increase.

Progress in 2021-22

Ministry Goal 3

Government Goals



A Strong
Economy



Strong
Communities



Strong
Families

Ministry Goal

Stronger health care system

Build a safe and responsive health system through evidence-informed strategy development supported by policies focused on improving the health and wellbeing of Saskatchewan people.

Strategy

Improve team-based care

Ensure citizens get the health care they need sooner, in or closer to their homes, thereby reducing visits to emergency departments. Increase capacity in the acute care system to ensure patients have timely access to medical services and are transitioned to community alternatives or hospital care when appropriate.

Key Actions

- Continue to recover from the impact of COVID-19 related surgical service slowdown, and set the stage to achieve a three month surgical wait time by 2030.
 - Develop a plan to achieve progressive multiple-year wait time targets;
 - Targets have been set to perform 97,000 surgeries in 2022-23. Volumes are projected to increase for the next three years to return to a pre-COVID surgical waitlist by March 31, 2025.
 - Allow for health system recovery while taking steps to address the impact of COVID-19 on the surgical waitlist;
 - Surgical units and staff across the province played a key role in meeting the demands placed on the health system with higher numbers of hospitalized patients during COVID. Unfortunately, this redeployment of staff resulted in interruptions in surgical services resulting in an increase in the surgical waitlist by about 3,000 cases between March 31, 2021, to March 31, 2022.
 - Optimize existing province-wide surgical capacity and resources through the establishment of local and provincial high-performing collaborative teams;
 - Plans are in place to increase the recruitment and training of surgical staff across the province.

- Plan, implement and review a surgical service model line that offers timely and coordinated surgical services;
 - Initial steps have been taken to establish an orthopedic model line to improve provincial coordination of orthopedic surgeries and improve efficiencies and quality of care. Work will continue to progress throughout 2022-23.
 - The orthopedic model line will improve the distribution of patients waiting (among centres and surgeons) and improve recovery protocols so patients can go home sooner after surgery.
- Develop the electronic shared care plan to support seamless team-based care and enhance care planning between hospitals and community-based services to improve quality and safety;
 - Work on the Shared Care Plan was paused until 2022-23 as SHA and eHealth Saskatchewan resources continued to be prioritized for COVID response and recovery activities.

Performance Measure Results

Emergency department visits for less severe cases

By March 31, 2022, reduce the proportion of patients who visit emergency departments for less severe needs (i.e. patients triaged as Canadian Triage Acuity Scale levels 4 and 5).

- The overall proportion of less severe emergency department visits in 2021-22 decreased from 40.3% to 39.3% compared to the same period (April – December) in 2020-21 for Regina, Saskatoon, and Prince Albert hospitals combined.
- Regina hospitals decreased from 29.7% to 27.6% (comparison of April – December 2021 to April - December 2020).
- Saskatoon hospitals decreased from 46.3% to 46.0% (comparison of April 2021 – January 2022 to April 2020-January 2021).
- Victoria Hospital in Prince Albert saw an increase from 46.5% to 47.0% (comparison of April 2021-February 2022 to April 2020 – February 2021).

Proportion of CTAS 4/5 Visits to Emergency Departments – Combined: Regina, Saskatoon, and Prince Albert Hospitals

Total Emergency Visits	2020-21		Total Emergency Visits	2021-22	
	CTAS 4/5 Visits	% of Emergency Visits to CTAS		CTAS 4/5 Visits	% of Emergency Visits to CTAS
162,778	65,565	40.3%	181,085	71,196	39.3%

Proportion of CTAS 4/5 Visits to Emergency Departments – By City

City	2019-20			2020-21			2021-22		
	Total Visits	# CTAS 4/5	% CTAS 4/5	Total Visits	# CTAS 4/5	% CTAS 4/5	Total Visits	# CTAS 4/5	% CTAS 4/5
Regina	96,491	29,921	31.0%	81,322	23,680	29.1%	84,625	23,032	27.2%
Saskatoon	128,044	63,641	49.7%	104,064	47,635	45.8%	120,923	55,938	46.3%
Prince Albert	33,669	15,181	45.1%	29,677	13,738	46.3%	32,153	15,110	47.0%

2021-22 data is as of June 22, 2022 and subject to slight changes before the database is closed on June 30, 2022.

Source: National Ambulatory Care Reporting System

Patterns of emergency department use changed in 2020-21 and 2021-22 due to the COVID-19 pandemic. In 2019-20, 42.1% of emergency department visits in Regina, Saskatoon, and Prince Albert combined were CTAS levels 4 (less urgent) or 5 (non-urgent). This decreased to 39.6% in 2021-22.

First offer of surgery

By March 31, 2022, 80% of surgical patients receive a first offer of surgery within 12 months and no patients are on the wait list longer than 24 months.

- Through 2021-22, continuing waves of COVID-19 caused surgical service disruptions and related pressures on staff and facilities. As a result, fewer surgeries were performed in 2021-22 than expected, and surgical wait lists continued to grow.
- From January 1 to March 31, 2022, 92.4% of people who had surgery received an offer of surgery within 12 months. On March 31, 2022, there were still 2,183 people who had been on the wait list longer than 24 months.

By March 31, 2022, 90% of urgent cancer surgery patients receive a first offer of surgery within three weeks.

- In March 2022, 71.3% of people who had urgent cancer surgeries received the first offer within three weeks.
- In 2021-22, the number of cancer surgeries performed was slightly higher than pre-COVID numbers.

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

- Continue to progress the planning, design, and construction of the following major capital projects:
 - Meadow Lake Long Term Care: replace the existing 53-bed facility with a new 72-bed facility.
 - Construction of the new 72-bed Northland Pioneers Lodge Long Term Care Facility in Meadow Lake was completed on June 8, 2022.
 - Regina Provincial Hospital Electrical System Renewal Phase 1: replace power distribution centres at Regina General Hospital and Pasqua Hospital (currently under construction, estimated completion 2022).
 - The project (which includes the construction of new essential power buildings at Regina General Hospital and Pasqua Hospital and replacing transformers at the Regina General Hospital) will be completed in fall 2022.
 - Urgent Care Centres (Regina and Saskatoon): facilities will provide care for low complexity, non-life-threatening conditions, including mental health and addictions, minor ailments, injury, and respiratory care with on-site diagnostic, pharmaceutical, and laboratory services (currently in design, estimated completion 2023).
 - Site work for the Regina Urgent Care Centre began on March 28, 2022. Construction is expected to be completed in 2023.
 - Saskatoon location finalization and design are currently underway.
 - Grenfell Long Term Care: replace the 33-bed facility (currently in design, estimated completion 2022).
 - Site selection, functional program, and schematic design were completed in 2021-22.
 - Construction is expected to begin in fall 2022, with estimated completion in late 2023.

- La Ronge Long Term Care: expand the existing 16-bed facility to 80 beds (currently in design, projected completion 2024).
 - A detailed design of the expanded La Ronge Long Term Care facility is complete.
 - Procurement for the construction services is planned for fall 2022, with site preparation expected to start in late 2022.
 - Construction is estimated to be completed in early 2025.
- Weyburn Hospital: replace the existing hospital with a new 35-bed hospital (25 acute care beds and 10 mental health and addictions beds) (estimated completion 2024).
 - The project scope for the new Weyburn Hospital was finalized in February 2022, with the Request for Qualifications Stage completed in March 2022.
 - Land finalization and Request for Proposals stage are scheduled for spring 2022.
 - Construction is expected to commence in 2023 and be completed in early 2025.
- Prince Albert Victoria Hospital: expand from 173 to 242 beds, including renovation to existing service areas (currently in design, estimated completion 2027).
 - The expansion of the Prince Albert Victoria Hospital is currently in the procurement stage.
 - The Request for Qualifications stage closed in February 2022, and the Request for Proposals stage is expected to commence in summer 2022.
 - Construction is expected to start in late 2022-23, with the completion of the project targeted for 2027.
- Continue planning and design for the Regina Long Term Care project.
 - The Business Case for the standard long-term care beds and a design framework for the specialized beds were completed in March 2022.
 - The next steps for both projects will be finalized in spring 2022.
- Proceed with planning for Estevan and Watson Long Term Care projects.
 - A Request for Proposals for Needs Assessment was developed in 2021-22 and will be released early 2022-23.
 - Business case development (including capital options, location/site analysis, costing, and procurement options) is expected to start in fall 2022.
- Advance with planning and procurement for Regina General Hospital Parkade.
 - A Technical Risk Assessment to determine the site location and size of the new parkade is currently underway.
 - The project is expected to advance to procurement by fall 2022.
- Continue planning and needs assessment for the Yorkton Regional Health Centre replacement.
 - A Request for Proposals for Needs Assessment was developed in 2021-22 and will be released early 2022-23.
 - Business case development is expected to start in fall 2022.
- Deliver over \$140M to address facility maintenance, equipment and IT renewal in health care facilities across the province to ensure operational continuity and safe health services delivery.

Performance Measure Results

Meadow Lake Long Term Care

By September 30, 2021, construction of the new 72-bed Northland Pioneers Lodge Long Term Care facility in Meadow Lake will be substantially complete.

- The new 72-bed Northland Pioneers Lodge Long Term Care Facility in Meadow Lake was completed on June 8, 2022.

Facility maintenance projects

By March 31, 2022, all stimulus funded maintenance projects are complete.

- In 2021-22, \$73.2M was provided to Saskatchewan Health Authority, Saskatchewan Cancer Agency, and Athabasca Health Authority for maintenance funding, including:
 - \$9.6M in Block Funding; and
 - \$63.6M in Stimulus Funding.
- As of March 31, 2022, \$82M of the \$100M stimulus funding for maintenance projects (announced in May 2020) has been awarded.
- Project planning to update facility condition data of all health facilities was completed in 2021-22. A Negotiated Request for Proposals will be released in early 2022-23 for firms to conduct assessments of all health facilities over two years starting in summer 2022.

2021-22 Financial Summary

The Ministry incurred \$6.6B in expenses in 2021-22, \$457.1M greater than its 2021-22 budget. The increase in expenses was mainly due to the Health System COVID-19 related pressures, SHA operating pressures, change in inventory of federally donated COVID-19 test kits, and Prescription Drug Plan utilization pressures. These increases were partially offset by savings in other areas, including Physician Services and Out-of-Province utilization savings.

In 2021-22, the Ministry received \$285.2M of revenue, \$231.1M more than its 2021-22 budget. The additional revenue is primarily due to the donation of COVID-19 test kits from the federal government, higher than budgeted prior-year expense reimbursements for Drug Plan product listing agreements and Saskatchewan Medical Association (SMA), and unbudgeted funding from the federal government for Safe Long Term Care Fund, Safe Restart Data Management, and Immunization Partnership Fund agreements, as well as higher than anticipated refunds of prior year expenses and expense recoveries.

Additional financial information can be found in the Government of Saskatchewan Public Accounts located at <https://publications.saskatchewan.ca/#/categories/893>

Ministry of Health Comparison of Actual Expenses to Estimates

	2020-21 Actual \$000s	2021-22 Estimates \$000s	2021-22 Actual \$000s	2021-22 Variance \$000s	Notes
Central Management and Services					
Ministers' Salary (Statutory)	102	102	103	1	
Executive Management	2,463	2,707	2,614	(93)	
Central Services	6,580	5,175	6,690	1,515	
Accommodation Services	2,580	2,301	2,070	(231)	
Subtotal	11,725	10,285	11,477	1,192	
Saskatchewan Health Services					
Athabasca Health Authority Inc.	7,234	7,234	7,234	-	
Saskatchewan Health Authority	3,732,832	3,731,657	3,870,160	138,503	
Saskatchewan Health Authority Targeted Programs and Services	490,188	232,980	472,035	239,055	(1)
Saskatchewan Cancer Agency	197,602	204,030	203,983	(47)	
Facilities - Capital	113,652	102,247	76,227	(26,020)	(2)
Equipment - Capital	88,599	52,089	71,062	18,973	(3)
Programs and Support	27,533	27,782	29,568	1,786	
Provincial Laboratory	-	-	-	-	
Subtotal	4,657,640	4,358,019	4,730,269	372,250	
Provincial Health Services					
Canadian Blood Services	43,510	48,106	48,039	(67)	
Provincial Targeted Programs and Services	57,170	65,184	65,319	3,135	
Health Quality Council	4,604	4,856	4,809	(47)	
Immunizations	17,245	19,415	17,480	(1,935)	
eHealth Saskatchewan	111,313	125,809	129,957	4,148	
Subtotal	233,842	263,370	268,604	5,234	
Medical Services & Medical Education Programs					
Physician Services	518,285	654,209	615,462	(38,747)	(4)
Physician Programs	111,279	115,914	112,462	(3,452)	
Medical Education System	68,233	117,141	116,813	(328)	
Optometric Services	11,418	15,289	13,700	(1,589)	
Dental Services	1,026	2,033	1,202	(831)	
Out-of-Province	117,855	141,162	118,296	(22,866)	(5)
Program Support	7,189	13,504	10,034	(3,470)	
Subtotal	835,285	1,059,252	987,969	(71,283)	

	2020-21 Actual \$000s	2021-22 Estimates \$000s	2021-22 Actual \$000s	2021-22 Variance \$000s	Notes
Drug Plan & Extended Benefits					
Saskatchewan Prescription Drug Plan	339,676	342,329	383,504	41,175	(6)
Saskatchewan Aids to Independent Living	46,999	52,473	47,926	(4,547)	
Supplementary Health Program	24,596	29,678	30,706	1,028	
Family Health Benefits	2,690	4,335	3,160	(1,175)	
Multi-Provincial Human Immunodeficiency Virus Assistance	169	263	203	(60)	
Program Support	4,924	5,111	5,263	152	
Subtotal	419,054	434,189	470,762	36,573	
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TOTAL APPROPRIATION	6,157,546	6,125,115	6,469,081	343,966	
<hr/>					
Less: Capital Asset Acquisitions	2,400	7,689	5,173	(2,516)	
Plus: Non-Appropriated Expense Adjustment	(2,785)	129	110,790	110,661	(7)
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TOTAL EXPENSE	6,152,361	6,117,555	6,574,698	457,143	

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

Special Warrants / Supplementary Estimates

During 2021-22, the Ministry received \$362.8M in Supplementary Estimates and Special Warrant funding primarily to address COVID-19 related pressures, Prescription Drug Plan utilization pressures, and other operating pressures in the Saskatchewan Health Authority.

Explanations for Major Variances

Explanations are provided for all variances that are greater than five per cent of the Ministry's 2021-22 program budget and greater than 0.1 per cent of the Ministry's total expense.

1. Primarily due to COVID-19 related pressures in the Saskatchewan Health Authority, such as COVID-19 operating costs and Personal protective equipment (PPE) supplies. The Ministry received Supplementary Estimate and Special Warrant funding totaling \$260.8M to cover the third party COVID-19 related pressures.
2. Primarily due to capital facilities project deferrals.
3. Primarily due to capital equipment pressures related to AIMS.
4. Program utilization below budgeted levels.
5. Program utilization below budgeted levels.
6. Primarily due to program utilization pressures and COVID-19 pharmacy vaccination program costs. The Ministry received Supplementary Estimate funding of \$30M to cover the Saskatchewan Prescription Drug Plan pressures.
7. Primarily due to change in inventory for federally-donated COVID-19 test kits.

Ministry of Health Comparison of Actual Revenue to Estimates

	2021-22 Estimates \$000s	2021-22 Actual \$000s	2021-22 Variance \$000s	Notes
Other Own-source Revenue				
Investment Income	100	58	(42)	
Other fees and charges	1,330	959	(371)	
Miscellaneous	1,135	191,139	190,004	(4)
Total	2,565	192,156	189,591	
Transfers from the Federal Government	51,541	93,049	41,508	(2)
TOTAL REVENUE	54,106	285,205	231,099	

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, and virtual care. 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 due to recognizing the donation of COVID-19 test kits from the Federal Government; higher than budgeted prior year expense recoveries for Drug Plan product listing agreements, SMA, and third party liability claims; and reversal of prior year accruals.*
2. *Primarily related to unbudgeted funding from the federal government for Safe Long Term Care Fund, Safe Restart Data Management, and Immunization Partnership Fund agreements.*

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 2021/22, 231 critical incidents were reported to the Ministry (detailed in the table below)⁸. This is an 18.5% increase compared to 2020/21 when 195 critical incidents were reported. The number of critical incidents reported may vary from year to year. The highest number of incidents reported to date was in 2019/20, when 290 critical incidents were identified and reported to the Ministry of Health.

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.

Monitoring of critical incidents can also be used to direct patient safety and improvement initiatives. When recommendations are broadly applicable, the learnings are shared with a provincial network of Quality of Care Coordinators, risk managers, health providers, and health education program leaders.

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, *Using Critical Incident Reporting to Improve Patient Safety*, with associated recommendations was released in June 2021 and can be found here: <https://auditor.sk.ca/publications/public-reports/item?id=166>. The Ministry will work with our system partners over the next three years to implement the recommendations, which focus on ensuring timely critical incident notification and report submission, updating reporting categories, improving the quality and effectiveness of corrective actions, and strengthening the analysis and system learnings.

⁸Data current as of May 27, 2022

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	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17
I. Surgical Events						
a) Surgery performed on wrong body part	0	0	0	1	1	0
b) Other surgical events Surgery performed on the wrong patient	1	0	0	0	0	0
c) The wrong surgical procedure performed on a patient	1	0	1	0	0	1
d) Retention of a foreign object in a patient after surgery or other procedure	7	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	0	1	0	0	0	0
f) Unintentional awareness during surgery with recall by the patient	0	0	2	0	1	0
g) Other surgical events	2	1	9	6	3	4
Total	11	3	14	9	7	8
II. Product and Device Events						
a) Contaminated drugs, devices, or biologics provided by the RHA/HCO	0	2	3	1	1	0
b) Use of function of a device in patient care in which the device is used or functions other than as intended	8	4	5	5	2	5
c) Intravascular air embolism	0	0	0	0	0	0
d) Other product or device event	10	3	7	2	8	1
Total	18	9	15	8	11	6
III. Patient Protection Events						
a) An infant discharged to the wrong person	0	0	0	0	0	0
b) Patient disappearance	3	7	11	5	4	1
c) Patient suicide or attempted suicide	14	19	28	33	25	10
d) Other patient protection event	5	8	3	9	0	4
Total	22	34	42	47	29	15

Category	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17
IV. Care Management Events						
a) Medication of fluid error	27	25	40	31	21	17
b) Hemolytic reaction due to the administration of ABO-incompatible blood or blood products	1	1	1	0	0	0
c) Maternal death or serious disability	7	2	3	2	3	0
d) Full-term fetal or neonatal death or serious disability	4	3	3	5	1	4
e) Hypoglycemia while in the care of the RHA/HCO	1	0	2	0	1	1
f) Neonatal death or serious disability, including kernicterus, associated with failure to identify and treat hyperbilirubinemia	0	0	1	0	0	1
g) Stage 3 or 4 pressure ulcers acquired after admission to a facility	15	16	16	15	22	20
h) Delay or failure to transfer	7	5	6	9	5	3
i) Error in diagnosis	10	9	16	5	6	13
j) Other care management issues	79	52	94	38	36	42
Total	151	113	182	105	106	101
V. Environmental Events						
a) Electric shock while in the care of the RHA/HCO	0	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	0
c) Burn from any source	1	1	1	1	2	0
d) Patient death from a fall	14	22	18	30	21	35
e) Use or lack of restraints or bed rails	2	1	0	1	3	3
f) Failure or de-activation of exit alarms or environmental monitoring devices	2	0	2	0	0	1
g) Transport arranged or provided by the RHA/HCO	0	0	1	2	1	0
h) Delay or failure to reach a patient for emergent or scheduled services	1	4	9	4	2	3
i) Other environmental event	5	5	4	6	2	7
Total	25	33	35	44	31	49

Category	2021/22	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	0	2	0
b) Abduction of a patient of any age	0	0	0	0	0	0
c) Sexual assault of a patient	3	1	0	1	1	0
d) Physical assault of a patient within or on grounds owned or controlled by the RHA/HCO	0	0	0	1	0	2
e) Sexual or physical assault or a patient perpetrated by an employee	1	2	0	5	0	1
f) Other criminal event	0	0	2	1	1	4
Total	4	3	2	8	4	7
Total CLs Reported	231	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 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 Saskatchewan Strategy for Suicide Prevention Act, 2021

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.