

Annual Report for 2022-23

Ministry of Health

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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, 2023.

In 2022-23, the Ministry of Health delivered significant progress and achievements. The provincial health care system continued focusing efforts on building a stronger, more responsive health system for individuals, families and communities.

Improving the overall system means focusing improvements toward our dedicated health-care workers, who are the foundation of Saskatchewan's health system. In 2022-23, advancing initiatives to support our valued workers was a priority.

A four-point Health Human Resources Action Plan was launched in 2022 to *Recruit, Train, Incentivize and Retain* more health-care workers in urban, rural and remote communities across the province. Made-in-Saskatchewan solutions were implemented to bring needed health professionals into our province, including doctors, nurses and other in-demand professions.

Much progress was made in 2022-23 in the area of mental health and addictions, which received a record investment to continue building on available supports. The extraordinary efforts of our surgical teams and surgical support staff ensured thousands more patients received the surgical procedure needed to improve their quality of life. Infrastructure investment was another key area of focus to ensure Saskatchewan's hospitals, clinics, other health facilities, and information technology services, provide safe and effective health programs and services to meet future needs of a growing province.

Putting patients first and focusing on the well-being of Saskatchewan people is a top government priority. The Ministry of Health will continue collaborating with all health-sector partners to find areas of improvement within our health care system to deliver the best care possible to Saskatchewan patients.



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



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, 2023.

Saskatchewan delivered actions on multiple fronts to support the Health Human Resources Action Plan in 2022-23. Government led two health care recruitment missions to the Philippines, returning home with successful recruitment results. Saskatchewan became the first province in Canada to introduce an accelerated training, assessment and licensure pathway for internationally-educated nurses.

The Ministry of Health worked closely with the Ministry of Advanced Education and sector partners to increase educational opportunities for Saskatchewan students interested in pursuing health careers, adding hundreds of new post-secondary training seats, including 150 nursing seats. Competitive incentive packages were developed to attract health care candidates to rural and remote communities.

The Saskatchewan Healthcare Recruitment Agency (SHRA) was established in 2022 and is responsible for recruiting doctors, nurses and other health-care professionals from within Saskatchewan, across North America and overseas.

Other achievements delivered by the provincial health system included the highest-ever volume of surgical procedures performed in Saskatchewan in a one-year fiscal period, including hundreds more hip and knee replacement procedures compared to pre-COVID numbers.

Pillars for Life: The Saskatchewan Suicide Prevention Plan, demonstrated great progress by funding the creation of a safe medication disposal program, mental wellness camp for Indigenous youth, and expanding Roots of Hope programming in northern communities.

Many successful grand openings were celebrated this year. The Woodland Wellness Centre for mental health healing and recovery and addictions treatment opened in La Ronge, along with a Rapid Access to Addictions Medicine (RAAM) clinic in North Battleford to provide quick access to specialized addictions services.

The community of Meadow Lake celebrated two key grand openings: the Northwest Community Lodge, a long-term care facility, and a new Meadow Lake Dialysis Unit to serve patients in northwest Saskatchewan much closer to home. A new neo-natal intensive care unit was also opened at Victoria Hospital in Prince Albert.

The Ministry of Health provided guidance and support to Saskatchewan residents on Living with COVID-19. Saskatchewan residents were encouraged to receive their vaccinations and booster shots to help protect against severe outcomes.

The Ministry of Health will continue collaborating with health-sector partners and government ministries as part of our One Team approach to best serve the citizens of our province.

A handwritten signature in blue ink that reads "Tracey L. Smith".

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 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, 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 Saskatchewan Ministry of Health 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.

Ministry of Health Business Plan 2022-2023: saskatchewan.ca/ministry-plans

Progress on Goal 1: Effective COVID-19 Response and Recovery

Limit the impacts of COVID-19 in Saskatchewan. Facilitate the health system's recovery from the pandemic and adjust services to live with COVID.

Strategy:

Continue to lead the COVID-19 response and health system recovery.

Minimize serious illnesses and deaths due to COVID-19, prepare for potential future waves of COVID-19 infections and ensure our health care resources can meet demands.

Key Actions:

Provide ongoing management of the COVID-19 response:

Manage the spread of COVID-19 by ensuring polymerase chain reaction (PCR) testing for priority populations, investigating severe cases, managing outbreaks in settings where the risk of severe health outcomes is high and encourage vaccination, including booster doses.

- In February 2022, the province reserved PCR testing for priority populations at elevated risk for severe outcomes.
- As we learn to live with COVID-19, PCR testing remains available through Primary Health Care (PHC) providers (physicians and nurse practitioners) who determine if a test is appropriate.
- In spring and summer 2022, additional booster doses using the original COVID-19 vaccines expanded to include second boosters for all individuals 18 years of age and older and first boosters for those five to 11 years of age.
- In summer 2022, with the availability of the COVID-19 vaccine for infants and young children, those six months to four years of age, became eligible for a primary series.
- In fall 2022, the Omicron bivalent vaccines became available starting with high-risk populations, including residents of long-term care facilities and personal care homes, and expanded to all residents 12 years of age and older.
- During the 2022-23 Seasonal Influenza Immunization Program, the media campaign promoted the uptake of influenza and COVID-19 vaccines, which were both available at mass clinics.
- In early 2023, bivalent booster doses expanded to children five to 11 years of age.
- In spring 2023, select high-risk populations became eligible for a second bivalent booster dose.
- Public messaging has been streamlined to encourage individuals to stay up-to-date by receiving the COVID-19 dose they are eligible for now.

Promote self-monitoring, self-testing, and self-managing to help prevent transmission.

- Continued to distribute federally supplied rapid antigen test kits to the public for self-testing at more than 600 public distribution locations throughout the province until the public stock of tests is exhausted.
- From November 2020 to May 2023, Saskatchewan distributed a total of 25,368,725 rapid antigen tests to the public.
- In February 2022, Saskatchewan shifted its approach to Living with COVID and the Public Health Orders were lifted. The approach shifted to promote self-monitoring, self-testing, and self-managing to help prevent transmission. A self-management webpage was launched to support public awareness. From April 1, 2022, to March 31, 2023, the Self-Manage webpage had 52,068 page views.
- On October 13, 2022, the ministry launched the Community Respiratory Illness Surveillance Program (CRISP) report, providing Saskatchewan residents with up-to-date surveillance data of respiratory virus activity in the

province to inform their individual risk assessment, including COVID-19, Influenza, Respiratory Syncytial Virus (RSV) and other respiratory viruses. As of March 31, 2023, the CRISP Reports webpage had 35,144 page views.

Expand acute care services and Intensive Care Unit (ICU) capacity to meet demands related to future COVID-19 surges while continuing to provide essential services to non-COVID-19 patients.

- In 2022-23, the Saskatchewan Health Authority (SHA) received nearly \$3M to support additional staff required to permanently open 10 high acuity beds at the Regina General Hospital. As of March 31, 2023, two of the 10 beds are currently staffed to high acuity levels and the SHA continues to work through recruitment and training of staff to open the remaining eight beds in October 2023.
- To address the need for additional capacity, the SHA operated an additional 36 inpatient beds at Royal University Hospital (RUH) in Saskatoon and 22 inpatient beds at Pasqua Hospital in Regina to accommodate medical/surgical patients requiring inpatient care. In 2023-24, the ministry will be providing permanent funding to support 36 beds at RUH and 28 inpatient beds at Pasqua Hospital (an increase of six from 2022-23).
- In 2022-23, the ministry provided \$12.5M to the SHA to support the operation of 11 incremental ICU beds and increased ventilation capacity was implemented as part of Phase One of the 31 bed critical care expansion. In 2023-24, the ministry will be providing additional annualized funding for a total of \$12.6M (109.39 FTEs) to support continued operation of these beds.
- Planning is underway for phase two of the strategy to further expand ICU bed capacity beyond 90 beds. In 2022-23, the ministry provided \$400,000 to support Phase Two planning activities, including the development of a business case being led by the Ministry of SaskBuilds and Procurement.

Complete high priority ventilation projects in 10 long-term care facilities across the province.

- Tenders were released in March 2023 and closed in April 2023. Five projects are expected to be delivered by December 2023 and the remaining five projects are expected to be delivered by May 2024.

Prepare for recovery from the COVID-19 pandemic:

Prepare the health system for the eventual transition of COVID-19 to a phase with less transmission and fewer related hospitalizations and deaths.

- The province has removed regulatory barriers concerning rapid antigen test purchase, procurement and use.
- The province continued to support the free public distribution of rapid tests.
- Patients were assessed for therapeutic treatments for COVID-19 by calling HealthLine811, or consulting with a participating pharmacist, family physician or nurse practitioner.
- Resources on Living with COVID were/are available at [saskatchewan.ca](https://www.saskatchewan.ca), including information on self-monitoring, self-management, self-isolation, how to protect yourself, long COVID, schools and daycares, and a Know Your Risk checklist.

Develop and execute a plan for recovery of services in surgery, cancer screening, long-term care, home care, mental health and addictions, specialized medical imaging, and other services where backlogs exist.

- In 2022-23, the Ministry of Health, SHA and stakeholders engaged in multi-year planning for addressing the backlog of patients waiting for surgery. Plans to expand surgical volumes, include: addressing gaps in health human resources through recruitment and retention strategies; investing in surgical resources in Saskatchewan by improving equipment and efficiency; and adding additional resources through private sector partnerships.
- The Saskatchewan Cancer Agency (SCA) and the SHA have collaborated to target and eliminate the backlog of invitation letters for the Screening Program for Breast Cancer (SPBC).
- As of March 31, 2023, the SCA has ensured the mobile mammography bus has met and maintained scheduled services in rural and remote communities; offered clients multiple sites to receive their mammogram; continued to implement the Breast Pathway Initiative to assist in supporting equitable access to timely, client-centred, services; and continued to actively recruit Medical Radiation Technologists (MRTs) to meet the increased demand and reduce the backlog of invitation letters.

- While many programs and services were impacted by the COVID-19 pandemic, long-term care and home care continued to support residents and clients with little to no service backlogs.
- During the latter stages of the pandemic, capacity in inpatient addiction treatment facilities continued to be reduced. During this period, clients, where appropriate, were managed through virtual or outpatient services. By March 31, 2023, inpatient facilities resumed full operations.
- Services have resumed to full capacity in all programs and services.
- Drug overdoses and deaths saw an increase during the COVID-19 pandemic. To address this situation, we continue to invest in harm reduction and addictions treatment and other services. The Saskatchewan Drug Task Force continues to examine actions from a multi-sectoral approach, including the implementation of Overdose Outreach Teams in Regina and Saskatoon.
- The Ministry of Health and the SHA have developed a multi-year plan to reduce Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) wait time targets to 90 days or less, with implementation investments to continue to grow in 2023-24.

Performance Measures:

COVID-19 vaccinations

- Increase rates of vaccination among children under 12.
 - The percentage of five to 11 year olds who completed their primary series increased from 40 per cent on March 31, 2022 to 44 per cent on March 31, 2023.
 - COVID-19 vaccine was introduced to those six months to four years of age on October 13, 2022. The percentage of those six months to four years of age who have completed their primary series as of March 31, 2023, is nine per cent.
 - As of March 2023, the overall rate for those under 12 years of age who have completed a primary series was 31 per cent.
- Increase booster dose update for those who are eligible.
 - On December 16, 2021, all residents 18 years of age and older were eligible to receive one booster dose. This expanded to those 12 to 17 years of age on February 1, 2022. As of March 31, 2022, the percent of those 12 years of age and older who received one booster was 43 per cent.
 - On August 12, 2022, second boosters were available to those 18 years of age and older, and on August 31, 2022, boosters became available to those who were five to 11 years of age.
 - As of March 31, 2023, 44 per cent of the population five years of age and older had one booster and 22 per cent of the population five years of age and older had a second booster.

ICU capacity

- By June 30, 2022, permanent ICU beds will be increased from 79 to 90.
 - As of March 31, 2023, the SHA reported that the incremental ICU beds in Regina General Hospital (two beds), Prince Albert Victoria Hospital (one bed) and Saskatoon St. Paul's Hospital (three beds) are staffed and operational. Renovations are underway at St. Paul's Hospital to ensure appropriate space for patients. Not all of the required positions to support the St. Paul's Hospital beds were filled by March 31, 2023; however, the SHA continues to increase capacity as recruitment continues.
 - The five remaining beds located at Yorkton Regional Hospital (one bed) and Pasqua Hospital (four beds) were not yet open by March 31, 2023, due to supply chain and equipment issues, as well as recruitment actions still underway. The SHA is currently working through logistics and architectural plans with the goal to have renovations completed by late 2023-24.

Progress on Goal 2: 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 support recommendations in the Mental Health and Addictions Action Plan, ensuring that Saskatchewan residents have improved access to services from the most appropriate mental health and addiction professional at the right location when needed.

Key Actions:

Implement the Integrated Youth Services (IYS) Model in collaboration with other human service ministries, including the establishment of three IYS service centres to better meet the needs of Saskatchewan youth.

- The John Howard Society of Saskatchewan is leading the implementation of the initiative in partnership with multiple ministries within the Government of Saskatchewan. The John Howard Society of Saskatchewan began establishing operations with partners and getting structures in place.

Expand Mental Health Capacity Building into additional schools and school divisions.

- During the 2022-23 recruitment period, the program was expanded to include five new schools in La Ronge, Prince Albert (two schools), Weyburn and Yorkton.

Engage partners in implementing Pillars for Life: Saskatchewan's Suicide Prevention Plan.

- As required by Section 4 of the *Saskatchewan Strategy for Suicide Prevention Act, 2021*, the following initiatives serve to update on progress and activities related to the strategy for suicide prevention:
 - In collaboration with community-based organizations and partners:
 - established a Community of Practice network;
 - customized an online suicide prevention toolkit;
 - provided virtual suicide prevention gatekeeper training for adults;
 - provided virtual media training highlighting best-practice guidelines;
 - refreshed a public awareness campaign;
 - delivered a safe medication disposal initiative; and
 - incorporated evaluation components into all actions for each pillar of the prevention plan
 - In addition to these specific initiatives, the many new investments in mental health and addictions and new and continuing services, support the overall well-being of residents, which impacts suicide rates.

Province-wide implementation of the Mental Health and Addictions Information System.

- Provincial implementation of the Mental Health and Addictions Information System is ongoing throughout the Saskatchewan Health Authority and plans are underway to expand its use to the community partners providing publicly-funded mental health and addictions services.

Collaborate with ministries, police forces, health sector and communities to address the evolving harmful impacts of substance use on communities and individuals. Implement shared priorities upon completion of the Saskatchewan Drug Task Force public consultations.

- Launched overdose outreach teams in Regina and Saskatoon; delivered an anti-stigma and trauma-informed training among police services and social services front-line staff; launched a public addictions anti-stigma campaign; and initiated work on a process for community drug alerts, building partnerships and successfully procuring a platform.

Establish new addiction treatment spaces for individuals requiring substance use treatment services as part of the government's commitment for 150 new spaces.

- A Request for Proposals was completed resulting in two contracts awarded to deliver 14 post-treatment beds at St. Joseph's Hospital in Estevan and 36 virtual spaces with EHN Canada.

Performance Measures:

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

- By March 31, 2023, 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 decreased to 1,266 a month in 2022-23 across Prince Albert, Regina and Saskatoon hospitals. This is compared to 1,471 per month in these locations in 2021-22. Note: Based on partial year data (similar to last year) as hospital data was not completed for the fiscal year.

30-day readmissions to an inpatient mental health unit

- By March 31, 2023, 30-day inpatient readmissions for individuals admitted with a primary mental health-related diagnosis will be reduced.
 - 30-day inpatient re-admissions for individuals admitted with a primary mental health-related diagnosis decreased in 2022-23 to 10.3 per cent compared to 11.5 per cent in 2021-22.

Self-Harm, including Suicide

- By March 31, 2023, the rate of hospitalizations or death due to self-harm (per 100,000 population) will be reduced.
 - The rate of hospitalizations or death due to self-harm decreased to 79 in 2022-23 compared to 85.2 in 2021-22.

Progress on Goal 3: 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:

Address health human resource needs.

Ensure an adequate supply of health-care workers to address service backlogs caused by the pandemic, meet future surge demands, and satisfy requirements related to capital expansion projects across the province over the next several years.

Key Actions:

Establish an independent Saskatchewan Healthcare Recruitment Agency solely dedicated to recruitment and retention of health human resources in Saskatchewan.

- The Saskatchewan Healthcare Recruitment Agency (SHRA) was established as an independent Treasury Board Crown Corporation along with appointment of an initial board in August 2022. The SHRA is responsible for recruiting doctors, nurses and other priority health-care professionals from within Saskatchewan, across North America and overseas.
- The agency will coordinate and collaborate around health human resource planning with health-care employers, such as the Saskatchewan Health Authority (SHA), Saskatchewan Cancer Agency (SCA) and affiliates. The agency may also work closely with other stakeholders, such as Saskatchewan communities and municipalities.
- The Chief Executive Officer role was successfully filled in May 2023. The Government of Saskatchewan announced Erin Brady as the new CEO of the agency.

Work with the Ministry of Advanced Education and post-secondary institutions to expand training seats for nurses and other high demand health professions.

- A 150 nursing seat expansion was implemented in September 2022, including:
 - 10 Nurse Practitioner (NP) training seats – five in the Collaborative Nurse Practitioner Program, jointly delivered by Saskatchewan Polytechnic and the University of Regina, and five in the University of Saskatchewan Nurse Practitioner Program;
 - 124 Registered Nursing (RN) seats – 62 in the Saskatchewan Polytechnic/University of Regina collaborative program and 62 in the University of Saskatchewan program; and
 - 16 Registered Psychiatric Nursing (RPN) seats in the Saskatchewan Polytechnic program.
- A further seat expansion was announced for 550 post-secondary training seats in 18 different occupations to be added starting in fall 2023.
- The Ministry of Advanced Education and the Ministry of Immigration and Career Training are expanding health care training seats at Saskatchewan's Indigenous institutions:
 - Saskatchewan Indian Institute of Technologies (SIIT) expanded the Health Care Aid Program in Prince Albert with an additional 20 seats for the winter semester (March 2023) and had a one-time increase of Indigenous Practical Nursing seats.
 - The Dumont Technical Institute (DTI) will have additional Continuous Care Assistant seats and a one-time seat expansion in Practical Nursing.

- Improve job offers and connections for nursing graduates:
 - Following the launch of the Nurse Graduate Expression of Interest initiative in December 2022, dozens of nursing graduates from Saskatchewan and out of province were hired. These numbers continue to grow.
 - The SHA extended conditional letters of offer to nurses who graduated in spring 2023.
 - The SHA promoted employment opportunities and offered in-person career events and attended career fairs in and outside Saskatchewan as part of their annual programming.
- Saskatchewan is training more doctors at home with 100 medical student seats and expansion of medical residency seats through the University of Saskatchewan from 120 to 128.
- Medical residents can currently obtain family medicine post-graduate training at several distributed sites: Prince Albert, Swift Current, La Ronge, North Battleford and Moose Jaw. Starting in 2022, medical residents were able to obtain training in multiple sites in the southeast area of the province.

Support initiatives to address staffing needs specific to rural and remote areas.

- The Saskatchewan Rural and Remote Recruitment Incentive program was launched on October 1, 2022 and provided up to \$50,000 over three years for a return-of-service agreement to attract new employees for high priority positions, mainly in rural and remote areas. The eligibility has been expanded to over 50 rural and remote communities. By March 2023, 83 incentives had been approved in a variety of professions and locations.
- In 2022-23, 168 Final Clinical Placement Bursaries were approved to support students in health disciplines with their final clinical placement requirements – the highest since 2014-15.
- As part of the Health Human Resources (HHR) Action Plan, 250 new and enhanced positions were added to the SHA to target 52 rural and remote locations experiencing service disruptions in nine high priority classifications. As of late March 2023, the SHA has hired 108 of the 164 positions posted in nine high priority classifications in rural and remote locations experiencing service disruptions.
- In 2022-23, additional investments were made to expand and enhance programming targeted to recruiting and retaining physicians. This included increasing the number of placements available in the Saskatchewan International Physician Practice Assessment (SIPPA) program from 36 to 45. In addition, a new mentorship and support program was added to help address long-term retention of physicians assessed through SIPPA.
- In 2022-23, the ministry committed to enhancements to the Rural Physician Incentive Program to adjust program eligibility to include more physicians establishing practice in Saskatchewan and to increase the incentive amount to encourage longer term retention. Physicians establishing practice in rural Saskatchewan are now eligible for a \$200,000 incentive over five years.
- In 2022-23, the ministry provided the SHA an additional \$7.3M in funding to support an additional 70.7 paramedic FTEs in 27 ambulance services across the province. As of March 31, 2023, approximately 69 per cent (or 48.87) of the positions have been filled.

Pursue international recruitment initiatives to address medium term staffing shortfalls that cannot be reasonably met through other means.

- A total of 398 conditional job offers were extended to Registered Nurses by the SHA during two in-person recruitment missions to the Philippines.
- Saskatchewan was the first province in Canada to introduce an accelerated training, assessment and licensure pathway for Internationally Educated Nurses (IEN) that includes supports for overseas recruits to settle and start work in the province. The first intake started in November 2022 with a number of intakes following from January to March. At the end of March, almost 40 recruits were active in the new bridging program.
- 21 Continuing Care Assistants (CCAs) and two Medical Lab Assistants (MLAs) from the Philippines were hired and began working in Saskatchewan.
- The SHA hired 10 Ukrainian newcomers into the health-care workforce.
- Three navigators were hired within the Ministry of Health, and one in the Ministry for Immigration and Career Training, to help internationally-educated health care workers with moving into health care positions, settlement and orientation.

- Since its launch in March 2023, the Saskatchewan Healthcare Recruitment and Retention Navigation Supports webpage registered over 1,100 views and over 4,000 inquiries have been received from internationally trained health-care workers.
- During the second recruitment mission in the Philippines, the Government of Saskatchewan Healthcare Recruitment and Retention Navigator Team met with several hundred potential IENs interested in working in Saskatchewan and prepared nearly 130 career action plans detailing the next steps for the IENs.

Performance Measures:

Recruit

- Recruit hundreds of Internationally Educated Health Care (IEH) workers from overseas.
 - A total of 398 conditional job offers were extended to Registered Nurses by the SHA during two in-person recruitment missions to the Philippines.
 - 21 CCAs and two MLA job offers were also extended to Philippine recruits. Of these, 17 CCAs and two MLAs arrived in Saskatchewan by the end of April 2023.
 - 10 new arrivals from the Ukraine were hired by the SHA (March 29).
- Support IEH workers with moving into health care positions, settlement and orientation.
 - Since its launch in March 2023, the Navigation Supports webpage registered over 1,100 views and over 4,000 inquiries have been received from internationally trained health care workers.
 - During the second recruitment mission in the Philippines, the Ministry of Health Navigator Team met with several hundred potential IENs interested in working in Saskatchewan and prepared nearly 130 career action plans detailing the next steps for the IENs.

Train

- Create a streamlined and accelerated training, assessment and licensure pathway for IENs.
 - Almost 40 IENs were active in the new nursing bridging program by end of March 2023.
- Expand nursing seats to a total of 150.
 - In fall 2022, the 150 nursing seat expansion was implemented and is divided as follows: the University of Regina/Saskatchewan Polytechnic collaborative program and the University of Saskatchewan program added 62 RN seats and five NP seats and Saskatchewan Polytechnic added 16 RPN seats.

Incentivize

- Improve job offers and connections for nursing graduates.
 - Following the launch of the Grad Nurse Expression of Interest initiative in December 2022, 114 nursing graduates from Saskatchewan and out-of-province were hired.
 - As of March 28, 81 conditional job offers were made to nurses who graduated in spring 2023.
 - In 2022-23, 169 Final Clinical Placement Bursaries were approved to support students in health disciplines with their final clinical placement requirements, which is the highest since 2014-15.
- Establish a new Rural and Remote Incentive program to benefit up to 115 new health-care workers.
 - By March 2023, 83 Rural and Remote incentive packages were approved in a variety of professions and locations.

Retain

- Implement 250 new permanent full-time positions and enhance part-time positions to full-time hours in nine high priority classifications in rural and remote locations.
 - As of late March 2023, the SHA had hired 108 of the 164 positions posted.

Strategy:

Improve access to 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:

Implement a plan to increase surgical service volumes toward the goal of reducing wait lists to pre-pandemic levels by 2025.

- In 2022-23, the surgical program received \$21.6M to expand surgical capacity, as part of a three-year plan to return to a pre-COVID wait list by March 31, 2025.
- This funding invested in human resources, equipment and capital in 2022-23, which will continue in 2023-24. This put Saskatchewan on track to return to a pre-COVID wait list of 25,000 cases by March 31, 2024 – one year earlier than originally projected.
- Over the course of the year, 90,039 surgeries were performed in Saskatchewan, which is the highest-ever volume of surgical procedures performed in Saskatchewan in a one-year fiscal period, including hundreds more hip and knee replacement procedures compared to pre-COVID numbers.

Continue to enhance health services and coordinated care in the community through ongoing maturity of Health Networks with interdisciplinary teams and development of the Shared Care Plan.

- In 2022-23, work to enhance health services in primary care continued. Funding was provided to the SHA to stabilize and enhance primary health care services in many communities throughout the province.
- The SHA created a health network maturity tool to assist leaders to work with teams to assess the current state of their health network. This information was then used to develop tailored plans specific to local needs.

Finalize planning and operational readiness to open the Urgent Care Centre in Regina, the first of two such centres to be established in the province.

- Construction on the Regina Urgent Care Centre began in April 2022 and the centre will be operational in 2024.

Increase continuing care assistants in long-term care and home care working toward meeting the commitment to add 300 new positions.

- Added 117 more CCAs in 2022-23 (70 to long-term care and 47 to home care) with all positions being filled. This is in addition to the 108 CCAs added to long-term care and home care in 2021-22.

Enhance home care to better support seniors so they may remain in their own homes for as long as possible.

- Provided \$2.5M to support the growing individualized funding for home care program.
- Provided \$2.25M to support home care services for areas experiencing service demands.

Performance Measures:

First offer of surgery

- By March 31, 2023, 90 per cent of surgical patients receive a first offer of surgery within 12 months and no patients are on the wait list longer than 24 months.
 - 91 per cent of patients who had surgery from April 1, 2022 to March 31, 2023 received a first offer of a surgical date within 12 months of booking. On March 31, 2023, there were 1,193 people on the surgical waitlist who had waited longer than 24 months.
- By March 31, 2023, 90 per cent of urgent cancer surgery patients receive a first offer of surgery within three weeks.
 - 70 per cent of patients who had urgent cancer surgery from April 1, 2022 to March 31, 2023 received a first offer of a surgical date within three weeks of booking.

Surgery Volume

- By March 31, 2023, increase number of surgeries performed in Saskatchewan to 97,000.
 - From April 1, 2022 to March 31, 2023, 90,039 surgeries were performed in Saskatchewan.

Strategy:

Invest in health care infrastructure.

Ensure hospitals, clinics, other health facilities, and information technology services are in place to provide reliable, safe and effective delivery of health programs and services, and continue to meet the needs of a growing province.

Key Actions:

Continue to progress the following major capital projects that support high-quality care environments:

- Meadow Lake Long-Term Care (LTC): complete occupancy activities for Northwest Community Lodge facility, anticipated completion in 2022
 - Officially opened in August 2022.
- Meadow Lake Dialysis: complete construction activities, anticipated completion in 2022
 - Opened in May 2023.
- Lloydminster Dialysis: progress to construction phase, anticipated completion in 2023
 - Project continued through the planning process in 2022-23. This project will proceed through design and construction in 2023-24.
- Urgent Care Centre in Regina: begin construction, anticipated completion in 2023
 - Construction on the Regina Urgent Care Centre began in April 2022. The centre will be operational in 2024.
- Grenfell LTC: progress to construction phase, anticipated completion in 2023
 - Procurement is underway for a design and construction team under a progressive design-build procurement process. Construction is anticipated to begin in fall 2023, with substantial completion targeted for late 2024.
- La Ronge LTC: progress to construction phase, anticipated completion in 2025
 - Early site works were started in January 2023 and completed in March 2023. The project is anticipated to start construction in summer 2023. Completion of the entire project is anticipated in late 2027.

- Prince Albert Victoria Hospital and Weyburn General Hospital: award construction services contract, anticipated completion in 2027
 - The Prince Albert Victoria Hospital project is in the procurement phase and design is underway with completion of the project targeted for 2025-26 (new build) and 2027 (renovation). Procurement of the Weyburn General Hospital was completed in 2022-23 and the project is expected to begin construction in June 2023, with anticipated completion by December 2025.
- Regina General Hospital parkade: complete technical risk assessment, options development, procurement and design in 2022. Construction to commence in 2023.
 - Construction is expected to start in 2023 and completion is anticipated for the end of 2024.

Continue planning activities to advance other priority major capital projects:

- Urgent Care Centre in Saskatoon
 - Planning is underway for the Saskatoon Urgent Care Centre in partnership with Ahtahkakoop Cree Developments.
- Regina Provincial Electrical Renewal Phase 2
 - Planning for this project will be initiated in 2023-24. Health infrastructure projects have experienced the impacts of supply chain issues, resulting in longer than anticipated lead times for construction and equipment, impacting project timelines.
- Royal University Hospital and Regina General Hospital Master Planning
 - Project planning will be initiated in 2023-24.
- LTC projects in Regina, Estevan and Watson
 - Early planning for Estevan LTC and Watson LTC is underway with anticipated completion of the process in early 2023-24. The projects will then proceed to business case status.
 - Pre-procurement planning for a new 240 bed specialized LTC care facility in Regina, to be owned and operated by the SHA, progressed in 2022-23. A procurement to acquire up to 375 standard LTC beds within the municipal boundaries of the City of Regina was undertaken in 2022-23, with award expected in 2023-24.
- LTC ventilation upgrade and replacement
 - This project involves a tendering process. Five projects are expected to be delivered by December 2023 and five projects are expected to be delivered by May 2024.
- Planning and business case development for Yorkton Regional Health Centre
 - Early service planning and needs assessment work is underway with the business case process to be initiated in 2023-24.

Fund maintenance projects to address preventative and deferred health facility maintenance.

- The Ministry of Health provided \$57.1M in 2022-23 to health system partners to address preventative and deferred health facility maintenance.

Enhance cyber security for Health Information Systems by implementing enterprise-wide security policies and IT disaster recovery plans to ensure critical assets are protected.

- All health system partners continued to implement enterprise-wide security policies and IT disaster recovery plans to enhance security for Health Information Systems and ensure citizen health information is protected.

Implement the final phase of the Administrative Information Management System (AIMS) project to allow full utilization of the new system and support new business processes.

- AIMS is a provincial health system designed to modernize and integrate 82 individual systems previously used by the 12 former regional health authorities into one administrative system. Having a centralized system that integrates finance, supply chain, and human resource information will assist in improving the effectiveness and efficiency of the health care system.
- AIMS was initially launched in November 2022; however, due to performance and usability challenges, the implementation was paused to allow time for additional user engagement, redesign, and testing before a re-launch. AIMS will not go live again until feedback has been assessed and system improvements have been incorporated and rigorously tested.

Continue the development of technology solutions, such as virtual care and MySaskHealthRecord, to enhance information flow and accessibility across the health system, improving the quality and safety of patient care.

- In 2022-23, the new Saskatchewan Virtual Visit platform was successfully implemented by all health system partners for virtual care and telehealth appointments. Having a consistent provincial platform makes provider-to-provider and provider-to-patient virtual appointments easier to engage in, providing better care for Saskatchewan residents.

Performance Measures:

Meadow Lake LTC and Dialysis facilities

- By March 31, 2023, complete construction activities for Meadow Lake LTC and Meadow Lake Dialysis facilities.
 - Construction activities for Meadow Lake LTC and Meadow Lake Dialysis facilities were completed by March 31, 2023.
 - Meadow Lake LTC (NorthWest Community Lodge) held its grand opening in August 2022 and has implemented a human resource strategy to fully staff the new facility.
 - Meadow Lake Dialysis is complete and opened in May 2023.

Infrastructure maintenance projects

- By March 31, 2023, complete urgent and high priority health facility maintenance projects necessary to maintain operational continuity and safety as identified in the capital spending plans of the Saskatchewan Health Authority, Saskatchewan Cancer Agency and Athabasca Health Authority.
 - By March 31, 2023, maintenance funding was committed in full to urgent and high priority maintenance projects.

2022-23 Financial Summary

The ministry incurred \$6.6B in expenses in 2022-23, \$171.3M greater than its 2022-23 budget. The increase in expenses was mainly due to Saskatchewan Health Authority (SHA) operating pressures, change in inventory of federally donated COVID test kits, utilization pressures in Drug Plan and Extended Benefits programs, and the Senior Citizens' Ambulance Assistance and Air Ambulance programs, as well as an increase in targeted program expenses. These increases were partially offset by savings in other areas such as Physician Services and Out-of-Province utilization savings.

In 2022-23, the ministry received \$122.3M of revenue, \$73.5M more than its 2022-23 budget. The additional revenue is primarily due to the recognition of federally donated COVID test kits and an increase in refunds of previous years' expenses from Drug Plan product listing agreement reimbursements.

Additional financial information can be found in the Government of Saskatchewan Public Accounts located at saskatchewan.ca/public-accounts

Ministry of Health Comparison of Actual Expense to Estimates

| | 2021-22 Actuals \$000s | 2022-23 Estimates \$000s | 2022-23 Actuals \$000s | 2022-23 Variance \$000s | Notes |
|--|------------------------------|--------------------------------|------------------------------|-------------------------------|-------|
| Central Management and Services | | | | | |
| Ministers' Salary (Statutory) | 103 | 106 | 108 | 2 | |
| Executive Management | 2,614 | 2,707 | 2,586 | (121) | |
| Central Services | 6,690 | 5,175 | 5,294 | 119 | |
| Accommodation Services | 2,070 | 2,228 | 2,143 | (85) | |
| Subtotal | 11,477 | 10,216 | 10,131 | (85) | |
| Saskatchewan Health Services | | | | | |
| Athabasca Health Authority Inc. | 7,234 | 7,234 | 7,234 | - | |
| Saskatchewan Health Authority | 3,870,160 | 3,915,628 | 4,017,166 | 101,538 | (1) |
| Saskatchewan Health Authority Targeted Programs and Services | 472,035 | 326,071 | 341,034 | 14,963 | |
| Saskatchewan Cancer Agency | 203,983 | 219,824 | 219,764 | (60) | |
| Facilities - Capital | 76,227 | 111,232 | 92,402 | (18,830) | (2) |
| Equipment - Capital | 71,062 | 41,114 | 66,151 | 25,037 | (3) |
| Programs and Support | 29,568 | 27,197 | 29,282 | 2,085 | |
| Subtotal | 4,730,269 | 4,648,300 | 4,773,033 | 124,733 | |
| Provincial Health Services | | | | | |
| Canadian Blood Services | 48,039 | 48,106 | 45,480 | (2,626) | |
| Provincial Targeted Programs and Services | 68,319 | 68,269 | 77,512 | 9,243 | (4) |
| Health Quality Council | 4,809 | 4,977 | 4,977 | - | |
| Immunizations | 17,480 | 23,447 | 22,323 | (1,124) | |
| eHealth Saskatchewan | 129,957 | 135,648 | 135,648 | - | |
| Subtotal | 268,604 | 280,447 | 285,940 | 5,493 | |
| Medical Services & Medical Education Programs | | | | | |
| Physician Services | 615,462 | 636,349 | 622,590 | (13,759) | |
| Physician Programs | 112,462 | 116,897 | 113,851 | (3,046) | |
| Medical Education System | 116,813 | 123,490 | 123,484 | (6) | |
| Optometric Services | 13,700 | 15,289 | 14,776 | (513) | |
| Dental Services | 1,202 | 2,033 | 1,442 | (591) | |
| Out-of-Province | 118,296 | 141,162 | 139,417 | (1,745) | |
| Program Support | 10,034 | 12,718 | 11,398 | (1,320) | |
| Subtotal | 987,969 | 1,047,938 | 1,026,958 | (20,980) | |
| Drug Plan & Extended Benefits | | | | | |
| Saskatchewan Prescription Drug Plan | 383,504 | 362,829 | 380,307 | 17,478 | |
| Saskatchewan Aids to Independent Living | 47,926 | 49,256 | 52,142 | 2,886 | |
| Supplementary Health Program | 30,706 | 29,678 | 34,573 | 4,895 | |
| Family Health Benefits | 3,160 | 4,335 | 2,681 | (1,654) | |
| Multi-Provincial Human Immunodeficiency Virus Assistance | 203 | 263 | 210 | (53) | |
| Program Support | 5,263 | 5,111 | 5,281 | 170 | |
| Subtotal | 470,762 | 451,472 | 475,194 | 23,722 | |
| TOTAL APPROPRIATION | 6,469,081 | 6,438,373 | 6,571,256 | 132,883 | |
| Less: Capital Asset Acquisitions | 5,173 | 4,227 | 6,723 | 2,496 | |
| Plus: Non-Appropriated Expense Adjustment | 110,790 | 1,501 | 42,370 | 40,869 | (5) |
| TOTAL EXPENSE | 6,574,698 | 6,435,647 | 6,606,903 | 171,256 | |

Over 91 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 blood services. The majority of the remaining funding was primarily paid to individuals through the Saskatchewan Prescription Drug Plan and extended benefit programs.

Special Warrants / Supplementary Estimates

During 2022-23, the Ministry received \$167.2M in Supplementary Estimates and Special Warrant funding primarily to address operating pressures in the SHA, utilization pressures in Drug Plan and Extended Benefits, Senior Citizens' Ambulance Assistance Program (SCAAP), and the Air Ambulance program, and funding for third-party capital pressures.

Explanations for Major Variances

Explanations are provided for variances over \$100M, as well as variances that are both greater than 5 percent of the Ministry's 2022-23 program budget and greater than 0.1 percent of the Ministry's total expense.

- (1) Primarily due to SHA service and volume pressures.
- (2) Primarily due to capital facilities project deferrals.
- (3) Primarily due to capital equipment pressures related to AIMS.
- (4) Primarily due to utilization pressures for SCAAP and Air Ambulance program.
- (5) Primarily due to the change in inventory adjustment for federally-donated COVID test kits.

Ministry of Health Comparison of Actual Revenue to Estimates

| | 2022-23 Estimates \$000s | 2022-23 Actuals \$000s | Variance \$000s | Notes |
|--|--------------------------------|------------------------------|--------------------|-------|
| Own-Source Revenue | | | | |
| Investment Income | 100 | 139 | 39 | |
| Other Fees and Charges | 1,347 | 883 | (464) | |
| Other Enterprises and Funds | 6,333 | - | (6,333) | (1) |
| Miscellaneous | 1,135 | 80,484 | 79,349 | (2) |
| Total | 8,915 | 81,506 | 72,591 | |
| Transfers from the Federal Government | 39,946 | 40,811 | 865 | |
| TOTAL REVENUE | 48,861 | 122,317 | 73,456 | |

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, and air ambulance services. 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) Ventilation project revenue from the federal government did not flow through the Ministry of Health as anticipated at budget.
- (2) Primarily due to recognizing the donation of COVID test kits from the federal government and higher than budgeted refunds of previous years' expenses from Drug Plan product listing agreement reimbursements.

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 Saskatchewan Health Authority (SHA), the Saskatchewan Cancer Agency (SCA), or a health care organization. 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 2022/23, 145 critical incidents were reported to the ministry (detailed in the table to follow)*. This is a 37.2 per cent decrease compared to 2021/22 when 231 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.

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 that 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 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 conducted an audit of the Ministry of Health's critical incident reporting process 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: auditor.sk.ca/publications/public-reports/2021-report-volume-1. The expectation is that the recommendations will be implemented by the end of the 2023/24 fiscal year.

The ministry continues to work with our system partners to implement the audit 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. 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 with an emphasis on provincial standardization of approach.

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. Note that the guideline document includes types of events and classification which will be changing for the 23/24 fiscal year. As such, this is the last year that data will be available in this format.

**Data current as of May 31, 2023*

| Category | 2022/23 | 2021/22 | 2020/21 | 2019/20 | 2018/19 | 2017/18 |
|---|---------|---------|---------|---------|---------|---------|
| I. Surgical Events | | | | | | |
| a) Surgery performed on wrong body part | 0 | 0 | 0 | 0 | 1 | 1 |
| b) Surgery performed on the wrong patient | 1 | 1 | 0 | 0 | 0 | 0 |
| c) The wrong surgical procedure performed on a patient | 1 | 1 | 0 | 1 | 0 | 0 |
| d) Retention of a foreign object in a patient after surgery or other procedure | 4 | 7 | 1 | 2 | 2 | 2 |
| e) Death during or immediately after surgery of a normal, healthy patient, or of a patient with mild systemic disease | 0 | 0 | 1 | 0 | 0 | 0 |
| f) Unintentional awareness during surgery with recall by the patient | 0 | 0 | 0 | 2 | 0 | 1 |
| g) Other surgical events | 3 | 2 | 1 | 9 | 6 | 3 |

| | | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| Total | 9 | 11 | 3 | 14 | 9 | 7 |
| II. Product and Device Events | | | | | | |
| a) Contaminated drugs, devices, or biologics provided by the RHA/HCO | 1 | 0 | 2 | 3 | 1 | 1 |
| b) Use of function of a device in patient care in which the device is used or functions other than as intended | 1 | 8 | 4 | 5 | 5 | 2 |
| c) Intravascular air embolism | 0 | 0 | 0 | 0 | 0 | 0 |
| d) Other product or device event | 3 | 10 | 3 | 7 | 2 | 8 |
| Total | 5 | 18 | 9 | 15 | 8 | 11 |
| III. Patient Protection Events | | | | | | |
| a) An infant discharged to the wrong person | 0 | 0 | 0 | 0 | 0 | 0 |
| b) Patient disappearance | 3 | 3 | 7 | 11 | 5 | 4 |
| c) Patient suicide or attempted suicide | 14 | 14 | 19 | 28 | 33 | 25 |
| d) Other patient protection event | 1 | 5 | 8 | 3 | 9 | 0 |
| Total | 18 | 22 | 34 | 42 | 47 | 29 |

| Category | 2022/23 | 2021/22 | 2020/21 | 2019/20 | 2018/19 | 2017/18 |
|---|----------------|----------------|----------------|----------------|----------------|----------------|
| IV. Care Management Events | | | | | | |
| a) Medication of fluid error | 19 | 27 | 25 | 40 | 31 | 32 |
| b) Hemolytic reaction due to the administration of ABO-incompatible blood or blood products | 0 | 1 | 1 | 1 | 0 | 0 |
| c) Maternal death or serious disability | 3 | 7 | 2 | 3 | 2 | 3 |
| d) Full-term fetal or neonatal death or serious disability | 1 | 4 | 3 | 3 | 5 | 1 |
| e) Hypoglycemia while in the care of the RHA/HCO | 2 | 1 | 0 | 2 | 0 | 1 |
| f) Neonatal death or serious disability, including kernicterus, | 1 | 0 | 0 | 1 | 0 | 0 |

| | | | | | | |
|--|-----------|------------|------------|------------|------------|------------|
| associated with failure to identify and treat hyperbilirubinemia | | | | | | |
| g) Stage 3 or 4 pressure ulcers acquired after admission to a facility | 14 | 15 | 16 | 16 | 15 | 22 |
| h) Delay or failure to transfer | 1 | 7 | 5 | 6 | 9 | 5 |
| i) Error in diagnosis | 7 | 10 | 9 | 16 | 5 | 6 |
| j) Other care management issues | 39 | 79 | 52 | 94 | 38 | 36 |
| Total | 87 | 151 | 113 | 182 | 105 | 106 |
| 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 | 1 | 2 |
| d) Patient death from a fall | 14 | 14 | 22 | 18 | 30 | 21 |
| e) Use or lack of restraints or bed rails | 2 | 2 | 1 | 0 | 1 | 3 |
| f) Failure or de-activation of exit alarms or environmental monitoring devices | 0 | 2 | 0 | 2 | 0 | 0 |
| g) Transport arranged or provided by the RHA/HCO | 0 | 0 | 0 | 1 | 2 | 1 |
| h) Delay or failure to reach a patient for emergent or scheduled services | 0 | 1 | 4 | 9 | 4 | 2 |
| i) Other environmental event | 2 | 5 | 5 | 4 | 6 | 2 |
| | 19 | 25 | 33 | 35 | 44 | 31 |

| Category | 2022/23 | 2021/22 | 2020/21 | 2019/20 | 2018/19 | 2017/18 |
|--|------------|------------|------------|------------|------------|------------|
| 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 | 0 | 2 |
| b) Abduction of a patient of any age | 0 | 0 | 0 | 0 | 0 | 0 |
| c) Sexual assault of a patient | 2 | 3 | 1 | 0 | 1 | 1 |
| d) Physical assault of a patient within or on grounds owned or controlled by the RHA/HCO | 2 | 0 | 0 | 0 | 1 | 0 |
| e) Sexual or physical assault of a patient perpetrated by an employee | 2 | 1 | 2 | 0 | 5 | 0 |
| f) Other criminal event | 1 | 0 | 0 | 2 | 1 | 1 |
| Total | 7 | 4 | 3 | 2 | 8 | 4 |
| Total CLs Reported | 145 | 231 | 195 | 290 | 221 | 188 |

Appendix B: Listing of Acts assigned to the Minister of Health (Order in Council 33/2023)

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 Health Shared Services Saskatchewan (3sHealth) 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 Massage Therapy Act
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 Prescriptions 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, but with respect to the Minister Responsible for Saskatchewan Water Security Agency, only for the purpose of administering section 9.1 of *The Health Hazard Regulations*

section 19.1, which is assigned to the Minister of Labour Relations and Workforce Safety

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

clauses 4(2)(a) to (g), (i) to (l), (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 Publicly-funded Health Entity Public Interest Disclosure Act

The Registered Nurses Act, 1988

The Registered Psychiatric Nurses Act

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 Saskatchewan Ministry of Health's website at saskatchewan.ca/health