

Annual Report

2023-24

Ministry of Health

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Table of Contents

Letters of Transmittal	1
Ministry Overview.....	3
Progress on Goal 1: Stronger Health Care System	4
Progress on Goal 2: Responsive Mental Health and Addictions Services	19
2023-24 Financial Summary	22
Appendix A: Critical Incident Summary	26
Appendix B: Listing of Acts assigned to the Minister of Health (Order in Council 33/2023)	32
For More Information	34

Letters of Transmittal



The Honourable
Everett Hindley
Minister of Health



The Honourable
Tim McLeod
Minister of Mental Health
and Addictions, Seniors
and Rural and
Remote Health

Office of the Lieutenant Governor of Saskatchewan

We respectfully submit the Ministry of Health Annual Report for the fiscal year ending March 31, 2024.

In 2023-24, the Ministry of Health focused on strengthening key areas to benefit as many patients as possible. The health system was able to advance major capital projects, support seniors, enhance mental health and addictions services, and improve critical and acute care.

Saskatchewan focused on supporting health care teams to create a stronger, more resilient and responsive health system. The Health Human Resources (HHR) Action Plan experienced a high degree of success such as recruiting health professionals for high-priority positions across the province.

Training seats were expanded for physicians, registered nurses (RNs) and other health professionals. Incentive packages attracted essential workers to dozens of Saskatchewan communities. A more efficient 14-week training assessment and licensure pathway was developed for internationally educated nurses. The scope of practice was also expanded for pharmacists, nurse practitioners (NPs) and paramedics.

The newly built Regina Urgent Care Centre (UCC) opened in July 2024 to alleviate pressures on emergency departments.

Surgical wait times decreased, and a record number of surgeries were performed to improve the quality of life for thousands of patients. Hospitals in Regina and Saskatoon added permanent acute and complex care beds to increase capacity. Emergency medical services (EMS) in rural and remote areas saw additional support for contracted EMS operators and system upgrades.

A new Action Plan for Mental Health and Addictions will create 500 new addictions treatment spaces over five years, with 200 expected in place by the end of 2024, along with a central intake system that makes patient care more accessible and responsive.

We remain committed to strengthening our health care system and providing high-quality, accessible health services to Saskatchewan.

The Honourable Everett Hindley,
Minister of Health

The Honourable Tim McLeod,
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 Ministry of Health annual report for the fiscal year ending March 31, 2024. Our Ministry remains committed to delivering high-quality and comprehensive care to Saskatchewan residents within our publicly funded health care system.

We continue to build on the successful foundation of the Health Human Resources (HHR) Action Plan to ensure Saskatchewan remains an attractive place for health care professionals to live and work. We have seen steady progress in 2023-24 on multiple initiatives to recruit, train, incentivize and retain more health professionals. Key successes include the recruitment of nurses from the Philippines, over 1,000 nursing graduates from home, and positions filled in rural and northern areas.

A historic four-year contract was ratified with Saskatchewan physicians, making our province one of the most attractive provinces for doctors to build their careers.

Health care infrastructure saw improvements to information technology and equipment, while capital investments provided for major projects such as the Weyburn General Hospital, Prince Albert Victoria Hospital, the Regina General Hospital Parkade, and the La Ronge Long-Term Care Home.

We recognize the unique needs of seniors and work to support them to live safely and comfortably in their communities with boosts to home care, increased support for third-party long-term care homes, and the hiring of 300 additional Continuing Care Assistants (CCAs).

The province's HealthLine 811 now includes five triage physicians who provide virtual care to patients. Additional support for the Regina Chronic Pain Clinic, increased programming to reduce communicable diseases, and support for early childhood immunization were also seen in 2023-24.

Family Services Saskatchewan funding helped provide free, rapid access counselling to families and friends suffering trauma. Counselling was also made available to children and youth across Saskatchewan facing challenges ranging from stress and depression to family conflict, addictions and domestic violence.

A new Provincial Drug Alert System was launched to better coordinate the issuance of drug alerts and assist partner organizations with monitoring the toxicity of illicit drugs across Saskatchewan.

Kidney patients in northwest Saskatchewan now have improved access to care with a six-bed satellite hemodialysis unit located in Meadow Lake, eliminating the burden of having to travel to other locations for treatment.

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

Tracey Smith
Deputy Minister of Health

Ministry Overview

Mandate

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

The Saskatchewan health care system works together with you to achieve your best possible care, experience, and health.

Vision



Ministry of Health Business Plan 2023-2024: saskatchewan.ca/ministry-plans

Progress on Goal 1: 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 well-being of Saskatchewan people.

Strategy: *The approach we will take to achieve our goal*

Improve team-based care in the community. Ensure citizens get the health care they need sooner, in or closer to their homes, thereby reducing visits to Emergency Departments.

KeyActions: *What we will do to get there*

- **Care is delivered by interdisciplinary teams:**
 - Optimize collaboration, including care transitions, between primary care providers;
 - The new four-year agreement between the Ministry of Health and the Saskatchewan Medical Association (SMA) includes the development of a Transitional Payment Model (TPM) for fee-for-service (FFS) physicians and an Innovation Fund to enable team-based care in physician practices. Both initiatives will strengthen collaboration between primary care providers and lead to better access to high-quality primary care.
 - The Saskatchewan Health Authority (SHA) led the roll out of an interdisciplinary team-based pilot in Swift Current where SHA staff support and collaborate with FFS clinics in Swift Current. The pilot, which is ongoing, involves a combination of FFS providers and SHA primary care providers working collaboratively to increase access to care through the clinic.
 - Develop a renewed provincial plan for primary care to guide service delivery and inform future investments;
 - The Ministry of Health, in collaboration with health system partners, completed a review of primary care in 2023-24. Work continues on the renewed strategy.
 - Improve patients' access to chronic disease care based on best practices.
 - In 2023-24, the SHA developed the provincial clinical pathway for Chronic Obstructive Pulmonary Disease (COPD), which will be implemented in 2024-25.
 - A provincial approach to locally delivered clinical pathways was developed in 2023-24. This approach will support the development of chronic disease pathways beyond COPD. A clinical pathway is the path a patient would follow through the health system for a particular illness.
- **Strengthen Promotion, Prevention and Protection Activities in the Community**
 - Strengthen capacity and infrastructure for population and public health service delivery;
 - To further enhance early childhood immunizations, the SHA created six new community program builder positions and increased laboratory vaccine support.

- The SHA is working to enhance communicable disease control; this includes staffing for an additional tuberculosis nurse in the north and increased staffing at Roy Romanow Provincial Laboratory (RRPL).
 - To further advance work in addressing Sexually Transmitted Blood Borne Infections (STBBI), investments have been made in infrastructure and equipment at the RRPL to enhance testing, and an ongoing commitment to fund the University of Saskatchewan (U of S) for the STBBI Treatment Education Program for Saskatchewan (STEPS).
 - Enhance home care to better support seniors so they may remain in their homes for as long as possible.
 - A provincial Individualized Funding (IF) Coordinator has been hired to support, lead and standardize the growing home care program option across the province. The SHA has reported that there are no waitlists for access to IF across the province. This highly sought after program continues to support seniors and other individuals with care needs who wish to remain in their homes and communities for as long as possible.
 - The SHA Home Care Program is working to enhance supportive home care services in rural and remote areas. SHA officials have reported they have been successful in hiring four new Assessor Coordinator Full Time Equivalents (FTEs), three of four new Licensed Practical Nurse FTEs, 10 of 17 new Continuing Care Assistant FTEs, and they continue to work at filling the remaining vacancies across the province.
- **Stabilize health services in rural and remote communities across Saskatchewan**
 - Strengthen collaboration between teams, and between communities, by optimizing the mix of providers who provide care to patients.
 - The Ministry of Health continues to work with the SHA to improve timely access to high-quality, team-based primary care services in rural and remote communities. Funding has been authorized or provided to recruit an additional 10.4 FTE Non-Fee-for-Service (NFSS) primary care physician positions and 8.0 FTE Nurse Practitioner (NP) positions, as well as other health care professionals such as primary health care Registered Nurses (RNs), dietitians, and primary health care counsellors to enhance team composition for primary health service teams.
 - Twenty-seven NP positions have been integrated into primary health care teams to optimize their roles in providing primary care services, particularly in rural and remote communities. The SHA's first NP-led primary care clinic opened its doors on August 2, 2023, in Warman. Three NPs provide a variety of primary health services including general health assessments, diagnosis and treatment of common acute illnesses and injuries, chronic disease management, prescribing medications and prescription renewals, immunizations and vaccinations, mental health support and counselling, and referrals to specialists.
 - Significant investment has been made to expand and enhance programming targeted to physicians. This includes expanding the U of S undergraduate and postgraduate seats, increasing Saskatchewan International Physician Practice Assessment (SIPPA) placements, and a new mentorship and support program to help address the long-term retention of physicians assessed through SIPPA. These expansion efforts will train more physicians at home in the province.
 - Medical residency seats at the U of S recently increased from 128 to 140, and four

additional undergraduate seats were added for medical students in the fall of 2023, bringing the total medical student seats to 104. A further four seats will be added in 2024, totaling 108. These expansion efforts will train more physicians at home in the province.

- The Virtual Physician (VP) for Emergency Room (ER) program has been piloted in four rural communities including Oxbow, Porcupine Plain, Broadview, and Davidson in 2023-24. This program is designed to stabilize emergency services by minimizing short-term service disruptions. It allows nursing staff to have remote access to a physician through HealthLine 811 when no local physician is available to provide emergency department coverage.
- HealthLine 811 also gives access to a virtual family physician who provides care to patients in their homes who meet eligibility assessed by the HealthLine 811 triage RNs.
- Currently, 20 integrated facilities in rural and remote communities co-locate different health care teams into one location/site to enhance team-based health care services.

Performance Measure Results:

Primary Health Care Plan

- By March 31, 2024, have a renewed primary health care plan developed.
 - A final report on primary care renewal was completed by March 31, 2024.

Strategy: *The approach we will take to achieve our goal*

Improve team-based care in hospitals. Increase capacity in the acute care system to ensure patients have timely access to medical and specialized services and are transitioned to community alternatives or hospital care when appropriate.

KeyActions: *What we will do to get there*

- **Reduce surgery wait times**
 - Implement the provincial plan to achieve 2023-24 wait time and volume targets including actions to increase capacity, load level demand, and improve quality, safety and patient experience.
 - Explore the potential for a third-party orthopedic surgical facility in Regina;
 - The Ministry will continue to refine plans for future expansion of private sector involvement in delivering surgical services in Saskatchewan.
 - Implement central referral intake and pooled referrals for targeted surgical procedures;
 - A central intake service for hip and knee arthroplasty procedures started on February 2, 2024.
 - Shorten the average length of stay for hip and knee replacement surgeries to increase inpatient capacity.
 - According to preliminary data, from April 1, 2023, to March 31, 2024, the average length of stay in the hospital for hip replacement patients was 2.4 days (down from 2.9 days in 2022-23) and the average length of stay for knee replacement patients was 2.5 days (down from 3.1 days in 2022-23). In most centres, the pre-COVID (2019-20) length of stay for both exceeded 4 days.

- **Increasing Hospital Capacity**
 - Expand acute care services and ICU capacity to meet increasing demands.
 - As part of phase two of the Intensive Care Unit (ICU) expansion project, plans for renovations are in the early stages to add seven new beds at the Royal University Hospital (RUH) adult ICU.
 - Planning is underway to support further ICU expansion. Government direction recommends that the second phase of the expansion focus on Saskatoon. This includes increasing the incremental beds at RUH from seven to 10, as well as operationalizing four incremental beds at St. Paul's Hospital with only minor renovations.
 - Implement actions to reduce demand for and improve patient flow within tertiary hospitals, including reducing Alternate Level of Care (ALC) days and targeted improvements to reduce the length of stay in hospital;
 - In 2023-24, the Ministry of Health provided \$19.8M in funding to support 64 permanent acute care beds located at the RUH in Saskatoon (36 beds) and the Pasqua Hospital in Regina (28 beds). This funding allows for permanent staffing of a complex ALC/Behavioural 36 bed ward at the RUH to help address the complex ALC management, overcapacity issues on medicine and surgical units, and to improve patient flow in both Regina and Saskatoon.

- Continue actions to improve access to and responsiveness of EMS across the province.
 - In 2023-24, the Ministry provided \$3.5M in funding to the SHA to add 33.39 FTE (annualized to 66.37 FTEs) EMS resources for 27 ambulance services across the province to help increase the capacity of services and improve response times. As of June 21, 2024, 48.08 FTEs of the 66.37 FTEs have been hired.
 - Funding of \$316,000 was also provided to support the expansion of ambulance services for Pierceland and additional community paramedicine services in rural and northern communities.
 - To help with response times and emergency department offload delays in Saskatoon, the Ministry provided funding in December 2023 to support the addition of two staffed ambulances 24/7 and one community paramedic resource 12 hours a day/seven days a week. Offload delays are caused by the volume of patients requiring care and the ability to admit them into hospital beds. These resources will help reduce pressure on existing EMS resources, improve EMS response times and assist with patient flow and early discharge.
 - To help recruit and retain staff in all EMS services across the province, the Ministry provided \$820K in additional funding for approximately 93 paramedic bursaries for primary and advanced care paramedics. To date, 89 bursaries have been allocated to paramedics who have signed a two-year return for service with the SHA or contracted EMS service. An additional \$2.7M was also provided to support wage parity funding for paramedics working for contracted services.

Performance Measure Results:

First Offer of Surgery

- By March 31, 2024, 90 per cent of surgical patients receive a first offer of surgery within 10 months and no patients are on the wait list longer than 18 months.
 - 91.9 per cent of all surgeries performed in fiscal year 2023-24 were performed or offered within 10 months. On March 31, 2024, there were 27,469 patients on the surgical wait list, of whom 965 (about 3.5%) had already been waiting longer than 18 months.
- By March 31, 2024, 90 per cent of urgent cancer surgery patients receive a first offer of surgery within three weeks and no urgent cancer patients on the wait list longer than 5 weeks.
 - 77.5 per cent of urgent (three-week priority) cancer surgeries performed in March 2024 were performed or offered within three weeks, and 66.9 per cent of all urgent cancer surgeries performed in fiscal year 2023-24 were performed or offered within three weeks. On March 31, 2024, there were 249 urgent cancer cases waiting, and one of those cases had already waited longer than 5 weeks. The rest (248) had been on the wait list for less than 5 weeks.

Surgery Volume

- Achieve the pre-COVID wait list target of no more than 25,000 patients on the wait list by March 31, 2024.
 - More than 95,700 surgeries were performed between April 1, 2023, and March 31, 2024, almost 6,000 more surgeries than the previous record volume recorded in 2022-23 the highest annual surgical volume ever recorded. The surgical wait list was 27,469 on March 31, 2024, a reduction of 4,600 patients waiting for surgery compared to March 31, 2023. Gaps in surgical teams and shortages of anesthesiologists slowed progress to reduce wait lists.

Strategy: *The approach we will take to achieve our goal*

Ensure adequate health human resources. Ensure an adequate supply of professionals to support the needs of the health care system in Saskatchewan.

KeyActions: *What we will do to get there*

- **Continue efforts to recruit and retain 1,000 high priority health care workers to the system.**
- **Recruit**
 - Recruit internationally educated health care professionals;
 - Two recruitment missions to the Philippines took place in November 2022 and March 2023, resulting in over 400 conditional offers to internationally educated health care professionals (IEHPs) which required significant effort and coordination to assist the recruits in their licensing and immigration pathway to settle and start employment in Saskatchewan this fiscal period.
 - As of April 3, 2024, a total of 299 IEHPs were enrolled or had completed their pathway, which includes language, bridging, licensing, and immigration. Of these, 225 Filipino health care recruits have arrived in Saskatchewan and 135 of them are currently working in communities across Saskatchewan, particularly in rural and remote areas. These include 112 nurses, 21 continuing care assistants and two medical lab assistants. The remaining Filipino nurses with conditional job offers are expected to arrive in Saskatchewan by the end of summer 2024.
 - Recruitment supports provided to IEHPs include costs related to regulatory assessments, navigator and immigration fees, and settlement fees.
 - Between February 2023 and April 3, 2024, 345 action plans were initiated for IEHPs already residing in Saskatchewan in various stages of their licensure pathway to employment.
 - The SHA hired a total of 19 health care workers from Ukraine. However, the SHA has more hires than indicated as Ukrainian newcomers also applied directly to a posting and not through the advertised centralized hiring process that was set up.
 - Continue growing the Saskatchewan Healthcare Recruitment Agency (SHRA);
 - In May 2023, Erin Brady was appointed as Chief Executive Officer to start operationalizing the SHRA and build its staff complement. The SHRA has hired 11 employees and is fully operational. The SHRA, in collaboration and coordination with health employers, government, post-secondary institutions, and other stakeholders will further expand on initiatives to recruit high-priority health professionals.
 - Currently, the SHRA is focused on recruiting high-priority needs identified by the SHA and the Saskatchewan Cancer Agency (SCA). This includes physicians in the following areas: Anesthesiology, Psychiatry, Family Medicine, Medical Oncology and Hematology. As well, the SHRA is assisting in the recruitment of Physician Assistants and Medical Radiation Technologists.
 - Add Physician Assistants into the Saskatchewan health care system;
 - As of March 2024, 11 of the 12 posted Physician Assistant Position posted were filled. This is in part because of a recruitment plan that was developed across the 2023-24 fiscal year, and it currently being utilized. Additional postings will occur over the coming months. The SHA is currently matching several candidates to locations. The SHA will partner with SHRA on additional recruitment efforts.

- **Train**

- Streamline and accelerate the pathway to licensure for internationally educated health care professionals;
 - In fall 2022, the training pathway to licensure for internationally educated nurses (IENs) was shortened from two years to nine months, helping more health care professionals work in their areas of expertise faster. As of April 3, 2024, 84 IENs were in or had completed the streamlined nine-month program.
 - In August 2023, further measures were taken to accelerate and streamline the training pathway to 14 weeks. As of April 3, 2024, 191 IENs were in or had completed the 14-week Transition to Registered Nursing in Canada program. Health system navigators continue to support internationally educated health care workers both at home and abroad who are seeking health care careers in Saskatchewan.
- Support the SHA in advancing connections with Indigenous technical institutions to increase Indigenous representation in health careers;
 - The SHA signed a new partnership with the Gabriel Dumont Institute that supports building a representative workforce. The Nurturing Our Future Project will increase the number of Métis professionals working in the health care sector by providing access to education, training and job opportunities with particular consideration for employment in northern Saskatchewan.
 - In addition, in May 2023, a new phlebotomy program started at the Dumont Technical Institute. Furthermore, the Ministry of Immigration and Career Training funded an additional cohort of the Mental Health and Wellness Programs at the Saskatchewan Indian Institute of Technologies (SIIT) which started in January 2024, to support the Saskatoon Urgent Care Centre.
- Support four additional post-graduate specialty residency training seats at the College of Medicine and four additional Distributed Medical Education (DME) training seats for family medicine in southeast Saskatchewan;
 - This increase provides a total of 128 annual residency seats at the College of Medicine. All eight additional residency seats have been successfully implemented and filled.
 - Medical residents can currently obtain family medicine post-graduate training at several distributed sites: Prince Albert, Swift Current, La Ronge, North Battleford, Moose Jaw, and in the southeast area of the province.
- Support the implementation and expansion of over 550 training seats in 18 program areas;
 - The Ministry of Advanced Education and the Ministry of Immigration and Career Training continue to work with post-secondary institutions on the implementation of the remaining seats from the expansion.
 - Students filled 84 per cent of the available expanded seats.
- Collaborate with communities and partners to recruit students and workers into training seats related to health sector employment.
 - The Ministry of Advanced Education and the Ministry of Immigration and Career Training continue to work with post-secondary institutions to increase awareness of in-demand health occupations and promote related training programs.

- **Incentivize**

- Continue to offer the Saskatchewan Rural and Remote Recruitment Incentive (RRRI) Program of up to \$50K to stabilize health care services in rural and remote areas;
 - Since launching the RRRI in October 2022, there have been 780 applications and 327 RRRI approved in 49 communities as of June 24, 2024.
 - Through the incentive, health professionals were hired in nine high priority classifications in 48 out of 54 eligible rural and remote communities.
- Continue to provide bursary and incentive programs;
 - The final Clinical Placement Bursary continues to see interest with 263 applications received and 196 approved for payment for the 2023-24 fiscal year. The bursary is offered to students in an eligible health discipline that requires the completion of a final clinical placement as part of training.
 - RNs and NPs who practice in rural and remote communities are eligible for forgiveness of up to 20 per cent of their outstanding Saskatchewan student loan debt, up to \$4,000 annually, for up to five years, to a maximum of \$20,000. Saskatchewan Student Loan Forgiveness for Nurses and Nurse Practitioners program was expanded to include five mid-sized communities.
 - In 2023-24, a stabilization investment of \$20M was made to help ensure that community-based FFS family physicians continued to provide high-quality care to their patients while a new agreement was under negotiation.
 - Two specialist incentives were established in 2023-24 to offer incentives in areas of significant need for recruitment.
 - The Anesthesiology Recruitment and Retention Incentive offers \$200,000 over five years for regional service and \$100,000 over five years for urban service.
 - The Psychiatry Recruitment and Retention Incentive offers \$200,000 over five years for regional service.

- **Retain**

- Enhance SIPPA support for physicians to improve long-term retention of graduates in the province;
 - In 2023-24, additional investments were made to increase the number of placements available in the SIPPA program from 45 to include an additional 6-8 seats per year.
 - A mentorship and support program has been established to continue to address long-term retention of physicians assessed through SIPPA.
- Enhance the Rural Physician Incentive Program (RPIP) to retain more physicians in rural and northern communities;
 - The 2023-24 budget included enhancements to the RPIP to adjust program eligibility to include more physicians establishing a practice in Saskatchewan and to increase the incentive amount to encourage longer-term retention. Physicians establishing practices in rural Saskatchewan are now eligible for a \$200,000 incentive over five years.
- Support settlement of internationally educated health care professionals from overseas into the province;
 - The MoH Recruitment and Retention Navigator team worked with various stakeholders to provide settlement support to approximately 400 nurses arriving in Saskatchewan from the Philippines.

- The MoH Recruitment and Retention Navigator Team worked in collaboration with the Ministry of Immigration and Career Training, the SHA, Saskatchewan Polytechnic, SHRA, and contracted settlement agencies. They provided IEHPs settlement supports through individualized plans that included pre-arrival connections, community connections, housing and transportation, referrals to other agencies, and funding options for individuals and their families to successfully work and live in Saskatchewan. The MoH navigator work has started to transition to the Saskatchewan Healthcare and Recruitment Agency (SHRA) as it is now fully operational.
 - Hire new full-time permanent positions and enhance part-time positions to full-time hours in rural and remote communities;
 - As of March 31, 2024, a total of 232 of the 250 positions have been filled. Positions are posted in 9 high-priority classifications in 54 rural and remote locations experiencing or at risk of experiencing service disruptions.
 - Optimize the scope of practice for key Saskatchewan health professions.
 - The scope of practice has been expanded for pharmacists, nurse practitioners and advanced care paramedics, which will allow these professions to provide additional services, optimize their skills and improve patient care throughout the province.
 - A pharmacy care pilot project was launched to give specific patients in Swift Current more health care options. The agreement allows these patients to seek care for the management of chronic obstructive pulmonary disease (COPD), underactive thyroid, and Warfarin medication management from a pharmacy. In addition, the pilot will test using pharmacists to their full scope of practice to help patients manage certain conditions such as depression and anxiety while working in collaboration with their physician and health care team.

Performance Measure Results:

Recruit

- By March 31, 2024, recruit 600 health care workers from the Philippines and other international markets.
 - As of April 3, 2024, a total of 299 IEHPs are in or completed their pathway which includes language, bridging, licensing, and immigration. Of these, 225 Filipino health care recruits have arrived in SK and 135 of them are currently working in communities across Saskatchewan, particularly in rural and remote areas (this includes 21 continuing care assistants, 2 medical lab assistants, 112 internationally educated nurses). All those who received job offers during the two recruitment missions in November 2022 and March 2023 are expected to be in Saskatchewan by fall 2024.

Train

- By March 31, 2024, support 250 IEHPs in Saskatchewan to obtain licensure and connect to opportunities for employment in the health care system.
 - Between February 2023 and April 3, 2024, 345 IEHPs already residing in Saskatchewan had initiated specific action plans and were in various stages of progressing through their licensure pathway to employment. These professionals received their education from a wide range of countries, such as Nigeria, Libya, India and Brazil. Note, this number excludes Registered Nurses recruited from the Philippines.
- By March 31, 2024, the additional eight post-graduate residency seats are posted and matched with candidates.
 - The College of Medicine successfully matched all posted residency seats in the 2023 Canadian Resident Matching Service (CaRMS) match. This includes the additional eight residency seats targeted to family medicine and specialty seats.

Retain

- By March 31, 2024, the enhanced RPIP program is in place with more than 50 physicians participating in the program.
 - In 2023-24, 138 applications were approved for payment (have met their one-year of service requirement)
- By March 31, 2024, recruit 250 employees in nine high-priority classifications to new or enhanced full-time permanent positions in rural and remote locations.
 - As of March 31, 2024, a total of 232 of the 250 positions had been filled.

Strategy: *The approach we will take to achieve our goal*

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

Key Actions: *What we will do to get there*

- **Develop and implement actions based on the Truth and Reconciliation Commission’s (TRC) Calls to Action pertaining to health, including:**
 - Ministry of Health, SHA, SCA, 3SHealth, eHealth Saskatchewan, and Health Quality Council will continue to develop and implement plans that support the TRC Calls to Action. Plans will include:
 - First Nation and Métis recruitment and retention strategies;
 - The SHA engaged First Nations, Tribal Councils, and Indigenous post-secondary institutions in the development of a First Nations and Metis recruitment strategy. The pillars and actions align with the SHA Operational Plan and are being implemented.
 - Cultural responsiveness training and education initiatives such as cultural conversations, anti-racism and bias awareness training, and Kairos blanket exercises.
 - Health system partners used a variety of approaches to provide cultural responsiveness and awareness training to their staff. Kairos blanket exercises, SHA’s cultural conversations, the 4 Seasons of Reconciliation course through First Nations University of Canada and participating in Orange Shirt days to acknowledge the legacy of residential schools are some examples of activities.
 - The Ministry of Health’s Diversity and Inclusion Committee sponsored events around Indigenous awareness in the week leading up to the September 30, 2023, National Day for Truth and Reconciliation. Ministry staff were given the following opportunities on First Nations and Métis cultural awareness:
 - learn about and participate in a smudge;
 - receive a presentation on what land acknowledgments are, why we do them, and the steps to consider when creating land acknowledgments; and,
 - hear from a residential school survivor and experience a Round Dance learning event.
 - The Ministry of Health also formed a reconciliation team and provided a lending library to staff with books on reconciliation and Indigenous history.
 - The Ministry of Health and its health system partners continue to focus on building and strengthening partnerships with First Nations and Métis communities to meet the health needs of First Nations and Métis patients and families. This includes having culturally responsive, appropriate, inclusive, and safe health care services for First Nations and Métis peoples. For example, the province supported the Muskwa Lake Wellness Camp on a program that helps to address alcoholism, suicide rates and overdose deaths. The camp is a grassroots, community-directed program that provides land-based health interventions. Its healing philosophy includes western addictions education and traditional Indigenous teachings.

- The SHA and SCA will continue to develop and engage with First Nations and Métis peoples on strategies to utilize and integrate traditional healing practices;
 - The SHA undertook a variety of initiatives, for example:
 - Initiated relationship building and set the foundation by engaging with Traditional Healers, Medicine Men and Knowledge Keepers in 11 communities as part of the first stage of the Traditional Pathways Framework;
 - Engaged a third-party First Nations consultant to bridge the gap between the SHA and First Nations communities regarding traditional practices; and,
 - Facilitated two sessions with the SCA to inform on end-of-life ceremonies.
 - The SCA collaborated with First Nations and Métis partners to co-create the first stage of the First Nations and Métis Cancer Strategy. The SCA also had discussions with First Nations Knowledge Keepers on cancer care and traditional medicine practices.

Performance Measure Results:

Cultural Responsiveness Training

- By March 31, 2024, 50 per cent of existing health sector staff will have cultural responsiveness training completed; and,
By March 31, 2024, 100 per cent of new health sector staff will have completed cultural responsiveness training within six months of onboarding.
 - Health system partners have met the targets for cultural responsiveness training for new and existing health care staff. In a few cases, the timing of the training impacted whether the March 31 target date was achieved.

Strategy: *The approach we will take to achieve our goal*

Invest in health care infrastructure. Ensure hospitals, clinics and other health facilities, and information technology infrastructure 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: *What we will do to get there*

- **Continue to progress major capital projects that support high-quality care environments:**
 - Urgent Care Centre in Regina: complete construction in 2024;
 - Construction of the Regina UCC is completed and the first patient care day was July 2, 2024.
 - Grenfell Long Term Care (LTC): progress to construction ongoing;
 - The decision to issue an RFP for a different proponent for construction was made in 2024-25. Government now owns the design and the decision was made to issue a new RFP for the construction.
 - La Ronge LTC: complete design and begin construction, anticipated full completion in 2027;
 - The construction contract was awarded to Ledcor Construction Limited; early works and site preparation were completed, and construction of the facility is underway. Ministry and SHA continued to work on program development and planning for operations of the new facility.
 - Prince Albert Victoria Hospital expansion: complete design and begin construction, anticipated full completion in 2028;
 - The construction contract was awarded to PCL Construction Management Limited; construction is underway. Major site excavation for the foundation is planned to begin in the first week of July 2024.
 - Weyburn General Hospital: complete design and begin construction, anticipated completion in 2025;
 - Construction is underway and the facility was nearly 30 per cent complete as of March 31, 2024.
 - Regina General Hospital parkade: progress to construction, anticipated completion in 2024;
 - Contract was awarded to Link Developments; construction of the facility is underway.
 - Regina LTC specialized beds: begin design, anticipated completion to be determined; and,
 - Land south of Saskatchewan Polytechnic was secured, Ministry and SHA continued to work on program development and planning for operations of the new facility. Progressive design-build procurement is underway, with a shortlist of three proponents. Once awarded in 2024-25, work will begin to finalize designs and begin construction.
 - St. Paul's Hospital front entrance redevelopment: begin construction, anticipated completion in 2024.
 - Construction contract was awarded to Graham Construction; construction is underway.

- **Continue planning activities to advance other priority major capital projects:**
 - Advance planning on LTC projects in Regina, Estevan and Watson, in addition to the Yorkton Regional Health Centre; and,
 - Negotiations are underway following procurements for standard LTC bed spaces in Regina.
 - Business case development for Estevan LTC and Watson LTC is underway.
 - Early planning for the Yorkton Regional Health Centre is underway.
 - Early planning for acute projects in Rosthern and Esterhazy and a LTC project in Battleford.
 - Early planning for the Rosthern Hospital, Esterhazy Integrated Facility, and Battleford LTC is underway.

- **Infrastructure Maintenance Projects:**
 - Continue investment in building improvements and equipment upgrades to improve health facilities across Saskatchewan.
 - The Ministry of Health provided \$65.6M in 2023-24 to health system partners to address preventative and deferred health facility maintenance.

- **Ensure health information is available when needed:**
 - 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.
 - A mobile app for MySaskHealthRecord is now available for all citizens of Saskatchewan. Patients can now access their Saskatchewan Cancer Agency clinical documents on MySaskHealthRecord. Work is underway to add more clinical documents.

Performance Measure Results:

Major Capital Projects

- By March 31, 2024, Regina’s Urgent Care Centre is constructed and preparing for operations.
 - Construction of the Regina UCC was completed on March 31, 2024, with the first patient care day on July 2, 2024.

Infrastructure Maintenance Projects

- By March 31, 2024, 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 SHA, SCA, and Athabasca Health Authority (AHA).
 - By March 31, 2024, maintenance funding was committed in full to urgent and high-priority maintenance projects.

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: *The approach we will take to achieve our goal*

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 addictions professional at the right location when needed.

KeyActions: *What we will do to get there*

- **Improve Access and continuity of care**
 - Establish new addiction treatment spaces for individuals requiring substance use treatment services as part of the government's commitment for 150 new spaces;
 - Government's commitment to establish 150 addiction treatment spaces for individuals requiring substance use treatment services was met in 2023-24. An additional 350 spaces were announced on October 6, 2023, as part of the New Action Plan for Mental Health and Addiction Services. As of March 31, 2024, a total of 183 spaces have been announced.
 - Establish new initiatives to mitigate overdose deaths and drug poisonings;
 - The new action plan includes a provincial opioid agonist therapy program and central intake and navigation that will make the system more accessible to patients and enable care providers to better coordinate care for patients across the system and throughout patients' care and recovery journey.
 - In May 2023, drug checking devices operated by Community-based Organizations (CBOs) that identify the contents of street drugs were announced in Regina and Saskatoon.
 - Clients have been connected with overdose outreach teams (OOTs) in Regina and Saskatoon through fire services wellness checks and improved coordination with addiction counsellors. Since OOTs began operating in December 2022, there have been 375 overdose client referrals to the Regina OOT with 37 repeat clients. In that same period, the Saskatoon OOT received 315 overdose client referrals with 24 repeat clients.
 - The provincial drug alert system was launched publicly on January 11, 2024. Drug alerts share valuable, potentially life-saving information to help community members and service providers manage risks by enhancing vigilance regarding the drugs in use and the signs health staff should monitor for.
 - Mental Health and Addictions Information System (MHAIS) will be implemented for all appropriate community mental health and addictions programs including those delivered by service partners;
 - In 2023-24, the SHA implemented a province-wide MHAIS with CBOs expected to

- implement in 2024-25.
- Establish an Integrated Youth Services (IYS) model of care for Saskatchewan youth;
 - IYS offers rapid access to evidence-based, integrated, culturally safe and youth-targeted services and supports for youth aged 12 to 25 with a focus on prevention and early intervention.
 - John Howard Society of Saskatchewan is providing provincial leadership for consistent implementation with sites expected to be operational in 2024-25. Contracts have been awarded to four organizations to lead IYS sites in their communities:
 - YWCA Regina in Regina;
 - YMCA of Regina in Moose Jaw;
 - PARTNERS Family Services in Humboldt; and
 - Sturgeon Lake First Nation Health Center in Sturgeon Lake First Nation.
- Pilot new granting program for peer support groups.
 - Sask Peer Support Groups Inc. will lead the operations for the new Saskatchewan Peer Support Network. They will build, facilitate, and maintain a province-wide mental health and addictions peer support network, increasing public awareness and the number of peer-facilitated groups in Saskatchewan.
- **Plan for the Future**
 - Develop a new provincial plan for mental health and addiction services (MHAS) to follow the Mental Health and Addictions Action Plan whose 10-year term will sunset in 2024;
 - On October 6, 2023, Saskatchewan announced a new Action Plan for Mental Health and Addictions. The plan will create 500 new treatment spaces, a central intake system for more accessible care, and improved access to opioid agonist therapy, supported by \$49.4M in funding by its fifth year.
 - The new action plan has three pillars of focus: building capacity for treatment, improving the system itself, and transitioning to a recovery-oriented system of care for addictions treatment.
 - Work is underway on implementing a central intake system that patients can contact directly to refer themselves for mental health and addictions services.

Performance Measure Results:

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

- By March 31, 2024, the number of mental health presentations to EDs in Prince Albert, Regina, and Saskatoon where the patient is not admitted, will be reduced.
 - Mental Health presentations where the patient was not admitted was 1,564 per month in 2023-24 across Prince Albert, Regina, and Saskatoon hospitals. This is compared to 1,453 per month in 2022-23

30-day readmissions to an inpatient mental health unit

- By March 31, 2024, 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 decreased in 2023-24 to 10.7% compared to 11.1% during the same period in 2022-23.

Self-Harm, including Suicide

- By March 31, 2024, 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 was 78.1 in 2023-24, compared to 81.1 in 2022-23.

Integrated Youth Services

- By March 31, 2024, a minimum of three IYS sites will be operationalized.
 - Contracts have been awarded to four organizations to lead IYS sites in their communities:
 - YWCA Regina in Regina;
 - YMCA of Regina in Moose Jaw;
 - PARTNERS Family Services in Humboldt; and
 - Sturgeon Lake First Nation Health Center in Sturgeon Lake First Nation
 - Implementation is underway with sites to open in 2024-25.

2023-24 Financial Summary

The Ministry incurred \$7.3 billion of expenses in 2023-24, a \$464.5M increase from its 2023-24 budget. The increase in expense was mainly due to higher-than-budgeted operating pressures at the SHA and SCA, the contract settlement with the SMA, utilization pressures in FFS, out-of-province, supplementary health, and Saskatchewan Aids to Independent Living (SAIL) programs and change in inventory of federally-donated COVID test kits. These increases were partially offset by lower-than-budgeted prescription drug plan expenditures and capital grants.

In 2023-24, the Ministry recorded \$238.5M of revenue. The additional revenue is primarily due to unbudgeted transfers from the federal government under the new Working Together to Improve Health Care for Canadians and Aging with Dignity agreements, as well as the receipt of unbudgeted federal COVID-19 proof of vaccination funding and higher-than-budgeted refunds of previous years' expenses.

Expense Summary

Ministry of Health Expense Actuals

Ministry of Health Comparison of Actual Expense to Estimates					
	2022-23	2023-24	2023-24	2023-24	
	Actuals	Estimates	Actuals	Variance	
	\$000s	\$000s	\$000s	\$000s	Notes
Central Management and Services					
Ministers' Salary (Statutory)	108	112	115	3	
Executive Management	2,586	2,707	3,105	398	
Central Services	5,294	5,175	4,306	(869)	
Accommodation Services	2,143	2,519	2,012	(507)	
Subtotal	10,131	10,513	9,538	(975)	
Saskatchewan Health Services					
Athabasca Health Authority Inc.	7,234	7,234	7,234	-	
Saskatchewan Health Authority	4,017,166	4,044,203	4,309,999	265,796	(1)
Saskatchewan Health Authority Targeted Programs and Services	341,034	388,881	334,879	(54,002)	
Saskatchewan Cancer Agency	219,764	222,747	244,747	22,000	(2)
Facilities - Capital	92,402	278,252	229,747	(48,505)	(3)
Equipment - Capital	66,151	58,536	84,247	25,711	(4)
Programs and Support	29,282	28,895	32,127	3,232	
Subtotal	4,773,033	5,028,748	5,242,980	214,232	
Provincial Health Services					
Canadian Blood Services	45,480	48,106	45,575	(2,531)	
Provincial Targeted Programs and Services	77,512	85,927	91,352	5,425	
Health Quality Council	4,977	4,977	4,977	-	
Immunizations	22,323	23,447	22,686	(761)	
eHealth Saskatchewan	135,648	145,267	145,267	-	
Subtotal	285,940	307,724	309,857	2,133	
Medical Services & Medical Education Programs					
Physician Services	622,590	626,813	821,927	195,114	(5)
Physician Programs	113,851	118,576	118,358	(218)	
Medical Education System	123,484	127,862	127,835	(27)	
Optometric Services	14,776	15,289	15,395	106	
Dental Services	1,442	2,033	1,794	(239)	
Out-of-Province	139,417	140,832	154,795	13,963	(6)
Program Support	11,398	8,816	14,930	6,114	
Subtotal	1,026,958	1,040,221	1,255,034	214,813	
Drug Plan & Extended Benefits					
Saskatchewan Prescription Drug Plan	380,307	388,569	366,776	(21,793)	(7)
Saskatchewan Aids to Independent Living	52,142	50,769	56,062	5,293	
Supplementary Health Program	34,573	30,784	39,950	9,166	(8)
Family Health Benefits	2,681	3,250	3,411	161	
Multi-Provincial Human Immunodeficiency Virus Assistance	210	263	229	(34)	
Program Support	5,281	5,111	5,441	330	
Subtotal	475,194	478,746	471,869	(6,877)	
TOTAL APPROPRIATION	6,571,256	6,865,952	7,289,278	423,326	
Less: Capital Asset Acquisitions	6,723	765	5,725	4,960	
Plus: Non-Appropriated Expense Adjustment	42,370	1,465	47,577	46,112	(9)
TOTAL EXPENSE	6,606,903	6,866,652	7,331,130	464,478	

Notes:

Over 92 per cent of the expenditures were provided to third parties for health care services, health system research and training, 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 2023-24, the Ministry received \$450.1M in special warrant funding primarily to address operating pressures in the SHA and SCA, for the new SMA agreement and for utilization pressures out-of-province.

Explanations for Major Variances

Explanations are provided for variances over \$100M, as well as variances that are both greater than 5 per cent of the Ministry's 2023-24 program budget and greater than 0.1 per cent of the Ministry's total expense.

- (1) Primarily due to higher-than-budgeted operating pressures at the SHA.
- (2) Primarily related to higher-than-budgeted drug expenditures in the SCA.
- (3) Primarily related to delays in significant capital facility projects.
- (4) Primarily due to additional funding for the Administrative Information Management System (AIMS) project.
- (5) Primarily due to the SMA contract settlement and FFS utilization pressures.
- (6) Primarily due to Out-of-Province utilization pressures.
- (7) Primarily due to higher Product Listing Agreement rebates for current-year drug expenditures.
- (8) Primarily due to utilization pressures.
- (9) Primarily due to a change in inventory adjustment for federally-donated COVID test kits.

**Ministry of Health
Revenue**

Ministry of Health Comparison of Actual Revenue to Estimates				
	2023-24 Estimates \$000s	2023-24 Actuals \$000s	Variance \$000s	Notes
Own-Source Revenue				
Investment Income	100	203	103	
Other Fees and Charges	893	583	(310)	
Other Enterprises and Funds	-	-	-	
Miscellaneous	1,136	54,944	53,808	(1)
Total	2,129	55,730	53,601	
Transfers from the Federal Government	39,019	182,807	143,788	(2)
TOTAL REVENUE	41,148	238,537	197,389	

Notes:

The Ministry receives transfer revenue from the federal government for various health-related initiatives and 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) Primarily due to an increase in refunds of prior-year expenses, including recognition of COVID-19 test kits and other equipment received from the federal government and higher-than-budgeted refunds of previous years' expenses from drug plan product listing agreement reimbursements.
- (2) Primarily due to unbudgeted transfers from the federal government under the new Working Together to Improve Health Care for Canadians and Aging with Dignity agreements, as well as the receipt of unbudgeted federal COVID-19 proof of vaccination funding and higher-than budgeted refunds to previous years' expenses.

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

Appendix A: Critical Incident Summary

A “critical incident” is defined in the Saskatchewan Critical Incident Reporting Guideline, 2023 as a serious adverse health event that:

- a) occurred while receiving a health service provided by, or a program operated by, the Saskatchewan Health Authority (SHA), a health services provider or the Saskatchewan Cancer Agency (SCA), hereinafter collectively referred to as “health services entity”, and
- b) was not expected or intended to occur, and
- c) is serious and undesired, such as
 - I. death, disability, injury or harm, or
 - II. unplanned admission to a health facility or an unusual extension of a stay in a health facility, or
 - III. a significant risk of substantial or serious harm to the safety, well-being or health of the patient, and
- d) does not result primarily from the individual’s underlying health condition or from a known risk inherent in providing the health services.

Saskatchewan was the first jurisdiction in Canada to formalize critical incident reporting through legislation that came into force on September 15, 2004. Critical incident reporting is encouraged as the learning opportunities arising from recognition and review of incidents generate invaluable knowledge and contribute to the health system safety as a whole.

Delivery of health care services is a complex process involving many inter-related systems and activities. The formal critical incident reporting process has the potential to increase patient safety by reducing or eliminating the recurrence of similar critical incidents in Saskatchewan through implementation of targeted recommendations 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 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.

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: <https://auditor.sk.ca/publications/public-reports/2021-report-volume-1>.

To address many of the audit recommendations and further advance patient safety within the province, the critical incident reporting legislation was updated at the start of the 2023/24 fiscal year. The accompanying guideline document was also revised with an enhanced definition of a critical incident to align with other Canadian jurisdictions and provide more clarity on what events should be reported. The classification of a critical incident was also updated using a more comprehensive list of reportable critical events, which now include the “never events” identified by the Canadian Patient Safety Institute as patient safety incidents that result in serious patient harm or death, and that can be prevented by using organizational checks and balances.

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.

This work is also supported by the provincial Patient Safety Executive Committee (PSEC). PSEC was established to set strategic direction and provide oversight for system initiatives that promote excellence in patient safety. PSEC includes a core group of leaders from the Ministry of Health and health system partners with broad patient safety knowledge and the operational authority required to drive system initiatives forward.

During 2023/24, 215 critical incidents were reported to the Ministry (although some of them occurred in previous fiscal years). The tables below show the number of critical incidents reported during the most recent 6 fiscal years in each sub-category outlined in the Saskatchewan Critical Incident Reporting Guideline, 2023. Please note that “N/A”, i.e., not applicable, is used for sub-categories that were newly introduced in 2023/24 where data for prior years is currently unavailable.

Variations 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. A provincial Patient Safety Oversight Committee has been established.

I. SURGICAL AND INVASIVE PROCEDURE EVENTS	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19
NE1. Surgery performed on the wrong body part or the wrong patient, or conducting the wrong procedure. Surgery includes endoscopies and other invasive procedures	3	2	2	0	1	1
NE3. Unintended foreign object left in a patient following a procedure	5	4	7	1	2	2
1A. Death during or immediately after surgery of an ASA classification I-II patient	0	0	0	1	0	0
1B. Unintentional awareness during surgery with recall by the patient	0	0	0	0	2	0
1C. A critical incident associated with any other surgical event	4	3	2	1	9	6
Total	12	9	11	3	14	9

II. PRODUCT OR DEVICE EVENTS	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19
NE2. Wrong tissue, biological implant or blood product given to a patient	1	0	1	1	1	0
NE4. Patient death or serious harm arising from the use of improperly sterilized instruments or equipment provided by a health services entity	0	N/A	N/A	N/A	N/A	N/A
2A. A critical incident associated with the use or function of a device in patient care in which the device is used as intended	4	1	8	4	5	5
2B. A critical incident associated with off-label use of medical devices	0					
2C. A critical incident associated with intravascular air embolism	0	0	0	0	0	0
2D. A critical incident associated with a failure of Information Technology equipment, including hardware or software	2	N/A	N/A	N/A	N/A	N/A
Total	7	1	9	5	6	5

III. PATIENT PROTECTION EVENTS	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19
3A. Wrongful discharge of a patient of any age, who does not have decision-making capacity	0	N/A	N/A	N/A	N/A	N/A
NE12. Patient under the highest level of observation leaves a secured facility without the knowledge of staff	4	N/A	N/A	N/A	N/A	N/A
NE13. Patient suicide, or attempted suicide that resulted in serious harm, in instances where suicide-prevention	7	14	14	19	28	33

protocols were to be applied to patients under the highest level of observation						
3B. Patient suicide, attempted suicide or self-harm	22					
3C. A critical incident associated with any other patient protection event	4	4	8	15	14	14
Total	37	18	22	34	42	47

IV. Care Management Events	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19
4A. A critical incident associated with a medication or fluid error	36	19	27	25	40	31
4B. A critical incident associated with off-label use of medication	0	N/A	N/A	N/A	N/A	N/A
NE5. Patient death or serious harm due to a failure to inquire whether a patient has a known allergy to medication, or due to administration of a medication where a patient's allergy had been identified	0	N/A	N/A	N/A	N/A	N/A
NE7. Patient death or serious harm as a result of one of five pharmaceutical events. The following five pharmaceutical events represent errors that can result in serious consequences for patients: <ul style="list-style-type: none"> • Wrong-route administration of chemotherapy agents, such as vincristine administered intrathecally (injected into the spinal canal). • Intravenous administration of a concentrated potassium solution. • Inadvertent injection of epinephrine intended for topical use. • Overdose of hydromorphone by administration of a higher-concentration solution than intended (e.g., 10 times the dosage by drawing from a 10 mg/mL solution instead of a 1 mg/mL solution, or not accounting for needed dilution/ dosage adjustment). • Neuromuscular blockade without sedation, airway control and ventilation capability. 	1	N/A	N/A	N/A	N/A	N/A
4C. A critical incident associated with the delay or improper administration of blood or blood products	1	N/A	N/A	N/A	N/A	N/A
4D. A critical incident related to a mother, associated with either the birthing process (labour, birth, or	3	3	7	2	3	2

postpartum) or an intrauterine procedure up to 42 days postpartum						
4E. A critical incident related to a full-term fetus or neonate, associated with labour or delivery	1	1	4	3	3	5
NE8. Patient death or serious harm as a result of failure to identify and treat metabolic disturbances	2	3	1	0	3	0
NE9. Stage 3, stage 4 or unstageable pressure ulcers acquired after admission to a health services entity facility	25	14	15	16	16	15
4F. A critical incident associated with a delay in patient transfer to a facility for appropriate level of care	1	1	7	5	6	9
4G. A critical incident associated with an error in diagnosis or treatment	10	7	10	9	16	5
4H. A critical incident associated with a delay in diagnosis or treatment	14	N/A	N/A	N/A	N/A	N/A
4I. The loss or physical compromise of a biological specimen or patient information related to the specimen	1	N/A	N/A	N/A	N/A	N/A
4J. A critical incident as a result of deviation from generally accepted performance standards	12	N/A	N/A	N/A	N/A	N/A
4K. Death associated with a health care-associated infection	0	N/A	N/A	N/A	N/A	N/A
4L. Failure to follow or implement a health care directive that results in an undesired outcome for the patient	0	N/A	N/A	N/A	N/A	N/A
4M. A critical incident associated with any other care management event	17	43	89	57	104	41
Total	125	91	160	117	191	108

V. ENVIRONMENTAL EVENTS	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19
NE6. Patient death or serious harm due to the administration of the wrong inhalation or insufflation gas	0	0	0	0	0	0
NE10. Patient death or serious harm due to uncontrolled movement of a ferromagnetic object in an MRI area	0	N/A	N/A	N/A	N/A	N/A
NE11. Patient death or serious harm due to an accidental burn	0	1	1	1	1	1
NE15. Patient death or serious harm as a result of transport of a frail patient, or patient with dementia, where protocols were not followed to ensure the patient was left in a safe environment	0	N/A	N/A	N/A	N/A	N/A
5A. A critical incident associated with electric shock	0	0	0	0	0	0

5B. Patient death associated, and occurring within 14 days of, a fall	14	14	14	22	18	30
5C. A critical incident resulting from or associated with the use or lack of restrictive interventions such as physical, mechanical, manual or environmental restraint	1	2	4	1	2	1
5D. A critical incident as a result of transport arranged or provided by a health services entity	0	0	0	0	1	2
5E. A critical incident associated with a delay or failure to reach a patient for emergent or scheduled services	0	0	1	4	9	4
5F. A critical incident associated with any other environmental event	3	2	5	5	4	6
Total	18	19	25	33	35	44

VI. CRIMINAL EVENTS	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19
6A. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other health care provider	0	0	0	0	0	0
NE14. Infant abducted, or discharged to the wrong person	0	0	0	0	0	0
6B. Abduction of a patient of any age	0	0	0	0	0	0
6C. Criminal act towards a patient that occurs on grounds owned or controlled by a health services entity	13	6	4	3	0	7
6D. A critical incident associated with any other criminal event	3	1	0	0	2	1
Total	16	7	4	3	2	8

	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19
Total Critical Incidents Reported	215	145	231	195	290	221

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