Annual Report

2024-25

Ministry of Health

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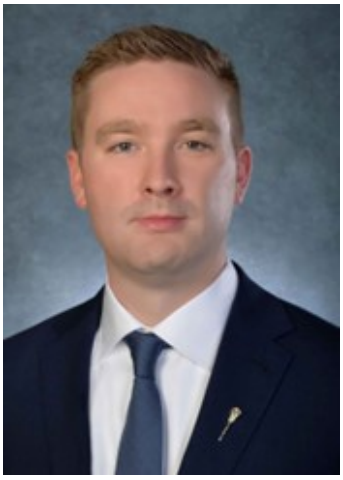
Saskatchewan



The Honourable
Jeremy Cockrill
Minister of Health

Letters of Transmittal

Office of the Lieutenant Governor of Saskatchewan

We respectfully submit the Ministry of Health Annual report for the fiscal year ending March 31, 2025.

In 2024-25, important progress has been made to build a stronger, more integrated and responsive health care system in our province.

Saskatchewan continues to strengthen primary and community care. More people now have regular access to a primary health care provider and team-based care has been expanded by integrating Nurse Practitioners and other allied health professionals into primary care.

Improving access to acute care has been another area of focus. Since it opened its doors in July 2024, the Regina Urgent Care Centre has helped alleviate emergency room pressures by providing health care services to thousands of patients requiring urgent same-day care. Construction of an Urgent Care Centre is underway in Saskatoon in partnership with Ahtahkakoop Cree Developments. Another major milestone was the opening of the Regina Breast Health Centre this spring, expanding access to critical cancer care for women in southern Saskatchewan. This facility supports more patient-friendly, coordinated access to therapies.

The Honourable
Lori Carr Minister of Mental Health and Addictions, Seniors and Rural and Remote Health

The Health Human Resources Action Plan celebrated its two-year anniversary in 2024. This ambitious plan has advanced critical areas of the provincial health system through targeted initiatives that have attracted top specialists, family physicians, registered nurses, and other in-demand health professionals.

Under the Action Plan for Mental Health and Addictions launched in 2023, we made a commitment to add 500 addictions treatment spaces across Saskatchewan. More than half of those spaces are already available.

In December 2024, the new Regina General Hospital Parkade opened, providing over 1,000 parking spaces to improve safety, accessibility and convenience for patients, visitors and staff.

We remain committed to strengthening and improving our health system so all Saskatchewan patients and families have timely access to the best possible care. We look forward to further success in the upcoming year.

The Honourable Jeremy Cockrill,
Minister of Health

The Honourable Lori Carr, Minister of Mental Health and Addictions,
Seniors and Rural and Remote Health

Tracey Smith
Deputy Minister of Health

Dear Ministers:

It is my honour to submit the Ministry of Health Annual Report for the fiscal year ending March 31, 2025.

Over the past year, our Ministry worked diligently to achieve a more responsive and efficient health system that puts patients first and delivers high quality care to residents across the province.

The Health Human Resources (HHR) Action Plan has been playing an important role in achieving this goal. We've seen important success in 2024-25, as we continued to promote the benefits of building a life and health career in Saskatchewan. Nearly 1,000 new health care graduates were hired during the past fiscal year, and more than 850 internationally educated health professionals were working in communities across Saskatchewan by end of March 2025.

We also continue to improve access to acute and emergency services. To address acute care capacity pressures in Regina and Saskatoon, a $30 million investment was provided in 2024-25 to continue implementation of the Capacity Action Plans. This investment expanded the number of acute care beds in Saskatoon and added community care beds and transitional care beds in our two major cities. Saskatchewan announced a further $15 million investment to accelerate capital renovations, equipment upgrades and operational plans to expand acute care services at Saskatoon's City Hospital.

Efforts continued to deliver more surgeries and reduce wait times. In 2024-25, nearly 93 per cent of surgeries were performed or offered within eight months and the number of longest-waiting patients continued to decrease. As well, capacity was added for medical imaging, with thousands of additional patients having their CT and MRI scans performed sooner.

To increase access to primary care closer to home, more than 27 new permanent full time Nurse Practitioner positions were created in rural, remote and regional areas. This is one more step on the path to ensuring everyone in Saskatchewan has access to a primary care provider by the end of 2028. An Indigenous-led Virtual Health Hub is being planned on Whitecap Dakota First Nation land south of Saskatoon. The Hub will serve surrounding communities, decrease the need for patients to travel and reduce demand on services in regional and urban centres.

In the area of mental health and addictions, efforts continue to implement a recovery-oriented system of care for addictions treatment. Work is ongoing to develop a provincial Virtual Access to Addiction Medicine Program that will increase access to these addictions supports and better coordinate care for patients. We are also creating a provincial central intake and navigation system for addictions services.

Our Ministry remains steadfast in our commitment to serve Saskatchewan residents. In collaboration with other health-sector partners and ministries, we will continue working hard to ensure patients across the province get the best care when they need it.

Tracey L. Smith

Tracey Smith
Deputy Minister of Health

Organization Overview

Mandate

Through leadership and partnership, the Ministry of Health (the Ministry) 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 Plans: 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 wellbeing of Saskatchewan people.

Strategy: *The approach we took to achieve our goal*

Strengthen Primary and Community Care

Citizens have prompt access to their primary care team and receive services from the most appropriate provider, ensuring continuity of care and patient involvement in decisions related to their health.

Key Actions: *What we did to get there*

- **Expand access to team-based care**
  - Accelerate the integration of Nurse Practitioners and other allied health professionals within primary care:
    - The Ministry added 27.4 full-time-equivalent (FTE) Nurse Practitioner (NP) positions to the Saskatchewan Health Authority (SHA) in 2024-25, to enhance the delivery of primary care in 28 rural and regional communities.
    - A $10 million Innovation Fund was established in 2024-25, which was a key achievement of the four-year agreement between the Government of Saskatchewan and the Saskatchewan Medical Association (SMA). Through this fund, 29 family physician-led fee-for-service (FFS) clinics were approved for funding, which will support 55 new patient-facing allied health professional FTEs in locations throughout the province. These positions will support primary care clinics to take on more patients and deliver high quality primary care sooner.
    - The Ministry received $4 million in the 2024-25 budget to expand access to primary care in 2024-25. Through this investment, an additional five primary care clinics have been able to expand interdisciplinary teams. These positions include Registered Nurses (RNs), NPs, pharmacists, and other allied health providers.
  - Continue to pilot Nurse Practitioner-led primary care:
    - The Ministry has been working with the Saskatchewan Association of Nurse Practitioners to develop a model for independent NPs to deliver publicly-funded primary care. The Ministry will pilot the contract model with at least six NPs, following a transparent Expression of Interest and Application process through the summer of 2025.

- **Consider advice of the Provincial Primary Care Renewal Oversight Committee and commence implementation of approved actions**
  - The Ministry has worked with health sector partners over 2023-24 and 2024-25 to develop a multi-year plan to implement improvements in primary care.
  - Subcommittees are prioritizing work on governance, attachment, and digital health, to lay the foundation for sustainable improvements to primary care access and attachment.

- This aligns with the goals of the primary care renewal to increase the number of primary care teams functioning in the province, integrate them with existing health networks, and support progress toward The Throne Speech commitment of providing all residents access to primary care - a family physician or NP - by Dec. 31, 2028.

- **Implement the transitional payment model for family physicians as a step towards blended capitation**
  - A primary focus of the Ministry and SMA negotiated agreement was stabilization and support for primary care physicians, which included the implementation of the transitional payment model. The Ministry, the SMA and individual physicians worked collaboratively to implement the Transitional Payment Model (TPM) effective April 1, 2024.
  - TPM provides additional compensation to an annual maximum of $144,000 (increased to $146,966 effective April 1, 2025) to fee-for-service family physicians, with payments totaling $47.5M in the first year of the program.
  - As of March 31, 2025, 66 per cent of eligible FFS family physicians (or 508 FFS family physicians) have committed to providing community based longitudinal care to their dedicated patient panel including comprehensive care and chronic disease management as part of TPM.

- **Take action to improve provincial testing capacity and expand access to testing for sexually transmitted and blood borne infections to prevent further transmission, initiate care and treatment, and provide ongoing care and support**
  - The Ministry received $1.5 million in its 2024-25 budget to support increased testing for sexually transmitted and blood borne infections, including expanding lab testing capacity and implementing new technologies.
    - Addition of positions at the Roy Romanow Provincial Laboratory of 3.6 FTE Medical Laboratory Assistants and 1.0 FTE Biochemist to increase the operational capacity for testing.
    - Rapid HIV on-demand testing for maternity patients implemented in Saskatoon and Regina. Planning for further implementation throughout the province continues.
    - Work is underway to implement Syphilis/HIV Point of Care diagnostic testing and Dried Blood Spot testing within the province.
    - Syphilis testing for congenital case detection has been successfully implemented in Saskatoon and Regina to facilitate early diagnosis and ensure better health outcomes for affected babies.
    - Chlamydia and Gonorrhea testing implemented in Saskatoon, bringing testing closer to clients.
    - Purchase of additional HIV Self-Test Kits to support the expansion of test kits distribution and overcome barriers to testing. This will enable people to access testing in a way that is more accessible and convenient for them.

- **Create consistency in funding approaches for long-term care homes operated by third parties under contract with the Saskatchewan Health Authority**
    - In 2024-25, the Government of Saskatchewan committed to an ongoing $40 million investment for third-party long-term care (LTC) providers to achieve a consistent, province-wide funding approach for third-party LTC providers.
    - The SHA and all third-party LTC providers signed a new Principles and Services Agreement (PSA) that outlines clear accountabilities and reflects the new funding model. The SHA has flowed the funding to all homes operating under the new PSA. The PSA establishes a common foundation across all affiliated LTC homes, promoting equity and transparency in funding, while supporting improved care for residents.
    - The new model includes a flat rate per bed per day, along with a flexible funding component based on heaviness of care.
    - By aligning funding with the actual needs of residents, the Government of Saskatchewan is reinforcing its commitment to equitable access, sustainable service delivery, and consistent quality of care for long-term care residents across the province.
    - Homes have used the additional funding to add staff, particularly, front line staff. This has included increases in CCAs, therapeutic recreation staff, food services and other staff categories. All lead to improved care experience for residents and their families.

Performance Measure Results:

By March 31, 2025, increase the percentage of citizens who report having access to a regular health care provider.

- The Canadian Community Health Survey administered by Statistics Canada surveyed the population aged 18-and-over, regarding access to a regular health care provider. The most recent survey results, based on the 2023 survey, found that 84 per cent of Saskatchewan respondents reported access to a regular health care provider, which is better than the Canadian average of 83 per cent, and an improvement from previous surveys.

Strategy: *The approach we took to achieve our goal*

Improve Access to Acute Care

Patients have timely access to high-quality emergency and acute care services.

Key Actions: *What we did to get there*

- **Reduce surgical wait times by improving system efficiency, targeting process improvements in long-waiting surgical categories, improving patient pathways to reduce demand and ensure appropriateness of surgeries, and continued recruitment of needed health care professionals**
    - Initiatives targeted at long-waiting hip and knee replacement surgeries continued to reduce the wait list for these procedures (to 5,319 on March 31, 2025 from 5,878 on March 31, 2024), as well as lower patient length of stay in hospital. Initiatives implemented in 2024-25 include province-wide central intake of joint replacement referrals, implementation of enhanced recovery protocols, and a new day-surgery program for joint replacement.
    - Wait times for back surgery were addressed by distributing cases among surgeons and addressing appropriateness of waitlisted patients. Plans were created for expansion of Spine Pathway clinics in Regina and Saskatoon. The number of patients waiting longer than six months for back surgery fell by 54 per cent during this fiscal year.
    - In spite of many process improvements, inconsistent access to anesthesia services has been a barrier to sustained increases in surgical volume. An anesthesia task team was established to focus recruitment and retention strategies, optimize existing resources and explore team based care models. Recruitment efforts have shown success with seven anesthetists hired across the province in 2024-25, further progress will be made in 2025-26 with the continuation of these strategies.

- **Improve patient access to medical imaging and diagnostics and reduce wait times**
    - In 2024-25, the Ministry received an $11.2 million increase to support specialized medical imaging services. This funding supported additional Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) capacity within the province, helping to increase access and reduce waitlists for patients.
    - In 2024-25, a total of 187,163 CT exams and 63,299 MRI exams were performed in Saskatchewan, a nine per cent increase or 20,000 more exams over the previous year. These scans were provided to more than 206,000 patients across the province.

- **Establish a Breast Health Centre in Regina and make other improvements to breast cancer care in the province**
    - In 2024-25, government invested $10 million to support breast health enhancements for Saskatchewan patients. This funding supported the introduction of breast seed technology that streamlines and supports a more patient friendly breast tumor localization; additional laboratory staffing to enhance access to timely breast biopsy and tissue processing in Regina and Saskatoon; and gradual lowering of breast screening eligibility from age 50 to 40.

- Construction also began on a new Breast Health Centre in Regina, which provides more coordinated care to patients from the time they have an abnormal mammogram through assessment, diagnosis and referrals for treatment if required, as well as connections to other services for rehabilitation or reconstruction.
- The new Regina Breast Health Centre opened its doors to patients on April 23, 2025, and is expected to receive approximately 1,600 referrals in the first year.

- **Improve patient safety in Saskatchewan's health care system**
  - Progress implementation of improvements to critical incident reporting, as recommended by the Provincial Auditor, to improve the culture of safety within the health system:
    - In 2024-25, the Ministry's priority was to improve the quality of critical incident reporting through the strengthening of internal processes and to conduct more in-depth analysis in critical incident trends. Work that was completed includes:
      - Developing clear criteria on what is required in a critical incident report to ensure that thorough investigations are completed.
      - Creating guidance on the Ministry's expectations regarding how the effectiveness and sustainment of recommended actions are measured by reporting organizations.
      - Completing aggregate analysis of critical incidents in particular categories, which provides valuable information to the teams at the Ministry and the SHA currently working on related strategies.
    - Healthcare organizations have updated their internal processes to meet the revised legislation and Ministry expectations and have made significant progress in staff training, leadership engagement and the implementation of recommended actions.
  - Train staff on monitoring the effectiveness and sustainment of critical incident recommendations:
    - The Ministry and healthcare organizations developed internal processes for monitoring the effectiveness and sustainment of recommended actions to improve patient safety and mitigate the risk of future critical incidents. Healthcare organizations have been coaching staff on the requirements as well as engaging quality improvement resources for support.

- **Continue to address acute care capacity pressures in Regina and Saskatoon**
  - In 2024-25, government invested $30 million to continue implementation of the Capacity Action Plans in Regina and Saskatoon to address patient flow barriers and improve access to primary care, emergency department and community services.
  - This funding supports acute care and emergency department capacity enhancements ($20.1 million), including the addition of 24 permanent and 22 temporary acute care beds at Royal University Hospital (RUH).
  - Funding providing increases to permanent emergency department staffing and ancillary support staff to support patient discharge and flow on weekends.

- The remaining funding supported enhanced community, intermediate and continuing care services ($9.9 million), including 143 additional community-based beds in Saskatoon to provide convalescent, respite and alternative level of care (ALC) services; 20 temporary transitional care beds in Regina and 32 in Saskatoon to be used as high turnover ALC service; and increased palliative care and home care staffing in both cities.
- In late 2024-25, government committed an additional $15 million to start the immediate conversion of the Saskatoon City Hospital to re-open acute medicine inpatients. In 2025-26, government will continue to invest in City Hospital with an additional $30 million for staffing and minor renovation/equipment costs to open 109 acute medicine beds at Saskatoon City Hospital. This funding will allow for a shift in the model of care and physical space upgrades at the facility, increasing overall hospital capacity for the city.

Performance Measure Results:

By March 31, 2025, 90 per cent of surgical patients receive a first offer of surgery within eight months and no patients wait longer than 12 months.

- In 2024-25, 92.5 per cent of surgeries were performed or offered within eight months of their booking date and the surgical program is well-positioned to meet a wait time target of six months in 2025-26.
- On March 31, 2025, there were 2,093 cases that had been on the waitlist longer than 12 months, a 24 per cent decrease from the previous year.

By March 31, 2025, 90 per cent of cancer surgery patients receive a first offer of surgery within clinically recommended targets.

- In the 12-month period from April 1, 2024 to March 31, 2025, 68 per cent of cancer surgeries were performed or offered within the clinically-recommended timeframe.
- According to the Canadian Institute for Health Information (CIHI), Saskatchewan is equal to or better than the Canadian average wait time in days (at the 90th percentile) for most benchmarked cancer surgery, including surgery for breast cancer, bladder cancer, colorectal cancer, lung cancer and prostate cancer.
- Cancer surgeries may be complex and require coordination of multiple surgeons and specialized equipment as well as diagnostics and ancillary treatment. While the system is not always able to deliver urgent surgery within two weeks, it always treats cancer surgeries as a high priority and will ensure that 90 per cent of cases are performed within three-to-four weeks of target.

By March 31, 2025, increase CT capacity by over 8,500 additional patients and MRI capacity by over 3,100 additional patients.

- As of March 31, 2025, 163,729 patients received a Computed Tomography (CT) exam, an increase of 11,555 patients more than the previous year (152,174). The average wait time for a CT exam as of March 31, 2025 is 36.4 days, a reduction from 38 days in April 2024.
- As of March 31, 2025, 42,710 patients received an MRI exam, an increase of 2,872 patients over the previous fiscal year (39,838). The average wait time for an MRI exam as of March 31, 2025 is 80.5 days, a reduction from 94.1 days in April 2024.

Strategy: *The approach we took to achieve our goal*

Address Health Human Resource Needs

Ensure an adequate supply of health care professionals so that services are provided by the right providers in the right place at the right time across the province.

Key Actions: *What we did to get there*

- **Recruit**
  - Recruit new graduates from health care training programs:
    - From April 1, 2024 to March 31, 2025, 990 new health care program graduates were hired from Saskatchewan and out of province.
  - Provide opportunities for unlicensed international physicians to obtain roles in the health system as Clinical Associates:
    - The 2024-25 budget included funding for up to 10 positions within the SHA for Clinical Assistants to be hired to support identified areas of high need within the health system. Progress was made in 2024-25 through establishing the regulatory framework for these new positions and establishing job descriptions in targeted clinical service areas. Positions are yet to be filled. This new funding provides further opportunities for international physicians to work in the health care system.
  - Expand seat placements for the Saskatchewan International Physician Practice Assessment (SIPPA):
    - In 2024-25, additional investments were made to increase the number of placements available in the SIPPA program from 45 up to 53 seats per year. All 53 seats were filled for the last fiscal year. This expansion allows the program to increase the candidate pool and provide support to more rural and regional communities.
  - Recruit internationally-educated healthcare professionals (IEHP):
    - We have met our Health Human Resource Action Plan target to recruit 850 IEHPs. As of April 1, 2025, we have over 850 IEHPs now working in the health care system, the majority being internationally educated nurses among other health professions.

- **Train**
  - Enhance supports in the SHA for the health training seat expansions:
    - Funding has been provided to the SHA to develop and implement a Preceptor Support Program and add clinical staff and learner placement specialists to increase clinical placement capacity and coordination supports for Saskatchewan students in health training programs that were expanded as part of the HHR Action Plan. In addition, the SHA is currently in the process of adding Preceptor Coordinator positions within the SHA.
  - Provide final clinical bursaries to students for occupations that are hard to recruit and in locations of need:
    - Of the 197 final clinical bursary applicants approved in 2023-24, 89 per cent have completed their one-year return in service, or are in the process, with anticipated completion by December 31, 2025.
  - Create the Inter-Provincial Agreement (IPA) Training Incentive to provide funding to support training costs for programs requiring out-of-province training:
    - The IPA training incentive was launched in September 2024. In 2024-25, 44 students in IPA seats were invited to apply with 36 applications received and 26 approved.

- Increase funding to the College of Medicine to support an increase in the postgraduate residency training seats to 140:
    - This increase provides 140 annual residency training seats at the Saskatchewan College of Medicine. This increase of twelve seats provided additional training opportunities in high demand areas or training such as Anesthesia, Emergency Medicine, Pathology, Psychiatry and Plastic Surgery. All twelve additional residency seats have been successfully implemented and filled.

- **Incentivize**
    - Continue the Rural and Remote Recruitment Incentive in areas at risk or in disruption;
        - Since its launch in September 2022, a total of 458 individuals have received the Rural and Remote Recruitment Incentive (RRRI).
    - Continue the Rural Physician Incentive Program to support recruitment and retention of physicians into eligible rural communities:
        - The newly enhanced Rural Physician Incentive Program (RPIP) was implemented effective April 1, 2023. The enhanced RPIP incentive provides increased eligibility to include more physicians establishing a practice in Saskatchewan and increases 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 2023-24, 138 applications were approved for payment for those who have met their one year of service requirement.
        - In 2024-25, as of April 2, 2025, 164 applications were received and are conditionally eligible for payment pending completion of one year of eligible service, with 155 being approved for payment.
    - Continue to provide bursary and incentive programs:
        - In 2024-25, 255 final clinical placement bursaries were awarded and 26 Interprovincial Agreement Incentives were awarded.
        - Additional specialist incentives were established in 2024-25 to offer incentives in areas of significant need for recruitment, including:
            - The Pediatric Subspecialty Recruitment and Retention Incentive offers $200,000 over five years to targeted areas, which include Pediatric Gastroenterology, Pediatric Allergy and Immunology, Pediatric Neurology, Developmental Pediatrics and Pediatric Medical Genetics.
            - The Emergency Medicine Recruitment and Retention Incentive offers $200,000 over five years for urban and regional service.
            - The Radiology Recruitment and Retention Incentive offers $200,000 over five years for both Interventional Radiology as well as Breast Imaging in major centres.
        - This is in addition to previously eligible specialties:
            - The Anesthesiology Recruitment and Retention Incentive offers $200,000 over five years for regional service as well as in Regina and $100,000 over five years for Saskatoon service.
            - The Psychiatry Recruitment and Retention Incentive offers $200,000 over five years for regional service.

            - There have been eight candidates who have established practice and received payment from the above recruitment incentives.
        - In 2024-25, a residency incentive was created to provide support in years four and five of training of $30,000 for up to a total of $60,000, to targeted programs of Anesthesia, Diagnostic Radiology and Emergency Medicine (FRCP) at the University of Saskatchewan, in return for practice in the province following training.

- **Retain**
    - Implement 24/7/365 Nursing Support to provide clinical leadership and support to nurses in rural and northern communities:
        - A small, time limited pilot was completed in the southwest of the province in the summer of 2024.
        - Pilot evaluation suggested promotion of enhanced supports, nurse engagement and relationship building components of the program required further development. A targeted provincial pilot was recommended to address the challenges identified.
    - Collaborate with communities to support IEHPs in making Saskatchewan home:
        - The Saskatchewan Healthcare Recruitment Agency (SHRA) has taken over support from the Ministry for IEHPs in making Saskatchewan home.
        - The SHRA continues to assist internationally educated nurses in both temporary and permanent accommodations in both urban and rural communities in their home communities or when they complete a preceptorship in a different location.
        - The SHRA released a Healthcare Practitioner Community Support Toolkit in March 2025 aimed at increasing community engagement and support for new health care workers and their families. The SHRA continues to collaborate with communities on the usage of the toolkit and will acquire data as it is utilized.

Performance Measure Results:

By March 31, 2025, recruit to meet the target of 850 IEHPs residing within Canada and internationally.

- Our target has been met with over 850 IEHPs now working in the health care system.

By March 31, 2025, 85 per cent of students who receive a final clinical bursary complete their one-year return-in-service.

- Since 2017-18, a total of 624 applicants have been approved and 89 per cent have completed their one-year return in service or are in the process.

By March 31, 2025, hire six Registered Nurses to expand virtual access to clinical nursing supports.

- The SHA completed a pilot for clinical nursing supports and it was deemed not successful for expansion.
- Utilizing the lessons learned, the SHA is developing a new virtual clinical nursing project for pilot.

Strategy: *The approach we took to achieve our goal*

Improve Indigenous Cultural Responsiveness

Through partnership with Indigenous stakeholders, the health system delivers safe, inclusive care in a respectful and culturally appropriate manner and improves the quality of care and health outcomes for Indigenous Peoples.

Key Actions: *What we did to get there*

- **In line with the Truth and Reconciliation Commission's Calls to Action pertaining to health, improve the health system's ability to provide Indigenous patients and their families with health services that are culturally responsive, appropriate, respectful, and safe**
    - Continue support for health system employees and care providers to deliver culturally responsive care:
        - The Ministry, in collaboration with health system partners, created an Indigenous cultural responsiveness toolkit comprised of education and training resources supporting cultural awareness and safety, as well as resources supporting Indigenous cultural safety measurement to assess progress.
        - In 2024-25, the Ministry, SHA, Saskatchewan Cancer Agency (SCA), 3sHealth, eHealth and the Health Quality Council continued to address the Truth and Reconciliation Commission (TRC) health related Calls to Action through various initiatives.
        - In September 2024, the SHA reaffirmed its commitment to advancing the TRC Calls to Action. This reaffirmation was signed by SHA leadership and Traditional Knowledge Keepers and included participation from First Nations, Métis and health system leaders from across the province.
        - The Traditional Knowledge Keepers Advisory Council continues to provide guidance to SHA on organizational initiatives focused on equitable, accessible and culturally responsive care.
        - The SHA established a Truth and Reconciliation Steering Committee. An environmental scan was completed that reviewed how other healthcare organizations across Canada are implementing the Calls to Action and measuring progress. From this, the committee developed a plan for SHA leaders to create strategies in response to the Calls to Action through the development of year-end deliverables within portfolio roadmaps. The committee developed a resource document with examples of operational level actions for point-of-care teams to consider when building local plans.
        - The SHA Systemic and Indigenous-specific Anti-racism Framework was completed and work began on implementation with the development of a training package, which will be launched in 2025-26.
        - The SHA and SCA continue to develop and engage with First Nations and Métis Peoples on strategies to further integrate traditional medicines and healing practices. Traditional healing spaces and culturally responsive models of care have been incorporated into the builds of major capital projects, including the new long-term care home in La Ronge, the Prince Albert Victoria Hospital and St. Paul's Hospital expansions.
        - The SCA offered TRC education booklets and orange ribbons to new staff during orientation. Learning activities for all employees was enhanced leading up to the National Day for Truth and Reconciliation.

        - The SCA secured funding to improve Indigenous representation and visibility throughout the agency. Funds will be used to purchase First Nations and Métis artwork, graphic designs, photography and videography for use in facilities and cancer prevention and screening materials.
        - In 2024-25, the Ministry continued $500,000 in funding for land-based youth mental health camps through a three-year funding agreement with the Federation of Sovereign Indigenous Nations (FSIN).
        - Indigenous cultural awareness training is mandatory for all Ministry of Health staff. The Ministry also continues to encourage all employees to include an action in their workplans on Call to Action No. 57 related to public service training.
        - The Ministry supported employee learning through the following actions:
            - Monthly Orange Shirt Days, which include an educational piece sent to all branches.
            - Hosted a speaker to increase understanding and awareness of Red Dress Day/National Day of Awareness for Missing and Murdered Indigenous Women and Girls.
            - Hosted a learning event about Treaty 4.
            - Held a Métis learning activity.
            - Hosted drummers, dancers and singers.
            - Held smudges available for all staff.
            - Hosted tea and bannock gatherings.
    - Enhance/expand training and recruitment for First Nations and Métis health care providers:
        - The Ministry established the Indigenous Recruitment and Retention Working Group to lead and support strategic objectives that focus on training and increasing the number of Indigenous health care workers in the province.
        - The SHA implemented the First Nations and Métis Health Recruitment and Retention Strategy and continued engagement with multiple stakeholders, First Nations partners and community organizations. The First Nations and Métis Health team has been actively connecting with high school career counsellors and Indigenous Student Advisors to provide career exploration resources. Outreach with Indigenous Education Student Centres fostered relationships with Indigenous students and raised awareness of various career pathways.

Performance Measure Results:

By March 31, 2025, 100 percent of health sector staff have completed cultural responsiveness training within six months of onboarding.

- The SCA offered Indigenous cultural awareness training to all new employees. In the 2024-25 fiscal year, 174 employees, representing 100 per cent of new employees, completed cultural awareness training.
- One hundred per cent of 3sHealth employees completed cultural awareness training.
- Nearly all, 98 per cent, of eHealth employees and contractors completed cultural awareness training. The two per cent gap in training was due to recently hired employees.
- One hundred per cent of Health Quality Council's leadership team and 85 per cent of employees have taken cultural training.
- Eighty-one per cent of all SHA staff have completed cultural awareness training.
- Reporting branches within the Ministry of Health indicate that seventy-four per cent of new staff completed cultural awareness training.

Strategy: *The approach we took to achieve our goal*

Invest in Health Care Infrastructure

Hospitals, clinics, and other facilities provide appropriate space for reliable, safe, efficient, and effective delivery of health programs and services and reflect system priorities and the needs of a growing province.

Key Actions: *What we did to get there*

- **Continue to deliver major capital projects that support high-quality care environments**
    - Regina Urgent Care Centre (UCC) – complete construction; operational in 2024;
        - Construction is completed and the first patient care day was July 2, 2024.
    - Regina General Hospital Parkade – complete construction; operational in 2024;
        - Construction is completed and the parkade was operational in December 2024.
    - Grenfell Long-Term Care (LTC) – initiate construction; anticipated completion in 2025;
        - In 2024-25, a new construction RFP was issued and negotiations continued through the fiscal year. Construction anticipated to begin in 2025-26, with targeted construction completion in 2027.
    - Weyburn General Hospital – continue construction; anticipated completion in 2025
        - Construction continues; anticipated completion in early 2026.
    - St. Paul's Hospital Front Entrance (Saskatoon) – continue construction; anticipated completion in 2025;
        - Construction continues; anticipated completion in late 2025.
    - La Ronge LTC – continue construction; anticipated completion in 2026;
        - Construction continues; anticipated completion in 2027
    - Prince Albert Victoria Hospital – continue construction; anticipated completion in 2028;
        - Construction continues; anticipated completion in 2028
    - Saskatoon UCC (partnership with Ahtahkakoop Cree Developments) – continue development; anticipated completion date to be determined;
        - Construction is underway; anticipated completion in 2026
    - Regina LTC Standard Beds – complete procurement of third-party beds in 2024; anticipated completion date to be determined;
        - The SHA released an RFP to procure additional LTC space and some beds were procured through the RFP in 2024-25. Procurement and negotiations are continuing into 2025-26 for further beds; anticipated completion date to be determined.
    - Regina LTC Specialized Beds – complete procurement and initiate design in 2024;
        - Procurement was awarded in May 2024 and design is underway, with an anticipated completion of design in 2025.
    - Watson LTC – continue development; anticipated completion date to be determined;
        - Project is in the pre-design phase; anticipated completion date to be determined;

- Estevan LTC – continue development; anticipated completion date to be determined;
  - Project is in the pre-design phase; anticipated completion date to be determined.

- **Complete planning to support future major capital projects and facilities to deliver high-quality care in the future**
  - Complete business cases in 2024 for: Yorkton Regional Health Centre, Rosthern Hospital; Esterhazy Integrated Facility, and Battleford District Care Centre.
    - Yorkton Regional Health Centre: The early planning phase continued through 2024-25.
    - Rosthern Hospital: The project is in the business case phase.
    - Esterhazy Integrated Facility: The early planning phase continued through 2024-25.
    - Battleford and District Care Centre: The project is in the business case phase.

- **Continue investment in building improvements and equipment upgrades to improve health facilities across Saskatchewan**
  - The Ministry provided more than $65 million in 2024-25 to health system partners to address preventative and deferred health facility maintenance.

Performance Measure Results – Major Capital Projects:

By March 31, 2025, Regina UCC is operational.

- Construction of the Regina UCC is completed, and the first patient care day was July 2, 2024.

By March 31, 2025, Regina General Hospital Parkade is operational.

- Construction completion was announced in December 2024.

Performance Measure Results – Building Improvements and Equipment Upgrades:

By March 31, 2025, complete urgent and high priority health facility maintenance projects necessary to maintain operational continuity and safety as approved in the capital spending plans.

- By March 31, 2025, 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 took to achieve our goal*

Improve Mental Health and Addictions Services

Mental Health and Addictions services are accessible where and when people need them to obtain treatment, recovery supports, and appropriate care to maintain wellness.

Key Actions: *What we did to get there*

- **Enhance capacity within Mental Health and Addictions Services**
  - Establish new addictions treatment spaces to progress toward the commitment of 500 new spaces in the Action Plan for Mental Health and Addictions:
    - Work continues toward the 500 spaces. At March 31, 2025, 264 spaces were operational in various areas of the province.
  - Expand the Mental Health Capacity Building to new school divisions:
    - Mental Health Capacity Building (MHCB) was expanded to five new school divisions in 2024-25 in Lloydminster, Moose Jaw, Meadow Lake, Yorkton and Regina, for a total of 15 schools, in 14 school divisions, in 11 communities at March 31, 2025. This program was transferred to Ministry of Education for 2025-26.

- **Implement systemic improvements to Mental Health and Addictions Services**
  - Develop and implement a provincial Virtual Access to Addictions Medicine Program to increase access to these addictions supports across the province and better coordinate care for patients:
    - Current state mapping and program design completed in 2024-25. Implementation of a pilot program expected in the summer of 2025.
  - Plan for a provincial central intake and navigation system for addictions services:
    - Sector consultation and current state mapping completed in 2024-25.
    - Development of a phased solution continues toward a planned implementation at the end of 2025.

- **Take steps to implement a recovery-oriented system of care for addictions treatment**
  - A recovery-oriented systems of care approach is embedded in all new recovery treatment spaces.
  - Multiple site visits and readiness/program assessments were completed in 2024-25.
  - Saskatchewan addictions treatment guidelines were reviewed and updated with language and requirements that reflect a recovery-oriented system of care.

- **Continue engaging 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 Rapid Access Counselling for Suicide Loss (postvention) program to support the immediate psychological needs of people affected by the loss of someone who died by suicide or survived with significant injury or trauma;
            - established a Life Promotion-Suicide Prevention Community of Practice network;
            - updated provincial suicide protocols to ensure individuals at risk of suicide in the health system are assessed/reassessed for timely follow-up care;
            - delivered a provincial Suicide Loss and Suicide Prevention Family Engagement Group to hear input from those who have been impacted by suicide;
            - designed, printed and distributed suicide prevention wallet cards for first responders, community-based organizations and the public;
            - supported mental health and wellness land-based camps for Indigenous youth;
            - refreshed a public awareness campaign;
            - enhanced capacity for Saskatchewan's national 9-8-8 Suicide Crisis Helpline service providers;
            - supported three existing Roots of Hope community-led suicide prevention initiatives in the north and began expansion to two additional sites;
            - Engaged Patient and Family Partners in provincial suicide prevention planning and governance; and,
            - incorporated evaluation components into actions under each pillar.
    - 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.

Performance Measure Results:

Enhance Capacity within Mental Health and Addictions Services

- By March 31, 2025, 150 new spaces under contract with at least 75 in full operation.
    - At March 31, 2025, 264 spaces were operational in various areas of the province.
- By March 31, 2025, Mental Health Capacity Building in five additional school divisions.
    - MHCB was expanded to five new school divisions in 2024-25 in Lloydminster, Moose Jaw, Meadow Lake, Yorkton and Regina, for a total of 15 schools in 14 school divisions in 11 communities at March 31, 2025. This program was transferred to Ministry of Education for 2025-26.

2024-25 Improvement and Innovation Highlights

1	**In 2024-25, as part of the $10 million investment in Breast Health, Saskatchewan invested in the development of a Breast Health Centre in Regina, providing timely access to breast health services to residents.** **This health centre will provide comprehensive services for patients, including diagnosis and assessment, treatment planning and delivery, follow-up care, patient education, and survivorship support. Care will be delivered by a multidisciplinary team collocated in a single space, including access to on-site diagnostic and surgical services, to ensure a seamless patient care experience.** **Progress update:** • Construction began on a new Breast Health Centre in Regina in 2024-25. The Centre officially opened its doors to patients in late April 2025 and provides a full range of collocated breast health services.
2	**In 2024-25, Saskatchewan introduced a new compensation model for community-based physicians practicing family medicine in the province. This model blends the existing volume-based payment model with additional funding for family physicians who provide ongoing care to an active patient panel, allowing more time for physicians to deal with complex issues, an increased focus on preventive care, and more team-based care within a patient medical home model.** **Progress Update:** • The payment model was implemented effective April 1, 2024, and provides additional compensation to over 500 fee-for-service family physicians based in Saskatchewan communities. **The province established a $10 million innovation fund in 2024-25 that will increase the amount of team-based care in primary health care settings, resulting in health care providers working to the top of their scope and improving access to primary care in the province.** **Progress Update:** • The $10 million Innovation Fund is a key achievement of the four-year agreement between the Government of Saskatchewan and the Saskatchewan Medical Association (SMA), which was ratified in February 2024. The Innovation Fund encourages the development of Family Physician-led, team-based clinics that support better access to primary care. • In August 2024, family physicians were invited to submit an Expression of Interest, and from the responses received, 51 were invited to formally apply to the Innovation Fund. Of the 38 funding applications received by February 2025, 29 physician lead primary care clinics and five Saskatchewan Health Authority lead clinics were approved for funding.

	The province is making further investments by creating 25 new Nurse Practitioner (NP) positions in rural, regional, and northern communities, as well as piloting independently operated, publicly funded Nurse Practitioner clinics to improve patients' access to continuous primary care. **Progress Update:** • In 2024-25, the Ministry approved the SHA to post an additional 29 NP positions (27.4 FTE), exceeding the target of 25 new positions. Recruitment efforts are underway in the SHA to fill all new positions. • Throughout 2024-25, the Ministry worked closely with the Saskatchewan Association of Nurse Practitioners to develop a new publicly-funded contract model for Primary Care NPs. In 2025-26, the Ministry will enter into contracts with at least six NPs for the delivery of longitudinal primary care.
3	**In 2024-25, we implemented a number of technological innovations to support patient access to high-quality and timely surgeries in Saskatchewan:** **We will expand access to Robotic Assisted Surgery, which enables surgeons to carry out a variety of difficult procedures with greater control, precision, and adaptability than conventional methods. This minimally invasive surgery results in shorter hospital stays and improved patient outcomes. In 2024-25, the program expanded to Regina, increasing access to more Saskatchewan residents.** **Progress Update:** • Based on readiness assessment, a second robot was deployed in Saskatoon. **We will move forward with implementing hybrid operating rooms (ORs) in Saskatchewan. Hybrid ORs are advanced surgical theatres equipped with advanced medical imaging, allowing multiple surgeons to work on the same patient, in the same place, at the same time, with all diagnostic and treatment equipment at hand. Patients can undergo both open and image-guided procedures in a single visit, leading to faster recoveries and fewer risks of complications. In 2024-25, planning and assessments for two hybrid ORs will be done at the Regina General Hospital and St. Paul's Hospital in Saskatoon.** **Progress Update:** • Planning and assessments for hybrid ORs at Regina General Hospital and St. Paul's Hospital has been completed. **We will introduce Anesthesia Manager© software in 10 facilities in 2024-25. This system will modernize patient care, ensuring timely access to complete anesthesia charts and historical data, thereby enhancing patient safety and quality of care. This will increase surgical efficiency related to anesthesia start times, enhance quality and safety, reduce pre-op cancellations and postponements, and improve recruitment and retention of anesthesiologists.** **Progress Update:** • Anesthesia needs assessment has been completed.

Financial Summary

The Ministry of Health incurred $8.042 billion of expense in 2024-25, a $449.3 million increase from its 2024-25 budget. The increase was primarily due to higher-than-budgeted operating pressures at the SHA, Saskatchewan Cancer Agency (SCA) and eHealth Saskatchewan, faster progress on major capital projects, and utilization pressures in Physician Services, Out-of-Province medical coverage for Saskatchewan residents and Canadian Blood Services. These increases were partially offset by lower-than-budgeted requirements for SHA Targeted Programs and Services, lower utilization of Physician Programs and lower Saskatchewan Prescription Drug Plan net expenditures.

In 2024-25, the Ministry recorded $625.1 million of revenue, a $452.7 million increase from its 2024-25 budget. The additional revenue was primarily due to unbudgeted tobacco litigation proceeds, federal funding under the new National Strategy for Drugs for Rare Diseases funding agreement and Drug Plan product listing agreement reimbursements related to prior-year expenditures.

Ministry of Health Comparison of Actual Expense to Estimates

	2023-24 Actuals $000s	2024-25 Estimates $000s	2024-25 Actuals $000s	2024-25 Variance $000s	Notes
Central Management and Services					
Ministers' Salary (Statutory)	115	112	110	(2)	
Executive Management	3,105	2,707	3,257	550	
Central Services	4,306	5,275	5,122	(153)	
Accommodation Services	2,012	2,349	2,177	(172)	
Subtotal	**9,538**	**10,443**	**10,666**	**223**	
Saskatchewan Health Services					
Athabasca Health Authority Inc.	7,234	7,259	7,259	-	
Saskatchewan Health Authority	4,309,999	4,230,961	4,580,861	349,900	(1)
Saskatchewan Health Authority Targeted Programs and Service	334,879	450,461	398,096	(52,365)	(2)
Saskatchewan Cancer Agency	244,747	248,871	263,871	15,000	(3)
Facilities - Capital	229,747	412,797	475,966	63,169	(4)
Equipment - Capital	84,247	103,872	102,705	(1,167)	
Programs and Support	32,127	30,299	56,112	25,813	(5)
Subtotal	**5,242,980**	**5,484,520**	**5,884,870**	**400,350**	
Provincial Health Services					
Canadian Blood Services	45,575	47,631	58,392	10,761	(6)
Provincial Targeted Programs and Services	91,352	102,805	90,793	(12,012)	(7)
Health Quality Council	4,977	4,977	4,977	-	
Immunizations	22,686	24,001	22,047	(1,954)	
eHealth Saskatchewan	145,267	151,899	171,749	19,850	(8)
Subtotal	**309,857**	**331,313**	**347,958**	**16,645**	
Medical Services & Medical Education Programs					
Physician Services	821,927	759,713	813,810	54,097	(9)
Physician Programs	118,358	206,742	175,516	(31,226)	(10)
Medical Education System	127,835	135,005	134,987	(18)	
Optometric Services	15,395	15,289	15,960	671	
Dental Services	1,794	2,033	2,023	(10)	
Out-of-Province	154,795	138,332	159,359	21,027	(11)
Program Support	14,930	8,401	5,256	(3,145)	
Subtotal	**1,255,034**	**1,265,515**	**1,306,911**	**41,396**	
Drug Plan & Extended Benefits					
Saskatchewan Prescription Drug Plan	366,776	395,783	375,760	(20,023)	(12)
Saskatchewan Aids to Independent Living	56,062	58,388	63,645	5,257	
Supplementary Health Program	39,950	36,935	44,073	7,138	
Family Health Benefits	3,411	3,250	3,185	(65)	
Multi-Provincial Human Immunodeficiency Virus Assistance	229	263	233	(30)	
Program Support	5,441	5,111	6,277	1,166	
Subtotal	**471,869**	**499,730**	**493,173**	**(6,557)**	
TOTAL APPROPRIATION	**7,289,278**	**7,591,521**	**8,043,577**	**452,056**	
Less: Capital Asset Acquisitions	5,725	180	5,782	5,602	
Plus: Non-Appropriated Expense Adjustment	47,577	1,677	4,477	2,800	
TOTAL EXPENSE	**7,331,130**	**7,593,018**	**8,042,272**	**449,254**	

Over 92 percent of Ministry 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.

Notes:

Special Warrants / Supplementary Estimates

During 2024-25, the Ministry received $502.9M in Special Warrant funding to address operating pressures at the Saskatchewan Health Authority (SHA) and Saskatchewan Cancer Agency (SCA), faster progress on capital facilities, utilization pressures in Physician Services, Out-of-Province medical services and Canadian Blood Services (CBS), compensation pressures at the Ministry and eHealth as a result of settled collective bargaining agreements, and a contribution to Ronald McDonald House Charities.

Explanations for Major Variances

Explanations are provided for variances over $50 million, as well as variances that are both greater than $10 million and five per cent of the Ministry's 2024-25 program budget.

(1) Higher-than-budgeted operating pressures at the SHA.
(2) Lower-than-budgeted targeted funding requirements primarily in long-term care, surgical and Health Human Resources Action Plan initiatives.
(3) Higher-than-budgeted operating pressures in the SCA, primarily for drug expenditures.
(4) Due to faster progress on major capital projects.
(5) Primarily due to tobacco litigation legal fees and salary pressures related to the SGEU collective bargaining increase.
(6) Due to higher Canadian Blood Services utilization.
(7) Lower-than-budgeted funding requirements for Health Human Resources Action Plan initiatives and lower utilization of the Senior Citizens' Ambulance Assistance Program and Air Ambulance.
(8) Due to higher-than-budgeted operating pressures and collective bargaining increases.
(9) Primarily due to higher Fee-for-Service (FFS) and physician contract utilization.
(10) Lower-than-budgeted utilization in Physician Programs and lower Physician stabilization expenditures.
(11) Higher Out-of-Province utilization.
(12) Primarily due to higher Product Listing Agreement rebates for current year drug expenditures.

Revenue Summary

Ministry of Health Comparison of Actual Revenue to Estimates

	2024-25 Estimates $000s	2024-25 Actuals $000s	Variance $000s	Notes
Own-Source Revenue				
Investment Income	100	368	268	
Other Fees and Charges	1,256	1,054	(202)	
Other Enterprises and Funds	-	-	-	
Miscellaneous	1,135	443,628	442,493	(1)
Total	2,491	445,050	442,559	
Transfers from the Federal Government	169,919	180,066	10,146	(2)
TOTAL REVENUE	**172,411**	**625,116**	**452,705**	

Note: Totals may not add due to rounding.

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.

Notes:

Explanations for Major Variances

Variance explanations are provided for all variances greater than $1,000,000.

(1) Primarily due to unbudgeted tobacco litigation proceeds received on behalf of the Province of Saskatchewan, as well as Drug Plan product listing agreement reimbursements related to prior-year expenditures.

(2) Primarily due to the new National Strategy for Drugs for Rare Diseases funding agreement.

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 unplanned admission to a health facility or an unusual extension of a stay in a health facility, or
    ii. a significant risk of substantial or serious harm to the safety, well-being or health of the patient, and
    iii. 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.

In 2020, the Provincial Auditor conducted an audit of the Ministry’s critical incident reporting processes for improving patient safety, and released a report with 10 associated recommendations: https://auditor.sk.ca/publications/public-reports/2021-report-volume-1.

In 2024, the Provincial Auditor completed a follow up audit, concluding that the Ministry had fully implemented three recommendations, partially implemented five recommendations, and not yet implemented two recommendations: https://auditor.sk.ca/publications/public-reports/2024-report-volume-2.

At the start of 2023-24, the critical incident reporting legislation was updated, along with the critical incident definition and event categories. In 2024-25, the Ministry and health system partners continued to work on implementing the Provincial Auditor recommendations, with a focus on ensuring timely critical incident notification and report submissions, and improving the quality, implementation, and monitoring of corrective actions.

This work is also supported by the provincial Patient Safety Executive Committee, which is comprised of a core group of leaders from the Ministry and health system partners that have broad patient safety knowledge and the operational authority required to drive system initiatives forward.

During 2024-25, 139 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 six fiscal years in each sub-category outlined in the Saskatchewan Critical Incident Reporting Guideline, 2023, based on data as of May 30, 2025. 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. Also, please note that critical incident volumes reported for previous years in prior annual reports may differ for some event categories, as classifications may change as more information is obtained during critical incident investigations/reviews.

Annual fluctuations in the number of critical incidents could also be due to factors such as 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.

I. SURGICAL AND INVASIVE PROCEDURE EVENTS	2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
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	3	2	2	0	1
NE3. Unintended foreign object left in a patient following a procedure	0	5	4	6	1	2
1A. Death during or immediately after surgery of an ASA classification I-II patient	0	0	0	0	1	0
1B. Unintentional awareness during surgery with recall by the patient	0	0	0	0	0	2
1C. A critical incident associated with any other surgical event	1	4	2	3	1	7
Total	**4**	**12**	**8**	**11**	**3**	**12**

II. PRODUCT OR DEVICE EVENTS	2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
NE2. Wrong tissue, biological implant or blood product given to a patient	1	1	1	0	0	2
NE4. Patient death or serious harm arising from the use of improperly sterilized instruments or equipment provided by a health services entity	1	0	1	0	0	2
2A. A critical incident associated with the use or function of a device in patient care in which the device is used as intended	1	4	1	9	4	5
2B. A critical incident associated with off-label use of medical devices	0	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	2	N/A	N/A	N/A	N/A
Total	**5**	**7**	**3**	**9**	**4**	**9**

III. PATIENT PROTECTION EVENTS	2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
3A. Wrongful discharge of a patient of any age, who does not have decision-making capacity	1	0	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	4	2	2	2	9
NE13. Patient suicide, or attempted suicide that resulted in serious harm, in instances where suicide-prevention protocols were to be applied to patients under the highest level of observation	4	10	14	14	19	28
3B. Patient suicide, attempted suicide or self-harm	4	19				
3C. A critical incident associated with any other patient protection event	5	4	2	7	13	5
Total	**18**	**37**	**18**	**23**	**34**	**42**

IV. CARE MANAGEMENT EVENTS	2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
4A. A critical incident associated with a medication or fluid error	24	36	19	24	23	37
4B. A critical incident associated with off-label use of medication	0	0	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	1	1	0	1	1	0
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: • Wrong-route administration of chemotherapy agents, such as vincristine administered intrathecally (injected into the spinal canal).	3	1	0	2	1	3

• 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.						
4C. A critical incident associated with the delay or improper administration of blood or blood products	1	1	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 postpartum) or an intrauterine procedure up to 42 days postpartum	1	3	3	7	2	3
4E. A critical incident related to a full-term fetus or neonate, associated with labour or delivery	1	0	1	4	3	3
NE8. Patient death or serious harm as a result of failure to identify and treat metabolic disturbances	0	3	4	2	0	3
NE9. Stage 3, Stage 4 or unstageable pressure ulcers acquired after admission to a health services entity facility	10	25	14	15	16	16
4F. A critical incident associated with a delay in patient transfer to a facility for appropriate level of care	2	1	1	7	5	6
4G. A critical incident associated with an error in diagnosis or treatment	3	11	7	10	9	16
4H. A critical incident associated with a delay in diagnosis or treatment	13	15	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	2	1	N/A	N/A	N/A	N/A
4J. A critical incident as a result of deviation from generally accepted performance standards	17	12	N/A	N/A	N/A	N/A

4K. Death associated with a health care-associated infection	1	0	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	1	0	N/A	N/A	N/A	N/A
4M. A critical incident associated with any other care management event	9	14	41	86	57	103
Total	**89**	**124**	**90**	**158**	**117**	**190**

V. ENVIRONMENTAL EVENTS	**2024/25**	**2023/24**	**2022/23**	**2021/22**	**2020/21**	**2019/20**
NE6. Patient death or serious harm due to the administration of the wrong inhalation or insufflation gas	0	0	1	0	0	0
NE10. Patient death or serious harm due to uncontrolled movement of a ferromagnetic object in an MRI area	0	0	0	1	0	0
NE11. Patient death or serious harm due to an accidental burn	4	0	1	2	2	2
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	0	0	0	0	0
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	9	14	13	14	22	18
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	1	3	2	1	0
5D. A critical incident as a result of transport arranged or provided by a health services entity	0	0	0	0	0	1
5E. A critical incident associated with a delay or failure to reach a patient for emergent or scheduled services	0	0	0	1	4	9
5F. A critical incident associated with any other environmental event	3	2	2	6	5	5
Total	**17**	**17**	**20**	**26**	**34**	**35**

VI. CRIMINAL EVENTS	2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
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	1	0	0	0	0	0
6C. Criminal act toward a patient that occurs on grounds owned or controlled by a health services entity	4	13	6	4	3	0
6D. A critical incident associated with any other criminal event	1	3	1	0	0	2
Total	**6**	**16**	**7**	**4**	**3**	**2**

	2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
Total CIs Reported	**139**	**213**	**146**	**231**	**195**	**290**

Appendix B: Listing of Acts assigned to the Minister of Health (Order in Council 476/2024)

The Minister of Health is assigned the administration of the following Acts, except insofar as another minister is assigned the administration of the Act:

Ambulance Act
Cancer Agency Act
Change of Name Act, 1995/Loi de 1995 sur le changement de nom Chiropractic Act, 1994
Dental Disciplines Act
Dietitians Act
Emergency Medical Aid Act
Fetal Alcohol Syndrome Awareness Day Act
Health Administration Act
Health Districts Act
Health Facilities Licensing Act
Health Information Protection Act
Health Quality Council Act
Health Shared Services Saskatchewan (3sHealth) Act
Hearing Aid Sales and Services Act
Human Resources, Labour and Employment Act
but only with respect to section 4.02
Human Tissue Gift Act, 2015
Licensed Practical Nurses Act, 2000
Massage Therapy Act
Medical Laboratory Licensing Act, 1994
Medical Laboratory Technologists Act
Medical Profession Act, 1981
Medical Radiation Technologists Act, 2006
Mental Health Services Act
Midwifery Act
Naturopathic Medicine Act
Naturopathy Act
Occupational Therapists Act, 1997
Opioid Damages and Health Care Costs Recovery Act
Opticians Act
Optometry Act, 1985

Paramedics Act

Patient Choice Medical Imaging Act

Personal Care Homes Act

Pharmacy and Pharmacy Disciplines Act

Physical Therapists Act, 1998

Podiatry Act Prescription Drugs Act

Prostate Cancer Awareness Month Act

Provincial Health Authority Act

Psychologists Act, 1997

Public Health Act

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;* and

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

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

clauses 4(2)(a) to (g), (i) to (l), (n) and (o) and section 8, which are jointly assigned to the Minister of Health, the Minister of SaskBuilds and Procurement, the Minister of Education and the Minister of Highways

Publicly-funded Health Entity Public Interest Disclosure Act

Registered Nurses Act, 1988

Registered Psychiatric Nurses Act

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

Respiratory Therapists Act

Saskatchewan Medical Care Insurance Act

Saskatchewan Strategy for Suicide Prevention Act, 2021

Speech-Language Pathologists and Audiologists Act

Tobacco and Vapour Products Control Act

Tobacco Damages and Health Care Costs Recovery Act

Vital Statistics Act, 2009/Loi de 2009 sur les services de l'etat civil Vital Statistics Administration Transfer Act

White Cane Act

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