

# Ministry of Health



## Annual Report for 2013-14



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# Letters of Transmittal



Honourable Dustin Duncan  
Minister of Health

July 29, 2014

Her Honour, the Honourable Vaughn Solomon Schofield,  
Lieutenant Governor of Saskatchewan

May it Please Your Honour:

We respectfully submit the Annual Report of the Ministry of Health for the fiscal year ending March 31st, 2014.

The Ministry of Health and the health system are committed to providing Better Health, Better Care, Better Value, and Better Teams for Saskatchewan people. All efforts are undertaken with a patient and family centered focus and to establish Saskatchewan as the best place to live, work, and raise a family.

In 2013-14, our strategic work focused in six key areas:

- Sooner, safer, smarter surgical care;
- Primary Health Care;
- Safety culture for patients and staff;
- Rural family physician supply;
- Mental health and addictions services; and,
- Emergency department waits and patient flow.

Key achievements in 2013-14 include:

- 5,548 more **surgeries** were performed, a seven per cent increase over 2012-13. Nearly 81 per cent of patients who received surgery between January 1st and March 31st, 2014 had their surgery within three months of being scheduled by a surgeon.
- 1,000 more registered nurses and 400 more licensed physicians are practicing in Saskatchewan since 2007. Physician turnover has decreased by five percent.
- 60 doctors passed the **Saskatchewan International Physician Practice Assessment (SIPPA)** in 2013-14 and are practicing in the province. Of those, ninety-seven per cent are practicing in a rural or regional community.
- One new training site was established for family medicine residents in North Battleford, in addition to existing training sites in Prince Albert, Swift Current, La Ronge, Regina, and Saskatoon.
- Two new **collaborative emergency centres** opened in Maidstone and Shaunavon increasing patients' access to Primary Health Care and providing 24/7 emergency service.
- \$10 million for an **Urgent Issues Action Fund** to address priority issues in Long term care identified by health regions.
- Three **Home First/Quick Response Home Care Pilot** projects in Regina, Saskatoon, and Prince Albert help seniors live in their own homes for as long as possible by reducing unnecessary hospital admissions, transitioning patients out of the hospital sooner, and responding to crisis intervention in the community.



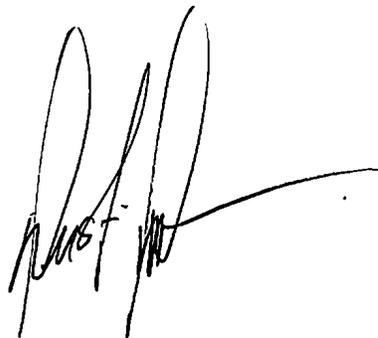
Honourable Tim McMillan  
Minister Responsible for  
Rural and Remote Health

# Letters of Transmittal

- **First Link**, a joint effort with the Alzheimer's Society, links agencies, community resources, family physicians, and other health care providers to help individuals and families living with Alzheimer's disease and related dementia.
- Over 3,000 questionnaire submissions from clients, family members, service providers, and concerned citizens; over 300 individuals participated in focus groups and individual interviews; and the Commissioner met with almost 150 stakeholder groups who provided input into the Mental Health and Addictions Action Plan now being developed.
- \$942 million investment in health system major capital projects, building improvements, and equipment upgrades since 2007.
- 24 hours a day, seven days a week access to professional health advice through HealthLine 811 and **HealthLine OnLine**. Government made access to 24/7 health advice easier this year by changing the HealthLine phone number to 811.
- More than 250 patients were transported by or received care from the Shock Trauma Air Rescue Service (STARS) since they began Saskatchewan operations in April 2012.
- \$1.3 million for a helipad at the Regina General Hospital to help patients being transported by STARS in southern Saskatchewan reach a critical care team about 15 minutes faster.
- \$690,000 investment in hemodialysis equipment will double Cypress Regional Hospital's hemodialysis capacity from 12 patients to 24 patients a week saving patients time and cost for travel, while maximizing the use of resources at the regional hospital.
- Progress on HIV. In 2013 there were 136 new cases of HIV, a 26 per cent decrease from 2012 and an overall decrease of 32 per cent from 2009 (prior to the implementation of the HIV Strategy) even though testing for HIV has gone up by 33 per cent since 2009.

This annual report details the key actions and results accomplished this year while honouring our health system commitments, ensuring accountability, and responsibly managing expenditures.

On behalf of the Ministry of Health, we are pleased to provide the 2013-14 Annual Report to the Legislative Assembly and to the people of Saskatchewan.



Dustin Duncan  
Minister of Health



Tim McMillan  
Minister Responsible for Rural and Remote Health

# Letters of Transmittal



Max Hendricks  
Deputy Minister of Health

July 29, 2014

Her Honour, the Honourable Vaughn Solomon Schofield,  
Lieutenant Governor of Saskatchewan

May it Please Your Honour:

I have the honour of submitting the Annual Report of the Ministry of Health for the fiscal year ending March 31, 2014.

As we move forward on our transformation agenda, the Ministry of Health and the health system have affirmed our commitment to improving access, quality, and safety for patients and families in Saskatchewan.

In 2013-14 we improved access and quality in areas such as the surgical experience, patient and staff safety, primary health care, rural family physician supply, strengthening mental health and addictions services, reducing emergency room waits, and improving patient flow. These efforts were guided by our commitment to put the patient first in everything we do and align with the *Saskatchewan Plan for Growth*.

We are making carefully considered strategic decisions to ensure that health services are stable and sustainable into the future. Monthly wall walks to view and discuss progress toward our key initiatives and goals help ensure corrective actions are put in place when areas of concern or barriers are identified.

As the Deputy Minister of Health, I am responsible for the financial administration and management control of the Ministry of Health. As such, I have made every effort to ensure the information and content of the Ministry of Health 2013-14 Annual Report is meaningful, complete, and accurate.

A handwritten signature in black ink, appearing to read "Max Hendricks". The signature is written in a cursive, flowing style.

Max Hendricks  
Deputy Minister of Health

## Introduction

This annual report for the Ministry of Health presents the Ministry's results on activities and outcomes for the fiscal year ending March 31, 2014. It reports to the public and elected officials on public commitments made and other key accomplishments of the Ministry.

The 2013-14 Annual Report will be presented in relation to Government's vision and the Hoshin Kanri process which guided the development of the 2013-14 Plan.

*The Saskatchewan Plan for Growth – Vision 2020 and Beyond* was released in October, 2012, and the first progress report occurred in October 2013. Direction related to the Plan for Growth is reflected in Ministries' 2013-14 performance plans.

Results are provided on publicly committed strategies, actions, and performance measures identified in the 2013-14 Plan. The report also demonstrates progress made on Government commitments as stated in the Government Direction for 2013-14: Balanced Growth, throne speeches and other commitments and activities of the Ministry.

The annual report demonstrates the Ministry's commitment to effective public performance reporting, transparency, and accountability to the public.

## Alignment with Government's Direction

The Ministry's activities in 2013-14 align with Government's vision and four goals.

## Our Government's Vision

A strong and growing Saskatchewan; the best place in Canada – to live, to work, to start a business, to get an education, to raise a family, and to build a life.

## Government's Goals

- Sustaining growth and opportunities for Saskatchewan people.
- Improving our quality of life.
- Making life affordable.
- Delivering responsive and responsible government.

Together, all Ministries and agencies support the achievement of Government's four goals and work towards a secure and prosperous Saskatchewan.

# Ministry Overview

Our Ministry supports a health care system that puts patients first and encourages leadership from boards, management, and health professionals at all levels. We are dedicated to achieving a responsive, integrated, and efficient health system that enables people to achieve their best possible health. We strive to explore innovative approaches and set bold targets for the health system in four areas: better health, better care, better value, and better teams. Our system-wide focus on Lean puts the needs and values of patients and families at the forefront of both our planning and the delivery of care.

Ministry activities include:

- Providing leadership on strategic policy;
- Setting goals and objectives for the provision of health services;
- Allocating funding and leading financial planning for the health system;
- Providing provincial oversight for programs and services, including acute and emergency care, community services, and long term care;
- Monitoring and enforcing standards in privately delivered programs such as personal care homes;
- Administering public health insurance programs such as the Saskatchewan Medical Care Insurance Plan;
- Providing eligible residents with prescription drug plan benefits and extended health benefits, including Supplementary Health, Family Health Benefits, and Saskatchewan Aids to Independent Living (SAIL);
- Providing communicable disease surveillance, prevention and control through the Saskatchewan Disease Control Laboratory and Population Health Branch to identify, respond to, and prevent illness and disease in our province;
- Providing leadership on health human resource issues; and,
- Leadership on and responsibility for approximately 50 different pieces of legislation.  
(See Appendix IV on page 58).

The health care system in Saskatchewan is multi-faceted and complex. The Ministry oversees a health care system that includes 12 health regions, the Saskatchewan Cancer Agency, the Athabasca Health Authority, affiliated health care organizations, and a diverse group of professionals, many of whom are in private practice. There are 26 self-regulated health professions in the province and the health system as a whole employs more than 40,000 people who provide a broad range of services.

The Ministry provides governance training, including effective strategic oversight, for the Boards of Directors of health regions and the Saskatchewan Cancer Agency.

The Ministry assists health regions, the Saskatchewan Cancer Agency, and other stakeholders to recruit and retain health care providers, including nurses and physicians. The Ministry also works in partnership with organizations at local, regional, provincial, national, and international levels to provide Saskatchewan residents with access to quality health care.

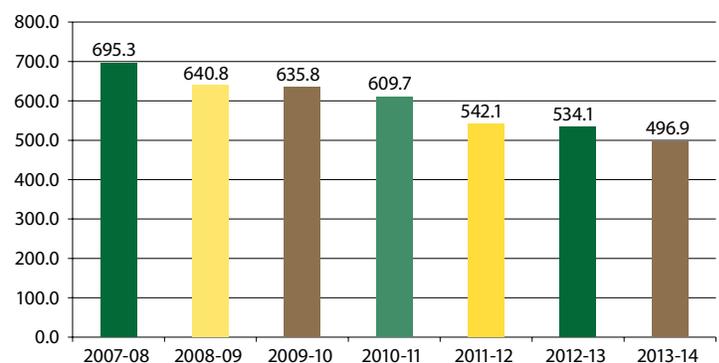
In Canada, the federal and provincial governments both play a role in the provision of health care. The federal government provides funding to support health through the Canada Health Transfer. The federal government also provides health services to certain segments of the population (e.g. veterans, military personnel, and First Nations people living on reserve). Provincial governments are responsible for most other aspects of health care delivery.

## Ministry of Health Employees

As shown in figure 1, the Ministry of Health has reduced the total number of full-time employees or equivalents (FTEs) over the last seven years. The variance is primarily the result of vacancy management and the continuation of the Workforce Adjustment Strategy.

The Ministry of Health's 2013-14 FTE budget of 496.9 is net of an (10.0) FTE reduction assigned in-year from Government's 2013-14 unallocated balance. The variance to budget number of 18.7 FTEs compares 2013-14 actual FTEs to the 2013-14 final FTE budget.

**Figure 1: Ministry of Health full-time equivalents**



# Strategy Deployment (Hoshin Kanri) in the Saskatchewan Healthcare System

The Hoshin Kanri approach to strategic planning and deployment is highly collaborative and characterized by engagement of health system staff at all levels of organizations through a process referred to as catchball. The process enables a top-down and bottom-up management approach to determining strategic priorities and how results will be achieved.

Catchball ensures those closest to the delivery of care are able to give feedback on how to implement health system priorities.

Key initiatives are organized into four areas called the Better:

**Better Health** - Improve population health through health promotion, protection, and disease prevention, and collaborating with communities and other provincial and federal government organizations to close the health disparity gap.

**Better Care** - In partnership with patients and families, improve the individual's experience, achieve timely access, and continuously improve healthcare safety.

**Better Value** - Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

**Better Teams** - Build safe, supportive workplaces where providers are focused on patient- and family-centred care and collaborative practices, and develop a highly skilled, professional, and diverse workforce that has a sufficient number and mix of service providers.

Similar to 2012-13, the 2013-14 Health Plan was organized around each of the four "better" areas and this report reflects the same organization.

Each of the "betters" as well as the health system's vision, mission, and values are reflected in figure 2 below.

The 2013-14 Health Plan helped to focus the health system to achieve the best possible health outcomes for communities and the best possible care for patients, while maintaining a financially sustainable system and ensuring the professionals working in that system have the tools they need to do their best work.



**Figure 2: The 2013-14 Health Plan is organized into four areas: Better Health, Better Care, Better Value, and Better Teams**

During the planning process, health system leaders identified three areas in which they would like to see breakthrough improvements. These breakthroughs are referred to as Hoshins in the Hoshin Kanri approach.

The three health system breakthrough initiatives for 2013-14 are:

1. Improve access and connectivity in Primary Health Care innovation sites and use early learnings to build foundational components for spread across the province;
2. Transform the patient experience through sooner, safer, smarter surgical care; and,
3. Focus on patient and staff safety.

In addition to working to support these three health system priorities, the Ministry of Health also identified three priorities for 2013-14:

1. Strengthen mental health and addictions services;
2. Increase rural family physician supply; and,
3. Eliminate emergency department waits and improve patient flow.

The successful implementation of these initiatives supports the achievement of future (2017) outcomes identified in the 2013 Health Plan.

# Progress in 2013 - 14

## Better Care

### Safety Culture: Focus on patient and staff safety.

*By 2017 establish a culture of safety with a shared ownership for the elimination of defects (uncorrected errors).*

The health system cares about the safety of patients and health care workers. While patient safety and staff safety have traditionally been regarded as separate priorities, a culture of safety benefits everyone.

### Patient Safety

#### 2013-14 Key Actions and Results

*By March 31, 2014, a Safety Alert/Stop the Line System prototype will be developed in Saskatoon Health Region.*

- One of the Saskatchewan health care system's goals is to establish a culture of safety, where everyone feels they have a role in eliminating errors.
- A Safety Alert System/Stop the Line System (SAS) was developed in Saskatoon Health Region to improve patient and staff safety by making it easy to report safety incidents and concerns. A SAS not only allows, but expects workers, patients, or family members who see the potential for harm or injury to report it immediately and halt the activity. In other words to "stop the line." The organization is then obligated to respond according to pre-established protocols.

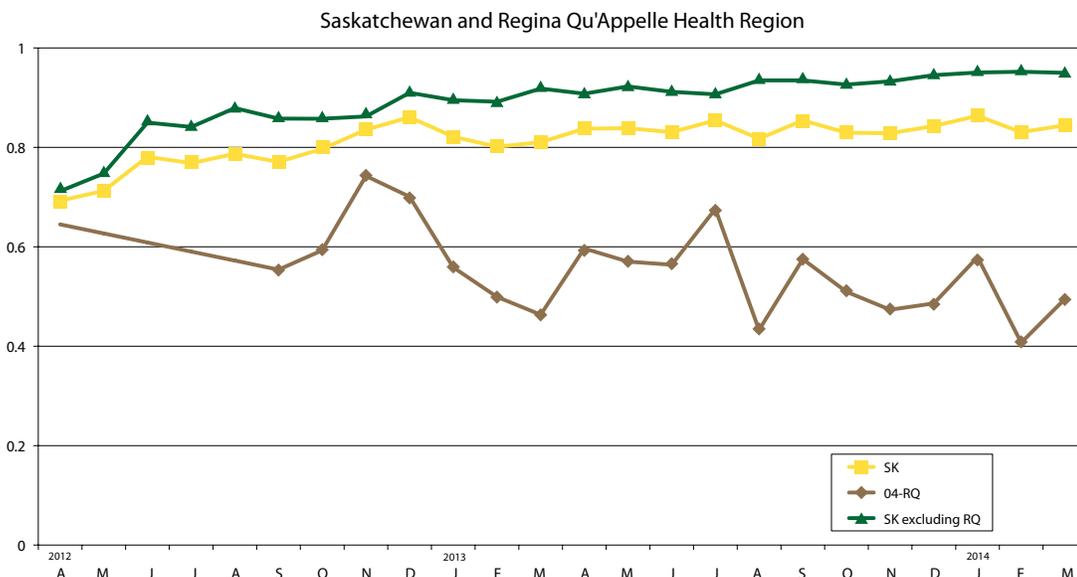
- The first **Safety Alert System (SAS)** went live at St. Paul's Hospital in Saskatoon Health Region on Tuesday, March 11, 2014. Patients and their families, staff, and visitors can call 306-655-1600 to report any potential or actual harm to a patient or employee ranging from "good catches" to serious adverse events.

#### Medication reconciliation at admission to acute care.

- While work over the past year has focused on establishing MedRec at discharge, compliance with MedRec at admission to acute care began in 2012. All RHAs and the Saskatchewan Cancer Agency report the percentage of compliance with MedRec at admission to acute care to the Ministry of Health each month. The provincial compliance rate for MedRec at admission was 84 per cent in March 2014. Regina Qu'Appelle Health Region's (RQHR) progress has been less successful, but a corrective action plan is in place. Removing RQHR's results produces a provincial rate of 95 per cent. See figure 3.

#### Progress toward implementation of Medication Reconciliation at transfer/discharge from acute care.

- Discharge from hospital is a significant transition point for patients. Clear communication about what medications are to be stopped, started, continued, or changed at discharge is important. The purpose of Medication Reconciliation (MedRec) at discharge is to ensure this information is conveyed in a clear, consistent, and accurate way.
- A working group to develop a MedRec discharge/transfer form and process flow charts was established and began meeting in September 2013. The working group is running a six-week trial of a paper-based MedRec discharge/transfer form in spring 2014.



**Figure 3: Percentage of compliance - Medication reconciliation at admission to acute care.**

NOTE: For Apr'12 to Aug'12, Regina Qu'Appelle's data did not meet definition agreed to by all RHAs.

## Progress in 2013 - 14

*Percent of acute care patients whose medications have been reconciled at transfer/discharge.*

- RHAs began the routine reporting of MedRec at discharge/transfer audit results in February 2014. While still in the early stages (fewer than half of the province's acute care facilities were represented), the provincial compliance rate for MedRec at discharge/transfer from acute care was 13 per cent in February 2014.

*Continue focus and progress on preventing Surgical Site Infections.*

The health system will reduce the number of preventable surgical site infections (SSIs) from clean surgeries to zero by supporting RHAs to: a) reduce SSIs through implementation of the SSI Prevention Bundle (a set of four perioperative care processes proven to reduce infections) and provincial monitoring; and b) to standardize how they identify and monitor SSIs through the development of a robust provincial SSI surveillance program. Clean surgeries are defined on page 259 of the Centers for Disease Control and Prevention's [Guidelines for Prevention of SSI](#).

- In 2013-14, three key actions were taken to support development of a provincial SSI surveillance program:
  1. An assessment of regional SSI surveillance programs was undertaken to update the baseline survey conducted in 2012-13.
  2. An options paper was prepared that describes three models for conducting SSI surveillance.
  3. A provincial SSI surveillance working group consisting of infection control practitioners, quality improvement facilitators, nursing managers, and other providers was formed. The options paper was circulated to the newly formed group in March 2014, and will be reviewed at the first provincial meeting in April 2014.
- Measurement of the percentage of patients experiencing an SSI from clean surgeries for selected procedures will be calculated when a provincial SSI surveillance program is in place.

## Five-year Improvement Targets

**The Provincial Health Plan also includes five-year improvement targets and outcomes. In 2013-14, work progressed in these areas:**

*By March 2017, there will be zero patients who experience a medication defect*

- In January 2014, the Provincial Leadership Team determined it would report medication defect (error or adverse event) results from the Safety Alert System as it is expanded provincially.

*By March 2017, there will be zero patients who experience a preventable SSI from clean surgeries (National Healthcare Safety Network (NHSN) class I, II).*

- One tool to decrease preventable SSI is the application of the *Safer Healthcare Now!* SSI prevention bundle.
- See corresponding 2013-14 SSI action reported on page 12 of the annual report.

## Ministry of Health project supporting patient and staff safety.

**This measure speaks specifically to the strategic goals of the Ministry of Health.**

*Coordinate planning of a provincial Safety Alert System and stop-the-line process involving all Regional Health Authorities (RHAs)*

- A provincial visioning event to identify the desired attributes of a future provincial Safety Alert System/Stop the Line process was held on May 28, 2013. It involved 150 participants from all 13 RHAs, the Saskatchewan Cancer Agency, eHealth and others: 13 patient and family advisors, senior leaders, direct care providers (e.g. physicians, nurses, paramedics), indirect care providers (e.g. infection control practitioners), quality improvement and OHS leads, and others in acute care, long term care and community services.
- On December 2-6, 2013, Saskatoon Health Region hosted a 3P (production preparation process) to design a Safety Alert System (SAS) that would be piloted at St. Paul's Hospital, with the intent to replicate it across Saskatoon Health Region and throughout the province. Saskatoon participants included leaders, employees, physicians, union representatives, and patient advisors. All other RHAs and other stakeholders including the Ministry of Health, eHealth Saskatchewan, and the Saskatchewan Association for Safe Workplaces in Health were invited to send a representative. Approximately 60 participants developed a future state map, defined categories of incidents, drafted an intake method, and ran simulations of responses through a mock call centre.
- SAS was successfully launched as planned in Saskatoon Health Region's St. Paul's Hospital on Tuesday, March 11, 2014.
- Although SAS is being tested and refined in one facility, plans are to adapt and spread it throughout RHAs over the next several years.
- Find more information about the SAS on page 10 of this annual report.

# Progress in 2013 - 14

## Develop method(s) to audit use of the surgical site infection (SSI) prevention bundle.

- In 2013 -14, the Patient Safety Unit worked with a provincial group that included representatives from the 10 RHAs where surgery is performed, Health Quality Council, and the Canadian Patient Safety Institute, to consult on the implementation of the SSI prevention bundle and to develop audit guidelines for provincial reporting in 2014-15. Initial audits of bundle compliance in select surgical areas will begin in April 2014.

## Oversee compliance audits for Medication Reconciliation (MedRec) on admission and discharge to and from acute care (including cancer centres).

- A working group was established to develop audit guidelines for MedRec at transfer and discharge in acute care and began meeting weekly in September 2013.
- A pilot of an audit tool for MedRec at discharge/transfer was conducted in December 2013 with feedback and results reported in January 2014.
- RHAs began routine reporting of discharge/transfer audit results in February 2014.
- Find more information about MedRec on page 11 of this annual report.

## Develop a comprehensive plan for MedRec in long term care, to be implemented in 2014-15.

- RHAs were surveyed about their implementation of MedRec in long term care.
  - Four RHAs have fully implemented MedRec in long term care: Five Hills, Cypress, Kelsey Trail, and Athabasca.
  - Of the seven with partial implementation, four have implemented MedRec at admission in all long term care facilities: Sun Country, Sunrise, Prairie North, and Mamawetan Churchill River Health Regions.

- Planning is underway to establish an advisory group to support spread of MedRec in long term care.

## Fully implement surveillance of Clostridium difficile infection (CDI).

- All RHAs have fully implemented surveillance of Clostridium difficile infection (CDI) in hospitals and special care homes.

## Additional Safety Actions in 2013-14

### Well Testing

- In the spring of both 2013 and 2014 the province offered free water testing to Saskatchewan residents with private drinking water sources that may be affected by flooding.

## Workplace Safety

### 2013-14 Key Actions and Results

#### Reduce the number of accepted Workers' Compensation Board (WCB) time loss injury and medical aid claims.

- The goal of 25 per cent reduction in the number of accepted WCB claims by RHAs from the 2011 baseline is on target. In 2013 the RHAs were not to exceed 3,795 accepted WCB claims and as of the end of March, 2014 there were 3,006 accepted claims. See figure 4.

#### Reduce the number WCB time loss injury and medical aid claims stratified by injury type (shoulder and back).

- The target of 50 per cent reduction in the number of accepted WCB for shoulder and back injury type by the RHAs from the 2012 baseline is trending to not be on target; however, a reduction of 40.8 per cent indicates progress in this area. In 2013 the RHAs were not to exceed 668 and as of the end of March 2014, there were 791 accepted shoulder and back claims. See figure 5.

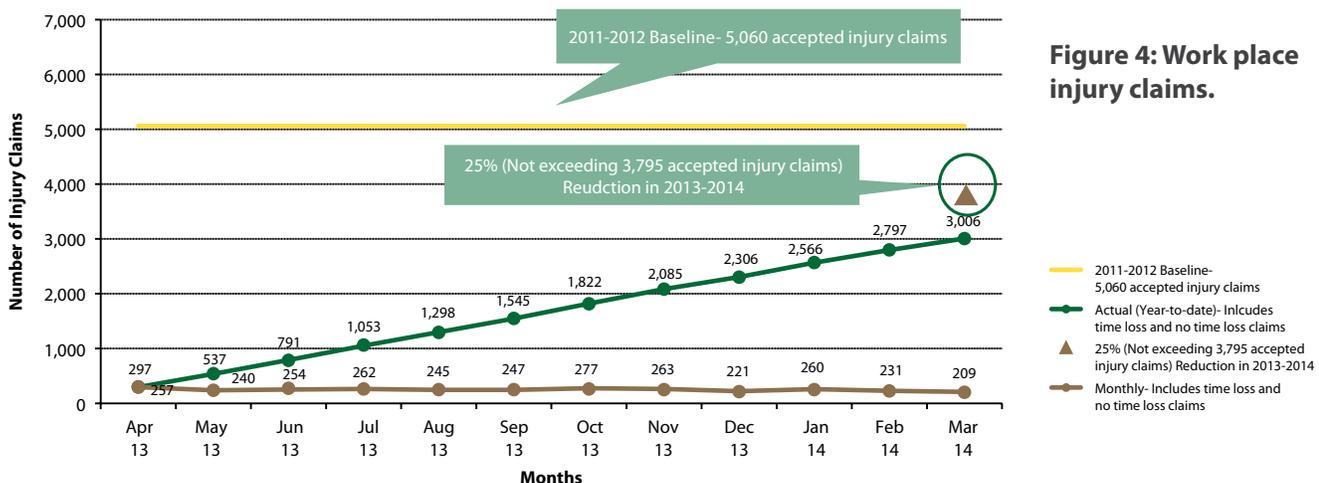


Figure 4: Work place injury claims.

# Progress in 2013 - 14

Occupational Health and Safety committee chairs and co-chairs will receive Level I and II training.

- There has been steady progress by all RHAs for Occupational Health and Safety (OHS) co-chairs to receive Level I training and we are on track to see a 50 per cent improvement in this area.
- In addition, the online OHS Level II training offered provincially has recently been updated to be health care specific and many RHAs are supporting their co-chairs to take the training on line. RHAs are on target to meet this goal.
- To date the training offered by the Saskatchewan Association for Safe Workplaces in Health (SASWH) in 2013-14 for OHS Level I indicates 358 were trained by SASWH with 243 coming from the RHAs.
- It is significant to note that while this measure is specific to co-chairs training in OHC level I and Level II, RHAs have accelerated this measure to include all committee members who require Level I and II have access to the training and are supported to complete the training.

Percentage of OHS committee meeting at least quarterly with quorum.

- The RHA's Occupational Health Committees have met and sustained the target in this area.

## Five-year Improvement Targets

The Provincial Health Plan also includes five-year improvement targets and outcomes. In 2013-14, work progressed in these areas:

By March 2017, there will be zero workplace injuries.

- The Safety Management System (SMS) is a process focused six-element that support safe work practices

in which healthcare providers work together with patients, families, and care providers to ensure that we are all accountable throughout the workplace and incorporated throughout the provision of care.

- Implementation of elements 1, 2, and 3 will be underway by the end of 2014-15, with full implementation of all six elements planned for the end of 2015-16. The six elements of SMS include:
  1. Leadership and Commitment
  2. Hazard Identification and Control
  3. Training and Communications
  4. Inspections
  5. Investigations
  6. Emergency Response
- Additional efforts such as the Safety Alert System/Stop the Line System, introducing standard work for safety practices, and a focus on reducing workplace injuries are helping to establish a culture of safety with a shared ownership for the elimination of defects (uncorrected errors) and workplace injuries by the end of 2017.

## Transform the patient experience through sooner, safer, smarter surgical care.

### The Saskatchewan Surgical Initiative

The Saskatchewan Surgical Initiative was launched in April 2010 with government, surgical teams, health administrators, and patient representatives committed to a high-priority joint effort to streamline surgical processes, improve the quality of patient care, and reduce wait times. A broad range of activities focused on sooner, safer, smarter

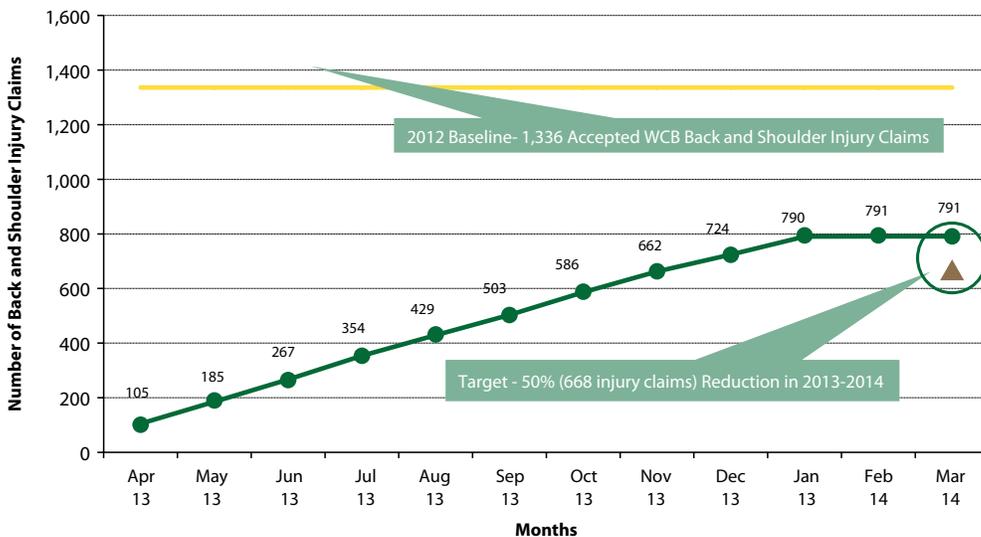


Figure 5: Accepted Workers' Compensation Board Back and Shoulder Injury Claims.

— 2012 Baseline- 1,336 injury claims  
 ● Actual (Year-to-date)- Includes time loss and no time loss claims  
 ▲ 50% (668 accepted WCB back and shoulder injury claims) Reduction in 2013-2014

## Progress in 2013 - 14

surgical care to improve the surgical patient experience and reduce wait times for surgery to three months by 2014. Between January 1 and March 31, 2014 nearly 81 per cent of patients had their surgery within three months of being referred for surgery.

These key improvements resulted in sooner, safer and smarter surgical care:

- An online Specialist Directory to help patients identify surgical options;
- Specialist groups pooling referrals, so patients can choose to see the first available appropriate specialist, or wait for a specific specialist;
- Timely and appropriate care through clinical “pathways”;
- Province-wide implementation of the surgical safety checklist and measures to prevent surgical infections and medication errors;
- Increased capacity to train operating room nurses;
- Expanded capacity through third-party surgical and diagnostic services; and,
- A culture of continuous improvement being adopted by health system partners.

The province provided \$61.5 million in 2013-14 for the Saskatchewan Surgical Initiative to help RHAs complete additional surgeries in 2013-14 and advance projects that improve patient care.

Priority areas for improvement in 2013-14 included reducing wait times for cancer surgery and care, developing and implementing additional care pathways, reducing clinical variation in select surgical areas, expanding the use of pooled referrals to more surgeon groups, and developing a transition plan to ensure the ongoing continuous improvement of surgical care after the Surgical Initiative ends in 2014.

The number of surgeries performed during the 2013-14 fiscal year increased by almost seven per cent (5,548 surgeries) over the previous year. From April 1, 2013 to March 31, 2014 there were 87,506 surgeries performed in Saskatchewan, compared to 81,958 in 2012-13.

Good progress has been made, and now at the conclusion of the Surgical Initiative, the health system’s focus will shift to maintaining the gains and pursuing opportunities to make continuous improvements to the surgical value stream.

Wait times information will continue to be updated monthly and reported at [www.sasksurgery.ca](http://www.sasksurgery.ca).

**Figure 6: Progress in surgical wait times as of March 31, 2014.**



**By March 31, 2014, all patients have the option to receive necessary surgery within 3 months.**

- The number of patients waiting more than three months for surgery is down 75 per cent, with 11,528 fewer patients waiting that long for surgery on March 31, 2014 than in March 2010. See figure 7.
- Between January 1 and March 31, 2014, nearly 81 per cent of patients had their surgery within three months of being referred for surgery.
- Of the ten RHAs performing surgery, four achieved the goal of having no patients waiting longer than three months for surgery by March 31, 2014. Four RHAs were very close (with a combined 41 patients still waiting more than three months). The two largest RHAs will work to achieve the goal during the 2014-15 fiscal year, after facing unexpectedly high demand for surgeries. See figure 8.

## Progress in 2013 - 14

**Figure 7: Surgical patients, by length of time waiting - 2010 and 2014.**

Surgical Patients, by Length of Time Waiting - 2010 and 2014			
Length of Time Patient Had Been Waiting	Number of Patients on March 31, 2010	Number of Patients on March 31, 2014	Percentage Change
More Than 12 Months	4,008	298	-93%
More Than Six Months	9,884	1,533	-84%
More Than Three Months	15,352	3,824	-75%
Total of all patients waiting*	27,591	15,340	-44%

\* Includes patients who have waited less than three months.

**Figure 8: Surgical patients, by length of time waiting - 2010 and 2014.**

Health Region *	Surgical Patients Waiting More Than Three Months		Reduction in Cases From 2010-2014	
	On Mar. 31, 2010	On Mar. 31, 2014	Number	Percentage
Cypress	60	0	-60	-100%
Five Hills	84	2	-82	-98%
Heartland	3	1	-2	-67%
Kelsey Trail	21	0	-21	-100%
Prairie North	191	0	-191	-100%
Prince Albert Parkland	898	24	-874	-97%
Regina Qu'Appelle	5,816	2,314	-3,502	-60%
Saskatoon	7,776	1,469	-6,307	-81%
Sun Country	88	0	-88	-100%
Sunrise	415	14	-401	-97%
Provincial	15,352	3,824	-11,528	-75%

\* Indicates RHA where the procedure will take place, not where the patient lives.

## Surgical and Specialty Care

*By March 2017, all people have access to appropriate, safe and timely surgical and specialty care (cancer, specialist, and diagnostics) as defined by the improvement targets.*

### 2013-14 Key Actions and Results

- The first Pelvic Floor Pathway Clinic opened in April in Regina. Similar clinics are planned for other communities. The pelvic floor pathway provides faster alternatives for assessment and treatment, and helps anticipate the needs of 25 per cent of adult women who cope with urinary incontinence, pelvic organ prolapse, or both; and streamlines their route to the care they need.
- The Prostate Assessment Pathway launched in Saskatoon in April 2013 streamlines the process for men to get tested for prostate cancer, find information, and get medical advice; helping to facilitate more effective treatment.

*Introduce two new pathways and initiate planning for two more; implement strategies to increase referrals through existing pathway assessment clinics; expand shared decision making with next two pathways.*

- A pathway extends from the beginning of the patient journey through to the conclusion of care.
- From July 2012 to March 2013 over 700 health system partners, providers, and stakeholders provided input and support in the identification of potential new provincial pathways. As a result of the consultation process, recommendations were provided to health system leadership on April 17, and two pathways were selected for immediate development: Acute Stroke Care (rural to tertiary care) and Lower Extremity Wound Care.
- These two new pathways are in the implementation phase with patients, clinicians, and system partners meeting to design the pathway. These pathways are expected to launch in mid 2014-15. Performance will be tracked after the launch.
- The selection of the next two pathways for development will align with the appropriateness and variation work. The identification of new pathway opportunities will be determined after charter work on appropriateness is complete.
- Existing pathways are reviewed on an ongoing basis with the goal of continuous improvement.

## Progress in 2013 - 14

*Expand clinical variation management plan to another one to three surgical areas for a total of four to six surgical areas.*

- Clinical Working Groups (CWGs) have been assembled in the areas of vascular, urology, mastectomy, and lower spine. The vascular group has progressed the furthest toward the design and implementation of a database, and the collection and analysis of data.
- The vascular CWG will implement changes, pending discussion and agreement among surgeons, and continue to measure change.
- The lower spine CWG is continuing to work with surgeons to establish monthly provincial spine rounds in which indicators will be chosen.
- The urology CWG continues to meet to develop standard reported data. Once it has been determined what data will be collected, the CWG will determine how to implement changes to standardize practice and measurement.
- The breast cancer CWG is finalizing and implementing the synoptic reporting template. After data has been collected through synoptic reporting, the CWG will work with surgeons to standardize care. (Synoptic reporting means all clinicians collect and report a uniform set of data, using a template and structured format. It replaces narrative/descriptive reporting which can vary from person to person.)
- In 2013-14, activities have focused on developing methods to collect, compile, and analyze clinical data to provide evidence for the CWGs.
- The establishment of additional clinical working groups has been postponed in order to focus support and attention on achieving the targets set for the four existing CWGs.

*Use Lean improvement processes to improve province-wide discharge planning.*

- The D-minus system is used to identify patients' target date of discharge so that patients, families, and the health system have sufficient lead time resulting in smooth transition for patients. D-3 indicates the patient is three days away from discharge from hospital and DD means day of discharge.
- Work to improve discharge planning continues. Southern RHAs participated in a rapid process improvement workshop (RPIW) in April 2013. An audit of the new process identified certain barriers that are currently being addressed prior to the results being replicated to other RHAs.

*Develop Saskatchewan Surgical Initiative (SkSI) transition plan for post-April 2014 (e.g., transfer of responsibilities, funding arrangements, committee structures, etc.) and plan to sustain the three month wait time for surgery.*

- The Provincial Surgical Oversight Team (PSOT) is a representative group of patients, physician leaders, RHAs, and provider organizations assembled to monitor the surgical system's progress and report results to the Provincial Leadership Team.
- The Surgical Initiative concluded on March 31, 2014. Going forward the emphasis will be on maintaining the three month wait time for surgery and spreading the lessons learned during the surgical initiative to other large scale health system change. A transition report has been drafted with a focus on continuous improvement, engagement, and governance.

*Conduct value stream mapping event for the typical cancer patient.*

- The Saskatchewan Cancer Agency, working with RHAs, provides approximately 26,000 chemotherapy treatments, 30,000 radiation therapy treatment sessions, 37,000 mammograms, and about 6,500 new patient referrals at the cancer centres in Saskatoon and Regina during the year. The Cancer Agency covers 100 per cent of the cost of drugs approved for cancer treatment.
- A high-level flow map was developed in consultation with the Saskatchewan Cancer Agency, RHAs, care providers, and patient representatives that maps the typical colorectal cancer patient's journey through the health system. The map helps provide a better understanding of the patient's experience and the opportunities for improvement in health services delivery.

*Carry out Rapid Process Improvement Workshops associated with improvement opportunities identified for surgery, cancer care, and GP to specialist.*

- A Rapid Process Improvement Workshop (RPIW) was conducted in October 2013 to improve the processing of abnormal fecal immunochemical test (FIT) results for the [Screening Program for Colorectal Cancer](#) so follow-up testing for clients could be arranged sooner. As a result of the workshop, the processing of abnormal results decreased from 6.8 days to 1.6 days.

*Review wait time target for cancer surgeries and revise if appropriate.*

- The 6-week waiting band has been accepted, and through extensive consultation and development

# Progress in 2013 - 14

with surgeons, vignettes (sample situations) have been created to help clinicians use the new category appropriately. Implementation will occur in 2014-15.

## Additional cancer care actions in 2013-14.

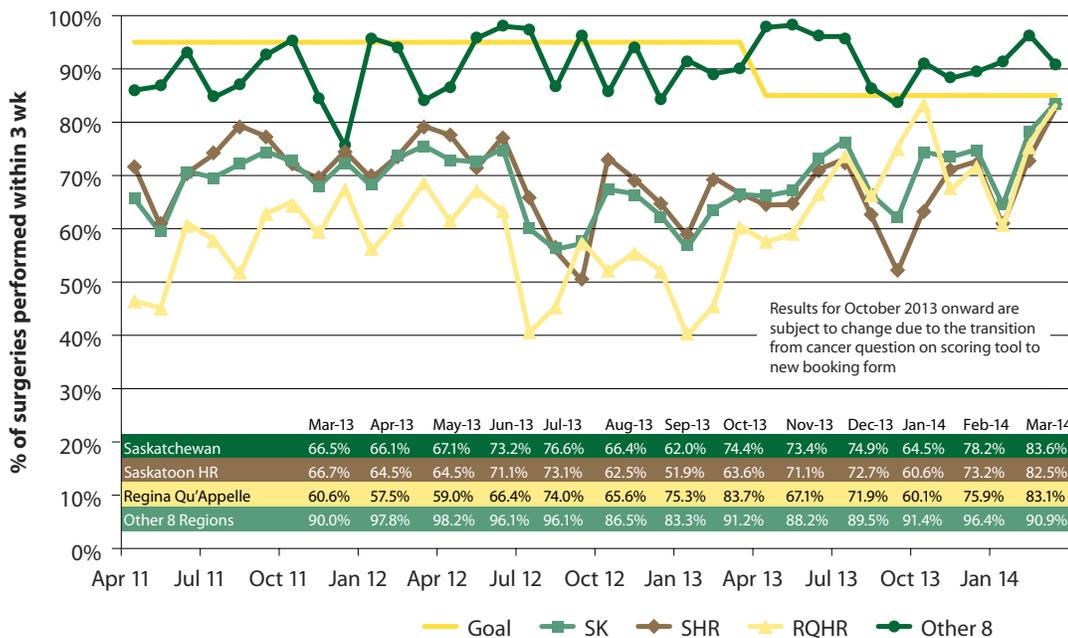
- \$148.3 million for investment in safe, quality cancer care, research, prevention, and early detection programs. This moves the province closer to our goal of a better quality of life for all Saskatchewan people and increasing access for the over 6,400 new appointments for cancer patients annually.
- \$3.7 million for a new PET-CT (Positron Emission Tomography - Computerized Tomography) scanner at Royal University Hospital. This diagnostic tool is used primarily in planning for effective treatment of patients with cancer, and can provide information that other diagnostic tools can't. Because Saskatchewan has not had its own PET/CT scanner, patients have had to travel out of province for these scans.
- Expansion of integrated hematology program providing in-province service for patients needing stem cell transplants, reducing out-of-province travel.
- Purchase of the province's first advanced linear accelerator for cancer treatment. It can deliver higher doses of radiotherapy to tumours more quickly and with greater precision, and has better integration with imaging systems than any current or previous machines used.
- Shorter waits for chemotherapy, radiation therapy, and mammograms.
- Recruitment and retention of oncologists and other care providers.

**Establish wait time baseline a) from primary care provider to specialist and b) from primary care provider to diagnostics (CT and MRI).**

- Work continues on The Improving Access to Specialists and Diagnostics Project. The University of Western Ontario has been contracted to develop a reliable method of measuring the wait time between primary health care provider referral to specialist visit. This will be the first time this has been quantified in Canada, and perhaps anywhere. Preliminary results are promising, and it is expected that by mid 2014-15 baseline data will be available at the RHA, specialty, and provider level.
- The revised target date for completion of the goal is March 31, 2019.

**Expand pooled referrals to another 5-10 groups for a total of 20-25 groups.**

- As of March 31, 2014, 16 groups in the province, incorporating over 109 specialists (surgical and medicine) are pooling referrals. Evidence demonstrates pooling is reducing wait times by balancing the distribution of patients among the members of a specialty group.
- Another six groups are progressing towards full pooling.
- Results on wait times have been particularly positive. Since beginning to pool referrals, the Prince Albert General Surgery group has reported reducing wait time for patients by more than 50 per cent with one to two weeks to see an urgent case (from eight weeks) and three to six weeks to see an elective case (from 12 weeks).



**Figure 9: Invasive cancer surgery performed within three weeks.**

## Progress in 2013 - 14

- A survey of 1,373 patients who received care through the pooled referral system rated their overall experience an average rating of 8.4 out of 10. More than half of the patients (55 per cent) rated their referral experience 9 or 10 out of 10. Referring providers experience ratings ranged between 7.9 and 8.5 with over 97 per cent highly satisfied with the information provided in the referral reports they received through pooled referral process during the one year evaluation period.

### Five-year Improvement Targets

**The Provincial Health Plan also includes five-year improvement targets and outcomes. In 2013-14, work progressed in these areas:**

*By March 31, 2015, all cancer surgeries or treatments are done within the consensus timeframe from the time of suspicion or diagnosis of cancer.*

- The target for 2013-14 was that 85 per cent of patients receive surgery for an invasive cancer within three weeks. As of March 31, 2014, 83.6 per cent of patients requiring surgery for an invasive cancer received their surgery within three weeks. See figure 9.
- The provincial goal is that chemotherapy and radiation are performed on patients within three weeks of the patient being ready to treat, 90 percent of the time. As of March 31, 2014, 96 per cent of chemotherapy patients and 95 per cent of radiation therapy patients received cancer treatments in both Regina and Saskatoon within three weeks of the patient being ready to treat.

*By March 31, 2017, there will be a 50 per cent decrease in wait times for appropriate referral from primary care provider to specialist or diagnostics.*

- Work to develop baselines is underway. The revised target date for completion of the goal is March 31, 2019.

### Ministry of Health project to transform the patient experience through sooner, safer, smarter surgical care.

**The following measures speak specifically to the strategic goals of the Ministry of Health.**

*The Provincial Surgical Kaizen Operations Team completes five rapid process improvement workshops (RPIWs)*

- The Provincial Surgical Kaizen Operations Team (PSKOT) completed four RPIWs in 2013-14, leading a joint workshop between Regina Qu'Appelle and Sunrise Health Regions to improve the discharge process

between the two RHAs; and improving pre-assessment clinic processes and pre-surgical care in Sun Country Health Region.

*Develop and implement Saskatchewan Surgical Initiative transition plan for post April 2014 (e.g., Transfer of responsibilities, funding arrangements, committee structures, etc.).*

- The Surgical Initiative concluded in 2014.
- A transition team prepared a report to capture the lessons learned during the surgical initiative and recommend a mechanism to ensure the gains are sustained in to the future.
- The Provincial Surgical Oversight Team (PSOT), a regionally-representative group of patients, physician leaders, RHA, and provider organizations, was established to oversee the surgical system's progress and ongoing continuous improvement. The PSOT reports to the provincial leadership team.

### National Surgical Recognition in 2013-14

- The Government of Saskatchewan received the Canadian Orthopaedic Association Award of Merit for leading the country in wait time reductions for orthopedic surgery on bone, muscle, and joint conditions.

## Better Health

*By March 2014, improve access and connectivity in Primary Health Care innovation sites and use early learnings to build foundational components for spread across the province.*

### Primary Health Care

The vision for Primary Health Care (PHC) in Saskatchewan is that PHC is sustainable, offers a superior patient experience, and results in an exceptionally healthy Saskatchewan population.

PHC is the foundation for the rest of the health system and will help support stable services in rural and remote communities, as well as improved chronic disease prevention and management through focusing on patient- and-family based care, interdisciplinary team-based care, and community engagement.

The Government of Saskatchewan has provided \$9.8 million (\$5.5 million budgeted in 2012-13 and \$4.3 million in 2013-14) to strengthen PHC services in the province. A framework entitled "*Patient Centred, Community Designed, Team Delivered: A Framework for Achieving a High Performing Primary Health Care System in Saskatchewan,*" (released in May

## Progress in 2013 - 14

2012) has been guiding this work. The framework informs RHAs, health providers and communities as they work together to design PHC services most suitable for their area.

PHC initiatives and the five-year PHC outcome and improvement targets are focused on improving access to care, and improving good management of six common chronic conditions. This has the potential to keep patients with diabetes and other chronic conditions healthier and to reduce the risk that they will need hospitalization for any symptom or complication related to their chronic condition. While not all hospitalizations for chronic conditions are avoidable, appropriate ambulatory care provided through PHC could prevent the onset of these types of illnesses or conditions, better control an acute episodic illness or condition, and help Saskatchewan residents manage their chronic conditions better.

Work in 2013-14 focused on implementing new models of care to improve access and chronic disease prevention and management. This included launching eight innovation sites, implementing CECs in select communities and promoting best practice guidelines for chronic conditions.

For more information on primary health care in Saskatchewan visit the Ministry of Health website at [www.health.gov.sk.ca/primary-health-care](http://www.health.gov.sk.ca/primary-health-care).

### 2013-14 Key Actions and Results

**By March 31, 2014, implement new models of care and quality improvement tools in eight innovation sites.**

- Eight primary health care innovation sites (Leader, Lloydminster, Meadow Lake, Moose Jaw, Saskatoon Health Region partnership with Whitecap Dakota First Nations, Yorkton, Regina Inner City [Meadow Clinic], and Fort Qu'Appelle/Balcarres/Lestock [Touchwood Qu'Appelle]) have been implemented in 2013-14 using new models of team-based care.
- These sites are using Lean quality improvement tools to develop and improve their services, including using data to understand their patient population and design services, and ensuring their space is safe and efficiently used.
- New primary health care models are focused on increasing patient case management, integrating mental health and addiction services into primary health care, expanded hours of service, and new chronic disease management approaches, such as shared medical visits.
- Key elements of these new models of care have been documented to be shared with other RHAs, providers, and communities across the province.

**By March 31, 2014, implement Collaborative Emergency Centres in selected communities.**

- Collaborative Emergency Centres (CECs) improve patient access to health care services, including primary health care and emergency services, in rural and remote communities. During the daytime, the public can access primary health care teams including physicians and nurse practitioners with extended hours on evenings and weekends. Overnight care is handled by a registered nurse and a paramedic team with physician oversight by phone (provided by the Shock Trauma Air Rescue Service STARS).
- Two CECs (Maidstone and Shaunavon) opened in 2013. Three new CECs will be launched in 2014-15 in Spiritwood, Canora, and Wakaw.

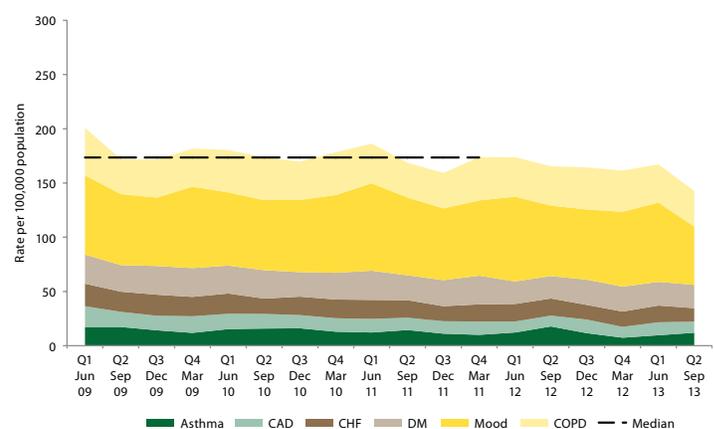
## Five-year Improvement Targets

**The Provincial Health Plan also includes five-year improvement targets and outcomes. In 2013-14, work progressed in these areas:**

*By 2017, people living with chronic conditions will experience better health as indicated by a 30 per cent decrease in hospital utilization related to six common chronic conditions (Diabetes, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, Depression, Congestive Heart Failure, Asthma).*

- In 2013-14, a baseline for this outcome was established (173.61 hospitalizations for the above noted conditions for every 100,000 total hospitalizations). The goal is to reduce this baseline by 30 per cent (121.51 hospitalizations for these conditions for every 100,000 hospitalizations). See figure 10.
- This measure is also reflected in strategic work by the Ministry of Health to bend the cost curve found on page 15 of the 2013-14 Health Plan.

**Figure 10: Combined hospitalization rates for six chronic conditions**

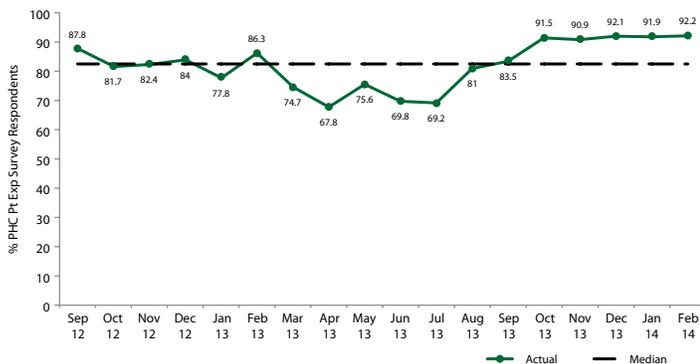


## Progress in 2013 - 14

*By 2017, there will be a 50 per cent improvement in the number of people who say “I can access my Primary Health Care (PHC) Team for care on my day of choice either in person, on the phone, or via other technology”.*

- A new primary health care clinic level survey was introduced in September 2013. In February 2014, approximately 2,019 patients responded to the survey, representing approximately 66 clinics across Saskatchewan. In February 2014, 92.2 per cent of respondents agreed they could get a PHC appointment on their day of choice. See figure 11.

**Figure 11: Patients who were able to get an appointment on their day of choice.**



*By 2017, 80 per cent of patients are receiving care consistent with clinical practice guidelines for six common chronic conditions (Diabetes, Coronary Artery Disease (CAD), Chronic Obstructive Pulmonary Disease (COPD), Depression, Congestive Heart Failure (CHF), and Asthma).*

- Clinical practice guidelines were identified in 2013-14 for diabetes, coronary artery disease, chronic obstructive pulmonary disease, and congestive heart failure.
- Tracking the use of the guidelines by providers for diabetes and coronary artery disease has been built into electronic medical records and paper flow sheets, and released for clinical use. It will be in place for two additional conditions, chronic obstructive pulmonary disease and congestive heart failure by mid 2014-15.

## Additional Primary Health Care Actions in 2013-14

*The HealthLine number was changed to 811.*

- HealthLine is a key part of the primary health care strategy to improve access to health services and encourage Saskatchewan residents to take advantage of this valuable resource.

- Residents can now access HealthLine for professional health advice any time, by simply dialing 811 from anywhere in the province or online at [HealthLineOnLine.ca](http://HealthLineOnLine.ca).

## Mental Health and Addictions

*By 2017, at risk populations (all age groups) will achieve better health through access to evidence based interventions, services and/or supports.*

### 2013-14 Key Actions and Results

*Implement priority evidence-based practices (e.g., suicide protocols, integration of mental health and addictions).*

- In 2013-14 the Ministry of Health worked with RHAs to implement standardized suicide prevention policies and protocols in mental health and addictions services. All RHAs have developed or refined their suicide policies and protocols.

*Number of RHAs with shared leadership between Mental Health and Addictions and the number of RHAs with integrated intake.*

- At the end of 2013-14, all RHAs had a Director position responsible for both mental health and addictions services. Most RHAs (eight out of 13) had completed a value stream map of intake services to better address access and plan for concurrent issues related to mental health and substance misuse. The remaining RHAs will complete this work in 2014-15. A value stream is a lean term that refers to the steps in a process required to produce a product or service.

*Submit quarterly data regarding wait times for outpatient mental health services to the Ministry of Health.*

- During the 2013-14 fiscal year RHAs took a number of actions and implemented standardized processes to reduce wait times for outpatient mental health and addictions services for both child and youth, and adult services.
- Regional data on wait times was provided to the Ministry of Health.
- RHAs that were not reducing wait times provided corrective action plans.
- Significant progress was made in reducing wait times and a plan to set targets for 2014-15 and the following two years was made.

## Progress in 2013 - 14

*Develop a plan for data collection and benchmark targets for contract psychiatry.*

- Work is underway to improve the wait times data collection process, review and analyze data to identify hotspots, and work with RHAs to establish mitigation and improvement plans.
- During the year, officials with the Ministry of Health in collaboration with RHAs and a group of contract psychiatrists worked on a plan to collect wait times data in order to be able to establish a baseline. This plan was approved by the RHA Directors of Mental Health and Addictions. A plan is in place to begin the collecting of baseline data across the province in 2014-15 and submit quarterly data regarding wait times for outpatient mental health services to the Ministry of Health.

*Participate in the development of a plan for an integrated mental health and addictions information system.*

- Planning continued for an integrated mental health and addictions information system.
- The Ministry of Health and eHealth are implementing LOCUS (an electronic system used to manage care needs of individuals) in three test sites – Five Hills, Saskatoon and Sunrise RHAs.

*Continued planning on community residential supports for individuals with complex and severe mental health needs.*

- Recommendations from the Mental Health and Addictions Action Plan will be integrated into the planning of community residential supports going forward.

## Five-year Improvement Targets

**The Provincial Health Plan also includes five-year improvement targets and outcomes. In 2013-14, work progressed in these areas:**

*By March 2017, reduce by 50 per cent individual readmissions within 30 days (mental health inpatient and acute care units).*

- The number of individuals readmitted to inpatient psychiatry within 30 days or less was submitted by each RHA in 2013-14 to establish a baseline for future work.

## Integration of Mental Health and Addictions with Primary Health Care

**This measure speaks specifically to the strategic goals of the Ministry of Health.**

*Develop, test, revise and evaluate screening and brief intervention resource package with three innovation sites (October 30, 2013) and spread screening tools to all eight innovation sites (March 31, 2014).*

- The Ministry of Health partnered with Dr. David Brown and a number of PHC sites, to design, test, and refine a collaborative care model for the screening and early intervention of mental health and substance misuse issues that is appropriate for use in PHC clinics. This work involved the selection and implementation of screening tools, and the development and testing of pathways and protocols in these sites.

*Develop a draft inter-ministerial mental health and addictions plan (Ministry of Health Hoshin: Strengthening Mental Health and Addictions Services)*

- In June 2013, an inter-sectoral executive steering committee, led by the Minister of Health, was established to guide and oversee the Mental Health and Addictions Action Plan.
- An independent Commissioner, Dr. Fern Stockdale Winder, was appointed to lead the review.
- An extensive public consultation process took place from August 2013 – March 2014. Consultations included:
  - Over 3,000 responses from clients, family members, service providers, and concerned citizens to an online and paper-based questionnaire.
  - Over 300 individuals participated in focus groups and individual interviews in 18 communities; including First Nations, Métis, homeless, seniors, youth at risk, and incarcerated individuals.
  - The Commissioner met with 148 stakeholder groups across the human service sector, including meetings with First Nations organizations both on and off reserve.
- The Commissioner's Report is expected to be complete in the fall of 2014.

# Progress in 2013 - 14

## Supports for Individuals with Complex Mental Health Needs and Wait Times

The following measures speak specifically to the strategic goals of the Ministry of Health.

*Wait Times. Improve wait times data collection process, review and analyze data to identify hotspots, and work with RHAs to establish mitigation and improvement plans.*

- During the 2013-14 fiscal year RHAs took a number of actions and implemented standardized processes to reduce wait times for outpatient mental health and addictions services for both child and youth, and adult services. Data on wait times was provided to the Ministry of Health, and RHAs that were not progressing provided corrective action plans. Significant progress was made in reducing wait times and a plan to set targets for 2014-15 and the following two years was made.

### Complex Mental Health Needs: Adult

*Provide community supports through the construction of complex needs residential housing in appropriate RHAs. Develop plans for 2014-15.*

- The Mental Health and Addictions Action Plan will inform this going forward.

### Complex Mental Health Needs: Youth

*Complete cross-ministerial budget plan for enhanced residential care and intensive community based treatment for youth with complex mental health and related needs.*

- The Ministry of Health is working in collaboration with the Ministry of Social Services on ways to better meet the needs of youth with complex needs.

## Seniors

### 2013-14 Key Actions and Results

The *Home First/Quick Response* pilot project, and five year outcome and improvement targets are focused on improving seniors' health through access to evidence-based interventions, services and/or supports. This has the potential to provide seniors with access to supports that will reduce unnecessary hospital admissions, reduce emergency room visits, help to transition patients out of the hospital quicker, decrease the burden of caregivers, and allow them to age within their own home and progress into other care options as their needs change.

*In the pilot health region, increase home care utilization and clients by five per cent per year (once resources are in place).*

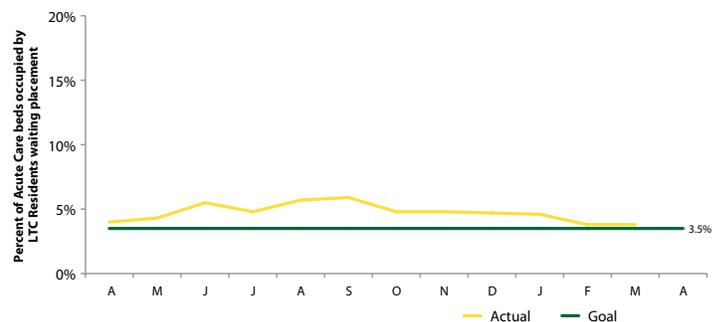
- Baseline information has been gathered. Regina Qu'Appelle, the first pilot region, reported that it met the increase in utilization and clients.
- As of March 31, 2014 a total of 24,613 clients aged 65 years and over have received home care services to date in 2013-14.

## Five-year Improvement Target

*Reduce the number of patient days of seniors occupying acute care beds awaiting community service supports (i.e. Home Care) by 50 per cent by March 31, 2017.*

- The five-year provincial target to be achieved by 2017 is a 50 per cent reduction of Q4 2012-13, which was 4.5 per cent. Therefore, the March 2017 target is for no more than 2.25 per cent of acute care beds to be occupied by individuals awaiting placement in a long term care bed.
- RHA reported data indicated the year-end provincial average was 4.7 per cent of acute care beds occupied by individuals awaiting placement in long term care, which is above the 2013-14 target of 3.5 per cent. See figure 12. (These are individuals that have been assessed, met criteria, and have been accepted for placement in long term care and are not in an acute or convalescent state.)
- To assist in the achievement of the 2017 reduction target, an incremental approach has been taken to this project. Future targets are a reduction of: 3.0 per cent by March 2015, 2.5 per cent by March 2016, and 2.3 per cent by March 2017.

**Figure 12: Acute Care Beds Occupied by Long Term Care Residents Waiting Placement in 2013-14.**



# Progress in 2013 - 14

## Community Supports for Seniors

**The following measures speak specifically to the strategic goals of the Ministry of Health.**

*Pilot Home First/Quick Response Home Care in one RHA. Ministry develops plan for expansion and spread*

- As part of their efforts to enhance home care services and increase home care utilization, three RHAs, Regina Qu'Appelle, Saskatoon, and Prince Albert Parkland are in varying stages of implementation of the Home First/Quick Response Home Care pilot project (Home First). (2013 Speech from the Throne)
- Government invested \$2 million into a new [Home First/Quick Response Home Care pilot project in Saskatoon](#). The Saskatoon initiative builds on government's previous \$2 million investment in a similar project launched in Regina in early 2013-14.
- The investment will help to provide seniors access to services and supports so they can safely remain in their homes as long as possible; enhance and improve Home Care's response to crisis and intensive short-term service needs; encourage early discharge from acute care to community options; prevent unnecessary admissions to emergency departments; and engage additional service providers in the system to support seniors in their homes.
- The program may include such things as: short-term case management, medication management, skin and wound care, mobility aids, rehabilitation, and other supports.

## Additional Actions for Seniors in 2013-14

*Urgent Issues Action Fund*

- As part of its ongoing commitment to seniors, the Saskatchewan government invested \$10 million in a long term care Urgent Issues Action Fund to improve quality of care in long term care facilities. (2013 Speech from the Throne)
- The funding addresses findings of senior leadership in each respective RHA from facility-by-facility tours of long term care facilities undertaken across the province in the spring of 2013.

*Hearing Aids*

- Changes to the [Hearing Aid Sales and Services Regulations](#) help to ensure the quality and safety of services.

*Personal Care Homes Legislation*

- The Personal Care Homes Amendment Act improves accountability and will enable better information to residents and families about personal care home inspection results. Future plans include moving to online personal care homes inspection reporting. (2013 Speech from the Throne)
- At March 31, 2014, there were a total of 3,067 personal care home (PCH) residents in Saskatchewan, of which 2,834 individuals were aged 65 years and over. Accordingly, the percentage of PCH residents aged 65 years and over living in PCHs at the end of 2013-14 was 92.4 percent.

*First Link*

- \$350,000 dollars were provided for expansion of the Alzheimer Society's First Link program to benefit individuals living with Alzheimer's and related dementias, as well as their families. (2013 Speech from the Throne)
- The new funding will support expansion of the First Link program to four additional sites (North Battleford, Swift Current, Weyburn/Estevan, and Prince Albert), as well as establish six dementia advisory networks, to improve the system of care and support for people with dementia, their families and caregivers.

## Communicable Diseases

*2013-14 Key Actions and Results*

*By March 31, 2017, 100 per cent of cases of specific communicable diseases – human immunodeficiency virus (HIV), tuberculosis (TB) and sexually transmitted infections (STIs) in high risk populations are managed according to provincial standards.*

- Interim measures were drafted to assess progress on this target. More information is provided in the following tuberculosis (TB), human immunodeficiency virus (HIV), and sexually transmitted infections (STIs) key actions and results in 2013-14.

**Tuberculosis**

*Tuberculosis (TB) Strategy approved with TB standards developed.*

- A comprehensive TB strategy was released in June 2013 to address our Saskatchewan TB rate which remains at almost twice the national rate.
- The initial focus of the strategy is on targeted northern communities that have consistently cycled through higher rates of tuberculosis, outbreaks, and interventions from year to year.

## Progress in 2013 - 14

- Work plans continue to be developed in each of the targeted communities involving a multi-disciplinary, multi-agency collaborative approach with representation from communities, TB Prevention and Control Saskatchewan (Saskatoon Health Region), the three northern RHAs, the Ministry of Health, Health Canada First Nations and Inuit Health Branch (FNIHB) and the Northern Inter-Tribal Health Authority (NITHA).
- Work focuses on:
  - improving early identification by targeting screening based on individual risk factors and on those presenting with symptoms; enhancing follow-up of individuals who have previously been treated for the latent form of TB (Latent TB Infection [LTBI]); and,
  - reducing stigma of TB within communities through community engagement.
- TB Prevention and Control Saskatchewan released highlights of the revised *TB Prevention and Control Saskatchewan Clinical Guidelines*. The highlights include revisions related to air travel and TB control, airborne precautions, contact investigations, HIV testing, sputum specimen collection, and treatment.

### Five-Year Improvement Targets

The Provincial Health Plan also includes five-year improvement targets and outcomes. In 2013-14, work progressed in these areas:

In 2013-2014, the Ministry continued to work with RHAs, TB Prevention and Control Saskatchewan, and First Nations partners to monitor progress toward improvement targets and outcomes.

By March 2017, there will be a 25 per cent reduction in the incidence of TB.

- Individuals beginning treatment early in their illness will reduce the period of time they are infectious.
- Baseline rates and five-year targets have been established, and progress toward reducing cases of TB is monitored on an on-going basis. See figure 13.
- In 2013-2014 measures were developed to identify the percent of relapsed TB cases and the number of TB cases in Saskatchewan that began treatment within 45 days. See figure 14.
- Strategies to improve follow-up of people previously treated for latent TB infection are intended to reduce the percent of relapse cases in Saskatchewan. See figure 15.

Figure 13: Annual Rate of new Tuberculosis cases

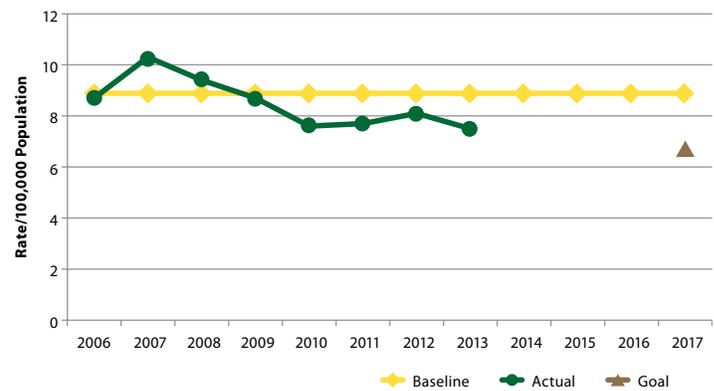


Figure 14: Percentage of Tuberculosis cases in Saskatchewan beginning treatment within 45 days in 2012-13 and 2013-14.

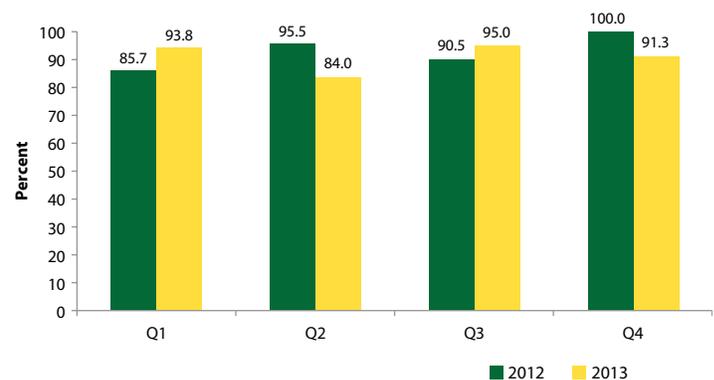
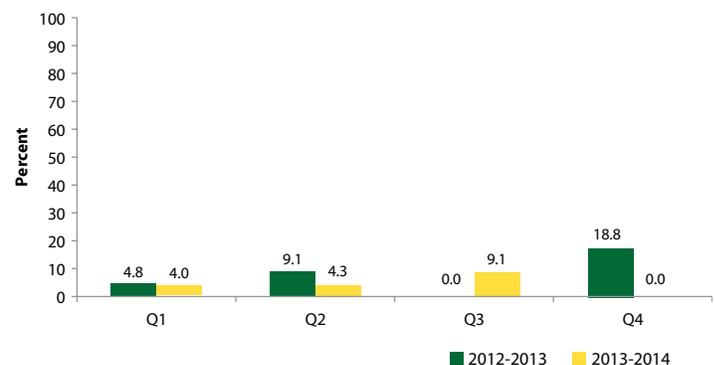


Figure 15: Percentage of Relapsed Tuberculosis in Saskatchewan in 2012-13 and 2013-14.



### Human Immunodeficiency Virus (HIV)

- Additional resources provided through the Saskatchewan HIV Strategy 2010-14 helped create increased supports for those living with HIV. Much of the work was concentrated in Regina, Saskatoon, and Prince Albert.

## Progress in 2013 - 14

- In Regina Qu'Appelle Health Region initial data analysis shows that since 2009 there has been an increase in the number of clients who are engaged and retained in care, prescribed antiretroviral drugs, and who are virally suppressed, which means that treatment has been effective and risk of HIV transmission is reduced.
- More clients are receiving support to address social issues such as housing, transportation, mental health/addictions, and other stressors, leading them to more successful treatment outcomes.
- 2014 is the final year of the HIV strategy. Provincial efforts will continue toward meeting the goals and objectives, building upon the work already done. Our Saskatchewan HIV rates remain at 2.5 times the national rate, so continued work is needed.

### Five-Year Improvement Targets

*In 2013-2014, the Ministry continued to work with RHAs, First Nations groups, and other partners to reach improvement targets and outcomes.*

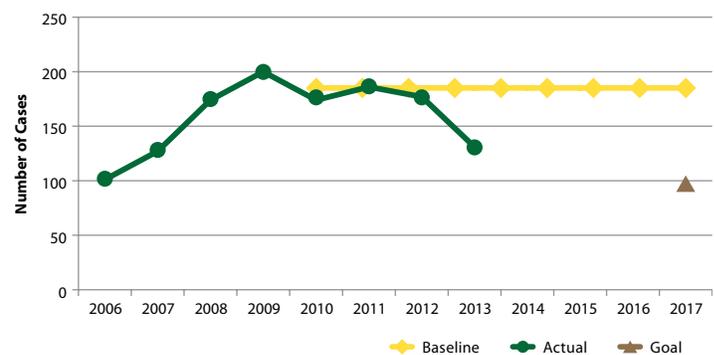
- Key components of HIV/AIDS prevention and control include timely HIV diagnosis, entry and retention in HIV care/supportive services, initiation of antiretroviral treatment (ART) and adherence to treatment to ensure viral suppression (Public Health Agency of Canada, 2013).
- Planning for phase three of the HIV social marketing campaign for community engagement, awareness, training and education about how HIV treatment has changed and advanced. Phase three will link to messages from previous campaigns that focused on the importance of being tested for HIV, removing the stigma associated with the disease, and public awareness.
- The development and promotion of the Saskatchewan Routine HIV Testing policy and resources for implementation has helped to increase the number of providers offering testing as part of routine health care. The addition of more point-of-care testing sites has enhanced access for high-risk populations. However it is estimated that one out of four people who have HIV don't realize they have it. Continued effort will be required to reach those individuals.
- There is increased access to prevention and risk reduction programming for individuals who use drugs.
- Provincial training opportunities are building the capacity of health care and allied professionals. Examples include provincial HIV Rounds which are offered twice per month via Telehealth, and the Prairies HIV conference held in November 2013 which attracted over 300 participants.

- Funding was provided for peer-to-peer pilot programs in Regina Qu'Appelle, Saskatoon, Prince Albert and Prairie North Health Regions.
- HIV/Hepatitis C/Sexually Transmitted Infections (STIs) outreach clinics are offered in non-traditional settings. These include remote, northern, and First Nations communities and employ a multidisciplinary approach – with support by an infectious disease physician, pharmacist, and mental health and addictions staff.
- Mentorship is being provided to Registered Nurses, Nurse Practitioners, and General Practitioners to provide HIV care.
- Development of an electronic medical record for HIV patients was piloted in the Regina Infectious Diseases Clinic.
- A program has been created to give mothers with HIV access to free infant formula to prevent transmission through breastfeeding. Since 2011, no cases of mother-to-child transmission of HIV have been reported in the province.

*By March 2017, there will be a 50 per cent reduction in the incidence of HIV.*

- In 2013, preliminary data indicates there were 136 new HIV cases, a 26 per cent decrease from 2012 and an overall decrease of 32 per cent from 2009 (prior to the implementation of the HIV Strategy). See figure 16.
- Cases reporting injection drug use as their main exposure to the virus have decreased from 74 per cent in 2011 to 50 per cent in 2013 (according to preliminary 2013 data).

**Figure 16: Annual number of new HIV cases.**

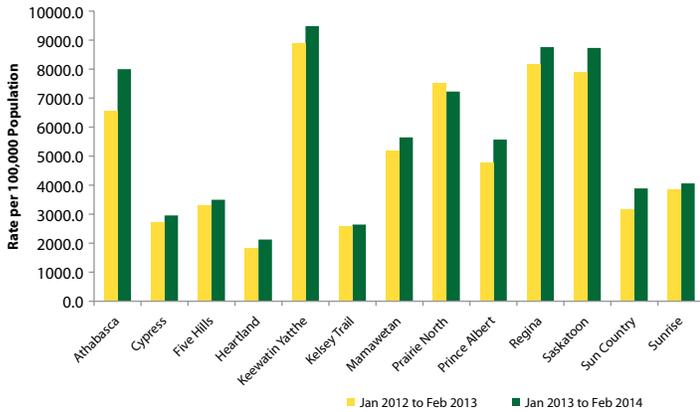


*By March 2017, there will be an increase of 50 per cent in testing for HIV.*

- Since 2009, there has been an increase of 33 percent in testing for HIV. In 2013 -2014 the majority of health regions increased their testing for HIV. See figure 17.
- The Ministry of Health will be developing a new measure for HIV testing in 2014-15.

# Progress in 2013 - 14

**Figure 17: Rate of Human Immunodeficiency Virus lab tests performed per 100,000 population per health region between 2012 and 2014.**



## Sexually Transmitted Infections (STIs)

*Percent of individuals with a positive lab report for chlamydia, gonorrhea and syphilis who are initiated on the recommended STI treatment within seven days of a positive lab report, and percent of cases of chlamydia, gonorrhea, and syphilis that have public health follow-up and Integrated Public Health Information System (iPHIS) case standing completed within two weeks of a positive lab report.*

- In 2013-14, interim measures were drafted as a means of reporting on the percentage of STIs that were treated according to provincial standards.
- A broader, comprehensive model for addressing communicable diseases that draws upon the successes of the HIV strategy and incorporates approaches that can be used for HIV, Hepatitis C, TB, and STIs is being considered.
- According to the most recent available national data, the Saskatchewan rate for Chlamydia remains just under twice the national rate. The Saskatchewan rate for Gonorrhea is well over twice the national rate. The Saskatchewan rate for Syphilis remains under the national rate.

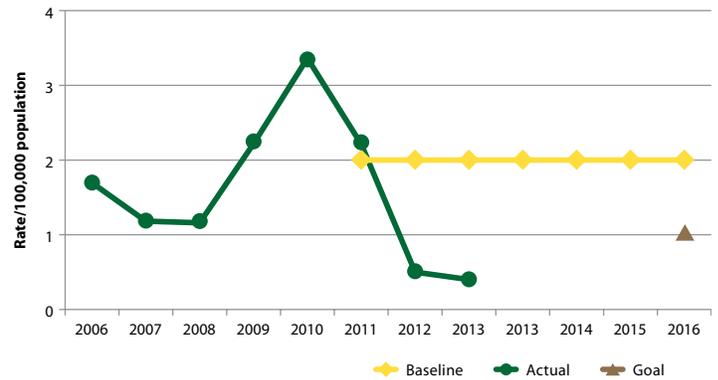
## Five-Year Improvement Targets

*By March 2017, there will be a 50 per cent reduction in the incidence of Sexually Transmitted Infections (STIs).*

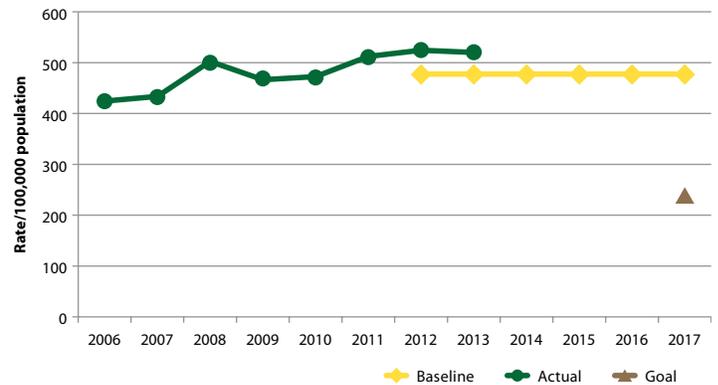
- Five-year improvement targets were developed to measure the impact of provincial standards on the rate of new cases of STIs. See figures 18, 19, and 20. With a broader communicable disease model now being considered, current targets are being reviewed and new targets identified as appropriate.

- In 2013-2014, the Ministry of Health continued to work with RHAs and other partners to improve prevention and treatment, and reduce the incidence of STIs.
- The Ministry of Health is working with provincial and RHA colleagues to update standards for managing anti-microbial resistant gonorrhea.
- Opportunities to improve access for sexual health services are being explored.
- This measure is also reflected in strategic work by the Ministry of Health to bend the cost curve found on page 15 of the 2013-14 Health Plan.

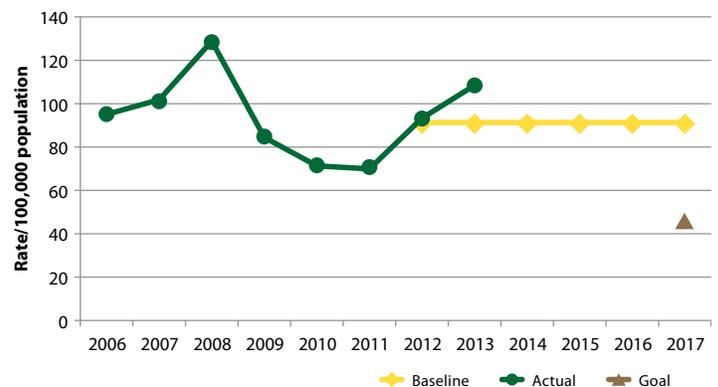
**Figure 18: Annual rate of new syphilis cases.**



**Figure 19: Annual rate of new chlamydia cases.**



**Figure 20: Annual rate of new gonorrhea cases.**



## Progress in 2013 - 14

### Additional Disease Prevention and Cost Cutting Actions in 2013-14

*New world-first technology in use at the Saskatchewan Disease Control Laboratory (SDCL) quickly and definitively tests for many diseases at the same time, rather than doing separate tests for one specific disease.*

- A new testing method adapted from BioMark equipment permits physicians to test for diseases such as influenza A and norovirus, and all major respiratory diseases. The technology is capable of providing up to 96 results per sample, improving the patient's experience through faster results, and saving money.
- The addition of this testing equipment broadens the scope of the SDCL's existing services which include testing at a Level Three containment lab, testing for and monitoring environmental specimens (such as well-water samples), food-borne illnesses, communicable diseases, and influenza. Neonatal screening programs are also provided by the laboratory, as are biosafety and biohazard spill response programs.

### Children and Youth

**The following measures speak specifically to the strategic goals of the Ministry of Health.**

*Participation at the Saskatchewan Child and Youth Agenda Senior Leadership and Working Group in the development of an Early Childhood Strategy.*

- Baseline data (weight, height, gender) was collected for four-year-old children attending regional Child Health Clinics between May and October 2013. All RHAs provided data for their target sample population with data being collected in 158 locations. Data analysis for weight status was conducted for 2,569 children. A report is being finalized that will present the provincial data.

### Fetal Alcohol Spectrum Disorder and Autism Spectrum Disorder

**The following measures speak specifically to the strategic goals of the Ministry of Health.**

*Annualize the implementation of the Fetal Alcohol Spectrum prevention projects.*

- Funding for the three targeted Fetal Alcohol Spectrum Disorder (FASD) prevention projects was annualized and rolled into the base funding for Regina Qu'Appelle, Saskatoon and Prince Albert Parkland Health Regions in 2013-14. All three projects were fully operational

over the year. The FASD prevention projects offer core services that include outreach services, prenatal and postnatal care, and group programming to address lifeskills, addictions, and parenting needs. Each region has also developed services to respond to regional needs, such as Regina Qu'Appelle Health Region including residential services for ten women, Saskatoon Health Region offering individualized trauma counseling, and Prince Albert Parkland Health Region providing Nurse Practitioner outreach services to a neighbouring First Nations community.

*Develop an evaluation framework of the FASD prevention projects that links mental health for diagnosis (Autism Spectrum Disorder and FASD) and treatment services (Autism Spectrum Disorder) and addictions and health promotion for FASD prevention.*

- An evaluation framework for all FASD specific programs was completed in December 2013.
- The evaluation process was implemented and results were collected by March 2014. Overall, the evaluation results reveal that Autism Spectrum Disorder /FASD programming is well received by Saskatchewan's population. Generally, respondents are satisfied with the quality of current programming; however, they identified the need for the spread of existing programs in certain regions to the whole province, and the need for additional or more intensive services throughout the province.
- The Ministry of Health is preparing a summary report and is currently reviewing the evaluation results to inform future program planning.

### Additional Better Health actions in 2013-14

#### The First Nations Health Wellness Plan

*Finalization and official endorsement of The First Nations Health Wellness Plan by the Governments of Saskatchewan and Canada. It is a ten year plan to improve the health and wellness of First Nations people and communities. There will be development of business cases around the priority areas, in keeping with the FNHWPP and memorandum of understanding between the partners as a key action for 2014.*

- The Government of Saskatchewan, through the Ministry of Health, is maintaining our commitment to *The First Nations Health Wellness Plan (FNHWPP)*, a ten year plan to improve the health and wellness of First Nations people and communities. The purpose of the FNHWPP is the long term goal of better health for the First Nations population in Saskatchewan.

## Progress in 2013 - 14

- With the support of the Ministry of Health, the Federation of Saskatchewan Indian Nations (FSIN) completed a draft First Nations Cultural Responsiveness Framework (CRF) in November 2013. The framework is one of the priority actions listed in the FNHWP and was developed to provide guidance in the delivery of culturally sensitive, competent, and safe health care services.
- As part of the tripartite Steering Committee, the Ministry of Health and its partners, the Federation of Saskatchewan Indian Nations and First Nations Inuit Health – Health Canada strive towards implementation of the FNHWP.
- The FNHWP finalizes eight priority areas for action: long term care; mental health and addictions; chronic disease management; e-health; strengthening health human resources; improving health system experience; intake and discharge planning; relationships and partnerships in the delivery of health services for First Nations.
- The FNHWP was approved by the Governments of Saskatchewan, Canada and the FSIN. The public release of the plan is pending.
- This result will be a tangible statement by the Government of Saskatchewan that they are committed to the tripartite process and the future process improvements in service delivery and the health and wellness of First Nations populations in Saskatchewan.

## Better Care

**By March 31, 2017, no patient will wait for care in the Emergency Department.**

### Emergency Department Wait Times

#### *2013-14 Key Actions and Results*

*Prince Albert, Regina, and Saskatoon will explore alternatives for urgent care on evenings and weekends, to increase public and provider awareness of all available options for urgent care and connect patients who come to the Emergency Department to primary health care for follow-up and continuity of care.*

- Alternatives for urgent care on evenings and weekends continue to be explored by RHAs and the Provincial Emergency Department Waits Team in the context of the overall three year implementation strategy. The operational details and sequencing of activities across the continuum of care continues to be developed.

***Establish baseline for Emergency Department volumes, waits and CTAS scores in the Emergency Departments in Prince Albert, Regina and Saskatoon.***

- This measure was accomplished in February 2014 when the 2011-12 data was confirmed as the baseline data year by the guiding coalition.

***Establish multiyear outcome targets.***

- This measure was accomplished in 2013-14 by development and establishment of the 2014-15 provincial leadership team wall walk metrics and multiyear outcome targets.

***Determine if episodic Emergency Department patient experience surveying is required.***

- This measure was accomplished by development and implementation of the Emergency Department Patient Experience Survey prototype at the Prince Albert Parkland (Victoria Hospital Emergency Department) in 2013-14. The plan is to replicate it to Regina Qu'Appelle and Saskatoon Health Regions Emergency Departments in the five urban tertiary centres in the year 2014-15. Replication to other RHAs province-wide is planned for 2015-16.

***Establish baseline captured and set reductions for: Emergency Department Length of Stay, Time to Physician Initial Assessment, Time to Disposition and Time waiting for an inpatient bed (based on CTAS level).***

- The Ministry of Health, eHealth Saskatchewan, and representatives from Prince Albert Parkland, Regina Qu'Appelle, and Saskatoon Health Regions are compiling the baseline data with a target of completion in 2014-15.

***Establish a provincial kaizen operations team (PKOT).***

- This measure was accomplished in April 2013 when the Emergency Department Waits Team (PKOT) was established.

***Develop value stream maps in Prince Albert, Regina and Saskatoon.***

- This measure was accomplished in September 2013 when the provincial Patient Flow Current State value stream map (VSM) was developed. Representatives from all RHAs, including Prince Albert Parkland, Regina Qu'Appelle, and Saskatoon Health Regions, and Emergency Department Waits Team developed this composite VSM. It depicts key steps in the patient journey across the continuum, including the patient quotient analysis data and opportunities for

## Progress in 2013 - 14

improvement that have informed development of provincial future state, three year work plan, and the public implementation plan. They include activity and interventions across the four stages of the value stream (patient journey through continuum of care).

- RHAs have developed VSM for their own emergency departments and acute care.

### ***Establish a mechanism to coordinate with Primary Health Care/ Long Term Care/ Complex Care/ Mental Health and Addictions teams.***

- A provincial stakeholder advisory group was established with a cross-section of health care system stakeholders including: patients and families, physicians and other providers, unions, professional associations, and regulatory bodies, as well as managers and point of care staff from RHAs. From this group five task teams were established to develop system level plans that RHAs could use for integrated strategic planning. These include: data analysis and performance management, emergency department optimization, acute care flow and transitions of care, community services, and system policy and procedures.
- Developing a mechanism to coordinate with Primary Health Care/ Long Term Care/ Complex Care/ Mental Health and Addictions teams was accomplished by establishing the Ministry of Health Internal Steering Committee on Patient Flow in December 2013. The Emergency Department Waits Team has been working with provincial initiatives that this work is closely aligned with and dependent on: Primary Care Redesign, Physician Resource Planning, Mental Health and Addictions Action Plan, Provincial Long Term Care, Seniors' House Calls, Home First /Quick Response Home Care Program, Collaborative Emergency Centres, Hotspotting, Provincial Kaizen Promotion Office, and other Provincial Kaizen Operating Teams and Pathways Initiatives.

### ***Assess health record capacity to support National Ambulatory Care Reporting System implementation by April 30, 2013.***

- This measure reflects progress toward ensuring emergency departments in Prince Albert, Regina, and Saskatoon are using National Ambulatory Care Reporting System (NACRS). The Ministry of Health, eHealth Saskatchewan, and the Prince Albert Parkland, Regina Qu'Appelle, and Saskatoon Health Regions are compiling the baseline data.
- Prince Albert Parkland Health Region has begun submitting data to NACRS as of March 1, 2013. A Provincial NACRS implementation strategy is currently under development.

### ***Learning from other jurisdictions, including replication and spread strategies.***

This measure was accomplished by:

- Conducting an environmental scan, literature review, and the provincial current state survey from July to Oct 2013. The findings about root causes of waits and patient flow, leading practices and success stories have been shared broadly with the key stakeholder groups and RHAs and have informed development of a multi-year implementation plan. As part of this work, a number of subject matter experts from Saskatchewan, nationally and internationally (United Kingdom and Australia) were also interviewed.
- Key note speakers from Ontario and New South Wales, Australia shared learnings and leading practices at the November 2014 Provincial Visioning Session with more than 180 attendees, including 16 physicians and nine patient and family representatives. Three learning/ knowledge exchange site visits were held in Prince Albert, Regina, and Saskatoon for Daniel Comerford to share further learnings from Australia with regional senior, clinical, and operational leaders;
- To facilitate further inter-regional learnings, all RHAs shared their learnings, current state and future plans at the September 2014 provincial value stream mapping session and during the provincial visioning session in November 2013.
- This measure will also be supported through a provincial integrated kaizen planning session to be held in 2014-15.

### **The following measures speak specifically to the strategic goals of the Ministry of Health.**

***Establish provincial and regional teams to guide the work and monitor the progress (e.g., collaboration with primary health care teams, mental health and addictions specialists, emergency physicians, etc.)***

This measure was accomplished in February of 2014 with establishment of Provincial Stakeholder Advisory Group (PSAG), and the formation of the following five provincial task teams in March 2014:

- Data analysis and performance management;
- Emergency department optimization;
- Acute care flow and transitions;
- Community-based services; and,
- System policy and procedures.

## Progress in 2013 - 14

*Complete the data analysis that identifies the contributing causes of overcrowding in the Emergency Department at the six largest provincial hospitals.*

- This measure has been accomplished through data analysis conducted as part of an environmental scan and Literature Review report in 2013 and will continue to be used in 2014-15 to inform the optimization of emergency department operations.

*Develop value stream maps in Prince Albert, Regina, and Saskatoon to identify gaps and non-value added activities throughout the care continuum.*

- This measure was accomplished in September 2013 when a provincial current state VSM was created, including identifying gaps (and kaizen opportunities) and non-value added activities (called waste in Lean terms) throughout the care continuum. Representatives from Prince Albert Parkland, Regina Qu'Appelle, and Saskatoon Health Regions participated in development of provincial VSM session and have developed VSMs related to emergency departments and acute care within the context of their own RHAs.
- This is also an action to meet the Better Value Strategy five-year outcome

*Establish baseline measures and reduction targets for Emergency Department Length of Stay, Time to Physician Initial Assessment, Time to Disposition and Time Waiting for an Inpatient Bed based on Canadian Triage and Acuity Scale (CTAS).*

- This measure was accomplished in 2013 through establishment of baseline measures and reduction targets by the initiative guiding coalition, for purposes of monitoring and reporting at provincial leadership team wall walks.

*Develop project and action plans for 2014-2017, support and guide implementation of action plans, and ensure that proper mitigation strategies are in place.*

This measure was accomplished in 2013 through development of the initiative project charter, system-level plan (A3), and a multi-year implementation strategy.

- In addition, a provincial task team has been formed to address system-level policy issues/barriers as they arise, in order for the work to continue in a timely way to meet the stated targets.
- A communication working group has been established between the Ministry of Health and the Provincial Emergency Department Waits Team to develop and implement a strategy and mitigate potential risks as they arise.

*Implement site-specific patient flow improvement initiatives involving patients and their families, health providers, health administrators, and other stakeholders.*

This was accomplished in 2013-14 through three ways:

- Conducting kaizen/improvement work at specific sites/ RHAs including rapid process improvement workshops (RPIWs), 5S, Kanban, 3P, and other kaizen events.
- Structural and program changes at specific sites/ RHAs (e.g. implementation of Patient Flow function at RQHR; implementation of Alternate Level of Care (ALC) strategy. RQHR's ALC strategy ensures that patients are receiving the right care in in the right setting, once the acute care portion of their hospital stay is complete. This includes community placement options for patients designated ALC).
- Development and implementation of the Emergency Department Patient Experience Survey at the Victoria Hospital in Prince Albert Parkland Health Region.

## Better Value

### Shared Services and Organizational Costs

By March 31, 2017, as part of a multi-year budget strategy, the health system will bend the cost curve by lowering status quo growth by 1.5 per cent.

#### 2013-14 Key Actions and Results

*Organizations will continue to reduce attendance management costs in sick time, overtime, and Worker's Compensation Board claims.*

- RHAs recovered \$7.2 million dollars through improved attendance support to reduce overtime costs, sick time productivity losses and workplace injuries.
- Overall, attendance management measures improved in 2013-14. Four RHAs (Heartland, Keewatin Yatthé, Prairie North, and Regina Qu'Appelle) saw improvement in all three attendance management measures.

#### Sick Time

Sick Leave Hours per FTE decreased overall from last year:

- The provincial result at March 2014 of 75 hours per FTE is 93 per cent of the result at March 2013.
- Only two RHAs (Cypress and Sunrise) did not see improvement in this measure.

# Progress in 2013 - 14

## Overtime

Wage Driven Premium Hours per FTE decreased overall from last year:

- Provincially 40.4 hours per FTE at March 2014 is 99 per cent of the hours at March 2013.
- Six RHAs (Five Hills, Heartland, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, and Regina Qu'Appelle) saw improvement in this measure.

## Worker's Compensation Board Claims

Lost-Time WCB Claims per 100 FTEs is projected to have decreased overall from last year:

- Provincially 4.9 Claims per 100 FTEs at March 2014 is 89 per cent of the claims at March 2013.
- Only three RHAs (Five Hills, Mamawetan Churchill River, and Sunrise) did not see improvement in this measure.

## Organizations will continue to pursue Lean efficiencies.

- Since 2008, Lean efficiencies saved \$40.2M healthcare dollars as of March 31, 2014. These savings were reinvested into the health system
- Lean empowers the people who work at the frontlines in the health system. Whether in operating room teams in Regina or a food services team in Yorkton, The Lean Management System has encouraged staff in the health system to innovate, eliminate waste, and improve the patient and provider experience. Their efforts and support in identifying and leading key transformation initiatives will continue to make a difference as we move forward together to improve healthcare for our residents.
- One of the ways health care organizations work with front line staff to find efficiencies is through the Rapid Progress Improvement Workshops (RPIWs) process. An RPIW is a week-long event in which teams of patients and family members, staff, and clinicians focus on one problem, identify the root causes, and create and test solutions. At the end of the week they are ready to implement the solution in the workplace. Sample efficiencies include: reducing wasted steps and wasted space, improving work flow, and creating standard work. The team audits (checks) the solution at 30, 60, and 90 days to ensure that the solution is working and efficiencies have been maintained.
- 203 RPIWs were held in the health system in 2013-14. See figure 21.

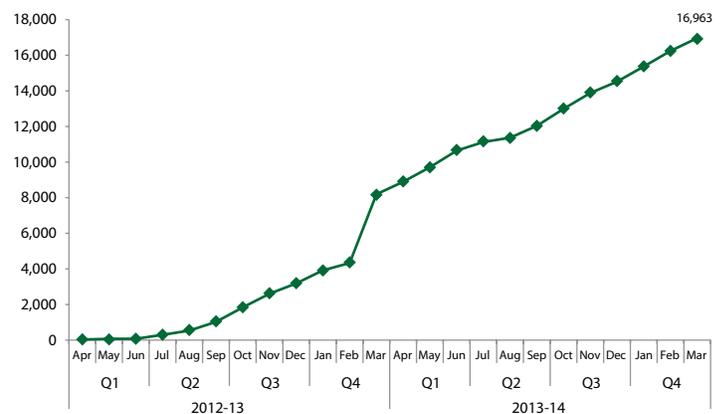
**Figure 21: RPIWs in 2013-14 by organization**

Cypress Health Region	1
Five Hills Health Region	27
Kelsey Trail Health Region	2
Prairie North Health Region	11
Prince Albert Parkland Health Region	17
Regina Qu'Appelle Health Region	34
Saskatchewan Cancer Agency	8
Saskatoon Health Region	69
Sun Country Health Region	1
Sunrise Health Region	3
Ministry of Health, 3sHealth, and eHealth Saskatchewan	30

## Number of system participants in Lean training (including Lean Certification and Kaizen Basics).

- One of the most critical components of the Lean Management System (LMS) is education and training of providers on Lean. Lean Leader Certification involves an intensive "learn do" approach which arms our providers, staff and administrators with improvement knowledge and skills while allowing them to simultaneously achieve improvements in key priority areas.
- As of March 31, 2014, a total of 613 health system and Ministry of Health staff have been enrolled and are actively participating in Lean Leader Certification (LLC) training. Of those 613, 40 of them were physicians.
- A total of 89 have completed LLC training, and 12 of them were physicians (include both the 22-day training and the 80-day training).
- A total of 16,963 health system and Ministry of Health staff have completed Kaizen Basics training, and 244 of them were physicians.
- We are on track to meet our goal of 40,000 staff completing Kaizen Basics by March 31, 2016. See figure 22.

**Figure 22: Number trained in Kaizen Basics to March 31, 2014.**



# Progress in 2013 - 14

## 2013 Health Quality Summit

- Attendance at the 2013 Quality Summit hosted in the province is an indicator of the provincial commitment to Lean. 544 people attended the Summit, including front-line providers, managers and senior leaders underscoring the value staff and residents see in quality improvement. 58 patients and family members participated reinforcing the importance of patients in health system transformation and their high level of interest.

## Five-Year Improvement Targets

**The Provincial Health Plan also includes five-year improvement targets and outcomes. In 2013-14, work progressed in these areas.**

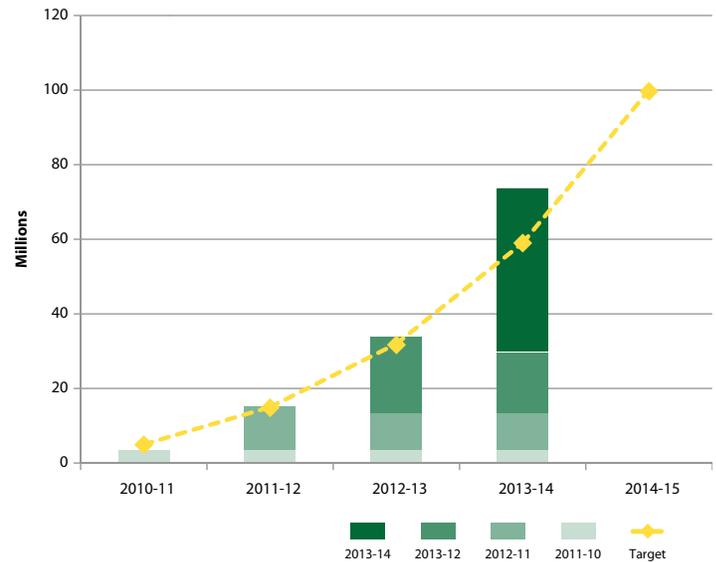
## Shared Services

3sHealth, Saskatchewan’s healthcare shared services organization, was established in 2012 to provide province-wide services that better support a high-performing, sustainable, patient-centred healthcare system. 3sHealth currently provides payroll, benefits administration, and group purchasing services to the healthcare system. Its mandate is to identify and provide new shared service opportunities that will improve service quality and reduce costs to the healthcare system.

**By March 2015, shared services will improve quality while achieving \$100 million in accumulated savings.**

- The target for cumulative savings over five years (2010-2015) is \$100 million.
- The target for accumulated savings to March 2014 was \$59 million; to the end of 2013-14, the total accumulated savings since 2010 is \$73.6 million. See figure 23.
- Target for yearly savings 2013-2014 is \$10 million; the total savings in 2013-14 is \$23.2 million. This is a result of group purchasing contracts (\$6.8 million); HealthPRO dividends (\$4.7 million), and capital cost avoidance (\$11.7 million).
- This measure is also reflected in strategic work by the Ministry of Health to bend the cost curve found on page 15 of the 2013-14 Health Plan.

**Figure 23: Cumulative savings through a shared services organization.**



## Information Technology

### 2013-14 Key Actions and Results

By March 31, 2017, all Information Technology, equipment and infrastructure will be coordinated through provincial planning processes to ensure provincial strategic priorities are met.

*Put a provincial Information Technology strategic planning process in place, including structure and decision making processes.*

- The business case has been completed with phase one under review for moving forward including a framework for delivery of Information Technology (IT)/ Information Management (IM) services including governance and provincial planning.

*Develop interim mechanisms to connect new facility construction to a provincial IT/IM strategy/framework.*

- eHealth Saskatchewan is proactively involved in the early stages of planning for new health care facilities to ensure IT/IM is considered in construction.
- By 2017, hospitals in health regions will have all three ancillary IT systems (lab, radiology, and pharmacy) installed, if required. Progress to date includes RQHR (three systems), Sunrise (one system), Sun Country (two systems), Five Hills (one system), Cypress (one system), Prairie North (two systems), Heartland (two systems), Prince Albert Parkland (one system), and Mamawetan Churchill River (one system).

# Progress in 2013 - 14

*Document provincial service delivery assumptions to guide development of the capital (facility asset) strategy.*

- Work regarding this action item is on-going and has not been completed.

*Each organization to prioritize health facility needs and key risks and provide to the Ministry of Health for compilation.*

- The VFA assessment is complete.
- This assessment prioritized maintenance requirements by criticality (priority one, two, three, four, and five).

*Validation of key risks and prioritization.*

- The key risks to health infrastructure (i.e. infrastructure failure due to aging facilities and deferred maintenance) are validated through annual Life Safety/Emergency Infrastructure Funding provided to the Regions through the annual budget process.
- The 2014-15 provincial budget will provide \$23.3 million in block funding to regional health authorities for Life Safety/Emergency Infrastructure projects.
- These funds were allocated to the regions based on each region's proportion of critical and potentially critical requirements, as per the VFA database.

*Explore Provincial/Western Canadian strategies to standardize and procure equipment.*

- 3sHealth continues to collaborate with western Canadian provinces on group purchasing initiatives. The priority is focused on contracts that provide the highest economic benefit, which has resulted in 26 agreements for healthcare supplies. No contracts for equipment were prioritized for 2013-14.

## Five-Year Improvement Targets

**The Provincial Health Plan also includes five-year improvement targets and outcomes. In 2013-14, work progressed in these areas.**

*By March 31, 2014, eHealth and 3s Health will work in partnership with key stakeholders to develop a strategy to integrate Information Technology /Information Management services throughout the health system.*

- Working with health system stakeholders, 3sHealth and eHealth developed a business case for Information Technology (IT) and Information Management (IM). The business case decision was postponed and eHealth was asked to do further work in 2014-15 to better inform the decision.

- Follow up in 2014-2015 will include:
  - An inventory of IT/IM services across the province;
  - An integrated multi-year provincial strategic plan for IT/IM; and,
  - Development and implementation of standard work.

***By March 31, 2017, all key infrastructures (IT, capital, and facility renewal) will be coordinated, integrated and delivered on a provincial basis.***

- Redevelopment of the 18-step capital process is underway to accommodate the integration of Lean, new procurement methods, and improve information flow and alignment with the provincial budget cycle.
- This is also an action to meet the Better Value Strategy five-year outcome: document provincial service delivery assumptions to guide development of the capital (facility asset) strategy.
- The 3P process was used for Moose Jaw Hospital and the Children's Hospital of Saskatchewan.
- Other 3P events have occurred for these capital projects: Kelvington, Swift Current, and Saskatchewan Hospital North Battleford. Once these designs are complete, metrics can be developed.
- Children's Hospital:
  - The 3P created the physical layout that supports a new model of care for maternal services – women who give birth will no longer have to be transferred from where they deliver to where they recover; and,
  - Within the NICU, teams created a design that will decrease the distance travelled by staff and patients.
- Moose Jaw Union Hospital Replacement:
  - Operational efficiencies of \$85-\$160 million over 20 years are expected in the Moose Jaw Hospital as a result of using the Lean design;
  - Patient travel is expected to be reduced by 40 per cent and solutions will be implemented to achieve zero quality defects.

***Capital Improvements in 2013-14***

- Since November 2007, the Saskatchewan government has made an unprecedented \$942 million investment in provincial health system major capital projects, building improvements and equipment upgrades.
- In 2013-14 \$163.9 million was budgeted for capital improvements. (\$92.3 million or 129 per cent increase

## Progress in 2013 - 14

over last year.) This figure includes \$50 million for the regional hospital in Moose Jaw, \$86.5 million to continue work on long term care facilities in 11 communities, \$14.7 million for health facility maintenance, \$11.4 million for medical and laboratory equipment, and \$1.3 million toward a helipad at the Regina General Hospital.

- The new long term care facility in Swift Current will create a home-like atmosphere for residents and incorporate Lean operational best practices and health care principles and efficiencies. Construction is expected to be underway in 2014-15 with completion targeted for spring 2016.
- Regional hospital in Moose Jaw: is expected to be complete in spring 2015. Planning incorporated lean methodology, and demographic population modeling and forecasting to ensure the facility will meet the needs of a growing city and surrounding area in the years to come. This will be the first fully Lean facility completed in the province. Patients and staff have been heavily involved in the design of the facility ensuring it will be a “patient first” facility, with a model of care and facility design that allows for services to come to patients, rather than requiring them to travel throughout the facility.
- Family Treatment Centre in Prince Albert: \$6.5 million plus annual operating costs for a one-of-a-kind residential inpatient addiction treatment enabling families to access care together. Up to eight mothers can access integrated addiction treatment with onsite childcare and school services. It will also house a separate 10 bed child and youth mental health unit.
- Meadow Primary Health Care Centre in Regina’s inner-city: offers after-hours care and link to other services available to clients. The centre’s team of health professionals provides primary health care to Regina’s inner-city neighbourhoods in addition to Regina Beach, Southey and Cupar.
- Saskatchewan Hospital North Battleford: Lean planning work has begun with patients, families, staff, SaskBuilds, the Ministry of Health and the Ministry of Corrections and Policing to explore the potential benefits of a joint public-private partnership to build two new facilities – a mental health hospital and an integrated corrections facility. (2013 Speech from the Throne)
- Parkland Integrated Health Centre in Shellbrook: replaces the Parkland Terrace Nursing Home and Shellbrook Hospital, accommodating 34 long term care beds and 20 acute care beds. The facility also offers a comprehensive range of health services, including emergency, diagnostic and mental health and addictions services.

- **Redvers Health Centre:** Residents of Redvers and area will benefit from a new modern health care facility which opened in October 2013. The new addition to the Redvers Health Centre accommodates 23 long term care beds and one multi-purpose bed. The health centre also offers a range of other health care services, including therapies, mental health and dietitian services. The province contributed \$10.4 million this project which is one of thirteen long term care facility renewals previously announced by the government.
- **Children’s Hospital of Saskatchewan:** in the Saskatoon Health Region will be a centre of excellence for maternal and children’s services. It will be home to Saskatchewan’s first dedicated children’s surgery unit, a state-of-the art neonatal intensive care unit. All rooms will be private patient rooms with space for family members or supportive partners to stay in the room. Clinical services planned for the facility include: antepartum; inpatient pediatrics; labour and delivery; pediatric ambulatory services; a fetal assessment unit; maternal ambulatory services; post-partum; adult and children’s emergency services; neonatal intensive care; pediatric surgical suite; and pediatric intensive care.

### Bending the Cost Curve

**The following measures speak specifically to the strategic goals of the Ministry of Health.**

**Develop continuous long term strategies and approaches that can further bend the cost curve.**

*Monitor cost savings captured by Ministry-led strategic projects through strategic visibility wall walks and through performance check-ins.*

Monthly ministry wall walks tracked progress toward:

- Identification and adoption of Clinical Practice Guidelines for Diabetes, coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), Depression, Congestive Heart Failure, and Asthma. This has the potential to keep patients with diabetes and other chronic conditions healthier and to reduce the risk that they will need hospitalization for any symptom or complication related to their chronic condition.
- Completion of a Rural Family Physician Supply Plan. A number of the initiatives required are the responsibility of other organizations or require a collaborative approach across organizations. Due to this complexity, an external oversight committee has been established to guide and support this work. See page 35 of this report.

## Progress in 2013 - 14

- An information technology (IT)/information management (IM) plan; and an equipment and capital plan. The Ministry continues to work with health system partners to develop strategies and processes by which to reduce spending in these areas in the healthcare system.

### **Total paid premium hours.**

- The anticipated cost savings as result of this measure is \$2.37 million.

### **Accumulated savings through group purchasing of generic drugs with other jurisdictions and accumulated savings through utilization of generic drugs in the province.**

- Participating provinces and territories will leverage combined purchasing power and have agreed to establish a price point for six of the most common generic drugs at 18 per cent of the equivalent brand name drug. These six generic drugs represent approximately 20 per cent of the publicly-funded spending on generic drugs in Canada. Currently, individual provinces and territories pay between 25 and 40 per cent of brand name prices.
- Price setting for six generic drugs will realize an estimated annual savings of close to \$10 million for Saskatchewan residents, private insurers and the provincial government.

### **Number of Lean events held.**

- There have been a total of 739 Lean improvement events held across the health system between January 2012 and March 28, 2014:
  - 203 rapid process improvement workshops (RPIWs) as of March 28, 2014;
  - 397 5S events as of March 28, 2014;
  - 18 3P events (14 in capital projects and 4 in non-capital projects) as of March 28, 2014;
  - 8 Kanban seminars that have resulted in 35 Kanban events as of March 28, 2014; and
  - 77 Mistake Proofing projects as of March 28, 2014
- Within the Ministry, a total of 26 Lean improvement events have been held during the same period. These events include 8 RPIWs, 1 Kanban event, and 17 5S events.
- This measure is reflected in strategic work by the Ministry of Health to bend the cost curve to meet this target: By March 31, 2017, more than 1,000 focused Lean training and kaizen events involving staff, physicians and patients, will be undertaken in multiple areas of the health system. This measure is found on page 15 of the 2013-14 Health Plan.

### **Number of Patient and Family Advisors involved in 3P and RPIW events.**

- To ensure that perspectives of patients and families are incorporated into Lean improvement work, we have made it mandatory to include at least one patient and family advisor in every RPIW and 3P event.
- More than 300 patient and family advisors have been involved in RPIWs, 3Ps as well as other improvement events.

## Better Teams

### **Physician and Staff Engagement**

*By March 31, 2017, increase staff and physician engagement provincial average scores to 80 per cent.*

#### **2013-14 Key Actions and Results**

*Carry out specific physician and staff baseline measurement by using survey tool.*

- Physician and staff engagement survey was launched in January/February 2014.

*Communicate the findings to staff and physicians (create a better exchange of information in a meaningful way) and re-survey on an episodic basis.*

- Survey results will be reported to the health system leaders in 2014-15. Communication with staff and physicians will follow shortly thereafter. Continuous intermittent surveying is planned as on-going standard work.

*Develop and implement processes in each RHA and the Saskatchewan Cancer Agency to improve communication, build trust, and improve collaboration with their physicians; and,*

*Percent of staff and physicians who say their voices are heard and are able to contribute to improvement and percentage of physicians who say that they are able to openly communicate with physician and RHA leaders.*

- Data was collected in the team engagement survey which was implemented in late 2013-14. Results will be available in 2014-15.

*Percentage of Regional Health Authority/Saskatchewan Cancer Agency physician leadership positions that are filled.*

- 93 per cent of positions have been filled.

## Progress in 2013 - 14

*SMA locum pools or regional-based locum pools utilized to support physician involvement in Lean training and clinical kaizen events. Ensure adequate lead time for planning for physician participation.*

- 40 physicians in Lean Leader Certification with 10 physicians who have been certified to date.

*RHA and physician leaders doing joint gemba walks and collaborating on remedial actions and future priorities.*

- Physicians are increasingly participating in joint gemba walks and more physicians have been engaged in collaborating on future priorities. The specific percentage was unable to be measured in 2013-14.

*Spread the engagement strategy. The engagement strategy includes Lean training, kaizen events, and participation in visual daily management.*

- This measure captures the percentage of clinical programs led through dyad (physician and non-physician) partnerships.
- Twenty-eight per cent of clinical programs are led through partnerships.

## Five-Year Improvement Targets

**The Provincial Health Plan also includes five-year improvement targets and outcomes. In 2013-14, work progressed in these areas:**

*By March 31, 2017, 100 per cent of staff and physicians are continuously improving care and service through daily visual management.*

- Work did not progress on this 2016-17 target in 2013-14.

## Rural Family Physician Supply

### *2013-14 Key Actions and Results*

**The following measures speak specifically to the strategic goals of the Ministry of Health.**

*Diagnose and review provincial physician recruitment and retention strategy, and recruitment processes, including value stream mapping.*

- The Ministry hosted a visioning session in November 2013 that brought together key stakeholders, physicians, and patients from across the province to discuss rural physician supply. The two day session resulted in the creation of a desired future state that strongly supported and aligned with work already underway within the Primary Health initiative.

- The future state value stream map identified the goal that every patient receives the right care, from the right provider, at the right time; and improves rural physician recruitment, retention, and stabilization. We heard strongly that by utilizing a primary health care team approach, rural physicians will have the support of other healthcare professionals which is a vital component to both recruitment and retention of providers.
- A number of the initiatives required to achieve the desired future state are the responsibility of other organizations or require a collaborative approach across organizations. Due to this complexity, an external oversight committee has been established to guide and support this work. The oversight committee will be saskdocs' (The Physician Recruitment Agency) Board of Directors with the addition of patient advisers, and representation from the College of Physicians and Surgeons and RHA recruiters. The first meeting of the oversight committee is scheduled for early 2014, and meetings will continue throughout 2014-15.
- Work is underway on an evidence-based provincial physician resource plan. The plan incorporates variables of physician supply and population need that will serve as a planning model to address physician need over the next ten years. RHAs and key stakeholders are included in an Advisory Committee overseeing this work.
- The recommendations from the resource plan will inform future recruitment and retention strategies in rural family practice, as well as throughout the province.

### *Deep dive and implement solutions to resolve issues (RPIWs).*

- A value stream mapping event is being planned for early 2014-15 for the physician recruitment process.
- The goal of the VSM is to create a desired future-state value stream map, identify quick wins, larger scale system changes, and recommendations that will go forward to the oversight committee for approval and development of an action plan.

### *Update the 2009 Physician Recruitment and Retention Strategy, which could include modification of existing initiatives or implementation of new strategies.*

- The Ministry collected feedback from the visioning session with stakeholders in November 2013 (detailed above) and will combine that with recommendations stemming from value stream mapping and the physician resource plan to inform the development of the update to the physician recruitment and retention strategy. With the anticipated release of a provincial physician resource plan, these recommendations and the overall recruitment and retention strategy will be targeted for communities and areas of need.

# Progress in 2013 - 14

## *Release a Provincial Physician Resource plan.*

- See the corresponding Physician Recruitment and Retention plan information on page 36.
- The final report is expected to be available in 2014-15.

## **Additional Physician Recruitment Actions in 2013-14**

### *Rural Physician Incentive Program.*

- Physicians who experience rural practice are more likely to put down roots and stay for a longer term. The Rural Physician Incentive Program provides a total of \$120,000 dollars over five years to recently graduated physicians who practice in rural Saskatchewan.
- This incentive is designed to ease the financial burden for physicians who finish their years of study with a large debt load.

## **Additional Better Teams actions in 2013-14**

### *More nurses.*

- There are more nurses working in Saskatchewan now than ever before. We committed to adding 800 more registered nurses to the health system in our ground-breaking Partnership Agreement with SUN in 2008.
- Since 2007, 1,000 more registered nurses are practicing in Saskatchewan. (2013 Speech from the Throne)

## 2013 - 14 Financial Overview

The Ministry spent or allocated \$4.8 billion in expenditures in 2013-14, \$6.7 million less than provided in its budget. The savings can mainly be attributed to under-expenditures in utilization, collective bargaining and physician services (one-time).

In 2013-14, the Ministry received \$14.5 million of revenue, \$2.6 million more than budgeted. The additional revenue is primarily due to physician expense reimbursements and the correction of previous year accruals.

Ministry of Health's 2013-14 FTE budget is 496.9, which is net of an (10.0) FTE reduction assigned in-year from the 2013-14 unallocated balance. The variance to budget number of 18.7 FTEs compares 2013-14 actual FTEs to 2013-14 final FTE budget.

# 2013 - 14 Financial Overview

## Ministry of Health Comparison of Actual Expense to Estimates

	2012-13 Actuals \$000s	2013-14 Estimates \$000s	2013-14 Actuals \$000s	2013-14 Variance \$000s	Notes
<b>Central Management and Services</b>					
Ministers' Salary (Statutory)	87	94	95	1	
Executive Management	2,576	2,411	2,762	351	
Central Services	5,088	6,531	5,020	(1,511)	
Accommodation Services	3,783	4,207	3,299	(908)	
	<b>11,534</b>	<b>13,243</b>	<b>11,176</b>	<b>(2,067)</b>	
<b>Regional Health Services</b>					
Athabasca Health Authority Inc.	6,425	6,897	6,897	-	
Cypress Regional Health Authority	108,536	115,126	115,219	93	
Five Hills Regional Health Authority	131,573	135,932	135,957	25	
Heartland Regional Health Authority	81,882	86,708	86,639	(69)	
Keewatin Yatthe Regional Health Authority	24,644	25,375	25,375	-	
Kelsey Trail Regional Health Authority	103,570	107,161	107,161	-	
Mamawetan Churchill River Regional Health Authority	25,431	26,917	26,917	-	
Prairie North Regional Health Authority	190,381	201,370	201,064	(306)	
Prince Albert Parkland Regional Health Authority	187,768	199,158	199,228	70	
Regina Qu'Appelle Regional Health Authority	814,329	862,556	857,613	(4,943)	
Saskatoon Regional Health Authority	919,538	962,899	963,774	875	
Sun Country Regional Health Authority	122,767	126,609	126,618	9	
Sunrise Regional Health Authority	179,888	183,201	183,210	9	
Regional Targeted Programs and Services	120,380	105,014	142,295	37,281	(1)
Saskatchewan Cancer Agency	134,318	150,748	148,308	(2,440)	
Facilities - Capital	28,084	31,922	39,554	7,632	(2)
Equipment - Capital	9,598	11,000	13,896	2,896	
Regional Programs Support	19,867	18,416	19,453	1,037	
<b>Subtotal</b>	<b>3,208,979</b>	<b>3,357,009</b>	<b>3,399,178</b>	<b>42,169</b>	
<b>Provincial Health Services</b>					
Canadian Blood Services	39,114	43,000	39,273	(3,727)	
Provincial Targeted Programs and Services	62,445	62,443	64,769	2,326	
Provincial Laboratory	23,437	24,873	25,394	521	
Health Research	5,784	5,584	5,784	200	
Health Quality Council	6,871	4,871	4,871	-	
Immunizations	12,001	17,782	14,738	(3,044)	
eHealth Saskatchewan	55,151	56,151	61,144	4,993	(3)
Provincial Programs Support	10,770	9,901	10,590	689	
<b>Subtotal</b>	<b>215,573</b>	<b>224,605</b>	<b>226,563</b>	<b>1,958</b>	

# 2013 - 14 Financial Overview

## Ministry of Health Comparison of Actual Expense to Estimates

	2012-13 Actuals \$000s	2013-14 Estimates \$000s	2013-14 Actuals \$000s	2013-14 Variance \$000s	Notes
<b>Medical Services &amp; Medical Education Programs</b>					
Medical Services - Fee-for-Service	480,627	490,866	488,652	(2,214)	
Medical Services - Non-Fee-for-Service	106,542	157,433	145,533	(11,900)	(4)
Medical Education System	51,980	68,745	59,403	(9,342)	(5)
Optometric Services	6,596	6,755	6,856	101	
Dental Services	1,725	2,183	1,677	(506)	
Out-of-Province	128,622	127,612	121,228	(6,384)	(6)
Program Support	4,775	4,283	3,932	(351)	
<b>Subtotal</b>	<b>780,867</b>	<b>857,877</b>	<b>827,281</b>	<b>(30,596)</b>	
<b>Drug Plan &amp; Extended Benefits</b>					
Saskatchewan Prescription Drug Plan	276,849	299,238	288,724	(10,514)	
Saskatchewan Aids to Independent Living	38,070	41,784	38,396	(3,388)	
Supplementary Health Program	20,977	23,650	20,214	(3,436)	
Family Health Benefits	4,458	5,362	4,478	(884)	
Multi-Provincial Human Immunodeficiency Virus Assistance	146	337	222	(115)	
Program Support	4,685	4,432	4,128	(304)	
<b>Subtotal</b>	<b>345,185</b>	<b>374,803</b>	<b>356,162</b>	<b>(18,641)</b>	
<b>Early Childhood Development</b>	<b>10,937</b>	<b>10,992</b>	<b>10,992</b>	<b>-</b>	
<b>Provincial Infrastructure Projects</b>	<b>42,646</b>	<b>120,615</b>	<b>71,790</b>	<b>(48,825)</b>	(7)
<b>APPROPRIATION</b>	<b>4,615,721</b>	<b>4,959,144</b>	<b>4,903,142</b>	<b>(56,002)</b>	
<b>Capital Asset Acquisition</b>	(42,676)	(121,018)	(72,306)	48,712	(7)
<b>Capital Asset Amortization</b>	2,544	3,535	4,096	561	
<b>TOTAL EXPENSE</b>	<b>4,575,589</b>	<b>4,841,661</b>	<b>4,834,932</b>	<b>(6,729)</b>	
<b>FTE STAFF COMPLEMENT</b>	<b>534.1</b>	<b>496.9</b>	<b>515.6</b>	<b>18.7</b>	

Approximately 90 percent of the expenditures were provided to third parties for health care services, health system research, information technology support, and coordination of services such as the blood system. The majority of the remaining funding was

### Explanations for Major Variances:

Explanations are provided for all variances that are both greater than 5 percent of the Ministry's 2013-14 Estimates and greater than 0.1 percent of the Ministry's total expense.

1. Primarily related to settlement of collective bargaining agreements.
2. Increased investments in capital facilities.
3. Primarily related to the transfer of Health Registration and Vital Statistics.
4. Primarily budgeted one-time savings related to physician services.
5. Primarily savings for physician services utilization (one-time).
6. Program utilization below budgeted levels.
7. Delayed investments for Provincial Infrastructure projects.

# 2013 - 14 Financial Overview

## Ministry of Health Comparison of Actual Revenue to Estimates

	2013-14 Estimates \$000s	2013-14 Actuals \$000s	Variance \$000s	Notes
<b>Other Own-source Revenue</b>				
Interest, premium, discount and exchange	115	42	(73)	
Other licenses and permits	42	54	12	
Sales, services and service fees	2,268	2,157	(110)	
Other	1,417	5,347	3,930	(1)
Total	3,841	7,601	3,760	
<b>Transfers from the Federal Government</b>	8,122	6,974	(1,148)	(2)
<b>TOTAL REVENUE</b>	<b>11,963</b>	<b>14,574</b>	<b>2,611</b>	

The Ministry collects transfer revenue from the federal government for various health-related initiatives and services. The major federal transfers include amounts for some air ambulance services, implementation of the *Youth Criminal Justice Act*, employment assistance for persons with disabilities, programs to assist with Drug treatments for youth and programs to assist the integration of internationally-educated health professionals. The Ministry also collects revenue through fees for services such as personal care home licenses and water testing fees. All revenue is deposited to the credit of the General Revenue Fund.

### Explanations for Major Variances:

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

1. Primarily as a result of physician expense reimbursements and correction of previous year accruals.
2. Primarily a result of a correction of previous year accruals and Air Ambulance under-utilization.

# 2013 - 14 Regional Health Authorities

## Operating Fund Audited Financial Statements<sup>1</sup> (\$000s)

STATEMENT OF OPERATIONS AND CHANGE IN FUND BALANCES	Cypress	Five Hills	Heartland	Keewatin Yatthé	Kelsey Trail	Mamawetan Churchill River
<b>Operating Revenues:</b>						
Ministry of Health - General Revenue Fund	122,201	143,441	90,488	26,361	111,654	26,663
Other Government of Saskatchewan	356	1,668	284	481	1,479	2,057
Other Government Jurisdictions	70	225	1	5	3	20
Out-of-Province/Third Party Reimbursements	-	-	-	-	-	-
Donations	-	-	-	-	-	-
Ancillary Operations	7,782	3,685	9,346	1,038	8,368	391
Investment Income	1,181	862	683	8	501	44
Other Revenue	102	60	18	-	24	1
<b>Total Operating Revenue</b>	<b>133,741</b>	<b>152,546</b>	<b>102,840</b>	<b>28,055</b>	<b>123,643</b>	<b>30,108</b>
<b>Operating Expenses:</b>						
<b>Inpatient &amp; resident services</b>						
Nursing Administration	3,637	1,555	4,319	310	4,813	1
Acute	17,564	24,367	6,612	4,554	14,853	3,627
Supportive	18,772	35,258	8,806	1,909	18,395	893
Integrated	9,504	-	22,509	-	5,623	-
Rehabilitation	-	-	-	-	-	-
Mental health & addictions	1,599	2,387	-	-	-	-
<b>Total inpatient &amp; resident services</b>	<b>51,076</b>	<b>63,567</b>	<b>42,245</b>	<b>6,772</b>	<b>43,684</b>	<b>4,521</b>
<b>Physician compensation</b>	<b>15,870</b>	<b>14,816</b>	<b>1,897</b>	<b>36</b>	<b>10,681</b>	<b>944</b>
<b>Ambulatory care services</b>	<b>2,515</b>	<b>7,017</b>	<b>162</b>	<b>-</b>	<b>3,133</b>	<b>-</b>
<b>Diagnostic &amp; therapeutic services</b>	<b>12,137</b>	<b>12,437</b>	<b>9,586</b>	<b>1,986</b>	<b>11,220</b>	<b>1,955</b>
<b>Community health services</b>						
Primary health care	1,794	1,954	1,190	2,712	2,558	3,180
Home care	6,646	8,898	7,136	1,495	7,809	1,938
Mental health & addictions	2,834	7,163	3,330	2,397	2,630	3,602
Population health	2,901	4,043	3,265	2,740	5,051	4,956
Emergency response services	4,561	2,990	4,992	2,490	3,841	1,402
Other community services	1,322	840	397	-	595	457
<b>Total community health services</b>	<b>20,058</b>	<b>25,888</b>	<b>20,311</b>	<b>11,835</b>	<b>22,484</b>	<b>15,536</b>
<b>Support services</b>						
Program support	7,072	7,192	6,657	3,084	7,748	3,663
Operational support	21,877	17,121	19,821	3,980	23,503	3,135
Other support	1,076	255	403	79	440	37
Employee future benefits	(86)	(63)	(66)	19	(36)	35
<b>Total support services</b>	<b>29,940</b>	<b>24,505</b>	<b>26,814</b>	<b>7,162</b>	<b>31,655</b>	<b>6,869</b>
<b>Ancillary</b>	<b>20</b>	<b>136</b>	<b>205</b>	<b>-</b>	<b>-</b>	<b>17</b>
<b>Total Operating Expenses</b>	<b>131,616</b>	<b>148,365</b>	<b>101,220</b>	<b>27,791</b>	<b>122,857</b>	<b>29,842</b>
<b>Operating Fund Excess/(Deficiency)</b>	<b>2,125</b>	<b>4,182</b>	<b>1,620</b>	<b>264</b>	<b>786</b>	<b>266</b>
Interfund Transfers	(612)	(4,182)	(1,553)	-	(725)	(106)
<b>Increase (decrease) in fund balances</b>	<b>1,512</b>	<b>-</b>	<b>66</b>	<b>264</b>	<b>62</b>	<b>160</b>
Operating Fund Balance - Beginning of the year	6,068	1,428	(1,428)	(265)	(5,678)	601
<b>Operating Fund Balance - End of Year</b>	<b>7,581</b>	<b>1,428</b>	<b>(1,361)</b>	<b>(1)</b>	<b>(5,616)</b>	<b>762</b>

# 2013 - 14 Regional Health Authorities

## Operating Fund Audited Financial Statements<sup>1</sup> (\$000s)

STATEMENT OF FINANCIAL POSITION	Cypress	Five Hills	Heartland	Keewatin Yatthé	Kelsey Trail	Mamawetan Churchill River
<b>Operating Assets:</b>						
Cash and Short-term Investments	28,829	29,437	10,711	4,819	9,989	4,000
Accounts Receivable:						
Ministry of Health	368	389	151	-	92	-
Other	855	1,190	896	593	1,243	655
Inventory	814	893	1,399	266	584	204
Prepaid Expenses	187	882	479	139	871	145
Due from (Community Trust Fund)	-	-	-	-	-	-
Investments	246	18	2,531	10	1,223	-
Other Assets	-	-	-	-	32	-
<b>Total Operating Assets</b>	<b>31,299</b>	<b>32,809</b>	<b>16,168</b>	<b>5,827</b>	<b>14,033</b>	<b>5,003</b>
<b>Liabilities and Operating Fund Balance:</b>						
Accounts Payable	5,843	10,840	1,626	1,320	1,866	1,214
Bank Indebtedness	-	-	-	-	-	704
Accrued Liabilities:						
Accrued Salaries	4,671	4,910	4,839	986	4,487	-
Vacation Payable	7,277	6,343	6,478	1,403	7,205	1,111
Other	-	-	-	-	-	-
Employee future benefits	3,318	3,064	3,057	757	4,113	744
Deferred Revenue	2,609	6,225	1,529	1,362	1,977	468
<b>Total Operating Liabilities</b>	<b>23,718</b>	<b>31,381</b>	<b>17,529</b>	<b>5,828</b>	<b>19,650</b>	<b>4,242</b>
Externally Restricted	-	-	-	-	-	-
Internally Restricted	-	-	-	-	-	-
Unrestricted	7,581	1,428	(1,361)	(1)	(5,616)	762
<b>Operating Fund Balance</b>	<b>7,581</b>	<b>1,428</b>	<b>(1,361)</b>	<b>(1)</b>	<b>(5,616)</b>	<b>762</b>
<b>Total Liabilities and Fund Balance</b>	<b>31,299</b>	<b>32,809</b>	<b>16,168</b>	<b>5,827</b>	<b>14,033</b>	<b>5,003</b>

1. Some items may not balance due to rounding.

# 2013 - 14 Regional Health Authorities

## Restricted Fund Audited Financial Statements<sup>1</sup> (\$000s)

STATEMENT OF OPERATIONS AND CHANGE IN FUND BALANCES	Cypress	Five Hills	Heartland	Keewatin Yatthé	Kelsey Trail	Mamawetan Churchill River
<b>Restricted Revenues:</b>						
Ministry of Health - General Revenue Fund	1,349	1,947	5,150	29	5,318	20
Other Government of Saskatchewan	-	45	262	-	337	-
Federal Government revenue	-	-	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-
Donations	2,432	8,458	6,106	1	1,390	3
Ancillary Operations - income	-	21	-	-	-	-
Investment Income	63	363	108	-	112	6
Recoveries	-	-	-	-	-	-
Other Revenue	4,572	12	14	4	-	180
<b>Total Restricted Revenue</b>	<b>8,416</b>	<b>10,846</b>	<b>11,640</b>	<b>33</b>	<b>7,157</b>	<b>209</b>
<b>Restricted Expenses:</b>						
<b>Inpatient &amp; resident services</b>						
Nursing Administration	-	22	-	-	-	626
Acute	1,690	729	158	91	1,704	1
Supportive	1,153	198	85	33	1,270	-
Integrated	373	-	3,505	-	1,182	-
Rehabilitation	-	-	-	-	-	-
Mental health & addictions	-	16	-	-	-	-
<b>Total inpatient &amp; resident services</b>	<b>3,216</b>	<b>965</b>	<b>3,748</b>	<b>124</b>	<b>4,156</b>	<b>627</b>
<b>Physician compensation</b>	-	-	-	-	-	-
<b>Ambulatory care services</b>	<b>77</b>	<b>48</b>	-	-	-	-
<b>Diagnostic &amp; therapeutic services</b>	<b>780</b>	<b>416</b>	-	<b>54</b>	-	-
<b>Community health services</b>						
Primary health care	-	150	3	17	1	-
Home care	-	95	29	-	-	-
Mental health & addictions	-	-	-	1	-	-
Population health	-	2	3	26	-	-
Emergency response services	150	1	309	48	125	-
Other community services	-	11	-	-	36	-
<b>Total community health services</b>	<b>150</b>	<b>259</b>	<b>345</b>	<b>93</b>	<b>162</b>	-
<b>Support services</b>						
Program support	-	64	61	71	-	7
Operational support	-	191	-	849	93	-
Other support	-	3,070	-	-	-	-
<b>Total support services</b>	-	<b>3,324</b>	<b>61</b>	<b>920</b>	<b>93</b>	<b>7</b>
<b>Ancillary</b>	-	-	-	-	-	-
<b>Total Restricted Expenses</b>	<b>4,222</b>	<b>5,013</b>	<b>4,155</b>	<b>1,191</b>	<b>4,411</b>	<b>634</b>
<b>Restricted Fund Excess/(Deficiency)</b>	<b>4,194</b>	<b>5,834</b>	<b>7,486</b>	<b>(1,159)</b>	<b>2,746</b>	<b>(424)</b>
Interfund Transfers	612	4,182	1,553	-	725	106
<b>Increase (decrease) in fund balances</b>	<b>4,806</b>	<b>10,015</b>	<b>9,039</b>	<b>(1,159)</b>	<b>3,470</b>	<b>(318)</b>
Restricted Fund Balance - Beginning of year	73,977	43,740	55,199	24,263	52,656	9,752
<b>Restricted Fund Balance - End of Year</b>	<b>78,783</b>	<b>53,755</b>	<b>64,238</b>	<b>23,105</b>	<b>56,126</b>	<b>9,434</b>

# 2013 - 14 Regional Health Authorities

## Restricted Fund Audited Financial Statements<sup>1</sup> (\$000s)

STATEMENT OF FINANCIAL POSITION	Cypress	Five Hills	Heartland	Keewatin Yatthé	Kelsey Trail	Mamawetan Churchill River
<b>Restricted Assets:</b>						
Cash and Short-term Investments	15,528	51,146	10,487	967	8,787	404
Accounts Receivable:						
Ministry of Health	-	-	-	-	564	-
Other	1,024	200	1,623	-	84	30
Investments	-	286	798	1	-	-
Capital Assets	76,062	25,755	62,667	22,137	56,288	9,116
Other Assets	-	-	-	-	-	-
<b>Total Restricted Assets</b>	<b>92,614</b>	<b>77,388</b>	<b>75,576</b>	<b>23,105</b>	<b>65,723</b>	<b>9,550</b>
<b>Liabilities and Restricted Fund Balance:</b>						
Accounts Payable	1,579	22,243	5,953	-	171	21
Accrued Liabilities	-	-	-	-	-	-
Deferred Revenue (Non-Ministry of Health)	-	-	-	-	-	-
Debt	12,252	1,390	5,385	-	9,426	95
<b>Total Restricted Liabilities</b>	<b>13,831</b>	<b>23,632</b>	<b>11,338</b>	<b>-</b>	<b>9,597</b>	<b>116</b>
Invested in Capital Assets	73,648	24,365	57,283	22,137	46,862	9,021
Externally Restricted	1,655	1,786	4,539	168	7,273	308
Internally Restricted	3,481	27,604	2,416	799	1,991	105
<b>Restricted Fund Balance</b>	<b>78,783</b>	<b>53,755</b>	<b>64,238</b>	<b>23,105</b>	<b>56,126</b>	<b>9,434</b>
<b>Total Liabilities &amp; Fund Balances</b>	<b>92,614</b>	<b>77,388</b>	<b>75,576</b>	<b>23,105</b>	<b>65,723</b>	<b>9,550</b>

1. The restricted fund consists of the Capital Fund and Community Trust Fund. The Capital Fund reflects the equity of the RHA on capital assets and any associated long-term debt. The Capital Fund revenue includes revenue from the General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. Expenses consist mainly of amortization expense. The Community Trust Fund reflects community-generated assets transferred to the RHA by amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations from donations or municipal tax levies.

# 2013 - 14 Regional Health Authorities

## Audited Schedule of Expenses by Object<sup>1</sup> (\$000s)

SCHEDULE OF EXPENSES BY OBJECT	Cypress	Five Hills	Heartland	Keewatin Yatthé	Kelsey Trail	Mamawetan Churchill River
<b>Operating Expenses:</b>						
Advertising & Public Relations	40	58	96	12	165	25
Board costs	101	77	82	146	127	83
Compensation - benefits	14,696	13,698	13,039	3,650	14,383	4,182
Compensation - employee future benefits	(86)	(63)	(66)	19	(36)	35
Compensation - salaries	76,607	69,345	67,427	17,739	76,195	16,680
Continuing Education Fees & Materials	277	219	88	202	226	136
Contracted-out Services - Other	2,459	2,215	867	280	242	1,080
Diagnostic imaging supplies	39	145	37	27	16	1
Dietary Supplies	27	133	106	30	135	3
Drugs	1,146	1,584	632	225	627	206
Food	1,974	1,154	1,420	287	1,672	198
Grants to ambulance services	1,873	2,924	130	-	2,791	1,073
Grants to Health Care Organizations & Affiliates	2,096	28,388	2,950	336	776	398
Housekeeping and laundry supplies	779	581	575	14	311	32
Information technology contracts	605	622	589	34	953	106
Insurance	253	221	260	85	225	44
Interest	13	2	28	-	230	7
Laboratory supplies	1,160	1,067	706	197	1,123	164
Medical and surgical supplies	2,624	3,037	1,253	400	2,529	330
Medical remuneration and benefits	14,431	14,214	2,142	-	10,662	959
Meeting Expense	-	24	16	-	48	42
Office supplies and other office costs	1,034	596	621	554	349	386
Other	630	115	523	95	408	445
Professional fees	1,092	758	908	287	882	408
Prosthetics	406	719	-	-	-	-
Purchased salaries	160	237	333	743	695	351
Rent/lease/purchase costs	1,224	1,587	1,197	788	1,441	595
Repairs and maintenance	2,530	1,719	2,043	472	1,595	458
Supplies - Other	233	184	186	53	384	203
Therapeutic Supplies	-	72	22	-	-	1
Travel	1,405	1,230	953	555	1,128	988
Utilities	1,789	1,503	2,057	562	2,575	224
<b>Total Operating Expenses</b>	<b>131,616</b>	<b>148,365</b>	<b>101,220</b>	<b>27,791</b>	<b>122,857</b>	<b>29,842</b>
<b>Restricted Expenses:</b>						
Amortization	3,193	4,301	3,897	1,191	4,053	626
Loss/(gain) on disposal of fixed assets	484	-	1	-	-	-
Mortgage interest	108	110	215	-	258	-
Other	437	602	42	-	100	7
<b>Total Restricted Expenses</b>	<b>4,222</b>	<b>5,013</b>	<b>4,155</b>	<b>1,191</b>	<b>4,411</b>	<b>634</b>
<b>Total Operating and Restricted Expenses</b>	<b>135,838</b>	<b>153,377</b>	<b>105,375</b>	<b>28,982</b>	<b>127,268</b>	<b>30,475</b>

1. Some items may not balance due to rounding.

# 2013 - 14 Regional Health Authorities

## Operating Fund Audited Financial Statements<sup>1</sup> (\$000s)

STATEMENT OF OPERATIONS AND CHANGE IN FUND BALANCES	Prairie North	Prince Albert Parkland	Regina Qu'Appelle	Saskatoon	Sun Country	Sunrise	Grand Total
<b>Operating Revenues:</b>							
Ministry of Health - General Revenue Fund	211,531	208,128	915,473	1,038,734	133,963	192,824	3,221,462
Other Government of Saskatchewan	4,512	1,575	11,597	13,490	963	2,930	41,391
Other Government Jurisdictions	102	486	7,930	956	2	3	9,803
Out-of-Province/Third Party Reimbursements	37,357	-	-	-	-	-	37,357
Donations	-	-	-	-	-	-	-
Ancillary Operations	11,270	6,874	25,368	14,399	10,846	13,208	112,576
Investment Income	2,778	1,055	10,524	8,606	528	3,080	29,850
Other Revenue	84	135	1,195	2,177	15	121	3,931
<b>Total Operating Revenue</b>	<b>273,316</b>	<b>223,877</b>	<b>1,001,324</b>	<b>1,123,481</b>	<b>148,722</b>	<b>216,976</b>	<b>3,558,629</b>
<b>Operating Expenses:</b>							
<b>Inpatient &amp; resident services</b>							
Nursing Administration	8,043	4,720	3,581	9,447	-	5,359	45,785
Acute	43,627	42,087	221,200	262,946	7,628	33,934	682,999
Supportive	36,264	35,583	116,200	142,169	26,413	45,742	486,403
Integrated	-	-	19,424	-	32,883	-	89,941
Rehabilitation	-	-	6,590	4,807	-	-	11,397
Mental health & addictions	14,555	5,686	11,969	11,269	1,797	2,617	51,879
<b>Total inpatient &amp; resident services</b>	<b>102,490</b>	<b>88,077</b>	<b>378,964</b>	<b>430,638</b>	<b>68,720</b>	<b>87,652</b>	<b>1,368,405</b>
<b>Physician compensation</b>	<b>21,753</b>	<b>21,456</b>	<b>86,211</b>	<b>104,030</b>	<b>6,346</b>	<b>10,585</b>	<b>294,625</b>
<b>Ambulatory care services</b>	<b>12,135</b>	<b>11,602</b>	<b>90,222</b>	<b>85,109</b>	<b>1,966</b>	<b>7,722</b>	<b>221,583</b>
<b>Diagnostic &amp; therapeutic services</b>	<b>28,523</b>	<b>19,818</b>	<b>122,020</b>	<b>149,015</b>	<b>9,737</b>	<b>19,939</b>	<b>398,373</b>
<b>Community health services</b>							
Primary health care	6,280	2,964	16,379	3,755	1,809	1,286	45,862
Home care	10,002	11,503	32,051	37,296	10,098	12,775	147,648
Mental health & addictions	11,795	12,524	26,851	34,722	4,985	4,661	117,495
Population health	9,946	7,427	20,275	27,856	4,060	7,352	99,873
Emergency response services	6,891	4,275	17,605	18,190	5,419	6,147	78,802
Other community services	1,465	328	4,601	7,711	470	1,888	20,073
<b>Total community health services</b>	<b>46,379</b>	<b>39,022</b>	<b>117,761</b>	<b>129,530</b>	<b>26,841</b>	<b>34,110</b>	<b>509,754</b>
<b>Support services</b>							
Program support	15,810	10,177	47,805	66,662	8,223	13,748	197,841
Operational support	43,389	32,389	139,200	142,525	23,333	39,567	509,839
Other support	396	384	18,219	3,674	2,238	1,241	28,441
Employee future benefits	42	9	53	(188)	(29)	(82)	(393)
<b>Total support services</b>	<b>59,637</b>	<b>42,959</b>	<b>205,277</b>	<b>212,673</b>	<b>33,764</b>	<b>54,474</b>	<b>735,728</b>
<b>Ancillary</b>	<b>734</b>	<b>491</b>	<b>2,447</b>	<b>11,214</b>	<b>-</b>	<b>1,464</b>	<b>16,728</b>
<b>Total Operating Expenses</b>	<b>271,650</b>	<b>223,424</b>	<b>1,002,902</b>	<b>1,122,209</b>	<b>147,375</b>	<b>215,946</b>	<b>3,545,198</b>
<b>Operating Fund Excess/(Deficiency)</b>	<b>1,665</b>	<b>452</b>	<b>(1,578)</b>	<b>1,272</b>	<b>1,347</b>	<b>1,030</b>	<b>13,432</b>
Interfund Transfers	(5,752)	(1,108)	(1,711)	(1,272)	(712)	(2,873)	(20,606)
<b>Increase (decrease) in fund balances</b>	<b>(4,087)</b>	<b>(655)</b>	<b>(3,289)</b>	<b>-</b>	<b>635</b>	<b>(1,843)</b>	<b>(7,175)</b>
Operating Fund Balance - Beginning of the year	(10,983)	(19,546)	(111,116)	(93,284)	(7,658)	(36,639)	(278,500)
<b>Operating Fund Balance - End of Year</b>	<b>(15,070)</b>	<b>(20,201)</b>	<b>(114,406)</b>	<b>(93,284)</b>	<b>(7,023)</b>	<b>(38,482)</b>	<b>(285,675)</b>

# 2013 - 14 Regional Health Authorities

## Operating Fund Audited Financial Statements<sup>1</sup> (\$000s)

STATEMENT OF FINANCIAL POSITION	Prairie North	Prince Albert Parkland	Regina Qu'Appelle	Saskatoon	Sun Country	Sunrise	Grand Total
<b>Operating Assets:</b>							
Cash and Short-term Investments	9,939	10,057	10,939	46,317	7,580	2,430	175,046
Accounts Receivable:							
Ministry of Health	5,353	4,790	18,028	3,154	3,655	4,289	40,268
Other	3,764	1,712	14,116	19,157	2,575	1,942	48,698
Inventory	2,035	915	4,676	9,985	759	1,442	23,973
Prepaid Expenses	1,783	902	4,096	4,723	281	1,615	16,103
Due from (Community Trust Fund)	-	-	(378)	-	-	-	(378)
Investments	1,877	-	-	-	17	755	6,676
Other Assets	-	-	-	-	-	-	32
<b>Total Operating Assets</b>	<b>24,750</b>	<b>18,376</b>	<b>51,478</b>	<b>83,336</b>	<b>14,867</b>	<b>12,472</b>	<b>310,418</b>
<b>Liabilities and Operating Fund Balance:</b>							
Accounts Payable	9,052	8,264	38,348	56,521	2,282	6,154	143,330
Bank Indebtedness	-	-	-	-	-	12,809	13,513
Accrued Liabilities:							
Accrued Salaries	8,713	7,013	28,552	30,993	7,125	8,008	110,296
Vacation Payable	13,206	11,823	49,714	49,459	7,159	12,917	174,094
Other	-	-	-	-	-	956	956
Employee future benefits	7,003	5,771	25,178	27,145	3,654	6,559	90,365
Deferred Revenue	1,847	5,706	24,092	12,502	1,669	3,553	63,538
<b>Total Operating Liabilities</b>	<b>39,821</b>	<b>38,577</b>	<b>165,884</b>	<b>176,620</b>	<b>21,889</b>	<b>50,955</b>	<b>596,093</b>
Externally Restricted	-	-	-	-	-	-	-
Internally Restricted	367	-	(979)	-	6	49	(558)
Unrestricted	(15,437)	(20,201)	(113,427)	(93,284)	(7,028)	(38,531)	(285,117)
<b>Operating Fund Balance</b>	<b>(15,070)</b>	<b>(20,201)</b>	<b>(114,406)</b>	<b>(93,284)</b>	<b>(7,023)</b>	<b>(38,482)</b>	<b>(285,675)</b>
<b>Total Liabilities and Fund Balance</b>	<b>24,750</b>	<b>18,376</b>	<b>51,478</b>	<b>83,336</b>	<b>14,867</b>	<b>12,472</b>	<b>310,418</b>

1. Some items may not balance due to rounding.

# 2013 - 14 Regional Health Authorities

## Restricted Fund Audited Financial Statements<sup>1</sup> (\$000s)

STATEMENT OF OPERATIONS AND CHANGE IN FUND BALANCES	Prairie North	Prince Albert Parkland	Regina Qu'Appelle	Saskatoon	Sun Country	Sunrise	Grand Total
<b>Restricted Revenues:</b>							
Ministry of Health - General Revenue Fund	3,352	3,534	13,908	13,031	8,192	1,415	57,245
Other Government of Saskatchewan	-	-	450	490	136	54	1,773
Federal Government revenue	99	-	-	-	-	-	99
Funding from other Provinces	247	-	-	-	-	-	247
Donations	1,020	1,088	9,215	7,314	5,422	907	43,357
Ancillary Operations - income	-	-	-	-	-	-	21
Investment Income	88	119	35	5,213	72	52	6,232
Recoveries	-	1,174	-	-	-	-	1,174
Other Revenue	57	268	45	3,016	-	160	8,328
<b>Total Restricted Revenue</b>	<b>4,865</b>	<b>6,183</b>	<b>23,653</b>	<b>29,064</b>	<b>13,822</b>	<b>2,589</b>	<b>118,476</b>
<b>Restricted Expenses:</b>							
<b>Inpatient &amp; resident services</b>							
Nursing Administration	-	584	-	-	-	11	1,244
Acute	4,951	1,818	10,228	-	327	679	22,376
Supportive	1,966	692	2,311	-	1,468	623	9,798
Integrated	-	-	871	-	1,762	-	7,692
Rehabilitation	-	-	579	-	-	-	579
Mental health & addictions	6	12	-	-	-	-	35
<b>Total inpatient &amp; resident services</b>	<b>6,923</b>	<b>3,105</b>	<b>13,988</b>	<b>-</b>	<b>3,556</b>	<b>1,314</b>	<b>41,725</b>
<b>Physician compensation</b>	<b>-</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>
<b>Ambulatory care services</b>	<b>-</b>	<b>194</b>	<b>(16)</b>	<b>-</b>	<b>-</b>	<b>29</b>	<b>331</b>
<b>Diagnostic &amp; therapeutic services</b>	<b>-</b>	<b>602</b>	<b>1,053</b>	<b>-</b>	<b>5</b>	<b>466</b>	<b>3,375</b>
<b>Community health services</b>							
Primary health care	110	4	108	-	57	12	462
Home care	79	18	14	-	6	13	255
Mental health & addictions	-	108	7	-	1	5	122
Population health	6	63	15	-	79	8	202
Emergency response services	93	142	821	-	298	63	2,049
Other community services	-	-	-	-	-	-	48
<b>Total community health services</b>	<b>288</b>	<b>335</b>	<b>965</b>	<b>-</b>	<b>441</b>	<b>102</b>	<b>3,139</b>
<b>Support services</b>							
Program support	1,183	235	2,037	47,464	-	18	51,140
Operational support	-	547	14,856	-	-	183	16,718
Other support	-	232	-	-	-	5,685	8,987
<b>Total support services</b>	<b>1,183</b>	<b>1,014</b>	<b>16,893</b>	<b>47,464</b>	<b>-</b>	<b>5,886</b>	<b>76,844</b>
<b>Ancillary</b>	<b>-</b>	<b>50</b>	<b>326</b>	<b>-</b>	<b>-</b>	<b>27</b>	<b>404</b>
<b>Total Restricted Expenses</b>	<b>8,394</b>	<b>5,301</b>	<b>33,210</b>	<b>47,464</b>	<b>4,002</b>	<b>7,823</b>	<b>125,819</b>
<b>Restricted Fund Excess/(Deficiency)</b>	<b>(3,529)</b>	<b>882</b>	<b>(9,557)</b>	<b>(18,400)</b>	<b>9,820</b>	<b>(5,234)</b>	<b>(7,342)</b>
Interfund Transfers	5,752	1,108	1,711	1,272	712	2,873	20,606
<b>Increase (decrease) in fund balances</b>	<b>2,223</b>	<b>1,989</b>	<b>(7,879)</b>	<b>(17,128)</b>	<b>10,532</b>	<b>(2,361)</b>	<b>13,230</b>
Restricted Fund Balance - Beginning of year	64,367	90,582	337,369	491,923	64,862	67,937	1,376,625
<b>Restricted Fund Balance - End of Year</b>	<b>66,590</b>	<b>92,571</b>	<b>329,490</b>	<b>474,795</b>	<b>75,394</b>	<b>65,575</b>	<b>1,389,856</b>

# 2013 - 14 Regional Health Authorities

## Restricted Fund Audited Financial Statements<sup>1</sup> (\$000s)

STATEMENT OF FINANCIAL POSITION	Prairie North	Prince Albert Parkland	Regina Qu'Appelle	Saskatoon	Sun Country	Sunrise	Grand Total
<b>Restricted Assets:</b>							
Cash and Short-term Investments	2,181	10,018	8,962	107,631	10,055	4,157	230,325
Accounts Receivable:							
Ministry of Health	656	569	90	94	572	-	2,544
Other	294	1,907	2,241	2,042	1,172	57	10,674
Investments	103	-	467	91,645	2	-	93,303
Capital Assets	72,239	90,740	328,136	309,146	74,844	77,852	1,204,983
Other Assets	-	651	45	-	-	-	695
<b>Total Restricted Assets</b>	<b>75,473</b>	<b>103,885</b>	<b>340,318</b>	<b>510,558</b>	<b>86,646</b>	<b>82,066</b>	<b>1,542,901</b>
<b>Liabilities and Restricted Fund Balance:</b>							
Accounts Payable	187	2,337	2,098	5,584	7,566	3	47,742
Accrued Liabilities	-	-	-	-	-	30	30
Deferred Revenue (Non-Ministry of Health)	134	-	-	-	-	-	134
Debt	8,562	8,977	8,730	30,179	3,686	16,458	105,138
<b>Total Restricted Liabilities</b>	<b>8,883</b>	<b>11,314</b>	<b>10,828</b>	<b>35,763</b>	<b>11,252</b>	<b>16,490</b>	<b>153,045</b>
Invested in Capital Assets	63,677	81,764	319,406	278,967	68,787	61,395	1,107,310
Externally Restricted	1,250	6,004	9,129	195,744	6,288	1,609	235,754
Internally Restricted	1,663	4,803	955	84	319	2,572	46,792
<b>Restricted Fund Balance</b>	<b>66,590</b>	<b>92,571</b>	<b>329,490</b>	<b>474,795</b>	<b>75,394</b>	<b>65,575</b>	<b>1,389,856</b>
<b>Total Liabilities &amp; Fund Balances</b>	<b>75,473</b>	<b>103,885</b>	<b>340,318</b>	<b>510,558</b>	<b>86,646</b>	<b>82,066</b>	<b>1,542,901</b>

1. The restricted fund consists of the Capital Fund and Community Trust Fund. The Capital Fund reflects the equity of the RHA on capital assets and any associated long-term debt. The Capital Fund revenue includes revenue from the General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. Expenses consist mainly of amortization expense. The Community Trust Fund reflects community-generated assets transferred to the RHA by amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations from donations or municipal tax levies.

# 2013 - 14 Regional Health Authorities

## Audited Schedule of Expenses by Object<sup>1</sup> (\$000s)

SCHEDULE OF EXPENSES BY OBJECT	Prairie North	Prince Albert Parkland	Regina Qu'Appelle	Saskatoon	Sun Country	Sunrise	Grand Total
<b>Operating Expenses:</b>							
Advertising & Public Relations	55	116	175	223	153	164	1,283
Board costs	156	73	143	127	96	106	1,316
Compensation - benefits	30,688	25,011	108,584	112,022	16,648	28,410	385,011
Compensation - employee future benefits	41	9	53	(188)	(29)	-	(311)
Compensation - salaries	157,476	128,842	538,394	565,029	82,884	138,850	1,935,467
Continuing Education Fees & Materials	498	293	893	1,556	308	340	5,035
Contracted-out Services - Other	7,950	3,418	19,413	23,458	971	1,668	64,021
Diagnostic imaging supplies	290	105	596	2,695	14	185	4,151
Dietary Supplies	315	187	65	284	155	256	1,696
Drugs	2,702	2,132	13,255	26,465	353	2,281	51,609
Food	3,952	2,808	7,667	7,525	1,407	3,042	33,106
Grants to ambulance services	3,472	4,139	3,050	10,405	471	3,591	33,920
Grants to Health Care Organizations & Affiliates	6,814	9,751	64,611	110,550	21,610	1,044	249,324
Housekeeping and laundry supplies	1,316	1,242	3,214	4,411	339	1,493	14,308
Information technology contracts	1,934	430	5,812	3,462	526	962	16,037
Insurance	360	339	1,629	1,600	361	419	5,797
Interest	47	28	211	562	15	345	1,489
Laboratory supplies	2,075	1,257	5,966	8,555	633	1,269	24,172
Medical and surgical supplies	8,551	5,110	49,335	50,962	1,612	3,792	129,533
Medical remuneration and benefits	21,045	22,427	84,952	99,625	6,275	9,372	286,103
Meeting Expense	147	44	305	225	88	72	1,011
Office supplies and other office costs	2,237	702	4,159	5,911	867	1,597	19,012
Other	3,571	126	7,071	3,017	314	496	16,811
Professional fees	1,623	971	12,455	2,143	2,345	1,299	25,171
Prosthetics	467	1,618	22,220	18,021	-	208	43,659
Purchased salaries	1,202	2,603	498	10,086	642	88	17,636
Rent/lease/purchase costs	1,860	2,027	14,181	9,754	1,206	3,261	39,120
Repairs and maintenance	4,185	2,109	13,538	21,306	3,084	5,235	58,273
Supplies - Other	1,355	1,084	3,692	2,776	276	434	10,860
Therapeutic Supplies	2	87	1,038	338	39	103	1,702
Travel	1,798	1,730	4,203	4,603	1,615	2,272	22,480
Utilities	3,467	2,607	11,522	14,701	2,096	3,292	46,396
<b>Total Operating Expenses</b>	<b>271,650</b>	<b>223,424</b>	<b>1,002,902</b>	<b>1,122,209</b>	<b>147,375</b>	<b>215,946</b>	<b>3,545,198</b>
<b>Restricted Expenses:</b>							
Amortization	7,957	4,615	30,137	45,146	3,085	7,077	115,279
Loss/(gain) on disposal of fixed assets	105	-	455	945	-	(4)	1,986
Mortgage interest	331	268	284	736	185	749	3,244
Other	-	418	2,334	637	732	1	5,311
<b>Total Restricted Expenses</b>	<b>8,394</b>	<b>5,301</b>	<b>33,210</b>	<b>47,464</b>	<b>4,002</b>	<b>7,823</b>	<b>125,819</b>
<b>Total Operating and Restricted Expenses</b>	<b>280,044</b>	<b>228,726</b>	<b>1,036,112</b>	<b>1,169,673</b>	<b>151,377</b>	<b>223,769</b>	<b>3,671,016</b>

1. Some items may not balance due to rounding.

## For More Information

This annual report is available online at [www.saskatchewan.ca/government/ministries/health](http://www.saskatchewan.ca/government/ministries/health).

Please visit the Government of Saskatchewan website at [www.saskatchewan.ca](http://www.saskatchewan.ca) for more information on the Government of Saskatchewan's programs and services.

Contact information for Ministry of Health programs and services can be found in Appendix III: Saskatchewan Ministry of Health - Directory of Services



## Appendix II: Critical Incidents Summary

Saskatchewan was the first jurisdiction in the country to formalize critical incident reporting through legislation which came into force on September 15, 2004.

A “critical incident” is defined in the *Saskatchewan Critical Incident Reporting Guideline, 2004* as “a serious adverse health event including, but not limited to, the actual or potential loss of life, limb or function related to a health service provided by, or a program operated by, a regional health authority (RHA) or health care organization (HCO).” With legislative changes enacted in 2007, reporting of critical incidents also became mandatory for the Saskatchewan Cancer Agency (SCA). In addition to the definition of critical incident, the *Saskatchewan Critical Incident Reporting Guideline, 2004* contains a specific list of events that are to be reported to the Ministry of Health.

Critical incidents are classified according to the *Saskatchewan Critical Incident Reporting Guideline, 2004* in the following categories and sub-categories:

- Surgical events
- Product and device events
- Patient protection events
- Care management events
- Environmental events
- Criminal events

The province has an established network of professionals in place within RHAs 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 of Health, conduct an investigation and implement necessary changes. Arising out of their review of critical incidents, RHAs 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 RHAs and the SCA in their investigation and review of critical incidents.

During 2013-14, a total of 195 critical incidents were reported to the Ministry of Health. See figure 25. This represents a 21 per cent increase over the previous fiscal year and is the highest number of incidents reported in a single fiscal year. A growth in the number of reported critical incidents may be due to increased awareness of, and compliance with, the legislation and regulations. It does not necessarily indicate a growth in the number of critical incidents occurring in the health system.

Pages 10 to 12 of this report describe the range of patient safety initiatives that are designed to reduce harm to patients, including these more serious critical incidents.

**Figure 25: Rates and Types of Critical Incidents in Saskatchewan by Year Since 2005-06**

Category	2013/14	2012/13	2011/12	2010/11	2009/10	2008/09	2007/08	2006/07	2005/06
<b>I. Surgical Events</b>									
a) Surgery performed on wrong body part	0	1	1	1	1	2	3	1	1
b) Surgery performed on the wrong patient	0	0	0	0	0	1	0	0	0
c) The wrong surgical procedure performed on a patient	2	1	2	0	3	1	0	0	0
d) Retention of a foreign object in a patient after surgery or other procedure	3	8	1	3	1	2	3	4	3
e) Death during or immediately after surgery of a normal, healthy patient, or of a patient with mild systemic disease	1	1	1	0	0	1	1	1	2
f) Unintentional awareness during surgery with recall by the patient	0	1	0	0	0	0	0	0	2
g) Other surgical event	6	5	3	11	2	2	5	4	3
<b>Total</b>	<b>12</b>	<b>17</b>	<b>8</b>	<b>15</b>	<b>7</b>	<b>9</b>	<b>12</b>	<b>10</b>	<b>11</b>

## Appendix II: Critical Incidents Summary

Category	2013/14	2012/13	2011/12	2010/11	2009/10	2008/09	2007/08	2006/07	2005/06
<b>II. Product and Device Events</b>									
a) Contaminated drugs, devices, or biologics provided by the RHA/HCO	3	6	1	0	2	2	4	1	0
b) Use or function of a device in patient care in which the device is used or functions other than as intended	2	3	1	3	6	9	3	5	6
c) Intravascular air embolism	0	0	1	0	0	0	1	0	2
d) Other product or device event	6	3	6	5	3	7	2	5	5
<b>Total</b>	<b>11</b>	<b>12</b>	<b>9</b>	<b>8</b>	<b>11</b>	<b>18</b>	<b>10</b>	<b>11</b>	<b>13</b>
<b>III. Patient Protection Events</b>									
a) An infant discharged to the wrong person	0	0	0	0	0	1	0	0	0
b) Patient disappearance	8	1	2	5	2	5	5	0	5
c) Patient suicide or attempted suicide	17	6	7	17	6	7	9	21	8
d) Other patient protection event	2	3	1	3	0	2	1	3	1
<b>Total</b>	<b>27</b>	<b>10</b>	<b>10</b>	<b>25</b>	<b>8</b>	<b>15</b>	<b>15</b>	<b>24</b>	<b>14</b>
<b>IV. Care Management Events</b>									
a) Medication or fluid error	22	18	10	18	21	13	11	20	11
b) Hemolytic reaction due to the administration of ABO-incompatible blood or blood products	4	1	0	0	0	0	1	2	3
c) Maternal death or serious disability	2	2	0	1	1	0	1	3	1
d) Full-term fetal or neonatal death or serious disability	10	7	3	2	4	1	4	2	5
e) Hypoglycemia while in the care of the RHA/HCO	0	0	0	1	1	0	1	0	6
f) Neonatal death or serious disability, including kernicterus, associated with failure to identify and treat hyperbilirubinemia	0	0	0	0	0	0	0	0	0
g) Stage 3 or 4 pressure ulcers acquired after admission to a facility	10	9	6	5	5	1	10	27	16
h) Delay or failure to transfer	3	0	1	5	4	6	3	2	1
i) Error in diagnosis	20	6	9	6	6	4	5	10	14
j) Other care management issues	31	39	36	29	31	44	21	31	30
<b>Total</b>	<b>102</b>	<b>82</b>	<b>65</b>	<b>67</b>	<b>73</b>	<b>69</b>	<b>57</b>	<b>97</b>	<b>87</b>

## Appendix II: Critical Incidents Summary

Category	2013/14	2012/13	2011/12	2010/11	2009/10	2008/09	2007/08	2006/07	2005/06
<b>V. Environmental Events</b>									
a) Electric shock while in the care of the RHA/HCO	0	0	0	0	0	0	0	0	0
b) Oxygen or other gas contains the wrong gas or is contaminated by toxic substances	0	0	1	1	0	0	0	0	0
c) Burn from any source	1	3	0	0	0	3	1	2	4
d) Patient death from a fall	20	18	18	15	8	15	19	12	16
e) Use or lack of restraints or bed rails	7	4	1	0	0	0	0	0	3
f) Failure or de-activation of exit alarms or environmental monitoring devices	2	0	0	0	1	1	0	1	1
g) Transport arranged or provided by the RHA/HCO	1	3	1	4	0	0	0	0	3
h) Delay or failure to reach a patient for emergent or scheduled services	2	6	1	2	0	1	2	0	2
i) Other environmental event	4	2	4	3	4	4	1	7	3
<b>Total</b>	<b>37</b>	<b>36</b>	<b>26</b>	<b>25</b>	<b>13</b>	<b>24</b>	<b>23</b>	<b>22</b>	<b>32</b>
<b>VI. Criminal Events</b>									
a) Care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider	0	0	0	0	0	0	0	0	0
b) Abduction of a patient of any age	1	0	0	0	0	0	0	0	0
c) Sexual assault of a patient	0	3	3	1	1	2	5	3	0
d) Physical assault of a patient within or on grounds owned or controlled by the RHA/HCO	3	0	2	1	0	2	0	1	1
e) Sexual or physical assault of a patient perpetrated by an employee	1	1	3	4	1	2	2	2	1
f) Other criminal event	1	0	1	0	1	2	3	1	1
<b>Total</b>	<b>6</b>	<b>4</b>	<b>9</b>	<b>6</b>	<b>3</b>	<b>8</b>	<b>10</b>	<b>7</b>	<b>3</b>
<b>Total CIs Reported</b>	<b>195</b>	<b>161</b>	<b>127</b>	<b>146</b>	<b>115</b>	<b>143</b>	<b>127</b>	<b>171</b>	<b>160</b>

\* data current for May 26, 2014

# Appendix III: Saskatchewan Ministry of Health Directory of Services

## Regional Health Authorities

[www.health.gov.sk.ca/health-region-list](http://www.health.gov.sk.ca/health-region-list)

### Regional Health Authority offices:

Athabasca Health Authority	(306) 439-2200
Cypress Regional Health Authority	(306) 778-5100
Five Hills Regional Health Authority	(306) 694-0296
Heartland Regional Health Authority	(306) 882-4111
Keewatin Yatthé Regional Health Authority	(306) 235-2220
Kelsey Trail Regional Health Authority	(306) 873-6600
Mamawetan Churchill River Regional Health Authority	(306) 425-2422
Prairie North Regional Health Authority	(306) 446-6606
Prince Albert Parkland Regional Health Authority	(306) 765-6600
Regina Qu'Appelle Regional Health Authority	(306) 766-7777
Hospitals	(306) 766-5100
Saskatoon Regional Health Authority	(306) 655-3300
Sun Country Regional Health Authority	(306) 842-8399
Sunrise Regional Health Authority	(306) 786-0100

### Saskatchewan Cancer Agency

Regina	(306) 766-2213
Saskatoon	(306) 655-2662

## Saskatchewan Health Card Applications

To apply for a Saskatchewan Health Services Card, report changes to personal or registration information, or for more information about health registration:

### Health Registries:

Phone: 306-787-3251

1-800-667-7551 (*toll-free Canada & US*)

Email: [change@ehealthsask.ca](mailto:change@ehealthsask.ca)

### Vital Statistics:

Phone: 306-787-3251

1-800-667-7551 (*toll-free Canada & US*)

Email: [vitalstatistics@ehealthsask.ca](mailto:vitalstatistics@ehealthsask.ca)

Apply online for a Saskatchewan Health Services Card at [www.health.gov.sk.ca/apply-for-health-card](http://www.health.gov.sk.ca/apply-for-health-card)

Update personal and registration information online at [www.health.gov.sk.ca/update-info](http://www.health.gov.sk.ca/update-info)

Email address: [change@ehealthsask.ca](mailto:change@ehealthsask.ca)

More information available at [www.health.gov.sk.ca/benefits-questions](http://www.health.gov.sk.ca/benefits-questions)

### For health information from a registered nurse 24 hours a day,

Call HealthLine: 1-877-800-0002

TTY ACCESS: 1-888-425-4444

HealthLine Online: [www.healthlineonline.ca](http://www.healthlineonline.ca)

### Problem Gambling Help Line:

1-800-306-6789

### Smokers' HelpLine:

1-877-513-5333

[www.smokershelpline.ca](http://www.smokershelpline.ca)

### Saskatchewan Air Ambulance program

Saskatoon: (306) 933-5255

24-Hour Emergency in Saskatoon: (306) 933-5360

24-Hour Emergency Toll-free: 1-888-782-8247

[www.health.gov.sk.ca/saskatchewan-air-ambulance](http://www.health.gov.sk.ca/saskatchewan-air-ambulance)

# Appendix III: Saskatchewan Ministry of Health Directory of Services

## Supplementary Health Program

Regina: (306) 787-3124  
Toll-Free within Saskatchewan: 1-800-266-0695  
[www.health.gov.sk.ca/supplementary-health-program](http://www.health.gov.sk.ca/supplementary-health-program)

## Family Health Benefits

*For eligibility and to apply:*

Regina: (306) 787-4723  
Toll-Free: 1-888-488-6385

*For information on what is covered:*

Regina: (306) 787-3124  
Toll-Free: 1-800-266-0695

[www.health.gov.sk.ca/family-health-benefits](http://www.health.gov.sk.ca/family-health-benefits)

## Special Support applications for prescription drug costs:

*To apply:*

[www.health.gov.sk.ca/special-support](http://www.health.gov.sk.ca/special-support)  
Applications also available at all Saskatchewan pharmacies

*For inquiries:*

Regina: (306) 787-3317  
Toll-Free within Saskatchewan: 1-800-667-7581

## Saskatchewan Aids to Independent Living (SAIL)

Regina: (306) 787-7121  
[www.health.gov.sk.ca/sail](http://www.health.gov.sk.ca/sail)

## Out-of-province health services:

Regina: (306) 787-3475  
Toll-Free within Saskatchewan: 1-800-667-7523  
[www.health.gov.sk.ca/health-benefits](http://www.health.gov.sk.ca/health-benefits)

### To obtain refunds for out-of-province physician and hospital services, forward bills to:

Medical Services Branch  
Ministry of Health  
3475 Albert Street  
Regina SK S4S 6X6

## Prescription Drug Program:

Regina: (306) 787-3317  
Toll-Free within Saskatchewan: 1-800-667-7581

### To obtain refunds for out-of-province drug costs, forward bills to:

Drug Plan and Extended Benefits Branch  
Ministry of Health  
3475 Albert Street  
Regina SK S4S 6X6

# Appendix IV: Summary of Saskatchewan Ministry of Health Legislation

## ***The Ambulance Act***

The Act regulates emergency medical service personnel and the licensing and operation of ambulance services.

## ***The Cancer Agency Act***

The Act sets out the funding relationship between Saskatchewan Health and the Saskatchewan Cancer Agency and its responsibility to provide cancer-related services.

## ***The Chiropractic Act, 1994***

The Act regulates the chiropractic profession in the province.

## ***The Dental Care Act***

The Act governs the Ministry's dental program and allows for the subsidy program for children receiving dental care in northern Saskatchewan. (This act was repealed in May 2014. Further details will be provided in the 2014-15 Ministry of Health annual report.)

## ***The Dental Disciplines Act***

The Act regulates the six dental professions of dentistry, dental hygiene, dental therapists, dental assistants, denturists and dental technicians.

## ***The Department of Health Act***

The Act provides the legal authority for the Minister of Health to make expenditures, undertake research, create committees, operate laboratories and conduct other activities for the benefit of the health system.

## ***The Dieticians Act***

The Act regulates dieticians in the province.

## ***The Emergency Medical Aid Act***

The Act provides protection from liability for physicians, nurses and others when they are providing, in good faith, emergency care outside a hospital or place with adequate facilities or equipment.

## ***The Family and Community Services Act***

This Act authorizes the Minister to undertake any action needed to promote the growth and development of family and community services and resources.

## ***The Fetal Alcohol Syndrome Awareness Day Act***

The Act establishes that September 9th of each year is designated as Fetal Alcohol Syndrome Awareness Day.

## ***The Health Districts Act***

Most of the provisions within this Act have been repealed with the proclamation of most sections of *The Regional Health Services Act*. Provisions have been incorporated with regard to payments by amalgamated corporations to municipalities.

## ***The Health Facilities Licensing Act***

The Act governs the establishment and regulation of health facilities such as nonhospital surgical clinics.

# Appendix IV: Summary of Saskatchewan Ministry of Health Legislation

## ***The Health Information Protection Act***

The Act protects personal health information in the health system in Saskatchewan and establishes a common set of rules that emphasize the protection of privacy, while ensuring that information is available to provide efficient health services.

## ***The Health Quality Council Act***

The Act governs the Health Quality Council, which is an independent, knowledgeable voice that provides objective, timely, evidence informed information and advice for achieving the best possible health care using available resources within the province.

## ***The Hearing Aid Sales and Services Act***

The Act regulates private businesses involved in the testing of hearing and the selling of hearing aids.

## ***The Human Tissue Gift Act***

The Act regulates organ donations in the province.

## ***The Licensed Practical Nurses Act, 2000***

The Act regulates licensed practical nurses in the province.

## ***The Medical and Hospitalization Tax Repeal Act***

The Act ensures premiums cannot be levied under *The Saskatchewan Hospitalization Act* or *The Saskatchewan Medical Care Insurance Act*. (This act was repealed in May 2014. Further details will be provided in the 2014-15 Ministry of Health annual report.)

## ***The Medical Laboratory Licensing Act, 1994***

The Act governs the operation of medical laboratories in the province.

## ***The Medical Laboratory Technologists Act***

The Act regulates the profession of medical laboratory technology.

## ***The Medical Profession Act, 1981***

The Act regulates the profession of physicians and surgeons.

## ***The Medical Radiation Technologists Act, 2006***

The Act regulates the profession of medical radiation technology. Once proclaimed, this Act will repeal and replace *The Medical Radiation Technologists Act*.

## ***The Mental Health Services Act***

The Act regulates the provision of mental health services in the province and the protection of persons with mental disorders.

## ***The Midwifery Act***

The Act regulates midwives in the province.

## ***The Mutual Medical and Hospital Benefit Associations Act***

The Act sets out the authority for community clinics to operate in Saskatchewan. (This act was repealed in May 2014. Further details will be provided in the 2014-15 Ministry of Health annual report.)

## **Appendix IV: Summary of Saskatchewan Ministry of Health Legislation**

### ***The Naturopathy Act***

The Act regulates naturopathic practitioners in Saskatchewan.

### ***The Occupational Therapists Act, 1997***

The Act regulates the profession of occupational therapy.

### ***The Opticians Act***

The Act regulates opticians (formally known as ophthalmic dispensers) in the province. Once proclaimed, this Act will repeal and replace *The Ophthalmic Dispensers Act*.

### ***The Optometry Act, 1985***

The Act regulates the profession of optometry.

### ***The Paramedics Act***

The Act regulates paramedics and emergency medical technicians in the province.

### ***The Personal Care Homes Act***

The Act regulates the establishment, size, and standards of services of personal care homes.

### ***The Pharmacy Act, 1996***

The Act regulates pharmacists and pharmacies in the province.

### ***The Physical Therapists Act, 1998***

The Act regulates the profession of physical therapy.

### ***The Podiatry Act***

The Act regulates the podiatry profession.

### ***The Prescription Drugs Act***

The Act provides authority for the provincial drug plan and the collection of data for all drugs dispensed within the province.

### ***The Prostate Cancer Awareness Month Act***

The Act raises awareness of prostate cancer in Saskatchewan.

### ***The Psychologists Act, 1997***

The Act regulates psychologists in Saskatchewan.

### ***The Public Health Act***

Sections 85-88 of this Act remain in force in order that governing boards of some facilities can continue to operate.

### ***The Public Health Act, 1994***

The Act provides authority for the establishment of public health standards, such as public health inspection of food services.

# Appendix IV: Summary of Saskatchewan Ministry of Health Legislation

## ***The Regional Health Services Act***

This Act addresses the governance and accountability of the regional health authorities, establishes standards for the operation of various health programs and will repeal *The Health Districts Act*, *The Hospital Standards Act*, and *The Housing and Special-care Homes Act*.

## ***The Registered Nurses Act, 1988***

The Act regulates registered nurses in Saskatchewan.

## ***The Registered Psychiatric Nurses Act***

The Act regulates the profession of registered psychiatric nursing.

## ***The Residential Services Act***

The Act governs the establishment and regulation of facilities that provide certain residential services. The Ministries of Justice, Social Services, and Health administer this Act.

## ***The Respiratory Therapists Act***

The Act regulates the profession of respiratory therapists.

## ***The Saskatchewan Health Research Foundation Act***

The Act governs the Saskatchewan Health Research Foundation, which designs, implements, manages, and evaluates funding programs to support a balanced array of health research in Saskatchewan.

## ***The Saskatchewan Medical Care Insurance Act***

The Act provides the authority for the province's medical care insurance program and payments to physicians.

## ***The Senior Citizens' Heritage Program Act***

This Act provides the authority for a low income senior citizens program that no longer exists. (This act was repealed in May 2014. Further details will be provided in the 2014-15 Ministry of Health annual report.)

## ***The Speech-Language Pathologists and Audiologists Act***

The Act regulates speech-language pathologists and audiologists in the province.

## ***The Tobacco Control Act***

This Act controls the sale and use of tobacco and tobacco-related products and allows for making consequential amendments to other Acts.

## ***The Tobacco Damages and Health Care Costs Recovery Act***

The Act is intended to enhance the prospect of successfully suing tobacco manufacturers for the recovery of tobacco related health care costs. It was proclaimed in force and became law in May 2012.

## ***The Vital Statistics Act, 2009***

This Act provides authority for the keeping of vital statistics and making consequential amendments to other Acts.

## **Appendix IV: Summary of Saskatchewan Ministry of Health Legislation**

### ***The Vital Statistics Administration Transfer Act***

This Act originally provided authority for the transfer of the administration of *The Vital Statistics Act, 1995*, *The Change of Name Act, 1995* and other statutory duties of the Director of Vital Statistics to the Information Services Corporation of Saskatchewan, and making consequential amendments to other Acts. This Act has been amended to transfer the administration of *The Vital Statistics Act, 1995*, *The Change of Name Act, 1995* and other statutory duties of the Director of Vital Statistics to eHealth Saskatchewan.

### ***The White Cane Act***

The Act sets out the province's responsibilities with respect to services for the visually impaired.

### ***The Youth Drug Detoxification and Stabilization Act***

The Act provides authority to detain youth who are suffering from severe drug addiction/abuse.

## **Appendix V: Legislative Amendments in 2013-14**

During the 2013-14 fiscal year three statutes were amended.

### ***The Medical Profession Amendment Act, 2012***

Amendments to this Act included:

- Repealing sections of the Act referencing categories of licensure for physicians, to allow the College of Physicians and Surgeons of Saskatchewan to respond more quickly to changes in categories of licensure, thereby facilitating labour mobility;
- Providing the Council of the College of Physicians and Surgeons of Saskatchewan with additional bylaw making authority; and,
- Enabling the sharing of authorized medical functions within the scope of practice from physicians to registered nurses.

### ***The Public Health (Howard's Law) Amendment Act***

This amendment to *The Public Health Act, 1994* mandates reporting of asbestos in public buildings. Public buildings include buildings owned and operated by:

- The Government of Saskatchewan, including Crown Corporations;
- Regional Health Authorities; and,
- Schools or educational institutions.

This information is recorded in a registry and accessible to the public online and at public sites.

### ***The Personal Care Homes Amendment Act, 2013***

Amendments allow for regulations to be made to enable the public release of personal care home inspection results. The Office of the Provincial Auditor and the Office of the Ombudsman identified that more information pertaining to the performance of personal care homes should be made available to the public. These changes enable the Ministry of Health to comply with these recommendations.

## **Appendix VI: Regulatory Amendments in 2013-14**

During the 2013-14 fiscal year seven regulations were amended.

### ***The Drug Schedules Amendment Regulations, 2013***

Amendments were made to *The Drug Schedules Regulations, 1997* in order to add registered nurses into the general practice category of the list of professionals who can prescribe under clinical decision tools.

### ***The Health Information Protection Amendment Regulations, 2014***

Amendments to *The Health Information Protection Regulations* were made to enable health professional bodies (i.e. Saskatchewan College of Pharmacists, Saskatchewan Registered Nurses Association, and the College of Dental Surgeons of Saskatchewan) to participate in the Prescription Review Program.

The Prescription Review Program is designed to reduce the abuse, misuse and diversion of targeted prescription drugs by limiting inappropriate prescribing. It facilitates the sharing of program information with other health professional bodies which have responsibility for monitoring health professionals who have the authority to prescribe and/or dispense drugs. This program is administered by the College of Physicians and Surgeons of Saskatchewan with support from the Ministry of Health.

### ***The Hearing Aid Sales and Services Amendment Regulations, 2013***

Amendments to *The Hearing Aid Sales and Services Regulations* were made to increase the minimum education requirement for hearing instrument practitioners to a two-year diploma in hearing instrument sciences.

These amendments help to ensure that the public is receiving hearing services from qualified, trained individuals. The change provides a pathway for hearing instrument practitioners who do not possess a two-year diploma to become qualified under the new regulations. In addition, implementing a competency review option enables a hearing instrument practitioner to demonstrate the same competencies in carrying out a thorough, accurate, professional hearing evaluation, as would be expected from a new graduate from a two-year diploma program.

### ***The Hospital Standards Amendment Regulations, 2013***

Amendments to *The Hospital Standards Regulations, 1980* were required to address changes to meat inspection services provided on behalf of the Ministry of Agriculture.

The Canadian Food Inspection Agency had notified the Ministry of Agriculture that it would no longer provide meat inspection services effective January 1, 2014. These amendments reflect that the Saskatchewan Food Industry Development Centre Inc. is now delivering meat inspection services formerly provided by the Canadian Food Inspection Agency.

### ***The Medical Care Insurance Beneficiary and Administration Amendment Regulations, 2013***

Amendments to *The Medical Care Insurance Beneficiary and Administration Regulations* were required due to amendment of the *Canada Health Act* (which involved the removal of RCMP members from the list of persons eligible for basic health coverage). This shifted the responsibility for providing basic health coverage to the RCMP to the provinces and territories effective April 1, 2013, necessitating an amendment to authorize basic health coverage for this group.

In addition, amendments were made to waive the 90-day waiting period for eligibility for spouses and dependents of Canadian Forces members. This helps to ease their relocation to Saskatchewan by making these groups eligible for basic health coverage on the first day of residency (in the same way that first day coverage is provided to Canadian Forces family members who relocate from out of country).

Further, the age of majority was amended from 21 years to 18 years of age. This change aligns with current practice, standards and other jurisdictions.

## **Appendix VI: Regulatory Amendments in 2013-14**

### ***The Medical Laboratory Licensing Amendment Regulations, 2013***

Amendments were made to *The Medical Laboratory Licensing Regulations, 1997* to add registered nurses into the general practice category of the list of professionals who can prescribe under clinical decision tools.

### ***The Special-care Homes Rates Amendment Regulations, 2013***

Amendments were made to *The Special-care Homes Rates Regulations, 2011* to enable all seniors, including those who reside in long term care, to retain the \$25 increase provided through the Seniors Income Plan. This amendment ensures that the increase would not be clawed back through the income-tested charge.

## **Appendix VII: New Regulations in 2013-14**

During the 2013-14 fiscal year one set of regulations was created.

### ***The Personal Care Homes Reporting Regulations***

In response to recommendations from the Office of the Provincial Auditor and the Office of the Provincial Ombudsman that there should be more information about personal care homes available to the public, *The Personal Care Homes Act* was amended to support the establishment of *The Personal Care Homes Reporting Regulations*.

These regulations were developed to provide direction on how personal care home inspection information would be made available for viewing. The public can now view the most recent personal care home inspection results online; this will help support patients and families in making informed decisions about their care and provides greater incentive for licensees to address deficiencies in a timely manner.

## **Appendix VIII: Ministry of Health Publications in 2013-14**

- ***The Saskatchewan Surgical Initiative Year Three Progress Report***

Available online at [www.sasksurgery.ca/pdf/sksi-year3-progress.pdf](http://www.sasksurgery.ca/pdf/sksi-year3-progress.pdf)

# Appendix IX: Acronyms and Definitions

<b>3P</b>	Production, Preparation, and Process (Lean term)	<b>KOT</b>	Kaizen Operations Team (Lean term) MedRec Medication Reconciliation.
<b>A3</b>	An project plan detailing targets and measures (Lean term)		A formal process in which healthcare providers work together with patients, families, and care providers to ensure accurate and comprehensive medication information is communicated consistently across transitions of care.
<b>DVM</b>	Daily Visual Management helps teams keep their work on track, make improvements, monitor improvements and monitor progress towards priorities and goals. A visibility wall (a Lean term) is an essential element of daily visual management. Provides a permanent location to easily view unit data and charts posted under the following categories: quality, cost, delivery, safety and morale. (Lean term )	<b>P3</b>	Public-Private Partnership
<b>EHR</b>	Electronic Health Record	<b>PHC</b>	Primary Health Care
<b>EMR</b>	Electronic Medical Record	<b>QI</b>	Quality Improvement (Lean term)
<b>FTE</b>	Full Time Equivalent (used in Human Resources)	<b>SCA</b>	Saskatchewan Cancer Agency
<b>Hoshin Kanri</b>	A strategic planning method used to determine and deploy breakthrough priorities that will transform health care, and obtain feedback from people closest to the service to prioritize and implement the breakthroughs. (Lean term)	<b>SDCL</b>	Saskatchewan Disease Control Laboratory (formerly known as the Provincial Laboratory)
<b>Hoshins</b>	Individual breakthrough activities designed to achieve significant performance improvements or to make significant changes in the way an organization, department, or process operates. (Lean term)	<b>SIMS</b>	Saskatchewan Immunization Management System
<b>HQC</b>	Health Quality Council	<b>SHN!</b>	<i>Safer Healthcare Now!</i> is a program of the Canadian Patient Safety Institute improving the safety of patient care throughout Canada by providing resources and expertise for frontline health care providers and others who want to improve patient safety.
<b>Lean</b>	Patient-first approach that puts the needs and values of patients and families at the forefront and uses proven methods to continuously improve the health system.	<b>SIS</b>	Surgical Information System
<b>Kaizen</b>	A Japanese term for “continuous improvement” or “change for the better.” Typically, a short team-based improvement effort.	<b>SSO</b>	Shared Services Organization Standard Work Standard work describes how a process should consistently be executed. It provides a baseline from which a better approach or process can be developed. (Lean term)
<b>KPO</b>	Kaizen Promotion Office (Lean term)	<b>Value stream</b>	Value stream refers to the steps in a process required to produce a product or service. (Lean term)
		<b>Visibility Wall</b>	Provides a permanent location to easily view the Lean and quality improvement work of an organization. (Lean term)
		<b>Waste</b>	Waste refers to any activity that does not add value to the final output. (Lean helps to eliminate seven types of waste: overproduction, excess inventory, excess waiting, excess transportation, excess motion, unnecessary steps in a process, and defects. (Lean term)

