PROVINCE OF SASKATCHEWAN


# 07-08

# ANNUAL REPORT

## MINISTRY OF HEALTH

# Table of Contents



This annual report is also available in electronic format from the ministry's website at www.health.gov.sk.ca

# Letters of Transmittal

His Honour the Honourable Dr. Gordon L. Barnhart, S.O.M., Ph.D.
Lieutenant Governor of Saskatchewan

May it Please Your Honour:

We respectfully submit, for your consideration, the annual report for the Ministry of Health for the fiscal year ending March 31, 2008.

The 2007-08 Annual Report provides reporting in a year of transition to the new government's strategic direction. Government is reviewing its processes; and more changes to plans and reports will take place over the coming months.

Since the election in November 2007, this government has been building on its values of growth, security, and promises. During this time, government has been deliberating on how to strategically invest in Saskatchewan to ensure the momentum translates into long-term, sustained economic prosperity, and to make certain that the benefits of the growing economy are felt by everyone who calls Saskatchewan home.

We are committed to accountability and to ensuring that we deliver on our commitments. A significant number of commitments have already been made to Saskatchewan people in 2007-08 in the election platform, the Speech from the Throne and in the public Minister's Mandate letters. This report will provide progress on those commitments as they relate to this Ministry as of March 31, 2008. We look forward to furthering our commitment to improved accountability as 2008-09 progresses.

Respectfully submitted,

Don McMorris
Minister of Health

The Honourable Don McMorris
Minister of Health

On behalf the Ministry staff, I have the honour of submitting the Annual Report of the Ministry of Health. In accordance with *The Department of Health Act*, this report covers the activities of the Ministry for the fiscal year ending March 31, 2008.

The various branches of the Ministry of Health did an exceptional job of planning, monitoring, and reporting results. This report was made possible by their efforts.

Respectfully submitted,

Gren Smith-Windsor
Acting Deputy Minister

# Introduction

This report on the activities of the Ministry of Health covers the fiscal year 2007-08. During the 2007-08 fiscal year, a new government was elected resulting in a new reporting structure.

Since the election of a new government in November 2007, government undertook a reorganization that did not specifically affect the Ministry of Health. This report is being prepared during a time of transition to a new government's agenda and will provide reporting on key public commitments made during 2007-08 with a greater focus on commitments made by the new government since November 2007.

For the purpose of this report, progress will be reported on the Ministry's key program areas. This will include key actions and performance measures that were published in the 2007-08 Performance Plan, but will also include the new government's commitments since November, including the Minister's Mandate letter, Throne Speech and other key public commitments. Progress will be reported as of March 31, 2008, on all of these actions and commitments.

You will also find the Ministry's organizational structure, a detailed progress report, and appendices of important reference documents about the Ministry, such as a directory of services.

# Ministry Overview

The Ministry of Health has a mandate to provide leadership in defining and implementing a vision for health care and a framework for health systems. The Ministry assesses, promotes, and protects the health and well-being of the Saskatchewan population.

The Ministry improves publicly-funded health care in Saskatchewan and delivers publicly-funded and administered health care under *The Canada Health Act.* The Ministry works with a range of stakeholders to ensure adequate recruitment, retention and regulation of health care providers, including nurses and physicians. In addition to these roles, the Ministry will implement measures in the Saskatchewan health care system to ensure that the system maintains a patient centered focus.

The Ministry of Health is committed to encouraging and assisting Saskatchewan residents in achieving their best possible health and well-being. We do this by overseeing a complex, multi-faceted health care system. In this regard, the Ministry carries out the following responsibilities:

- manages approximately 50 pieces of health-related legislation;
- maintains relationships with the regulated health professional groups;
- provides leadership on strategic policy and program policy proposals;
- establishes goals and objectives for the provision of health services;
- provides provincial oversight for programs and services, including acute and emergency care, community services, and long-term care;
- monitors and enforces standards in privately delivered programs such as personal care homes;
- administers public health insurance programs such as the Saskatchewan Medical Care Insurance Plan;
- administers and maintains a province-wide system for registering births, deaths, marriages, stillbirths, divorces, adoptions and change of name;
- delivers a number of services including the Saskatchewan Prescription Drug Plan and the Saskatchewan Disease Control Laboratory;
- provides leadership on health human resource issues;
- provides leadership and support in the area of information technology, including development and delivery of strategic information technology solutions in support of front line health delivery and health system mangement; and
- leads financial planning for the health system and administers the allocation of available resources.

The Ministry of Health is a dedicated workforce of over 600 employees who, on a daily basis, ensure that applications are processed, cards issued, bills paid, programs explained and inquiries answered. We are particularly committed to changes that will improve the health care system and make it sustainable into the future. The Ministry works closely with its many partners in the health sector to deliver high quality services. Internally, the Ministry is organized into 18 branches, each working to ensure the health system remains accountable to the people of the province and sustainable into the future. During 2007-08, the Ministry of Health's Human Resource functions were transfered to the Public Service Commision, effective October 1, 2007.

The Ministry and the health care system provide a wide range of services through a complex delivery system that includes regional health authorities, the Saskatchewan Cancer Agency (SCA), affiliated health care organizations and a range of professionals, many of whom are in private practice. The health system employs over 37,000 individuals, including approximately 26 self-regulated health professions, and operates 269 health facilities. The range and number of services provided is partially illustrated by the following examples of activity:

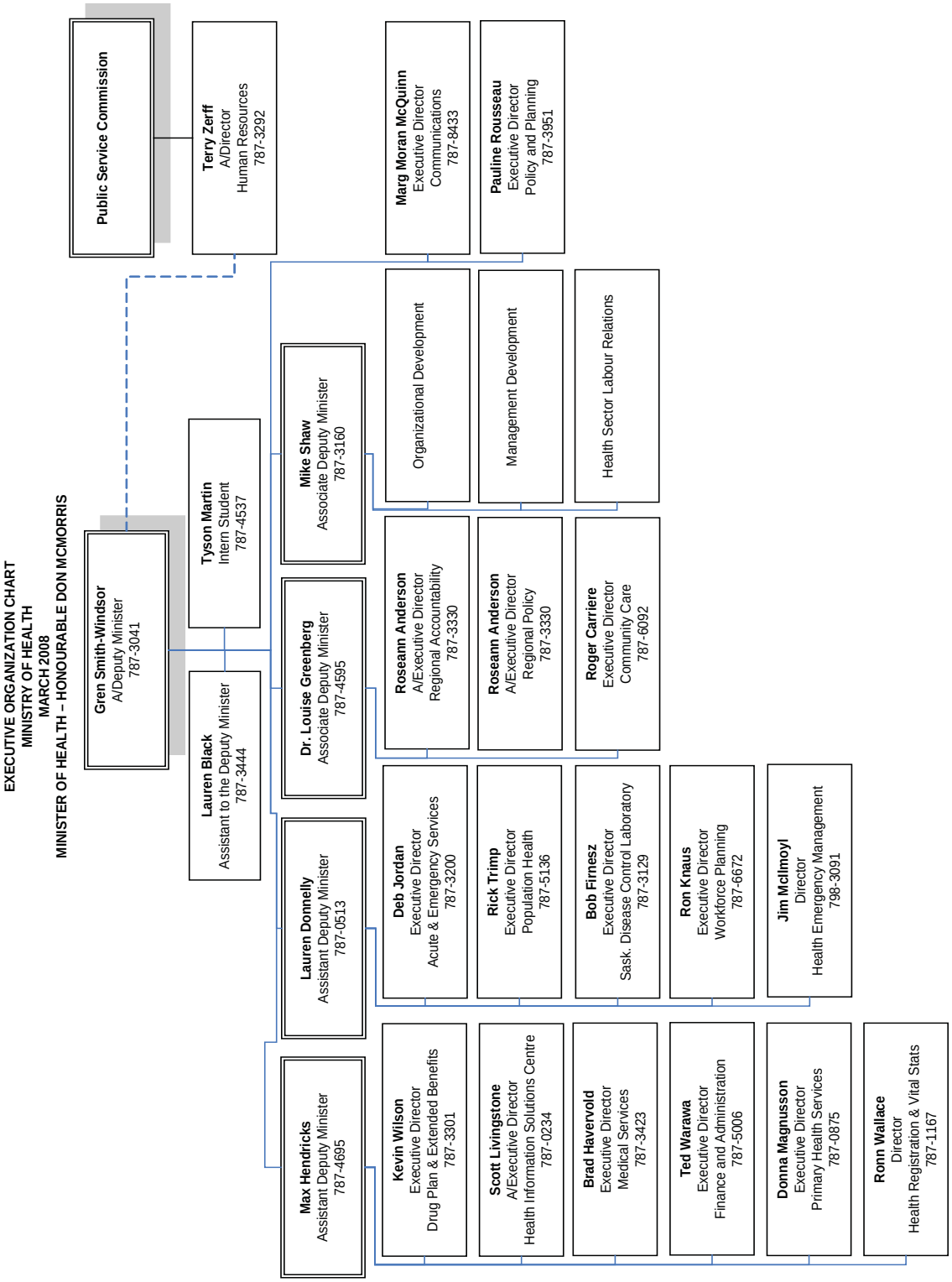
- 128,700 annual inpatient admissions or 2,100 acute, psychiatric and rehabilitation patients in hospital beds on any given day;
- 74,000 operating room surgeries (surgical patient registry) per year or 205 per day;

• 4.6 million visits/year or 12,600 family physician visits per day;
• 2,500 visits to specialists per day;
• 400,000 immunizations per year; and
• more than 40,000 mammograms per year.

In 2007-08, the Government of Saskatchewan's health expense budget was $3.445 billion. This represents an increase of 8.4 per cent or $266.7 million over the previous year. Within context of the broad health system plan regional health authorities are responsible for planning, organization, delivery and evaluation of health services within their region. To carry out these responsibilities, the regional health authorities receive about two-thirds of the Ministry of Health's budget.

In Canada, both the federal and provincial governments play a major role in the provision of health care. The federal government provides funding to support health through the Canada Health Transfer. It also provides health service to certain members 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.

# Organizational Chart as of March 31, 2008



# Progress in 2007-08

# A New Government Direction
## *Growth, Security and Promises*

The following section provides an update on commitments related to the Ministry of Health from the **Minister's Mandate Letter** (http://www.gov.sk.ca/cabinet/mcmorris/ ) and the **December 2007 Throne Speech** (http://www.gov.sk.ca), since November 21, 2007 and where significant progress has been made.

## Minister's Mandate Letter, November 2007
## December 2007 Speech from the Throne

**Work in partnership with nursing stakeholders to develop a recruitment and retention program to fill the existing 600 Registered Nurse vacancies while hiring an additional 200 Registered Nurses within the first term of government** (Minister's Mandate Letter and the December 2007 Throne Speech)**.**

- Saskatchewan Union of Nurses (SUN) President Rosalee Longmoore and Health Minister Don McMorris signed a partnership agreement on February 28, 2008, committing to work together to solve Saskatchewan's shortage of Registered Nurses (RNs) and Registered Psychiatric Nurses (RPNs). The partnership agreement with SUN reflects the election commitments made to the province, which includes the promise to hire 800 nurses by filling 600 vacancies and hiring an additional 200 nurses. The Ministry of Health has committed an investment of $60 million in funding which will assist in fulfilling the requirements within that partnership agreement.

- The Premier has appointed Ms. Laura Ross, MLA, as the Legislative Secretary for Nursing Recruitment and Retention. Ms. Ross will focus on helping the Minister of Health achieve his recruitment mandate as laid out by the Premier in the fall 2007.

**Create 40 new physician-training seats at the College of Medicine and 60 additional residency-training positions** (Minister's Mandate Letter and the December 2007 Throne Speech)**.**

- The College of Medicine received funding for undergraduate and post-graduate medical education from the Ministries of Advanced Education, Employment, and Labour, and Health.

- In 2007-08, 12 new post-graduate seats were added at the College of Medicine. An additional four new seats were added to provide post-graduate training opportunities for International Medical Graduates to facilitate their entry to practice in Saskatchewan. The latter positions are tied to a return-of-service commitment.

**Work with stakeholders to strengthen recruitment and retention efforts to increase the number of physicians in Saskatchewan.**

- In 2007-08, the Ministry supported a number of initiatives including:

    - The provincial recruitment agency, which provides a centralized and coordinated recruitment service to support Saskatchewan Regional Health Authorities and the Saskatchewan Cancer Agency in their recruitment of physicians.

    - Health Careers In Saskatchewan (HCIS) participated in two international recruiting events: a physician career fair in London, England, and a nursing recruitment trip to the Philippines, where 287 nurses were offered positions in Saskatchewan's health system.

- Strong partnerships with the Saskatchewan Medical Association and the College of Medicine have been established to provide numerous recruitment and retention programs to help enhance recruitment and retention efforts (totaling $27.788M):
    - Specialist Recruitment & Retention - $2M which supports:
        - Specialist resident bursaries, enhancement training programs and practice establishment grants
    - Rural and Regional Recruitment & Retention - $3.145M which supports:
        - family medicine resident bursaries, practice establishment grants, undergraduate medical student bursaries, enhancement training for rural physicians, specialist retraining programs, the Locum Service Program and rural travel assistance
    - Physician Long Term Retention Fund - $6.6M
    - Continuing Medical Education - $2.8M
    - Liability Insurance Coverage (CMPA) - $3.995M
    - Parental Leave Program - $0.7M
    - SMA Recruitment & Retention Fund - $3.3M
    - Electronic Medical Record - $4.0M
    - Practice Enhance Program - $0.075M
    - Supernumerary International Medical Graduates (IMGs) Training Seats - $0.736M
    - Ministry of Health Re-entry Program - $0.437M

**Undertake a patient care review initiative of the health care system with input from health care stakeholders to improve front-line care for patients, direct dollars away from bureaucracy to front-line care and create quality work environments for health care professionals** (Minister's Mandate Letter and the December 2007 Throne Speech)**.**

- Phase 1 of the project; defining the scope and terms of reference is underway.

**Ensure that prescription drugs covered under the provincial drug plan are capped at $15 per prescription for children aged 14 and under and seniors with net incomes under $64,043, while expanding the number of drugs covered under the provincial drug plan** (Minister's Mandate Letter and the December 2007 Throne Speech)**.**

- Effective July 1, 2008, eligible seniors 65 years and older will pay only $15 per prescription for drugs listed on the Saskatchewan Formulary and those approved under Exception Drug Status. As of July 1, 2008, eligibility will be determined by age and their net income.

- Under the new Children's Drug Plan, prescription drugs covered under the provincial drug plan will be capped at $15 per prescription for children aged 14 years and under. The Children's Drug Program will take effect July 1, 2008.

- Twelve new drugs, as well as drugs with new indications, were added under the Drug Plan, effective February 15, 2008.

**Strengthen cancer care in Saskatchewan by instituting a colorectal screening program in the province and providing additional funding for the approved cancer drug Avastin.**

- Approximately $4 million in additional funding was provided to the Saskatchewan Cancer Agency in 2007-08, to pay for Avastin for patients who have advanced colorectal cancer.

- The Saskatchewan Cancer Agency (SCA) has established an advisory committee in order to incorporate stakeholder needs and perspectives. The Colorectal Cancer Screening Advisory Committee met to discuss the colorectal cancer screening program proposal.

- A working group of the advisory committee has been meeting to decide on the specific screening tool, to outline the program's process flow, and to be involved in the initial stages of implementation.

- Funding of $1 million was released to the SCA in 2007-08 for the purpose of planning, developing and implementing of a colorectal screening program.

- In addition, planning and consultation with key stakeholders surrounding Human Papillomavirus (HPV) immunization is underway. This program is scheduled to launch in the fall of 2008.

**Ensure Saskatchewan is an active participant in inter-provincial Western Canadian partnerships related to the joint purchase of pharmaceuticals.**

- Drug Plan officials in the western provinces were contacted to identify and discuss opportunities for collaboration related to the purchase of pharmaceuticals.

**Improve publicly funded health care and deliver publicly funded, publicly adminsitered health care services under the Canada Health Act.**

This commitment is continually being achieved through all other commitments made in the Minister's mandate Letter and the December 2007 Speech from the Throne.

In addition, the Ministry of Health has begun work on all other commitments outlined in the Minister's Mandate Letter and the December 2007 Speech from the Throne. Progress on the following commitments will be reported on in the 2008-09 Annual Report:

- Work in partnership with health care stakeholders to develop a 10-year comprehensive health human resources plan (Minister's Mandate Letter).

- Work towards the goal of creating 300 new Registered Nurse education seats.

- Hold quarterly meetings with health care representatives to discuss workplace issues and reach consensus decision on the issues that affect health care workers and their ability to provide the best health care possible for Saskatchewan people (Minister's Mandate Letter).

- Institute patient exit surveys to measure the quality of a patient's experience with the health care system (Minister's Mandate Letter).

- Strengthen provincial efforts to promote wellness and preventive care through education, nutrition and physical activity (Minister's Mandate Letter).

- Create a seniors care strategy in Saskatchewan (Minister's Mandate Letter).

- Work with regional health authorities to develop a 10-year capital plan for health care, including investment in new emergency medical equipment such as an air ambulance helicopter, while making construction of in integrated health science facility and a children's hospital a priority (Minister's Mandate Letter).

- Establish and independent health care ombudsman (Minister’s Mandate Letter).
- Ensure Saskatchewan is an active participant in inter-provincial Western Canadian pertnerships related to the joint purchase of pharmaceuticals (Minister’s Mandate Letter).

- Deliver on our commitment to fund 100 new long-term addiction treatment beds over four years through community-based and First Nations organizations (Minister’s Mandate Letter).

- Re-establish an independent provincial addictions agency to measure the results of addiction programs in the province, coordinate education camapiagns about the dangers and drugs and alcohol and oversee FASD initiatives (Minister’s Mandate Letter).

# Progress by Key Policy Area

The key actions originally presented in our 2007-08 Performance Plan are provided below, organized by key policy area and followed by a report on actual progress for each. Actual results information is included for all key actions and performance measures that were published in the 2007-08 Performance Plan.

## Responsive, co-ordinated primary health care

Primary health care is the foundation of the health care system. It involves a proactive approach to preventing health problems and ensuring better management and follow-up once a health problem has occurred. A co-ordinated team approach to primary health care makes the most appropriate use of health care providers and allows patient-ready access to a range of services. Members of primary health care teams work together to diagnose and treat illness, prevent health problems and manage existing health concerns so they do not become more serious. Effective management of chronic diseases improves the quality of life for individuals who have chronic conditions and reduces pressures on acute care facilities.

**Continue to promote the establishment of primary health care teams and provide them with the technologies necessary to support continual improvements in the quality and coordination of care, including the management of chronic disease and the prevention of illness (2007-08 Performance Plan).**

In 2007-08, 16 new primary health care (PHC) teams were added. As of March 31, 2008, there are 59 PHC teams; 55 are established and four are in development (i.e. recruiting staff) in the province. Of these, 38 are in rural Saskatchewan, 13 are in metropolitan areas (Saskatoon, Regina, Prince Albert and North Battleford), and eight are in Northern Saskatchewan. Four of the primary health care teams are located in the Community Clinics in Prince Albert, Regina, Saskatoon and Wynyard.

**Continue the implementation of the Provincial Diabetes Plan and monitor progress on meeting the goals and objectives identified in the plan (2007-08 Performance Plan).**

Diabetes continues to be a major health problem in Saskatchewan, imposing a significant burden of disability on individuals affected and on society as a whole. The Ministry of Health continues to implement and support initiatives that are consistent with the goals and objectives outlined in *The Provincial Diabetes Plan*.

The Saskatchewan Institute of Applied Science and Technology Diabetes Education for Health Care Providers “Basic” and “Advanced” programs are being delivered to meet the educational needs of a wide range of front line care providers. In addition, a learning module has been developed to enhance the knowledge and skills of health care providers in the adjustment of insulin for those living with diabetes. To date, ten Registered Nurses have successfully passed the provincial exam, which allows them to pursue Transfer of Medical Function for insulin dose adjustment.

A *Risk Identification of the Foot in Diabetes* presentation and training materials were developed for use in the delivery of workshops in regional health authorities. As well, an Insulin Pump Therapy Workshop focusing on the pediatric patient was delivered via Telehealth on March 7, 2008, to physicians, nurses and pharmacists.

The Clinical Practice Guidelines for the Prevention and Management of Diabetes Foot Complications,

a multidisciplinary approach with standardized guidelines for the assessment and evaluation of wounds and the management of foot conditions for persons with diabetes was developed and circulated to care providers in April 2007.

In 2007-08, the Ministry initiated the development of five new client diabetes educational resources to support individuals in the management of their condition. Expected release date for these resource materials is June 2008.

**Other primary health care initiatives**

In addition to progress being made on key action items identified in the 2007-08 Performance Plan, other initiatives are taking place that continue to work towards improving access to quality health services.

*The Midwifery Act* has been proclaimed allowing for the delivery of regulated midwifery services in Saskatchewan. The model for midwifery services in Saskatchewan is based on the Manitoba model, where midwives are employees of the regional health authorities, and private practice midwives charge clients directly for their services. Funding has been provided to Saskatoon and Regina Qu'Appelle Regional Health Authorities for program development, and they are currently in the process of recruiting four midwives for each location. Prince Albert Parkland Regional Health Authority has been provided with funding to determine the feasibility of midwifery services in the region.

Two bursary programs to support existing and student midwives have been developed. One program offers a $7,000 bursary to midwives needing to undergo an assessment and bridging program. The second bursary program offers a $7,000 bursary to students who are registered in a Bachelor of Health Sciences in midwifery Program at a recognized university in Canada. Each bursary has a return-of-service requirement ranging from one to two years. To date, three assessment bursaries and two Bachelor of Health Sciences in Midwifery bursaries have been awarded.

*HealthLine* remains a key strategy to support primary health care teams and access to health information and advice to all residents of Saskatchewan. It is staffed 24-hours a day by Registered Nurses who provide advice and information to callers.

From April 1, 2007, to March 31, 2008, *HealthLine* answered 85,255 calls, which resulted in 130,678 patient records. Each day *HealthLine* assists approximately 400 individuals via the telephone.

In December 2006, *HealthLine* began offering expanded 24/7 Mental Health and Addictions crisis support provided by specially trained social workers and registered psychiatric nurses.

*HealthLine Online* continues to complement our *HealthLine* services. From April 1, 2007, to March 31, 2008, we received 18,682 visitors to *HealthLine Online* or an average of 51 visits per day.

Licensure of Registered Nurse (Nurse Practinioners) (RN(NPs)) began in April 2004. As of April 2008, 100 RN(NPs) have been licensed in Saskatchewan with 68 RN(NPs) currently working in provincially funded primary health care (PHC) teams. A total of $200,000 is available for bursaries for registered nurses interested in obtaining their RN(NP) designation. Seventeen RN(NP) bursaries were awarded in 2005-06, 12 in 2006-07 and eight in 2007-08.

The Health Quality Council is undertaking a Chronic Disease Management (CDM) collaborative and is using a CDM toolkit to track progress. The collaborative is a partnership that includes all 13 regional health authorities, 73 physician practices, First Nations organizations, community health care providers and approximately 13,000 patients. The collaborative, launched in November 2005, is a major quality

improvement initiative to improve the care and health of people living with coronary artery disease and diabetes in Saskatchewan, and to improve access to physician practices. Although funding for this program ends this fiscal year, discussions to continue and expand the delivery of this program are underway.

The Chronic Disease Self Management program (the “Live Well” program), a provincially funded chronic disease initiative, is aimed at teaching individuals the skills needed to manage the day-to-day challenges of living with a chronic health condition. The Ministry of Health provided $250,000 one-time funding to the Saskatoon Regional Health Authority in March 2006 to implement the program in all regional health authorities over a three-year period. Current progress of the program indicates that sessions are being delivered in eight regional health authorities, while two other regional health authorities plan to hold sessions within the next few months.

## Measurement Results

***Percentage of population served by primary health care teams***

As of March 31, 2008, there are 59 primary health care (PHC) teams in Saskatchewan - 55 are established and four are in development (i.e. recruiting staff) in the province. The 55 established teams provide access to 27.1 per cent of the Saskatchewan population. The Ministry of Health works closely with regional health authorities and health providers in the development of PHC teams.

| Year | Populations Served (%) | Year-to-Year % Change |
|---|---|---|
| 2003-04 | 14.9 | -- |
| 2004-05 | 23.9 | 60.4 |
| 2005-06 | 26.5 | 10.9 |
| 2006-07 | 19.8 | (25.3) |
| 2007-08 | 27.1 | 36.9 |

**Data Source:** Primary Health Services Branch, Ministry of Health.
**Calculation:** The specific health regions define the catchment area (urban and rural communities and neighbourhoods) for each of the teams that are established within their jurisdiction on the basis of a needs assessment of geographic distribution and demography.
Numerator: Total population with access to primary health care
Denominator: Total population of Saskatchewan
Calculation: (Total population with access to primary health care) / (Total population of Saskatchewan)
**Analysis/Interpretation:** The percentage of the population served by PHC teams is a good short-term measure of patient access to primary health care based on geographic proximity. The percentage denotes Saskatchewan’s covered population served by PHC teams calculated on the basis of “catchment” area (urban and rural communities and neighbourhoods within geographic proximity of the team). Individual regional health authorities define the catchment area for each of the teams in their jurisdiction.

***Hospitalization rate for ambulatory care sensitive (ACS) conditions***

| Year | Hospitilization Rate per 100,000 Population (Saskatchewan) | Year-to-Year % Change | Hospitilization Rate per 100,000 Population (National) | Provincial Range |
|---|---|---|---|---|
| 2001-02 | 614 | -- | 459 | 353-809 |
| 2002-03 | 620 | 0.9 | 428 | 320-719 |
| 2003-04 | 629 | 1.9 | 417 | 324-733 |
| 2004-05 | 600 | (4.6) | 401 | 323-718 |
| 2005-06 | 618 | 3 | 385 | 313-683 |
| 2006-07* | 559** | (9.5) | N/C | 294-640 |

* Beginning with 2006-07 rates, the definition of this indicator was revised. Rates for the previous years have been calculated using the new definition.
** Saskatchewan ranked nine out of 12 in 2006-07

Regional health authority hospitilization rate for ambulatory care sensitive (ACS) conditions *

| RHAs with Population over 50,000 | | | | | | |
|---|---|---|---|---|---|---|
| Region | 2001-02 | 2002-03 | 2003-04 | 2004-05 | 2005-06 | 2006-07 |
| Sun Country | 701 | 695 | 814 | 706 | 686 | 653 |
| Five Hills | 719 | 790 | 708 | 617 | 616 | 568 |
| Regina | 614 | 666 | 657 | 576 | 625 | 578 |
| Sunrise | 773 | 721 | 792 | 843 | 878 | 960 |
| Saskatoon | 391 | 400 | 397 | 380 | 391 | 354 |
| Prince Albert | 623 | 547 | 594 | 590 | 581 | 484 |
| Prairie North | 811 | 847 | 763 | 708 | 747 | 627 |

* The 2008 CIHI Health Indicators Report included results for regional health authorities with a population greater than 50,000.

**Data Source:** The Canadian Institute for Health Information (CIHI), Health Indicators, 2008. Hospital Morbidity Database, CIHI; Discharge Abstract Database, CIHI; Ministère de la Santé et Des Services Sociaux du Quebec.
**Calculation:** Age-standardized inpatient acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for hospitalization, per 100,000 population under age 75 years. Hospitalizations for ACS conditions are considered to be an indirect measure of access to appropriate medical care. While not all admissions for these conditions are avoidable, appropriate ambulatory care could potentially prevent the onset of such illnesses or conditions, control an acute episodic illness or condition, or manage a chronic disease or condition. A disproportionately high rate is presumed to reflect problems in obtaining access to primary care.
Numerator: Total number of hospital admissions for ACS conditions.
Denominator: Total mid-year population under age 75 years x 100,000 (age-adjusted).
Calculation: (numerator/denominator) x 100
**Analysis/Interpretation:** Hospitalization rates for ACS conditions include seven chronic conditions: angina, asthma, chronic obstractive pulmonary disease (COPD), diabetes, grand mal status and other epiliptic convulsions; heart failure and pulmonary adema and hypertension. Long-term health conditions such as diabetes, asthma, mental health illness, and alcohol/drug dependence can often be managed

and treated without hospitalization through effective community-based preventive and primary health care. Hospital admissions and/or the length of hospital stays can be reduced for these ACS conditions (this refers to conditions that are amenable to treatment in outpatient settings) through better management by primary health care teams. Examining the rate of preventable hospital admissions provides a practical way of evaluating primary health care delivery. The Ministry's influence on this long-term measure is limited by the type and mix of available primary care services, the health-seeking behaviour of individuals, disease prevalence or incidence rates, physician practices, environmental factors (e.g. exposure to environmental risk), and the personal or economic barriers facing individuals. ACS condition rates decrease as income rises and nationally are 60 per cent higher in rural than urban areas. With the exception of Saskatoon, Saskatchewan residents have amoung the highest (worst) admission rates in the country. Sunrise Regional Health Authority has the highest ACS condition rate in the country.

***Saskatchewan prevalence and incidence of diabetes (type 1 and 2) expressed as a number per 1,000 individuals***

| Diabetes Rates Per 1,000 Population | | | | |
|---|---|---|---|---|
| Year | Prevalence | Year-to-Year % Change | Incidence | Year-to-Year % Change |
| 1997-98 | 32.7 | -- | 5.6 | -- |
| 1998-99 | 35.9 | 9.8 | 5.0 | (10.7) |
| 1999-00 | 38.5 | 7.2 | 4.4 | (12.0) |
| 2000-01 | 40.2 | 4.4 | 3.3 | (25.0) |
| 2001-02* | 49.2 | 22.4 | 5.7 | 72.7 |
| 2002-03 | 52.8 | 7.3 | 5.9 | 3.5 |
| 2003-04 | 56.4 | 6.8 | 5.7 | (3.4) |
| 2004-05** | 59.3 | 5.1 | 5.8 | 1.8 |
| 2005-06** | 62.0 | 4.6 | 5.4 | (6.9) |
| 2006-07** | data not available | data not available | data not available | data not available |
| 2007-08** | data not available | data not available | data not available | data not available |

*Changes in rates from 2001-02 forward are not solely due to an increase in prevalence but also because of a change in the method of estimating the number of people with diabetes. Rates for the 1997-98 to 2000-01 are based on information in the hospital separation, physician services, and person registry system databases for all age groups. Rates for the years 2001-02 forward are based on using prescription drug data together with the hospital separation, physician services, and person registry system data. It should be noted that the prescription drug data used do not include drug use information for the registered Indian population. Therefore, overall rates will be underestimated.
******Rates for 2004-05 and 2005-06 are provisional. Results for 2006-07 and 2007-08 will be available Fall 2008.

**Data Source:** Population Health Branch, Ministry of Health
**Calculation:**
(a) Prevalence
Numerator: Number of Saskatchewan residents identified with diabetes in the health databases in the fiscal year.
Denominator: Total number of Saskatchewan residents in the person registry on October 1 of each fiscal year

Calculation: (numerator/denominator) x 1000
(b) Incidence
Numerator: Number of new cases of diabetes identified in Saskatchewan residents during the fiscal year.
Denominator: Total number of Saskatchewan residents in the person registry on October 1 of each fiscal year.
Calculation: (numerator/denominator) x 1000
Note: The numbers presented here may differ from the National Diabetes Surveillance System's (NDSS) national reports, as NDSS generates data based on the population aged 20 years and older. Rates above are for the total Saskatchewan population; all age groups are included in the numerator and denominator.
**Analysis/Interpretation:** Diabetes is a disease that affects many residents of Saskatchewan. Incidence describes the number of new cases, whereas prevalence indicates the number of existing cases in a population. Incidence is more sensitive to the effects of prevention activities; nevertheless, both prevalence and incidence are considered long-term measures.

Diabetes requires intervention in several areas. Some determinants of health that have a significant impact are factors and conditions that are outside of the health system. Key factors include income and social status, social support networks, education, employment/working conditions, physical and social environments, biology and genetic endowment, personal health practices and coping skills, healthy child development, health services, gender and culture. The Ministry of Health continues to work with the regional health authorities and other stakeholders on population health strategies, such as encouraging healthy lifestyle choices to reduce the impact of this disease.

At the regional level, front line primary health care teams and diabetes teams are working together to improve the delivery of services and continuity of care. Proactively, team members follow disease specific guidelines by screening individuals earlier, providing self-management education, and monitoring disease progression to prevent or delay the onset of complications.

## Reduce waiting times for surgical and diagnostic procedures

Improved access to acute care services through the reduction of wait times for surgical and diagnostic services remains a priority for the Ministry of Health.

**Implementation of provincial wait time benchmarks for diagnostic services as recommended by the Diagnostic Imaging Network (2007-08 Performance Plan).**

The Diagnostic Imaging Network recommended an Urgency Classifications system with associated wait time benchmarks for computed tomography (CT) and magnetic resonance imaging (MRI). The Urgency Classifications consisted of four priority levels, with Level 1 being emergent and Level 4 being elective. Associated maximum wait time for Level 1 is 24 hrs, Level 2 is 7 days, Level 3 is 30 days and Level 4 is 90 days. All health regions providing CT and MRI services are following the urgency classifications and working towards achieving these wait time benchmarks. At the end of 2007-08, all but one region in both CT and MRI provided service within the wait time benchmark for Level 4 (elective) patients.

**Increase diagnostic capacity to meet the demand for diagnostic testing due mainly to the growth in the aging population and expanded application for technology (2007-08 Performance Plan).**

In 2007-08, the health system provided service to 5,804 more CT patients when compared to 2006-07. This represents an overall provincial increase of 8.4 per cent. The six regional hospitals (excludes Regina and Saskatoon) experienced the largest increase at 23.8 per cent. During the same period, 1,302 more

MRI patients were seen.

Saskatoon's Bone Mineral Density (BMD) service was stopped for six weeks in May and June 2007, this resulted in a decrease in BMD capacity of 12.09 per cent. The changes made in clinical protocol after the service interruption reduced the number of patients waiting as well as reduced wait times.

In 2007-08 another $4.8 million was invested in the replacement of aging diagnostic imaging equipment. This will result in improved quality of care and efficiency in patient throughput. In addition to the $4.8 million, an additional $1.8 million was also allocated to Saskatoon's City Hospital to replace its CT scanner.

**Apply wait times management strategies to the cardiac catheterization clinics in Saskatoon and Regina including establishment of a common database, establishment of target time frames and development of plans to meet target time frames (2007-08 Performance Plan).**

During 2007-08 the Alberta Provincial Project for Outcome Assessment in Coronary Health Disease (APPROACH) database was implemented and upgraded in the Saskatoon and Regina Qu'Appelle Regional Health Authorities. APPROACH was also assessed by the Regina Qu'Appelle Health region as a means to develop a single waiting list for the cardiac catheterization labs. The Ministry provided $1.0 million in annualized funding to the Saskatoon Health Region to support the ongoing operation of recovery beds and other patient flow initiatives required to maintain throughput and reduce the number of patients waiting for service in the northern part of the province.

**Increase the number of surgical procedures.**

The Ministry targeted $8.9 million in 2007-08 to enable regional health authorities to reduce waiting times by improving wait list management and treating more long-waiting patients.

Most of the targeted funding was focused on patients who have been waiting longer than 18 months for surgery in the Saskatoon and Regina Qu'Appelle Regional Health Authorities. Ninety-nine per cent of patients who have been waiting longer than a year are waiting for surgery in the two largest health regions.
Overall, the number of operating room surgeries performed in the province increased by about 100 cases in 2007-08 over 2006-07. Regina Qu'Appelle achieved a moderate increase and slightly exceeded its target volumes for the year. Saskatoon performed fewer surgeries overall than last year. While the region did not achieve its overall target volumes, it was successful in performing 273 more high priority hip and knee replacement cases than its baseline for those procedures. Surgical volumes achieved in 2007-08 were limited by a number of factors, including bed closures as a result of hospital infections, contingency planning during a labour dispute in June, postponement of surgeries due to operating room mechanical system problems in Regina in July, the impact of West Nile virus (particularly on critical care beds in Saskatoon) and staffing limitations.
The targeted funding strategy continued to have an impact on waiting times. The number of patients on the wait list who had already waited longer than a year for surgery decreased by about 400 cases. This decrease included a drop of about 200 cases in the number of patients who had been waiting longer than 18 months. However, the challenge continues to be significant with nearly 5,000 people still waiting for surgery who have already waited longer than a year.

In addition, progress was made on projects that will improve the ability of health regions to perform more surgery in future, while maintaining high quality and improving service to patients. Two key projects:

- Substantial progress was made in 2007-08 in developing a new provincial clinical pathway for non-emergent hip and knee replacements. The pathway will streamline the patient journey from family physician through post-surgery rehabilitation, and improve service to patients by defining and standardizing the key processes

involved. It will also make it possible to increase volumes by reducing operating room time and average length of hospital stay for hip and knee patients on the pathway. Full implementation of the pathway is expected in 2009-10, though the new pathway should start to have some impact in the coming year.

- Planning began in 2007-08 for the development of an Ambulatory Surgery Centre to substantially increase surgical capacity in the Regina Qu'Appelle Regional Health Authority. The planned centre will increase the region's capacity to perform ambulatory surgery procedures that do not have to be done in a hospital, and free operating room time in the main hospital operating rooms to perform more complex day surgery and inpatient procedures, including hip and knee replacements. The new centre is expected to become operational in the spring of 2010.

## Measurement Results

***Number of cases to the operating room in major surgical centres compared to target volumes****

| Surgical Volumes** | | | | |
|---|---|---|---|---|
| Year | Target | Actual | Actual as % of Target | Year-to-Year % Change |
| 2005-06 | 74,613 | 74,979 | 100.5 | -- |
| 2006-07 | 75,619 | 74,272 | 98.2 | (1.0) |
| 2007-08 | 74,814 | 74,401 | 99.4 | 0.2 |

* Regional health authorities reporting: Sun Country, Five Hills, Cypress, Regina Qu'Appelle, Sunrise, Saskatoon, Heartland, Kelsey Trail, Prince Albert Parkland, and Prairie North.
** Surgical volumes are obtained from date-specific refreshes of the SSCN Surgical Registry data mart.

***Number of patients waiting longer than 12 months for surgery****

| Date | Frequency | Year-to-Year % Change |
|---|---|---|
| March 31, 2005 | 7,827 | - |
| March 31, 2006 | 6,455 | (17.5) |
| March 31, 2007 | 5,403 | (16.3) |
| March 31, 2008 | 4,974 | (7.9) |
| Change March 31, 2005 - March 31, 2008 | (2,853) | (36.5) |

* Regional health authorities reporting: Sun Country, Five Hills, Cypress, Regina Qu'Appelle, Sunrise, Saskatoon, Heartland, Kelsey Trail, Prince Albert Parkland, and Prairie North.

**Data Source:** Saskatchewan Surgical Care Network (SSCN) Surgical Patient Registry data mart, Acute and Emergency Services Branch, Ministry of Health. Current report is based on the May 5, 2008, refresh of the data registry.
**Calculation:** Numbers may differ from previously reported values due to additions and corrections to the registry. Target = Expected benchmark of number of surgical cases. Actual = Real number of surgical cases.
Numerator: Actual volume
Denominator: Target volume
Calculation: Actual as a per cent of target volume = (numerator/denominator) x 100
Annual per cent change: ((Frequency year 1 - Frequency year 2)/ Frequency year 1) x 100

**Analysis/Interpretation:** Each region has a target for the number of surgeries to be performed over the course of the fiscal year. The first indicator shows the degree to which these targets were met overall in each year.

Saskatchewan's regional health authorities are targeting long-waiting patients in their efforts to reduce waiting times for surgery. The second indicator shows the number of patients on the wait list, as of a given date, who already waited longer than a year for surgery and the change that is occurring over time.

The Ministry of Health is continuing to refine processes to better manage surgical wait times. The current method of assessing priority levels for surgeries is under review and may be subject to further refinement. For more information on the waiting times for select procedures by region, please refer to the statistics on the SSCN website: http://www.sasksurgery.ca.

***Number of Magnetic Resonance Imaging (MRI) exams performed and patients served (compared to annual target volumes)***

| MRI | Annual Volumes * | | | |
|---|---|---|---|---|
| | Target | Actual | Actual as % of Target | Year-to-Year % Change |
| **2006-07** | | | | |
| Patients Served | 14,750 | 14,426 | 97.8 | -- |
| Exams Performed | 23,910 | 21,905 | 91.6 | -- |
| **2007-08** | | | | |
| Patients Served | 17,001 | 15,728 | 92.5 | 9.0 |
| Exams Performed | 24,877 | 24,036 | 96.6 | 9.7 |

* Annual volumes based on the fiscal year reporting period

***Number of Computed Tomography (CT) exams performed and patients served (compared to annual target volumes)***

| CT | Annual Volumes * | | | |
|---|---|---|---|---|
| | Target | Actual | Actual as % of Target | Year-to-Year % Change |
| **2006-07** | | | | |
| Patients Served | 71,750 | 69,143 | 96.4 | -- |
| Exams Performed | 117,010 | 125,892 | 107.6 | -- |
| **2007-08** | | | | |
| Patients Served | 73,530 | 74,947 | 101.9 | 8.4 |
| Exams Performed | 121,773 | 129,812 | 106.6 | 3.1 |

***Number of bone mineral density (BMD) patients served (compared to annual target volumes)***

| BMD** | Annual Volumes | | | |
|---|---|---|---|---|
| | Target | Actual | Actual as % of Target | Year-to-Year % Change |
| **2006-07** | | | | |
| Patients Served | 15,700 | 14,213 | 90.5 | -- |
| **2007-08** | | | | |
| Patients Served | 14,760 | 12,495 | 84.7 | (12.1) |

* Annual volumes based on the fiscal year reporting period
** In BMD testing, the volume measurement is one patient equals one exam.

**Data Source:** Acute and Emergency Services Branch (AESB), Ministry of Health. Based on data provided May 2008.
**Calculation:** Target = Expected benchmark of number of patients served and exams performed over a fiscal year period. Actual = Real number of patients served and exams performed over a fiscal year period.
Numerator: Actual number of patients serviced and exams performed as reported by each regional health authority.
Denominator: Target number of patients to be serviced and exams to be performed as agreed upon by each regional health authority and AESB of the Ministry.
Calculation: Actual as a per cent of target volume = (numerator / denominator) x 100
**Analysis/Interpretation:** The Diagnostic Imaging Network is a partnership among clinicians, service providers, regional health authorities, regulatory agencies, health training institutions, community and government that works toward the goal of ensuring equitable access to quality diagnostic imaging services in Saskatchewan. Through collaboration with participating partners, the Network is a provincial advisory body to assist in province-wide strategic planning and coordination of the diagnostic imaging system, to ensure better access to imaging services for patients.

## Improve access to hospital, specialized services, home and long-term care

To meet the full continuum of patient care, a complete network of well-equipped facilities and resources is required, ranging from acute care bed capacity to supportive home care. Saskatchewan people depend on quality hospital and long-term care services. To strengthen our hospitals, specialized services, and long-term care, we continue to invest in capital projects, new equipment, and specialized centres to help Saskatchewan residents receive the type of care they need.

**Continued implementation of capital construction projects for health care facilities (2007-08 Performance Plan).**

*Completed construction of three health care facilities:*

- Cypress Regional Hospital - The new 89-bed regional hospital in Swift Current was completed in April 2007.
- The long-term care addition to Hudson Bay Health Facility was completed in July 2007.
- The Ile-a-la Crosse Joint Use Facility was completed in time for the fall school term in September 2007. The health component of this unique facility includes 11 inpatient rooms, 17 long-term care rooms, community and public services, as well as a share of community spaces attached to a high school and day care.

*Continued construction on three integrated health care facilities:*

- Outlook Integrated Health Facility - Construction started in April 2006 and is expected to be completed in 2008. The integrated facility will provide 11 acute care beds, 45 long-term care beds, and community services.
- Maidstone Integrated Health Facility - Construction and renovation to the existing acute care facility will provide eight patient care service beds, 24 long-term care beds, six day care spaces, ambulatory services, lab/diagnostics, and community services. The project is expected to be completed by spring 2008.
- Moosomin Integrated Health Facility – Construction started in the summer of 2006 and is expected to be completed by summer 2008. The new integrated facility will provide 27 acute beds and 58 long-term care beds.

*Started construction on a new integrated health care facility:*

- Preeceville Integrated Health Centre - Construction started in April 2007. The existing hospital will be renovated and a 40-bed special care home addition will be constructed.

*Finalized planning and tendered two health care facility projects:*

- RAWLCO Centre for Mother & Baby Care – Planning for construction at the Regina General Hospital was completed and the project was tendered this year. The new centre will have 21 NICU beds, 36 mother/baby rooms, eight labour and birth rooms, a six-bassinette newborn nursery and a five-bed special care nursery.
- Saskatoon Inpatient Mental Health – Planning was completed for a new building adjacent to Royal University Hospital. The project went to tender in December 2007. The facility will provide for 54 adult inpatient mental health rooms along with ten child/adolescent mental health rooms.

*Continued planning of three facilities:*

- Humboldt Hospital Replacement – The Humboldt Hospital Replacement project continued with planning throughout the year. The project will provide 34 inpatient rooms along with emergency and community services. Construction is expected to start in summer 2008.
- Maternal/Child Hospital – Planning activities continued for the construction of a Maternal/Child Hospital in Saskatoon at the Royal University Hospital site.
- Saskatchewan Hospital North Battleford – Planning for replacement of the current facility continued throughout the year.

**Renovations to Oliver Lodge long-term care facility in Saskatoon (2007-08 Performance Plan).**

Planning continued on the expansion of the Oliver Lodge long-term care facility in Saskatoon. The project scope includes the addition of 88 new resident rooms, for a total of 138 beds with increased day programming options and therapeutic services.

**Other capital construction project initiatives**

In addition to the above mentioned capital construction projects, in 2007-08, the Ministry of Health allocated $10.5 million for investment in block funding for life safety/emergency and infrastructure capital projects among the regions. Funding allocations are based on each region’s proportion of total health care infrastructure square footage.

A total of approximately $41.5 million in equipment funding was allocated to regions this year. This includes a special allocation to purchase patient lifts and bariatric equipment to increase patient and worker safety; targeted funding for diagnostic imaging; and, target funding for surgical equipment.

Totals are as follows:

• Total base funding: $17 million
• Total funding targeted towards diagnostic imaging equipment replacement strategy: $7,831,374
• Total safety-lifting equipment funding: $11.9 million
• Total surgical equipment funding: $4.812 million

**Provide respite services for care givers of children with complex medical needs (2007-08 Performance Plan).**

As of March 31, 2008, the 2007-08 budget provided $300,000 ($400,000 annualized) for the development of respite services for children with complex care needs who are ventilator dependent. This program is open to children throughout the province. Funding was announced in the 2007-08 budget for respite service for these children. The existing children's respite program at Wascana Rehabilitation Centre in Regina has been enhanced to accommodate children on ventilators. The program operates 24 hours per day, 7 days per week.

## Measurement Results

***Percentage of the adult population who rate themselves as either very satisfied or somewhat satisfied with the quality of care for:***

***• overall health services received;***
***• services received in a hospital;***
***• services received from a physician; and***
***• community health services.***

| Satisfaction Rating | Year | | | | | | |
|---|---|---|---|---|---|---|---|
| | 2001 | 2003 | Year-to-Year % Change | 2005 | Year-to-Year % Change | 2007 | Year-to-Year % Change |
| Overall health services | 85.3 | 87.9 | 3.1 | 87.3 | (0.7) | 87.4 | 0.1 |
| Services received in hospital | 82.9 | 87.8 | 5.9 | 83.8 | (4.6) | 87.0 | 3.8 |
| Family physician/other physician services | 92.6 | 94.0 | 1.5 | 92.3 | (1.8) | 91.6 | (0.8) |
| Community-based services | 90.3 | 83.2 | (7.9) | 82.5 | (0.8) | 83.5 | 1.2 |

**Data Source:** Canadian Community Health Survey, Cycles 1.1, 2.1, and 3.1, Statistics Canada. For more information on this and other population health surveys, please visit the Statistics Canada website at : http:/www.statcan.ca/English/concepts/hs/index.htm.

**Calculation:**
Numerator: Weighted number of individuals age 15 years or older reporting they were very or somewhat

satisfied with the service provided.
Denominator: Total Saskatchewan population aged 15 or older who used health care services in the 12 months prior to the survey.
Calculation: (numerator/denominator) x 100
**Analysis/Interpretation:** Access to services and the quality of services provided are closely related. Patient satisfaction has always been an important long-term measure of the quality of health services. Based on this data drawn from the Canadian Community Health Survey, patient satisfaction appears to have decreased for all health services since 2003. The most notable is the four per cent decrease in the population reporting very or somewhat satisfied with services received in a hospital. The Ministry of Health is making efforts to improve the quality and effectiveness of health services. While patient satisfaction is an important indicator for assessing the global quality or effectiveness of health services, it has many limitations. The reasons for an individual's perception of satisfaction or dissatisfaction or quality of service are unknown, and could be related to a number of complex and interrelated factors. Therefore, the Ministry's influence on this measure is limited by personal expectations, relationships with health care providers and patients' experiences.

***Alcohol and drug inpatient treatment completion rate per 100 admissions***

| | Rate Per 100 Admission | | | |
|---|---|---|---|---|
| Year | Adults | Year-to-Year % Change | Youth | Year-to-Year % Change |
| 2003 - 04 | 67.9 | -- | 62.1 | -- |
| 2004 - 05 | 64.3 | (5.3) | 62.8 | 1.1 |
| 2005 - 06 | 69.1 | 7.5 | 68.7 | 9.4 |
| 2006 - 07 | 74.2 | 7.4 | 70.5 | 2.6 |

**Data Source:** Community Care Branch, Performance Management Accountability Data Tables, Ministry of Health (Youth rate: alcohol and drug inpatient treatment completion rate per 100 admissions - Calder Centre and Pineview Terrace; Adult rate: alcohol and drug inpatient treatment rate per 100
admissions).
**Calculation (Adult):**
Numerator: Number who completed inpatient treatment or completed/transferred (Regina Qu'Appelle, Saskatoon, Prairie North, Mamawetan-Churchill River, Keewatin Yatthé) (909)
Denominator: Number of inpatient admissions (Regina Qu'Appelle, Saskatoon, Prairie North, Mamawetan-Churchill River, Keewatin Yatthé) (1,225)
Calculation: Completions as per cent of admission (Regina Qu'Appelle, Saskatoon, Prairie North, Mamawetan-Churchill River, Keewatin Yatthé) (909/1,225 x 100 = 74.2 per cent)
**Calculation (Youth):**
Numerator: Number who completed treatment or were transferred completions - Calder Centre (Saskatoon) and Pineview Terrace (Prince Albert Parkland) (261)
Denominator: Total number of admissions to Calder Centre (Saskatoon) and Pineview Terrace (Prince Albert Parkland) (370)
Calculation: Completions as a per cent of admissions - Calder Centre and Pineview Terrace (261/370 x 100 = 70.5 per cent)
**Analysis/Interpretation:** The Ministry of Health provides treatment services for individuals experiencing substance abuse issues when services are needed. For some clients, a successful treatment experience is contingent on the completion of an appropriate substance abuse program. When clients do not complete their programs, this does not necessarily indicate system ineffectiveness. Clients must be

ready for treatment and be properly directed to a service that most completely addresses the holistic need of the client. Lack of successful completion may indicate that the client is not ready for treatment or that the particular service needs of the client have not been met. It should be noted that it may take several attempts for substance abusers to successfully complete treatment. The Ministry of Health impacts this measure through funding and other program and policy supports. Access to treatment services has been improved through development of a mobile treatment service to provide treatment options for northern residents in their own communities. This measure is currently under review to consider additional or alternate measures for improvement in access to treatment supports for individuals experiencing substance abuse issues.

## Improve promotion, advocacy and information for healthier lifestyles

The Ministry of Health recognizes that public health activities such as health promotion and disease and injury prevention contribute to the improved health status of our citizens. They contribute to the long-term sustainability of Medicare and reduce pressure on the system. Health care activity that targets selected groups such as children, youth and seniors serves to both prevent health conditions from developing and respond to existing health problems in a focused manner.

The Ministry is working to enhance programs and services that support positive mental well-being; reduce barriers to, and increase opportunities for healthy eating habits; reduce tobacco, alcohol and drug use; and reduce barriers to and increase opportunities for regular and enjoyable physical activity in communities, schools and workplaces.

There are also a number of initiatives that reduce the effects and aid in the treatment or management of conditions such as substance use, diabetes, cognitive disability, and Fetal Alcohol Spectrum Disorder.

**Continue the implementation of alcohol and drug initiatives (formally known as Project Hope) as a comprehensive plan to prevent and treat substance abuse through a number of measures (2007-08 Performance Plan).**

In 2007-08, the Ministry of Health's budget for alcohol and drug initiatives was approximately $17.9 million, which includes $3.1 million in support of the *The Youth Drug Detoxification and Stabilization Act* (Secure Care). Several initiatives were accomplished:

- Outreach services have been expanded in Regina Qu'Appelle, Saskatoon, Prince Albert Parkland and Prairie North Regional Health Authorities (RHAs).
- The Addictions Research Chair assumed their role at the University of Saskatchewan, starting in July 2007.
- Funding has been provided to each regional health authority, and Athabasca Health Authority, to provide outreach services to youth who receive orders pursuant to *The Youth Drug Detoxification and Stabilization Act* (YDDSA) and youth with significant substance abuse issues in order to prevent the need for orders under the YDDSA. To date a total of 19 new full-time equivalents (FTEs) have been identified and all the positions have been filled. These staff attended an orientation in Regina on May 15 and 16, 2007.
- Enhancements to needle exchange programming were provided in 2007-08 for the following regions: Regina Qu'Appelle, Saskatoon, Mamawetan Churchill River, and Prince Albert Parkland. Sunrise RHA was also targeted to receive enhanced funding, and their proposal for establishment of a needle exchange program has been approved by the Ministry of Health.
- The Ministry of Health is providing funding for community supports to all the regional health authorities

to provide supports to individuals and families in the pre- and post-acute phases of substance abuse. Mamawetan Churchill
River, Prairie North, Five Hills, Saskatoon, Prince Albert Parkland, and Keewatin Yatthé proposals have been fully approved.

- Regina Qu'Appelle Regional Health Authority has received capital approval for a regionally-operated 45 bed integrated brief and social detox facility. The proposal describes an integrated facility to house a 20-bed brief detox and the 25-bed social detox currently operated by Regina Recovery Homes. A tentatively opening date is October 2009.
- Saskatoon Health Region had been advised in September 2007 that the established youth treatment beds (12 beds) and the temporary stabilization beds (six beds) will remain in their current location at Calder Centre. Renovations to Calder Centre are being planned to better accommodate the stabilization beds. Discussions with Government Services have occurred to this end, and preliminary architectural drawings have been rendered.
- Prince Albert Parkland Health Region (PAPRHA) had been advised that the family treatment centre will be built in Prince Albert. The region is developing plans for the family treatment centre, conceptualized as an eight-unit facility for women with children for whom child care has proven a barrier to seeking treatment.
- In partnership with the Prince Albert Grand Council (PAGC), a 15-bed youth treatment centre is planned. The land/construction site for the 15-bed youth residential treatment centre has been committed to in principle by the PAPRHA on owned land near Victoria Hospital. Negotiation continues with the PAPRHA for purchase of the land and development of the capital and operating proposals. A Memorandum of Understanding regarding the intentions of the Ministry of Health and PAGC has been drafted. Until such time as the project is completed, PAPRHA is providing six youth treatment beds on a temporary basis at Pineview Terrace.
- A PAPRHA-operated 14-bed integrated brief and social detox facility is being planned. The construction site for the integrated brief/social detox, also on the RHA-owned parcel of land near Victoria Hospital, has been determined, and architectural drawings rendered. The capital agreement for this facility has been approved. The construction of the facility has gone to tender.

**Implement initiatives targeted to children and youth such as improved access to mental health services, enhanced provision of therapy and rehabilitation services, and enhanced services in the area of autism (2007-08 Performance Plan).**

*Children's Mental Health*

The Ministry of Health provided $2 million (annualized) in 2007-08 to support this plan. The Ministry further enhanced the funding of this plan by $0.5 million in 2007-08 and a further $0.5 million in 2008-09 for a total annualized funding of $3.0 million.

To date the following initiatives under the plan have begun:

- A booklet on depression and suicide in youth, to help youth, families and professionals to identify and manage youth at risk of depression and suicide with reference to appropriate resources listed in the province, has been distributed throughout the province and is available on-line.
- A pamphlet on Saskatchewan's Plan for Child and Youth Mental Health Services outlining the mental health needs of children and youth, and the key initiatives under the plan to address these needs has been distributed throughout the province. The pamphlet is available on-line.
- Certain positions have been filled such as the PhD Psychologist position for distance specialist consultation for southern Saskatchewan, the Masters of Social Work/Psychology positions (three) for family-based therapeutic residential services for youth with mental disorders in Moose Jaw, Prince Albert and Lloydminster, and the Bachelor of Social Work position to provide children's mental health services

in the Melfort-Nipawin-Tisdale region.
- The Child Psychiatrist position in Regina for distance specialist consultation for southern Saskatchewan is in the process of being recruited.
- The psychology and the social work positions in Saskatoon for distance specialist consultation for central Saskatchewan and the provincial competency training coordinator in Saskatoon have been recruited.
- The Early Psychosis Intervention Program positions in Regina have been recruited.
- Mental health outreach and respite services are being enhanced in most regions.
- Child and youth clients with autism spectrum disorders on the Autism Resource Centre (in Regina) waitlist are being seen, so far reducing the waitlist by six clients.
- The Parent Mentoring Program, a home-visiting family support program for families with very young children living in disadvantaged conditions, has been enhanced in its 16 sites across the province.
- The Early Skills Development Program, an intensive school and home based intervention program for Kindergarten and Grade 1 children with persistent aggressive/violent behaviour, has been enhanced in Saskatoon and the Battlefords.
- The Department of Psychiatry at the University of Saskatchewan has completed a feasibility study on children's mental health services client outcomes to identify common outcome indicators that can be used across health regions. The final report with recommended indicators was received at the end of March 2007. A pilot study to measure client outcomes has begun.

The further enhancement of funding (in 2007-08 and 2008-09) for the plan allowed for the following initiatives:

- A child psychiatrist and a social worker in Prince Albert to provide distance mental health specialist consultation to that region and Northern Saskatchewan.
- Seven outreach workers in Prince Albert, Yorkton, Regina, Saskatoon, Battlefords, La Ronge and Beauval to provide mental health outreach services to improve access to Aboriginal children, youth and their families.

*Children's Rehabilitation/Therapy*

In 2007-08, the Ministry of Health provided a $1 million enhancement for children's rehabilitation and therapy services. $500,000 has been used to create six FTEs in Regina and Saskatoon to provide outpatient rehabilitation services to children. Services include assessment, intervention, consultation, education, and prevention.

The remaining funds were distributed in the following manner based on proposals from each region outlining how to best meet the needs of children they service. Sunrise, Prince Albert Parkland and Kelsey Trail RHAs each proposed an increase in 1.0 FTE in Speech Language Pathology, and Regina Qu'Appelle RHA a 0.6 FTE increase in speech language pathology. Saskatoon RHA chose to enhance their services with the addition of a 1.0 FTE speech language pathology Assistant and Prairie North enhanced services through the use of a 1.0 FTE assessment coordinator. Coordination of services allotments in the budget may include assessment, intervention, consultation, education and prevention.

These enhancements have resulted in a reduction in wait lists and wait times. On average wait lists have been reduced by 20 per cent in the targeted programs that were successful in recruiting professionals. Wait times now average 2 to 4 months, a reduction from 6 to12 months in 2006-07.

*Autism Services*

The 2007-08 Ministry of Health's budget for autism included $500,000 in ongoing funding for treatment and support, and $2.5 million in one-time funding for bursary and training opportunities for people who

work with autism and related conditions.

During 2007-08 funds were allocated to provide introductory hands-on autism therapy training workshops to front-line professionals (teachers, educational assistants, child care workers, therapists, consultants); to provide bursaries to students in selected health professions; to provide enhanced summer programming for children with autism; and to commence providing intensive therapy to children with autism and parent training to enhance parent capacity to provide therapy to their children.

**Introduction of a dental sealant program targeted at high-risk students in Grades 1 and 7 (2007-08 Performance Plan).**

Implementation of the dental sealant program began in January 2008 in two regional health authorities – Five Hills and Saskatoon. Dental teams provided dental sealants and fluoride varnish applications to children in high-risk schools. Further province-wide implementation of the program was suspended.

**Provide funding for insulin pumps to address children's health needs (2007-08 Performance Plan).**

Criteria were developed and the program implemented effective July 1, 2007.

**Develop a framework for the public health system in line with public health renewal (2007-08 Performance Plan).**

Consultations took place with regional health authorities regarding the development of an action plan. A multi-year Public Health Action Plan based on final report recommendations and consultations is expected to be completed in 2008-09.

**Extend prescription drug coverage and optical services to lower income vulnerable workers (2007-08 Performance Plan).**

Saskatchewan Workers' Health Benefits program was implemented July 1, 2007. Eligible households have a $100 semi-annual deductible and a 35 per cent co-payment for any drugs under the formulary. Routine eye examinations are covered every two years. Coverage was added for chiropractic treatments. This initiative received low up-take and will be phased out. Those individuals currently on the program will continue to receive benefits until June 30, 2010.

**Provide assistance to seniors aged 65 and over which will limit their costs to $15 per prescription for all drugs under the formulary (2007-08 Performance Plan).**

Seniors' Drug Plan was implemented July 1, 2007, for seniors aged 65 and over, which limits their costs to $15 per prescription for all drugs under the Formulary. Changes to the program were announced as part of the 2008-09 budget. The Seniors' Drug Plan will be amended to include an income test component. Eligible seniors 65 years and older will continue to pay only $15 per prescription for drugs listed on the Saskatchewan Formulary and those approved under Exception Drug Status. However, as of July 1, 2008, eligibility will be determined by age and their net income.

This change allows for the funding of the new Children's Drug Program, which will also take effect July 1, 2008.

## Measurement Results

***Number of clients attending outpatient programs for drug and alcohol treatment***

| Year | Frequency* | Year-to-Year % Change |
|---|---|---|
| 2003-04** | 14,920 | -- |
| 2004-05*** | 13,343 | (10.6) |
| 2005-06**** | 13,170 | (1.3) |
| 2006-07***** | 11,937 | (9.3) |

*The frequency does not represent discrete clients; clients may be admitted more than once in an outpatient program in one year.

**Data Source:** Community Care Branch, Ministry of Health.
**Mental Health, Alcohol and Drug Services, Problem Gambling, and Acquired Brain Injury Program Review, September 2005.
***Regional Health Authority Community Program Profile, October 2006. Latest data available.
****Regional Health Authority Community Program Profile, October 2007 - Table Admission to Outpatient Services by Health Region, 2005-06, pg. 71.
*****Data prepared for October 2008 edition of the Regional Health Authority Community Program Profile.
**Calculation:** Total number of clients attending outpatient programs for drug and alcohol treatment is based on information provided from completed discharge forms submitted by regional health authorities during the fiscal year.
**Analysis/Interpretation:** This short-term measure describes the number of clients admitted to outpatient treatment. Outpatient treatments include: intervention, individual, family and group counselling, relapse prevention, referrals, motivational assessment, recovery planning and introduction to self-help groups. Clients receiving such services are able to live within their communities while receiving the needed supports. The Ministry of Health affects this measure through funding and other support to treatment programs. Other factors that influence this measure are number of clients seeking service, referral patterns and the availability of outpatient services delivered by regional health authorities. This measure is currently under review with a view to identifying additional or alternate measure(s) for improvement in promotion, advocacy and information for healthier lifestyles.

***Percentage of children and youth 19 years of age and under who receive services from Mental Health Services in regional health authorities***

| Year | Children and Youth Receiving Mental Health Services (%) | Year-to-Year % Change |
|---|---|---|
| 2004* | 1.6 | -- |
| 2005** | 1.7 | 6.3 |
| 2006*** | 1.9 | 11.8 |

* Mental Health, Alcohol and Drug Services, Problem Gambling, and Acquired Brain Injury Program Review, September 2005.
**Regional Health Authority Community Program Profile, October 2006.
***Regional Health Authority Community Program Profile, October 2007.

**Data Source:** Community Care Branch, Ministry of Health. Data for 2007 are not yet available.

**Calculation:**
Numerator: 5,225 (New and re-opened registrations by age 2006-07, regional health authority) Community Program Profile, October 2007, pg. 22).
Denominator: 270,081 (2006 Covered Population age 0-19)
Calculation: 5,225/270,081 x 100 = 1.9 per cent
**Analysis/Interpretation:** This measure is a general indicator of access, quality, and quantity of mental health services for children and youth. The Ministry of Health affects this measure through funding to regional health authorities to enhance children's mental health services. The Ministry of Health is taking a focused approach to enhancing services and supports for children and their families as part of its Children's Mental Health Plan. Some key activities of the plan include enhancing distance consultation by mental health specialists and competency training to improve interventions for children and youth with mental health problems. Growth in the percentage of children and youth receiving mental health services will likely reflect increasing efforts to identify and serve increased numbers.

***Percentage of daily youth smokers (12-19 years of age) in Saskatchewan***

| Year | Daily Smokers (%) | Year-to-Year % Change |
|---|---|---|
| 2001 | 15.5 | -- |
| 2003 | 9.8 | (36.3) |
| 2005 | 8.1 | (17.4) |
| 2007 | 8.3 | 2.5 |

**Data Source:** Canadian Community Health Survey, Cycle 1.1, 2.1, and 3.1, Statistics Canada. For more information on this and other population health surveys, please visit the Statistics Canada website at: http:/www.statcan.ca/English/concepts/hs/index.htm.
**Calculation:**
Numerator: Weighted number of individuals age 12-19 years who report they currently smoked, daily.
Denominator: Total Saskatchewan population age 12-19 years.
Calculation: (numerator/denominator) x 100
**Analysis/Interpretation:** Tobacco use is the leading cause of preventable illness and death in Canada. Because of the addictive nature of nicotine, it is necessary to develop prevention and promotion strategies that deter youth from beginning to smoke. The percentage of youth smokers is a long-term measure. Since 2001, the rate of daily youth smokers (12-19 years of age) in Saskatchewan has dropped by almost 50 per cent. On January 1, 2005, smoking in enclosed public places became illegal in Saskatchewan. This legislation protects thousands of Saskatchewan residents and their children from the dangers of second-hand smoke and will contribute to the prevention of disease and illness today and in the future. The Ministry of Health, regional health authorities, Health Canada, and the public all play a role in changing smoking behaviour. Changing personal behaviours is often a lengthy process and is affected by factors outside the influence of the Ministry.

***Vaccine coverage rates for two-year-old cohort***

| Year | 2-Year Old Cohort Vaccine Coverage (%) * | Year-to-Year % Change |
|---|---|---|
| 2004-05 | 72.9 | -- |
| 2005-06 | 73.5 | 0.8 |
| 2006-07 | 69.9 | (4.9) |

***** Percentage of eligible population registered in Saskatchewan Immunization Management System and receiving recommended immunizations at second birthday.

**Data Source:** Saskatchewan Immunization Management System (SIMS), Population Health Branch, Ministry of Health.
**Calculation:**
Numerator: Number of children completing recommended immunizations before or on the date of the child's second birthday, whose immunizations are entered into the SIMS computerized registry system.
Denominator: Number of children who have attained the age of two in the specified reporting period and are registered in SIMS. Per cent two-year-old coverage.
Calculation: (numerator/denominator) x 100.
**Analysis/Interpretation:** Immunization coverage rates are sensitive and timely long-term indicators of a health system's capacity to deliver essential services and are useful in monitoring the health of a population. The coverage rates for two-year-olds provide an indication of the performance of immunization programs to protect children from vaccine-preventable disease. The range of immunization rates above was composed using rates for diphtheria, haemophilus influenza type B, measles, meningitis, mumps, pertussis, polio, rubella, tetanus, and varicella (chickenpox) vaccinations.
The numbers reported here are preliminary, as data has been drawn from the relatively new SIMS database. As such, there are currently some limitations with respect to available data, and the rates should be interpreted in that context. The coverage rates apply to those children who are currently registered in the SIMS. Immunizations for children living on reserves are the responsibility of the federal government/First Nations public health agencies and are not currently recorded in SIMS. Data quality varies due to difference in the way information is collected across jurisdictions. The technical functionality of SIMS is being enhanced. The Ministry of Health is working with the regional health authorities and First Nations jurisdictions regarding the possible sharing of an electronic immunization registry.

The decision on whether or not to receive an immunization can be influenced by socio-cultural conditions, educational attainment, and the economic environment. As such, increasing immunization rates is likely to require more than enhanced availability/accessibility of health services. In Saskatchewan immunizations are voluntary. Based on client demand, numbers of immunizations provided, and a low incidence of vaccine-preventable disease, the majority of parents support immunization and choose to have their children immunized. Regional health authorities are responsible for the delivery of public health programs, including immunization.

**Percentage of genital chlamydia cases with complete or required surveillance information in the electronic provincial surveillance system within established time frames.**

This was intended to measure the efficiency of the public health system in managing cases of chlamydia and their contacts. Consultation with public health personnel responsible for communicable disease management has confirmed that the measurement proposed will not measure that.

This particular performance measure has been removed until a more appropriate approach may be developed for communicable disease case and contact management.

***Percentage of off-reserve schools implementing healthy food/nutrition policies***

| Year | Number of schools in divisions in the health regions | Number of schools implementing written policies / guidelines | Percentage of schools implementing written policies / guidelines (%) | Year-to-Year % Change |
|---|---|---|---|---|
| 2006 | 770 | 34 | 4.4 | -- |
| 2007 | 737 | 156 | 21.2 | 381.8 |

**Data Source:** Survey conducted by regional health authorities. Data analysis by Population Health Branch, Ministry of Health.
**Calculation:**
Numerator: Number of schools reporting healthy food/nutrition policies.
Denominator: Total number of schools.
Calculation: (numerator/denominator) x 100
**Analysis/Interpretation:** Many regional population health promotion plans identified work with elementary and high schools and/or school boards to implement healthy food/nutrition policies. This measure is an indicator of the collaboration between health regions and their education partners with health staff supplying its expertise and facilitation of the process, and education turning policy into action. Some limitations of the measure are that it does not include schools on reserves and that the health system does not have control over whether schools pass or implement such policies. Baseline data were collected for September 2006.

## Improve the health of northern and Aboriginal communities

The Ministry of Health continues to move toward improving the health of Aboriginal people. Northern and Aboriginal communities have unique issues, concerns and perspectives on health care. The Ministry continues to implement and explore initiatives that improve the health and well-being of Aboriginal people. Ensuring that our health care system is responsive to the needs of Aboriginal people remains a priority.

**Oversee the development and implementation of Saskatchewan's plan under the Aboriginal Health Transition Fund – Adaptation Envelope, which provides funding to better adapt provincially delivered health services to meet the needs of Aboriginal people (2007-08 Performance Plan).**

As part of the federal Aboriginal Health Transition Fund (AHTF) program, Saskatchewan is eligible to receive up to $8.8 million dollars in transition funding over a three-year period. The purpose of the fund is to find ways to adapt the provincial health system to better meet the health needs of Saskatchewan's First Nations and Métis people. Based on consultations with the Federation of Saskatchewan Indian Nations (FSIN), other First Nations organizations, regional health authority staff, and members of the Northern Health Strategy Working Group, the Ministry of Health created an AHTF – Adaptation Working Group. This group was mandated to provide advice to the Deputy Minister, or his designate, on the development of the province's Adaptation Plan.

Using this advice, the Ministry established a project proposal process where regional health authorities and First Nations and Métis organizations submit proposals for funding. An external reference group reviews the proposals and makes recommendations to the Deputy Minister of Health, or his designate. In 2007-08, the Ministry approved four projects for funding.

The approved projects are:

*The Northern Health Strategy.* The Northern Health Strategy Working group is comprised of representatives from 13 agencies operating in the North, which include regional health authorities, First Nations health service providers, and other health providers and funders, and is tasked with finding cost-effective solutions for providing health services in the North, no matter who the service provider is. This initiative will receive $770,000 from September 1, 2007 – March 31, 2010.

*The Chronic Disease Network and Access Program.* This initiative is being led by the Prince Albert Grand Council, in partnership with the Prince Albert Parkland Regional Health Authority, and will provide

clients living with chronic disease with seamless and equitable access to care in a location in or close to a client's home community.

*The Saskatoon HIV Aboriginal Reduction of Harm Program (SHARP).* The Saskatoon Tribal Council and the Saskatoon Regional Health Authority will work together to reduce the incidence of new HIV and sexually transmitted infection cases in the Saskatoon Health Region by at least ten per cent over the next three years using innovative program strategies and adapted institutional arrangements to reach high-risk vulnerable groups. The project will receive $715,000 from September 1, 2007 - March 31, 2010.

*The Transition to a Multidisciplinary Primary Care Maternal Child Health Program.* Led by the File Hills Qu'Appelle Tribal Council in partnership with the Regina Qu'Appelle Regional Health Authority, the project's goal is to provide a significant and ongoing strengthening in the maternal health services provided by the All Nations' Healing Hospital and community-based services with a focus on First Nations and Métis people. This project will receive $1.3 million from September 1, 2007 - March 31, 2010.

At the end of 2007-08, the Ministry was in the process of evaluating a second group of project proposals. The Ministry expects that the remaining available AHTF – Adaptation funds will be allocated in 2008-09.

**Continued work with the Muskeg Lake Cree Nation (MLCN) to establish a First Nations Wellness Centre and within that a Diabetes Centre of Excellence that will provide a range of primary care, health promotion, traditional healing and co-ordination services all within a holistic context (2007-08 Performance Plan).**

The Ministry of Health has committed $650,000 annually beginning in the 2007-08 fiscal year to support the development and ongoing operations of the Diabetes Centre of Excellence. This project is currently in the planning stages.

**Continue implementation of the recommendations of the Commission of First Nations and Métis Peoples and Justice Reform as they pertain to the Ministry of Health (2007-08 Performance Plan).**

In 2005, the Province of Saskatchewan formulated a three-year action plan in response to the recommendations of the Commission of First Nations and Métis Peoples and Justice Reform. The Ministry of Health has continued to participate in the implementation of the action plan through various initiatives aimed at cognitive disabilities including Fetal Alcohol Spectrum Disorder,new alcohol and drug initiatives, mental health of children and youth, and domestic violence. Implementation of the action plan has resulted in a number of these initiatives being incorporated into the Ministry of Health's Performance Plan. Many of these initiatives involve working with other ministries, regional health authorities, First Nations and Métis organizations, as well as other community-based organizations. Ministry of Health officials have also continued to participate in the Justice Commission Interdepartmental Working Group meetings.

## Measurement Results

**Potential years of life lost (PYLL) due to premature death per 100,000 population for Saskatchewan Registered First Nations People***

| PYLL | 2002 | Year-to-Year % Change | 2003 | Year-to-Year % Change | 2004 | Year-to-Year % Change |
|---|---|---|---|---|---|---|
| Saskatchewan Registered Indian Population** | 8717.8 | -- | 6397.9 | (26.6) | 8079.0 | 26.3 |
| Saskatchewan Population*** | 5600.3 | -- | 5936.8 | 6.0 | 5929.6 | (0.2) |

* Registered First Nations People are those who are registered under Section 6 of *The Indian Act* and who have been assigned digit numbers in the Indian Registry. The term Registered First Nations People is used interchangeable with the term Registered Indians.

**Data Source:**
**2002 Vital Statistics of the Saskatchewan Registered Indian Population; 2003 Vital Statistics of the Saskatchewan Registered Indian Population; 2004 Vital Statistics of the Saskatchewan Registered Indian Population. First Nations and Inuit Health, Health Canada.
*** For 2002, 2003, and 2004 PYLL for Saskatchewan population is calculated using data from the Ministry of Health's covered population and vital statistics for deaths.
**Calculation:**
Caution should be taken when comparing the current results to previous reported results; the calculation of the measures is different from previous years.
**(a)** Registered Indians
Numerator: PYLL for Saskatchewan Registered Indians living on and off reserve in a given year.
Denominator: Population estimate for Saskatchewan Registered Indians age 0-74 years of age living on and off reserve in a given year.
Calculation: (numerator/denominator) x 100,000.
**(b)** Saskatchewan Population
Numerator: PYLL for Saskatchewan residents in a given year.
Denominator: Population estimate for Saskatchewan residents 0-74 years of age in a given year.
Calculation: (numerator/denominator) x 100,000.
**Analysis/Interpretation:** Potential years of life lost (PYLL) is the number of years of life lost when a person dies prematurely from any cause – defined as dying before age 75 (PYLL definition utilized as of 2001). A person dying at age 25, for example, has lost 50 years of life. This long-term measure focuses on deaths among the non-elderly and reflects success in preventing or postponing premature death. This premature loss of life has social and economic consequences and is an overall indicator of the effectiveness of preventive programs, as well as health and well-being of the population. This is a broad level measure, where influence is limited by the broad determinants of health. It is less a measure of health system performance than overall socio-economic and environmental circumstances.

# Improve the retention and recruitment of health care professionals to meet Saskatchewan's health needs

The Ministry of Health recognizes our health professionals as a key component of our health care system. Qualified health care professionals are in great demand across our country and around the world. Through our health human resource strategy we continue to address the challenges of attracting and

retaining skilled health providers.

**Continue implementation of the multi-year plan including:**

- **align education and training supplies with health sector labour market demands;**
- **build additional clinical placement capacity within the province to meet workforce requirements;**
- **recruit needed professionals through the provincial recruitment agency; and**
- **focus on continuing education and professional development, including succession planning and better align the planning needed to match service and health needs with supply between health employers and educational institutions (2007-08 Performance Plan).**

The government has committed to the creation of a more comprehensive ten-year health human resource plan. It is expected that the new plan will be developed utilizing information and results from the patient review initiative. The Ministry of Health, through the Workforce Planning Branch, continues to work closely on several fronts with Advanced Education, Employment and Labour to align health sector provider needs and available training seats. The government announced the commitment to adding more physician and nursing seats last fall and both Ministries are working together to implement these commitments.

The Ministry, through the Workforce Planning Branch, provided $500,000 for additional clinical placement capacity for select health professions in 2007-08.

Health Careers in Saskatchewan (HCIS) continues to be very active on both the domestic and international fronts. In 2007-08, HCIS was present at 25 career fairs in Canada. In addition, HCIS participated in two international recruiting events: a physician career fair in London, England and a nursing recruitment trip to the Philippines where 287 nurses were offered positions in Saskatchewan's health system. In addition, HCIS has advertised in the United Kingdom, the United States, and extensively in Canada.

The success of HCIS is integrally linked with the success of the Ministry's incentive grant programs that have enticed over 670 health providers to accept positions in the Saskatchewan health system since October 2006.

In 2007-08, the Ministry provided an additional $1 million in nursing professional development funding to the health regions. This was in addition to professional development funding of $500,000 already provided to the health regions in 2007-08. In addition, the Ministry provides over $6 million in bursary funding to individuals who are in training for key health provider occupations. The Ministry also provided $2.6 million in 2007-08 for workforce retention initiatives, including succession-planning projects, through the Health Workforce Retention Program.

The Ministry of Health continues to work with educational institutes, employers, provider organizations and other government agencies to help facilitate discussions and planning to match service and health system needs with educational institute planning for training capacity. For instance, through ongoing regular meetings such as the Provincial Health Workforce Steering Committee, the Provincial Nursing Committee and the Joint Health Workforce Committee (Vice-Presidents of Human Resources), employers, educational institutes, provider organizations and government ministries meet together to identify and address provincial health workforce planning issues.

## Measurement Results

***Percentage of bursary recipient graduates performing approved return of service in Saskatchewan upon program completion***

| Year | Bursary Graduates Return Service in Sask. (%) * | Year-toYear % Change |
|---|---|---|
| 2004-05 | 91 | -- |
| 2005-06 | 93 | 2.2% |
| 2006-07 | 94 | 1.1% |
| 2007-08 | not yet available | not yet available |

**Data Source:** Workforce Planning Branch, Ministry of Health.
**Calculation:** Percentage of bursary recipient graduates performing approved return of service in Saskatchewan after program completion.
Numerator: The number of bursary recipient graduates for a specific time period performing approved return of service in Saskatchewan after program completion.
Denominator: The total number of all bursary recipient graduates for a specific time period.
Calculation: (numerator/denominator) x 100
**Analysis/Interpretation:** Selected students in a number of health professions receive government bursaries to help cover their educational expenses. In return, bursary holders are required to provide one or more years of service upon graduation in a publicly funded health care setting. The success of the bursary program is assessed, in part, by the extent to which graduates complete their return of service obligations. It is anticipated that once the graduates have worked in Saskatchewan for a time, they will be more likely to stay in the province on a long-term basis. The Ministry of Health influences this short-term measure by providing regional health authorities and bursary graduates with information to connect with one another. Some external factors influencing this measure are recruitment practices (e.g., buy-out of bursaries and signing bonuses) by other jurisdictions and graduate preferences regarding their location of employment and employment opportunities upon graduation.

## Develop representative workplaces that facilitate full participation in all health occupations

The Ministry of Health recognizes the importance of a health system that reflects the diversity of our population and remains committed to improving the participation and success of diverse groups in all program and service areas. The development of representative workplaces is a key element of Saskatchewan's Workforce Action Plan. Increasing the proportion of the workforce that is of First Nations and Métis heritage, as well as increasing awareness of First Nations and Métis culture, values and traditions for non-Aboriginal health providers, is an important aspect of this objective.

**Conduct Aboriginal awareness training in workplaces (2007-08 Performance Plan).**

Over 26,000 health region employees have taken the Aboriginal Awareness training in Saskatchewan. The Ministry provides $300,000 annually for this representative workforce training.

**Work collaboratively with Aboriginal communities and other stakeholders to build opportunities for professional development and training targeted to Aboriginal health care providers (2007-08 Performance Plan).**

The Ministry of Health, First Nations Métis Relations (FNMR), SAHO and the Ministry of Education, through the Representative Workforce Steering Committee, have provided guidance to the overall

direction of the Aboriginal Employment Development Plan which includes amoung other things, Representative Workforce Training. Collaborations of this nature continue to produce the necessary next steps where we see more Aboriginal workers gain access to health care job opportunities and identify and encourage their increased participation.

## Measurement Results

***Number of Health sector employees who have completed an Aboriginal Awareness Training Module***

| Year | SAHO | Year-toYear % Change | Other* |
|---|---|---|---|
| 2003-04 | 4,361 | -- | N/A |
| 2004-05 | 4,767 | 9.3 | N/A |
| 2005-06 | 5,800 | 21.7 | 2,458 |
| 2006-07 | 5,764 | (0.6) | N/A |
| 2007-08 | 5,745 | (0.3) | N/A |

* Aboriginal awareness training provided by those other than SAHO. For consistency of content, this alternate training includes the core learning objectives as identified in the SAHO Aboriginal Awareness Training.

**Data Source:** Saskatchewan Association of Health Organizations (SAHO)
**Calculation:** Number of employees trained as of March 31, 2007.
**Analysis/Interpretation:** SAHO collaborated with Canadian Union of Public Employees (CUPE) to develop a three-hour Aboriginal Awareness training
module and Participant Workbook. The training is based on a popular education methodology that engages participants in active discussion and activities that serve the following objectives:
• to create awareness and understanding of the Representative Workforce Strategy;
• to instill a sense of ownership of the Partnership Agreement and collective agreement language;
• to promote action toward a Representative Workforce from each participant;
• to prepare the workplace by promoting better understanding of Aboriginal issues and cultural differences;
• to promote a desire for further self-education on Aboriginal issues; and
• to encourage participants to ask questions and challenge the status quo.

The three-hour training module provides information on the following key areas:

• Representative Workforce
• Statistics and Demographics – power point presentation
• History of the Treaties – jeopardy game and treaty building activity
• Cultural Awareness provided by Elders
• Myths and Misconceptions about Aboriginal People
• Employee Relations
• Language in the Partnership Agreements and in Collective Agreements
• Circle Evaluation

The training was co-facilitated by SAHO and CUPE's Aboriginal Education Co-ordinators who were hired specifically to deliver this training. The Ministry of Health recognizes other Aboriginal awareness

training modules in the province, which also addresses the key areas and objectives outlined above and are found in the SAHO training package. The Ministry provides dedicated funding to regional health authorities and the Saskatchewan Cancer Agency for Representative Workforce training.

***Percentage of regional health authority employees who self-identify as Aboriginal***

| Health Employer | 2003-04 (%) | 2005-06 (%) | 2006-07 (%) |
|---|---|---|---|
| Sun Country | N/A* | 0.8 | 0.8 |
| Five Hills | N/A | N/A | 3.3 |
| Cypress | 0.0 | N/A | 0.1 |
| Regina Qu'Appelle | 3.0 | 3.1 | 5.0 |
| Sunrise | 1.1 | 0.7 | 1.3 |
| Saskatoon | 2.7 | 2.7 | 2.6 |
| Heartland | 0.1 | N/A | 1.1 |
| Kelsey Trail | 1.8 | 1.8 | N/A |
| Prince Albert Parkland | 14.5 | 19.1 | 18.0 |
| Prairie North | N/A | N/A | N/A |
| Mamawetan Churchill River | 30.0 | 35.9 | 34.2 |
| Keewatin Yatthé** | 70-90 | 74.6 | N/A |
| Saskatchewan Cancer Agency | N/A | N/A | N/A |

* N/A = not available
** Percentages for Keewatin Yatthé have been estimated.

**Data Source:** Workforce Planning Branch, Ministry of Health.
**Calculation:** Percentage of self-reported Aboriginal employees as submitted by each regional health authority.
Numerator: Total number of self-declared Aboriginal employees by regional health authority.
Denominator: Total number of employees by regional health authority.
Calculation: (numerator/denominator) x 100
**Analysis/Interpretation:** Demographic data indicates that Saskatchewan has one of the fastest growing Aboriginal populations in Canada. With increasing emphasis on ensuring the labour force reflects the population diversity, employers are seeking Aboriginal candidates to meet their workforce needs. Data for this calculation is collected through voluntary self-report and is considered a conservative estimate. Response rates to equity surveys are often low in places where data of this type is not collected routinely. Benchmarks based on representative workforces still have to be developed to facilitate the interpretation of these kinds of long-term indicators. The Ministry of Health is a member of the Provincial Aboriginal Representative Workforce Council and a participant on the Health Sector Partnership Steering Committee. The steering committee is comprised of health employers, professional associations, training institutions, unions, Aboriginal government and provincial government departments. The purpose of the steering committee is to work together to identify, develop and implement strategies that address the health training and employment needs with a focus on Aboriginal employment.

## Safe, supportive and quality workplaces

The quality of work environments plays a pivotal role in attracting and retaining health care providers. Work place improvement strategies encompass a wide range of activities, all designed to create and support safe, respectful, satisfying and efficient workplaces.

**Continue to support and promote Quality Workplace Initiatives (2007-08 Performance Plan).**

The Ministry of Health, through the Workforce Planning Branch, provided $500,000 for health region Quality Workplace Initiatives. In addition, $1.1 million was provided to health regions, the Saskatchewan Cancer Agency and SAHO for occupational health and safety supervisory training to help ensure compliance with the current and amended *Occupational Health and Safety Act*.

The government of Saskatchewan's revisions to *The Occupational Health and Safety Act, 1993* and elated regulations also led to a $27 million investment over three years for safety lifting equipment. Each regional health authority received a base-funding amount of $100,000 with the remainder of the allocation based on the number of beds in each region. A total of $11.9 million was allocated in 2007-08.

# Measurement Results

- ***Annual average number of sick leave hours per full-time equivalent (FTE)***
- ***Annual number of lost-time Workers' Compensation Board (WCB) claims per 100 FTEs (frequency)***
- ***Annual number of lost-time Workers' Compensation Board days per 100 FTEs (severity)***

| Reason for Healthcare Employee Absence | Year | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 2004-05 | Year-to-Year % Change | 2005-06 | Year-to-Year % Change | 2006-07 | Year-to-Year % Change | 2007-08 | Year-to-Year % Change |
| Sick leave hours per FTE (annual average)* | 88.57 | -- | 85.18 | (3.8) | 84.12 | (1.2) | 84.35 | 0.3 |
| Number lost-time WCB claims per 100 FTE (annual average)** | 8.94 | -- | 8.07 | (9.7) | 7.67 | (5.0) | 7.12 | (7.2) |
| Number of lost-time WCB days per 100 FTEs (annual average)*** | 419.10 | -- | 447.10 | 6.7 | 468.45 | 4.8 | 451.26 | (3.7) |

**Data Source:** Workforce Planning Branch, Ministry of Health.
**Calculation:**
* Sick leave hours per FTE:
Numerator: The number of worked hours that employees are absent from the workplace due to illness or injury recorded as sick time in the SAHO payroll for a specific time period.
Denominator: The total number of full-time, part-time and casual FTEs for a specific time period.
Calculation: The total number of worked hours absent due to illness or injury divided by the total number of FTEs, for a specific time period.
**Annual number of lost-time WCB claims per 100 FTEs (frequency):
Numerator: The total number of accepted lost-time claims for a specific time period.
Denominator: The total number of paid FTEs for a specific time period.
Calculation: The number of lost-time WCB claims divided by the total number of paid FTEs, expressed as a rate per 100 FTEs for a specific time period.
***Annual number of lost-time WCB days per 100 FTEs (severity):
Numerator: The total number of lost-time days for a specific time period.

Denominator: The total number of paid FTEs for a specific time period.
Calculation: The number of lost-time WCB days divided by the total number of paid FTEs, expressed as a rate per 100 FTEs for a specific time period.
**Analysis/Interpretation:** Absence as a result of illness or injury constitutes a significant proportion of total absence from the workplace. Sick leave is a well-established indicator of the quality of the workplace, staff morale and job satisfaction. Literature has consistently shown that as morale improves, rates of absenteeism decline. In addition, workplace injuries take a toll on workers and their families and also place a large burden on the health care and compensation systems. The reduction in sick leave hours and WCB claims is a result of new attendance management programs, improved focus on occupational health and safety programs, increased use of SAHO's Transfer, Lifting and Repositioning program or given the increased number of hours worked, a reduction in workload or time at work resulting in fewer injuries. While sick leave hours and WCB claims are decreasing, the severity of the claims has resulted in an increase in WCB days. Regional health authorities, employee groups and others can influence these measures in many ways such as through injury prevention policies, protocols and training.

***Percentage of regional health authority staff rating their workplace learning environment as excellent, very good or good***

Progress to date: 2005: 44.3 per cent

**Data Source:** Workforce Planning Branch, Ministry of Health.
**Calculation:** Percentage of regional health authority staff rating their workplace learning environment as excellent, very good or good.
Numerator: The total number of positive responses for all questions within the learning environment composite across all respondents.
Denominator: The total number of responses (positive or negative) for all questions across all respondents in the learning environment composite.
Calculation: The total number of positive responses for all questions within the learning environment composite across all respondents divided by the total number of responses (positive or negative) for all questions across all respondents in the learning environment composite, expressed as a percentage.
**Analysis/Interpretation:** In May 2005, an employee opinion survey was circulated to give 37,000 Saskatchewan health care workers an opportunity to share their views about their workplaces. Some of the survey questions addressed issues related to the workplace learning environment including fair and regular feedback, formal learning opportunities and development, and occasions for informal learning from other units, departments or teams. The workplace's learning environment is an important factor in creating environments that retain employees and assist staff in providing quality care. It is anticipated that there will be a follow-up survey in the near future. The department provides funding for this measure and support for regional health authority staff's professional development. Regional health authorities and individual facilities/programs influence this measure through their own learning policies and practices.

## Ensure quality, effective health care

The Ministry of Health continues to promote quality and innovation in the provision of health care. We have introduced a range of initiatives to ensure evidence-based decisions lead to the continual improvement in the delivery of quality health services. We work with groups such as the Health Quality Council to advance collaborative approaches to assess quality issues and introduce improvements. We also continued to progress with health information systems to provide access to pertinent health information for health care providers.

**Continue to implement components of an electronic health record:**

- **planning and design of a public health surveillance system;**
- **plans to improve the delivery of systems for front-line care patients care professionals in primary care, public health, home care and acute care settings; and**
- **continued implementation of the Pharmaceutical Information Program (PIP), and Integrated Clinical System (ICS) (2007-08 Performance Plan).**

*Public Health Surveillance (PHS)*

In 2007-08, both the Health Information Solutions Centre and the Population Health Branch continued to participate in the development of the Pan-Canadian Public Health Surveillance System (Panorama). The new system, being developed in partnership with Canada Health Infoway, is based on requirements gathered from public health professionals across the country, and is currently in the development and testing phase. Saskatchewan is represented at the Steering and Jurisdictional Implementation Leads committees. Saskatchewan completed a number of pre-planning activities in 2007-08 in preparation to begin an Infoway sponsored planning phase.

*Improve Delivery of Front-Line Care for Patients*

Several concurrent initiatives are underway. A combined procurement for provincial primary health care software and electronic medical record (EMR) software, for use in physician offices, was issued in the spring of 2008 with a scheduled conclusion of the procurement for late fall 2008. Once products are selected, a plan will be created detailing the implementation of the software.

*Pharmaceutical Information Program (PIP) – (Messaging and Integration)*

Completed the software build work to support the pan-Canadian drug information system message standard (CeRx) and started the build work to enable the PIP application to use the message standard to facilitate integration with vendor pharmacy systems, electronic medical records (EMR) software and the electronic health record.

*Provincial Diagnostic Imaging: The Radiology Information System and Picture Archiving Communication System (RIS/PACS)*

In coordination with Canada Health Infoway, implementation of RIS/PACS began in 2007-08. Saskatoon Health Region implemented the PACS system for managing radiology images in November 2007, with Cypress Health Region implementing both RIS and PACS in November 2007. As a result, on February 4, 2008, the Swift Current Regional Hospital was the first hospital in Saskatchewan to begin filmless operation. Implementations of RIS and PACS will follow in Regina Qu'Appelle and the remaining five mid-sized regions in 2008-09.

*Integrated Clinical Systems*

In 2007-2008, the following point-of-service computer systems were implemented by regional health authorities, with the assistance of Saskatchewan Health Information Network (SHIN): registration in La Loche; laboratory in La Ronge; home care enhancements in Heartland, Sun Country and Prairie North; a software upgrade to the long-term care system, used by all regional health authorities, commenced; and the procurement of a replacement regional clinical laboratory information system was completed. With respect to the clinical view implementation and expansion, phase II enhancements to the Sunrise Health Authority pilot implementation were completed and negotiations with the clinical view product vendor for provincial licensing

of the clinical view software were successfully concluded.

**Construction of a new provincial lab, the Saskatchewan Disease Control Laboratory, to increase capacity, improve testing capability, support public health efforts and speed up intervention in the event of a public health crisis (2007-08 Performance Plan).**

Construction of the new facility being built in Research Park (University of Regina Campus) began June 2007. The expected completion date is late spring 2009. The 2007-08 budget included $16.45 million to cover the estimated expenditures of the new Saskatchewan Disease Control Laboratory.

## Measurement Results

***Number of clients who contacted a Quality of Care Co-ordinator (QCC) to report one or more concerns***

| Year | Number of QCC Contacts by Clients | Year-to-Year % Change |
|---|---|---|
| 2001-02 | 1,939 | -- |
| 2002-03 | 1,684 | (13.2) |
| 2003-04 | 2,205 | 30.9 |
| 2004-05 | 2,140 | (3.0) |
| 2005-06* | 3,436 | 60.6 |
| 2006-07 | 4,519 | 31.5 |
| 2007-08** | data not yet available | data not yet available |

* Concerns reported in 2005-06 increased significantly due to implementation of a web-based concern handling system. This system supports QCCs in recording and reporting the number of concerns.
** Data will be available Fall 2008.

**Date Source:** Health Information Solutions Centre web-based database: Client Concern Handling System (CCHS), Acute and Emergency Services Branch, Ministry of Health.
**Calculation:** The number of clients who contact a QCC to report one or more concerns during the fiscal year reporting period.
**Analysis/Interpretation:** Regional health authorities are required to report a summary of their client concern information (without any identifying or case-specific information) to the Ministry. This information is one way of tracking the volume of health care concerns and identifying areas to target for quality improvement. The number of client contacts is in part representative of the success of regional health authorities and the Ministry of Health in publicizing the role and responsibilities of the Quality of Care Coordinators in resolving client concerns. This long-term measure is influenced by promotion and data collection efforts of regional health authorities. As the Ministry is not a direct health service provider, the influence on this measure is impacted by the quality of services provided by regional health authorities.

***Percentage of concerns received by Quality of Care Co-ordinators (QCC) that are concluded within 30 days***

| Year | Client Concerns Concluded Within 30 days (%) | Year-to-Year % Change |
|---|---|---|
| 2001-02 | 85 | -- |
| 2002-03 | 82 | (3.5) |
| 2003-04 | 87 | (6.1) |
| 2004-05 | 83 | (4.6) |
| 2005-06 | 86 | 3.6 |
| 2006-07 | 87 | 1.2 |
| 2007-08* | data not year available | data not yet available |

* Data will be available in Fall 2008.

**Data Source:** Health Information Solutions Centre web-based database: Client Concern Handling System (CCHS), Acute and Emergency Services Branch, Ministry of Health.
**Calculation:** Per cent of client concerns concluded within 30 days.
Numerator: Total number of concerns resolved within 30 days during the fiscal year reporting period.
Denominator: Total number of concerns reported to the QCC during the fiscal year reporting period.
Calculation: (numerator/denominator) x 100
**Analysis/Interpretation:** In addition to tracking the volume of concerns, QCCs also record how quickly each concern was concluded. A concern is considered concluded from the regional health authority's perspective when the QCC provides a written or oral response regarding the issue raised. The majority of the concerns received in 2005-06 (86 per cent) were concluded in a timely manner. Reasons for cases taking longer to address may include delays when referring a question or issue to a health care professional for more information, and/or repeated consultations with the family. This short-term measure may not reflect the total number of concerns in the system, as clients and their families or friends may not be aware that a formal mechanism exists to respond to their concerns. Conclusion of a concern does not necessarily represent resolution or satisfaction for the client who reported the concern. Rather, it represents the conclusion of the investigation/intervention process and the sharing of those outcomes with the client. The Ministry of Health requires partnerships with regional health authorities to ensure that reports of client concerns are accurately recorded and relayed to the Ministry.

## Appropriate governance, accountability and management for the health sector

Strong leadership and effective planning in health care must be consistent across the province. The Ministry of Health continues to work with regional health authorities to create a strong accountability relationship that includes strong governance, more co-ordinated planning and reporting, and strengthened fiscal management.

**Work in collaboration with regional health authorities to address patient flow through a variety of care settings/care processes (technical efficiency review). Continue to work with SCA and Saskatchewan Oncology Collaborative on implementation of the SCA review recommendations (2007-08 Performance Plan).**

The Saskatchewan Oncology Collaborative (SOC) is co-chaired by the Saskatchewan Cancer Agency (SCA) and the Regina Qu'Appelle Regional Health Authority, and has representation for regional health

authorities, the Ministry, Canadian Cancer Society Saskatchewan Division, and patient groups. The SOC provides a forum for the SCA and its health partners for program consultation, joint planning, implementation and evaluation. In addition to activities undertaken by the SOC and its sub-groups, work to improve patient access to cancer care continued to be undertaken through the SCA's wait times Working Group. The Wait Times Working Group actively worked to prepare for 2008-09 reporting on the pan-Canadian benchmark for radiation treatment (treatment within four weeks of being "ready to treat"). Through SOC's Radiation Oncology Working Group, the SCA continued development and implementation of the SCA's capital equipment plan to ensure that up-to-date technology will be available to support the evolving standards of radiation therapy.

**Complete the development of model affiliate agreements and begin implementation (2007-08 Performance Plan).**

Development of model affiliate agreements delayed due to the need for further discussions within the Ministry and with regional health authorities and health care organizations regarding the need to incorporate additional provisions respecting risk management and quality improvement.

**Implement enhancements in the collection and reporting of management information to improve the availability of timely and comparable information by the Ministry of Health and health region leaders in planning and managing health sector performance and accountability (2007-08 Performance Plan).**

Design of a system that will allow organizations in the health care sector to upload financial and statistical data into a central database began in 2007-08. This system will undergo development and testing in 2008-09, however, will not be operational until 2009-10.

# Measurement Results

***Percentage of regional health authority and Saskatchewan Cancer Agency operational plans meeting standards.***

Regional health authorities have submitted annual operating plans. Their requirements of the plans are being further refined.

**Data Source:** Regional Accountability Branch, Ministry of Health
**Calculation:** A quantitative toll to assess whether or not plans are meeting standards has not yet been established. The Ministry of Health is working toward further defining measurement in this area.
**Analysis/Interpretation:** All regional health authorities submitted comprehensive operational plans according to the guidelines established by the Ministry of Health. Planning guidelines indicated that the operational plan is to be prepared at a status quo service level and where necessary identifying changes required to balance within the target provided. Six regions (50 per cent) did not fully comply with the requirements to provide plans for changes that would be sufficient to balance their 2007-08 operations.

## Sustain publicly funded and publicly administered Medicare

**Continue to work with partners in the health sector to implement cost-effective approaches to health care (2007-08 Performance Plan).**

A new program was implemented within regional and provincial hospitals that ensure each facility has a family physician available to assist in managing the admission, discharge and continuity of care for patients who do not have their own designated family physician.

**Continue to implement strategies to engage the public as well as health care providers to increase knowledge of the health sector, including what the sector does, the strengths of the system, the current and future challenges (2007-08 Performance Plan).**

Throughout 2007-08, the Ministry of Health's communications with the media, public, and health care partners, has consistently emphasized the nature and scope of health services available in Saskatchewan, progress and successes in enhancing those services, and the need to manage the health system within available financial resources. Sustainability and the challenge of increasing demand for services are frequent themes in new releases, consultations and public addresses by the Minsiter of Health.

In 2007, the Ministry of Health Communications Branch handle an average of 62 media calls a month, answered over 7000 calls made to the genral inquiry line, responded to over 900 correspondence letters and over 2500 web iquiries. In additon, over 100 news releases were prepared and distributed.

## Measurement Results

***Under Development***

# 2007-08 Financial Overview

# 2007-08 Financial Overview

The Ministry of Health's 2007-08 expenditure budget is restated to transfer $884,000 to the Public Service Commission as a result of the October 1, 2007, transfer of the human resources function.

The Ministry incurred $3.518 billion of 2007-08 expenditure, $55.5 million higher than provided in its restated budget. During 2007-08, the Ministry received $93 million of additional funding through supplementary estimates for safety equipment and training in health sector workplaces, recruitment initiatives, a nursing recruitment fund, and accelerated quality improvement in the health sector. These costs were offset by lower than anticipated utilization of out-of-province, physician and drug plan services.

In 2007-08, the Ministry received $16.5 million of revenue, $2.9 million more than budgeted. The additional revenue is primarily due to higher than budgeted vaccine sales and transfers from the federal Aboriginal Health Transition Fund that were not anticipated in finalizing the 2007-08 budget.

In 2007-08, the Ministry's full-time equivalent (FTE) complement totaled 695.9 FTEs, 10.4 FTEs below the Ministry's re-based budget complement. The variance is primarily the result of vacancies and hard-to-recruit positions.

## Ministry of Health Comparison of Actual Expense to Estimates

| | 2007-08 Estimates $000s | 2007-08 Restated Estimates $000s | 2007-08 Actual $000s | 2007-08 Variance $000s | Notes |
|---|---|---|---|---|---|
| **Central Management and Services** | | | | | |
| Executive Management | 1,972 | 1,972 | 2,037 | 65 | |
| Central Services | 8,791 | 7,938 | 8,200 | 262 | |
| Accommodation Services | 5,461 | 5,430 | 5,741 | 311 | |
| **Subtotal** | **16,224** | **15,340** | **15,978** | **638** | |
| **Regional Health Services** | | | | | |
| Athabasca Health Authority Inc. | 4,821 | 4,821 | 4,841 | 20 | |
| Cypress Regional Health Authority | 83,281 | 83,281 | 84,540 | 1,259 | |
| Five Hills Regional Health Authority | 97,090 | 97,090 | 98,972 | 1,882 | |
| Heartland Regional Health Authority | 64,931 | 64,931 | 65,539 | 608 | |
| Keewatin Yatthé Regional Health Authority | 17,345 | 17,345 | 18,165 | 820 | |
| Kelsey Trail Regional Health Authority | 76,396 | 76,396 | 77,585 | 1,189 | |
| Mamawetan Churchill River Regional Health Authority | 16,102 | 16,102 | 16,547 | 445 | |
| Prairie North Regional Health Authority | 128,842 | 128,842 | 131,367 | 2,525 | |
| Prince Albert Parkland Regional Health Authority | 125,397 | 125,397 | 126,657 | 1,260 | |
| Regina Qu'Appelle Regional Health Authority | 593,691 | 593,691 | 598,348 | 4,657 | (1) |
| Saskatoon Regional Health Authority | 640,971 | 640,971 | 648,942 | 7,971 | (1) |
| Sun Country Regional Health Authority | 94,615 | 94,615 | 95,408 | 793 | |
| Sunrise Regional Health Authority | 135,830 | 135,830 | 137,494 | 1,664 | |
| Regional Targeted Programs and Services | 89,504 | 89,504 | 66,676 | (22,828) | (2) |
| Saskatchewan Cancer Agency | 78,490 | 78,490 | 77,851 | (639) | |
| Facilities - Capital | 36,472 | 36,472 | 42,238 | 5,766 | (3) |
| Equipment - Capital | 22,000 | 22,000 | 44,161 | 22,161 | (4) |
| Regional Programs Support | 17,397 | 17,397 | 16,507 | (890) | |
| **Subtotal** | **2,323,175** | **2,323,175** | **2,351,838** | **28,663** | |
| **Provincial Health Services** | | | | | |
| Canadian Blood Services | 45,600 | 45,600 | 39,700 | (5,900) | (5) |
| Provincial Targeted Programs and Services | 40,933 | 40,933 | 108,351 | 67,418 | (6) |
| Provincial Laboratory | 15,050 | 15,050 | 15,312 | 262 | |
| Health Research | 6,113 | 6,113 | 6,113 | - | |
| Health Quality Council | 5,150 | 5,150 | 10,150 | 5,000 | (7) |
| Immunizations | 10,110 | 10,110 | 10,593 | 483 | |
| Saskatchewan Health Information Network | 22,840 | 22,840 | 34,840 | 12,000 | (8) |
| Provincial Programs Support | 15,787 | 15,787 | 16,998 | 1,211 | |
| **Subtotal** | **161,583** | **161,583** | **242,057** | **80,474** | |
| **Medical Services & Medical Education Programs** | | | | | |
| Medical Services - Fee-for-Service | 384,166 | 384,166 | 379,196 | (4,970) | (9) |
| Medical Services - Non-Fee-for-Service | 84,333 | 84,333 | 77,112 | (7,221) | (9) |
| Medical Education System | 30,865 | 30,865 | 29,819 | (1,046) | |
| Chiropractic Services | 9,510 | 9,510 | 9,234 | (276) | |
| Optometric Services | 4,443 | 4,443 | 4,820 | 377 | |
| Dental Services | 1,754 | 1,754 | 1,588 | (166) | |
| Out-of-Province | 93,545 | 93,545 | 83,887 | (9,658) | (9) |
| Program Support | 4,374 | 4,374 | 3,872 | (502) | |
| **Subtotal** | **612,990** | **612,990** | **589,528** | **(23,462)** | |
| **Drug Plan & Extended Benefits** | | | | | |
| Saskatchewan Prescription Drug Plan | 262,485 | 262,485 | 246,060 | (16,425) | (9) |
| Saskatchewan Aids to Independent Living | 32,211 | 32,211 | 28,961 | (3,250) | |
| Supplementary Health Program | 16,312 | 16,312 | 14,900 | (1,412) | |
| Family Health Benefits | 7,463 | 7,463 | 4,242 | (3,221) | |
| Multi-Provincial Human Immunodeficiency Virus Assistance | 245 | 245 | 69 | (176) | |
| Program Support | 4,139 | 4,139 | 3,761 | (378) | |
| **Subtotal** | **322,855** | **322,855** | **297,993** | **(24,862)** | |
| **Early Childhood Development** | **9,323** | **9,323** | **9,288** | **(35)** | |
| **Provincial Infrastructure Projects** | **17,450** | **17,450** | **11,581** | **(5,869)** | (10) |
| **APPROPRIATION** | **3,463,600** | **3,462,716** | **3,518,263** | **55,547** | |
| **Capital Asset Acquisition** | (17,975) | (17,975) | (14,716) | 3,259 | |
| **Capital Asset Amortization** | 498 | 498 | 786 | 288 | |
| **EXPENSE BEFORE SUPPLEMENTARY ESTIMATES** | **3,446,123** | **3,445,239** | **3,504,333** | **59,094** | |
| **Supplementary Estimates** | | **93,136** | **0** | **(93,136)** | (11) |
| **REVISED TOTAL EXPENSE** | | **3,538,375** | **3,504,333** | **(34,042)** | |
| **FTE STAFF COMPLEMENT** | | **706.3** | **695.9** | **(10.4)** | |

**Ministry of Health Comparison of Actual Expense to Estimates (continued)**

The Ministry's 2007-08 budget is restated to reflect the October 1, 2007, transfer of human resource functions to the Public Service Commission. The restatement reduced the Central Management and Services sub-vote by $884,000.

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

**Explanations for Major Variances**

Explanations are provided for all variances that are both greater than five per cent of the Ministry's 2007-08 Estimates and greater than 0.1 per cent of the Ministry's total expense.

(1) Primarily payment of collective agreement expenses that were budgeted in Regional Targeted Programs and Services.

(2) Primarily collective agreement expenses that were paid to and expensed as individual regional health authority base grants.

(3) Primarily investment in laundry facilities and planning costs.

(4) Increased investment in major equipment repairs, patient lifts and other safety equipment, and diagnostic imaging equipment.

(5) Lower than budgeted utilization of blood products.

(6) Establishment of a nursing recruitment fund, recruitment initiatives and health worker safety training.

(7) Funding to implement quality improvement techniques in partnership with the Ministry and regional health authorities.

(8) Funding to accelerate work on key projects, access Canada Health Infoway funding and address infrastructure and system security deficits.

(9) Program utilization below budgeted levels.

(10) Costs incurred during the year for the Saskatchewan Disease Control Laboratory replacement project were lower than budgeted.

(11) Funding for safety equipment and training in health sector workplaces, recruitment initiatives, a nursing recruitment fund, and accelerated quality improvement in the health sector.

**Ministry of Health Comparison of Actual Revenue to Estimates**

| | 2007-08 Estimates $000s | 2007-08 Actual $000s | Variance $000s | Note |
|---|---|---|---|---|
| Other Own-source Revenue | | | | |
| Interest, premium, discount and exchange | 39 | 166 | 127 | |
| Other licenses and permits | 142 | 148 | 6 | |
| Sales, services and service fees | 4,848 | 5,597 | 749 | |
| Other | 1,123 | 2,346 | 1,223 | (1) |
| Total | 6,152 | 8,257 | 2,105 | |
| **Transfers from the federal government** | 7,436 | 8,278 | 842 | |
| **TOTAL REVENUE** | **13,588** | **16,535** | **2,947** | |

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*, alcohol and drug rehabilitation, employment assistance for persons with disabilities, and programs to assist the integration of internationally-educated health professionals. The Ministry also collects revenue through fees for services such as vital statistics certificates, 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 attributable to $1.1 million of unanticipated revenue received from the federal Aboriginal Health Transition Fund.

**Loans and Guaranteed Debt**

| | 2007-08 ($000s) |
|---|---|
| *The Housing and Special-care Homes Act* | |
| Senior citizens' housing | 29 |

Further information is available in Appendix 1.

# 2007-08 Regional Health Authorities' Audited Operating Fund Financial Statements

(In Dollars)

| STATEMENT OF OPERATIONS | Cypress | Five Hills | Heartland | Keewatin Yatthé [1] | Kelsey Trail [1] | Mamawetan Churchill River |
|---|---|---|---|---|---|---|
| **Operating Revenues:** | | | | | | |
| Ministry of Health - General Revenue Fund | 86,412,756 | 101,542,741 | 66,063,314 | 19,927,099 | 78,396,865 | 18,620,172 |
| Other Government Jurisdiction Revenue | 202,397 | 439,358 | 98,849 | 75,000 | 515,200 | 683,229 |
| Out-of-Province/Third Party Reimbursements | 9,518,863 | 5,967,641 | 9,753,219 | 1,199,090 | 8,378,115 | 936,837 |
| Donations | 16,902 | 38,444 | 104,758 | - | 13,213 | - |
| Investment Income | 383,991 | 684,641 | 470,893 | 100,346 | 410,051 | 81,355 |
| Ancillary Operations | - | 146,357 | - | - | 601,381 | 109,069 |
| Other | 265,050 | 786,341 | 374,144 | 340,319 | 800,791 | 208,892 |
| **Total Operating Revenue** | **96,799,959** | **109,605,523** | **76,865,177** | **21,641,854** | **89,115,616** | **20,639,554** |
| **Operating Expenses:** | | | | | | |
| Province Wide Acute Care Services | 884,859 | 1,399,280 | 30,263 | 54,558 | 714,382 | 142,882 |
| Acute Services | 29,609,265 | 38,105,768 | 15,824,872 | 7,673,629 | 29,348,008 | 6,011,809 |
| Physician Compensation | 7,374,895 | 5,590,668 | 318,933 | 252,787 | 1,459,184 | 41,178 |
| Supportive Care Services | 32,730,481 | 33,542,487 | 36,236,434 | 1,395,962 | 30,728,993 | 602,754 |
| Home Based Service - Supportive Care | 5,201,232 | 5,976,953 | 5,651,537 | 1,219,515 | 5,229,067 | 215,499 |
| Population Health Services | 2,007,106 | 3,095,333 | 2,792,063 | 2,196,317 | 3,495,551 | 2,556,034 |
| Community Care Services | 4,212,132 | 5,239,925 | 3,298,162 | 1,686,782 | 3,100,930 | 2,654,490 |
| Home Based Services - Acute & Paliative | 609,270 | 1,112,388 | 659,023 | - | 528,130 | 894,863 |
| Primary Health Care Services | 3,453,230 | 1,361,957 | 3,485,322 | 1,938,590 | 2,887,171 | 3,099,503 |
| Emergency Response Services | 3,245,543 | 2,426,646 | 3,767,027 | 1,840,985 | 2,883,387 | 791,499 |
| Mental Health Services - Inpatient | 1,253,939 | 2,259,388 | - | - | - | - |
| Addiction Services - Residential | - | 831,244 | 464,417 | 743,661 | - | 312,188 |
| Physician Compensation | 923,795 | 1,669,948 | 426,276 | - | 2,970,425 | 843,830 |
| Program Support Services | 4,389,531 | 4,298,267 | 3,786,286 | 2,264,062 | 4,572,050 | 2,210,409 |
| Special Funded Programs | 156,173 | 789,968 | 98,738 | 106,962 | 717,429 | 159,428 |
| Ancillary | 112,500 | 150,510 | - | 228,290 | - | 12,749 |
| **Total Operating Expenses** | **96,163,951** | **107,850,730** | **76,839,353** | **21,602,100** | **88,634,707** | **20,549,115** |
| **Operating Fund Excess/(Deficiency) of Revenues over Expenses** | **636,008** | **1,754,793** | **25,824** | **39,754** | **480,909** | **90,439** |
| Operating Fund Balance - Beginning of the year | (677,066) | 1,227,902 | 725,765 | 387,650 | (701,617) | 87,651 |
| Interfund Transfers | (636,008) | (1,754,793) | (128,131) | - | (157,113) | (150,000) |
| Equity Adjustments | - | - | - | - | - | - |
| Total Adjustments to Equity | (636,008) | (1,754,793) | (128,131) | - | (157,113) | (150,000) |
| Operating Fund Balance - End of Year | (677,066) | 1,227,902 | 623,458 | 427,404 | (377,821) | 28,090 |
| STATEMENT OF FINANCIAL POSITION | | | | | | |
| **Operating Assets:** | | | | | | |
| Cash and Short-term Investments | 8,744,847 | 12,964,468 | 8,943,753 | 3,132,235 | 6,281,147 | 2,321,338 |
| Accounts Receivable: | | | | | | |
| Ministry of Health | 272,185 | 290,846 | 14,693 | 123,000 | 11,507 | 78,783 |
| Other | 959,305 | 909,168 | 667,999 | 656,130 | 699,031 | 849,187 |
| Inventory | 878,481 | 856,616 | 1,109,238 | 324,071 | 483,754 | 170,763 |
| Prepaid Expenses | 785,304 | 1,047,896 | 466,861 | 122,908 | 774,251 | 76,891 |
| Investments | 253,300 | 70,899 | 1,381,718 | - | 1,000,000 | - |
| Restricted Assets | - | - | - | - | - | - |
| Other | - | - | - | - | 29,654 | - |
| **Total Operating Assets** | **11,893,422** | **16,139,893** | **12,584,262** | **4,358,344** | **9,279,344** | **3,496,962** |
| **Liabilities and Operating Fund Balance:** | | | | | | |
| Accounts Payable | 4,234,176 | 3,721,675 | 2,665,395 | 1,107,056 | 2,989,622 | 961,291 |
| Bank Indebtedness | - | - | - | - | - | - |
| Accrued Liabilities | 7,426,853 | 7,383,935 | 7,798,572 | 1,928,349 | 5,622,370 | 1,112,478 |
| Deferred Revenue | 909,459 | 3,806,381 | 1,496,837 | 895,535 | 1,045,173 | 1,395,103 |
| **Total Liabilities** | **12,570,488** | **14,911,991** | **11,960,804** | **3,930,940** | **9,657,165** | **3,468,872** |
| Externally Restricted | 123,545 | - | - | - | - | - |
| Internally Restricted | - | - | - | - | - | - |
| Unrestricted | (800,611) | 1,227,902 | 623,458 | 427,404 | (377,821) | 28,090 |
| **Operating Fund Balance** | **(677,066)** | **1,227,902** | **623,458** | **427,404** | **(377,821)** | **28,090** |
| **Total Liabilities and Operating Fund Balance** | **11,893,422** | **16,139,893** | **12,584,262** | **4,657,951** | **9,279,344** | **3,496,962** |

1. Keewatin Yatthé, Kelsey Trail, Prairie North, Prince Albert Parkland and Regina Qu'Appelle Regional Health Authority's Final Financial Statements have not been received by the Ministry, therefore draft financial statement information has been used.

# 2007-08 Regional Health Authorities' Audited Operating Fund Financial Statements

(In Dollars)

| STATEMENT OF OPERATIONS | Prairie North[1] | Prince Albert Parkland[1] | Regina Qu'Appelle[1] | Saskatoon | Sun Country | Sunrise | Grand Total |
|---|---|---|---|---|---|---|---|
| **Operating Revenues:** | | | | | | | |
| Ministry of Health - General Revenue Fund | 134,148,759 | 131,273,957 | 618,708,607 | 677,313,000 | 96,027,940 | 139,579,778 | 2,168,014,988 |
| Other Government Jurisdiction Revenue | 22,270,775 | 535,900 | 10,245,157 | 10,953,000 | 375,656 | 371,003 | 46,765,524 |
| Out-of-Province/Third Party Reimbursements | 14,137,516 | 9,355,310 | 30,780,040 | 33,340,000 | 12,212,101 | 18,570,977 | 154,149,709 |
| Donations | 246,302 | 95,739 | 290,390 | - | 148,743 | 127,876 | 1,082,367 |
| Investment Income | 604,354 | 224,633 | 265,748 | - | 225,603 | 23,063 | 3,474,678 |
| Ancillary Operations | 247,037 | 1,043,045 | 4,196,805 | 12,038,000 | - | 28,183 | 18,409,877 |
| Other | 3,278,264 | 650,858 | 12,920,651 | 3,902,000 | 297,899 | 1,269,327 | 25,094,536 |
| **Total Operating Revenue** | **174,933,007** | **143,179,442** | **677,407,398** | **737,546,000** | **109,287,942** | **159,970,207** | **2,416,991,679** |
| **Operating Expenses:** | | | | | | | |
| Province Wide Acute Care Services | 19,141,989 | 1,853,250 | 50,664,207 | 41,906,000 | - | 2,179,120 | 118,970,790 |
| Acute Services | 59,565,363 | 57,910,362 | 318,111,896 | 387,805,000 | 26,167,015 | 55,424,071 | 1,031,557,058 |
| Physician Compensation | 6,793,824 | 10,151,996 | 46,612,174 | 43,925,000 | 584,232 | 3,999,092 | 127,103,963 |
| Supportive Care Services | 43,580,273 | 35,312,053 | 119,878,641 | 115,524,000 | 49,465,888 | 59,209,531 | 558,207,497 |
| Home Based Service - Supportive Care | 6,691,862 | 6,667,311 | 16,382,021 | 25,238,000 | 7,486,162 | 8,388,710 | 94,347,869 |
| Population Health Services | 4,256,830 | 4,295,577 | 16,588,063 | 18,593,000 | 3,443,540 | 3,623,909 | 66,943,323 |
| Community Care Services | 8,715,925 | 9,970,612 | 21,046,415 | 27,960,000 | 5,054,790 | 6,460,477 | 99,400,640 |
| Home Based Services - Acute & Paliative | 1,118,912 | 2,091,942 | 9,498,336 | 4,376,000 | 865,018 | 1,764,521 | 23,518,403 |
| Primary Health Care Services | 5,207,531 | 1,927,532 | 8,716,280 | 6,185,000 | 3,211,932 | 1,540,258 | 43,014,306 |
| Emergency Response Services | 4,584,829 | 2,917,304 | 11,080,779 | 6,610,000 | 4,465,894 | 4,549,287 | 49,163,180 |
| Mental Health Services - Inpatient | 2,153,266 | 3,621,256 | 9,018,034 | 6,613,000 | 1,839,923 | 2,079,655 | 28,838,461 |
| Addiction Services - Residential | 740,718 | - | - | 1,732,000 | - | - | 4,824,228 |
| Physician Compensation | 2,942,613 | 1,825,883 | 4,999,499 | 1,890,000 | 1,070,670 | 2,021,663 | 21,584,602 |
| Program Support Services | 7,468,136 | 7,097,788 | 33,217,731 | 37,075,000 | 5,440,573 | 7,530,168 | 119,350,001 |
| Special Funded Programs | 2,432,058 | 671,214 | 4,711,812 | 5,897,000 | 170,755 | 1,156,209 | 17,067,746 |
| Ancillary | 159,184 | 647,538 | 1,206,592 | 8,042,000 | - | 796,356 | 11,355,719 |
| **Total Operating Expenses** | **175,553,313** | **146,961,618** | **671,732,480** | **739,371,000** | **109,266,392** | **160,723,027** | **2,415,247,786** |
| **Operating Fund Excess/(Deficiency) of Revenues over Expenses** | **(620,306)** | **(3,782,176)** | **5,674,918** | **(1,825,000)** | **21,550** | **(752,820)** | **1,743,893** |
| Operating Fund Balance - Beginning of the year | 274,769 | (8,036,406) | (57,093,105) | (21,385,000) | (5,267,728) | (24,384,176) | (114,841,361) |
| Interfund Transfers | (598,949) | | (34,473) | (3,390,365) | (408,000) | 20,650 | (8,612,804) |
| (8,013,855) | | | | | | | |
| Equity Adjustments | - | - | - | - | - | - | - |
| Total Adjustments to Equity | (598,949) | (34,473) | (3,390,365) | (408,000) | 20,650 | (1,375,622) | (8,612,804) |
| Operating Fund Balance - End of Year | (944,486) | (11,853,055) | (54,808,552) | (23,618,000) | (5,225,528) | (26,512,618) | (121,710,272) |

| STATEMENT OF FINANCIAL POSITION | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Operating Assets:** | | | | | | | |
| Cash and Short-term Investments | 13,507,519 | 6,343,448 | 22,336,415 | 58,548,000 | 5,095,416 | 468,132 | 148,986,325 |
| Accounts Receivable: | | | | | | | |
| Ministry of Health | 240,476 | 60,796 | 1,459,779 | 2,925,000 | 98,989 | 186,839 | 5,762,893 |
| Other | 3,152,512 | 2,362,722 | 11,381,858 | 17,593,000 | 1,399,000 | 2,425,866 | 43,055,778 |
| Inventory | 1,673,224 | 826,945 | 4,125,504 | 6,010,000 | 782,832 | 1,361,224 | 18,602,652 |
| Prepaid Expenses | 1,182,118 | 840,613 | 3,530,404 | 1,632,000 | 133,261 | 510,209 | 11,102,716 |
| Investments | 808,830 | - | - | - | 15,769 | 304,537 | 3,835,053 |
| Restricted Assets | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | 29,654 |
| **Total Operating Assets** | **20,564,679** | **10,434,524** | **42,833,960** | **86,708,000** | **7,525,267** | **5,256,807** | **231,375,071** |
| **Liabilities and Operating Fund Balance:** | | | | | | | |
| Accounts Payable | 5,444,922 | 11,658,794 | 35,254,771 | 40,663,000 | 1,893,524 | 5,302,985 | 115,897,211 |
| Bank Indebtedness | - | - | - | - | - | 13,576,733 | 13,576,733 |
| Accrued Liabilities | 14,363,956 | 7,026,412 | 49,062,524 | 55,104,000 | 9,976,392 | 11,552,290 | 178,657,738 |
| Deferred Revenue | 1,700,287 | 3,602,371 | 13,325,217 | 14,559,000 | 880,879 | 1,337,417 | 44,953,659 |
| **Total Liabilities** | **21,509,165** | **22,287,577** | **97,642,512** | **110,326,000** | **12,750,795** | **31,769,425** | **353,085,341** |
| Externally Restricted | - | - | - | - | 550,742 | - | 674,287 |
| Internally Restricted | 178,276 | 52,884 | 5,044,547 | - | 9,331 | 32,601 | 5,317,639 |
| Unrestricted | (1,122,762) | (11,905,937) | (59,853,099) | (23,618,000) | (5,785,601) | (26,545,219) | (127,702,196) |
| **Operating Fund Balance** | **(944,486)** | **(11,853,053)** | **(54,808,552)** | **(23,618,000)** | **(5,225,528)** | **(26,512,618)** | **(121,710,270)** |
| **Total Liabilities and Operating Fund Balance** | **20,564,679** | **10,434,524** | **42,833,960** | **86,708,000** | **7,525,267** | **5,256,807** | **231,375,071** |

# For more information

Detailed information about the Ministry of Health's programs and services is available on the web site **www.health.gov.sk.ca**

Specific contact information is also available for a variety of health services in Appendix 6: Saskatchewan Directory of Services. Further inquiries can be made to the Ministry of Health at **info@health.gov.sk.ca**

Comments on the 2007-08 performance plans can also be directed to **info@health.gov.sk.ca**

# Appendices

# Appendix 1: Guaranteed Debt

| Senior Citizens' Housing Guarantees | 2007-08 Budget $000s | 2007-08 Actual $000s |
|---|---|---|
| Balance April 1, 2007 | 32 | 32 |
| Reductions (Principal Repayment) | (3) | (3) |
| **Balance March 31, 2008** | **29** | **29** |

Between 1958 and 1965, the Canadian Mortgage and Housing Corporation required that the government guarantee mortgages for special care homes. No new mortgage guarantees have been provided since 1965.

At March 31, 2007, there was one outstanding mortgage, totaling $29,000, scheduled to be fully retired in 2015.

# Appendix 2: Summary of the Ministry of Health Legislation

***The Ambulance Act***
- Regulates emergency medical service personnel and the licensing and operation of ambulance services in Saskatchewan.

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

***The Change of Name Act, 1995***
- Administers the registration of legal name changes for residents of Saskatchewan.

***The Chiropractic Act, 1994***
- Regulates the chiropractic profession in Saskatchewan.

***The Dental Care Act***
- Governs the Ministry's former dental program and currently allows for the subsidy program for children receiving dental care in northern Saskatchewan.

***The Dental Disciplines Act***
- Omnibus statute regulates the six dental professions of dentistry, dental hygiene, dental therapists, dental assistants, denturists and dental technicians in Saskatchewan.

***The Department of Health 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 Dietitians Act***
- Regulates dietitians in Saskatchewan.

***The Emergency Medical Aid 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 Fetal Alcohol Syndrome Awareness Day 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***
- Governs the establishment and regulation of health facilities such as non-hospital surgical clinics**.**

***The Health Information Protection 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***
- Governs the Health Quality Council, which is an independent, knowledgeable voice that provides objective, timely, evidence-based information and advice for achieving the best possible health care using available resources within the province.

***The Hearing Aid Act***
- Governed the Ministry-run hearing aid and audiology program. However, since the regional health authorities now run the program, it no longer has any application.

***The Hearing Aid Sales and Services Act***
- Regulates private businesses involved in the testing of hearing and the selling of hearing aids.

***The Hospital Standards Act***
- Provides the standards to be met for services delivered in hospitals in Saskatchewan.

***The Housing and Special-care Homes Act***
- Regulates the establishment, licensing and funding of special-care homes (long-term care facilities) in the Saskatchewan.

***The Human Tissue Gift Act***
- Regulates organ donations in Saskatchewan.

***The Licensed Practical Nurses Act, 2000***
- Regulates licensed practical nurses in Saskatchewan.

***The Medical and Hospitalization Tax Repeal Act***
- Ensures premiums cannot be levied under *The Saskatchewan Hospitalization Act* or *The Saskatchewan Medical Care Insurance Act.*

***The Medical Laboratory Licensing Act, 1994***
- Governs the operation of medical laboratories in Saskatchewan.

***The Medical Laboratory Technologists Act***
- Regulates the profession of medical laboratory technology in Saskatchewan.

***The Medical Profession Act, 1981***
- Regulates the profession of physicians and surgeons in Saskatchewan.

***The Medical Radiation Technologists Act***
- Regulates the profession of medical radiation technology, but will be repealed once *The Medical Radiation Technologists Act*, 2006 is proclaimed in force.

***The Medical Radiation Technologists Act, 2006***
- 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***
- Regulates the provision of mental health services in the province and the protection of persons with mental disorders.

***The Midwifery Act***
• Regulates midwives in Saskatchewan.

***The Mutual Medical and Hospital Benefit Associations Act***
• Sets out the authority for community clinics to operate in Saskatchewan.

***The Naturopathy Act***
• Regulates naturopathic physicians in Saskatchewan.

***The Occupational Therapists Act, 1997***
• Regulates the profession of occupational therapy in Saskatchewan.

***The Ophthalmic Dispensers Act***
• Regulates opticians in the province.

***The Optometry Act, 1985***
• Regulates the profession of optometry in Saskatchewan.

***The Personal Care Homes Act***
• Regulates the establishment, size and standards of services of personal care homes.

***The Paramedics Act*** (not yet proclaimed)
• Regulates the profession of paramedics in Saskatchewan.

***The Pharmacy Act, 1996***
• Regulates pharmacists and pharmacies in Saskatchewan.

***The Physical Therapists Act, 1998***
• Regulates the profession of physical therapy in Saskatchewan.

***The Podiatry Act***
• Regulates the podiatry profession.

***The Prescription Drugs Act***
• Provides authority for the provincial drug plan and the collection of data for all drugs dispensed within in Saskatchewan.

***The Prostate Cancer Awareness Month Act***
• Raises awareness of prostrate cancer in Saskatchewan.

***The Psychologists Act, 1997***
• 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***
• Provides authority for the establishment of public health standards, such as public health inspection of food services.

***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***
- Regulates registered nurses in Saskatchewan.

***The Registered Psychiatric Nurses Act***
- Regulates the profession of registered psychiatric nursing in Saskatchewan.

***The Residential Services Act***
- Governs the establishment and regulation of facilities that provide certain residential services. Saskatchewan Corrections and Public Safety, Saskatchewan Community Resources and the Ministry of Health administer this act.

***The Respiratory Therapists Act (not yet proclaimed)***
- Regulates the profession of respiratory therapists.

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

***The Saskatchewan Medical Care Insurance 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 an obsolete low-income senior citizens program.

***The Speech-Language Pathologists and Audiologists Act***
- Regulates speech-language pathologists and audiologists in Saskatchewan.

***The Tobacco Control Act***
- The purpose of this act is to control the sale and use of tobacco and tobacco-related products in an effort to reduce tobacco use, especially among Saskatchewan young people and to protect young people from exposure to second-hand smoke.

***The Tobacco Damages and Health Care Costs Recovery Act (not yet proclaimed)***
- The act is intended to enhance the prospect of successfully suing tobacco manufacturers for the recovery of tobacco related health care costs.

***The Vital Statistics Act, 1995***
- Administers the registration of births, deaths, marriages, adoptions and divorces in the Province of Saskatchewan.

***The White Cane Act***
- Sets out the province's responsibilities with respect to services for the visually impaired.

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

• Provides authority to detain youth who are suffering from severe drug addiction/abuse.

# Appendix 3: Legislative Amendments

During the 2007-08 fiscal year, there were a number of bills that received royal assent, or received royal assent and came into force, or were proclaimed in force.

***The Paramedics Act***
*The Paramedics Act* grants the Saskatchewan College of Paramedics (SCP) the right to govern emergency medical service workers (paramedics) in the province. Currently 1800 paramedic personnel, including emergency medical technicians (basic and advanced), paramedics and emergency medical responders, are regulated by the Ministry of Health under *The Ambulance Act.*

The legislation is modeled after other health profession legislation in the province and will grant the Saskatchewan College of Paramedics the authority and responsibility for licensing medical emergency practitioners and responding to public complaints of professional misconduct or incompetence.

The *Act* received Royal Assent on May 17, 2007. The Bill will not be proclaimed until such time as the supporting regulatory bylaws are developed and approved by the Minister of Health.

***The Regional Health Services Amendment Act, 2006 (No. 2)***
Amendments to *The Regional Health Services Act* provide that future contracts between regional health authorities and health care organizations, including ambulance operators, include provisions specifying that:
- the term of the contract is for a period of not less than five years or a period mutually agreed to by the parties;
- either party may terminate the contract without cause on giving the other party not less than 365 days notice in writing;
- the contract will address issues related to the sale, transfer, and disposal of assets upon the termination of the contract by the parties.

Amendments address the concerns raised by affiliates in the past as well as support the more effective delivery of emergency medical services and ensures greater accountability by contracted ambulance operators. As a result, ambulance operators are subject to the same funding agreement and reporting obligations as other health care organizations.

The *Act* received Royal Assent on May 17, 2007. The Bill will not be proclaimed until such time as the Ministry of Health, regional health authorities and affiliates have reached a consensus on the model agreement.

***The Tobacco Litigation and Health Care Costs Recovery Act***
The proposed legislation enhances the prospect of successfully suing tobacco manufacturers for the recovery of tobacco related health care costs. The new legislation is patterned after British Columbia's *Tobacco Damages and Health Care Recovery Act***.**

The *Act* received Royal Assent on April 26, 2007. The *Act* will not be proclaimed until the Government of Saskatchewan is ready to proceed with a court case to recover health care costs associated with tobacco use.

***The Vital Statistics Act, 2007 (English-only version)***
*The Vital Statistics Act 2007* repeals and replaces *The Vital Statistics Act, 1995* and *The Vital Statistics Act, 1998* (unproclaimed). The intent of the *Act* is to update and clarify the act in a

number of areas, including:
- administrative and business processes employed by Vital Statistics, hospitals and funeral directors in the registering of vital events;
- transparency concerning the rights of access to records and rules for the collection, use and disclosure of personal information collected by Vital Statistics;
- allowing for the inclusion of co-parents on the statements of live birth and stillbirth;
- providing authority for funeral directors and hospitals to electronically notify vital statistics of births, still-births and deaths;
- provide authority for the maintenance of electronic registries and indexes of vital event registrations; and
- allow the permanent retention of vital event registration documents in an electronic database.

Due to the time required for translation, only the English-language version of this act was introduced. Because of the important nature of this legislation, government chose to introduce the English-language legislation to ensure it enters the public forum; the French-language version will be introduced at a later date.

The *Act* received Royal Assent on May 17, 2007. This Bill will not be proclaimed. The Bill will be repealed with the adoption of *The Vital Statistics Act, 2008.*

***The Vital Statistics Consequential Amendment Act, 2007***

*The Vital Statistics Consequential Amendment Act, 2007* is required to ensure *The Vital Statistics Act, 2007* is referenced in all relevant bilingual legislation.

The *Act* received Royal Assent on May 17, 2007. This Bill will not be proclaimed. The Bill will be repealed with the adoption of *The Vital Statistics Act, 2008.*

***The Youth Drug Detoxification and Stabilization Amendment Act, 2006***

Amendments to *The Youth Drug Detoxification and Stabilization Act* include:
- the development of a care plan;
- clarifying language to provide police clear authority to transport youth to and between two physician assessments; and
- confidentiality issues including youth and parent/guardian rights to access health information files and the retention and destruction of personal health information files.

The *Act* received Royal Assent and came into force on April 26, 2007.

***The Midwifery Act***

The Midwifery Act received Royal Assent in 1999 and provides self-regulating authority to the midwifery profession. Sections 8 to 10, sections 18 to 43, sections 47 and 49, were proclaimed on March 14, 2007.

The following bill was introduced in the 2007-08 fiscal year, but did not receive Royal Assent until the 2008-09 fiscal year:

***The Midwifery Amendment Act, 2008***

Amendments to The Midwifery Act are required to clarify that Midwives are able and trained to provide post-partum care (approximately 6 weeks after birth) for mother and baby.

Amendments also clarify that the role of the Saskatchewan College of Midwives is to regulate its

members in the public interest, as well as clarify promises relating to registration requirements.

The *Act* received Royal Assent on April 15, 2008.

# Appendix 4: Regulatory Amendments 2007-08

The regulations appear in the order in which they were filed with the Registrar of Regulations.

**The Change of Name Amendment Regulations, 2007**
The amendments to the regulations remove the requirement for the Director of Vital Statistics to publish the name of a child under the age of 15 years in The Saskatchewan Gazette. Amendments exempt children under the age of 15 years from the prescribed fees to related to the gazetting of a name change.

**The Prescription Drugs Amendment Regulations, 2007**
Amendments to the regulations implemented the Seniors' Drug Plan, which provides that all Saskatchewan residents 65 years of age or older will pay no more than $15 per prescription for benefit drugs under the Saskatchewan Drug Plan. Amendments to the regulations also provide for extended health care coverage for low-income workers.

**The Saskatchewan Assistance Plan Supplementary Health Benefits Amendment Regulations, 2007**
Amendments to the regulations provide coverage for routine eye examinations and chiropractic services under the Saskatchewan Workers' Health Benefit Program.

**The Health Hazard Amendment Regulations, 2007**
Amendments to the regulations require owners/operators of small rural water pipelines that are not currently regulated by the Ministry of Environment or the Ministry of Health, to submit water samples and to notify public health officials of unsatisfactory test results. Amendments also require a laboratory that conducts an analysis of samples of water from a small rural water pipeline to report results to the owner and the local public health officials.

**The Saskatchewan Medical Care Insurance Amendment Regulations, 2007 (No. 2)**
Amendments to the regulations provide the Ministry of Health the authority to pay for insured dental services in accordance with the terms of the settlement with the College of Dental Surgeons of Saskatchewan. Amendments also provide that members of the Medical, Dental and Optometric Assessment Boards be remunerated at a rate equivalent to members of other assessment boards doing similar work.

**The Vital Statistics Amendment Regulations, 2007**
Amendments to the regulations repeal and replace the V.S.5 (Registration of Death) form to accommodate the identification of a "common law" spousal living arrangement. The identification of "common law" spouse will allow for the surviving spouse to be identified on the Registration of Death form in situations where, at the time of death, the deceased was cohabiting in a spousal relationship with a person to whom he or she was not legally married. Amendments also define the term "common law" for the purposes of the V.S.5 (Registration of Death) form.

**The Health Centres (Hospital Standards Adoption) Regulations**
Amendments to the regulations provide that health centres that perform the same duties and medical procedures as hospitals are subject to authority under The Hospital Standards Regulations,1980.

**The Attending Health Professionals Amendment Regulations, 2007**
Amendments to The Attending Health Professionals Regulations:
• allow midwives to admit, attend to and discharge hospital inpatients and register outpatients;
• allow oral maxillofacial surgeons to admit, attend to and discharge hospital inpatients; and

• allow registered nurses (nurse practitioners) who are not employed by a regional health authority to register, attend to and discharge a hospital outpatient.

**The Drug Schedules Amendment Regulations, 2007**
Amendments to the regulations facilitate the implementation of licensed midwifery services in the province, by authorizing midwives to prescribe, dispense, and administer the necessary drugs to provide care to a woman and her baby.

**The Health Districts Repeal Regulations**
The purpose of The Health Districts Repeal Regulations is to repeal the following regulations:
• The District Health Board Conflict of Interest Regulations;
• The District Health Board Operation Regulations;
• The District Health Boards Controverted Elections Regulations;
• The District Health Boards Election Regulations;
• The District Health Boards (Northern Saskatchewan) Regulations;
• The Health Districts Affiliates Regulations;
• The Health Districts Amalgamation Regulations; and
• The Health Districts Community Clinics Regulations.

The authority provided in the above noted repealed regulations is no longer relevant, as it is now provided under *The Regional Health Services Act*.

**The Hospital Comprehensive Purchasing Repeal Regulations**
The Hospital Comprehensive Purchasing Regulations were adopted to provide for the Strategic Alliance and Supply Agreement between the province and Abbott Laboratories for the purpose of intravenous supplies. The agreement expired in 2000 and was not renewed. Amendments repeal The Hospital Comprehensive Purchasing Regulation.

**The Medical Laboratory Licensing Amendment Regulations, 2007**
Amendments to the regulations provide the authority for medical laboratories to perform tests ordered by midwives.

**The Regional Health Services Administration Amendment Regulations, 2007**
Amendments to the regulations prescribe midwives and nurse practitioners as health professionals who may provide health services at a facility operated by the regional health authority or affiliate; and refer patients to health services delivered by the regional health authority or affiliate.

Amendments also update a number of tables attached to the regulations.

**The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2007 (No. 3)**
Amendments to the regulations facilitate the payment of referral fees to general practitioners and specialists when referred to by a licensed midwife.

**The Vital Statistics Amendment Regulations, 2007 (No. 2) / Règlement nº2 de 2007 modifiant le Règlement sur les services de l'état civil**
Amendments to the regulations provide authority for the director of Vital Statistics to increase the security features contained in the Certificate of Birth (Form V.S. 15). Amendments also recognize that there is both a short form version and a long form version of the Certificate of Birth (Form V.S. 15).

**The Hospital Standards Amendment Regulations, 2007**
Amendments to the regulations facilitate the introduction of midwifery services in Saskatchewan by providing the authority for midwives to:
• take medical histories, make diagnoses, and complete health records;
• complete discharge summaries for patients who have separated (are deceased);
• report, diagnose, and dispose of cases; and
• request the disclosure of their patient's health record.

Amendments also include midwives in the directive to apply preventative treatment to newborns for opthalmia neonatorum and repeal redundant provisions in the regulations.

**The Saskatchewan Medical Care Insurance Payment Amendment Regulations (No. 4)**
Amendments to the regulations provide the authority for the Ministry of Health to update the physicians payment schedule, effective October 1, 2007. Amendments also reflect new services and modernization of other items in the physician payment schedule, which is to be implemented October 1, 2007.

**The Midwifery Regulations**
The Midwifery Regulations are newly established pursuant to section 17 of *The Midwifery Act*, and govern midwives' authority to:
• prescribe, dispense or administer drugs;
• order, perform or interpret diagnostic tests; and
• perform invasive procedures.

**The Saskatchewan Medical Care Insurance Amendment Regulations, 2008**
Amendments to the regulations provide the Ministry of Health with the authority to pay for insured optometric services based on the new agreement. The payment schedule is effective April 1, 2007.

**The Saskatchewan Medical Care Insurance Amendment Regulations, 2008 (No. 2)**
Amendments to the regulations provide the authority for the Ministry of Health to update the payment schedule for physicians and chiropractors, effective April 1, 2008.

**The Saskatchewan Medical Care Insurance Amendment Regulations, 2008 (No.3)**
Amendments to the regulations provide the authority for the Ministry of Health to update the payment schedule for insured optometric services based on the existing agreement. The payment schedule is to be updated April 1, 2008.

# Appendix 5: Saskatchewan Ministry of Health Directory of Services

**For information about the province's regional health authorities, visit**
www.health.gov.sk.ca/regional-health-governance
or contact:
Communications Branch – Ministry of Health
3475 Albert Street
Regina SK S4S 6X6
Telephone: (306) 787-3696

Regional Health Authority annual reports are available online at:
http://www.health.gov.sk.ca/health-region-list

**Local Regional Health Authority (RHA) offices:**

| | |
|---|---|
| Cypress RHA | 778-5100 |
| Five Hills RHA | 694-0296 |
| Heartland RHA | 882-4111 |
| Keewatin Yatthé RHA | 235-2220 |
| Kelsey Trail RHA | 873-6600 |
| Mamawetan Churchill River RHA | 425-2422 |
| Prairie North RHA | 446-6606 |
| Prince Albert Parkland RHA | 765-6000 |
| Regina Qu'Appelle RHA | 766-7792 |
| Saskatoon RHA | 655-3300 |
| Sun Country RHA | 842-8399 |
| Sunrise RHA | 786-0100 |
| Athabasca Health Authority | 439-2200 |
| Saskatchewan Cancer Agency | 585-1831 |

**To report changes to the health registry, or to obtain a health services card, or for more information concerning health registration:**
Ministry of Health Registration
Ministry of Health
100-1942 Hamilton Street
Regina SK S4P 3V7
Regina residents call: 787-3251
Other residents within the province may call our toll-free number at: 1-800-667-7551
As well, some forms may be available online at www.health.gov.sk.ca

**For health information from a registered nurse 24 hours a day call:**
HealthLine 1-877-800-0002
HealthLine Online: www.saskhealthlineonline.ca

**Problem Gambling Help Line**
1-800-306-6789

**Supplementary Health Program and Family Health Benefits**
Regina residents call:
- 787-3124 for Supplementary Health Benefits
- 787-4723 for Family Health Benefits

Other residents within Saskatchewan call:
- 1-800-266-0695 for Supplementary Health Benefits
- 1-877-696-7546 for Family Health Benefits

**For information about Saskatchewan Air Ambulance program:**
Telephone (306) 787-1586

**For Special Support applications for prescription drug costs:**
Either contact your pharmacy, or
- Regina residents call 787-3317
- Other residents within the province call toll-free 1-800-667-7581

**For additional information about Saskatchewan Aids to Independent Living (SAIL)**
Telephone (306) 787-7121

**Out of province health services:**
- Regina residents call 787-3475
- Other residents within the province call toll-free 1-800-667-7523

**Prescription drug inquiries:**
- Regina residents call 787-3317
- Other residents within the province call toll-free 1-800-667-7581

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

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