

PROVINCE OF SASKATCHEWAN



08-09

ANNUAL REPORT

MINISTRY OF HEALTH

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

Letters of Transmittal



The Honourable Dr. Gordon L. Barnhard, S.O.M., Ph.D.
Lieutenant Governor of Saskatchewan

July 2009

May it Please Your Honour:

We respectfully submit, for your consideration, the annual report of the Ministry of Health for the fiscal year ending March 31, 2009.

The government has made a number of commitments to the people of Saskatchewan as it works to ensure the province benefits from a growing economy. A key government goal is to fulfill commitments made in the election platform, the Minister's Mandate letter and the 2008 Throne Speech while operating in an accountable and transparent fashion.

This annual report demonstrates the government's progress in meeting commitments that relate to the activities of this Ministry. It is not only an important accountability document, but will also help to inform future planning and resource allocation in the upcoming years.

Government has defined its direction for ministries and has communicated this direction through a vision and goals released with the 2009-10 Budget. The Ministry of Health has developed a plan for 2009-10, which identifies strategies and objectives for the health sector that align with the government's vision for a secure and prosperous Saskatchewan. We look forward to reporting on our success meeting the objectives laid out in the Ministry Plan.

Respectfully submitted,



Don McMorris
Minister of Health



The Honourable Don McMorris
Minister of Health

June 2009

On behalf of 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, 2009. The Ministry of Health is responsible for this report and provides assurance that the information contained within is accurate and reliable.

Respectfully submitted,



Dan Florizone
Deputy Minister

Introduction

This report on the activities of the Ministry of Health covers the fiscal year ending March 31, 2009. It reports on public commitments, and key accomplishments of the Ministry.

This document follows a similar format to the 2007-08 Annual Report, and also includes the government's vision and three goals. With the release of Ministry Plans for 2009-10, ministries will report on publicly committed strategies and actions identified in their plan within the 2009-10 Annual Report.

The 2008-09 Annual Report also sets the stage for the 2010-11 planning and budget process by providing an opportunity to assess the accomplishments, results, and lessons learned, and identifying how to build on past successes for the benefit of Saskatchewan people.

This report includes a listing of significant achievements, a progress report for key areas, a chart outlining the Ministry's organizational structure and appendices of important reference documents about the Ministry, such as a directory of services.

Alignment with Government Direction

The Ministry's 2008-09 annual report aligns with the government's vision and three goals:

Our Government's Vision

A secure and prosperous Saskatchewan, leading the country in economic and population growth, while providing a high quality of life for all.

Government Goals

- » Sustain economic growth for the benefit of the Saskatchewan people, ensuring the economy is ready for growth and positioning Saskatchewan to meet the challenges of economic and population growth and development.
- » Secure Saskatchewan as a safe place to live and raise a family where people are confident in their future, ensuring the people of Saskatchewan benefit from a growing economy.
- » Keep government's promises and fulfill the commitments of the election, operating with integrity and transparency, accountable to the people of Saskatchewan.

The Ministry of Health supports the vision and goals of the government by working to ensure Saskatchewan residents have access to quality, publicly funded and publicly administered health care that puts the patient first.

Ministry Overview

Through leadership and partnership, the Ministry of Health is dedicated to achieving a responsive, integrated and efficient health care system that puts the patient first, and enables people to achieve their best possible health by promoting healthy choices and responsible self-care.

The Ministry oversees a complex, multi-faceted health care system. It establishes policy direction, sets and monitors standards, provides funding, supports regional health authorities (RHAs) and other agencies, and ensures the provision of essential and appropriate services. The Ministry works in partnership with organizations at the local, regional, provincial, national and international level to ensure Saskatchewan residents have access to quality health care delivered under the *Canada Health Act*.

The Ministry works with a range of stakeholders to recruit and retain health care providers, including nurses and physicians, and regulates the delivery of health care. It is responsible for approximately 50 pieces of health-related legislation.

The Ministry is committed to encouraging and assisting Saskatchewan residents in achieving their best possible health and well-being. Among the Ministry's activities are:

- Provides leadership on strategic policy and health professional groups;
- Establishes goals and objectives for the provision of health services;
- Leads financial planning for the health system and administers allocation of funding;
- 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;
- Delivers the Saskatchewan Prescription Drug Plan;
- Operates the Saskatchewan Disease Control Laboratory;
- Maintains relationships with regulated health profession groups; and
- Provides leadership on health human resource issues.

The Ministry has 640.8 full time equivalent (FTE) positions, fewer than the 698.7 FTEs indicated in the 2008-09 budget. The variance is primarily the result of vacancies and hard-to-recruit positions. The Ministry has a dedicated workforce which provides strategic direction to the health care system and carries out a number of other activities, such as processing applications, paying bills, explaining programs and answering inquiries from the public. The Ministry is organized into 16 branches, each working to ensure the province's health care system operates in an effective and sustainable manner while remaining accountable to the people of Saskatchewan. The Ministry's responsibility for the Vital Statistics Registry was transferred to the Information Services

Corporation, effective October 12, 2008. This resulted in the transfer of 8.9 FTEs

The Ministry oversees a health care system that provides a range of services through a complex delivery system that includes 12 RHAs and the Athabasca Health Authority, the Saskatchewan Cancer Agency (SCA), affiliated health care organizations and a diverse group of professionals, many of whom are in private practice. The health system as a whole employs more than 37,000 individuals. The province has 26 self-regulated health professions. The scope of services provided is illustrated by the following statistics, compiled during the 2008-09 fiscal year:

- 75,822 operating room surgeries
- More than 80,000 CT scans
- 4.2 million family physician visits /11,500 visits per day
- 540,000 immunizations
- More than 47,000 mammograms

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 services 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.

For more information on the Ministry's programs and services, please visit the Ministry of Health website at: www.health.gov.sk.ca.

Significant Achievements in 2008-09

The government has made a number of health care commitments that were outlined in the Minister's Mandate Letter (November 2007), the Speech from the Throne (December 2007 and November 2008) and the 2008-09 budget summary. The following is an update on significant progress made toward meeting those commitments.

Together, these initiatives support the government's overarching objectives of sustaining economic growth, ensuring Saskatchewan is a safe place to live and raise a family, and making certain it keeps its promises to the people of Saskatchewan.

Address the shortage of nurses, doctors and other health care professionals (Mandate Letter, Speech from the Throne 2008, 2007)

- The Ministry allocated another \$20.7 million for nurse recruitment and retention, bringing total annual spending in this area to \$27.5 million.
- Regional health authorities made solid progress in meeting the partnership's objective of adding 800 nurses by 2011. As of March 31, 2009, RHAs employed 159 more registered nurses than they did a year earlier.
- During the year, the number of nurse training seats increased by 122, solid progress toward the government's 300-seat commitment by 2011. A further expansion of seats will occur based on a Nursing Education Strategy of Saskatchewan being led by Advanced Education, Employment and Labour (AEEL). The Ministries of AEEL and Health are working with the educational institutions (University of Saskatchewan, University of Regina, SIAST and First Nations University of Canada) and the Saskatchewan Registered Nurses' Association to develop two new provincially based nursing baccalaureate programs.
- A psychiatric nursing program was re-established in the fall of 2008 with an intake of 30 students.
- The Licensed Practical Nursing Program moved from certificate to diploma status. LPNs are at the front lines of patient care. By increasing their training, a more effective and efficient system is being created to better care for the people of Saskatchewan.
- With respect to physician training, recruitment and retention, the Ministry is working with the Ministry of Advanced Education, Employment and Labour (AEEL) to increase enrolment at the University of Saskatchewan's College of Medicine. In 2008-09, 24 new undergraduate seats and 24 new residency seats were created, bringing the total of first-year undergraduate and post-graduate seats to 84 each. The government is on track to meet its commitment to increase enrolment in the medical school to 100 undergraduate seats and 120 residency seats by 2011. The Ministry of Health allocated \$1.8 million to support this initiative. AEEL provided \$3.2 million.
- The government's 2008 Speech from the Throne spoke to the introduction of a comprehensive physician recruitment strategy. Significant stakeholder consultation on the development of the strategy took place in 2008-09. Implementation will take place in 2009-10.
- The Ministry allocated an additional \$1.5 million to support physician recruitment and

retention, and the creation of additional seats for internationally trained medical graduates. This was in addition to the continued collaboration with the Saskatchewan Medical Association on a range of other supports such as:

- » Specialists Recruitment and Retention --- \$2 million
 - » Rural and Regional Incentives --- \$3.14 million
 - » Physician Long Service Fund --- \$6.6 million
 - » Continuing Medical Education --- \$3.4 million
 - » Parental Leave --- \$700,000
- All health care professions continued to benefit from the Ministry's bursary program, which distributes \$6 million a year to support the training of health care providers in a variety of professions.
 - Staff from the Ministry's Workforce Planning Branch attended 29 recruiting events during the fiscal year, including recruitment fairs in Dublin and Cork, Ireland and London, England.

Undertake a Patient First Review of the health care system (Mandate Letter, Speech from the Throne 2008, 2007)

- The Ministry launched the first ever Patient First Review of the Saskatchewan health care system. Tony Dagnone, the former president of Saskatoon's Royal University Hospital, is serving as commissioner of the review. The \$1.5 million initiative consists of two components:
 - » The first focuses on identifying strengths, issues and challenges in the health care system from the perspective of patients, their family members, and advocates, based on their experience with health care. Front-line health care providers and stakeholders were also invited to examine information provided through patient consultations and propose possible solutions to the issues that were identified.
 - » The second part of the review is an administrative review of the regional health authorities (RHAs), affiliate organizations, the Saskatchewan Cancer Agency (SCA) and the Saskatchewan Association of Health Organizations (SAHO) to assist in determining the overall effectiveness of resource use in the health sector, by identifying the current base of administration, operating efficiencies, constraints and opportunities.

Two independent consulting firms are assisting Mr. Dagnone in completing the review. Mr. Dagnone is expected to present the Minister with his final report in the fall of 2009.

Invest in Saskatchewan's health care infrastructure (Speech from the Throne 2008)

- The Ministry's capital expenditure for 2008-09 was \$377.1 million, which was composed of:
 - » \$100 million in new funding to address urgent health facility maintenance and repair requirements – a record amount for one fiscal year.

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- » \$38.7 million to continue regional health facility projects and major upgrades. This includes \$31.9 million provided in the 2008-09 budget and another \$6.8 million allocated during the fiscal year.
 - » \$54.9 million for medical equipment, including diagnostic imaging equipment and patient lifts to improve workplace safety for health care providers and patients. This includes \$29.9 million provided in the 2008-09 budget and another \$25 million allocated during the fiscal year.
 - » \$29.3 million to complete work on the new Saskatchewan Disease Control Laboratory, and to purchase information technology and laboratory equipment for the facility. Construction is expected to be completed in Fall 2009.
- The government also invested \$152.8 million to build 13 new long-term care facilities. The funding was announced in February 2009 as part of the government's 'Ready for Growth' plan to accelerate infrastructure spending during the global economic downturn.
 - The Ministry provided additional support for capital planning in three health regions: Five Hills Health Region received \$450,000 for capital planning at the Moose Jaw Union Hospital; Prince Albert Parkland Health Region received \$750,000 for capital planning and renovation work at Victoria Hospital; and Cypress Health Region received \$450,000 for detailed planning to determine the scope of work needed to replace three long-term care facilities in Swift Current.

Strengthen cancer care in Saskatchewan by instituting a colorectal screening program in the province and providing additional funding for the approved cancer drug Avastin (Mandate Letter)

- The Saskatchewan Cancer Agency introduced a screening program to help detect early signs of colorectal cancer. The first phase of the program will proceed in the Five Hills Health Region, which serves Moose Jaw and communities in south-central Saskatchewan. Approximately \$1.1 million is being spent on the planning and implementation of the Five Hills program.
- The Ministry provided \$3.9 million to the Cancer Agency to pay for the use of the drug Avastin in the treatment of patients with advanced colorectal cancer. The Ministry announced in January 2008 that it would pay for Avastin.

Keeping prescription drug costs fair and affordable for seniors and children (Mandate Letter, Speech from the Throne 2007)

- A new Children's Drug Plan and a new Seniors' Drug Plan were implemented on July 1, 2008.
- The Children's Drug Plan ensures families pay only \$15 for their children's prescriptions listed on the Saskatchewan prescription drug formulary and those approved under the Exception Drug Status program. The program covers an estimated 110,000 beneficiaries. In 2008-09, the total cost of benefits provided under the Children's Drug Plan was \$3 million.

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- Eligibility for the Seniors' Drug Plan is determined by age and the amount of income reported to the Canada Revenue Agency. Those eligible for the program (seniors 65 or older with an annual net income less than \$64,043) automatically receive approved prescriptions for \$15 at the pharmacy. Ninety per cent of all Saskatchewan seniors receive this benefit. In 2008-09, the total cost of benefits provided under the Seniors' Drug Plan was \$95 million.
 - Two new medications used to treat attention deficit hyperactivity disorder (ADHD) were added to the Saskatchewan Drug Plan. Lantus, a type of insulin to treat diabetes, was added effective January 2009. In 2008-09, the Drug Plan paid \$48,000 toward the cost of Lantus prescriptions.
 - Effective March 1, 2009, Lucentis was added to the Saskatchewan Formulary as an Exception Drug Status (EDS) medication for those patients who meet certain medical criteria. Lucentis is used to treat wet age-related macular degeneration, an eye disease that results in progressive blindness. In 2008-09, the Drug Plan paid \$166,000 toward the cost of Lucentis prescriptions.

Improve publicly funded health care and deliver publicly funded, publicly administered health care services under the Canada Health Act (Mandate Letter)

This overarching commitment is being met through progress on other commitments made in a number of areas. They include:

- **Develop patient exit surveys (Mandate Letter)**
 - » A committee composed of representatives from regional health authorities and the Ministry of Health is developing the survey. The Ministry provided \$250,000 to the Health Quality Council, which will conduct the surveys and analyze the results.
- **Establish an independent health care ombudsman (Mandate Letter)**
 - » The Minister of Health is examining options for establishing a health care ombudsman function. It is expected that the Patient First Review may inform development in this regard.
- **Work with health care stakeholders to develop a 10-year comprehensive health human resources plan (Mandate Letter)**
 - » The Ministry has begun work on the strategy, focusing on ensuring that the initiative aligns with other long-term health sector plans.

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- **Work with regional health authorities to develop a 10-year capital plan, including investment in new emergency medical equipment such as an air ambulance helicopter, while making construction of an integrated health science facility and a children’s hospital a priority (Mandate Letter)**
 - » An independent analysis of the physical state of health care facilities will inform decision-making in this area. During the year, the Ministry took the necessary steps to complete this physical assessment of all health infrastructure.
 - » The Ministry is undertaking a review of air medical services that will provide insight into the potential to integrate helicopter emergency medical services into the province.
 - » The Ministry continued work with the Saskatoon Health Region on the planning of the children’s hospital in Saskatoon.
 - » Ministry officials initiated a review of the 18-step capital planning process in consultation with the regions.
 - » The Ministry has initiated regular capital planning and construction meetings with RHA representatives.

 - **Improve emergency medical services**
 - » A province-wide EMS review has been initiated by a committee chaired by an independent consultant with extensive experience in health care issues.
 - » The committee included representatives from regional health authorities, the Ministry and the Saskatchewan Emergency Medical Services Association (SEMSA).

PROGRESS BY KEY POLICY AREA

Human Resource Planning

We are fortunate in Saskatchewan to have highly skilled, committed health care professionals serving the people of the province. However, like other jurisdictions across Canada and around the world, Saskatchewan is experiencing shortages in some health professions. We continue to address the challenges of recruiting and retaining health care professionals through our health human resource initiatives.

RESULTS

- **Nursing Partnership Agreement**

This landmark agreement, signed in February 2008 by the Saskatchewan Union of Nurses (SUN) and the government, paid major dividends in 2008-09. The Agreement commits the government to work toward the hiring of 800 RNs and RPNs by April 2011. In 2008-09, the number of RNs and RPNs employed by the health regions increased by 159, achieving 20 per cent of the target of 800 set out in the partnership. The government has committed \$60M to the agreement.

- **SUN Collective Agreement**

The Saskatchewan Association of Health Organizations (SAHO) and SUN signed a new collective agreement in June 2008. The four-year agreement, which will boost compensation, helps Saskatchewan recruit and retain nurses and allows the province to be more competitive with Alberta.

- **Job Guarantees and Provincial Nursing Mentorship Program**

Job guarantees for new nursing graduates and a provincial nursing mentorship program have been implemented. These programs were introduced to ensure new graduates have full-time job opportunities and can benefit from working alongside experienced nurses.

- **Physician Recruitment Strategy (Mandate Letter, Speech from the Throne 2008)**

The Ministry concluded consultations with a range of stakeholders on a comprehensive physician recruitment strategy, which will be implemented in 2009-10. The strategy will include specific initiatives to improve the recruitment and retention of physicians.

Bursary Program

The Saskatchewan Bursary Program provides over \$6 million to support approximately 600 new and continuing return-in-service bursaries annually. Saskatchewan students studying health professions, including nursing, medicine and allied health disciplines can apply for a bursary. Students awarded bursaries agree to work in Saskatchewan's publicly funded health care system after graduation. In 2008-09, the Ministry funded 163 physician bursaries at a cost of approximately \$4.4 million and 575 nursing and allied health bursaries at a cost of \$1.9 million.

- **HealthCareersinSask.ca**

HealthCareersinSask.ca, the provincial recruitment agency for the health regions and the Saskatchewan Cancer Agency, continues to be active at career fairs across Canada and internationally. In 2008-09, staff from the Ministry's workforce planning branch attended 29 recruitment events, including career fairs in Dublin and Cork, Ireland and London, England. Health region representatives have travelled to the Philippines on three occasions (November 2007, March 2008 and January 2009). Close to 460 job offers have been provided to nurses from the Philippines.

- **Provincial Incentive Grant Programs**

The Ministry's grant programs continue to be highly successful. As of the end of March 2009, over 1,400 individuals had been awarded relocation or recruitment grants. More than 60 per cent of those who received grants have moved to the province from outside of Saskatchewan, helping to build capacity in our system. Grants are also being provided to new Saskatchewan graduating students, helping us to retain our own students. The Ministry spent \$11.2 million on relocation and recruitment grants during 2008-09. Recipients of bursaries and relocation/recruitment grants sign a contract with the Ministry that outlines their obligation to provide a return in service.

- **Retention Strategies**

Regina Qu'Appelle Valley MLA Laura Ross, Legislative Secretary to the Minister of Health responsible for nursing recruitment and retention, consulted with over 3,000 individual nurses (RNs, RPNs and LPNs), health employers and nursing groups about nursing recruitment and retention issues.

Measurement Results – Human Resource Planning

Percentage Of Bursary Graduates Performing Return Of Service In Saskatchewan*

Year	Percentage	Year-to-Year % Change
2004-05	91	--
2005-06	93	2.2
2006-07	94	1.08
2007-08	Incomplete data available	

Data Source: Workforce Planning Branch, Ministry of Health

The Ministry of Health offers bursary assistance to students studying in a variety of health disciplines. In exchange for bursary assistance, students agree that upon graduation they will complete a return in service in a publicly funded position in the province of Saskatchewan or will repay the bursary amount.

Annual Average Number Of Sick Leave Hours Per Full-time Equivalent (FTE)

Year	Annual average number of sick leave hours per full-time equivalent (FTE)	Year-to-Date % Change	Annual number of lost-time Workers' Compensation Board (WCB) claims per 100 FTEs	Year-to-Date % Change	Annual number of lost-time Workers' Compensation Board days per 100 FTEs (severity)	Year-to-Date % Change
2004-05	88.6	--	8.9	--	419.1	--
2005-06	85.2	(3.8)	8.1	(8.9)	447.1	6.68
2006-07	84.1	(1.3)	7.7	(4.9)	468.5	4.79
2007-08	84.4	0.4	7.1	(7.8)	451.3	(3.7)
2008-09	84.1	(0.4)	6.9	(2.8)	447.2	(0.9)

Data Source: Workforce Planning Branch, Ministry of Health

Sick leave is a well-established indicator of the quality of the workplace, staff morale and job satisfaction. Workplaces with high morale generally have lower rates of absenteeism. During the last five years, there has been a steady decline in sick leave hours and WCB claims. This is a result of attendance management programs, and emphasis on occupational health and safety programs, and a major investment in safety equipment and training to reduce workplace injuries. Despite the progress made in recent years, health care continues to have high rates of absenteeism and injuries when compared to other industries. The Ministry will continue to work with RHAs and other health care employers to reduce absenteeism and injuries.

Electronic Infrastructure, Performance Management and Quality Improvement

The Ministry is making a significant investment to upgrade Saskatchewan's health care infrastructure. The maintenance and repair of health care facilities has been flagged as a priority, and new health care facilities are under construction throughout the province. The Ministry is also investing in the medical equipment and electronic infrastructure required to operate a modern health care system. In addition, the Ministry is working with its partners to improve the performance of the health care system and enhance quality of care.

RESULTS

- **Saskatchewan Health Information Network (SHIN)**

The Saskatchewan Health Information Network (SHIN) was created as a Treasury Board Crown Corporation in 1997. Since its inception, SHIN has developed network infrastructure to connect health care providers across the province in support of ongoing improvements for health services delivery.

SHIN is funded in part by the Saskatchewan Ministry of Health and managed by Health Information Solutions Centre (HISC) personnel. No significant changes to the structure or mandate of SHIN were made during 2008-09.

Project initiatives, created through SHIN, respond to the priorities and plans of the ministry, regional health authorities and other stakeholders. Several services received upgrades in 2008-09:

- » The Radiology Information System (RIS)/Picture Archiving and Communications System (PACS) initiative was expanded to the Battlefords Union Hospital in North Battleford – the second regional hospital to get the system, after Cypress Regional Hospital in 2007-08. PACS is a computer system that interfaces with a medical imaging device (i.e. X-Ray, CT Scan, MRI) to capture the image in digital format. As exams are completed they are interpreted by a radiologist and the results recorded in the RIS.
- » The Pharmacy Information Program (PIP) introduced electronic prescribing with the goal of eliminating paper scripts, improving efficiencies and adding safety. PIP is a secure computer system that contains information about a resident's prescribed and dispensed medications. PIP is used by authorized healthcare professionals in the treatment and decision making process.
- » Telehealth, the Ministry's videoconferencing service, introduced a program allowing emergency rooms in Prince Albert to access emergency rooms in Saskatoon for early consultative intervention for stroke patients.
- » During 2008-09, the Saskatchewan Disease Control Laboratory (Provincial Lab) prepared for the implementation of the clinical portion of the Laboratory Information management System (LIMS). LIMS is a sophisticated computer software that manages sample reception (including test ordering and patient demographics), sample processing and test result reporting.

- **Computerized medical records**

The government and the Saskatchewan Medical Association (SMA) have signed an agreement that will see each party commit a minimum of \$2 million annually to assist physicians with computerizing their patients' medical records. When fully implemented, the government's cost is expected to be \$7.26 million per year, with a total program cost of \$10.37 million per year. In partnership with the SMA, the Ministry is in the process of completing the procurement for office-based technology (EMRs) that will link physicians into the electronic health record. The implementation will begin in early 2009-10.

- **Meeting Performance Targets**

The Ministry is working with regional health authorities (RHAs) to develop a revised accountability document that aligns and focuses performance targets on key areas of the Ministry's strategic plan. The Ministry's three-year strategic plan starting in 2009-10 has four areas of focus: the health of the individual, providers, sustainability and health of population.

- **Vital Statistics Registry**

The Vital Statistics Registry is a province-wide system for registering births, deaths, marriages, still births and changes of name occurring in the province of Saskatchewan. In October 2008, the Vital Statistics Registry moved from the Ministry of Health to the Information Services Corporation of Saskatchewan (ISC). This transfer of responsibility will improve the security of these records.

Vital Statistics required a sustained financial investment in its business processes to strengthen security, enhance customer service and generate operating efficiencies. A joint review completed by the Minister of Health and ISC concluded that ISC was better positioned to address the operational and infrastructure issues faced by Vital Statistics. Of the Ministry of Health employees working at Vital Statistics, 12 accepted transfers to ISC and two accepted other positions in government.

- **Provincial Health Registry**

The Provincial Health Registry is the system used by the Health Registration Branch of the Ministry of Health to register each resident for provincial health coverage. Every three years, all Saskatchewan residents are contacted to update health coverage and to confirm residency in the province. In March 2009, the Ministry completed the triennial health card renewal project that included validation of health coverage and residency of approximately 1.015 million people.

- **Air Medical Services**

The Ministry has hired a consultant to undertake an air medical services review that will provide the government with a future plan for the delivery of emergency air ambulance services including a detailed recommendation as to how rotary wing (helicopter) emergency medical services (EMS) might be integrated into the existing emergency medical services system.

Health System Quality

- **Releasing Time to Care**

In September 2008, representatives from the government, regulatory organizations, the Saskatchewan Union of Nurses and regional health authorities spent time in Britain learning how to implement a program that allows nurses to spend more time in front-line patient care, “Releasing Time to Care: The Productive Ward”. The program empowers nurses and other members of care teams to look at how their ward is organized and to make changes that allow them to spend more time with patients. Testing of the program has begun in the Regina Qu’Appelle and Five Hills Regional Health Authorities with a plan to roll out to all regions by 2010.

- **Lean Projects**

Lean is a patient-centered approach that focuses on creating more value for the customer (patient or client). Lean was launched in the Ministry of Health in November 2008 with the assistance of an outside consulting firm, Lean Advisors Inc. However, the Ministry is focused on building internal capacity to manage this work on an ongoing basis.

The first four processes, or value streams, that were identified for transformation include:

- » the payment process for out-of-country hospital and medical services (Medical Services Branch)
- » contract management (Health Information Solutions Centre)
- » supplies management Saskatchewan Disease Control Laboratory
- » vaccine supplies management (Population Health Branch)

As part of the launch, training on the basics of lean thinking, value stream mapping, and lean cultural change management has been provided to the first four project teams, management in those branches, and the senior leadership team. Lean team members have also received specialized training in the application of lean tools and techniques specific to their needs. The teams have also received complementary team skills development training.

To date, teams have completed their basic training, current and future value stream maps of their processes and implementation plans. The implementation plans outline problems to be addressed and specific change ideas to test as well as identifying lead responsibility for the items, roles and responsibilities for team members, measures/ targets and time frames. Teams are currently in various stages of implementation.

- **Emergency Management Plan**

The Ministry is in the process of developing a business continuity management plan. The plan will determine how the Ministry will maintain its prioritized business functions during times of disruption that could occur as the result of a natural disaster, a pandemic or damage to key critical infrastructure assets. In addition to how the Ministry will manage emergency incidents, the plan will address continuity of operations, response to emergencies and recovery of business functions and data.

The Ministry works closely with other government ministries regarding the preparedness of the health system to respond to emergencies. For example, the Ministry and the RHAs work closely with the Ministries of Social Services and Corrections, Public Safety and Policing during evacuations due to floods and forest fires that happen throughout the province. The Ministry also provides direction to government and the public regarding health issues during an emergency.

Measurement Results - Health System Quality

Percentage of the adult population who are either very satisfied or somewhat satisfied with the quality of care for:

Year	Overall Health Services (%)	Services Received in Hospital	Family Physician/ Other Physician Services	Community-Based Services
2001	85.3	82.9	92.6	90.3
2003	87.9	87.8	94.0	83.2
2005	87.3	83.8	92.3	82.5
2007	86.2	84.6	92.4	84.3

Data source: Canadian Community Health Survey, Statistics Canada (2009).

The level of patient satisfaction is key performance indicator for the health care system. As the chart above indicates, the vast majority of Saskatchewan residents indicate they are satisfied or somewhat satisfied with the quality of care they have received. The level of patient satisfaction has held steady over the last five years.

Surgical Care

Surgical services are provided in 10 of Saskatchewan's 12 health regions. Reducing surgical wait times is a key priority for the Ministry. We are working with our partners on strategies to increase surgical volumes and reduce wait times.

RESULTS

- **Surgical volumes compared to targets**

Overall, regions performed almost 400 cases more than the total target volume for 2008-09 and about 1,200 cases more than were done the previous year. Regional performance varied, with half the regions exceeding both their target volumes and their volumes of the previous year. Health regions performed 75,822 surgeries during the year, compared to 74,582 in 2007-2008.

- **Hip & knee surgical volumes compared to target**

The four regions with orthopedic surgeons together performed 307 more hip and knee replacements in 2008-09 than in 2007-08. The Saskatoon and Regina Qu'Appelle Health Regions exceeded their target volumes for hip and knee replacements. Prince Albert Parkland and Five Hills Health Region performed 25 per cent and 30 per cent more cases respectively than in 2007-08, but fell short of their target volumes, which were set high.

The new provincial clinical pathway for non-emergent hip and knee replacements was completed in 2008-09. The pathway streamlines the patient journey from family physician through post-surgery rehabilitation, and improves service to patients by defining and standardizing the key processes involved. It also makes it possible to increase volumes by reducing operating room time and average length of hospital stay for hip and knee patients of the pathway. Piloting aspects of the pathway during the year was a key factor in the increased volumes that were achieved in 2008-09.

- **Wait time initiative**

The Ministry provided \$8.31 million in 2008-09 to enable regional health authorities to treat more long-waiting patients. There was a focus this year on funding additional hip and knee replacements, made possible by piloting some aspects of the new hip and knee clinical pathway.

- **Number and per cent of patients waiting more than a year**

The Ministry's surgical strategy continues to have an impact on waiting times. Though the total number of patients waiting increased by about 500 cases in 2008-09, the number of long-waiting patients decreased. The number of patients on the wait list who had already waited longer than a year for surgery decreased by nearly 850 cases between March 31, 2008 and March 31, 2009.

The challenge continues to be significant with nearly 4,300 patients still on the list who have been waiting longer than 18 months.

Number Of Surgical Cases On Wait List That Had Already Waited Over 12 Months

Year	Number of Patients	% Change
2005	7,870	
2006	6,499	(17.4)
2007	5,490	(15.5)
2008	5,118	(6.8)
2009	4,274	(16.5)

Data source: Acute and Emergency Services Branch, Ministry of Health

Saskatchewan's RHAs are targeting long-waiting patients in their efforts to reduce waiting times for surgery. This measure shows the number of patients on the wait list, as of a given date, who have waited longer than a year for surgery.

- **Per cent of surgeries completed within target time frames**

Saskatchewan, with advice from the Saskatchewan Surgical Care Network, first introduced target time frames as performance goals for the surgical system in 2004. They establish targets for each priority level determined through the patient assessment process. For example, the goal for priority level I is that 95 per cent of patients be treated within three weeks. Currently, there are four priority levels, which apply to non-emergency surgery. Emergency patients are managed separately and are not put on a wait list.

Priority Level	Urgency Score Range	Target Time Frame	Patients Completed
Emergency		Managed Separately	
Priority I	80 to 100	95% within 3 weeks	57.8 %
Priority II	65 to 79	90% within 6 weeks	48.2 %
Priority III	50 to 64	90% within 3 months	68.8 %
Priority IV	1 to 49	90% within 12 months	88.0 %

Data source: Acute and Emergency Services Branch, Ministry of Health

Note: The number of priority levels was reduced six to four in April 2006 to give surgeons and regions more flexibility in managing wait lists. At the same time, the percentage targets for the lower priority levels were raised from 80 per cent to 90 per cent.

The urgency profiles for all procedures are currently under review to make sure that cases are being placed in the appropriate priority levels. When these changes are implemented, the

percentage of cases meeting the target time frame for all four priority levels is expected to change.

- **Per cent completed within six months for coronary artery bypass graft surgery**

Overall, 98.1 per cent of patients who had coronary artery bypass graft (CABG) surgery in 2008-09 received their procedure within six months and 80.2 per cent received their surgery within three weeks.

The Ministry is working with system partners on a pilot project on patient recourse for patients who need coronary artery bypass graft surgery. The goal of the pilot project is to develop options to ensure that all patients needing CABG surgery are able to receive it within the pan Canadian benchmark time frames for these procedures. The pan Canadian benchmark wait times for CABG surgery are: Level I (urgent) within two weeks; Level II (semi-urgent) within six weeks; and Level III (elective) within 26 weeks. Data showing performance relative to the pan Canadian benchmarks is now available on the SSCN web site at www.sasksurgery.ca.

- **Other surgical projects**

Progress was made in 2008-09 in developing a standardized provincial prostate education pathway and a clinical pathway for patients with spine problems. The prostate education pathway, which is designed to help prostate cancer patients and their families understand the disease and their treatment options, will be implemented in 2009-10. The proposed spine pathway will help to standardize referral and assessment, improve patient flow and outcomes, and better evaluate treatment methodologies. The spine pathway features two treatment options – surgical treatment (with pre-surgical rehabilitation and education) and medical management.

Planning continued in 2008-09 on a major project aimed at increasing surgical capacity in the Regina Qu'Appelle Regional Health Authority. The project includes the development of a new surgical centre to 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 surgery procedures.

Measurement Results – Acute and Emergency Services

Number of Clients Who Contacted a Quality Of Care Coordinator to Report One or More Concerns

Year	Number of QCC Contacts by Clients	Year-to-Date % Change
2001-02	1939	--
2002-03	1684	(13.2)
2003-04	2205	30.9
2004-05	2140	(2.9)
2005-06	3436	60.6
2006-07	4519	31.5
2007-08	4417	(2.3)
2008-09	Data available August 2009	

Data source: Acute and Emergency Services, Ministry of Health

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 contacts has increased over the last five years. 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. 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 QCC Client Concerns Concluded Within 30 Days

Year	Client Concerns Concluded Within 30 Days (%)	Year-to-Date % 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	90	3.5
2008-09	Data available August 2009	

Data source: Acute and Emergency Services Branch, Ministry of Health

In addition to tracking the volume of concerns, QCCs also record how quickly each concern was concluded. A concern is determined to be concluded, from the regional health authority's perspective, when the QCC provides a written or oral response regarding the issue raised. 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.

Diagnostic Services

Diagnostic services help family doctors and specialists diagnose illness and injuries. Patients are referred for diagnostic tests such as CT (computerized tomography) scans and magnetic resonance imaging (MRI). The Ministry is making significant investments to enhance diagnostic services.

RESULTS

- **Operating rooms, recovery rooms, equipment, safety and training**

During the fiscal year, RHAs received nearly \$59 million in funding for safety equipment and training, as well as diagnostic imaging and medical equipment. This includes \$29.9 million provided in the 2008-09 budget and approximately \$29 million allocated during the fiscal year. Of the total, more than \$17 million was devoted to safety equipment and training to employees in all health regions to reduce workplace injuries. In addition, \$41 million will be used to upgrade equipment throughout the health system, including hospital operating rooms and recovery rooms, as well as to replace diagnostic imaging equipment.

- **MRI (magnetic resonance imaging) volumes**

The number of patients who received MRI testing in 2008-09 increased by 13.8 per cent over the previous year to 17,902 patients. There was increased demand for MRI services during the fiscal year, particularly for emergent and urgent cases. As emergent and urgent cases are given priority, wait times for elective services increased. A new MRI located at Saskatoon's St. Paul's Hospital was installed and became operational in October 2008. The additional capacity will have a positive impact on increasing access to MRI services in the province.

- **CT (computerized tomography) scan volumes**

Patient volume for CT services increased by 6.5 per cent to 79,846 patients in 2008-09. The Regina Qu'Appelle Health Region faces the biggest challenge. RQHR is currently working with other southern Saskatchewan RHAs to expand access to CT services.

- **BMD (bone mineral densitometry) volumes**

Patient wait time for BMD has decreased from a range of 82 to 123 days in 2007-08 to 65 days in 2008-09 in both health regions offering this service. The number of patients served in 2008-09 was 11,911 patients.

- **Enhanced diagnostic services in Lloydminster**

In May 2008, in cooperation with the Alberta Health Services Board, a mobile MRI unit started visiting Lloydminster one in every five weeks, serving non-urgent patients from both Alberta

and Saskatchewan. Effective September 1, 2008, the Government of Saskatchewan waived the requirement for prior approval for Saskatchewan residents in the Lloydminster area to receive BMD testing at a medical clinic located on the Alberta side of the city. This change enhanced area residents' access to healthcare services.

Measurement Results – Diagnostic Services

Number of Magnetic Resonance Imaging (MRI), CT, BMD exams performed and patients served

	MRI Annual Volumes		CT Annual Volumes		BMD Volumes
	Patients Served	Exams Performed	Patients Served	Exams Performed	Patients Served
2005-06	12,478	19,618	63,228	105,101	10,997
2006-07	14,426	21,905	69,143	125,892	14,213
2007-08	15,728	24,036	74,947	129,812	12,755
2008-09	17,902	29,181	79,846	145,650	11,911

Data Source: Acute and Emergency Services Branch, Ministry of Health

The table above shows the number of MRIs, CT scans and BMD scans provided during the fiscal year. These procedures assist specialists in diagnosing patients and choosing the appropriate treatment. The annual volume of MRIs and CT scans has grown steadily over the last five years, a reflection of the Ministry's investment in diagnostic services. The annual volume of BMD scans has been declining due to changes in patient referral guidelines to conform with internationally accepted standards in the frequency of patient follow-up testing.

Estimated maximum number of days a patient waits for a BMD exam

Year	Regina	Year-to-Year % Change	Saskatoon	Year to Year % Change
2005-06	390	--	445	--
2006-07	240	(38.5)	182	(59.1)
2007-08	82	(65.8)	123	(32.4)
2008-09	65	(20.7)	65	(47.2)
Target	90		90	

Data Source: Acute and Emergency Services Branch, Ministry of Health

The table above shows maximum wait times for patients requiring a bone mineral density scan as reported by RHAs to the Ministry of Health. The target time for a patient to receive a BMD procedure is within 90 days. A BMD test is a screening method to identify patients with reduced bone mass. As a preventative tool, BMD is used to identify patients with potential for developing osteoporosis. Due to a change in the frequency of testing, wait times for BMD exams have dropped significantly over the last four years. Depending on the outcome of the initial test, follow up testing varies from three to five years instead of the previous practice of testing annually or every second year. This is consistent with internationally accepted standards on the frequency of follow up testing.

Population Health

Population Health focuses on protecting and improving the population's health and well-being through health promotion, prevention of disease and injury, and protection from environmental and other hazards to health. Effective population programs are not only instrumental in keeping people healthy and safe, they also help ensure the long-term sustainability of our public health care system. The Ministry is delivering on the government's commitment to strengthen efforts to promote wellness and preventative care through education, nutrition and physical activity.

RESULTS

Health Promotion

- **Physical Activity**

Partnerships have been formed with the Ministries of Education and Tourism, Parks, Culture and Sport (TPCS), to increase physical activity in schools. TPCS has taken the lead on the physical activity front.

The Ministry of Health is a member of the inter-ministerial advisory committee to develop a Physical Activity Strategy for Saskatchewan.

The Ministry of Health is a member of the Physical Activity Network of Saskatchewan (PANS). The mandate of PANS includes offering advice on physical activity, providing opportunities for organizations to work collaboratively, and making recommendations on the Community Initiatives Fund—Physical Activity Grant Program.

- **Nutrition**

The Ministry of Health is working with the Ministries of Education and Social Services and other partners to support nutrition policy development in school divisions. To assist with the application of policies, the Ministry of Health worked with regional health authority public health nutritionists to develop Healthy Foods for My School—a resource outlining criteria for selecting the types of foods to choose and serve most often.

The Ministry of Health continues to monitor the percentage of off-reserve schools implementing healthy food/nutrition policies. The percentage has increased from 4.4 per cent in 2006 to 25.2 per cent in 2008.

The Ministry of Health assisted the Ministry of Education in the development of menu planning guidelines for licensed childcare facilities. The guidelines and related resources are meant to support the provision of well-balanced, nutritious food for children in these childcare settings.

Strategy Development

- **Tobacco Control**

The development of a comprehensive tobacco control strategy was initiated. The Ministry of Health met with representatives from regional health authorities, health advocacy groups, Health Canada, the Federation of Saskatchewan Indian Nations, retail associations and other Ministries to explore potential opportunities for collaboration.

- **Pandemic Planning**

The provincial Pandemic Influenza Preparedness Plan is undergoing revision and updating as new information becomes available. In the event of a pandemic, the priorities will be to assure the ongoing delivery of essential health care services, both for prevention and treatment, while providing assistance to meet the emergency needs of the affected population.

The emergence in spring 2009 of a novel influenza strain A H1N1 led the World Health Organization to move to pandemic alert level phase five, which means there is sustained human-to-human transmission of the virus in more than two countries.

The Ministry of Health has accelerated work with the federal government, the regional health authorities, municipal governments and other stakeholders to prepare to respond in the event of a full pandemic.

- **Human Papillomavirus (HPV)**

Beginning in September 2008, immunization against the Human Papillomavirus (HPV) was made available to girls in grade 6. HPV is a virus that can lead to cervical cancer. In March 2007, the federal government announced one-time funding to the provinces and territories to support the launch of a national program for the HPV vaccine. The Ministry spent \$2.76 million on the program in 2008-09. The Ministry of Health's share of the \$300 million in federal funding is \$8.9 million over three years. Grade 7 girls were immunized only during the first year of the program.

Measurement Results – Population Health

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

Year	Per cent	Year-to-Year % Change
2001	15.5	--
2003	9.8	(36.8)
2005	8.1	(17.4)
2007	8.3	2.5
2009	Available 2010	

Data source: Population Health Branch, Ministry of Health

This measure is an indicator of the health of the population. 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 per cent 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. The Ministry of Health, regional health authorities, Health Canada, and the public all play a role in changing smoking behaviour. Changing personal behaviour is often a lengthy process and is affected by factors outside the influence of the Ministry.

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 after a health problem has been identified. A coordinated team approach to primary health care makes the most appropriate use of health care providers and enhances patient access to a range of services.

RESULTS

- **Primary Health Care Teams**

New Primary Health Care Teams were approved for the communities of Indian Head, Langenberg, Craik, Turtleford, Kinistino, Yorkton and Mankota, and a number of existing teams were provided with additional funding to expand service delivery in their local communities. As of March 31, 2009, there were 67 primary health care teams operating in Saskatchewan.

- **Bursary Programs**

Fifteen bursaries were awarded to registered nurses enrolled in the nurse practitioner programs. RNs and NPs are integral members of primary health care teams. With their advanced education and skill set, they are able to provide a broad range of services to the public. Each year, Primary Health Services Branch allocates \$200,000 to support bursary programs for registered nurses obtaining their nurse practitioner qualifications. In 2008-09, the branch awarded 15 bursaries to nurse practitioners at a cost of \$150,000.

- **Primary Health Care Bus**

A mobile primary health care bus began operating in Saskatoon on August 29, 2008. The mobile service is part of an overall strategy to address the health needs of vulnerable populations and under-served clients in the core neighborhoods of Saskatoon. The initiative is a partnership between MD Ambulance, the Saskatoon Regional Health Authority and the Ministry of Health. The service operates seven days a week and during the fiscal year saw 1,714 clients, providing, among other things, flu vaccines, dressing changes, referrals, wound care, education and diagnosis and treatment of chronic diseases, such as diabetes.

- **Midwifery Services**

In March 2008, midwifery became a provincially recognized and self-regulated health profession in Saskatchewan. The Saskatoon Regional Health Authority, with the Saskatoon Midwifery Clinic, hired four midwives. The clinic has been open since January 20, 2009. The midwives now have a full practice of patients. Three other regions have been provided with funding to incorporate midwives into their service delivery options. Primary Health Services branch awards bursaries to support individuals obtaining their midwifery qualification. In 2008-09, the branch awarded 4 midwifery bursaries at a cost of \$28,000.

- **Health Tips**

During 2008-09, the Ministry expanded this innovative project, which uses wireless technology to deliver video health messages in physician waiting rooms. The project began as a pilot in 20 clinics, and has now expanded to 100 locations across Saskatchewan. The video is regularly updated to include seasonal or timely topics such as West Nile virus, flu shots and changes to drug coverage. It offers information on subjects including cancer services, the surgical care process, medical coverage, healthy lifestyles, and a variety of specific health conditions. The Ministry supported the service with \$150,000 in funding.

- **HealthLine**

HealthLine is a key service that supports primary health care teams and provides 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. HealthLine is also staffed around the clock by specially trained social workers and registered psychiatric nurses to provide mental health and addictions crisis support.

In 2008-09, HealthLine answered 87,424 calls, which resulted in 127,027 patient records. Each day, HealthLine assists approximately 400 individuals via the telephone.

HealthLine in collaboration with the Ministry developed a caller experience survey that was then mailed to clients who called between June 2, 2008 and July 3, 2008. Over 975 callers to HealthLine returned the survey with the following results:

- » 91 per cent of the callers rated their experience as very good (19 per cent) or excellent (72 per cent)
- » 88 per cent of the callers agreed or strongly agreed that talking with a nurse helped them make a decision about what to do
- » 94 per cent of the callers felt comfortable expressing their questions or concern

Measurement Results – Primary Health Care

Percentage of Population Served by a Primary Health Care Team

Year	Percentage	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
2008-09	31.3	15.5

Data source: Primary Health Services Branch, Ministry of Health

The percentage of population served by primary health care teams is one dimension of primary health care capacity that speaks to accessibility. This percentage denotes Saskatchewan's covered population served by each team, calculated on the basis of catchment areas.

Demographics in rural and urban Saskatchewan and the organization of the RHAs are the chief contributing factors in determining the covered population for each of the primary health care teams.

The April 2009 Health Council of Canada report *Teams in Action* showed that Saskatchewan leads the country in the percentage of population with access to a primary health care team at 29 per cent, followed by Newfoundland/Labrador at 27 per cent, British Columbia and Prince Edward Island, both at 25 per cent and Ontario at 16 per cent.

Addictions, Mental Health and Drug Awareness Programs

Alcohol and drug addiction is a concern for individuals, families and communities. It's also a challenge for Saskatchewan. We all share in the cost of unfulfilled potential and unrealized dreams. Combating substance abuse is a major priority for the Government of Saskatchewan. There are several initiatives underway in this area. The Ministry is delivering on the government's commitment to enhance addiction services in partnership with community-based organizations and First Nations organizations through several initiatives. In addition, the Ministry is working to enhance programs and services that support the positive mental well-being of citizens.

RESULTS

- **New long-term residential treatment beds (Mandate Letter, Speech from the Throne 2007)**

Progress is being made on the development of the government's 100-bed commitment for new treatment beds. Ms. Joceline Schriemer, who was appointed Legislative Secretary to the Minister of Health for addictions, has provided advice to the Minister.

- **New 45-bed integrated brief and social detoxification facility**

A total of \$5.65 million in capital funding and \$1.125 million in annual operating funding is being provided to the Regina Qu'Appelle Health Region in support of the development of a 45-bed integrated brief and social detoxification facility in Regina. The new centre, expected to open in 2010, is part of the government's election commitment to fund 100 new treatment beds.

- **Independent Provincial Addictions Agency (Mandate Letter)**

Ms. Joceline Schriemer, Legislative Secretary to the Minister of Health for addictions, has provided advice to the Minister of Health. The Ministry is currently drafting a plan in response to her recommendations.

- **Calder Centre**

Renovations are planned at Calder Centre in Saskatoon to better accommodate the 12 existing youth treatment beds and six youth stabilization beds located within the facility.

- **15-bed youth addictions treatment facility**

Prince Albert Parkland Regional Health Authority currently has six interim youth treatment beds. The health region is working with the Prince Albert Grand Council (PAGC) on the planning and development of the program model and facility drawings for a 15-bed youth addictions treatment facility.

- **Saskatchewan Hospital North Battleford**

Saskatchewan Hospital North Battleford was originally constructed in 1911 and requires redevelopment to meet modern physical standards and improve access for persons who cannot be supported in their local community. Project planning continued during 2008-09. Over the next year, Prairie North Regional Health Authority and the Ministry of Health will work to refine the proposed scope and plan for this facility and move it through the process required for all capital investments in Health.

- **Family Treatment Centre**

A regionally operated family addiction treatment centre, which is to serve primarily women with children, will be constructed in Prince Albert. Prince Albert Parkland Regional Health Authority is working on development of program and space concepts. A site for the facility has been secured.

- **Mental Health Strategy**

In May 2008, stakeholder sessions were held with regional directors of mental health and addictions services, the Canadian Mental Health Association and the Schizophrenia Society to identify issues and conduct a situational analysis. Development of the mental health strategy will occur once the Patient First Review is complete.

- **Dubé Centre for Mental Health**

Construction of the \$22 million Dube Centre for Mental Health in Saskatoon is underway. The facility will accommodate two adult inpatient units totaling 54 beds and a separate 10 bed child/adolescent unit. It is scheduled to be operational by late 2010.

- **New 14-bed Detoxification Facility**

Construction is underway in Prince Albert on a 14-bed facility that will combine both brief and social detox services. It is expected that the facility will be operational in 2010.

- **Mental Well-Being**

The Ministry of Health delivered workshops to regional health authorities highlighting best practices for supporting mental well-being and preventing substance use. The Ministry of Health also supported training events to assist health region staff working in addictions, mental health and health promotion positions to gain the skills necessary to work more effectively with children and youth.

- **Children's Mental Health Initiatives**

In response to a report by the Children's Advocate of Saskatchewan, the Ministry developed a children's mental health services plan in 2006. The Ministry of Health has provided significant increases in funding to address mental health challenges of children and youth to implement this plan by building the capacity of children's mental health services. The Ministry provides \$3 million annually to support child and youth mental health services delivered by RHAs. These programs include mental health outreach and respite services across the province and mental health outreach positions focusing on Aboriginal children, youth and families in Regina, Saskatoon, Battlefords, Prince Albert, Il-a-la-Crosse, La Ronge and Yorkton.

Prescription Drug Plan and Extended Benefits

- **Northern Medical Taxi Program**

Under the Northern Medical Taxi program, rates for northern medical taxi operators were increased effective September 15, 2008, and increased again April 1, 2009, based on the previous year's Consumer Price Index. This program provides funding for non-emergency medical appointments and treatments outside the community. The service is for clients receiving Supplementary Health or Family Health Benefits.

- **Inter-provincial Western Canadian Partnerships (Mandate Letter)**

Saskatchewan has led the development of a Memorandum of Understanding (MOU) between Western provinces on the purchase of pharmaceuticals. The draft MOU was recently revised to reflect changing priorities identified by partners in the collaborative. It is expected that Alberta, Saskatchewan and Manitoba will be parties to the MOU. British Columbia is participating in discussions and may join in the future. A steering committee of drug plan managers has been established and regular meeting dates have been scheduled.

Target Groups

There is a gap in the health status of First Nations and Métis people when compared with other Saskatchewan residents. The Ministry is working in partnership with First Nations and Métis organizations on a number of fronts to address these challenges. The Ministry is also taking action to address the specific health issues of other groups.

RESULTS

- **First Nations MOU and Métis Partnership**

Saskatchewan, the Government of Canada and the Federation of Saskatchewan Indian Nations signed a Memorandum of Understanding (MOU) on First Nations Health and Well-Being, on August 19, 2008. The MOU establishes a formal partnership to improve the coordination of health programming, reduce administrative duplication, better adapt programs to the needs of First Nations and address the gaps in health services. The MOU also commits the parties to jointly develop a First Nations Health and Well-Being plan.

- **Aboriginal Health Transition Fund**

The federal government established the AHTF in 2004 as part of a broad effort to improve the health status of First Nations and Métis people. Eleven innovative Saskatchewan health care projects have received a total of \$6.2 million from the Aboriginal Health Transition Fund (AHTF). The projects are intended to help adapt provincial health services to the needs of First Nations and Métis people. Regional health authorities and Aboriginal organizations worked together to develop proposals, which were then submitted to the Ministry of Health for review. The Ministry consulted with an independent panel of experts, before forwarded projects to the federal government for final approval.

- **Personal Care Homes**

During the fiscal year, the Ministry provided \$750,000 for a two-year pilot project for 15 Level three and four, long-term care beds at the licensed personal care home (PCH) at Muskeg Lake Cree Nation. This home will continue to be licensed as a 30-bed PCH by the Ministry of Health for the duration of the project. The pilot project runs from April 2008 to March 2010.

- **Mumps Immunization**

The Ministry of Health began implementing a second dose of mumps immunization for Grade 8 and 12 students in 2008-09. This is part of a five-year catch-up immunization program to ensure young people are adequately protected against mumps.

- **Needle Exchange Programs**

An independent review of Saskatchewan's needle exchange programs was completed. The review was intended to ensure the programs are meeting their objectives of service delivery and accountability. The Ministry has created a provincial steering committee to address issues identified during the review. The steering committee, composed of RHA medical health officers and Saskatchewan's chief medical health officer, will oversee a two part response to the report. Part one will include enhanced education and the creation of a strategy for clean-up and disposal of used needles. Part two will explore opportunities to increase accountability of the program through enhanced monitoring.

- **Seniors' Care Strategy (Mandate Letter)**

Preliminary research on the strategy has been undertaken. For the most part, the timeline of the Seniors' Care Strategy will follow the Patient First Review.

- **Act to Protect Persons in Care**

Analysis of legislative options to require reporting and investigation of suspected cases of physical and psychological abuse of seniors will be examined as part of the Seniors' Care Strategy.

- **Community-Based Organizations**

The Ministry of Health provided an annualized mid-year funding increase of seven per cent in 2008-09 to 115 community-based organizations (CBOs) in Saskatchewan that provide community-based health services at the local level. This mid-year lift amounted to \$1.03 million, increasing 2008-09 base funding from \$27.08 million to \$28.12 million.

- **Autism**

In 2008-09, the overall budget for additional Autism Spectrum Disorder (ASD) treatment and support was increased to \$3 million. The Provincial Autism Advisory Committee (PAAC) was formed in 2008 to inform development of a plan for accessible and equitable ASD services and supports. The Minister of Health announced the Framework and Action Plan for Autism Spectrum Disorders Services in Saskatchewan in October 2008. Rollout of the framework and action plan is expected to begin in early 2009, with full implementation in 2010.

- **Wascana Rehabilitation Centre**

Annualized funding of \$400,000 was provided to the Regina Qu'Appelle Health Region to develop a provincial program at the Wascana Rehabilitation Centre for respite services for children with complex care needs. This program typically provides respite for families caring for children with ventilators.



2008-09 Financial Overview

The Ministry spent or allocated \$3.9 billion in expenditures in 2008-09, \$225.7 million higher than provided in its budget. During 2008-09, the Ministry received \$232.8 million of additional funding through supplementary estimates for the settlement with nurses, replacement of equipment at the Saskatchewan Cancer Agency, North Sask. Laundry Repairs, fuel costs for emergency medical services operators, Cabinet approved an increase for community-based organizations, new attention-deficit hyperactivity disorder drugs, and replacement and construction of 13 new long-term care facilities.

In 2008-09, the Ministry received \$20.2 million of federal funding, fees and other miscellaneous revenue, \$6.8 million more than budgeted. The additional revenue is primarily due to transfers from the federal government for the Aboriginal Health Transition Fund and the Patient Wait-time Guarantee Pilot Project that were not anticipated when the 2008-09 budget was finalized.

In 2008-09, the Ministry's full-time equivalent (FTE) complement totaled 640.8 FTEs, 57.9 FTEs below the Ministry's budget complement. The variance is primarily the result of vacancies and hard-to-recruit positions.

2008-09 Financial Overview

Ministry of Health Comparison of Actual Expense to Estimates

	2008-09 Estimates \$000s	2008-09 Actuals \$000s	2008-09 Variance \$000s	Notes
Central Management and Services				
Minister's Salary (Statutory)	43	43	-	
Executive Management	1,723	2,330	607	
Central Services	8,489	8,023	(466)	
Accommodation Services	5,474	5,620	146	
	15,729	16,016	287	
Regional Health Services				
Athabasca Health Authority Inc.	5,002	5,241	239	
Cypress Regional Health Authority	86,538	90,481	3,943	
Five Hills Regional Health Authority	101,829	106,398	4,569	
Heartland Regional Health Authority	66,692	69,306	2,614	
Keewatin Yatthe Regional Health Authority	18,819	19,974	1,155	
Kelsey Trail Regional Health Authority	79,212	82,310	3,098	
Mamawetan Churchill River Regional Health Authority	17,020	17,712	692	
Prairie North Regional Health Authority	134,921	142,571	7,650	(1)
Prince Albert Parkland Regional Health Authority	129,769	140,085	10,316	(2)
Regina Qu'Appelle Regional Health Authority	615,110	642,211	27,101	
Saskatoon Regional Health Authority	663,620	703,959	40,339	(1)
Sun Country Regional Health Authority	97,198	101,488	4,290	
Sunrise Regional Health Authority	140,260	146,091	5,831	
Regional Targeted Programs and Services	136,712	69,725	(66,987)	(3)
Saskatchewan Cancer Agency	89,221	90,103	882	
Facilities - Capital	131,931	291,299	159,368	(4)
Equipment - Capital	29,900	59,603	29,703	(5)
Regional Programs Support	16,530	16,655	125	
Subtotal	2,560,284	2,795,212	234,928	
Provincial Health Services				
Canadian Blood Services	45,470	42,770	(2,700)	
Provincial Targeted Programs and Services	54,455	58,898	4,443	(6)
Provincial Laboratory	16,002	15,883	(119)	
Health Research	6,113	6,113	-	
Health Quality Council	5,400	10,408	5,008	(7)
Immunizations	13,886	11,910	(1,976)	
Saskatchewan Health Information Network	19,065	27,065	8,000	(8)
Provincial Programs Support	17,351	17,423	72	
Subtotal	177,742	190,470	12,728	
Medical Services & Medical Education Programs				
Medical Services - Fee-for-Service	395,686	400,981	5,295	
Medical Services - Non-Fee-for-Service	83,796	77,549	(6,247)	(9)
Medical Education System	34,670	34,233	(437)	
Chiropractic Services	9,938	9,792	(146)	
Optometric Services	3,814	4,879	1,065	
Dental Services	1,883	1,845	(38)	
Out-of-Province	96,718	106,908	10,190	(10)
Program Support	4,517	4,058	(459)	
Subtotal	631,022	640,245	9,223	
Drug Plan & Extended Benefits				
Saskatchewan Prescription Drug Plan	294,218	267,063	(27,155)	(9)
Saskatchewan Aids to Independent Living	31,429	30,968	(461)	
Supplementary Health Program	16,008	14,897	(1,111)	
Family Health Benefits	5,255	4,079	(1,176)	
Multi-Provincial Human Immunodeficiency Virus Assistance	305	290	(15)	
Program Support	4,448	3,820	(628)	
Subtotal	351,663	321,117	(30,546)	
Early Childhood Development	9,537	9,878	341	
Provincial Infrastructure Projects	27,675	26,377	(1,298)	
APPROPRIATION	3,773,652	3,999,315	225,663	
Capital Asset Acquisition	(29,316)	(28,925)	391	
Capital Asset Amortization	997	5,851	4,854	(11)
EXPENSE BEFORE SUPPLEMENTARY ESTIMATES	3,745,333	3,976,241	230,908	
Supplementary Estimates	232,800	0	(232,800)	(12)
REVISED TOTAL EXPENSE	3,978,133	3,976,241	(1,892)	
FTE STAFF COMPLEMENT	698.7	640.8	(57.9)	

2008-09 Financial Overview

Approximately 90% 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 5% of the Ministry's 2008-09 Estimates and greater than 0.1% of the Ministry's total expense.

- 1) Primarily compensation costs for collective agreement settlements not included in the 2008-09 budget.
- 2) Primarily compensation costs for collective agreement settlements not included in the 2008-09 budget and additional payments for service volume growth.
- 3) Primarily collective agreement expenses that were paid to and expensed as individual regional health authority base grants.
- 4) Primarily investment in the replacement and construction of 13 new long-term care facilities.
- 5) Increased investment in major equipment repairs, safety lifting equipment, and diagnostic imaging equipment.
- 6) Primarily increased workforce recruitment and retention grants.
- 7) Funding to implement quality improvement techniques (LEAN processes) in partnership with the Ministry and regional health authorities.
- 8) Funding to continue work on key projects.
- 9) Program utilization below budgeted levels.
- 10) Program utilization above budgeted levels.
- 11) Primarily due to quality improvement techniques (LEAN processes) implemented to decrease vaccine inventory.
- 12) Funding for the settlement with nurses, replacement of equipment at the Saskatchewan Cancer Agency, North Sask. Laundry Repairs, fuel costs for Emergency Medical Services operators, Cabinet approved increase for community-based organizations, new Attention-Deficit Hyperactivity Disorder drugs, and replacement and construction of 13 new long-term care facilities.

2008-09 Financial Overview

Ministry of Health Comparison of Actual Revenue to Estimates

	2008-09 Estimates \$000s	2008-09 Actuals \$000s	Variance \$000s	Note
Other Own-source Revenue				
Interest, premium, discount and exchange	39	104	65	
Other licenses and permits	92	111	19	
Sales, services and service fees	4,854	4,595	(259)	
Other	691	3,168	2,477	(1)
Total	5,676	7,978	2,302	
Transfers from the Federal Government	7,788	12,249	6,763	(2)
TOTAL REVENUE	13,464	20,227	6,763	

The Ministry collects transfer revenue from the federal government for various health-related initiatives and services. The major federal transfers include amounts for some air ambulance services, implementation of the Youth Criminal Justice Act, employment assistance for persons with disabilities and programs to assist the integration of internationally-educated health professionals. The Ministry also collects revenue through fees for services such 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) Revenue received for previous year expenditures such as bursary repayments, one-time refunds and recoveries of overpayments.
- 2) Primarily attributable to revenue received from the federal Aboriginal Health Transition Fund and the federal Patient Wait Time Guarantee Pilot Project.

**2008-09 Regional Health Authorities
Operating Fund Financial Statements
(\$000)**

STATEMENT OF OPERATIONS AND CHANGE IN FUND BALANCES ¹	Cypress ^{2,2}	Five Hills	Heartland	Keewatin Yatthe ²	Kelsey Trail ²	Mamawetan Churchill River ²
Operating Revenues:						
Ministry of Health - General Revenue Fund	92,901	109,578	70,295	21,288	83,722	20,340
Other Government Revenue	321	642	110	179	611	1,293
Out-of-Province/Third Party Reimbursements	9,892	6,301	10,219	1,304	8,752	1,012
Donations	50	54	58	-	23	-
Investment Income	274	428	368	82	298	66
Ancillary Operations	-	144	-	-	659	113
Other Revenue	354	930	431	393	821	243
Total Operating Revenue	103,792	118,077	81,480	23,246	94,887	23,067
Operating Expenses:						
Province Wide Acute Care Services	945	1,479	44	54	768	159
Acute Services	31,272	40,657	16,250	8,472	31,493	6,066
Physician Compensation - Acute	8,755	6,548	521	45	1,162	43
Supportive Care Services	33,903	35,185	38,290	1,606	31,591	630
Home Based Service - Supportive Care	5,521	5,931	5,703	1,206	5,727	341
Population Health Services	2,195	3,358	2,988	2,480	3,769	3,111
Community Care Services	4,854	5,811	3,429	2,005	3,527	2,931
Home Based Services - Acute & Palliative	648	1,245	730	-	626	1,010
Primary Health Care Services	4,176	1,603	3,612	1,864	3,474	4,083
Emergency Response Services	3,510	2,653	3,925	2,182	3,130	928
Mental Health Services - Inpatient/residential	1,313	2,506	-	-	-	-
Addiction Services - Residential	-	883	507	494	-	323
Physician Compensation - Community	948	2,178	508	-	3,275	960
Program Support Services	4,904	4,694	3,868	2,655	5,163	2,690
Special Funded Programs	80	929	77	108	675	181
Ancillary Expense	-	157	-	88	-	11
Total Operating Expenses	103,023	115,816	80,453	23,258	94,379	23,469
Operating Fund Excess/(Deficiency)	768	2,261	1,027	(13)	508	(402)
Operating Fund Balance - Beginning of the year	(677)	1,228	623	427	(378)	28
Interfund Transfers	2	(2,261)	(271)	-	(114)	-
Operating Fund Balance - End of Year	93	1,228	1,380	415	16	(374)
STATEMENT OF FINANCIAL POSITION						
Operating Assets:						
Cash and Short-term Investments	11,325	15,123	10,322	4,535	7,348	2,523
Accounts Receivable:	-	-	-	-	-	-
Saskatchewan Health	269	323	162	131	-	-
Other	716	836	750	648	679	931
Inventory	805	863	1,125	354	494	164
Prepaid Expenses	409	1,124	403	81	824	83
Investments	256	79	1,468	5	1,041	-
Other Assets	-	-	-	-	34	-
Total Operating Assets	13,781	18,347	14,229	5,753	10,419	3,701
Liabilities and Operating Fund Balance:						
Accounts Payable	3,517	3,855	2,628	2,070	2,490	1,000
Accrued Liabilities	8,376	8,281	8,539	1,866	6,250	1,331
Deferred Revenue	1,795	4,982	1,683	1,403	1,662	1,743
Debt	-	-	-	-	-	-
Total Operating Liabilities	13,688	17,119	12,850	5,338	10,403	4,075
Externally Restricted	132	-	-	-	-	-
Internally Restricted	-	-	-	-	-	-
Unrestricted	(39)	1,228	1,380	415	16	(374)
Operating Fund Balance	93	1,228	1,380	415	16	(374)
Total Liabilities and Operating Fund Balance	13,781	18,347	14,229	5,753	10,419	3,701

1. Some item may not balance due to rounding.
2. Unaudited data.

2008-09 Regional Health Authorities Operating Fund Financial Statements

(\$000s)

STATEMENT OF OPERATIONS AND CHANGE IN FUND BALANCES ¹							
	Prairie North	Prince Albert Parkland	Regina Qu'Appelle	Saskatoon	Sun Country	Sunrise	Grand Total
Operating Revenues:							
Ministry of Health - General Revenue Fund	146,505	147,592	674,362	737,754	102,913	148,196	2,355,445
Other Government Revenue	27,188	947	14,167	15,878	579	1,310	63,225
Out-of-Province/Third Party Reimbursements	14,858	10,785	34,142	38,038	12,593	19,158	167,056
Donations	254	109	1,600	-	138	192	2,478
Investment Income	361	270	655	-	147	24	2,974
Ancillary Operations	337	1,028	4,756	13,180	-	28	20,244
Other Revenue	3,606	712	12,706	3,307	368	1,314	25,185
Total Operating Revenue	193,109	161,443	742,389	808,157	116,740	170,222	2,636,607
Operating Expenses:							
Province Wide Acute Care Services	20,216	2,101	54,831	45,217	-	2,383	128,197
Acute Services	65,519	65,264	356,542	418,147	28,260	60,922	1,128,863
Physician Compensation - Acute	7,084	10,781	50,926	54,176	848	4,160	145,049
Supportive Care Services	47,816	37,061	124,811	123,110	50,787	62,318	587,109
Home Based Service - Supportive Care	6,946	7,300	16,572	26,516	7,990	8,795	98,547
Population Health Services	4,755	4,763	18,379	21,165	3,661	3,708	74,331
Community Care Services	9,606	11,222	23,007	29,789	5,535	7,065	108,781
Home Based Services - Acute & Palliative	1,275	2,354	10,405	4,740	815	1,926	25,773
Primary Health Care Services	4,854	2,438	11,143	7,300	3,709	1,678	49,933
Emergency Response Services	5,047	3,153	12,084	7,442	4,741	4,682	53,478
Mental Health Services - Inpatient/residential	2,297	3,639	9,974	7,309	1,914	2,423	31,375
Addiction Services - Residential	765	-	-	1,923	-	-	4,895
Physician Compensation - Community	3,855	1,994	5,666	2,863	1,781	2,411	26,439
Program Support Services	8,217	8,171	36,530	42,819	6,027	7,231	132,969
Special Funded Programs	2,355	790	4,596	6,157	159	1,252	17,358
Ancillary Expense	244	691	1,204	8,749	-	907	12,053
Total Operating Expenses	190,850	161,723	736,670	807,422	116,228	171,860	2,625,151
Operating Fund Excess/(Deficiency)	2,259	(280)	5,720	735	512	(1,638)	11,456
Operating Fund Balance - Beginning of the year	(944)	(11,853)	(54,809)	(23,618)	(5,226)	(26,513)	(121,710)
Interfund Transfers	(1,089)	(2,758)	(5,360)	(342)	(928)	(920)	(14,040)
Operating Fund Balance - End of Year	226	(14,892)	(54,448)	(23,225)	(5,642)	(29,071)	(124,294)
STATEMENT OF FINANCIAL POSITION							
Operating Assets:							
Cash and Short-term Investments	16,276	9,991	22,905	66,720	5,072	334	172,475
Accounts Receivable:	-	-	-	-	-	-	-
Saskatchewan Health	125	148	3,449	2,251	117	346	7,320
Other	2,891	2,384	15,249	16,056	1,282	2,044	44,466
Inventory	1,584	752	4,007	6,503	867	1,318	18,835
Prepaid Expenses	1,250	667	5,078	2,061	606	603	13,188
Investments	1,383	-	-	-	15	214	4,461
Other Assets	-	-	-	-	-	-	34
Total Operating Assets	23,510	13,943	50,688	93,591	7,958	4,860	260,779
Liabilities and Operating Fund Balance:							
Accounts Payable	5,444	8,320	35,422	44,465	2,243	8,618	120,072
Accrued Liabilities	15,074	15,673	54,136	58,307	10,067	12,842	200,742
Deferred Revenue	2,766	4,841	15,579	14,044	1,290	2,360	54,147
Debt	-	-	-	-	-	10,112	10,112
Total Operating Liabilities	23,284	28,834	105,137	116,816	13,599	33,931	385,073
Externally Restricted	-	-	-	-	544	-	676
Internally Restricted	226	21	3,648	-	9	69	3,974
Unrestricted	-	(14,913)	(58,097)	(23,225)	(6,195)	(29,141)	(128,944)
Operating Fund Balance	226	(14,892)	(54,448)	(23,225)	(5,642)	(29,071)	(124,294)
Total Liabilities and Operating Fund Balance	23,510	13,943	50,688	93,591	7,958	4,860	260,779

1. Some items may not balance due to rounding.

2. Unaudited data.

2008-09 Regional Health Authorities Restricted Fund Financial Statements¹

(\$000s)

STATEMENT OF OPERATIONS AND CHANGE IN FUND BALANCES ²							
	Cypress ³	Five Hills	Heartland	Keewatin Yatthe ³	Kelsey Trail ³	Mamawetan Churchill River ³	
Restricted Revenues:							
Ministry of Health - General Revenue Fund	26,266	9,996	42,977	607	22,253	603	
Other Government Revenue	-	45	276	-	351	13	
Donations	861	698	1,956	5	409	277	
Investment Income	116	370	100	1	188	9	
Ancillary Operations	-	21	-	-	-	-	
Recoveries	870	-	-	-	-	-	
Other Revenue	155	27	-	-	-	2	
Total Restricted Revenue	28,269	11,157	45,309	613	23,201	902	
Restricted Expenses:							
Province Wide Acute Care Services	21	285	-	-	-	-	
Acute Services	1,829	2,501	1,355	539	1,767	571	
Supportive Care Services	1,074	1,383	2,115	493	2,812	17	
Home Based Service - Supportive Care	139	11	8	-	-	-	
Population Health Services	55	21	4	23	19	-	
Community Care Services	141	-	3	1	-	-	
Home Based Services - Acute & Palliative	16	87	1	1	-	-	
Primary Health Care Services	93	86	87	16	419	19	
Emergency Response Services	82	3	170	4	52	24	
Mental Health Services - Inpatient/residential	31	5	-	-	-	-	
Addiction Services - Residential	-	-	7	1	-	-	
Program Support Services	15	77	99	35	156	-	
Special Funded Programs	-	-	-	-	-	-	
Ancillary Expense	-	7	-	-	-	-	
Total Restricted Expenses	3,498	4,467	3,848	1,114	5,224	631	
Restricted Fund Excess/(Deficiency)	24,771	6,690	41,461	(501)	17,977	272	
Restricted Fund Balance - Beginning of the year	72,379	28,464	32,128	27,043	41,376	10,580	
Interfund Transfers	(2)	2,261	271	-	114	-	
Equity Adjustments	-	-	-	-	-	-	
Restricted Fund Balance - End of Year	97,148	37,415	73,860	26,542	59,467	10,852	

STATEMENT OF FINANCIAL POSITION							
Restricted Assets:							
Cash and Short-term Investments	28,548	20,966	44,295	306	25,822	894	
Accounts Receivable:	-	-	-	-	-	-	
Saskatchewan Health	-	-	1	381	151	-	
Other	185	61	184	10	159	49	
Prepaid Expenses	-	-	-	-	-	-	
Investments	-	1,481	314	1	-	-	
Capital Assets	71,142	16,936	37,042	25,996	42,423	10,001	
Other Assets	-	-	-	-	-	-	
Total Restricted Assets	99,875	39,444	81,836	26,694	68,556	10,945	
Liabilities and Restricted Fund Balance:							
Accounts Payable	-	12	318	152	4	93	
Accrued Liabilities	12	-	-	-	-	-	
Deferred Revenue	-	-	-	-	-	-	
Debt	2,714	2,017	7,658	-	9,085	-	
Total Restricted Liabilities	2,727	2,029	7,976	152	9,090	93	
Invested in Capital Assets	68,416	14,920	29,384	25,996	33,338	10,001	
Externally Restricted	2,370	1,026	43,234	-	24,216	525	
Internally Restricted	26,115	784	1,393	545	1,913	326	
Unrestricted	248	20,685	(151)	-	-	-	
Restricted Fund Balance	97,148	37,415	73,860	26,542	59,467	10,852	
Total Liabilities and Restricted Fund Balance	99,875	39,444	81,836	26,694	68,556	10,945	

1. The restricted fund consists of the combined Capital Fund and Community Trust Fund. The Capital Fund reflects the debt and equity of the RHA and includes any acquisition of capital assets. Capital Fund expenses consist mainly of amortization expense. The Community Trust Fund reflects community-generated assets transferred initially accumulated by the health corporations from donations or municipal tax levies.

2. Some items may not balance due to rounding.

3. Unaudited data.

2008-09 Regional Health Authorities Restricted Fund Financial Statements¹

(\$000s)

STATEMENT OF OPERATIONS AND CHANGE IN FUND BALANCES ²							
	Prairie North	Prince Albert Parkland	Regina Qu'Appelle	Saskatoon	Sun Country	Sunrise	Grand Total
Restricted Revenues:							
Ministry of Health - General Revenue Fund	22,301	43,084	61,462	84,712	34,932	15,144	364,335
Other Government Revenue	341	257	165	-	144	234	1,827
Donations	2,312	743	6,983	16,590	1,265	2,002	34,101
Investment Income	55	348	92	2,879	184	126	4,468
Ancillary Operations	-	-	-	-	-	-	21
Recoveries	4	-	-	-	-	-	874
Other Revenue	26	1,504	1,853	708	2	-	4,278
Total Restricted Revenue	25,039	45,935	70,555	104,889	36,527	17,507	409,903
Restricted Expenses:							
Province Wide Acute Care Services	59	-	4,414	-	-	-	4,778
Acute Services	4,955	2,552	13,726	-	1,047	2,317	33,160
Supportive Care Services	1,244	1,599	2,804	-	3,414	3,063	20,019
Home Based Service - Supportive Care	83	20	24	-	13	22	320
Population Health Services	20	11	47	-	50	27	277
Community Care Services	-	15	126	-	12	28	326
Home Based Services - Acute & Palliative	-	5	12	-	1	4	127
Primary Health Care Services	800	40	638	-	153	46	2,396
Emergency Response Services	92	-	496	-	272	45	1,241
Mental Health Services - Inpatient/residential	5	-	196	-	24	-	262
Addiction Services - Residential	8	-	-	-	-	-	16
Program Support Services	2,091	(31)	2,869	35,051	-	599	40,962
Special Funded Programs	5	-	-	-	-	-	5
Ancillary Expense	-	103	115	-	-	124	349
Total Restricted Expenses	9,362	4,314	25,467	35,051	4,986	6,275	104,238
Restricted Fund Excess/(Deficiency)	15,677	41,621	45,088	69,838	31,541	11,232	305,666
Restricted Fund Balance - Beginning of the year	54,653	45,607	320,926	217,823	42,954	68,302	962,235
Interfund Transfers	1,089	2,758	5,280	342	928	920	13,960
Equity Adjustments	-	-	-	-	-	-	-
Restricted Fund Balance - End of Year	71,418	89,986	371,293	288,003	75,423	80,455	1,281,861
STATEMENT OF FINANCIAL POSITION							
Restricted Assets:							
Cash and Short-term Investments	18,605	43,591	40,801	69,452	36,034	11,885	341,200
Accounts Receivable:	-	-	-	-	-	-	-
Saskatchewan Health	-	-	4,978	2,389	-	-	7,900
Other	1,574	1,577	1,993	2,511	(37)	653	8,918
Prepaid Expenses	-	-	100	-	-	-	100
Investments	91	649	1,559	-	366	83	4,543
Capital Assets	57,711	53,873	330,342	235,991	44,590	82,946	1,008,996
Other Assets	-	695	63	-	95	-	853
Total Restricted Assets	77,980	100,385	379,837	310,343	81,048	95,566	1,372,509
Liabilities and Restricted Fund Balance:							
Accounts Payable	1,207	2,865	3,329	14,763	44	207	22,994
Accrued Liabilities	-	-	-	-	-	54	66
Deferred Revenue	-	-	-	-	-	16	16
Debt	5,356	7,534	5,215	7,577	5,582	14,834	67,572
Total Restricted Liabilities	6,562	10,399	8,544	22,340	5,625	15,112	90,648
Invested in Capital Assets	52,356	43,475	325,128	228,414	38,985	68,112	938,524
Externally Restricted	1,312	49,504	49,511	58,783	36,217	1,229	267,927
Internally Restricted	1,865	1,267	613	81	221	11,114	46,235
Unrestricted	15,886	(4,259)	(3,958)	725	-	-	29,176
Restricted Fund Balance	71,418	89,986	371,293	288,003	75,423	80,455	1,281,861
Total Liabilities and Restricted Fund Balance	77,980	100,385	379,837	310,343	81,048	95,566	1,372,509

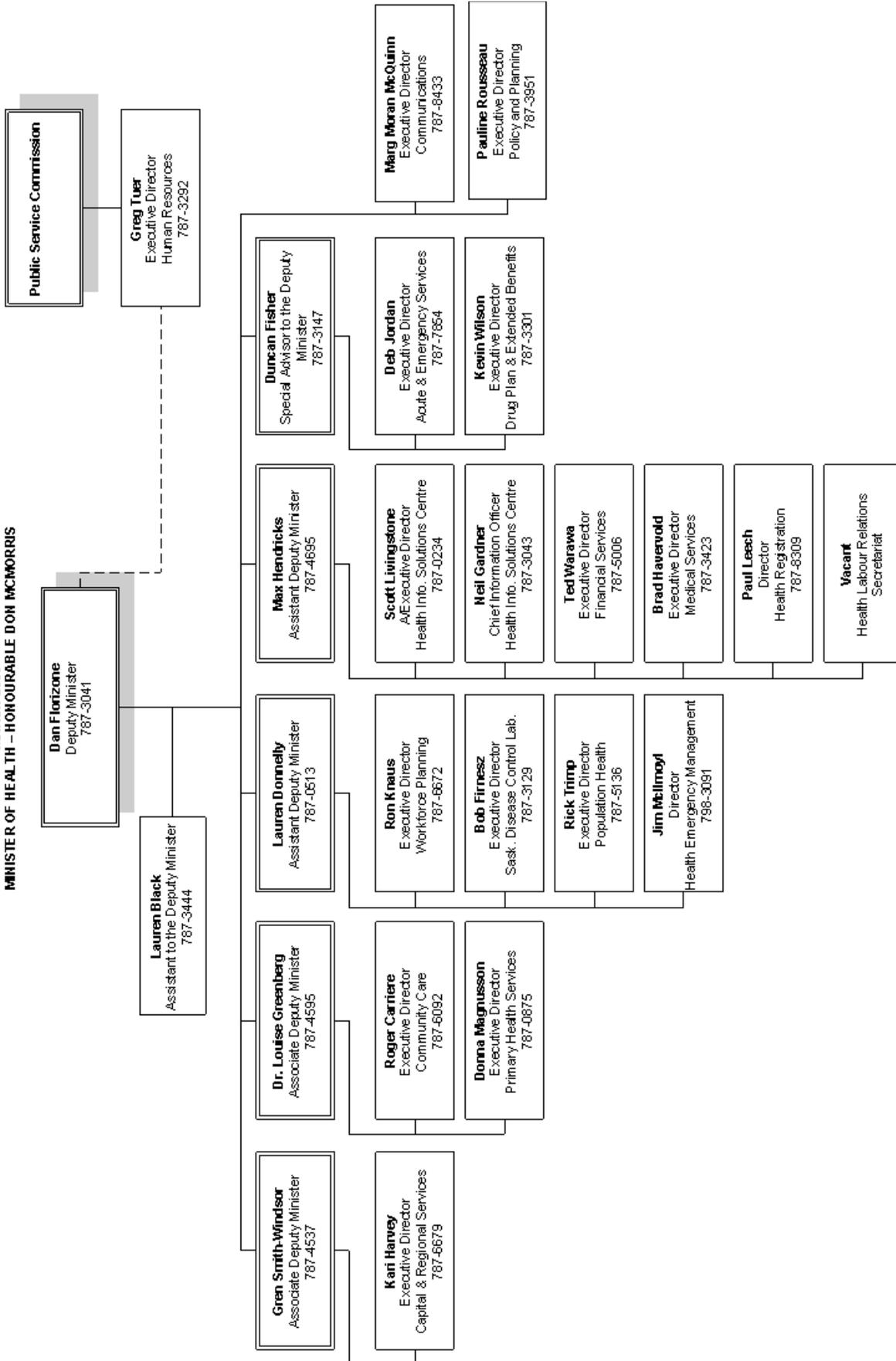
1. The restricted fund consists of the combined Capital Fund and C revenue from the General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. Capital Fund expenses consist mainly referred to the RHA by amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations from donations or r

2. Some items may not balance due to rounding.

3. Unaudited data.

Appendix 1: Organizational Chart as of March 31, 2009

**EXECUTIVE ORGANIZATION CHART
MINISTRY OF HEALTH
MARCH 2009
MINISTER OF HEALTH – HONOURABLE DON MCMORRIS**



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.

The Cancer Agency Act

Sets out funding relationship between Saskatchewan 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 responsibility for ***The Change of Name Act, 1995*** was transferred to the Information Services Corporation of Saskatchewan on October 15, 2008.

The Chiropractic Act, 1994

Regulates the chiropractic profession in the province.

The Dental Care Act

Governs the department'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.

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 the province.

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.

Appendix 2: Summary of the Ministry of Health Legislation

The Housing and Special-care Homes Act

Regulates the establishment, licensing and funding of special-care homes (long-term care facilities) in the province.

The Human Tissue Gift Act

Regulates organ donations in the province.

The Licensed Practical Nurses Act, 2000

Regulates licensed practical nurses in the province.

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 the province.

The Medical Laboratory Technologists Act

Regulates the profession of medical laboratory technology.

The Medical Profession Act, 1981

Regulates the profession of physicians and surgeons.

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 the province.

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.

The Ophthalmic Dispensers Act

Regulates opticians in the province.

The Optometry Act, 1985

Regulates the profession of optometry.

The Paramedics Act

Regulates paramedics and emergency medical technicians in the province. *The Paramedics Act* was proclaimed in force September 1, 2008.

The Personal Care Homes Act

Regulates the establishment, size and standards of services of personal care homes.

The Pharmacy Act, 1996

Regulates pharmacists and pharmacies in the province.

The Physical Therapists Act, 1998

Regulates the profession of physical therapy.

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 the province.

The Prostate Cancer Awareness Month Act

Raises awareness of prostate cancer in Saskatchewan.

The Psychologists Act, 1997

Regulates psychologists in Saskatchewan.

Appendix 2: Summary of the Ministry of Health Legislation

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.

The Residential Services Act

Governs the establishment and regulation of facilities that provide certain residential services. Ministries of Corrections, Public Safety and Policing, Social Services and 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 the province.

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 responsibility for ***The Vital Statistics Act, 1995*** was transferred to the Information Services Corporation of Saskatchewan on October 15, 2008.

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 2008-09

During the 2008-09 fiscal year, there were two Bills that received royal assent or received royal assent and came into force.

The Midwifery Amendment Act, 2008

Amendments to *The Midwifery Act* clarify wording with respect to registration of members and to clarify the authorized practices of midwifery, including specifying that midwives may provide care to mothers and babies in the post-partum period. Additionally, minor housekeeping changes were made to modernize this Act with the current template of health professionals' legislation.

The Act received Royal Assent and came into force on May 14, 2008.

The Medical Profession Amendment Act, 2008

An amendment to *The Medical Profession Act, 1981* permits the reporting of investigation results and verification of the participation in investigations by the College of Physicians and Surgeons to regional health authorities and other stakeholders pertaining to investigations with respect to morbidity, mortality or the cause, prevention, treatment or incidence of disease. The amendment also allows the College to share this information with the Minister of Health where it believes that providing the information is likely to improve health care delivery in Saskatchewan.

The Act received Royal Assent and came into force on December 3, 2008.

During the 2008-09 fiscal year, there was one Bill that was proclaimed in force and two Bills that had specific sections proclaimed in force or had specific sections repealed by another Act.

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. Sections 1 to 53 and sections 55 to 57 were proclaimed in force September 1, 2008.

The Regional Health Services Act

Section 105, subsection 114(5) and section 115 related to consequential amendments to other Acts were proclaimed in force December 15, 2008. Clause 95(b) related to consequential amendments to *The Saskatchewan Property Management Corporation Act, 2004* (now repealed) was repealed on March 31, 2009, by *The Miscellaneous Statutes (English) Amendment and Repeal Act, 2008*.

The Tobacco Control Amendment Act, 2004

Clauses 8(1)(a) and 8(2)(a) addressing smoking in certain public places (i.e. special-care homes, personal care homes, public vehicles) were repealed on March 31, 2009, by *The Miscellaneous Statutes (English) Amendment and Repeal Act, 2008*. At the time the amending Act was prepared, it was uncertain whether special-care homes would be designated under *The Regional Health Services Act* before the 100 per cent smoking ban came into effect in 2005. Special-care homes were not designated under *The Regional Health Services Act* before the 100 per cent smoking ban came into effect, an alternate section was proclaimed. Consequential amendments have since been made to *The Tobacco Control Act*, recognizing that special-care homes are now under *The Regional Health Services Act*. As a result, clauses 8(1)(a) and 8(2)(a) were no longer needed and therefore repealed.

The following Bill was introduced in the 2008-09 fiscal year, but did not receive Royal Assent until the 2009-10 fiscal year:

The Ambulance Amendment Act, 2008

– received Royal Assent May 14, 2009

Appendix 4: Regulatory Amendments 2008-09

The Special-Care Homes Rates Amendment Regulations, 2008

The amendments to the regulations ensure that seniors who split pension income reported to the Canada Revenue Agency are not unfairly penalized under *The Housing and Special-Care Homes Rates Regulations*, which determine resident charges, based on income.

The Health Facilities Licensing Amendment Regulations, 2008

The amendment to the regulations exempts facilities where diagnostic or therapeutic medical procedures are performed that are owned by another province or an agency analogous to a regional health authority. The amendment removes the licensing requirement for facilities owned by other provinces that are providing services in Saskatchewan.

The Saskatchewan Assistance Plan Supplementary Health Benefits Amendment Regulations, 2008

Amendments to the regulations discontinue coverage for routine eye examinations and chiropractic services under the Saskatchewan Workers' Health Benefit Program.

The Prescription Drugs Amendment Regulations, 2008

Amendments to the regulations implement the new Children's Drug Plan, introduce an income test for the Seniors' Drug Plan, and to discontinue the Saskatchewan Workers' Health Benefits program.

The Vital Statistics Amendment Regulations, 2008

The amendments to the regulations provides authority for the director of Vital Statistics to permit access to the records of the director by staff of the Information Services Corporation of Saskatchewan (ISC) and service providers/consultants hired by ISC for purposes related to or incidental to the transfer of administration of *The Vital Statistics Act, 1995* from the Ministry of Health (the Ministry) to the ISC.

The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2008 (No. 4)

Amendments to the regulations provide the authority for the Ministry of Health to update the Physicians Payment Schedule, effective October 1, 2008. Amendments also reflect new services and modernization of other items in the Physician Payment Schedule, which is to be implemented October 1, 2009.

The Hearing Aid Repeal Regulations

The purpose of the regulations is to accommodate the repeal of ***The Hearing Aid Act***. The Hearing Act was repealed on November 15, 2008 by the proclamation of section 3 of *The Miscellaneous Statutes Repeal (Regulatory Reform) Act, 2004*.

The Cancer Agency Regulations

The Cancer Agency Regulations repeal and replace the General Regulations under *The Cancer Foundation Act* (this Act was repealed January 2, 2007) and support the new *Cancer Agency Act*.

The Medical Care Insurance and Beneficiary Amendment Regulations, 2009

Amendments to the regulations remove the prior approval requirement for Saskatchewan patients who receive cataract surgery or magnetic resonance imaging (MRI) in another province when the service is provided in a publicly funded institution covered by Saskatchewan's Inter-Provincial Reciprocal Billing Agreement.

The Facility Designation Amendment Regulations, 2009

Amendments to the regulations create a new category of facility (complex care centre) and prescribe the services that are offered in a complex care centre. This is required to establish an accountability framework for the new type of facility, to define a standard level of service provided by the facility, and create regulatory requirements for reporting and compliance in designated facilities.

Appendix 4: Regulatory Amendments 2008-09

The Surgical Registry Amendment

Regulations, 2009

The amendment to the regulation removes St. Elizabeth's Hospital of Humboldt from the list of prescribed affiliates required to provide the Minister of Health information with respect to persons who are scheduled to receive surgical or diagnostic services at a facility. In October 2007, St. Elizabeth's Hospital of Humboldt amalgamated with the Saskatoon Regional Health Authority. The affiliate has been replaced by the Humboldt Hospital, owned and operated by the region.

The Regional Health Services Amendment

Regulations, 2009

Amendments to the regulations:

- » Revise Table 1 to reflect legal name and status changes that have occurred since the regulations were last updated in 2007.
- » Revise Table 2 to reflect legal name and status changes since 2007. Furthermore, all health care organizations that may, at some time in the future, amalgamate with a regional health authority are being prescribed.
- » Revise Table 4 to reflect the amalgamation of St. Elizabeth's Hospital of Humboldt with the Saskatoon Regional Health Authority in October of 2007.

Appendix 5: Saskatchewan Ministry of Health Directory of Services

Regional Health Authorities

www.health.gov.sk.ca/regional-health-governance
or contact:

Local Regional Health Authority (RHA) offices:

Athabasca Health Authority	439-2200
Cypress RHA	778-5100
Five Hills RHA	694-0296
Heartland RHA	882-4111
Keewatin Yatthe 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

Regional health authority annual reports

<http://www.health.gov.sk.ca/health-region-list>

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:

Health Registration
Ministry of Health
100-1942 Hamilton Street
Regina SK S4P 3V7

Regina: (306) 787-3251
Toll-Free within Saskatchewan: 1-800-667-7551
Forms 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

Smokers' HelpLine 1-877-513-5333

www.smokershelpline.ca

Saskatchewan Air Ambulance program:

Regina: (306) 787-1586

Supplementary Health Program

Regina: (306) 787-3124

Toll-Free within Saskatchewan: 1-800-266-0695

Family Health Benefits

For eligibility and to apply:

Regina: (306) 787-4723

Toll-Free: 1-877-696-7546

For information on what is covered:

Regina: (306) 787-3124

Toll-Free: 1-800-266-0695

Special Support applications for prescription drug costs:

Either contact your pharmacy, or

Regina: (306) 787-3317

Toll-Free within Saskatchewan: 1-800-667-7581

Saskatchewan Aids to Independent Living (SAIL)

Regina: (306) 787-7121

Out-of-province health services:

Regina: (306) 787-3475

Toll-free within Saskatchewan: 1-800-667-7523

Prescription drug inquiries:

Regina: (306) 787-3317

Toll-Free within Saskatchewan: 1-800-667-7581

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

Operations and Client Services

Medical Services Branch

Ministry of Health

3475 Albert Street

Regina SK S4S 6X6

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

Drug Plan and Extended Benefits Branch

Ministry of Health

3475 Albert Street

Regina SK S4S 6X6
