PROVINCE OF SASKATCHEWAN

11-12

STRATEGIC AND OPERATIONAL DIRECTIONS 2011-12

MINISTRY OF HEALTH

MINISTRY PLAN FOR 2011-12

Statement from the Minister

I am pleased to present the Ministry of Health's **Strategic and Operational Directions** planning document for the coming year, which identifies strategies and objectives for the health sector that align with our Government's direction for 2011-12.

The Ministry of Health is committed to providing high quality health care to the people of Saskatchewan by achieving a responsive, efficient, and patient-centred health care system.

Our top priority is a health system that puts the patient first and provides the very best health care possible. Our plan for the year ahead includes significant investments to ensure Saskatchewan's health care needs are met as our population and economy continue to grow.

We will bolster our efforts to bring innovative and evidence-based practices to Saskatchewan and adapt them to our needs, just as we have done with the Surgical Initiative, Releasing Time to Care™, and Lean. Examining programs and services to ensure the most effective and efficient delivery possible is a key priority for the Ministry of Health and an effort that will, ultimately, enhance the health system for Saskatchewan people.

Our system will continue its journey of adopting patient- and family-centred care by enhancing surgical pathways that improve patient access, timeliness, and satisfaction. We are also implementing new models for the delivery of primary health care, which ensures that patients get the care they need, when they need it. Our government believes that a health care system that is patient-centered, encourages leadership from health professionals at all levels, and drives quality improvement, will provide a better, safer environment for patients and providers.

I look forward to the opportunity to further our Government's commitments in 2011-12 and I remain committed to report on the progress made toward this plan in the Ministry's annual report.

The Honourable Don McMorris
Minister of Health

Response to Government Direction

Government's plan for the upcoming year is described in the *Government Direction for 2011-12: The Saskatchewan Advantage*. The 2011-12 Budget supports this plan by maintaining and improving our quality of life through enhanced public services and creating more opportunities for all Saskatchewan citizens. Responsible fiscal management means finding the right balance between debt reduction, tax relief, investing in short-term capital infrastructure projects, and matching program spending to long-term, sustainable revenues.

Meanwhile, Government continues to promote effectiveness and efficiency throughout the public service; is continuing with its four-year plan to reduce Government's footprint; and has adopted a "Lean" culture of continuous improvement in the delivery of programs and services.

Ministry Plans for 2011-12 support the fulfillment of Government's **vision for a secure and prosperous Saskatchewan, leading the country in economic and population growth, while providing opportunity for a high quality of life for all**. Government's goals and priorities for the upcoming year are described in the *Government Direction* document, as well as in each ministry plan.

The Plan for 2011-12 communicates a high-level framework for the Ministry's key activities in the upcoming year. All ministries and agencies will report on results achieved or not yet achieved, in their annual reports, to honour Government's commitment to keep its promises, and to ensure greater transparency and accountability to Saskatchewan people.

Mission Statement

The Ministry strives to improve the quality and accessibility of publicly funded and publicly administered health care in Saskatchewan. Through leadership and partnership, Saskatchewan Health is dedicated to achieving a responsive, integrated, and efficient health system that puts the patient first, and enables people

Saskatchewan
Ministry of
Health

2011-12

Strategic and Operational Directions for the Health Sector in Saskatchewan

Goals, Initiatives, Measures and Targets

March 23, 2011

The Strategic and Operational Directions for the Health Sector in Saskatchewan on the following pages were developed in consultation with leaders from Saskatchewan Regional Health Authorities, the Saskatchewan Cancer Agency, the Athabasca Health Authority, and the Health Quality Council.
Notes:

- Initiatives led by Regional Health Authorities (RHAs) are highlighted in Gray
- Initiatives that contribute to the Saskatchewan Surgical Initiative but that are not found in Apppendix A are in green text
- RHAs include the Saskatchewan Cancer Agency (SCA), the Athabasca Health Authority and all healthcare organizations in regions, including affiliates.

Pillars for Planning

Strategic Focus	1. HEALTH OF THE INDIVIDUAL	2. HEALTH OF THE POPULATION	3. PROVIDERS	4. SUSTAINABILITY
Goals	1.1 Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations	2.1 Improve population health through health promotion, protection and disease prevention	3.1 Work together to build a workplace that supports the adoption of both patient- and family-centered care and collaborative practices	4.1 Achieve best value for money while improving the patient experience and population health
	1.2 Achieve timely access to evidence-based and quality health services and supports	2.2 Collaborate with communities, other ministries and different levels of government to close the gap in health disparities	3.2 Work together to create safe, supportive and quality workplaces	4.2 Improve transparency and accountability through measurement and reporting
	1.3 Continuously improve health care safety in partnership with patients and families		3.3 Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers	4.3 Strategically invest in facilities, equipment and information infrastructure to effectively support operations

5. SUPPORTIVE PROCESSES

5.1. Benchmark and model world-class high-performing health systems

5.2 Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies

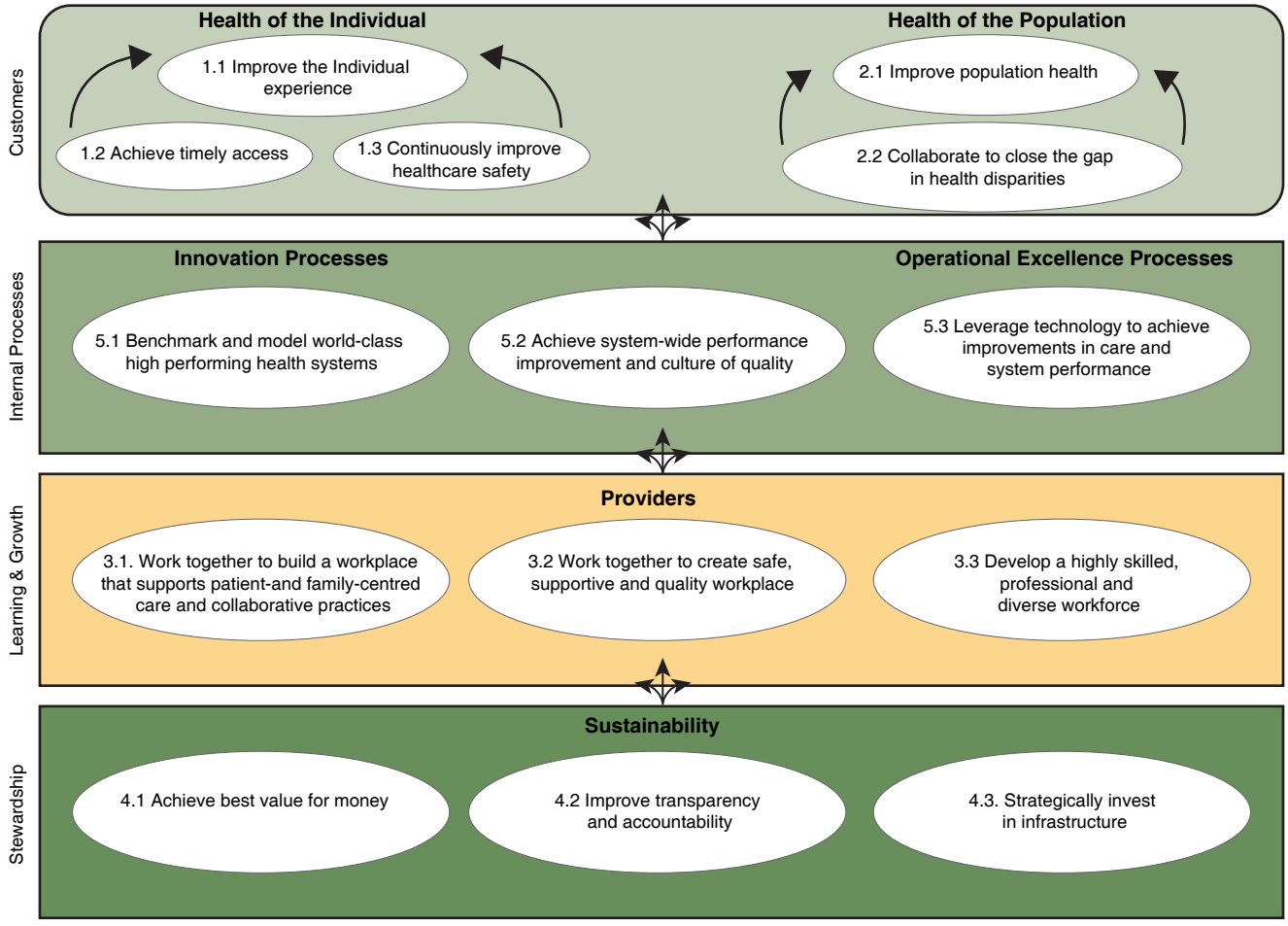
5.3 Leverage technology to achieve improvements in patient care and system performance

Health System Strategy Map

Vision:	Healthy People. Healthy Communities.	**Values:**	Respect, Engagement, Excellence, Transparency, Accountability
Mission:	The Saskatchewan health care system works together with you to achieve your best possible care, experience and health.	**Strategic Destination:**	Within the next three years the Saskatchewan health system will improve the individual's health care experience across the continuum.

Individual Customer/Family Value Proposition	
Basic Requirements	**Delighters/Service Differentiators**
• Hear me, understand me, know me • Care for me with dignity, respect and courtesy • Provide me the care I need when I need it • Keep me safe without harm • Help me reach my health goal	• Partner with me • Truly care about me with compassion • Anticipate my future needs • Make services simple to navigate • Exceed my expectations

Population/Community Value Proposition	
Basic Requirements	**Delighters/System Differentiators**
• Affordable, value for investment • Acceptable standards of quality and access • Accountable, transparent system • Equitable population outcomes • Effective Leadership	• Access to innovative health solutions • World class health system performance • Great population health outcomes • Individual, community and government shared responsibility for health



BIG DOT MEASURES

GOAL	MEASURE	2011-12 TARGET	2012-13 TARGET
1.1 Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations	Percent of clients rating their hospital experience as 10 on a scale of 1-10 (previously known as "Best Possible Hospital Score")	Provincial target of 37.1% by March 31, 2012, which represents a 20% improvement over the Saskatchewan mean rate of 30.9%	A TBD% improvement over the Saskatchewan mean rate by March 31, 2013
1.2 Achieve timely access to evidence-based and quality health services and supports	Number of patients waiting longer than 12 months for surgery (reported by region of service and by home region)	All patients are offered an option to have surgery within 12 months by March 31, 2012 [2010-11: All patients are offered an option to have surgery within 18 months by March 31, 2011]	All patients are offered an option to have surgery within 7 months by March 31, 2013 [2013-14: All patients are offered an option to have surgery within 3 months by March 31, 2014]
	Percent of invasive cancer surgeries performed within 3 weeks	95% of invasive cancer surgeries performed within 3 weeks by March 31, 2012	95% of invasive cancer surgeries performed within 3 weeks by March 31, 2013
1.3 Continuously improve health care safety in partnership with patients and families	Provincial Hospital Standardized Mortality Ratio (HSMR)	2011-12 Provincial HSMR lower than reported in 2010-11 by March 31, 2012 Each RHA's 2011-12 HSMR will be lower than reported in 2010-11. RHAs are expected to review practice if there is a rise in HSMR	2012-13 Provincial HSMR lower than reported in 2011-12 by March 31, 2013 Each RHA's 2012-13 HSMR will be lower than reported in 2011-12. RHAs are expected to review practice if there is a rise in HSMR
	Number and percentage of LTC residents who experience a fall, including affiliated and for-profit LTC facilities	Reduce the number of LTC residents who experience a fall by 20% by March 31, 2012	Reduce the number of LTC residents who experience a fall by TBD % by March 31, 2013

BIG DOT MEASURES

GOAL	MEASURE	2011-12 TARGET	2012-13 TARGET
2.1 Improve population health through health promotion, protection and disease prevention	Number of children (Age 0-5) who require dental surgery under general anesthesia to treat Early Childhood Tooth Decay (ECTD)	Baseline determined by March 31, 2012	TBD
	Number of new reported HIV cases by age in Saskatchewan	Baseline established by March 31, 2012	5% reduction in the number of new reported HIV cases from the baseline (2011-12 data on the number of new reported HIV cases) by 2013-14
2.2 Collaborate with communities, other ministries and different levels of government, to close the gap in health disparities			
3.1 Work together to build a workplace that supports the adoption of both patient- and family-centered care and collaborative practices	Teamwork composite measure from the Employee Engagement Survey	Baseline established by March 31, 2012	TBD % increase by March 31, 2013
	Patient and Family Centredness composite measure from the Employee Engagement Survey *Note: Measures of patient experience from the patient perspective are captured under goal 1.1*	Baseline established by March 31, 2012	TBD % increase by March 31, 2013
3.2 Work together to create safe, supportive and quality workplaces	Number of sick time hours per FTE	Provincial target – 5.1% reduction in sick leave hours per FTE by March 31, 2012	Provincial target – 5.4% reduction in sick leave hours per FTE by March 31, 2013
	Number of lost-time WCB days per 100 FTEs	Provincial target – 14.2% reduction in number of lost-time WCB days per 100 FTEs by March 31, 2012	Provincial target – 16.6% reduction in number of lost-time WCB days per 100 FTEs by March 31, 2013
3.3. Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers	Number of wage-driven premium (WDP) hours per FTE	Provincial target – 12.3% reduction in number of WDP hours per FTE by March 31, 2012	
	Annual turnover of physician in Saskatchewan	Annual turnover of physicians less than 10% by March 31, 2012	Annual turnover of physicians less than 9% by March 31, 2013

BIG DOT MEASURES

GOAL	MEASURE	2011-12 TARGET	2012-13 TARGET
4.1. Achieve best value for money while improving the patient experience and population health.	Financial savings achieved through value for money and efficiency initiatives	Savings (by March 31, 2012) equal to 1% ($42M) of budgeted Ministry of Health 2010-11 operating expense	Savings (by March 31, 2013) equal to 1% of budgeted Ministry of Health 2011-12 operating expense
4.2 Improve transparency and accountability through measurement and reporting			
4.3 Strategically invest in facilities, equipment and information infrastructure to effectively support operations			
5.1 Benchmark and model world-class high-performing health systems			
5.2 Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies			
5.3 Leverage technology to achieve improvements in patient care and system performance (e.g. EHR, Telehealth, Diagnostics)	Percent of practicing physicians who have a fully implemented electronic medical record (EMR)	50% of practicing physicians have a fully implemented EMR by March 31, 2012	60% of practicing physicians have a fully implemented EMR by March 31, 2013

INITIATIVES

GOAL	INITIATIVE	INITIATIVE MEASURE	TARGET	LEADS
1.1 Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations	Continue to work with the College of Physicians and Surgeons, physicians, and regional health authorities to implement the plan developed in 2010-11 to standardize provincial processes and maintain ongoing review and assessment of the quality of care provided by physicians in the area of **radiology**	Pilot a new process in the Sunrise Health Region. Standardization of a broader process in the system	Pilot completed in 2011-12 fourth quarter Begin in 2011-12 fourth quarter	**Ministry led** (AESB / MSB)
	Continue to work with the College of Physicians and Surgeons, physicians, and regional health authorities to develop a plan to standardize provincial processes and maintain ongoing review and assessment of the quality of care provided by physicians in the area of **pathology**	Status of developing the plan	Plan developed by March 31, 2012	**Ministry led** (AESB / MSB)
	The Ministry, RHAs and the SCA will begin implementing initiatives resulting from discussions from the **MOU on First Nations Health and Well-Being** process	Measure and target to be determined in collaboration with RHAs/SCA at the conclusion of discussions during the 2011-12 fiscal year	TBD	**Ministry led** (RRMB) **RHA led** (All RHAs/ SCA)
	Each RHA, the Saskatchewan Cancer Agency, the Athabasca Health Authority and affiliate organizations will develop a plan on how their organization will adopt **patient- and family-centred care** over the next ten years, using the provincial framework as their guide, and begin implementation according to this plan.	% of patients reporting that nurses "Always communicated well with them % of patients reporting that doctors "Always communicated well with them	Baseline established by March 31, 2012 Baseline established by March 31, 2012	**RHA led** (All RHAs/ SCA)
	All health regions to work collaboratively with the Ministry of Health on implementing the priorities recommended by the **Addictions Advisory Committee**, Drug Treatment Funding Program, the MOU on First Nations Health and Well Being, and Lean.	Development of a work plan based on priorities Status of implementation of priorities	Work plan developed by June 30, 2011 2011-12 priorities implemented by March 31, 2012	**Ministry led** (CCB)
	Work with the Saskatchewan Health Research Foundation to carry out **MS liberation clinical trails**	Requests for research proposals reviewed Research grants awarded	Research proposals received by April, 26, 2011 and funding decisions made by late May 2011	**Ministry led** (RRMB)
1.2 Achieve timely access to evidence-based and quality health services and supports	Develop and implement the **Saskatchewan Surgical Initiative** (SkSI), a multi-year, system wide initiative to transform the patient surgical experience and reduce surgical wait times to three months in four years	See Saskatchewan Surgical Initiative Appendix 1	See Saskatchewan Surgical Initiative Appendix 1	**Ministry led** **RHA led**

INITIATIVES

GOAL	INITIATIVE	INITIATIVE MEASURE	TARGET	LEADS
1.2 Achieve timely access to evidence-based and quality health services and supports	In collaboration with key partners, develop an implementation plan for **helicopter air medical services** for Saskatchewan. Target date for service commencement is spring 2012	Status of implementation plan development Status of service commencement	Plan developed by June 15, 2011 Service commenced by Spring 2012	**Ministry led** (AESB)
	Development of a draft framework for a "re-designed" **Primary Heath Care model** that is sustainable, offers a superior patient experience and results in an exceptionally healthy Saskatchewan population. Engage in consultations with stakeholders to finalize the framework Prototype new models of primary health care delivery based on the framework.	Draft framework completed and distributed to relevant stakeholders Finalize the primary health care services framework through a consultative process New models of primary health care delivery are being prototyped in some communities.	Draft complete by June 30, 2011 Finalization by December 31, 2011 TBD	**Ministry led** (PHSB)
	Fully implement the **kidney transplant program** for deceased donors	Status of program implementation	Program implemented by March 31, 2012	**RHA led** (SHR)
1.3 Continuously improve health care safety in partnership with patients and families	Implement remediation strategies in areas deemed necessary for action as identified in the Board-approved plan for ensuring that the organization is in compliance with relevant Canadian Standards Association (CSA) and Accreditation Canada standards for **infection prevention and control**	Accreditation Canada's evaluation (as having "met" or "not met" compliance criteria) for each of the Required Organizational Practices (ROPs) under Infection Control in the latest survey for which results are available	RHAs/SCA have "met" compliance criteria for each Infection Control ROP as evaluated by Accreditation Canada	**Ministry led** (Patient Safety Unit) **RHA led** (All RHAs)
	Implement a formal **Medication Reconciliation program** in compliance with Accreditation Canada (AC) standards and consistent with Canada's Safer Healthcare Now! campaign to prevent medication errors at patient transition points	The proportion of clients receiving formal medication reconciliation at admission to acute or long term care Status of implementing medication reconciliation care in at least one client service area/unit at discharge or transfer from acute care	Admission to acute or long term care: Each RHA to close the gap by 50% between their current implementation and 100% by March 31, 2012 Discharge from acute care: Medication reconciliation implemented in at least one client service area at discharge or transfer from acute care by March 31, 2012	**Ministry led** (Patient Safety Unit) **RHA led** (All RHAs)

INITIATIVES

GOAL	INITIATIVE	INITIATIVE MEASURE	TARGET	LEADS
1.3 Continuously improve health care safety in partnership with patients and families	The Ministry of Health will work with regional health authorities to identify **medication review processes being used in long-term care (LTC)** and consider ways to develop a team approach as being considered in the Senior's Care Strategy by: • Reviewing what regions are currently doing in multi-disciplinary reviews of medication; • Review of medications when residents are transferred; and, • Research best practices.	Status of identification and dissemination of the processes	Processes identified and disseminated by March 31, 2012	**Ministry led** (CCB / Patient Safety unit)
	Complete the **Critical Incident Review reporting process** Review and assess the recommendations for change	Critical Incident review complete Recommendations reviewed and assessed	Review completed by June 30, 2011 Recommendations reviewed and assessed by March 31, 2012	**Ministry led** (AESB)
2.1 Improve population health through health promotion, protection and disease prevention	Implementation of the provincial comprehensive **Tobacco Reduction Strategy**	Status of development of Tobacco Reduction Strategy Action Plan for 2011-12. Status of implementation of a Public Awareness Campaign related to 2010 Amendments to The Tobacco Control Act Development and implementation of a Tobacco Prevention Campaign. Status of the development of a provincial Tobacco Reduction Strategy progress report for stakeholders. Development and Implementation of the Performance Measurement and Evaluation Plan (PMEP) by the Ontario Tobacco Reduction Unit (OTRU).	Action plan developed and distributed by June 1, 2011 Legislative Measures Public Awareness Campaign complete by May 1, 2011 Youth targeted social media campaign completed (in phases) by October 1, 2011 Progress report for stakeholders produced by March 15, 2012 Draft PMEP complete by March 31, 2012	**Ministry led** (PHB)

INITIATIVES

GOAL	INITIATIVE	INITIATIVE MEASURE	TARGET	LEADS
2.1 Improve population health through health promotion, protection and disease prevention	Produce a comprehensive **provincial health status report** that will inform the development of strategies to promote, improve, and maintain the health of Saskatchewan residents	Status of the comprehensive provincial health status report	Final report ready for distribution by September 30, 2011	**Ministry led** (PHB)
	Implement key recommendations from the children's oral health strategy that will enable good nutrition and **oral hygiene practices for children** at risk of severe tooth decay	Review, evaluation and implementation of key recommendations	Key recommendations implemented by March 31, 2012	**Ministry led** (PHB)
	Review and evaluate key recommendations from the comprehensive **injury prevention strategy**	Status of review and evaluation of key recommendations	Key recommendations reviewed and evaluated by March 31, 2012	**Ministry led** (PHB)
	Develop and implement a **community falls prevention strategy**, including, a website resource "suite" of fall prevention/ educational materials for older adults based on "best-practice" evaluations.	Status of reviewing, evaluating and incorporating best practices into the falls injury website resource "suite". Development of a website portal specific to falls prevention.	Best practices incorporated into the falls injury website resource suite by June 30, 2011 Website portal developed by August 31, 2011	**Ministry led** (PHB)
	Develop comprehensive service frameworks for individuals who have **ASD** or **FASD** and an FASD prevention strategy, including: • Addition of two psychologists to current multidisciplinary teams • Expansion of youth targeted FASD prevention programming; • Additional rehabilitation therapy professionals and support workers to provide interventions; • Delivery of capacity building training sessions; and, • Development of provincial guidelines.	Status of development of comprehensive frameworks	Frameworks developed by March 31, 2012	**Ministry led** (CCB)

INITIATIVES

GOAL	INITIATIVE	INITIATIVE MEASURE	TARGET	LEADS
2.1 Improve population health through health promotion, protection and disease prevention	Strengthen **colorectal cancer** care in SK through province-wide implementation of a colorectal screening program in the province	Status of province-wide implementation	2010-11: KTHR; FHHR 2011-12: RQHR; PNHR; SCHR; northern pilot sites 2012-13: PAPHR; Heartland; SHR; Sunrise; Cypress; remainder of north regions	**RHA led** (SCA, KTHR, FHHR, RQHR, PHHR, SCHR, north)
2.2 Collaborate with communities, other ministries and different levels of government to close the gap in health disparities	Implement key components of the **HIV strategy**, which focuses on increasing capacity on the front lines, and enhancing capability through training and engaging our communities to address HIV and AIDS prevention, education, treatment and awareness.	Status of allocating 10 outreach positions to the regions Status of hiring an HIV provincial leadership team Status of developing and implementing an education and training program for healthcare professionals Status of carrying out a public awareness and prevention campaign	August 2011 April 2011 September 2011 November 2011	**Ministry led** (PHB)
3.1 Work together to build a workplace that supports the adoption of both patient- and family-centered care and collaborative practices	Engage health system and physician leaders in a dialogue about the role of **medical leadership** in health system transformation. Develop a medical leadership model and implementation plan.	Status of medical leadership model and implementation plan.	Model and implementation plan developed by December 31, 2011	**Ministry led** (PLODB)
3.2 Work together to create safe, supportive and quality workplaces	Improve scheduling process, attendance support and workplace safety to reduce **wage driven premium and injury costs**	N/A - sick time hours, wage-driven premium (WDP) hours, and lost-time WCB days tracked under Big Dot measure		**RHA led** (All RHAs/ SCA)

INITIATIVES

GOAL	INITIATIVE	INITIATIVE MEASURE	TARGET	LEADS
3.3 Develop a highly skilled, professional and diverse workforce	Continue to implement the **Physician Recruitment Strategy**, including:			
	• Targeted **recruitment of U of S medical students** and residents	Number of U of S medical graduates establishing practices in Saskatchewan	10% increase over baseline year (2006-07) by March 31, 2012	**Ministry led** (MSB)
	• Continued expansion of the number of residents enrolled in the **Distributive Medical Education Program**	Number of U of S medical students and residents exposed to training opportunities within Saskatchewan but outside of Saskatoon (Distributive Medical Education) **Note:** There is a possibility that Regina family medicine program may take 1-2 more seats and will be determined further into the CaRMS process (March 2011)	A total of 31 medical residents enrolled in training opportunities outside of Saskatoon by July 2011 (2 new medical residents)	**Ministry led** (MSB)
	• Fully implement the new SIPPA (SK International Physician Practice Assessment) program to assess the skills of **International Medical Graduates**; and,	Status of SIPPA program implementation	Program fully implemented by September 30, 2011	**Ministry led** (MSB)
	• Evaluate the program	Status of program evaluation	Program evaluated by December 31, 2011	
	Continue to establish and maintain partnerships with First Nations and Métis communities and organizations to effectively attract, recruit, retain and promote First Nations and Métis employment and participation in regional health authorities (RHAs)	Progress status of implementing the board approved Representative Workforce Plan	Meet the board approved targets set for 2011-12 by March 31, 2012	**RHA led** (All RHAs/ SCA)
4.1 Achieve best value for money while improving the patient experience and population health.	Work collaboratively with RHAs/ SCA and other stakeholders to **capture cost savings** by: • Implementing shared services and procurement initiatives; and • Reducing the total compensation paid during premium shifts	Financial savings achieved through shared services and procurement initiatives, and attendance management	Shared Services and Procurement savings of $5M by March 31, 2012 Attendance management savings of $12.5M by March 31, 2012	**RHA led** (All RHAs/ SCA)
	Implement **group purchasing** in collaboration with Alberta and British Columbia as identified in the New West Partnership	% of purchases made jointly with AB and BC	20% of purchases are made jointly with AB and BC	**RHA led** (All RHAs/ SCA)

INITIATIVES

GOAL	INITIATIVE	INITIATIVE MEASURE	TARGET	LEADS
4.2 Improve transparency and accountability through measurement and reporting	Publically report on health system performance through Quality Insight Online	The number of web site hits to Quality Insight Online	To establish a baseline within the first two quarters of 2011-12, then set target	**Health Quality Council**
4.3 Strategically invest in facilities, equipment and information infrastructure to effectively support operations	Plan and design the **Children's Hospital of Saskatchewan**	Planning and design activities to develop a lean hospital will continue through the end of the fiscal year and therefore no target dates are set for 2011-12		**RHA led** (SHR)
	Plan, design and commence construction of **13 new Long Term Care Facilities** in: SHR (Watrous); PAPHR (Prince Albert; *Shellbrook), SCHR (**Radville; Redvers; Kipling); HHR (Biggar; *Kerrobert; Rosetown); Cypress (*Maple Creek); KTHR (Tisdale; Kelvington); PNHR (Meadow Lake) **Integrated LTC and acute care facilities* ***Integrated LTC and health centre facilities*	Status of planning, designing and constructing new facilities	All plans and designs completed, and all construction commenced by March 31, 2012	**Ministry led** (SIB) **RHA led** (SHR, PAPHR, SCHR, HHR, Cypress, KTHR, PNHR)
5.1 Benchmark and model world-class high-performing health systems				
5.2 Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies	Continue to implement **Lean** across the care continuum in regions and the SCA	Each region to develop by June 30, 2011, a multi-year board-approved strategy focused on patient journeys, with targets, to spread lean across the care continuum. The plan will include regional participation, as required, on active provincial lean initiatives including, but not limited to: mental health (complex cases and wait times); long-term care; addictions; vaccine management; strategic planning and reporting*; and blood / plasma product use*.	A multi-year board-approved strategy, with targets, to spread lean across the care continuum by June 30, 2011	**RHA led** (All RHAs/ SCA*)
	Expand ***Releasing Time to Care*** (RTC) to all medical and surgical wards in regional and tertiary hospitals in Saskatchewan	Number of medical and surgical wards implementing a minimum number of RTC modules	A minimum of 15 wards participating in each of two cycles by June 30, 2012	**RHA led** (All RHAs/ SCA)

INITIATIVES

GOAL	INITIATIVE	INITIATIVE MEASURE	TARGET	LEADS
5.3 Leverage technology to achieve improvements in patient care and system performance	In collaboration with provincial stakeholders, develop the long-term strategy for implementation of **e-Health** initiatives including all facets of the provincial electronic health record, including the Electronic Health Record, Electronic Medical Records, Point of Service Systems and Telehealth	Develop an eHealth Saskatchewan board-approved plan for the implementation of key actions of the e-Health strategy	Board approved plan developed by Fall 2011	**eHealth SK led**
		Update SOD with Key Initiatives and targets	Targets updated in SOD based on board-approved plan	

APPENDIX A: SASKATCHEWAN SURGICAL INITIATIVE

GOAL	SkSI INITIATIVE	SkSI INITIATIVE MEASURE	TARGET	LEADS
1.1 Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations	Finalize the **shared decision making** (SDM) framework for the five surgical pathways	Status of framework development	Framework developed by September 30, 2011	**Ministry led** (AESB / SIB)
	Continue to implement shared decision making in the hip and knee surgical pathways	Status of shared decision making implementation in the hip and knee surgical pathways	SDM implemented in the pathways by March 31, 2012	
	Continue to incorporate shared decision making in the spine, prostate cancer and gynaecological surgery pathways	Status of shared decision making incorporation into remaining pathways.	SDM incorporated by March 31, 2012	
1.2 Achieve timely access to evidence-based and quality health services and supports	Increase physician participation in **clinical practice redesign**	Number of physicians using clinical practice redesign in their practices.	125 physicians by March 31, 2012	**HQC and Ministry led** (SkSI)
	Increase the use of **pooled referrals**	Number of specialist groups using pooled referrals	5 additional specialists groups over the 2010-11 baseline by March 31, 2012	**Ministry led** (SkSI)
	Hip and Knee Pathway Increase the number of patients accessing a Multi-Disciplinary Clinic for primary assessment to enhance patient care and decrease wait 1	Minimum target for patients accessing primary assessment for hip and knee surgery is: • FHHR: 30 patients • SHR: 525 patients • PAPHR: 40 patients • RQHR: 270 patients	Number of patients accessing primary assessment is met or exceeded by March 31, 2012	**RHA led** (FHHR, SHR, PAPHR, RQHR)
	Spine Pathway Establish regional spine clinics	Status of establishment of regional spine clinics	Regional clinics established by June 30, 2011	**Ministry led** (AESB)
	Train family physicians in the assessment and treatment of lower back pain to reduce the number of MRIs for lower back injuries	% of family physicians complete the online course for assessment and treatment of lower back pain	50% of family physicians complete the online course by March 31, 2012	**RHA led** (SHR, RQHR)
		% reduction of MRIs for lower back injuries	5% reduction in MRIs for lower back injuries by March 31, 2012	

APPENDIX A: SASKATCHEWAN SURGICAL INITIATIVE

GOAL	SkSI INITIATIVE	SkSI INITIATIVE MEASURE	TARGET	LEADS
1.2 Achieve timely access to evidence-based and quality health services and supports	**Prostate Pathway** Develop front-end screening guidelines and implementation strategy for PSA testing	Status of development of screening guidelines and implementation plan	Guidelines and implementation plan developed by March 31, 2012	**Ministry led** (AESB) **RHA led** (SCA, RQHR, SHR)
	Develop and implement rapid access screening and treatment centres for prostate cancer	Status of development and implementation of the rapid access screening and treatment centres	Rapid access centres developed and implemented by March 31, 2012	
	Gynecology Pathway Develop a pathway with recommendations for implementation	Status of pathway development	Pathway developed by March 31, 2012	**Ministry led** (AESB)
	Improve patient flow and remove incentives for long wait lists through **improved surgical allocation and scheduling** – 'OR Allocation' project	Status of completion of OR simulation models and the implementation of change management processes to decrease wait times and increase surgical volumes	2 OR simulation models completed and change management processes implemented by March 31, 2012 (PAPHR and RQHR)	**Ministry led** (AESB) **RHA led** (PAPHR, RQHR, SHR, and 2 additional)
		Number of RHAs to complete simulation modeling	3 regions to complete simulation modeling by March 31, 2012 (SHR and 2 additional)	

APPENDIX A:
SASKATCHEWAN SURGICAL INITIATIVE

GOAL	SkSI INITIATIVE	SkSI INITIATIVE MEASURE	TARGET	LEADS
1.2 Achieve timely access to evidence-based and quality health services and supports	Reduce the **number of individuals waiting for LTC in acute care**. Each region to implement one or more of the following initiatives to reduce the number of individuals waiting for LTC in acute care: • First available bed; • Direct client funding on a short-tem basis until permanent placement in a special-care home can be achieved; • Developing transition units; • Providing funding to clients/ families to purchase space in a PCH on a short term basis until permanent placement in a special-care home can be achieved; • Enhanced day programming and home care; and/or, • Region-specific initiatives approved by the Ministry	% of regions that have implemented one or more initiative Number of clients in acute care beds awaiting LTC placement who have been assessed and approved for LTC placement and are not in an acute state as of June 30, September 30, and December 31, 2011 and March 31, 2012	100% of regions implement one or more initiative by March 31, 2012 3.5 % or less of total acute care beds occupied by clients waiting for LTC facilities by March 31, 2012	**RHA led** (All RHAs)
	Each region to develop and submit a plan to: (a) ensure targeted funds are allocated **to home care and rehabilitation therapies**; and (b) implement the additional home care and rehabilitation therapies to support the surgical experience and report as required	Status of development of the plan Status of program implementation	Plan developed by June 30, 2011 Programs implemented October 1, 2011	**RHA led** (All RHAs)
1.3 Continuously improve health care safety in partnership with patients and families	Implement a **3-part Surgical Safety Checklist** in each region that performs surgeries in an operating room	RHAs will perform an audit to establish baseline % implementation of a 3-part Surgical Safety Checklist	Audit performed and submitted to the MoH by August 2, 2011 At least 95% implementation by March 31, 2012	**Ministry led** (Patient Safety Unit) **RHA led** (All RHAs except the north)
	Implement all components of the **Surgical Site Infections (SSI) Bundle from SHN!** in each region performing surgeries in an operating room	% implementation of all components of the Surgical Site Infections (SSI) Bundle from SHN!	At least 95% implementation by March 31, 2012	**Ministry led** (Patient Safety Unit) **RHA led** (All RHAs except the north)

APPENDIX A: SASKATCHEWAN SURGICAL INITIATIVE

GOAL	SkSI INITIATIVE	SkSI INITIATIVE MEASURE	TARGET	LEADS
2.1 Improve population health through health promotion, protection and disease prevention	Reduce the **number of residents in LTC who experience a fall** in all long-term care (LTC) facilities, (including affiliated and for-profit LTC facilities) through the implementation of the SHN! Falls Prevention bundle, which aims to identify possible risk factors and fall prevention programs that can reduce the majority of falls	Status of implementing the SHN! Falls Prevention bundle Regions consulted to determine the target for reducing the number of surgeries performed as a result of a LTC resident experiencing a fall	Implement SHN! Falls Prevention bundle in the remaining 50% of LTC facilities by March 31, 2012 Regions consulted and target determined by March 31, 2012	**Ministry led** (CCB) **RHA led** (All RHAs)
5.2 Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies	Implement **Lean province-wide for discharge planning**	All RHAs to participate in a working group to develop ten Kaizen events for discharge planning This working group will prioritize the Kaizen events and develop a road map to achieve each Kaizen	A prioritized work plan in place and completion of two (2) Kaizen's by March 2012	**RHA led** (All RHAs)
5.3 Leverage technology to achieve improvements in patient care and system performance	Continue to expand **Surgical Information System**	Implement SIS (including bookings and waitlist management, charting, patient tracking, surgical supply management and interfaces to SSCN and regional Admission and Discharge systems) in the following Regional Health Authorities: • Prairie North (North Battleford and Lloydminster facilities) • Five Hills (Moose Jaw Union Hospital) Implementation Planning for: • Saskatoon (Royal University, Saskatoon City, St. Paul's, and Humboldt) • Regina Qu'Appelle (General, Pasqua)	Implementation complete by March 31, 2012 in: • PNRHA • FHHR Planning complete by March 31, 2012 for: • SHR • RQHR	**Ministry led** (AESB) **RHA led** (All RHAs/ SCA)

APPENDIX B:
REGION-SPECIFIC TARGETS

2011-12 Strategic and Operational Directions for the Health Sector

Patient Experience

Measure: Percent of clients rating their hospital experience as 10 on a scale of 1-10

Target: Provincial target of 37.1% by March 31, 2012, which represents a 20% improvement over the Saskatchewan mean rate of 30.9%

Regional Health Authority	Current Mean Rate	Target for March 31, 2012	Improvement needed to reach target by March 31, 2012
Cypress	33.5	37.1	3.6
Five Hills	28.5	37.1	8.6
Heartland	36.0	37.1	1.1
Kelsey Trail	44.0	Maintain mean rate	0.0
Mamawetan Churchill River	30.9	37.1	6.2
Prairie North	24.9	37.1	12.2
Prince Albert Parkland	31.7	37.1	5.4
Regina Qu'Appelle	28.6	37.1	8.5
Saskatoon	29.3	37.1	7.8
Sun Country	36.5	37.1	0.6
Sunrise	28.8	37.1	8.3
Province	**30.9**	**37.1**	**6.2**

Wage-Driven Premium Time

Measure: Wage driven premium hours per FTE (WDP Hrs/FTE)

Target: Provincial target – 12.3% reduction in number of WDP hours per FTE

	2009-10 Actual (Hrs/FTE)	2010-11 Target (Hrs/FTE)	2010-11 Projected (Hrs/FTE)	2011-12 Target in %	2011-12 Target (Hrs/FTE)	Funding Reduction Target for 2011-12
Saskatchewan Cancer Agency	12.97	12.06	9.32	5.6%	8.80	$ 52,175
Sun Country	41.87	37.69	32.85	7.8%	30.28	310,191
Five Hills	21.94	21.46	19.09	14.6%	16.31	124,849
Cypress	36.31	35.55	28.58	8.3%	26.22	243,754
Regina	73.41	65.43	54.36	10.2%	48.80	5,799,542
Sunrise	60.21	51.71	60.62	28.3%	43.48	775,150
Saskatoon	39.28	37.65	30.55	10.8%	27.25	3,124,308
Heartland	39.05	33.58	33.46	14.4%	28.64	155,425
Kelsey Trail	22.98	20.69	20.73	17.2%	17.17	119,263
Prince Albert Parkland	60.86	54.61	42.67	5.0%	40.54	893,460
Prairie North	47.30	46.08	37.37	9.7%	33.73	682,591
Mamawetan Churchill River	77.03	66.14	72.56	18.8%	58.92	103,705
Keewatin Yatthé	103.64	92.25	88.82	13.2%	77.08	115,587
Total	**50.07**	**45.84**	**39.54**	**12.3%**	**34.66**	**$12,500,000**

Sick Time

Measure: Sick time hours per FTE (Sick Hrs/FTE)

Target: Provincial target – 5.1% reduction in sick leave hours per FTE

RHAs/SCA	2008-09 Actual	2009-10 Sick Time Hrs/FTE	2010-11 Target	2010-11 Projected Sick Time Hrs/FTE	2011-12 Targeted Reduction in %	2011-12 Target
Saskatchewan Cancer Agency	52.18	68.55	50.61	66.81	1.1%	66.11
Sun Country	85.63	90.45	81.35	85.33	6.2%	80.00
Five Hills	70.74	70.52	68.62	66.67	1.0%	66.00
Cypress	82.35	85.83	79.88	58.31	0%	≤64.00
Regina Qu'Appelle	84.56	87.64	80.33	86.66	6.5%	81.00
Sunrise	94.32	95.65	87.72	88.59	6.9%	82.44
Saskatoon	86.02	88.63	80.00	80.96	5.2%	76.72
Heartland	80.90	92.93	78.47	82.07	5.5%	77.55
Kelsey Trail	79.39	75.80	77.01	69.68	2.0%	68.26
Prince Albert Parkland	85.60	88.25	81.32	77.71	4.4%	74.28
Prairie North	80.39	86.53	77.98	76.33	4.0%	73.25
Mamawetan Churchill River	75.63	96.48	73.36	85.20	6.2%	79.90
Keewatin Yatthé	102.14	103.08	97.03	89.72	7.2%	83.29
Saskatchewan	**84.09**	**87.42**	**80.00**	**80.60**	**5.1%**	**76.45**

Using 64 hours/FTE (which is equal to 8 – 8 hour sick days) as a goal, the sick time targets have been set using a formula that would see all RHAs/SCA getting to 64 sick time hours/FTE within a 4 year time period.

Injuries

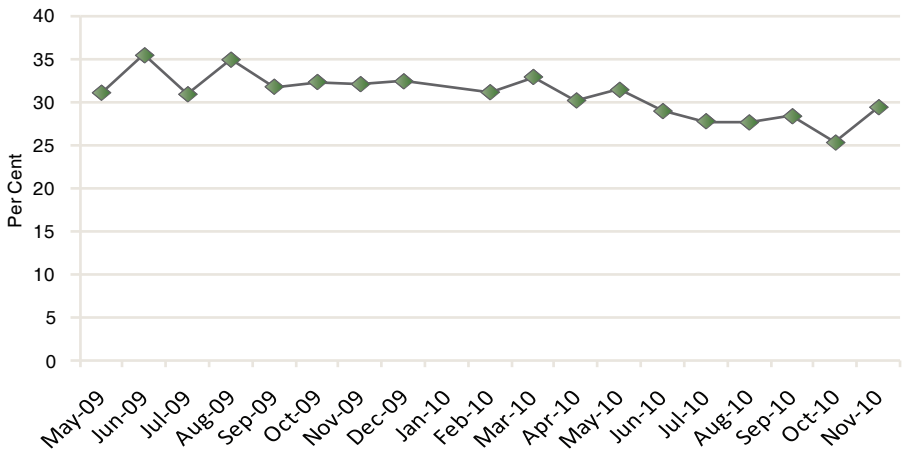
Measure: WCB Time Lost Days

Target: Provincial target – 14.2% reduction in number of lost-time WCB days per 100 FTEs

	WCB Days per 100 FTEs					
RHAs/SCA	2008-09 Actual	2009-10 Actual	2010-11 Target	Projected 2010-11	2011-12 Targeted Reduction in %	2011-12 Targeted Reduction
Saskatchewan Cancer Agency	9.37	12.38	4.69	14.62	0%	≤14.62
Sun Country	523.61	347.84	471.25	387.46	14.8%	329.97
Five Hills	622.48	382.77	560.23	270.19	12.6%	236.15
Cypress	309.75	181.29	294.25	150.87	6.7%	140.70
Regina Qu'Appelle	581.27	481.86	523.14	404.12	15.1%	343.30
Sunrise	508.83	583.75	457.94	631.60	16.8%	525.28
Saskatoon	365.15	314.98	346.89	337.67	14.1%	290.14
Heartland	329.37	208.28	313.11	229.50	11.3%	203.60
Kelsey Trail	555.81	328.14	500.23	319.42	13.7%	275.54
Prince Albert Parkland	465.10	312.67	418.59	272.25	12.7%	237.80
Prairie North	294.16	293.29	279.38	255.89	12.2%	224.71
Mamawetan Churchill River	133.10	156.24	126.45	346.78	14.2%	297.42
Keewatin Yatthé	404.07	189.69	383.87	354.88	14.4%	303.90
Saskatchewan	**447.17**	**362.93**	**411.40**	**347.64**	**14.2%**	**298.11**

The ultimate goal for the health system is to have zero workplace injuries. The above WCB reduction targets have been set using a formula that would see all RHAs/SCA getting to 100 lost days/100 FTEs within a 5 year time period.

Appendix C
Performance Measures

Measure	Baseline / Trend Line Information
Patients rating their hospital experience as "best possible hospital" (10 out of 10)	

Source: Health Quality Council
Note: Data is not available for January 2010

Measure Description

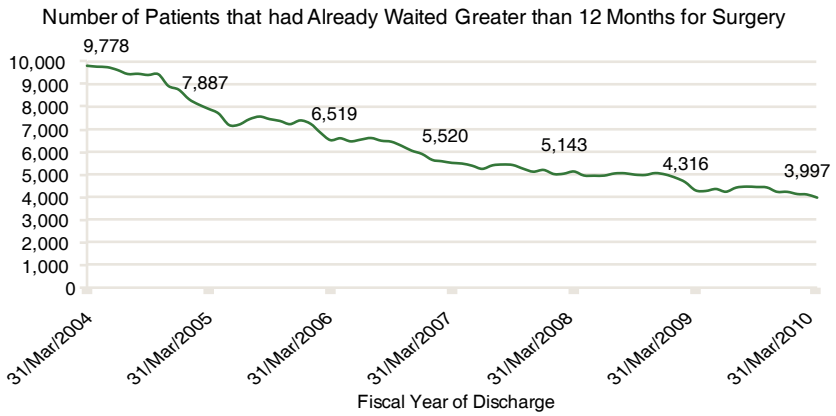
This measure is related to goal 1.1 to improve the individual experience by providing exceptional care and service to its patients that is consistent with both best practice and patient expectations. Further, the measure supports the multi-year, system-wide strategy to transform the patient surgical experience, as promised in the 2009 Throne Speech. Data has been collected on this measure since 2007.

"Percent of patients rating their hospital experience as 10 out of 10" is a core quality of care indicator for patient experience in acute care that the Health Quality Council (HQC) monitors and reports on a monthly basis. This indicator is based on patient responses to the following survey question: "Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?" The result is the percentage of patients responding 10 to this question. It is a global measure aimed at indicating the percentage of patients who rated their hospital as exceptional on their recent hospital stay. Average or above average care is the norm in Saskatchewan; however, the health system aims to deliver exceptional or outstanding care to each patient. As such, the target for this measure is 10 out of 10.

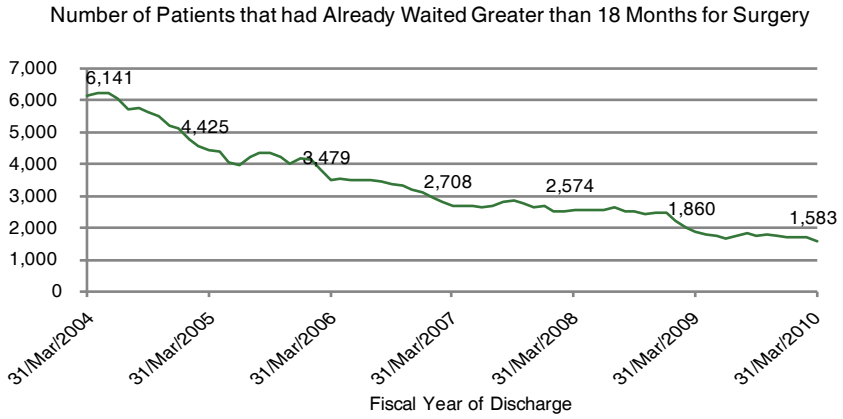
"Improving patient experience" was recognized as a strategic destination, or an ultimate goal for the health system. In 2011-12, various initiatives, such as the Saskatchewan Surgical Initiative, provincial implementation of the patient-and family-centered care approach, and patient safety initiatives will be undertaken to improve the patient experience.

Measure	Baseline / Trend Line Information

Surgery wait times



Source: Surgical volumes are from the February 27, 2011 refresh of the Saskatchewan Surgical Care Network Surgical Registry data mart.
Note: Numbers may differ from previously reported values due to additions and corrections to the registry.



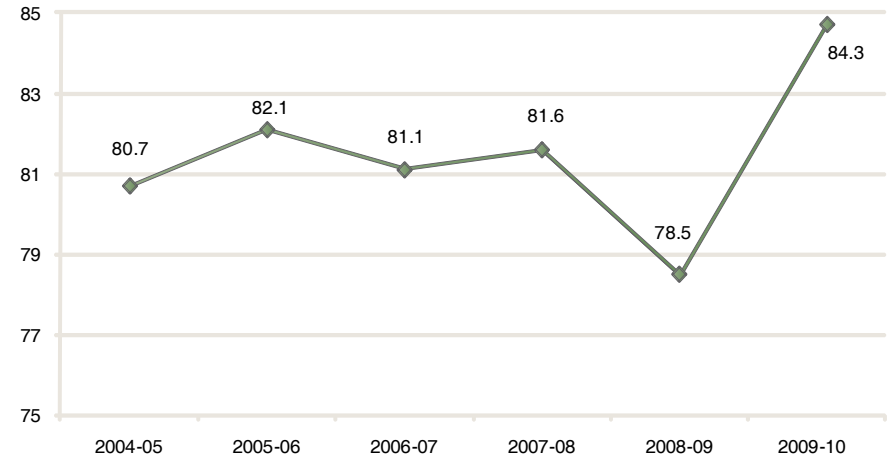
Source: Surgical volumes are from the February 27, 2011 refresh of the Saskatchewan Surgical Care Network Surgical Registry data mart.
Note: Numbers may differ from previously reported values due to additions and corrections to the registry.

Measure Description

This measure is related to goal 1.2 to achieve timely access to evidence-based and quality health services and supports. Further, this measure supports the multi-year, system-wide strategy to transform the patient surgical experience and reduce surgical wait times to a maximum of three months within four years, as promised in the 2009 Throne Speech. This measure is important because it helps to assess the length of time patients are waiting and the number of patients impacted. The target for the first year of the surgical initiative was zero patients waiting over 18 months for surgery by March 31, 2011. The target for the second year of the surgical initiative is zero patients waiting over 12 months for surgery by March 31, 2012.

The Saskatchewan Surgical Initiative has developed and begun implementing a multi-year, system-wide strategy that will continue to support existing initiatives and develop new system-wide improvements. Where resources are available, the Ministry is able to strategically increase capacity and impact patient waits.

The number of patients waiting longer than 12 and 18 months has decreased since 2004. Surgical volumes are obtained from the Saskatchewan Surgical Registry, which is updated daily.

Measure	Baseline / Trend Line Information
Provincial hospital standardized mortality ratio	

Date source: Canadian Institute for Health Information

Measure Description

This measure relates to goal 1.3 to continuously improve health care safety in partnership with patients and families.

The hospital standardized mortality ratio (HSMR) is used to inform practice and improve patient care. The HSMR takes into account several factors which may affect in-hospital mortality rates (for example: age, diagnosis, etc.) and compares the number of actual deaths in a hospital with the expected number of deaths. The expected number is based on the average number of deaths in acute-care hospitals across the country in 2004-05, adjusting for differences in the types of patients a hospital admits.

The HSMR is an analytical tool to assist health care organizations in examining their overall mortality rates and provides a baseline for understanding trends in hospital mortality, which all help to identify future areas for improvement.

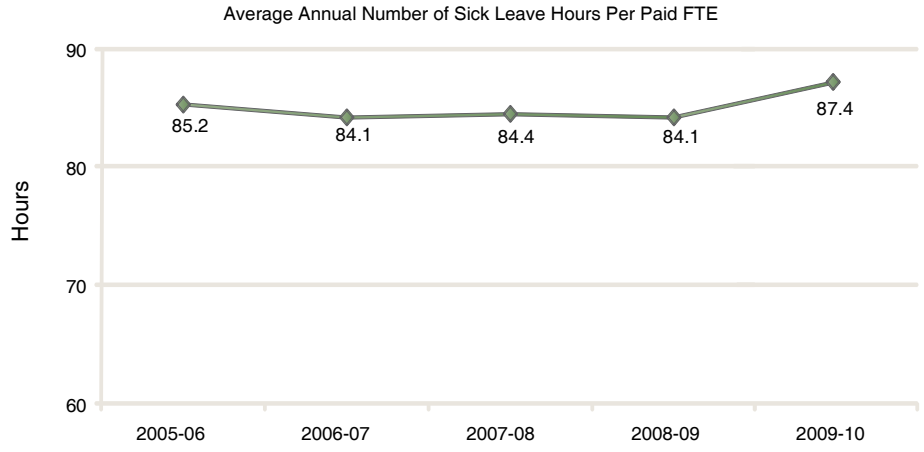
In November 2007, the Canadian Institute for Health Information (CIHI) published the first ever report of Hospital Standardized Mortality Ratios for Canadian hospitals. CIHI is publicly releasing updates of this measure each year (see http://www.cihi.ca/).

This measure presents the HSMR for all hospitals in the Province of Saskatchewan using CIHI's methodology. (Please see http://www.cihi.ca for detailed technical notes.)

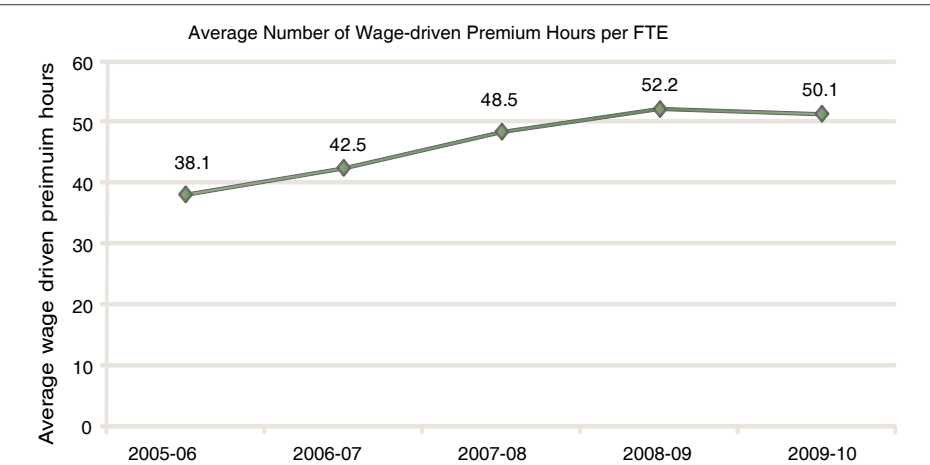
HSMR is calculated as the ratio of actual (observed) deaths to expected deaths, multiplied by 100. A ratio equal to 100 suggests that there is no difference between a local mortality rate and the average national experience, given the types of patients who received care. An HSMR greater or less than 100 suggests that a local mortality rate is higher or lower than the national average for 2004-05.

An aggregated HSMR for all Saskatchewan hospitals during the period between 2004-05 and 2009-10 have been under 100, indicating that Saskatchewan hospitals have been performing better than the national average. As reflected in the 2011-12 Strategic and Operational Directions for the Health Sector, the system will continue to improve healthcare safety through implementing safety standards and will continue to monitor HSMR for Saskatchewan hospitals.

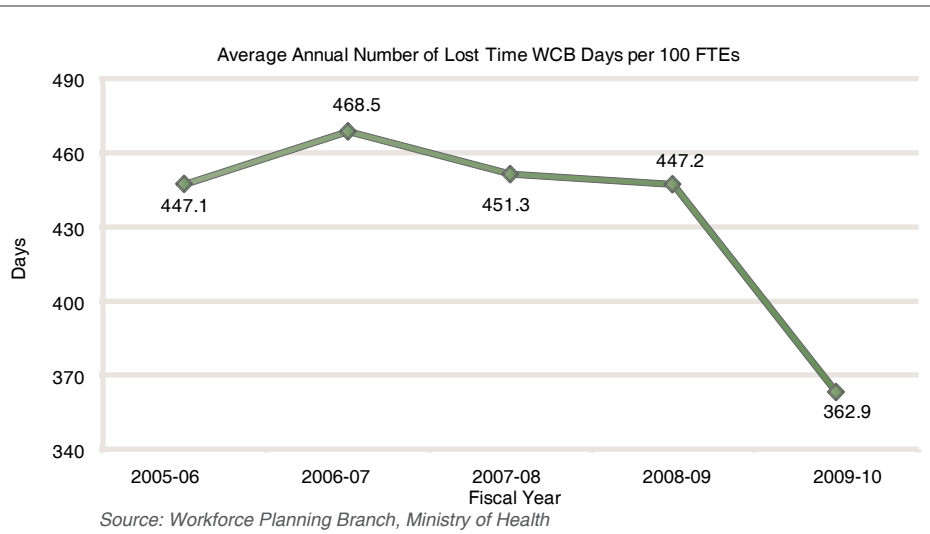
Measure	Baseline / Trend Line Information
Attendance support	



Source: Workforce Planning Branch, Ministry of Health



Source: Workforce Planning Branch, Ministry of Health



Source: Workforce Planning Branch, Ministry of Health

Continued on Pg 26

Continued from Pg 25

Measure Description

The attendance support performance measures include: sick leave hours, lost-time WCB days per 100 full-time equivalents (FTEs), and wage-driven premium hours. These measures reflect the attendance of Regional Health Authority (RHS) and Saskatchewan Cancer Agency (SCA) employees and are related to the goal of working together to create safe, supportive, and quality work places.

Numerous studies suggest that healthy workplace environments in health care tend to contribute to higher quality services and positive work experiences for providers. The Quality Worklife-Quality Healthcare Collaborative (QWQHC) defines a healthy healthcare workplace as "a work setting that takes a strategic and comprehensive approach to providing the physical, cultural, psychosocial, and work/job design conditions that maximize health and wellbeing of health providers, quality of patient/client outcomes and organizational performance". To deliver excellent health care, providers must be supported by workplace environments that are positive, productive, and safe.

According to Statistics Canada's Labour Force Survey, healthcare workers are more likely than those in other sectors to miss work due to illness or disability. Absence as a result of illness (sick leave) or injury is often used as a proxy measure for a healthy workplace.

The health system is working together to address the issues of wage driven premium hours and absenteeism as a result of sick leave and workplace injuries through improvements to workplace safety, time management, and staff scheduling processes. Regional targets have established regional targets for each of these measures.

Sick Leave Hours

Absenteeism is one of the indicators identified by the QWQHC for managing healthy healthcare workplaces. It is a measure of the quality of worklife and the well-being of providers. Absenteeism diverts essential resources away from patient/client care. Healthcare employers are often required to replace absent workers to ensure safe care. It follows, then, that a reduction in sick leave should lower the cost of providing health services.

The measure shows that the average sick leave hours paid to FTEs remained at relatively the same level between 2005-06 (85.2 hours/FTE) and 2008-09 (84.1 hours/FTE). In 2009-10 we see a slight increase in sick time to 87.4 hours/FTE, which may be in part due to the H1N1 virus and its impact.

Lost time WCB days

The provincial healthcare industry pays insurance premiums to the Saskatchewan Workers' Compensation Board (WCB) due to time lost to workplace injuries. Targets have been set for the reduction of work-related injuries.

Businesses that take the initiative to prevent workplace injuries have lower injury rates than competitors who have not. These organizations have implemented effective safety management systems not just because of concern for their employees or for legal compliance but because they understand that superior health and safety results lead to:

- lower costs;
- improvements in safety outcomes;
- improved employee relations and employee trust;
- improved reliability and productivity;
- improved protection from business interruption;
- increased public trust and improved public image; and,
- increased organizational capability.

Health employers are seeing success in reducing workplace injuries in Saskatchewan. Health and safety need to be integrated into business strategies, processes and performance measures. Boards, senior management and staff are recognizing that health and safety performance supports good business results. Health employers are developing the leadership and internal capacity to strive for continuous improvement in health and safety. This will help to ensure that health and safety risks are effectively managed by eliminating, minimizing or controlling hazards. All employees are encouraged to participate and work collaboratively in developing,

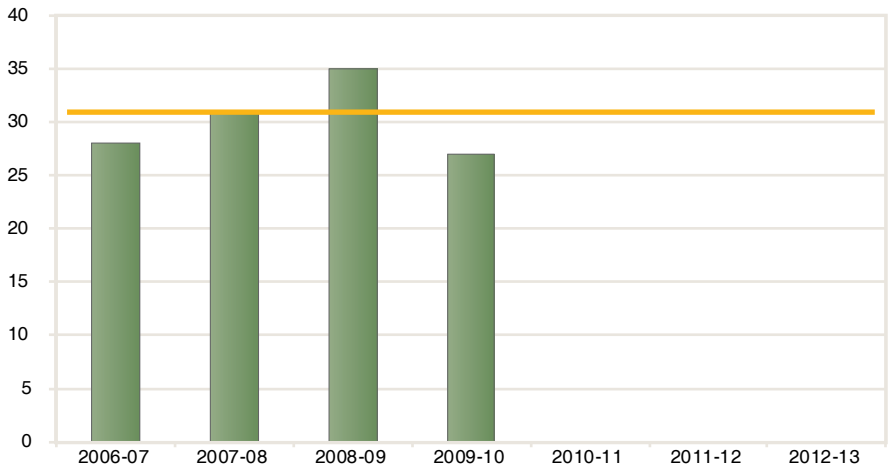
promoting and improving health and safety at work. The health sector can further demonstrate its leadership in a health and safety learning community by sharing information about best practices.

Wage driven premium hours

Overtime hours continue to be a matter of concern for RHAs, the SCA, and the Ministry of Health. The Ministry of Health does not directly (or explicitly) fund overtime hours so organizations have to reallocate funds to cover it. Overtime hours tend to increase during periods of peak utilization and can be closely correlated with sick time being recorded by organizations – as sick time goes up and the available pool of employees diminishes, managers are forced to bring staff in and keep staff on in overtime situations. Not only is this financially problematic, the pressure on employees to maintain a high standard of care and service is taxed by continual overtime hours.

Overtime hours may also be associated with understaffed areas or professions and positions that have typically been hard to recruit or retain employees. Overtime, like absenteeism and high-levels of WCB claims, may be indicative of other workplace problems. If problems are not addressed, it is unlikely that the rate of wage driven premium hours will improve.

The measure shows the average wage driven premium hours increased between 2005-06 and 2008-09 to 52.2 hours per paid FTE (a 37 per cent increase). In 2009-10 this average decreased to 50.1 hours per paid FTE.

Measure	Baseline / Trend Line Information
University of Saskatchewan medical graduates establishing practice in Saskatchewan	

Source: 2009-10 Annual Statistical Report, Medical Services Branch, Ministry of Health

Measure Description

This measure relates to goal 3.3 to develop a highly skilled, professional, and diverse workforce with a sufficient number and mix of service providers.

The College of Medicine at the University of Saskatchewan (U of S) is the sole source of locally-trained physicians in the province. Therefore, retention of its medical graduates is critical in addressing the physician supply issue into the future. The retention rate is defined as graduates who, six months after graduation, have been registered by the College of Physicians and Surgeons of Saskatchewan and are practising in the province. Medical students typically graduate in June. Therefore, retention rates typically examine how many of those graduates are registered and practising in the province as of December of that year.

The retention rate of U of S medical graduates is compiled annually by the Medical Services Branch (MSB) and published in Table 33 of MSB's Annual Statistical Report. The source of the data comes from the College of Medicine and the College of Physicians and Surgeons of Saskatchewan.

As shown in the measure the physician post-graduate retention rate has fluctuated during the period between 2006-07 and 2009-10. After reaching a high of 35 medical graduates establishing practice in 2008-09, the number of medical graduates establishing practice in Saskatchewan has dropped to 27 in 2009-10, below the goal of 31 positions. The target for this performance indicator is to increase the number of U of S medical graduates establishing practices in Saskatchewan by 10 per cent by 2012 compared to the 2006-07 baseline data. In order to achieve this target and to recruit and retain physicians, the Ministry of Health has established the Physician Recruitment Agency, whose mandate includes the recruitment of Saskatchewan medical graduates. The Physician Recruitment Strategy announced in 2009 also sets out clear objectives aimed at supporting the recruitment and retention of physicians in the Province. The Ministry of Health has established the Saskatchewan International Physician Practice Assessment (SIPPA), a provincially-based program to assess foreign-trained physicians that was piloted in January 2011. The next iteration will be May 2011 and it is predicted that here will between 25- 30 candidates. Once SIPPA has been fully assessed, the program will be opened to physicians from around the world to bolster recruitment.

In addition, Government is committed to increasing the enrolment at the College of Medicine by 40 new undergraduate seats and adding 60 residency seats.

Disclaimer: The chart and measure description have been amended to more accurately reflect the number of University of Saskatchewan medical graduates establishing practice in Saskatchewan.