PROVINCE OF SASKATCHEWAN

10-11

ANNUAL REPORT

MINISTRY OF HEALTH

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www.health.gov.sk.ca/health-annual-reports

Letter of Transmittal - Minister

June 29, 2011

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

May it Please Your Honour:

We respectfully submit, for your consideration, the annual report of the Ministry of Health for the fiscal year ending March 31, 2011.

The Ministry of Health is committed to providing quality health care to the people of Saskatchewan by achieving a responsive, integrated, efficient, patient- and family-centered health care system. We have made significant progress in achieving our mandated commitments, as well as health sector priorities, which include reducing surgical waiting times, retaining and recruiting health care professionals, improving the effectiveness and efficiency of the health system, and enhancing access to health care.

Highlights of Ministry of Health activity in 2010-11 include:

- significant progress by the Saskatchewan Surgical Initiative in reducing waiting times for patients as we work to meet our 2014 goal of ensuring that no surgical patient waits more than three months for surgery. In its first year, the Surgical Initiative reduced the number of patients waiting more than 18 months by 57 per cent and the number waiting more than 12 months by 37 per cent. Patient pathways and surgical checklists translated into shorter wait times for patients and improved surgical processes;
- supporting recruitment and retention of more physicians in Saskatchewan through increased physician training seats and physician residency opportunities, as well as a Saskatchewan-based assessment process for International Medical graduates was piloted;
- improved quality and safety outcomes for patients and providers through the introduction of Lean and Releasing Time to Care™ initiatives in the Ministry and across the health system;
- the expansion of emergency medical services through helicopter service in cooperation with STARS, the Shock Trauma Air Rescue Service program; and
- through the partnership and cooperation of many stakeholders,the *Autism Spectrum Disorder Framework and Action Plan* was launched, the *Saskatchewan HIV Strategy*, and the *Tobacco Reduction Strategy* (including amendments to *The Tobacco Control Act*) were developed and work began on each.

Government is committed to increased accountability, honouring commitments, and responsibly managing expenditures. We continue to work on improving our health care system through the provision of exceptional service to the people of Saskatchewan, consistent with best practices and customer expectations. This document reports on our success in meeting the actions laid out in the Ministry Plan for 2010-11.

Respectfully submitted,

Don McMorris
Minister of Health

Letter of Transmittal - Deputy Minister

June 29, 2011

The Honourable Don McMorris
Minister of Health

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, 2011.

I am responsible for the financial administration and management control of the Ministry of Health and for this report. I provide assurance that the information contained within is complete, accurate and reliable.

Respectfully submitted,

Dan Florizone

Deputy Minister

Introduction

This annual report presents the Ministry of Health's activities and actions for the fiscal year ending March 31, 2011. It reports to the public and elected officials on public commitments and other key accomplishments of the Ministry.

These results are provided on the publicly committed strategies, actions and performance measures identified in the Ministry Plan for 2010-11.

This report also demonstrates progress made on Government commitments as stated in the *Government Direction for 2010-11*, the Minister's Mandate Letter, throne speeches and other commitments.

The 2010-11 annual report sets the stage for the 2011-12 planning and budgeting processes 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.

Alignment with Government's Direction

The Ministry's 2010-11 annual report aligns with 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 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.

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

Organization Overview

Through leadership and partnership, the Ministry of Health is committed to providing high-quality health care to the people of Saskatchewan through a responsive, efficient, and patient- and family-centered health care system. The Ministry's priority is a health system that puts patients and families first and provides the best possible health care.

The health care system in Saskatchewan is multi-faceted and complex. To ensure the provision of essential and appropriate services, the Ministry establishes provincial strategy and policy direction, sets and monitors standards, and provides funding.

The Ministry oversees a health care system that includes 12 regional health authorities (RHAs), the Saskatchewan Cancer Agency (SCA), the Athabasca Health Authority, affiliated health care organizations and a diverse group of professionals, many of whom are in private practice. There are 26 self-regulated health professions in the province and the health system as a whole employs more than 38,000 people who provide a broad range of services. The Ministry supports the RHAs, SCA and other stakeholders to recruit and retain health care providers, including nurses and physicians.

The Ministry also works in partnership with organizations at the local, regional, provincial, national and international levels to provide Saskatchewan residents with access to quality health care.

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

The Ministry is responsible for approximately 50 different pieces of legislation (see appendix II).

The Ministry is committed to encouraging and assisting Saskatchewan residents in achieving their best possible health and well-being. To that end, Ministry activities include:

- Providing leadership on strategic policy;
- Setting goals and objectives for the provision of health services;
- Allocating funding and leading financial planning for the health system;
- Providing provincial oversight for programs and services, including acute and emergency care, community services and long-term care;
- Monitoring and enforcing standards in privately delivered programs such as personal care homes;
- Administering public health insurance programs such as the Saskatchewan Medical Care Insurance Plan;
- Delivering the Saskatchewan Prescription Drug Plan;
- Providing communicable disease surveillance, prevention and control through the Saskatchewan Disease Control Laboratory to identify, respond to and prevent illness and disease in our province; and,
- Providing leadership on health human resource issues, via initiatives like the Physician Recruitment Strategy.

(continued)

Organization Overview

The Ministry's full-time equivalent (FTE) complement in 2010-11 totaled 609.7 FTEs, 26.9 FTEs below the Ministry's budgeted complement of 636.6. The variance is primarily the result of vacancy management. As shown in the following chart, the Ministry of Health has reduced the total number of FTEs over the last four years.

Ministry of Health FTE Actual Results	
Fiscal Years	Actual FTEs
2007-08	695.3
2008-09	640.8
2009-10	635.8
2010-11	609.7

In 2010-11, the Ministry was re-organized into: Specialized Programs; Community and Primary Health; and Strategy and Performance Management. The Saskatchewan Surgical Initiative; Communications Branch; and Quality and Process Improvement (a component of the Strategy and Innovation Branch) report directly to Deputy Minister, Dan Florizone.

Restructuring the Ministry aligns work units better with key Ministry priorities and functions to enable better collaboration, accountability and break-down of silos.

The re-organization was designed to strengthen the Ministry's customer/client-focus; increase opportunities for innovation and collaboration; and, through these, transform the health care experience to make it more patient- and family-focused.

Staff from the Health Information Solutions Centre in the Ministry of Health transferred to eHealth Saskatchewan when it was created in February 2011. No significant organizational changes were made.

Progress in 2010-11

The following information is an update on significant progress made toward meeting Government's commitments outlined in the Minister's Mandate Letter, Speeches from the Throne (December 2007, November 2008, October 2009 and October 2010), and the 2010-11 Budget.

Together, these initiatives support Government's goal to 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 the growing economy.

Strategy

Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations.

Results

Patient- and Family-centered Care

The Ministry of Health allocated $1 million to support the adoption of patient- and family-centered care (PFCC) in the Saskatchewan health system. Work began by engaging leaders, health care providers and patients in the development and implementation of a provincial framework for PFCC that will serve as an overarching guide for health care service delivery in Saskatchewan. (2010-11 Budget)

A draft PFCC framework was shared with health sector stakeholders, including CEOs of health regions and the Saskatchewan Cancer Agency, health profession regulatory organizations, unions, the Saskatchewan Medical Association, and patient and family advisors at the end of February 2011. The draft framework has been revised based on the comments received, and is expected to be finalized by the end of June 2011.

A Shared Decision-Making (SDM) framework was in development in 2010-11. It will be used to inform and support health care providers in adopting shared decision-making into their practices. Shared decision-making helps patients play an active role in decisions concerning their health through two-way communication and information exchange where more than one treatment option is available. In 2010-11, the Five Hills Health Region began work to support a shared decision-making pilot in their hip and knee pathway. The hip and knee pathway has been developed to improve access, flow and patient satisfaction and enable the treatment of more patients, while maintaining high standards of service.

Strategy

Achieve timely access to evidence-based and quality health services.

Results

The Saskatchewan Surgical Initiative

To reduce surgical wait times and improve the quality, safety and experience for surgical patients, the Ministry of Health launched the Saskatchewan Surgical Initiative (SkSI) in March 2010.

In collaboration with physicians and providers, a plan was developed to improve the patient's surgical experience across the entire continuum of care – from the initial visit with a health provider, to surgery, to recovery at home.

Sooner, Safer, Smarter is the health system plan to improve patients' surgical experience, and reduce surgical wait times to three months by 2014 in a way that can be sustained into the future.

The 2010-11 Budget included an investment of $10.5 million for the Saskatchewan Surgical Initiative. A further investment of $40.4 million was announced in February 2011. The majority of funding will cover the cost of additional surgeries; however, investment will continue in improving health system quality and safety.

Although waits for surgery continue to be longer than ideal, significant gains have been made in the past year.

Progress in 2010-11

- 79,507 surgeries were performed from April 1, 2010 to March 31, 2011, approximately 1,700 more than the previous year.

As of March 31, 2011, there were:

- 57 per cent fewer people waiting longer than 18 months for surgery compared to April 1, 2010 when the Surgical Initiative began, and 37 per cent fewer people waiting longer than 12 months for surgery for the same time period;
- 18 people waiting longer than 18 months for hip or knee replacement surgery. This is 36 per cent fewer than the previous year; and
- 3,188 (12 per cent) fewer patients waiting for surgery, compared to the previous year.

The wait time target for Computed Tomography (CT) and Magnetic Resonance Imagining (MRI) is that no patient waits longer than 90 days for elective (non-urgent) services. The majority of health regions have met the target for CT scans and on March 31, 2011, there were: no patients waiting greater than 90 days in Cypress, Five Hills, Prairie North, PA Parkland; 14 patients waiting greater than 90 days in Saskatoon; and 227 patients waiting greater than 90 days for CT services in Regina Qu'Appelle. For MRI patients, at March 31, 2011 there were 931 patients who had waited greater than 90 days, 634 in Saskatoon and 297 in Regina.

Sooner Care through the Saskatchewan Surgical Initiative

Efforts to shape demand, manage capacity, and eliminate the surgical backlog will help make surgery available sooner. Work is in place to:

- Implement clinical pathways for people with hip, knee, and spine problems so that people get the right care at the right time whether the treatment includes surgery or not;
- Increase surgical volumes in public hospitals and publicly-funded third-party facilities;
- Implement clinical practice redesign and pooled referrals in many physician offices;
- Maximize rural surgical capacity in hospitals in smaller cities;
- Improve patient flow through the health system to help ensure availability of hospital beds;
- Increase diagnostic volumes through efficiencies and publicly-funded third-party delivery; and,
- Implement a strategy to reduce the wait lists of particular surgeons who have extremely long wait times.

Safer Care through the Saskatchewan Surgical Initiative

Reducing errors, harm, and variation will help make the system safer for patients and providers. Activities are under way to:

- Implement the surgical safety checklist and medication reconciliation;
- Reduce surgical site infections;
- Develop and implement a falls prevention strategy targeting long-term care facilities; and,
- Expand the implementation of the Surgical Information System (SIS) to Prairie North and Five Hills RHAs. Work is also beginning in 2011-12 to implement the system to Saskatoon and Regina Qu'Appelle Regional Health Authorities. Cypress and Prince Albert Parkland Regional Health Authorities have implemented the system.

Smarter Care through the Saskatchewan Surgical Initiative

Projects are focused on using a patient centered philosophy, improved population health, seamless transitions, continuous improvement, and developing workforce capacity. To achieve some of these goals:

- The Specialist Directory was implemented to allow physicians and the public to see a list of surgeons and their wait times;
- Releasing Time to Care™ is being introduced to more hospital wards to allow more time to spend in face-to-face patient care. The program puts patients at the

centre of care and empowers front line staff to make necessary changes to improve patient outcomes;

- Lean methodology is being used in many improvement initiatives;
- Improve the health of the population and reduce the need for surgery through strategies to reduce tobacco use, improve children's oral health, and achieve healthy body weights; and,
- The Saskatchewan Institute of Applied Science and Technology (SIAST) is doubling intake for perioperative nurse training. A pilot project to fast track nurses through the SIAST Perioperative Nursing program was initiated in Saskatoon.

Funds were released in March 2011 for use in 2011-12 to support care after patients leave the surgical center. $1.7 million was allocated to health regions to provide additional post-operative rehabilitation services in the areas of occupational and physical therapy services and $1.4 million was allocated to enhance nursing and home care aide services through the Home Care program.

Colorectal Cancer Screening

The Colorectal Cancer Screening Program, piloted in the Five Hills Health Region, was expanded to include Kelsey Trail Health Region in March 2011.

The Saskatchewan Formulary

The Ministry added new prescription drugs to the Saskatchewan Formulary to expand the number of medications covered under the provincial drug plan and actively engaged in evidence-based national drug initiatives including the Common Drug Review, the interim Joint Oncology Drug Review and appropriate medication and utilization initiatives. The results of these initiatives are incorporated into Saskatchewan's provincial drug review process including review by the Drug Advisory Committee of Saskatchewan.

New drugs or drugs with new indications are added to the Saskatchewan Formulary based on the advice of the Government's expert committee. Coverage is based on the cost effectiveness and the medical effectiveness of the drug. Of particular note in 2010-11, the Ministry added two smoking cessation prescription drugs, Champix (varenicline) and Zyban (bupropion). These medications can help people quit smoking, which is consistent with prevention, protection and cessation, principles of the Tobacco Reduction Strategy.

The 2010-11 Budget also provided a significant increase to the Saskatchewan Cancer Agency (SCA) for cancer drugs and services.

Work continued to implement and refine processes related to a single evidence-based provincial drug review process to determine which drugs are eligible for provincial coverage in hospitals, the Saskatchewan Cancer Agency and via community pharmacies.

Pricing of Pharmaceutical Drugs

The Ministry assisted in the development of a Memorandum of Understanding (MOU) between western jurisdictions for the pricing and purchasing of pharmaceuticals. This was announced by the western premiers in June 2010. A steering committee of drug plan managers has been established and regular meetings are under way.

Mental Health Services

Saskatchewan offers a wide range of mental health services and the Ministry of Health is working with health regions to ensure that residents with mental health needs can access services when they need them.

An overall Mental Health Strategy (Mandate Letter 2010) was not developed in 2010-11. Instead a plan to improve mental health services using Lean methodology was used to review processes and plan improvements in two areas: increasing access by decreasing waiting times for mental health services and addressing the continuum of care needs of complex clients.

In 2010-11 the Ministry expanded a successful media campaign targeted at northern youth to

address the issue of suicide and depression, and increase awareness of mental health help available from Health Line and the Kids Help Phone. The 2010 campaign expanded province-wide and included a poster campaign, a provincial radio campaign, and an increased distribution of two existing comic books.

The Mental Health Approved Homes Program received an enhancement of $531,000 in 2010-11 to address the decline in mental health approved home beds and to encourage recruitment and retention of home operators. The decline in Mental Health Approved Homes beds can be attributed to a number of factors. Chief among theses factors is that many Mental Health Approved Home operators are retiring and it is difficult to attract new operators in their place due to the current economic conditions and rising housing prices. In 2010-11 work focused on enhancing services in the areas of respite, after-hours crisis support, payments to operators for higher need clients and increased individualized client supports in four health regions: Prairie North, Prince Albert Parkland, Saskatoon and Regina Qu'Appelle. This work will continue in 2011-12. This investment supports a quality, cost-effective residential service for people with mental illness which helps individuals stay in their community.

In 2010-11, the Ministry provided a $3.8 million operating funding increase for the Irene and Leslie Dubé Centre for Mental Health. The centre, located on the banks of the South Saskatchewan River near the Royal University Hospital, replaces two acute care sites: an 18-bed unit formerly at Saskatoon City Hospital, and a 32-bed unit located in a former nurses' residence at Royal University Hospital. The new building houses 54 beds for adults, plus 10 beds in a separate section for children and youth, including a dedicated adolescent unit. The separate section provides a safe secure area for children and youth to receive care, apart from the adult population. (2010-11 Budget) The Dubé Centre provides an ideal environment for mental health patients and their families to receive care, including extended visiting hours and enhanced programming on evenings and weekends.

Care for Seniors

Ms. Laura Ross, Legislative Secretary Long-term Care Initiative, held consultations with RHAs, seniors' organizations and stakeholders in November 2010. These consultations and the recommendations of *The Patient First Review*, will inform the development of the Seniors' Care Strategy. Work on the strategy continues.

In 2010, construction began on a 100 unit long-term care facility in the city of Saskatoon. This innovative pilot project with the Catholic Health Ministry of Saskatchewan, through the non-profit corporation known as Amicus Health Care Inc., will explore alternate funding arrangement and program concept. This initiative is in response to the promise in the 2009 Throne Speech to pursue innovative funding models to address the shortage of long-term care beds through partnerships with reputable third party agencies.

Expansion of Emergency Medical Services

In the 2010 Speech from the Throne, and the 2010 Health mandate letter, Government committed to plan for a significant expansion of emergency medical services in cooperation with the STARS (Shock Trauma Air Rescue Service) program in Alberta. This helicopter-based system will supplement existing air ambulance and ground ambulance services. Planning continued for an April 2011 announcement with service to begin in 2012.

Primary Health Care

Primary Health Care (PHC) Re-Design has been identified as a major initiative from the Patient First Review. A key priority for the Ministry is to transform and strengthen primary health care services across the province by researching and developing a new approach to the delivery of primary healthcare services to achieve the Triple Aim: achieving improvements in patient experience, cost and population health. To inform this work a patient experience survey was undertaken in 2010-11. A survey of regional directors

of primary health care, an evaluation of pharmacist services related to primary care teams, and consultations in September 2010 with health system and community stakeholders were completed. A core team and three working groups were established and the drafting of a high-level framework began. The framework is being developed.

New PHC initiatives in 2010-11 included the establishment of PHC teams in Bengough/ Radville and Nipawin.

As part of a PHC pilot project, pharmacists have been engaged as funded members of 24 primary health care teams. During a one-year period, more than 1,350 medication assessments were performed resulting in approximately 1,400 medication change recommendations.

Services for Individuals with Autism Spectrum Disorders and Fetal Alcohol Spectrum Disorder

The Framework and Action Plan for Autism Spectrum Disorders Services in Saskatchewan was launched in 2009-10, and in 2010-11 Ministry investment of $2.5 million supported three-year pilot projects enhancing frontline therapy and respite services for individuals with Autism Spectrum Disorder (ASD) throughout Saskatchewan (2010-11 Budget):

$1.1 million in annualized funding was allocated to the Regina Qu'Appelle Health Region to provide ASD services to southern Saskatchewan;

- $1.3 million in annualized funding was allocated to the Saskatoon Health Region to provide ASD services to central and northern Saskatchewan;
- $100,000 was provided to support the development of a post-secondary certificate program in the area of Autism Spectrum Disorders; and,
- In January 2011, an Autism Spectrum Disorders Intervention Training Program (ASDITP) pilot was initiated to support ASD consultants and support workers in Saskatchewan.

As part of Government's children and youth agenda in 2010-11, the Ministry of Health led a cross-ministerial committee to focus on the development of enhanced ASD and Fetal Alcohol Spectrum Disorders (FASD) strategies.

Broad public engagement sessions were conducted throughout Saskatchewan and two provincial reference group meetings were held. Many opportunities for improving services and supports were identified, and will be used to inform the development of comprehensive ASD and FASD strategies.

Midwifery

Midwifery services expanded throughout the province. The Cypress Health Region began offering publicly funded midwifery services in Swift Current in June 2010 and the Regina Qu'Appelle Health Region initiated midwifery services in Regina during January 2011. The Saskatoon Health Region has been offering services since January 2009. Regulated Saskatchewan midwives were involved in the delivery of more than 350 babies in 2010-11.

Integrated Stroke Strategy Pilot Project

The Ministry provided annualized funding of $945,000 for an Integrated Stroke Strategy Pilot Project in Sunrise Health Region. This pilot is a partnership with Sunrise Health Region and the Heart and Stroke Foundation of Saskatchewan. Based out of Yorkton Regional Hospital, the pilot has focused on secondary stroke prevention and rehabilitation. An evaluation process for the pilot is underway, with an interim report scheduled for 2011 and a final report in early 2012.

Revitalization of the Kidney Transplant Program

In the 2011-12 budget announced in March 2011, the Government provided increased funding of $2.0 million for the revitalization of the Kidney Transplant Program. The funding will be used to: support the recruitment of transplant surgeons so kidney transplant

services in Saskatoon can resume; through the Kidney Foundation, provide a program for reimbursement of expenses for living donors; and improve and enhance organ donation in the province.

Multiple Sclerosis Liberation Clinical Trials

In October 2010, Government announced $5 million to fund clinical trials for the Multiple Sclerosis (MS) liberation procedure.

Strategy

Continuously improve health care safety in partnership with patients and families.

Results

Quality and Safety

Health regions and the Saskatchewan Cancer Agency were asked to develop and implement plans for ensuring that they are in compliance with Canadian Standards Association (CSA) and Accreditation Canada standards for infection prevention and control. These standards cover areas such as hand hygiene, sterilization of medical devices, and infection control during construction and renovation. The Ministry purchased online access to relevant CSA standards for the province.

Work began to implement a formal medication reconciliation (MedRec) program to prevent medication errors. Medication reconciliation is a process by which health care providers partner with patients and their families to ensure accurate and complete transfer of medication information at the interfaces of care. These critical points include admission and discharge from hospital, as well as changes in care setting, service, or level of care. MedRec has been conclusively shown to intercept drug errors before patients are harmed. It includes three basic steps:

1. Verification (collection of medication history);
2. Clarification (ensuring that the medications and doses are appropriate); and,
3. Documentation (changes to orders or reason for differences).

The Ministry of Health established an advisory group with representation from all RHAs and the SCA to work with regions to implement medication reconciliation across the health system. In 2010-11, all RHAs submitted a plan for implementing medication reconciliation.

Strategy

Improve population health through health promotion, protection, and prevention of injuries and disease.

Results

Healthy Communities Framework

The Ministry of Health established a steering committee with representatives from the Ministries of Health, Education, Social Services, the Saskatoon Health Region and Health Canada to develop a healthy communities framework. The framework provides overall direction on addressing current healthy living priorities including healthy weights, tobacco use, children's oral health and school health, and allows for additional new priorities to be introduced over time.

A research team from the University of Saskatchewan wrote a background paper exploring the conditions that support healthy weights, the root causes of unhealthy weights, and suggested approaches appropriate for Saskatchewan. Initial stakeholder consultations occurred in February and March to inform the research paper and recommendations for a framework.

Reducing Falls

The Ministry of Health partnered with the Canadian Patient Safety Institute, *Safer Healthcare Now!* and the Saskatchewan Health Quality Council in March 2011 to deliver a Saskatchewan Falls Collaborative: Reducing Falls, Reducing Harm in Long-Term Care and Home Care for 2011-12.

A detailed work plan for a falls injury

prevention initiative has been prepared. Discussions continue with key stakeholders. An analysis of existing injuries has been conducted by the Ministry of Health epidemiology staff.

Improving the Oral and Physical Health of Children

The development of a strategy to reduce dental decay and improve oral health of children through prevention and education began in 2010-2011, in collaboration with various provincial partners. The Ministry of Health undertook to develop key actions that will support good nutritional habits and oral hygiene practices for children at-risk of severe tooth decay. Development of educational tools for front-line providers is under way.

In 2010-11, the Ministry of Health continued to work with the Ministry of Education and other partners using the Comprehensive School Health Framework to address physical activity, healthy eating and tobacco use within the school setting.

Tobacco Strategy

The development of the Tobacco Strategy, *Building a Healthier Saskatchewan: a strategy to reduce tobacco use*; and *2010-11 Action Plan*, was completed. The strategy document was developed with stakeholder consultation and was released to stakeholders and posted on the Ministry of Health website on October 25, 2010. Stakeholders are involved in the implementation of the plan and working groups are engaged in moving the strategy forward. The priority areas are: increasing public awareness; targeting youth; engaging community; strengthening legislation; and enhancing cessation activities. First Nations and Métis participation is important and is intended to be integrated across the action plan. An external evaluation of the effectiveness of the strategy is currently under way.

The work to strengthen the tobacco legislation has been a function of the Ministry of Health through consultations with those provincial stakeholders who are most affected by the legislative measures (e.g. retailers and schools). Regulations and enforcement procedures to support the amendments to The Tobacco Control Act are in place. Amendments to the act were proclaimed in stages on August 15, 2010, October 1, 2010 and April 1, 2011. Supports have been developed and distributed to enforcement officers and others affected by the legislation to ensure compliance. This includes signage, public awareness campaigns, and tobacco enforcement officer training. For more information on the Tobacco Control Strategy, see page 68 of the 2010-11 Budget Summary available at www.health.gov.sk.ca.

Preparations Against Future Disease

The Ministry of Health continues to work with health regions, local authorities, other Government ministries, and First Nations and Métis leaders to ensure the province is prepared for a future disease or pandemic outbreak. One of the goals is to achieve high immunization rates to mitigate future preventable disease. Provincial immunization rates for two-year-old children registered in the Saskatchewan Immunization Management System (SIMS) for health regions varies between 65 per cent and 88 per cent with the exception of a few northern partners.

$2.4 million in additional funding in 2010-11 provided for the increased costs of vaccines for the infant and preschool and seasonal influenza immunization programs. (2010-11 Budget)

867,726 immunizations were given to Saskatchewan residents between April 1, 2010 and March 31, 2011.

Disease Surveillance

The Ministry continues to improve disease surveillance and information sharing. Development of an electronic tool called Panorama in association with eHealth Saskatchewan continues. Panorama was designed to manage public health concerns such as severe acute respiratory syndrome (SARS) and pandemic influenza, both within and across provinces. It supports

Progress in 2010-11

the daily operational needs of population health management related to immunization, communicable disease investigations and outbreaks, inventory management and family health.

Strategy

Collaborate with communities, other ministries, and different levels of Governments to close the gap in health disparities.

Results

Meeting the Needs of Aboriginal People

The Ministry continued to implement Saskatchewan's plan under the Aboriginal Health Transition Fund (AHTF) to better adapt provincially-delivered services to meet the needs of Aboriginal people. With the AHTF expiring March 31, 2011, most of the year was spent on knowledge translation, project wrap-up, reporting and evaluation.

In June 2010, the Ministry of Health along with Health Canada, First Nations and Inuit Health - Saskatchewan Region, hosted a conference entitled *Sharing of Wisdom Keepers: Translating the AHTF Experience* to provide an opportunity for project coordinators, sponsors and individuals from across the province to learn more about the projects and share best practices, successes and opportunities for change. A video that featured three of the AHTF projects was produced. In February and March 2010, the Ministry of Health hosted two events to offer education and information that promoted better understanding of First Nations and Métis health, organizational structures, history, and traditional practices. *Understanding First Nations and Métis History and Health* was a two day satellite training event broadcast across various sites throughout the province with live and videotaped presentations from organizations such as Office of the Treaty Commissioner, Federation of Saskatchewan Indian Nations, Métis Nation - Saskatchewan, Health Canada and the Public Health Agency of Canada. *Bridging Cultures, Sharing Knowledge* was a one day workshop held on three different days. It provided participants with an opportunity to learn from people that have knowledge of western and traditional First Nations medicine who are working together toward the common goal of improved health and wellness.

Formal partnerships and relationships with organizations such as the Federation of Saskatchewan Indian Nations (FSIN) and the Métis Nation-Saskatchewan (MN-S) continue to be strengthened. The Memorandum of Understanding (MOU) on First Nations Health and Well-Being was signed in 2008 by the Governments of Canada, Saskatchewan and the FSIN with a primary purpose to collaboratively address First Nations health issues and eliminate disparities in health status between First Nations and other Saskatchewan residents. The parties are working on completing a First Nations Health and Wellness Plan, and determining action items in priority areas identified collaboratively by the parties.

The Ministry of Health supported MN-S with some capacity funding, and had regular meetings with MN-S officials, as MN-S worked towards completing the work identified in two projects funded by the AHTF. The Ministry of Health was a partner in those projects. These meaningful relationships improve communication and help to inform provincial health programs on ways to better meet the needs of First Nations and Métis people.

HIV Strategy

The Saskatchewan HIV Strategy 2010 - 2014 received approval in December 2010. The Strategy was developed through extensive consultation with a variety of stakeholders: health regions, First Nations and Métis Governments, community-based organizations, and other non-health sectors such as Municipal Governments.

The Strategy's main goals are to prevent the transmission of HIV and to improve the quality of life for people who are HIV-positive. Activities focus on four key areas: community engagement and education; prevention and harm reduction; clinical management; and surveillance and research.

Progress in 2010-11

Implementation of the Strategy began in 2010-11 with a number of initiatives including the allocation of frontline positions to RHAs and the Westside Community Clinic in Saskatoon, and staffing an HIV Provincial Leadership Team to oversee strategy implementation.

Point-of-care testing was piloted in January 2010 and is being evaluated in preparation for further expansion province-wide. An evaluation framework for the HIV Strategy has been developed and is nearing finalization. Additional implementation activities and initiatives are currently being identified and undertaken as the strategy implementation proceeds.

Addictions Treatment

With a goal of 100 new addiction treatment beds, the Ministry continues its work to enhance addiction treatment bed capacity in the province. With the addition of the beds below, and other beds already added or soon to be added, there will be 103 new additional and replacement beds by 2012. (Mandate Letter)

- In April 2010 renovations were completed at Calder Centre in Saskatoon to better accommodate the 12 existing youth treatment beds and six youth stabilization beds that have been located within the facility.
- Prince Albert Grand Council, in partnership with the Ministry and the Prince Albert Parkland Health Region (PAPHR) is constructing a 15-bed youth inpatient alcohol and drug abuse treatment facility near the Victoria Hospital in Prince Albert. Construction is expected to be complete in fall 2011.
- The Ministry continues to work with PAPHR on a proposal for a provincial family treatment centre that will accommodate eight families, primarily women with young children.
- The Ministry provided capital funding for the development of a 45-bed integrated brief and social detox facility in Regina. Of these, 25 social detox beds and 20 brief detox beds became operational in April 2010.

Although Government is not moving forward with an independent addictions agency, the Government supports the general direction set out by the Minister's appointed Addictions Advisory Committee and believes that many of the committee's recommendations can be achieved by the Ministry of Health, health regions and stakeholders working together more effectively.

The Ministry is currently working on a plan to deliver a stronger and more seamless continuum of addiction services, including:

- A provincial focus with integrated mental health and addiction services delivered regionally;
- Provision of a stronger, more seamless continuum of care that is client- and family-centered;
- Efficient and effective program delivery with more predictable outcomes; and,
- Enhanced performance monitoring and program evaluation, and workforce development.

Strategy

Improve efficiency and effectiveness of the Ministry's programs and services to demonstrate and achieve system-wide performance improvement.

Results

Lean

Since the introduction of Lean in the Ministry of Health in 2008, the Ministry has seen a culture of continuous improvement emerge. Most of the Ministry's Lean teams that began in 2008 are sustaining their initial improvements and continue to work towards further improvement. For example, staff working on the medical claims Lean team

have continued the Lean process that resulted in the elimination of a backlog of 2,200 out-of-Canada medical expense claims and the removal of 49 days required to process a claim in 2009-10. Staff in the Saskatchewan Disease Control Laboratory continue their efforts to ensure a right-sized inventory of supplies is available on demand. By applying Lean principles to inventory management at the Lab, they've reduced inventory costs from $706,000 in 2009 to $254,000 in 2011.

Between April 1, 2010 and March 31, 2011, an additional eight Lean teams have been initiated in the Ministry of Health, bringing the total number of teams in the Ministry to 24. Lean teams are making improvements in a variety of service and policy areas:

- Capital planning - streamline the process for submission, selection, approval and implementation of RHA capital plans while integrating PFCC and Lean into the design of major renovations or new facilities.
- Mental health - improve the flow of clients with complex needs through services and improve the overall quality and experience of care this population receives.
- Access to mental health and reduction of wait times - lack of timely access to mental health services was one of the key findings in the Patient First Review.
- Addictions – wait times: improve access and quality of addiction services. Lack of timely access to services was one of the key findings in the Patient First Review.
- Special needs equipment program - Through a joint Ministry and Saskatchewan Abilities program, staff reduced the time it takes to process special needs equipment requisitions (e.g., wheel-chairs, lifts, support poles). This initiative has already significantly reduced the length of time patients wait to receive special needs medical equipment.
- Blood products / transfusion services (in collaboration with the Saskatoon Health Region and the Saskatchewan Cancer Agency) focused on inventory and utilization of blood and plasma protein products in our province. Streamlined inventory management and waste reduction strategies could offer significant cost savings and improved quality of service.
- Health system planning and reporting - apply Lean principles to the strategic planning and reporting process of the Ministry and our RHA partners with an aim to reducing re-work and lead time in the Strategic Planning and reporting processes while improving system alignment to deploy strategic priorities.
- Personal Care Homes – Operational Review Process - The Ministry is working to make the current operational review process for personal care homes more efficient and effective to ensure that the residents' needs are met in a safe and adequate way.
- In November 2010, the Vaccine Team from the Ministry received the Premier's Award for Excellence in the Public Service (Innovation category) for increasing the efficiency of procedures and savings for the province by improving vaccine ordering, storage and transportation across the province, resulting in savings of $1.2 million dollars in 2009-10.

The Ministry also provides strategic direction and support to guide the implementation of Lean in the health system. All health regions and the SCA are implementing Lean and more than 90 teams are using Lean methods to improve health care and administrative processes across the health system. (2010-11 Budget)

Releasing Time to Care™

Releasing Time to Care™ (RTC) is a quality improvement program designed to free caregivers' time so they can spend more time with patients. It has helped improve patient and staff satisfaction, reduce staff injuries, and increase the amount of time nurses spend on direct patient care. With support from the Health Quality Council (HQC), 52 facility and hospital wards in Saskatchewan are implementing the program. A total of

Progress in 2010-11

1,100 inpatient beds are being served by the program as of March 31, 2011.

Work continues to expand the implementation of RTC to all general medical and surgical units in regional and tertiary hospitals. The provincial target is for all medical and surgical acute care wards in regional and tertiary centers in the province to implement RTC by June 2012. At the end of 2010-11, ninety-two per cent of the RTC target has been met. A provincial roll-out strategy has been developed by the HQC to ensure that the expansion of RTC will continue to meet targets.

Shared Services

The Shared Services Project is under the direction of the Council of CEOs. It is funded in part by the Ministry of Health, which has established strategic and operational directions for the project, and by significant in-kind contributions from the RHAs, the SCA, and SAHO.

The Council of CEOs set forth the project's vision, goals, objectives, policy, scope and scale, and established a Shared Services Office of four FTEs to lead development of the new organization.

Through the Shared Services Framework, Saskatchewan has partnered with Alberta and British Columbia to group purchase supplies for the health sector. To date over $10 million in in savings have been achieved through group purchasing of approximated 25 per cent or health sector supplies.

Historically, Regional Health Authorities (RHAs) and the Saskatchewan Cancer Agency (SCA) have overseen most of their own administrative and support services. Today they are working together to design a new means of sharing these services.

This project is part of Saskatchewan's move to a more patient-centered health system. The Commissioner of the Patient First Review recommended shared services as a way to achieve greater value for Saskatchewan patients and taxpayers.

The shared services approach seeks to achieve both the customer service orientation of a decentralized administrative model and the effectiveness and efficiency of a centralized model.

Shared services are not new to the Saskatchewan health sector. Health regions, their affiliates, and the SCA have been sharing payroll, benefits, purchasing, and some human resource and workplace health and safety functions for a number of years through the Saskatchewan Association of Health Organizations (SAHO), or on a collaborative basis.

Strategy

Work together to create safe, supportive, and quality workplaces.

Results

Absentee Management

Work continues to reduce absenteeism (sick leave, wage-driven premium hours, lost-time Workers' Compensation Board (WCB) claims, and lost-time WCB days) through improvements to workplace safety, attendance support, and staff scheduling processes, as well as setting regional targets for each area. See pages 28 and 29 of this annual report for more details.

Representative Workforce Strategy

The health regions and the Ministry have ongoing partnerships with First Nations and Métis communities and organizations to effectively attract, recruit, and promote First Nations and Métis employment and participation in RHAs. Health regions have responded well to the need for, and creation of, health region board approved Representative Workforce Strategies.

Progress in 2010-11

Strategy

Develop a highly skilled, professional, and diverse workforce with a sufficient number and mix of service providers.

Results

10-year Health Human Resource Plan

A 10-year Health Human Resource Plan for the province that builds on the recommendations of the Patient First Review is nearing completion. The plan is being developed with stakeholders and provides a common vision, goals and broad framework to help inform our health human resource strategies, policies, programs and priorities. It will contain information about the Saskatchewan Cancer Agency's and regional health authorities' current health workforce and some of the challenges and issues impacting the workforce.

The plan includes a predicted forecast as to the number of more than 20 different health professionals required to maintain the current level of services and delivery model over the next 10 years. It provides the province and the health regions with a future vision as to how we want our health workforce to look and act in the future.

More Nurses

In an effort to help stabilize the nursing workforce, the Saskatchewan Union of Nurses (SUN) and Government signed a partnership agreement. The Saskatchewan Union of Nurses (SUN)-Government Partnership agreed upon a provincial baseline of 5,727 FTEs. This number is based upon the straight time hours worked by SUN members in 2007-08. Straight time hours are hours when staff are not being paid a premium or overtime rate. Collectively, the regions have surpassed the provincial target of 800 additional nurses working in the health system. SAHO payroll data indicates that there were 823 more full-time nurses in 2010-11 than in 2007-2008.

More Physician Training Seats

An investment of $6.6 million was provided in 2010-11 to continue medical education system enhancements including physician training seat expansion. (2010-11 Budget)

In 2010-11, the Ministry added 12 post-graduate seats to meet Government's commitment to fund 60 additional residency seats, creating 120 residency seats in total. (2010-11 Budget)

More Physician Training Opportunities Within Saskatchewan

To expose medical students and residents to rural health care employment opportunities, the College of Medicine at the University of Saskatchewan began a model of distributive medical education (DME) to provide training opportunities within Saskatchewan, but outside of Saskatoon. Development and implementation of the DME will continue into 2011. In the first year, training seats were opened in these locations: Regina (15 in family medicine, one in general surgery, two in obstetrics/gynaecology, and two in psychiatry); Prince Albert (five in family medicine); and Swift Current (four in family medicine). The next intake of medical residents will occur in July 2011.

The Physician Recruitment Agency of Saskatchewan

$1.5 million in funding was allocated in 2010-11 for the Physician Recruitment Agency of Saskatchewan (established in December 2009) to act as a one-stop point of contact for physicians seeking to set up practice in Saskatchewan. (2010-11 Budget) The agency is fully operational and is working on a number of initiatives to create the foundation for recruiting and retaining physicians.

Saskatchewan International Physician Practice Assessment

A Saskatchewan-based assessment process was piloted in January 2011. It assesses International Medical Graduate (IMG) general practitioners for entry into practice (Speech from the Throne 2010). The Saskatchewan International Physician Practice Assessment (SIPPA) will use a number of tools to measure physicians' skills and knowledge.

Progress in 2010-11

Strategy

Strategically invest in facilities, equipment, and information technology infrastructure to effectively support the operation of the health system.

Results

Ten Year Capital Plan for Health Regions

The Ministry has been working with the RHAs to develop a comprehensive capital planning framework to guide decisions with respect to investment in health care facilities. (2010 Mandate Letter) A draft capital planning framework was developed and provided to health regions for input through the Leadership Council in the fall of 2010. Leadership Council includes health region CEOs and Board Chairs, the Health Quality Council, the Saskatchewan Cancer Agency, the Minister of Health, and Ministry of Health representatives. Feedback from regions has been received and incorporated into the draft framework. A decision was made in January 2011 to incorporate Lean methods into the capital process and a future state (value stream map) was developed.

eHealth Saskatchewan

eHealth Saskatchewan is the Saskatchewan Treasury Board Crown Corporation assigned to lead Saskatchewan's Electronic Health Record (EHR) planning and strategy development. eHealth Saskatchewan works with the Ministry of Health to support the Ministry's goal of leveraging technology to achieve improvements in patient care and system performance.

eHealth Saskatchewan was formerly the Saskatchewan Health Information Network (SHIN). Renamed as eHealth Saskatchewan in 2010, the organization remains a strong partner of the Ministry of Health in the delivery of patient- and family-centered care. eHealth Saskatchewan leads Saskatchewan's efforts and investments in building an electronic health record for each resident and coordinates, operates and maintains other selected IT systems, on behalf of healthcare delivery organizations in the province. The work of the organization is accomplished through strategic planning, procurement, implementation, ownership, operation and management of the Saskatchewan EHR and associated provincial components and infrastructure.

The six-member eHealth Saskatchewan Board of Directors is composed of representatives from partnering groups, including clinicians, the Saskatchewan Cancer Agency, health regions, the business community, and the provincial Government. The partners represented on the Board of Directors are a reflection of the cooperative nature of the development and delivery of the Saskatchewan eHealth agenda, the EHR and other health information systems. The voice and needs of stakeholders, including government, regional health authorities, health care organizations, providers, agents, contractors and partners in health information systems, and the public are taken into consideration.

eHealth Saskatchewan is funded by the Government of Saskatchewan with additional strategic funding from Canada Health Infoway (Infoway). Collaboration with Infoway ensures that investments provide the reported benefits of improved patient care and organizational efficiencies as well as the ability for a pan-Canadian interoperable EHR.

A long-term strategy related to implementation of eHealth initiatives, including all facets of the provincial electronic health record, is being developed in collaboration with provincial stakeholders.

Read more about eHealth in the eHealth Saskatchewan Annual Report http://www.health.gov.sk.ca/about-eHealth-Saskatchewan

Progress in 2010-11

Electronic Medical Records (EMRs)

There are two separate electronic medical record (EMR) user groups in the province: Primary Health Care (PHC) teams and the Saskatchewan EMR program for fee-for-service physicians (administered by the Saskatchewan Medical Association).

- The Ministry of Health, together with RHAs and the SMA, began the implementation of electronic medical record (EMR) solutions for PHC teams and physician offices, helping PHC teams and physicians create and maintain electronic patient charts in their clinics.
- Since December 2009, 14 of 73 PHC teams (19.2 per cent) funded by the Ministry have implemented the EMR solution; this translates into 358 users, 120 of whom are physicians. This project, which has several additional implementations scheduled for 2011-12, is an ongoing collaborative effort of the Ministry and eHealth Saskatchewan.
- 2010-11 was very successful for the Saskatchewan EMR Program. The adoption target of 35 per cent of all eligible physicians implementing an approved EMR was exceeded by 4.5 per cent. A total of 1,345 health care providers are using an EMR: 504 physicians and 841 non-physician staff. In 2010-11, 1.6 million encounters were recorded in the provincial EMR systems that are not a part of PHC. Over the past year, the EMR Program has been enhanced to provide more services to clinics, including privacy and security information, change management and vendor relationship support.

Health Care Ombudsman

As noted in the 2010 Speech from the Throne, the Ministry provided support to the Office of the Provincial Ombudsman to further develop the role of a Health Care Ombudsman, to independently mediate patient concerns or complaints. (2010 Mandate Letter)

In 2010-11, the Office of the Provincial Ombudsman met with health stakeholders and has held several fair practice seminars around the province. 2011-12 funding will support the expanded health investigation and education role of this office.

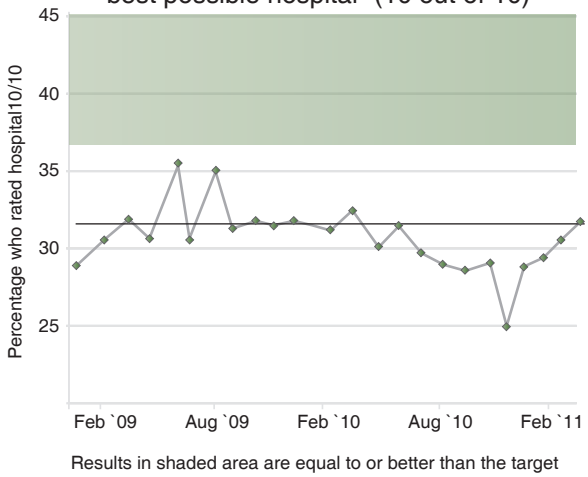
Performance Measures and Results

Improving the Patient Experience

Per cent of patients rating the hospital where they received their care as the "best possible hospital" (10 out of 10)

Figure 1

Per cent of patients rating the hospital where they received their care as the "best possible hospital" (10 out of 10)



Results in shaded area are equal to or better than the target

Strategy

Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations.

Background and Results

The "Best Possible Hospital" is a core quality of care indicator for patient experience in acute care that the Health Quality Council (HQC) monitors and reports on a quarterly basis.

This indicator measures the percentage of responses to a single question asking patients to rate the hospital where they received their care on a scale of zero to 10, where 10 is the highest rating. It is a global measure aimed at indicating how well hospitals perform at meeting patient expectations.

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.

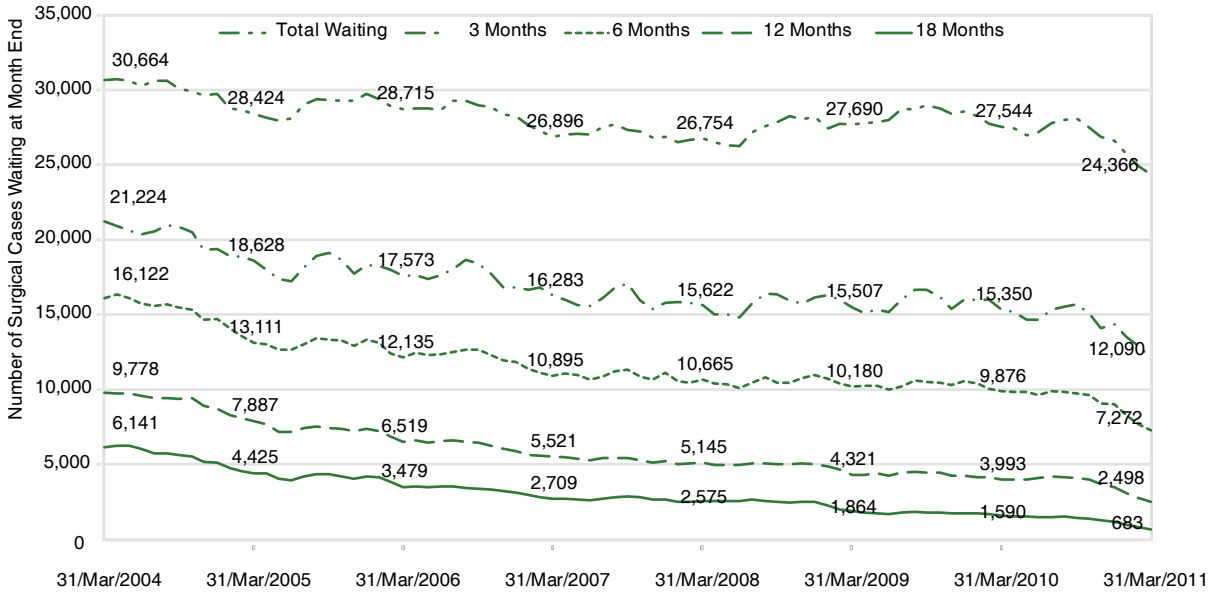
Figure 1 indicates that there is room for improvement in the patient experience. "Improving patient experience" was recognized by the Ministry of Health and the health system as a strategic destination (an ultimate goal) that they need to focus on. In 2010-11, various initiatives, such as the Saskatchewan Surgical Initiative, development of a provincial framework for patient- and family-centered care, and patient safety initiatives were undertaken to improve the patient experience.

Performance Measures and Results

Surgery wait times

Figure 2

All Surgical Specialties: Number Waiting for Surgery by Time Already Waited



Strategy

Achieve timely access to evidence-based and quality health services and supports.

Background and Results

This measure supports the multi-year, system-wide strategy to transform the patient surgical experience and reduce surgical wait times to three months by 2014, as promised in the 2009 Throne Speech. This measure is important to the Ministry because it helps to assess the length of time patients are waiting, and the number of patients impacted.

The target for March 31, 2011 of the surgical initiative was zero patients waiting longer than 18 months for surgery.

The Ministry is working with the RHAs, physicians, and other key players to develop and implement 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 2005. Surgical volumes and wait times are updated monthly at www.sasksurgery.ca.

Performance Measures and Results

Diagnostic wait times

Figure 3

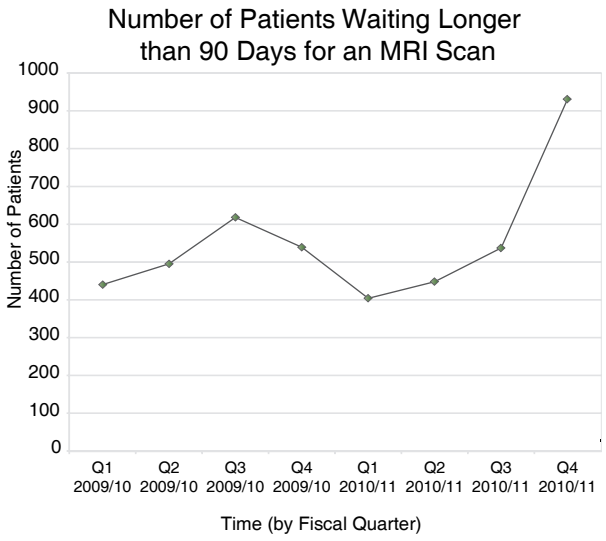
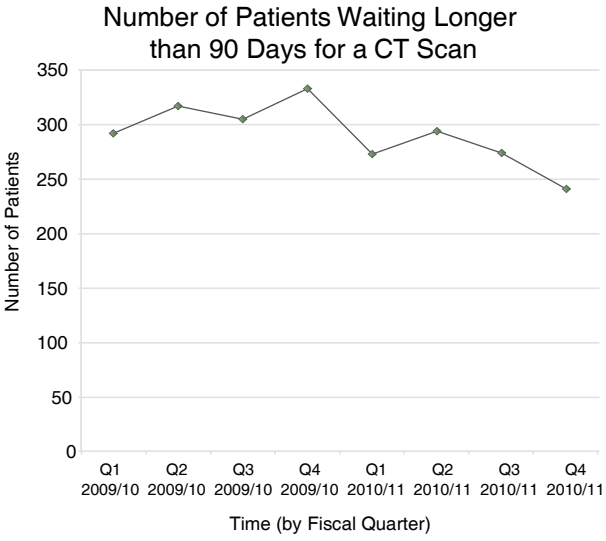


Figure 4



Strategy

Achieve timely access to evidence-based and quality health services and supports.

Background and Results

Figure 3 shows the number of patients waiting longer than 90 days for an MRI scan in 2009-10 and 2010-11 as reported by the regional health authorities to the Ministry of Health. The target time for a patient to receive an elective MRI or CT scan procedure is within 90 days.

These measures are related to the Ministry's strategy to achieve timely access to evidence-based and quality health services and supports, and support the multi-year, system-wide strategy to transform the patient surgical experience and reduce surgical wait times to three months, in four years.

Performing both Magnetic Resonance Imagining (MRI) and Computed Tomography (CT) scans assists specialists in diagnosing patients and choosing appropriate treatment. A patient's priority to receive an MRI or CT scan is determined by the patient's physician and the radiologist based on the same provincial Urgency Classification System.

The data provided on figure 4 shows the number of patients waiting longer than 90 days for a CT scan in 2009-10 and 2010-11, as reported by the regional health authorities to the Ministry of Health. The target time for a patient to receive an elective MRI or CT scan procedure is within 90 days.

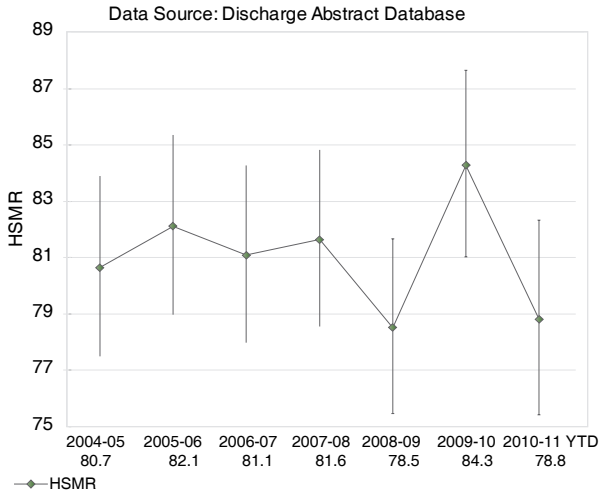
Referrals for these two diagnostic imaging tests have been increasing with a corresponding increase in wait time. The ministry is working with RHAs, physicians, and other key players to develop and implement a multi-year, system-wide strategy that will continue to support existing initiatives and develop new system-wide improvements.

Performance Measures and Results

Understanding trends in hospital mortality to inform practice and improve patient care

Figure 5

Hospital Standardized Mortality Ratio (HSMR) for all Saskatchewan hospitals



Strategy

Continuously improve health care safety in partnership with patients and families.

Background and Results

The Hospital Standardized Mortality Ratio (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 of improvement.

The 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, main 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, adjusting for differences in the types of patients a hospital sees.

In November 2007, the Canadian Institute for Health Information (CIHI) published the first report of Hospital Standardized Mortality Ratios for Canadian hospitals. CIHI publicly releases updates of this measure each year. This measure presents the HSMR for all hospitals in the Province of Saskatchewan using CIHI's methodology. See www.cihi.ca for detailed technical notes.

HSMR is calculated as the ratio of actual (observed) deaths to expected deaths, multiplied by 100. A HSMR of 100 is equal to the Canadian average in 2004-05. An HSMR greater or less than 100 suggests that a local mortality rate is higher (worse) or lower (better) than the national average respectively.

Since 2004-05, the aggregated HSMR for all Saskatchewan hospitals has been well below the 2004-05 national average of 100. The 95 per cent confidence intervals are plotted on the graph to give an indication of the naturally occurring random variation that must be taken into account when interpreting this indicator. The 2010-11 value is a year-to-date value that includes all data submitted to May 2, 2011. For most hospitals, it includes the first three quarters of the year.

Performance Measures and Results

Daily smoking rate of youth smokers in Saskatchewan

Figure 6 Year	Percent of current youth (12-19) smokers (daily or occasionally)
2000/2001	20.4%
2003	15.3%
2005	13.5%
2007/2008	16.6%

Strategy

Improve population health through health promotion, protection and disease prevention.

Background and Results

This measure is related to the Ministry's strategy to improve population health through health promotion, protection and disease prevention.

The Canadian Community Health Survey (CCHS) conducted by Statistics Canada provides self-reported information related to health status, including provincial data on current smoking status in youth (12-19 years of age) who smoke daily or occasionally.

Smoking 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. Monitoring the trend in youth smokers is a long-term measure and changing personal behaviour is often a lengthy process which is affected by factors outside the influence of the Ministry. The Ministry of Health, regional health authorities (RHAs), Health Canada, community-based organizations, professional associations, as well as the public, play vital roles in changing smoking behaviour.

While the smoking rate in youth (12-19 years of age) increased a bit in recent years, the percentage of youth smokers in Saskatchewan has dropped since 2000. To better protect the health of Saskatchewan residents, particularly our children and young people, the Government took major steps by introducing new legislation and comprehensive strategies for further reduction of tobacco use in the province.

Note:

For this report, the indicator "current smoker, daily or occasionally" has been used because the "current smoker, daily" indicator captures individuals who report smoking only on a daily basis and does not provide a representative picture of current smoking in youth.

Performance Measures and Results

Attendance support

Figure 7 Sick Time

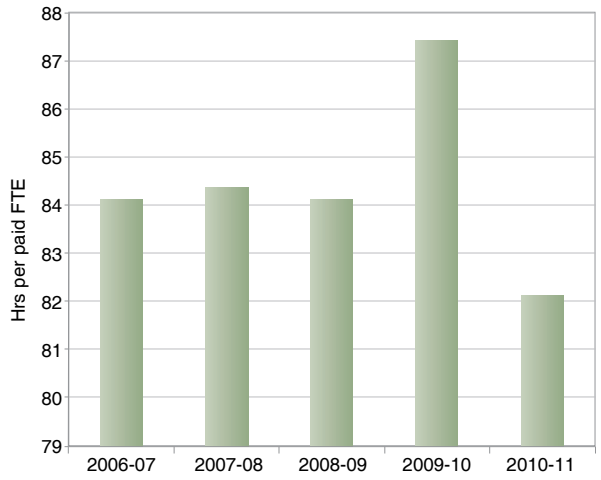
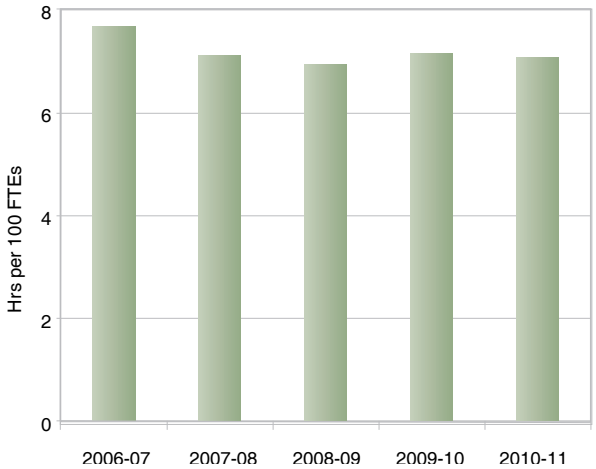


Figure 8 Lost time WCB Claims



Strategy

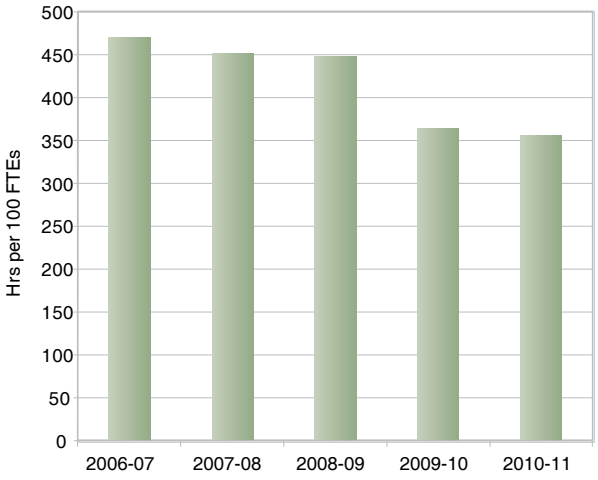
Work together to create safe, supportive and quality workplaces.

Background and Results

Absenteeism is one of the indicators identified by the Quality Worklife Quality Health Care Collaborative for managing healthy health care 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. Health care 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 average sick leave hours paid to full-time equivalents (FTEs) remained at relatively the same level between 2006-07 (85.2 hours/ FTE) and 2008-09 (84.1 hours/FTE). In 2009-10 saw a slight increase in sick time to 87.4 hours/FTE, which may be in part due to the H1N1 virus and its impact. In 2010-11, the sick time rate dropped to 82.1 hours/FTE, which equals a six per cent reduction.

Figure 9 Lost time WCB Days



The provincial health care industry pays insurance premiums to the Saskatchewan Workers' Compensation Board (WCB) due to time lost to workplace injuries. The Ministry of Health in conjunction with RHAs are setting targets for reducing work-related injuries. In 2010-11 health regions saw a two to three per cent reduction in lost time WCB days per 100 FTEs.

Performance Measures and Results

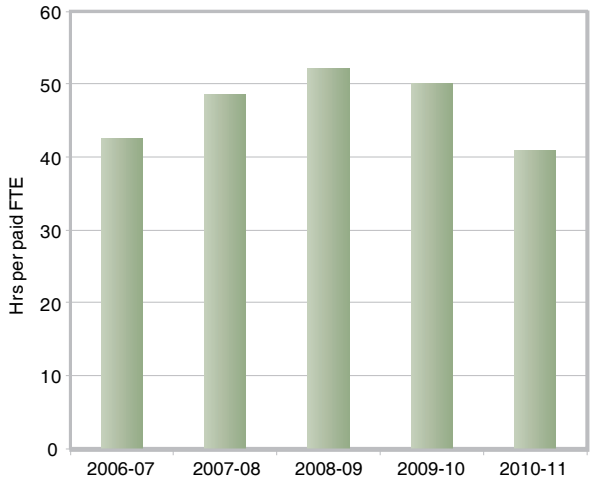
Attendance support (cont'd)

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 yields 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.

Figure 10 Wage-driven Premiums



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 these costs. 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.

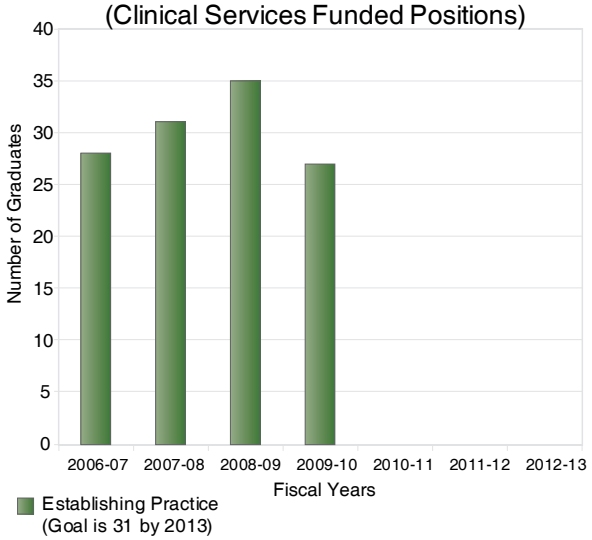
Overtime hours may also be associated with understaffed areas or professions and positions where employees have typically been hard to recruit or retain. Overtime, like absenteeism and high-levels of WCB claims, may be indicative of other workplace problems. If problems are not addressed, it is unlikely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

Average wage-driven premium hours increased between 2006-07 and 2008-09 to 52.2 hours/FTE (a 37 per cent increase). In 2009-10 this average decreased to 50.1 hours/FTE and in 2010-11, saw a further decrease to 40.9 hours/FTE, which equals an 18 per cent reduction.

Performance Measures and Results

Retention of Medical Graduates trained at the University of Saskatchewan

Figure 11 Medical Graduates Establishing Practice In Saskatchewan (Clinical Services Funded Positions)



Strategy

Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers.

Background and Results

This measure is related to the Ministry's strategy 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 Figure 11, 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. 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 2013 compared to the 2006-07 baseline data.

In order to achieve this target and to recruit and retain physicians, the Ministry of Health has launched the Physician Recruitment Strategy. This strategy sets out clear objectives and builds on a number of programs already under way, including the provincial Physician Recruitment Agency and enhancement of medical training to prepare graduates to practice in rural Saskatchewan (2010-11 Budget).

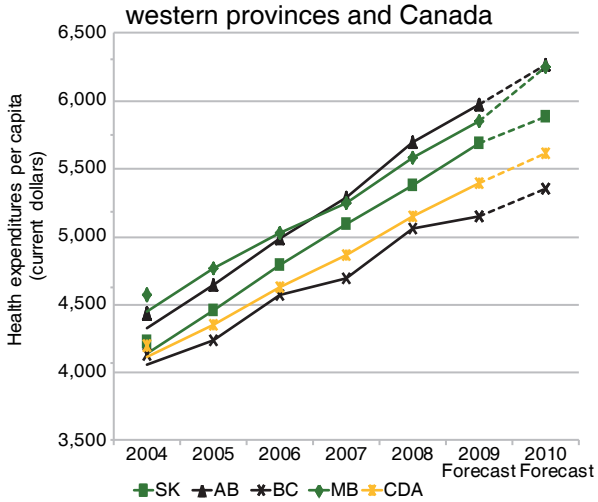
Since August 2007, 24 new undergraduate seats and 60 residency seats have been added. Government committed to increasing enrolment at the College of Medicine to 100 undergraduate seats and 120 residency seats in total. By increasing the number of seats, the Ministry of Health believes that more Saskatchewan residents will choose to practise in Saskatchewan upon graduation.

Performance Measures and Results

Health Expenditures Per Capita

Figure 12

Total health expenditures per capita by province, western provinces and Canada



Source: National Health Expenditure Trends, 1975 to 2010, Canadian Institute for Health Information.

Strategy

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

Background and Results

This measure is related to the Ministry's strategy to improve the efficiency and effectiveness of the Ministry's programs and services to demonstrate and achieve system-wide performance improvement.

Health expenditures per capita measures relative health spending. As evidenced by the chart, spending on healthcare in Saskatchewan has increased over time. This trend is expected to continue given the aging population and an increase in demand for new technology and treatments. Measures to bend the cost growth curve, by reducing waste and increasing efficiency, will be critical over the long term.

The Government of Saskatchewan is looking into ways to deliver healthcare services more efficiently while improving quality of care provided by the health system. The Ministry of Health, in partnership with RHAs and the SCA, has implemented LEAN, a quality improvement approach that empowers employees to innovate and eliminate work processes that do not produce immediate value to patients, families, residents, clients or those with whom we collaborate to provide services. The Ministry, RHAs and the SCA have also launched a shared services initiative to reduce costs through group purchasing and better coordination of services.

2010-11 Financial Overview

The Ministry spent or allocated $4.5 billion in expenditures in 2010-11, $345.7 million more than was provided in its budget. During 2010-11, the Ministry received $202.6 million of additional funding through supplementary estimates for the Children's Hospital of Saskatchewan, MS clinical trials and physician pressures within the regional health authorities. As well, the Ministry received $163 million through special warrant funding for capital facility and equipment pressures, the Saskatchewan Surgical Initiative, physician recruitment and retention initiatives, utilization pressures and eHealth Saskatchewan operating pressures. This funding was offset by utilization savings within the Prescription Drug Plan and Extended Benefits program.

In 2010-11, the Ministry received $14 million of revenue, $2.2 million more than budgeted. The additional revenue is primarily due to increased revenue associated with previous year expenditures such as bursary repayments and one-time refunds.

In 2010-11, the Ministry's full-time equivalent (FTE) complement totaled 609.7 FTEs, 26.9 FTEs below the Ministry's budget complement. The variance is primarily the result of vacancy management and the implementation of the Workforce Adjustment Strategy.

2010-11 Financial Overview

Ministry of Health Comparison of Actual Expense to Estimates

	2010-11 Estimates $000s	2010-11 Actuals $000s	2010-11 Variance $000s	Notes
Central Management and Services				
Minister's Salary (Statutory)	45	45	-	
Executive Management	1,910	1,963	53	
Central Services	8,567	7,887	(680)	
Accommodation Services	4,867	4,807	(60)	
Subtotal	**15,389**	**14,702**	**(687)**	
Regional Health Services				
Athabasca Health Authority Inc.	6,003	5,995	(8)	
Cypress Regional Health Authority	99,523	100,566	1,043	
Five Hills Regional Health Authority	117,028	117,351	323	
Heartland Regional Health Authority	74,900	74,939	39	
Keewatin Yatthe Regional Health Authority	22,238	22,259	21	
Kelsey Trail Regional Health Authority	90,785	91,624	839	
Mamawetan Churchill River Regional Health Authority	21,719	21,742	23	
Prairie North Regional Health Authority	163,495	167,606	4,111	
Prince Albert Parkland Regional Health Authority	165,934	167,334	1,400	
Regina Qu'Appelle Regional Health Authority	723,085	728,440	5,355	
Saskatoon Regional Health Authority	804,772	810,442	5,670	
Sun Country Regional Health Authority	110,041	110,231	190	
Sunrise Regional Health Authority	160,588	161,173	585	
Regional Targeted Programs and Services	220,187	211,651	(8,536)	
Saskatchewan Cancer Agency	109,303	114,191	4,888	
Facilities - Capital	-	283,837	283,837	(1)
Equipment - Capital	-	34,808	34,808	(2)
Regional Programs Support	17,144	16,685	(459)	
Subtotal	**2,906,745**	**3,240,874**	**334,129**	
Provincial Health Services				
Canadian Blood Services	46,014	46,900	886	
Provincial Targeted Programs and Services	44,826	44,670	(156)	
Provincial Laboratory	21,638	21,470	(168)	
Health Research	5,421	10,471	5,050	(3)
Health Quality Council	4,729	7,729	3,000	
Immunizations	16,697	12,848	(3,849)	
eHealth Saskatchewan (formerly Saskatchewan Health Information Network)	26,590	34,590	8,000	(4)
Provincial Programs Support	17,015	22,465	5,450	(5)
Subtotal	**182,930**	**201,143**	**18,213**	

2010-11 Financial Overview

Ministry of Health Comparison of Actual Expense to Estimates

	2010-11 Estimates $000s	2010-11 Actuals $000s	2010-11 Variance $000s	Notes
Medical Services & Medical Education Programs				
Medical Services - Fee-for-Service	404,259	456,500	52,241	(6)
Medical Services - Non-Fee-for-Service	136,845	94,126	(42,719)	(7)
Medical Education System	47,293	51,674	4,381	
Chiropractic Services	-	61	61	
Optometric Services	5,599	5,632	33	
Dental Services	2,545	1,798	(747)	
Out-of-Province	102,316	114,926	12,610	(8)
Program Support	4,563	4,190	(373)	
Subtotal	**703,420**	**728,907**	25,487	
Drug Plan & Extended Benefits				
Saskatchewan Prescription Drug Plan	317,768	297,382	(20,386)	(9)
Saskatchewan Aids to Independent Living	37,185	33,519	(3,666)	
Supplementary Health Program	17,741	18,290	549	
Family Health Benefits	5,095	4,693	(402)	
Multi-Provincial Human Immunodeficiency Virus Assistance	320	283	(37)	
Program Support	4,549	3,996	(553)	
Subtotal	**382,658**	**358,163**	**(24,495)**	
Early Childhood Development	**10,608**	**10,595**	**(13)**	
Provincial Infrastructure Projects	**250**	**496**	**246**	
APPROPRIATION	**4,202,000**	**4,554,880**	**352,880**	
Capital Asset Acquisition	**(1,476)**	**(2,675)**	**(1,199)**	
Capital Asset Amortization	**1,582**	**(4,411)**	**(5,993)**	(10)
TOTAL EXPENSE	**4,202,106**	**4,547,794**	**345,688**	
Supplementary Estimates	202,550	0	(202,550)	(11)
Special Warrant	162,996	0	(162,996)	(12)
REVISED TOTAL EXPENSE	**4,567,652**	**4,547,794**	**(19,858)**	
FTE STAFF COMPLEMENT	**636.6**	**609.7**	**(26.9)**	

2010-11 Financial Overview

Ministry of Health Comparison of Actual Expense to Estimates

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

Explanations for Major Variances

Explanations are provided for all variances that are both greater than 5 per cent of the Ministry's 2010-11 Estimates and greater than 0.1 per cent of the Ministry's total expense.

1. Increased investment in capital facilities including the Children's Hospital of Saskatchewan.
2. Increased investment in major equipment repairs, safety equipment and diagnostic imaging equipment.
3. Investment for MS Clinical Trials.
4. Additional funding for Electronic Health Record development.
5. Primarily funding to support key information technology operations and infrastructure.
6. Primarily compensation costs related to the recently settled physician agreement.
7. Primarily savings related to the recently settled physician agreement as compensation costs were paid from appropriate sub-programs within the Ministry.
8. Program utilization above budgeted levels.
9. Program utilization below budgeted levels.
10. Primarily due to change in inventory held for consumption.
11. Supplementary Estimates funding received in various sub-programs for increased investment in the Children's Hospital of Saskatchewan, MS Clinical Trials, and physician pressures within the Regional Health Authorities.
12. Special warrant funding received in various sub-programs primarily for capital facility and equipment pressures, surgical initiatives and electronic health record development.

2010-11 Financial Overview

Ministry of Health Comparison of Actual Revenue to Estimates

	2010-11 Estimates $000s	2010-11 Actuals $000s	2010-11 Variance $000s	Note
Other Own-source Revenue				
Interest, premium, discount and exchange	114	102	(12)	
Other licenses and permits	42	59	17	
Sales, services and service fees	2,417	2,108	(309)	
Other	1,417	3,266	1,849	(1)
Total	3,990	5,535	1,545	
Transfers from the Federal Government	**7,843**	**8,466**	**623**	
TOTAL REVENUE	**11,833**	**14,001**	**2,168**	

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 as personal care home licenses and water testing fees. All revenue is deposited to the credit of the General Revenue Fund.

Explanations for Major Variances

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

1. Revenue received for previous year expenditures such as bursary repayments, one-time refunds and recoveries of overpayments.

2010-11 Regional Health Authorities
Operating Fund Audited Financial Statements[1]
($000s)

STATEMENT OF OPERATIONS AND CHANGE IN FUND BALANCES	Cypress	Five Hills	Heartland	Keewatin Yatthé	Kelsey Trail	Mamawetan Churchill River
Operating Revenues:						
Ministry of Health - General Revenue Fund	108,329	125,256	80,545	24,016	97,568	23,953
Other Government of Saskatchewan	731	1,136	936	279	789	1,097
Other Government Jurisdictions	72	174	13	172	24	370
Out-of-Province/Third Party Reimbursements	9,504	6,262	10,604	1,443	9,426	1,215
Donations	68	23	85	-	27	1
Investment Income	218	276	219	31	227	35
Ancillary Operations	-	183	-	-	761	126
Other Revenue	399	979	511	477	719	379
Total Operating Revenue	**119,322**	**134,289**	**92,913**	**26,418**	**109,540**	**27,176**
Operating Expenses:						
Province Wide Acute Care Services	1,193	1,665	77	58	919	91
Acute Services	35,991	45,895	18,774	9,263	36,315	6,972
Physician Compensation - Acute	10,077	8,089	587	55	1,710	37
Supportive Care Services	36,916	39,091	42,834	1,832	34,357	685
Home Based Service - Supportive Care	6,062	6,473	6,081	1,312	6,776	440
Population Health Services	2,585	3,680	3,444	2,754	4,496	3,792
Community Care Services	5,608	6,985	4,108	2,356	4,212	3,247
Home Based Services - Acute & Palliative	755	1,387	933	-	741	1,149
Primary Health Care Services	4,937	1,865	3,931	2,294	3,906	4,366
Emergency Response Services	3,756	2,802	4,580	2,404	3,137	1,113
Mental Health Services - Inpatient/residential	1,503	2,888	-	520	-	-
Addiction Services - Residential	-	967	560	-	-	381
Physician Compensation - Community	1,252	2,483	568	-	5,467	946
Program Support Services	5,018	5,392	4,515	2,757	6,029	3,168
Special Funded Programs	151	1,002	108	86	635	215
Ancillary Expense	-	154	-	8	-	12
Total Operating Expenses	**115,805**	**130,818**	**91,100**	**25,699**	**108,699**	**26,613**
Operating Fund Excess/(Deficiency)	**3,517**	**3,472**	**1,812**	**719**	**841**	**563**
Operating Fund Balance - Beginning of Year	1,492	1,228	1,685	924	(602)	(304)
Interfund Transfers	(423)	(3,472)	(1,802)	(1,393)	(842)	(259)
Operating Fund Balance - End of Year	**4,586**	**1,228**	**1,696**	**250**	**(602)**	**-**
STATEMENT OF FINANCIAL POSITION						
Operating Assets:						
Cash and Short-term Investments	22,235	20,495	10,738	4,089	10,537	4,046
Accounts Receivable:						
Ministry of Health	374	464	151	64	-	-
Other	442	856	941	572	598	578
Inventory	737	1,058	1,372	336	538	167
Prepaid Expenses	289	932	460	145	858	183
Investments	246	96	3,427	7	1,116	-
Other Assets	-	-	-	-	29	-
Total Operating Assets	**24,323**	**23,901**	**17,088**	**5,213**	**13,677**	**4,974**
Liabilities and Operating Fund Balance:						
Accounts Payable	5,660	5,338	3,512	1,433	3,422	810
Bank Indebtedness	-	-	-	-	-	-
Accrued Liabilities:						
Accrued Salaries	3,563	4,486	4,322	760	1,879	1,261
Vacation Payable	6,511	6,377	6,159	1,403	6,732	877
Other	-	-	-	-	-	-
Deferred Revenue:						
Ministry of Health	3,344	5,225	861	1,269	1,903	1,236
Non-Ministry of Health	660	1,248	538	99	343	789
Total Operating Liabilities	**19,738**	**22,674**	**15,392**	**4,963**	**14,279**	**4,974**
Internally Restricted	-	-	-	-	-	-
Unrestricted	4,586	1,228	1,696	250	(602)	-
Operating Fund Balance	**4,586**	**1,228**	**1,696**	**250**	**(602)**	-
Total Liabilities and Fund Balance	**24,323**	**23,901**	**17,088**	**5,213**	**13,677**	**4,974**

1. Some items may not balance due to rounding.

2010-11 Regional Health Authorities

Operating Fund Audited Financial Statements[1]

($000s)

STATEMENT OF OPERATIONS AND CHANGE IN FUND BALANCES	Prairie North	Prince Albert Parkland	Regina Qu'Appelle	Saskatoon	Sun Country	Sunrise	Grand Total
Operating Revenues:							
Ministry of Health - General Revenue Fund	180,001	179,862	778,311	879,226	117,295	172,810	2,767,172
Other Government of Saskatchewan	4,163	2,086	7,914	13,549	536	1,722	34,938
Other Government Jurisdictions	29,992	227	7,611	1,057	7	42	39,762
Out-of-Province/Third Party Reimbursements	15,296	10,289	44,590	42,119	12,969	19,453	183,170
Donations	259	99	1,746	-	307	173	2,787
Investment Income	247	333	609	-	159	84	2,440
Ancillary Operations	284	1,126	6,020	14,761	-	1,593	24,853
Other Revenue	3,109	1,025	13,585	4,066	352	4,115	29,714
Total Operating Revenue	**233,352**	**195,046**	**860,386**	**954,778**	**131,625**	**199,993**	**3,084,838**
Operating Expenses:							
Province Wide Acute Care Services	23,506	2,942	61,026	46,607	1,109	2,897	142,088
Acute Services	77,106	75,906	403,686	502,612	30,280	71,868	1,314,668
Physician Compensation - Acute	9,289	13,303	62,185	67,815	1,014	5,095	179,257
Supportive Care Services	53,927	41,385	152,772	141,007	56,754	68,565	670,126
Home Based Service - Supportive Care	7,867	9,374	19,114	34,406	8,564	10,470	116,939
Population Health Services	5,395	5,628	20,030	22,533	4,043	4,513	82,892
Community Care Services	11,654	12,919	27,592	35,673	5,586	8,257	128,197
Home Based Services - Acute & Palliative	1,703	1,387	11,639	3,540	902	1,563	25,698
Primary Health Care Services	8,049	3,082	12,712	10,079	4,991	2,079	62,291
Emergency Response Services	4,959	3,186	13,829	8,111	4,826	5,012	57,714
Mental Health Services - Inpatient/residential	2,697	4,612	11,433	10,699	2,107	2,783	39,242
Addiction Services - Residential	912	1,334	-	2,175	-	-	6,330
Physician Compensation - Community	9,017	3,119	5,995	3,711	2,010	3,196	37,765
Program Support Services	10,500	9,769	43,329	43,988	7,263	8,942	150,670
Special Funded Programs	2,695	952	5,326	6,805	176	1,372	19,523
Ancillary Expense	263	641	904	10,770	-	1,632	14,383
Total Operating Expenses	**229,539**	**189,542**	**851,571**	**950,531**	**129,625**	**198,243**	**3,047,785**
Operating Fund Excess/(Deficiency)	**3,813**	**5,505**	**8,815**	**4,247**	**2,000**	**1,750**	**37,053**
Operating Fund Balance - Beginning of Year	(696)	(15,282)	(65,025)	(33,412)	(7,112)	(30,658)	(147,760)
Interfund Transfers	(3,691)	(4,341)	(4,732)	(3,448)	(611)	(2,003)	(27,016)
Operating Fund Balance - End of Year	**(573)**	**(14,118)**	**(60,942)**	**(32,613)**	**(5,723)**	**(30,911)**	**(137,723)**
STATEMENT OF FINANCIAL POSITION							
Operating Assets:							
Cash and Short-term Investments	25,447	19,275	54,334	82,177	6,587	1,655	261,615
Accounts Receivable:							
Ministry of Health	607	550	2,371	3,847	217	369	9,015
Other	2,567	1,386	13,537	13,985	1,079	4,326	40,866
Inventory	1,767	1,041	4,519	7,358	957	1,545	21,396
Prepaid Expenses	1,328	655	7,699	4,998	551	1,558	19,655
Investments	1,889	-	-	-	16	308	7,104
Other Assets	-	-	-	-	-	-	29
Total Operating Assets	**33,606**	**22,907**	**82,460**	**112,365**	**9,406**	**9,760**	**359,681**
Liabilities and Operating Fund Balance:							
Accounts Payable	10,341	10,484	38,394	43,133	2,179	5,469	130,176
Bank Indebtedness	-	-	-	-	-	8,311	8,311
Accrued Liabilities:							
Accrued Salaries	7,593	6,380	26,396	33,558	3,652	7,087	100,936
Vacation Payable	12,617	10,579	43,862	42,335	6,547	11,842	155,840
Other	63	2,597	-	-	-	3,377	6,036
Deferred Revenue:							
Ministry of Health	2,273	5,720	28,078	19,796	1,539	3,648	74,893
Non-Ministry of Health	1,292	1,265	6,671	6,156	1,213	937	21,210
Total Operating Liabilities	**34,179**	**37,025**	**143,402**	**144,978**	**15,130**	**40,671**	**497,404**
Internally Restricted	492	-	4,960	-	9	50	5,511
Unrestricted	(1,065)	(14,118)	(65,902)	(32,613)	(5,732)	(30,961)	(143,234)
Operating Fund Balance	**(573)**	**(14,118)**	**(60,942)**	**(32,613)**	**(5,723)**	**(30,911)**	**(137,723)**
Total Liabilities and Fund Balance	**33,606**	**22,907**	**82,460**	**112,365**	**9,406**	**9,760**	**359,681**

1. Some items may not balance due to rounding.

2010-11 Regional Health Authorities

Restricted Fund Audited Financial Statements[1,2]

($000s)

STATEMENT OF OPERATIONS AND CHANGE IN FUND BALANCES	Cypress	Five Hills	Heartland	Keewatin Yatthé	Kelsey Trail	Mamawetan Churchill River
Restricted Revenues:						
Ministry of Health - General Revenue Fund	5,368	7,222	4,240	110	8,492	140
Other Government of Saskatchewan	-	67	265	-	334	-
Other Government Jurisdictions	-	-	-	-	-	-
Donations	427	1,365	559	1	369	7
Investment Income	109	251	240	-	130	4
Ancillary Operations	-	21	-	-	-	-
Recoveries	-	-	-	3	-	-
Other Revenue	96	79	2	-	-	-
Total Restricted Revenue	**5,999**	**9,004**	**5,307**	**114**	**9,326**	**151**
Restricted Expenses:						
Province Wide Acute Care Services	34	42	-	-	-	-
Acute Services	1,192	3,590	800	129	1,758	509
Physician Compensation - Acute	-	-	-	-	-	2
Supportive Care Services	1,341	1,558	3,114	898	2,083	12
Home Based Service - Supportive Care	210	11	53	1	-	-
Population Health Services	84	19	9	24	7	-
Community Care Services	204	17	6	4	-	-
Home Based Services - Acute & Palliative	26	98	5	-	-	-
Primary Health Care Services	171	71	140	14	420	-
Emergency Response Services	127	145	353	53	64	97
Mental Health Services - Inpatient/residential	49	10	-	-	-	-
Addiction Services - Residential	-	262	7	-	-	16
Program Support Services	16	73	7	36	148	64
Special Funded Programs	-	-	-	-	-	-
Ancillary Expense	-	6	-	-	-	-
Total Restricted Expenses	**3,452**	**5,902**	**4,493**	**1,159**	**4,480**	**700**
Restricted Fund Excess/(Deficiency)	**2,547**	**3,102**	**814**	**(1,045)**	**4,846**	**(549)**
Restricted Fund Balance - Beginning of Year	78,594	37,073	53,239	25,662	42,519	10,505
Interfund Transfers	423	3,472	1,802	1,393	842	259
Other Transfers	-	-	-	-	-	-
Restricted Fund Balance - End of Year	**81,564**	**43,646**	**55,854**	**26,009**	**48,207**	**10,215**
STATEMENT OF FINANCIAL POSITION						
Restricted Assets:						
Cash and Short-term Investments	12,661	25,754	21,151	709	16,192	599
Accounts Receivable:						
Ministry of Health	-	-	-	381	-	-
Other	110	64	-	-	59	132
Investments	800	1,588	1,112	1	-	-
Capital Assets	70,280	18,038	39,583	24,919	44,871	9,489
Other Assets	-	-	-	-	-	-
Total Restricted Assets	**83,851**	**45,444**	**61,845**	**26,009**	**61,122**	**10,221**
Liabilities and Restricted Fund Balance:						
Accounts Payable	-	11	47	-	134	5
Accrued Liabilities	11	-	-	-	-	-
Deferred Revenue (Non-Ministry of Health)	-	-	-	-	-	-
Debt	2,276	1,787	5,944	-	12,781	-
Total Restricted Liabilities	**2,287**	**1,798**	**5,991**	**-**	**12,915**	**5**
Invested in Capital Assets	67,993	16,251	33,639	24,919	32,090	9,489
Externally Restricted	2,472	12,396	20,864	388	14,348	328
Internally Restricted	11,099	14,999	1,352	703	1,769	398
Restricted Fund Balance	**81,564**	**43,646**	**55,854**	**26,009**	**48,207**	**10,215**
Total Liabilities & Fund Balances	**83,851**	**45,444**	**61,845**	**26,009**	**61,122**	**10,221**

1. The restricted fund consists of the Capital Fund and Community Trust Fund. The Capital Fund reflects the equity of the RHA in capital assets and any associated long-term debt. The Capital Fund revenue includes revenue from the General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. Expenses consist mainly of amortization expense. The Community Trust Fund reflects community-generated assets transferred to the RHA by amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations from donations or municipal tax levies.
2. Some items may not balance due to rounding.

2010-11 Regional Health Authorities

Restricted Fund Audited Financial Statements[1,2]

($000s)

STATEMENT OF OPERATIONS AND CHANGE IN FUND BALANCES	Prairie North	Prince Albert Parkland	Regina Qu'Appelle	Saskatoon	Sun Country	Sunrise	Grand Total
Restricted Revenues:							
Ministry of Health - General Revenue Fund	4,458	17,536	23,475	258,743	13,180	2,732	345,696
Other Government of Saskatchewan	-	-	440	-	168	234	1,508
Other Government Jurisdictions	2,818	283	-	-	-	-	3,101
Donations	1,144	477	5,463	5,232	664	557	16,264
Investment Income	110	383	74	2,905	109	84	4,400
Ancillary Operations	-	-	-	-	-	-	21
Recoveries	-	-	-	-	-	-	3
Other Revenue	87	12	2,921	6,874	7	31	10,109
Total Restricted Revenue	**8,617**	**18,690**	**32,374**	**273,754**	**14,128**	**3,638**	**381,102**
Restricted Expenses:							
Province Wide Acute Care Services	56	-	4,273	-	-	55	4,460
Acute Services	4,470	3,341	20,373	-	645	3,385	40,192
Physician Compensation - Acute	-	-	-	-	-	-	2
Supportive Care Services	1,293	1,420	4,392	-	2,594	3,397	22,103
Home Based Service - Supportive Care	81	19	82	-	49	15	521
Population Health Services	11	-	47	-	81	139	419
Community Care Services	-	145	122	-	28	17	542
Home Based Services - Acute & Palliative	-	3	40	-	5	4	180
Primary Health Care Services	548	46	617	-	132	31	2,189
Emergency Response Services	108	175	1,456	-	342	49	2,967
Mental Health Services - Inpatient/residential	3	-	332	-	10	38	442
Addiction Services - Residential	7	-	-	-	-	-	292
Program Support Services	570	107	4,199	50,014	-	717	55,949
Special Funded Programs	1	-	-	-	-	-	1
Ancillary Expense	-	104	481	-	-	128	719
Total Restricted Expenses	**7,147**	**5,360**	**36,413**	**50,014**	**3,884**	**7,975**	**130,979**
Restricted Fund Excess/(Deficiency)	**1,471**	**13,331**	**(4,040)**	**223,740**	**10,244**	**(4,337)**	**250,124**
Restricted Fund Balance - Beginning of Year	57,374	65,268	364,651	292,350	49,312	78,752	1,155,299
Interfund Transfers	3,691	4,341	4,732	3,448	611	2,003	27,016
Other Transfers	-	-	(112)	-	-	-	(112)
Restricted Fund Balance - End of Year	**62,535**	**82,940**	**365,232**	**519,538**	**60,167**	**76,418**	**1,432,326**
STATEMENT OF FINANCIAL POSITION							
Restricted Assets:							
Cash and Short-term Investments	6,657	33,832	27,604	252,014	22,195	8,411	427,780
Accounts Receivable:							
Ministry of Health	-	-	994	3,848	-	-	5,222
Other	441	875	863	2,013	(79)	142	4,621
Investments	50	680	1,472	-	2	353	6,057
Capital Assets	60,564	57,910	346,460	270,947	43,562	87,699	1,074,322
Other Assets	-	695	57	-	-	-	751
Total Restricted Assets	**67,713**	**93,992**	**377,449**	**528,822**	**65,680**	**96,605**	**1,518,754**
Liabilities and Restricted Fund Balance:							
Accounts Payable	536	104	1,189	3,016	335	1	5,377
Accrued Liabilities	-	-	-	-	-	49	60
Deferred Revenue (Non-Ministry of Health)	-	-	-	-	-	16	16
Debt	4,642	10,949	11,028	6,268	5,179	20,122	80,976
Total Restricted Liabilities	**5,178**	**11,052**	**12,218**	**9,284**	**5,513**	**20,187**	**86,428**
Invested in Capital Assets	55,922	46,962	335,431	266,512	38,361	67,577	995,147
Externally Restricted	4,664	31,498	28,920	252,942	21,311	1,538	391,669
Internally Restricted	1,949	4,480	881	84	494	7,303	45,510
Restricted Fund Balance	**62,535**	**82,940**	**365,232**	**519,538**	**60,167**	**76,418**	**1,432,326**
Total Liabilities & Fund Balances	**67,713**	**93,992**	**377,449**	**528,822**	**65,680**	**96,605**	**1,518,754**

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

2. Some items may not balance due to rounding.

2010-11 Regional Health Authorities
Audited Schedule of Expenses by Object[1]
($000s)

SCHEDULE OF EXPENSES BY OBJECT	Cypress	Five Hills	Heartland	Keewatin Yatthé	Kelsey Trail	Mamawetan Churchill River
Operating Expenses:						
Advertising & Public Relations	55	55	151	-	95	34
Board costs	79	77	102	114	101	73
Compensation - benefits	12,823	11,690	11,923	3,028	13,197	3,488
Compensation - salaries	68,749	62,636	61,519	16,823	68,693	14,735
Continuing Education Fees & Materials	164	287	144	-	243	145
Contracted-out Services - Other	472	2,361	700	28	269	1,006
Diagnostic imaging supplies	156	167	98	19	43	13
Dietary Supplies	33	114	130	-	97	1
Drugs	1,079	1,424	718	292	606	240
Food	1,866	1,125	1,337	282	1,595	185
Grants to ambulance services	1,443	2,613	98	-	2,313	733
Grants to Health Care Organizations	2,833	25,387	2,526	144	850	361
Housekeeping and laundry supplies	733	555	635	118	280	42
Information technology contracts	373	440	290	13	672	75
Insurance	272	244	280	90	247	51
Interest	14	2	8	1	260	5
Laboratory supplies	1,208	1,050	619	183	1,164	151
Medical and surgical supplies	2,209	2,309	1,068	344	2,331	341
Medical remuneration and benefits	10,913	10,438	1,175	899	7,343	1,135
Meeting Expense	-	3	37	-	86	54
Office supplies and other office costs	1,024	591	596	280	402	441
Other	1,448	39	440	579	267	254
Professional fees	639	622	833	143	935	197
Prosthetics	351	549	-	-	-	-
Purchased salaries	108	341	155	279	357	522
Rent/lease purchase costs	879	1,587	1,028	797	1,103	616
Repairs and maintenance	1,575	586	594	201	695	82
Service contracts	991	895	869	166	735	143
Supplies - Other	240	175	252	-	347	171
Therapeutic Supplies	-	57	20	-	-	3
Travel	1,158	941	784	486	1,017	943
Utilities	1,918	1,459	1,970	390	2,356	373
Total Operating Expenses	**115,805**	**130,818**	**91,100**	**25,699**	**108,699**	**26,613**
Restricted Expenses:						
Amortization	3,265	4,400	3,997	1,159	4,018	536
Loss/(gain) on disposal of fixed assets	-	-	32	-	-	-
Mortgage interest	136	132	326	-	411	-
Other	52	1,370	137	-	51	164
Total Restricted Expenses	**3,452**	**5,902**	**4,493**	**1,159**	**4,480**	**700**
Total Operating and Restricted Expenses	**119,257**	**136,720**	**95,593**	**26,858**	**113,178**	**27,313**

1. Some items may not balance due to rounding.

2010-11 Regional Health Authorities

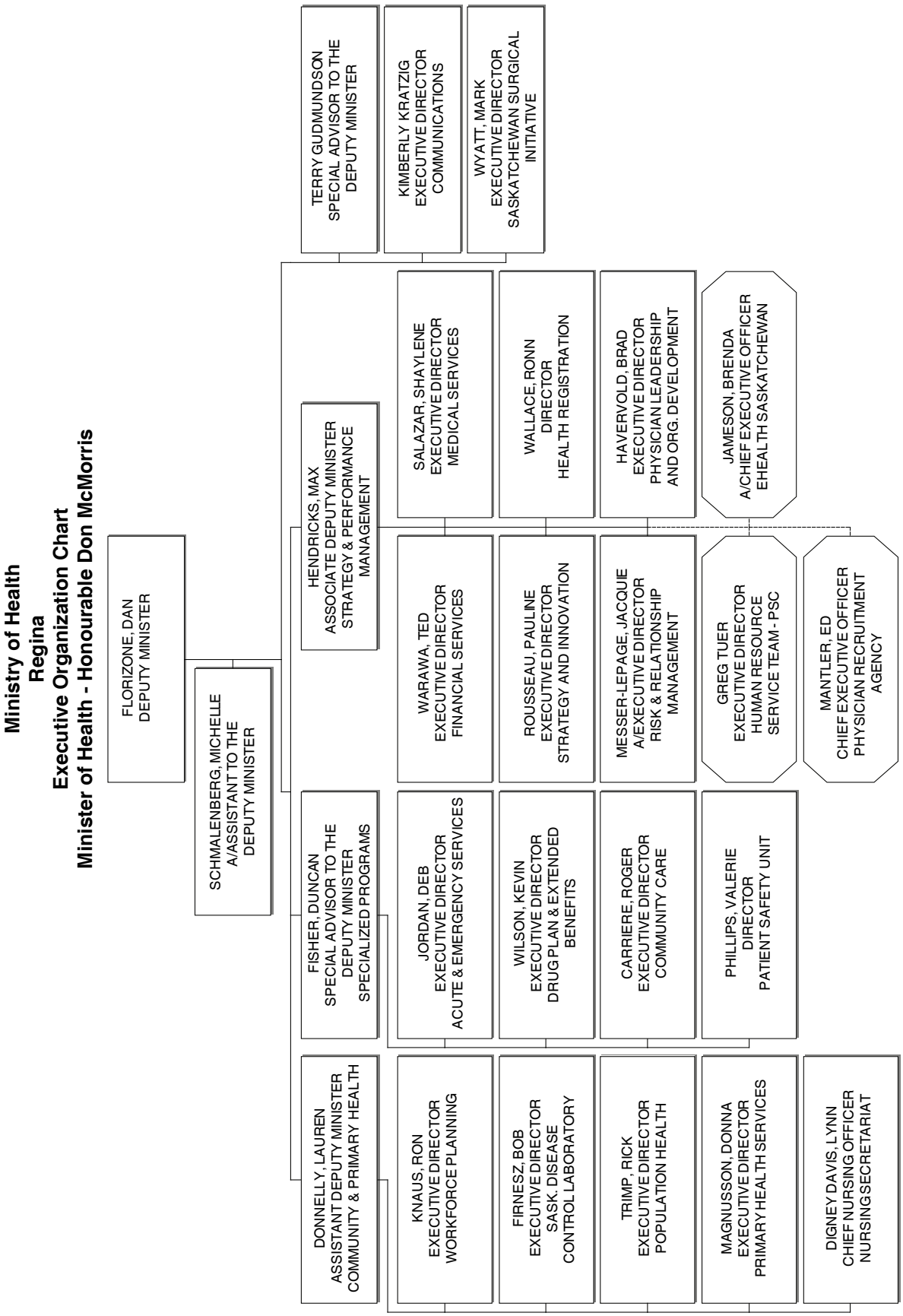
Audited Schedule of Expenses by Object[1]

($000s)

SCHEDULE OF EXPENSES BY OBJECT	Prairie North	Prince Albert Parkland	Regina Qu'Appelle	Saskatoon	Sun Country	Sunrise	Grand Total
Operating Expenses:							
Advertising & Public Relations	62	91	187	375	175	137	1,417
Board costs	104	69	145	146	101	89	1,201
Compensation - benefits	25,658	21,512	91,868	95,480	13,951	26,481	331,101
Compensation - salaries	135,971	109,376	467,441	505,294	72,651	127,894	1,711,782
Continuing Education Fees & Materials	740	419	608	1,475	179	288	4,692
Contracted-out Services - Other	5,540	3,204	7,691	9,311	859	1,611	33,053
Diagnostic imaging supplies	441	99	1,826	1,696	69	305	4,931
Dietary Supplies	286	225	69	195	155	259	1,564
Drugs	3,022	2,484	13,703	22,351	457	2,139	48,514
Food	3,662	2,277	7,370	7,166	1,444	2,779	31,088
Grants to ambulance services	2,154	3,158	2,422	7,973	434	2,688	26,029
Grants to Health Care Organizations	5,716	8,902	56,777	86,506	21,703	881	212,586
Housekeeping and laundry supplies	1,158	1,364	2,809	4,273	335	1,672	13,974
Information technology contracts	1,073	519	4,238	2,506	429	800	11,429
Insurance	352	327	1,767	1,649	270	553	6,103
Interest	27	21	208	351	7	37	941
Laboratory supplies	1,805	1,154	5,140	7,163	614	1,312	21,562
Medical and surgical supplies	6,033	3,725	40,898	43,305	1,541	3,584	107,690
Medical remuneration and benefits	17,719	16,142	68,225	73,252	3,174	8,153	218,568
Meeting Expense	101	47	271	268	46	37	950
Office supplies and other office costs	1,935	683	4,652	4,910	854	1,574	17,944
Other	2,491	359	6,984	1,862	557	377	15,657
Professional fees	1,270	846	8,325	1,882	1,927	1,074	18,693
Prosthetics	484	1,006	18,157	15,233	-	307	36,088
Purchased salaries	467	1,534	628	8,560	574	32	13,558
Rent/lease purchase costs	1,337	2,989	7,686	10,344	1,042	2,144	31,551
Repairs and maintenance	1,492	1,125	11,017	8,380	1,982	1,544	29,272
Service contracts	1,563	784	1,539	8,553	580	3,763	20,581
Supplies - Other	1,176	789	3,136	2,042	334	482	9,145
Therapeutic Supplies	2	100	1,160	337	13	83	1,774
Travel	2,110	1,547	3,725	4,584	1,260	1,744	20,298
Utilities	3,588	2,662	10,896	13,109	1,908	3,420	44,049
Total Operating Expenses	**229,539**	**189,542**	**851,571**	**950,531**	**129,625**	**198,243**	**3,047,785**
Restricted Expenses:							
Amortization	6,851	4,679	27,622	36,391	3,037	6,964	102,917
Loss/(gain) on disposal of fixed assets	-	(25)	126	13,372	334	(2)	13,837
Mortgage interest	261	335	406	249	274	1,011	3,540
Other	35	371	8,260	2	239	3	10,684
Total Restricted Expenses	**7,147**	**5,360**	**36,413**	**50,014**	**3,884**	**7,975**	**130,979**
Total Operating and Restricted Expenses	**236,685**	**194,902**	**887,985**	**1,000,545**	**133,509**	**206,219**	**3,178,764**

1. Some items may not balance due to rounding.

Appendix I: Organizational Chart



Appendix II: Summary of Saskatchewan 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 the funding relationship between Saskatchewan Health and the Saskatchewan Cancer Agency and its responsibility to provide cancer-related services.

The Chiropractic Act, 1994

Regulates the chiropractic profession in the province.

The Dental Care Act

Governs the Ministry's dental program and currently allows for the subsidy program for children receiving dental care in northern Saskatchewan.

The Dental Disciplines Act

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 Dieticians Act

Regulates dieticians 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.

Appendix II: Summary of Saskatchewan Ministry of Health Legislation

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 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.

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.

Appendix II: Summary of Saskatchewan Ministry of Health Legislation

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 practitoners in Saskatchewan.

The Occupational Therapists Act, 1997

Regulates the profession of occupational therapy.

The Ophthalmic Dispensers Act

Regulates ophthalmic dispensers (opticians) in the province.

The Opticians Act (not yet proclaimed)

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

The Optometry Act, 1985

Regulates the profession of optometry.

The Paramedics Act

Regulates paramedics and emergency medical technicians in the province.

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.

Appendix II: Summary of Saskatchewan Ministry of Health Legislation

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.

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. Saskatchewan Corrections, Public Safety and Policing, Saskatchewan Social Services and the Saskatchewan Ministry of Health administer this Act.

The Respiratory Therapists Act

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 Saskatchewan.

The Saskatchewan Medical Care Insurance Act

Provides the authority for the province's medical care insurance program and payments to physicians.

Appendix II: Summary of Saskatchewan Ministry of Health Legislation

The Senior Citizens' Heritage Program Act

This Act provides the authority for a low-income senior citizens program that does not exist anymore.

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 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 III: Legislative Amendments

During the 2010-11 fiscal year: two Bills received Royal Assent; and, one Bill received Royal Assent and was proclaimed into force.

The Opticians Act

The Opticians Act will repeal and replace *The Ophthalmic Dispensers Act* and will regulate the practice of opticians in Saskatchewan.

The new Act is consistent with health professions template legislation and will:

- change the name of the Act to reflect the title that will be used by the profession in Saskatchewan;
- change the name of the Saskatchewan Ophthalmic Dispensers Association to the Saskatchewan College of Opticians, which conforms with the name of the same profession in other jurisdictions across Canada;
- provide a definition of 'dispensing' and clarify what functions can be performed by opticians as opposed to non-professional staff;
- include a new provision intended to clarify that the duty of the regulatory body is to serve and protect the public and to exercise its powers and discharge its responsibilities in the public interest, and not in the interests of the members;
- update standard public accountability provisions such as increasing the number of public representatives from two to three representatives, requiring open disciplinary hearings, filing of annual report;
- reserve the title 'optician' which is used by the profession of ophthalmic dispensers in other jurisdictions across Canada, and continue to reserve 'ophthalmic dispenser'; and
- update investigation and disciplinary powers and processes.

The Bill received Royal Assent on May 20, 2010 and will come into force on proclamation.

The Prescription Drugs Amendment Act, 2010

Amendments to *The Prescription Drugs Act* require pharmacies to submit patient-identifiable information on sales of non-prescription "exempted codeine products" and any other non-prescription products that may be necessary in the future, in order for the information to be displayed in the Pharmaceutical Information Program (PIP).

Amendments to the Act are in response to the many requests of pharmacists to require that exempted codeine products (i.e. Tylenol #1, 222's, and Benylin) be displayed in the patient's medication profile in PIP, in order to help prevent inappropriate use and enhance patient safety.

The Bill received Royal Assent on May 20, 2010 and will come into force on proclamation.

Appendix III: Legislative Amendments

The Tobacco Control Amendment Act, 2010

Amendments to *The Tobacco Control Act* clarify and strengthen the provisions of the Act that protect Saskatchewan residents from exposure to environmental tobacco smoke and restrict the sale and promotion of tobacco products.

Amendments to the Act ensure that Saskatchewan is consistent with the current provincial/ territorial standards for tobacco control legislation by:

- Prohibiting the sale of flavoured tobacco products;
- Prohibiting tobacco and tobacco-related products from being visible from outside of a retail premises;
- Providing the authority to create regulations regarding indoor signs that indicate the price of tobacco and tobacco-related products at a retail premises;
- Prohibiting the sale of tobacco in pharmacies;
- Providing the authority to exempt certain historical signs and items from the restrictions on tobacco advertising and promotion;
- Creation of a smoke-free zone outside of public buildings;
- Prohibiting smoking in the common spaces of apartments and condominiums;
- Prohibiting all tobacco use on school grounds; and
- Prohibiting smoking in a vehicle when a child under the age of 16 years is present.

The Bill received Royal Assent on May 20, 2010, with specific sections being proclaimed at various times during 2010-11:

August 15, 2010 - Sections relating to tobacco use on school grounds; and

October 1, 2010 - Sections relating to:

- Retail signage and the visibility of tobacco and tobacco-related products;
- Prohibition of smoking in vehicles when children under the age of 16 are present;
- Prohibition of smoking in common areas of multi-unit dwellings; and
- Prohibition of smoking within a prescribed distance of doorways, windows and air intakes.

Appendix IV: Regulatory Amendments in 2010-11

The Health Information Protection Amendment Regulations, 2010

Amendments to *The Health Information Protection Regulations* allow regional health authorities and affiliates to use and disclose limited hospital registration information (name and address) to directly contact certain individuals ('*eligible clients*') for the purpose of conducting their own fundraising. The Regulations also require regional health authorities and affiliates who choose to disclose limited hospital registration information to enter into formal agreements with fundraising agencies which outline several specific privacy provisions and provide the ability for clients to "opt-out" of receiving fundraising notices and solicitations at any time.

The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2010

Amendments to the regulations provide the authority for the Ministry of Health to update the payment schedule for insured dental services based on the existing agreement. The insured three years dental payment schedule, implemented April 1, 2010, provided for a general increase of three per cent in each of the three-years, plus $50,000 in each of years two and three, toward new fee codes and to improve competitiveness with other provinces.

The Drug Schedules Amendment Regulations, 2010

Amendments to *The Drugs Schedules Regulations* provide the authority for pharmacists in Saskatchewan, subject to the *Controlled Drugs and Substances Act* (Canada) and the bylaws of the College of Pharmacists, to prescribe any drug listed in Schedule I, II or III that is intended for the purpose of treating humans, as well as provide the authority for pharmacists in Saskatchewan to dispense a prescription written by a pharmacist in another jurisdiction, where the jurisdiction has provided the authority for pharmacists to prescribe (for example Alberta and British Columbia).

This initiative follows one of the recommendations of the Patient First Review. It will ensure a patient receives convenient, timely care and allows all health care providers to work at their full scope of practice.

The Medical Care Insurance Beneficiary and Administration Amendment Regulations, 2010

Amendments to *The Medical Care Insurance Beneficiary and Administration Amendment Regulations* define dental implants as an insured service provided by dentists and oral maxillofacial surgeons. The amendments were required to accommodate Government's announcement to expand coverage of dental services to include dental implants in some circumstances, effective July 1, 2010.

The Saskatchewan Medical Care Insurance Amendment Act, 2010 (No. 2)

Amendments to *The Saskatchewan Medical Care Insurance Payment Regulations,1994* update the payment schedule for dentists in order to expand coverage of dental services to include dental implants in some circumstances effective July 1, 2010. The expanded coverage is limited to the initial cost to provide dental implants and not to ongoing maintenance costs. In addition, coverage does not include trauma, post-surgical temporomanidublar joint disorder (TMJ) or cosmetic purposes.

Appendix IV: Regulatory Amendments in 2010-11

The Tobacco Control Amendment Regulations, 2010

Amendments to *The Tobacco Control Regulations* replace "Designated Smoking Room" with "Separate Enclosed Ventilated Place," revise the requirements with regard to the posting of no smoking signs and include the sign requirements for elementary and secondary schools indicating that school grounds are tobacco free. The amendments address the revisions to *The Tobacco Control Act* adopted in 2010.

The Tobacco Control Amendment Regulations, 2010 (No. 2)

Amendments to *The Tobacco Control Regulations*:

- Prescribe restrictions for signage listing tobacco and tobacco-related products offered for sale and the prices of the tobacco and the tobacco-related products;
- Include regulations for signage which states the legal age to purchase tobacco products;
- Include a prescribed distance of three meters around all doorways, windows, and air intakes of enclosed public places where smoking is prohibited; and
- Amend the Appendix to reflect the addition of the form of sign for signage listing tobacco and tobacco-related products offered for sale and the prices of tobacco and tobacco-related products.

The amendments address the revisions to *The Tobacco Control Act* adopted in 2010.

The Health Facilities Licensing Amendment Regulations, 2011

The amendment to *The Health Facilities Licensing Regulations* provides that every applicant for a health facility licence or renewal of a health facility licence under *The Health Facilities Licensing Act* reimburses the Ministry for reasonable costs incurred by or on behalf of the Ministry with respect to the licence application or renewal. This will allow the cost of obtaining the licence to be borne by the third-party applicant rather than the public sector or the College of Physicians and Surgeons of Saskatchewan.

The Saskatchewan Medical Care Insurance Payment Amendment Act, 2011

Amendments to the regulations provide the Ministry of Health the authority to pay for insured optometrist services in accordance with the terms of the settlement with the Saskatchewan Association of Optometrists.

The three-year agreement (April 1, 2010 - March 31, 2013) provides general fee increases of two per cent per year, market adjustments of two per cent in year one and one per cent in year two on certain services, and $90,000 per annum for programs.

The proposed regulation changes are required to implement the new fees for year one and two of the agreement.

Appendix V: 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 Regional Health Authority	778-5100
Five Hills Regional Health Authority	694-0296
Heartland Regional Health Authority	882-4111
Keewatin Yatthé Regional Health Authority	235-2220
Kelsey Trail Regional Health Authority	873-6600
Mamawetan Churchill River Regional Health Authority	425-2422
Prairie North Regional Health Authority	446-6606
Prince Albert Parkland Regional Health Authority	765-6600
Regina Qu'Appelle Regional Health Authority	766-7792
Saskatoon Regional Health Authority	655-3300
Sun Country Regional Health Authority	842-8399
Sunrise Regional Health Authority	786-0100

Regional health authority annual reports

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

Saskatchewan Cancer Agency

Regina	766-2213
Saskatoon	655-2662

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 4W2

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

Forms available online at www.health.gov.sk.ca

More information available at www.health.gov.sk.ca/benefits-questions

Appendix V: Saskatchewan Ministry of Health Directory of Services

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

call HealthLine: 1-877-800-0002

TTY ACCESS: 1-888-425-4444

HealthLine Online: www.saskhealthlineonline.ca

Problem Gambling Help Line:

1-800-306-6789

Smokers' HelpLine:

1-877-513-5333

www.smokershelpline.ca

Saskatchewan Air Ambulance program

Saskatoon: (306) 933-5255

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

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

www.health.gov.sk.ca/saskatchewan-air-ambulance

Supplementary Health Program

Regina: (306)787-3124

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

www.health.gov.sk.ca/supplementary-health-program

Family Health Benefits

For eligibility and to apply:

Regina: (306)787-4723

Toll-Free: 1-888-488-6385

For information on what is covered:

Regina: (306)787-3124

Toll-Free: 1-800-266-0695

www.health.gov.sk.ca/family-health-benefits

Special Support applications for prescription drug costs:

To apply:

www.health.gov.sk.ca/special-support

Applications also available at all Sakatchewan pharmacies

For inquires:

Regina: (306)787-3317

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

Appendix V: Saskatchewan Ministry of Health Directory of Services

Saskatchewan Aids to Independent Living (SAIL)

Regina: (306)787-7121

www.health.gov.sk.ca/sail

Out-of-province health services:

Regina: (306)787-3475

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

www.health.gov.sk.ca/health-benefits

Prescription Drug Program:

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:

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

Appendix VI: Acronyms and Definitions

ASD	Autism Spectrum Disorder
ASDITP	Autism Spectrum Disorders Intervention Training Program
CEO	Chief Executive Officer
CT scan	Computed Axial Tomography (also known as a CAT scan)
EHR	Electronic Health Record
EMR	Electronic Medical Record
FASD	Fetal Alcohol Spectrum Disorders
FTE	Full Time Equivalent (used in Human Resources)
HQC	Health Quality Council
MedRec	Medication Reconciliation
PFCC	Patient and Family–centered Care
PHC	Primary Health Care
PIP	Pharmaceutical Information Program
RHA	Regional Health Authority
RTC	Releasing Time to Care™
SAHO	Saskatchewan Association of Health Organizations
SCA	Saskatchewan Cancer Agency
SDCL	Saskatchewan Disease Control Laboratory (formerly known as the Provincial Laboratory)
SIMS	Saskatchewan Immunization Management System
SIS	Surgical Information System
SLRR	Saskatchewan Laboratory Results Repository Project
SMA	Saskatchewan Medical Association
SSO	Shared Services Organization
SSCN	Saskatchewan Surgical Care Network (Surgical Registry)