Ministry of Health




2012-13
ANNUAL REPORT

Government of Saskatchewan

Table of Contents

Letters of Transmittal

Honourable Dustin Duncan
Minister of Health

Honourable Randy Weekes
Minister Responsible for
Rural and Remote Health

July 28, 2013

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

May it Please Your Honour:

We respectfully submit the Annual Report of the Ministry of Health for the fiscal year ending March 31, 2013.

The Ministry of Health is committed to a health system that provides Better Health, Better Care, Better Value, and Better Teams for Saskatchewan people. We are putting the ***Patient First*** in all of our efforts to improve healthcare for our residents.

In 2012-13, together with the health system, we set bold targets to signal our commitment to innovation and quality improvement. Our strategic work focused in five key areas:

- **Transforming the surgical patient experience.**
- **Strengthening patient-centered primary health care.**
- **Deploying a provincial continuous improvement system.**
- **Focussing on patient and staff safety.**
- **Identifying and providing services collectively through a shared services organization.**

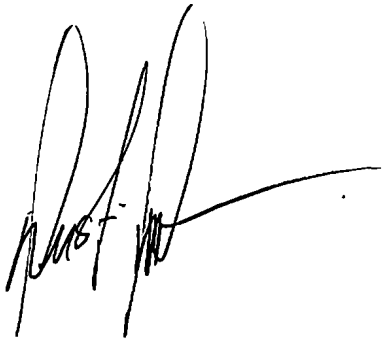
Key successes in 2012-13 to ensure people are receiving improved access to quality health care include:

- Reducing surgical waits - 90 per cent of the 82,047 surgeries in Saskatchewan were completed within the 2012-13 wait time target of six months.
- Enhancing access to care for critically ill and injured patients with the Shock Trauma Air Rescue Society (STARS) helicopter air ambulance services.
- Investing $5.5 million to strengthen primary health care services in the province. To guide this work, the government also released *The Framework for Achieving a High Performing Primary Health Care System in Saskatchewan*.
- Making access to 24/7 health advice easier by changing the HealthLine number to 811.
- Recruiting more doctors - more than 300 additional physicians are practising in Saskatchewan today than in 2007.
- Retaining more physicians in rural Saskatchewan - the new Rural Physician Incentive Program will provide $120,000 in funding over five years to recent medical graduates who establish practice in rural communities of 10,000 or less.
- Establishing a 20-doctor rural locum pool to temporarily fulfill the duties of physicians who are away from their practice to help patients continue to receive care in their own communities.
- Using Lean and patient advisors to develop a design for the Children's Hospital of Saskatchewan so children will feel more at home and less like they are in a sterile hospital environment.

Letters of Transmittal

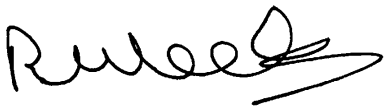
- Opening a level 3 containment laboratory at the Saskatchewan Disease Control Laboratory. The new laboratory allows a broader range of testing in-province for a number of diseases such as SARS or another influenza pandemic.
- Launching the second phase of a youth anti-tobacco campaign. Smokestream has a strong anti-tobacco message coming from Saskatchewan youth to help persuade young people to stay tobacco free. As well, more than $700,000 was awarded to three regional projects that reach people in areas of the province with the highest tobacco use rates.
- With the Ministry of Social Services as lead, government directed an additional $17.34 million per year to front-line workers in organizations providing critical services to vulnerable adults and children.
- With our provincial and territorial partners, leveraged our combined purchasing power to establish a price point for six drugs at 18 per cent of the equivalent brand name drug with estimated annual savings of close to $10 million for Saskatchewan residents, private insurers, and the provincial government.
- Opening a 15-bed facility in Prince Albert that provides a six-week residential substance-abuse treatment program for Saskatchewan youth.
- Allocating an additional investment of $500,000 in addition to the $1.7 million the province provides annually to support expansion of midwifery services in the province and help ensure more women have better access to midwifery services.

We accomplished this work while honouring our health system commitments, ensuring accountability, and responsibly managing expenditures. On behalf of the Ministry of Health, we are pleased to provide the 2012-13 Annual Report to the Legislative Assembly and to the people of Saskatchewan.



Dustin Duncan

Minister of Health



Randy Weekes

Minister Responsible for Rural and Remote Health

Letters of Transmittal

The Honourable Dustin Duncan
Minister of Health

On behalf of Ministry staff, I have the honour of submitting the Annual Report of the Ministry of Health for the fiscal year ending March 31, 2013.

Unprecedented cooperation from all levels of the health system informed our health system planning for 2012-13. Through the Hoshin Kanri process the health system came together to think and act as one. Our province-wide Lean approach is showing results in shorter wait times, better access to primary health care, and improved patient safety.

This document outlines the results of the goals and targets set for this fiscal year. Monthly "wall walks" which measure and report on progress toward our goals and targets help ensure mitigation strategies are in place when barriers to success are identified.

As the Acting Deputy Minister of Health, I am responsible for the financial administration and management control of the Ministry of Health. As such, I have made every effort to ensure the information and content of the Ministry of Health 2012-13 Annual Report is meaningful, complete, and accurate.

Max Hendricks

Acting Deputy Minister of Health

Introduction

This annual report for the Ministry of Health presents the Ministry's results on activities and outcomes for the fiscal year ending March 31, 2013. It reports to the public and elected officials on public commitments made and other key accomplishments of the Ministry.

The 2012-13 Annual Report will be presented in relation to the Health System 2012-13 Plan which was developed by the Ministry of Health and Health System leaders.

Results are provided on publicly committed strategies, actions and performance measures identified in the 2012-13 Health System Plan. The report also demonstrates progress made on Government commitments as stated in the *Government Direction for 2012-13: Keeping the Saskatchewan Advantage*, throne speeches and other commitments and activities of the Ministry.

The Saskatchewan Plan for Growth – Vision 2020 and Beyond was released in October, 2012 and this direction is reflected in the 2013-14 performance plans.

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

Alignment with Government's Direction

The Ministry's activities in 2012-13 align with Government's vision and four goals.

Our Government's Vision

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

Government's Goals

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

Government's vision and four goals provide a directional framework for ministries, agencies and third parties to align with these priorities. The 2012-13 plans were developed to align with these priorities in order to achieve greater success in the efficient delivery of government services.

The 2012-13 annual reports provide an opportunity for all ministries and agencies to report on results achieved, or not yet achieved. This honours government's commitment to keep its promises and ensures greater transparency and accountability to the people of Saskatchewan.

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

Ministry Overview

Our Ministry priorities in 2012-13 were:

- Transforming the surgical patient experience;
- Strengthening patient-centered primary health care;
- Deploying a provincial continuous improvement system;
- Focussing on patient and staff safety; and,
- Identifying and providing services collectively through a shared services organization.

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

Ministry activities include:

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

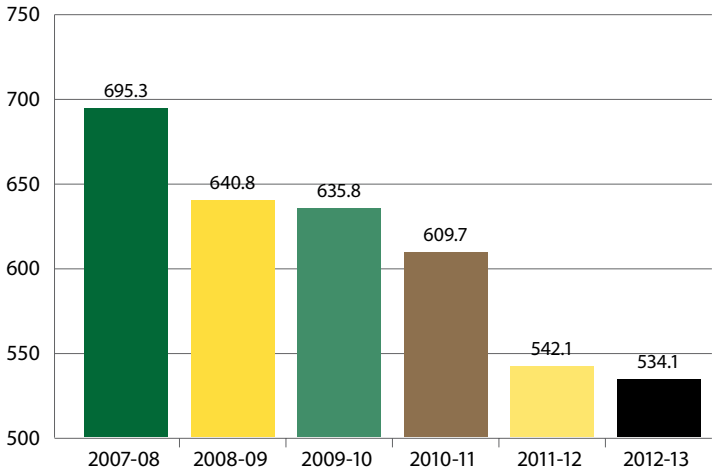
The health care system in Saskatchewan is multi-faceted and complex. The Ministry oversees a health care system that includes 12 health regions, the Saskatchewan Cancer Agency, the Athabasca Health Authority, affiliated health care organizations, and a diverse group of professionals, many of whom are in private practice. There are 26 self-regulated health professions in the province and the health system as a whole employs more than 40,000 people who provide a broad range of services. The Ministry supports health regions, the Saskatchewan Cancer Agency and other stakeholders to recruit and retain health care providers, including nurses and physicians. The Ministry also works in partnership with organizations at local, regional, provincial, national and international levels to provide Saskatchewan residents with access to quality health care.

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

Ministry of Health Employees

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

Figure 1: Ministry of Health Full-time Equivalents



The Ministry of Health's 2012-13 FTE budget of 532.4 is net of a (1.0) FTE reduction assigned in-year from the 2012-13 unallocated balance. The variance to budget number of 1.7 compares 2012-13 actual FTEs to the 2012-13 final FTE budget.

Strategy Deployment (Hoshin Kanri) in the Saskatchewan Healthcare System

The process used to develop the 2012-13 Health Plan represents a significant shift from the way health system strategic planning has been done in the province. The Hoshin Kanri approach to strategic planning is highly collaborative and characterized by engagement of health system staff at all levels of organizations through a process referred to as "catchball". The process enables a top-down and bottom-up management approach to determining strategic priorities and how results will be achieved. Catchball ensures those closest to the delivery of care are able to give feedback on how to implement health system priorities.

Through the Hoshin Kanri process health system leaders developed strategies based on the Institute for Healthcare Improvement's Triple Aim: 1) improved population health; 2) improved patient care experience; and 3) lowered cost. A fourth strategy was added within Saskatchewan around strengthening our healthcare workforce. The four strategies are:

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

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

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

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

The Ministry of Health's 2012-13 Plan was organized around each of the four "better" areas and this report reflects the same organization. It is broken into two sections: 1) 2012-13 Hoshin targets; and, 2) three to five-year (2012-17) outcomes.

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

Figure 2: The Ministry of Health's 2012-13 Plan was organized around each of the "better" areas of the triple aim: Better Health, Better Care, Better Value with the addition of Better Teams

Progress in 2012 - 13

Better Health Strategy

I. Primary Health Care (PHC) - Strengthen patient-centered primary health by improving connectivity, access and chronic disease management.

The vision for primary health care in Saskatchewan is that primary health care is sustainable, offers a superior experience, and results in an exceptionally healthy Saskatchewan population.

The Government of Saskatchewan invested $5.5 million in 2012-13 to strengthen primary health care services in the province. To guide this work, the government also released *The Framework for Achieving a High Performing Primary Health Care System in Saskatchewan*. The framework is a road map to a patient centred, community designed, team delivered approach to primary health care in the province. The framework will help to guide health regions, health providers and communities to work together to design primary health care services most suitable for their area.

Primary health care lays the foundation for a system that will address rural and remote health service delivery, strong linkage to First Nations healthcare delivery, as well as chronic disease prevention and management through focusing on patient- and family-centred care, interdisciplinary team-based care, and community engagement.

The aims of *The Framework for Achieving a High Performing Primary Health Care System in Saskatchewan* are:

- Improved access, whereby everyone in Saskatchewan - regardless of location, ethnicity, or 'underserved' status - has an identifiable primary health care team that they can access in a convenient and timely fashion.
- Superior patient and family experience - a model of patient and family centered care is implemented to achieve the best possible experience for patients and families.
- A healthy population - the primary health care system contributes to achieving an exceptionally healthy population with individuals supported and empowered to take responsibility for their own good health.
- A reliable, predictable, and sustainable system is created in which services and service providers are stabilized, and costs are predictable and sustainable.

Eight primary health care innovation sites (built on partnerships between health regions, communities, and providers) are located in Yorkton, Meadow Lake, Lloydminster, Leader, Regina-inner city, Moose Jaw, Fort Qu'Appelle and Whitecap Dakota First Nation. These sites are in different stages of establishing primary health care teams. Each will work collaboratively to better meet the needs of the patients and communities they serve with a focus on improved patient experience and increased access to care.

Communities play a vital role in determining the design of health care services in their areas. Community engagement is a critical component of a patient-centered primary health care system.

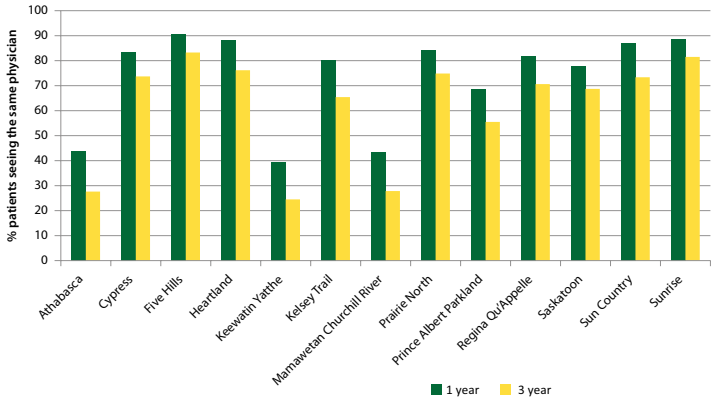
For more information on Primary Health Care in Saskatchewan visit the Ministry of Health website at www.health.gov.sk.ca/primary-health-care.

2012-13 Key Actions & Results

By March 31, 2013, confirm/establish a baseline by health region of the percentage of clients connected to a primary healthcare team or provider and identify gaps in supply of primary healthcare providers.

- Work to identify gaps in the supply of primary healthcare providers (family physicians and nurse practitioners) is occurring in consultation with health regions and will continue into 2013-14.

Figure 3: Percent of Residents Seeing the Same Physician for the Majority of their Care (50 per cent or more)



By March 31, 2013, all health regions will create plans for progressing primary health care across their region.

All health regions have submitted plans for expanding primary health care within their region. Plans include community engagement and physician engagement.

Progress in 2012 - 13

By March 31, 2013, up to eight primary healthcare innovation sites will be selected and launched.

All innovation sites have been selected and provided with resources and have an implementation plan in place. The sites at Meadow Lake and Leader are delivering care using new primary health care models:

- **Meadow Lake** and **Leader** service redesign have resulted in improved access to all team members and the introduction of new team members: nurse case managers and primary health care councillors. Leader is also using technology to support communication between urban and rural team members.

These sites are in the planning and design phase:

- **Moose Jaw** is focusing on improved access through an extended hours clinic which will reduce demand on the emergency department. The region is also integrating mental health and addictions services and other services such as immunizations and well-baby clinics.
- **Yorkton** is focusing on team-based management of chronic disease and outreach to surrounding communities.
- **Regina Inner City** is enhancing after-hours access, linking to or integrating with other community services such as mental health and addictions services, and providing outreach to surrounding communities.
- **Lloydminster** is increasing access through extended hours, introducing the new team members, nurse case manager and primary health care councillor, into the clinic and co-locating many primary health care services. The work also includes inter-provincial collaboration and links with the First Nations delivery system.
- **Whitecap Dakota First Nation/Saskatoon Health Region Partnership** is focusing on further integration of First Nation and health region delivered services.
- **Fort Qu'Appelle**, **Balcarres**, **Lestock** and **All Nations Healing Hospital** are exploring a multi-community model to ensure stable and sustainable care delivery, integration of services such as mental health and addictions, and chronic disease management supports, as well as alignment with First Nations delivery systems.

By March 31, 2013, 100 per cent of health regions have initiated engagement of family physician practices and assessed readiness.

- All health regions are engaging family physicians in discussions around primary health care based on each health region's 2012-13 plan.

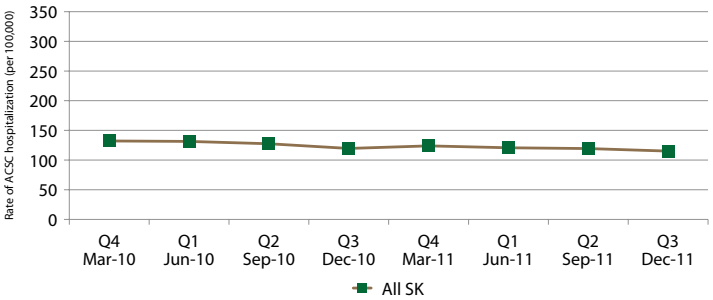
By March 31, 2013, 100 primary healthcare teams and family physician practices are engaged in Clinical Practice Redesign™ (including patient surveys).

- In March 2013, The Health Quality Council announced that it was discontinuing Clinical Practice Redesign™ and will begin aligning improvement efforts in community based practices with Lean methodology.

By March 31, 2013, identify the tools and supports (capacity and baseline capability in measurement and analysis) required to monitor chronic disease population data.

- The tools and supports required to monitor chronic disease population have been identified. The Health Quality Council is compiling reports on provincial and regional prevalence, incidence, and hospitalization rates for the six chronic conditions that will be the focus in the next years: diabetes, coronary artery disease, chronic obstructive pulmonary disease, depression, congestive heart failure, and asthma. Tools are being developed in the electronic medical record and the electronic health record viewer (also called the Portal) to support collection of indicators to monitor the best practices related to chronic disease.

Figure 4: Risk-adjusted Rate of Ambulatory Care Sensitive Conditions (ACSC) Hospitalizations per 100,000 Population Under 75 Years of Age for All of Saskatchewan



The following results in 2012-13 were not captured within the published 2012-13 Health Plan.

Draft and provide an update on the status of The First Nations Health and Wellness Plan that was submitted for consideration as of March 12, 2013.

- The *First Nations Health and Wellness Plan* (a ten year plan to improve the health and wellness of First Nations people and communities) was finalized and received tripartite approval.
- The Plan will impact our goal of better health for First Nations residents through eight priority areas: long term care; mental health and addictions; chronic disease management; eHealth; strengthening health human resources; improving health system experience; intake and discharge planning; relationships and partnerships in the delivery of health services for First Nations.

Progress in 2012 - 13

Five-Year Improvement Targets and Outcomes

The Provincial Health Plan also includes Primary Health Care five-year improvement targets and outcomes. In 2012-13, work progressed in these areas:

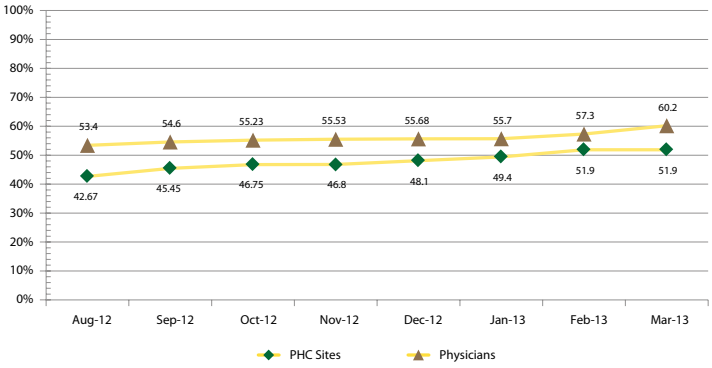
By 2017, 80 per cent of patients are receiving care consistent with provincial standards for the five most common chronic conditions.

- Through the 2012-13 Hoshin Kanri process, six chronic conditions were identified for development of clinical practice guidelines: diabetes, coronary artery disease, chronic obstructive pulmonary disease, depression, congestive heart failure, and asthma. Clinical practice guidelines for coronary artery disease and diabetes are being finalized for implementation in 2013-14.

By 2017, 80 per cent of primary healthcare teams are using electronic medical records that facilitate individual patient care and enable population-based reporting for quality improvement and planning.

- Electronic medical records have been implemented by 60 per cent of family physician practices and 52 per cent of primary health care teams, representing approximately 2880 users.

Figure 5: Percentage of Primary Health Care Teams or Family Physician Practices Using an Electronic Medical Record



Better Care Strategy

II. Surgery - Transform the Patient Experience through Sooner, Safer, Smarter Surgical Care

In the third year of the Saskatchewan Surgical Initiative, 90 per cent of the 82,047 surgeries in Saskatchewan were completed within 2012-13 wait time target of six months. The ultimate goal is that by April 2014 patient experiences are improved and patients can receive surgeries within three months.

Surgery numbers from March 31, 2013, indicate there were 7,058 fewer patients waiting more than six months for surgery than in November 2007, a 66 per cent reduction. There were 4,202 fewer patients waiting more than 12 months, an 82 per cent reduction.

At the end of 2012-13 there were 19,263 patients waiting for surgery in the province, down from 26,739 in November 2007 and from 27,580 when the Surgical Initiative was launched in April 2010.

The Surgical Initiative has helped to alleviate the uncertainties, scheduling conflicts and emotional distress caused by lengthy wait times for many of our patients. Shorter wait times have allowed us to plan surgeries around patients' lives instead of patients planning their lives around their surgeries. We also recognize that there is still a lot of work to do. Some patients still wait too long for surgery.

A number of projects are underway to improve the patients' surgical experience, shorten wait times for surgery, and improve safety and quality, including:

- Clinical "pathways" to help patients better navigate their care journey for joint replacement, bariatric surgery, back pain, prostate cancer and pelvic floor conditions;
- Efforts to understand variations in diagnosis and treatment of some procedures and address any inconsistencies or concerns;
- Use of "pooled referrals" to give patients access to the next available specialist in a group;
- Improved patient flow and discharge planning through Lean improvement;
- Provincial implementation of safety protocols;
- Reduction of surgical site infections;
- Increased capacity to train operating room nurses; and,
- An online Specialist Directory, which empowers patients and their primary care providers to compare surgical options, available at www.sasksurgery.ca.

Progress in 2012 - 13

2012-13 Key Actions and Results

By March 2013, support patients and families in making the right treatment decisions through implementation of shared decision making within the hip and knee replacement, spine, prostate cancer, and pelvic floor (uro-gynecologic) pathways.

- Shared decision making is being incorporated into all pathways.

Accelerate the clinical pathways for hip and knee replacement, spine, pelvic floor (uro-gynecologic), and prostate cancer.

- **The Prostate Assessment Pathway (prostate pathway)**: Piloted through the fourth quarter of 2012-13. Full implementation is expected in Saskatoon and Regina Health Regions in 2013-14.
- **The Pelvic Floor Pathway (uro-gynecologic pathway):** Saskatoon Health Region is now providing pelvic floor rehabilitation and plans to provide all elements of the pathway (nurse practitioner assessment, medication and pessary fitting) in September 2013 when the nurse practitioner has completed orientation. The full menu of nurse navigated services will be available to patients in Regina in September 2013 when training of the nurse navigator has been completed.
- **Hip and Knee Pathway:** Through four regional Hip and Knee Clinics, this pathway provided assessment and shared decision-making to 1595 patients in 2012-13. Patients were also seen for pre-operative education and early discharge planning. While all patients receive pre-operative education prior to total joint replacements, 2113 were seen through the regional clinics. These patients receive education according to evidence-based timelines and access to multi-disciplinary assessment as needed.
- There was excellent utilization of hip/knee multidisciplinary clinics in Five Hills Health Region and Prince Albert Parkland Health Regions. Regina Qu'Appelle Health Region is close to target. Saskatoon Health Region continues to have a very low referral rate to hip/knee assessment programs. Corrective actions include: establishing a working group with surgeons and family physicians to improve patient care and utilization of the pathway multi-disciplinary clinic, promoting clinic to family physicians by providing written information, attending conferences and through more aggressive promotion on Health Tips (videos) in family physicians' offices.
- **Spine Pathway:** This pathway improves the assessment of low back pain by family physicians and other health providers, so patients can quickly receive care that is appropriate for their condition. The pathway provides advanced assessment, triage and shared decision-making for patients with non-improving low back pain from across the province and is expected to decrease wait times for specialist referrals, treatment and surgery. In June 2011, the Regina Qu'Appelle and Saskatoon Regional Health Authorities opened Saskatchewan Spine Pathway Clinics in Regina and Saskatoon. In 2012-13, a total of 2083 patients were served through these two centers.

By March 2013, work with our stakeholders to identify the next six clinical pathways to be improved.

- System consultation and data review have been completed. In April 2013 the Provincial Leadership team identified two pathways for development in 2013-14: an *Acute Stroke Care Pathway* and a *Lower Extremity Wound Care Pathway*. (The Provincial Leadership team includes CEOs of health regions and the Saskatchewan Cancer Agency, senior leadership from the Ministry of Health including the Deputy Minister of Health and the Ministry of Health Medical Consultant, and physician representatives.)

By March 2013, reduce clinical variation by implementing a clinical variation management plan in two surgical and one diagnostic service areas.

- Development and distribution of a report on clinical variation for high volume procedures and research and analysis of data has been completed.
- Three surgical groups are reviewing clinical data and developing plans to address clinical variation in specific interventions. The vascular group has made strong progress, but the urology and neurosurgery groups have been slower in meeting and developing variation management plans. A corrective action plan was implemented to advance work with these groups.

Improve processes for discharging patients into their home hospital or community through the adoption of new discharge planning tools and processes by March 2013. "D-minus system" implementation will begin within select health regions.

- The D-minus system is used to identify patients who are three days away from discharge from hospital (D-3), two days away (D-2), and at day of discharge (DD).
- Work to improve discharge planning is underway. A rapid process improvement workshop (RPIW) was done with southern health regions in April 2013 with the plan to replicate results to other regions.

Progress in 2012 - 13

By March 2013, reduce the time patients wait for surgery through implementation of pooled referrals with 15 surgical groups.

- There are currently 19 groups pooling or in a stage of progress towards full pooling. In one example, since implementing pooled referrals among Regina obstetrics/gynecology specialists in May 2012, the demand for service has been more evenly distributed among practitioners resulting in shorter wait times for patients. The longest wait time for a first appointment to see an obstetrics/gynecology specialist in Regina has reduced from 271 days in May 2012 to 78 days in December 2012, a wait time reduction of just over 70 per cent.

By March 2013, reduce the amount of time patients wait for surgery through identification of supply and/or demand management barriers.

- Province wide, the 2012-13 surgical volumes were 93 per cent of target.

By March 31, 2013, all patients are offered the option to have surgery within six months.

- While excellent progress was made, we did not fully achieve the target. Ninety percent of all patients who received surgery between the dates October 1, 2012 and March 31, 2013 received it within six months of being booked for surgery. See Figures 6 and 7.
- As of March 31, 2013, there were 3,575 patients who had waited more than 6 months for surgery. This is a 66 per cent decrease (or 7,060 fewer patients) since November 2007.
- On March 31, 2013, five health regions (Cypress, Five Hills, Heartland, Kelsey Trail, and Prairie North) out of the ten that perform surgery had zero patients waiting more than six months for surgery; and Prince Albert Parkland, Sunrise and Sun Country Health Regions had 13, seven and one patient(s) respectively waiting more than six months.
- Regina Qu'Appelle Health Region experienced barriers in meeting the targets, including a significant increase in orthopedic demand and an operating room nurse shortage. In the last quarter of the year, the region started to increase the numbers of surgeries performed resulting in wait time reductions. Regina Qu'Appelle Health Region accounts for 80 per cent (2,858 out of 3,575) of the patients waiting over six months. It is expected that Regina Qu'Appelle Health Region will meet the 2013-14 three month wait time target in 2014-15.
- Saskatoon had 696 patients waiting more than six months for surgery on March 31, 2013. Its challenges were related to the specialty areas of plastic surgery and ear, nose, and throat surgery (ENT). It is anticipated Saskatoon Health Region will meet the three month wait time target by the end of 2013-14.

By March 2013, 100 per cent of expected surgical case volumes by region delivered.

- As of March 31, 2013, Regina Qu'Appelle and Saskatoon Health Regions reached 84.8 per cent and 94.8 per cent of their targets, respectively. The eight remaining health regions, achieved 97.9 per cent of their targets. Three regions exceeded their volume targets (Five Hills, Sun Country and Prairie North Health Regions).

Figure 6: Surgeries Performed Within Six Months (between October 1, 2120 and March 31, 2013)

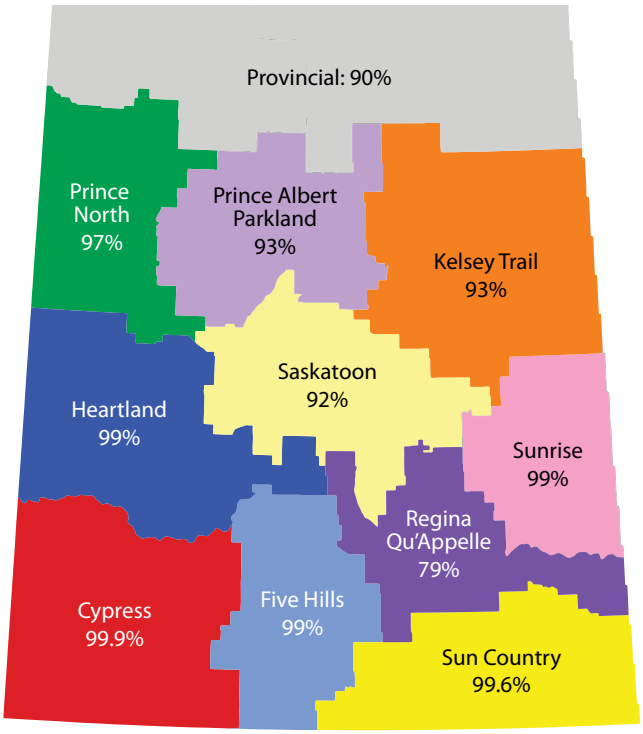
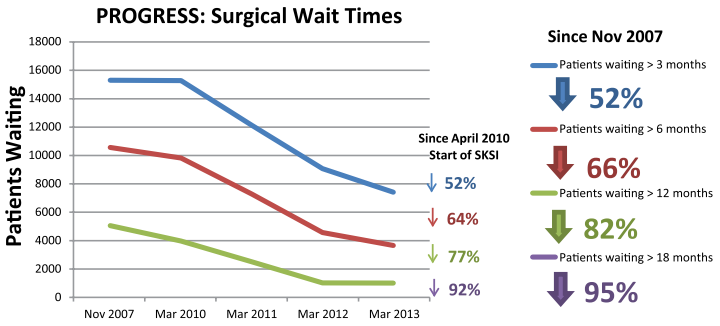


Figure 7: Progress on Surgical Wait Times since November 2007



Progress in 2012 - 13

By June 30, 2012, work with regional health authorities surgical safety checklist contacts to examine processes for barriers and opportunities.

- This is addressed in the "Patient Safety" section on page 15.

By September 2012, develop a measurement plan for surgical site infections and use of the Surgical Site Infections prevention bundle.

- This is addressed in the "Patient Safety" section on page 15

Five-Year Improvement Targets and Outcomes

The Provincial Health Plan also includes five-year surgical experience improvement targets and outcomes. In 2012-13, work progressed in these areas:

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

- Progress has been made toward meeting this target by March 31, 2014. On March 31, 2013, there were a total of 19,263 people waiting for surgery. Of those, 7,325 were waiting longer than three months for surgery. The number of people waiting longer than three months is 52 per cent fewer compared to the start of the Surgical Initiative.

By March 2014, achieve the capacity needed to meet the established surgical throughput targets.

A number of actions support this target and are on track:

- Changing referral patterns – a tool kit aimed at retaining referrals in smaller regions was distributed in the fall of 2012 to senior administrative and medical leaders in the health regions.
- Ensuring supply of operating room nurses meets demand. A total of 46 operating room nurses were trained in 2013-14. Twenty eight operating room nurses were trained in addition to the 18 training seats that are part of the Saskatchewan Institute of Applied Science and Technology's core funding.
- Several regions worked with SIAST directly to train additional nurses.
- Surgical Information System – rolled out in Five Hills Health Region, and is underway in Saskatoon Health Region.
- Capital projects – A new 18-bed surgical unit opened in August at St. Paul's Hospital in Saskatoon; and Lean planning occurred for renovations to the intensive care unit and moving an endoscopy suite at Battleford's Union Hospital.

By March 2014, improve patient flow and efficiencies such that we achieve a reduction of 50 per cent in emergency room patients admitted to hospital who are awaiting placement to a bed (known as admit--no-beds).

- This target will be reviewed by the emergency department (ED) flow project in 2013-14.

Reducing the number of emergency room patients in Regina and Saskatoon who have been admitted, but wait for the appropriate bed (either in emergency room or in a holding room within an acute care facility).

- Work is underway but delayed due to difficulty obtaining comparable data from health regions. Regina Qu'Appelle, Saskatoon, and Prince Albert Parkland Health Regions measure "admit-no-bed" data differently.
- This work will be addressed through the emergency room waits and patient flow work planned for 2013-14.

Reducing the number of clients in acute care beds waiting long-term care placement who have been assessed and approved for long-term care placement and are not in an acute state.

- The target is a maximum of 3.5 percent of acute care beds are occupied by a person awaiting transfer to an alternate level of care facility.
- As of March 31, 2013, seven of 12 health regions have achieved this 3.5 per cent target, and five health regions are above the target (Sunrise, Saskatoon, Prince Albert Parkland, Prairie North, and Mamawetan Churchill River). Corrective actions include more timely discharge planning, increasing home care and day programs to support people at home while awaiting long term care placement, and more appropriate use of respite and short stay beds in smaller hospitals.
- Discharge planning will be the focus of rapid process improvement workshops (RPIWs) in 2013-14 to improve patient flow.

By March 31, 2014 all surgeries in an operating room will use surgical safety checklists.

- This is addressed in the "Patient Safety" section on page 15.

By 2017, 100 per cent of surgeries will use the Safer Healthcare Now!* Surgical Site Infections Bundle.

** Safer Healthcare Now! is a program of the Canadian Patient Safety Institute investing in frontline providers and delivery systems to improve the safety of patient care throughout Canada by providing resources and expertise for frontline healthcare providers and others who want to improve patient safety.*

- This is addressed in the "Patient Safety" section on page 15.

Progress in 2012 - 13

III. Safety Culture: Focus on Patient and Staff Safety

A number of projects are underway to help make care, and care facilities, safer for patients and staff:

- Use of the Surgical Site Infections (SSIs) prevention bundle: Despite advances in surgical technique, surgical site infections continue to complicate the recovery of many surgical patients. The SSI prevention bundle is an evidence-based method of reducing SSIs and improving patient outcomes following surgery.
- Introducing Medication Reconciliation (MedRec): Medication reconciliation is a formal process in which healthcare providers work together with patients, families and care providers to ensure accurate and comprehensive medication information is communicated consistently across transitions of care.
- Use of the Surgical Safety Checklist: This internationally recognized tool promotes patient safety and identifies opportunities to make surgery safer. The checklist is a set of standardized questions cover the important tasks of performing surgery, such as confirming patient name, surgical procedure and site, and status of surgical equipment and supplies. It can strengthen communication with the patient about his or her surgery, and among members of the surgical team so that they can provide the best quality, safest surgical care possible. A checklist delivers consistency for those times when memory lapses or unanticipated situations arise.

2012-13 Key Actions and Results – Patient Safety

By June 30, 2012, work with health region surgical safety checklist contacts to examine processes for barriers and opportunities.

- By the end of 2012-2013, the provincial compliance with the use of safe surgery checklists was 96 per cent.

By September 2012, develop a measurement plan for surgical site infections and use of the Surgical Site Infection (SSI) prevention bundle.

- Work is underway to draft a provincial measurement plan for SSIs and use of the SSI prevention bundle to meet the 2015 and 2017 outcomes.

All regional health authorities and the Saskatchewan Cancer Agency will comply with Accreditation Canada's required organizational practices for medication reconciliation** (MedRec).

*** Medication reconciliation is a formal process in which healthcare providers work together with patients, families and care providers to ensure accurate and comprehensive medication information is communicated consistently across transitions of care.*

- Results are compiled from Accreditation Canada reports as they become available.

By June 30, 2012, establish a Health Region Global Trigger Tool working group.

- The Global Trigger Tool was investigated as a possible tool to measure adverse events, including adverse drug events. All health regions were offered on-line training in using the tool and interested health regions began piloting it.

By September 30, 2012, develop a measurement plan for the Global Trigger Tool.

- Based on further research, discussion with health regions, and pilot results, a decision was made to not deploy the Global Trigger Tool to all health regions.

By March 31, 2013, improve the process for medication reconciliation compliance audits in acute care.

- Health regions are using unit-based staff-conducted audits where appropriate.

By June 30, 2012, begin compliance audits in long-term care facilities. (Note – this target was changed to March 2015.)

- The Ministry of Health will work with health regions to develop a comprehensive plan for Medication Reconciliation (MedRec) in long-term care. Subsequently, all health regions will begin submitting monthly facility-level compliance audits for MedRec at admission and transfer/discharge to, within, and from long-term care. Efforts to the end of March 2013 were focused primarily on MedRec at admission to acute care.

By December 31, 2012, conduct a quality audit of MedRec at admission to acute care.

- *Safer Healthcare Now!* (SHN!) is developing a new quality measure. As a result, a decision was made not to proceed with implementing a quality audit in 2012-13.

By September 30, 2012, work with self-selected health regions to develop a form that all can use for MedRec at transfer/discharge.

- Develop a MedRec form that can be used by all health regions at transfer/discharge.
- A working group of health region and Ministry of Health staff developed two provincial MedRec forms: one for Regina Qu'Appelle and Saskatoon Health Regions, and a second form for all other health regions, based on the pharmacy systems used in these regions.

Progress in 2012 - 13

Five-Year Improvement Targets and Outcomes

The Provincial Health Plan also includes five-year Patient Safety improvement targets and outcomes. In 2012-13, work progressed in these areas:

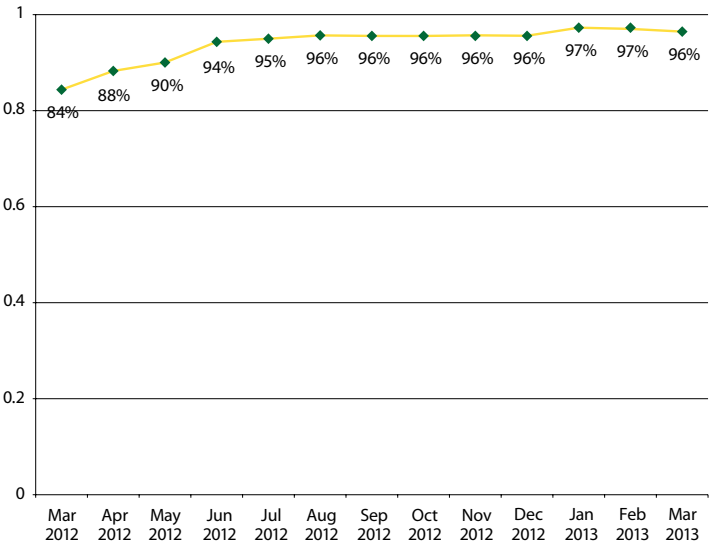
By March 31, 2017, zero surgical infections from clean surgeries.

- In April 2012, all health regions where surgery is performed responded to a survey on surgical site infection (SSI) surveillance. The survey is the baseline for developing a provincial measurement plan to count surgical site infections. Additional work to scan Canadian SSI surveillance programs and to prepare a preliminary report on developing a provincial SSI surveillance program was completed in November 2012. Consultations with health system stakeholders to identify options for starting SSI measurement in one or two health regions have begun and will continue in 2013.

By March 31, 2014, all surgeries performed in an operating room will use surgical safety checklists. (Note: In October 2012, this target date was changed to March 2013.)

- The provincial goal was 100 per cent compliance by March 2013. March 2013 data shows that provincial compliance was 96 per cent with five out of ten health regions reporting 100 per cent compliance.

Figure 8: Surgical Safety Checklist Completion: Percentage of Audited Cases with Entire Checklist Complete



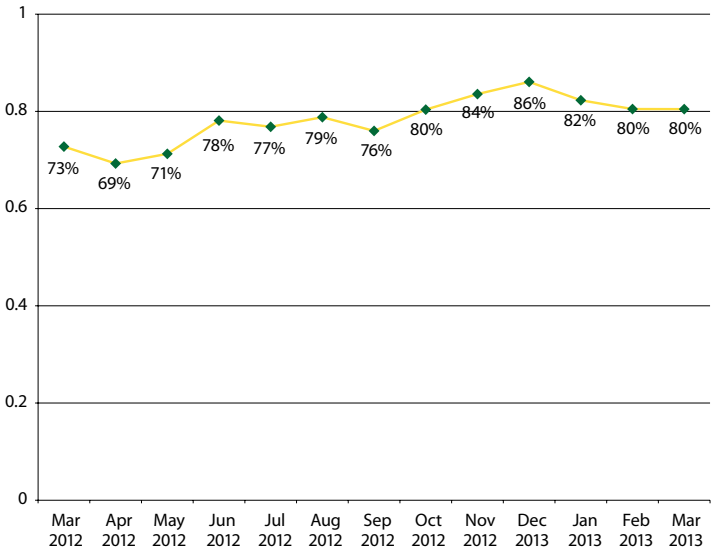
By March 31, 2017, 100 per cent of surgeries will use the Safer Healthcare Now! Surgical Site Infection prevention bundle. (Note: This target date was changed to March 2015.)

- One tool to decrease preventable surgical site infections (SSI) is the *Safer Healthcare Now!* SSI prevention bundle – a set of four care processes proven to reduce infections. The first meeting of the Provincial SSI Prevention Bundle Working Group took place in April 2013 to establish a baseline understanding of the bundle implementation in the health regions that perform surgery. The next steps for this working group are to develop provincial definitions for each bundle component and develop a standard audit template.
- By 2015, seven out of 10 health regions will use the Surgical Information System (SIS). The Ministry of Health Patient Safety Unit worked with the SIS Project Team to identify new fields to be added to the SIS to capture the bundle data. Feedback from the SIS Advisory Group was received in February 2012. Work on this project will continue in 2013-14.

By 2015, medication reconciliation (MedRec) will be undertaken at all admissions and transfers/discharges in acute, long-term care, and community. (Note: In September 2012, this target date was changed to March 2016.)

- All health regions report the percentage of compliance with MedRec at admission to acute care to the Ministry of Health each month. While the percent of compliance with MedRec at admission is above 90 per cent in some regions, other health regions continue to struggle and the overall provincial compliance rate is 80 per cent. Health regions are using unit-based staff-conducted audits to identify root causes and plan corrective actions in an effort to improve this rate.

Figure 9: Medication Reconciliation (MedRec) at Admission to Acute Care: Percentage of Compliance (based on process audit)



Progress in 2012 - 13

By March 31, 2017 medication reconciliation (MedRec) will be performed at all patient points of care transfer.

- It was decided that this five-year improvement target would be removed from the plan as it is contained in the 2016 medication reconciliation improvement target.

By March 31, 2016 100 per cent of regions receive a 60 per cent audit score completed against the Provincial Safety Management System (SMS) by the Saskatchewan Association for Workplace Safety (SASWH).***

- At the time this measure was developed there was discussion that there would be an audit completed against the Provincial Safety Management System (SMS) by the Saskatchewan Association for Workplace Safety.
- There has been considerable re-alignment of this measure to move SASWH from an audit function to more of a supportive function that would see the full implementation of the six elements that are within the Safety Management System.
- Each organization has made excellent progress in completing a self-assessment against the SMS and is well aware of what next steps need to be taken.
- This target was removed from the plan when the 2013-14 Health Plan was determined. From this point best and promising practices will be identified and considered for implementation by other health regions. Given that the SASWH provides awareness, education and training on prevention and safety initiatives, this will be the focus to support an effective Provincial Safety Management System.

*** *Safety management systems (SMS) help companies identify safety risks before they become bigger problems. A SMS is a systematic, explicit and comprehensive process for managing safety risks, and provides for goal setting, planning, and measuring performance.*

2012-13 Key Actions and Results – Provider Safety

By March 31, 2013, the Saskatchewan Association of Safe Workplaces in Health (SASWH) Safety Framework will be adopted.

- The measure has changed from the 2012-13 health system plan. The measure is now the identification of a safety management system for health care. The health regions working with SASWH have identified a SMS for health care. Each health region is in the process of receiving orientation on the SMS with the intent to complete a self-assessment using this SMS tool.
- All health regions developed and adopted a standard Provincial Safety Management System.

By March 31, 2013, each health region will complete a self-assessment against the SMS Tool. (This target was replaced by a new target - assessment will begin against the framework in areas with highest time loss and no time loss claims and the timeline on this target has been moved to March 31, 2014.)

- As of March 31st, 2013, all health regions have completed a self-assessment against the Provincial Safety Management System. The results have been submitted to the Saskatchewan Association for Safe Workplaces in Health and a summary document has been prepared.

By March 31, 2013, a plan will be developed to address deficiencies in targeted areas. (Note: The timeline on this target has been moved to March 31, 2014.)

- Each health region is aware of their current situation respecting frequency and severity of any and all time loss claims, and attentive to no-time-loss claims. It is understood that once the self-assessment is completed, each health region will have a better understanding of which elements of the Safety Management System (SMS) they are doing well and which require attention. The intent is for health regions to share any identified best and promising practices with respect to their results of the self-assessment with other regions.
- By fully implementing the SMS there will be a direct impact on Workers Compensation Board claims, this added attention to the implementation process of the SMS should produce reductions in the time loss claims and the no time loss claims. This approach is further supported by the successful 2012 target of a 20 per cent reduction in accepted Workers Compensation Board claims being achieved this year. Considering this, action plans developed by each health region are based on deficiencies identified from their self -assessment on the safety management system.
- A project plan with identified targets and measures has been developed in each health region.

By March 31, 2013, a leading practice group will be established, facilitated by SASWH, to share leading practices in safety management systems and to focus implementation and training efforts.

- The Occupational Health and Safety Practitioners group has been well established for more than five years and continues to provide a solid platform to discuss health and safety trends and issues, and identify best and promising practices. This group works to identify and make recommendations for provincial solutions to shared safety concerns in health care.

Progress in 2012 - 13

Five-Year Targets and Outcomes

By March 31, 2017, zero work place injuries. Measure: *Number of lost-time WCB claims per 100 full-time equivalents (FTEs).*

- Progress is being made toward the 2017 target of zero workplace injuries. In 2012, there was a 20 per cent reduction in accepted Workforce Compensation Board claims from the 2011 baseline of 5,500 claims.
- The Saskatchewan Workers' Compensation Board corrects (adjusts) the number of claims for each of the previous two to three months. Therefore, the drop in the claims between the fourth quarter of 2011-12 and the first quarter of 2012-13 could slightly change.

Better Value Strategy

IV. Lean Management System

Saskatchewan is the first province in Canada to start implementing Lean across the entire provincial health system. Lean is a patient-centred approach to identifying and eliminating all non-value-adding activities and reducing waste within an organization.

In 2012-13 a Lean Management System including training and infrastructure was deployed across the health system with an initial focus on the surgical value stream and 3P (a Lean term meaning production, preparation, and process) within Five Hills, Prairie North, Prince Albert Parkland and Saskatoon Health Regions.

A 3P is a Lean tool used when a totally new process or design is required. Often used in facility design, the goal of a 3P is to ensure quality, safety, flow and efficiencies are built into the new design. 3Ps are typically week-long improvement events involving a team of providers, staff, and patients. By using Lean in facility design we will improve processes, reduce waits and improve the experience for patients, families and health care providers.

2012-13 Key Actions & Results

By April 30, 2012, select a Lean consultancy group.

- The health system collectively selected John Black and Associates LLC as the consultancy group to assist with the development and deployment of a Lean Management System. Negotiations were completed for a one-year contract on August 23, 2012 with an option for annual renewal for up to three additional years. Just prior to February 28, 2013, the year two contract with John Black and Associates LLC was signed and came into effect on April 1, 2013.

By April 30, 2012, engage quality improvement staff in a two-day session to develop a detailed four-year work plan for implementation of the Lean Management System.

- Ministry of Health and health system quality improvement staff met with John Black and Associates on April 12 and 13, 2012 and successfully developed a detailed four-year work plan for implementation of the Lean Management System.

By March 31, 2013, apply Lean within the surgical service line across the province.

- Surgical Kaizen Operations Teams have been established in Regina Qu'Appelle and Saskatoon Health Regions. Both regions have developed Kaizen Improvement

Progress in 2012 - 13

Plans and have completed a number of Rapid Process Improvement Workshops (RPIWs) aimed at surgical improvement. (Kaizen is a Lean term which means "continuous improvement" or "change for the better.")

- Other health regions' continuous improvement offices have focused attention on surgical service improvement. A Provincial Surgical Kaizen Operations Team (PSKOT) has been established with the aim of supporting improvement projects that cross regional boundaries and facilitating replication. The Surgical Patient Experience project is nearly completed with patient mapping complete in eight of 12 regions. Results will help identify provincial priorities for surgical improvement in 2013-14. Two PSKOT RPIWs focusing on defect free information flow during transfer of patients from Regina Qu'Appelle Health Region to Sunrise Health Region were held in April 2013. PSKOT will host four more RPIWs in 2013-14.

By March 31, 2013, hold seven major 3P events with three major capital projects (Children's Hospital of Saskatchewan, Moose Jaw Regional Hospital and Saskatchewan Hospital North Battleford).

- As of March 31, 2013, six 3P events had been conducted for two of the three major capital projects identified (Children's Hospital of Saskatchewan, Moose Jaw Regional Hospital). 3P events planned for Saskatchewan Hospital North Battleford in 2012-2013 will occur in the 2013-14 fiscal year.

By March 31, 2013, establish standard Kaizen Promotion Offices (KPO), regional and provincial, and supports to facilitate continuous improvement across the province.

- Targeted KPOs have been planned, set-up and resourced throughout the province. As of April 1, 2013, sites include:
    - A Provincial KPO (PKPO) at the Health Quality Council. (originated at the Ministry of Health in April 2012 and was officially transferred to the Health Quality Council effective April 1, 2013);
    - Ministry of Health KPO;
    - Saskatoon KPO (surgical and Children's Hospital service lines);
    - Regina Qu'Appelle KPO (surgical service line);
    - Five Hills KPO (the Moose Jaw Union Hospital service line);
    - Prince Albert Parkland KPO (surgical and Victoria Hospital service lines); and,
    - Prairie North KPO (the Saskatchewan Hospital North Battleford service line).

By March 31, 2013, engage a consultant in second cycle of Hoshin Kanri transitioning to self-sufficiency.

- John Black and Associates LLC was engaged in the second cycle of Hoshin Kanri. Their role transitioned from that of leader in the first cycle to one of coach in the second cycle. It is anticipated that the system will be self-sufficient in cycle three, which will begin in August 2013 with Diagnosis and Review, and the process will be conducted without consultant support.
- Diagnosis and review includes the intensive study and review of both data and our progress towards the goals of the previous year's strategic plan. It is characterized by a threat-free atmosphere and is focused on understanding and improving processes. Reviews are not conducted to find fault but rather to determine:
    - What needs corrective action;
    - What should be maintained; and
    - What can be improved?

By March 31, 2014, complete two cycles (2012-13 and 2013-14) of Hoshin Kanri, including the development and deployment of annual plans for short-term breakthrough initiatives and five year outcomes.

- On target to complete two cycles of Hoshin Kanri (2012-13 and 2013-14). The 2013-14 plan was developed before March 31, 2013 and is being deployed.

By April 30, 2012, establish a robust cascading measurement system to report on 2012-13 Breakthrough Initiatives, which include the establishment of visibility walls and regular leadership reviews/huddles at the visibility walls.

Organizational visibility walls have been established in all participating organizations (the Ministry of Health, health regions, the Saskatchewan Cancer Agency, the Health Quality Council, 3SHealth, and eHealth Saskatchewan). A provincial visibility wall has also been established.

Visibility walls help staff in participating organizations to keep strategic and operational work on track. Visibility walls provide a permanent location to easily view the strategic and operational work of an organization and help those within our system monitor progress over time towards key strategic and operational priorities.

The provincial visibility wall is reviewed quarterly and organizational visibility walls are reviewed monthly.

By March 31, 2013, 240 health care leaders are actively pursuing Lean Leader Certification.

- 425 health leaders are currently enrolled and working towards Lean Leader Certification.

Progress in 2012 - 13

- Lean leader certification is rigorous training consisting of approximately 50 days of training over an 18-24 month period. Certification indicates that a leader has expertise in the methods and tools used in Lean.

By March 31, 2013, ensure that at least 500 staff members are engaged in Rapid Process Improvement Workshops (RPIWs).

- An RPIW is a week-long event where teams of patients and family members, staff and clinicians focus on one problem, identify the root causes, create and test solutions, and by week's end are ready to implement the solution in the workplace. The team checks the solution at 30, 60 and 90 days to see if it has worked and has been sustained.
- RPIWs are important because they often result in significant improvements to processes that directly affect patients and their families.
- As of March 2013, 540 staff had participated in RPIWs. This primarily reflects the results of Saskatoon Health Region. The other five KPO sites began improvement events in the fall of 2012. In the coming years, additional Kaizen Promotion Offices will be operational and the pacing of RPIWs will accelerate.

Five-Year Improvement Targets and Outcomes

The Provincial Health Plan also includes better value-related five-year improvement targets and outcomes. In 2012-13, work progressed in these areas:

By March 31, 2017, (based on a five-year rolling average) the healthcare budget increase is less than the increase to provincial revenue growth.

- A $42.9 million year-end operating deficit was reported for all health regions and Athabasca Health Authority in 2012-13. All but four health regions reported a balanced or surplus position at year-end.
- Prince Albert Parkland Health Region is reporting a $156,000 year-end operating deficit, primarily due to higher than anticipated overtime costs.
- Prairie North Health Region is reporting a $2.7 million year-end operating deficit, primarily due to $3.6 million being transferred to the capital fund for capital asset purchases.
- Saskatoon Health Region is reporting a $25.0 million year-end operating deficit, primarily due to being unable to meet 2012-13 savings targets as a result of rapidly increasing service acuity.
- Regina Qu'Appelle Health Region is reporting a $22.9 million year-end operating deficit, primarily due to being unable to meet 2012-13 savings targets and higher than anticipated premium and overtime costs.

By March 31, 2016, 880 health system leaders will be certified in Lean:

- ***2012-13: 240 leaders certified in Lean.***
- ***2013-14: 400 leaders certified in Lean.***
- ***2014-15: 240 leaders certified in Lean.***

- As of March 2013, 425 health system leaders were enrolled in Lean Leader Certification.
- Over the next four years, 880 health care leaders will be certified in Lean and more than 1,000 focused quality improvement events will be held (details below).

By March 31, 2017, more than 1,000 focused quality improvement events involving front-line staff, physicians, and patients will be undertaken in multiple areas of the health system, in order to improve the patient experience and reduce error.

- In 2012-13, 146 lean improvement events have been undertaken in the Saskatchewan health system. This primarily reflects the results of Saskatoon Health Region. The other five Kaizen Promotion Office sites began improvement events in the fall of 2012. In the coming years, additional Kaizen Promotion Offices will be initiated and the pacing of events will accelerate.
- Health care providers, physicians, leaders, and staff are participating in these focused quality improvement events to ensure Lean becomes embedded in our health system as we strive to improve access, quality, safety, and sustainability. We will be including patients and families in all our improvement efforts to ensure their voices are heard and solutions meet their needs.

V. Shared Services - Identify and provide services collectively through a shared services organization.

Health Shared Services Saskatchewan (3sHealth) was formally established in 2012 to collaborate with the health regions and the Saskatchewan Cancer Agency in identifying and implementing selected administrative and clinical support services that could be delivered in a shared services model. By sharing specific functions, the health regions, and the Saskatchewan Cancer Agency will improve the quality of services provided, lower costs and redirect resources to patient care.

The broad objectives of 3sHealth, in partnership with health regions and the Saskatchewan Cancer Agency, include creating enhanced value to the health system, improving service quality and lowering the cost curve. Key achievements for 2012-2013 include:

Progress in 2012 - 13

- Established 3sHealth Board of Directors. The nine member board was established to help guide the organization to achieve its goal of providing efficient, customer-focused, quality, province-wide shared services to Saskatchewan's health sector.
- Adopted Lean management systems and Lean certification training to help further the provincial strategy to transform healthcare in Saskatchewan into a system that puts patients first.
- Continued to leverage additional group purchasing contracts to increase buying power with provincial and national procurement contracts for clinical supplies, resulting in provincial savings of $7.7 million for 2012-2013.
- Implemented Global Healthcare Exchange (GHX), a software system to automate and streamline supply chain operations.
- Continued work to enhance, automate and standardize human resource processes through Gateway Online. This work has resulted in printing and paper cost savings, increased accuracy of information, and is allowing healthcare administrators and employees to spend less time on manual administrative processes and more time focused on the patient.
- Completion of the business case recommending a provincial linen strategy to enhance quality and infection control standards, achieve efficiencies and secure safe working conditions. The implementation of this strategy moving forward is expected to save the healthcare system $93 million over ten years.

Work focused on Lean, group purchasing, GHX, standardizing human resource processes and the provincial linen strategy will continue in 2013-14. In addition to this work, 3sHealth received approval from its Board of Directors and the Council of CEOs to proceed with the development of eight new business cases. These businesses cases will explore opportunities for shared services and will be guided with a view of improving quality of services for patients and families, and achieving a five year cumulative target of $100 million in provincial savings.

2012-13 Key Actions & Results

By March 31, 2013 there will be $10 million dollars in incremental savings for an accumulated total of $35 million dollars. *(Note: the $10 million savings target was reduced to $7 million at the beginning of the 2012-13 fiscal year.)*

- This target of $7 million was exceeded with $8.5 million in annual savings achieved ($33.6 million in cumulative savings).

By March 31, 2013, 65 per cent of goods or services purchased through a provincial process.

- This target was not achieved; however 51 per cent of goods or services are now purchased provincially. There are two reasons for not meeting the 65 per cent target. The first is that the target was originally set with limited understanding about the amount of clinical engagement required. The second is resources were prioritized to support financial savings, rather than how much of a specific product/service is purchased provincially.

By March 31, 2013, 20 per cent of goods or services will be procured in partnership with Alberta and British Columbia (New West Partnership).

- 20 per cent of goods or services are now purchased in partnership with Alberta and British Columbia through the New West Partnership.

Five-Year Improvement Targets and Outcomes

The Provincial Health Plan also includes five-year shared service-related improvement targets and outcomes. In 2012-13, work progressed in these areas:

By March 31, 2015 have achieved an accumulated total savings of $100 million through shared services initiatives.

- The 2012-13 target was achieved and we are on track to reach the 2013-14 target.
- The total amount of dollars saved to date through shared services:
    - 2012-13 Target: exceeded $7 million target with $8.5 million incremental savings for a total of $33.6 million
    - 2013-14 Target: $10 million incremental for a total of $65 million

VI. Generic Drug Pricing

The following results in 2012-13 were not captured within the published 2012-13 Health Plan.

Canadian provinces and territories have secured better prices for generic drugs in response to the direction Premiers provided to the Health Care Innovation Working Group at the July 2012 meeting of the Council of the Federation.

- A working group composed of provincial and territorial Ministers of Health and led by Saskatchewan Premier Brad Wall and Prince Edward Island Premier Robert Ghiz helped provinces and territories leverage their combined purchasing power to establish a price point for six drugs at 18 per cent of the equivalent brand name drug. These six generic drugs represent approximately 20 per cent of the publicly-funded spending on generic drugs in Canada.

Progress in 2012 - 13

- This work will realize an estimated annual savings of close to $10 million for Saskatchewan residents, private insurers, and the provincial government. It is expected that when fully implemented, this initiative could produce savings of up to $100 million for provincial and territorial drug plans.
- Previously, individual provinces and territories paid between 25 and 40 per cent of brand name prices.

  The six drugs impacted are:

  - Atorvastatin – to treat high cholesterol.
  - Ramipril – to treat blood pressure and other cardiovascular conditions.
  - Venlafaxine – to treat depression and other mental health conditions.
  - Amlodipine – to treat high blood pressure and angina.
  - Omeprazole – to treat a variety of gastrointestinal conditions.
  - Rabeprazole – to treat a variety of gastrointestinal conditions.

In 2012-13, Saskatchewan continued the phased implementation of the provincial generic drug pricing strategy that was announced in 2011.

- As of April 1, 2012, the price of most generic drugs decreased to 35 per cent of the brand name price, with lower prices on selected high-volume drugs.
- This strategy has resulted in government savings of approximately $20 million over two years.

Ministry and Health System Actions in Preparation for Future Breakthrough Initiatives

The breakthrough initiatives identified on pages 9 through 22 are intended to provide an intense focus and alignment on strategic improvements in the system that will positively affect our stated outcomes within a shorter period of time. However, these activities are only a subset of the activities required to achieve our five-year outcomes. Other actions are also required to prepare for future breakthrough initiatives. These additional 2012-13 actions are outlined in the following pages.

Better Health Strategy

I. Healthy Weights

2012-13 Key Actions & Results

Using input from the Healthy Weights roundtable and an environmental scan on best practices, the Ministry of Health and the Ministry of Parks, Culture, and Sport are co-leading a multi-Ministry plan for the Cabinet Committee on Children and Youth.

- The Ministries of Health and Parks, Culture, and Sport are working across sectors with our partners within and outside government to promote healthy weights and decrease the rate of overweight and obese children and families.

II. Communicable Disease

Originally, this five-year outcome in the 2012-13 Health System Plan was: "By March 2017, there will be a 50 per cent reduction in the incidence of communicable disease (Tuberculosis, Human Immunodeficiency Virus, Sexually Transmitted Infections, and Methicillin-resistant Staphylococcus Aureus)." After the initial work was completed, the outcomes were separated by disease. The following section details the restructured approach.

Tuberculosis (TB)

2012-13 Key Actions & Results

Tuberculosis (TB) continues to be of concern in Saskatchewan, particularly for First Nations populations. Following consultation with stakeholders (July –September 2012), a comprehensive TB strategy was developed for implementation in 2013-14.

Progress in 2012 - 13

- The TB Partnership Working Group (TBPWG) was formed to lead the development and implementation of the TB strategy in the province. The Working Group has representation from TB Control, Saskatoon Health Region, the Ministry of Health, Health Canada First Nations and Inuit Health (FNIH), Northern Inter-Tribal Health Authority (NITHA), and the three northern health regions.
- Four task groups were formed: Epidemiology and Surveillance, Policy and Education, Funding and Evaluation, and Clinical Management.
- In 2012-13, the Ministry of Health, health regions, First Nations and Inuit Health, the Northern Inter-Tribal Health Authority, and TB Control worked together to develop a five year TB strategy. The TB strategy was shared with health regions and community stakeholders for input and feedback.
- Stakeholder consultation has been completed. Consultation also included the Saskatchewan Population Health Council, Lung Association, and Northern Medical Services.

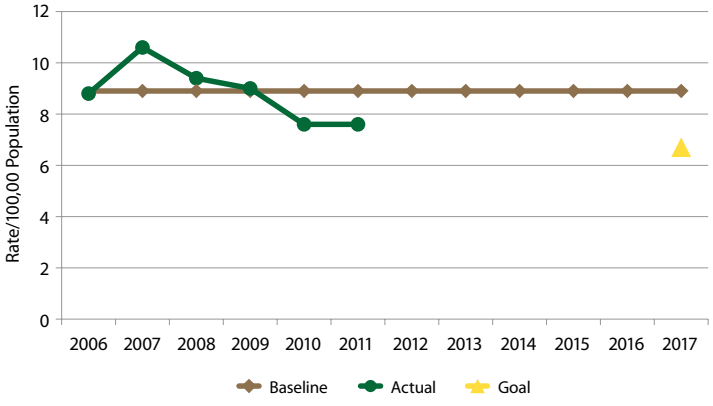
Five-Year Improvement Targets and Outcomes

The Provincial Health Plan also includes five-year tuberculosis improvement targets and outcomes. In 2012-13, work progressed in this area:

By March 2017, there will be a 25 per cent reduction in the incidence of TB. (A longer term target of a 50 per cent reduction of the incidence of TB by March 2022 has also been identified.)

- Baseline rate, five-year and ten-year targets have been established.

Figure 10: Annual Rate of New TB Cases (No Concern)



Human Immunodeficiency Virus (HIV)

2012-13 Key Actions & Results

In 2012-13, the Saskatchewan Population Health Council will work to assess the effectiveness of the HIV strategy. (The HIV Provincial Leadership team, upon its creation, assumed responsibility for monitoring and evaluating the HIV Strategy.)

- A strategic planning session was held on September 24, 2012 to help refine goals and objectives to the end of March 2017.
- The HIV Provincial Leadership team and coordinators gather and review indicators quarterly to monitor the strategy and ensure it is achieving its goals.
- Regular updates on HIV strategy initiatives and progress are provided to the Saskatchewan Population Health Council.

Five-Year Improvement Targets and Outcomes

The Provincial Health Plan also includes five-year Human Immunodeficiency Virus (HIV) improvement targets and outcomes. In 2012-13, work progressed in these areas:

Implement key components of the HIV Strategy, which focuses on: increasing frontline service delivery; enhancing training and education of providers; enhancing community engagement, education and awareness; and improving access to HIV testing, treatment care, and support.

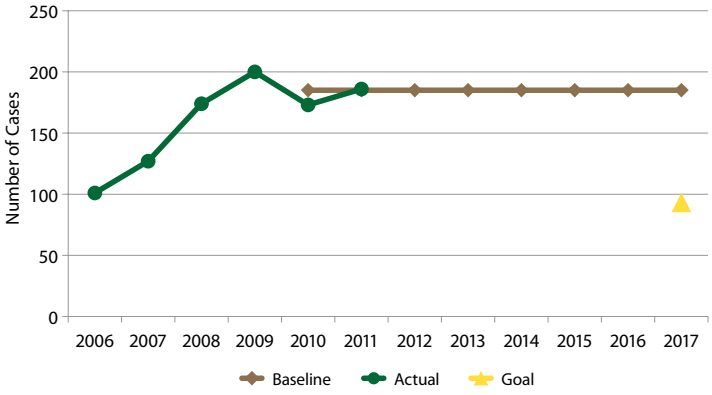
- Since 2010, Saskatchewan has added 31.5 new full-time equivalents (FTEs) to increase HIV care and support.
- Since 2011, there have been no perinatal transmissions of HIV to babies born to mothers who have HIV. A program giving mothers with HIV access to free infant formula prevents transmission through breastfeeding.
- Testing for HIV has increased by 13 per cent from April 2012 to April 2013. There are currently 21 point-of-care testing sites operating across the province. Outreach clinics held in remote, northern, and First Nations communities provide increased access to HIV testing, care and treatment. These clinics employ a multidisciplinary approach with support from an infectious disease physician, pharmacist, mental health and addictions workers, and other professionals involved in client care.
- Other improvements include the development of provincial guidelines for HIV case management and a routine HIV testing policy. Patients also have increased access to housing supports and peer-to-peer support programs.
- In March 2013, 25 staff from all health regions took part in a two-day train-the-trainer workshop with specific modules on youth and sexual health. These staff will train other staff in their health regions in 2013-14.

Progress in 2012 - 13

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

- Saskatchewan has a major focus on case detection, including in First Nations communities where access to testing and treatment was limited prior to the HIV Strategy. [To date, health regions are reporting a 34 per cent reduction in the number of new cases. This number drops considerably (to a 12 per cent reduction) when reported cases from First Nations communities are included.]
- The Ministry is working collaboratively with Health Canada - First Nations and Inuit Health Branch (FNIHB) to support seamless delivery on- and off-reserve. FNIHB is seeking additional resources to support HIV services.

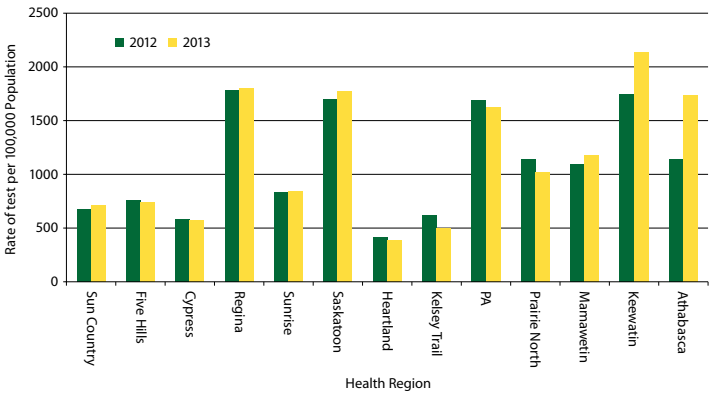
Figure 11: Long Term Outcome: Annual Number of New HIV Cases (Some Concern)



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

- The original target identified was "By March 2017, there will be an increase of 50 per cent in access to point of care testing for HIV". This target was modified to include "access to all HIV testing" following further consultation with subject matter experts.
- Overall the implementation of the HIV Strategic Plan is on target. Testing for HIV increased by 13 per cent from April 2012 to April 2013.

Figure 12: Rate of Lab Tests Performed per 100,000 Population. January to March, 2012 and 2013



Sexually Transmitted Infections (STIs)

2012-13 Key Actions & Results

In 2012-13, the Ministry, health regions, First Nations, and community-based organizations will work together in support of the goal of 50 per cent reduction in the incidence of communicable disease (TB, HIV, STIs and MRSA) by 2017. We will develop an enterprise-wide (cross-government) strategy for STIs.

- A STI strategy is under development by the STI Task Group composed of numerous stakeholders including health regions and community-based organizations. Baselines and target objectives for the STI strategy are being developed using regional health authority data from the past ten years. See Figures 13, 14, and 15.
- The public health focus is on syphilis, gonorrhea and chlamydia. Specific actions will focus on: testing, contact tracing and case management, alignment with other communicable disease initiatives, and upstream initiatives related to youth sexual wellness, mental wellness, and healthy families.

Five-Year Improvement Targets and Outcomes

The Provincial Health Plan also includes five-year Sexually Transmitted Infections (STIs) improvement targets and outcomes. In 2012-13, work progressed in these areas:

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

- The development of the Sexually Transmitted Infection Strategy is on target.

Progress in 2012 - 13

Figure 13: Annual Rate of New Gonorrhea Cases (No Concern)

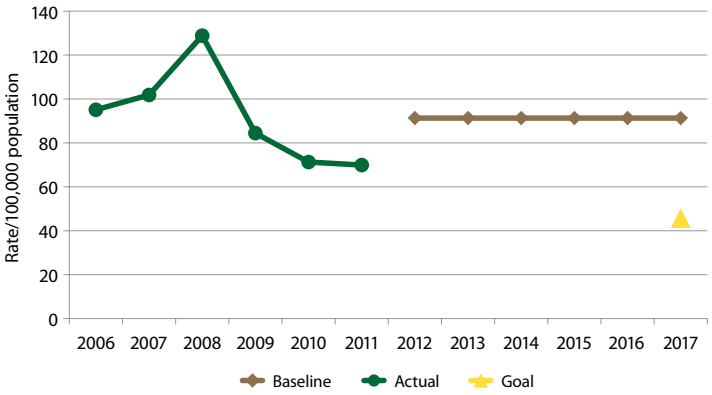


Figure 14: Annual Rate of New Syphilis Cases (No Concern)

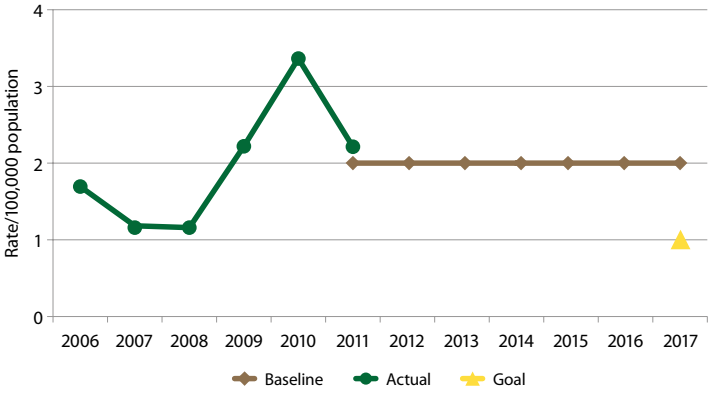
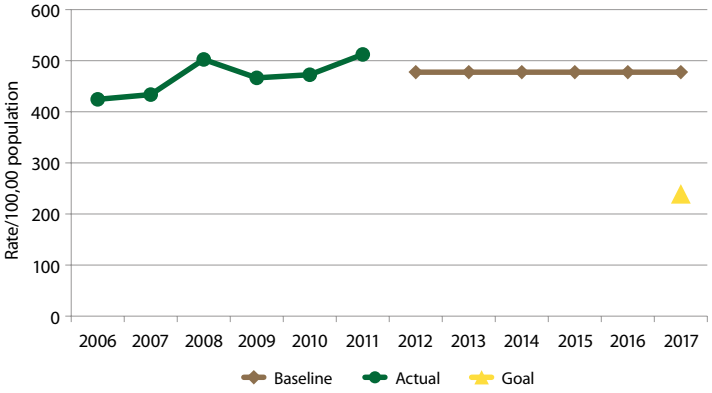


Figure 15: Annual Rate of New Chlamydia Cases



Immunization

2012-13 Key Actions & Results

In 2012-13, the provincial healthcare system will work together in support of the goal of 50 per cent reduction in the incidence of communicable disease (TB, HIV, STIs, and MRSA) by 2017. We will link information systems to determine immunization rates.

- The Saskatchewan Committee on Immunization is currently reviewing all immunization data and working to develop appropriate targets and measures. This goal has been removed from the 2012-13 plan to ensure expert advice informs the measures for the goal.

Five-Year Improvement Targets and Outcomes

The Provincial Health Plan also includes five-year immunization improvement targets and outcomes. In 2012-13, work progressed in these areas:

By March 2017, 95 per cent of children are up-to-date on publicly-funded vaccines by ages two and seven.

- A clinical task group is meeting to review and provide recommendations on appropriate targets and measures going forward.

The following action and result were announced in the 2012 Throne Speech but not captured within the published 2012-13 Health Plan.

The infant immunization program was expanded to provide free, universal access to the rotavirus vaccine. Expanding our public immunization program ensures the best protection is available for all infants and young children, while reducing costs for families and the health care system.

- The rotavirus vaccine was offered, beginning in November 2012, at the two and four month immunization appointments, in addition to the current publicly-funded vaccines for infants.
- Rotavirus is a highly communicable, common diarrheal illness that affects all ages, but is most prevalent in infants and young children. Children under two years face the most severe complications, and the vaccine is a safe and effective way to protect them against rotavirus infection.
- In Saskatchewan, it is estimated that Rotavirus results in 9,000 episodes of illness in infants on a yearly basis, with 1,400 physician visits, 800 emergency room visits and 200 hospitalizations. Rotavirus causes inflammation of the stomach and intestines and is sometimes called gastroenteritis. Symptoms of rotavirus illness generally include several days of vomiting, diarrhea and fever.

Loss of body fluids often results in dehydration that may require hospitalization. Rotavirus is spread easily from children who are infected to other children, often through contaminated hands and objects such as toys.

Methicillin-resistant Staphylococcus Aureus (MRSA)

2012-13 Key Actions & Results

In 2012-13, the provincial healthcare system will work together in support of the goal of 50 per cent reduction in the incidence of communicable disease (TB, HIV, STIs, and MRSA) by 2017. We will begin planning and analysis, along with physicians, nurse practitioners, and pharmacists on strategies to address MRSA. Educations materials will be developed on MRSA.

- A 50 per cent reduction in MRSA by 2017 was a placeholder target when the health system plan was developed for 2012-13. As most of the work on MRSA is standard work (a Lean term) it was agreed that it should not remain as a five year outcome measure or an overall system Hoshin. (Standard work describes how a process should consistently be executed. It provides a baseline from which a better approach or process can be developed.)

III. Senior Citizens

Five-Year Improvement Targets and Outcomes

The Provincial Health Plan also includes five-year improvement targets and outcomes that support senior citizens. In 2012-13, work progressed in these areas:

By March 31, 2017, senior citizens will have access to supports that will allow them to age within their own home and progress into other care options as their needs change, and Senior citizens will have access to supports that will allow them to age within their own home and progress into other care options as their needs change.

- 2012-13 activities were focused on developing a plan to achieve this outcome, which will include:
  - Developing stronger primary healthcare teams and home care services; and
  - Examining the care continuum (home care, housing, personal care homes, long-term care) to identify gaps and opportunities for further investments, including technologies like tele-homecare and enhanced community and home-based supports.
- Strengthening connectivity and access to primary healthcare teams and home care services will ensure that residents, including senior citizens with complex needs and their caregivers, receive the care and support they need to live successfully in the community. Consultations occurred as they related to current needs in the home care program to support seniors.
- Defining the current state of home care in Saskatchewan; the completion of a literature review; a review of previous consultative reports (i.e. *Home Care Program Review* 2005; *Patient First Review* 2009; and the Laura Ross Report- *Focus on the Future: Long-Term Care Initiative* 2010); a national and international jurisdictional scan of senior supportive programs; as well as ministerial stakeholder consultations.
- *Home First/Quick Response Home Care* is being piloted first in Regina Qu'Appelle Health Region. Following consultation with health regions, the measures have been changed for 2013-14 to include the following: increase in home care units of service in the pilot health region; increase in the number of home care clients in the pilot health region; and decrease in acute care beds occupied by long term care residents waiting placement (both provincially and by health region).

Progress in 2012 - 13

Better Care Strategy

IV. Patient Experience

2012-13 Key Actions & Results

By March 31, 2013, complete analysis for identifying the top four components needed for improved patient experience.

- Analysis completed and shared with the Provincial Leadership team on September 25-26, 2012.

By March 31, 2013, develop an action plan for the top four components for improved patient experience.

- The Provincial Leadership team and health system organizations are developing an action plan.

Five-Year Improvement Targets and Outcomes

The Provincial Health Plan also includes five-year patient experience improvement targets and outcomes. In 2012-13, work progressed in these areas:

By March 31, 2017, patients' ratings of exceptional overall healthcare experience are in the top 20 per cent of scores internationally.

- There has been no significant change in patients' ratings of the hospitals provincially.
- Measures of patients experiences with care are being developed to allow frontline providers, managers, and health system leaders to be able to track and act on patients reports at the point of care. This will help to ensure that patients' experiences are being used for improvement in all areas of the health system.

V. Primary Care Provider Referral to Specialist and Diagnostic Services

2012-13 Key Actions & Results

In 2012-13, activities to improve primary care provider to surgical specialist and digital imaging wait times will be monitored and reviewed to consider which activities should be pursued to reduce wait times. Particular attention will be placed on learning from related surgical initiative projects including pooled referrals, Lean improvement work and the primary care provider to specialist benchmark.

- The *Wait 1* patient flow mapping (primary care provider to surgical specialist and digital imaging wait times) was completed. Using pooled referrals has demonstrated marked *Wait 1* reductions where there was high wait time variability. Lean improvements in diagnostic imaging processes are being used to reduce patient wait times.
- Using patient mapping project to move forward the *Wait 1* value stream mapping (currently in 2014-15 workplan).

Five-Year Improvement Targets and Outcomes

The Provincial Health Plan also includes five-year improvement targets and outcomes for primary care provider referral to specialist and diagnostic services. In 2012-13, work progressed in these areas:

By March 31, 2017, there will be a 50 per cent reduction in patient waits, from primary care provider referral to specialist and diagnostic services.

- The 2012-13 Hoshin deployment plan identified 2012-13 and 2013-14 as limited activity planning years. The main activity for these years is to "learn from related Surgical Initiative projects, including pooled referrals and Lean improvement work and primary care provider to specialist benchmark."
- In April 2012, the Ministry introduced a new physician billing code that will allow for measurement from referral to when the patient sees the specialist (this includes surgical and medical specialists). It will take several months to expand usage of the new code, for specialists to see patients, and gather sufficient data to measure each specialist's *Wait 1*.
- Between April 2012 and February 2013, 494 of the province's 792 family physicians have used the new billing code making a referral to a specialist, for a total of more than 6,900 referrals. Referrals were made to 751 specialists across 37 specialties.
- We have engaged biostatisticians and epidemiologists from the University of Western Ontario to assist with analyzing and validating the *Wait 1* measure.
- A baseline for measuring reductions in *Wait 1* will be determined in 2013-14.

VI. Cancer

Saskatchewan cancer patients will have improved access to cancer care and services, thanks to a funding increase this year to the Saskatchewan Cancer Agency.

The provincial government committed $138.8 million for the agency in the 2012-13 Budget, an increase of $16.9 million (nearly 14 per cent) over 2011-12. It will be used to enhance access to cancer screening, cancer drugs and oncologists.

Saskatchewan Cancer Agency data shows that patients are getting more timely appointments with oncologists at cancer centres.

Between April 2010 and February 2012 the number of people waiting to see a medical oncologist in Saskatchewan

dropped almost 50 per cent. The number waiting for a first appointment at a cancer centre dropped 64.5 per cent during the same period. Almost no cancer patient currently waits longer than eight weeks for a first appointment.

2012-13 Key Actions & Results

By March 2013, identify cancer surgery and treatment timeline targets.

- The Ministry of Health has commissioned a national environmental scan in partnership with the Canadian Foundation for Health Improvement to examine cancer wait time targets and strategies across Canada.

By March 2013, undertake value stream mapping for cancer surgery and treatment.

- Planning for value stream mapping has been delayed and is currently planned for mid-2013-14.

By March 2013, assess how cancer surgeries are allocated to the operating room.

- Work is underway in the health regions to improve operating room utilization and allocation for cancer care.

Five-Year Improvement Targets and Outcomes

The Provincial Health Plan also includes five-year cancer improvement targets and outcomes. In 2012-13, work progressed in these areas:

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

- Completion of invasive cancer surgeries within the three-week timeframe continues to be well below the 95 per cent target, with monthly results averaging 67.5 per cent provincially from April 1, 2012 to March 31, 2013.
- Provincial performance ranged from a high of 75 per cent in June 2012 to a low of 56 per cent in January 2013.
- Regina and Saskatoon are responding to these results as part of their broader surgical mitigation plans. Specific actions include increasing the operating room time blocked for cancer surgeries, improving co-ordination where more than one surgeon is required, auditing the cause of delay in individual cases, and, seasonally, looking at how to ensure patients receive timely care during the summer holiday period when surgeons may be on vacation.

By March 31, 2017 there will be a 50 per cent reduction in value stream waste for the provision of cancer surgery and/or treatment. *(Value stream refers to the steps in a process required to produce a product or service. Waste refers to any activity that does add value for patients. Lean helps to eliminate seven types of waste: overproduction, excess inventory, excess waiting, excess transportation, excess motion, unnecessary steps in a process, and defects.)*

- The Ministry of Health, health regions and Saskatchewan Cancer Agency will be involved in value stream mapping to help identify the delays in the cancer patient's journey. The initial focus is on colorectal cancer care with process flow mapping completed in 2012 and value stream mapping scheduled for mid-2013-14 followed by Kaizen events (a Lean term that means "a change for the better").
- The introduction of the prostate and pelvic floor (uro-gynaecology) pathways will improve and expedite cancer patient assessment and support.

VII. Mental Health and Addictions

2012-13 Key Actions & Results

By March 2013, approve a plan that will explore enhanced residential resources for individuals with severe and complex mental health needs throughout the province in conjunction with planning, development, and rebuilding the Saskatchewan Hospital North Battleford.

- Planning continues regarding the development of residential resources for individuals with complex and severe mental health issues. These resources are meant to complement the redevelopment of Saskatchewan Hospital North Battleford, and are expected to be built at about the same time. The planning for rebuilding the hospital is taking additional time to determine whether a P3 (Public-Private Partnership) would be desirable or not. A review of the needs and plans for Corrections facilities to be located on the property is being undertaken.

By March 2013, review and approve projects and begin the planning process with Regina Qu'Appelle, Saskatoon, Prince Albert Parkland, Five Hills, and Prairie North Health Regions.

- The plan for residential and community supports is being reviewed in conjunction with the Ministries of Justice (Corrections and Policing) and Social Services. Planning continues regarding the development of residential resources for individuals with complex and severe mental health issues.

Progress in 2012 - 13

Five-Year Improvement Targets and Outcomes

The Provincial Health Plan also includes five-year mental health and addictions improvement targets and outcomes. In 2012-13, work progressed in these areas:

Individuals with severe, complex mental health issues with alcohol co-morbidity or acquired brain injury will have access to supportive housing in or near their community.

- Approve a plan that will explore enhanced residential resources for individuals with severe and complex mental health needs throughout the province in conjunction with planning, development, and rebuilding the Saskatchewan Hospital North Battleford. As well, a review of the needs and plans for corrections facilities also on the property is being undertaken.
- Review and approve projects and commence the planning process with Regina Qu'Appelle, Saskatoon, Prince Albert Parkland, Five Hills, and Prairie North Health Regions.
- A reduction in the length of stay for SHNB inpatient admissions is an indicator of the availability of more appropriate community residential services. Progress towards reducing the length of stays for SHNB inpatients will be accelerated when SHNB and the residential resources are in place.

By March 2017, reduce number of emergency room visits by individuals with severe or complex mental health issues by 50 per cent.

- The number of emergency room visits measures the effectiveness of community health services. When individuals have access to effective community treatments, they are less likely to make frequent emergency room visits.
- While some health regions are currently measuring visits to emergency rooms by individuals with mental health needs, progress toward the goal of reducing the number of emergency room visits is currently delayed as the options for additional residential resources are being reviewed.

By March 2017, reduce the percentage of readmissions (mental health inpatient and acute care units) of individuals with severe, complex mental health issues by 50 per cent.

- The percentage of readmissions is a measure of effectiveness of community supports available after discharge. Readmissions, especially within seven or 30 days, indicate issues with discharge planning and community resources that are capable of supporting the individual after discharge.
- Some health regions are currently measuring readmissions and examining the characteristic of persons who are readmitted.

VIII. Emergency Department Waits

2012-13 Key Actions & Results

In 2012-13, a plan will be developed that builds on the transformation agenda to:

- ***Innovate to improve processes.***
- ***Reduce demand on emergency services through improved patient care in rural urban communities by pursuing options of after-hours care.***
- ***Optimize the skills of all team members in emergency services.***
- ***Provide patients who no longer require hospital services with care in more appropriate settings.***
- ***Examine the care continuum (home care, housing personal care homes, and long-term care) to identify gaps and opportunities for further investments, including technologies like tele-homecare and enhanced community and home-based supports.***

- Due to the significant changes in project scope, targets, and structure made during the Hoshin Kanri cycle, the development of a detailed project plan has been postponed to 2013-14. The Emergency Room Kaizen Operations Team will be responsible for the planning activities in 2013-14.
- The Ministry of Health has completed an environmental scan identifying the major causes of emergency room overcrowding and reviewed best practices to address them. A comprehensive value stream map (a Lean term) examining the emergency care continuum was developed in Saskatoon in February 2013. A provincial value stream map will be developed in fall 2013 to guide the health system planning to reduce emergency department waits.
- Arrangements are currently being made to establish Kaizen Operations Teams and the mechanism to coordinate with primary health care, long term care, complex care, and mental health and addictions teams.

By March 2013, develop good reporting structures and consistent data.

- Baseline data is being collected to inform the health system planning to occur in 2013-14.
- Saskatoon Health Region has submitted 2011-12 and 2012-13 emergency room data to the Ministry of Health and National Ambulatory Care Reporting System (NACRS).
- Regina Qu'Appelle Health Region will begin reporting to NACRS in 2013-14. The health region's historical emergency room data is not yet available.

Progress in 2012 - 13

- Consultations are planned for 2013-14 with all health regions to identify areas for improvement and opportunities to apply lessons learned/innovations on a province-wide basis.

By March 2013, implement patient flow projects with Saskatoon and Regina Qu'Appelle Health Regions.

- Patient flow project RPIWs were successfully implemented in Regina and Saskatoon. The RPIWs addressed emergency services such as wait times for registration, initial doctor assessment, diagnostic imaging, and impatient beds.
- Once an Emergency Room Kaizen Promotion Team (ERKPT) is established, a more systematic approach to the flow improvement initiatives will be taken (e.g. development of strategies to replicate and spread successes across the province).

Five-Year Improvement Targets and Outcomes

The Provincial Health Plan also includes five-year improvement targets and outcomes for emergency department waits. In 2012-13, work progressed in these areas:

By March 31, 2017, no patient will wait for emergency room care (patients seeking non-emergency care in the emergency room will have access to more appropriate care settings).

- A plan is in place for 2013-14 and a team has been identified to lead this work. This is a Ministry of Health Hoshin for 2013-14 and is expected to become a health system Hoshin for 2014-15.

Better Teams Strategy

IX. Employee Engagement

2012-13 Key Actions & Results

By March 2013, each region will implement an action plan to improve employee engagement scores.

- Health regions either have an action plan in place or are drafting an action plan to improve employee engagement scores. Each region developed a project plan to support the employee engagement outcome, a provincial task team evaluated options for measures, and some staff are receiving training in Lean, RPIW, and Kaizen Basics.

By March 2013, a provincial planning session will be held to map implementation of continuous improvement across the province.

- A provincial planning session was held on October 9 and 10, 2012 to plan and finalize the January 1, 2013 to March 31, 2014 continuous improvement implementation plan. (Continuous improvement is a Lean term that means an ongoing effort to improve quality.)

By March 2013, 10 per cent of the five-year targeted number of employees will be trained in continuous improvement basics. (Train 3000 staff in Kaizen Basics.)

- Kaizen Basics (an introductory Lean training course) has been provided to 6,739 employees and clinicians. The five-year target is 9000 employees and clinicians.

Five-Year Improvement Targets and Outcomes

The Provincial Health Plan also includes five-year improvement targets and outcomes for employee engagement. In 2012-13, work progressed in these areas:

By March 31, 2017, the employee engagement provincial average score exceeds 80 per cent.

- Overall engagement was rated as favourable by 63 per cent of health system staff. (Source: 2011 health system employee engagement survey.)

Progress in 2012 - 13

By March 2017, 25 per cent of staff and clinicians (about 7,500) are trained in continuous improvement basics (Kaizen basics). The target numbers of staff and clinicians to be trained each fiscal year are:

- ***2012-13: 3,000 staff and clinicians.***
- ***2013-14: 1,500 staff and clinicians.***
- ***2014-15: 1,500 staff and clinicians.***
- ***2015-16: 1,500 staff and clinicians.***

- Kaizen Basics training was provided to 6,739 staff and clinicians. This is 90 per cent of the five year improvement target.

By March 2017, 400 staff will be dedicated to continuous improvement. The accumulative target numbers of staff dedicated to continuous improvement by fiscal year are:

- ***2012-13: 120 staff members.***
- ***2013-14: 190 staff members.***
- ***2014-15: 260 staff members.***
- ***2015-16: 330 staff members.***
- ***2016-17: 400 staff members.***

- There are 118 quality improvement employees in the health system. This is 98 per cent of the 2012-13 target. Quality improvement staff include employees of Kaizen Promotion Offices, Kaizen Operations Teams, and the Health Quality Council.
- Quality improvement employees are dedicated full time to quality improvement work. They help, support, organize, and in some case lead quality improvement events within the health system each of which has a direct impact on improved patient care.

X. Physician Engagement

2012-13 Key Actions & Results

By March 31, 2013, deploy a tool to measure physician engagement in collaboration with the College of Physicians and Surgeons of Saskatchewan and the Saskatchewan Medical Association.

- Physician engagement has been integrated into team engagement.
- A survey vendor Request for Proposals (RFP) was issued and work is underway to select the vendor and develop the tool.

By March 31, 2013, deploy a tool to measure physician engagement in collaboration with the College of Physicians and Surgeons of Saskatchewan and the Saskatchewan Medical Association.

- A provincial forum of health region administrative and physician leaders, practicing physicians and representatives of the College of Physicians and Surgeons of Saskatchewan and Saskatchewan Medical Association was convened to advise on appropriate mechanisms for engagement. A work plan has been developed to begin engagement activity.

By March 31, 2013, select a third party to administer the survey tool.

- A survey vendor Request for Proposals (RFP) was issued and work is underway to select the vendor.

By March 31, 2013, determine targets for measurement.

- Team engagement measures have been set and targets are under development.

2012 - 13 Financial Overview

The Ministry spent or allocated $4.6 billion in expenditures in 2012-13, $104.6 million less than provided in its budget. The savings can mainly be attributed to under-expenditures in utilization, collective bargaining and physician services (one-time).

In 2012-13, the Ministry received $22.4 million of revenue, $9.1 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.

2012 - 13 Financial Overview

Ministry of Health Comparison of Actual Expense to Estimates

	2012-13 Estimates $000s	2012-13 Actuals $000s	2012-13 Variance $000s	Notes
Central Management and Services				
Minister's Salary (Statutory)	47	87	40	
Executive Management	2,040	2,576	536	
Central Services	6,456	5,088	(1,368)	
Accommodation Services	4,148	3,783	(365)	
	12,691	**11,534**	**(1,157)**	
Regional Health Services				
Athabasca Health Authority Inc.	6,425	6,425	-	
Cypress Regional Health Authority	108,536	108,536	-	
Five Hills Regional Health Authority	131,573	131,573	-	
Heartland Regional Health Authority	81,947	81,882	(65)	
Keewatin Yatthe Regional Health Authority	24,644	24,644	-	
Kelsey Trail Regional Health Authority	103,570	103,570	-	
Mamawetan Churchill River Regional Health Authority	25,431	25,431	-	
Prairie North Regional Health Authority	190,746	190,381	(365)	
Prince Albert Parkland Regional Health Authority	187,514	187,768	254	
Regina Qu'Appelle Regional Health Authority	823,011	814,329	(8,682)	
Saskatoon Regional Health Authority	921,990	919,538	(2,452)	
Sun Country Regional Health Authority	122,807	122,767	(40)	
Sunrise Regional Health Authority	179,888	179,888	-	
Regional Targeted Programs and Services	145,303	120,380	(24,923)	1
Saskatchewan Cancer Agency	138,758	134,318	(4,440)	
Facilities - Capital	16,545	28,084	11,539	2
Equipment - Capital	7,000	9,598	2,598	
Regional Programs Support	18,406	19,867	1,461	
Subtotal	**3,234,094**	**3,208,979**	**(25,115)**	
Provincial Health Services				
Canadian Blood Services	47,000	39,114	(7,886)	3
Provincial Targeted Programs and Services	56,234	62,445	6,211	4
Provincial Laboratory	23,999	23,437	(562)	
Health Research	5,584	5,784	200	
Health Quality Council	4,871	6,871	2,000	
Immunizations	17,231	12,001	(5,230)	3
eHealth Saskatchewan	55,151	55,151	-	
Provincial Programs Support	9,887	10,770	883	
Subtotal	**219,957**	**215,573**	**(4,384)**	

2012 - 13 Financial Overview

Ministry of Health Comparison of Actual Expense to Estimates

	2011-12 Actuals $000s	Re-stated 2012-13 Estimates $000s	2012-13 Actuals $000s	Notes
Medical Services & Medical Education Programs				
Medical Services - Fee-for-Service	480,989	480,627	(362)	
Medical Services - Non-Fee-for-Service	140,450	106,542	(33,908)	5
Medical Education System	66,711	51,980	(14,731)	6
Optometric Services	6,552	6,596	44	
Dental Services	2,183	1,725	(458)	
Out-of-Province	117,623	128,622	10,999	7
Program Support	4,509	4,775	266	
Subtotal	**819,017**	**780,867**	**(38,150)**	
Drug Plan & Extended Benefits				
Saskatchewan Prescription Drug Plan	309,552	276,849	(32,703)	3
Saskatchewan Aids to Independent Living	39,436	38,070	(1,366)	
Supplementary Health Program	22,434	20,977	(1,457)	
Family Health Benefits	5,871	4,458	(1,413)	
Multi-Provincial Human Immunodeficiency Virus Assistance	330	146	(184)	
Program Support	4,435	4,685	250	
Subtotal	**382,058**	**345,185**	**(36,873)**	
Early Childhood Development	**10,937**	**10,937**	**-**	
Provincial Infrastructure Projects	**47,697**	**42,646**	**(5,051)**	8
APPROPRIATION	**4,726,451**	**4,615,721**	**(110,730)**	
Capital Asset Acquisition	(48,080)	(42,676)	5,404	8
Capital Asset Amortization	1,797	2,544	747	
TOTAL EXPENSE	**4,680,168**	**4,575,589**	**(104,579)**	
FTE STAFF COMPLEMENT	**532.4**	**534.1**	**1.7**	

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

Explanation of Major Variances:

Explanations are provided for all variances that are both greater than 5 percent of the Ministry's 2012-13 Estimates and greater than 0.1 percent of the Ministry's total expense.

1. Primarily savings related to unsettled collective bargaining agreements.
2. Increased investments in capital facilities.
3. Program utilization below budgeted levels.
4. Primarily over-expenditures related to Patient First initiatives and Air Ambulance utilization.
5. Primarily budgeted savings related to one-time physician services.
6. Primarily savings for physician services utilization (one-time).
7. Program utilization above budgeted levels.
8. Delayed investments for Provincial Infrastructure projects.

2012 - 13 Financial Overview

Ministry of Health Comparison of Actual Revenue to Estimates

	2012-13 Estimates $000s	2012-13 Actuals $000s	Variance $000s	Notes
Other Own-source Revenue				
Interest, premium, discount and exchange	114	81	(33)	
Other licenses and permits	42	32	(10)	
Sales, services and service fees	2,533	2,257	(276)	
Other	1,417	10,705	9,288	1
Total	4,106	13,075	8,969	
Transfers from the Federal Government	9,217	9,313	96	
TOTAL REVENUE	**13,323**	**22,388**	**9,065**	

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

Explanation of 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.

2012-13 Regional Health Authorities

Operating Fund Audited Financial Statements[1] ($000s)

STATEMENT OF OPERATIONS AND CHANGE IN FUND BALANCES	Cypress[2]	Five Hills	Heartland[2]	Keewatin Yatthé	Kelsey Trail[2]	Mamawetan Churchill River
Operating Revenues:						
Ministry of Health - General Revenue Fund	112,088	136,981	83,579	25,358	106,920	25,161
Other Government of Saskatchewan	457	1,911	282	504	1,639	2,002
Other Government Jurisdictions	130	265	12	-	31	35
Out-of-Province/Third Party Reimbursements	10,396	6,714	11,101	1,207	9,852	1,093
Donations	68	60	170	-	22	-
Ancillary Operations	-	202	206	-	777	109
Investment Income	243	269	185	43	175	43
Other Revenue	530	24	293	469	120	445
Total Operating Revenue	**123,912**	**146,426**	**95,828**	**27,581**	**119,537**	**28,886**
Operating Expenses:						
Inpatient & resident services						
Nursing Administration	3,476	1,555	4,343	229	3,675	33
Acute	17,283	24,113	6,648	4,499	14,761	3,774
Supportive	18,025	33,969	8,699	1,914	18,048	802
Integrated	9,288	-	22,031	37	5,526	-
Rehabilitation	-	-	-	-	-	-
Mental health & addictions	1,603	2,516	-	-	-	-
Total inpatient & resident services	49,675	62,153	41,720	6,678	42,010	4,609
Physician compensation	13,700	13,655	1,396	43	10,186	789
Ambulatory care services	2,160	6,668	157	-	3,091	-
Diagnostic & therapeutic services	11,637	11,756	8,757	1,870	10,831	1,768
Community health services						
Primary health care	1,783	1,516	1,118	2,892	2,571	3,344
Home care	6,570	8,460	7,012	1,433	7,634	1,705
Mental health & addictions	2,944	7,339	3,342	2,473	2,799	3,406
Population health	2,859	4,022	3,116	2,666	4,975	4,887
Emergency response services	4,268	2,981	4,949	2,457	3,839	1,429
Other community services	1,296	763	379	-	594	378
Total support services	19,718	25,081	19,915	11,922	22,412	15,150
Ancillary						
Program support	6,562	6,585	6,030	2,973	6,749	3,468
Operational support	20,517	16,553	19,395	3,797	22,712	2,893
Other support	1,518	257	293	75	440	22
Employee future benefits	(86)	(64)	(68)	17	(39)	32
Total support services	28,511	23,332	25,650	6,862	29,863	6,414
Ancillary	24	146	185	-	-	18
Total Operating Expenses	**125,426**	**142,790**	**97,781**	**27,374**	**118,392**	**28,748**
Operating Fund Excess/(Deficiency)	**(1,514)**	**3,636**	**(1,954)**	**207**	**1,145**	**139**
Interfund Transfers	3,951	(245)	2,021	-	(1,088)	(105)
Increase (decrease) in fund balances	**2,437**	**3,391**	**68**	**207**	**57**	**34**
Operating Fund Balance - Beginning of the year	3,631	(1,963)	(1,495)	(472)	(5,735)	(531)
Operating Fund Balance - End of Year	**6,068**	**1,428**	**(1,428)**	**(265)**	**(5,678)**	**(497)**
STATEMENT OF FINANCIAL POSITION						
Operating Assets:						
Cash and Short-term Investments	22,260	22,676	10,301	3,848	8,372	3,264
Accounts Receivable:						
Ministry of Health	361	411	170	-	89	15
Other	976	1,023	1,284	781	1,180	894
Inventory	775	1,062	1,365	304	574	152
Prepaid Expenses	212	745	466	275	926	168
Due from (Community Trust Fund)	457	-	-	-	-	-
Investments	1,955	79	1,765	10	1,221	-
Other Assets	-	-	-	-	31	-
Total Operating Assets	**26,997**	**25,996**	**15,351**	**5,218**	**12,394**	**4,492**
Liabilities and Operating Fund Balance:						
Accounts Payable	4,873	4,536	2,947	1,516	2,617	906
Bank Indebtedness	-	-	-	-	-	-
Accrued Liabilities:						
Accrued Salaries	1,765	3,162	2,814	445	1,768	374
Vacation Payable	7,609	6,448	6,208	1,347	6,958	1,173
Other	-	-	-	-	-	-
Employee future benefits	3,404	3,127	3,124	738	4,149	710
Deferred Revenue	3,278	7,295	1,686	1,437	2,579	1,827
Total Operating Liabilities	**20,929**	**24,568**	**16,779**	**5,483**	**18,072**	**4,990**
Externally Restricted	-	-	-	-	-	-
Internally Restricted	-	-	-	-	-	-
Unrestricted	6,068	1,428	(1,428)	(265)	(5,678)	(497)
Operating Fund Balance	**6,068**	**1,428**	**(1,428)**	**(265)**	**(5,678)**	**(497)**
Total Liabilities and Fund Balance	**26,997**	**25,996**	**15,351**	**5,218**	**12,394**	**4,492**

1. Some items may not balance due to rounding.

2012-13 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[2]	Sunrise	Grand Total
Operating Revenues:							
Ministry of Health - General Revenue Fund	199,039	196,861	867,312	982,436	126,222	185,477	3,047,434
Other Government of Saskatchewan	4,841	1,480	11,496	12,533	1,434	2,647	41,227
Other Government Jurisdictions	33,904	601	8,085	979	3	66	44,110
Out-of-Province/Third Party Reimbursements	18,016	11,442	49,195	42,887	13,394	19,299	194,595
Donations	583	38	1,482	-	112	202	2,737
Ancillary Operations	282	1,117	6,471	17,453	-	1,356	27,972
Investment Income	208	270	384	-	105	162	2,085
Other Revenue	764	117	8,592	3,316	155	19	14,844
Total Operating Revenue	**257,636**	**211,924**	**953,018**	**1,059,604**	**141,424**	**209,228**	**3,375,005**
Operating Expenses:							
Inpatient & resident services							
Nursing Administration	8,435	4,730	3,609	11,204	514	5,267	47,070
Acute	41,661	40,509	213,680	259,825	7,055	32,182	665,988
Supportive	35,304	33,868	115,851	135,598	25,920	45,213	473,212
Integrated	-	-	20,485	-	31,925	-	89,291
Rehabilitation	339	-	6,794	4,865	-	-	11,999
Mental health & addictions	13,786	5,005	12,261	10,831	1,828	2,561	50,392
Total inpatient & resident services	99,526	84,113	372,679	422,323	67,242	85,223	1,337,951
Physician compensation	20,287	18,276	82,099	95,983	3,737	9,125	269,275
Ambulatory care services	11,327	11,721	91,912	82,960	1,861	7,609	219,467
Diagnostic & therapeutic services	27,454	19,249	116,886	143,117	9,353	19,014	381,691
Community health services							
Primary health care	5,462	2,587	13,731	3,887	983	1,020	40,893
Home care	9,626	11,413	31,429	36,808	9,730	12,234	144,053
Mental health & addictions	11,515	10,929	27,422	35,702	4,751	4,568	117,192
Population health	10,128	7,028	19,944	27,451	4,085	7,169	98,330
Emergency response services	6,891	4,276	17,157	15,885	5,332	6,140	75,606
Other community services	1,311	382	4,902	8,704	476	1,825	21,009
Total support services	44,934	36,615	114,586	128,437	25,357	32,957	497,083
Ancillary							
Program support	13,395	9,626	45,219	61,624	8,048	13,834	184,114
Operational support	41,676	30,277	134,318	135,912	22,589	36,458	487,096
Other support	342	395	13,204	2,648	2,159	1,187	22,539
Employee future benefits	29	-	78	(215)	(33)	(87)	(435)
Total support services	55,441	40,298	192,818	199,969	32,764	51,392	693,314
Ancillary	292	515	1,733	11,055	-	1,202	15,171
Total Operating Expenses	**259,261**	**210,787**	**972,713**	**1,083,844**	**140,314**	**206,521**	**3,413,952**
Operating Fund Excess/(Deficiency)	**(1,626)**	**1,137**	**(19,695)**	**(24,240)**	**1,110**	**2,707**	**(38,948)**
Interfund Transfers	(1,120)	(1,293)	(3,205)	(777)	(604)	(2,253)	(4,718)
Increase (decrease) in fund balances	**(2,746)**	**(156)**	**(22,899)**	**(25,017)**	**506**	**454**	**(43,666)**
Operating Fund Balance - Beginning of the year	(8,238)	(19,390)	(88,217)	(68,267)	(8,164)	(37,093)	(235,933)
Operating Fund Balance - End of Year	**(10,983)**	**(19,546)**	**(111,116)**	**(93,284)**	**(7,658)**	**(36,639)**	**(279,599)**
STATEMENT OF FINANCIAL POSITION							
Operating Assets:							
Cash and Short-term Investments	11,662	10,220	8,081	32,679	7,502	1,918	142,783
Accounts Receivable:							
Ministry of Health	715	462	3,295	3,239	337	309	9,404
Other	3,848	1,378	14,645	18,508	2,294	1,668	48,479
Inventory	1,824	863	4,720	9,566	858	1,545	23,609
Prepaid Expenses	2,719	1,013	6,180	6,548	831	1,582	21,665
Due from (Community Trust Fund)	-	-	(200)	-	-	-	256
Investments	2,422	-	-	-	16	251	7,720
Other Assets	-	-	-	-	-	-	31
Total Operating Assets	**23,191**	**13,936**	**36,720**	**70,540**	**11,839**	**7,274**	**253,948**
Liabilities and Operating Fund Balance:							
Accounts Payable	8,640	7,184	39,062	46,733	3,047	5,477	127,539
Bank Indebtedness	-	-	-	-	-	6,645	6,645
Accrued Liabilities:							
Accrued Salaries	4,221	2,952	12,679	20,381	4,000	4,564	59,125
Vacation Payable	12,691	11,832	49,613	46,984	7,026	12,854	170,742
Other	24	-	-	-	-	1,075	1,099
Employee future benefits	6,962	5,763	25,125	27,333	3,683	6,641	90,758
Deferred Revenue	1,637	5,751	21,358	22,393	1,741	6,656	77,639
Total Operating Liabilities	**34,175**	**33,482**	**147,836**	**163,824**	**19,497**	**43,913**	**533,546**
Externally Restricted	-	-	-	-	-	-	-
Internally Restricted	346	-	342	-	9	48	746
Unrestricted	(11,330)	(19,546)	(111,459)	(93,284)	(7,667)	(36,688)	(280,345)
Operating Fund Balance	**(10,983)**	**(19,546)**	**(111,116)**	**(93,284)**	**(7,658)**	**(36,639)**	**(279,599)**
Total Liabilities and Fund Balance	**23,191**	**13,936**	**36,720**	**70,540**	**11,839**	**7,274**	**253,948**

1. Some items may not balance due to rounding.

2012-13 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	773	1,144	465	63	4,576	60
Other Government of Saskatchewan	-	53	265	-	338	-
Other Government Jurisdictions	-	-	-	-	-	-
Donations	1,154	2,287	6,612	1	3,345	2
Investment Income	-	21	-	-	-	-
Ancillary Operations	116	370	174	-	151	3
Recoveries	-	-	-	11	-	-
Other Revenue	735	19	3	-	-	1
Total Restricted Revenue	**2,777**	**3,894**	**7,520**	**75**	**8,410**	**66**
Restricted Expenses:						
Inpatient & resident services						
Nursing Administration	-	26	-	-	-	607
Acute	1,641	645	169	92	1,598	13
Supportive	1,087	170	101	34	1,365	-
Integrated	392	-	3,596	-	755	-
Rehabilitation	-	-	-	-	-	-
Mental health & addictions	-	11	-	-	-	-
Total inpatient & resident services	3,120	853	3,866	126	3,717	620
Physician compensation	-	-	-	-	-	-
Ambulatory care services	79	57	-	-	-	-
Diagnostic & therapeutic services	458	529	-	53	-	-
Community health services						
Primary health care	-	181	3	17	462	-
Home care	-	90	27	1	-	-
Mental health & addictions	-	-	-	1	-	20
Population health	-	4	3	26	-	-
Emergency response services	154	1	364	43	125	-
Other community services	-	14	-	-	35	-
Total community health services	154	289	398	88	621	20
Support services						
Program support	13	74	95	75	-	10
Operational support	-	187	-	849	101	-
Other support	-	2,516	-	-	-	-
Total support services	13	2,777	95	924	101	10
Ancillary	-	-	-	-	-	-
Total Restricted Expenses	**3,824**	**4,504**	**4,358**	**1,191**	**4,439**	**650**
Restricted Fund Excess/(Deficiency)	**(1,047)**	**(610)**	**3,162**	**(1,116)**	**3,971**	**(583)**
Interfund Transfers	(3,941)	245	(2,021)	-	1,088	105
Increase (decrease) in fund balances	**(4,988)**	**(365)**	**1,141**	**(1,116)**	**5,059**	**(478)**
Restricted Fund Balance - Beginning of year	78,964	44,105	54,058	25,379	47,597	10,231
Restricted Fund Balance - End of Year	**73,977**	**43,740**	**55,199**	**24,263**	**52,656**	**9,752**
STATEMENT OF FINANCIAL POSITION						
Restricted Assets:						
Cash and Short-term Investments	4,367	25,175	14,485	1,250	8,971	451
Accounts Receivable:						
Ministry of Health	1,087	1,512	-	-	2,537	-
Other	1,112	151	2,040	-	332	21
Investments	-	666	1,094	1	-	-
Capital Assets	71,041	17,775	51,663	23,012	51,402	9,477
Other Assets	-	-	-	-	-	-
Total Restricted Assets	**77,607**	**45,279**	**69,282**	**24,263**	**63,242**	**9,949**
Liabilities and Restricted Fund Balance:						
Accounts Payable	1,273	10	8,159	-	497	1
Accrued Liabilities	-	-	-	-	-	-
Deferred Revenue (Non-Ministry of Health)	-	-	-	-	-	-
Debt	1,891	1,530	5,924	-	10,089	196
Total Restricted Liabilities	**3,164**	**1,539**	**14,083**	**-**	**10,586**	**197**
Invested in Capital Assets	67,906	16,246	45,739	23,012	41,312	9,281
Externally Restricted	1,415	9,475	7,711	258	9,251	154
Internally Restricted	4,656	18,019	1,749	994	2,093	317
Restricted Fund Balance	**73,977**	**43,740**	**55,199**	**24,263**	**52,656**	**9,752**
Total Liabilities & Fund Balances	**77,141**	**45,279**	**69,282**	**24,263**	**63,242**	**9,949**

1. The restricted fund consists of the Capital Fund and Community Trust Fund. The Capital Fund reflects the equity of the RHA on capital assets and any associated long-term debt. The Capital Fund revenue includes revenue from the General Revenue Fund pr
2. Unaudited data.

2012-13 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	2,104	3,915	8,572	12,073	4,597	1,010	39,353
Other Government of Saskatchewan	-	-	412	5,300	144	-	6,513
Other Government Jurisdictions	1,221	283	-	-	-	-	1,505
Donations	1,106	439	5,996	9,415	4,455	519	35,330
Investment Income	-	-	-	-	-	-	21
Ancillary Operations	121	178	69	4,187	103	57	5,530
Recoveries	-	6,551	-	-	-	-	6,562
Other Revenue	2	140	2,129	1,386	8	202	4,627
Total Restricted Revenue	**4,554**	**11,507**	**17,179**	**32,361**	**9,308**	**1,789**	**99,440**
Restricted Expenses:							
Inpatient & resident services							
Nursing Administration	-	16	-	-	-	12	662
Acute	5,017	1,772	10,164	-	422	764	22,297
Supportive	1,881	1,517	1,661	-	1,699	632	10,149
Integrated	-	-	337	-	1,194	-	6,273
Rehabilitation	-	-	537	-	-	-	537
Mental health & addictions	8	12	-	-	-	-	31
Total inpatient & resident services	6,906	3,318	12,700	-	3,315	1,408	39,949
Physician compensation	-	1	-	-	-	-	1
Ambulatory care services	-	243	559	-	-	52	990
Diagnostic & therapeutic services	-	443	1,089	-	6	625	3,202
Community health services							
Primary health care	95	7	154	-	2	9	930
Home care	82	19	15	-	9	14	257
Mental health & addictions	-	108	5	-	33	4	171
Population health	7	5	17	-	31	6	99
Emergency response services	122	2	1,222	-	351	35	2,419
Other community services	-	-	-	-	-	-	48
Total community health services	307	140	1,413	-	425	69	3,924
Support services							
Program support	766	108	3,081	43,178	-	22	47,421
Operational support	-	232	14,084	-	-	215	15,669
Other support	-	213	-	-	-	5,737	8,466
Total support services	766	553	17,166	43,178	-	5,975	71,556
Ancillary	-	120	327	-	-	27	475
Total Restricted Expenses	**7,978**	**4,818**	**33,255**	**43,178**	**3,746**	**8,156**	**120,097**
Restricted Fund Excess/(Deficiency)	**(3,424)**	**6,690**	**(16,076)**	**(10,817)**	**5,562**	**(6,367)**	**(20,657)**
Interfund Transfers	1,120	1,293	3,205	777	604	2,253	4,729
Increase (decrease) in fund balances	**(2,304)**	**7,983**	**(12,871)**	**(10,040)**	**6,166**	**(4,114)**	**(15,928)**
Restricted Fund Balance - Beginning of year	66,670	82,599	350,427	501,963	58,696	72,051	1,392,740
Restricted Fund Balance - End of Year	**64,367**	**90,582**	**337,556**	**491,923**	**64,862**	**67,937**	**1,376,812**
STATEMENT OF FINANCIAL POSITION							
Restricted Assets:							
Cash and Short-term Investments	2,232	11,916	11,679	46,854	4,716	4,967	137,064
Accounts Receivable:							
Ministry of Health	655	-	210	241	2,185	-	8,426
Other	449	5,605	920	2,813	800	59	14,302
Investments	133	33	462	160,411	2	-	162,803
Capital Assets	69,053	87,591	334,315	306,786	62,683	80,962	1,165,759
Other Assets	-	644	49	-	-	-	692
Total Restricted Assets	**72,521**	**105,789**	**347,635**	**517,105**	**70,386**	**85,988**	**1,489,046**
Liabilities and Restricted Fund Balance:							
Accounts Payable	543	5,542	928	5,709	1,261	248	24,170
Accrued Liabilities	-	-	-	-	-	33	33
Deferred Revenue (Non-Ministry of Health)	-	-	-	-	-	-	-
Debt	7,611	9,666	9,538	19,473	4,263	17,771	87,951
Total Restricted Liabilities	**8,154**	**15,208**	**10,466**	**25,182**	**5,524**	**18,051**	**112,155**
Invested in Capital Assets	61,441	77,926	324,777	287,313	58,402	63,191	1,076,546
Externally Restricted	1,236	8,043	11,597	204,526	5,606	1,558	260,830
Internally Restricted	1,689	4,613	996	84	853	3,188	39,250
Restricted Fund Balance	**64,367**	**90,582**	**337,369**	**491,923**	**64,862**	**67,937**	**1,376,625**
Total Liabilities & Fund Balances	**72,521**	**105,790**	**347,835**	**517,105**	**70,386**	**85,988**	**1,488,780**

1. The restricted fund consists of the Capital Fund and Community Trust Fund. The Capital Fund reflects the equity of the RHA on capital assets and any associated long-term debt. The Capital Fund revenue includes revenue from the General Revenue Fund pr
2. Unaudited data.

2012-13 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	30	69	109	11	106	39
Board costs	109	73	91	127	124	122
Compensation - benefits	13,939	13,059	12,600	3,659	14,506	3,921
Compensation - employee future benefits	(86)	(64)	(68)	17	(39)	32
Compensation - salaries	74,420	67,680	66,248	17,493	73,271	16,311
Continuing Education Fees & Materials	275	248	150	223	208	147
Contracted-out Services - Other	2,010	2,437	802	314	326	1,280
Diagnostic imaging supplies	62	138	42	18	15	1
Dietary Supplies	33	126	142	28	127	2
Drugs	1,057	1,588	700	257	592	267
Food	1,920	1,128	1,416	283	1,671	193
Grants to ambulance services	1,867	2,920	129	-	2,791	1,036
Grants to Health Care Organizations & Affiliates	2,034	27,193	2,734	245	669	595
Housekeeping and laundry supplies	775	538	569	12	291	34
Information technology contracts	576	556	453	21	831	90
Insurance	262	243	244	81	216	44
Interest	13	3	13	-	240	6
Laboratory supplies	1,201	981	739	182	1,063	155
Medical and surgical supplies	2,577	2,714	1,316	392	2,386	360
Medical remuneration and benefits	12,788	13,143	1,377	-	10,159	807
Meeting Expense	-	38	32	-	88	31
Office supplies and other office costs	983	566	597	269	400	371
Other	723	33	481	114	311	132
Professional fees	752	663	772	248	813	346
Prosthetics	403	718	-	-	-	-
Purchased salaries	285	204	176	1,114	520	296
Rent/lease/purchase costs	868	1,565	1,050	793	1,250	633
Repairs and maintenance	2,287	1,521	1,738	510	1,555	215
Supplies - Other	208	145	162	51	363	181
Therapeutic Supplies	-	74	16	-	-	-
Travel	1,349	1,124	984	527	1,126	871
Utilities	1,706	1,366	1,962	383	2,410	227
Total Operating Expenses	**125,426**	**142,790**	**97,781**	**27,374**	**118,392**	**28,748**
Restricted Expenses:						
Amortization	3,219	4,291	4,052	1,191	4,088	638
Loss/(gain) on disposal of fixed assets	71	-	16	-	(4)	-
Mortgage interest	118	117	239	-	277	-
Other	417	96	51	-	77	12
Total Restricted Expenses	**3,824**	**4,504**	**4,358**	**1,191**	**4,439**	**650**
Total Operating and Restricted Expenses	**129,249**	**147,294**	**102,140**	**28,565**	**122,831**	**29,397**

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

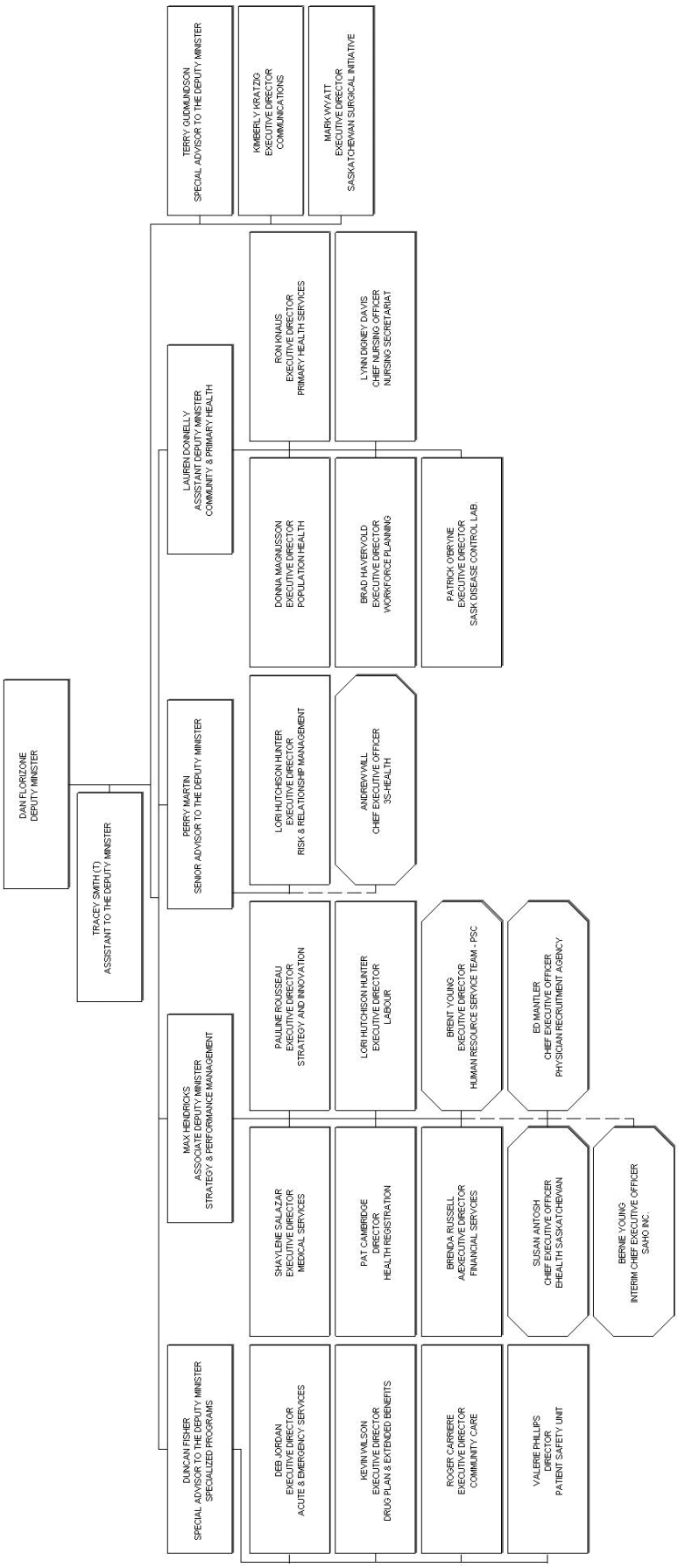
2012-13 Regional Health Authorities

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	72	102	208	376	149	183	1,455
Board costs	128	81	190	148	116	103	1,414
Compensation - benefits	29,228	24,101	103,429	110,780	15,798	27,066	372,087
Compensation - employee future benefits	29	-	78	(215)	(33)	-	(348)
Compensation - salaries	150,650	122,584	522,054	555,267	80,203	134,226	1,880,407
Continuing Education Fees & Materials	639	304	784	1,569	248	306	5,100
Contracted-out Services - Other	6,943	3,213	16,531	21,850	946	2,015	58,667
Diagnostic imaging supplies	261	134	635	1,868	48	168	3,392
Dietary Supplies	311	200	58	303	149	254	1,733
Drugs	2,849	2,251	14,532	24,744	435	2,074	51,346
Food	3,930	2,491	7,617	7,324	1,376	2,876	32,227
Grants to ambulance services	3,481	4,121	3,051	9,581	559	3,591	33,127
Grants to Health Care Organizations & Affiliates	6,630	9,170	61,965	104,621	21,477	1,041	238,375
Housekeeping and laundry supplies	1,332	1,191	2,818	3,642	346	1,587	13,135
Information technology contracts	1,558	465	5,239	3,122	507	777	14,195
Insurance	339	329	1,631	1,587	367	426	5,768
Interest	35	28	228	379	12	338	1,293
Laboratory supplies	1,997	1,257	5,653	8,788	595	1,302	23,914
Medical and surgical supplies	8,302	4,648	46,616	48,429	1,606	3,756	123,103
Medical remuneration and benefits	19,191	19,432	80,349	91,437	3,729	7,958	260,370
Meeting Expense	126	82	301	328	36	62	1,125
Office supplies and other office costs	2,221	267	3,923	5,802	873	1,554	17,826
Other	2,486	282	15,081	2,835	282	265	23,026
Professional fees	1,289	906	11,095	1,940	2,354	1,324	22,504
Prosthetics	586	1,322	21,354	16,588	-	210	41,182
Purchased salaries	729	2,263	901	9,591	575	27	16,681
Rent/lease/purchase costs	2,030	2,258	13,267	11,395	1,068	3,941	40,120
Repairs and maintenance	4,149	2,289	13,117	18,059	2,851	3,320	51,610
Supplies - Other	1,335	1,028	3,738	3,281	318	466	11,277
Therapeutic Supplies	1	89	1,137	345	18	117	1,797
Travel	3,039	1,607	4,416	5,067	1,468	2,132	23,710
Utilities	3,365	2,293	10,719	13,013	1,835	3,056	42,336
Total Operating Expenses	**259,261**	**210,787**	**972,713**	**1,083,844**	**140,314**	**206,521**	**3,413,952**
Restricted Expenses:							
Amortization	7,659	4,304	30,115	41,895	2,930	7,300	111,681
Loss/(gain) on disposal of fixed assets	29	-	545	-	-	-	657
Mortgage interest	234	291	341	436	216	854	3,123
Other	57	223	2,253	847	599	2	4,635
Total Restricted Expenses	**7,978**	**4,818**	**33,255**	**43,178**	**3,746**	**8,156**	**120,097**
Total Operating and Restricted Expenses	**267,240**	**215,605**	**1,005,968**	**1,127,022**	**144,060**	**214,677**	**3,534,049**

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

Appendix I: Organizational Chart



Appendix II: Critical Incidents Summary

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

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

The province has an established network of professionals in place within health regions and the SCA who identify events where a patient is harmed (or where there is a potential for harm), report de-identified information to the Provincial Quality of Care Coordinators in the Ministry of Health, conduct an investigation and implement necessary changes. Arising out of their review of critical incidents, health regions, and the SCA generate recommendations for improvement that they are then responsible for implementing.

The role of the Provincial Quality of Care Coordinators is to aggregate, analyze and report on critical incident data, and broadly disseminate applicable system improvement opportunities. They also provide advice and support to health regions and the SCA in their investigation and review of critical incidents.

During 2012-13, a total of 161 critical incidents were reported to the Ministry of Health. This represents a 27 per cent increase over the previous fiscal year and is the second highest number of incidents reported in a single fiscal year. A growth in the number of reported critical incidents may be due to increased awareness of, and compliance with, the legislation and regulations. It does not necessarily indicate a growth in the number of critical incidents occurring in the health system.

Critical incidents are classified according to six categories (as described in the *Saskatchewan Critical Incident Reporting Guideline, 2004*). Table 1 shows the number of incidents in each of the six categories in Saskatchewan from 2005-06 to 2012-13.

Table I: Number of Critical Incidents in each Category in Saskatchewan from 2005-06 to 2012-13.

Critical Incident Category	2012/13	2011/12	2010/11	2009/10	2008/09	2007/08	2006/07	2005/06
I. Surgical Events	17	8	15	7	9	12	10	11
II. Product or Device Events	12	9	8	11	18	10	11	13
III. Patient Protection Events	10	10	25	8	15	15	24	14
IV. Care Management Events	82	65	67	73	69	57	97	87
V. Environmental Events	36	26	25	13	24	23	22	32
VI. Criminal Events	4	9	6	3	8	10	7	3
Total	**161**	**127**	**146**	**115**	**143**	**127**	**171**	**160**

Definition of Categories Used in Table I. (For the purpose of these definitions, the word "patient" is used to represent a client, resident or patient.)

I. Surgical events include critical incidents that occur during a surgical, endoscopic or other invasive procedure. For example, surgery performed on a wrong body part or the retention of a foreign object would be included in this category.

II. Product or device events are those critical incidents where a patient is harmed or has the potential to be harmed by the function or malfunction of the equipment that is used during the provision of care. For example, use of an unsterilized device or the failure of a piece of equipment in patient care would be included in this category.

III. Patient protection events include critical incidents where the health region fails to provide for the safety of the patient receiving care. For example, an infant is discharged to the wrong person or a patient disappears while being cared for would be included in this category.

IV. Care management events are those critical incidents that result during the provision of patient care. This category encompasses the most diffuse and frequently reported types of critical incidents and can include such things as medication errors or an error in diagnosis.

V. Environmental events are those critical incidents where patients are harmed as a direct result of their immediate physical environment. For example, patient death associated with a fall or a patient burn or unintentional electric shock.

Appendix II: Critical Incidents Summary

VI. Criminal events are those critical incidents where a patient is harmed as the result of illegal activity by another person and for which a criminal charge could result. For example, a physical or sexual assault of a patient.

Appendix III: Summary of Saskatchewan Ministry of Health Legislation

The Ambulance Act

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

The Cancer Agency Act

The Act sets out the funding relationship between Saskatchewan Health and the

Saskatchewan Cancer Agency and its responsibility to provide cancer-related services.

The Chiropractic Act, 1994

The Act regulates the chiropractic profession in the province.

The Dental Care Act

The Act governs the Ministry's dental program and allows for the subsidy program for children receiving dental care in northern Saskatchewan.

The Dental Disciplines Act

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

The Department of Health Act

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

The Dieticians Act

The Act regulates dieticians in the province.

The Emergency Medical Aid Act

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

The Fetal Alcohol Syndrome Awareness Day Act

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

The Health Districts Act

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

The Health Facilities Licensing Act

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

The Health Information Protection Act

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

Appendix III: Summary of Saskatchewan Ministry of Health Legislation

The Health Quality Council Act

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

The Hearing Aid Sales and Services Act

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

The Human Tissue Gift Act

The Act regulates organ donations in the province.

The Licensed Practical Nurses Act, 2000

The Act regulates licensed practical nurses in the province.

The Medical and Hospitalization Tax Repeal Act

The Act ensures premiums cannot be levied under *The Saskatchewan Hospitalization Act* or *The Saskatchewan Medical Care Insurance Act*.

The Medical Laboratory Licensing Act, 1994

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

The Medical Laboratory Technologists Act

The Act regulates the profession of medical laboratory technology.

The Medical Profession Act, 1981

The Act regulates the profession of physicians and surgeons.

The Medical Radiation Technologists Act, 2006

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

The Mental Health Services Act

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

The Midwifery Act

The Act regulates midwives in the province.

The Mutual Medical and Hospital Benefit Associations Act

The Act sets out the authority for community clinics to operate in Saskatchewan.

The Naturopathy Act

The Act regulates naturopathic practitioners in Saskatchewan.

Appendix III: Summary of Saskatchewan Ministry of Health Legislation

The Occupational Therapists Act, 1997

The Act regulates the profession of occupational therapy.

The Opticians Act

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

The Optometry Act, 1985

The Act regulates the profession of optometry.

The Paramedics Act

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

The Personal Care Homes Act

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

The Pharmacy Act, 1996

The Act regulates pharmacists and pharmacies in the province.

The Physical Therapists Act, 1998

The Act regulates the profession of physical therapy.

The Podiatry Act

The Act regulates the podiatry profession.

The Prescription Drugs Act

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

The Prostate Cancer Awareness Month Act

The Act raises awareness of prostate cancer in Saskatchewan.

The Psychologists Act, 1997

The Act regulates psychologists in Saskatchewan.

The Public Health Act

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

The Public Health Act, 1994

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

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*

Appendix III: Summary of Saskatchewan Ministry of Health Legislation

Special-care Homes Act.

The Registered Nurses Act, 1988

The Act regulates registered nurses in Saskatchewan.

The Registered Psychiatric Nurses Act

The Act regulates the profession of registered psychiatric nursing.

The Residential Services Act

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

The Respiratory Therapists Act

The Act regulates the profession of respiratory therapists.

The Saskatchewan Health Research Foundation Act

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

The Saskatchewan Medical Care Insurance Act

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

The Senior Citizens' Heritage Program Act

This Act provides the authority for a low income senior citizens program that no longer exists.

The Speech-Language Pathologists and Audiologists Act

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

The Tobacco Damages and Health Care osts Recovery Act

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

The Tobacco Damages and Health Care Costs Recovery Act

The Act is intended to enhance the prospect of successfully suing tobacco manufacturers for the recovery of tobacco-related health care costs.

The White Cane Act

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

The Youth Drug Detoxification and Stabilization Act

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

Appendix IV: Legislative Amendments in 2012-13

One statute was amended during the 2012-13 fiscal year,

The Saskatchewan Medical Care Insurance Act

This Act was amended as a result of federal legislative amendments. The Canada Health Act was amended so that as of April 1, 2013 RCMP regular members would no longer receive federal coverage for their basic health care. Accordingly, Saskatchewan amended section 15 of this Act by removing RCMP members from the list of persons excluded from provincial basic health coverage.

This amendment came into force on April 1, 2013.

Appendix V: Regulatory Amendments in 2012-13

Four regulations were amended during the 2012-13 fiscal year,

The Saskatchewan Assistance Plan Supplementary Health Benefits Regulations

These amendments enabled the Government of Saskatchewan to provide supplementary health benefits to individuals who receive benefits under the Saskatchewan Assured Income for Disability (SAID) Program, as well as supporting the SAID regulations.

The Swimming Pool Regulations, 1999

These amendments:

- removed lifeguard qualifications, lifeguard numbers, and first aid equipment contents from the regulations and replacing these with the requirement for a safety plan (that will address the aforementioned items);
- addressed a number of needs identified by regulators and pool operators including:
    - allowing for the stopping of the swimming pool recirculation system during swimming competitions;
    - stipulating minimum water sampling requirements;
    - adjustment of pH levels for designated mineral spas; and,
    - extending the term of a license to operate up to two years.

These amendments are a result of several years of consultations with stakeholders and communities on a more effective approach to swimming pool safety. The new regulations maintain and improve on previous standards. Both the Red Cross and the Lifesaving Society lifeguard qualifications will be recognized. Pool operators are asked to work with the professionals at the Red Cross or the Lifesaving Society to create pool safety plans specific to the needs of their pool. Pool safety plans must be evaluated by the local regional health authority, which licenses and inspects the swimming pool. If the safety plan is considered to be inadequate, the region will refuse to issue a license or suspend an existing license. Licenses will be issued to a maximum of two years, but this change will not affect the frequency of inspections. Public health inspectors will continue to inspect swimming pool facilities routinely.

The Special-care Homes Rates Regulations, 2011

Amendments were made to subsection 3(1) of the regulations. This was essentially an administrative change to maintain, for special-care homes residents' personal use, the Guaranteed Income Supplement top-up of $58.65 as announced by the Federal Government in the 2011 Budget.

The Saskatchewan Medical Care Insurance Payment Regulations, 1994

These amendments enable negotiated increases for insured services provided by physicians based on a four-year agreement with the Saskatchewan Medical Association.

Appendix VI: New and Repealed Regulations in 2012-13

No regulations were repealed and no new sets of regulations were established during the 2012-13 fiscal year.

Appendix VII: Ministry of Health Publications in 2012-13

The Ministry of Health published these new publications in 2012-13.

Each of these is designed to be patient- and family-centered or help providers provide the best patient- and family-centered care.

- ***Women's Health (Pelvic Floor) Pathway: Information for Women about Incontinence and Vaginal Prolapse***

  Available online at http://www.health.gov.sk.ca/pelvic-floor-booklet

- ***Patient Centred Community Designed Team Delivered: A framework for achieving a high performing primary health care system in Saskatchewan***

  Available online at http://www.health.gov.sk.ca/phc-framework-report

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

  Available online at http://www.health.gov.sk.ca/sksi-year2-progress

Appendix VIII: Acronyms and Definitions

3P	Production, Preparation, and Process (Lean)
A3	An project plan detailing targets and measures (Lean)
AC	Accreditation Canada
CEO	Chief Executive Officer
DVM	Daily Visual Management helps teams keep their work on track, make improvements, monitor improvements and monitor progress towards priorities and goals. A visibility wall (a Lean term) is an essential element of daily visual management. It provides a permanent location to easily view the work of the organization. Unit data and charts are posted under the following categories: quality, cost, delivery, safety and morale. (Lean)
DME	Distributed Medical Education
EHR	Electronic Health Record
EMR	Electronic Medical Record
FTE	Full Time Equivalent (used in Human Resources)
GHX	Global Healthcare Exchange is a software system designed to automate and streamline supply chain operations.
Hoshin Kanri	A strategic planning method used to determine breakthrough priorities that will transform health care, and obtain feedback from people closest to the service to prioritize and implement the breakthroughs. (Lean)
Hoshins	Individual breakthrough activities designed to achieve significant performance improvements or to make significant changes in the way an organization, department, or process operates. (Lean)
HQC	Health Quality Council
Lean	Lean is a patient-first approach that puts the needs and values of patients and families at the forefront and uses proven methods to continuously improve the health system.
Kaizen	A Japanese term for "continuous improvement" or "change for the better." Typically, a short team-based improvement effort.
KPO	Kaizen Promotion Office (Lean)
KOT	Kaizen Operations Team (Lean)
MedRec	Medication Reconciliation. A formal process in which healthcare providers work together with patients, families and care providers to ensure accurate and comprehensive medication information is communicated consistently across transitions of care.
P3	Public-Private Partnership
PHC	Primary Health Care
QI	Quality Improvement (Lean)
RTC	Releasing Time to Care™
SCA	Saskatchewan Cancer Agency
SDCL	Saskatchewan Disease Control Laboratory (formerly known as the Provincial Laboratory)
SIMS	Saskatchewan Immunization Management System
SHN!	*Safer Healthcare Now!* is a program of the Canadian Patient Safety Institute improving the safety of patient care throughout Canada by providing resources and expertise for frontline healthcare providers and others who want to improve patient safety.
SIS	Surgical Information System
SMA	Saskatchewan Medical Association
SSO	Shared Services Organization
Standard Work	Standard work describes how a process should consistently be Executed. It provides a baseline from which a better approach or process can be developed. (Lean)
Value stream	Value stream refers to the steps in a process required to produce a product or service. (Lean)
Visibility Wall	Provides a permanent location to easily view the Lean and quality improvement work of an organization. (Lean)
Waste	Waste refers to any activity that does add value to the final output. Lean helps to eliminate seven types of waste: overproduction, excess inventory, excess waiting, excess transportation, excess motion, unnecessary steps in a process, and defects. (Lean)

For More Information

This annual report is also available online from the Ministry of Health website at www.health.gov.sk.ca/health-annual-reports

Saskatchewan Ministry of Health Directory of Services

Regional Health Authorities

www.health.gov.sk.ca/regional-health-governance

or contact these local **Regional Health Authority offices**:

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

Regional health authority annual reports

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

Saskatchewan Cancer Agency

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

Saskatchewan Health Card Applications and Updates

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

Apply online for a Saskatchewan Health Services Card at www.health.gov.sk.ca/apply-for-health-card

Update personal and registration information online at www.health.gov.sk.ca/update-info

Email address: change@health.gov.sk.ca

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

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

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

Call HealthLine: 1-877-800-0002
TTY ACCESS: 1-888-425-4444
HealthLine Online: www.healthlineonline.ca

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

For More Information

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 Saskatchewan pharmacies

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

Saskatchewan Aids to Independent Living (SAIL)

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

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