

Ministry of Health



Plan for 2016-17

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Statement from the Ministers



*The Honourable
Dustin Duncan*

Minister of Health

It gives us pleasure to present the Ministry of Health's 2016-17 Plan.

Government Direction and Budget for 2016-17 invests in people and infrastructure to *Keep Saskatchewan Strong*, and initiates a government wide exercise of transformational change to ensure the sustainability of high quality public services delivered in the most effective and efficient way possible.

This plan outlines how health care spending in 2016-17 will help us achieve our system-wide goals. It details how funding and resources will be thoughtfully focused this year in areas providing better access to services and improving the quality and responsiveness of care for Saskatchewan residents.

The 2016-17 health system strategic priority is to improve access for patients and reduce emergency room waits by making necessary improvements in key areas including primary health care, specialist consults, diagnostics, mental health and addictions, long term care, home care, and acute care.

Similar to the success of the Saskatchewan Surgical Initiative which saw a reduction in surgical wait times, our goal is to reduce emergency department wait times by 60 per cent by March 2019. With this Saskatchewan will become a leader in the country in meeting the Canadian Association of Emergency Physicians guidelines for safe, appropriate and timely emergency room care.

Research has shown that long waits in the emergency room are a symptom of multiple challenges across the entire continuum of care. There is compelling evidence that gaps in mental health and addictions services and supports bring residents to emergency rooms for care they haven't received in the community. Hospital overcrowding also has a direct impact on delays in emergency rooms. Solutions to obstacles like these require a system-wide approach aimed at improving each phase of the patient's journey.

While a number of outcomes support the strategic priority we will continue to pursue improvements in other key areas such as appropriateness of care and achieving a culture of safety in which patients and staff will experience no harm. Equally important is the health system's intent to continue to improve the quality of patients and families' experiences while achieving a balanced or surplus budget.



*The Honourable
Greg Ottenbreit*

*Minister Responsible for Rural
and Remote Health*

Response to Government Direction

The Government of Saskatchewan is committed to building on Saskatchewan's foundational strengths, investing in needed infrastructure and in vital programs and services for the people of our province. The Government has made a simple yet significant commitment – to *Keep Saskatchewan Strong*. This year marks the beginning of a government-wide exercise of transformational change to ensure the sustainability of high quality public services delivered in the most effective, efficient way possible.

This focus will advance Government toward the realization of Saskatchewan's Vision and goals.

Saskatchewan's Vision

"... to be 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."

Sustaining growth
and opportunities for
Saskatchewan people

Meeting the challenges
of growth

Securing a better quality
of life for all
Saskatchewan people

Delivering responsive
and responsible
government

Saskatchewan's Vision and goals provide the framework for ministries, agencies and third parties to align their programs and services and meet the needs of Saskatchewan's residents.

All ministries and agencies will report on progress in their 2016-17 annual reports.

Operational Plan

Mandate Statement

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

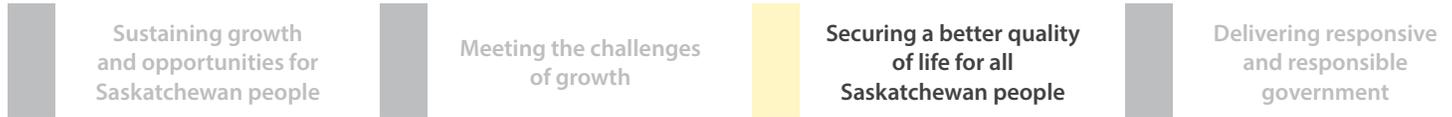
Mission Statement

The Saskatchewan health care system works together with you to achieve your best possible care, experience and health.





Government Goals



Strategic priority in support of the *Saskatchewan Plan for Growth: Better Care*

Ministry Goal

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

Strategy

Emergency Department Waits and Patient Flow: Existing efforts to reduce emergency department waits across the health system will continue in 2016-17. Reducing emergency department waits and improving patient flow remains a key priority.

Key Actions

- ⇒ Provincial implementation of Interdisciplinary Rounds.
- ⇒ Provincial implementation of the Alternate Level of Care data capture strategy.
- ⇒ Develop a cross functional planning strategy. Cross functional planning is defined as "planning seamlessly across various organizations and programs within the health system from the perspective of the patient and family".
- ⇒ The Emergency Department Waits and Patient Flow Outreach Support Team will support regions' implementation of provincial Alternate Level of Care and Interdisciplinary Rounds strategies at the point of care.

Performance Measures

Progress on Emergency Department wait times.

By March 31, 2019, there will be a 60% reduction in emergency department wait times.

Progress on interim reductions of the 60% wait time targets.

By March 31, 2017, there will be 35% reduction in wait time targets measured from the 2013-14 baselines.

Percentage of units that have fully implemented Interdisciplinary Team Rounds.

By March 31, 2017, 100% of all Medical / Surgical and Critical Care Units will have implemented interdisciplinary physician attended bedside rounds in provincial and regional hospitals.

Percentage of hospital units in the province collecting Alternate Level of Care data using the provincial standard.

By March 31, 2017, Alternate Level of Care data will be captured in 100% of hospital adult units across Saskatchewan.



Strategy

Referral to Specialist and Diagnostics: Saskatchewan will reduce the wait time for an appropriate first consult appointment with a specialist by 50% in eight to 10 specialty groups by March 31, 2019.

Key Actions

- ⇒ Implement the provincial model for an appropriate referral to specialist with two to three new specialty groups to achieve a 25% improvement in wait times in the first year and another 25% improvement in the second year.
- ⇒ Expand LINK to include two to three more specialties. LINK (Leveraging Immediate Non-urgent Knowledge) is a provincial telephone consultation service that provides primary care physicians with timely access to specialists for non-urgent patient health concerns.
- ⇒ Adopt and implement national guidelines for referral letters and specialists consult letters.
- ⇒ Implement provincial referral model with a specialty that frequently utilizes advanced medical imaging (MRI, CT).
- ⇒ Begin to automate the provincial referral model into the provincial Electronic Medical Record systems.
- ⇒ Introduction of legislation that would enable private-pay CT services.

Performance Measures

Implementation of provincial model.

By March 31, 2017, implement the provincial model for an appropriate referral to specialist with two to three new specialty groups to achieve a 25% improvement in wait times in the first year and another 25% improvement in the second year.

Expand the LINK Telephone Consult Service for non-urgent telephone consultations in two to three more specialties by March 31, 2017.

Strategy

Appropriateness of Care: By March 31, 2018, 80% of clinicians in at least three selected clinical areas will be utilizing agreed upon best practices.

Key Actions

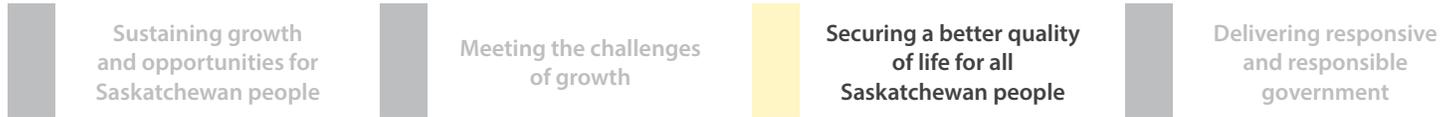
- ⇒ Reduce duplication of medical imaging tests, specifically CT scans, for patients with low back pain.
- ⇒ Build the health system capacity to improve Appropriateness of Care through:
 - ↪ strengthening the provincial Appropriateness of Care Network to assume a leadership role in supporting implementation of Appropriateness of Care projects in health regions and the Saskatchewan Cancer Agency;
 - ↪ development of education and training programs; and,
 - ↪ working with stakeholders to remove barriers to measuring the outcomes of the Appropriateness of Care projects (e.g. data collection, analysis and sharing).

Performance Measure

By March 31, 2017, 80% of physicians ordering lumbar spine CT scan utilize / comply with the agreed upon best practices.



Government Goals



Strategic priority in support of the *Saskatchewan Plan for Growth*: Better Health

Ministry Goal

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Strategy

Mental Health and Addictions: By March 2019, there will be increased access to quality mental health and addiction services and reduced wait time for outpatient and psychiatry services.

Key Actions

- ⇒ Implement a framework to match client needs to the most appropriate mental health and addiction service (e.g. Stepped Care). This will be supported by the implementation of a standardized tool to assess need (e.g. Level of Care Utilization System).
- ⇒ Meet triage benchmarks 100% of the time for outpatient mental health and addictions for adult and child / youth. Develop corrective actions if not meeting the benchmarks.
- ⇒ Meet triage benchmarks 50% of the time for contract and salaried psychiatry for adult and child / youth. Develop corrective actions if not meeting the benchmarks.

Performance Measures

Wait times for outpatient mental health and addiction services measured at all levels of urgency.

By March 31, 2017, meet triage benchmarks for outpatient mental health and addiction services 100% of the time and for contract and salaried psychiatrists 50% of the time.

Progress on implementation of the Mental Health and Addictions Action Plan.

Progress made across ministries on the recommendations in the Mental Health and Addictions Action Plan.

Strategy

Primary Health Care: By March 2017, people living with chronic conditions will experience better health as indicated by a 10% decrease in hospital utilization related to six common chronic conditions (Diabetes, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, Heart Failure, Depression, and Asthma).

Key Actions

- ⇒ Increase adoption and optimize the use of Chronic Disease Management-Quality Improvement Program flow sheets to support lowered hospitalization rates.
- ⇒ Support Chronic Obstructive Pulmonary Disease pathway implementation in Regina Qu'Appelle Health Region.
- ⇒ Support Health Line outbound Chronic Obstructive Pulmonary Disease call pilot in Kelsey Trail Health Region.
- ⇒ Finalize Connecting to Care Pilot evaluation report.
- ⇒ Expand access to care through remote presence technology in the north.



- ⇒ Participate in cross-functional planning to determine primary health care areas of focus to reduce waits in the emergency department.
- ⇒ Support implementation of mental health promotion activities identified in 2015-16.
- ⇒ Increase awareness of mental health self-management tools (e.g. 811 Health Line mental health service).

Performance Measures

Number of patients who access primary health services provided by Primary Health Care teams.

By March 31, 2017, there will be a 50% improvement in the number of people who say “I can access my Primary Health Care Team for care on my day of choice either in person, on the phone or via other technology.”

Number of patients with common chronic diseases receiving best practice care.

By March 31, 2017, 45% of patients with four common chronic conditions (Diabetes, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, and Heart Failure) are receiving best practice care as evidenced by completion of provincial templates available through approved electronic medical records and the Electronic Health Record viewer.

Strategy

Seniors: By March 31, 2020, seniors can access supports to remain at home allowing them to progress into other care options as needs change.

Key Actions

- ⇒ Support a higher percentage of home care clients with heavier care needs as demonstrated by the Method of Assigning Priority Levels (MAPLe) score.
- ⇒ Continue with the Home First programs in pilot regions.
- ⇒ Implement strategies to reduce the use of anti-psychotics, physical restraints and falls in long-term care in order to meet provincial targets and improve care in long-term care.
- ⇒ Implement educational resources in long-term care facilities.
- ⇒ Implement Purposeful Rounding in an additional third of facilities.
- ⇒ Finalize long-term care resident and family experience survey and begin implementation to establish baseline.
- ⇒ Fully implement the Seniors House Calls Program in both Regina Qu'Appelle and Saskatoon Health Regions and both regions will be reporting on specific measures.

Performance Measures

Number of clients with MAPLe scores 3 to 5 living in the community supported by home care.

By March 31, 2017, the percentage of clients with a MAPLe score of three to five living in the community supported by home care will increase to 80%.

Number of facilities meeting quality indicator benchmarks.

By March 31, 2017, 100% of Saskatchewan long-term care facilities meet the benchmark targets established for the seven quality indicators.

Number of staff who have reviewed educational materials on program guidelines for Special-Care Homes.

By March 31, 2017, 100% of long-term care staff have reviewed all modules of the *Program Guidelines for Special-Care Homes*.



Establish family experience baseline data.

By March 31, 2017, a baseline will be established for resident and family experience in long-term care.

Implement Purposeful Rounding.

By March 31, 2017, 67% of long-term care facilities will have implemented Purposeful Rounding.

Number of Emergency Department visits in the Seniors House Calls client cohort.

Decreased number of Emergency Department visits in client cohort by 50% over baseline (prior year usage).

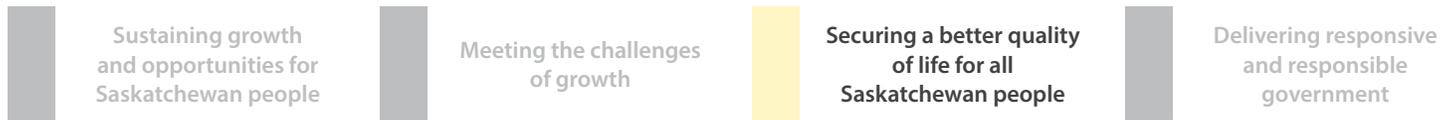
Rate of hospital admissions in the Seniors House Calls client cohort.

Decreased rate of hospital admissions in client cohort by 50% over baseline.

Rate of hospital readmissions in Seniors House Calls client cohort.

Decreased rate of hospital readmissions in client cohort by 50% over baseline.

Government Goals



Strategic priority in support of the *Saskatchewan Plan for Growth*: Better Teams

Ministry Goal

Build safe, supportive and quality workplaces that support 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.

Strategy

Culture of Safety: To achieve a culture of safety, by March 31, 2020, there will be no harm to patients or staff.

Key Actions

- ⇒ Health regions and the Saskatchewan Cancer Agency will implement the key foundational elements of Safety Alert / Stop the Line as defined by the Implementation Assessment. Safety Alert / Stop the Line is a process that invites patients and families, and expects staff and physicians to be safety inspectors, to identify potentially harmful situations as soon as possible and to 'stop the line' and fix them in the moment, before they can cause harm.
- ⇒ Health regions and the Saskatchewan Cancer Agency will implement the six elements of the Safety Management System. The Safety Management System is a six-element, focused process that supports safe work practices in which healthcare providers work together with patients, families and care providers to ensure that we are all accountable for safety, and safety is everyone's responsibility.
- ⇒ Health regions will fully implement medication reconciliation at transfer / discharge from hospital. Medication reconciliation is a formal process in which healthcare providers work together with patients, families, and care providers to ensure that accurate, comprehensive medication information is communicated consistently across transitions of care.



Performance Measures

Progress towards achieving 100% on the Safety Alert / Stop the Line (SA / STL) Implementation Assessment.

By March 31, 2017, all health regions and the Cancer Agency will achieve a 100% score on their SA / STL Implementation Assessment.

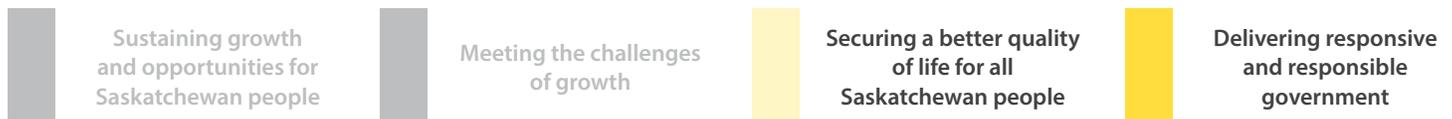
Progress towards implementation of the Safety Management System (SMS).

By March 31, 2017, all health regions and the Cancer Agency will have implemented the SMS.

Percentage of hospital discharges where medication reconciliation (MedRec) was performed.

By March 31, 2017, $\geq 95\%$ of care transitions where clients are at risk of medication errors will have MedRec performed.

Government Goals



Strategic priority in support of the *Saskatchewan Plan for Growth: Better Value*

Ministry Goal

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

Strategy

Bending the Cost Curve: Health costs continue to increase. A focused effort is required to ensure the health system is sustainable into the future. Ongoing, as part of a multi-year budget strategy, the health system will bend the cost curve by implementing continuous improvement initiatives.

Key Actions

- ⇒ Organizations will continue to pursue shared services initiatives that improve quality and reduce costs.
- ⇒ Organizations will continue to pursue continuous improvement initiatives to achieve efficiencies and bend the cost curve.

Performance Measure

2016-17 Regional Health Authorities, Athabasca Health Authority and Saskatchewan Cancer Agency financial status, as measured by surplus / deficit.

Highlights

Health Budget 2016-17 - Highlights

A record \$5.17 billion investment in health care in 2016-17 is keeping Saskatchewan strong. This represents an increase of \$57.4 million, or 1.1 per cent, over 2015-16.

This year's health budget supports targeted investments in priority areas, including health infrastructure, improving access to care and reducing wait times for surgery and diagnostic services for Saskatchewan people.

Key investments in this year's health budget include:

- ⇒ \$3.4 billion for Regional Health Authorities (RHAs) – an increase of 2.3 per cent over 2015-16 – for operating funding and investments in targeted programs and services, including:
 - ↵ \$10.2 million in targeted funding for the pediatric and neo-natal intensive care units and pediatricians at the Saskatoon Health Region.
 - ↵ \$8.0 million to reduce wait times for diagnostic services and address other acute care pressures.
 - ↵ \$500,000 to expand a pilot project to provide medical robotic technology in Northern communities.
 - ↵ \$7.5 million reduction in RHA administration expenses, to be re-invested in funding to frontline staff in long-term care homes.
- ⇒ \$20.0 million in additional funding to increase surgical volumes and help reduce wait times.
- ⇒ \$167.1 million for the Saskatchewan Cancer Agency for cancer care services, an increase of 6.2 per cent over 2015-16.
- ⇒ \$71.4 million capital investment, which includes:
 - ↵ \$34.7 million for capital maintenance.
 - ↵ \$15.3 million for capital equipment replacements.
 - ↵ \$8.0 million to commence heating / cooling upgrades at Saskatoon Royal University Hospital.
 - ↵ \$6.1 million to begin electrical renewal projects at Regina's General and Pasqua hospitals.
 - ↵ \$5.1 million for Swift Current Long-Term Care Facility final-year funding.
 - ↵ \$2.3 million to complete construction of the Kelvington Integrated Care Facility.

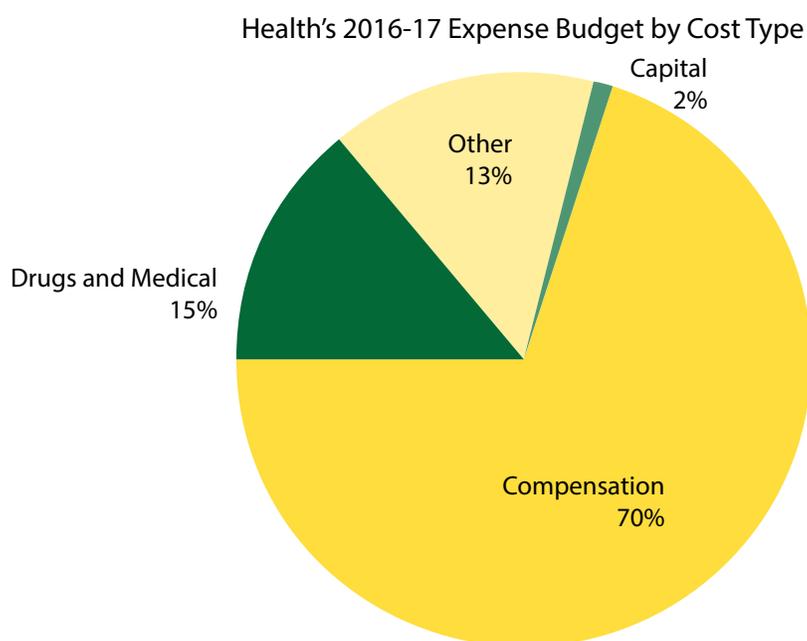
FEE CHANGE:

- ⇒ Effective June 1, 2016, beneficiaries of the Children's and Seniors' Drug Plans will pay a maximum of \$25 per prescription (up from \$20 per prescription). The change is expected to impact 66,600 families with children by an average of \$20 per year, and 120,000 seniors by an average of \$80 per year.

Financial Summary

2016-17 Estimates	(in thousands of dollars)
Central Management and Services	11,321
Provincial Health Services	211,369
Regional Health Services	3,648,878
Medical Services and Medical Education Programs	908,297
Provincial Infrastructure Projects	184,225
Drug Plan and Extended Benefits	386,840
Ministry Appropriation	5,350,930
Transfers for Public Services - Capital (Asset Transfers)	(184,225)
Capital Asset Acquisitions	(423)
Non-Appropriated Expense Adjustment	842
Ministry Expense	5,167,124
FTE Staff Complement	496.9

For more information, see the Budget Estimates at: <http://www.saskatchewan.ca/budget>



For More Information

Please visit the Ministry's website at <http://www.saskatchewan.ca/government/government-structure/ministries/health>