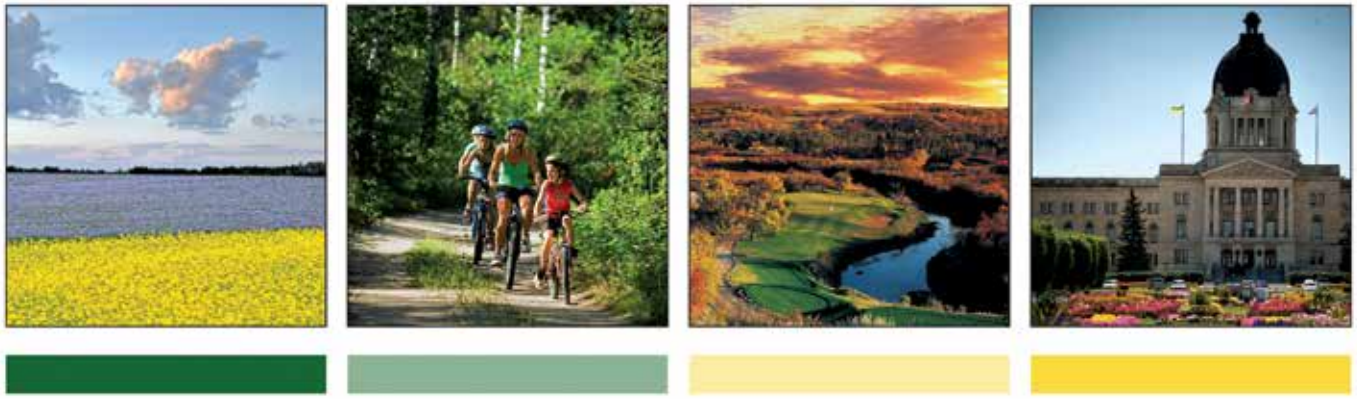
Ministry of Health



Annual Report for 2017-18

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Government of Saskatchewan

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Letters of Transmittal

The Honourable Jim Reiter Minister of Health

The Honourable Greg Ottenbreit Minister Responsible for Rural and Remote Health

His Honour, the Honourable W. Thomas Molloy, Lieutenant Governor of Saskatchewan

We are pleased to report on the progress made on the Ministry's 2017-18 Annual Plan and respectfully submit the Annual Report of the Ministry of Health for the fiscal year ending March 31, 2018.

Jim Reiter
Minister of Health

Greg Ottenbreit
Minister Responsible for Rural and Remote Health

Max Hendricks
Deputy Minister of Health

The Honourable Jim Reiter, Minister of Health

May it Please Your Honour:

Our Ministry leads and partners with health care providers and stakeholders to achieve the most responsive, integrated and efficient health system possible. The foundation of our health system is safe care for patients and families as well as the safety of the providers and staff who work with them. Also fundamental are our focus on continuous improvement and our ability to think and act as one system.

This goal of "thinking and acting as one" informed our work as we developed the plan for the new Saskatchewan Health Authority. Throughout 2017 we collaborated with residents and providers to determine the most meaningful ways to overcome the artificial boundaries created by the existing health regions.

As a result of these cooperative efforts, the new Saskatchewan Health Authority launched in December 2017. The new organizational design puts patients first, maximizes administrative efficiencies, streamlines corporate services and reduces duplication.

Since the launch, restructuring efforts have continued in the areas of safety, health and wellness for patients and employees, as well as providing accessible, effective, streamlined and sustainable provincial health services. As the 2017-18 fiscal year drew to a close, the basic design and structure of the new Authority (i.e. northern, rural, urban, provincial programs) and the new physician dyad model of administration were in place. Work continues in each of these areas.

We are also committed to Connected Care with the goal of improved access to community health services and primary health care for patients who are best served in a home or community setting. Saskatchewan's Connected Care strategy is focused on providing safe, seamless care for patients as they move from one care setting to another, ensuring that patients receive care in the setting that best matches their needs. More people are starting to receive care in health centres or in their homes. With the support of this strategy, they will have better access to a physician or other members of the care team, and avoid unnecessary trips to the emergency department. Patients leaving the hospital are also better supported by these community-based teams.

Connected Care is also about improving hospital care through Accountable Care Units. When patients and families, physicians, nurses, therapists, pharmacists, social workers, dietitians and others work as coordinated teams in the same location, care improves and patients can go home earlier. Reducing demand for hospital services helps to ensure that beds are available for people across the province requiring the highest levels of care.

The remainder of this report details the other patient and family centered work that has continued during the health system reorganization including our work to collaborate more with physicians, and to reduce waits in emergency departments and for specialist appointments and diagnostics while ensuring patients receive appropriate care. We also strengthened services in primary health care, seniors care and for those who suffer from mental health disorders and addictions.

I am pleased to submit the Annual Report of the Ministry of Health for the fiscal year ending March 31, 2018.

Max Hendricks

Deputy Minister of Health

Introduction

This annual report for the Ministry of Health presents the Ministry's results for the fiscal year ending March 31, 2018. It provides results of publicly committed strategies, key actions and performance measures identified in the *Ministry of Health Plan for 2017-18*. It also reflects progress toward commitments from the Government Direction for 2017-18, the *Saskatchewan Plan for Growth – Vision 2020 and Beyond*, throne speeches and the Ministry.

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 2017-18 align with Saskatchewan's vision and four 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**

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

Ministry Overview

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.

The Saskatchewan Health Authority and former health regions pre-amalgamation strategic direction for 2017-18 focused on the four provincial goals:

- **Better Health** – Improve population health through health promotion, protection and disease prevention, and collaboration with communities and different government organizations to close the health disparity gap.
- **Better Care** – In partnership with clients and families, improve the individual's experience, achieve timely access and continuously improve health care 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 and quality workplaces that support client 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.

Progress in 2017-18

Government Goals

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

Ministry Goal

Design the most effective and efficient health care structure for Saskatchewan that supports improved patient care.

Strategy

Enable a provincial approach to health services that ensures patients receive high quality and timely care wherever they live in Saskatchewan and restructure the health system to promote safety, health and wellness for patients and employees, and create accessible, effective, streamlined and sustainable provincial health services.

Key Actions and Results

	Status
Create legislation to govern the Provincial Health Authority.	Completed March 2017
Establish a new Provincial Health Authority Board.	Completed Fall 2017
A Provincial Health Authority is enacted and operating.	Completed Fall 2017
Develop an organizational design and structure that will contribute to administrative efficiencies, streamlined corporate services and opportunities to reduce duplication.	In Progress Basic design and structure (i.e. northern, rural, urban, provincial programs) and physician dyad model in place. Work continues in completing the organizational design and establishing efficiencies.
Identify the scope, timing and responsibility for each of the recommendations in the Saskatchewan Advisory Panel on Health System Structure Report.	In Progress Work continues on the Panel recommendations. For example, the consolidation of the former Regional Health Authorities has occurred and the Saskatchewan Health Authority Board has been established.
Identify, assess, mitigate and monitor risks of transitioning to the new Provincial Health Authority.	A risk registry was been created to assess, mitigate and monitor risks throughout the transition.

Strategy

Active physician leadership in the planning, management, governance and resource management of health services to achieve greater health system coordination.

Key Actions

Research high performing health systems' approaches regarding physician leadership, relationships, compensation and data use for clinical decision making.

The Physician Demonstration Site Project Team researched high performing health care systems and innovative approaches to physician leadership, compensation and use of clinical data. Work is underway to complete a jurisdictional scan of approaches within Canada.

Engage providers and health system leaders in the development and implementation of a demonstration site for a population or geographic area.

Representatives from the Saskatchewan Medical Association (SMA) and the Ministry worked with physician leaders and Saskatchewan Health Authority (SHA) representatives regarding the feasibility of establishing a demonstration site within the Province.

Co-design, through collaboration among physicians, the SMA, the SHA, and the Ministry, will be a defining feature of the demonstration site.

Evaluate progress and make recommendations for future activity

The Ministry and SMA engaged a physician group through survey in Fall 2017 to determine their interest in a new model of care. The survey results revealed that there is strong support for greater physician involvement in health care decision-making and co-designing a demonstration site.

Performance Measure

	Target	Status
In 2017-18, one demonstration site will be established with active physician leadership in the planning, management, governance and resource management of health services to a population or geographic area, based on successful approaches from high performing systems.	One site	Physicians and senior leaders from the SMA, SHA and Ministry of Health are actively involved in examining the potential of a demonstration site to be established in 2018-19.

Government Goals

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

Ministry Goal

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

Strategy

Existing efforts to reduce Emergency Department waits across the health system will continue in 2017-18. Reducing Emergency Department waits and improving patient flow remains a key priority.

Key Actions

Shift the delivery of care from institutions to the community and improve patient flow in the hospital by moving patients who can be managed in the community out of the hospital and emergency departments.

Saskatchewan hospitals are often overcapacity and this, along with gaps in community-based health services, leads to long waits for patients in Emergency Departments. Our health care system's high reliance on hospital-based care is not sustainable.

Over the past five years, Saskatchewan has invested in programs to address home and community service gaps and strengthen primary home care services, including several new initiatives that aim to provide intermediate care for complex patients: Home First/Quick Response, Seniors' House Calls, Community Paramedicine, and Connecting to Care ("hotspotting"). Based on a review of the evidence, provincial modelling, and outcomes

from community care pilot programs, Saskatchewan is focusing on those areas where the predicted impact is greatest for shifting emphasis away from emergency- and hospital-based care and improving the connection and flow of patients into other care settings.

Accountable Community-based Care: Establish Primary Health Care Networks in Regina and Saskatoon where services are designed to meet the unique needs of the community, resulting in improved health outcomes and better patient / family experience.

Establishment of Primary Health Care Networks has already begun and will be expanded to other areas of the province over the next year. Primary Health Care Networks will create a partnership between independent physician clinics, the Saskatchewan Health Authority's primary health care and community care services, and other providers and community agencies within a specific geographic area. Networks will use data to understand local core health needs and available services in order to better deliver services to meet these needs.

In 2017-18, work began towards establishing Community Health Centres in Regina and Saskatoon that will be integrated within Primary Health Care Networks and provide team-based clinic and outreach services targeted to the complex needs of patients in specific neighbourhoods. Centres, once fully operational, will provide urgent chronic care and other basic health services on-site with expanded operating hours.

Accountable Hospital Teams: Establish Accountable Hospital Teams in Regina and Saskatoon that involve all members of the team in a hospital unit, including patients and their families.

Accountable Care Units (ACUs) are hospital units staffed by unit-based teams that are co-led by a physician and nurse. They include patients and families as full partners in care decisions (e.g. interdisciplinary bedside rounding) and collect unit-level performance data so information about quality, safety, and how quickly patients are moving through the unit are shared with the entire care team to drive improved patient outcomes.

Three ACUs have been established on Medicine Units at Regina Pasqua Hospital and one at Saskatoon St. Paul's Hospital, with implementation in progress on one additional unit at Pasqua Hospital and two additional units at St. Paul's Hospital.

Accountable Care Units, along with other improvements in primary health care and community services, are producing promising results: From April 2017 to March 2018, the wait time from the time the decision to admit is made to the time that the patient leaves the Emergency Department for an inpatient ward at Regina Pasqua Hospital has been reduced by 34% for nine out of ten patients, compared with 2016-17. From April 2017 to February 2018, the time waiting for an inpatient bed at Saskatoon St. Paul's Hospital has been reduced by 20% for nine out of ten patients, compared with the same period in 2016-17.

This year, unnecessary Emergency Department visits for conditions that could potentially be handled by a family physician and re-visits to the Emergency Department within seven days of a previous visit are reduced in Regina. Unnecessary admissions in Regina and Saskatoon for conditions (ambulatory care sensitive) that could potentially be avoided by enhanced primary health care and re-admissions within 30 days of a previous admission are also reduced. Enhanced community-based care and establishment of hospital ACUs are believed to have contributed to these positive outcomes.

High Quality Care Transitions: Prototype standardized approaches to discharge and transition planning that link hospital-based care and community care to ensure seamless patient care, reduce length of stay in hospital and decrease the likelihood of readmissions to hospital.

High Quality Care Transitions will support complete communication of patient information, medication reconciliation, and care coordination (shared care planning) between hospital and community. They will include discharge and advanced care planning and support timely outpatient follow-up with a primary health care provider or intermediate care team to monitor and manage symptoms after discharge from hospital.

A summary of the evidence and best practices associated with each element of high quality care transitions has been compiled. Initial steps have been taken towards a design event involving patients and families, and hospital and community teams, to work towards prototyping several of the above elements. This work will proceed in a staged fashion beginning in 2018-19.

Performance Measures

	Target	Status[†]
By March 31, 2018, reduce Emergency Department waits by 35% over the 2013-14 baseline. I. Emergency Department Length of Stay Admitted II. Emergency Department Length of Stay Non-admitted III. Time Waiting For Inpatient Bed IV. Time to Physician Initial Assessment	35% reduction from 2013-14 baseline	Not achieved. I. 7% YTD reduction II. 6% YTD increase III. 13% YTD reduction IV. 12% YTD increase
In 2017-18, reduce the number of unnecessary Emergency Department visits in Regina and Saskatoon hospitals by 5% (over the 2016-17 baseline).	5% reduction	Regina: Achieved (9% YTD reduction). Saskatoon: Not achieved (2% YTD increase).
In 2017-18, reduce unnecessary admissions for ambulatory care sensitive conditions presenting in Regina and Saskatoon hospitals by 5% (over the 2016-17 baseline).	5% reduction	Regina: Achieved (7% YTD reduction). Saskatoon: Achieved (8% YTD reduction).
In 2017-18, reduce the 7-day re-visit rate to Emergency Departments in Regina and Saskatoon hospitals by 5% (over the 2016-17 baseline).	5% reduction	Regina: Achieved (5% YTD reduction). Saskatoon: Not achieved (1% YTD increase).
In 2017-18, reduce the 30-day readmission rate to hospitals in Regina and Saskatoon by 5% (over the 2016-17 baseline)	5% reduction	Regina: Not achieved (2% YTD reduction). Saskatoon: Not achieved (1% YTD reduction).

[†] 2017-18 year-to-date (YTD) data refreshed from the Canadian Institute for Health Information (CIHI)'s National Ambulatory Care Reporting System (NACRS) in May 2018 and includes until January 2018 for Emergency Department Length of Stay (Admitted and Non-admitted), Time Waiting for an Inpatient Bed, and Time to Physician Initial Assessment. Unnecessary Emergency Department Visits: Regina includes until February 2018; Saskatoon includes until January 2018. Avoidable Admission: Regina includes until February 2018; Saskatoon includes until February 2018. Seven-day Emergency Department Re-visit Rate: Regina includes until March 2018; Saskatoon includes until December 2017. 30-day Hospital Re-admission Rate: Regina includes until January 2018; Saskatoon includes until December 2017.

Strategy

By March 2019, Saskatchewan will reduce the wait time for an appropriate first consult appointment within eight specialty groups.

Key Actions and Performance Measures

	Target	Status
In 2017-2018, implement the Provincial Referral Model with two new specialty groups reducing patient wait times by 25% within 12 months of the start date using pre-implementation baselines. (Saskatoon Child and Adolescence Psychiatry and Regina COPD Pathway)	25% reduction within 12 months	Not achieved. Saskatoon Child and Adolescence Psychiatry and the Regina Chronic Obstructive Pulmonary Disease (COPD) Pathway are currently working to complete implementation of the provincial referral model.
In 2017-18, patient satisfaction with the referral process within two new specialty groups will increase by 25% within 12 months of the start date using pre-implementation baselines. (Saskatoon Child and Adolescence Psychiatry and Regina COPD Pathway)	25% increase	In progress
In 2017-18, expand the LINK Telephone Consult Service to include three additional specialties.	Three additional specialties	Partially achieved – Two new specialties joined LINK in 2017-18. Palliative care started taking LINK calls in September 2017 and nephrology in January 2018.

Strategy

A culture of appropriateness throughout the health system will be demonstrated through support for provincial and local clinical quality improvement methodologies and projects.

Key Actions

Implement the CT Lumbar Spine Checklist in four selected health regions (Regina Qu'Appelle, Saskatoon, Five Hills and Prairie North) and develop a plan for provincial implementation.

The CT Lumbar Spine Checklist was implemented in four former Regional Health Authorities (RHAs): Five Hills, Prairie North, Regina Qu'Appelle, and Saskatoon in April 2017. The data collected from April to November of 2017 indicates that Five Hills and Saskatoon met the 80% target for physician adherence to the checklist while Regina Qu'Appelle and Prairie North did not meet the target. Various factors contributed to the physician adherence rate: internal communication gaps, difficulty reaching out to all physicians who order lumbar spine CTs, frontline staff turnover or shortage, and issues with the checklist.

After reviewing the data, a decision was made to combine the Lumbar Spine CT Checklist with the MRI Checklist to make it easier and less confusing for physicians. The combined checklist is being trialed in Moose Jaw from May until July, 2018. Once the trial is completed, it will be implemented provincially.

Develop preoperative testing guidelines that will be tested and evaluated in four selected health regions (Regina Qu'Appelle, Saskatoon, PA Parkland and Prairie North) and develop a plan for provincial implementation.

Consensus on a draft provincial pre-operative testing guideline was reached in April 2018. A decision was made to test the guideline in North Battleford and Lloydminster and then replicate it in other sites. The trial in North Battleford and Lloydminster will run from May to august 2018. Data on physician adherence to the guideline will be collected and results reported at the end of the trial.

Performance Measure

	Target	Status
In 2017-18, 80% of clinicians in at least three selected clinical areas will be utilizing agreed upon best practices.	80% of clinicians	In progress In addition to the two provincial AC projects mentioned above (i.e. CT Lumbar Spine Checklist and the Pre-op Testing and Evaluation), the Saskatchewan Cancer Agency is leading a provincial AC project to improve quality of care for patients require colonoscopies.
In 2017-18, each RHA will complete implementation of at least two clinical quality improvement projects.	Two QI projects	In progress According to an inventory collected over the summer of 2017, a total of 77 local and provincial clinical quality improvement projects were underway in nine former health regions and the SCA. There is no information available regarding the number of clinical QI projects led by the three former health regions that did not respond to the request for inventory.
In 2017-18, each RHA will have at least one physician participating in clinical quality improvement training.	One physician per former RHA	In progress A total of 14 physicians completed the first cohort of the Clinical Quality Improvement Program in November 2017, and 20 physicians are currently enrolled in the second cohort which started in January 2018. There are no physician participants from the former Sun Country, Heartland, Five Hills, Kelsey Trail, Keewatin Yatthé, and Mamawetan Churchill River health regions.
In 2017-18, there will be 80% compliance of the CT Lumbar Spine Checklist in the four selected former health regions that implemented the checklist (Regina Qu'Appelle, Saskatoon, Five Hills and Prairie North).	80% compliance	In progress See note under Key Actions above.
In 2017-18, there will be 80% compliance of the agreed upon pre-operative evaluation guidelines in the four selected former health regions that implemented the guidelines (Regina Qu'Appelle, Saskatoon, PA Parkland and Prairie North).	80% compliance	In progress See note under Key Actions above.

Strategy

Seniors in Saskatchewan will have access to appropriate and coordinated community-based services to support individuals to remain at home, allowing them to progress into other care options as needs change.

Key Actions

Fully integrate community-based initiatives for seniors, including Seniors House Calls, Home First, Connecting to Care, paramedicine community assist programs and community-based transition programs with primary care networks in Saskatoon and Regina.

Establishment of Primary Health Care Networks has begun and will expand across the province over the next year. Community Health Centres in Regina and Saskatoon are being integrated into these Primary Health Care Networks to deliver both clinic- and home-based services in neighbourhoods with high numbers of seniors with multiple chronic conditions and frequent users of Emergency Departments. These Centres will incorporate the Seniors' House Calls program to assist seniors to age at home safely and avoid hospital admissions.

Monitor the use of antipsychotics and physical restraints as well as unmanaged pain, pressure ulcers, and falls in long-term care in order to meet new provincial targets and improve the quality of care

The Ministry continues to measure and monitor seven quality indicators related to long-term care: physical restraints, antipsychotics without a diagnosis, pain worsened, pressure ulcer newly occurring, pressure ulcer worsened, bladder continence worsened and falls.

Provincially, long-term care facilities met the targets related to physical restraints, antipsychotics without a diagnosis, pressure ulcer newly occurring and pressure ulcer worsened. Targets were not met for pain worsened, bladder continence worsened and falls. With respect to falls, the value has been steady over the last decade and Saskatchewan is considerably lower than the national average. Plans are in place to address areas where the metrics are not meeting expected targets.

Continue with the implementation of program guideline training in long-term care facilities.

Educational DVDs related to the *Program Guidelines for Special-care Homes* were provided to each long-term care facility in early 2016. All long-term care staff were to have viewed the DVD by March 31, 2018. As of March 31, 2018, 95% of all staff viewed the DVD. This does not include the former northern health regions and it should be noted that staff turnover impacted the ability of achieving the targets of 100%.

Fully implement Purposeful Rounding in an additional third of facilities to meet the new provincial target.

100% of all long-term care facilities have implemented Purposeful Rounding. This initiative ensures staff checks on the four P's: positioning, personal needs, pain and proximity of personal items like the call light.

Survey long-term care residents and families to ensure that residents and families are satisfied with the quality of service and that their needs are being met.

All former Regional Health Authorities implemented this survey during 2016-17. The results of the Long-term Care Resident and Family Experience Survey indicate that 88% of residents and 85% of family members are generally satisfied with their long-term care home. Going forward the survey will be administered biannually starting in 2018-19 to provide comparable data.

Expand integrated community-based service model for seniors to one additional location (e.g. Prince Albert).

Informed by the results of an evaluation of Seniors' House Calls in Regina and Saskatoon, 2018-19 federal funding will support establishing community team-based services in Prince Albert. These services will include all high-needs clients with multiple chronic conditions.

Performance Measure

	Target	Status
From April 1, 2017 to March 31, 2020, there will be a 10% reduction in the number of days spent in hospital during the last 6 months of life among seniors as an indicator of improved access to community-based services.	10% reduction	Achieved
In 2017-18, 100% of Saskatchewan long-term care facilities will meet the benchmark targets established for the seven quality indicators related to physical restraints, antipsychotics without a diagnosis, pain worsened, pressure ulcer newly occurring, pressure ulcer worsened, bladder continence worsening, and falls.	100% of long-term care facilities	95 % See the note under Key Actions above.
In 2017-18, Purposeful Rounding will be implemented in 100% of long-term care facilities.	100% of long-term care facilities	Achieved

Strategy

Residents of Saskatchewan will have access to appropriate and coordinated mental health and addictions services that promote recovery to the greatest extent possible, improve mental health well-being and ultimately enhance the overall health and vibrancy of our communities and our province.

Key Actions

Lead the inter-ministerial efforts to implement the Mental Health and Addictions Action Plan as part of a broad approach to improving government's response to individuals with mental health and addictions issues.

Since the release of the Mental Health and Addictions Action Plan, a great deal of improvement work has occurred across the health system and across government. This work is helping individuals receive the right care, at the right time and in the right location.

A total of 20 initiatives are being led by the Ministry of Health, partner ministries or through inter-ministerial efforts. For example, expanding Police and Crisis Team services in Regina, launching Saskatchewan's Drug Task Force, initiating a Suicide Prevention Demonstration project, piloting a transitional classroom for young offenders with mental health and addictions issues who are released into the community and expanding the reach of Mental Health First Aid to over 2,400 individuals and training additional facilitators to deliver courses in communities across Saskatchewan.

Implement a stepped care framework to ensure mental health and addictions services are based on assessed needs. This will be supported by the implementation of a standardized tool to assess needs, Level of Care Utilization System and provincial electronic client record.

In 2017-18, an electronic client record and service matching tool was implemented in four former Regional Health Authorities. This tool fosters improved client outcomes and matches clients to services that best meets their needs within a stepped care approach.

Increase access to effective mental health treatment for anxiety and depression through an innovative partnership with the University of Regina's Online Therapy Unit.

Saskatchewan supports online therapy in the continuum of mental health and addictions services in partnership with the University of Regina's Online Therapy Unit. In 2017-18, Saskatchewan continued to expand access to internet based cognitive behavioural therapy which has now been delivered to over 2,100 individuals across the province since its introduction in 2014-15.

Prevent opioid overdoses by increasing access to a Take Home Naloxone Kit for individuals at risk of overdose.

Since the launch of the first publicly-funded Take Home Naloxone program in Saskatoon in November 2015, this program had expanded to Regina, North Battleford, Kamsack, Yorkton, Prince Albert, Moose Jaw, Weyburn, Estevan, Kindersley, Buffalo Narrows, Swift Current, Melfort, Nipawin and Tisdale. Through this program, Take Home Naloxone kits are available free of charge to individuals who are at risk of an opioid overdose. To March 31, 2018 more than 470 Take Home Naloxone kits have been provided to individuals through this program and the Ministry of Health has been aware of situations where the Take Home Naloxone Kits have been administered and the individuals have survived an overdose.

Performance Measure

	Target	Status
In 2017-18, there will be a 25% increase the number of individuals who receive internet based cognitive behavioural therapy (I-CBT).	25% increase	Achieved
In 2017-18, Take Home Naloxone Kits will be available in all regional health authorities.	Take Home Naloxone Kits are available	Not Achieved Met in all but one former health region.

Strategy

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

Support Accountable Community-based Care Planning with a Focus on Primary Health Care Networks and High Quality Care Transitions between the Community and Acute Care System.

In 2017-18, planning and preparatory work was completed to support the development of networks and high quality transitions from acute to community. These efforts included:

- ⇨ Consulting with key stakeholders around the attributes of a high functioning Primary Health Care system and the concept of implementing networks in Saskatchewan to enable integration;
- ⇨ Identifying and reviewing data required to support engagement events in 2018-19;
- ⇨ Developing a jurisdictional review to learn from other network models in Canada that have established networks as a way to organize and integrate primary care at the local level; and,

Support Chronic Disease Management Through

1. Increased Adoption and Optimized use of Chronic Disease Management-Quality Improvement Program (CDM-QIP) Flow Sheets to Support Lowered Hospitalization Rates.

   The Chronic Disease Management-Quality Improvement Program (CDM-QIP) supports health care providers to deliver optimal care to their patients living with chronic conditions. Under the CDM-QIP, best practice flowsheets (both electronic and paper-based) and disease-specific indicators have been developed for four chronic conditions: diabetes, heart failure, coronary artery disease and chronic obstructive pulmonary disease.

   Work to increase adoption of the CDM-QIP flowsheets in 2017-18 included:

   - ⇨ Continued development of graphic dashboards within the Electronic Medical Records (EMRs) to allow health care providers to better monitor their patients under the CDM-QIP program;
   - ⇨ Providing in-office support for adoption of the program via the Primary Health Care and Saskatchewan Medical Association (SMA) EMR teams; and,
   - ⇨ Creation of a data work group to analyze information from the CDM-QIP program and develop reports for health care providers and the Saskatchewan Health Authority to support quality improvement work.

2. Chronic Obstructive Pulmonary Disease (COPD) Pathway Implementation in the former Regina Qu'Appelle Health Region.

   The following actions have occurred to implement the pathway within the former Regina Qu'Appelle Health Region since Fall 2016:

   - ⇨ Registered nurses and respiratory therapists have been integrated into primary health care teams across the region. These positions will ensure that patients with chronic obstructive pulmonary disease are identified and supported;
   - ⇨ Group COPD education (supporting self-management) and exercise sessions are located throughout Regina;
   - ⇨ A registered nurse focused on supporting COPD patients in the hospital through education and when transitioning back into the community;
   - ⇨ Intake and referral processes for pulmonary testing were reviewed and improved in collaboration with physicians;
   - ⇨ Additional general practitioners, in Regina, have received training in spirometry interpretation; and,
   - ⇨ An evaluation plan for the program is currently being designed that will include data on the results of the Pathway.

3. HealthLine Outbound Chronic Obstructive Pulmonary Disease Call Pilot Project.

   In 2016-17 HealthLine began planning an outbound call program to support patients living with COPD in the former Kelsey Trail Health Region. This pilot was launched in Tisdale on September 26, 2017 and is intended to support clients living with COPD through regular over the phone assessment, monitoring and education to prevent or reduce exacerbations and complications related to COPD. Additional support is provided by medSask specific to medication management.

Implement Recommendations from Connecting to Care Pilot Evaluation Report

The Connecting to Care evaluation was not completed in 2017-18, and work continues on the evaluation and implementation of recommendations in 2018-19. Connecting to Care programming continues while the evaluation and follow-up work on recommendations is underway.

Activity in 2017-18 included:

- ⇨ Review of the evaluation plan by a contracted firm with evaluation expertise;
- ⇨ Consultation with stakeholders, which included a review of the preliminary findings and development of draft recommendations; and
- ⇨ Development of a draft evaluation report.

Continue to Expand Access to Care through Remote Presence Technology in the North

Remote Presence Technology (RPT) is an advanced telemedicine technology. It allows an expert health provider (physician, nurse, pharmacist, etc.) to be virtually "present" in the community to perform real-time assessments, diagnostics and patient management from a remote location, through either a mobile robot or a smaller portable hand-held device known as a "doc-in-a-box". Government continued to work with partners to expand access to Remote Presence Technology in northern Saskatchewan.

Activities in 2017-18 resulted in:

- ⇨ Access to pediatric emergency assessment available via non portable robots in Stony Rapids, La Loche, English River Dene Nation and Pelican Narrows (initial pilot site).
- ⇨ The provincial working group supporting expanded access to RPT will continue to consider additional service lines and communities for implementation in 2018-19.

Support Implementation of Initiatives that Enhance Mental Health Promotion and Food Security

Northern Saskatchewan faces significant challenges with respect to overall health and well-being, including mental health and food security. Pregnancy and early childhood present a key opportunity for health promotion efforts that can improve maternal and child health and strengthen community capacity. As such, the Ministry engaged with the Northern Population Health Unit within the Saskatchewan Health Authority to identify future actions to support mental health promotion and food security. Prenatal supports and early childhood development in the areas of healthy eating, breastfeeding, food skills, literacy, emotional development and community connectedness were identified as key priorities.

Develop a Toolkit to Enhance Awareness of Mental Health Self-Management Tools (e.g. Internet Based Cognitive Behavioural Therapy).

Work on a mental health toolkit (for primary health providers) did not proceed in order to address emerging priorities but will be revisited in the future as part of the response to the Mental Health and Addictions Action Plan.

Performance Measures

Measure	Target(s)	Results	Achieved
By March 2018, people living with chronic conditions will experience better health as indicated by a 10% decrease in hospital utilization (from baseline data captured between 2009-2012) related to six common chronic conditions (Diabetes, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, Heart Failure, Depression, and Asthma).	10% decrease in hospital utilization	At the end of June 2017, total hospitalizations (for all conditions combined) had a 0.83% reduction from baseline.[1]	Not Achieved
By March 31, 2020, 50% of patients living with one or more of 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. The in-year target is 30% of patients receiving this care by March 31, 2018.	30% of patients (i.e. 54,576) receiving this care by March 31, 2018[2] 890 providers submitting CDM-QIP visits by March 31, 2018[2]	At the end of March 2018: 22.3% (40,657 discrete patients) The following is a breakdown by condition: Diabetes: 26,758 Coronary Artery Disease: 4,479 Chronic Obstructive Pulmonary Disease: 2,124 Heart Failure: 343 Multiple Conditions: 6,953 780 Physicians and Nurse Practitioners[3]	Not Achieved

[1] Two interim measures and targets developed by the CDM-QIP Steering Committee to track in-year (i.e. 2017-18) progress in adoption of the CDM-QIP tools.

[2] Data for this measure is derived from administrative databases for hospital admissions and emergency department visits. Due to delays in submission of data to both databases – more recent accurate data is not available. The impact of many of our current and future actions is not being reflected in the available results.

[3] Between the 2016-17 and 2017-18 fiscal years the definition of providers and patients changed from enrolled (i.e. two or more visits submitted to the CDM repository) to active (i.e. a CDM visit to the CDM repository within a 12 month period). This change effects the ability to cross-compare the above to previously reported CDM-QIP data in 2016-17. The change was made to more accurately reflect the number of current program users. Data for the 2016-17 fiscal year, matching the new definition, was requested and showed an slight improvement year-over-year (i.e. an increase of 30 physicians and nurse practitioners delivering care [from 750 to 780] and 3,366 patients receiving care [from 37,291 to 40,657].

Government Goals

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

Ministry Goal

Improve population health through health promotion, disease prevention, and collaboration with communities and government organizations to reduce the health disparity gap.

Key Actions

Expansion of Human Papillomavirus Vaccination (HPV) Program

In 2017 three changes were made to the HPV immunization service:

- ⇨ expanded to include Grade 6 boys born after January 1, 2006 ;
- ⇨ eligibility expanded to include males 9 to 26 years with specific medical conditions; and,
- ⇨ Gardasil® 9, a newer and improved version of the vaccine was offered.

There are over 100 different types of HPV, and around 25 are known or suspected of causing cancer. Gardasil® 9 protects against 9 HPV strains and is given in two doses, six to 12 months apart. Government made this cancer prevention measure a priority by funding $750,000 in 2017-18.

HPV vaccine has been offered to Grade 6 girls since 2008 with an average coverage rate of 71%. HPV vaccines are most effective when given to youth, generally around the age of 12. It is a good fit with existing school-based programs and is an opportune time to allow for a robust immune response to the vaccine. It is also an age when there is reduced risk of exposure to the HPV viruses.

Human Immunodeficiency Virus (HIV) 2017-18 Accomplishments

In July 2014, the Joint United Nations Programme on HIV and AIDS (UNAIDS) set global targets to end the AIDS epidemic: specifically, 90% of people with HIV are diagnosed, 90% of those diagnosed are on treatment, and 90% of those on treatment are virally suppressed.

The work of the Saskatchewan HIV Collaborative aligns with best practice strategies to achieve the 90-90-90 indicators. The HIV Collaborative Work Plan was released in 2017.

Work with federal, provincial, community and Indigenous partners aims to improve access to testing and clinical care; engage, educate and support individuals and communities; and stop the transmission of HIV.

An HIV Prevention and Control Work Plan Monitoring Working Group was created to develop indicators for monitoring progress.

A social marketing campaign was developed for World AIDS Day (December 1, 2017). Posters, postcards, a video and online and radio advertising were used to promote HIV testing.

In 2017, there was a 6% increase in HIV testing performed by the Roy Romanow Provincial Laboratory. Over 4,300 more tests were done in 2017 than in 2016. In addition, the number of HIV Point of Care testing sites has more than doubled, from 20 to 77 sites since 2012.

Through the work of many partners, the focus on access to testing for HIV increased through: promotion of the Routine HIV Testing Policy and the first Provincial HIV Testing Day, held June 27, 2017.

Increase Immunization Rate of Publicly Funded Pertussis-containing Vaccine to All Women as of 27 Weeks Gestation

Saskatchewan has experienced increased pertussis (whooping cough) activity resulting in hospitalization of infants who are either too young to be immunized or who are under-immunized with a pertussis-containing vaccine. To address this issue, additional pertussis control measures were implemented in October 2017.

All pregnant women are now offered a publicly funded tetanus-diphtheria-pertussis (Tdap) vaccine dose starting at 27 weeks gestation.

Healthcare providers are encouraged to share the *Parents Can Protect their Babies from Pertussis* fact sheets posted at https://www.saskatchewan.ca/residents/health/diseases-and-conditions/pertussis-whooping-cough.

The Tdap vaccine fact sheet is available at: https://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services#immunization-forms-and–fact-sheets

Increasing Knowledge of Lyme disease in the Province

Lyme disease is an emerging disease, and the risk of acquiring it increases in areas where ticks that carry the Lyme disease bacterium (the black-legged or "deer tick") have become established. The risk of acquiring Lyme disease in Saskatchewan is low, but not zero. Primary care providers regularly submit hundreds of samples to the Saskatchewan Disease Control Laboratory for testing. Each year the number of tests increases. Actions include:

- ⇨ Increasing public awareness by providing information that advises people to take precautions to reduce their risk of tick bites.
- ⇨ Providing up to date guidance and resources for health care providers.
- ⇨ Working with our federal, provincial and territorial partners on a national Lyme disease strategy to increase public awareness and promote prevention of Lyme disease.

Providing Population Health Monitoring and Assessment Reporting

The Ministry produces provincial health status and other population health monitoring and assessment reports. Reports for the public are posted on the Saskatchewan government website as well as on specific topic-related webpages (https://www.saskatchewan.ca/government/government-structure/ministries/health/other-reports/public-health-monitoring-and-surveillance).

The provincial population health reports provide information on key data and trends for use in planning health strategies and services, with a goal to improve the health of people in our province.

Typically, these reports identify important preventable population level health issues.

Government Goals

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

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.

Strategy

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

Key Actions

The Saskatchewan health care system will implement Safety Alert / Stop the Line in all acute care facilities. 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.

In order for a facility to count as having implemented Safety Alert / Stop the Line (SA/STL), at least 75% of its staff must have taken and passed SA/STL training. Forty-three (43) of Saskatchewan's 58 hospitals that are currently providing acute inpatient care achieved this target. These facilities account for 90% of the province's acute care beds. All remaining facilities have begun training, but have not yet reached 75% of staff.

The Saskatchewan health care system will implement medication reconciliation at admission to, and at discharge / transfer from, hospital. Medication reconciliation is a formal process in which health care providers work together with patients, families, and care providers to ensure that accurate, comprehensive medication information is communicated consistently across transitions of care. (The target for medication reconciliation (MedRec) was changed to 90% or more of care transitions for 2017-18.)

In March 2018, the provincial average for compliance with MedRec was 67% for all care transitions. MedRec was performed during 94% of admissions to hospital, and 40% of discharges/ transfers from hospital. Through the Connected Care Strategy, the Ministry will work alongside the Saskatchewan Health Authority to improve and standardize the transfer process, including the flow of information about a patient's medications between sending and receiving facilities and health care providers.

The Saskatchewan health care system will reduce the number of time-loss injuries, with a focus on the most commonly occurring type: shoulder and back injury.

There is a continued trend downward with an additional 2.5% decrease over 2016-17 number of accepted shoulder and back claims signaling an improvement. The system has been working hard to investigate all occurrences to root-cause; however, not all former regional health authorities data is captured in this summary.

The Saskatchewan health care system will implement the Provincial Health Care Safety Management System. The Safety Management System (SMS) is a six-element, focused process that supports a culture of safety through safe work practices. The system promotes health care providers and leaders working together with patients and families to ensure that safety is a shared responsibility with direct accountability to maintain that safety is a priority for all.

The senior leadership of the Saskatchewan Health Authority have acknowledged that the SMS will become the Provincial standard. It is anticipated that in due course there will be a standardized approach to the implementation of the SMS. It is significant to note that seven of the 12 former regional health authorities have fully implemented the SMS.

Performance Measure

	Target	Status
In 2017-18, Safety Alert/Stop the Line will be implemented in 100% acute care facilities in Saskatchewan.	100% implementation	90% implementation
In 2017-18, > 90% of care transitions where clients are at risk of medication errors will have medication reconciliation performed.	Greater than 90% of care transitions	67% of care transitions
In 2017-18, the health care system in Saskatchewan will investigate 100% of time-loss injuries involving shoulder and back to root cause.	100% investigations	86% investigations as of Sept 30, 2017
In 2017-18, the health care system in Saskatchewan will fully implement the Safety Management System.	Full implementation	Fully implemented in 7 of 12 former health regions.

2017-18 Financial Overview

The Ministry incurred $5.3B in expenses in 2017-18, $86.3M greater than its 2017-18 budget. During 2017-18, the Ministry received $93.6M in Supplementary Estimates and Special Warrant funding to address increased utilization costs and service pressures in the Saskatchewan Health Authority.

In 2017-18, the Ministry received $15.8M of revenue, $6.2M more than its 2017-18 budget. The additional revenue is primarily due to higher than anticipated refunds of prior year expenses and expense recoveries.

The Ministry's 2017-18 FTE utilization was 507.4 FTE's.

Ministry of Health Comparison of Actual Expense to Estimates

	2016-17 Actuals $000s	2017-18 Estimates $000s	2017-18 Actuals $000s	2017-18 Variance $000s	Notes
Central Management and Services					
Ministers' Salary (Statutory)	98	98	94	(4)	
Executive Management	2,289	2,349	2,165	(184)	
Central Services	4,576	5,366	4,669	(697)	
Accommodation Services	2,686	2,248	2,363	115	
Subtotal	**9,649**	**10,061**	**9,291**	**(770)**	
Regional Health Services					
Athabasca Health Authority Inc.	7,034	7,034	7,034	-	*
Cypress Regional Health Authority	125,130	63,248	87,574	24,326	*
Five Hills Regional Health Authority	146,076	73,971	102,065	28,094	*
Heartland Regional Health Authority	93,396	47,324	65,193	17,869	*
Keewatin Yatthe Regional Health Authority	27,006	13,683	18,945	5,262	*
Kelsey Trail Regional Health Authority	113,377	57,352	79,410	22,058	*
Mamawetan Churchill River Regional Health Authority	28,747	14,730	20,395	5,665	*
Prairie North Regional Health Authority	217,606	110,229	152,698	42,469	*
Prince Albert Parkland Regional Health Authority	216,073	109,279	150,979	41,700	*
Regina Qu'Appelle Regional Health Authority	926,806	476,282	658,373	182,091	*
Saskatoon Regional Health Authority	1,071,456	565,364	791,091	225,727	*
Sun Country Regional Health Authority	139,653	70,680	97,533	26,853	*
Sunrise Regional Health Authority	196,971	99,589	137,893	38,304	*
Provincial Health Authority	-	1,701,725	1,080,031	(621,694)	*
Regional Targeted Programs and Services	93,105	13,952	30,165	16,213	(1)
Saskatchewan Cancer Agency	163,931	170,363	167,222	(3,141)	
Facilities - Capital	47,638	68,430	70,373	1,943	
Equipment - Capital	16,950	15,300	11,800	(3,500)	
Regional Programs Support	27,981	27,938	27,617	(321)	
Subtotal	**3,658,936**	**3,706,473**	**3,756,391**	**49,918**	
Provincial Health Services					
Canadian Blood Services	48,384	42,250	47,724	5,474	(2)
Provincial Targeted Programs and Services	51,090	54,546	52,085	(2,461)	
Provincial Laboratory	28,091	27,577	29,394	1,817	
Health Quality Council	-	4,698	4,698	-	
Immunizations	14,490	15,735	14,859	(876)	
eHealth Saskatchewan	66,798	64,591	64,197	(394)	
Subtotal	**208,853**	**209,397**	**212,957**	**3,560**	
Medical Services & Medical Education Programs					
Medical Services - Fee-for-Service	557,334	538,615	561,557	22,942	
Medical Services - Non-Fee-for-Service	151,334	142,630	148,481	5,851	
Medical Education System	66,378	62,598	61,401	(1,197)	
Optometric Services	12,385	11,323	13,059	1,736	
Dental Services	1,654	2,183	1,473	(710)	
Out-of-Province	129,410	133,162	137,901	4,739	
Program Support	4,071	4,455	3,914	(541)	
Subtotal	**922,566**	**894,966**	**927,786**	**32,820**	

	2016-17 Actuals $000s	2017-18 Estimates $000s	2017-18 Actuals $000s	2017-18 Variance $000s	Notes
Drug Plan & Extended Benefits					
Saskatchewan Prescription Drug Plan	300,856	309,900	305,269	(4,631)	
Saskatchewan Aids to Independent Living	43,505	42,449	43,598	1,149	
Supplementary Health Program	24,556	23,352	27,628	4,276	
Family Health Benefits	4,338	3,976	4,112	136	
Multi-Provincial Human Immunodeficiency Virus Assistance	230	263	234	(29)	
Program Support	4,594	4,550	4,522	(28)	
Subtotal	**378,079**	**384,490**	**385,363**	**873**	
Provincial Infrastructure Projects	**184,225**	**-**	**-**	**-**	
APPROPRIATION	**5,362,307**	**5,205,387**	**5,291,788**	**86,401**	
Capital Asset Acquisitions	(184,225)	(423)	(532)	(109)	
Non-Appropriated Expense Adjustment	2,607	771	822	51	
TOTAL EXPENSE	**5,180,689**	**5,205,735**	**5,292,078**	**86,343**	
Supplementary Estimates	**-**	**36,500**	**-**	**(36,500)**	(3)
Special Warrant	**-**	**57,100**	**-**	**(57,100)**	(4)
REVISED TOTAL EXPENSE	**5,180,689**	**5,299,335**	**5,292,078**	**(7,257)**	
FTE STAFF COMPLEMENT	**508.1**		**507.4**		

*Total variance betweeen all Health Authorities is $38.7M, resulting in the variance being below the thresholds for explanation. Budget was allocated based on the transition to a single health authority occuring in October. Actuals are reporting until December 4th.

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.

Explanations for Major Variances

Explanations are provided for all variances that are both greater than 5 percent of the Ministry's 2017-18 program budget and greater than 0.1 percent of the Ministry's total expense.

1. Primarily due to an un-realized benefit holiday offset by program savings.
2. Program utilization above budgeted levels.
3. Supplementary Estimates funding for increased utilization costs, primarily for physician services.
4. Special Warrant funding primarily for service pressures in the Saskatchewan Health Authority.

Ministry of Health Comparison of Actual Revenue to Budgeted Revenue

	2017-18 Estimates $000s	2017-18 Actuals $000s	Variance $000s	Note
Other Own-source Revenue				
Investment Income	114	124	10	
Other fees and charges	2,603	2,469	(134)	
Miscellaneous	1,296	8,246	6,950	(1)
Total	4,013	10,839	6,826	
Transfers from the Federal Government	5,602	4,949	(653)	
TOTAL REVENUE	**9,615**	**15,788**	**6,173**	

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

Explanations for Major Variances

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

1. Primarily as a result of higher than anticipated refunds of prior year expenses and expense recoveries.

Saskatchewan Health Authority

Statement of Operations and Change in Fund Balances (In 000s Dollars)

	Operating Fund		Restricted Funds			
	Budget 2018	2018	Capital Fund 2018	Community Trust Fund 2018	Total 2018	unaudited Total 2017
Revenues						
Ministry of Health - General Revenue Fund	3,468,759	3,544,421	76,453	-	3,620,874	3,513,516
Other provincial	35,512	32,493	960	-	33,453	59,761
Federal government	9,063	8,861	-	-	8,861	10,016
Alberta funding for Lloydminster	40,184	40,796	269	-	41,065	41,909
Patient & client fees	118,598	119,337	-	-	119,337	115,416
Out of province (reciprocal)	30,529	30,066	-	-	30,066	31,278
Out of country	5,607	6,071	-	-	6,071	5,591
Donations	2,116	1,727	29,185	501	31,413	18,517
Ancillary	31,792	30,592	-	-	30,592	30,534
Recoveries	48,500	61,291	586	-	61,877	77,309
Research grants	-	836	-	-	836	430
Investment	1,325	1,906	1,643	105	3,654	3,524
Other	20,451	23,695	10,309	-	34,004	26,883
Total Revenues	**3,812,436**	**3,902,092**	**119,405**	**606**	**4,022,103**	**3,934,684**
Expenses						
Inpatient & resident services						
Nursing administration	53,471	54,690	27	-	54,717	54,853
Acute	842,226	881,255	3,175	-	884,430	860,877
Supportive	523,587	535,158	1,294	42	536,494	533,354
Integrated	78,476	80,050	785	-	80,835	85,855
Rehabilitation	11,682	12,658	-	-	12,658	11,900
Mental health & addictions	54,163	59,223	39	-	59,262	54,461
	1,563,605	**1,623,034**	**5,320**	**42**	**1,628,396**	**1,601,300**
Ambulatory care services	268,975	275,394	397	-	275,791	269,453
Diagnostic & therapeutic services	513,573	518,646	3,989	-	522,635	510,213
Community health services						
Primary health care	133,753	136,238	49	-	136,287	124,801
Home care	143,349	139,846	71	15	139,932	139,180
Mental health & addictions	136,054	132,576	22	-	132,598	134,687
Population health	102,725	100,288	74	-	100,362	103,016
Emergency response services	89,396	93,428	166	-	93,594	89,687
Other community services	52,765	51,965	45	-	52,010	48,506
	658,042	**654,341**	**427**	**15**	**654,783**	**639,877**
Support services						
Program support	240,030	239,325	1,717	-	241,042	244,805
Operational support	539,813	548,000	4,760	-	552,760	546,142
Other support	5,289	10,557	119,270	572	130,399	129,371
Employee future benefits	1,524	3,115	-	-	3,115	1,588
	786,656	**800,997**	**125,747**	**572**	**927,316**	**921,906**
Ancillary	17,818	17,859	-	-	17,859	18,158
Total Expenses	**3,808,669**	**3,890,271**	**135,880**	**629**	**4,026,780**	**3,960,907**
Excess (Deficiency) of Revenue Over Expenses	**3,767**	**11,821**	**(16,475)**	**(23)**	**(4,677)**	**(26,223)**
Interfund Transfers	(9,134)	(10,687)	11,949	(1,262)	-	(286)
Increase (decrease) in fund balances	**(5,367)**	**1,134**	**(4,526)**	**(1,285)**	**(4,677)**	**(26,509)**
Fund Balance - Beginning of the year		(383,769)	1,645,358	9,097	1,270,686	1,297,195
Fund Balance - End of Year		**(382,635)**	**1,640,832**	**7,812**	**1,266,009**	**1,270,686**

Statement of Financial Position (In 000s Dollars)

	Restricted Funds				
	Operating Fund 2018	Capital Fund 2018	Community Trust Fund 2018	Total 2018	unaudited Total 2017
Assets					
Current assets					
Cash and short-term investments	101,794	67,105	5,883	174,782	234,729
Accounts receivable					
Ministry of Health-General Revenue Fund	8,516	2,709	-	11,225	12,253
Other	50,479	11,080	20	61,579	54,197
Due (to)/from other funds	(27,244)	27,216	28	-	-
Inventory	25,425	-	-	25,425	25,302
Prepaid expenses	21,857	1,086	-	22,943	18,319
	180,827	109,196	5,931	295,954	344,800
Long term receivables					
Ministry of Health-General Revenue Fund	-	101,858	-	101,858	106,273
Other	530	14,666	444	15,640	15,844
Investments	5,088	3,507	1,437	10,032	9,736
Capital assets	-	1,633,491	-	1,633,491	1,590,949
	5,618	1,753,522	1,881	1,761,021	1,722,802
Total Assets	**186,445**	**1,862,718**	**7,812**	**2,056,975**	**2,067,602**
Liabilities and Fund Balances					
Current liabilities					
Accounts payable and accrued liabilities	158,931	10,856	-	169,787	162,864
Accrued salaries	101,219	-	-	101,219	90,818
Vacation payable	195,873	-	-	195,873	194,698
Mortgages payable - current	-	3,849	-	3,849	4,062
Long-term debt - current	-	14,239	-	14,239	11,310
Capital lease payable - current	-	1,343	-	1,343	1,525
Deferred revenue	16,833	-	-	16,833	38,159
Obligations under long-term financing arrangement	-	2,572	-	2,572	2,486
Construction holdback	-	871	-	871	111
	472,856	**33,730**	**-**	**506,586**	**506,033**
Long-term liabilities					
Mortgages payable	-	14,093	-	14,093	19,450
Long-term debt	-	52,802	-	52,802	55,871
Capital lease payable	-	2,365	-	2,365	2,512
Debentures payable	-	2,303	-	2,303	2,531
Obligations under long-term financing arrangement	-	116,685	-	116,685	119,257
Employee future benefits	96,224	-	-	96,224	93,109
	96,224	**188,248**	**-**	**284,472**	**292,730**
Fund balances					
Invested in capital assets	-	1,542,494	-	1,542,494	1,493,499
Externally restricted	-	59,409	7,812	67,221	116,195
Internally restricted	(764)	38,929	-	38,165	44,444
Unrestricted	(381,871)	-	-	(381,871)	(383,452)
Total Fund balances	**(382,635)**	**1,640,832**	**7,812**	**1,266,009**	**1,270,686**
Accumulated remeasurement gain(losses)	-	(92)	-	(92)	(1,847)
Total Liabilities and Fund Balance	**186,445**	**1,862,718**	**7,812**	**2,056,975**	**2,067,602**

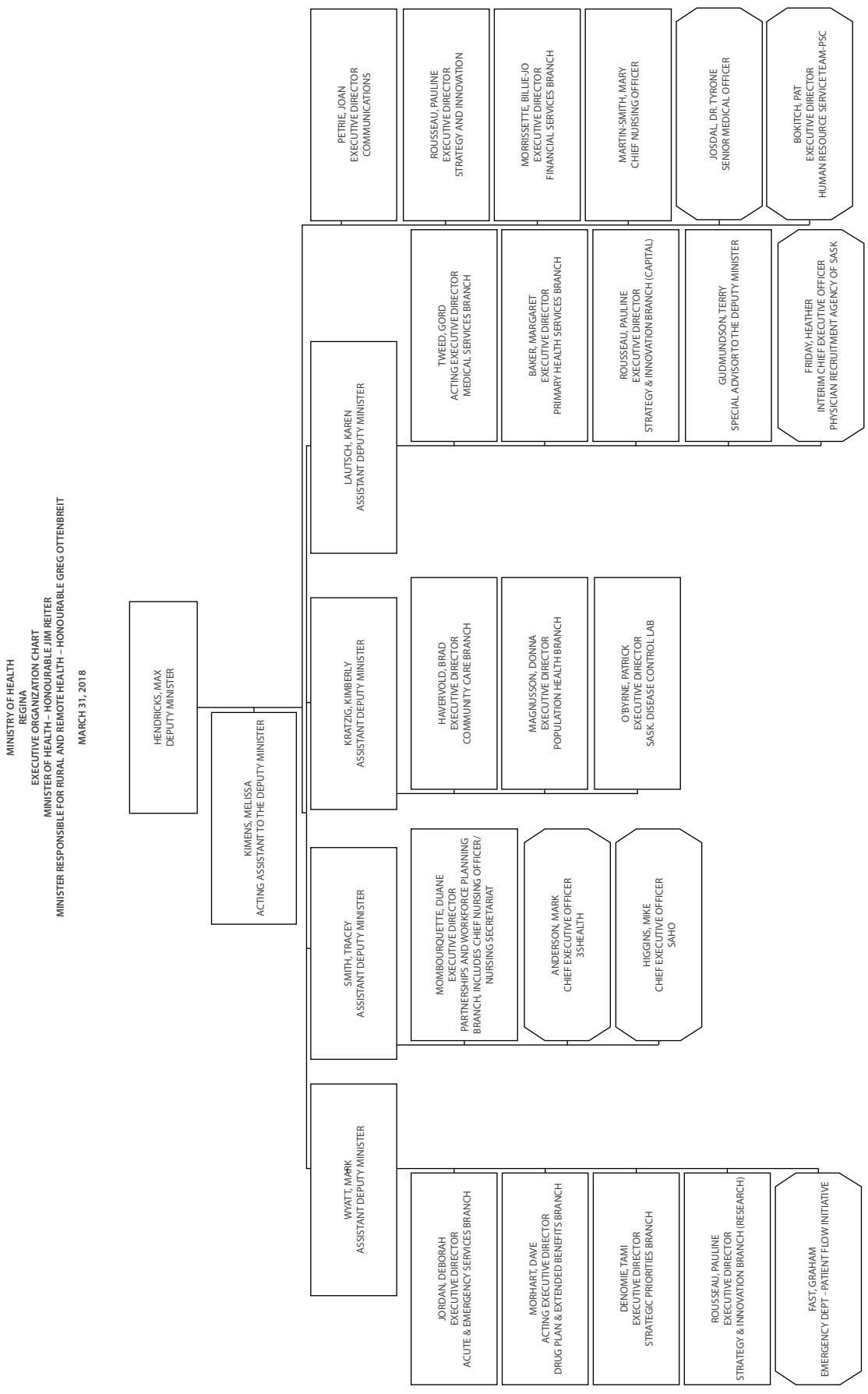
Schedule of Expenses by Object (In 000s Dollars)

	Total 2018	Total 2018	unaudited Total 2017
Operating Fund			
Advertising & public relations	1,172	666	941
Board costs	945	524	836
Compensation - benefits	416,268	413,095	413,399
Compensation - salaries	2,042,350	2,092,921	2,050,948
Continuing education fees & materials	3,967	2,904	3,644
Contracted-out services - other	87,292	92,600	85,229
Diagnostic imaging supplies	4,477	4,348	4,501
Dietary supplies	1,591	1,759	1,637
Drugs	60,295	63,017	61,462
Food	35,676	35,767	35,580
Grants to ambulance services	41,264	41,438	43,173
Grants to health care organizations & affiliates	278,282	275,810	276,652
Housekeeping and laundry supplies	13,623	14,024	13,919
Information technology contracts	19,944	22,483	20,706
Insurance	6,885	6,622	6,649
Interest	4,072	4,328	4,087
Laboratory supplies	26,146	27,676	26,099
Medical and surgical supplies	137,827	139,287	137,064
Medical remuneration and benefits	339,939	348,989	340,746
Meetings	791	479	533
Office supplies & other office costs	18,483	17,913	18,082
Other	6,674	11,693	11,443
Professional fees	24,229	25,902	27,084
Prosthetics	44,145	46,195	42,009
Purchased salaries	14,942	18,045	19,055
Rent/lease/purchase costs	40,333	40,024	39,933
Repairs & maintenance	55,324	60,377	58,239
Supplies - other	10,557	10,825	10,850
Therapeutic supplies	2,018	1,068	1,779
Travel	22,845	22,739	22,064
Utilities	46,313	46,753	45,752
	3,808,669	**3,890,271**	**3,824,095**
Restricted Fund			
Amortization		119,891	121,740
Loss on disposal of fixed assets		1,382	882
Mortgage interest expense		2,137	6,220
Other		13,099	7,970
		136,509	**136,812**
Total Operating and Restricted Fund		**4,026,780**	**3,960,907**

For More Information

Please visit the Ministry of Health's website at www.saskatchewan.ca/government/government-structure/ministries/health.

Appendix I: Ministry of Health Executive Organizational Chart



Appendix II: Critical Incidents Summary

2017-18 Annual Report Critical Incident Summary

Saskatchewan was the first jurisdiction in Canada 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 regional health authority (RHA) or health care organization (HCO)." 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.

On December 4, 2017, the operations of the 12 former regional health authorities were amalgamated into the Saskatchewan Health Authority (SHA), which retains the obligation under provincial legislation to report critical incidents to the Ministry of Health. At present, critical incident reports are still submitted by, and categorized according to, the former regional health authority in which they occurred.

The province has an established network of professionals in place within the authority 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 (PQCCs) in the Ministry of Health, conduct an investigation, and implement necessary changes. Arising out of their review of critical incidents, the authority and the SCA generate recommendations for improvement that they are then responsible for implementing.

The role of the PQCCs is to aggregate, analyze, and report on critical incident data, and broadly disseminate applicable system improvement opportunities. The PQCCs also provide advice and support to the SHA and the SCA in their investigation and review of critical incidents.

During 2017-18, a total of 188 critical incidents were reported to the Ministry of Health. These 188 incidents represent a 1% increase compared to the previous year and a 25% decrease from the 2015-16 fiscal year. The volume of critical incidents reported annually has remained fairly constant for the past five years, with the exception of the 2015-16 fiscal year which had the highest volume of incidents reported annually since inception of reporting. A change in the number of critical incidents reported (either more or fewer reports) may be because of a change in the actual number of critical incidents occurring, or it could be due to awareness of, and compliance with, the legislation and regulations, as well as the event reporting system in use and the culture of safety present at every level of the health care organization, which may vary, over time.

Delivery of health care services is a complex process involving many inter-related systems and activities. The formal critical incident reporting process has the potential to increase patient safety by reducing or eliminating the recurrence of similar critical incidents in Saskatchewan through implementation of targeted recommendations which address the underlying, or root causes, of critical incidents. Monitoring of critical incidents can also be used to direct patient safety and improvement initiatives. When recommendations are felt to be broadly applicable, the learnings are shared with a provincial network of Quality of Care Coordinators, risk managers, health providers, and health education program leaders.

Critical incidents are classified according to the *Saskatchewan Critical Incident Reporting Guideline, 2004* in the following categories and sub-categories:

Category	2017/18	2016/17	2015/16	2014/15	2013/14
I. Surgical Events					
a) Surgery performed on wrong body part	1	0	1	0	0
b) Surgery performed on the wrong patient	0	0	1	0	0
c) The wrong surgical procedure performed on a patient	0	1	0	0	2
d) Retention of a foreign object in a patient after surgery or other procedure	2	3	6	4	3
e) Death during or immediately after surgery of a normal, healthy patient, or of a patient with mild systemic disease	0	0	0	0	1
f) Unintentional awareness during surgery with recall by the patient	1	0	0	0	0
g) Other surgical event	3	4	11	4	6
Total	**7**	**8**	**19**	**8**	**12**
II. Product and Device Events					
a) Contaminated drugs, devices, or biologics provided by the RHA/HCO	1	0	0	1	3
b) Use or function of a device in patient care in which the device is used or functions other than as intended	2	5	3	5	2
c) Intravascular air embolism	0	0	0	0	0
d) Other product or device event	8	1	5	4	6
Total	**11**	**6**	**8**	**10**	**11**
III. Patient Protection Events					
a) An infant discharged to the wrong person	0	0	0	0	0
b) Patient disappearance	4	1	10	10	8
c) Patient suicide or attempted suicide	25	10	24	15	17
d) Other patient protection event	0	4	14	5	2
Total	**29**	**15**	**48**	**30**	**27**
IV. Care Management Events					
a) Medication or fluid error	32	17	20	19	22
b) Hemolytic reaction due to the administration of ABO-incompatible blood or blood products	0	0	0	0	4
c) Maternal death or serious disability	3	0	3	3	2
d) Full-term fetal or neonatal death or serious disability	1	4	4	9	10
e) Hypoglycemia while in the care of the RHA/HCO	1	1	0	0	0
f) Neonatal death or serious disability, including kernicterus, associated with failure to identify and treat hyperbilirubinemia	0	1	0	0	0
g) Stage 3 or 4 pressure ulcers acquired after admission to a facility	22	20	17	7	10
h) Delay or failure to transfer	5	3	1	5	3
i) Error in diagnosis	6	13	25	7	19
j) Other care management issues	36	42	56	49	31
Total	**106**	**101**	**126**	**99**	**101**

Category	2017/18	2016/17	2015/16	2014/15	2013/14
V. Environmental Events					
a) Electric shock while in the care of the RHA/HCO	0	0	0	0	0
b) Oxygen or other gas contains the wrong gas or is contaminated by toxic substances	0	0	0	0	0
c) Burn from any source	2	0	0	0	1
d) Patient death associated with a fall	21	35	36	21	20
e) Use or lack of restraints or bed rails	3	3	0	0	7
f) Failure or de-activation of exit alarms or environmental monitoring devices	0	1	0	1	2
g) Transport arranged or provided by the RHA/HCO	1	0	0	0	1
h) Delay or failure to reach a patient for emergent or scheduled services	2	3	5	9	2
i) Other environmental event	2	7	3	3	4
Total	**31**	**49**	**44**	**34**	**37**
VI. Criminal Events					
a) Care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider	2	0	0	0	0
b) Abduction of a patient of any age	0	0	0	0	1
c) Sexual assault of a patient	1	0	2	5	0
d) Physical assault of a patient within or on grounds owned or controlled by the RHA/HCO	0	2	1	3	3
e) Sexual or physical assault of a patient perpetrated by an employee	0	1	0	1	1
f) Other criminal event	1	4	1	4	1
Total	**4**	**7**	**4**	**13**	**6**
Total CIs Reported	**188**	**186**	**249**	**194**	**194****

Data current as of May 25, 2018

*** Note: Numbers with a double asterisk have changed between the 2013/14 Annual Report and the 2014/15 Annual Report publications as occasionally cases initially reported to the Ministry of Health are later determined to not meet the definition of critical incident and are removed from the total.*

Appendix III: Contact information for Ministry of Health Programs and Services

Regional Health Authorities

www.saskatchewan.ca/live/health-and-healthy-living/provincial-health-system

Regional offices:

Swift Current	(306) 778-5100
Moose Jaw	(306) 694-0296
Rosetown	(306) 882-4111
Buffalo Narrows	(306) 235-2220
Tisdale	(306) 873-6600
LaRonge	(306) 425-2422
North Battleford	(306) 446-6606
Prince Albert	(306) 765-6600
Regina	(306) 766-7777
Saskatoon Regional Health Authority	(306) 655-3300
Weyburn	(306) 842-8399
Yorkton	(306) 786-0100

Athabasca Health Authority

(306) 439-2200

Saskatchewan Cancer Agency

(639) 625-2010

Saskatchewan Health Card Applications

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

Phone	306-787-3251 1-800-667-7551 (toll-free Canada & US)
Email	change@ehealthsask.ca

Vital Statistics

Phone	306-787-3251 1-800-667-7551 (toll-free Canada & US)
Email	vitalstatistics@ehealthsask.ca

Health Services Cards:

Email	change@ehealthsask.ca

Apply online for a Saskatchewan Health Services Card at www.saskatchewan.ca/live/health-and-healthy-living/health-cards

Update personal and registration information online at www.saskatchewan.ca/live/health-and-healthy-living/health-cards

More information available at www.saskatchewan.ca/live/health-and-healthy-living/health-benefits-and-prescriptiondrug-plans

HealthLine

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

Phone	811 or 1-877-800-0002
Deaf and hard of hearing	1-800-855-1155 (SaskTel Relay Operator)

HealthLine Online

www.saskatchewan.ca/live/health-andhealthy-living/manage-your-health-needs/healthline

Problem Gambling Help Line

1-800-306-6789

Smokers' HelpLine

1-877-513-5333
www.smokershelpline.ca

Saskatchewan Air Ambulance program:

24-Hour Emergency	Call 9-1-1
Physicians or Designates should call	1-306-933-5255 or 1-888-782-8247

www.saskatchewan.ca/residents/health/emergency-medical-services/ambulance-services#saskatchewan-air-ambulance

Supplementary Health Program:

Regina	(306) 787-3124
Toll-Free within Saskatchewan	1-800-266-0695

www.saskatchewan.ca/residents/health/prescription-drug-plans-and-health-coverage/extended-benefits-and-drug-plan/supplementary-health-benefits

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.saskatchewan.ca/residents/health/prescription-drug-plans-and-health-coverage/extended-benefits-and-drug-plan/family-health-benefits

Special Support Applications for Prescription Drug Costs

To apply:
www.saskatchewan.ca/residents/health/prescription-drug-plans-and-health-coverage/extended-benefits-and-drug-plan/special-support-program

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
Toll Free	1-888-787-8996
Email	dp.sys.support@health.gov.sk.ca

www.saskatchewan.ca/residents/health/accessing-health-care-services/health-services-for-people-with-disabilities/sail

Out-of-province health services

Regina	(306) 787-3475
Toll-Free within Saskatchewan	1-800-667-7523

www.saskatchewan.ca/residents/health/prescription-drug-plans-and-health-coverage

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

Prescription Drug Program

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

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

Drug Plan and Extended Benefits Branch
Ministry of Health
3475 Albert Street
Regina SK S4S 6X6

Appendix IV: Summary 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 Change of Name Act, 1995

An Act respecting Changes of Name.

The Chiropractic Act, 1994

The Act regulates the chiropractic profession in the province.

The Dental Disciplines Act

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

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 Family and Community Services Act

This Act authorizes the Minister to undertake any action needed to promote the growth and development of family and community services and resources.

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 Administration 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 Health Districts Act

Most of the provisions within this Act have been repealed. 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 non-hospital 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.

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 Resources, Labour and Employment Act

(with respect to section 4.02)

An Act respecting human resources, labour and employment.

The Human Tissue Gift Act

The Act regulates organ donations in the province.

The Human Tissue Gift Act, 2015

The Act regulates organ donations in the province. The Act has not yet been proclaimed in force.

The Licensed Practical Nurses Act, 2000

The Act regulates licensed practical nurses in the province.

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.

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 Naturopathy Act

The Act regulates naturopathic practitioners in Saskatchewan.

The Naturopathic Medicine Act

The Act includes provisions that support the scope of practice for naturopathic doctors in the province. The Act has not yet been proclaimed in force.

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.

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 Patient Choice Medical Imaging Act

The Act regulates the licensing and operation of certain facilities providing medical imaging services.

The Personal Care Homes Act

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

The Pharmacy and Pharmacy Disciplines Act

An Act respecting pharmacists, pharmacy technicians, pharmacies and drugs.

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 Provincial Health Authority Act

The Act addresses the governance and accountability of the Saskatchewan Health Authority, establishes standards for the operation of various health programs and repeals *The Regional Health Services Act*.

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 Public Works and Services Act

(with respect to clauses 4(2)(a) to (g), (i) to (l), (n) and (o) and section 8)

An Act respecting public works and the provision of supplies and services.

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 act is jointly assigned to the Minister of Health, the Minister of Justice and Attorney Journal, and the Minister of Social Services.

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 Speech-Language Pathologists and Audiologists Act

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

The Tobacco Control Act

This Act controls the sale and use of tobacco and tobacco related products and allows for making consequential amendments to other Acts.

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. It was proclaimed in force and became law in May 2012.

The Vital Statistics Act, 2009

This Act provides authority for the keeping of vital statistics and making consequential amendments to other Acts.

The Vital Statistics Administration Transfer Act

This Act transfers the administration of *The Vital Statistics Act, 1995*, *The Change of Name Act, 1995* and other statutory duties of the Director of Vital Statistics to eHealth Saskatchewan.

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 V: New Legislation in 2017-18

The Provincial Health Authority Act

The legislation received Royal Assent and is proclaimed in force. The Act addresses the governance and accountability of the Saskatchewan Health Authority, and establishes standards for the operation of various health programs. The legislation amendments:

- ⇨ Enabled the consolidation of the former 12 Regional Health Authorities into one Saskatchewan Health Authority;
- ⇨ Repealed and replaced *The Regional Health Services Act*; and,
- ⇨ Makes consequential amendments to certain Acts.

Appendix VI: Legislative Amendments and Proclamations in 2017-18

One Act was amended and proclaimed in 2017-18.

The Prescription Drugs Amendment Act, 2010

Amendments to *The Prescription Drugs Amendment Act, 2010* received Royal Assent and are proclaimed in force. Specifically, the amendments:

- Allow the Minister to designate non-prescription drugs under *The Prescription Drugs Act* through regulations that will ensure the capture of personal health information into the Pharmaceutical Information Program from the sale of the designated drugs to Saskatchewan residents.

Appendix VII: New Regulations in 2017-18

No new regulations were created in 2017-18.

Appendix VIII: Regulatory Amendments in 2017-18

Fourteen regulations were amended in 2017-18.

The Prescription Drugs (Miscellaneous) Amendment Regulations, 2017

Amendments to the regulations included:

- ⇨ Requiring the mandatory inclusion in the Pharmaceutical Information Program of data on exempted codeine products that are available for sale by pharmacists without a prescription;
- ⇨ Allowing for the automatic provision of seniors' benefits under the Seniors' Drug Plan for individuals covered under Saskatchewan Seniors' Income Plan and Guaranteed Income Supplement without an application by the beneficiary;
- ⇨ Changing the "age amount income threshold" from the federal to the provincial income threshold;
- ⇨ Changing the "child co-payment amount" and the "senior co-payment amount" from $15 to $25;
- ⇨ Removing the requirement that a beneficiary who qualifies for the Saskatchewan Aids to Independent Living program must present a letter of approval to a pharmacy to receive benefits under the program; and
- ⇨ Repealing the section relating to the Saskatchewan Workers Health Benefit program which has been discontinued.

The Personal Care Homes (Licence Fees) Amendment Regulations, 2017

Amendments to the regulations allow for:

- ⇨ Increasing the annual per bed licensing fee charged to personal care homes from $10 to $20.

The Disease Control Amendment Regulations, 2017

Amendments to *The Disease Control Regulations* were developed to:

- ⇨ Establish the legal framework for collection, use and disclosure of immunization information in the provincial immunization database;
- ⇨ Support notification and surveillance of emerging communicable diseases;
- ⇨ Support the flow of required information to the Saskatchewan Disease Control Laboratory for the provincial laboratory disease surveillance program;
- ⇨ Allow disclosure of information from the provincial laboratory disease surveillance program to medical health officers; and
- ⇨ Update the notification provisions for Canadian Blood Services.

The Plumbing Amendment Regulations, 2017

These amendments were developed to:

- ⇨ Increase the base plumbing permit fee from $40 to $100;
- ⇨ increase permit fees for connections to communal waterworks from $20 to $50 and increase permit fees for installations of less than two fixtures from $20 to $50;
- ⇨ Enable the local authority to require the owner of an existing plumbing system to correct faulty or defective portions of the system; and
- ⇨ Adopt the National Plumbing Code of Canada, 2015, with Saskatchewan amendments.

The Medical Care Insurance Beneficiary and Administration Amendment Regulations, 2017

Amendments to the regulations included:

- ⇨ Removing references to a payment schedule that is to be repealed;
- ⇨ Remove chiropractic services from being subject to section 12 (certain supervised services insured);
- ⇨ De-insure certain diagnostic x-ray procedures when provided by a chiropractor;
- ⇨ De-insure chiropractic services; and
- ⇨ Replace outdated references with their modern legislative reference.

The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2017

The amendments to these regulations were developed to:

- ⇨ Remove references to a payment schedule that is being repealed;
- ⇨ Remove references to insured chiropractic services that were de-insured; and
- ⇨ Replace outdated references with their modern legislative reference.

The Saskatchewan Assistance Plan Supplementary Health Benefits Amendment Regulations, 2017

Amendments to the regulations included:

- ⇨ Chiropractic services no longer being provided for Supplementary Health and Family Health beneficiaries; and
- ⇨ Enabling private hearing and podiatry clinics to provide services to people with Supplementary Health or Family Health Benefits.

The Special-care Homes Rates Amendment Regulations, 2017

Amendments to the regulations allow for:

- ⇨ Updating the fee structure for long-term care. Residents will now pay 57.5% on the portion of income between $1,413 and $4,200.

The Public Health Appeals Amendment Regulations, 2017

Amendments to *The Public Health Regulations* included:

- ⇨ Necessary changes required by the establishment of the Saskatchewan Health Authority; and
- ⇨ Housekeeping changes including updating the title for medical health officers.

The Health Information Protection Amendment Regulations, 2017

These amendments allowed for:

- ⇨ eHealth Saskatchewan to enter into an agreement with Elections Saskatchewan to disclose registration information to the Chief Electoral Officer for the purpose of establishing, maintaining or revising the register of voters.

The Mental Health Services (Provincial Health Authority) Amendment Regulations, 2017

Amendments to the regulations were developed to:

- ⇨ Remove references to Regional Health Authorities;
- ⇨ Support establishing the entire province as one mental health region to reflect the new Provincial Health Authority structure;
- ⇨ Remove the reference to the Regional Psychiatric Centre (Prairies) as *The Provincial Health Authority Act* allows for Regional Psychiatric Centre (Prairies) to be designated as a mental health centre; and
- ⇨ Clarify role and responsibility of a Chief Psychiatrist allowing the Provincial Health Authority to establish physician reporting structures.

The Youth Drug Detoxification and Stabilization Amendment Regulations, 2017

These regulation amendments were developed to assist in the start-up of the Saskatchewan Health Authority and:

- ⇨ Repealed section 6 of the regulations which established regions;
- ⇨ Amended references to regions; and
- ⇨ Brought the regulations into alignment with a single health authority for the province.

The Provincial Health Authority Administration (Exempt Property) Amendment Regulations, 2017

These amendments allowed for:

- ⇨ A property tax exemption for the building and improvements owned by Friends of Saskatchewan Children Inc., which operates Ronald McDonald House, Saskatoon; and
- ⇨ Housekeeping amendments including the removal of an organization from the affiliate list.

The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2018

These amendments were developed to provide the authority to pay:

- ⇨ Negotiated and approved insured services within an existing agreement with the Saskatchewan Medical Association.

The Provincial Health Authority Administration Regulations

These regulations repeal and replace *The Regional Health Services Administration Regulations* with the following changes of substance:

- ⇨ The new regulations create a list of all affiliates of the Saskatchewan Health Authority;
- ⇨ The number of criteria that disqualify a person from being appointed to the board of the Saskatchewan Health Authority are reduced;
- ⇨ The borrowing limit for the Saskatchewan Health Authority is removed. It is determined by the Minister of Finance;
- ⇨ eHealth Saskatchewan and Shared Services Saskatchewan (3sHealth) are included as Health Care Organizations to permit the transfer of staff and assets from the Saskatchewan Health Authority to each of them.
- ⇨ The regulations clarify that Health Care Organizations are not restricted to providing health services;
- ⇨ The regulations remove provisions which formerly precluded discrimination of service provision based on a beneficiary's region of residence.

Three regulations were repealed in 2017-18.

The Chiropractic Services Payment Negotiation Repeal Regulations

These regulations were repealed in their entirety due to all chiropractic insured services being de-insured.

The Chiropody Services Repeal Regulations

These regulations were repealed in their entirety due to podiatry services no longer being provided by the former Regional Health Authorities (now the Saskatchewan Health Authority).

The Regional Health Services Administration Regulations

These regulations were repealed in their entirety and replaced with *The Provincial Health Authority Act* to align with the transition to the Saskatchewan Health Authority.

Appendix IX: List of Publications and Updated Reprints in 2017-18

October 2017

TIA Stroke Pathway booklet

- ⇨ ***Information about TIA – Transient Ischemic Attack (mini-stroke)***

October 2017

Tanning regulations document, and posters

- ⇨ ***Toolkit for UV Tanning Facility Operators***
- ⇨ ***Poster – It is illegal to permit a person under 18 years of age to use UV tanning equipment.***

April 2017

Adult Recovery Fact Sheet

- ⇨ ***Adult Recovery: What to do if alcohol or drugs are causing problems in your life***

Fall 2017 Campaign

HIV Posters and postcards

- ⇨ ***Talk, Test, Support: HIV is Different Now***
- ⇨ **Handout –** ***Routine Testing Client Information: Human Immunodeficiency Virus (HIV)***

March 2018

Tick/Lyme Disease posters and postcards

- ⇨ ***Watch for Ticks!***

Appendix X: Acronyms

AC	Appropriateness of Care. Find out more at http://hqc.sk.ca
ALC	Alternate Level of Care patient. This patient does not require the intensity of services provided in the facility they are being treated in.
CAD	Coronary Artery Disease.
CDM-QIP	Chronic Disease Management-Quality Improvement Program.
COPD	Chronic obstructive pulmonary disease.
CQIP	Clinical Quality Improvement Program.
CT	Computed tomography scan. A type of digital image.
CTAS	Canadian Triage Acuity Scale. The Canadian Triage and Acuity Scale (CTAS) is a tool that enables emergency departments to prioritize patient care requirements and examine patient care processes, workload, and resource requirements relative to case mix and community needs These measures are defined by the Canadian Association of Emergency Physicians.
CWC	Choosing Wisely Canada.
EHR	Electronic Health Record. Find out more at www.ehealthsask.ca.
EMR	Electronic Medical Record. Find out more at www.sma.sk.ca.
FTE	Full Time Equivalent (Term used in Human Resources).
HKTRC	Regina Hip and Knee Treatment and Research Centre
HQC	The Health Quality Council works closely with Saskatchewan's health regions and Cancer Agency, the Ministry of Health, and health providers to make care better and safer for patients in this province. Find more information at hqc.sk.ca.
HIV	Human Immunodeficiency Virus.
IDR	Interdisciplinary rounds.
LINK	Leveraging Immediate Non-urgent Knowledge, a provincial telephone consultation service that gives family physicians quick access to specialists to consult on complex but non-urgent conditions.
LOCUS	Level of Care Utilization System:. An electronic client information system that assesses and matches level of care needs to existing services.
MAPLe Score	A tool used by health care professionals to prioritize clients' needs and to appropriately allocate home care resources and placement in long-term care facilities.
MRI	Magnetic resonance imaging. A type of digital image.
PHC	Primary Health Care. Find out more on page 15 of this report and at saskatchewan.ca.
PQCC	Provincial Quality of Care Coordinators. The role of PQCCs is to aggregate, analyze, and report on critical incident data, and broadly disseminate applicable system improvement opportunities. PQCCs also provide advice and support to health regions and the SCA in their investigation and review of critical incidents.
RPT	Remote Presence Technology: An advanced telemedicine technology. It allows an expert health provider (physician, nurse, pharmacist, etc.) to be virtually "present" in the community to perform real-time assessments, diagnostics and patient management from a remote location, through either a mobile robot or a smaller portable hand-held device known as a "doc-in-a-box".
RHA	Regional health authority.
SACI	The Saskatchewan Medical Association's Appropriateness of Care Program.
SAIL	Saskatchewan Aids to Independent Living provides people with physical disabilities and certain chronic health conditions a basic level of coverage for disability related equipment, devices, products, and supplies in a cost effective and timely manner. Find more information at Saskatchewan.ca.
SA/STL	Safety Alert/Stop The Line.
SCA	The Saskatchewan Cancer Agency operates prevention and early detection programs, conducts innovative research and provides safe, patient and family centered care. Two locations: Saskatoon and Regina.

SDCL	Saskatchewan Disease Control Laboratory works to identify, respond to, and prevent illness and disease in the province. The lab provides reference testing, specialized screening and diagnostic testing. Find more information at Saskatchewan.ca.
SHA	Saskatchewan Health Authority
SMA	Saskatchewan Medical Association.
SMS	Safety Management System.
Tertiary Care	Level of care that consists of complex procedures given in a health care center that has highly trained specialists and often advanced technology.
WNV	West Nile Virus.