BUSINESS PLAN
2019-2020

Healthy People, Healthy Saskatchewan

Saskatchewan Health Authority
saskhealthauthority.ca
## CONTENT

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The 2019-20 Saskatchewan Health Authority Business Plan, a requirement of the Ministry of Health, is intended to describe our strategic priorities and how we will mature as an organization; while achieving ongoing success.

As one provincial organization, we have combined our strengths and are moving forward with a shared purpose. Guided by our values of Safety, Accountability, Respect, Collaboration and Compassion and committed to a philosophy of Patient and Family Centred Care, we are creating a health care system that is better, smarter, safer and more coordinated for the people of Saskatchewan.

Although transition work is ongoing and will continue for years to come, we are beginning to think and act as one. We have already begun to create common ground. We are establishing stronger teams and enhancing province wide coordination so that every patient, client and resident receives high-quality, safe, inclusive care regardless of who they are or where they live in Saskatchewan.

We continue to work with patients, families, physicians, health-care providers, and Indigenous and community partners to collaborate and design a system that can tackle long-standing issues, such as local access to primary health care and long wait times.

We are focused on improving team-based care in the community and reducing reliance on acute care, supporting a culture that advances continuous improvement, cultural awareness, patient and staff safety, establishing physicians as leaders in the health-care system and improving system-wide alignment of services. Genuine transformation comes from the strength of our people working together to achieve a single shared vision. We are proud of the knowledge, respect and dedication that our employees and physicians bring to patient care every day. Let’s continue to work together to achieve our vision of Healthy People, Healthy Saskatchewan.

On behalf of the SHA’s Executive Leadership Team and Board of Directors, we are proud to present this plan and commit to sharing further updates with you as our organization evolves.

Thank you for taking this journey with us.

Sincerely,

Scott Livingstone,  
Chief Executive Officer  
Saskatchewan Health Authority

R.W. (Dick) Carter, Chairperson  
Saskatchewan Health Authority  
Board of Directors
VISION

Healthy People, Healthy Saskatchewan

MISSION

We work together to improve health and well-being. Every day. For everyone.

VALUES

SAFETY: *Be aware.* Commit to physical, psychological, social, cultural and environmental safety. Every day. For everyone.

ACCOUNTABILITY: *Be responsible.* Own each action and decision. Be transparent and have courage to speak up.

RESPECT: *Be kind.* Honour diversity with dignity and empathy. Value each person as an individual.

COLLABORATION: *Be better together.* Include and acknowledge the contributions of employees, physicians, patients, families and partners.

COMPASSION: *Be caring.* Practice empathy. Listen actively to understand each other’s experiences.

PHILOSOPHY OF CARE: Our commitment to a philosophy of Patient and Family Centred Care is at the heart of everything we do and is the foundation for our values. This philosophy of care is in essence our culture – who we are, the shared purpose that brings us all together and how our patients and families experience care every day. Through meaningful engagement and co-creating mutually beneficial partnerships among employees, physicians, patients, families, clients and residents, together we ensure a seamless health system that supports Healthy People, Healthy Saskatchewan.
INTRODUCTION
Healthy People, Healthy Saskatchewan

The Saskatchewan Health Authority (SHA) is responsible for the delivery of high quality and timely health care for all the people of Saskatchewan. The SHA has entered its second year of working together to improve the lives of the people we serve. Through amalgamation in 2017 we became the province’s biggest employer with approximately 40,000\(^1\) employees and 2,700 physicians serving the people of Saskatchewan.

The SHA works in the spirit of truth and reconciliation, we recognize that our places of work and facilities lie on the traditional territory of the First Nations and Métis people, which includes Treaties 2, 4, 5, 6, 8, and 10. We acknowledge and recognize the history of the First Nations and Métis People who have come before as this history is important to our future and our efforts to close the gap in health outcomes between Indigenous and non-Indigenous peoples.

The SHA is working towards building a patient and family centred health system and services that are sustainable into the future. We will do this by building accountability, quality, stewardship and commitment into everything we do, at every level of the organization, and ensuring key foundational structures are in place to support our patients, clients, residents and families.

This past year after extensive consultation and engagement with over 5,000 key stakeholders and health system partners, the SHA Board of Directors approved the five core values of Safety, Accountability, Respect, Collaboration and Compassion and a commitment to a philosophy of Patient and Family Centred Care. Our values and philosophy of care are at the heart of everything we stand for – they inspire, empower and guide how we work together with patients, clients, families and each other.

As the Province’s main health provider, SHA serves a population of approximately 1,168,423\(^2\) in rural, urban, northern and remote geographical settings. Approximately 23% of Saskatchewan residents have at least one of five

* Does not include Affiliate employees
chronic diseases: Asthma, chronic obstructive pulmonary disease (COPD), diabetes, ischemic heart disease (IHD) or heart failure, of these, about 25% have more than one. Residents in the northern half of the province have a higher rate of chronic diseases compared to the rest of the province and experience difficulties accessing services due to their remote location. Saskatchewan residents have a higher percentage of hypertension, heart failure, and obesity than the rest of Canada overall and the lowest average life expectancy in the country at 79.7 years of age with an increasing senior population3. The health status of our province presents challenges for the SHA in the way we provide care. Our focus is on enhancing service delivery through the integration of team-based community and primary health care through the development of health networks, with the goal of better serving patient needs in the community.

SASKATCHEWAN CONTEXT

<table>
<thead>
<tr>
<th>SK Population as of Jan, 19</th>
<th>Annual Growth Rate 2018</th>
<th>Life Expectancy at Birth</th>
<th>Average Age</th>
<th>Percentage of Senior Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,168,423</td>
<td>.99%</td>
<td>79.7</td>
<td>39.1</td>
<td>15.5%</td>
</tr>
</tbody>
</table>

4 Source for numbers in endnotes

Saskatchewan Health Authority’s 2019-20 Business Plan outlines the organization’s direction, guides our decision making and outlines where the SHA will focus activities in the coming year to achieve ongoing success. The SHA is committed to achieve the goals outlined in the Business Plan, which are aligned with the goals and direction of the Ministry of Health. The implementation of the business plan is supported by existing strategies and initiatives at various levels of the organization. To accomplish this work, the SHA must build on what is currently working well and maximize benefits from investments identified each fiscal year while effectively managing existing resources.
The Provincial Health Authority Act establishes the roles and responsibilities of the Minister of Health and the Saskatchewan Health Authority. Under this Act, the minister is responsible for the strategic direction of the health-care system in Saskatchewan and may take actions that the minister considers advisable for that purpose including:

- establishing goals and objectives for the provision of health services;
- establishing performance measures and targets to promote the effective and efficient utilization of health services;
- developing, implementing and evaluating provincial health care policies;
- conducting financial, human resources and information technology planning for the health care system;
- developing methodologies for effective and efficient allocation of resources; and
- administering the allocation of available resources for the provision of health services.

Under the Provincial Health Authority Act the Saskatchewan Health Authority is responsible for the planning, organization, delivery and evaluation of the health services that it provides. In carrying out its responsibilities, the Saskatchewan Health Authority:

- assesses the health needs of Saskatchewan residents;
- prepares an operational plan for the provision of health services;
- delivers the health services that the minister has determined it is to provide;
- co-ordinates with other providers of health services;
- evaluates the health services it provides;
- promotes and encourages health and wellness;
- assists the minister in the development and implementation of health policies and standards, health-information systems, human-resource plans for the health-care system and other provincial health-system initiatives;
- meets the standards established by the minister respecting the provision of quality health services; and
- provides reports required by the minister.
The Saskatchewan Health Authority is governed by the Saskatchewan Health Authority Board of Directors. The Board consists of 10 voting members, appointed to three-year terms by the Minister of Health. The Board is accountable to the Minister of Health to achieve the goals and objectives of the SHA, ensuring effective planning, delivery and evaluation of all health care programs, on behalf of the residents of Saskatchewan.

The Saskatchewan Health Authority governance system is outlined in the Provincial Health Authority Act and the Provincial Health Authority Administration Regulations supported by the initial General Bylaws of the Saskatchewan Health Authority, and further detailed in the Governance Charter, approved December 4, 2017. The Governance Charter reflects the provincial legislation, direction, philosophy and principles governing the SHA – a large, complex, high profile and accountable public sector organization. The Charter describes in detail the Board’s accountabilities to, and relationships with, key stakeholders and the Chief Executive Officer (CEO) inclusive of the CEO’s authority and expectations. The governance philosophy is guided by the following principles:

- The Board provides strategic direction and leadership.
- The Board adheres to the highest ethical and legal standards in the conduct of its business.
- The Board makes decisions on the best available evidence.
- The Board’s approach to governance is open; open to information that will enable the Board’s work, responsive to the expectations of the public and transparent regarding the decisions that are made.
- Members are to act in the best interests of the Board as a whole.
- The relationship between the Board and the CEO is based upon trust, collaboration and clear understanding of roles and responsibilities of the Board and the CEO.
The Governance Charter also outlines the Board’s structures and governance processes whereby strategic goals are set, key relationships are maintained, assets of the organization are safeguarded and quality care is supported in accordance with best practices, service excellence and national performance standards such as those of Accreditation Canada. The Board fulfills its governance role and responsibilities through the following Committees of the Board chaired by Board members, recommended by the Board chairperson and formally appointed by the Board (Appendix A):

- Governance and Human Resources Committee
- Quality and Safety Committee
- Audit, Finance and Risk Committee
- Board Practitioner Hearing Committee
- Practitioner Liaison Committee

The Board has also established an Internal Audit function that supports the SHA to accomplish its objectives by bringing a systematic and disciplined approach to evaluate and improve its operations. Internal Audit does this by providing insight and advice to help drive improvements in governance, risk management and control processes, balanced with assurance on key risk mitigations and controls through the completion of audit work. Internal Audit’s direct reporting line to the Board helps ensure independence and objectivity are maintained.

The Board recognizes the paramount importance of patients and families as key in the delivery of the health-care services provided by the SHA. The Board incorporates the patient experience into their work to inform the strategic direction for the SHA.

### SERVICE UTILIZATION

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Surgery</td>
<td>32,271</td>
</tr>
<tr>
<td>Day Surgery</td>
<td>56,126</td>
</tr>
<tr>
<td>Average Daily Census (Inpatient)</td>
<td>2,276</td>
</tr>
<tr>
<td>Average Daily Census (LTC)</td>
<td>8,626</td>
</tr>
<tr>
<td>Newborn Hospitalizations</td>
<td>15,383</td>
</tr>
<tr>
<td>CT Visits</td>
<td>115,493</td>
</tr>
<tr>
<td>MRI Visits</td>
<td>34,678</td>
</tr>
</tbody>
</table>
Creating a culture of continuous improvement and safety

In 2018-19, the Saskatchewan Health Authority focused on establishing strong foundations in support of growing our organizational culture and our people to best align with what needs to be achieved, both strategically and operationally. The SHA is focused on creating a culture rooted in our values, which were approved by the SHA Board: Safety, Accountability, Respect, Collaboration and Compassion and a commitment to a philosophy of Patient and Family Centred Care. In 2019-2020 we will focus on promoting these values amongst employees. In 2018-19, the SHA focused on building its organizational structure at the executive director and director level to lead our workforce in providing better patient and family centered care. In 2019-2020, we will continue ensuring the right people are in the right jobs, and on creating a unified team of care providers and leaders across the SHA, all working towards building healthy people for a healthy Saskatchewan.

The SHA Quality and Safety Plan, developed in 2018-19, provides a blueprint to systematically advance a culture of safety and continuous improvement throughout the organization. Recognizing that quality and safety improvements are created, improved and sustained at the point of care by managers, physician leaders and local teams, the plan requires an integrated approach to safety where leaders learn, coach and grow their employees and to continuously improve their work processes. The Saskatchewan Health Authority Management System, adapted from the Saskatchewan Health Care Management System, provides leaders with the training, structure, coaching and processes to ensure daily delivery of services are safe and reliable.

The SHA Management System is a standardized approach to management providing a framework to know and grow our people, understand our business and continuously improve our processes. It links the SHA vision and strategy to daily improvement, defines leadership behaviours and capabilities needed to support our employees and physicians, and includes key elements to help our leaders advance a culture of Continuous Improvement and Safety.
The System provides a framework for cross-functional learning that integrates leadership, safety, and all dimensions of quality. It is comprised of eight key components; patient and family centred care (PFCC), strategy deployment, visual management, problem solving culture, culturally responsive care, innovation and new knowledge, spreading leading practices, and safety management, supported by a foundation of leadership behaviours and practices that guide the leaders in our organization. Each component is aligned to ensure that leaders show up in the right way through demonstrated daily leadership behaviours and that they have the knowledge and skills to utilize the right tools, at the right time, for the right reason.

Grounded in the LEADS in a Caring Environment Framework, the Management System guides leaders to lead themselves, engage others, achieve results, develop coalitions and empower systems transformation in an effort to advance a culture of continuous improvement and safety. Leader Standard Work (LSW) has been developed to embed and align safety practices throughout the SHA. Standard work will help establish predictable routines, such as attending regular huddles and participating in site walks, which will reduce firefighting, develop a culture of coaches and problem solvers and establish a reliable system for managing improvement. The Senior Leadership Team and directors are in the process of testing and learning how to best implement LSW in their particular contexts.

To support our leadership team in developing and sustaining behaviours and practices that enable a culture of continuous improvement and safety, the Advanced Quality and Improvement Program (AQIP) will be rolled out across our system, beginning in 2019-20. AQIP will integrate advanced quality improvement skills with advanced leadership development to ensure that leaders at all levels of the system understand and can enact their critical role in supporting our point of service managers, staff, and physicians to deliver better health, better care, better value, and better teams.

**As a leader, how do I partner with patients/residents/clients/families to create value from their perspective?**

Leaders must understand their role in shaping culture, cadence and work to improve their leadership through coaching, proactive communication, escalation protocols and standard follow-up. The LEADS framework states that to create a leadership culture, each person in the system, regardless of position or title, has the opportunity and responsibility to think, behave and act as a leader at all times.

**How do we partner with patients/residents/clients/families/communities to create value from their perspective and ensure cultural safety for all?**

Our commitment to a philosophy of Patient and Family-Centred Care is at the heart of everything we do. Within the management system this element includes structures, processes and resources that enable co-production with patients, residents, clients and families.

The SHA works in the spirit of truth and reconciliation, acknowledging and recognizing the history of the First Nations and Métis People who have come before. This history is important to our future and our efforts to close the gap in health outcomes between Indigenous and non-Indigenous peoples. In order to move forward, we need to develop structures, processes, and resources that ensure a culturally responsive workforce.
What does it mean to be successful?
Strategy deployment lays out clear expectations at each level of the organization, coupled with aligned strategies, tactics and actions to attain goals.

How do we know that we’re successful?
Visual Management is about helping leaders and staff see their processes and systems in real time. Robust visual management is holistic, encompassing past, present, and future perspectives, and allows for early identification of problems and sharing of success.

If we have gaps, what are we doing about them?
Problem solving culture emerges when employees are empowered and engaged to identify problems, generate ideas and participate in team-based problem solving through continuous improvement methodologies.

How do we achieve large innovations?
Innovation and new knowledge drive the identification and support of innovative breakthroughs that increase value for our patients, families, staff and physicians.

How do we learn from one another?
Spreading leading practices are the way we learn from each other, including the methods we use to prioritize, spread, track and sustain application of best practice.

How are we keeping patients, employees and physicians safe everyday?
Safety management involves communicating, making visual, improving, and spreading safety consistently across the entire organization.
Service Delivery

High Quality, Safe Care

Health Networks

With the recent amalgamation and in order to meet several recommendations in the Saskatchewan Advisory Panel on Health System Structure Report, the Saskatchewan Health Authority has an organization-wide focus on enhancing service delivery through the integration of team-based community and primary health care. This will be accomplished through the development of health networks, with the goal of better serving patient needs in the community that focuses on Better Health, Better Care, Better Teams and Better Value and is aligned with SHA strategic priorities.

Health Networks exist within a small, defined geography. They are being developed in Saskatchewan with the aim of ensuring our patients get the right care at the right time from the right health care provider, closest to where the patient lives and works.

Services are delivered through a collaborative, inter-disciplinary team of health care professionals, providing care that is accessible, coordinated, timely and centred on the needs of the patient by adapting to the needs of the population served.

Health Networks include community services (physicians, pharmacy, Public Health, health promotion, etc.), intermediate services (community paramedicine, home care, chronic disease support, etc.), and complex services (seniors house calls, IV therapy).

Health Networks are being designed to:
- benefit providers by working in collaborative, cross-functional teams
- benefit all patients by offering integrated, consistent care

Everyday Health Services
- Physicians
- Other Healthcare
- Providers
- Traditional Medicine
- Health Promotion
- Public Health
- Pharmacy

Intermediate Services
- Community Paramedicine
- Home Care
- Chronic Disease Support
- Treatment Centres

Complex Services
- Specialized Community Services

Tertiary Care
- Emergency
- Departments
- Specialty Care
• shorten the use of acute care services by reducing length of hospital stays, allowing patients easier transitions home
• reduce Emergency Department wait times by improving access to community based services
• support local physician leadership
• improve connections with First Nation communities and the health care services impacting them
• assist in the delivery of culturally appropriate, safe care
• be reflective of the needs of the communities/populations served
• evolve and adapt services as needed

The focus is on the needs of the individuals and communities, partnering with physicians to bring patients the health care services they need, where they need them.

By integrating team-based community and primary care in urban and rural Saskatchewan, health networks will work to reduce the likelihood of citizens needing acute care, and strengthen the transition back to primary or home care from the hospital by embracing a team approach.

Accreditation

As part of the Saskatchewan Health Authority’s commitment to quality and safety, the SHA participates in an independent, third party assessment of the care and services provided.

Accreditation Canada is the independent third party organization that creates best practice standards and assesses compliance with these standards. All former health regions were accredited through Accreditation Canada. Starting in the fall of 2019 the SHA will now be assessed as one provincial organization.

The Saskatchewan Health Authority has approved a model for sequential accreditation surveying using the Accreditation Canada Qmentum standards. The approved model for sequential accreditation surveying will ensure that all service areas have participated in an on-site survey at the end of a 4 year cycle. Sequential surveying will also drive a culture of being “accreditation ready” at all times and support the alignment of accreditation standards and processes with all quality and safety work.

The first service area to undergo an on-site survey is Maternal and Children’s provincial programs in the fall of 2019. Primary Health Care, Mental Health and Addictions, and Community Care will be surveyed in 2020, followed by Inpatient Care in 2021. The last area to be accredited in the cycle will be Continuing Care in 2022.

Medication Management, Leadership, and Infection Prevention and Control are system-wide standards and therefore will be assessed every year.

We will continue to partner with patients and families in the pursuit of provincial accreditation, involving them in key structures to support accreditation. These structures include an Accreditation Oversight Committee, working groups for the Required Organizational Practices (ROPs), and the establishment of quality and safety teams.
SHA Strategic Priorities

Strategic Direction and Alignment with Government Priorities

The SHA receives its strategic direction from clearly identified priorities in the 2019-2020 Ministry of Health’s Health System Strategic Plan and the Accountability Letter from the Minister of Health.

The SHA is committed to working collaboratively with all health system partners to achieve the Ministry of Health’s strategic goals. This collaborative approach helps to strengthen communications, promote cost control, and create a strong, accountable relationship between the SHA, the Ministry of Health and health system partners.

SHA Planning and Reporting

The SHA, in partnership with the Ministry of Health and the Health Quality Council, has selected a set of health system measures to monitor the performance of the health system as a whole. The health system measures are identified in the Ministry of Health’s Health System Strategic Plan. Spanning the continuum from the social determinants of health to acute and primary care, these high-level measures inform the SHA’s Board and senior leadership of performance over time and allow for comparisons with other jurisdictions across Canada.

Each health system measure is supported by a measurement cascade – a set of measures from the executive level to the point of care – which identifies where improvement needs to occur, as well as highlights areas where improvements are occurring, so that the learnings can be spread across the province. Each measure is paired with a logic model, based upon research and best practice, which can be used to offer suggested actions to take for improvement.

Robust strategy and strategic planning processes are a key component of high performing organizations. The SHA planning and reporting cycle is aligned quarterly with government planning and budget cycles.

The SHA is still in its infancy as an organization and many foundational pieces of work that began in 2018-19 will continue in the 2019-20 fiscal year. The Business Plan is based on an organizational profile that will continue to evolve over time to build organizational capacity, recruit and retain talent, build leaders across the system, embed physician leadership, advance PFCC and the SHA Management System, and integrate and align business systems.
Operational Planning

Operational planning translates provincial goals and strategies into local actions and identifies specific portfolio priorities for the upcoming fiscal year. Operational planning:

- Provides “line of sight” from health system strategic priorities to clinical and departmental operations;
- Identifies actions to move the SHA toward performance targets;
- Provides a means of assessing if we have aligned resources to achieve performance targets;
- Supports the SHA in focusing on a small number of objectives and actions; and
- Provides a common structure and similar content across portfolio plans to support alignment of activities and support achievement of performance targets.

SHA Operational Plans utilize familiar processes and tools such as strategic planning and deployment, A3 thinking, project plans, driver diagrams, milestone charts, visual management, cascading metrics and intentional use of data to drive decision making.

Embedded in operational planning is the process of risk identification.

Enterprise Risk Management

Enterprise Risk Management (ERM) is a continuous, proactive and systemic process applied across the organization for identifying, assessing and responding to risks from all sources that threaten the achievement of objectives. The SHA began building its ERM program in 2018 to support SHA leadership in planning and decision making.

The SHA created its Enterprise Risk Management Council to champion and advance ERM practices in the SHA and to review, advise, and provide guidance to the SHA for all aspects of ERM. The Council is composed of Executive leaders from across the SHA as well as patient and family advisors.

The SHA is nearing completion of its Enterprise Risk Management Policy and Board Risk Appetite Statement which will guide planning and operational decision making. Risk assessment, analysis and monitoring are being embedded in strategic and project planning for 2019-20 to ensure that strategies are in place to mitigate identified risks.

Risk assessment exercises were performed with Vice President (VP)/Physician Executive (PE) dyads and Executive Director (ED) teams across the organization that resulted in risk registers for each VP/PE portfolio as well as a combined risk register for the SHA. Over 200 extreme and high risks were identified.

Commons themes include:

- Risk of inadequate funding leading to financial instability and service disruptions
- Risk of infrastructure and/or equipment failure leading to service disruption and safety concerns
- Risk of labour disputes and service disruption
- Risk of demand for services exceeding capacity leading to inability to meet the needs of clients
- Risk that leadership capacity could contribute to a loss of staff and physician engagement and productivity

Estimated Time to Retirement

20% of employees are within 5 years of retirement

<table>
<thead>
<tr>
<th>Yrs.</th>
<th>Number</th>
<th>Percent</th>
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<tbody>
<tr>
<td>10+</td>
<td>28,974</td>
<td>71.8%</td>
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<tr>
<td>10</td>
<td>3,365</td>
<td>8.3%</td>
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<tr>
<td>5</td>
<td>1,281</td>
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<td>3</td>
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<tr>
<td>1</td>
<td>574</td>
<td>1.4%</td>
</tr>
<tr>
<td>0</td>
<td>4,925</td>
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<tr>
<td>TOTAL</td>
<td>40,342</td>
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HEALTH SYSTEM STRATEGIC PRIORITIES

Goal 1: Connected Care for the people of Saskatchewan

Establish collaborative teams of health professionals, including physicians, and community partners to provide fully integrated services to meet the health needs of individuals and communities, reducing reliance on emergency and acute care services.

**Health System Plan Strategies**

- Improve team based care in the community
  - Citizens get the health care they need sooner, in or closer to their homes, thereby reducing visits to emergency departments.

- Improve access to mental health and addiction services
  - Continue to address recommendations in the Mental Health and Addictions Action Plan, ensuring that Saskatchewan residents have improved access to services from the right mental health and addictions professional at the right time and in the right location.

- Enhance team based care in the hospital and ensure seamless patient care at all points in the health system
  - Citizens receive the best possible hospital care in the most appropriate location when needed, and are transitioned to community alternatives when appropriate.

**Key actions to improve team based care in the community**

- Establish health networks across the province
- Co-locate existing community-based teams that provide access to every day health services to one location (Estevan, Preeceville, Maidstone, LaLoche/Green Lake, North Battleford, and Nipawin)
- Expand community health centres and enhance team-based community care in Saskatoon and Regina
- Open a 15-bed palliative care hospice in Saskatoon

**Key actions to improve access to mental health and addiction services**

- Hire more mental health professionals to enhance mental health and addictions (MH&A) supports
- Improve supports to individuals with severe and persistent mental health issues including expanded residential supports
- Enhance the continuum of addictions services including expanded treatment beds and additional pre and post-treatment care
- Expand the provincial response to the use of opioids and crystal methamphetamine

**Key actions to enhance team based care in the hospital and ensure seamless patient care at all points in the health system**

- Enhance hospital care to Saskatchewan children and youth by opening the Jim Pattison Children’s Hospital
- Begin the multi-year implementation of the Maternal Child Service Delivery Model of Care to strengthen services provincially and delivered locally when and where appropriate
- Establish an approach and begin to standardize best practice discharge planning in Prince Albert, Regina, and Saskatoon
- Establish a standard approach to improve the transitions in patient care
- Implement processes and communication strategies to ensure organ donation coordinators and physicians are aware of an individual’s intent to donate

**OCCUPATIONAL CATEGORIES**

- **RN OR RPN** 9,865
- **CONTINUING CARE ASSISTANT** 6,593
- **LICENSED PRACTICAL NURSE** 2,977
- **MEDICAL LABORATORY TECHNICIAN** 598
- **EMERGENCY MEDICAL TECHNICIAN** 481
- **SOCIAL WORKER** 472
- **RECREATION WORKER** 444
- **ASSESSOR COORDINATOR** 413
HEALTH SYSTEM STRATEGIC PRIORITIES

Goal 2: Deliver safe and high quality health care

Create a health system culture that promotes patient and staff safety.

Health System Plan Strategies

- Enhance the culture of safety and continuous improvement
  - Advance health system safety and quality by promoting a safety culture and improving systems, processes and services to be safe and reliable.
- Strengthen appropriateness of care
  - Improve appropriateness of care in Saskatchewan to ensure that patients receive evidence-informed, high quality care with the optimal use of resources.
- Improve cultural responsiveness in the health care system
  - Improve the ability of individuals and systems to respond respectfully and effectively to Indigenous peoples, in a manner that preserves their dignity, in order to improve access to services, quality of care, and health outcomes.

Key actions to achieve an enhanced culture of safety and continuous improvement

- Continue to build capability in our people through awareness, training and tools to improve safety and quality
- Progress strategies to improve patient safety in areas of high risk including patient falls and medication safety
- Progress strategies to improve staff safety in areas of high risk including reducing the rate of musculoskeletal injuries
- Establish the baseline health system safety culture score to help inform priorities for improvement in 2020-21
- Develop a framework and plan for addressing violence in the health system

Key actions to strengthen appropriateness of care

- Increase physician involvement in clinical quality improvement through education and training
- Reduce unnecessary testing, treatments and procedures through targeted actions and increased awareness among clinicians, patients and the public in collaboration with patient and family advisors
Key actions to improve cultural responsiveness in the health care system

- Develop a formalized, meaningful, and continuous engagement process with Indigenous communities, leaders, and agencies
- Continue systematic, ongoing cultural responsiveness training for Saskatchewan Health Authority staff and leadership
- Engage Métis citizens on Saskatchewan Health Authority implementation of the Cultural Responsiveness Framework
- Develop a traditional foods pilot program and implementation strategy
- Establishment of an Indigenous Birth Support Worker program in Saskatoon

AVERAGE DAILY CENSUS (LTC) 8,626
AVERAGE DAILY CENSUS (INPATIENT) 2,076
CRITICAL INCIDENT SUMMARY 217
EMERGENCY DEPARTMENT VISITS 616,781
HEALTH SYSTEM STRATEGIC PRIORITIES

Goal 3: Establish physicians as leaders in the health care system

Physician knowledge and experience is essential to improve the design of health care services, and to promote shared accountability for health system performance.

Health System Plan Strategies

- Enhance physicians’ role in the management and governance of the health system

Key actions to enhance physicians’ role in the management and governance of the health system

- Establish a Medical Leadership Structure enabling physicians to actively drive healthcare integration and coordinated care for patients
HEALTH SYSTEM STRATEGIC PRIORITIES

Goal 4: Improve system-wide coordination and alignment of services

Integrated business systems and standardized processes will enhance effectiveness and ensure Saskatchewan residents experience high quality care across the province.

Health System Plan Strategies

- Integrate business systems and delivery of health services

Key actions to integrate business systems and delivery of health services

- Standardized processes to better manage financial, human resource and supply chain capital to the benefit of patients, employees and vendors
- Achieve greater coordination and consistency of Emergency Medical Service delivery through implementation of new performance-based contracts and related service provisions
- Coordinate tertiary acute care services to reduce duplication and variation, and improve consistency and quality of service delivery
The SHA blueprint for optimizing out-of-scope (OOS) organizational structural design supports an integrated and forward-thinking approach that promotes trust, transparency and two-way communications both internally with the organization and externally with health system partners. In 2018-19, the Saskatchewan Health Authority established executive directors and directors to lead our workforce in providing better patient and family centered care. In 2019-2020, we will continue to ensure the right people are in the right jobs, and create a unified team of care providers and leaders across the SHA.

One of the strengths of our new system is the priority we have placed on greater physician integration. Within this system, we have introduced a medical governance structure to ensure that physicians play an active role in the design, implementation and operation of a system that is more integrated, efficient and patient centred.
This new governance structure is based on a dyad leadership model that partners administrative leaders and physician leaders in a complementary, decision-making relationship. Through shared responsibility and accountability, we are confident we will find solutions to long-standing system issues, such as patient flow, and will improve access to local primary health care, reduce reliance on emergency care, and provide a seamless care experience for patients, residents and clients.

Rather than adding complexity or multi-line reporting, the current executive leadership dyad model facilitates improved communication and engagement among administrative, medical and other clinical staff. A physician’s predominant clinical expertise and an administrator’s predominant business experience combine to produce a leadership unit with a broad perspective.

At a local level, physician Area Chiefs of Staff (ACOS) are in place to identify opportunities to collaborate and standardize care provincially, while providing local leadership. In the future, the dyad relationships will be expanded beyond the executive leadership level through the development of local Health Networks with an emphasis on team-based care, with physician co-leadership; working together for the shared goal of improving physician engagement, health system quality improvement and patient and family centred care to the highest standard.

The following descriptions are general overviews of the portfolios in the organization, ELT and SLT organizational charts and a summary of key functions of the portfolios. Leaders are geographically located around the province and are working on developing the next level of the organization.

**Human Resources**

The Human Resources (HR) portfolio, led by the Chief Human Resources Officer Mike Northcott, partners with employees to foster an engaging, healthy and productive workforce. HR provides the expertise and services to create capacity, empowering managers to focus on leading their people, understanding their business and improving their processes. HR coordinates the volunteer workforce of over 30,000 individuals supporting patient and family centered care across the province. In total, Executive Leadership and Senior Leadership for HR is comprised of six members, who are geographically located across the province.

**Infrastructure, Information and Support**

The Infrastructure, Information and Support (IIS) portfolio, led by Vice President Andrew Will, is responsible for a number of integral systems and services across the entire geography of the Saskatchewan Health Authority. These include Environmental Services, Digital Health, Privacy and Health Information Management Services, Infrastructure Management, and Nutrition and Food Services. In total, Executive Leadership and Senior Leadership for IIS is comprised of eight members, who are geographically located across the province.

**Finance**

The Finance portfolio, led by the Vice President and Chief Financial Officer, Robbie Peters, partners with employees and physicians in creating a sustainable health care system. Finance provides the expertise and services to ensure the SHA is a responsible steward of public funds in the areas of financial planning, budget, and analytics; corporate accounting and financial reporting; enterprise risk management; contracting, procurement and supply management; and finance.
business partnerships. In total, Executive Leadership and Senior Leadership for Finance is comprised of six members, who are geographically located across the province.

**Quality, Safety and Strategy**
The Quality, Safety and Strategy (QSS) portfolio, led by Vice President Beth Vachon and Chief Medical Officer (CMO) Dr. Susan Shaw, partners within and across the system to accelerate a culture of continuous learning and improvement that supports a healthy workplace and the delivery of safe, high quality, patient and family-centred care. The QSS and CMO portfolio has nine segments: Academics and Learning, Clinical Standards, First Nations and Metis Health, Patient and Client Experience, Quality and Safety, Strategy and Innovation, Deputy Chief Medical Officer, Senior Medical Health Officer and Practitioner Staff Affairs. In total, Executive Leadership and Senior Leadership for QSS is comprised of 11 members, who are geographically located across the province.

**Provincial Programs**
The Provincial Programs portfolio, led by Vice President Corey Miller and Physician Executive Dr. Paul Babyn, is responsible for the delivery of tertiary care; pathology and laboratory services; hospital based pharmacy services; medical imaging services; community care (emergency services, renal services and MAID); maternal and children’s programs, including the Jim Pattison’s Children’s Hospital. Provincial Programs is accountable for services that are locally delivered and administered with support from the Integrated Health portfolios; however, they are centrally coordinated through Provincial Programs. Central coordination includes quality and standards, equipment needs, program development and training. In total, Executive and Senior Leadership for Provincial Programs is comprised of 8 members, who are geographically located across the province.

**Community Engagement and Communications**
The Community Engagement and Communications (CEC) portfolio, led by Vice President Kim McKechney, supports the SHA to improve health outcomes, patient/family navigation and trust through mass communications and engagement. CEC is focused on providing the right message to the right audience through the right channel at the right time. This is achieved through providing strategy, expertise, consistency and facilitation across the spectrum of communications and engagement tools. In total, Executive Leadership and Senior Leadership for CEC is comprised of five members, with four located in Saskatoon and one in Regina.
**Integrated Rural Health**

The Integrated Rural Health (IRH) portfolio, led by Vice President Karen Earnshaw and Physician Executive Dr. Kevin Wasko, covers the southern part of the province. The geography this portfolio encompasses is vast and includes both the south west and south east areas of the SHA with Senior Leadership for Acute Care, Continuing Care and Primary Health Care. Integrated Rural Health provides rural citizens in the southern part of the province with timely access to high quality, integrated, team delivered health services as close to home as possible throughout their life span. These sustainable services will be delivered with reliability, continuity and consistency and will be accomplished by focusing on health promotion by inter-sectoral, community-designed teams. In total, Executive Leadership and Senior Leadership for Integrated Rural Health is comprised of 10 members, who are geographically located within the southern portion of the province.

**Integrated Urban Health**

The Integrated Urban Health (IUH) portfolio, led by Vice President and Chief Nursing Officer, Sharon Garratt, and Physician Executive, Dr. Mark Wahba, is responsible to provide fully integrated services to meet the health needs of individuals and communities, and reduce reliance on emergency and acute care services. IUH has accountability to provide Acute Care including Surgical Services, Continuing Care and Primary Health Care Services including Mental Health and Addictions in Regina and Saskatoon. In total, Executive Leadership and Senior Leadership for IUH is comprised of 10 members, who are geographically located in either Regina or Saskatoon.

More specifically the IUH portfolio is responsible for primary health care, community population, public health, home care, chronic disease management, palliative care, mental health and addictions, seniors’ care, affiliated organizations, rehabilitation, acquired brain injury, emergency rooms, the trauma program, medicine, surgery, inpatient oncology, ambulatory care, medical device reprocessing, alternate level of care (ALC), patient system flow, and inter-professional practice including therapies and social work.

**Integrated Northern Health**

The Integrated Northern Health (INH) portfolio, led by Vice President Andrew McLetchie and Physician Executive Dr. Stephanie Young, has responsibility for all hospitals, long-term care facilities, primary health care clinics and community health centres in northeast and northwest Saskatchewan. The INH portfolio covers a vast geographic segment of the province, accounting for over half of Saskatchewan’s land mass. As such, the portfolio includes both north-west and north-east areas of the SHA with Senior Leadership for acute care, continuing care and primary health care established along east-west lines. Senior Leadership for Primary Health Care is further organized into northern and southern sectors of responsibility. In total, Executive Leadership and Senior Leadership for Integrated Northern Health is comprised of 10 members, who are geographically located within the northern portion of the province.

---

175,015

Aboriginal People in SK (First Nations, Métis or Inuk (Inuit))

16.3% of the population of SK

7 SOURCE IN ENDNOTES
The SHA must focus on developing strategies to deliver improved health service access and outcomes for the residents of Saskatchewan in a fiscally responsible manner. The approaches taken by the SHA address the fiscal mandate through strategic long-term financial planning for our system. Not only will this long-term planning result in enhanced care, access and outcomes, but it will also drive efficiencies in the new care delivery models being designed.

Below is a summary of the SHA’s 2019-20 operational financial plan.

<table>
<thead>
<tr>
<th>2019-20 Operational Financial Plan</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$3,951,919,782</td>
</tr>
<tr>
<td>Capital Revenue</td>
<td>$188,847,610</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$4,140,767,392</strong></td>
</tr>
<tr>
<td>Operating Expenditures</td>
<td>$3,967,307,073</td>
</tr>
<tr>
<td>Capital Expenditures</td>
<td>$118,129,631</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$4,085,436,704</strong></td>
</tr>
<tr>
<td><strong>Net Surplus</strong></td>
<td><strong>$55,330,688</strong></td>
</tr>
</tbody>
</table>

Due to changes in accounting standards adopted by the SHA in 2018/19, there is a requirement to prepare and report on a combined operating and capital budget, which results in a net surplus for 2019/20. Capital revenue is recognized as revenue in the year received, while the costs of the planned capital acquisitions are expensed through an annual amortization charge that covers the estimated useful life of the asset, which is generally over multiple years. Therefore revenues will not match expenditures, resulting in a budgeted surplus for capital related items in 2019/20.
SHA’s operational annual budget will be allocated as follows in 2019/20:

**Total Budgeted Revenue:**

- Ministry of Health - Operating: $3,622,052,056 (87.5%)
- Ministry of Health - Capital: $152,928,000 (3.7%)
- Foundation/Donations: $35,919,610 (0.9%)
- Other Prov/Fed: $81,742,922 (2.0%)
- Out of Province/Country: $38,949,366 (0.9%)
- Client: $120,052,484 (2.9%)
- Other: $89,122,954 (2.2%)

**Total Budgeted Expenditures:**

- Compensation: $2,584,359,887 (63.3%)
- Medical Remuneration: $363,890,735 (8.9%)
- Grants: $323,545,928 (7.9%)
- Other: $50,638,216 (1.2%)
- Operation Support: $52,190,039 (1.3%)
- Medical & Surgical: $296,945,837 (7.3%)
- Infrastructure: $173,338,414 (4.2%)
- Contract/Prof Fees: $122,398,017 (3.0%)
- Amortization & Interest: $118,129,631 (2.9%)
Capital Planning

Saskatchewan Health Authority (SHA) manages 270 facilities across the province that enable health service delivery to Saskatchewan residents. These facilities include tertiary, regional, district and community hospitals, integrated health facilities, primary health care centres, long term care homes and other buildings that house SHA programs. Additionally, SHA maintains equipment instrumental in the work that staff and physicians do on a daily basis. The performance of these assets are critical to support ongoing service delivery. Looking into the future, capital asset management and planning will be essential enablers to achieve the strategic priorities of the SHA. This includes sustaining the existing asset base through the entire lifecycle as well as evolving to meet future requirements as service demand changes over time. The development of an SHA Capital Asset Plan will formalize the SHA approach to managing its assets including a description of the SHA vision for asset management, alignment of priorities to service delivery requirements, and prioritization processes for asset renewal. Throughout 2019-20 SHA will work with Ministry of Health and stakeholders to prepare a draft Capital Asset Plan.

2019-20 Capital Budget

SHA has created its first system level, province-wide capital plan this year. This plan ensures that the highest risk and needs for investment throughout the province are addressed first. It also compares priorities with a standardized approach to risk assessment, investment value and impact in order to support continuity of operations and SHA service priorities.

2019-20 Capital Infrastructure Budget

SHA is facing increased demands for investment in infrastructure, with deferred asset renewal assessed at over $3.2 billion. A high level assessment of infrastructure risk was undertaken in the fall of 2018 to identify the highest risks areas. The most critical systems include:

- Essential power and major electrical distribution
- Building envelopes renewal and replacements
- Elevator renewal and code upgrades
- Critical HVAC/controls replacements
- Cooling and chillers repairs, upgrades and replacements
- Interiors and site specific issues

As a result of this assessment, a focused approach was taken to mitigate risk to service delivery. The infrastructure capital planning process focused on:

1. Critical failures and failing/unsupportable infrastructure
2. Critical risk to patient safety
3. Cascading and high risk failures
4. Program support and accreditation risks

A provincial intake tool was developed that incorporates risk assessment and criteria for investment. Once
investment needs were identified and quantified, the intake list was prioritized based on overall risk alignment to support needed investment in the critical systems, investment valuation, cash flow needs, and project readiness.

The 2019-20 infrastructure budget focusses over 65% of the provided capital funding to improve its critical infrastructure systems with major projects in electrical (25%), HVAC (16%), exteriors (15%) and roofing (10%). Renewals will also be undertaken including elevators, plumbing, fire safety and medical systems. Ongoing functional, code and safety upgrades will total 15% of investments. These will include investments in OR Rooms, anti-ligature, medical device reprocessing departments, emergency departments and bariatric upgrades. The capital plan also includes advancement of the capital initiatives in the provincial budget including Prince Albert Victoria Hospital, Weyburn General Hospital, and Meadow Lake Long Term Care facility.

Readiness and advanced risk assessment is critical to better enable value for investments while ensuring continuity of operations and reducing breakdowns. While the focus on critical systems with the greatest potential risk impact will help manage this challenge, proactive work on risk assessment and project planning is being addressed as a provincial capital and project management strategy. Our project delivery structure is being reorganized as a provincial resource and will be focused on enhancing the capacity, skills and effectiveness in capital project planning and delivery. Continued investment in planning, risk monitoring, and risk readiness will see investment expenditures advanced faster and value for investment increase.

**2019-20 Capital Equipment Budget**

A consolidated approach to capital equipment investments was also undertaken for the 2019-20 budget. A province wide intake, assessment and prioritization tool was developed to collect evidence of needs, risks and investment costs. Program and area leadership reviewed requests to determine priorities based on service quality and delivery impacts.

The plan for 2019-20 will help ensure the continuity of critical provincial service delivery, enable standardization and efficiency in procurement, and develop key renewal programs including provincial strategies for beds and lifts.

Key work for future planning will include ongoing compilation of equipment inventories and risk data, improvements to risk assessment tools, development of processes for contingency management and emergency repairs, development of key asset strategies, and a consolidated capital equipment plan.

**Critical Role of Foundations**

The SHA is generously supported by more than 70 health care foundations and auxiliaries. These organizations play a critical role in raising funds for key investments in the infrastructure and equipment the SHA relies on to provide high quality health care. These foundations raised more than $23 million in 2017/18 for SHA capital, equipment and as well as more than $8 million for education and research funding for SHA employees and physicians. The SHA is working with foundations on building a culture of philanthropy in Saskatchewan aimed at strengthening their ability to secure donor funds and community support for key health system priorities.
APPENDIX A
Saskatchewan Health Authority Board

R.W. (Dick) Carter, Chairperson, Regina
Grant Kook, Vice-Chairperson, Saskatoon
Brenda Abrametz, Prince Albert
Marilyn Charlton, Weyburn
Judy Davis, Regina
Robert Pletch, Regina
Rosalena Smith, Pinehouse Lake
Dr. Preston Smith, Saskatoon
Dr. Janet Tootoosis, North Battleford
Tom Zurowski, Saskatoon
APPENDIX B

Executive Leadership Team

**Chief Executive Officer & Chief Operating Officer**
Scott Livingstone, CEO
Suann Laurent, COO

**Quality, Safety & Strategy and Chief Medical Officer**
Beth Vachon, VP Quality, Safety & Strategy
Dr. Susan Shaw, Chief Medical Officer

**Human Resources**
Mike Northcott, Chief Human Resources Officer

**Finance**
Robbie Peters, VP Finance and CFO

**Infrastructure, Information & Support**
Andrew Will, VP Infrastructure, Information & Support

**Integrated Northern Health**
Andrew McLetchie, VP Integrated Northern Health
Dr. Stephanie Young, Physician Executive

**Integrated Rural Health**
Karen Earnshaw, VP Integrated Rural Health
Dr. Kevin Wasko, Physician Executive

**Integrated Urban Health**
Sharon Garratt, VP Integrated Urban Health & Chief Nursing Officer
Dr. Mark Wahba, Physician Executive

**Internal Audit**
Leanne Ashdown, Chief Audit Officer

**Provincial Programs**
Corey Miller, VP Provincial Programs
Dr. Paul Babyn, Physician Executive

**Community Engagement & Communications**
Kim McKechney, VP Community Engagement & Communications
NOTE: The data in this report utilizes a count of employees by primary assignment. If a staff member has more than one employee number, they will be counted multiple times.

**Occupational Categories**

There are approximately 40,342 SHA employed staff throughout the province in approximately 70 different occupational categories. Our top fifteen occupational categories (accounting for 83% of our workforce) include:

<table>
<thead>
<tr>
<th>Occupational Categories</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN or RPN</td>
<td>9,865</td>
</tr>
<tr>
<td>Continuing Care Assistant</td>
<td>6,593</td>
</tr>
<tr>
<td>In Scope Administrative</td>
<td>4,106</td>
</tr>
<tr>
<td>Licensed Practical Nurse</td>
<td>2,977</td>
</tr>
<tr>
<td>Environmental Service Worker</td>
<td>2,111</td>
</tr>
<tr>
<td>Food Service Worker</td>
<td>1,468</td>
</tr>
<tr>
<td>OOS Mgmt</td>
<td>1,355</td>
</tr>
<tr>
<td>OOS Other</td>
<td>1,112</td>
</tr>
<tr>
<td>In Scope Other</td>
<td>835</td>
</tr>
<tr>
<td>Cook</td>
<td>683</td>
</tr>
<tr>
<td>Medical Laboratory Technician</td>
<td>598</td>
</tr>
<tr>
<td>Emergency Medical Technician</td>
<td>481</td>
</tr>
<tr>
<td>Social Worker</td>
<td>472</td>
</tr>
<tr>
<td>Recreation Worker</td>
<td>444</td>
</tr>
<tr>
<td>Assessor Coordinator</td>
<td>413</td>
</tr>
</tbody>
</table>

**Demographics**

**Age Range**

From a demographic perspective, 45% of our staff are between the ages of 40-59 with 45% more being between 20-39 years of age.

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Totals</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-19</td>
<td>237</td>
<td>0.6%</td>
</tr>
<tr>
<td>20-29</td>
<td>7,099</td>
<td>17.6%</td>
</tr>
<tr>
<td>30-39</td>
<td>10,960</td>
<td>27.2%</td>
</tr>
<tr>
<td>40-49</td>
<td>8,789</td>
<td>21.8%</td>
</tr>
<tr>
<td>50-59</td>
<td>9,231</td>
<td>22.9%</td>
</tr>
<tr>
<td>60+</td>
<td>4,026</td>
<td>10.0%</td>
</tr>
<tr>
<td>Totals</td>
<td>40,342</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Organizational Overview by the Numbers

Estimated Years to Retirement

Of our 40,342 SHA staff, we estimate that 12.2% (4,925) individuals are presently eligible to retire.

<table>
<thead>
<tr>
<th>Range</th>
<th>Totals</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>4,925</td>
<td>12.2%</td>
</tr>
<tr>
<td>1</td>
<td>574</td>
<td>1.4%</td>
</tr>
<tr>
<td>3</td>
<td>1,223</td>
<td>3.0%</td>
</tr>
<tr>
<td>5</td>
<td>1,281</td>
<td>3.2%</td>
</tr>
<tr>
<td>10</td>
<td>3,365</td>
<td>8.3%</td>
</tr>
<tr>
<td>10+</td>
<td>28,974</td>
<td>71.8%</td>
</tr>
<tr>
<td>Totals</td>
<td>40,342</td>
<td>100%</td>
</tr>
</tbody>
</table>

Years of Service

From a years of service perspective, 40% of our staff (16,132) have been employed with the SHA for five years or less. Almost 60 per cent (57.6%) of our staff have less than 10 years of service to the SHA with the remaining 17,099 employees (42.4%) have careers spanning 10 years or greater with the SHA.

<table>
<thead>
<tr>
<th>Range</th>
<th>Totals</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>6,200</td>
<td>15.4%</td>
</tr>
<tr>
<td>2-5</td>
<td>9,932</td>
<td>24.6%</td>
</tr>
<tr>
<td>6-9</td>
<td>7,111</td>
<td>17.6%</td>
</tr>
<tr>
<td>10-19</td>
<td>10,234</td>
<td>25.4%</td>
</tr>
<tr>
<td>20-29</td>
<td>4,652</td>
<td>11.5%</td>
</tr>
<tr>
<td>30-39</td>
<td>2,037</td>
<td>5.0%</td>
</tr>
<tr>
<td>40+</td>
<td>176</td>
<td>0.4%</td>
</tr>
<tr>
<td>Totals</td>
<td>40,342</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Workforce Segmentation

Our workforce is comprised of unionized and non-unionized staff. The following depicts the applicable affiliations:

<table>
<thead>
<tr>
<th>Affiliation</th>
<th>Total</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUPE</td>
<td>12,659</td>
<td>31.4%</td>
</tr>
<tr>
<td>HSAS</td>
<td>3,819</td>
<td>9.5%</td>
</tr>
<tr>
<td>SEIU-West</td>
<td>9,725</td>
<td>24.1%</td>
</tr>
<tr>
<td>SGEU</td>
<td>1,792</td>
<td>4.4%</td>
</tr>
<tr>
<td>SUN</td>
<td>9,863</td>
<td>24.4%</td>
</tr>
<tr>
<td>OOS</td>
<td>2,484</td>
<td>6.2%</td>
</tr>
<tr>
<td>Totals</td>
<td>40,342</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Organizational Overview by the Numbers

Of our active staff, 20,885 (51.8%) are employed full-time with 10,734 (26.6%) owning a part-time or job-share position. The remaining 8,723 (21.6%) employees are employed in a casual capacity.

<table>
<thead>
<tr>
<th>Job Type</th>
<th>Total</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Time</td>
<td>20,885</td>
<td>51.8%</td>
</tr>
<tr>
<td>Part – Time</td>
<td>10,264</td>
<td>25.4%</td>
</tr>
<tr>
<td>Job Share</td>
<td>470</td>
<td>1.2%</td>
</tr>
<tr>
<td>Casual</td>
<td>8,723</td>
<td>21.6%</td>
</tr>
<tr>
<td>Totals</td>
<td>40,342</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

The number of Employees at work fluctuates on a regular basis. At present, 89% of our workforce is actively at work while 10.6% are on a leave of absence (i.e. education leave, maternity/paternity leave, etc.) with the remaining 0.4% receiving worker’s compensation.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Total</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>35,912</td>
<td>89.0%</td>
</tr>
<tr>
<td>Leave of Absence</td>
<td>4,294</td>
<td>10.6%</td>
</tr>
<tr>
<td>Worker’s Comp</td>
<td>136</td>
<td>0.4%</td>
</tr>
<tr>
<td>Totals</td>
<td>40,342</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Pivot Table of Activity and Job Type

<table>
<thead>
<tr>
<th>Activity and Job Type</th>
<th>Full-Time</th>
<th>Part-Time</th>
<th>Job Share</th>
<th>Casual</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>18956</td>
<td>9057</td>
<td>451</td>
<td>7448</td>
<td>35912</td>
</tr>
<tr>
<td>Leave of Absences</td>
<td>1862</td>
<td>1167</td>
<td>19</td>
<td>1246</td>
<td>4294</td>
</tr>
<tr>
<td>Worker’s Comp</td>
<td>67</td>
<td>40</td>
<td>0</td>
<td>29</td>
<td>136</td>
</tr>
<tr>
<td>Totals</td>
<td>20885</td>
<td>10264</td>
<td>470</td>
<td>8723</td>
<td>40342</td>
</tr>
</tbody>
</table>
From a Geographical perspective, the makeup of our staff is as follows:

### Geographic Location of Staff

<table>
<thead>
<tr>
<th>Area</th>
<th>Total</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeast</td>
<td>4,533</td>
<td>11.2%</td>
</tr>
<tr>
<td>Northwest</td>
<td>4,160</td>
<td>10.3%</td>
</tr>
<tr>
<td>Regina</td>
<td>9,243</td>
<td>22.9%</td>
</tr>
<tr>
<td>Saskatoon</td>
<td>10,744</td>
<td>26.6%</td>
</tr>
<tr>
<td>Southeast</td>
<td>6,685</td>
<td>16.6%</td>
</tr>
<tr>
<td>Southwest</td>
<td>4,977</td>
<td>12.3%</td>
</tr>
<tr>
<td>Totals</td>
<td>40,342</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Comparison of SHA employees with other employees (affiliates, foundations, etc.)

### Employee Comparison

<table>
<thead>
<tr>
<th>Type</th>
<th>Total</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHA Employees</td>
<td>40,342</td>
<td>93.1%</td>
</tr>
<tr>
<td>Foundations</td>
<td>41</td>
<td>0.1%</td>
</tr>
<tr>
<td>Affiliates</td>
<td>2,961</td>
<td>6.8%</td>
</tr>
<tr>
<td>System</td>
<td>8</td>
<td>0.0%</td>
</tr>
<tr>
<td>Totals</td>
<td>43,352</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
### Organizational Overview by the Numbers

#### Human Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Year of Data</th>
<th>Source of Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees on SHA Payroll</td>
<td>2018-19</td>
<td>IHRIS</td>
</tr>
<tr>
<td>SHA Employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees – Other (Affiliates, foundations, etc.)</td>
<td>3,010</td>
<td></td>
</tr>
<tr>
<td>Physicians</td>
<td>2,770</td>
<td></td>
</tr>
<tr>
<td>Medical Residents</td>
<td>467</td>
<td></td>
</tr>
<tr>
<td>Medical Learners</td>
<td>400</td>
<td></td>
</tr>
</tbody>
</table>

#### Facility Type

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>#</th>
<th>Beds</th>
<th>Year of data</th>
<th>Source of Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tertiary Hospital</td>
<td>5</td>
<td>1,556</td>
<td></td>
<td>AESB Hospital bed survey. There are 5 additional community hospitals that have not been active for many years (Big River, Spiritwood, Balcarres, Lestock, and Wakaw). Preeceville is counted in the 35, but has not had any acute inpatient visits reported in 2017-18 or 2018-19. Newborn bassinettes, NICU bassinettes, overcapacity beds, and LTC beds are excluded from bed counts.</td>
</tr>
<tr>
<td>Regional Hospital</td>
<td>6</td>
<td>578</td>
<td></td>
<td></td>
</tr>
<tr>
<td>District Hospital</td>
<td>9</td>
<td>274</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Hospital</td>
<td>35</td>
<td>421</td>
<td>31-Mar-2018</td>
<td></td>
</tr>
<tr>
<td>Northern Hospital</td>
<td>4</td>
<td>85</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHA</td>
<td>113</td>
<td>5,421</td>
<td>2017-18</td>
<td>Former health regions</td>
</tr>
<tr>
<td>Affiliate (private not for profit)</td>
<td>34</td>
<td>2,447</td>
<td>31-Mar-2018</td>
<td></td>
</tr>
<tr>
<td>Contract (private for profit)</td>
<td>5</td>
<td>649</td>
<td></td>
<td>AESB Hospital bed survey</td>
</tr>
<tr>
<td>Non-designated</td>
<td>8</td>
<td>319</td>
<td>31-Mar-2018</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>160</td>
<td>8,836</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Long Term Care

| Total                     | 37 |      |              |                |
| Provincial psychiatric hospital | 1  |      |              |                |

Primary Health Care Networks

Primary Health Care Teams

SHA Business Plan 2019-20
<table>
<thead>
<tr>
<th>Utilization in SK facilities</th>
<th>Volume</th>
<th>Year of Data</th>
<th>Source of Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Surgery</td>
<td>32,271</td>
<td>2018-19</td>
<td>28-Apr-2019 cut of the Surgical Registry data mart. 151 records with unknown inpatient versus day surgery flags are counted as day surgery. These counts do not include non-operating room day surgeries.</td>
</tr>
<tr>
<td>Day Surgery</td>
<td>56,851</td>
<td>2018-19</td>
<td></td>
</tr>
<tr>
<td>Outpatient Visits (face to face) to Ambulatory Care Clinics</td>
<td>NA</td>
<td>2017-18</td>
<td>There are outpatient visit counts in the MIS data but there are gaps as some facilities did not report this statistic.</td>
</tr>
<tr>
<td>Inpatient days</td>
<td>830,796</td>
<td>2017-18</td>
<td>05-Jul-2018 cut of the Discharge Abstract Database</td>
</tr>
<tr>
<td>Average Daily Census (inpatient, no newborns)</td>
<td>2,276</td>
<td>2017-18</td>
<td>2018-19 data will be available on 12-Jul-2019</td>
</tr>
<tr>
<td>Average Length of Stay (inpatient, no newborns)</td>
<td>6.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newborn hospitalizations</td>
<td>15,383</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMS Ground Ambulance Calls</td>
<td>129,716</td>
<td>2017-18</td>
<td>Provincial Road Ambulance System. Out of province calls are excluded. 2018-19 data will be available in July.</td>
</tr>
<tr>
<td>CT visits</td>
<td>115,493</td>
<td>2018-19</td>
<td>21-Apr-2019 refresh of the Radiology Information System (RIS) data mart</td>
</tr>
<tr>
<td>MRI visits</td>
<td>34,678</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Department visits</td>
<td>616,781</td>
<td>2017-18</td>
<td>Canadian MIS Database (CMDB) submission file provided by SHA to the Ministry of Health</td>
</tr>
<tr>
<td>Resident days (LTC)</td>
<td>3,045,194</td>
<td>2018-19</td>
<td>Special Care Home System (SCHS)</td>
</tr>
<tr>
<td>Long StayCare</td>
<td>3,045,194</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary Care</td>
<td>105,595</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3,150,789</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LTC (excluding temporary care)</td>
<td>5,057</td>
<td>2018-19</td>
<td>Special Care Home System (SCHS)</td>
</tr>
<tr>
<td>Admissions (excluding Temporary Care admissions)</td>
<td>5,057</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharges (excluding Temporary Care discharges)</td>
<td>5,179</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Daily Census (LTC)</td>
<td>8,626</td>
<td>2018-19</td>
<td>PQCC/MoH database</td>
</tr>
<tr>
<td>Critical Incidents reported</td>
<td>217</td>
<td>2018-19</td>
<td></td>
</tr>
</tbody>
</table>
LIST OF ACRONYMS USED

Definitions

ALC—Alternate Level of Care
AQIP—Advance Quality Improvement Program
CEC—Community Engagement and Communications
CEO—Chief Executive Officer
COPD—Chronic obstructive pulmonary disease
CT—Computed Tomography
ED—Executive director
EMS—Emergency Medical Services
ERM—Enterprise Risk Management
HR—Human Resources
IHD—Ischemic heart disease
IIS—Infrastructure, Information and Support
INH—Integrated Northern Health
IRH—Integrated Rural Health
IUH—Integrated Urban Health
LEADS in a Caring Environment Framework—Lead self; Engage others; Achieve success; Develop coalitions; Systems transformation
LSW—Leader Standard Work
LTC—Long-Term Care
MH&A—Mental Health and Addiction
MRI—Magnetic Resonance Imaging
OOS—Out of Scope
PE—Physician Executive
PFA—Patient and Family Advisor
PFCC—Patient and Family Centred Care
QSS—Quality, Safety, Strategy
RN—Registered Nurse
RPN—Registered Psychiatric Nurse
SHA—Saskatchewan Health Authority
VP—Vice President
ENDNOTES

References

1. Number of employees does not include affiliate employees
2. Numbers from the Government of Saskatchewan Population Report for 2018, for quarter 4
3. Numbers from the Government of Saskatchewan Population Report for 2018, for quarter 4
5. Numbers from EHealth eHealth Website
6. Numbers from Patient and Client Experience
7. Numbers from 2016, Canadian census