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| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Saskatchewan | 26e | 2e | Discours sur la santé | 11 mai 2009 | Don McMorris | Minister of Health | Saskatchewan Party |

Thank you, Mr. Chair. Yes, I do have a statement that I would like to make, as well as I’ll introduce some of the officials that we have currently here. And as we go through the evening and other officials are called to the table to help with answers, I can introduce those officials at that time.

Who we have here so far this evening is, on my left, Dan Florizone, who is the deputy minister of Health. On my right is Duncan Fisher, special advisor to the deputy minister. Over my right shoulder is Deb Jordan, executive director, acute and emergency services branch. And over my left shoulder is Kari Harvey who is the executive director, capital and regional services branch. So those are the officials we have with us so far, and as I said, more will be joining us.

We had the opportunity of reviewing the estimates. I think we were probably one of the first before the committee, and I believe we are the last before the committee. So I guess we’re kind of the bookends for the Human Services Committee. But we’re certainly glad to answer any questions.

Since I was here last a couple of months ago, there have been a lot of changes. And so I just want to briefly touch on a few of those changes, and then I’d be glad to answer any questions.

As I said, when the ministry last appeared before you on March 30, H1N1 virus was not really even on the books at all or heard of. And since then, it has been the lead story for a couple of weeks now. And in Saskatchewan, we were a bit of an island for quite a while with no confirmed cases. That has changed of course as of last week where we’ve had a couple of cases. And right now as of tonight, we have 10 confirmed cases in the province.

And you can see that things have escalated quite a bit throughout Canada and around the world. My officials have regularly briefed me, and I want to say very clearly that Saskatchewan Health Ministry — that this province’s public health system — is on top of the situation. For the past several weeks, managing the H1N1 issue has been mission critical for public health sector.

Last week, as I said, Saskatchewan joined the rest of Canada, and now we are sitting at 10. All of them are of the minor nature, and no one was hospitalized out of those 10. This information does not change the pandemic response plan in the province. We will continue to monitor the illness in Saskatchewan and encourage all residents to practise best infection control measures.

Our government is committed to taking action where required, and we are ensuring that all the necessary resources are made available as needed to address this situation. We are well prepared for health emergencies and are active in surveillance and response. The Ministry of Health has taken immediate action to safeguard the health of Saskatchewan residents. Our 24-hour emergency operation centre has been up and running in the T.C. Douglas Building since April 24, the initial stages of H1N1.

The level of coordination and information-sharing, which is critical in situations like this, has been incredible. Public health officials in Saskatchewan are in close communication with federal and provincial public health colleagues, and the regional medical health officer speaks several times a day.

Saskatchewan was one of the first provinces in the country to post notices to travellers at the Regina and Saskatoon airports. The notice asked everyone who has influenza symptoms and has been in Mexico recently to see their health professionals. Information for schools, health providers, employers, and the public is on the Ministry of Health’s website and is upgraded regularly. We are sharing information widely and broadly with health professionals, other ministries, and the public, and we are providing the media with updates as a way to reach Saskatchewan people with the latest on this situation. A new policy has been approved for the people to get antivirals by prescription at no cost for those who are symptomatic and diagnosed by a physician.

The Saskatchewan disease control laboratory plays an integral role in our response. Saskatchewan has always been able to do the majority of the testing for the H1N1 virus, except for a small handful that couldn’t be subtyped and needed to be sent to Winnipeg for confirmation. We now have the ability to test for those subtypes and can confirm in Saskatchewan. These changes mean faster test results for Saskatchewan people. Saskatchewan’s HealthLine has been a key resource during the time as well. We encourage people with questions or concerns about their own health to call HealthLine at 1-877-800-0002. The number of calls are up, and people are able to receive advice 24 hours a day from registered nurses who are linked into the latest information about the virus as it becomes available.

With all these measures and our continued vigilance, I am confident that we are doing everything that we can to prevent illness and control this infection. So that’s a brief update regarding the H1N1.

The other area that I wanted to talk about that has been really quite new as of Thursday of last week is something that we talked about in last year’s Speech from the Throne, as well as in the budget, where we promised to introduce a comprehensive physician recruitment strategy during this sitting. So as I said last Thursday in Saskatoon, we met that commitment and unveiled a new physician recruitment strategy for Saskatchewan. This strategy will enhance efforts to recruit and retain doctors and help build sustainable medical practices throughout the province. Our government will spend 3.5 million on this initiative which includes specific targets and builds on a number of programs already under way.

Currently Saskatchewan ranks ninth among the other provinces and territories in the number of physicians as a percentage of their population. We have fewer family physicians than the national average and far fewer specialists, hence the problems that we see in many communities. More than any other province, we depend on IMGs or international medical grads to provide care, particularly in rural Saskatchewan. At the same time, we retain fewer of our medical graduates than most other provinces. The consequences of our physician supply challenges have been well documented. Wait times to see some specialists are too long. Access to family physicians is limited for some people. Emergency rooms in certain communities have been temporarily closed. The workload of some doctors is far too heavy.

The supply of physicians in Saskatchewan has been a long-standing concern for provincial residents and for the government, so we are taking action. The primary objective of our new strategy is to encourage the establishment of sustainable medical practices throughout the province.

We consulted extensively with stakeholder groups and medical interns and students to develop a made-in-Saskatchewan strategy that addresses our situation, and those consultations took place with the Saskatchewan Medical Association, the College of Physicians and Surgeons, residents, medical students, and a number of other interested groups. Specific key initiatives include enhancing the physician application and licensure process, developing a Saskatchewan-based program for assessing foreign-trained physicians, enhancement of medical training to prepare graduates to practice in rural Saskatchewan, development of a provincial physician recruitment agency, a marketing campaign aimed at expat physicians and University of Saskatchewan medical students, competitive compensation, and programs to address lifestyle and professional support issues.

As we move forward, I’m confident the strategy will make a difference in our recruitment and retention efforts. It will take the combined effort of government, regional health authorities, physicians, the University of Saskatchewan’s College of Medicine, and communities to get the job done.

I want to mention that, in addition to the strategy, our government has already taken action to bolster the supply of physicians in Saskatchewan. We are on track to ensure that the College of Medicine has 100 undergraduate seats and 120 residency positions by 2011. By September there will be 24 additional undergraduate seats at the College of Medicine, bringing that number up to 84, and 24 new residency positions.

In addition we have also made a significant investment in recruitment and retention, continuing education bursaries, and leave programs for physicians. And the Ministry of Health is currently negotiating a new collective agreement with the Saskatchewan Medical Association, ensuring Saskatchewan has an adequate number of health care providers continues to be one of the top priorities. In addition to our efforts to recruit and retain more physicians, we continue to make progress on the nursing front. Last month I was pleased to join with the Saskatchewan Union of Nurses at a media conference to inform the Saskatchewan public about the solid results that we are achieving thanks to the SUN- [Saskatchewan Union of Nurses] government partnership agreement. It’s hard to believe that a mere 14 months ago our government and the Saskatchewan Union of Nurses signed this partnership agreement, and we have seen some very encouraging numbers since. The province has 50 fewer full-time equivalency nurse vacancies compared to last year.

In addition to this number, we know that, according to SAHO [Saskatchewan Association of Health Organizations] payroll, the health regions are employing 159 more nurses in the first 11 months.

This decline in nursing vacancies and increase in nursing FTEs [full-time equivalent] is very encouraging and shows a solid progress of the partnership. We want to make progress in other areas as well. The partnership has produced much more than just increased numbers of nurses, including specific hiring targets for health regions and collaboration with the regional health, the employers.

In closing, before I turn the floor over to questions, I want to reiterate our commitment to improving patient-centred care in Saskatchewan. We are moving forward with our efforts to revitalize health care in the province, and we are addressing immediate needs in the health system while providing a long-term vision to guide future decisions and investments.

So with that I would like to start fielding some of the questions that you may have, and I think you had mentioned that perhaps some questions around the recent ambulance review may be the start of it, so we’d be glad to answer those questions.