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| Saskatchewan | 27e | 4e | Discours sur la santé | 2 avril 2015 | Dustin Duncan | Minister of Health | Saskatchewan Party |

Thank you, Mr. Chair. Good afternoon to the committee members. We’re pleased to be here to have an opportunity to speak about the Ministry of Health’s 2015-2016 budget. As you can see, we have a number of officials that are joining us from the ministry today. I will take a moment to introduce a couple of officials, and then if anybody else comes to the microphone, we’ll just ask that they identify themselves at that time.

Minister Ottenbreit and I are joined, to my right, Max Hendricks, the deputy minister of Health; behind us, Mark Wyatt, assistant deputy minister; Kimberly Kratzig, assistant deputy minister; Tracey Smith, also an assistant deputy minister; and Karen Lautsch, assistant deputy minister. As I said, we have other officials that have joined us here, and I want to welcome them. We look forward to discussing the ’15-16 budget, and we look forward to your questions today.

Before I begin, I’d like to provide some context and highlight some of the government’s key health investments this year, investments that will provide Saskatchewan people with the responsive, quality health care that they deserve and need. This year our budget theme is keeping Saskatchewan strong. We know that Saskatchewan’s economy is diverse and resilient. We’re strong in many sectors — the agriculture, manufacturing, and resources such as potash, uranium, and oil. But even with this advantage, there are many competing priorities in the health system and elsewhere. We’re always challenged to ensure that we’re balancing the support for those who need it.

Each year our government develops a fiscal plan and budget with careful attention to all areas of revenue and expenses. Our solid track record of sound fiscal management helps us face the challenges of volatile resource revenue. We’re committed to ensuring the long-term sustainability of health care services through innovative approaches, careful stewardship of resources, and the pursuit of system efficiencies.

So to the specifics of the ’15-16 Ministry of Health budget, this fiscal year a commitment to quality patient and family-centred care continues with a record health budget of $5.12 billion. This is an increase of $135 million or 2.7 per cent over last year. This record investment represents the largest budget among provincial government ministries, and it demonstrates our firm commitment to health care.

Target investments will support key priority areas such as health infrastructure, 127 million will support capital improvements in the health sector; seniors’ care, 10 million will enhance supports and services to seniors at home or in long-term care facilities; and the emergency department waits and patient flow initiative, $3 million will go towards helping reduce waits in our emergency rooms.

More specifically, Health’s budget increases include $61.4 million or a 1.2 per cent increase for cost growth in base programs including health sector salary increases, drug and medical cost growth, and program utilization changes; $63.1 million or a 1.3 per cent increase for capital equipment and facility investments; and 14.1 million or a point three per cent increase for new initiatives programs and service enhancements.

The health system and the ministry have reduced funding by 3.5 million in 2015-16 through a $455,000 reduction in ministry administrative programs for tenant improvements, and a $3 million saving related to the change for the seniors’ drug plan income threshold. The seniors’ drug plan change will help offset increased utilization and drug price increases. It means that starting July 1st, 2015, the income threshold for coverage will decrease to 65,515 from the current 80,255. Of the 137,000 seniors eligible for coverage, about 6,000 seniors will be affected. The drug plan will continue to provide a range of programs to help individuals and families with the cost of their medications.

In total, government’s investment in health care has increased by $1.7 billion or 49 per cent over the last eight years. Better care, better health, better value, and better teams will continue to be a focus as we support the transformational change under way across Saskatchewan’s health care system.

Saskatchewan residents will benefit from $3.31 billion in funding for regional health authorities. This represents an increase of 55.7 or 1.7 per cent. The province’s regional health authorities are responsible for much of the day-to-day delivery of health care in the province. We continue to look to them to practise sound fiscal management of these resources. Base funding for individual regional health authorities, excluding the Athabasca Health Authority, varies from 1.3 per cent to 6.1 per cent. The variations are a result of differences in the regional health authority collective agreements, new program funding for seniors, transfer amounts from other program areas to the regional health authority base, and specific reductions.

Over the past eight years, our investment in regional health authorities has increased $1.14 billion or 53 per cent. The government is committed to helping seniors stay in their homes as long as possible and improving the quality of long-term care for those who need it. This commitment is underscored by our budget’s investment in support for seniors. We’re providing $10 million in new funding for seniors for a total of $14.5 million in ’15-16. This includes $3.5 million in additional funding for the Home First/Quick Response program to support seniors to remain at home as long as possible while reducing the need for acute care admissions. This will allow existing pilots to continue and enhancements be made to the pilot projects that are ongoing in Regina Qu’Appelle, Saskatoon, and Prince Albert Parkland Health Region. In addition a pilot project in the Prairie North Health Region will be expanded to include an additional site. This brings the total annual funding for Home First/Quick Response to $8 million.

2.8 million in capital renovations to develop specialized units for individuals with dementia and challenging behaviours in both Regina Qu’Appelle Health Region and Saskatoon Health Region; $2 million in individualized funding to provide increased choice and flexibility for home care clients to choose their care provider. This will help provide more services and eliminate the current wait-list for funding in the Five Hills, Prairie North, Regina Qu’Appelle, and Saskatoon Health Regions.

One million dollars annually to implement purposeful rounding in all health regions. This is the practice of regularly checking on residents’ needs, focusing on the four Ps: positioning, personal needs, pain, and proximity to personal items, with the promise to return within a prescribed amount of time. This will help improve resident safety and outcomes in long-term care.

And $700,000 to develop a new geriatric program in the Regina Qu’Appelle Health Region and recruit a geriatrician to Regina to provide a range of services to seniors, including support for quality in long-term care. These targeted investments will help ensure that seniors can continue to live healthier lives and remain independent in their communities.

In the past five years, there’s been a 19 per cent increase in the number of patient appointments at Saskatchewan’s two cancer clinics in Regina and Saskatoon. Recognizing the critical work done by the Saskatchewan Cancer Agency, we’ve provided $157.3 million to the agency this year to deliver and enhance cancer care services. This is an increase of $1.58 million from last year.

We’re also seeing more patients accessing cancer services in or near their own communities. Between 2010 and 2014 there was a 48 per cent increase in treatment visits through the community oncology program. This program provides cancer patients with care, treatment, and support in or near their home communities through centres located in 16 regional hospitals. There are many competing priorities across the health system, but cancer care remains a key focus for the government.

One of the government’s proudest accomplishments in health care is the success that we’ve achieved in surgical wait times. As members will know, we inherited some of the longest surgical waits in the country. The success of the Saskatchewan surgical initiative has demonstrated that health system transformation is possible. Since the initiative began in 2010, the efforts of thousands of health system staff and physicians have transformed the care experience for Saskatchewan surgical patients. Remarkable progress has been made in improving access to surgery and reducing the surgical wait-lists. There are 13,255 fewer patients waiting more than three months for surgery than when the initiative first began. Back on April 1st 2010, 15,290 people were waiting over three months for surgery. As of January 31st 2015, 2,035 people are on the wait-list and none have waited over three months. That’s an incredible reduction of 87 per cent, and it’s because of the efforts of so many across the health system.

The budget includes $4.7 million or $3 million in new funding to advance the work on reducing waits in emergency departments. This is one of the health system’s top priorities in the coming years. Addressing ED [emergency department] waits will directly improve patient care and enhance the quality of life for those needing emergency care. To be successful we need to make innovative changes in multiple areas where people receive care. We need to address areas where the bottlenecks occur. This includes pre-hospital primary care, emergency departments, acute care, and community-based services that support early discharge.

In 2015-16 funding will be allocated to sustain initiatives implemented in the ’14-15 fiscal year by the three largest health regions: Saskatoon, Regina Qu’Appelle, and Prince Albert Parkland. I’d like to share just a few examples with the committee. We’re expanding the police and crisis teams to Regina. This program, which is already under way in Saskatoon, pairs a mental health worker with local police units that respond to calls with an identified mental health component. The goal is to enhance public safety and care for individuals, families, and households with mental health issues. By beginning at the point of contact in the community, these individuals are supported with the most appropriate assessment, triage, and intervention. This will help eliminate inappropriate emergency department visits and costly hospital admission.

Funding will support the continued redesign of the in-patient model of care in Saskatoon. This will help to ensure that services are available on weekends and after hours to support timely transition for patients that are leaving acute care facilities.

We’ll also see an expansion of the patient treatment and assessment in Regina Qu’Appelle. This work addresses the emergency department provider workflow at the General Hospital. It’ll also help to improve the time for an initial patient assessment.

There’s also more support for long-term care facilities with nurse practitioner coverage to increase preventative care and avoid transfers to the emergency departments. This allows patients to receive care in their place of residence for routine conditions.

As well there will be an assessor co-ordinator weekend coverage in the community and at the General Hospital in Regina and the Pasqua Hospital to ensure patients’ care plans are delivered seven days a week, allowing for a timely discharge home, and continued expanded physician coverage at the Victoria Hospital emergency department in Prince Albert during peak times so that patients can receive timely assessment.

These are just a few examples of initiatives, innovations that can make an immediate difference to patients who need health care services.

Saskatchewan is investing in facility and equipment improvements for the benefit of our patients and the staff who work across the province in health facilities. In 2015-16 we’re making a $127.4 million capital investment, an increase of 32.4 million from last fiscal year. This includes 71.1 million for the construction of the Swift Current long-term care facility and the Leader integrated care facility; $7.8 million to complete the new hospital in Moose Jaw; $4.5 million to continue work on the Kelvington integrated care facility; $500,000 for facility planning for a new hospital replacement in Weyburn; 27.8 million for critical infrastructure repairs; and $15.3 million for diagnostic and surgical equipment.

I’ll also note that 8 of the 13 new long-term care facilities are complete and work is still under way on the new children’s hospital, as well as the Saskatchewan Hospital at North Battleford.

In the last eight years the government has invested approximately 1.1 billion in health infrastructure, approximately three times the investment made over the previous six-year period. Effective March 31st, our contract ends with John Black and Associates. Saskatchewan has now acquired the skills and knowledge needed to continue improving care through the health system without external support. We know that this work is crucial in the future sustainability of the health care system.

Through continuous improvements in quality and safety, by thinking and acting as one system and by focusing on improving access, we are supporting better health for residents, better care for patients, better teams of health providers, and better value for taxpayers. There are many examples in the health system of lean improvements that have made significant improvements in patient care, and I will just highlight just a few of those.

In Moose Jaw, patients are being seen faster at the emergency department. The wait times to see a physician at the Moose Jaw Union Hospital ED are down 46 per cent from, on average, 50 minutes down to 27 minutes for patients with a medium urgency issue or classified as a CTAS [Canadian triage and acuity scale] 3. Staff improved triage of patients, introduced a rapid admission process, and consolidated supplies to save providers time.

In Saskatoon, operating room processes are making care safer for patients. O.R. [operating room] health care providers have the surgical instruments they need in less time at Royal University Hospital. Operating room technicians are taking 55 per cent less time to generate and post lists of instruments that they need for an upcoming surgery. Errors have been eliminated, and that means that staff and providers can focus on direct patient care. The hip and knee patients in the Regina Qu’Appelle Health Region now get all non-surgical services in one location; 100 per cent of osteoarthritis patients get everything they need when they need it at the new Hip and Knee Treatment and Research Centre here in Regina.

They no longer have to visit multiple sites for assessment, diagnostic tests, and education. Patients receive information at the right time to prepare them for surgery. Those who don’t need surgery are connected with the appropriate community supports. Parking is convenient and right outside, which is especially important for patients that have limited mobility. This in Regina is located in what was the old Superstore downtown. Patients are now receiving more timely lab services in Kelsey Trail Health Region.

Patient wait times for lab collection services are down 73 per cent during peak morning times, which is 8 to 9 a.m., and down 55 per cent overall. As staff improved the patient registration process, they also eliminated data entry errors. This is a significant positive effect on patient safety and quality of care.

These are just only a few examples of the many, but an indication of the promising early successes that we’ve achieved through continuous quality improvement processes. We continue to be committed to this approach to enhancing patient and provider experiences while creating a more cost-effective, sustainable health care system.

The budget also includes $550,000 in funding for the Little Tots autism spectrum disorder program in Saskatoon. Little Tots program is a pilot project funded by the Saskatoon Health Region and delivered by Autism Services of Saskatoon. The original funding was temporary. The funding being provided will allow this evidence-based program to become permanent.

Since 2009, 7.55 million has been invested annually in autism services. This has resulted in health regions being able to offer specialized services through 15 autism spectrum disorder consultants; 18 support workers; increased seasonal programming and respite funding; and province-wide education and training for service providers and caregivers; additional speech language pathologists, occupational therapists, psychologists, behaviourists, developmental consultants, and para-professionals in areas of high demand; as well as diagnostic assessment and intervention services for the adult population; and enhanced therapeutic programming for pre-school children.

In closing I hope that this overview has provided a good sense of the ministry’s direction, the strategic focus for the next fiscal year. This year’s budget is framed around our government’s principle of keeping Saskatchewan strong with a focus on building for the future in a fiscally sustainable and responsible way. We’re funding areas and initiatives that we believe will best meet the needs of patients and families, and our investments also allow, also acknowledge the pressures that we’re seeing in areas like long-term and acute care.

Across the health system, putting patients first remains our goal. We continue to search for opportunities to improve services and identify innovations that will help us do better for our residents. We’re giving health system leaders the flexibility to innovate, encourage them to explore new ideas that will support long-term sustainability of the system.

This is an exciting and inspiring stage in Saskatchewan’s health care transformation journey. I applaud those who want to continuously improve, those who are willing to think differently and try new approaches in the interest of better serving our patients. We’ve just begun to realize our quality improvement potential. It’s essential that we continue to help preserve the health system and to ensure that it’s here for our kids and our grandkids. With that, we would be pleased to take any questions