STANDING COMMITTEE ON HUMAN SERVICES

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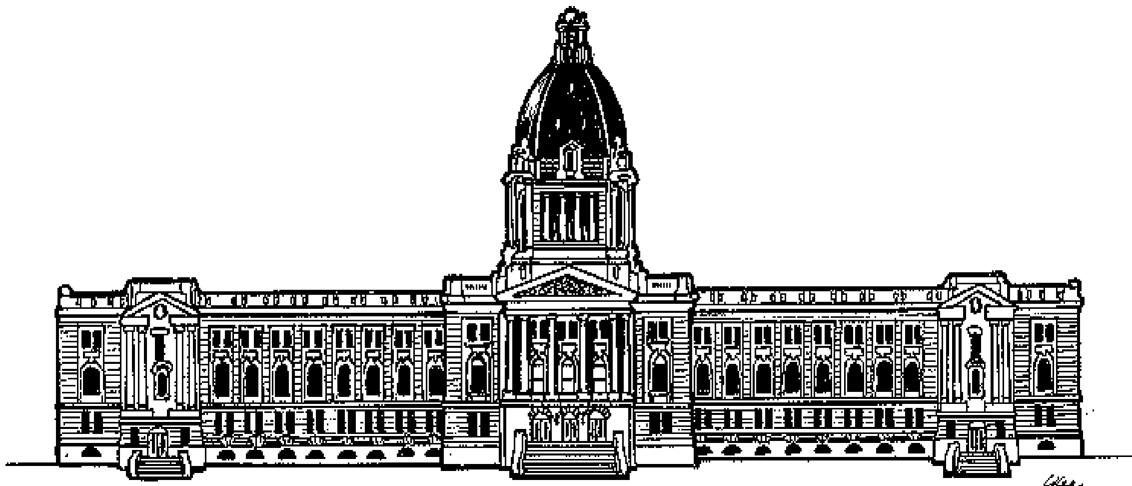

Legislative Assembly of Saskatchewan

Twenty-fifth Legislature

STANDING COMMITTEE ON HUMAN SERVICES
2007

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Published under the authority of The Honourable P. Myron Kowalsky, Speaker

[The committee met at 15:49.]

General Revenue Fund
Health
Vote 32

Subvote (HE01)

The Chair: — Good afternoon. The first item up, the only item up for discussion today on the agenda of the Human Services Committee is discussion of the estimates for Health which is vote 32 on page 85 of your budget book. I'd invite the minister to introduce his officials and if you have any opening statements to do so now.

Hon. Mr. Taylor: — Thank you very much. I want to thank the committee for the opportunity to present the Department of Health's estimates and to answer any questions about the department's plans for the coming fiscal year or the current fiscal year. So yes, I will introduce the department senior staff who have been hands-on with the creation of our '07-08 plans and will assist in helping me to answer any questions that you might have.

On my far left is assistant deputy minister, Max Hendricks; on my immediate left, assistant deputy minister, Lauren Donnelly; and on my right, deputy minister, John Wright. Seated just behind me are Roger Carriere, executive director of the community care branch; Dr. Louise Greenberg, associate deputy minister; and Rod Wiley, executive director of the regional accountability and regional policy branches.

Also in attendance here are Bonnie Blakley, executive director, workforce planning branch; Deb Jordan, executive director, acute and emergency services branch; Ted Warawa, executive director, finance and administration branch; Jeannette Low, director, finance and administration; Tracey Smith, assistant to the deputy minister, and Jill Raddysh who is working as an intern in the deputy minister's office as part of her studies for a master's of public administration degree.

As you know the Department of Health is divided with two ministers. The Hon. Graham Addley, Minister of Healthy Living Services, will appear before the committee on another day to present the estimates for his portfolio, Healthy Living Services and Seniors. The cost of those programs are included in the totals of the Health department, but I will leave it to Minister Addley to provide more detailed information and to answer questions on the Premier's Project Hope, and other Healthy Living programs and services.

Saskatchewan's Health '07-08 budget and performance plan provide a clear picture of the department's priorities. We continue to follow the blueprint laid out in *The Action Plan for Saskatchewan Health Care*. Our top priority is to ensure that quality health care is within our financial means and be readily available today and into the future for Saskatchewan people.

This year's Health budget has increased by $274 million or 8.6 per cent from the previous year to a total of $3.46 billion. The average increase over the last five years has been 7.6 per cent. This additional funding allows us to focus on the most immediate issues in the health care system while making investments for the future.

Priorities in this year's budget and performance plan include continuing to improve access and reduce wait times; protecting, promoting, and improving the health of our children and youth; advancing health workforce planning; ensuring the required technology and capital infrastructure are in place to support the health system's core businesses; and supporting our seniors, Aboriginal peoples, and vulnerable workers.

We are building on some notable accomplishments in the '06-07 year. Saskatchewan Health worked with health regions and the Saskatchewan Cancer Agency and many other groups representing health professionals, health workers, communities, residents, and our partners at the provincial, territorial, and federal levels.

We made progress on access and wait times with a replacement MRI [magnetic resonance imaging] announced for Royal University Hospital and a new MRI for St. Paul's Hospital, Project Hope, funding for two new air ambulance aircraft, and reductions in wait lists and wait times for surgeries and MRIs.

The health system made progress on health worker recruitment and retention with a new recruitment agency; grants and relocation to Saskatchewan or recruitment to rural, northern, and hard-to-recruit positions; expanded clinical placement capacity; and an employee retention program to help health employees working in the system.

To improve primary health care, Health added crisis support to the 24-hour HealthLine service and added online access to health information. Midwifery legislation was proclaimed in February, and two midwives from Saskatchewan received bursaries for training towards accreditation.

Another area of progress was in information systems for health care. We moved forward our vision for e-health with the introduction of an integrated system for in-hospital patient care, access to patient prescription information by health professionals, and the beginnings of a system to digitally store and share diagnostic information across the province.

These are just a few of the successes we had in the fiscal year just ended. Saskatchewan Health will build on those successes.

Although much work and effort will go into maintaining and improving existing programs and services within existing budget, I will focus my comments on new funding and new initiatives as we look at the '07-08 budget year.

The total budget increase of $274 million in '07-08 equips the health system to maintain service levels and make improvements in several key areas. Fifty-four per cent of the new funding, or $148 million, will pay for increased compensation for health workers, professionals, and government employees, or for the compensation costs of new initiatives. Thirty-eight per cent, or $86 million, will pay for increases in the cost of drugs and medical and surgical supplies.

Six million dollars will go to investments in information

technology and the electronic health record. I should point out that the cost of our e-health initiatives will be partially offset by reductions in health region facility funding as the storage and transfer of files changes from manual to digital. We will use those investments to attract more than $11 million in additional funding from Canada Health Infoway in '07-08. The remaining 13 per cent of the new money, or $36 million, will cover increased operating costs to allow for improvements in the air ambulance program, the senior citizens' ambulance assistance program, out-of-province medical services, and various extended benefit programs.

We want to look at the highlights in front of us. We recognize the province's diverse health needs with $36 million to fund a new seniors' prescription drug plan that caps costs at $15 per prescription. We are also accessing the federal Aboriginal Health Transition Fund for $2.5 million to adapt existing health programs to better meet the needs of Aboriginal peoples. We will also be improving health benefits for vulnerable workers by providing supplementary eye coverage and enhanced prescription drug coverage for up to 30,000 low-income workers.

We will improve access and wait times with $6 million of new funding for 160 additional hip and knee surgeries, 3,000 more MRI scans, and a 35 per cent increase in the number of bone mineral density tests.

We are investing in children's health with $5 million in enhancement that includes better mental health and rehabilitation services, funding for the treatment of children with autism, a respite program for families of children with complex medical care needs, expansion of our benefit plans to subsidize the cost of insulin pumps and supplies for children and youth under 18 years of age, and a targeted dental sealant program to prevent cavities and improve the dental health of at risk children.

The budget includes $77 million in health capital spending, including work on the Regina General Hospital maternal and newborn care centre, health facilities in Maidstone, Preeceville, Moosomin, Ile-a-la-Crosse, Humboldt and elsewhere. The budget includes an additional $5 million for the Saskatchewan Disease Control Laboratory, and $1 million to fund planning for the Saskatchewan Hospital North Battleford replacement.

The government relies on health regions and the Saskatchewan Cancer Agency to deliver the bulk of direct care in the province. Funding to health regions is increasing by 6.4 per cent to maintain and improve important services across Saskatchewan. The allocation to the Saskatchewan Cancer Agency will increase 7.3 per cent to meet increasing demand for diagnostic services and treatments, including newly approved drug treatments.

This has been an overview of some of the highlights from the Department of Health's 2007-2008 budget. I am here with department senior staff to answer any questions or provide any additional detail about the budget, the programs, and services planned for this year. I am in your hands, Madam Chair.

The Chair: — Thank you. Mr. Toth will start us off.

Mr. Toth: — Thank you, Madam Chairperson. Welcome to the minister and his officials here with us this afternoon. Mr. Minister, I want to go to an area that we've discussed a few times before in the beginning of my remarks, and that's regarding dialysis in the province of Saskatchewan. And the last time we had this debate, at that time I believe you indicated we're moving forward with a new dialysis program in the city of Estevan. I just don't remember some of the other areas. And I'm wondering, Minister, where we are in regards to the program in Estevan and other additional dialysis services that are . . . we will be moving forward with in the province of Saskatchewan.

Hon. Mr. Taylor: — I can do that. As you know and as I have said previously, we are very committed to the expansion of the satellite system that exists. And I simply will repeat what I had said previously just to put some context on the table for members and viewers who were not here when I talked about this previously.

It wasn't that long ago that every person requiring dialysis needed to go to Saskatoon or Regina for services. Sask Health and the regions made a commitment to expand services to be able to provide dialysis closer to where individuals in the province lived. And the commitment began with an expansion of satellite services to include all of the regional hospitals in the province. So as a result now of about four maybe five years worth of work, the satellite service for dialysis services is now available in all the regional hospitals in the province.

Some of those regional services are now finding the need to expand as their additional clients required near those regional hospitals. We have also expanded the service now to a district hospital in Tisdale. And we have just established this year the new facility in Estevan. We are anticipating that that the Estevan unit will open in June of this year. There have been some challenges associated with opening that facility, most significantly the availability of staff for the unit itself.

We also announced recently the expansion in Yorkton. We announced at the end of February the expansion of the Yorkton facility. The expansion will allow us to see an additional 12 patients in Yorkton. That's roughly 50 per cent of the total number of patients served out of that unit. That is simply the addition of a couple of new machines there in the Yorkton facility.

Moose Jaw is looking at expanding its operations as well. And the Battlefords Union Hospital is also looking at expanding its services.

I know that the member is concerned about Broadview; that's the community that he has raised in the past. We have established a committee, SIRP. The SIRP stands for Saskatchewan integrated renal program; I'm pretty sure that's what it stands for. The SIRP committee reviews the needs of dialysis patients and others, other diabetes patients in the province, and provides advice to government as to how to proceed. This committee has met a number of times. The invitation is out to the Broadview people to meet with them.

We recently expanded the membership of the committee to include representatives from the Federation of Saskatchewan

Indian Nations to ensure that the Aboriginal voices are directly at the table.

The committee has reviewed a number of things over and above satellite operations, including the expansion of the chronic renal insufficiency clinics. This is to ensure that those who might be at risk for dialysis will receive the type of counselling and other initiatives that could keep them off of dialysis. And the committee has also taken a look at home dialysis — the utilization of equipment that will reduce some pressure on our satellite units and provide some facilities and training with regards to the delivery of dialysis within the home.

All this having been said, we are aware that Broadview, the community of Broadview has expressed considerable interest in seeing an expansion of the dialysis system there. We have also been told that communities with similar needs also exist. Meadow Lake has no clinic. La Ronge has no clinic. And so the committee which will ultimately provide me advice as to what additional expansions should undertake, we'll review all of that information and continue to provide government with recommendations as to what to do next.

The commitment of government to continue to provide dialysis service and diabetes management practices to Saskatchewan people — our commitment — remains very strong and very high.

Mr. Toth: — Thank you, Mr. Minister. Mr. Minister, currently how many people are on dialysis? And if possible, could I have a breakdown, possibly in writing, as to how many people in each location are receiving dialysis? You had indicated that the expansion is currently undergoing at Yorkton and Moose Jaw, and The Battlefords also are currently looking at expanding their programs.

Hon. Mr. Taylor: — Well I have several pages of charts available to me. I would be happy to make those available to the member or information that tries to answer your question. Or we can spend 15 minutes while I try to explain the charts in language that can be printed in *Hansard*. It's up to you. I can break . . .

Mr. Toth: — I guess what I'd like right now is how many total patients on dialysis. And I will accept in writing the number of persons receiving by location, where they are receiving that dialysis.

Hon. Mr. Taylor: — Well first and foremost, across the province we have two types of dialysis, okay. So across the province, the number receiving hemodialysis is 541. This is as of December 31, okay. So hemodialysis, 541. Patients receiving peritoneal dialysis, 129.

Mr. Toth: — Thank you, Mr. Minister. Mr. Minister, you mentioned about the expansion in some communities regarding dialysis, and you raised the issue of Broadview, and that's certainly one of the ones I want to raise. When the SIR, Saskatchewan integrated renal committee meets, when they are looking at dialysis and how they would come forward with recommendations, does this committee take into consideration the cost to the patient for that travel?

I think, Mr. Minister, whether — and you may be aware of this; you may not be aware of this — but I understand from talking to a number of people on dialysis that it gets to be fairly expensive for individuals. And that's one of the big reasons that Broadview and the surrounding communities — including five First Nations communities — have been putting on a fairly large push for a unit in Broadview because of the financial costs it is to individuals to travel to Regina or to Yorkton. I believe Estevan might be much further than Regina or Yorkton. You also indicated last year or last fall that you were looking at possibly something at Fort Qu'Appelle — whether or not that's moving forward — or another option.

But I think one of the greatest concerns for most people is the physical, mental and emotional costs that people face on dialysis as the financial burden becomes something that their individual families have to face or they as individuals have to face. And I'm wondering what factor or role that plays in regards to the recommendations or suggestions where a dialysis unit is placed.

When you talk about expanding Yorkton or Moose Jaw or The Battlefords, one has to wonder is that the appropriate place for an expansion, or would you be able to help individuals much better by putting additional satellites services out and helping alleviate some of those financial burdens that people have to bear.

Hon. Mr. Taylor: — You asked a number of questions there. Let me just say first and foremost to try and address the simple question. Yes. In assessing the need for location for dialysis, a number of factors are considered including reasonable geographic access across the province, current and future ability of a potential site to maintain qualified and trained staff, and current and future number of patients being served or to be served.

But the argument the member makes is the argument that the government understood and accepted when it began the expansion of the satellite program to begin with. You recall just moments ago I indicated that it wasn't that long ago that every person in the province who required dialysis had to travel to Saskatoon and Regina. The government decided that we needed to expand and deliver this service in other sites.

And we have been incrementally, as resources are available to us — financial, technological, and human resources are available to us. We've provided an expansion of the service outside of Saskatoon and Regina. We are now . . . We have completed that expansion to all of the regional hospitals. The regional hospitals are now seeing additional pressure to expand even beyond what we originally had available resources at the time.

So the argument that the member is making for Broadview . . . and I appreciate the fact that he's representing constituents and those who live nearby the constituency. That having been said, the same argument can be made by anyone living in the town of Meadow Lake, town of La Ronge — all of whom actually now drive much further than anyone in the southern part of the province.

Individuals who live in Pierceland are being serviced either

from Lloydminster or from The Battlefords — three hours on the highway three times a week, a significant challenge. Anyone living north of Prince Albert, regardless of how far the trip is, will travel to Prince Albert for their services. That's why the commitment to finding additional ways of dealing with this challenge for individuals and challenge for the system are being undertaken, including the insufficiency clinics — the development of those to ensure that those at risk have got the best chance of avoiding to deal with this challenging personal issue, and taking a look at the ability of the province to provide dialysis within the home which could then apply across the province and not just near regional centres or district centres.

But the member is absolutely right; there are challenges that the people of Broadview are bringing forward. Their arguments are ones that we've addressed in other locations and considered in other current unserviced locations, and the committee will take that into account, as will the government as we look at further expansion.

We are also looking, as the member correctly indicates, at the All Nations' Healing Hospital in Fort Qu'Appelle. When that hospital was constructed, it was constructed with the intention of providing renal dialysis services there. A room was designed for that purpose, and at this point in time the service is not yet being provided at that location. It is still under consideration.

Mr. Toth: — Thank you Mr. Minister. Mr. Minister, I guess your comments lead to another question as well. You mentioned about the expansion. You mentioned about the length of travel. I raised the Broadview issue. You raised the issue of Meadow Lake. And yet you talk about expanding Battlefords. You mentioned about Moose Jaw and Battlefords.

Now wouldn't it be more appropriate then to look at a service in the Meadow Lake or, much closer, to pick up the patients in that area rather than the three-hour drive as you indicated either to Lloyd or The Battlefords, if that's a major concern? It would seem to me that would be a more appropriate place to . . . rather than looking at expanding a centre where people have to travel significant miles, if we have the resources of putting an additional satellite up and addressing some of the financial burdens that individuals on dialysis face.

Hon. Mr. Taylor: — Yes, thanks for the question. And of course it is important to keep all things in mind when decisions are being made. Currently as of February 1 in The Battlefords, we do have seven people in The Battlefords who could be serviced there, were additional equipment or hours made available. Those people must receive dialysis somewhere. They are likely travelling to Saskatoon for their services currently.

I don't have, for the purposes of this meeting here today, a complete understanding as to whether or not those people would be better served with an expansion of services in Meadow Lake or not, or would Meadow Lake open up some spots in North Battleford. I don't have that full data. But there are . . . According to the information by Prairie North Health Region, they need expanded service because they have residents, local residents close to the hospital who are currently travelling to Saskatoon for that service.

It is also a consideration as to the best use of resources that are available. And establishing a new unit is certainly more challenging on all resources than expanding an existing one. And so the ability to use the human and fiscal resources available to us in our regional hospitals, expansions can be done with less stress on the system than establishing an entirely new unit. But all things are evaluated and assessed prior to any decisions being made.

Mr. Toth: — Thank you, Mr. Minister. Mr. Minister, you also indicated that your department is looking at home dialysis, and I know the folks in the Broadview area did a fair bit of research. And there's certainly in other jurisdictions across this country and in other parts of the world where different avenues are being used, home dialysis for one. I believe there's situations where they've taken, if I'm not mistaken, school properties and turn them into . . . by changing them around and with some training be able to place personnel so that there again they put the service closer to the people that need it.

And I think, and I'm not far off in saying that unfortunately diabetes is an issue that we're continuing to see more people having to deal with the issue. We're seeing a greater pressure being put on the system because of the need for dialysis. And I'm pleased to hear that the department is not only aware of this but is now also looking at a broader scope of how do we address this issue and not just specifically putting up major centres and everyone having to travel to, but are there ways in which we can meet the individual's needs without creating a greater financial burden. And so for that . . . I'm pleased to hear that we're actually moving forward in observing and looking at what other jurisdictions have done in addressing this issue.

A question also arises, Mr. Minister, coming from the Broadview group . . . And a number of the First Nations chiefs together with members of the dialysis committee met with the Minister of Health federally recently and they also have put forward a proposal. And I'm not sure if there's been any contact with the department in regards to a training centre on the Cowessess First Nation. There's a facility that's available, and I believe a number of the First Nations personnel suggested that maybe this is something we could do especially in regards to addressing two things — not only the need for dialysis, but giving our young people or encouraging our young people to start looking at what they can do to help themselves.

And my understanding is, their sense is, if we can get some of our young people to look at further education and maybe taking training in an area where they could see that they're really helping — in this case they're talking of their own people — that that might be a means of them moving forward in their lives and taking the training and becoming self-sufficient. And it would seem to me that that was certainly in my view a positive move.

And I'm wondering, Mr. Minister, what this committee would have to do to move forward with a plan of action in that regards to establishing a training unit on, say in this case, the Cowessess First Nation?

Hon. Mr. Taylor: — Thank you very much for the question. Backing up for just a second, the member had talked about the work that's being done on home dialysis. And I just wanted to ensure that the member and the committee members and the

public were aware that this work has been progressing quite nicely within the committee. Recommendations are actually being drafted as we speak. And I'm expecting that the initial report will be reviewed by the committee by the middle to the end of the month of May. So we're only a few weeks away from the committee reviewing a report, a progress report.

On Cowessess, there are a number of things that I'd like to say in regards to that. First and foremost I think you're aware that Saskatchewan Health does not administer the training programs in the province. Any training between First Nations and provincial authorities, the provincial group at the table would be Advanced Education and Employment. I am aware that information about this program has been provided to Minister Atkinson and the officials in her department.

I think you're also aware that the province is quite receptive to these types of arrangements. In fact we've got the practical nurses program being delivered on the Kawacatoose First Nation, a joint program that is delivered in partnership with the Kawacatoose First Nation and SIAST [Saskatchewan Institute of Applied Science and Technology] through Minister Atkinson's department with the full support of Saskatchewan Health.

One of the things that Saskatchewan Health is most concerned about with regards to financing from the federal government to our First Nations communities is the lack of support the new government has given to the Kelowna accord or the Aboriginal health blueprint. The previous government had established under the Kelowna accord a $1.2 billion fund to support the development of Aboriginal health initiatives. The new government has set that aside, and as a result, there's $1.2 billion nationally that is not working today for Aboriginal health programs that could have been at work had the Kelowna accord been supported and moved forward. And I would urge the member opposite, if he has any friends in Ottawa, to ask them to move quickly on support for the Kelowna accord simply because it is very valuable to First Nations people throughout Saskatchewan and across Canada.

At the same time we are also working with our colleagues at the federal level, with the Aboriginal or First Nations Health Transition Fund that could provide some assistance with regards to the delivery of health programs. We are talking with the Federation of Saskatchewan Indian Nations as to how best to allocate the dollars that are available because there are a lot of collective needs within First Nations country both for training and for the actual delivery of health programming.

So the Cowessess people are doing things exactly as they should be doing. Any advice that I have for them is actually related to stuff that they are already involved in. They are developing a program. They are talking to all of the right players. They need to have some additional direct federal support, and I think that the province would be pleased to be at the table to help to deliver those programs within the Saskatchewan context if we know that the ongoing funding is available to support them.

Mr. Toth: — Thank you, Mr. Minister. Mr. Minister, I'm not totally familiar with the reasons why the federal government would not have moved forward with the Kelowna accord and so I'm not going to stand here, or sit here this afternoon to try and argue the ifs, ands, and whats and bys. But I do know that as a minister you're responsible for health delivery services in this province, and to always put the blame on somebody else for the lack of the wherewithal, I'm not exactly sure accomplishes the purposes or serves the people of Saskatchewan well.

I do have one other set of questions that I'd like to . . . And you kind of made a reference to it when you talked about nurse practitioners, and I think your government has spoken quite strongly about nurse practitioners and the positive impact they could have on health, on delivery of services in the province of Saskatchewan. I know it's not the total amount that a doctor would have. But one of the questions I do have when it comes to nurse practitioners, who funds nurse practitioners?

Hon. Mr. Taylor: — Perhaps I need more information or maybe this takes you into your next question, but certainly the regions fund nurse practitioners with funds from Sask Health.

Mr. Toth: — Okay, so what you're saying is . . . Okay. I guess that's where I was going, is a doctor is funded by the province, by the Department of Health. They're on a fee for service, I believe.

Hon. Mr. Taylor: — Yes.

Mr. Toth: — And I guess the question I ask is . . . And that fee for service is covered by the department. It covers the services within each health region. Correct?

Hon. Mr. Taylor: — Yes.

Mr. Toth: — All the billing? So when a nurse practitioner begins to practise, does the province cover the cost of that nurse practitioner and fund the districts to fund that nurse practitioner?

Hon. Mr. Taylor: — Again I'm not completely clear on what the member is asking. Nurse practitioners are salaried employees of the health regions.

Mr. Toth: — Okay, if they're salaried positions of the health regions, is that part of the funding that goes to that health region or . . .

Hon. Mr. Taylor: — Yes.

Mr. Toth: — It is. Okay. Because the reason I ask the question is because a question has arisen where an individual has taken the course, become a nurse practitioner, but is looking at applying outside of the district they currently live in to actually get the hours in to maintain their hours to maintain their licence. And the question or the reasons that I was given as to why they had to go out of the district was because the district said they — or the current district they're in — didn't have the funding for her for that position.

And I guess I'm trying to understand how they wouldn't have the funding for that nurse practitioner position so that they could, there was something in regards to . . . The implication was given as a competition between the medical staff and nurse practitioners, and the district not having the funds available to

fund the nurse practitioner or to give them the time required to maintain their licence. And it's something I guess I'm trying to get my head around as well. And the reason I'm questioning is because I know there's a real need in our area that a nurse practitioner could alleviate some of the load that the doctors are carrying and that's what I'm trying to understand.

Hon. Mr. Taylor: — I think I have a bit of an understanding of what the member is getting at but I think it's better that we don't deal in either hypothetical or general circumstances. And I'm more than happy if he's got more, if the member has more details to supply to us and we'll give a more, very specific answer.

The reason I say that is because the province is very supportive of nurse practitioners. We have in fact increased our support to quite a number of regions to support nurse practitioners within the regions. Nurse practitioners are a very important part of the continuation and the new development, enhanced development of the primary care sites across the province.

I had a meeting with the nurse practitioners' association a short while ago and discovered there are a number of things that need to be explored further. I am aware that not all nurse practitioners are employed as nurse practitioners in the province and we need to work more closely together to increase the employment opportunities throughout the province. That will mean some consultation with the physicians in the province as well as with the nurse practitioners' association.

I have made a commitment to the association to continue to work with them on the issues that they have identified and will be bringing forward. And in a few weeks I will be attending a conference supported by the nurse practitioners' association where a few more of these issues will be discussed and we'll take a look at greater flexibility, what we need to do to advance the issues that affect currently trained nurse practitioners and those who will be trained and will want to serve and work as nurse practitioners in the province.

Mr. Toth: — Thank you, Mr. Minister. Just one final comment because I know that some of my colleagues also have questions. But the case that was brought to my attention was the fact that the medical associations were concerned that if nurse practitioners were being hired that the doctors would actually, if I'm not mistaken, the sense was that they would lose some of the opportunities for the revenues that they would require. And the other concern was that many districts were not getting the funding needed to maintain the nurse practitioners that are in their districts. And if there's an uncertainty in regards to how they are paid and whether or not the funding is in place from the department to cover those, then I'd certainly be more than pleased to correct that uncertainty. Thank you.

Hon. Mr. Taylor: — Thanks very much. I'll look for additional information and we'll continue to maintain our commitment to improve employment opportunities for nurse practitioners across the province.

The Chair: — Mr. Krawetz.

Mr. Krawetz: — Thank you very much, Madam Chair, and good afternoon, Mr. Minister, and to all your officials.

I want to cover a few areas this afternoon and first of all I guess I'd like to go back into last fiscal year. And I know from the press releases that I have from the Sunrise Regional Health Authority regarding the Preeceville, Kamsack, and Canora hospitals, there are, you know there are numerous times throughout the year that the facilities were on bypass.

Does the Department of Health have a record on a calendar year basis or on the fiscal year basis as to the number of times that each of the three facilities in Kamsack, Preeceville, and Canora were on some sort of disruption, whether it was due to, you know, complete elimination of services for a period of time or just the medical, physicians' care? Does your department have that and would that be made available to me?

Hon. Mr. Taylor: — The answer is yes. When a change of status in a facility is required for whatever reason — and mostly the regional health authorities make those decisions based on safety and security of the public — they are required to inform the department of the temporary closure and so that data is currently available.

Mr. Krawetz: — Mr. Minister, would you be able to indicate on record the numbers for the Kamsack Hospital and the Preeceville Hospital in the calendar year or the fiscal year — whichever system is tracked?

Hon. Mr. Taylor: — Yes. Based on the information I have here — we're talking about the period April 1, 2006 to March 29, 2007 — the Canora Hospital suffered closures for a duration of a total of 17.4 days. One physician left. A temporary reduction in service hours. Another physician was recruited. In Kamsack we had a closure duration of 47 days. A physician was recruited awaiting immigration, locum not available on some weekends. And Canora — you were asking about Canora as well . . . [inaudible interjection] . . . Oh I did. Yes well it's . . . Good. It's on here twice but the information is the same on both places so that's good.

Mr. Krawetz: — No, but I need Preeceville as well.

Hon. Mr. Taylor: — Oh, Preeceville, 24.5 days. One physician left, locum not available. A physician recruited but is currently writing exams.

Mr. Krawetz: — Thank you, Mr. Minister. Now we won't give Canora double the amount because 17.4 is enough. Mr. Minister, could you indicate whether or not the message from Sunrise Regional Health Authority is that, based on the population, their estimate is that there should be 11 to 12 doctors in those three facilities, and currently that number is either five or six? Are those accurate numbers for the public and myself to use?

Hon. Mr. Taylor: — All right. I am advised that the appropriate number for the three hospitals as of March 13, 2007 would be 11. At that time there were nine physicians. The benchmark for evaluating a facility is a minimum of three physicians to meet the on-call requirements so that you've got a reasonable on-call standard, one in three. And so sometimes with nine physicians — and one is sick, injured, family or professional reasons of not being available — the on-call coverage is compromised and that would result in some of the

temporary closures.

Mr. Krawetz: — Thank you, Mr. Minister. Mr. Minister, you indicated that as of a certain date in March — and I missed that date . . .

Hon. Mr. Taylor: — March 13.

Mr. Krawetz: — Thank you. March 13. You indicated that there were nine. Were the nine based in each of the three hospitals, or is that include a physician who may be based in Yorkton or Melville that is providing some additional time to each of those three facilities, or in fact are these full-time positions based in the three facilities that I have outlined?

Hon. Mr. Taylor: — Actually if I could call on my, on Max Hendricks to answer this, I think it's a little, it'd be a little clearer. Let me also say that indeed we do have these records and we are very interested in what takes place, but all of this information could be available at a regular board meeting of the regional health authority, and the member is welcome to attend those regional board meetings. They're always open to the public.

Mr. Hendricks: — So as the minister said, we have nine physicians and that's basically a head count as of March 13. So those are physicians that still maintain their licensure. So the example I used was, a physician in Kamsack who is semi-retired or retired, but still maintains his licensure, would be counted in that figure. So they might, you know, the actual number is slightly probably overrepresents the number of full-time equivalent positions that are in full-time active practice.

Mr. Krawetz: — Thank you. And now I understand why that is inflated because that's clearly not full-time equivalents that are actually active participants right at the moment. And I think you've clarified that those might be.

Mr. Minister, back in February in an article about health care delivery in each of those three facilities, you indicated that across the province there were seven locums that might be able to provide assistance to the many facilities that were closing or going through a state of bypass. Could you indicate how many of those seven locums have been utilized in the Sunrise Region in those three facilities over the course of the fiscal year '06-07?

Hon. Mr. Taylor: — I think Max is doing some looking here, and I will call on him to try and answer that question a little more clearly. But let me, let me while he's looking just outline. There's a couple of other things to take into account.

First and foremost, the locum program is a program administered by the Saskatchewan Medical Association. It is part of the agreement that Sask Health has with the Saskatchewan Medical Association.

But in addition to those seven individuals under contract with the SMA [Saskatchewan Medical Association], many times physicians will work out agreements with other physicians in nearby facilities, nearby communities to act in a locum capacity. They aren't represented by the locum program. So in fact we can have on-call coverage provided by someone who's not considered a locum doctor, but would be doing a locum function because you've got arrangements that individual physicians have made. This frequently happens throughout the province.

But your question was specific to locums and Max isn't flipping pages at the moment so he must have found what he was looking for. I'll turn it over to Max.

Mr. Hendricks: — Actually no, I don't have the exact statistics for how many times locums filled in in those communities. But I will say that obviously the locum program has had challenges meeting some of the struggles. Obviously when you have a weekend situation or something, a lot of physicians out in Saskatchewan and even in three- and four-physician communities might require the locum program. So it's been a challenge.

And we've expanded funding to the SMA locum service program to try and hire more physicians into that program to provide coverage on an intermittent basis as needed. So we're really . . . You know, obviously we don't have those statistics but we can provide them in writing.

Mr. Krawetz: — That was my next question, Mr. Hendricks. Do I have to request that information of SMA or will you still be able to provide that information to me?

Mr. Hendricks: — We can provide that information to you.

Mr. Krawetz: — Good. Thank you. Mr. Minister, your comments about the locums and others that serve is exactly right. And that's why I was asking about the number of active, practising, full-time positions, because clearly if you are looking at 11 active physicians in that area of the three communities of Preeceville, Kamsack, and Canora, there would be the opportunity, as there has been in the past.

I'm very aware of a number of years ago where physicians, because there are three physicians . . . Or at that time I believe there were five in Canora. And at a time when Preeceville was needing some cover there was a person, a physician in Canora who agreed to fill that time. Not a locum — they just developed that.

And that's the point I want to make, is that I know you have talked extensively in the Chamber and in the media about recruitment and retention. And it seems that in rural Saskatchewan, when I listened to the speaker talking about the ethical recruitment of foreign-trained doctors and then I look at the statistics provided by the college where it's my understanding — and you can correct this number if it's not accurate — is that rural Saskatchewan would rely about 80 per cent on foreign-trained physicians to provide the care. And now the whole question about whether or not, you know, Canada as a nation and Saskatchewan as a province . . . and then of course the regional health authority who's trying to recruit as well. If we're limited in the number of doctors or physicians that we can draw on that are foreign-trained, how will we maintain the facilities the Preeceville, Kamsack, and Canora?

Hon. Mr. Taylor: — You raise a quite a number of interesting points and a lot of unasked questions actually. The subject

matter that you've raised, we could spend a considerable amount of time discussing. I have spent reasonable amount of time, not enough yet. I intend on spending more time with the president of the Saskatchewan Medical Association, Mr. Vino Padayachee from Estevan. The SMA has some very interesting comments with regards to foreign-trained physicians and recruitment and retention and education issues.

I do believe that Sask Health, myself, and the senior officials at this table have developed a very good working relationship with the SMA. There is a recognition that physician recruitment is a considerable challenge to a jurisdiction like our own, given that every other jurisdiction in North America — be it Canadian provinces or US [United States] states or individual US facilities — are engaged in recruitment of physicians, general practitioners, and specialists.

The province has negotiated, as part of our collective agreement with the SMA, a recruitment initiative, and the SMA is very active on the recruitment front. So are communities in the province. When I talk about recruitment, actually there are four partners in the recruitment process. There's the province. There's the regional health authority which is the employer. There is the SMA, and there's the community.

And I've recently met with the mayor and council in Preeceville. They've got a very active, local community recruitment committee. I give the people in Preeceville high marks for the efforts that they are making. They are working with one of the doctors there. And in fact they recognize, as all of us recognize, that the single best recruiter for rural Saskatchewan is an individual physician — him or herself. It is that testimonial about what a community is like that will assist in bringing in an additional physician — knowledgeable of individuals, can work well together — to a community. And Preeceville is engaged in that process. And I'm fully supportive of the efforts that they are undertaking there.

But they are aware that there are incentives offered by the province for physicians. There are incentives and support networks offered by the SMA for physicians. And they are aware that there are incentives offered by the community, and the individual doctor from the Preeceville area is taking that information out.

And I hope he and the community are highly successful because recruitment to Saskatchewan of foreign-trained physicians is one thing. Retaining them in the communities in which they are originally attracted to is another. And regional health authorities will tell us that it is always a challenge to retain a physician once they have arrived here, for a number of reasons, and therefore a good working relationship with other physicians in the community is the first step towards a strong retention effort.

Mr. Krawetz: — Thank you, Mr. Minister. Mr. Minister, I know time is slipping by. And I'll move to a different area which is the financial records for last year for the Sunrise Regional Health and of course the Department of Health.

News release of Monday, January 8, 2007, talked about the fact that the Sunrise Regional Health region was anticipating a deficit of more than $1 million. And Mr. Kirwan was quoted as well as the associate deputy minister, Dr. Greenberg, about looking for savings and trying to work with the health region to find those savings.

On Wednesday, April 4, '07, there was another article that indicated that the Sunrise Regional Health Authority was receiving an additional $1.8 million since the projected deficit had now reached $1.68 million. So I'm wondering about the costs. There are some comments in the article as well where, I think, again Dr. Greenberg has indicated that additional costs for the Norwalk virus were not anticipated, but also indicated that all regions, including Sunrise Region, would be facing additional costs because of Family Day. And those were the kinds of things that were unanticipated since that had not occurred.

Could you indicate what was the final amount of dollars that were allocated to the Sunrise Regional Health Authority? I know your Estimates book indicates where the estimates were, but I understand that we had at least two changes throughout last year to the amount of money that was provided to Sunrise and to other regions. So could you indicate if . . . My Estimates book shows $88.9 million, and I'm wondering what the final amount of dollars that was allocated to Sunrise for the '06-07 fiscal year.

Hon. Mr. Taylor: — I will call upon Deputy Minister John Wright who has these massive charts of information available to him to answer the question for you.

Mr. Krawetz: — Good.

Mr. Wright: — Thank you very much, Madam Chair. At year-end we in the department recognized some significant costs that Sunrise had incurred over the course of the year, Norwalk being a very significant item in and by itself, and we provided $400,000 to Sunrise for Norwalk, the additional costs associated with that.

We also had, over the course of the year, taken a look at their staffing complement relative to the Yorkton facility and their ability to manage within that. We completed a rather extensive review using outside consultants and came to the conclusion — properly so — that they were about a million dollars short in terms of staffing dollars for the new facility. So those were the major items that we provided towards year-end — 1.4.

In total though we did provide additional dollars for Family Day, $468,000. We also provided some incremental dollars for equipment which is always welcomed by any RHA [regional health authority] in the tune of about 100,000. And there were a variety of other items for their diagnostic imaging targets that they met and so on. So year-end dollars that actually flowed, some that would have been recognized and some were incremental — the million and the Norwalk and so on — were about $2.3 million at year-end.

And I don't quite have the exact figure for you for '06-07 as to what they ended up, but we can certainly provide that to you.

Mr. Krawetz: — Thank you, Mr. Wright. What I'm looking at is of course that the estimates for last year were 88.9. And if you've indicated that it's 2.3 approximately that was added to the Sunrise budget over the course of the year, we're looking at

about 91.2 million more or less. Would that be fair?

Mr. Wright: — That would be a slight overstatement because some of these dollars were anticipated. I would say about 90.8, somewhere around there.

Mr. Krawetz: — Okay thank you. For that purpose, we'll use your number of 90.8. You have indicated in the budget that the Sunrise Regional Health Authority for this year will receive 94.6. So when I look at 94.6 and they had received 90.8, we're talking about $3.8 million additional funding. Will $3.8 million meet the staffing needs? Will that meet the projected costs of things as you've identified — the Family Day, which will be again coming next year? Is that a fair representation for the costs that Sunrise Regional Health Authority will in fact incur for the '06-07 year?

Hon. Mr. Taylor: — The answer is yes.

Mr. Krawetz: — Good. Thank you very much, Mr. Minister. Mr. Minister, my last item that I'd like to discuss is of course the construction. And I'm glad to hear that you've met with the mayor of Preeceville and the council. And you're right. When I look at, you know, Rock 'n' Roll in Preeceville and Dog Sled Days and the kinds of things that the Preeceville community has been doing for many, many years, it's great to finally see the opportunity, I think, that presents itself in Preeceville.

And you're right in not only mentioning the fact that the experience that a physician has in a facility is very relative to whether or not he or she can attract other physicians, but so might a newer facility. And I think that's the message I'm hearing loud and clear from the Preeceville community is that they are hoping that in fact that might assist.

I want to clarify a couple of thing about the project, Mr. Minister. First of all, I understand that the project . . . anticipated cost of the construction plus the architect's fees plus the equipment is at about $10.4 million. And if that is correct — and I see one of your officials has agreed with that — what will be the anticipated sharing of that $10.4 million between the Department of Health and either Preeceville itself as the community responsible for 35 per cent of share? The share that I want to clarify is, what is the 35 per cent based on?

Hon. Mr. Taylor: — I can't get into the specific formula. I know that the provincial costs or the provincial share is 6.7 million. The regional health authority, community share is 3.7 million.

Mr. Krawetz: — Thank you, Mr. Minister. Mr. Minister, I note that from a press release, a very recent press release of April 5, they're anticipating that construction is going to begin in April as the contract has been awarded to — at a meeting of the Sunrise Regional Health board — it was awarded to Humboldt Lumber Mart to the tune of about $8.523 million. And the additional costs as I've indicated are going to be covered.

Mr. Minister, in the news releases at the time of the budget, the amount of dollars allocated for health facility capital was about 36.5 million in total — which from my looking at the budget is about 7.5 million less than last year — and that it included 2.4 million for Preeceville. So could you tell me what will happen to construction as we move from April, as indicated in this article, to March 31 of '08? What will be the split if the province is only putting in 2.4 million? Or is that to be the total amount of money that will be allowed to be spent by that year?

Hon. Mr. Taylor: — I can tell you that our expectation for expenditures in this year are 2.4 million. This has been worked out with the health region. Of course should additional dollars be required by the end of the year, we'll manage within the budget dollars that are allocated to us. But it's our expectation that what will be required during the course of this fiscal year is 2.4 million in Preeceville.

Mr. Krawetz: — Mr. Minister, then my question — which I've been asked by some of the Preeceville people — is, if the cost expectation by March 31 of '07 such that 65 per cent share becomes 2.4 million, will it be then expected that the Preeceville community will only be putting in 35 per cent of this much smaller number?

Hon. Mr. Taylor: — I have to read a little bit between the lines on your question. Let me put it this way. The project is fully funded. At the end of the day when it's all said and done, the 65/35 formula will have applied. What Sask Health needed before going to tender was not necessarily money in the bank for the community's share but a commitment that the community's share would be met.

We have also, as Sask Health, advanced dollars prior to the construction process which has yet to proceed. And it's a multi-year funding arrangement with some fairly fixed costs known upfront. So for all intents and purposes, the community's share will be $3.7 million at the end of this process. And we have received the commitment from the community that those dollars will be made available.

I want to take the opportunity here to tell you, the MLA, that the participation of the people in Preeceville was critical and instrumental to pulling this project together within the dollars that are available to us.

I think you are aware when this project was first put on the table and given to architects and engineers, they developed a project that went beyond the immediate needs of the people of Preeceville. And thanks to the work that was there, this project was scaled back to ensure that it met not only the service needs but the fiscal financial needs of the people of the community.

And as a result of the hard work of that capital team, when the project went out to tender it came back almost bang on the expected dollars — I think about 3 per cent difference from what the anticipated or expected costs were going to be. So the people who worked on that project did a heck of a job, number one, containing costs and, number two, projecting where this was going to end up. And my compliments to that entire group of people.

Mr. Krawetz: — Thank you, Mr. Minister. You are absolutely right in that the people in Preeceville have worked diligently. But, Mr. Minister, as you are aware, for many years now — for seven years I believe — this project has been announced. And initially it was to be a $4.6 million project, and it has grown to a $10.4 million project. That's what delay has done. That's what

increased capital costs have done. So as a result a community that was supposed to try to raise 1.6 million is now required to raise 3.7. And they're going to do it. They're going to do it. There's no question about that.

Now the point that I was wanting to clarify, Mr. Minister, regarding the funding is that currently you have in the budget 2.4 million for this fiscal year which is just less than 40 per cent of the anticipated cost of 6.7 million from the department. If the community is to raise 3.7 and if we used that same percentage of just less than 40 per cent, you're looking at a project that is about $4 million.

Is that what based on . . . I mean I'm not an architect. I'm not an engineer. Is that what is anticipated to be the cost by March 31? In other words, only a $4 million amount of construction will have taken place by March 31 of '07 because that's all the monies that are going to be available?

Hon. Mr. Taylor: — I see I've been joined by one of our capital experts. Let me just ask Rod Wiley to maybe answer this question in a little more specifics for you. Rod.

Mr. Wiley: — Thank you, Minister. I'll just explain that once the tender for a facility has been awarded, the project goes forward as quickly as good business practice will allow. And so what will happen is if greater cash flow is required for that project in this year, we will find a way to manage it. But payments in each fiscal year are generally based on the 65/35 formula.

So we would not pay 100 per cent of the first 6.7 and then have the region fund the rest. What we would do is pay 65 per cent of each progress claim. And again if progress is moving more quickly than expected in the current fiscal year, then we would look at how to find a way to manage that cash flow for the region.

Mr. Krawetz: — Thank you very much, that's the answer I'm looking for, is that in fact we may be dealing with supplementary estimates that will in fact add some more funding if your budget, if the Department of Health's budget doesn't have additional flexibility to deal with more capital, and the project because of beautiful weather and a great contractor and all the things that fall into place for a project of this size all come together, there may be an additional couple of million dollars required by March 31. But your department indeed will manage their 65 per cent share, and of course the community will manage their 35 per cent share.

Mr. Wiley: — That's correct. And over the past number of years, it may be serendipity, but for every project that's moved more quickly than scheduled, there's another project that may move a little slower. So in any given year, it usually works out very closely. And what we do is just try to manage the cash flow for the regions from year to year. We haven't for a very long time needed to look at supplemental estimates around capital.

Mr. Krawetz: — My final question then, based on the fact of your projections and if everything is moving according to projections and you stay on the 2.4 million, will that mean then that next year's capital as listed here for Health, that the Preeceville integrated facility will then have the balance for full funding for '08? Since it's anticipated to be finished by the fall of '08, will we then see the additional $4.3 million in next year's capital for the '07 . . . no, I guess that would be the '08-09 budget. Would that be correct?

Mr. Wiley: — The balance that has not either been funded for them in the last fiscal year or this fiscal year would be funded in the next fiscal year, yes.

Mr. Krawetz: — Thank you, Madam Chair.

The Chair: — Thank you. And given it's past 5 o'clock, time for adjournment, the committee stands adjourned. Thank you to the minister and his officials.

[The committee adjourned at 17:06.]