

## MINISTRY OF HEALTH

### ESTIMATES FOLLOW-UP: MAY 9, 2018

1. In the last three fiscal years, what was the longest stay in the various acute psychiatric centres, for adult and children/youth?

Longest inpatient length of stay (in days) in a Saskatchewan hospital where part or all of the stay was spent in a designated mental health ward:

<b>Adults aged 19 or older</b>	<b>Fiscal year of discharge</b>		
<b>Hospital</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>
Dr. F. H. Wigmore Regional Hospital (Moose Jaw)	175	148	132
Battlefords Union Hospital	177	167	302
Victoria Hospital (Prince Albert)	675	497	198
Regina General Hospital	350	191	175
Royal University Hospital (Saskatoon)	1,117	617	506
Cypress Regional Hospital (Swift Current)	143	177	71
Weyburn Inpatient Mental Health Unit	118	108	93
Yorkton Regional Health Centre	323	170	128
<b>Youth aged 18 or younger</b>	<b>Fiscal year of discharge</b>		
<b>Hospital</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>
Dr. F. H. Wigmore Regional Hospital (Moose Jaw)	43	27	19
Battlefords Union Hospital	35	57	100
Victoria Hospital (Prince Albert)	125	442	58
Regina General Hospital	114	162	78
Royal University Hospital (Saskatoon)	268	126	135
Cypress Regional Hospital (Swift Current)	21	108	16
Weyburn Inpatient Mental Health Unit	27	37	39
Yorkton Regional Health Centre	19	14	36

## MINISTRY OF HEALTH

### ESTIMATES FOLLOW-UP: MAY 9, 2018

2. How many Children and Youth, in the Mild and Moderate categories, are waiting for an initial outpatient mental health appointment?

As of June 27<sup>th</sup>, 2018

	No. of children MODERATE Category	No. of children MILD Category
<b>Sun Country</b>	4	14
<b>Five Hills</b>	5	1
<b>Cypress</b>	25	0
<b>Regina</b>	300	7
<b>Sunrise</b>	9	2
<b>Saskatoon</b>	416	80
<b>PA Parkland</b>	19	22
<b>Prairie North</b>	16	28
<b>Total</b>	<b>794</b>	<b>154</b>

3. What is the average wait time from emergency department decision to admit to admission to Dubé Centre, for adults and youth?

Adults (age 19+ years)		Children and Youth (age 18 yrs and younger)	
Fiscal Year	Average (in hrs)	Fiscal Year	Average (in hrs)
2017-18 (to Dec 2017)	15.8	2017-18 (to Dec 2017)	4.0
2016-17	15.0	2016-17	4.0
2015-16	17.0	2015-16	3.8
2014-15	11.5	2014-15	3.3

## **Committee of Human Services (Estimates)**

**May 23, 2018**

### **1. Casework – Mr. Mooney**

PQCC has followed up. Mr. Mooney received an appointment.

### **2. Is smoking cannabis permitted on the property of LTC facilities and Personal Care Homes?**

All Special Care Homes and other designated facilities that provide this care must operate in accordance with the policies outlined in the *Guidelines for Special-care Homes in Saskatchewan*.

The Ministry of Health is working with the SHA to develop a Recreational Cannabis Policy. The focus of the work in relation to this policy is to manage the consumption of recreational cannabis in the same way that smoking tobacco products is currently managed (i.e. if smoking is allowed in a designated area, then the smoking recreational cannabis would follow this procedure).

Once the Recreational Cannabis Policy has been drafted, the Ministry of Health intends to consult with its legal counsel to ensure the policy aligns with the Cannabis Act.

The Personal Care Home Program at the Ministry of Health intends to adopt the Recreational Cannabis Policy. The PCH Act does not preclude smoking in a personal care home with 10 or fewer residents. Personal care homes with 11+ residents must have a designated smoking room if they want to allow smoking.

### **3. Did the committee of Health, Justice, Corrections & Policing (etc) discuss how to enforce laws banning vaping of cannabis products? (Noted that it may be difficult to prove whether someone is vaping a tobacco product vs. cannabis)**

Public consumption of any form of cannabis, including vaping, is prohibited under the Cannabis Control (Saskatchewan) Act. Discussions regarding enforcement are ongoing.

### **4. How many days/year do Saskatoon hospitals have more than 50% ER beds occupied by “admit - no bed” patients?**

Data to respond to this question is not currently available.

### **5. How often are provincial hospitals above capacity? [Timeframe? In the last fiscal year?]**

Data to respond to this question is not currently available.

### **6. How many patients are being seen by the solo ER physician in Saskatoon’s Royal University Hospital?**

The Ministry of Health does not track how many individual patients a single physician would see in an emergency department. The total number of emergency department visits is not an accurate proxy, as patients may attend the emergency department to see other specialist physicians, or may leave after registering without being seen.

**7. Audiology services – Was an audiologist hired in Saskatoon?**

SHA-Saskatoon has advised of these audiologist positions:

- 2.0 FTEs at Sturdy Stone – both occupied
- FTE at Ellis Hall (currently on leave until August 2018)
- FTE at Ellis Hall ( began June 25, 2018)
- 1 FTE at City Hospital - occupied
- FTE for Children's Hospital (filled but on Maternity Leave until November 2018).

**8. Confirm when Roxane Eberle assumed the role of Director at eHealth.**

Roxane Eberle assumed the role of Interim VP of Culture, Collaboration and Innovation on July 4, 2017 when the VP incumbent indicated she would not be returning from a personal leave.

## Committee of Human Services (Estimates)

May 24, 2018

### 1. Table 1964 Letter of Understanding concerning health services in Flin Flon/Creighton



Flin Flon General  
Hospital Agreement 1



Agreement.pdf

### 2. Any referrals regarding disparity in services between Flin Flon, MB and Creighton, SK?

Yes. There have been four referrals on this topic in the last ten years: one in 2008; two in 2010; and one in 2015.

### 3. Does double-bunking occur at the Dubè centre?

The SHA – Saskatoon has one room built for bariatric patients on each of the adult units. They are large rooms and have been assessed to safely accommodate two patients. Each floor in the Dubè Centre has 14 private rooms and six shared rooms; the bariatric private room is converted to a double room.

Patients are assessed on admission and every shift to ensure their accommodations are safe for them and others.

### 4. Of the 188 beds at SHNB, how many will be rehab? How many forensic?

146 beds will be rehabilitation beds, and 42 will be forensic.

5. What is the wait time (this year's data) for publicly-funded addictions treatment facilities?

Wait Times for Residential Addiction Services					
RHA	Location	Inpatient		Detox	
		Adult	Youth	Adult	Youth
Cypress	Swift Current		<1 wk		
Five Hills	Moose Jaw- Wakamow Manor			48 hrs - 5 days	
Keewatin Yatthé	Ile-a-la-Crosse			24-48 hrs	
	La Loche			24-48 hrs	
Mamawetan Churchill River	La Ronge Health Centre			24-48 hrs	
Prairie North	Meadow Lake-Robert Simard			24-48 hrs	
Prince Albert Parkland	Prince Albert - Social Detox			<24 hrs	
	Prince Albert - Brief Detox			<24 hrs	
	Prince Albert - Family Treatment Centre	4-8 wks			
Regina Qu'Appelle	Regina - Secure Youth Detox				<24 hrs
	Regina - Social Detox			24-48 hrs	
	Regina - Brief Detox			<24 hrs	
	Indian Head - Pine Lodge	4-8 wks			
Saskatoon	Saskatoon	4-8 wks	<1 wk		<24 hrs
	Saskatoon - Social Detox			*	
	Saskatoon - Brief Detox			*	
Métis Addiction Council of Saskatchewan	Prince Albert	4-8 wks		24-48 hrs	
	Regina	1-2 wks			
	Saskatoon	1-2 wks			
Saskatchewan Impaired Driver Treatment Centre**	Prince Albert	3 mos			
Valley Hill Youth Treatment Centre	Prince Albert		no wait		

Note: Shaded areas indicate that the former RHA does not have a specified program.

\* These two areas do not record a waitlist, they utilize a call back list.

\*\*This program is restricted to Individuals sentenced following a conviction of a second or subsequent impaired driving charge.

6. Table the Terms of Reference for the Saskatchewan Drug Task Force  
(Document attached)

December 10, 1964

Dr. J. G. Clarkson,  
Deputy Minister,  
Department of Public Health,  
Province of Saskatchewan,  
Health and Welfare Building,  
Regina, Saskatchewan.

Dear Doctor Clarkson:

Re: Flin Flon General Hospital - 1965 Fixed Payments

As suggested in our letter of August 26, 1964, the proposal under which our two provinces would pay the hospitals at Flin Flon and The Pas in direct proportion to the use of the hospitals by Manitoba and Saskatchewan residents was discussed with Mr. Cyril McKay during the meetings in Winnipeg on November 13 and 14. It was agreed that we would write to you setting out specific proposals in this regard.

The proportion of Saskatchewan residents hospitalized at St. Anthony's Hospital, The Pas, is small and consequently we would suggest that the proposed arrangements should be limited to the Flin Flon General Hospital.

Based on a review of patient days according to responsibility for payment, it is estimated that the Province of Saskatchewan will be responsible in 1964 for slightly more than 8,700 of the total patient days for the year of 28,000 or 31%. It is proposed that, when the recommended budget has been calculated and forwarded to the Hospital, a copy be forwarded to you setting out the method of payment. This proposal will include the calculation of semi-monthly fixed payments, assuming that 31% of these fixed payments would be payable by the Province of Saskatchewan and the remaining 69% by the Province of Manitoba.

At the year-end, after establishing approved costs we would provide you with a statement of such costs and the actual

Dr. J. G. Clarkson

- 2 -

December 10, 1964

distribution of days and the recommended method of final adjustment.

Would you please let us have your comments on this proposal in order that we may notify the hospital of the method of payment for 1965.

Yours sincerely,



G. L. Pickering,  
Chairman,  
Manitoba Hospital Commission.



*Fin Jlon*

THIS AGREEMENT made the \_\_\_\_\_ day of \_\_\_\_\_, 1981

BETWEEN:

MANITOBA HEALTH SERVICES COMMISSION

- and -

HER MAJESTY THE QUEEN IN RIGHT OF THE  
PROVINCE OF SASKATCHEWAN HEREIN ACTING  
AND REPRESENTED BY THE MINISTER OF HEALTH  
FOR THE PROVINCE OF SASKATCHEWAN, AND  
HEREINAFTER REFERRED TO AS "SASKATCHEWAN"

WHEREAS the parties hereto intend to enter into an  
agreement for the administration of matters relating to the provision  
of hospital in-patient services provided by Manitoba to residents of  
the Province of Saskatchewan and by Saskatchewan to the residents of  
the Province of Manitoba.

NOW THEREFORE the parties agree each with the other as  
follows:

I. Payment of Claims

Claims for out of province insured hospital in-patient  
services provided to the residents of the Province of  
Manitoba or to the residents of the Province of Saskatchewan  
shall be sent to the provincial authority in the jurisdiction  
where the service was rendered and shall be processed and  
paid by that authority with subsequent reimbursement by the  
authority of the jurisdiction of origin.

- 2 -

## II. Term

This agreement shall come into effect on the 1st day of October, 1981 and shall continue in effect until terminated according to the provisions hereof.

## III. Definitions

1. "Host Province" means the province or territory where a "resident" obtains "insured services" other than the "province of origin".
2. "Insured Services" means, all hospital in-patient services included in the rate approved for a hospital by the provincial authority of the province in which the hospital is located.

Subject to paragraphs 4 and 11 of Article IV, residents receiving services in a host province shall be eligible for the same insured hospital in-patient services as are provided to residents of the host province.

3. "Provincial authority" for the Province of Manitoba means the Manitoba Health Services Commission and for the Province of Saskatchewan means the Saskatchewan Hospital Services Plan.

- 3 -

4. "Province of origin" means the province where a person declares himself to be eligible for hospital insurance benefits.
5. "Resident" means any person defined as a resident for the purposes of the provincial hospital insurance plan administered by either of the parties hereto.

#### IV. General Provisions

1. Any resident shall be entitled to the insured hospital in-patient services provided in a host province on his statement that he is an insured person in his province of origin, if he confirms that by providing the information contained in the "Declaration of Hospital Insurance Coverage", a copy of which is attached hereto as Schedule "A", and forming part of this agreement.
2. A claim processed by a provincial authority of a host province shall be paid on behalf of the provincial authority of a province of origin only if it is supported by a completed "Declaration of Hospital Insurance Coverage".
3. All payments by the provincial authority of a host province shall be made at the approved standard ward rate payable by that authority. However, authorized charges may be either applied or exempted, and if applied, the approved standard ward rate payable shall be reduced accordingly. It is understood that any billing or accounting errors will be adjusted.

- 4 -

Authorized charges incurred by a resident of Manitoba in the Province of Saskatchewan shall be paid for by the Manitoba Health Services Commission. Authorized charges incurred by a resident of Saskatchewan in the Province of Manitoba shall be paid for by the patient.

4. All claims for insured hospital in-patient services shall be processed by the provincial authority of a host province in which the services are received except with regard to the Flin Flon General Hospital and the Benito Medical Nursing Unit.
5. The provincial authority of the host province shall issue to the provincial authority of each province of origin monthly statements containing the information described on Schedule "B" hereto, and forming part of this agreement.
6. The provincial authority of the province of origin shall reimburse the provincial authority of the host province for payments made on its behalf by the end of the month following that for which the statement was prepared.
7. The provincial authority of the province of origin shall recognize and shall not challenge the validity of any decision made by the provincial authority of a host province regarding the eligibility of a resident to insured services provided the provisions of this agreement have been met.



- 5 -

8. The costs of insured services provided in the host province to a resident who either cannot provide proof of his coverage or is not insured, shall be the responsibility of the resident.
9. Each of the parties hereto shall have the right to review the administrative procedures the other party is following with respect to the implementation of this agreement in order to meet the requirements of its provincial auditor.
10. The provincial authority of the province of origin may require the host province to provide information for a detailed sample of payments made by the provincial authority of the host province on its behalf and tabulate the findings for review at an evaluation meeting to be held at a suitable time following implementation.
11. This agreement shall not apply to the following:
  - (a) cosmetic surgery,
  - (b) therapeutic abortions,
  - (c) reversal sterilization procedures.

V. Termination

This agreement may be terminated for any reason by either party upon six months' written notice.

- 6 -

VI. Notice

Any notice required to be given hereunder shall be in writing and shall be sent by registered mail to the Saskatchewan Hospital Services Plan addressed 3475 Albert Street, Regina, Saskatchewan S4S 6X6 and to the Manitoba Health Services Commission addressed 599 Empress Street, Winnipeg, Manitoba R3C 2T6.

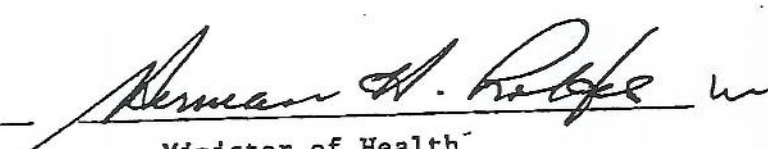
VII. Assignment

This agreement may not be assigned.

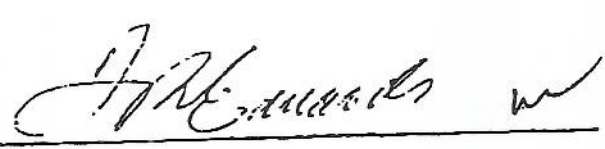
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HER MAJESTY THE QUEEN IN RIGHT OF  
THE PROVINCE OF SASKATCHEWAN, AS  
REPRESENTED BY THE MINISTER OF HEALTH

  
Witness

  
Minister of Health

  
Witness

  
T. R. Edwards, C.A.,  
Executive Director,  
MANITOBA HEALTH SERVICES COMMISSION

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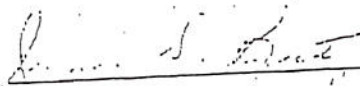
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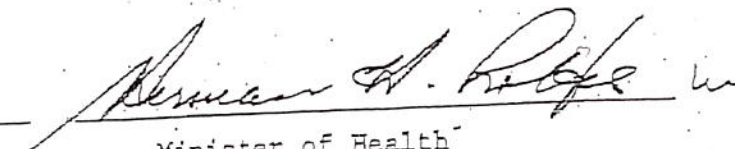
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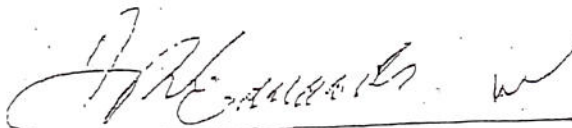
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T. R. Edwards, C.A.,  
Executive Director,  
MANITOBA HEALTH SERVICES COMMISSION



# Saskatchewan Drug Task Force

## Terms of Reference

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### **Mandate:**

In December 2016, the Deputy Ministers of Justice and Health agreed to establish a task force to:

- Develop a comprehensive plan to respond to the ongoing issues related to opioid drug misuse and overdose;
- Provide strategic oversight, leadership and coordination of the implementation of initiatives related to opioid drug misuse and overdose;
- Link to and inform federal and national initiatives on opioid misuse and overdose;
- Develop recommendations for the Saskatchewan government regarding the policy and financial aspects of an ongoing and comprehensive response to opioid drug misuse and overdose.

In June 2017, it was further agreed the Task Force will also examine the misuse of other drugs, such as crystal methamphetamine, that give rise to health and public safety issues in Saskatchewan.

### **Objectives:**

- Identify and support the implementation of the elements of a comprehensive response plan to reduce opioid misuse and overdose and use of crystal methamphetamine.
- Ensure this work, where applicable, complements Saskatchewan's commitments to the Joint Statement of Action to Address the Opioid Crisis
- Identify opportunities where initiatives can be more fully integrated including developing a coordinated plan to prevent where possible and respond quickly to a surge in opioid related overdoses and deaths regionally and/or provincially
- Engage the justice and health systems through police forces, regional health authorities, and representative organizations
- Ensure stakeholder and community groups are appropriately engaged
- Coordinate briefings to senior officials, Deputy Ministers, Ministers Offices

### **Member/Composition:**

Co-Chairs:

- Brad Havervold, Executive Director, Community Care Branch, Ministry of Health
- Cory Lerat, Executive Director, Police Quality and Innovation, Ministry of Justice

Members:

- Dr. Saqib Shahab, Chief Medical Health Officer, Ministry of Health
- Kathy Willerth, Director, Mental Health and Addictions, Ministry of Health

- Martina Doecker, Senior Alcohol and Drug Consultant, Community Care Branch, Ministry of Health (*on leave*)
- Dr. Amanda VanSteele, Public Health Officer, Community Care Branch, Ministry of Health/Public Health Agency of Canada
- Dr. Peter Butt, Addictions Medicine Physician
- Dale Tesarowski, Executive Director, Corporate Initiatives, Performance and Planning, Ministry of Justice
- Rob Cameron, Executive Director, Policing and Crime Prevention, Ministry of Justice
- Kait Quinn, Senior Policy Analyst, Corporate Initiatives, Performance and Planning, Ministry of Justice
- Gina Alexander, Executive Director, Community Safety and Wellbeing, Ministry of Justice
- Flo Woods, Executive Director, Ministry of Education
- Mike Pestill, Executive Director, Ministry of Advanced Education
- Jamie McGough, Ministry of Social Services
- Supt. Dave Haye, Saskatoon Police Service
- Supt. Brad Anderson, Royal Canadian Mounted Police
- Insp. Paul Saganski, Royal Canadian Mounted Police

### **Governance:**

- Co-Leads responsible to report to their respective Ministries
- Decision making by consensus

### **Meetings:**

- Committee to meet monthly
- Additional meetings will be called by the Co-Leads as needed
- Meetings will be held in Regina unless otherwise required
- Secretariat to be provided by Ministry of Justice
- Meeting agendas will be shared with members in advance of meetings for input
- Meeting minutes to be distributed to members within two weeks following each meeting

### **Confidentiality:**

All records, material, and information obtained by Task Force members through their participation as Task Force members must not be made generally available to the public, unless otherwise indicated. Members shall safeguard materials and information from improper access.

### **Code of Conduct:**

Task Force members are expected to act in an ethical and professional manner. Members are committed to the mandate, principles, and Action Plan of the Task Force.