Public Accounts
Saskatchewan Health Authority
January 22, 2025
Requested Follow-up Information

Saskatchewan Health Authority
Chapter 19 and 26 - Analyzing Surgical Biopsies in Regina and Saskatoon Labs Efficiently

- **The provincial guidelines on prioritizing and issuing timely diagnosis was implemented in 2024, can you provide to the committee with a copy of those guidelines?**
    - Priority Levels for Surgical Pathology Specimens:

	Turn-Around Times	Clinical History/Diagnosis/Case type
Priority 1	**Processing:** less than 48 hours **Pathologist Reporting:** 24-72 hours	• bone marrow • medical kidney core biopsy • transplant/immunocompromised biopsies (including liver, GVHD, heart, etc) • cytology • calciphylaxis • biopsies for vasculitis (including temporal arteritis)
Priority 2	**Processing:** Less than 48 hours **Pathologist Reporting:** 3-6 days	• biopsies for suspected malignancies • any biopsy with a history of lymphoma • core needle biopsies (lung, prostate, breast, live, pancreatic etc.) • endomyocardial biopsies • neuropathology biopsies • melanoma wide excisions with or without sentinel lymph nodes • biopsies to rule out/query melanoma when received from dermatologists (identified regionally by pathology for example in Saskatoon: Drs. Oroz/ Gardner /Walker/ Cullingham/ Groot/ Graham/ Deobold/ Moolman/Siegling/Parent) • derm specimens with corresponding immunofluorescence specimen • gastric outlet obstruction biopsies • molar pregnancy, gestational trophoblastic disease
Priority 3	**Processing:** 48-72 hours **Pathologist Reporting:** 8 days	• Large suspected malignancy cases
Priority 4	**Processing:** 72 hours **Pathologist Reporting:** 8 days	• All other specimens not specifically indicated
Autopsies	**Processing:** 30 days post autopsy **Pathologist Reporting:** 72 hours – prelim report 60 days – final report	

- Note:
  - Cases marked urgent by clinician (small and large) but do not fulfill any of the above qualifications may be brought to the triage pathologist for further direction/discussion.
  - There is pathologists' discretion of priority designation when cases do not fall into one of these categories (such as when a case is not marked urgent, is not suspected of cancer, but on gross evaluation is suspicious and the triage pathologist is notified).
  - Days indicated are business days, does not include weekends.
  - Local processes should be followed to identify cases by priority level.

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- **How many full-time equivalent staff are currently working at Regina and Saskatoon labs? How many vacancies?**
  - Please see below:

	Regina FTE	**Saskatoon FTE**	**Regina and Saskatoon Total FTE**	**Regina Vacancies**	**Saskatoon Vacancies**	**Total Vacancies FTE**
Pathologists	19.65	24.05	43.7	3.15	3.85	7.0
Pathologist Assistants	4.0	5.0	9.0	1.0	1.0	2.0
Other in scope positions (Medical Laboratory Technologist, Medical Laboratory Assistant, HistoPath attendant, Histopath Assistant, Lab Process Worker)	36.3	46.0	82.3	1.0 MLT*	1.8 MLT*	2.8

*Medical Laboratory Technologists

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Chapter 20 - Maintaining Healthcare Facilities in Saskatoon and Surrounding Areas

- **What is the current status of facilities in Saskatoon and areas?**
    - The 52 facilities reported in the 2022 Provincial Auditor's report consist of 62 buildings. Reporting of facility condition has been enhanced to show the rating by building when a facility consists of multiple buildings. The 2025 FCI ratings for those 62 buildings at 52 sites are as follows:

Condition	Good	Fair	Poor	Very Poor	Total
Area Building Count	24	15	22	1	62

Note: Not all 62 buildings in the FCI are health facilities; 58 are health facilities, while 4 are not (some are parking structures or other spaces not used for care). In some cases, SHA may defer maintenance on lower-priority assets to focus on higher-priority investments. Of the 4 non-health facilities, 3 are in good condition, and 1 is in poor condition.

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- **For the facilities in Saskatoon and areas that are currently in poor and critical condition, can you provide estimate of what investment would be needed in order to bring those facilities back on track?**
    - There are currently 23 facilities designated as being either in "Poor" or "Very Poor" condition with an associated Deferred Maintenance cost of almost $58,000,000.00 for 2025.

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- **Would you be able to table the results of new SaskBuilds CFI-used tool on the facilities for the province?**
    - Options are being explored regarding how the updated facility condition information may be made publicly available.

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Chapter 24 - Minimizing Employee Absenteeism in Kindersley and Surrounding Areas

- **Regarding the Figure 1 on page 219 of Chapter 24, provide a breakdown of the "other Reason" category for Saskatoon (i.e. 87). What are the reasons? How many are they for each reason? Are there any other dominant factors?**
    - Our historical records do not include specific reasons or number of occurrences in the "other Reason" category. However, the types of concerns that were typically categorized as 'other' at that time included: insomnia/sleep disturbance, sinus pressures, intermittent health concerns, burnout/fatigue, and daycare issues.

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- **Provide a demographic breakdown of your employees on region by region, like age groups.**

REGION	Under 20	20-30	31-40	41-50	51-60	61-70	71-80
North East	1%	17%	27%	24%	20%	11%	1%
North West	0%	17%	28%	26%	19%	10%	1%
Regina	0%	16%	29%	27%	19%	8%	1%
Saskatoon	0%	18%	31%	26%	17%	7%	0%
South East	1%	18%	25%	24%	20%	10%	1%
South West	1%	19%	27%	23%	17%	11%	1%
% of Total Workforce	0%	18%	29%	25%	19%	9%	1%

  - As of February 10, 2025.

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Chapter 21 and 18 - Preventing and Controlling Hospital-acquired Infections in the Regina General Hospital and Pasqua Hospital

- **Regarding the Figure 2 on page 202 of Chapter 18, provide the updated statistics for these infections and the rates, as well as what's being monitored provincially.**

Organism	2017-18	2021-22	2022-23	2023-24	Apr 1, 2024 - Dec 31, 2024
Regina General Hospital					
Vancomycin Resistant Enterococcus (VRE)	94	10	19	28	24
Methicillin Resistant staphylococcus aureus (MRSA)	52	12	10	22	20
Clostridium difficile (CDI)	41	19	54	42	22
Pasqua Hospital					
Vancomycin Resistant Enterococcus (VRE)	112	51	52	46	46
Methicillin Resistant staphylococcus aureus (MRSA)	26	7	7	12	8
Clostridium difficile (CDI)	19	21	39	35	31
TOTAL	344	120	181	185	151

  - For the 2024 Surveillance Year (Jan – Dec 2024), the Infection Prevention and Control (IPAC) department was monitoring rates for 4 Hospital-acquired Infections (HAIs) provincially:
    - Urinary Tract Infections (UTIs)/Catheter-associated UTIs in Long term care;
    - HA-VRE Bloodstream infections;
    - HA-C. difficile infections; and,
    - HA-COVID-19 infections.
  - Rates are being published quarterly and posted on the SHA's HAIs Surveillance and Reporting website (located here).
  - For the 2025 Surveillance year, the department will be monitoring HA-C. difficile and UTIs in Long Term Care (LTC) provincially and working to implement a provincial protocol for central -line associated bloodstream infections (CLA-BSI). HA-VRE and HA-COVID-19 will continue to be monitored by select hospitals in Saskatoon, Regina (including Pasqua and Regina General) and Moose Jaw and be submitted to the Canadian Nosocomial Infection Surveillance Program (CNISP).

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Chapter 17 - Delivering Accessible and Responsive Ground Ambulance Services in Southwest Saskatchewan

- **What is the average response time in southwest Saskatchewan, urban and rural areas?**
    - For residents living in an urban centre (e.g., Swift Current) expected ambulance response time is within 9–30 minutes, depending on the severity of the patient's condition, and rural response time is within 30 minutes.
    - During the period of April 1, 2024 to January 31, 2025, the average time it took an ambulance to respond to 911 medical calls* within the southwest (former Cypress Health Region) was just over 22.24 minutes within the rural areas. The average time it took to respond to a 911 medical call* within the urban center (city of Swift Current) was 10.36 minutes.

      * from the time the event was created in the Medical Communication and Coordination Centre (MCCC) to time of arrival.

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- **In SHA's data collection, does it record who is first on scene for incidents?**
    - No, SHA's data collection does not record who is first on the scene for incidents.

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Chapter 27 - Efficient Use of MRIs in Regina

- **How many radiologists participate in peer review?**
    - All radiologists who provide services for the SHA are enrolled in the peer learning program. As of February 3, 2025, there were 145 physicians enrolled in the program.

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