

**Status Update**  
**PAC Date October 15, 2025**

<b>Chapter 14, Ministry of Health – Coordinating the Provision of Timely Neurosurgery Services, 2023 Report - Volume 2</b>					
<b>Recommendation and Status at Time of Audit</b>	<b>Page</b>	<b>Current Status</b>	<b>Actions Taken to Implement since PA Report</b>	<b>Planned Actions for Implementation</b>	<b>Timeline for Implementation</b>
<p><b>New Recommendation:</b></p> <p>1. We recommend the Ministry of Health and the Saskatchewan Health Authority communicate clear expectations and monitor the number of neurosurgery services provided by each physician to determine whether neurosurgery needs are met.</p>	117	Partially implemented	The Ministry and Saskatchewan Health Authority (SHA) have established a Neurosurgery Steering Committee which will establish ongoing processes for setting standards, monitoring performance and the provision of neurosurgery services, with ongoing communication and performance reporting to the Surgical Executive Committee.	The Neurosurgery Steering Committee reviews waitlist information at quarterly meetings and track neurosurgery performance and accountability reviews.	Quarterly review of neurosurgery wait-times is planned.
<p><b>New Recommendation:</b></p> <p>2. We recommend the Ministry of Health forecast the number of neurosurgery physicians and other staff required to provide neurosurgery services annually and over the longer term.</p>	121	Partially implemented	The Department of Surgery is finalizing a multi-year physician health human resource plan, including forecasting the number of neurosurgeons required to meet patient demand.	Finalization of the surgery physician human resource plan and review to ensure provincial alignment with physician resource planning more broadly.	Finalization of the surgery HHR plan to occur in Quarter 3 (Q3) 2025-26 with validation against provincial planning in 2025-26.
<p><b>New Recommendation:</b></p> <p>3. We recommend the Ministry of Health analyze patient referral systems used for neurosurgery services and determine an efficient system to use for referrals across the province.</p>	123	Partially implemented	The SHA and Ministry have worked with the Department of Surgery and the Division of Neurosurgery to implement pooled referrals for neurosurgery. Further work is underway to create a separate pooled referral stream for low back pain referrals.	Finalization of the neurosurgery pooled referral program with participating neurosurgeons and launch program.	Roll out of the Spine Surgery Pooled Referral program is expected in Q3 2025-26.

LEGISLATIVE ASSEMBLY  
OCT 8 2025  
PROCEDURAL SERVICES

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<p><b>New Recommendation:</b></p> <p>4. We recommend the Ministry of Health collect and analyze complete wait time data for patients directly referred to a neurosurgery physician.</p>	124	Partially implemented	The Ministry has taken measures to improve data collection and availability of referral and specialist consult wait times through improvements to the Surgical Registry through changes to the surgical booking form.	As data is generated through the changes to the Surgical Registry, this data will be reported to the Neurosurgery Steering Committee and Surgical Executive Committee to support future decision making.	2025-26
<p><b>New Recommendation:</b></p> <p>5. We recommend the Ministry of Health work with the Saskatchewan Health Authority to increase the use of Spine Pathway referrals to reduce potentially unnecessary neurosurgery consultations and surgeries.</p>	125	Partially implemented	<p>The SHA and Ministry engaged neurosurgeons and other stakeholders in planning for the Saskatchewan Spine Pathway, resulting in the Spine Pathway becoming part of the spine pooled referral process.</p> <p>The SHA is hiring additional physical therapists to deal with increased referral volume to the Spine Pathway.</p>	As additional physical therapists are hired, the Spine Pooled Referral and Pathway expansion is anticipated to launch in Q4 2025-26.	2025-26
<p><b>New Recommendation:</b></p> <p>6. We recommend the Ministry of Health work with the Saskatchewan Health Authority to document surgery prioritization criteria to support timely and fair access to neurosurgery services.</p>	126	Partially Implemented	<p>Diagnosis-based surgical prioritization replaced surgeon priority in the surgical booking system.</p> <p>A Surgical Registry Physician Advisory Committee (SRPAC) was formed in 2024-25 to guide a process of monitoring and iterative review of diagnosis-based prioritization.</p>	<p>In 2025-26, SRPAC will use larger data set to look at variation in diagnoses and bring this to the attention of Divisions and surgeons.</p> <p>A review of emergency surgery priorities is also taking place in 2025-26.</p>	<p>By Q3, prioritization-code data will be reviewed by SRPAC and available to Divisions.</p> <p>Target for implementing new</p>

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			The Division of Neurosurgery was engaged and provided input. On April 1, 2025, a revised list of diagnosis priorities was adopted province wide.		priorities is April 1, 2026.
<p><b>New Recommendation:</b></p> <p>7. We recommend the Ministry of Health work with the Saskatchewan Health Authority to assess enhancements for improving efficiency of scheduling patients for neurosurgery.</p>	129	Not implemented	<p>Improvements in surgical efficiency are a priority and are not targeted specifically at neurosurgery.</p> <p>The SHA is in the process of reviewing pre-operative assessment processes and identifying specific actions to improve surgical scheduling efficiencies.</p> <p>The SHA and Ministry are also completing a robust review of spine surgeries performed after hours to identify opportunities and determine next steps.</p>	<p>In 2025-26, emergency surgery prioritization will be reviewed.</p> <p>The SHA will implement enhanced pre-operative screening of patients to ensure patients are ready for surgery and reduce postponements.</p>	<p>Preoperative patient screening expected implementation in 2026-27.</p> <p>After hours review completed by April 1, 2026.</p>
<p><b>New Recommendation:</b></p> <p>8. We recommend the Ministry of Health formally establish annual action plans to address gaps in neurosurgery services.</p>	131	Partially implemented	<p>A Provincial Neurosurgery Steering Committee was formed in 2024, and terms of reference were updated 2025.</p> <p>Initially, responding to the Provincial Auditor's report required certain undertakings to be completed before moving forward with certain initiatives.</p>	In 2025-26, the Committee will start a process of establishing formal action plans, beginning with an action plan, to be completed in 2026-27 and reporting to the Provincial Surgical Executive Committee.	Action plan to be completed in 2026-27.

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Chapter 21, Ministry of Health – Providing Special Needs Equipment for Persons with Disabilities, 2023 Report - Volume 2.					
Recommendation and Status at Time of Audit	Page	Current Status	Actions Taken to Implement since PA Report	Planned Actions for Implementation	Timeline for Implementation
<p><b>Outstanding Recommendation:</b></p> <p>We recommended the Ministry of Health work with its service provider to identify special needs equipment on loan that is no longer utilized, and to recover this equipment within a reasonable timeframe.</p> <p>Status – Partially Implemented</p>	194	Implemented	The Provincial Auditor noted that the recommendation has been implemented as of September 2025.	N/A – Implemented	N/A – Implemented
<p><b>Outstanding Recommendation:</b></p> <p>We recommended the Ministry of Health assist its service provider in developing a process to complete appropriate preventative maintenance on special needs equipment on loan.</p> <p>Status – Implemented</p>	195	Implemented	The Provincial Auditor noted that the recommendation has been implemented in 2023 Report, Volume 2.	N/A – Implemented	N/A – Implemented

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**Chapter 12, Ministry of Health – Detecting Inappropriate Physician Payments, 2024 Report - Volume 1.**

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<p><b>Outstanding Recommendation:</b></p> <p>We recommended the Ministry of Health use a comprehensive risk-based strategy to detect inappropriate physician billings for insured services before making payments.</p> <p>Status: Implemented</p>	166	Implemented	The Provincial Auditor noted that the recommendation has been implemented in the 2024 Report, Volume 1.	N/A – Implemented	N/A – Implemented
<p><b>Outstanding Recommendation:</b></p> <p>We recommended the Ministry of Health assess options to conduct more investigations into physician billing practices that it suspects of having inappropriately billed the Government.</p> <p>Status: Partially Implemented</p>	167	Implemented	<p>The Ministry staffed two full-time permanent audit officer positions.</p> <p>Identified functionality and enhanced data tools with the new IT claims system.</p>	Increased number of audits on physician payments and post-payment investigations on certain billing patterns or payments.	N/A – Implemented

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<b>Chapter 13, Ministry of Health – Monitoring Opioid Prescribing and Dispensing, 2024 Report - Volume 1.</b>					
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<p><b>Outstanding Recommendation:</b></p> <p>We recommended that the Ministry of Health assess the cost and benefit to patient safety of recording hospital-dispensing opioids in the provincial drug IT system.</p> <p>Status – Implemented</p>	171	Implemented	The Provincial Auditor noted that the recommendation has been implemented in 2024 Report, Volume 1.	N/A – Implemented	N/A – Implemented
<p><b>Outstanding Recommendation:</b></p> <p>We recommended that the Ministry of Health determine whether the Prescription Review Program is helping reduce the misuse of prescribed opioids in Saskatchewan.</p> <p>Status – Partially Implemented</p>	172	Partially Implemented	In June 2023, Prescription Review Program (PRP) completed a jurisdictional scan to see how other PRP programs' IT systems supports PRP processes and measurements.	<p>Next step is to develop strategic plan with program partners to address key concepts such as:</p> <ul style="list-style-type: none"> <li>• Identifying clear measurable objectives (SMART goals).</li> <li>• Communication plan to support objectives.</li> <li>• IT support to assist in measuring objectives.</li> </ul> <p>Reinitiate discussions with stakeholders in Fall 2025.</p>	June 30, 2026.

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**Chapter 13, Ministry of Health – Monitoring Opioid Prescribing and Dispensing, 2024 Report - Volume 1.**

<b>Recommendation and Status at Time of Audit</b>	<b>Page</b>	<b>Current Status</b>	<b>Actions Taken to Implement since PA Report</b>	<b>Planned Actions for Implementation</b>	<b>Timeline for Implementation</b>
<p><b>Outstanding Recommendation:</b></p> <p>We recommended that the Ministry of Health establish a risk-based approach to identify concerns in opioid dispensing in Saskatchewan pharmacies.</p> <p>Status – Not Implemented</p>	173	Not Implemented	Informal discussions with the Saskatchewan College of Pharmacy Professionals.	<p>In the Fall, the Ministry of Health will meet with PRP and the Saskatchewan College of Pharmacy Professionals to identify and evaluate methods for detecting opioid dispensing concerns to support appropriate interventions.</p> <p>Once options have been reviewed and required consultation with program partners has been completed, a final risk-based approach will be recommended and implemented upon approval.</p>	June 30, 2026.
<p><b>Outstanding Recommendation:</b></p> <p>We recommended that the Ministry of Health give those responsible for monitoring inappropriate opioid prescribing access to necessary patient information.</p> <p>Status – Implemented</p>	174	Implemented	The Provincial Auditor noted that the recommendation has been implemented in 2024 Report, Volume 1.	N/A – Implemented	N/A – Implemented

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<b>Chapter 19, Ministry of Health – Preventing Diabetes-Related Health Complications, 2024 Report - Volume 2.</b>					
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<p><b>Outstanding Recommendation:</b></p> <p>We recommended the Ministry of Health collect and analyze information to assess whether services delivered by physicians and care providers are effective and if they provide needed services to people with diabetes to prevent diabetes-related health complications.</p> <p>Status – Implemented</p>	190	Implemented	The Provincial Auditor noted that the recommendation has been implemented in 2024 Report, Volume 2.	N/A – Implemented	N/A – Implemented
<p><b>Outstanding Recommendation:</b></p> <p>We recommended the Ministry of Health work with the Saskatchewan Health Authority to ensure resources on a regional basis are effectively deployed to manage diabetes and diabetes-related health complications.</p> <p>Status – Implemented</p>	190	Implemented	The Provincial Auditor noted that the recommendation has been implemented in 2024 Report, Volume 2.	N/A – Implemented	N/A – Implemented
<p><b>Outstanding Recommendation:</b></p> <p>We recommended the Ministry of Health collect and analyze information to assess the effectiveness of the Saskatchewan Health Authority’s programs to manage diabetes and the prevention of diabetes-related health complications.</p> <p>Status – Implemented</p>	191	Implemented	The Provincial Auditor noted that the recommendation has been implemented in 2024 Report, Volume 2.	N/A – Implemented	N/A – Implemented



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<b>Chapter 20, Ministry of Health – Using Critical Incident Reporting to Improve Patient Safety, 2024 Report - Volume 2.</b>					
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<p><b>Outstanding Recommendation:</b></p> <p>We recommended the Ministry of Health reassess the types of adverse health events it requires healthcare organizations to report as critical incidents.</p> <p>Status – Implemented</p>	197	Implemented	The Provincial Auditor noted that the recommendation has been implemented in 2024 Report, Volume 2.	N/A – Implemented	N/A – Implemented
<p><b>Outstanding Recommendation:</b></p> <p>We recommended the Ministry of Health ask healthcare organizations to include root causes of the incident when reporting critical incidents.</p> <p>Status – Partially Implemented</p>	198	Partially Implemented	The Ministry has strengthened our Critical Incident Review Committee (CIRC) processes to ensure contributing factors are clearly documented on the critical incident report.	The Ministry’s CIRC will continue to require reporting organizations to amend reports when contributing factors are not fully documented.	Q3 2025-26
<p><b>Outstanding Recommendation:</b></p> <p>We recommended the Ministry of Health (or responsible healthcare organization) apply consistent criteria to assess whether planned corrective actions effectively address causes of critical incidents.</p> <p>Status – Partially Implemented</p>	198	Partially Implemented	The Ministry has strengthened our CIRC processes, including the criteria used to assess critical incident reports.	Reporting organizations will be required to amend their critical incident reports with improved corrective actions if the CIRC believes the actions are insufficient. The critical incident report template is being updated to better incorporate this.	2025-26

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<b>Chapter 20, Ministry of Health – Using Critical Incident Reporting to Improve Patient Safety, 2024 Report - Volume 2.</b>					
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<p><b>Outstanding Recommendation:</b></p> <p>We recommended the Ministry of Health obtain missing critical incident information from healthcare organizations.</p> <p>Status – Implemented</p>	200	Implemented	The Provincial Auditor noted that the recommendation has been implemented in 2024 Report, Volume 2.	N/A – Implemented	N/A – Implemented
<p><b>Outstanding Recommendation:</b></p> <p>We recommended the Ministry of Health follow up when receipt of critical incidents reports are beyond established reporting deadlines.</p> <p>Status – Not Implemented</p>	201	Partially Implemented	The SHA, the largest reporting organization, has developed a patient safety dashboard to monitor performance, including reporting deadlines. The Ministry has access to this dashboard to improve performance monitoring.	The Ministry and SHA hosted a provincial improvement event in September 2025 focused on improving internal processes required to meet the reporting deadlines. The improvement processes will be implemented and monitored through 2025-26.	2025-26
<p><b>Outstanding Recommendation:</b></p> <p>We recommended the Ministry of Health monitor the status of implementation of corrective actions set out in critical incident reports.</p> <p>Status – Partially Implemented</p>	204	Partially Implemented	The Ministry continues to require reporting organizations to provide quarterly updates regarding the status of implementation of corrective actions.	The Ministry and SHA will plan an improvement event for all reporting organizations to attend in the late fall, where the focus will be on improving processes to implement corrective actions.	Improvement event (late Fall 2025)
<p><b>Outstanding Recommendation:</b></p> <p>We recommended the Ministry of Health (and/or responsible healthcare organization) utilize</p>	205	Implemented	The Ministry has strengthened our CIRC processes to include formally applying the developed patient safety alert (PSA) criteria during every critical	N/A – Implemented	N/A – Implemented

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Chapter 20, Ministry of Health – Using Critical Incident Reporting to Improve Patient Safety, 2024 Report - Volume 2.					
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criteria to determine when to issue patient safety alerts.  Status – Partially Implemented			incident review to determine if a PSA should be issued.		
<b>Outstanding Recommendation:</b>  We recommended the Ministry of Health work with the Saskatchewan Health Authority to monitor the effectiveness of patient safety alerts.  Status – Not implemented	205	Partially Implemented	The Ministry worked with the SHA to develop a monitoring process that will be followed upon the next release of a patient safety alert.	The Ministry will collaborate with reporting organizations as they work through the new process for monitoring the effectiveness of PSAs.	Start of PSA monitoring by Ministry and applicable reporting organizations in December 2025.
<b>Outstanding Recommendation:</b>  We recommended the Ministry of Health analyze critical incidents for systemic issues.  Status – Partially Implemented	207	Implemented	In 2023, the Ministry developed a <i>Framework for Implementing Critical Incident System-Wide Improvements</i> . This includes an analysis of past critical incidents, and comparison with other health data sources.  Since 2024, the Ministry has applied the Framework and completed an analysis on three subsets of critical incidents.	N/A - Implemented	N/A - Implemented
<b>Outstanding Recommendation:</b>  We recommended the Ministry of Health analyze the nature and types of critical incidents reported	207	Implemented	The Provincial Auditor noted that the recommendation has been implemented in 2024 Report, Volume 2.	N/A – Implemented	N/A – Implemented

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<b>Chapter 20, Ministry of Health – Using Critical Incident Reporting to Improve Patient Safety, 2024 Report - Volume 2.</b>					
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as compared to other health data sources.  Status – Implemented					

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<b>Chapter 4 – Healthcare Affiliates, 2024 Report of Provincial Auditor - Volume 2.</b>					
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<p><b>Outstanding Recommendation:</b></p> <p>We recommended the All Nations' Healing Hospital Inc. seek the responsible Minister's approval required by law when undertaking capital projects valued at greater than \$100,000.</p> <p>Status – Partially Implemented</p>	31	Implemented	<p>All Nations Healing Hospital will ensure for future capital projects over \$100,000, that approvals as per legislative requirements will be sought prior to proceeding with construction or purchase.</p> <p>The Ministry of Health continues to send out the reminder letter to the affiliates on an annual basis.</p>	N/A - Implemented	N/A - Implemented

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**Chapter 21 – Saskatchewan Impaired Driving Treatment Centre - Delivering the Impaired Driving Treatment Program, 2022 Report of the Provincial Auditor – Volume 2.**

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<p><b>Outstanding Recommendation:</b></p> <p>We recommended the Saskatchewan Impaired Driver Treatment Centre set measurable expectations to use in evaluating and reporting on the success of its treatment program to reduce impaired driving.</p> <p>Status – Implemented</p>	228	Implemented	Measures and targets for all objectives have been established and are currently in use. Results are reported to the Board, The Ministry of Health, The Ministry of Justice and Attorney General on a quarterly basis.	N/A – Implemented	N/A – Implemented

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<b>Chapter 8 – 3sHealth – Managing Disability Claims from 2024 Report of the Provincial Auditor – Volume 1.</b>					
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<p><b>Outstanding Recommendation:</b></p> <p>We recommended Health Shared Services Saskatchewan send completed disability benefit claim applications to adjudicators on time.</p> <p>Status – Partially Implementation</p>	145	Partially Implemented	<p>3sHealth has demonstrated improvement in achieving our service metric of 90% of applications completed within 8 business days.</p> <p>3sHealth has improved visibility and communication between the teams; has daily dedicated resources for setting up initial applications in Benefit Services; reduced the time it takes to complete quality checking new applications by focusing on high impact information.</p>	<p>More cross-training of benefit services officers to build more processing capacity within the team.</p> <p>Value-stream map the application process to look for further process improvements in 2025-26.</p>	2025-26
<p><b>Outstanding Recommendation:</b></p> <p>We recommended Health Shared Services Saskatchewan follow its established timelines to complete appeal reviews on disability claims and document reasons for significant delays.</p> <p>Status – Partially Implemented</p>	146	Implemented	<p>3sHealth have fully implemented the recommendation and have documented the reasons for significant delays.</p> <p>3sHealth is leveraging their ServiceNow technology to better track and manage appeals received versus manually tracking in excel, which was the process at the time of the original performance audit. Beginning in July 2023, the Claims Services Manager actively monitors appeal statuses on a weekly basis to ensure timely completion.</p>	N/A – Implemented	N/A – Implemented

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<b>Chapter 8 – 3sHealth – Managing Disability Claims from 2024 Report of the Provincial Auditor – Volume 1.</b>					
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<p><b>Outstanding Recommendation:</b></p> <p>We recommended Health Shared Services Saskatchewan centrally track and analyze complaints from plan members regarding disability benefit claims.</p> <p>Status – Implemented</p>	147	Implemented	3sHealth agrees with the auditor’s assessment that the recommendation has been fully implemented.	N/A - Implemented	N/A – Implemented
<p><b>Outstanding Recommendation:</b></p> <p>We recommended Health Shared Services Saskatchewan enhance its written reports to senior management and Board of Trustees about its disability claims management processes.</p> <p>Status – Implemented</p>	148	Implemented	3sHealth agrees with the auditor’s assessment that the recommendation has been fully implemented.	N/A - Implemented	N/A – Implemented



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<b>Chapter 13 – eHealth – Maintaining Key Healthcare IT Servers from 2023 Report of the Provincial Auditor – Volume 2.</b>					
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<b>New Recommendation:</b> 1. We recommend eHealth Saskatchewan regularly detect and quickly remove unauthorized IT servers, if any, on the network.	100	Partially implemented	Network and connectivity roadmap developed to address the gaps in network admission capability.	Use automation to continuously detect, validate, and manage server assets, preventing unauthorized deployments and maintaining compliance.	2027-28
			Partial implementation of device detection capability.	Through ongoing inventory reviews, identify and retire non-compliant servers to strengthen infrastructure security and consistency.	2026-27
<b>New Recommendation:</b> 2. We recommend eHealth Saskatchewan track the IT systems, and their criticality, hosted on key healthcare IT servers to support maintenance decisions.	101	Partially implemented	eHealth developed a comprehensive asset list for servers which identifies the server attributes, the applications housed and related criticality.	Continue to define criticalities.	2026-27
<b>New Recommendation:</b> 3. We recommend eHealth Saskatchewan implement security measures to address the risks introduced by having unsupported servers hosting key healthcare systems and data.	103	Partially implemented	eHealth implemented a third party managed security operations centre to improve the management and response of server updates in response to vulnerabilities.	Improve maturity of security operations centre.	2028-29
				Develop Vulnerability Management policy.	2025-26
				Develop network reference architecture to provide direction for further network segmentation and security controls for unsupported servers.	2025-26

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<p><b>New Recommendation:</b>            4. We recommend eHealth Saskatchewan periodically review whether appropriate individuals have privileged access to key healthcare IT servers.</p>	104	Partially implemented	<p>eHealth conducts annual reviews of privileged access and ensures the removal of unnecessary permissions.</p> <p>Identity roadmap developed to provide guidance to ensure that individuals are properly authenticated, authorized and audited when accessing applications and information.</p>	<p>Implementation of projects outlined in identity roadmap.</p> <p>Update Account Management and Access policy.</p> <p>Explore ability to limit privileged actions to certain machines.</p>	<p>2026-27</p> <p>2025-26</p> <p>2026-27</p>
<p><b>New Recommendation:</b>            5. We recommend eHealth Saskatchewan regularly analyze security information logged for key healthcare IT servers to support timely server updates for identified security vulnerabilities.</p>	105	Partially implemented	<p>eHealth utilizes a variety of tools to log and analyze security-related risks and events across its IT environment.</p> <p>eHealth engaged a third party managed security operations centre to improve the management and response of vulnerabilities.</p>	<p>Continue to review results of weekly scans and future consideration of longer-term analysis.</p>	TBD
<p><b>New Recommendation:</b>            6. We recommend eHealth Saskatchewan regularly report to its senior management and partners about significant risks and mitigation plans related to maintenance of key healthcare IT servers.</p>	106	Partially implemented	<p>eHealth continues to develop and update existing Information Technology Service Agreements (ITSAs) with its partners to govern and manage the provision of IT Services. Under these agreements eHealth is implementing partner-specific IT risk reporting.</p> <p>A joint Security, Privacy and Risk Subcommittee stood up to support SHA ITSA.</p>	<p>Further refinement of ITSAs and reporting with partners.</p> <p>Utilizing eHealth’s developing asset inventory, a core set of key performance indicators (KPIs) will be identified to report on risk and mitigation plans for IT systems.</p>	<p>2026-27</p> <p>2026-27</p>

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**Chapter 17 – eHealth – Securing Portable Computing Devices from 2024 Report of the Provincial Auditor – Volume 2.**

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<p><b>Outstanding Recommendation:</b> We recommended eHealth Saskatchewan implement a written risk-informed plan to protect laptops with access to the eHealth IT network from security threats and vulnerabilities</p> <p>Status – Partially implemented</p>	177	Partially Implemented	<p>eHealth has implemented protection around BIOS (basic input/output system) settings and this protection has been rolled out as part of our standard laptop configuration.</p> <p>eHealth has completed a risk assessment on the use of USB ports as part of its overall ISMS (Information Security Management System). The pilot to restrict the use of USB storage devices is progressing within eHealth.</p>	Complete pilot project. Explore expansion of USB device restriction to other agencies.	2025-26
<p><b>Outstanding Recommendation:</b> We recommended eHealth Saskatchewan standardize the configuration settings for mobile devices with access to the eHealth IT network to mitigate associated security threats and vulnerabilities</p> <p>Status – Partially Implemented</p>	177	Partially Implemented	The transition to the standard mobile device manager (MDM) continues. 45% of devices are currently managed using an MDM.	Transition remaining devices to standard MDM	2025-26
<p><b>Outstanding Recommendation:</b> We recommended eHealth Saskatchewan analyze the cost-benefits of use of a central mobile device management system to secure and monitor mobile devices with access to the eHealth IT network.</p> <p>Status – Implemented</p>	178	Implemented	The Provincial Auditor noted that the recommendation has been implemented in 2024 Report, Volume 2.	N/A – Implemented	N/A –Implemented

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Chapter 17 – eHealth – Securing Portable Computing Devices from 2024 Report of the Provincial Auditor – Volume 2.					
Recommendation and Status at Time of Audit	Page	Current Status per eHealth	Actions Taken to Implement Since PA Report	Planned Actions for Implementation	Timeline for Implementation
<p><b>Outstanding Recommendation:</b>  We recommended eHealth Saskatchewan take appropriate action to minimize the risk of security breaches when a portable computing device is reported lost or stolen</p> <p>Status – Partially Implemented</p>	179	Partially Implemented	eHealth has obtained authorization to disable all partner mobile devices when required. A knowledge document has been developed to formalize the provincial process. Monthly reporting out of the ticketing system has been developed to support the tracking of lost/stolen devices.	Transition final health sector partner to the standard MDM.	2025-26
<p><b>Outstanding Recommendation:</b>  We recommended eHealth Saskatchewan implement a risk-based plan for controlling network access to mitigate the impact of security breaches</p> <p>Status – Partially Implemented</p>	180	Partially Implemented	Continued ISO 27001 security program maturity. Multi-year network and connectivity roadmap developed which outlines target end-state for establishing centralized facility-based network controls for all health sector agencies and network access ports.	Implementation of projects outlined in roadmap.	2027-28
<p><b>Outstanding Recommendation:</b>  We recommended eHealth Saskatchewan utilize key network security logs and scans to effectively monitor the eHealth IT network and detect malicious activity.</p> <p>Status – Partially Implemented</p>	181	Partially Implemented	eHealth engaged a vendor to provide a managed service (managed endpoint detection and response - MeDR) that monitors logs for suspicious activity.	Continued improvements to the managed service program.  Engage managed service provider on perimeter monitoring.	TBD  Q3 2025-26

Status Update  
PAC Date October 15, 2025

Chapter 1 – eHealth – eHealth Saskatchewan from 2024 Report of the Provincial Auditor – Volume 2.					
Recommendation and Status at Time of Audit	Page	Current Status per eHealth	Actions Taken to Implement Since PA Report	Planned Actions for Implementation	Timeline for Implementation
<p><b>Outstanding Recommendation:</b> We recommended eHealth Saskatchewan sign an adequate service level agreement with the Saskatchewan Health Authority.</p> <p>Status—Partially Implemented</p>	15	Implemented	<p>Working group meetings were held to provide focused effort on advancing various schedules in the ITSA.</p> <p>Subsequent versions have been signed by both parties and deemed sufficient by the Provincial Auditor for the fiscal year ending March 31, 2025, which is anticipated to be reported in the 2025 Volume 2 Report.</p>	N/A – Implemented	N/A – Implemented
<p><b>Outstanding Recommendation:</b> We recommended eHealth Saskatchewan have an approved and tested disaster recovery plan for systems and data.</p> <p>Status—Partially Implemented</p>	16	Partially Implemented	<p>The disaster recovery program has been established and the 5-year disaster recovery roadmap is being implemented.</p> <p>All eHealth managed critical services have a disaster recovery playbook and all critical systems have been tested using various testing methods (e.g. walkthrough exercises, tabletop exercises, and partial tests).</p> <p>Repository developed for the disaster recovery plans and instituted an application inventory.</p>	<p>Continue to develop the disaster recovery program with an annual focus on achieving the roadmap milestones.</p> <p>Develop a testing plan to ensure systems are sufficiently tested over time.</p> <p>Introduce process automation to optimize the management of recovery procedures, reducing the necessity for manual intervention.</p> <p>Develop performance metrics to evaluate the effectiveness of disaster recovery efforts. Continuously evaluate and revise disaster recovery playbooks for critical systems to align with changing risks and technological advancements.</p> <p>Broaden the reach of disaster recovery playbooks to encompass non-mission-critical systems, acknowledging their significance within the health care ecosystem.</p>	<p>2025-26</p> <p>2026-27</p> <p>TBD</p> <p>2026-27</p> <p>2026-27</p>