STANDING COMMITTEE ON HUMAN SERVICES

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STANDING COMMITTEE ON HUMAN SERVICES

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Regina Elphinstone-Centre

Mr. Muhammad Fiaz
Regina Pasqua

Mr. Marv Friesen
Saskatoon Riversdale

Mr. Warren Kaeding
Melville-Saltcoats

Mr. Hugh Nerlien
Kelvington-Wadena

[The committee met at 15:32.]

The Chair: — Good afternoon, everyone. Welcome to the Standing Committee on Human Services. My name is Alana Ross, and I am the Chair of this committee. Joining us this evening we have Mr. Jared Clarke. We have Mr. Matt Love sitting in for Ms. Meara Conway. We have Mr. Muhammad Fiaz, Mr. Travis Keisig sitting in for Marv Friesen, Mr. Warren Kaeding, and Mr. Hugh Nerlien.

General Revenue Fund
Health
Vote 32

Subvote (HE01)

The Chair: — Today the committee will be considering the estimates and supplementary estimates no. 2 for the Ministry of Health. We will begin with the consideration of vote 32, Health, central management and services, subvote (HE01).

Minister Hindley is here with his officials. I would ask that officials please state their names before speaking and please do not touch the microphones. The Hansard operator will turn on your microphone when you are speaking to the committee. And just a reminder to please not open the desks.

We also have Minister McLeod joining us here this evening with his officials. Ministers, if you would please introduce your officials and make your opening remarks.

Hon. Mr. Hindley: — Thank you, Madam Chair, and members of the committee.

We're pleased to have this opportunity to speak about the Ministry of Health's budget for 2024-2025. The ministry's senior leaders joining us today include Tracey Smith, deputy minister of Health; Norm O'Neill, assistant deputy minister; Ingrid Kirby, assistant deputy minister; Greg Gettle, assistant deputy minister; Brad Havervold, acting assistant deputy minister; and James Turner, assistant deputy minister. Other senior officials from the Ministry of Health are joining us as well. I would ask them to introduce themselves as they are called upon to address the committee here today.

In addition we are also joined by Andrew Will, the chief executive officer of the Saskatchewan Health Authority; Deb Bulych, president and chief executive officer of the Saskatchewan Cancer Agency; Davin Church, chief executive officer of eHealth; and Erin Brady, CEO [chief executive officer] of the Saskatchewan Healthcare Recruitment Agency.

I'd like to begin by expressing on behalf of the ministry and government our full appreciation of health care teams across the province for the hard work and accomplishments during the past year. They are the backbone of Saskatchewan's health care system, and we recognize the pressures they are facing each day. And I want to assure them that we are making sustained efforts to support them in every way we can. I also want to acknowledge the contributions and collaboration with many health system partners to provide the best possible care to Saskatchewan people.

As you heard from the Finance minister recently, there is much great news to share in this budget. The 2024-25 provincial budget makes record new investments in three of the areas that matter most to Saskatchewan people: education, health care, and our communities. This budget provides record investments into Saskatchewan's present and future, including the health and well-being of our residents and our communities.

It is essential for Saskatchewan residents to have a path forward and receive the care they need to achieve better health. Therefore, improving access is critical, whether that means being able to connect with a physician or a nurse practitioner for everyday health needs or seeking more urgent attention at the nearest acute care setting. The new Saskatchewan budget delivers the largest ever health care funding to support these objectives and meet the increased demand that comes with a growing population.

This year's Ministry of Health record budget is $7.59 billion, an increase of $726.4 million or 10.6 per cent over the previous year's budget. This record budget will expand patient access across the health care system to meet the health and mental health needs of our rapidly growing province, strengthen health care teams, and fund key infrastructure projects across Saskatchewan. Health capital is receiving a total record budget of $516.8 million, an increase of $179.3 million over last year.

The mental health and addictions budget of $574 million is the highest ever, with a 56 million or 10.9 per cent increase from 2023-2024. My colleague, the Minister of Rural and Remote Health, Mental Health and Addictions, and Seniors, the Hon. Tim McLeod, will speak in more detail tomorrow to mental health and addictions investments as well as those for seniors and rural and northern communities.

The Saskatchewan Health Authority, or the SHA, will receive a $248.3 million or 5.6 per cent increase for a total highest ever budget of $4.68 billion to the SHA.

The Saskatchewan Cancer Agency will see an increase of $26.1 million or 11.7 per cent for a total record budget of $248.9 million.

As I mentioned, Health's total capital budget for facilities and equipment is a record $516.8 million. That includes 180 million for the Prince Albert Victoria Hospital redevelopment project to build a new multi-level acute care tower, replace the adult mental health space, upgrade the emergency department and medical imaging services, design a new cultural space, and significantly increase capacity to 242 beds.

A $21.9 million investment is provided to complete construction of the Regina General Hospital parkade. This will improve safety and also accessibility for hospital staff, patients, and visitors.

Long-term care facilities are also receiving a boost in this year's budget, with $20 million for Regina's long-term care specialized beds project and $4 million for long-term care upgrades to deliver care safely here in the city of Regina.

Other infrastructure investments include $3 million to continue work on the Saskatoon urgent care centre, as well as funding for new projects such as $6.2 million for the SHA diagnostic

imaging program capital, $4.6 million for SHA pharmacy clean room renovations, $2 million for operating room capital equipment, $1.19 million for the new Regina breast centre renovations and diagnostic equipment, and $1 million for Regina's chronic pain clinic.

We are also making significant investments in construction and planning for new health care facilities for rural and northern communities, including hospitals and long-term care facilities. And Minister McLeod will speak to all of those tomorrow.

I'm proud to say that since November 2007 our government has invested more than $2.9 billion into facilities and equipment to improve the delivery of health care right across our province.

One of the key areas of focus in this budget is improved access to acute care through a $71.4 million total increase for multiple initiatives. $30 million will support the Saskatoon and Regina capacity pressure action plans. These plans will address current challenges and enhance acute and community-based care and emergency department capacity to support hospital-based care for our growing population.

The Regina urgent care centre will receive a $9.8 million increase to support operations this fiscal year. The centre will open its doors this summer and will be available to patients 24-7 for illness, injuries, and mental health issues requiring same-day treatment but are not considered to be life threatening. This urgent care centre here in Regina is a big achievement for our province that we can all be proud of, and I look forward to the significant impact it will make for residents in southern Saskatchewan.

The 2024-25 budget also includes an increase of $5.1 million for specialized medical imaging services to add essential CT [computerized tomography] and MRI [magnetic resonance imaging] capacity in our province. This expansion will help increase access and reduce wait-lists for these important diagnostic procedures.

A $3.5 million increase for surgical programs will improve quality of life for thousands of patients and continuing to reduce the surgical wait-list.

Other measures to improve care and access include seven and a half million dollars increase in annual funding to enhance emergency medical services across the province, including to rural and northern communities; $4.5 million increase to stabilized enhanced neurology and cardiology services; a $2.5 million increase for kidney health and organ and tissue donation programs; a $2.2 million increase for children's care, including the neonatal intensive care unit, or the NICU, and pediatrics unit at the Prince Albert Victoria Hospital as well as the provincial pediatric gastroenterology program; and $2 million in new funding to expand Saskatchewan's robot-assisted surgery program here in Regina.

This budget will also increase patient access to primary and community-based care through a total funding increase of $59.4 million. This investment will support Saskatchewan residents to receive care closer to home and alleviate pressures on the acute care system.

A $16 million increase will be distributed across several primary, public health, and community care initiatives, including increased access to nurse practitioners and other allied health care professionals through integration into primary care teams; funding to support HealthLine 811; and added supports for chronic pain clinics in Regina and Saskatoon.

Other important community health program investments include a $1.5 million increase to improve provincial testing capacity and expand access to testing for sexually transmitted and blood-borne infections; $686,000 in increased funding for Autism Services of Saskatoon to support ongoing work with children and families; and $547,000 for the University of Regina to support additional hiring for a nurse practitioner-led primary care clinic within the Student Wellness Centre, which serves 16,000 U of R [University of Regina] students.

This year's budget includes $214 million for the recent Saskatchewan Medical Association contract agreement. The new agreement provides increased physician compensation and new programs to support the province's efforts to recruit and retain physicians and remain competitive as one of the best places for doctors to live and work and raise their families.

Our government continues to build on the successful foundation of the health human resources action plan, which is now entering its third year since it was launched. Our HHR [health human resources] action plan is seeing success, and this budget makes significant investments in continuing into that work. This year's key HHR action plan investments include $33.8 million to stabilize rural and remote staffing and $8.7 million for the rural and remote recruitment incentive, which has seen great success so far.

Other HHR action plan commitments in '24-25 include a $3.8 million increase for the College of Medicine to add new residency training seats in areas like family medicine, anesthesia, and psychiatry, as well as academic staff required to support expanded capacity. Also we are investing $1.5 million in a new incentive for students enrolled in health care training programs in other provinces, where Saskatchewan has invested in specific training seats. The incentive will provide up to $15,000 per year of study for up to two years, in exchange for a three-year return-of-service agreement to work here in Saskatchewan.

[15:45]

A $1.1 million increase will enhance clinical placement capacity within the SHA to support the province's expansion of training seats. This funding will support the clinical training requirements of Saskatchewan's future health care workforce. Funding of $1.1 million for a new clinical associate program will provide opportunities for international physicians who are not eligible for regular licensure to provide care under physician supervision and provide vital supports to key areas of the health care system.

We are also investing $405,000 for training related to the scope-of-practice expansion for pharmacists. This will enable our highly qualified pharmacists to provide additional services to Saskatchewan residents.

We also continue to invest in the area of cancer care to ensure patients can access the most effective and leading-edge oncology

drugs, therapies, and treatment options. As I mentioned in my opening remarks, the Saskatchewan Cancer Agency will see an increase of $26.1 million or 11.7 per cent for a total record budget of $248.9 million in 2024-25.

And this includes a $3.5 million increase for breast cancer care and screening initiatives, which includes technology enhancements, new diagnostic imaging equipment, and development of a new breast health centre here in Regina.

An investment of $1.2 million has been allocated for enhanced gynecological cancer therapy, and a continued investment of $1 million is provided for important ongoing ovarian cancer research. These investments will deliver life-saving cancer care advancements for Saskatchewan women.

Thank you again for the opportunity to outline some of the significant investments of the Ministry of Health budget in 2024-2025. I look forward to continuing our work in partnership with all of our health sector partners to improve health care access and delivery so that Saskatchewan residents across the province can access that care regardless of where they may live.

And with that, my officials and myself would be pleased to take your questions. Thank you very much.

The Chair: — Thank you, Minister. I will now open the floor for questions. Mr. Clarke.

Mr. Clarke: — Thank you, Madam Chair. Before we begin to discuss the 2024-2025 estimates for the Ministry of Health, can you confirm the amounts and purpose of the additional 2023-24 funding for health provided in the 2023-24 supplemental estimates no. 2, please?

Hon. Mr. Hindley: — Thanks. So for what we refer to as the special warrant funding — I think that's what the member is referring to here — the additional funding totalling approximately $450 million that was provided last year.

So the breakdown on that: about 250 million for the SHA to address service and volume demands including the staffing of hard-to-recruit positions and procurement of medical and surgical supplies.

In addition to that, there was over $200 million for physician services including, as I referenced in my earlier remarks — there's funding for this but some of this would have been in the special warrant funding — so the new Saskatchewan Medical Association, the SMA, compensation agreement that was successfully negotiated a little bit earlier this winter.

As well as some of that $200 million for physician services includes the extended after-hours fee-for-service funding increase for family physicians, the one-time family physician stabilization program that we announced in November at the SMA representative assembly in Saskatoon. So there was some funding there, and that was included as part of the 450 million.

And in addition to that, $22 million of that 450 went to the Saskatchewan Cancer Agency to provide coverage for some new oncology drugs that we began covering midway through the budget year, the fiscal year.

Mr. Clarke: — So when we add together, you know, what was in Health in 2023-2024 from the estimates and then including what was in the supplemental estimates for no. 2, what is the 2023-24 total budget appropriation for Health?

Hon. Mr. Hindley: — So the total number — and this is published in the budget documents — would be 7.316052 billion.

Mr. Clarke: — Okay. Thank you. So when we're comparing the total of 2023-2024 budget appropriation, the 2023-24 estimates plus the amounts approved for the supplementary estimates no. 2 . . . So when we're comparing, you know, the total budget appropriation including those supplementary estimates to 2024-2025, what is the comparative increase or decrease in dollar amount and percentage for Health overall?

Ms. Smith: — Good afternoon. Tracey Smith, deputy minister of Health. So just in response to your question, just the comparison between the budget this year to the budget and special warrant from last year, it's an increase of 276.9 million or a 3.8 per cent increase.

Mr. Clarke: — Thank you. Do the 2024-2025 estimates include some of the federal funding that was announced on March 18th of 2024? And if so, how much?

Mr. O'Neill: — Hi. Norm O'Neill, assistant deputy minister with the ministry. In terms of the question itself . . . So money doesn't actually go to the ministry. It goes to the GRF [General Revenue Fund], so it's not reflected in the estimates itself.

[16:00]

But for the Aging with Dignity agreement and the shared priorities agreement, there is spending associated with those categories. Our whole lift is in excess of the money that we received.

Maybe what I'll note, if you want, is the amounts themselves. So Aging with Dignity, we have $19.1 million for a group called home care and palliative care. And for safe long-term care, $18.4 million. And on shared priorities, there's $18.4 million for mental health and addictions, and then 111.8 for four shared categories as well.

Mr. Clarke: — Can you explain if this isn't going directly to the ministry, then, and it's going in the GRF, how the accounting for this additional federal funding kind of works, then, to make sure that we're using those dollars?

Mr. O'Neill: — I can try. So when we get into the agreement with the federal government itself, we have to show that the money . . . So these are all sort of targeted programs. So we have to show them that we are spending on, like, we're expanding what we're doing in these groups. So as we get into the agreement with them, we have to provide an action plan for all of these things. And so in our action plan, it sort of highlights what we are doing. And so I can flip to the pages and give you some highlights if you want.

Mr. Clarke: — Yes, please.

Mr. O'Neill: — So on the $111.8 million of shared priorities, it's

called Working Together, is the name of the agreement. And we have sort of some broad categories. One is health workforce and backlogs, so we have about $27.1 million a year that's going to support the acute and urgent care system for a variety of things. So we've noted that there's 64 permanent acute and complex care beds, including several at the RUH [Royal University Hospital] in Saskatoon and some in Regina.

We've got permanent staffing of a complex ALC or alternative level of care behavioural ward that will help to ease over capacity in Saskatoon. We've added additional beds to the Pasqua Hospital to help address the over-capacity situation in Regina. It'll also provide enhanced cancer care for patients.

We've also put some money towards the new urgent care centre that was opened today in Regina, so there's about 50 FTEs [full-time equivalent] that we need to provide for. So some of that money will go towards that. And we're going to develop and operate a comprehensive peds-gastro program in the province, and so money will go towards that as well.

In addition to that $27 million, we'll add $21 million a year to support the health system workforce. So this will help with disruptions in rural and remote communities. So they're experiencing various chronic vacancies in these communities; it's harder to recruit. But we have a plan to recruit over 200 new full- and part-time employees by the end of the last fiscal year. We've got money going towards nursing and allied health professional students that are trying to fill those hard-to-recruit positions. There's new training supports for those students, and we're going to provide opportunities for local populations such as Indigenous peoples to train where they work and live, again supporting the HHR component.

Additionally we have $12.7 million a year that supports recruitment incentives and training. This is primarily to support internationally educated health workers including those nurses that we recruited from the Philippines. Some of the money will go towards our incentives for rural and remote, and there will be clinical placements that assist health care professionals in completing their education. So that's one of the four categories that the 111 goes towards. So that's the health workforce and backlogs.

On mental health and substance abuse, sort of the nuance of what I was saying earlier is there's an old mental health and addictions agreement with the feds from 2017, and it stacks into this one as well. So the new part of this goes towards supporting addictions treatments for vulnerable people, and of that we have $5.3 million for various items, including the continued actions of the overdose outreach support teams, increasing the number of addictions treatment spaces for the continuum of care. We're working with the Saskatchewan tribal council and the Ministry of Social Services to find new mobile support services for vulnerable cities in Saskatoon that are typically homeless.

We're continuing to expand those PACT programs, which is the police and crisis team. We're adding teams to Regina and Saskatoon as well as a handful of rural communities. Additionally we have three and a half million dollars to support mental health and addictions supports for children and youth by expanding innovative, community-based rapid grief counselling programs. Additionally we are partnering with Social Services with this money to create three new residential homes to support youth with significant mental health and addictions issues.

The third category of the four, it's related to family health services. So in that bucket we have about $20 million going towards various primary care initiatives, such as stabilization funding for community-based fee-for-service family physicians, and we have 3.7 to support team-based family health services. This would include the University of Saskatchewan's chronic pain clinic that's located in Saskatoon, the Regina chronic pain clinic operated by the SHA here in Regina, and the virtual triage physician program which is a service accessed through HealthLine 811.

In the final grouping for that 111 we have, it's called modernizing the health systems, and we have about $11.1 million going to support various health IT [information technology] infrastructure areas. Basically this is renewing some of the stuff that we have already. It's upgrades to prioritize foundational equipment in the data centres, such as networking, voice over IP [internet protocol], and Wi-Fi. It refreshes and expands data centre infrastructure to enhance security, and it ensures stable information technology foundation.

And finally we have about six and a half million dollars to support better use of IT systems. So in that example what I would use is we have the surgical information system and OR Manager which basically helps us to schedule, so we're using funding towards those.

The other agreement, if you want me to go through that one, is the Aging with Dignity, and I can pull up some of the highlights from that. So Aging with Dignity provides . . . legacy agreement as well, like I mentioned with the other one with mental health. There's a home care component, so it's $18.4 million a year, and then 19.1 provides for new long-term care safety.

So in that — I will try to run through it a bit more quickly — we have money going towards community health centres and community health teams from the old funding. We're maturing patient medical homes and network connections to foster medical homes led by physicians and nurse practitioners and connect citizens to receive services at home, sort of the idea. We're expanding community health centres and health networks. We've got a patient medical home pilot and a refugee collaborative centre.

We also have money going towards palliative care and training for multidisciplinary teams so that we can support that team-based care piece. And I think maybe I'll just note, for the new funding as well that we're just using it primarily to enhance staff and staff training in long-term cares, so basically just to make sure that we're maintaining safety standards. And we're supporting improvements as well by, again, supporting training. And we're enhancing inspections and follow-ups. And maybe I'll just leave it at that.

Mr. Clarke: — Thank you. It's my understanding that through these federal agreements, and I quote, "Saskatchewan must fulfill shared responsibilities to uphold the *Canada Health Act* to protect Canadians' access to health care based on need, not on the ability to pay." What are the requirements of this part of the agreement with the feds?

Mr. O'Neill: — Okay. To answer the question, no later than October 1st in each fiscal year, we have agreed with the feds to provide data and information annually to CIHI [Canadian Institute for Health Information] related to the home and community care common indicators. There's a series of indicators that we've all agreed to as provinces to measure performance, and there's a series of new ones as well. So there's eight that were agreed to when the agreement was first signed by the premiers, and then we added a few after we . . . I think they're about to be endorsed.

Starting in 2024 we'll report annually and publicly in an integrated manner to residents of Saskatchewan on progress made on targets outlined in our agreement. Beginning in fiscal 2024, as well we'll provide to Canada an annual financial statement with attestation from the Ministry of Health's executive director of financial services of funding received the previous year from Canada under this agreement or the previous agreement compared with the action plan and noting any variances between actual expenditures and the action plan.

The revenue section of the statement should show the amount received from Canada under this agreement during the fiscal year, the total amount of funding used for home and community care, long-term care in this specific agreement, and if applicable any funding carried forward will be used for its purpose.

If there's an overpayment by Canada, we will be obligated to repay it. And there's various provisions as well for the specific like long-term piece and the shared priorities as well, but quarterly we have to report to Canada on the management and spending of the funds retained for our future use if we were unable to spend them.

Mr. Clarke: — I also see in the agreement that was signed that we agreed to "streamline foreign credential recognition for internationally educated health professionals," and I'm wondering what the plan is for that.

[16:15]

Ms. Smith: — All right. If I can just get some clarification on . . . You referenced a portion of the agreement. Could you just reference which section of the agreement? Because there's a couple of spots we're looking at. We just want to make sure we're going to answer what you're asking.

Mr. Clarke: — I don't know exactly where in the agreement that is. I just know the line is "streamline foreign credential recognition for internationally educated health professionals."

Ms. Smith: — Okay. Thank you. Thanks for the question. We're just in the process of trying to find that very specific sort of reference in the agreement, so the team will look that up.

But just overall, just to give a little bit of context in terms to the reference to that piece, very regularly — so whether it's PTs [provincial-territorial] or FPT [federal-provincial-territorial] — we were a part of many sort of discussions or groups where the issue of foreign credentialing and streamlining comes up in almost every conversation when we're talking about our workforce today and into the future.

So I guess what I would just stress is, again it's a priority area for not just Saskatchewan but for really all PTs across the country. It's something that's discussed regularly, and we will be working as we think about this action plan. Again, it's an action plan that it goes into the future. So the intent there is that we will continue to work together to look for areas where we can see some progress, not just for one jurisdiction but looking a little bit more broadly across Canada as a whole.

Mr. Clarke: — I'm wondering, is there any specific action plans or any plans to change or streamline the foreign credentials beyond just kind of like discussions or ongoing conversations?

Ms. Kirby: — Hi. I'm Ingrid Kirby, assistant deputy minister. So we are doing a lot of work in Saskatchewan, and I can speak specifically to physicians. So we've had ongoing conversations with the College of Physicians and Surgeons in Saskatchewan, who regulate the practice of all physicians, and they kind of are in charge of what that foreign credential recognition looks like for physicians.

So recently they did make some changes in terms of the exam requirements. So they do provide exemptions for the Medical Council of Canada Qualifying Exam Part I for physicians who were trained in certain countries. They've also recently implemented additional bylaw change to permit regular licensure for physicians trained in the US [United States] who hold their American board certification. So previously they would have to come and write additional exams to practise in Canada, but because they're trained in the States they are now recognized and don't have to do that exam.

We've also had ongoing work with the college to look at practice assessments. So now we are able to, you know . . . specialist positions in anesthesia for example. And then we're also talking to them about radiology, having those specialists come in and do a practice assessment. So that allows them who maybe they weren't previously eligible for a licence; they now can come and start practising.

So we've done one PLA [prior learning assessment] now for anesthesia. We're working on a second. And then we're organizing what a radiology program could look like as well.

Mr. Clarke: — Do we know how many foreign-trained doctors are in Saskatchewan who aren't able to practise right now cause their certification isn't . . . their foreign credentials aren't recognized?

Ms. Kirby: — So we actually don't have that information. The Ministry of Immigration and Career Training does have a program called the IMG [international medical graduates] support program, and they may have some information on those who access that program. But the Ministry of Health would not.

Mr. Clarke: — Thank you. Is there any other federal funding amounts that we haven't chatted about that are in the 2024-2025 estimates, and what would their purposes be?

[16:30]

Ms. Smith: — Thanks for the question. So in addition to some of the new bilateral agreements that Norm covered, I'll just add

that we receive for this year 1.565 billion from the federal government as a part of the Canada Health Transfer.

And then we have some smaller items, including the Saskatchewan air ambulance, Health Canada for First Nations, 1.9 million; Canadian Chronic Disease Surveillance System, 400,000; STARS [Shock Trauma Air Rescue Service], Health Canada for First Nations, 200,000; and the Pan-Canadian Quitline which is formerly the Smokers' Helpline, of 100,000. And that is it.

Mr. Clarke: — Thank you. Do the 2024-25 estimates include an allowance for the financial impact of health sector collective bargaining?

Hon. Mr. Hindley: — No, it's not included in there.

Mr. Clarke: — When we're comparing the total 2023-2024 budget appropriation — so that's the estimates plus the amounts that were approved in the supplemental estimates — to this year, 2024-2025 estimates, what is the comparative increase or decrease in dollar amount and percentage for the combined SHA and SHA-targeted program and services? Does that make sense?

Ms. Smith: — If you could just repeat, so the clarity of . . . we're in the comparison between last year and this year?

Mr. Clarke: — Yeah, so looking at the total budget, you know, estimates from 2023-2024 plus the supplementary estimates too, so those together compared to 2024-2025 specifically for SHA and SHA targeted programs and services in dollar amount and percentage. Thanks.

Ms. Smith: — Thanks for the question. So when you do the comparison over last year — and I think you had asked for it to include the supplementary estimates — the difference between the two years for the SHA and SHA targeted is 33.338 million, or about a 0.7 per cent increase.

And I'll just sort of just reinforce again just the context piece being when we last year went forward with a special warrant request, again it's to acknowledge that at that time the SHA was experiencing some inflationary pressures, some compensation pressures, and so it's really I think just contextually always keeping that piece in mind in terms of what we experienced last year. There were some pressures that we acknowledge, and that's why we went forward for that special warrant.

Mr. Clarke: — Thank you. Yeah, so there were, you know, the additional probably one-time funding things around the contract. I think if my math is correct, you know, with a 0.7 per cent increase over a total budget to this year's budget, that's much less than inflation, right. And so will there be any care or service reductions or changes that SHA will have to implement to operate within the funding that's being appropriated?

[16:45]

Ms. Smith: — Again thanks for the question. So just to sort of reiterate that the SHA is receiving an overall lift this year. And as with previous years and going forward into this year, you know, we'll continue to work really, really closely with the Health Authority as we always do. I know that they, you know, take very seriously sort of their oversight and responsibility around the budget, and they'll be working with us throughout this year to keep us really, you know, up to date on where they're at with respect to their budget and their programs and services. But overall, they've received an overall lift.

Mr. Clarke: — Can you speak to which SHA care and services will actually see a funding increase and by what amount for 2024-2025 compared to what was forecast to be spent in 2023-24?

Ms. Smith: — Just let us, yes, take that back.

Thanks for the question. So just to sort of recap, I just want to sort of restate that the Health Authority for this year did receive an increase of 248.3 million, or 5.6 per cent increase, which is a record of 4.681 billion total to support the system as a whole.

And you had asked for some examples of where are some of those increases and what are some examples of some dollars where that is going to be addressed for some of the pressures within the Health Authority. So 30 million increase to support the Saskatoon and Regina capacity action plans is an example to address those capacity pressures; 9.8 million increase for Regina's urgent care centre to address the gap between primary health care and hospital-based care for citizens.

There is a 5.1 million increase to expand capacity for specialized CT and MRI medical imaging services. There is 3.5 million increase dedicated to women's health for timely and high quality health care. There are some other examples around acute care with respect to medical services.

There's an increase of 4.5 million for enhanced neurology and cardiology services. An additional 3.5 million for the surgical program. 2.5 million to address challenges with respect to kidney health, and organ and tissue donation. There's some new investment around funding for expanding Saskatchewan's robot assistant surgery program in Regina. There is an increase for pediatric programs in Prince Albert Victoria Hospital of 1.6 million.

And again there's many examples of where, when we think about the substantive increase that the SHA is receiving this year, there's quite a few examples of where those dollars will be used to improve care across the province.

Mr. Clarke: — Thank you. Minister, you know, we've seen some discrepancies between budget day media releases for . . . Like health overall says a 10.6 per cent increase to the overall budget. But if you add in, you know, what was actually spent over last year and compare it to this year's budget, we only see a 3.7 per cent increase.

When we're talking SHA, you know, again budget day media releases say a 5.6 per cent increase to the overall budget, but when you look at what was actually spent in SHA last year, we've heard tonight that it's only a 0.7 per cent increase.

Do you think, you know, these increases of 3.7 per cent and 0.7 per cent are enough of an increase to the health budget to actually meet the need of a growing province, especially when we talk about the growth that we've seen in this province population-wise?

[17:00]

Hon. Mr. Hindley: — So just to reiterate, the SHA's budget will increase in '24-25 by $248.3 million, so that's a 5.6 per cent increase for the SHA to a record amount of $4.681 billion in total for the SHA.

So that's the increase, noting of course that the special warrant funding . . . and I guess maybe I'll back up just a little bit on that, that the budget for the SHA, the biggest portion of the budget for the SHA is compensation, so salaries and benefits, and there are a number of collective agreements that will be up for renegotiation this year. Those amounts would not be factored in because we don't know what those amounts would be.

Case in point: if you look at the special warrant amount in the last fiscal year, a significant portion of that was for the SMA compensation agreements, the 200 million for physician services. So that would not have been anticipated. Again when it comes to the special warrant that would be to address unforeseen pressures — whether they're inflationary pressures, whether it's the settled compensation agreement for the physicians, whether it's for staff that are hired — vacancies would have been filled. And new staff that are hired, that would not have been anticipated in the original budgeting. And those are things that need to be done. We need to find those staff; we need to fill those vacancies and hire those people into those areas.

And just going back from a historical standpoint, the amount of funding has increased for the SHA every year, and this information that I have goes back to 2007 and '08 when the SHA total budget would have been $2.1 billion and then increasing steadily each and every budget year to the 4.6 billion that it is this year.

Mr. Clarke: — How often do supplemental estimates, how often are those used? I'm a brand new MLA [Member of the Legislative Assembly]. How often do those get used each year? Like is it a common practice that we'll see supplemental estimates added into the health budget later in 2024-2025? How often, let's say for the last five years, have they happened, and what amounts?

[17:15]

Hon. Mr. Hindley: — So in the past five years I'm informed that we have gone back for special warrants each of those years. Don't have the amounts available just right now, but it is available publicly. So that would be in the documents publicly available as to how much it was each of those previous years.

I would just say, you know, and just repeat that the reason that's done is to address situations that come up unexpectedly — often in cases mid budget year — unexpected pressures on the health care system, of course knowing that we had a couple of years of the pandemic where we certainly wouldn't have been going back as situations evolved to be able to respond and react and to address those pressures, most recently of course the capacity pressure situations we've been dealing with in Saskatoon and Regina.

These are things that would've been . . . As we engage with front-line health care providers — with nurses, with doctors, with those operating our health care facilities — they would've identified to us some immediate pressures that need to be dealt with. And so of course as a result of the, you know, unpredictable pressures in Saskatoon and Regina we try to address that as best we can. So when we have folks coming to us saying, we need to address this urgently but we don't have budget dollars for that, and they come to us with solutions in order to be able to work with them to implement those solutions, we do have to then, of course, go back and secure the funding to be able to implement solutions that are coming from front-line health care providers.

So that would be another example of where . . . again, things that are unpredictable in nature in the health care system, perhaps different than some other areas of government. And it's the expectation that because we're dealing with health care and people's lives and the programs and supports that serve them, sometimes that requires us to go back to request additional funds.

Mr. Clarke: — Thank you, Minister. I'm going to switch gears a little bit here, and I have a very detailed question on emergency rooms. So can we have an update as to the most recent emergency department room wait data for each major centre? So Regina, Saskatoon, Prince Albert, Lloydminster, and North Battleford. Got those?

And I'm looking for the following four categories: emergency department wait time to physician initial assessment, emergency department wait time for in-patient bed assignment, emergency department length of stay for admitted patients, and emergency department length of stay for non-admitted patients. Thank you.

[17:30]

The Chair: — We have reached 5:30, so this committee will recess until 6:30 p.m.

[The committee recessed from 17:30 until 18:30.]

The Chair: — Welcome back, committee members, ministers, and officials. We will resume consideration of the estimates and supplementary estimates no. 2 for the Ministry of Health, vote 32, central management and services, subvote (HE01).

I will now open the floor for Minister Hindley.

Hon. Mr. Hindley: — Thank you, Madam Chair. And I think before the break here we endeavoured to try and get some answers to the questions that the member opposite asked about emergency room data. And I think we've been able to pull some of that information, so I'm just going to have the officials come forward and share the data that we have thus far.

Mr. Morhart: — Hi. Dave Morhart, executive director, acute emergency services branch with the Ministry of Health. So I do have some of the data that you were asking for for those five communities. So the first was on the time to the physician initial assessment. This data is in minutes. So in Saskatoon it was — and this is for the 90th percentile — so it would be 260 minutes in Saskatoon, 391 in Regina, 249 in North Battleford, 284 in Prince Albert, and 257 in Lloydminster.

Then the next piece was on the time wait to an in-patient bed, and this is in hours and also the 90th percentile. In Saskatoon it was

68.3; Regina, 38.6; North Battleford, 3.9; Prince Albert, 3.7; and Lloydminster, 23.8.

The next is on the total ED [emergency department] length of stay for those patients that were admitted. In Saskatoon it was — and this is in hours as well and 90th percentile — in Saskatoon it was 77.9; Regina, 47.7; North Battleford, 13.75; Prince Albert, 14.7; and Lloydminster, 34.2. Pardon me?

Mr. Clarke: — Hours or minutes?

Mr. Morhart — That was in hours as well and 90th percentile.

And then last is the total length of stay in the emergency department for those patients that were discharged or not admitted. And this would be hours as well and 90th percentile. Saskatoon was 8.6; Regina, 11.6; North Battleford, 6.5; Prince Albert, 8.6; and Lloydminster, 9 hours. And I would note as well that that data is from November of 2023 which is the most recent reported data that we have.

Mr. Clarke: — Obviously, I mean we see in some of these numbers the wait times and backlog in both Regina and Saskatoon. The government has announced back in October around the capacity pressure action plan. Minister, I'm wondering if you can just speak to, kind of update us with where we're at with that action plan?

Hon. Mr. Hindley: — Maybe to start with, just providing just some high-level indication of some of the steps that are being taken and I think then Andrew Will, CEO of the SHA, will provide us with a current status update. So some of the things that we're trying to do in both Regina and Saskatoon to address the capacity pressures there that we are facing . . . And the SHA announced the Saskatoon capacity pressure action plan in November and then Regina was announced in December, I think is when it was.

Anyways to improve flow in the emergency departments a number of initiatives under way, which Andrew will speak to here just in terms of where we're at, but such as increasing capacity within acute care to prevent admitted patients from waiting in the emergency departments, enabling staff to be able to deliver care safely with support teams in place, reducing the number of and finding a better place for people who might be homeless that are occupying the emergency departments, reducing the number of admissions that could be better cared for in other places in the community with SHA supports and having those people redirected to the right locations, some improvements to workspace to accommodate the staff and improve patient line of sight.

Some additional protocols that are being developed: improve discharge planning to enable patients to move home quicker and in a more expedient fashion, increasing some of the bed capacity within the community to move some of those ALC patients out of acute care facilities and eventually to get them back home but into other facilities might be better able to serve their needs, and there's some other long-term work being done around beds needs analysis for the cities of Regina and Saskatoon.

Anyway those are some of the high-level initiatives and actions that are being undertaken, many in conjunction with what we're hearing from front-line staff when . . . In the case of Saskatoon for example where I've had the opportunity to talk to front-line staff at St. Paul's Hospital, as an example, on a number of occasions, and I know that the SHA senior leadership has been there as well, including in Regina. But with that maybe just turn it over to Mr. Will to provide a current status update on the initiatives we have under way and the progress that's being made thus far.

Mr. Will: — Thanks, Minister. Andrew Will, CEO with the Saskatchewan Health Authority. And I'd like to just start by saying, you know, this is certainly an issue that is important to the Saskatchewan Health Authority and we acknowledge that in times when our emergency departments are over capacity that it has an impact on patients and families and certainly staff and physicians that work there as well.

You know, when they shared the data in terms of the time to see a physician and times for admission, you know, that was at a point in time in particular where respiratory illnesses were really impacting the emergency departments and, you know, it was a challenging time. And we're still facing pressures and I acknowledge that. So I'm thankful for patience of the public and patience of our staff and physicians as we work to find solutions to improve the situation.

I'll say that I also want to thank our staff and physicians for ideas that they've shared with us that really helped build our capacity action response plans for both Saskatoon and Regina and as we've gone forward with those plans, you know, publicly. And those plans were developed also in collaboration with Ministry of Health.

You know, we've been advancing really, you know, I would describe at a high level three components. One is how do we ensure we have enough capacity for patients, and that would be, you know, not only in in-patient wards in the hospital, but can we support patients that no longer require hospital care to flow into long-term care or into community-based care. So the action plan really focuses on additional capacity in the hospitals, but also leveraging capacity in the community to support alternate level of care patients to transition into better locations for their ongoing care.

The second component is additional staffing and I'll give some more details on that, but it . . . We really listen to staff. We took their feedback, and there's been investments in, you know, nursing staff, protective services, housekeeping, really anything that would help us address the over-capacity situation that we're in.

And then the third aspect of the plan is really again in collaboration with the Ministry of Health, looking at what are our long-term bed needs for acute care in Saskatoon and Regina, and also our long-term care bed needs for Saskatoon in particular, knowing that there is already investment happening in Regina.

All of these things were part of what we announced publicly for both the Saskatoon and Regina plans and, you know, as you'd be aware, we have been hosting public updates for media and others to hear the progress that we're making on the plan. Again you know, I do want to say a thank you to the Ministry of Health for the investments that are helping us to advance this plan, and

maybe I'll just highlight some stats at a provincial level.

Since the initial implementation of the action plans, we've hired more than 156 additional full-time equivalents in Saskatoon and Regina, including more than 60 additional nursing positions. Efforts are under way to recruit an additional 290 staff, combined between Saskatoon and Regina, including an additional 107 FTEs of nurses. As part of the action plan we've implemented 206 beds in community settings to better facilitate discharge and care transitions for patients from acute care to more appropriate settings.

I'll just give a breakdown for both Saskatoon and Regina. In Saskatoon we have 159 new beds in community settings. That includes 84 long-term care beds and 75 convalescent care beds. These beds will help reduce pressure in acute care facilities and better facilitate the delivery of appropriate care in an appropriate care setting.

And I'll just say we've seen some really good results in reductions to alternate level of care patients, particularly in Saskatoon. And just, I guess, to define what alternate level of care means, it's meant to describe patients that have been determined by clinicians to no longer require an acute care admission but that they're not ready necessarily to transition to home without additional support. So often long-term care, convalescent type of care, is what is required.

[18:45]

In addition to those 159 beds, we've also hired specifically for Saskatoon 140 FTEs of staff, including 55 nurses; 15 security officers; 70 FTEs of various designations, including therapists, continuing care aides, environmental services workers, unit support workers, home care schedulers, and pharmacists. And I'll say that also includes the location of some of our primary care team in-hospital to help arrange other care settings in community with support of home care. We continue our recruitment efforts in Saskatoon to fill an additional 245 FTEs of various designations, including 89 more nursing FTEs.

In Saskatoon there's a total of 75 convalescent care beds that have been added to expand community capacity, with 68 of these beds that are currently occupied. Of the 84 new long-term care beds, 40 beds are projected to be operational by May the 1st, with the remaining 44 beds to be operational by June the 3rd. We continue to operate an additional 43 acute care beds and eight EMS [emergency medical services] offload beds at Royal University Hospital along with five acute care beds at St. Paul's Hospital.

I just want to kind of call out a special partnership that has happened. We've developed a partnership with Saskatoon Tribal Council, which has resulted in collaborative efforts to divert more than 650 individuals from St. Paul's Hospital to other primary care or shelter locations from December 1st to February 29th. And I'll just say, like, again it's providing I think better care and supports to those individuals and making a noticeable difference in terms of the experience for patients and staff in our emergency rooms as well.

With respect to Regina, there are 47 new beds in community settings, including 20 transitional care beds at the Regina Lutheran Home and 27 community-based long-term care beds in Regina, providing SHA with an additional 47 beds to facilitate discharge and care transitions for patients from acute care to appropriate settings.

We've hired 16 staff: 16 FTEs, including 5 FTEs of nurses. And recruitments are under way to fill an additional 46 FTEs of staff, including an additional 18 nursing positions. This includes all staff needed to operate the 20 new transition beds at Regina Lutheran care home.

In partnership with the Ministry of Health and Social Services, we have 20 new supportive housing spaces that have been opened at the Nēwo-Yôtina Friendship Centre for individuals with complex needs

And it was exciting today to be at the event to see the final completion of construction for the Regina urgent care centre as well. And it's just going to be a great facility and provide an option for the public that will reduce the amount of patients that we see in our emergency rooms and provide another option for non-emergent but urgent care.

I will also just mention with respect to Regina, we've worked together with the Ministry of Health and SaskBuilds on procurement with two RFPs [request for proposal] that have been posted for 220 standardized long-term care beds in addition to the previously committed 240 specialized long-term care beds. So together that will add significant capacity for Regina and again take pressure off of alternate level of care patients that we might see in the hospital.

And I'll just maybe close my comments by saying, you know, we're moving these initiatives forward. We continue to listen to feedback from our staff and physicians. And you know, we will continue to adapt these plans as we go along to get the outcome that's needed to serve patients and families in a good way.

Mr. Clarke: — Thank you. I'm wondering around the capacity pressure action plan. You know, we're certainly hearing that issues remain front and centre in our ERs [emergency room], and I'm wondering what kind of metrics are you using to quantify that the action plan is actually improving or that it's working?

Last week we saw, you know, the triage desk at St. Paul's with a right to refuse work. We've seen fire code violations a few months ago. What is the metric that you're using to suggest that the action plan is actually reducing wait times, reducing how long it's taking patients to flow through the ER? So metrics, and who's involved in monitoring those metrics?

Hon. Mr. Hindley: — So Andrew will get into the specifics, but there are metrics that the SHA uses all the time to be able to monitor these situations regardless of whether there's a capacity pressure, a challenge — in this case, in Saskatoon and Regina.

And Andrew can speak to those metrics and what we use to measure what's happening, and the progress in this case of the impact of the capacity pressure action plan initiatives, knowing that — just based on some of the information that Mr. Will provided tonight — that some of this is a bit more immediate, some of it will take some time in order to see the benefits of that. We're talking about adding more bed capacity, for example, to

be able to provide other avenues for patients, outside of using the emergency department and acute care beds in these hospitals.

And I think one of the most important metrics we have is also the engagement with the staff, which I know has happened on a regular basis, both in Regina and Saskatoon, and continues to happen. I've been there, present, several times. I've talked to staff several times myself, directly. The SHA — I know that Andrew has been there, senior leadership from the SHA I think — have been on the ground in the emergency department area proper two to three perhaps more times a week to make sure that they are (a) seeing it first-hand; (b) being able to talk to those front-line health care providers to be able to say here's the steps we're taking, here's the progress that's happening, here's kind of what's next, so that there's a very clear and open line of communication between nurses and other doctors and other front-line health care providers in the hospitals and with the SHA.

So that door of communication is open. They can continue to be having these discussions, even outside of formal meetings, to be able to say, here's where some of the things, changes are being made and implemented, and the impact that that's having. Some of it is being witnessed a bit more immediately and, as I said, others will take a little bit of time here.

But, Andrew, if maybe you just want to speak about the metrics that the SHA uses to monitor the capacity and how we're monitoring the results of the initiatives that we're implementing.

Mr. Will: — Yeah, thanks, Minister Hindley. Maybe just a few thoughts to add to the comments that you've made. And certainly, you know, previously some of the measures that you described are important, and there's others. I mentioned alternate level of care beds. That is something that we do monitor closely, you know, not only in terms of ensuring we've got capacity to admit patients from the emergency room, but also knowing that those alternate level of care patients would be better served elsewhere.

We also look at admit no beds, we call them. And basically that is, you know, when we do have patients in the emergency room that have been admitted into care of a physician and are waiting for transition up into an acute care ward, we do track that. And you know, another one that we've spoken about publicly, also in connecting with our EMS providers is offload delays for ambulances as well.

And you know, I would just say all of these efforts that are under way, you know, as Minister Hindley said, like they will take time. We don't expect that we'll get an immediate result from all of these different actions. But we are seeing improvements, you know, in terms of alternate levels of care. As I mentioned earlier, Saskatoon has seen a significant drop in ALCs.

And we do see fluctuations. As I mentioned, you know, during respiratory season it really put pressure on our facilities. Similarly you'll recall in Saskatoon a number of months ago, you know, we had very icy conditions, and slips and falls were bringing people into our emergency room as well. So there's times when we're busier and then there's times when things do get better.

I will also say we have seen things stabilize fairly well in Regina lately. So there's some, you know, hope there that we're pushing through, I think, some of the challenges that we're facing there. But I will acknowledge we are still facing challenges in Saskatoon.

And you know, as Minister Hindley said, I think certainly feedback from our staff is an important measure of like are we making progress or not. And you know, I'm hoping that they're seeing the actions that we're taking and that they see that this is important to us. And I'm hoping that they also are seeing that their ideas are part of the plan that we're implementing, and I hope they continue to share those ideas with us so that we can continue to achieve the outcomes that we need to.

And maybe one more comment. Like I mentioned the three parts of the plan in terms of bed capacity in and out of hospital, staffing, but also the longer term planning, and I would just say I think that part will be important for us as well, to ensure that we are able to meet growing demands over time.

Oh, one other point. Certainly the investment in the Prince Albert Victoria Hospital redevelopment will bring on additional capacity for us that I think will support Saskatoon in terms of, you know, less transfers coming from Prince Albert and the North.

And we're also working very hard to look at, you know, are there opportunities for patients that could be cared for in community and regional hospitals, to receive care there rather than coming straight in to Saskatoon.

So anyway there's . . . Your key question was measures, and I think there's certainly lots of leading measures on the actions that we're taking. And over time, you know, we're starting to see some results from outcome measures as well.

Mr. Clarke: — Thank you. So would you say, based on like the ALC beds metrics — on the admit, no bed metrics — that the plan is working? It was my understanding there are 83 ALC patients in Saskatoon hospitals this evening. Is this plan working?

[19:00]

Hon. Mr. Hindley: — In Saskatoon . . . And I would preface this by saying that the plan is working, the capacity pressure action plan, which there's significant dollars tied to this to increase staffing, to improve patient flow, to make sure that we're doing everything we can to triage patients, you know, when working with our EMS partners as well. We are seeing positive results from the capacity pressure action plan.

So in Saskatoon at Royal University Hospital, since the implementation of the capacity action plan, there's been a 70 per cent decrease in the number of alternative level of care, ALC, patients. And at St. Paul's Hospital in Saskatoon there has been a 16 per cent decrease in the volume of ALC patients there as well. Again, continuing to engage with front-line leaders and health care providers on additional changes that can be made to the capacity pressure action plans to continue to reduce those numbers.

Mr. Clarke: — When you reference those numbers, Minister,

are they, you know, daily averages across time or are they just points that you've pulled, say five months ago to today? Or where did those numbers come from with the 70 and the 16 per cent decrease?

Mr. Will: — Thanks for that question. I'll just clarify. That calculation is based on the median ALC for Saskatoon prior to the implementation of the plan, and then a comparison to the median ALC post-implementation of the plan. And of course the implementation continues, but we basically took that point forward. And that's the improvement that we've achieved.

Mr. Clarke: — Thank you. Two quick questions on the capacity pressure action plan. There was money announced with the plan back in November/December. How has that money transferred over into this 2024-2025 budget estimate? So was the money all spent in November/December? Is this new money that's in this fiscal year budget? I'll leave it at that for this moment.

Ms. Smith: — Thanks for the question. So just to confirm, this year's budget does provide 30 million for this work with respect to the Saskatoon and Regina action plans.

Mr. Clarke: — Just for clarity, does that mean . . . Was the $30 million spent in last fiscal year and so this is a new $30 million, or is it the same money kind of transferring over?

Ms. Smith: — These are new dollars. And because I guess how I would frame up when the action plans came into place, it was in the latter part of last year. And so even just sort of understanding what was spent, we're still in the process of kind of reconciling what those numbers are, seeing that that fiscal year just ended. But I guess the main point being that the 30 million is new dollars for this year for these plans.

Mr. Clarke: — Thank you. Just a question on clarity. When we were talking ALC beds and the metrics and the reductions of 70 per cent and 16 at St. Paul's and 70 at RUH, Minister, Mr. Will referenced the median averages. Do you have the mean averages of ALC beds and how they've changed over time?

Mr. Will: — The median is a more reliable measure to indicate kind of the trend that we're seeing. Like a mean rate, you know, a significant fluctuation could really I think misrepresent, you know, what is the ongoing experience over time. So median is the measure that we're using to assess the performance of the plan.

Mr. Clarke: — Thank you. Yesterday the minister tabled a list of the agencies for contract nurses. Minister, is this an up-to-date list of all the agencies that are being contracted right now?

[19:15]

Hon. Mr. Hindley: — The list that would have been tabled before fiscal year '23-24, so that's the most current list. Yeah.

Mr. Clarke: — Thank you. What was the total cost of contract nurses for '23-24? I'll add, and what do you expect in 2024-25?

Mr. Gettle: — Hi, Greg Gettle, assistant deputy minister with the Ministry of Health. So to answer the first question. We haven't finished the full fiscal year for '23-24 because that year just recently ended. We haven't done the full reconciliation so we don't have a final number for '23-24. And then for '24-25, we don't do a projection. It's just based on the actual usage and need of the system.

Mr. Clarke: — Would you have a total for '22-23 then for contract nurses?

Hon. Mr. Hindley: — In the calendar year that's the number that we have, the officials have, calendar year 2023, $59 million.

Mr. Clarke: — Thank you, Minister. I'm surprised that you aren't budgeting contract nurses in 2024-25 given, you know, 59 million in the calendar year. Would we expect to see like a special warrant to cover that cost at the end of the fiscal year?

[19:30]

Hon. Mr. Hindley: — So, thanks. Further to what I said earlier, in the 2023 calendar year the SHA reported nursing contract, or contract nursing costs, 59 million, roughly 1 per cent of the total budget amounts provided to the SHA. So it's a small percentage of the SHA's overall budget.

I'll turn it over to Norm here in a second, but I would just say that as I've said previously that, you know, we use contract nurses when necessary to reduce service disruptions in health care facilities across the province. And in addition to that, they are providing relief. And I know when I've talked to front-line health care providers and nurses — and I've talked to some as recently as last week as a matter of fact, at a rural facility or a rural community — and they talked about how important it has been for them to be able to have contract nurses helping out temporarily. It allows them to take vacations and things like that, provide training and support for new nurses as well, who are new to the system. So they do provide value in that respect in terms of the support that they provide on a contracted basis, of course, ultimately working to permanently fill those positions with nurses that can take those positions on a permanent full-time basis.

And maybe, Norm, I'll just let you talk a bit more about how the contract nursing works in terms of staffing and budgeting amounts.

Mr. O'Neill: — So I think maybe in follow-up to the question about whether or not not having it budgeted results in a special warrant, so it's trickier to say than just, like, that cost would just be warranted out. You have to think about the size of the overall SHA budget being around 4 billion, that there's many moving parts. So you're going to have a variety of pressures and offsets.

And so these areas of small-percentage savings can result in quite large dollars, given the size of that budget. And they'd be used to offset some of those contracted nursing costs. So you might end up with some compensation savings somewhere else where we're having difficult-to-recruit positions, and you could redirect those savings that are budgeted to where you're using contracts to fill that gap.

Mr. Clarke: — Thank you. How many contract nurses are in the workforce currently, and which communities most heavily rely on these agencies?

Hon. Mr. Hindley: — Okay. So of the 18,000 nurses of all designations that we have in the province, we have roughly 242 is the most current stat that we have — 242 contract or agency nurses. That's a point-in-time number. Of that 242, 112 would be deployed and working in Saskatoon or Regina, the remaining 130 working across northern and rural locations.

Again that's a number from this past February, which I think is the most recent information that we have, and knowing of course that that number fluctuates on a regular basis. You have nurses sometimes who come in to deal with a, you know, potential service disruption because they're filling perhaps a maternity leave, as an example. Sometimes you have contract nurses coming in for maybe only a week to cover a shift, so then that may be required.

So again point-in-time numbers, and that's 242 is the number we have.

Mr. Clarke: — And that would be February 2024?

Hon. Mr. Hindley: — Correct.

Mr. Clarke: — Okay, thank you. Moving on to specialist wait times, how many people are currently waiting to see a specialist in Saskatchewan?

Ms. Kirby: — So thank you for the question. We actually do not collect data on how many patients are waiting to see a specialist. It's a direct referral from a family physician to a specialist, and there's no tracking in the Ministry of Health for how many patients might be waiting. We do have some information — it's not great information — on how long patients are waiting but not how many.

Mr. Clarke: — That leads me into my next question. What are the current wait times for the top 20 specialists in the province, both medical and surgical?

Ms. Kirby: — We have actually 20 specialty groups that we have this data for, so I'll just provide the specialty and the average wait time in days. And this is for the period April 2023 to September 2023.

[19:45]

So the average wait time in days for physical medicine and rehab so for physiatry is 181 days; for neurosurgery, 170 days; for respirology, 166 days; for neurology, 159 days; for gastroenterology, 143 days; for nephrology, 143; for cardiology, 143; for rheumatology, 142; dermatology, 135; orthopedic surgery, 132; obstetrics and gynecology, 132; otolaryngology, 132; internal medicine, 121; urology, 121; plastic surgery, 116; ophthalmology, 115; psychiatry, 105; general surgery, 99; pediatrics, 91; and endocrinology, 89 days.

Mr. Clarke: — Thank you. Would that be the most recent data you have?

Ms. Kirby: — Yes. It would be the most recent.

Mr. Clarke: — Thank you. Looking specifically at pediatric specialties, wondering how many vacancies there are in each specialty that are current. So how many vacancies across the province in pediatric specialties?

Ms. Kirby: — All right, so in terms of vacant positions that are being recruited into, we have one general pediatrician posting for Lloydminster, one for Swift Current, one for Moose Jaw, and two for Regina. We have 4.5 vacancies for JPCH [Jim Pattison Children's Hospital] in Saskatoon and then 4.5 other general pediatricians in Saskatoon as well. We have six vacant positions right now where physicians have committed to start. So you know, they've indicated they want to come. They're interested in a job, they've signed letters of offer, and they will be starting in the coming, you know, 6 to 12 months.

Mr. Clarke: — Thank you. What's the plan for pediatric gastroenterology? And do we still only have one locum pediatric gastroenterologist?

[20:00]

Hon. Mr. Hindley: — So with the pediatric gastroenterology program at Jim Pattison Children's Hospital we have been actively recruiting for filling the positions and filling those vacancies. As you'll likely know that we do have a rotation of locum specialists covering, providing that care for families and for Saskatchewan children is as close to home as possible.

It's our understanding that we are in the contract discussions with a couple of pediatric gastroenterologists here and we'll hopefully have those secured in the near future. And I think Ingrid might just want to talk about some of the other investments in this area as well.

Ms. Kirby: — Sure. Thanks, Minister. So while we were recruiting and knowing that we're relying on locums to provide some services to our patients, over the last two budget cycles we have continued to invest in pediatric gastroenterology through a multidisciplinary team.

So in '23-24 we received 2.2 million and then an additional 600 — I'm reading my table right? — $600,000 in '24-25, and that has allowed us to support hiring a nurse practitioner, hiring additional registered nurses, hiring a pharmacist to support those patients, as well as additional endoscopy clinical support staff as well. A lot of these patients need pediatric gastroscopies. And so, you know, we've hired about seven FTEs to date and we'll continue to hire another seven FTEs in 2024.

Mr. Clarke: — I'd like to just circle back just to pick up on one thing that was mentioned around the vacancies for the specialists. You mentioned 4.5 vacancies at Jim Pattison Children's Hospital. I'm wondering can you speak to . . . Can you break those down as to what specialties those 4.5 positions are?

Hon. Mr. Hindley: — So the specialties where we're recruiting currently at Jim Pattison Children's Hospital are in pediatric cardiology, pediatric neurology, pediatric gastroenterology, and pediatric respirology.

Mr. Clarke: — And then where would that 0.5 be?

Hon. Mr. Hindley: — Sorry, what was that?

Mr. Clarke: — Where would the 0.5 be? Because they said . . . it was stated 4.5 positions or vacancies.

Hon. Mr. Hindley: — So there's a 0.5 in pediatric cardiology, 1.5 in pediatric neurology, 1.5 pediatric gastroenterology, and 1.0 pediatric respirology. So that's your 4.5.

Mr. Clarke: — How many pediatric cardiologists do we currently have? And are they all stationed at the Jim Pattison Children's Hospital?

Hon. Mr. Hindley: — We have four and they're all at JPCH.

Mr. Clarke: — What's the capacity at JPCH currently? Are all the beds open?

Hon. Mr. Hindley: — Thanks for the question. All of the beds at the JPCH are open. That's my understanding.

Mr. Clarke: — Thank you. Moving to breast cancer care, I'm wondering how many people are on the waiting list for mammograms and biopsies currently.

[20:15]

Ms. Kirby: — So currently . . . So we have data for Regina. So we have the number of patients waiting for the Regina Breast Assessment Centre. We don't have information for Saskatoon at this time.

So in Regina there are 152 patients waiting for a diagnostic breast biopsy. And again, in Regina there is 129 patients waiting for a diagnostic breast mammography. I would note this is only patients waiting at the Regina Breast Assessment Centre.

What also happens is patients are referred for the diagnostic mammography directly to community partners. So you can go to Mayfair in Regina, for example, and have a mammography done there. We don't have wait numbers for stuff done in that community centre. So this is just for the Regina Breast Assessment Centre.

Mr. Clarke: — Why wouldn't you have that information for Saskatoon?

Ms. Kirby: — So there's a bit of a different model in Saskatoon. So in Saskatoon all of the diagnostic mammography is done in the community, so it would be the situation like again where a family physician could refer the patient to, you know, to the Mayfair in Saskatoon or other community partner, and you have your images done there. And we don't collect wait time for that information.

We can get information on the Saskatoon breast assessment centre. We just don't have it here with us today. We've . . . Typically the challenges with breast imaging have been in Regina, and Saskatoon has been, you know, much more able to manage their volumes and their wait times. So the focus of our work has been on supporting Regina.

Mr. Clarke: — My understanding is that there's two types of mammograms: diagnostic and screening. Can you give an idea of the wait-list for screening mammograms in Regina?

Ms. Bulych: — Hi. Deb Bulych, CEO of Saskatchewan Cancer Agency. So to answer your question in terms of the wait-list for screening mammography in Regina, we currently know that we have 6,400 patients in the queue. However the good news is we are booking into January of '25, which seems like a significant period of time, but we are offering all of these women the opportunity to go to another screening site in Saskatchewan, and five of them are completely caught up.

We are also looking at Mayfair as a private diagnostic . . . or not diagnostic, but a private community partner for screening mammography to build capacity as well.

Mr. Clarke: — Thank you. I'm wondering . . . It was mentioned that you didn't have the Saskatoon diagnostic and screening wait-list for mammographies and biopsies, and I'm wondering if that could be tabled for tomorrow.

Ms. Smith: — Thank you. So I just did a check-in with the team and we can make the request to start to see what we can do to gather that data. We'll make every effort to have that information for tomorrow, but I can't guarantee that we'll have it all in time for estimates. But we'll start the process.

Mr. Clarke: — Thank you. Can you tell me how many women have been sent out of province for breast health diagnostic, to date so far, out to Calgary? And how much has been spent on that?

[20:30]

Hon. Mr. Hindley: — To date thus far, 204 women have accepted a referral to Calgary, and 165 of those patients have had their diagnostic procedures completed already. That's the most current information we have. And then Ingrid will talk just a bit about the cost and the amount that's been spent thus far.

Ms. Kirby: — Thanks, Minister. So based on the cost per procedure for those 165 patients, we would forecast to spend about $330,000 on the procedures themselves. In addition for patients who are going out of province, we are covering their expenses. And so we've spent $179,000 for those expenses for patients.

I would note that the cost per procedure that we are paying includes all costs associated with the diagnostic procedure itself, including the radiologist review; out-patient information; any previous imaging part of that appointment, so the screening of the radiologist to ensure their patient meets their clinical requirements to get that service; the diagnostic mammography itself; the radiologist review and interpretation of that imaging; ultrasound-guided biopsy procedures and insertion of markers if required, as well as pathology and lab services. And then the cost of also transferring those images and results back to Saskatchewan, and administrative fees. So they are doing some of the additional work around the lab components, and so that's included in the cost as well.

Mr. Clarke: — Thank you. In terms of the reimbursements for women who are going to Calgary, what is covered for reimbursement in terms of travel and accommodation and what is not covered?

Mr. Morhart: — So I can just kind of read out. We have a form for allowable expenses that's associated with this initiative, so I can just read that out. And so a patient that is selected to travel out of province for their diagnostic breast procedures would be eligible for a maximum reimbursement of $1,500. And that would be for transportation, a per diem, and accommodations for one patient and one support person.

For transportation costs, it would be the cost of one return trip from Saskatchewan to Calgary. If they were to go by private vehicle, it would be reimbursed at current government rates at 57 cents a kilometre, or travel by a commercial carrier, so if it was air, rail, or bus with the receipt for that.

Per diem expenses would include meals, gratuities, parking, taxi. And per diem claims are $56 per person for each day. And that would be for a maximum of one patient and one support person. And the daily per diem expenses are paid for a maximum of two days and no receipts are required for the per diem claims. And then accommodations would be actual expenses for accommodation per night, and it would be to a total of $1,500 maximum.

Mr. Clarke: — Would the travel include transportation from, say, the airport to a hospital to get the test, so like an Uber or a taxi or a car rental?

Mr. Morhart: — That would be included as part of the per diem.

Mr. Clarke: — The per diem?

Mr. Morhart: — Yeah, as part of the daily per diem would include the taxi.

Mr. Clarke: — Okay, thank you. I just scribbled down a note and missed this earlier. Do you have the screening numbers for Saskatoon for breast cancer here? We talked about screening and diagnostic, and you didn't have the Saskatoon numbers. Do you have screening numbers for Saskatoon of the wait-list? Sorry.

Ms. Bulych: — So sorry to keep you waiting. I lost my sheet. I'm just being honest. The good news is that Saskatoon is one of the mammography screening centres that is caught up.

Mr. Clarke: — So no wait-list then?

Ms. Bulych: — No. So I should explain that the guidelines for breast-screening mammography are every two years, and then there is a certain category of women that are every one year. And caught up means that we're meeting all of those guidelines. No one is waiting outside of those guidelines.

Mr. Clarke: — Okay, thank you. Switching gears to the health recruitment agency, I'm wondering how many dollars are being allocated there and how will these dollars be used? Will we see how many full-time equivalents being hired into the agency? So how many dollars, how are dollars being allocated, and how many FTEs are being hired into the agency?

We're running out of time so I'm going to rapid-fire these . . . [inaudible interjection] . . . There we go. I like that initiative, Minister.

Ms. Brady: — Hi. I'm Erin Brady, the CEO of the Saskatchewan Healthcare Recruitment Agency. And our '23-24 budget was 2.4 million, and we were hiring 11 people.

Mr. Clarke: — Sorry. Can you just . . . What year was that for? Sorry.

Ms. Brady: — That's okay . . . '23-24.

Mr. Clarke: — Thank you. What's the mandate going to be for the organization?

[20:45]

Ms. Brady: — The mandate of the organization is to develop and implement strategies and tactics that facilitate the local, national, and international recruitment, retention, transition or path to practice, and placement of health professionals in Saskatchewan in collaboration and coordination with our provincial and local stakeholders.

Mr. Clarke: — How soon will the agency be up and running and recruiting health care workers?

Hon. Mr. Hindley: — So the health recruitment agency has been . . . Well, Ms. Brady was hired formally as CEO last May, I think it was, when she took the position, and then since that point in time has been working to fully staff the operation.

And they have been very active, I would say, in not only filling the FTEs to make sure they have a full team to be able to do the recruitment that's necessary, that we as government have identified as a priority for us. And I would say that Ms. Brady and her team have been doing an excellent job in that in terms of engaging with front-line health care providers, being visible at recruitment types of activities, both I think outside the province but also in province as well.

You know, one example I think of most recently was the Saskatchewan Association of Rural Municipalities convention, where I believe the SHRA [Saskatchewan Healthcare Recruitment Agency] had a booth there and had staff there engaging with rural leaders and rural communities on staffing challenges that exist in certain locations in rural Saskatchewan. But I'll maybe turn it over to Erin in terms of a bit more data around the points of contacts that we've made thus far and engagement they've been having with those people.

Ms. Brady: — Yes, so I can highlight a few things for you. So we were at the SARM [Saskatchewan Association of Rural Municipalities] convention last month and we were able to speak with 56 people across 51 municipalities, and we've also had one-on-one conversations with some of those communities. And we will be at the SUMA [Saskatchewan Urban Municipalities Association] convention this month as well. We have attended or hosted 11 events in the province with learners and residents. We've attended three national events, hosted or attended seven virtual events, and two international events. And those international events, it was two events in one trip, just consecutive days.

Mr. Clarke: — Thank you. Will your organization have a mandate to coordinate with post-secondary institutions? I'm

thinking Advanced Education, Immigration. I'll leave that.

Hon. Mr. Hindley: — I would say yes, that the Sask health recruitment agency and Erin and her team would be working very closely with those other ministries and agencies. It really is, you know, a multi-faceted approach when it comes to recruitment and retention of health care workers. And you know, just as an example, we've talked about the number of nursing grads from Saskatchewan and other Canadian provinces and then hired here in Saskatchewan in the past number of months.

But the health recruitment agency will be working very closely with the training institutions to make sure that we are in partnership with them, trying to determine what do we need for training capacity, what do we need for expansion when it comes to that. You know, as an example, adding 550 more training seats across 18 different health care designations, the creation of the new occupational therapy training program that will be developed at the university in Saskatoon, that would be an example.

But again, I think most importantly the agency would be working closely with Immigration and Career Training, Advanced Education to make sure we're identifying where are our priority areas now, where are our priority areas in the future in terms of projected growth or demand when it comes to health care professions across facilities in this province as we continue to fill vacancies, address retirements, but also, you know, with the expansion of building of new facilities often that have more beds, more services than previously existed.

For example, you know, today announcing the 100 per cent completion of the Regina urgent care centre project. That needs to be staffed. That work is under way, which the health recruitment agency would be engaged with the SHA as well. So they'll be working closely with all those partners to make sure that we have all hands on deck when it comes to doing those recruitments.

Mr. Clarke: — How will you ensure, you know, the success of those hard-to-recruit positions where we see significant gaps across the province? How are you going to make sure that we actually find people and fill those spots?

Hon. Mr. Hindley: — So you know, I guess just to point to some of the successes we've had thus far — and we're being pretty aggressive on the four-point health human resources action plan — and just building on the previous answer I gave, you know, it also encompasses a number of other ministries and agencies. It includes our partners at the SHA and affiliates. Of course it includes the new Sask health recruitment agency and the work that that team is doing.

There are additional funds in the provincial budget for HHR initiatives, nearly $142 million of a commitment for health human resources. Nearly 1,100 nursing graduates from Saskatchewan and out of province have been hired here since December of 2022. Almost 280 physicians recruited to Saskatchewan since September of '21, including 120 family physicians and 160 specialists. More than 220 health professionals recruited from the Philippines have arrived in Saskatchewan, and nearly 140 are now employed in communities across the province.

I mentioned earlier the new training seats, the 550 new training seats in critical health training programs in 2023. Nearly 80 per cent of those available for the '23-24 academic year, with more becoming available this year. Plus the College of Medicine seats. Those will increase to 108 undergraduate seats and 140 postgraduate residency seats for the fall 2024 intake.

So that is, you know, the work that is being done and the results we're seeing thus far from the health human resources action plan since its launch in the fall of 2022. And we'll continue to build upon that.

As I said previously, you know, the creation of new training programs, i.e. occupational therapy. Last Friday I was in Kindersley, joined by our partners from Advanced Education and the regional college, where they announced they'll be establishing a practical nursing program in Kindersley to serve west central Saskatchewan. And when I was there talking to some of the nurses and those that work in the health facilities in Kindersley and the surrounding area, they spoke very highly of how important that will be. A lot of excitement around having that option for training in rural communities.

So I think between the expansions at our post-secondary institutions in Regina and Saskatoon, at Sask Poly, at the universities, continuing to collaborate and look for new and creative ways to expand those training opportunities in our rural centres through regional colleges and also the ability to use virtual and online options as well, I think that's a benefit.

And then just continuing to engage with, you know, especially front-line health care providers but also community leaders with health care foundations in all these communities. The work that's being done by the health recruitment agency, the presence it is having at events such as SARM and SUMA coming up next week, and the direct engagement with communities right across this province.

And then identifying where it is, through our partners in the SHA and the ministry, where we have vacancies to fill, where we're projecting to have, you know, greater need for certain health care designations to make sure that we're always building towards that. So those would be some of the metrics that we use.

Of course the additions of some of the incentives to recruit to hard-to-recruit designations in rural and remote communities, that's been extremely successful. As well the work being done in our emergency medical services — additional funds towards EMS in this year's budget. Bursaries were provided last year in the summer for those training in EMS. Again a significant uptake and interest in those.

So I think lots of positive things happening, and we'll continue to watch the health human resources action plan evolve in the months ahead.

Mr. Clarke: — Thank you. I'm wondering if you're working on establishing an Indigenous recruitment and retention plan?

[21:00]

Hon. Mr. Hindley: — So when we launched the health human resources action plan, there was a reference as well with respect

to further engagement and greater engagement with our First Nations and Métis partners, specifically talking about further advancing connections with Indigenous technical institutes, such as the Gabriel Dumont Institute, the Saskatchewan Indian Institute of Technologies — SIIT — in Saskatoon, and the First Nations University of Canada.

And even more specific to that, you know, I've had numerous conversations with First Nations leaders on health care projects and priorities across this province. As an example, around the Prince Albert Victoria Hospital project, I've had an opportunity on several occasions to meet with and be part of conversations with the Prince Albert Grand Council and Grand Chief Brian Hardlotte and their involvement. And they're directly involved as part of a committee working on that group or on that particular significant project for Prince Albert and area. So that is an example.

As well we're working closely with groups like PAGC [Prince Albert Grand Council]. And there's other examples around the province — Whitecap Dakota First Nation and Chief Darcy Bear and some of the initiatives that he is advancing. Speak regularly with him as well as representatives from the FSIN [Federation of Sovereign Indigenous Nations]. I know I have ongoing conversations with Vice-Chief David Pratt as well on a number of issues.

In addition though in the HHR plan there is work that is being done towards having the SHA work with partners to develop a First Nation and Métis recruitment and retention strategy. And that will be significant as we're working to build capacity, I think. For example, in addition to Prince Albert and the Victoria Hospital project there, we also have a significant investment in more long-term care beds in the community of La Ronge, which will have a significant First Nations population there that it's serving and that we will want to have employed in that facility, in the good-paying careers in health care.

But maybe I'll just turn it over to Andrew to get into a bit more detail on some of the work that the SHA's doing in engaging with First Nations and Métis partners on some of these strategies.

Mr. Will: — Thanks, Minister. I'll maybe just start by saying, you know, how important it is that we be committed to truth and reconciliation. And certainly that is something that Saskatchewan Health Authority is committed to. And as part of that commitment, we do have a goal to increase the number of First Nations and Métis employees across the province.

We do have within the Saskatchewan Health Authority a First Nations and Métis health portfolio and a leader that is part of our executive team helping us champion this work. And I would just say specifically as a part of the Calls to Action, no. 23 speaks to increasing the number of Indigenous professionals working in the health care field, retaining health care providers in Indigenous communities, and providing cultural competency training for all health care professionals.

I'm really pleased to share that, you know, consistent with the health human resource action plan, we have established a First Nation and Métis health recruitment and retention strategy. We developed that in a good way through active engagement with our Traditional Knowledge Keepers council, but also with First Nations across Saskatchewan.

And so maybe just to elaborate on that engagement a little bit more, as I mentioned, in addition to engaging our Traditional Knowledge Keepers council to get advice on the process, we did engage health care leaders and providers from tribal councils, independent First Nations, and Métis Nation-Saskatchewan between October 2022 and February 2023.

And we just want to acknowledge, you know, those communities and leaders for taking time to share their insights and their experiences, and guide in the development of our First Nation and Métis recruitment and retention strategy. You know, all of our engagement sessions were held in treaty territories and opened in a good way by elders.

I'll just say the way that we've organized the plan really mirrors the health human resource action plan with a focus on recruitment and retention and training and incentives. I wouldn't . . . Happy to go into more details, but I will just say, you know, as a part of that I'll just highlight some successes that we've had.

So as a part of this process, we have had outreach through Indigenous educational student centres to Indigenous students across all disciplines. And that's occurring to build relationships and provide information on career opportunities. We also have connections with high school career counsellors, and we're engaging them to provide career information about opportunities that are available within the Saskatchewan Health Authority and the health system. And we've been attending career fairs and really, you know, promoting both clinical opportunities but also non-clinical opportunities.

You know, also really pleased that we have a number of expanded health care training seats, specifically in partnership with the Saskatchewan Indian Institute of Technologies. And this includes an expansion of mental health and wellness and also a health care aide program with an additional 20 seats added in March 2023, and an increase also of Indigenous practical nursing seats.

The SHA also has a partnership with Dumont Technical Institute, with additional continuing care seats and also an expansion of practical nursing seats. Through our partnership with Gabriel Dumont, we've developed a terms of reference, and planning is under way with a strong focus on northern community health and training and supports that they could provide, particularly with the redevelopment and expansion of the Prince Albert Victoria Hospital and also La Ronge in the long-term care expansion that's happening there. We see those as really good opportunities.

I'm also happy to share that we have initiated . . . I just want to get the right words here. Give me one second.

Mr. Clarke: — I think that's enough detail. I'm happy with . . .

Mr. Will: — If I could say though, cultural responsiveness training within our Saskatchewan Health Authority staff . . . Since January we've trained 13,000 staff in cultural appropriateness, which I think really helps support retention of First Nation and Métis staff as well, by promoting cultural understanding and breaking down, you know, some of the barriers and myths that people have based on their own personal

experiences.

Mr. Clarke: — Thank you. We're running out of time and I've got pages of questions to ask here still. But do we have any physician assistants that have been hired in Saskatchewan so far? And if so, where are they?

Mr. Gettle: — So we have 11 postings for physician assistants, and we're in the stages . . . with one of the potential applicants in the final reference check stages, and with another applicant in another location, we're in final interview stages.

Mr. Clarke: — Thank you. Where are these physicians being trained currently?

Mr. Gettle: — So there are currently three institutions across Canada training physician assistants. There will be two additional institutions coming online I believe fall of this year. And then the U of S [University of Saskatchewan] program will start taking intake students. The plan is for them to start taking intake the fall of 2025.

Mr. Clarke: — Okay. Thank you. Are we still sending patients out of province for knee and hip surgeries? And if so, how much have we spent on that in the last fiscal year or the last three quarters if you don't have the full year?

[21:15]

Hon. Mr. Hindley: — So as of March 3rd of this year, we've had 90 surgeries have been completed in Calgary. And so those people were removed from the wait-list here in Saskatchewan at a cost of roughly $2.25 million.

Mr. Clarke: — And what was the time frame for that? The 90 surgeries?

Hon. Mr. Hindley: — So we announced that the initiative started in April of 2023. So from April 2023 to March 3rd of this year, that's the time frame.

Mr. Clarke: — Thank you. What is the status of the hyperbaric chamber in Moose Jaw?

Hon. Mr. T. McLeod: — So thanks for the question. The hyperbaric chamber in Moose Jaw requires four respiratory therapists to resume full operation. Three of the four are recruited and are currently being trained up to operate that unit. And the fourth position is currently being recruited. And once that position has been recruited, then there will be a full resumption of services.

Mr. Clarke: — Is there any services or treatment from the hyperbaric chamber happening currently?

Hon. Mr. T. McLeod: — So currently as staffing allows, there has been a partial resumption of services. And one patient is currently receiving services, given the partial staffing that is afforded currently.

Mr. Clarke: — Is there a wait-list to access this treatment currently?

Hon. Mr. T. McLeod: — So we are aware of two patients requiring the hyperbaric chamber service. One is currently receiving that service, and the other is currently building a plan together with their physician.

Mr. Clarke: — Thank you. Just wondering how . . . So if a patient is sent out of province because the hyperbaric chamber has been closed for the last two and a half years, if a patient is sent out of the province for this treatment, is there any reimbursement for their travel or accommodation to access this treatment, just like we have seen with breast cancer care to Calgary?

[21:30]

Hon. Mr. T. McLeod: — There are only limited circumstances under which we would cover the cost of travel and accommodation, but we do cover the cost of treatment received out of province.

Mr. Clarke: — Thank you. I've been told that my time is up, so thank you.

The Chair: — Thank you. Having reached our agreed-upon time for consideration of these estimates, we will adjourn consideration of the estimates and supplementary estimates no. 2 for the Ministry of Health. Minister, do you have any closing comments?

Hon. Mr. Hindley: — Thank you, Madam Chair. Just a thank you to the members of the committee here today for asking the questions, to our officials at the ministry and the SHA, the staff in our offices for their support here this afternoon and this evening in answering the questions as they've come forward. And look forward to additional questions tomorrow.

The Chair: — Mr. Clarke, do you have any closing comments?

Mr. Clarke: — Yeah, I'd like to echo the minister's comments, just saying thanks to all the folks, the civil servants here today, to the deputy minister, to the ministers. I must admit that it feels a little bit weird to be sitting on this side and speaking with a full bench, and no one was heckling me during my time. So I really appreciated that. Maybe that can be taken back to caucus by the members that are present. But thank you for all you do across the province in providing health care to Saskatchewan people. It is very valued and very appreciated.

I also want to say thanks to the Clerk and to Hansard and the folks manning the cameras. It takes a lot to make this happen here. So thank you to everyone for being patient with me today on my first budget estimate.

The Chair: — Thank you, Mr. Clarke. I too would like to thank the ministers and the officials present here today and the committee members for also being in attendance today. And thank you for all the staff from the legislative services for staying with us and for the good work that they do.

That concludes our business for today. I would ask a member to move a motion of adjournment. Mr. Kaeding has moved. All agreed?

Some Hon. Members: — Agreed.

The Chair: — This committee stands adjourned until Wednesday, April 10th, 2024 at 3:30 p.m. Have a good evening, everyone.

[The committee adjourned at 21:33.]