

Q. How many Zero Alerts (no ambulance available) were there in Saskatoon in 2017-18?

A: Medavie Health Services West (Medavie) in Saskatoon responded to approximately 30,730 calls over the 12 month period of April 1, 2018 to March 31, 2018.

Of those calls, Medavie reported 24 higher priority (Delta/ Echo) emergency calls where transport was not immediately available. In these instances first response was provided by the Saskatoon fire department and/or EMS supervisor followed by the next available ambulance for transport.

During the same time period, there were an additional 425 (+/-10) lower priority (Alpha, Bravo, Charlie) calls where transport was not immediately available. Depending on the situation of the call, the Saskatoon fire department may have first responded within the city of Saskatoon until the next available ambulance is able to respond. In the event of a rural call, volunteer medical first responders may also have been dispatched to the call followed by the next available ambulance.

Q. Provide most recent Emergency Department wait time data (average ED length of stay; average ED length of stay for each CTAS level; time to initial physician assessment; and time to inpatient bed) for major centres outside of Saskatoon and Regina (i.e. Moose Jaw, Swift Current and Yorkton).

A.

Emergency Department Wait Times for 2018-19*					
Values are reported in hours for the 90 th percentile and include all CTAS levels					
Area	Physician Initial Assessment	Time Waiting for an Inpatient Bed	Emergency Department Length Of Stay for Admitted Patients	Emergency Department Length Of Stay for Non-admitted Patients	
				CTAS I-III	CTAS IV-V
Moose Jaw	2.5	5.5	11.2	6.8	5.3
Swift Current	1.8	2.0	9.8	5.3	4.0
Yorkton	2.1	4.2	13.8	7.0	4.3

* Source: eHealth Emergency Department Waits Provincial Dashboard [accessed 02May2019], based on data pulled from Sunrise Clinical Manager (SCM) systems implemented in the facilities. Values for 2018-19 are averages of the monthly results for May 2018 through March 2019.



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Tabled by Acting Chair (Ross)
Date Sept 16, 2019

Q. Does the Saskatchewan Pediatric Auditory Rehabilitation Centre (SPARC) suggest American Sign Language (ASL) to children who are deaf or hearing impaired?

A. SPARC has confirmed that if at any time a family decides they would like to use ASL rather than spoken English, they will be directed to the Saskatchewan Deaf and Hard of Hearing Services (SDHHS). SPARC will use signed English with children when appropriate. Signed English and ASL are two separate signed languages. The signed English would support the development of spoken English, whereas ASL is its own unique language with its own vocabulary and grammar.

SPARC provides a link to ASL resources on its website, which also indicates that SPARC *“assists parents in developing effective communication strategies with their children with hearing loss.”*

A child receives a referral to SPARC once they have received a hearing loss diagnosis and the family has expressed interest in receiving a cochlear implant or another form of amplification. By this point, families should have received information about all options available (e.g., ASL and spoken communication) from another professional (e.g., diagnosing audiologist or social worker).

Best practice suggests that families should always be advised of options including American Sign Language (ASL). The Saskatchewan Health Authority is standardizing its information packet for all families with a newly identified child with a hearing loss. It will include reference to ASL as an option.

Q. Is there tracking or formal evidence that shows that ASL is offered to these children?

A. The SHA does not have a formal tracking mechanism at this time.

Q. List the nine (9) consultants that eHealth contracted in 2018-19.

A. In 2018-19 eHealth Saskatchewan hired 9 external consultants from the following consulting companies:

Consulting Company	# of Consultants
ARC Business Solutions Inc.	1
Dr. Gary Morris Medical Professional Corporation	1
Gerry Dempsey	1
ARC Technologies	2
Elite Information Systems & Consulting	1
ISM Information Services	1
Gevity Consulting Inc.	2

Q. How many vendors has eHealth contracted within the last year, and how does that compare to years prior?

A.

Number of Vendors		
2016-17	2017-18	2018-19
324	255	268

Q. Among senior positions in eHealth (Directors and Executive Directors or equivalent) how many have STEM training (Science, Technology, Engineering, Mathematics)?

A. Three of seven senior officials at eHealth Saskatchewan have STEM training. If science, technology, engineering or mathematics is a requirement of a senior position candidates are screened for the requirement before hiring occurs.

Q. Provide the three-year Disaster Recovery (DR) Plan.

A.

- eHealth has implemented the following foundational components to leverage disaster recovery plans:
 - centralizing 11 of 15 former data centres across the province into the North and South SaskTel Tier III data centres in Regina and Saskatoon (note: Tier III centres are certified to a high degree of resiliency by housing data services in a hardened, secure facility with redundant power, batteries and on-site power generation); and,
 - creating high capacity links between the Regina and Saskatoon data centres to ensure all data is replicated between Regina and Saskatoon.
- eHealth has initiated a three year road map to implement full disaster recovery work with anticipated completion of the critical systems by 2020-21:

Fiscal	Task	Target	Initiated	Completed
2018-2019	Evaluate relevant applications and begin testing/implementing DR plans			
	Evaluation of infrastructure and tooling required for clinical applications.	January 2019		X
	Establishment of two technical approaches to achieve recovery and document detailed plans for each of the approaches.	February 2019		X
	DR testing implementation of two applications foundational to the delivery of clinical applications.	March 2019		X
	Define accountabilities in declaring a disaster, implementation of DR plans and how communication will occur	March 2019	X	
	Prioritize applications requiring DR with the health sector.	March 2019	X	
	Establish, with the health sector, recovery times required to restore systems and data.	March 2019	X	
	Initiate detailed planning.	March 2019	X	
2019-2020	Finalize investment, technical requirements, and continue testing/implementing DR plans			
	Initiate detailed planning session with health sector partners.	April 2019		X

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	Finalize DR design and requirements based on the amount of acceptable downtime and data loss established by health sector.	June 2019	X	
	Follow up planning session with health sector partners from SHA, 3sHealth, Cancer and the Ministry of Health	September 2019		
	Continue DR foundation component testing	March 2020	X	
	DR testing implementation of additional applications.	March 2020		
	DR testing implementation of remaining applications			
2020-2021	DR testing implementation of remaining applications based on current list of applications.	March 2021		

Q. For patients awaiting lung transplant, how is the amount of oxygen that is provided decided? That is, how is it determined how much oxygen an individual receives through Drug Plan & Extended Benefits?

A. Based on the assumption that a transplant patient requires continuous oxygen, the program will cover the cost of a stationary concentrator and 10 small portable oxygen cylinders per month. The limit on portable cylinders is increased if there is a high-flow prescription. If the oxygen supply provided to a transplant patient is not sufficient, their physician can request an increased supply.

Q. What was the average specialist wait time in 2018-19, for the pediatric specialties?

A. The average wait time for pediatric specialists in 2018-19 was 87 days.

