



MEDIA BACKGROUNDER
Budget 2012-13

Health System Transformation

Our government is committed to improving access to a health system that provides **Better Health, Better Care, and Better Value** for Saskatchewan people. As we move forward on our transformation agenda in health care, we will be guided by our commitment to putting the **Patient First** as we modernize our system for the future.

We have seen the value and power of setting improvement targets – together with the health system, we set a goal of ensuring all Saskatchewan residents receive necessary surgery in less than three months within four years. We are on track to meet that target. Recognizing the need for a more stable and secure supply of nurses in Saskatchewan, we set a target to hire 800 nurses. We accomplished that goal.

Government recently outlined a series of bold targets and innovations to signal our commitment to improving access and health system quality. In support of this direction, health system leaders have informed the timeframes and best approaches to help ensure we meet our goals.

These targets are not achievable in one or two years – they are transformational and will take the collaborative work of the entire health system and our partners to achieve them. Health care providers and strong teams will be foundational to this success. Much like we did with the Saskatchewan Surgical Initiative, we will continue to work together with the health system, health care providers, and patients to improve access for Saskatchewan people and achieve our goals. These details will evolve as we continuously explore the best way to improve access to care for our residents.

To achieve **Better Health** our health system will focus on:

Redesigning Primary Health Care:

- **Target:** All Saskatchewan residents who choose to be, will be connected to a primary healthcare team that includes or is linked to a family physician.
- **Timeframe:** By March 31, 2015.
- **How we will get there:**
 - For 2012-13, eight sites will be used to deploy new models of primary healthcare delivery. These sites will be community designed, patient centered and team delivered, and focused on improved access and enhanced chronic disease management.
 - Sites will be evaluated and successful models will be spread to other locations across the province.
 - \$5.5 million in incremental funding is allocated to primary health care in 2012-13.

Helping seniors to remain independent for as long as possible:

- **Target:** Seniors will have access to supports that will allow them to age within their own home and progress into other care options as their needs change.
- **Timeframe:** By March 31, 2017.
- **How we will get there:**
 - Seniors will get the support they need in the community through stronger primary health care teams and home care services.
 - Redesigning primary health care teams will help address the chronic and complex health care needs of seniors.
 - Examine the care continuum (home care, housing, personal care homes, long term care) to identify the gaps and opportunities for further investments, including technologies like Tele-homecare and enhanced community and home-based supports.
 - A new Personal Care Home Benefit will provide senior citizens with financial assistance to help them with the cost of living in a personal care home. A monthly supplement will be provided to seniors who have little or no income and who live in a licensed personal care home (benefit program administered by Social Services ministry, to be launched July 2012).

To achieve **Better Care** our health system will focus on:

Continued implementation of the Saskatchewan Surgical Initiative:

- **Target:** All patients have the option to receive necessary surgery within three months.
- **Timeframe:** By March 31, 2014.
- **How we will get there:**
 - Perform 8,000 more surgeries in 2012-13 (an increase of 10% compared with 2009-10, the year prior to the initiative).
 - Support clinically-led initiatives to ensure that surgeries and diagnostic testing are needed and based on best practice guidelines.
 - 'Pool referrals' with 15 surgical groups so that a patient can have the choice of seeing the next available qualified surgeon within a practice or specialty.
 - Establish a province-wide, standardized approach to releasing or discharging patients from hospitals.
 - Continue to expand safe, streamlined, patient care through the use of "pathways" from initial consultation to post-surgical recovery and rehabilitation at home. This will help to ensure that the right care providers become involved at the right time, and that providers, patients, and families are continually engaged in a clear understanding of all steps throughout the patient's surgical journey.
 - Support patients in becoming full partners in their care through further implementation of shared decision making processes within select surgical care pathways.
 - \$60.5 million in funding is allocated for the Surgical Initiative in 2012-13.

Reducing patient wait times to see a specialist and receive diagnostic services:

- **As an interim step toward the overall goal of all people having access to a specialist and diagnostics within one week:** 50% reduction in patient waits from General Practitioner referral to specialist and diagnostic services.
- **Interim Target Timeframe:** By March 31, 2017.
- **How we will get there:**
 - We will apply lessons learned from the Surgical Initiative to reduce specialist and diagnostic wait times for patients. In particular, we will work with physicians to introduce pooled referrals and "clinical practice redesign", a program that helps to reduce wait times for appointments and improve the coordination of care inside a physician's office and with other health providers and services. These programs focus on improving patient access and reducing wait times.
 - Work with current provincial pathways (hip and knee, spine, urology-gynecology and prostate) to promote patient assessments in the clinics in order to enhance appropriate referrals and processes for diagnostic imaging and surgical referrals. We will also identify and support the development of additional provincial pathways so that people get the right care at the right time.

Eliminating wait times in emergency room care

- **Target:** No patient will wait for emergency room care (patients seeking non-emergency care in the ER will have access to more appropriate care settings).
 - **Timeframe:** By March 31, 2017.
 - **How we will get there:**

All elements of the transformation agenda are connected and will positively impact this target.

 - Improve patient flow in hospitals to ensure patients, including those no longer needing hospital care, have access to care in the most appropriate setting.
 - Innovate to improve processes within hospitals and emergency rooms.
 - Reduce demand on emergency services by pursuing options for after hour care and improved primary health care services, including improved chronic disease management.
 - Optimize the skills of health team members in emergency services, to deliver emergency care.
 - Examine the care continuum (home care, housing, personal care homes, long term care) to identify the gaps and opportunities for further investments, including technologies like Tele-homecare and enhanced community and home-based supports.

Improving care for individuals with severe and complex mental health issues

- **Target:** Individuals with severe and complex mental health issues will have access to supportive housing in or near their home community.
- **Timeframe:** By March 31, 2017.
- **How we will get there:**
 - Explore enhanced residential resources for individuals with severe and complex needs throughout the province. This will be done in conjunction with the planning, development and rebuilding of the Saskatchewan Hospital North Battleford - SHNB (\$5.0 million allocated for SHNB in 2012-13).

To achieve **Better Value** our health system will focus on:

Accelerating the use of the Provincial Continuous Improvement System (Lean) to improve access to health services, quality, patient and staff safety, and value and efficiency for patients.

- **Target:** More than 1,000 focused quality improvement events involving front-line staff, physicians and patients will be undertaken in multiple areas of the health system, in order to improve the patient experience and reduce error.
- **Timeframe:** By March 31, 2017.
- **How we will get there:**
 - Provide health care providers, physicians, leaders, and staff with the knowledge, skills, tools, and supports to ensure continuous improvement (Lean) becomes an embedded part of Saskatchewan's health system as part of the commitment to improve access, quality, safety, and sustainability. This will involve advanced and basic continuous improvement training for health system leadership and staff and result in an acceleration of improvement work throughout the health system.

Ensuring that healthcare spending does not outpace the growth of the economy:

- **Target:** Based on a rolling five year average, the healthcare budget increase is less than the increase in provincial revenue growth.
- **Timeframe:** By March 31, 2017.
- **How we will get there:**
 - Through implementation of the Provincial Continuous Improvement System we will reduce waste in care processes and create greater efficiencies with overall reduction in cost.
 - We will aggressively pursue efficiencies through 3sHealth – the health system shared services organization – with a target of \$100 million in accumulated savings.
 - RHAs and the Saskatchewan Cancer Agency have been tasked with finding efficiencies through means that do not impact patient care. This will be realized through general efficiencies (including administrative savings), increased use of shared services (including bulk purchasing) and anticipated generic drug cost savings, as well as through attendance management targets to reduce operating costs through reducing lost time due to injuries, “premium” pay and employee sick time.