



Fact Sheet

\$133.1 Million Health System Funding Announcement

Details of funding announced February 22, 2011 by Health Minister Don McMorris.

Capital Funding

\$49.3 million – 13 Long-term Care Facilities

Additional design costs and initial construction costs for the replacement of aged facilities in 13 communities across Saskatchewan. Work has begun in Watrous, and the project in Shellbrook is expected to go to tender soon. Tender dates are expected later in 2011-12 for projects in these communities: Maple Creek, Biggar, Kerrobert, Rosetown, Meadow Lake, Prince Albert, Kelvington, Tisdale, Kipling, Radville and Redvers.

\$42.7 million – Facility Capital Repairs and Equipment

- **\$24 million** - Equipment: Upgrading equipment for diagnostic imaging, medical/surgical procedures, patient comfort and safety, laboratory work and rehabilitation.
- **\$18.7 million** - Block Funding: Life safety/emergency systems and infrastructure deficiencies. Health regions address pressing maintenance, repairs and safety equipment needs of their facilities.

\$8 million – Electronic Health Record

eHealth Saskatchewan development of a “one patient/one record” health information system.

\$7.1 million – Parkridge Centre

Significant repairs and equipment upgrades to Saskatoon special care home.

\$5.0 million – Moose Jaw Union Hospital Regeneration

Detailed planning.

\$500,000 – Melfort CT Services

Work to enable operation of a computed tomography scanner for diagnostic and treatment procedures.

Physician-related Funding

\$10.5 million – Physician Recruitment and Retention

To support activities to attract new doctors and keep existing doctors in Saskatchewan.

\$10 million – Physician Reimbursement

Support for an increased number of physician services.

Regional Health Facility Capital Funding Formula

For decades, the provincial government has shared construction project costs 65-35 for approved regional health facilities with the communities where the facility is built. The government has responded to communities' recommendations of a more equitable approach to capital funding.

The new 80-20 cost sharing formula becomes effective immediately. All of the 13 long-term care projects that are under way will be funded under this new arrangement. The incremental cost to government will be approximately \$40 million.

February 22, 2011

Ministry of Health

www.health.gov.sk.ca/news-releases