

Saskatchewan Advisory Panel on Health System Structure Report Recommendations

Mandate 1: Recommend a structure with fewer Regional Health Authorities (RHAs) to achieve administrative efficiencies as well as improvements to patient care

Recommendations:

1. **In support of achieving a singular system that is focused on meeting patient needs through seamless, integrated and team-based care, consolidate the 12 existing RHAs into a single Provincial Health Authority with responsibility for all services governed by the existing RHA Boards**, with the following considerations:

- a) Health care organizations, including affiliates, to be contracted through, and accountable to, the Provincial Health Authority.
- b) Organize and focus continuous improvement with the objective of reinforcing a culture centred on high quality patient care and improving the patient experience.

2. **To enable effective integration and coordination of care, create four service integration areas.** The ultimate goal is to improve and enhance the patient experience across the continuum of care, including better coordination of patient transitions between service areas.

One of the service integration areas should be unique to the north based on the approximate geography of the existing Keewatin Yatthé and Mamawetan Churchill River health regions. Athabasca Health Authority should remain as currently structured. The remaining three service integration areas should reflect existing and appropriate care seeking patterns, particularly with respect to acute and specialized care.

3. Good primary care is foundational to patient health and successful intervention at other levels of care. **To benefit the patient and the patient experience, one of the first areas of focus of the new Provincial Health Authority and the Ministry of Health should be to fully implement the Primary Health Care Framework (2012) and prioritize enhancement of team-based primary health care across the province.**

4. **Enhance capacity to ensure the needs and interests of residents and communities within each service integration area are identified and advanced through community advisory networks as described in Section 28 of *The Regional Health Services Act*.** The networks will support senior leadership within the service integration areas by informing local health care needs and delivery of services and seeking ways to improve the patient experience, with the goal of achieving a patient- and family-centred health system.

5. **Engage with Indigenous people to help inform how best to address First Nations and Métis health needs in a culturally responsive and respectful manner.** In particular, the following should be examined:

- a) Appropriate representation in the governance of the Provincial Health Authority;
- b) Ensuring community advisory networks are reflective of the ethnicity and culture of the community; and
- c) Establishing a senior administrative role within the Provincial Health Authority with the responsibility for ensuring health care services respect the Indigenous and Métis patient experience.

Mandate 2: Consider opportunities to consolidate clinical or health system support services currently delivered by Regional Health Authorities or other health care agencies that may be more efficiently delivered on a province-wide basis and the mechanism(s) to best organize and deliver such services

Recommendations:

1. **The Provincial Health Authority should pursue opportunities for consolidation of clinical services within and across the service integration areas, including:**

- a) Integrating diagnostic services (including laboratory and diagnostic imaging) across the province, including services delivered by the Saskatchewan Disease Control Laboratory (SDCL);
- b) Optimizing the organization of Emergency Medical Services (EMS) through the consolidation of all planning, dispatch and delivery; and
- c) Coordinating tertiary acute care services to reduce duplication and variation, and improve consistency and quality of service delivery.

2. **A Provincial Health Authority will allow for a standardized approach to a range of health system support services, including information technology, procurement, supply chain, human resource management, financial services, payroll services and health provider recruitment.**

In recognition of their established expertise, the Provincial Health Authority should pursue ongoing service delivery as follows:

- eHealth for information technology and related services;
- 3sHealth for procurement, supply chain, payroll and other related services;
- Saskatchewan Association of Health Organizations (SAHO) Inc. for labour relations and related services; and
- Physician Recruitment Agency of Saskatchewan (PRAS) for physician and health provider recruitment services.

3. **The Government of Saskatchewan should review the governance arrangements currently in place for eHealth, SAHO, PRAS, and 3sHealth to ensure the most effective and efficient delivery of services, including the potential consolidation of these entities. The Government of Saskatchewan should also review the governance arrangements currently in place for the Saskatchewan Cancer Agency (SCA) to ensure cancer services are appropriately and effectively integrated with services delivered by the Provincial Health Authority. These reviews should occur within two years of the formation of the Provincial Health Authority.**
4. **It is further recommended that the Health Quality Council (HQC) remain as an independent organization to continue its focus on measurement of health system performance, including patient outcomes.**

Mandate 3: Review current legislation and processes to ensure they adequately establish: the roles of health systems Boards; their composition; structure and reporting relationship to achieve appropriate accountability

Recommendations:

1. **Establish a Board to govern the activities of the Provincial Health Authority.**
 - a) The Board to be accountable to the Minister of Health.
 - b) Appointments to the Board to be based on expertise, including the ability to represent patient experience and culture.

2. **Clarify the respective roles and responsibilities of the Provincial Health Authority and the Ministry of Health for strategic planning and operational management.**
 - a) Establish regular meetings between the Minister of Health, Deputy Minister, the Provincial Health Authority Board Chair and Chief Executive Officer to ensure alignment of strategies and policies.
 - b) Continue a collaborative forum for senior leaders from the Ministry and the health system to achieve optimal integration of the system.
3. **Ensure physicians play an active role in the planning, management and governance of the health system to achieve shared responsibility and accountability for health system performance.**

Mandate 4: Identify processes to enhance management information to improve and observe on performance management of the health care system

Recommendations:

1. **Create the capacity to standardize data collection and analysis across the health system, in order to understand, monitor, improve and report in a timely manner, on health system performance.** Affiliates and other third party delivery agents, including community-based organizations, should be required to adhere to the same standards and reporting expectations.
2. **Task the Health Quality Council (HQC) to work with the Provincial Health Authority and the Ministry of Health in monitoring and reporting on the experience and outcomes of patient care.**