

Return no. 19 (Ms. Chartier):

To the Minister of Health, for each year since 2016, of the clients who have qualified for long-term care, how many required long-term care services as the result of an overdose?

Answer:

This answer is based on patients who were hospitalized in a Saskatchewan hospital for an overdose (poisoning) by licit or illicit drugs and were transferred to a long-term care home on discharge. Patients that were transferred to a hospital from a long-term care home are not included because they would already be long-term care clients. These counts do not include poisonings by non-medical substances such as alcohol or solvents. Numbers are grouped by fiscal year of discharge from hospital.

2016-17: 9

2017-18: 4

2018-19: 6

Return no. 20 (Ms. Chartier):

To the Minister of Health, in terms of long-term care services in Grenfell, (a) what is the current status of the request for proposal (RFP) for long-term care services issued on May 2, 2019, (b) how many respondents were there to the RFP for long-term care services issued on May 2, 2019, (c) what is the current plan to deliver long-term care services in the community, and (d) what organizations have been consulted since the RFP for long-term care services was issued on May 2, 2019?

Answer:

(a) The Saskatchewan Health Authority (SHA) issued a Request for Proposals (RFP) in February 2019 to seek out potential options to replace long-term care services in Grenfell. The RFP remains open and the proposals are being evaluated. (b) The SHA received four proposals in response to the RFP. (c) We are working to ensure long-term services continue to be available in the community of Grenfell. (d) The SHA has been keeping the community of Grenfell and Grenfell Pioneer Home staff up to date on the RFP process. Communications with the community and staff will continue as information becomes available.

Return no. 21 (Ms. Chartier):

To the Minister of Health, in terms of Regina Pioneer Village long-term care facility, (a) what is the current status of the RFPs for long-term care services in Regina to address closures of Pioneer Village, (b) what is the current plan to address the loss of beds at Pioneer Village, (c) how many beds are currently occupied, and (d) what is the long-term plan for the facility?

Answer:

(a) The SHA issued a Request for Proposals (RFP) in February 2019 to seek out potential options to replace long-term care services at Regina Pioneer Village (RPV). The RFP remains open and the proposals are being evaluated. The SHA also issued a RFP for 100 community-based long term care beds. It resulted in contracts being signed in late January 2020 with Brightwater Senior Living of Regina and Emmanuel Care of Emerald Park for 100 new community long-term care spaces. (b) See (a). The Saskatchewan Health Authority (SHA) is implementing a two-year pilot, with the option to extend an additional year, for community long-term care services for up to 100 program spaces in personal care homes in the Regina area. The pilot is meant to address the need for long-term care services in the Regina area over the near term while options for replacement of the long term care services at RPV are being considered. (c) As of May 5, 2020, there were 152 beds occupied at RPV. (d) Once a decision on replacing services at RPV has been reached, the SHA will start developing options for the disposition of the facility.

Return no. 22 (Ms. Chartier):

To the Minister of Health, how many assisted lifts were performed in personal care homes by the Saskatoon fire department in the former Saskatoon health region in 2015, 2016, 2017, 2018, and 2019 (to date)?

Answer:

Saskatoon Fire advised the Ministry of Health:

- 2015: 43 requests from personal care homes for lift assists
- 2016 (January to April 19): 17 requests from personal care homes for lift assists

Saskatoon Fire Department no longer shares this information, citing privacy reasons.

Return no. 23 (Ms. Mowat):

To the Minister of Health, for each former health region, (a) what is the current value of deferred infrastructure maintenance, and (b) what is the average facility condition index?

Answer:

| Former Health Region | (a) Deferred Maintenance | (b) Average Facility Condition Index |
|-----------------------------|---------------------------------|---|
| Cypress | \$77,629,754 | 23% |
| Five Hills | \$101,077,949 | 31% |
| Heartland | \$96,714,190 | 33% |
| Keewatin Yatthe | \$8,317,434 | 19% |
| Kelsey Trail | \$147,475,434 | 50% |
| Mamawetan Churchill River | \$8,725,989 | 29% |
| Prairie North | \$198,021,285 | 50% |
| Prince Albert Parkland | \$121,742,491 | 40% |
| Regina Qu'Appelle | \$1,007,915,173 | 52% |
| Saskatoon | \$1,250,328,543 | 49% |
| Sun Country | \$177,215,447 | 39% |
| Sunrise | \$296,547,295 | 55% |

The above information reflects facility condition data updated by the Saskatchewan Health Authority as of July 2019.

Return no. 24 (Ms. Mowat):

To the Minister of Health, in terms of the Jim Pattison Children’s Hospital, (a) for LPN, RN, RPN, and all physician positions, what is a fully staffed complement and how many current vacancies are there, (b) since opening, how many days were any units/departments overcapacity, and (c) what units/departments have been overcapacity for one or more day?

Answer:

a)

| JPCH STAFF POSITION* | NUMBER OF POSITIONS* | NUMBER OF VACANCIES |
|----------------------|----------------------|---------------------|
| LPN** | 32 | 0 |
| RN/RPN** | 637 | 48 |
| Physicians FTE*** | 72.2 | 3 |

* “Positions” and FTEs are not necessarily equivalent.

** LPN and RN/RPN includes casual, part time and full time positions.

*** Physicians are tracked by FTE not “positions”. There are 6.1 FTE physicians working as of November 26, 2019. Of these, 7.1 FTE have letters of offer; three FTE are vacant, and the SHA is actively recruiting.

b) and c)

For the time period of September 29, 2019 to November 26, 2019

| UNIT | NUMBER OF DAYS AT OR OVER CAPACITY |
|-----------------------|------------------------------------|
| Prenatal | 11 |
| Maternal | 0 |
| Newborn | 0 |
| NICU | 7 |
| Pediatrics | 5 |
| PICU | 0 |
| Children’s Emergency* | 45 |

* While the chart indicates that there were 45 days in the time period where the Children’s Emergency was considered overcapacity, it should be noted that this status was never longer than 10 hours duration, and typically occurred in afternoon and early evening hours.

On an hourly basis, of the 1,272 hours in this period of time, the Children’s Emergency experienced 244 peak hours (19%) where there were more patients than beds. In the early morning hours, there were an average of 2.7 patients in a unit equipped with ten beds.

Furthermore, while patients are registered in the Emergency Department, they are not necessarily being admitted. They may be waiting for specialty consults, etc.

Return no. 25 (Ms. Mowat):

To the Minister of Health, for organ donations received in each centre each year since 2014-15, (a) how many donations were received, and (b) how many of each type of donations were completed at each centre?

Answer:

- (a) The location of donation is dependent on where the donor is located; however, in most cases the donation occurs in Regina or Saskatoon.

| Year | Total Number of Donations Received |
|----------|------------------------------------|
| 2014-15 | 7 |
| 2015-16 | 12 |
| 2016-17 | 19 |
| 2017-18 | 16 |
| 2018-19 | 17 |
| 2019-20* | 9 |

*Year-to-date count up to September 30, 2019.

- (b) Only kidney and corneal transplant surgeries are performed in Saskatchewan; all other types of transplant surgeries are completed out-of-province. All kidney transplants are performed in Saskatoon at St. Paul's Hospital.

| Year | # Transplants | | |
|-----------|----------------|--------|-----------|
| | Kidney* | Cornea | |
| | Saskatoon Only | Regina | Saskatoon |
| 2014-15 | 19 | 103 | |
| 2015-16 | 19 | 47 | |
| 2016-17 | 26 | 48 | |
| 2017-18 | 32 | 40 | |
| 2018-19 | 39 | 23 | 29 |
| 2019-20** | 28 | 11 | 28 |

*Kidney counts include living donation transplants and deceased donation transplants in Saskatoon as well as Kidney Paired Donations.

** YTD count up to September 30, 2019.

Note: Reporting of corneal transplants, split by centre, is not available prior to 2018-19.

Return no. 26 (Ms. Mowat):

To the Minister of Health, how many “zero alerts” (no ambulances available) in Saskatoon in 2017–18, 2018–19, and 2019–20 (to date)?

Answer:

The number of calls where no ambulance was available in Saskatoon is not tracked through standardized reporting. This information has to be calculated and reported by Medavie Health Services through manual data extraction, for this reason the data may be inaccurate.

In the cases where an ambulance is not immediately available to respond to a higher priority (Delta/Echo) call, first response is provided by the Saskatoon fire department and/or EMS supervisor followed by the next available ambulance for transport.

Medavie Health Services West Call Volumes

| | 2017-18 | 2018-19 | April 1, 2019- November 17, 2019 |
|---|--------------|--------------|-------------------------------------|
| Total Call Volume | 30,292 calls | 30,722 calls | 18,807 calls |
| Total number of higher priority (Delta/Echo)calls where transport was not immediately available | 80 calls | 114 calls | 106 calls |

Data source: Medavie Health Services West

Return no. 27 (Ms. Mowat):

To the Minister of Health, for each former health region, how many days were there no ambulances available to respond to calls in 2017–18, 2018–19, and 2019–20?

Answer:

Within each of the former health regions, there are a number of communities that provide ambulance services. In the event that an ambulance located within a community is not available to respond, the next closest available ambulance and medical first responders (MFRs) will respond to the call. As such, there were never any days when an entire former region was without an ambulance to respond to calls.

The data for when an ambulance service is not available to respond is not tracked through standardized reporting.

Question no. 28 (Ms. Mowat):

To the Minister of Health, (a) how much ministry funding has been allocated for physiotherapy each fiscal year since 2015–16, and (b) how much did the Saskatchewan Health Authority (or former health regions) spend on physiotherapy each year since 2015–16?

Answer:

a) Physiotherapy services are included in the global funding provided to the Saskatchewan Health Authority.

b) The Saskatchewan Health Authority reported their physiotherapy expenditures as:

2015-16 actual - \$36.03M

2016-17 actual - \$36.91M

2017-18 actual - \$37.01M

2018-19 actual - \$36.88M

Return no. 29 (Ms. Mowat):

To the Minister of Health, (a) for each year since 2015–16, how many positron emission tomography (PET) scans were performed, and (b) for how each year since 2015–16, how many PET scans that had been scheduled were cancelled?

Answer:

- a) The table below shows the PET-CT exams performed each fiscal year since 2015-16 (with data to Sept 29, 2019).
- b) The table below shows the number of PET-CT scans that were rescheduled. When PET-CT services have been disrupted due to unexpected maintenance or isotope shortages, all patient scans are rescheduled within a reasonable time period.

| Year | Exam volume | Days down or limited | Patients Affected and Rescheduled |
|------------------|-------------|----------------------|-----------------------------------|
| 2015-2016 | 1,650 | 16 days | 76 patients affected |
| 2016-2017 | 2,075 | 17 days | 92 patients affected |
| 2017-2018 | 2,203 | 9 days | 84 patients affected |
| 2018-2019 | 2,420 | 27 days | 266 patients affected |
| 2019-2020 YTD | 1,081 | 6 days | 65 patients affected |

Return no. 30 (Ms. Mowat):

To the Minister of Health, how many transcatheter aortic valve implantation (TAVI) procedures were performed in 2018–19, and 2019–20 (to date)?

Answer:

From April 1, 2018 to March 31, 2019 there were 34 TAVI procedures performed.

Between April 1, 2019 and November 18, 2019, there have been 32 TAVI procedures performed.

Return no. 31 (Ms. Mowat):

To the Minister of Health, in terms of Lyme disease, (a) what is the prevalence of Lyme disease in our province, (b) how many individuals have been diagnosed each year since 2015-16, and (c) how many doctors are able to diagnose Lyme disease?

Answer:

- (a) Lyme disease symptoms sometimes appear in overlapping stages, as early localized Lyme disease, early disseminated Lyme disease and late disseminated Lyme disease. It is often diagnosed more than three months to years after initial infection and some treated people continue to have symptoms after treatment. For these reasons a prevalence rate cannot be calculated as the number of existing cases is not known. There have been 10 reported confirmed cases of Lyme disease since 2009. Eight of these were travel-related, one was possibly locally acquired, and one was locally acquired.
- (b) There was one person reported with Lyme disease in 2016, four persons in 2017, two persons in 2018 and one person in 2019. No cases of Lyme disease were reported in 2015.
- (c) The Ministry of Health does not maintain information with respect to the specific services individual physicians provide, whether it be to restrict their scope of practice to a particular area of interest, or if they expand services they provide through additional training.

In Saskatchewan, the College of Physicians and Surgeons of Saskatchewan is responsible for developing the standards of practice in all fields of medicine under The Medical Profession Act, 1981. To support the college and health care practitioners, the Ministry of Health Deputy Medical Health Officer sent an April 2018 letter to all physician and nurse practitioners drawing attention to Lyme disease, diagnosis and treatment. Information on Lyme disease is also provided to health care providers through newsletters from the Roy Romanow Provincial Laboratory and is available at www.saskatchewan.ca/residents/health/diseases-and-conditions/lyme-disease.