

Return no. 52 (Ms. Chartier):

To the Minister of Health, what is the average wait time from emergency department decision to admit to admission to Dube Centre in Saskatoon, and the inpatient mental health beds at the Regina General Hospital, for adults and youth in 2018/19, and (b) 2019/20 year-to-date?

Answer:

The average wait time from emergency department decision to admit to admission to Dube Centre in Saskatoon in 2018/19 was 18.84 hours for adult patients and 5.25 hours for youth patients. During that same period, the average wait time from emergency department decision to admit to admission to the mental health centre at Regina General Hospital was 9 hours and 59 minutes for adult patients and 6 hours and 10 minutes for youth patients.

The average wait time from emergency department decision to admit to admission to Dube Centre in Saskatoon for the current year-to-date is 13.27 hours for adult patients and 2.61 hours for youth patients. The average wait time from emergency department decision to admit to admission to the mental health centre at Regina General Hospital year-to-date is 12 hours and 37 minutes for adult patients and 5 hours and 41 minutes for youth patients.

Return no. 53 (Ms. Chartier):

To the Minister of Health, what is the wait time for publicly funded addictions treatment facilities as of Oct. 31, 2019 for (a) inpatient adult and youth, and (b) detox for adult and youth?

Answer:

- (a) The average wait time for each publicly-funded addictions inpatient treatment facility as of October 31, 2019 is as follows:

Valley Hill Youth Treatment Centre, Prince Albert – Youth Inpatient - less than 24 hours
Calder Centre, Saskatoon – Adult Inpatient – 2 weeks; Youth Inpatient – less than 24 hours
Family Treatment Centre, Prince Albert – Adult Inpatient – 3 weeks
MACSI Prince Albert, Regina, and Saskatoon – Adult Inpatient – 1-2 weeks
Saskatchewan Impaired Driver Treatment Centre, Prince Albert – Adult Inpatient – 3 months
Hopeview, North Battleford – Adult Inpatient – 2 to 4 weeks
Pine Lodge Treatment Centre, Indian Head – Adult Inpatient – 2-4 weeks

- (b) The average wait time for each publicly-funded addictions detox treatment facility as of October 31, 2019 is as follows:

Calder Youth Stabilization Unit – Youth Detox – less than 24 hours
Youth Detox Centre, Regina – Youth Detox – less than 24 hours
Wakamow Manor, Moose Jaw – Adult Detox – 2 weeks
St. Joseph's Health Centre, Ile-a-la-Crosse – Adult Detox – less than 24 hours
La Loche Health Centre, La Loche – Adult Detox – less than 24 hours
La Ronge Health Centre, La Ronge – Adult Detox – 3 to 4 days
Robert Simard, Meadow Lake – Adult Detox – 24-48 hours
Prince Albert Brief Detox, Prince Albert – Adult Detox – less than 24 hours
Regina Brief Detox, Regina – Adult Detox – less than 48 hours
Saskatoon Brief Detox, Saskatoon – Adult Detox – less than 24 hours
MACSI: Prince Albert - Adult Detox – 24-48 hours
Prince Albert Social Detox, Prince Albert – Adult Detox – less than 48 hours
Regina Social Detox, Regina – Adult Detox – less than 48 hours
Saskatoon Social Detox, Saskatoon – Adult Detox – less than 24 hours

*As reported by the Saskatchewan Health Authority and CBOs.

Return no. 54 (Ms. Chartier):

To the Minister of Health, (a) what is the current function as of Oct. 31, 2019 of the former mental health assessment unit at the Royal University hospital, and (b) what other uses has it provided the health region in the last 3 months?

Answer:

(a) The function of the former mental health assessment unit as of Oct. 31, 2019 was as a mental health short stay unit.

(b) The former mental health assessment unit was converted to a mental health short stay unit on September 29, 2019 and has continued to function solely as a mental health short stay unit.

Return no. 55 (Ms. Chartier):

To the Minister of Health, what is the percentage of admissions into addictions inpatient treatment where the individual identified crystal meth as the issue that brought them to addictions treatment centres in 2018/2019 and 2019/2020 to date?

Answer:

The percentage of admissions into addictions inpatient treatment where the individual identified crystal meth as an issue that brought them to addictions treatment centres was 32.7 per cent in 2018-19. The data for 2019-20 (Year to date) is unavailable.

*As reported by the Saskatchewan Health Authority.

Return no. 56 (Ms. Mowat):

To the Minister of Health, what is the percentage of admissions in to addictions inpatient treatment where the individual identified opioids as the issue that brought them to addictions treatment centres in 2013/14, 2014/15, 2015/16, 2016/17, 2017/18, 2018/19, 2019/20, to date?

Answer:

This data is not available.

Return no. 57 (Ms. Chartier):

To the Minister of Health, what is the percentage of patients seen by physicians in emergency departments where the individual identified opioids as the issue that brought them there in 2013/2014, 2014/2015, 2015/2016, 2016/2017, 2017/2018, 2018/2019, and 2019/2020 to date?

Answer:

Information is presented for hospitals in Saskatoon and Regina as these are the only hospitals with data for all years requested.

Percent of emergency department visits in Saskatoon and Regina hospitals with problematic opioid use

Visit disposition	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20-Q1
Seen by a physician	0.23%	0.24%	0.27%	0.27%	0.30%	0.38%	0.41%
Left without being seen	0.01%	0.01%	0.01%	0.01%	0.02%	0.03%	0.03%
Total	0.24%	0.25%	0.28%	0.29%	0.32%	0.41%	0.44%

The data source is the National Ambulatory Care Reporting System, including the December 5, 2019 cut of the 2019-20 year-to-date file.

Emergency department visits for problematic opioid use were identified using the following International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada (ICD-10-CA) diagnosis codes:

- F11* Mental and behavioural disorders due to use of opioids
- T400* Poisoning by opium
- T401* Poisoning by heroin
- T402* Poisoning by other opioids (e.g. Codeine, Morphine)
- T403* Poisoning by methadone
- T404* Poisoning by other synthetic narcotics (e.g. Fentanyl)
- T406* Poisoning by other and unspecified narcotics

All ten diagnosis fields were searched.

Return no. 58 (Ms. Chartier):

To the Minister of Health, what is the percentage of patients seen by physicians in emergency departments where the individual identified crystal meth as the issue that brought them there in 2013/2014, 2014/2015, 2015/2016, 2016/2017, 2017/2018, 2018/2019, and 2019/2020 to date?

Answer:

Information is presented for hospitals in Saskatoon and Regina as these are the only hospitals with data for all years requested. There are not specific diagnosis codes for crystal meth, so counts are for diagnoses that include other stimulants but do not include cocaine.

Percent of emergency department visits in Saskatoon and Regina hospitals for problematic stimulant (excluding cocaine) use

Visit disposition	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20 YTD
Seen by a physician	0.06%	0.11%	0.20%	0.30%	0.44%	0.54%	0.55%
Left without being seen	0.00%	0.00%	0.02%	0.02%	0.04%	0.04%	0.03%
Total	0.06%	0.11%	0.22%	0.33%	0.49%	0.58%	0.58%

The data source is the National Ambulatory Care Reporting System, including the December 5, 2019 cut of the 2019-20 year-to-date file.

Emergency department visits for problematic stimulant (excluding cocaine) use were identified using the following International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada (ICD-10-CA) diagnosis codes:

F15* Mental and behavioural disorders due to use of other stimulants, including caffeine (Does not include cocaine.)

T436* Poisoning by psychostimulants with abuse potential (excludes cocaine)

All ten diagnosis fields were searched.

Return no. 59 (Ms. Chartier):

To the Minister of Health, for each month since January 2019, (a) how many days was the Dube Centre at Royal University hospital over census, (b) what was the maximum number of people who required admission but had no available bed to the Dube Centre, and (c) what spaces were used to accommodate patients who were admitted but had no bed in the Dube Centre?

Answer:

- (a) The table below indicates the number of days that the Dube Centre at Royal University Hospital (RUH) was over census for each month since January 2019:

Month	Days Over Census
January 2019	31
February 2019	28
March 2019	31
April 2019	30
May 2019	30
June 2019	30
July 2019	31
August 2019	26
September 2019	30
October 2019	31
November 2019	30

- (b) The table below indicates the maximum number of people who required admission but had no available bed at the Dube Centre for each month since January 2019:

The Date of the Maximum # of People Requiring Admission- No Available Bed	Number of People
January 21, 2019	10
February 21, 2019	10
March 19, 2019	8
April 22, 2019	6
May 13, 2019	9
June 9, 2019	6
July 23, 2019	13
August 26, 2019	10
September 16, 2019	11
October 17, 2019	13
November 25, 2019	20

- (c) The Dube Centre has two overcapacity beds for the adult mental health in-patient services. The overcapacity beds are filled on a first to accommodate basis.

In circumstances where all 54 patient beds and, the overcapacity beds are full, a 6 bed Electroconvulsive Therapy (ECT) suite was used as a patient care area.

Return no. 60 (Ms. Chartier):

To the Minister of Health, how many children and youth, in the mild and moderate categories, are waiting for an initial outpatient mental health appointment as of October, 31, 2019 in the former health regions of Sun Country, Five Hills, Cypress, Regina Qu'Appelle, Sunrise, Saskatoon, Prince Albert Parkland, and Prairie North?

Answer:

The table below indicates the number of children and youth, in the mild and moderate categories and, are waiting for an initial outpatient mental health appointment as of October 31, 2019:

Former Health Region	Number of Children and Youth Waiting
Sun Country	13
Five Hills	0
Cypress	9
Regina Qu'Appelle	130
Sunrise	12
Saskatoon	289
Prince Albert Parkland	41
Prairie North	61

Return no. 61 (Ms. Mowat):

To the Minister of Health, how many midwives are currently practicing in each centre?

Answer:

The following outlines the number of midwives currently practising in each centre:

Fort Qu'Appelle: three

Regina: five (not all are working in a full-time capacity)

Saskatoon: seven (not all are working in a full-time capacity)

Swift Current: two

Return no. 62 (Ms. Mowat):

To the Minister of Health, for each fiscal year since 2013–14, how much did the province spend on midwifery?

Answer:

The Ministry of Health provides global funding to the Saskatchewan Health Authority (and formerly the Regional Health Authorities) for the delivery of health programs and services. The Province funded the following amounts:

Year	Amount
2013 - 14	\$2,174,000
2014 - 15	\$2,177,000
2015 - 16	\$2,424,000
2016 - 17	\$2,448,000
2017 - 18	\$2,435,000
2018 - 19	\$2,435,000
2019 - 20	\$2,435,000

Return no. 63 (Ms. Mowat):

To the Minister of Health, in terms of the community health centre at market mall in Saskatoon, (a) what is the current referral process to obtain an appointment, (b) what information related to a patient's medical history is shared with the health centre (i.e. physician visits, emergency room visits), (c) will there be a MRI (magnetic resonance imaging) in the health centre, and if so, who will be operating it, and (d) for each month since it opened, how many visits did the health centre receive?

Answer:

(a)

- Family physicians and other primary care team members can refer senior citizens to the community health centre (CHC) at Market Mall, either by filling out a referral form or by phoning the CHC staff.
- Emergency department physicians refer patients to the CHC for specific follow up care or to provide intravenous (IV) antibiotics and/or other prescribed therapy.
- Citizens can walk in at the CHC for urgent assessment/treatment.

(b)

- When a referral form is sent, it includes information such as reason for referral, the client's functional goals and other information relevant to ensuring appropriate care.
- In supporting care and providing service for clients/patients, staff at the CHC have access to:
 - laboratory results from any testing conducted in the province;
 - medical imaging results if the imaging was provided by the Saskatchewan Health Authority;
 - notes regarding home care services the client/patient may have received/is receiving;
 - notes regarding services received through the LiveWell chronic disease management support program;
 - clinical information from Saskatchewan hospitals and the Saskatchewan Cancer Agency

(c) The Saskatchewan Health Authority will not be operating magnetic resonance imaging (MRI) equipment in its community health centre at Market Mall.

(d)

Month	Number of visits by type					Monthly total
	MD appts.	RN appts.	Tele- phone consults.	Stroke clinic appts.	Infusion room appts.	
NOV 2018	19					19
DEC 2018	75			1		76
JAN 2019	62	1		22		85
FEB 2019	72	5		8		85
MAR 2019	86			10		96
APR 2019	71			9		80
MAY 2019	101			10		111
JUN 2019	119		4			123
JUL 2019	165	5	6	3	1	180
AUG 2019	161	38	171	6	1	377
SEP 2019	194	34	138	8	9	383
OCT 2019	207	37	149	3		396
NOV 2019	260	56	192	6		514