SASKATCHEWAN BILATERAL AGREEMENTS – PUBLIC REPORTING

Working Together: Shared Health Priorities – Common Indicators

Indicators	Baseline	Targets and Timeframes		Update[1]
		Targets	Time Frames	
Family Health Services				
Percentage of Canadians who report having access to a regular family health team including in rural and remote areas.[2]	84% (2020-21)	85.5%	March 31, 2026	82.6% (2024)
Health Workers and Backlogs				
Size of COVID-19 surgery backlog.[3]	-14% - percentage change in number of surgeries done monthly between March 2020 and September 2022, compared with 2019.	8%	March 31, 2026	7% (2024-25)
Net new family physicians (FP), registered nurses (RNs), and nurse practitioners (NPs). (Definition changed in 2023)	• FPs: 46 • NPs: 19 • RNs: 257 (2022[4])	Zero	March 31, 2026	Supply Count Comparable to Previous Year • FPs: 25[5] (2023 data) • NPs: 17[6] • RNs: 745[6] (2024)

Mental Health and Substance Use				
Median wait times for community mental health and substance use services.[7] (Data coverage changed in 2024-25)	12 days (2020)	11 days	March 31, 2026	21 days (2024-25)
Percentage of youth aged 12 to 25 with access to Integrated Youth Services (IYS) for mental health and substance use.	0 Active sites and four under development	A minimum of three IYS sites to be operationalized.	March 31, 2026	4 sites operational (2023-24)
Percentage of Canadians with a mental disorder who have unmet health care needs.[8] (Methodology changed in 2024)	7% (2018)	6.3%	March 31, 2026	16.7% (2024)
Modernizing Health Systems				
Percentage of Canadians who can access their own comprehensive health record electronically.[9]	56% (2022)	60%	March 31, 2026	60% (2023)
Percentage of family health service providers and other health professionals (e.g., pharmacists, specialists, etc.) who can share patient health information electronically.[10]	30% (2021)	Zero change	March 31, 2026	19% (2023)

Data Source and Methodological Notes:

1. Update is from the CIHI October 23, 2025, Taking the Pulse Report (except for data on the supply of family physicians and modernizing health system indicators).
2. Statistics Canada - 2024 Canadian Community Health Survey and the Canadian Health Survey on Children and Youth. Starting in this year, this indicator is reported separately for adults (18+) and children/youth (1-17) (new), meaning year-over-year comparisons should account for this change. The figure presented in this table reflects data for adults (18+) only.
3. Baseline reporting is from CIHI's August 2, 2023, Snapshot Report.
4. Baseline data for NPs and RNs: Nursing in Canada, 2022: Canadian Institute for Health Information (CIHI), 2023. Baseline data for FPs: Supply, Distribution and Migration of Physicians in Canada, 2022 Canadian Institute for Health Canada (CIHI), 2022. The rationale behind a zero target is that current actions are intended to stabilize the workforce due to normal attrition (e.g., retirement, moving to another province, etc.). The supply count in the update section for NPs and RNs: Nursing in Canada, 2024: Canadian Institute for Health Information (CIHI), 2025, and for FPs: Supply, Distribution and Migration of Physicians in Canada, 2023 Canadian Institute for Health Canada (CIHI), 2023.
5. Updated 2024 supply data for family physicians is not yet available; therefore, the figure presented in this table reflects 2023 data.
6. CIHI changed how this indicator is measured. While the baseline was on the supply count of physicians, nursing practitioners and registered nurses, the 2024 and 2025 CIHI releases measured the net difference. That is, the difference between the health professionals entering and leaving the workforce in Saskatchewan. Hence, the data is not comparable to the baseline. The following are the net new differences per 10,000 population as reported by CIHI in its October 2025 report:
    - FPs: 0.15
    - NPs: -0.03
    - RNs: 0.59
7. Provincial and territorial data collection systems, 2024-25. For some provinces, results are based on partial or incomplete data coverage. This is primarily due to data missing by geography or service type (e.g., wait time data for publicly funded services that are contracted to third-party organizations is missing for some jurisdictions). Data coverage for Saskatchewan improved from partial in 2023-24 to complete in 2024-25. Some Saskatchewan regions were not included in the 2023-24 data but were included in the 2024-25 dataset, which may affect comparability between the two fiscal years.
8. Statistics Canada - 2024 Canadian Community Health Survey and the Canadian Health Survey on Children and Youth. This indicator was reported separately for adults (18+) and children/youth (1-17), with an expanded definition to include all diagnosed mental health conditions lasting six months or more. Results are not directly comparable to past reporting as the 2018 data used a different population (Canadians aged 12+ with a diagnosed mood or anxiety disorder). Specifically, the mental health conditions covered in 2018 included only mood and anxiety disorders, whereas for 2024, the coverage expanded to include schizophrenia or other psychoses, post-traumatic stress disorder, eating disorders (e.g., anorexia, bulimia), and attention deficit disorder or attention deficit hyperactivity disorder.

    The figure presented in the update column above reflects data for adults (18+) only. A more comparable analysis and custom breakdown of both years is shown in the following table:

	2018			2024		
Jurisdiction	Unmet or partially met need	Partially met need	Unmet need	Unmet or partially met need	Partially met need	Unmet need
Canada	26.1%	19.0%	7.0%	40.5%	23.6%	16.9%
Saskatchewan	25.5%	18.4%	7.0%	39.4%	22.7%	16.7%

9. In Saskatchewan, the definition of comprehensive health record is what information is displayed in MySaskHealthRecord (MSHR) at the time. Update to this indicator will be reported early in 2026 with a new methodology and source (i.e., Statistics Canada vs. Canada Health Infoway), with data available for adults (18+) and for children/youth (1-17) available the following year. The figure presented reflects 2023 data.
10. Update to this indicator will be reported in early 2026 using Statistics Canada's survey on digital health technologies, expanding beyond physicians to include a wider range of providers. The figure presented reflects 2023 data.

Working Together: Shared Health Priorities – Jurisdiction-Specific Indicators
(Ministry of Health is the data source for all the indicators in the table below)

Indicators	Baseline	Targets and Timeframes		Update at March 31, 2025
		Targets	Time Frames	
Family Health Services				
Increase the call volume for the Virtual Physician Programs	14,962 (2022-23)	Increase volume by 5%	March 31, 2026	16,850 calls (an increase of 13%)
Health Workforce and Reducing Backlogs				
Expand the number of training seats in health care professions	1,400 (2022-23)	Add 550 more training seats	March 31, 2025	As of September 1st, 2024, 616 seats have been added
Mental Health and Addictions				
Increase the number of addiction treatment spaces	475 (2022-23)	Add 500 addiction treatment spaces	March 31, 2028	281 spaces added
Modernizing Health Systems				
Increase the number of surgical sites that have the Surgical Information System (SIS)/OR Manager Software	7 surgical sites (2022-23)	17 surgical sites	March 31, 2027	7 surgical sites[1]

[1] 13 surgical facilities in 7 sites have had SIS/OR Manager software installed. Significant preparatory work completed in all facilities, and project milestones advancing on track for March 2026 completion.

Aging with Dignity: Shared Health Priorities – Jurisdiction-Specific Indicators
(Ministry of Health is the data source for all the indicators, except the ambulatory care sensitive conditions, in the table below)

Indicators	Baseline	Targets and Timeframes		Update at March 31, 2025
		Targets	Timeframes	
Health Networks and Connecting Patient Medical Homes				
Reduce the rate of ambulatory care sensitive condition hospitalizations[1]	417 per 100,000 (2022-23)	5% reduction (396 per 100,000)	March 31, 2026	444 per 100,000[2] (2024-25)
Palliative Care				
Increase the number of home care services accessed by palliative care patients	92,071 home care service units provided (2022-23)	Increase number of home care service units by 5%	March 31, 2027	107,640 home care service units provided (increase of 16.9%) (2024-25)
Improving Care in Long-Term Care (LTC) Facilities				
Increase the number of Continuing Care Aides (CCAs) working in LTC homes	5,089 paid full-time equivalents (FTEs - 2022-23)	Increase number of paid FTEs by 100	March 31, 2028	5,220.7 FTEs (an increase of 131.7 FTEs) (2023-24)[3]
Inspections and Monitoring Compliance				
Increase the annual number of regularly scheduled inspections in LTC homes	36 inspections done (2022-23)	Increase number of inspections to 50 per year	March 31, 2028	35 inspections done[4] (2024-25)

[1] Data is from the Canadian Institute for Health Information.
[2] As of March 31, 2025, Saskatchewan's new Patient Medical Homes (PMH) had yet to be launched, the Innovation Fund (IF) supporting fee-for-service clinics was not yet underway, and the province was still finalizing its primary care strategy. The province's Transitional Payment Model, which incentivizes longitudinal care and chronic disease management within primary care is now becoming established, and the province is adding five additional urgent care centres throughout the province. Hospitalizations for ambulatory care sensitive conditions are expected to decline once these initiatives and related investments take effect.
[3] CCAs data for 2024-25 is still being validated out of the new Provincial Administrative Information Management System (AIMS) and is not yet available.
[4] The number of LTC inspections began with a baseline of 36 in 2022-23. A total of 13 inspections were completed in 2023-24, and the number rose to 35 in 2024-25, representing a 169% increase.