Annual Report

2025-26

Ministry of Health

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Saskatchewan

Letters of Transmittal

The Honourable
Jeremy Cockrill
Minister of Health

The Honourable
Lori Carr Minister of Mental Health and Addictions, Seniors and Rural and Remote Health

Office of the Lieutenant Governor of Saskatchewan

We respectfully submit the Ministry of Health Annual Report for the fiscal year ending March 31, 2026.

In 2025-26, Saskatchewan advanced many important initiatives to strengthen health system capacity to better serve patients and families across the province.

A significant highlight this year was the launch of Saskatchewan's Patients First Health Care Plan. This plan focuses on ensuring patients receive the right care, in the right place, at the right time by improving access to timely high-quality care.

Ensuring every Saskatchewan resident has access to a primary care provider by the end of 2028, continues to be a top priority. Saskatchewan launched the largest publicly funded nurse practitioner-led expansion in the province's history that has helped improve access to primary care for thousands of patients and reduce pressure on emergency departments.

The Health Human Resources Action Plan continued strengthening the workforce by recruiting, training and retaining more nurses, physicians and allied health professionals. Saskatchewan expanded physician training seats, added new rural family medicine training locations, increased incentives for rural and northern communities and expanded recruitment efforts to better stabilize service delivery across the province.

Saskatchewan achieved record surgical volumes in 2025-26. Capacity was expanded for diagnostic imaging services to support more timely diagnosis and treatment. Breast cancer screening age eligibility was lowered, and a new, custom-designed mobile mammography unit was introduced to travel to rural and remote communities and improve early detection.

Mental health and addictions services remained a priority through continued expansion of addictions treatment spaces. These efforts mean Saskatchewan is moving closer to the goal of 500 spaces, as well as advancing the Virtual Access to Addictions Medicine program.

We remain committed to ensuring Saskatchewan residents have access to timely, high-quality care close to home.

The Honourable Jeremy Cockrill,
Minister of Health

The Honourable Lori Carr, Minister of Mental Health and Addictions, Seniors and Rural and Remote Health

Rebecca Carter
Deputy Minister of Health

Dear Ministers:

It is my honour to submit the Ministry of Health Annual Report for the fiscal year ending March 31, 2026.

In 2025-26, the Ministry of Health continued working with partners to strengthen Saskatchewan's health system by improving access to care, supporting patients and families, investing in the health-care workforce and advancing infrastructure and innovation across the province.

The nurse practitioner pilot expanded from six to 30 contracts, with 23 signed in the first six months, creating capacity to connect more than 18,000 residents to a primary care provider. The Ministry also supported 28 physician-led clinics through the Physician Innovation Fund and advanced 10 Patient Medical Homes, including five now operating.

Access to acute and emergency care improved with the first 40 new acute care beds opening at Saskatoon City Hospital and expanded virtual physician supports helping rural emergency departments avoid service disruptions. Hospital safety measures were strengthened, including metal detectors at certain emergency department entrances.

Saskatchewan achieved record surgical volumes for the second consecutive year, performing more than 100,000 surgeries and implementing centralized surgical scheduling in most sites. CT and MRI volumes increased by more than 19,000 additional scans over the previous year. The Regina Breast Health Centre opened in 2025-26 to improve coordinated breast health services.

Long-term care capacity increased with 144 new beds in Regina and enhanced oversight resulted in a significant rise in long-term and personal care home inspections. Progress also continued on mental health and addictions investments, including development of the new Complex Needs Facility in Prince Albert, expected to open in fall 2026.

Major infrastructure projects advanced across the province, including the Weyburn General Hospital, Saskatoon Urgent Care Centre, Prince Albert Victoria Hospital Acute Care Tower and La Ronge Long-Term Care Home.

The Ministry of Health remains committed to working with partners to deliver timely, high-quality care closer to home, guided by the Patients First Health Care Plan to ensure people receive the right care, in the right place, at the right time.

Rebecca Carter
Deputy Minister of Health

Organization Overview

Mandate

Through leadership and partnership, the Ministry of Health is dedicated to achieving a responsive, integrated and efficient health system that puts the patient first and enables people to achieve the best possible health by promoting healthy choices and responsible self-care.

Mission

The Saskatchewan health-care system works with you to achieve the best possible care, experience and health.

Vision

Ministry of Health Business Plan: saskatchewan.ca/ministry-plans

Progress on Goal 1: Better Access to Care

Build a responsive health-care system so Saskatchewan people have access to the care they need, in the way that best supports them, within appropriate timeframes for their health and wellbeing.

Strategy: *The approach we took to achieve our goal*
Expand Access to Primary and Preventative Care
Residents enjoy prompt access to a primary care team and receive services from the most appropriate provider working to the top of their scope. There is continuity of care and providers within the team can share information relevant to the patient's care. In addition, patients are involved in decisions related to their care and care is provided in culturally sensitive and appropriate ways. The health system works to prevent and manage diseases to support good health for Saskatchewan residents.

Key Actions: *What we did to get there*

- **Work towards the goal that everyone in Saskatchewan has access to a primary health provider – a doctor or a nurse practitioner – by the end of 2028.**
    - A new nurse practitioner funding model was introduced, allowing nurse practitioners to deliver publicly funded primary care through independent contracts, an approach not previously available.
    - During the first intake, which opened in July-August 2025, 23 nurse practitioner contracts were signed.
    - As of March 31, 2026, contract NPs are providing comprehensive primary care services in Regina, Saskatoon, Prince Albert, Moose Jaw, Estevan and four rural communities including Arcola, Carnduff, Cupar and Wilkie. Services will be expanded to additional communities as NPs in the second intake become operational throughout the summer of 2026.
    - The initiative is improving access to timely, relationship-based care, helping reduce reliance on emergency departments and supporting patients with both routine and complex health-care needs.
    - Ten new primary care teams are under development with five already operating, offering coordinated, multi-provider support, especially in rural and under-served areas like Kamsack, Wadena and Esterhazy. The remaining Patient Medical Homes (PMHs) continue to receive support as they move towards full implementation.
    - Twenty-eight physician-led clinics were funded to operate under collaborative, team-based models through a new $10 million Physician Innovation Fund.

- **Improve access to team-based primary care:**
    - Continue to work with system partners to implement Patient Medical Homes and primary health-care teams across the province.
        - The Saskatchewan Health Authority (SHA) is advancing the development of provincial PMH standards, workflows, job descriptions and electronic medical record (EMR) standardization to support consistent implementation across the province.

        - The Ministry and the SHA also implemented an Access and Attachment Network Service Planning process in 2025-26 to support the coordinated development of future PMHs across the province. This process will help identify and prioritize provincial resources to support implementation of additional PMHs.
    - Continue improving access to nurse practitioners through primary care teams and independent nurse practitioner clinics.
        - As of March 31, 2026, a total of 14.5 full-time equivalent (FTE) nurse practitioner (NP) positions were filled in rural and regional Saskatchewan communities. These NP positions were part of the 27.4 NP positions approved in the SHA in 2024-25.
        - In addition to the permanent NP positions, the SHA established several temporary positions in 2025-26, including 7.0 FTE temporary NP positions and 9.0 FTE temporary Registered Nurse (RN) positions to address primary care access in rural and regional communities, resulting from temporary physician vacancies.
        - The target for publicly funding independent NP clinics was exceeded in 2025-26, with 23 Primary Care NP contractor positions established, surpassing the target of six.
        - Each FTE contracted NP is committed to attaching at least 800 patients by the end of the second year of their agreement, supporting permanent access to primary care for at least 18,400 Saskatchewan residents.
        - A second intake opened in March 2026, with more contract NPs opening clinics practices throughout the summer of 2026.

- **Enhance programs dedicated to Sexually Transmitted and Blood-Borne Infections (STBBI) to address provincial infection rates and support Saskatchewan's Multi-Year Action Plan.**
    - The Ministry released the *Sexually Transmitted and Blood-Borne Infection Testing Policy* in June 2025, which outlines expectations for programs and services that contribute to achieving the goals for the health of the population, namely reducing STBBIs through testing services.
    - The STBBI Multi-Year Action Plan was completed and publicly released in October 2025, supporting a coordinated provincial response to rising infection rates and strengthening collaboration among system partners.
    - In February 2026, the SHA hosted an STBBI Partnership Event in Regina that brought together more than 80 participants from the SHA, the Ministry, Indigenous Services Canada, Northern Inter-Tribal Health Authority, community-based organizations and patient and family partners to support collaboration and shared planning.

- **Improve access to cancer screening by:**
    - Continuing the phased implementation to lower breast cancer screening eligibility to age 43 by March 31, 2026, towards the goal of screening all women aged 40 and over.
        - The Saskatchewan Cancer Agency (SCA) and SHA lowered the age of eligibility for breast cancer screening to 43 effective January 2, 2026, as part of a phased expansion towards screening all women aged 40 and older. Next steps include lowering breast cancer screening eligibility to age 40 in July 2026.

        - The SHA and the SCA continued efforts to improve access to breast cancer screening services across the province. During 2025-26, all screening sites, except Regina, were booking appointments within one to six weeks. Regina booking times remained longer than desired at four months; however, patients were offered appointments at alternative locations with shorter wait times where possible.
        - The first new mobile mammography unit began service on January 5, 2026, improving access to screening services in rural and remote communities. A second mobile screening unit was launched in April 2026.
    - Launching the Lung Cancer Screening program pilot in two initial sites.
        - Following the initial launch of the screening program at a clinic in Swift Current, a second screening program was launched in the La Ronge area on March 9, 2026, supporting increased access to screening services in northern Saskatchewan.
        - The program received 117 referrals and completed 32 low-dose CT scans as part of early lung cancer detection efforts as of March 31, 2026.
        - Software enhancements to the LungCheck program were implemented in February 2026 to support program operations, referrals and patient management processes.
    - Progressing the transition to Human Papillomavirus (HPV) at-home self-screening for cervical cancer, targeted for 2026-27.
        - Planning and implementation work continued in 2025-26 supported by ongoing collaboration among health system partners, including the SHA, eHealth and the Ministry. The SCA continued to work collaboratively through the Provincial Steering Committee and associated clinical, laboratory and information technology working groups.
        - A Request for Proposal was initiated in 2025-26 to procure HPV self-sampling kits to support future implementation for at-home screening options.
        - Data Sharing Agreements and Shared Services Agreements to support the transition were initiated in 2025-26, with the first draft of the Shared Service Agreement completed.
        - New provincial cervical cancer screening guidelines were completed to support the implementation of HPV primary screening.
        - The SHA continued procurement activities for HPV laboratory equipment in 2025-26. Evaluations for proposals were completed, with contract negotiations underway.

Performance Measure Results by March 31, 2026:

85.5 per cent of citizens report having access to a regular health-care provider.

- According to the most recent Canadian Community Health Survey conducted by Statistics Canada, 82.6 per cent of Saskatchewan adults and 86 per cent of children and youth reported having access to a regular health-care provider.

Lower the age of breast cancer screening eligibility to 43 years.

- The SCA and the SHA lowered the age of eligibility for breast cancer screening to 43 effective January 2, 2026, increasing access for roughly 76,000 more patients.

Strategy: *The approach we took to achieve our goal*

Increase Access to Acute Care and Emergency Services

Emergency and acute care services are available to patients within appropriate wait times.

Key Actions: *What we did to get there*

- **Increase surgical capacity through efficiencies and operating room optimization:**
  - Standardize pre-surgical patient education and assessment at all surgical sites across the province.
    - Surgical volumes continued to increase in 2025-26, with over 102,000 total surgeries performed by fiscal year-end.
    - Work continued in 2025-26 to maximize operating room capacity and improve surgical access through recruitment and retention initiatives for anesthesiologists and surgeons, expanded use of physician extenders, increased use of short-term anesthesia locums and implementation of central intake and pooled referral systems.
    - Success in anesthesiologist recruitment and expansion of locum services fuelled an increase in surgical volume in the final fiscal quarter with 1,300 more procedures than the previous quarter.
  - Implement centralized scheduling for all surgeries.
    - Centralized surgical scheduling continued to be implemented across Saskatchewan in 2025-26.
    - Work continues to address staffing pressures and support full implementation in all locations.
    - Groundwork in this fiscal year will support 2026-27 developments such as implementation of IT-based scheduling algorithms, upgrades in standardized training for schedulers and review of booking office staffing models and job classifications to support recruitment and retention efforts.

- **Streamline care to improve surgical wait times and improve appropriateness.**
  - Implement enhancements to existing surgical pathways, such as hip, knee and spine.
    - For Hip and Knee Pathways, working groups made significant progress in standardizing preoperative assessments, patient journeys and educational materials. Patient-Reported Outcome Measures were also implemented in Moose Jaw and Regina during 2025-26.
    - A pooled referral service for provincial neurosurgery and spine surgery referrals went live in March 2026. Pooled referrals are intended to improve referral coordination and avoid accumulation of long-waiting patients on the wait list of a few surgeons.
    - Pooled referral services will incorporate assessment by Spine Pathway clinics for patients with low back pain diagnoses. Spine Pathway clinics assess patients to determine if surgery is required or if other non-surgical interventions would be more appropriate for the patient.
    - Spine Pathway working groups worked on standardizing preoperative and inpatient surgical care processes, including patient education and Enhanced Resource After Surgery (ERAS) principles.
  - Improve prioritization, wait list management and ensure appropriate case mix of surgeries so the priority patients get surgery soonest.
    - In 2025-26, an average of 86.7 per cent of all surgeries were performed or offered within six months.

        - On March 31, 2026, the surgical wait list was roughly two per cent lower than it was on March 31, 2025 (30,786 cases this year compared to 31,311 last year).
        - Further wait time reduction was hampered by constraints on surgical volume, mainly due to gaps in anesthesiologist coverage.
        - The number of patients waiting longer than 12 months was 3,263 as of March 31, 2026, with the majority of long-waiting patients located in Saskatoon.
        - Efforts to improve waitlist management focused on strengthening compliance with Surgical Registry requirements and monitoring wait times for priority surgeries, including cancer procedures and long-waiting patients.

- **Improve patient access to medical imaging and diagnostics to achieve wait time targets.**
    - In 2025-26, a total of 175,734 patients received a CT exam and 46,721 patients received an MRI exam in Saskatchewan, a seven per cent increase or 16,000 more exams over the previous year. These scans were provided to more than 222,000 patients across the province.
    - The SHA continued efforts throughout the year to improve diagnostic imaging capacity and support progress toward provincial wait time targets for MRI and CT services.

- **Reduce emergency department wait times and improve patient flow, particularly in our largest urban facilities.**
    - Wait times for an emergency room physician initial assessment increased by 12 per cent in Saskatoon, while Regina experienced a 27 per cent decrease.

- **Increase the number of paramedics in the health system to help improve response times and stabilize services across the province.**
    - 107 ambulance services operating in 109 communities provide province-wide emergency coverage.
    - Since 2022-23, the government has expanded the emergency response workforce by 200 full time equivalent positions in 68 communities to stabilize and support services in rural and northern communities, including 30 additional positions in 12 communities in 2025-26.
    - Invested in modernized technology, such as new computer-aided dispatch systems and enhanced 911 intake to allow nurses to triage calls and refer low acuity patients to more appropriate community-based care, reducing demand on emergency rooms.

- **Expand HealthLine 811's Virtual ER Physician Program to support a minimum of 25 small to-medium rural Emergency Department locations.**
    - By March 31, 2026, the SHA's virtual physical program had expanded to 30 rural communities that are benefiting from enhanced access to emergency health services.

- **Advance plans for additional urgent care centres in the province for the communities of Prince Albert, North Battleford, Moose Jaw, Saskatoon and Regina.**
    - In 2025-26 a jurisdictional scan and data collection was completed as well as the ongoing consultation with physician and operational leads in each community.
    - Planning and procurement work that began continued with SHA project managers for Regina, Prince Albert, Saskatoon, North Battleford and Moose Jaw.
    - Developed models of care and site-specific functional planning for each site to inform decision making processes.

- **Open additional acute care beds at Saskatoon City Hospital.**
    - In 2025-26, 40 medicine beds were opened as part of a major expansion at the Saskatoon City Hospital that will add a total of 109 new acute care beds once complete.
    - Once fully implemented, the Saskatoon City Hospital expansion will increase Saskatoon's overall hospital capacity by 14 per cent, helping emergency departments admit patients more efficiently, reducing wait times for admissions and ensuring timely care in the most appropriate setting.
    - The full rollout of the 109-bed expansion at the Saskatoon City Hospital will include 22 Acute Rehabilitation beds, 12 Acquired Brain Injury beds, 60 General Medicine beds, 15 High Acuity beds and additional ancillary and support services, including expanded Medical Imaging, Laboratory and Pharmacy Services.
    - To support the expanded acute care services at Saskatoon City Hospital, the SHA will recruit more than 500 additional staff and physicians.

Performance Measure Results by March 31, 2026:

No patients are waiting longer than 12 months for surgery.

- The number of patients waiting longer than 12 months was 3,263 as of March 31, 2026.

90 per cent of surgeries are performed or offered within 6 months.

- In fiscal year 2025-26, an average of 86.7 per cent of surgeries were performed or offered within six months of their booking date.

Increase MRI and CT volumes to achieve the 60-day wait time target by 2027-28.

- As of March 31, 2026, 175,734 patients received a CT exam, an increase of 12,005 patients more than the previous year. The average wait time for a CT exam as of March 31, 2026, is 31.8 days. As of March 31, 2026, 46,721 patients received an MRI exam, an increase of 4,011 patients over the previous fiscal year. The average wait time for an MRI exam as of March 31, 2026, is 108 days.

Implement central intake for MRI and CT referrals.

- Progress continues to work towards the implementation of a central intake system for MRI and CT referrals.

Additional acute care beds are operational at Saskatoon City Hospital.

- In 2025-26, 40 beds were opened as part of a major expansion at the Saskatoon City Hospital that will add a total of 109 new acute care beds once complete.

Strategy: *The approach we took to achieve our goal*

Increase Access to Mental Health and Addictions Recovery Supports
Continue to support recommendations in the *Mental Health and Addictions Action Plan 2023-2028*, so that Saskatchewan residents have improved access to services from the most appropriate mental health and addictions professional at the right location when needed.

Key Actions: *What we did to get there*

- **Continue work towards adding 500 addictions treatment spaces – double the amount now available in the province.**
  - As of March 31, 2026, 312 treatment spaces were operational, with an additional 55 spaces approved.
  - The Ministry continued to work with the SHA and service providers throughout 2025-26 to advance procurement activities and expand access to addictions treatment services across the province.
  - Additional Requests for Services are planned to support continued expansion of treatment capacity to meet the 500-space commitment.

- **Increase Mental Health and Addictions health human resources capacity including community and other providers.**
  - Between 2024-25 and 2025-26, the SHA has hired 14 psychologists. Further analysis and planning will continue to ensure future recruitment aligns with evolving service demands across the province.
  - Work continues to determine how to best use the psychologists or other professionals' skillsets to help address backlogs.

- **Implement a pilot for a new Virtual Access to Addictions Medicine Program and adding supports for the Provincial Opioid Agonist Therapy Program.**
  - The Virtual Access to Addictions Medicine (VAAM) pilot program was operational in 2025-26 through a phased implementation approach.
  - A soft launch was completed at all detoxification centres prior to the public launch announcement on January 26, 2026.
  - During 2025-26, the VAAM pilot expanded to include northeast Saskatchewan communities, including Nipawin, Carrot River, Arborfield, Choiceland, Tobin Lake, Cumberland House Cree Nation, Shoal Lake Cree Nation and Red Earth Cree Nation.
  - The Ministry and the SHA continued work throughout the year to improve access to addictions medicine services in rural, remote and northern communities through virtual care support and expanded service availability.

- **Initiate a new model for central intake and navigation to addictions recovery services.**
  - Existing Ministry of Health and SHA websites were updated and refined during the year to improve public access to information about addictions treatment services and supports.
  - The Ministry completed updates to its website, while development of the SHA's search-by-service functionality was completed and remained in final preparation stages prior to public launch.
  - Development continued in 2025-26 on an information technology solution to support matching individuals to available addictions treatment spaces.
  - A Provincial Navigation Team was established in 2025-26 to work with Recovery Treatment Centres and support individuals in accessing addictions treatment services.

The team began operations in a phased implementation approach and is actively supporting patient attachment to treatment programs across the province.
    - A transportation pilot initiative and a centralized call line were also launched during the year to improve access to addictions recovery services and support patient navigation throughout the treatment process.
    - Work continued with Recovery Treatment Centres to support broader participation in the provincial navigation model. Final testing and development of the addictions treatment bed solution was underway at year-end.

- **Add Complex Needs Facilities in new locations.**
    - Progress continued in 2025-26 toward establishing an additional Complex Needs Facility in Saskatchewan. An operator for the new Prince Albert site was selected through a competitive procurement process.
    - Renovations began in February 2026, with the facility expected to become operational in fall 2026.
    - The facility will have dedicated on-site health-care professionals and security personnel to provide care for up to 15 individuals in crisis. Individuals brought to the facility will be monitored for up to 24 hours for the negative effects of drug and/or alcohol intoxication. Clients are connected to services and/or supports after their stay to support longer-term recovery.
    - Work will continue in 2026-27 to monitor renovation progress and finalize negotiations with the selected facility operator to support operational readiness of the site.

Performance Measure Results by March 31, 2026:

There will be 400 operational addictions treatment spaces added toward the target of 500 spaces by March 31, 2028.

- As of March 31, 2026, 312 addictions treatment spaces had been added, available to Saskatchewan residents.

There will be a reduction in wait times for community mental health and substance use services to an average of 11 days.

- The 2025-26 median wait time for community mental health and substance use services was 15 days.

The Virtual Access to Addictions Medicine (VAAM) pilot will be operational by August 31, 2025.

- The VAAM pilot became operational in 2025-26 through a phased implementation approach, with services introduced at detoxification centres and selected communities before the public launch on Jan. 26, 2026.

The Central intake and navigation model has been initiated.

- The Provincial Navigation Team began operations in a phased implementation approach and is actively supporting individuals seeking access to addictions treatment programs across Saskatchewan.

There will be improved website for public navigation for access to addictions treatment spaces.

- Existing Ministry of Health and SHA websites were updated and refined during the year to improve public access to information about addictions treatment services and supports.

There will be at least one new Complex Needs Facility site that is operational.

- Progress continued in 2025-26 toward establishing a Complex Needs Facility in Prince Albert.

Strategy: *The approach we took to achieve our goal*

Enhance Continuing Care

Individuals are supported to remain at home and in their communities as long as possible. When community-based supports can no longer meet their needs, high-quality and safe options are available.

Key Actions: *What we did to get there*

- **Expand Care for Children with Complex Medical Needs:**
  - Expand in-home supports to keep families together and enhance facility-based care for children with complex medical needs.
    - In late 2025, the SHA released a Request for Proposals to develop a new care home for children with highly complex medical needs.
    - The facility will provide a safe long-term care option outside of the family home as well as short-term respite care to provide families with needed breaks that support and allow them to continue caring for their children at home. Work is ongoing to bring this project to fulfillment in 2026.
    - Enhancements to the Home Care Individualized Funding option within the SHA Home Care Program continued to support children with complex medical needs to remain safely at home. The program enables eligible parents and guardians to recruit, hire, train, manage and schedule caregivers based on their child's individual needs.

- **Enhance long-term care and personal care home oversight to monitor safety, quality and improved support for residents:**
  - Increase the number of inspectors for long-term care and personal care homes to allow for more frequent inspections and audits.
    - The Ministry successfully hired three new FTEs to support inspections of long-term care and personal care homes.
    - There was a 30 per cent increase in the number of inspections at long-term and personal care homes in 2025-26.

- **Expand the number of long-term care beds across the province to meet growing needs.**
  - The SHA added 144 long-term care beds in Regina and area during 2025-26, increasing access to long-term care services to help meet growing provincial demand.
  - In 2025-26, the SHA also signed a lease agreement with Brightwater Senior Living at Capital Crossing and began planning to transition the site to an SHA-operated long-term care home.
  - The SHA continued working with Major Capital Projects and operational teams throughout 2025-26 to support transition planning for the Brightwater Senior Living site, including tenant improvements information management and information technology upgrades required to integrate the facility into the SHA network.
  - Transition of the Brightwater Senior Living site to SHA operations is targeted for November 1, 2026.
  - An Expression of Interest process for up to 100 additional long-term care or short-stay beds in Regina or within a 100-kilometre radius remained under evaluation at year-end.
  - Discussions also continued with the Provincial Expression of Interest proponent regarding a potential agreement for operation of additional long-term care capacity.

- In January 2026, the Ministry issued a request for proposals for the third-party delivery of long-term care services for a 135-bed facility in Estevan and a 60-bed facility in Watson.

Performance Measure Results by March 31, 2026:

There will be a 30 per cent increase in the number of inspections of long-term care and personal care homes.

- The Ministry increased inspection capacity by hiring three inspectors and adding a manager of inspections position.
- These resources supported enhanced oversight and resulted in a 30 per cent increase in inspections of long-term care and personal care homes during 2025-26.

There will be an increase in long-term care beds by over 140 spaces to meet provincial demand.

- The SHA added 144 long-term care beds in Regina and area during 2025-26.

Strategy: *The approach we took to achieve our goal*

Improve the Health of Indigenous and Vulnerable Populations
Through partnership with Indigenous stakeholders, the health system delivers care in a respectful and culturally appropriate manner to Indigenous Peoples that is safe, inclusive and improves quality of care and health outcomes. The health system is also responsive to the unique care needs of vulnerable populations to support equitable access to appropriate care and improvement of health outcomes.

Key Actions: *What we did to get there*

- **Expand cultural responsiveness training beyond onboarding to all employees.**
    - In 2025-26, the Ministry of Health, SHA, SCA, Health Quality Council, eHealth and 3sHealth continued to advance Truth and Reconciliation Commission Calls to Action related to health care through a range of initiatives.
    - The SHA recognized Orange Shirt Day and the National Day for Truth and Reconciliation through staff learning opportunities, reflection activities and participation in community events.
    - The SHA Indigenous Health Partners' Roundtable was established as a collaborative forum with First Nations and Métis health leaders to advance Indigenous health priorities and improve health outcomes and experiences.
    - The Traditional Knowledge Keepers Advisory Council continued to provide guidance on policy and practice, contributing to initiatives such as the Indigenous Cultural Responsiveness Policy and Indigenous Hair Cutting Policy.
    - The SHA developed educational resources to support understanding of the cultural significance of hair and braids.
    - A new Indigenous Model of Care is being developed at Prince Albert Victoria Hospital to strengthen culturally responsive care across emergency, acute care, maternal and child health, mental health and addictions and transitions in care.
    - New and renovated health facilities across Saskatchewan continue to incorporate dedicated cultural and ceremonial spaces to support access to Elders, Knowledge Keepers and traditional practices.
    - In January 2026, renovations at St. Paul's Hospital in Saskatoon were completed, including a new First Nations and Métis Health Office and the Kikâwînaw wîki Healing Centre. The Government of Saskatchewan invested $14 million in the project.
    - In October 2025, All Nations Healing Hospital in Fort Qu'Appelle opened a new primary health-care wing, providing access to traditional healing services alongside Western medical care.
    - The SCA continued work with Indigenous partners to co-develop a First Nations and Métis Cancer Strategy aimed at improving outcomes and reducing barriers to care.
    - The SCA also engaged Indigenous patients, caregivers and Elders in planning for the Saskatoon Cancer Patient Lodge and launched an Indigenous Grief and Loss Support Group at the Allan Blair Cancer Centre.
    - Additional initiatives included hiring a First Nations and Métis Patient Navigator, expanding Indigenous artwork and representation throughout SCA facilities and participating in community engagement events across Saskatchewan.
    - eHealth Saskatchewan continued to incorporate reconciliation and Indigenous client service content into staff training and learning opportunities.
    - Senior leaders from eHealth Saskatchewan, the Saskatchewan Healthcare Recruitment Agency (SHRA) and the Health Quality Council participated in a KAIROS Blanket Exercise at Wanuskewin in February 2026.

- The Health Quality Council continued to embed Indigenous cultural safety, reconciliation and Ownership, Control, Access and Possession (OCAP) principles into staff training, data practices and engagement activities.
- The Ministry continued to support employee learning through its Truth and Reconciliation Committee, which coordinated educational events, speaker sessions, cultural activities and awareness initiatives throughout the year.

- **Increase the number of Indigenous people trained in health-care occupations in the province.**
  - The Ministry established an Indigenous Recruitment and Retention Working Group in 2025-26 comprised of ministry representatives, agency partners and health system stakeholders to support development of coordinated Indigenous workforce strategies.
  - Workforce planning activities continued in alignment with operational and service timelines across the province. The Continuing Care Assistant (CCA) Pilot was initiated in partnership between the ministries of Immigration and Career Training, Health and Advanced Education to train up to 32 local northern individuals to support staffing needs at the La Ronge long term care facility.
  - In 2025-26, ministries collaborated with post-secondary partners, the SHA, Indigenous communities and local representatives to develop new recruiting strategies and a program delivery model to meet the needs of the region. Work continued to strengthen Indigenous workforce strategies and support development of a more representative health-care workforce across Saskatchewan.
  - The Ministry and health system partners continued collaborative work on system-wide workforce initiatives, including Indigenous recruitment strategies to address persistent workforce shortages in priority occupations.

- **Applicable health organizations release public accessibility plans.**
  - All Saskatchewan health organizations published their accessibility plans in December 2025

Performance Measure Results by March 31, 2026:

There will be an increase in the percentage of health sector staff who have received cultural responsiveness training.

- The proportion of 3sHealth employees who completed cultural responsiveness training declined to 90 per cent from 100 per cent in the previous year. The decrease was attributed to employee turnover and a temporary disruption in training access, which has since been resolved.
- At eHealth Saskatchewan, 91 per cent of employees completed training, compared with 98 per cent in the previous year. The decline reflected a temporary pause in training while a new vendor agreement was being established.
- The Health Quality Council achieved 100 per cent staff participation in cultural responsiveness training, representing an 11 per cent increase over the previous year.
- The Ministry of Health reported a 10 per cent increase in employee participation in cultural responsiveness training during 2025-26.
- The Saskatchewan Cancer Agency reported a 40 per cent increase in participation, driven largely by a learning event attended by approximately 400 employees.
- The Saskatchewan Health Authority reported a nine per centage point increase in participation, with 90 per cent of employees completing training compared with 81 per cent in the previous year.

Accessibility plans will be released by applicable Saskatchewan health organizations.

- All Saskatchewan health organizations published their accessibility plans in December 2025.

Progress on Goal 2: Improved Patient Care

Investments in our health-care professionals, infrastructure and technology improve system performance and enhance quality and the patient experience.

Strategy: *The approach we took to achieve our goal*
Grow and Support Health Human Resources
Have the right health-care professionals to provide effective patient care across the province.

Key Actions: *What we did to get there*

- **Recruit**
  - Promote employment opportunities to new graduates.
    - In 2025-26, the SHA advanced early talent attraction initiatives through conditional employment offers provided to students prior to graduation, supporting earlier transition into employment within Saskatchewan's health-care system.
    - Clinical placement opportunities were expanded during the year to increase learner exposure to Saskatchewan health-care settings and strengthen pathways into employment with the SHA.
    - Investments in learner supports continued in 2025-26, including approval of 259 Final Clinical Placement bursaries to support greater exposure to work within rural and remote communities.
    - Partnerships between operational leaders and post-secondary institutions were strengthened to enhance learner experiences and support development of sustainable workforce pipelines.
    - SHRA continued direct engagement with students occupying Interprovincial Agreement seats to promote health-care career opportunities and provincial recruitment incentives available in Saskatchewan.
    - The SHA also supported participation in the Interprovincial Agreement Incentive Program, with 34 applications approved for funding by the Ministry by March 31, 2026.
    - Work will continue in 2026-27 to strengthen graduate recruitment efforts through earlier learner engagement, enhanced transition supports and increased coordination among system partners to maximize clinical placement capacity and workforce alignment.
  - Health-care career promotion to recruit Indigenous employees into high-demand occupations.
    - An omnibus survey of Indigenous people was completed in 2025-26, with 275 individuals participating. Results are being reviewed to inform future Indigenous-focused health-care recruitment initiatives.
    - In 2025-26, the Ministry established an Indigenous Recruitment and Retention Working Group. The Working Group will continue advancing Indigenous recruitment initiatives in 2026-27 through ongoing collaboration with health system partners and stakeholders.

- Identify and attend key recruitment/career fair events around the country for hard-to recruit positions.
    - Recruitment plans have been established for all hard-to-recruit classifications, with ongoing reviews to respond to emerging workforce trends. There has been strengthened cross-sector collaboration with SHRA, SHA, SCA and ministries (Health, Immigration & Career Training, Advanced Education) to align recruitment strategies.
    - Next steps include advancing implementation of recruitment strategies for priority professions, aligned with Ministry direction and workforce demand. Partnering with SHRA and provincial stakeholders to strengthen coordinated sourcing approaches for hard-to-recruit roles.
    - Recruitment activities undertaken by the SHRA in 2025-26 included career fairs, direct outreach, paid advertising and targeted campaigns, virtual webinars and one-on-one meetings with prospective candidates.
    - The SCA participated in 11 career fairs and recruitment events throughout the year, including provincial and national initiatives promoting career opportunities to Interprovincial Agreement graduates.
    - In collaboration with SHA, SHRA led a targeted international physician sourcing initiatives in the United States, Ireland and the United Kingdom to strengthen pipelines in high priority specialties aligned with provincial workforce needs.

- **Train**
    - Increase the number of Final Clinical Placement Bursaries available to students from hard-to-recruit occupations and in locations of need.
        - In 2025-26, 259 students have been supported through the Final Clinical Placement Bursary, which provide supervised, hands-on training in clinical settings and are typically unpaid. Since the release of the Health Human Resources Action Plan in 2022, 859 students have been supported through the Final Clinical Placement Bursary.
        - A one-time $2000 Final Clinical Placement Bursary supports students in exchange for a one-year return-of-service in rural or remote Saskatchewan.
    - Continue adding more physician training seats at the College of Medicine.
        - In 2025-26, physician residency seat increases from 140 to 150 positions at the College of Medicine were implemented as part of ongoing efforts to strengthen Saskatchewan's physician workforce.
        - The expanded residency positions were posted through the 2025 Canadian Resident Matching Service (CaRMS) process for the residency match cycle, with all successfully filled.
- **Incentivize**
    - Continue incentives for rural and remote locations in areas with service disruptions or chronic vacancies.
        - A total of 82 communities are now eligible for the Rural and Remote Recruitment Incentive (RRRI) program.
        - Over 530 hard-to-recruit positions have been filled as a direct result of the RRRI program, which is key to stabilizing and strengthening health-care services in rural and remote communities.
        - Participating communities have reported reduced reliance on contract nursing, the re-opening of acute care beds that were previously closed, fewer emergency room disruptions and increase laboratory capacity.

        - In 2025-26, 133 new Rural and Remote Recruitment incentives were approved for payment. The Rural Physician Incentive Program (RPIP) was enhanced in 2023 to offer an incentive of up to $200K over five years for new to rural practice family physicians.
        - In 2025-26, there were 183 applications for the RPIP incentive, all of which have been paid following completion of their service year.
        - Staffing and recruitment plans have been established for all hard-to-recruit classifications, with an ongoing review occurring to respond to emerging workforce trends.
        - There are advanced targeted international recruitment efforts, which is supporting workforce supply in high-need areas. Contributions to system-level workforce initiatives, including Indigenous recruitment and retention strategies through multi-stakeholder collaboration has occurred.
    - Continue incentives for specialist physicians in hard to recruit areas experiencing shortages.
        - Incentive packages have been developed for hard to recruit specialists to the province including Anesthesiologists, Interventional and Breast Radiologists, Psychiatrists, targeted Pediatric Subspecialists, targeted Surgical Subspecialists and Emergency Medicine physicians.
        - Residency incentives were developed to provide funding for residents in hard to recruit training programs to support retention. This incentive applies to Anesthesiology, Emergency Medicine and Diagnostic Radiology programs in the province.

- **Retain**
    - Support 65 additional new and enhanced full-time positions in rural and remote communities.
        - SHA created and filled 65 new or enhanced permanent full-time Registered Nurse positions in 30 communities across the province to stabilize services.
        - SHA added an additional 77 new or enhanced permanent full-time positions in 40 rural and remote communities through savings resulting from a restructuring of out-of-scope administrative leadership. These health care positions will improve access to services, reduce reliance on contract staff, reduce service disruptions, ease pressures on existing staff and continue building a stable health workforce across Saskatchewan.
        - The 77 positions include clinical roles such as Registered Nurses (RNs), Registered Psychiatric Nurses (RPNs), Licensed Practical Nurses (LPNs), Combined Lab and X-ray Technicians (CLXTs), Medical Radiation Technologists (MRTs) and Phlebotomists.
        - Positions were added in: Arcola, Assiniboia, Broadview, Canora, Estevan, Hudson Bay, Humboldt, Kamsack, Kerrobert, Kindersley, Kipling, La Ronge, Leader, Lloydminster, Maple Creek, Melville, Moose Jaw, Moosomin, Nipawin, North Battleford, Outlook, Porcupine Plain, Prince Albert, Redvers, Rosetown, Shaunavon, Shellbrook, Unity, Wadena and Weyburn.
        - These enhancements build on the success of previous rural and remote staffing stabilization efforts that, since 2022, have added a total of 392 new or enhanced permanent full-time positions as part of the provincial Health Human Resources Action Plan.

- Establish a patient-focused nursing team task force that includes unions representing all nursing professionals.
    - The Nursing Team Task Force established a framework and core principles to focus on key issues related to the recruitment and retention of nursing teams across Saskatchewan.
    - Four Task Force meetings were held during the year.
    - The Task Force Framework was publicly posted in March 2026

Performance Measure Results by March 31, 2026:

At least 90 per cent of recent nursing graduates will be hired and working in the Saskatchewan health-care system.

- In 2025-26, 928 nursing graduates from in and out-of-province were hired by the SHA and are currently working in the health-care system. This represents 90 per cent of recent nursing graduates.

300 Final Clinical Placement Bursaries will have been provided to nursing and allied profession students in rural and remote communities.

- In 2025-26, 259 students received a Final Clinical Placement Bursary to support completion of required clinical training.

Increase to 150 physician training seats at the College of Medicine.

- In 2025-26, physician residency seats were increased to 150 positions at the College of Medicine with all being successfully filled through the resident match process.

50 per cent of eligible Inter-provincial Agreement students return to Saskatchewan.

- A total of 67 students were invited to apply for the Interprovincial Agreement Incentive Program. By March 31, 2026, 34 students had been approved for funding, representing 51 per cent of eligible students.

Launch the patient-focused Nursing Team Taskforce.

- The patient-focused nursing team task force was launched and a joint communication on finalization of the Task Force Framework was released in March 2026.

Strategy: *The approach we took to achieve our goal*

Better Quality, Results and Patient Experience
The health system focuses on ensuring Saskatchewan residents receive high quality care leading to improved health outcomes and positive patient experiences.

Key Actions: *What we did to get there*

- **Development of a provincial quality and patient safety plan to support improvement of health-care programs and services.**
    - A governance structure and partner working groups were established to support development of the provincial quality and patient safety plan.
    - Key stakeholders were engaged throughout the process and leading practices were incorporated to inform strategy development.
    - Following consultation and refinement, the strategy was developed and is expected to support establishment of system-wide priorities, performance measures and approaches to improve quality and patient safety.

- **Measure the impact of health services and identify improvements through patient-reported experience and patient-reported outcome surveys distributed to select populations.**
    - Standardized Patient-Reported Outcome Measures were implemented in hip and knee programs, with data collection established across initial sites.
    - The collection of the Patient-Reported Experience Measures continued through both clinical and system-level surveys, with enhancements to support ongoing use of patient-reported data in quality improvement.
    - The Better Together Patient Experience Survey collected feedback from patients and community members to assess experience and alignment with the SHA's *Our Commitment to Each Other: Patient Rights & Responsibilities*.
    - From January to December 2025, 1,756 Saskatchewan patients participated. The survey will continue in 2026–27 with planned enhancements.

Performance Measure Results by March 31, 2026:

Develop a provincial quality and patient safety plan to support improvement in patient care.

- The provincial quality and patient safety strategy was developed by March 31, 2026. The strategy will establish a comprehensive framework to guide system-wide improvements in quality, patient safety and care outcomes, including defined priorities, performance indicators and accountability mechanisms. Implementation of the plan will occur in 2026-27.

Patient-Reported Experience Measures will be implemented for select sites.
Patient-Reported Outcome Measures will be implemented in the orthopedic service line for elective hip and knee arthroplasty.

- As of March 31, 2026, patient experience surveys are in place at select sites and patient outcome surveys are being used for hip and knee replacement care. Standard tools and processes have been established. The early findings show the approach is working, while also highlighting opportunities to improve how surveys are shared and used as the program expands.

Strategy: *The approach we took to achieve our goal*

Leverage Infrastructure, Technology and Innovation to Support Better Patient Care

The system uses its resources to drive success in priority areas through advancements in facilities, technology and innovative tools and practices.

Key Actions: *What we did to get there*

- **Continue to deliver infrastructure projects that support high-quality care environments:**
  - Prince Albert Victoria Hospital Acute Care Tower: continue construction.
    - Construction continues; anticipated completion in spring 2028.
  - Regina Specialized Beds facility: begin construction.
    - Construction first began in September 2025 and is expected to be completed in fall 2028.
  - Weyburn General Hospital: continue construction.
    - Construction continues, with the opening of the new facility targeted for later in 2026.
  - La Ronge Long-term Care (LTC) facility: continue construction.
    - Construction continues; anticipated completion in 2027.
  - Grenfell LTC facility: begin construction.
    - Construction began in July 2025 and completion is targeted for spring 2027.
  - Saskatoon Urgent Care Centre (UCC): continue development in partnership with Ahtahkakoop Cree Developments.
    - Construction completion is anticipated in fall 2026.

- **Continue to advance ongoing projects, including:**
  - St. Paul's Hospital Front Entrance, Royal University Hospital Intensive Care Unit Expansion, Saskatchewan Cancer Agency Saskatoon Patient Lodge, Yorkton Regional Health Centre, Rosthern Hospital, Esterhazy Integrated Facility and long-term care projects in several communities, including Regina, the Battlefords, Watson and Estevan.
    - The St. Paul's Hospital Front Entrance and the Kikâwînaw wîki Healing Centre were opened on January 29, 2026.
    - The design phase for the new Saskatoon Cancer Patient Lodge continued through 2025-26. Design completion and the start of construction are planned for 2026-27.
    - A Request for Proposals seeking proponents to design, build, maintain and operate the new long-term care homes in Watson and Estevan was issued in January 2026.
    - Planning activities for the Yorkton Regional Health Centre, Esterhazy Integrated Facility and long-term care project in the Battlefords continued through 2025-26.

- **Continue investment in building improvements, equipment upgrades and new systems and technologies to improve health facilities and services across Saskatchewan.**
  - The Ministry provided more than $96 million in 2025-26 to health system partners to address preventative and deferred health facility maintenance and equipment.

Performance Measure Results by March 31, 2026:

Have the St. Paul's Hospital Front Entrance in Saskatoon operational.

- The St. Paul's Hospital Front Entrance was opened on January 29, 2026.

Have the 64 new standard Long-Term Care beds in Regina operational.

- As of March 31, 2026, all 64 standardized Long-Term Care beds in Regina are operational.

Complete the urgent and high priority health facility maintenance projects to maintain operational continuity and safety.

- By March 31, 2026, maintenance funding was committed in full to urgent and high priority maintenance projects.

2025-26 Improvement and Innovation Highlights

1	**Provincial Endoscopy Software** **The health-care system currently manages endoscopy reports and images across multiple platforms.** **In 2025-26, the Ministry will invest $2.5M to implement one standard provincial endoscopy software system at all endoscopy sites, to support clinicians with procedure documentation, workflow management, reporting and image and video capture management.** **The software will allow clinicians to have central access to reports, images and videos, which will greatly improve the safety and quality of care that patients receive and significantly increase workflow efficiencies. Having one provincial endoscopy software system will also open the door for establishing provincial standards for documentation and reporting on outcomes and quality indicators.** • In 2026-27, the Ministry will invest an additional $2M to complete the project.
2	**Medical Imaging Central Intake and Referral System** **The Ministry recognizes opportunities to enhance coordination of medical imaging referrals across health-care networks. A more streamlined approach will improve scheduling timelines, administrative workflows and communication between providers and facilities.** **In 2025-26, the Ministry will invest $2.959M to support the implementation of a digital central intake and referral system which will provide a referral management and intake solution for medical imaging.** **This system will streamline the referral intake process, enhance patient care, reduce patient wait times, improve communication across health-care networks and simplify administrative processes.** • The SHA, eHealth and the Ministry continues to work towards the implementation of a central intake system for MRI and CT referrals.
3	**Limited Access Exception Drug Status (EDS) Application**

	Patients being released from hospital may be prescribed medication that requires certain medical criteria to be met for EDS approval. SHA pharmacists ensure a request for EDS is submitted to the Drug Plan prior to a patient's discharge. EDS telephone wait times and lengthy turnaround times impact patient discharge planning and result in financial impacts to the patient if coverage is not in place. **In 2025-26, the Ministry will implement and expand the real-time, online web-based application in the SHA, following successful pilots that occurred in 2024-25. The application allows SHA pharmacists to submit an electronic EDS approval directly to the Drug Plan.** **This innovative solution ensures a seamless discharge for patients requiring EDS approval for a specific list of drugs and criteria, preventing any financial burden if coverage is not in place.** **Progress Update** • SHA Pharmacy Department pharmacists in Saskatoon, Prince Albert, Yorkton and Battlefords are submitting EDS approvals electronically prior to patients discharge from acute care. Expansion to other SHA sites will continue in 2026. • The Multiple Sclerosis (MS) Drugs Program is using the system to enter approvals for initial, renewal and one-month extensions based on the MS Drugs Panel review. • Since June 2024, more than 5,000 EDS approvals have been submitted through the system, resulting in approximately 35 working days being reallocated to higher-value activities within the Drug Plan. • Since September 2024, approximately 66 working days have been reallocated to the SHA Pharmacy Department, enabling greater focus on clinical care, patient counselling and discharge planning. • Expansion to Community Pharmacies will occur in 2026-27 through a phased implementation approach.
4	**Access to Strep Throat and Ear Infection Services in Saskatchewan Pharmacies** **Expanding pharmacists' scope of practice through regulatory bylaw amendments allows trained pharmacists to provide testing (ability to perform Point of Care testing) and treatment for sore throat (strep throat) and ear infections.** **In 2025-26, the benefits of the pilot program will be evaluated and expanded accordingly across Saskatchewan pharmacies.** **The innovative approach will provide timely access to patients requiring strep throat and ear infection assessment and treatment.** **Progress Update** • The Strep Throat and Ear Infection pilot program was launched in January 2025, with 8,142 services provided through community pharmacies to March 31, 2026. • Effective April 1, 2026, the program transitioned from a pilot to a permanent provincial program, reflecting strong uptake and demonstrated value. • A phased provincial rollout will continue throughout 2026–27, expanding access to additional communities and pharmacies.

5	**Implementation of the National Strategy for Drugs for Rare Diseases**
	
	There is an opportunity to improve access to drugs for rare diseases to improve patient outcomes, enhance system sustainability, leverage evidence and invest in innovation.
	
	The Saskatchewan Drug Plan and Cancer Agency have listed Poteligeo for Sézary syndrome (a type of skin cancer), Oxlumo for primary hyperoxaluria type 1 (an inherited disease leading to kidney damage) and Epkinly for large B-cell lymphoma (a blood cancer). Saskatchewan provides 100 per cent coverage for many drugs for rare diseases. Saskatchewan continues to monitor drugs for rare diseases as they progress through national health technology assessments, provincial review processes and pan-Canadian pricing negotiations.
	
	This initiative improves national consistency with access to drugs for rare diseases, which supports a real-world evidence framework and advancements in screening and diagnostics.
	
	Progress Update
	• Effective September 1, 2025, Saskatchewan has listed:
	  ○ Welireg, for an inherited disorder causing tumours in multiple organs;
	  ○ Yescarta, for several forms of lymphoma;
	  ○ Koselugo, for a disease causing inoperable and painful noncancerous tumours;
	  ○ Sohonos, for a very rare disease where muscles and tendons are gradually replaced by bone;
	  ○ Enhertu is used to treat certain types of stomach cancer in adults, known as HER2-positive gastric or gastroesophageal junction cancer, after other treatments have been tried; and
	  ○ Imcivree, for an inherited genetic condition affecting multiple body systems.
	• Effective January 1, 2026, Saskatchewan has listed:
	  ○ Imcivree, for an inherited genetic condition affecting multiple body systems; and
	  ○ Evkeeza, for the treatment of an inherited genetic condition causing very high cholesterol levels and increased risk of heart disease in both children and adults.
	  ○ Livmarli is used to treat Alagille syndrome, a genetic condition causing problems with bile flow, severe itchiness and liver function.

Financial Summary

The Ministry of Health incurred $8.387 billion of expense in 2025-26, a $312.8 million increase from its 2025-26 budget. The increase was primarily due to higher-than-budgeted operating pressures at the Saskatchewan Health Authority (SHA), Saskatchewan Cancer Agency and eHealth Saskatchewan, utilization pressures in Physician Services, Canadian Blood Services, Saskatchewan Aids to Independent Living and Out-of-Province medical coverage for Saskatchewan residents and Medical Education System operating pressures. These increases were partially offset by lower-than-budgeted requirements for SHA Targeted Programs and Services, lower utilization of Physician Programs and lower Saskatchewan Prescription Drug Plan net expenditures.

In 2025-26, the Ministry recorded $220.0 million of revenue, a $28.5 million increase from its 2025-26 budget. The additional revenue was primarily due to an increase in refunds of prior years' expenses, including Drug Plan product listing agreement reimbursements and Physician Program recoveries.

Ministry of Health Comparison of Actual Expense to Estimates

	2024-25 Actuals $000s	2025-26 Estimates $000s	2025-26 Actuals $000s	2025-26 Variance $000s	Notes
Central Management and Services					
Ministers' Salary (Statutory)	110	114	116	2	
Executive Management	3,257	2,977	3,366	389	
Central Services	5,122	5,521	5,490	(31)	
Accommodation Services	2,177	1,124	2,058	934	
Subtotal	**10,666**	**9,736**	**11,030**	**1,294**	
Saskatchewan Health Services					
Athabasca Health Authority Inc.	7,259	7,259	7,259	-	
Saskatchewan Health Authority	4,580,861	4,528,972	4,893,972	365,000	(1)
Saskatchewan Health Authority Targeted Programs and Services	398,096	410,516	303,013	(107,503)	(2)
Saskatchewan Cancer Agency	263,871	279,295	314,381	35,086	(3)
Facilities - Capital	475,966	543,133	523,604	(19,529)	
Equipment - Capital	102,705	106,723	129,552	22,829	(4)
Programs and Support	56,112	39,930	47,291	7,361	
Subtotal	**5,884,870**	**5,915,828**	**6,219,072**	**303,244**	
Provincial Health Services					
Canadian Blood Services	58,392	50,631	60,183	9,552	
Provincial Targeted Programs and Services	90,793	97,247	85,653	(11,594)	(5)
Health Quality Council	4,977	4,977	4,977	-	
Immunizations	22,047	29,318	28,477	(841)	
eHealth Saskatchewan	171,749	161,185	173,210	12,025	(6)
Fertility Treatment Tax Credit	-	3,000	3,000	-	
Subtotal	**347,958**	**346,358**	**355,500**	**9,142**	
Medical Services & Medical Education Programs					
Physician Services	813,810	731,649	753,775	22,126	
Physician Programs	175,516	209,742	184,066	(25,676)	(7)
Medical Education System	134,987	152,208	159,670	7,462	
Optometric Services	15,960	15,289	16,914	1,625	
Dental Services	2,023	2,033	2,267	234	
Out-of-Province	159,359	154,332	160,157	5,825	
Program Support	5,256	9,016	10,569	1,553	
Subtotal	**1,306,911**	**1,274,269**	**1,287,418**	**13,149**	
Drug Plan & Extended Benefits					
Saskatchewan Prescription Drug Plan	375,760	418,558	393,014	(25,544)	(8)
Saskatchewan Aids to Independent Living	63,645	59,277	68,472	9,195	
Supplementary Health Program	44,073	46,110	48,494	2,384	
Family Health Benefits	3,185	3,480	2,409	(1,071)	
Multi-Provincial Human Immunodeficiency Virus Assistance	233	263	235	(28)	
Program Support	6,277	5,838	6,650	812	
Subtotal	**493,173**	**533,526**	**519,274**	**(14,252)**	
TOTAL APPROPRIATION	**8,043,577**	**8,079,717**	**8,392,294**	**312,577**	
Less: Capital Asset Acquisitions	5,782	7,077	7,678	601	
Plus: Non-Appropriated Expense Adjustment	4,477	1,989	2,831	842	
TOTAL EXPENSE	**8,042,272**	**8,074,629**	**8,387,447**	**312,818**	

Approximately 92 percent of Ministry expenditures were provided to third parties for health care services, health system research and training, information technology support, and coordination of services such as blood services. The majority of the remaining funding was primarily paid to individuals through the Saskatchewan Prescription Drug Plan and extended benefit programs.

Notes:

Special Warrants / Supplementary Estimates

During 2025-26, the Ministry received $338 million in Special Warrant funding to address operating pressures at the Saskatchewan Health Authority, Saskatchewan Cancer Agency and eHealth Saskatchewan, as well as utilization pressures in Physician Services and Canadian Blood Services.

Explanations for Major Variances

Explanations are provided for variances over $50 million, as well as variances that are both greater than $10 million and 5 per cent of the Ministry's 2025-26 program budget.

(1) Higher-than-budgeted operating pressures at the Saskatchewan Health Authority.
(2) Primarily lower-than-budgeted requirements for surgical, health human resources, primary care and mental health and addictions initiatives.
(3) Higher-than-budgeted operating pressures at the Saskatchewan Cancer Agency, primarily for drug expenditures.
(4) Primarily for additional acute care and surgical services equipment and Saskatoon City Hospital equipment.
(5) Lower-than-budgeted requirements for Health Human Resources Action Plan initiatives and lower utilization of the Senior Citizens' Ambulance Assistance Program and Air Ambulance.
(6) Higher-than-budgeted operating pressures at eHealth Saskatchewan.
(7) Lower-than-budgeted utilization of Physician Programs.
(8) Primarily due to higher Product Listing Agreement rebates for current year drug expenditures.

Revenue Summary

Ministry of Health Comparison of Actual Revenue to Estimates

	2025-26 Estimates $000s	2025-26 Actuals $000s	Variance $000s	Notes
Own-Source Revenue				
Investment Income	100	590	490	
Other Fees and Charges	896	684	(211)	
Other Enterprises and Funds	-	-	-	
Miscellaneous	9,662	36,425	26,763	(1)
Total	10,657	37,699	27,042	
Transfers from the Federal Government	180,847	182,342	1,495	(2)
TOTAL REVENUE	**191,504**	**220,041**	**28,537**	

The Ministry receives transfer revenue from the federal government for various health-related initiatives and services. The Ministry also collects revenue through fees for services such as personal care home licenses and water testing fees. All revenue is deposited in the General Revenue Fund.

Notes:

Explanations for Major Variances

Variance explanations are provided for all variances greater than $1 million.

(1) Primarily due to an increase in refunds of prior years' expenses, including Drug Plan product listing agreement reimbursements and Physician Program recoveries.

(2) Primarily due population adjustments that resulted in higher funding under the Working Together to Improve Health Care for Canadians and Aging with Dignity agreements.

Additional financial information can be found in the Government of Saskatchewan Public Accounts located at https://publications.saskatchewan.ca/#/categories/893

Appendix A: Critical Incident Summary

A “critical incident” is defined in the Saskatchewan Critical Incident Reporting Guideline, 2026 as a serious adverse health event that:

a. occurred while receiving a health service provided by, or a program operated by, the Saskatchewan Health Authority (SHA), a health services provider or the Saskatchewan Cancer Agency (SCA), hereinafter collectively referred to as "health services entity” and
b. was not expected or intended to occur and
c. led to or could have led to serious or substantial harm to the safety, well-being or health of the patient, such as
    i. death, disability, or injury, or
    ii. unplanned admission to a health facility or an unusual extension of a stay in a health facility and
    iii. did not result primarily from the individual’s underlying health condition or from a known risk inherent in providing the health services.

Saskatchewan was the first jurisdiction in Canada to formalize critical incident reporting through legislation that came into force on September 15, 2004. Critical incident reporting is encouraged as the learnings generate invaluable knowledge that may improve patient safety. The goal is to prevent the recurrence of similar events by implementing targeted recommendations that address the underlying causes of critical incidents. Monitoring of critical incidents can also be used to direct patient safety and improvement initiatives.

In 2020, the Provincial Auditor conducted an audit of the Ministry of Health’s critical incident reporting processes for improving patient safety and released a report with 10 recommendations: https://auditor.sk.ca/publications/public-reports/2021-report-volume-1. In response, the Ministry and health system partners collaborated on several key activities to address Provincial Auditor recommendations, leading up to the implementation of updated CI reporting regulations and guidelines in 2023.

In 2024, the Provincial Auditor completed a follow up audit, concluding that the Ministry of Health had fully implemented 3 recommendations, partially implemented 5 recommendations and not yet implemented 2 recommendations: https://auditor.sk.ca/publications/public-reports/2024-report-volume-2.

Since then, the Ministry and health system partners have continued to work on implementing the Provincial Auditor recommendations, with a focus on ensuring timely critical incident notification and report submissions and improving the quality, implementation and monitoring of corrective actions. This work is also supported by the provincial Patient Safety Executive Committee, which is comprised of a core group of leaders from the Ministry of Health and health system partners that have broad patient safety knowledge and the operational authority required to drive system initiatives forward.

During 2025-26, 88 critical incidents were reported to the Ministry. The tables below show the number of critical incidents reported during the most recent 6 fiscal years in each sub-category outlined in the Saskatchewan Critical Incident Reporting Guideline, 2026, based on data as of May 29, 2026. Please note that “N/A”, i.e., not applicable, is used for sub-categories that were newly introduced in 2023-24 where data for prior years is currently unavailable. Also, please note that critical incident volumes reported for previous

years in prior annual reports may differ for some event categories, as classifications may change or events may be found to not meet the definition of a critical incident, after more information is obtained during critical incident investigations/reviews.

Annual fluctuations in the number of critical incidents reported may not necessarily mean that the health-care system is safer or less safe than before. It could also be due to factors such as awareness of and compliance with the reporting legislation and regulations, as well as the event reporting system in use and the safety culture present at every level of the health-care organization.

I. SURGICAL AND INVASIVE PROCEDURE EVENTS	2025/26	2024/25	2023/24	2022/23	2021/22	2020/21
NE1. Surgery performed on the wrong body part or the wrong patient, or conducting the wrong procedure. Surgery includes endoscopies and other invasive procedures	1	3	3	2	2	0
NE3. Unintended foreign object left in a patient following a procedure	1	0	5	4	6	1
1A. Death during or immediately after surgery of an ASA classification I-II patient	0	0	0	0	0	1
1B. Unintentional awareness during surgery with recall by the patient	0	0	0	0	0	0
1C. A critical incident associated with any other surgical event	2	1	3	2	3	1
Total	**4**	**4**	**11**	**8**	**11**	**3**

II. PRODUCT OR DEVICE EVENTS	2025/26	2024/25	2023/24	2022/23	2021/22	2020/21
NE2. Wrong tissue, biological implant or blood product given to a patient	0	1	1	1	0	0
NE4. Patient death or serious harm arising from the use of improperly sterilized instruments or equipment provided by a health services entity	0	1	0	1	0	0
2A. A critical incident associated with the use or function of a device in patient care in which the device is used as intended	1	1	4	1	9	4
2B. A critical incident associated with off-label use of medical devices	0	0	0			
2C. A critical incident associated with intravascular air embolism	0	0	0	0	0	0
2D. A critical incident associated with a failure of Information Technology equipment, including hardware or software	1	2	2	N/A	N/A	N/A
Total	**2**	**5**	**7**	**3**	**9**	**4**

III. PATIENT PROTECTION EVENTS	2025/26	2024/25	2023/24	2022/23	2021/22	2020/21
3A. Wrongful discharge of a patient of any age, who does not have decision-making capacity	0	1	0	NA	NA	NA
NE12. Patient under the highest level of observation leaves a secured facility without the knowledge of staff	3	4	4	2	2	2
NE13. Patient suicide, or attempted suicide that resulted in serious harm, in instances where suicide-prevention protocols were to be applied to patients under the highest level of observation	1	4	10	4	0	2
3B. Patient suicide, attempted suicide or self-harm	1	3	19	10	14	17
3C. A critical incident associated with any other patient protection event	1	5	4	2	7	13
Total	**6**	**17**	**37**	**18**	**23**	**34**

IV. CARE MANAGEMENT EVENTS	2025/26	2024/25	2023/24	2022/23	2021/22	2020/21
4A. A critical incident associated with a medication or fluid error	14	23	36	19	24	22
4B. A critical incident associated with off-label use of medication	0	0	0	N/A	N/A	N/A
NE5. Patient death or serious harm due to a failure to inquire whether a patient has a known allergy to medication, or due to administration of a medication where a patient's allergy had been identified	2	1	1	0	1	1
NE7. Patient death or serious harm as a result of one of five pharmaceutical events. The following five pharmaceutical events represent errors that can result in serious consequences for patients: • Wrong-route administration of chemotherapy agents, such as vincristine administered intrathecally (injected into the spinal canal).	1	3	1	0	2	1

• Intravenous administration of a concentrated potassium solution. • Inadvertent injection of epinephrine intended for topical use. • Overdose of hydromorphone by administration of a higher-concentration solution than intended (e.g., 10 times the dosage by drawing from a 10 mg/mL solution instead of a 1 mg/mL solution or not accounting for needed dilution/ dosage adjustment). • Neuromuscular blockade without sedation, airway control and ventilation capability.						
4C. A critical incident associated with the delay or improper administration of blood or blood products	0	1	1	N/A	N/A	N/A
4D. A critical incident related to a mother, associated with either the birthing process (labour, birth, or postpartum) or an intrauterine procedure up to 42 days postpartum	0	0	3	3	7	2
4E. A critical incident related to a full-term fetus or neonate, associated with labour or delivery	2	1	0	1	4	3
NE8. Patient death or serious harm as a result of failure to identify and treat metabolic disturbances	0	0	3	4	2	0
NE9. Stage 3, stage 4 or unstageable pressure ulcers acquired after admission to a health services entity facility	7	10	26	14	18	16
4F. A critical incident associated with a delay in patient transfer to a facility for appropriate level of care	1	2	1	1	7	5
4G. A critical incident associated with an error in diagnosis or treatment	3	3	10	7	10	9

4H. A critical incident associated with a delay in diagnosis or treatment	10	9	13	N/A	N/A	N/A
4I. The loss or physical compromise of a biological specimen or patient information related to the specimen	0	2	1	N/A	N/A	N/A
4J. A critical incident as a result of deviation from generally accepted performance standards	17	14	14	N/A	N/A	N/A
4K. Death associated with a health care-associated infection	0	1	0	N/A	N/A	N/A
4L. Failure to follow or implement a health care directive that results in an undesired outcome for the patient	0	1	1	N/A	N/A	N/A
4M. A critical incident associated with any other care management event	8	9	11	40	86	57
Total	**65**	**80**	**122**	**89**	**161**	**116**

V. ENVIRONMENTAL EVENTS	**2025/26**	**2024/25**	**2023/24**	**2022/23**	**2021/22**	**2020/21**
NE6. Patient death or serious harm due to the administration of the wrong inhalation or insufflation gas	1	0	0	1	0	0
NE10. Patient death or serious harm due to uncontrolled movement of a ferromagnetic object in an MRI area	0	0	0	0	1	0
NE11. Patient death or serious harm due to an accidental burn	1	4	0	1	2	2
NE15. Patient death or serious harm as a result of transport of a frail patient, or patient with dementia, where protocols were not followed to ensure the patient was left in a safe environment	0	0	0	0	0	0
5A. A critical incident associated with electric shock	0	0	0	0	0	0
5B. Patient death associated with and occurring within 14 days of, a fall	3	9	14	11	14	22
5C. A critical incident resulting from or associated with the use or lack of restrictive interventions such as physical, mechanical, manual or environmental restraint	0	1	1	3	2	1

5D. A critical incident as a result of transport arranged or provided by a health services entity	0	0	0	0	0	0
5E. A critical incident associated with a delay or failure to reach a patient for emergent or scheduled services	0	0	0	0	1	4
5F. A critical incident associated with any other environmental event	2	3	2	2	6	5
Total	**7**	**17**	**17**	**18**	**26**	**34**

VI. CRIMINAL EVENTS	**2025/26**	**2024/25**	**2023/24**	**2022/23**	**2021/22**	**2020/21**
6A. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other health-care provider	0	0	0	0	0	0
NE14. Infant abducted, or discharged to the wrong person	0	0	0	0	0	0
6B. Abduction of a patient of any age	0	1	0	0	0	0
6C. Criminal act towards a patient that occurs on grounds owned or controlled by a health services entity	4	4	12	6	4	3
6D. A critical incident associated with any other criminal event	0	1	3	1	0	0
Total	**4**	**6**	**15**	**7**	**4**	**3**

	2025/26	**2024/25**	**2023/24**	**2022/23**	**2021/22**	**2020/21**
Total CIs Reported	**100**	**130**	**209**	**143**	**234**	**194**

Appendix B: Listing of Acts assigned to the Minister of Health (Order in Council 476/2024)

The Minister of Health is assigned the administration of the following Acts, except insofar as another minister is assigned the administration of the Act:

The Ambulance Act
The Cancer Agency Act
The Change of Name Act, 1995/Loi de 1995 sur le changement de nom
The Chiropractic Act,1994
The Dental Disciplines Act
The Dietitians Act
The Emergency Medical Aid Act
The Fetal Alcohol Syndrome Awareness Day Act
The Health Administration Act
The Health Districts Act
The Health Facilities Licensing Act
The Health Information Protection Act
The Health Quality Council Act
The Health Shared Services Saskatchewan (3sHealth) Act
The Hearing Aid Sales and Services Act
The Human Resources, Labour and Employment Act – but only with respect to section 4.02
The Human Tissue Gift Act, 2015
The Licensed Practical Nurses Act, 2000
The Massage Therapy Act
The Medical Laboratory Licensing Act, 1994
The Medical Laboratory Technologists Act
The Medical Profession Act, 1981
The Medical Radiation Technologists Act, 2006
The Mental Health Services Act
The Midwifery Act
The Naturopathic Medicine Act
The Naturopathy Act
The Occupational Therapists Act, 1997
The Opioid Damages and Health Care Costs Recovery Act
The Opticians Act
The Optometry Act, 1985
The Paramedics Act
The Patient Choice Medical Imaging Act
The Personal Care Homes Act
The Pharmacy and Pharmacy Disciplines Act
The Physical Therapists Act, 1998

The Podiatry Act
The Prescription Drugs Act
The Prostate Cancer Awareness Month Act
The Provincial Health Authority Act
The Psychologists Act, 1997
The Public Health Act
The Public Health Act, 1994 – except:

subsection 8(2), which is jointly assigned to the Minister of Health and the Minister Responsible for Saskatchewan Water Security Agency, but with respect to the Minister Responsible for Saskatchewan Water Security Agency, only for the purpose of administering section 9.1 of The Health Hazard Regulations; and

section 19.1, which is assigned to the Minister of Labour Relations and Workforce Safety

The Public Works and Services Act, but only with respect to:

clauses 4(2)(a) to (g), (i) to (l), (n) and (o) and section 8, which are jointly assigned to the Minister of Health, the Minister of SaskBuilds and Procurement, the Minister of Education and the Minister of Highways

The Publicly funded Health Entity Public Interest Disclosure Act
The Registered Nurses Act, 1988
The Registered Psychiatric Nurses Act
The Regulated Health Professions Act
The Residential Services Act, 2019

jointly assigned to the Minister of Health, the Minister of Justice and Attorney General, the Minister of Social Services and the Minister of Community Safety

The Respiratory Therapists Act
The Saskatchewan Medical Care Insurance Act
The Saskatchewan Strategy for Suicide Prevention Act, 2021
The Speech-Language Pathologists and Audiologists Act
The Tobacco and Vapour Products Control Act
The Tobacco Damages and Health Care Costs Recovery Act
The Vital Statistics Act, 2009/Loi de 2009 sur les services de l'état civil
The Vital Statistics Administration Transfer Act
The White Cane Act
The Youth Drug Detoxification and Stabilization Act

For More Information

Please visit the Saskatchewan Ministry of Health's website at: saskatchewan.ca/health