

# *Saskatchewan's Health Human Resources Plan*



December 2011



Saskatchewan  
Ministry of  
Health

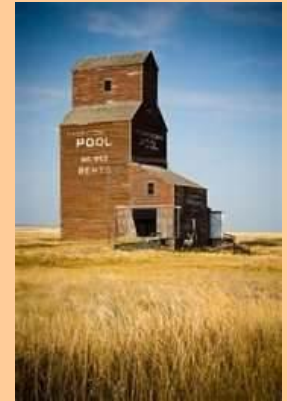
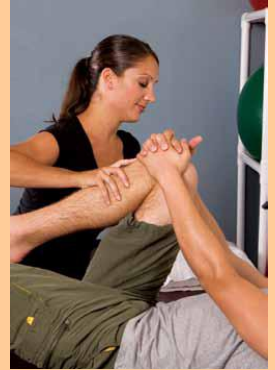
## Presentation to the CAHSPR Conference

### Innovations for Health System Improvement

### May 29, 2012

# Challenges

- Aligning this plan with other work.
- Not knowing what the future service delivery model(s) will look like.
- Every profession said more is better.
- Pulling together the data we need.
- Ability to predict needs and forecast.
- Engaging the appropriate people throughout the system.



# The Plan

“Plans are nothing; planning is everything.”

Dwight D. Eisenhower

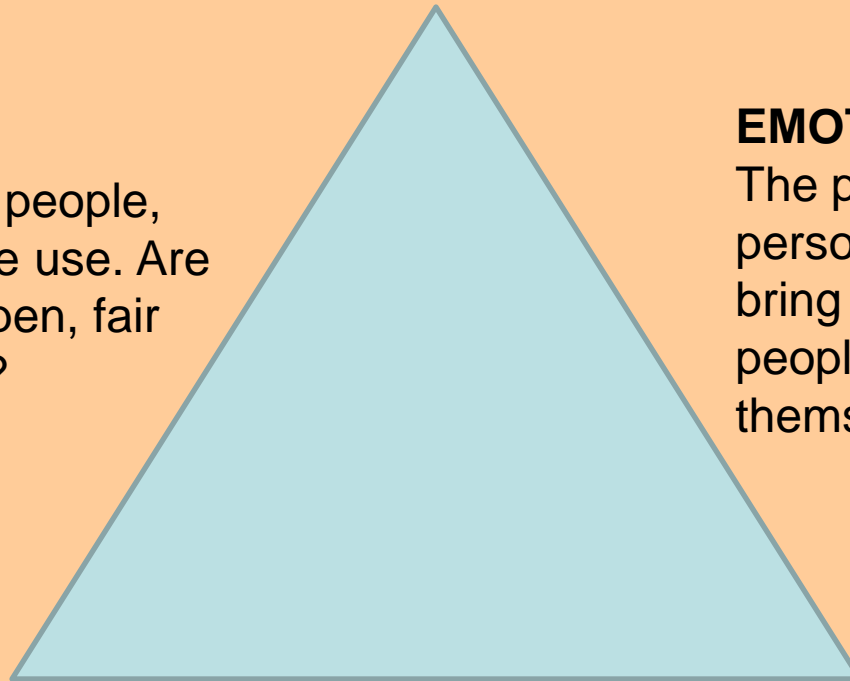


# Satisfaction Triangle



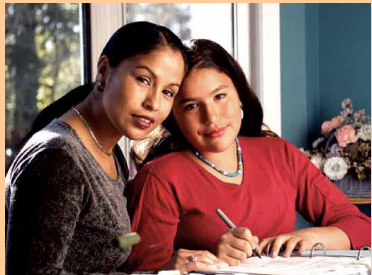
## PROCEDURAL

How we engage people, the processes we use. Are the processes open, fair and transparent?



## EMOTIONAL

The psychological and personal aspects people bring to the table. How people feel about themselves and the issue.



## SUBSTANTIVE

The facts, the data, the material things related to a decision or negotiation.



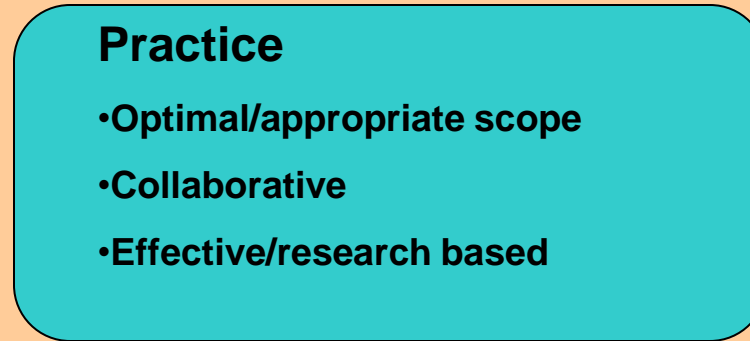


# Process and Emotional sides of the

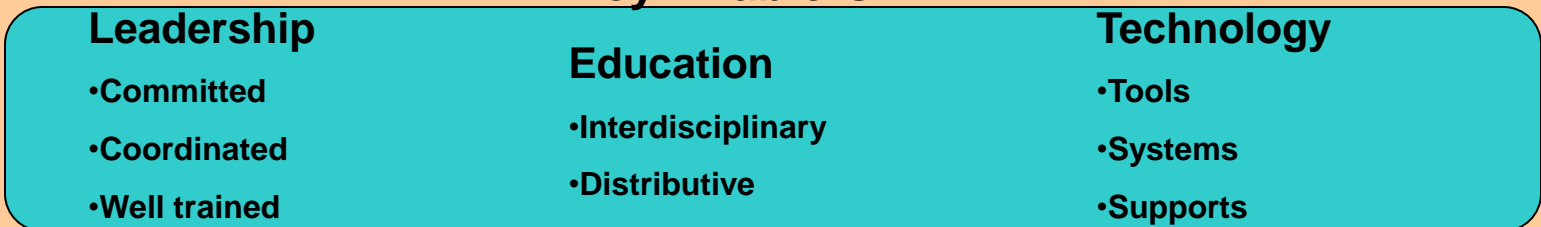


- We held formal planning sessions and asked for input.
- We listened, reported back & followed up.
- We clarified roles & shared responsibility.
- We acknowledged contributions.
- No surprises.
- And sometimes we said, “I’m sorry. You’re right. I’ll try to do better.”

# The Vision: Saskatchewan's Health Workforce in 10 Years



## Key Enablers



# The Substantive Side of the



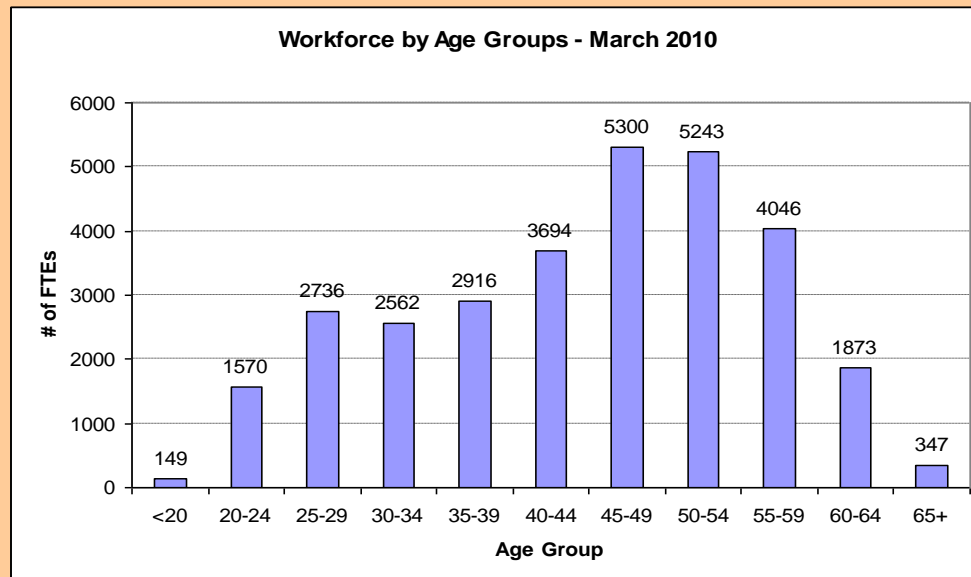
- *Data including:*
  - *Payroll*
  - *CIHI*
  - *Physician billing*
  - *Utilization*
  - *Health registration – covered population*
  - *National Physician Survey*
  - *Labour Market*
  - *Retirement*
- *Research and grey literature reports from numerous sources*



# Total Workforce – SAHO Payroll

**SAHO total Workforce by FTE, Sex and Age Group – March 2010**

Gender	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	Grand Total
Female	125.86	1,436.96	2,386.23	2,145.77	2,458.26	3,136.62	4,555.34	4,665.94	3,560.65	1,634.50	296.08	26,402.21
Male	23.09	133.15	349.42	416.66	457.31	557.13	744.49	576.90	485.64	238.70	50.57	4,033.06
Grand Total	148.95	1,570.11	2,735.65	2,562.43	2,915.57	3,693.75	5,299.83	5,242.84	4,046.29	1,873.20	346.65	30,435.27





# Number of Health Providers

## 24 Selected Health Professions by Province, # of Providers per 100,000 population

Province	Providers in Province Per 100,000 Population
Ontario	1,791
Manitoba	2,037
<b>Saskatchewan</b>	<b>2,111</b>
Alberta	2,022
British Columbia	1,721
<b>Canada</b>	<b>1,976</b>

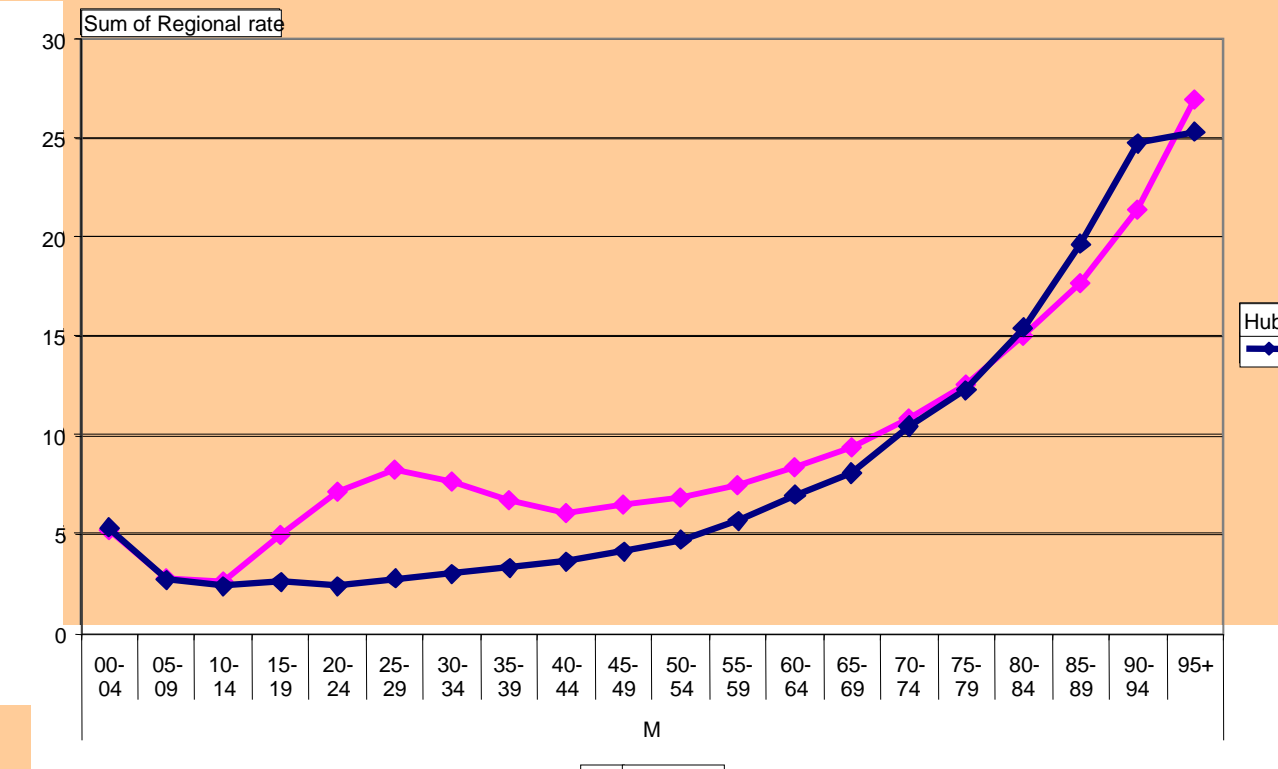
Source – CIHI Report on Canada's 2009 Health Care Providers

# FTE Growth Rates by RHA – SAHO Payroll Data

RHA	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-12	% change 06-07 to 11-12
Sask Cancer Agency	378.78	405.90	459.06	508.89	530.61	544.99	43.9%
Sun Country	1,543.58	1,563.25	1,554.60	1,592.68	1,581.11	1,613.41	4.5%
Five Hills	1,236.41	1,260.94	1,276.19	1,310.98	1,313.55	1,328.55	7.5%
Cypress	1,125.24	1,129.25	1,125.44	1,163.86	1,156.04	1,174.13	4.3%
Regina Qu'Appelle	6,815.76	6,960.28	7,129.21	7,446.18	7,569.05	7,723.62	13.3%
Sunrise	2,067.47	2,099.37	2,131.77	2,220.30	2,185.91	2,174.10	5.2%
Saskatoon	8,410.86	8,629.99	8,847.82	9,346.64	9,429.80	9,668.99	15.0%
Heartland	1,019.53	1,041.09	1,041.59	1,084.11	1,086.53	1,107.90	8.7%
Kelsey Trail	1,113.56	1,144.50	1,174.69	1,190.36	1,204.33	1,218.01	9.4%
Prince Albert Parkland	1,644.16	1,730.39	1,799.17	1,911.63	1,922.45	1,991.81	21.1%
Prairie North	1,936.91	2,005.76	2,038.70	2,124.51	2,190.51	2,259.99	16.7%
Mamawetan	184.73	193.75	203.60	212.50	217.21	219.29	18.7%
Keewatin Yatthe	223.80	227.66	235.85	247.25	249.90	249.82	11.6%
<b>Total</b>	<b>27,700.79</b>	<b>28,392.13</b>	<b>29,017.69</b>	<b>30,359.89</b>	<b>30,637.00</b>	<b>31,274.61</b>	<b>12.9%</b>

# 2009 Demand for GP Services

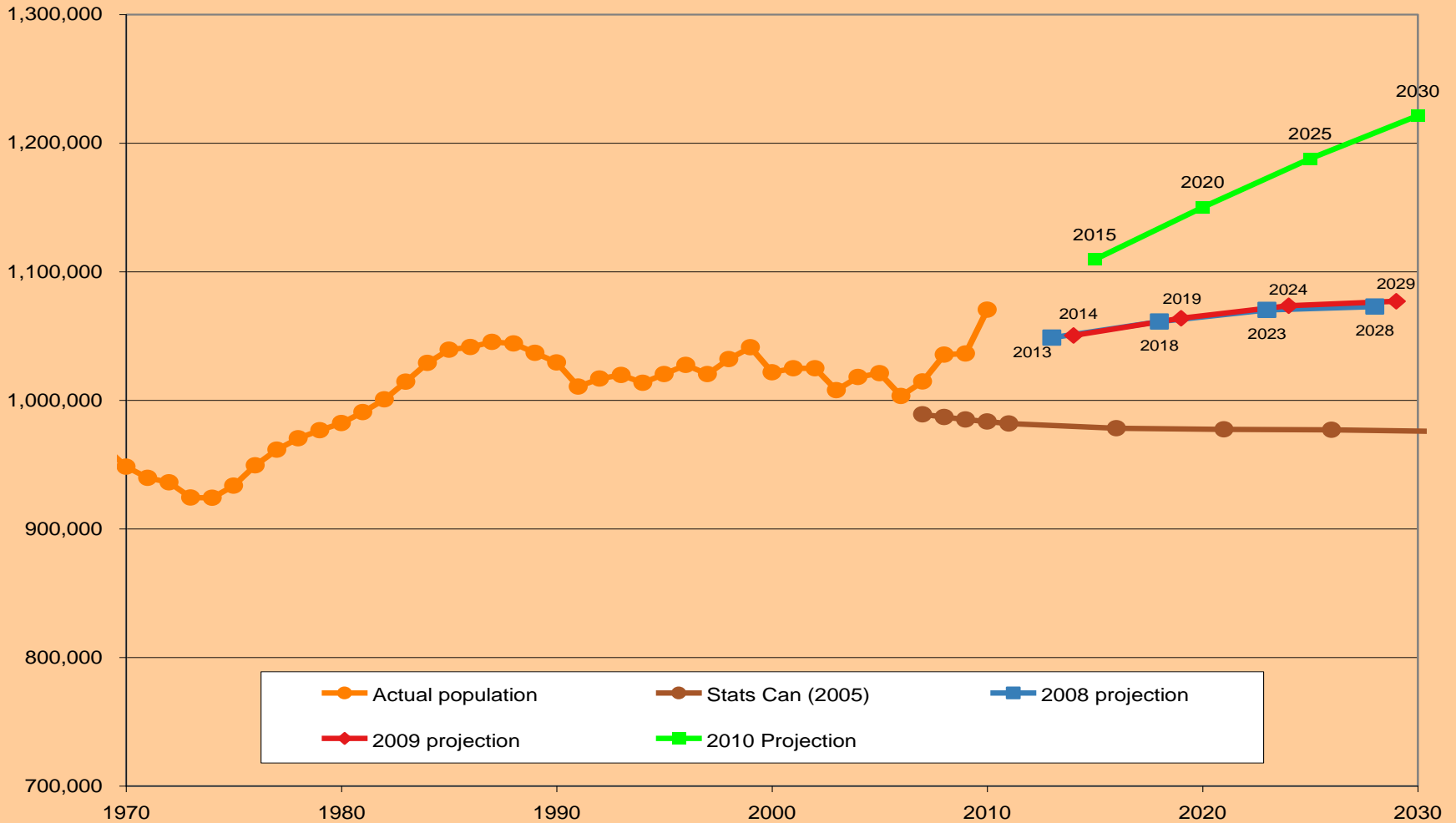
1 Provincial



Hub  
◆ 1 Provincial

Sex|Age group

# Current and Projected Population



# Forecasting the Workforce



- A model developed by the Health Employers Association of British Columbia (HEABC) was modified to make use of the provincial payroll data for health regions and the SCA.
- The forecasts assume continuation of our current service delivery model.

# Forecast Assumptions

*“It's tough to make predictions, especially about the future.”*      *Yogi Berra*



- We anticipate the numbers and the mix of providers will evolve as we advance the goals of the plan, as service delivery models shift (for eg. primary health re-design), new technology is introduced, etc.



# Forecasting Example for Home Care/Special Care Aides

Home Care/ Special Care Aides	Current FTEs 2009-10	Demand Factor See Notes	Increased Demand in 10 Years	Projected Retirements	Job Attrition other than Retirements	Projected FTEs to be recruited in 10 Years
Long Term Care	3,309	A	28	537	729	1,294
Acute Care	1,022	B	117	206	192	515
Home Care	609	C	148	125	113	386
Integrated Facility	333	A	3	68	35	106
Other	378	C	91	79	50	220
<b>Total</b>	<b>5,651</b>		<b>387</b>	<b>1,015</b>	<b>1,118</b>	<b>2,521</b>

## Demand Factors:

A – Projected growth of 75+ population (0.85%)

B – Projected rate of hospital days based on age/sex utilization (11.4%)

C – Projected growth of 65+ population (24.2%)



# Highlights of the Plan



- The plan provides a common vision, goals and broad framework, developed with stakeholders, to help guide and inform our health human resource strategies, policies, programs and priorities.
- A growing workforce is forecasted in 10 years if we continue to provide services in the same way.
- A list of key actions are included in the plan to help achieve the goals.

# Next Steps

“In theory there is no difference between theory and practice. In practice there is.”

Yogi Berra



# Next Steps



“No battle plan survives contact with the enemy.”

Helmuth von Moltke the Elder

- Health regions are referring to the Plan as they develop new Primary Health Care plans.
- Review, update & expand the forecast work at the regional level & add occupations.
- Meeting with groups to discuss the plan & how it impacts their operations/ programming.

# Key Messages

- Remember the satisfaction triangle.
- People will help implement a less than perfect plan if they helped build it. A perfect plan that hasn't involved the people who need to implement it, will be buried by dust on the shelf where it sits.
- Demonstrating what's required to maintain current practice is sometimes enough to help decision makers understand why change is necessary.



# Copies of the Plan

[www.health.gov.sk.ca/hhr-plan](http://www.health.gov.sk.ca/hhr-plan)

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