INTERIM REPORT · JUNE 2026

YOUR CARE, YOUR SAY

What Saskatchewan people said about their collapsing healthcare system — and how we'll deliver big, bold change together.

YOUR CARE YOUR SAY!

Led by Shadow Ministers Meara Conway & Jared Clarke.
A province-wide healthcare consultation.

IN THEIR WORDS

“Healthcare in Saskatchewan is on the brink of collapse... we are terrified of depending on Saskatchewan healthcare. That should be alarming to every citizen in this province – including political leaders.”

— SASKATOON NURSE

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PART I

THE CURRENT SITUATION

The Reality

You hear it every day. Whether you're on coffee row, at the hockey rink, or around a campfire, Saskatchewan people are sharing stories about a healthcare system that is failing them.

Too many are without any form of primary care, and those fortunate enough to have access to a family doctor or nurse practitioner can't get the appointment they need. Too many face a closed or overrun emergency room, or wait too long for surgeries and other essential care. But this is about more than long waits – it's about a lack of access to the care people need to live, work, and age with dignity.

When home care isn't available, seniors are forced from their homes and communities. With no long-term care options close by, seniors languish in hospital beds unnecessarily or are sent far from loved ones and caregivers. When people wait months or years for surgery, they lose the ability to participate in the activities that give their lives meaning. As mobility declines, isolation grows and both physical and mental health suffer.

Without timely access to counselling, treatment, or housing, people are left to navigate a crisis alone until it becomes an emergency. Without timely access to detox and addiction supports, the cry for help goes unanswered and the cycle restarts. Young people waiting for mental health support fall behind in school, become isolated, and miss critical opportunities to change the course of their lives for the better.

Families become caregivers, advocates, and crisis responders. Emergency rooms, first responders, and hospitals become the default safety net for challenges they were never designed or equipped to address.

In short, the gaps in healthcare across Saskatchewan are affecting far more than health. They are shaping where people can live, whether they can work, how connected they remain to their communities, and their overall quality of life.

$8.6B

spent on healthcare — more than ever before

1.2M

people in Saskatchewan, yet access keeps falling

+800%

increase in emergency room disruptions

The Sask. Party government is spending more than ever on healthcare – $8.6 billion for a population of 1.2 million – yet people are finding it harder than ever to access a family doctor or nurse practitioner, emergency care, or timely care. The system is under unimaginable pressure – and it shows.

It's increasingly common for disturbing healthcare failures to make headlines in Saskatchewan. Like the case of William Cone, a senior with Alzheimer's who wandered from his public care home, suffered a fall, and died of complications from a broken hip. Stories like Lloyd Coakwell, a cancer patient left beside soiled laundry in a hallway for six days while fighting a serious infection – an experience he said "broke" him mentally.[1] Stories like Trevor Dubois, a young cancer patient who died after an altercation with staff in hospital.[2]

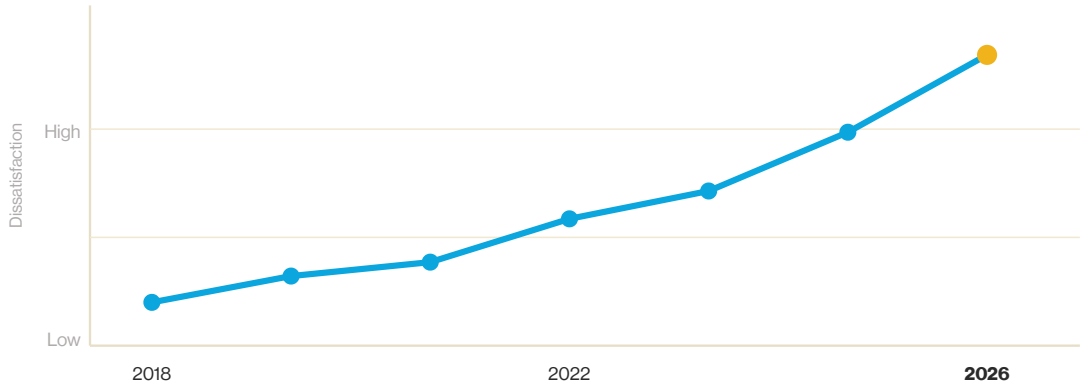
Healthcare providers and health organizations are telling horror stories too, and in an unprecedented way. In the past year alone, frontline providers have signed on to public letters expressing concern about increased violence in the workplace[3] and the overcrowding, short staffing,[4] and burnout that has become the norm.

> "...a reminder that fatal violence against our team is **not just possible, it's probable.**"
>
> **— OPEN LETTER FROM FRONTLINE PROVIDERS**

Since Scott Moe became Premier in 2018, dissatisfaction with our healthcare system has climbed year over year.

SASK. PARTY POOR PERFORMANCE ON HEALTH CARE

Share of Saskatchewan people rating it a “poor” or “very poor” job, 2018–2026.



Provincial government performance on health care according to Saskatchewan people, climbing steadily since Scott Moe became Premier in January 2018. Source: Saskatchewan public opinion data, public.tableau.com.

The data confirms what people are experiencing. Saskatchewan currently has the worst access to primary care in Canada[5]; among the longest surgical wait times[6]; and among the highest rates of HIV[7], syphilis[8], tuberculosis[9], and suicide[10] – significantly above the national average.

SASKATCHEWAN VS. CANADA — KEY HEALTH INDICATORS

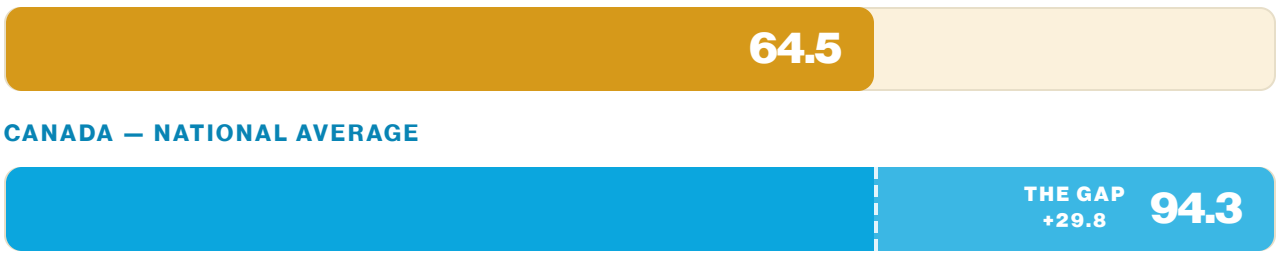
INDICATOR	SASKATCHEWAN	CANADA	GAP
Rural family physicians per 100,000	64.5	94.3	↓31.6% worse than national average
Hip replacement within national benchmark delay	50%	68%	↓18% worse than national average
Knee replacement within national benchmark delay	47%	61%	↓14% worse than national average
Residents without access to primary care	63%	50%	↓13% worse than national average and WORST in Canada

Source: CIHI Wait Time Indicator Reports · Commonwealth International Fund Health Policy Survey, 2023 · National Angus Reid Poll on Access to Primary Care

This is what decline looks like – right here in the birthplace of universal medicare. From Saskatoon to Shaunavon to Stoney Rapids, the challenges grow daily. Emergency room disruptions have increased 800 per cent, rapidly undermining quality of care and harming rural communities.[11]

RURAL FAMILY PHYSICIANS PER 100,000 PEOPLE

Saskatchewan has nearly a third fewer rural family doctors than the country as a whole.



↓31.6% **nearly one third below the national average.** Saskatchewan has just 64.5 rural family doctors per 100,000 people, versus 94.3 across Canada.

Source: CIHI Supply, Distribution and Migration of Physicians · rural family physicians per 100,000 population.

Scott Moe struggles to recruit the providers necessary to even maintain bankers' hours at Regina's Urgent Care Centre, having long ago abandoned his promise to keep it open 24/7. The centre is pulling family doctors away from primary care – access to which is already the worst in the country – and still isn't able to maintain its already reduced hours. Instead of stopping to think and plan, the government plows forward with a plan to build more urgent care centres, despite the absence of any plan to staff them.

> New healthcare facility announcements mean nothing without a plan to staff them. **"Without them, we're just building hotels."**
>
> **— BRYCE BOYNTON, PRESIDENT, SASKATCHEWAN UNION OF NURSES[12]**

As healthcare becomes increasingly difficult to access, more people are being forced into unpaid caregiving roles for sick loved ones, aging parents, and family members who need full-time support and advocacy. Many are taking on these responsibilities while working full-time and coping with the rising cost of living. Saskatchewan's healthcare providers are also bearing the weight of a system under strain: chronic short staffing, increasing patient volumes, administrative burdens, and patients presenting with increasingly complex issues.

The Sask. Party Government's Response

The Sask. Party government has increasingly turned its back on Saskatchewan's tradition of healthcare leadership. Its most recent Patient First plan contains initiatives first promised nearly two decades ago. The introduction and swift expansion of private profit incentives into the healthcare system has not produced positive results. Wait times have not improved, the staffing crisis is worse than ever, and lucrative contracts see public dollars sent out of province – often to Sask. Party donors.

The government's approach is focused on managing perceptions and controlling information rather than addressing the root causes of Saskatchewan's healthcare challenges. Stop-gap measures often create new long-term problems while failing to resolve the issues they were intended to address.

This government spent just shy of $100 million on travel nurses in the 2023–24 year alone[13] – an expensive approach that has undermined retention among the existing workforce while doing little to address the underlying causes of Saskatchewan's staffing shortages.

We see a similar pattern with ViPER (Virtual Physician Emergency Response). Introduced as a temporary measure, the program has expanded the use of virtual care in acute and emergency settings – despite clear evidence that only a small proportion of emergency department visits can be safely managed through virtual care. Rather than serving as a bridge to sustainable recruitment and retention, there is growing concern that temporary solutions are becoming permanent features of the system, despite unforeseen impacts on staffing, EMS availability, and more.

As services become increasingly unavailable, the Sask. Party is clamping down on the information people need to make informed decisions about their care. They voted down a bill that would make existing maps of closures public so rural residents could know in real time whether their local emergency department is open. Despite knowing months in advance that staffing shortages would force reduced operating hours at the Regina Urgent Care Centre, the government failed to provide adequate public notice. Patients lack access to basic information such as wait times, which physicians are accepting new patients, and other key healthcare data.

> "Our local hospital is frequently closed to emergency services. **This is a huge concern in the heart of oil and agriculture.**"
>
> **— MUNICIPAL LEADER, RURAL SASKATCHEWAN**

We are determined to examine all possible causes – and to be resourceful, creative, and collaborative in prescribing and applying the cures. That is why we launched the Your Care, Your Say initiative, led by your Shadow Ministers for Health and Rural and Remote Health – MLAs Meara Conway and Jared Clarke – and supported by a team of fellow Shadow Ministers and professional Saskatchewan-based Canadian healthcare researchers.

Research Methods

In the first phase of this initiative, we examined the state of Saskatchewan's health system following the 2017 consolidation of 12 regional health authorities into the Saskatchewan Health Authority (SHA). We drew on multiple sources of evidence, listening across the province through surveys, public townhalls, and thousands of direct conversations.

1,000+

virtual and in-person meetings and dialogues

100s

of thoughtful survey responses from across Saskatchewan

100s

of conversations, emails, and letters on healthcare

To ensure every Saskatchewan resident had an opportunity to share their experiences and perspectives, our online surveys were made publicly available and promoted through our website, media events, public townhalls, and social media. To date, we have received hundreds of thoughtful survey responses from:

- Concerned **patients and families**;
- **Healthcare professionals, providers, and support staff** – physicians, nurses, paramedics, allied health professionals, long-term care staff, administrators, public health personnel, health-related academics, and other healthcare workers;
- Personnel at the **SHA, its 36 affiliates, and the Saskatchewan Cancer Agency**;
- **Elected leaders** from urban and rural municipalities;
- **Health experts, researchers, and academics**;
- Leaders in **health-adjacent fields** who recognize that access to good healthcare impacts all facets of life; and
- Individuals working in the **private sector** concerned about how the lack of access to healthcare is affecting the economy; and
- **Healthcare** unions representing thousands of people working every day in this healthcare system.

In addition to the hundreds of calls, emails, and letters received by our offices, our team conducted over a thousand virtual or in-person meetings and dialogues with healthcare providers, frontline workers, unions and professional associations, regulators, facility operators, health system leaders, local governments, First Nations and Indigenous leadership, and other stakeholders. We returned to many of these conversations multiple times, allowing us to hone our understanding and enrich the perspectives reflected in this work.

What Saskatchewan People Said: "Our Care; Our Say"

Despite the challenges outlined in this report, it is important to emphasize that the public cherishes those working in the healthcare field. Even when sharing stories of hardship or frustration, Saskatchewan people emphasized the kindness, professionalism, and dedication of the vast majority of those working under increasingly difficult circumstances.

While the system is failing, much of what still works does so because of the providers who hold it together every day, often at great personal cost. What became clear during this consultation is that Saskatchewan people deserve a healthcare system that works ***because*** the system is properly supported – not despite the lack of supports.

Across hundreds of conversations and submissions, six clear themes emerged, consistently reinforced across audiences and independently confirmed by data. Together, these themes identify what must be repaired, rebuilt, and reimagined to put Saskatchewan healthcare back on track.

THE THROUGHLINE

Frustrations are significant – yet Saskatchewan people remain **deeply supportive of public healthcare**, and they believe the system can be rebuilt.

Major Themes

1 PRIMARY CARE IS NOT PRIMARY
A SYSTEM WITHOUT A FRONT DOOR

WHAT IS PRIMARY CARE?

Comprehensive, day-to-day healthcare provided in the community by providers who act as a first point of contact – while also providing continuity of care over time and coordinating additional care when required. It includes routine preventive care, treatment for urgent but minor problems, addictions and mental health care, maternity and child health, and medical attention from birth to death across a continuum.

Across our consultations, participants repeatedly returned to a common observation: Saskatchewan's healthcare system lacks a strong foundation. The current approach to primary care simply isn't working. Many of the challenges described throughout this report – from workforce burnout and overcrowding to governance failures, poor communication, and rising costs – can be traced back to this missing foundation.

> ***"We don't have enough people (providers) generally."***
>
> — PROFESSIONAL ASSOCIATION

> ***"Primary care is an absolute mess in rural Saskatchewan."***
>
> — SHA AFFILIATE STAFF

Saskatchewan has the worst access to primary care in Canada. Without a strong, comprehensive, coordinated, community-based system of primary care, healthcare has become fragmented and reactive rather than preventive. Chronic conditions go undiagnosed; follow-up care falls through the cracks. No one is there to build a treatment plan, make referrals, or connect the dots. Hospitals, walk-in clinics, urgent care centres, and emergency rooms absorb the consequences as people turn to costlier options for needs that should be addressed earlier and closer to home.

Participants consistently linked Saskatchewan's primary care challenges to a broader lack of integration. Services that should work together – primary care, hospitals, mental health and addictions care, home care, long-term care, EMS, public health, disability supports – too often operate in silos, leaving patients to navigate growing gaps on their own.

> ***"There is a lot of talk from this government – such as on patient medical homes – but not a lot of action."***
>
> — SHA DIVISION LEAD / PHYSICIAN

> ***"Interesting to hear the government talk about team-based care. We've been doing this successfully since the '60s."***
>
> — COMMUNITY CLINIC STAFF

While primary care was traditionally built around a single family physician, today's most effective health systems increasingly rely on interdisciplinary teams. This model recognizes the role of physicians and nurse practitioners while making better use of nurses and allied health professionals – social workers, mental health professionals, addictions counsellors, physiotherapists, occupational therapists, pharmacists, chiropractors, and more – to their full scope of practice.

The strongest argument for interdisciplinary, team-based primary care is simple: patients receive better care. As needs become more complex and physician shortages persist, Saskatchewan cannot continue to use physicians so inefficiently. We must do much more to recruit and retain family doctors – but Saskatchewan physicians also spend more time on administration than in any other province or territory[14], while many services that could be delivered by other professionals remain inaccessible.

> ***"We need to stop talking about it and actually do it – physician, NP, RN, OT, social work, actually accessible to the patient."***
>
> — EMERGENCY CHARGE NURSE

> ***"The biggest single issue? People don't have access to family doctors. Family medicine needs to be a priority."***
>
> — SHA AFFILIATE

Indeed, some of the strongest proponents of team-based primary care are providers themselves. The vast majority of physicians are not only open to new compensation models – they are asking for them. Nurses and allied health professionals are eager to show how their skills could enrich a strong primary care system. Despite this growing consensus, Saskatchewan has been slow to embrace the model, with participants describing the government's stated commitment to team-based care and patient medical homes as "all talk and no action."

This slow approach fails to recognize that, for many rural communities especially, healthcare is no longer just a health issue – it is a community survival issue. The loss or instability of local healthcare services affects population retention, economic development, workforce recruitment, and the long-term viability of the community itself. It does not help that Saskatchewan remains one of the most digitally disconnected health systems in the country.

> ***"You can't prescribe a house."***
>
> — SASKATOON ER NURSE

> ***"What we are seeing in emerg is where we are failing in community."***
>
> — SASKATOON ER NURSE

The good news is that there are successful models to build upon in Saskatchewan: community clinics have provided interdisciplinary teams for decades; Swift Current's Associate Family Physicians Clinic shows that recent iterations of this approach can work; Emmanuel Health is investing in housing as healthcare; and All Nations' Healing Hospital has demonstrated the value of integrated, culturally responsive, locally accountable care.

Above all, Saskatchewan people told us they want strong, accessible, team-based primary care as the foundation of the system – improving health outcomes, reducing pressure on hospitals and emergency rooms, lowering costs, and enhancing quality of life for patients, families, and providers alike.

2 CENTRALIZATION WITHOUT RESULTS
THE LOSS OF ACCOUNTABILITY UNDER THE SHA

> "We need a voice. **The pace of change is the pace of a snail** – even though we've been telling them the same thing for 5–10 years. It's so hard to go home when I know that my younger colleagues are hurting and there is nothing I can do."
>
> — SENIOR ER NURSE

Almost 10 years after its launch, the amalgamation of 12 regional health authorities into a single Saskatchewan Health Authority has failed to achieve its objectives. Many of the benefits of decentralization – flexibility, adaptability, local decision-making, community responsiveness – have largely been lost. At the same time, the promised benefits of centralization – improved coordination, greater efficiency, clear accountability, and system-wide consistency – have failed to materialize.

> ***"There are internal struggles within the SHA. It is hard to know who to talk to. It's so big and bureaucratic."***
>
> — LEADER, HEALTH AFFILIATE

> ***"Greater inefficiency, decreased local input, less flexibility, lower quality of care... all arrived at higher cost."***
>
> — NURSE MANAGER

Instead, stakeholders described a system that has become more bureaucratic, less accountable, and increasingly disconnected from frontline care and local communities. Significant fragmentation remains: facilities, workers, and patients continue to navigate a patchwork of policies, forms, procedures, clinical standards, and IT systems inherited from the former health regions.

> ***"Give the locals power to do what is needed locally. Dictating from above is undemocratic, wasteful, and authoritarian."***
>
> — SHA MANAGER

> ***"Amalgamation created new chaos, dysfunction, and is ruining care both in acute care and community."***
>
> — HEALTHCARE WORKER

Since amalgamation, the SHA has reorganized its senior executive team multiple times, losing experienced personnel with every cycle. We heard that the system keeps trying to solve problems through restructuring, when the real problem is the underlying structure itself. Stakeholders agreed there are too few local decision makers and too little support for frontline workers, while leadership has become concentrated in Regina and Saskatoon.

A recurring theme was the "command and control" culture that has taken hold at the SHA. Frontline expertise is often ignored, and many described a top-down, heavy-handed leadership style that discourages and even punishes dissent and honesty. A "snitch line" (branded an "Anonymous Reporting Mechanism") was proposed following public criticism from providers, and many felt the toxic leadership culminated in the firing without cause of Glen Perchie, Southern Director of Emergency Services, after he spoke candidly with elected leaders from the town of Whitewood about challenges in local EMS.

> ***"Management is so removed from the work being done, they don't even fundamentally understand it."***
>
> — REGISTERED NURSE

> ***"Any clinical manager should have to continue to work on the floor. They need to eat their own policies."***
>
> — ER PHYSICIAN & SENIOR PHYSICIAN LEADER

We also heard that, despite the hard work of many dedicated civil servants, the organization's mandate is regularly undermined by political interference. Too many board and executive members have been appointed from Sask. Party ranks, and partisan considerations dominate the SHA – eroding public confidence and organizational effectiveness.

> *“The SHA is a faceless bureaucracy.”*
>
> — PHYSICIAN

> *“It’s illogical and offensive to continue to parachute Sask. Party staffers into the senior ranks of the SHA.”*
>
> — RETIRED PHYSICIAN & HEALTH CONSULTANT

These governance failures are not abstract administrative problems – they shape the day-to-day culture of Saskatchewan’s healthcare system. Participants described environments where raising concerns about patient care, workplace safety, or system performance is discouraged or ignored, contributing directly to declining morale, burnout, worsening retention, and growing mistrust. Throughout the consultation, participants emphasized that the conditions of work for healthcare providers are the conditions of care for patients. Rebuilding trust in Saskatchewan’s healthcare system will require rebuilding trust within it.

3 IN THE DARK & NO SEAT AT THE TABLE
EXCLUSION, SECRECY & COMMUNICATION BREAKDOWN

Throughout this consultation, participants emphasized that access to timely, accurate information is not a political issue – it is a matter of public safety. Saskatchewan people deserve a healthcare system that communicates openly, honestly, and in real time. Instead, communication was described as reactive, inconsistent, or absent altogether. In some communities, residents rely on social media, word of mouth, or handwritten signs on hospital doors to determine whether services are available.

> ***"Patient–physician registry – Saskatchewan people are looking for this. Our office gets a lot of calls from people trying to find primary care providers."***
>
> — FAMILY PHYSICIAN

> ***"When services are unavailable and that information is not shared publicly, people are left making important decisions without knowing where they can actually receive care."***
>
> — MAYOR, TOWN OF GRAVELBOURG [16]

Rural residents frequently report driving hours for emergency care only to find their local hospital closed with no advance warning. Municipal leaders described a growing pattern of financial downloading, with local governments increasingly expected to fund physician recruitment, staff housing, and transportation supports simply to maintain access to basic healthcare services.

> ***"The government under the new SHA Act was supposed to create local advisory councils, but it never did."***
>
> — LEADER, SHA AFFILIATE

> ***"We had ideas that could help – like taking on new patients who lack a family doctor. They did not even respond!"***
>
> — RURAL COMMUNITY LEADER

Participants pointed to several concrete transparency failures. The College of Family Physicians has repeatedly called for the restoration of a public registry showing which family physicians are accepting new patients. Similarly, the government's refusal to provide real-time public information about emergency room closures – including voting down Bill 606 – emerged as one of the clearest examples

of the communication gap identified throughout these consultations. The majority of patients, healthcare workers, community leaders, and local governments told us they feel excluded from decisions that affect their healthcare services.

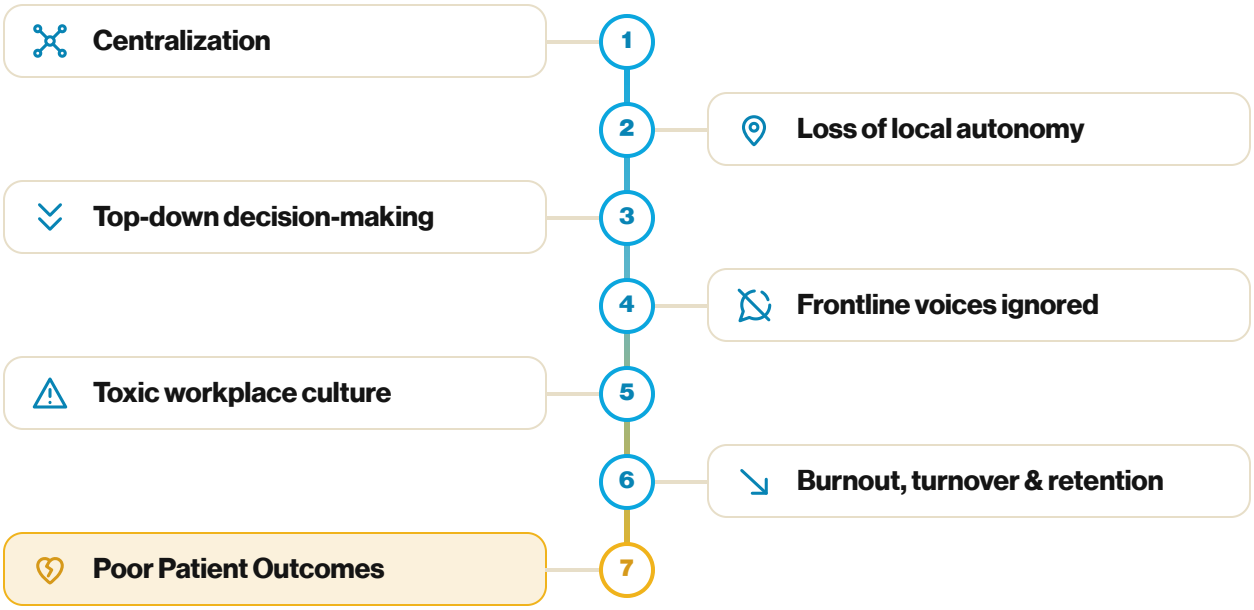
> ***"Key stakeholders are ignored in various working groups."***
>
> — REGISTERED NURSE

> ***"The Government doesn't care – they don't do anything until it hits the media. They are a reactive government."***
>
> — ER NURSE, SASKATOON

It is telling that the SHA has failed to operationalize the local advisory networks provided for under its own founding legislation – disregarding the one legislative mechanism that exists to ensure its accountability to local communities. It is equally telling that the strongest examples of community engagement were found outside the SHA – at organizations like Emmanuel Health, All Nations' Healing Hospital, and Saskatchewan's network of community clinics, which have fostered the local accountability and responsiveness the SHA is lacking.

HOW SHA APPROACH COMPOUNDS

A single chain of cause and effect that participants described again and again.



4 BURNT OUT AND SHUT OUT
PROVIDER RETENTION MUST BE THE FOCUS

Saskatchewan's workforce crisis is not primarily a supply problem. It is predominantly a retention problem caused by system design, political interference, indifference, and poor leadership. We heard repeatedly about a culture of fear, exclusion from decisions, years without a fair contract, chronic short staffing, a lack of support for the workforce, and management that treats frontline expertise as a liability rather than an asset.

> ***"Retention is the #1 recruitment tool."***
>
> — PROFESSIONAL ASSOCIATION

> ***"We don't have a supply problem, we have a retention problem – and the staffing turnover costs are killing budgets."***
>
> — REGINA RN

Healthcare workers repeatedly identified workplace violence and safety concerns as growing contributors to burnout, moral distress, mental health challenges and decisions to leave the profession or the province. Many described increasingly frequent incidents of verbal abuse, threats, and physical violence, particularly in emergency departments, acute care settings, and community-based services.

> ***"Recruitment and retention strategies do not match the actual workforce needs and community realities."***
>
> — SHA ADVISORY PANEL MEMBER

> ***"58 clients cancelled in one day because we were short-staffed."***
>
> — CONTINUING CARE AID, HOME CARE

Existing recruitment efforts were widely described as fragmented, poorly coordinated, and overly reliant on short-term financial incentives rather than long-term planning. Many were not eligible for the narrow, short-term incentives; others felt they are simply not enough to attract or retain nurses, physicians, paramedics, technologists, and other professionals when day-to-day conditions continue to deteriorate. As one major stakeholder observed: "Retention is the number one recruitment tool."

> *"75% of the staff on surgery have one year of experience. We are losing the mid- and senior-level nurses and it's terrifying."*
>
> — NURSE MANAGER

> *"There are so many communities without the resources to recruit and retain – it shouldn't be on the back of the municipality."*
>
> — PROFESSIONAL ASSOCIATION

The government's reliance on stopgap measures and band-aids has placed additional strain on existing workers, increased costs, and worsened long-term staffing challenges rather than addressing root causes. What's more, providers repeatedly told us their concerns and solutions are ignored, delayed, or reduced to lip service. The needlessly long and protracted bargaining process is creating bitterness that will take years to repair. Asking healthcare workers – after the strain of COVID and during a generational cost-of-living crisis – to go more than four years without a contract or raise, while facing increasingly unsafe conditions, has done permanent damage to Saskatchewan's ability to recruit and retain the professionals our system needs.

Meanwhile, the Sask. Party voted down our Private Members' Bill to freeze executive pay — which recently increased $100,000 year over year — until workers on the frontline get a fair contract.

5 GROWING PRESSURE, STRAIN AND DECLINING ACCESS

Perhaps no theme emerged more consistently than the simple reality that Saskatchewan patients cannot access the healthcare services they need. Barriers were described at every stage of the system – from finding a family doctor or nurse practitioner, to accessing mental health and addictions services, specialist referrals, surgeries, physiotherapy, rehabilitation, home care, and long-term care. Participants spoke about spending months or even years on waitlists while their health, independence, and quality of life deteriorated.

> ***"One of my patients had such a horrible experience in hospital, she is not checking herself in now – contrary to medical advice. It's sad, but I understand it."***
>
> — SASKATOON PHYSICIAN

> ***"There are beds in acute care with patients waiting for proper long-term care placement. This creates huge backlogs. So demoralizing for patients and so wasteful for the public."***
>
> — HEALTHCARE PROVIDER

Even those fortunate enough to have a primary care provider often reported being unable to access timely appointments. Rural residents described travelling long distances for care that should be available closer to home, facing barriers such as a lack of transportation, a lack of available providers, long waits, costs, and service disruptions.

Healthcare workers described hospitals operating under unsustainable pressure. Overcrowding, hallway medicine, delayed transfers, cancelled procedures, and patients waiting in acute care beds for long-term care placements have become normalized. What were once exceptional circumstances are now daily realities. Patients described fear, frustration, and even avoiding hospitals when sick, while providers described exhaustion and moral distress.

> ***"The medicine units are like a pipe."***
>
> — TRANSITIONAL UNIT NURSE

> ***"Someone is going to die."***
>
> — NURSE MANAGER, ON ICU STAFFING STANDARDS

Participants told us that acute care pressure is not the root cause but a symptom – a downstream result of failures throughout the broader healthcare and social support systems. When people cannot access primary care, mental health and addictions services, home care, housing, or long-term care, they inevitably end up in emergency departments. As one participant observed, “What we are seeing in emergency is where we are failing in the community.” The result is a system trapped in a cycle of crisis management. Saskatchewan people told us they want a system that is coordinated, accessible, and focused on meeting needs before they become emergencies.

6 WASTE & MISMANAGEMENT AND FOR PROFIT CARE

$100M

spent on the LEAN restructuring initiative — initiative abandoned

$300M

on the AIMS project before key components were abandoned

ZERO

accountability — no one was held responsible for either

Stakeholders across the healthcare system described a pattern of costly mismanagement, fragmented planning, and growing reliance on for-profit delivery that is diverting resources away from frontline patient care and long-term system improvements. The LEAN restructuring initiative cost $100 million and delivered limited results. The AIMS project cost nearly $300 million before key components were abandoned. No one was held accountable for either. These are not isolated incidents – they reflect a pattern of costly policy failures, lack of oversight, and a culture of crisis management over long-term stewardship.

> ***"Getting calls about very disturbing practices that do not align with standards at the privatized centres."***
>
> — REGISTERED PSYCHIATRIC NURSE

> ***"Many personal care homes are run by private business. There is no RN/LPN oversight required. It's scary."***
>
> — SASKATOON RN

Nearly a decade after amalgamation, healthcare workers continue to navigate overlapping systems, duplicated processes, inconsistent policies, and incompatible legacy technologies. Participants described aging facilities, deferred maintenance, outdated equipment, and growing capital backlogs that contribute to service disruptions and inefficiencies. The continued lack of a fully interoperable electronic medical record system came up perpetually as a major source of inefficiency, delay, and patient risk.

The Sask. Party government has increasingly turned to costly workarounds, consultants, and private contracts while core problems remain unresolved. We heard that the government's ballooning reliance on private, for-profit providers – from surgeries to diagnostics to P3 construction to contracted nursing – has not improved wait times, has not addressed staffing crises, and has sent hundreds of millions of public dollars out of province each year. Meanwhile, the corporate beneficiaries of these lucrative contracts have donated tens of thousands of dollars to the Sask. Party.

> ***"Rural people absolutely will not have healthcare if there is any move to two-tier healthcare."***
>
> — RURAL RESIDENT

> ***"Why are we contracting surgical centres when our operating rooms are empty?"***
>
> — PHYSICIAN

The costs of these decisions are borne by patients. Waits and access problems persist. Many are forced to travel out of province and incur costs. Others described paying out of pocket for private surgeries or primary care out of desperation. Saskatchewan people consistently told us they want healthcare dollars invested in frontline care, modern infrastructure, integrated information systems, and long-term workforce stability – not costly duplication, short-term fixes, or profit-driven privatization that fails to improve access and outcomes.

Conclusion

Across every theme in this report, a common pattern emerged: Saskatchewan's healthcare system has become trapped in a constant state of reaction, rather than prevention, planning, or long-term problem solving. Whether on governance, workforce planning, primary care, access to services, acute care pressures, or the growing trend of privatization, stakeholders consistently described a system that responds to crises only after they become impossible to ignore.

Participants repeatedly pointed to warning signs that were visible years before they became emergencies: growing provider shortages, declining access to primary care, changing demographics, protracted wait times, overcrowded hospitals, deteriorating workplace conditions, and the erosion of community-based supports. Throughout this consultation, Saskatchewan people called for a different approach – a healthcare system guided by evidence, long-term planning, prevention, and meaningful collaboration with patients, providers, communities, and local leaders. They want to see an end to

government neglect and indifference. They want governments to identify problems before they become crises, invest in keeping people healthy, and build the workforce and community supports needed to meet future demand.

PART II · OUR SOLUTIONS

FIVE PRINCIPLES TO REBUILD HEALTHCARE

We heard that people want a government that will rebuild a strong public healthcare system based on trust, transparency, access, community partnership, and respect for workers.

We heard that people want a government that understands that while hospitals may treat illness, they do not produce health. Health is produced in communities – in homes, relationships, schools, workplaces, and the social fabric people live within. The LEAN initiative had limited results because healthcare systems are not industrial factories. Health systems are relational, deeply shaped by people, local context, culture, trust, and the ongoing adaptation of millions of people.

This means the most valuable intelligence in Saskatchewan's health system is not in the SHA executive suite in Regina. It is in the ER nurse who sees the same patients returning, the family doctor who knows they can't prescribe housing, the caregiver watching their parent wait months for surgery, the paramedic who drives the same roads every day and knows exactly which communities are deteriorating.

> When you centralize that knowledge away and silence or ignore the people who hold it, you don't get a more efficient system. **You get a dumber one.**
>
> — SENIOR RETIRED NURSE

The six themes in Part I identify what is broken. The five principles below will guide how we rebuild it.

1 BUILD OUT PRIMARY CARE AS THE FOUNDATION OF HEALTHCARE

- **Guarantee access to team-based primary care based on neighbourhood**
- **Expand home, mobile, virtual, social, and community-based care options**
- **Integrate mental health, addictions, and social supports into healthcare**
- **One patient. One record. One connected system — build the digital backbone**
- **Redeploy resources to reduce pressure in hospitals and ERs**

When you move to a new neighbourhood, your children are guaranteed access to a school. Healthcare should work the same way. In Saskatchewan, too many people can't find a family doctor, and the province ranks last in Canada for timely access to primary care. In 2026, in the birthplace of Medicare, this is not acceptable.

A Carla Beck government will build a modern, patient-centred primary care system as the foundation of healthcare – including dedicated rural, remote, and northern strategies that reflect the unique workforce, geography, transportation, and service-delivery challenges those communities face. Our approach will recognize that many of the most effective healthcare interventions occur outside the healthcare system itself, supporting people through every stage of life – from prenatal and maternal care to palliative and dignified end-of-life planning – while responding to the distinct needs of women, seniors, children and youth, Indigenous peoples, racialized communities, and those living with chronic or complex conditions. This includes supporting Indigenous-led, culturally responsive, and land-based care models.

This team-based system will be supported by the province-wide digital health infrastructure Saskatchewan currently lacks – a single electronic medical record (EMR), expanded safe and evidence-based hybrid virtual and in-person care through partnerships with existing leaders like the Virtual Health Hub[15], and technology that reduces administrative burden. We will invest in prevention, home, mobile, and community-based care, including community paramedicine, while treating the social

determinants of health as integral to healthcare. We will treat mental health and addictions care as an essential part of healthcare by integrating services into primary care – including in schools and communities – and stop treating health as a silo.

2 PUT PATIENTS & COMMUNITIES BACK AT THE CENTRE

- **Put patients, providers, and communities back at the centre of decision-making**
- **Strengthen local leadership and partnerships**
- **Build solutions with communities, not for them**
- **Cut SHA red tape; improve and empower frontline care**

Healthcare decisions in Saskatchewan have become increasingly centralized, disconnected from local realities, and removed from the patients, providers, and communities most affected by them. Decisions are made from the top down, local voices are ignored, and frontline expertise is overlooked. The result has been growing frustration, declining trust, and solutions that don't reflect the needs of the communities they are meant to serve.

A Carla Beck government will rebuild trust by putting patients, communities, and frontline providers back at the centre of decision-making. We will strengthen local leadership, Indigenous collaboration, and meaningful public engagement; build an accountable, transparent, and nonpartisan SHA guided by evidence, outcomes, and high-quality patient care – not politics or fear; and work in partnership with municipalities, Indigenous governments, community organizations, unions, and providers to strengthen local services. We will reduce bureaucracy and redeploy resources from ballooning middle and upper management, administrative bloat, and the executive suite back to the frontlines where they belong.

3 SUPPORT AND RETAIN HEALTHCARE WORKERS

- **Build a workforce that stays — retention as the foundation of recruitment**
- **A laser focus on improving working conditions and culture**
- **Negotiate a fair contract and address chronic short-staffing**
- **Give frontline workers a stronger voice in decision-making**
- **Unlock full scope of practice and career laddering**

Saskatchewan's workforce crisis is not primarily a recruitment problem – it is a retention problem. Healthcare workers told us they are burnt out, chronically understaffed, and too often excluded from decisions that affect their work. These conditions have been worsened by a broken labour relations system that has left tens of thousands of workers without a contract for more than four years, driving a growing exodus of experienced providers from the profession and the province.

A Carla Beck government will focus on building a workforce that stays, by making retention the foundation of recruitment and focusing relentlessly on improving working environments – because the conditions of work are the conditions of patient care. We will rebuild a culture of respect, safety, and collaboration by ensuring providers can do the work they're trained to do, and by embedding frontline voices through permanent multi-stakeholder tables with real authority. We will strengthen clear career pathways, unlock full scope of practice, work with communities to expand local training opportunities – especially for those hard to recruit positions – and address the broken labour relation system so fair contracts can be negotiated swiftly. We will ensure safety on the job with strengthened whistleblower protections, making "safety to speak up" a key performance indicator of the health system.

4 YOUR HEALTHCARE. YOUR DATA. YOUR RIGHT TO KNOW.

- **End the secrecy; communicate openly with patients and providers**
- **Build a right-to-know framework that includes a primary care registry**
- **Mandatory real-time reporting on waits, closures, disruptions, and outcomes**
- **Clear accountability for healthcare performance**

Too often, patients, providers, and communities are left in the dark about service disruptions, wait times, healthcare outcomes, and basic decisions that affect their care. A lack of transparency has undermined public trust and made it harder for people to navigate an already strained system. Saskatchewan people should not have to fight for the information they need to safely navigate healthcare.

A Carla Beck government will build a transparent healthcare system where information is timely, accessible, and public. Patients have a right to know where services are available, how long they will wait, who is accepting patients, and how the system is performing – and a right to easily access their own health information, regardless of where they receive care. Health data is not government data; it is patient data, and it should be accessible, understandable, and transparent.

We will go beyond our Private Members' Bills – 606 (ER Closure Right-to-Know), 610 (ER Virtual Physician Right-to-Know), and 617 (Family Physician Registry) – to establish a comprehensive right-to-know framework with real-time public reporting on access, wait times, service disruptions, and system performance.

5 PLAN FOR THE FUTURE & STRENGTHEN PUBLIC CARE

- **Protect and strengthen public healthcare**
- **Make every dollar spent on healthcare count**
- **End crisis mode: prevention, early intervention, and planning**
- **Do what's best for patients — not politics or profits**
- **Recognize social determinants as the foundation of a healthy Saskatchewan**

BREAKING THE CYCLE OF UNDERINVESTMENT

How short-term thinking continues to drain Saskatchewan's public healthcare capacity.

For too long, Saskatchewan's healthcare system has been in crisis mode. Instead of planning ahead and building public capacity, the Sask. Party has relied on short-term fixes, costly outsourcing, and a troubling pattern of blunders – from LEAN to AIMS – that squandered public dollars, undermined trust, and ended with zero accountability. The Sask. Party has then pointed to its own mismanagement to justify growing reliance on for-profit providers, handing lucrative contracts to well-connected companies that donate to them – all while wait times and care have not improved. Many openly asked whether this was a deliberate cycle.

A Carla Beck government will go beyond Bill 614 The Saskatchewan Medical Care Insurance (Banning Private Fees) Amendment Act and Bill 630, The Public Healthcare Transparency and Accountability Act, and will strengthen public health care through independent oversight, greater accountability, and better stewardship of public dollars. We will end pay-to-play politics in healthcare, ban private user fees, and require independent review of any major private contract before proceeding. Instead of costly, fragmented outsourcing, we will focus on long-term systems planning that strengthens public delivery and keeps dollars in Saskatchewan. The only way to tackle unjustifiable wait times sustainably is to increase capacity, improve patient flow, and make full use of every operating room, surgical team, and diagnostic resource in this province.

We will plan for an aging population – projected to double over the next two decades – and respond quickly to evolving challenges, from addictions and mental health to chronic disease and emerging public health threats. By ensuring all decisions are driven by patient needs, not politics or profits, we will invest in prevention, strengthen transparency, and build a healthcare system that is accessible, accountable, and sustainable for generations to come.

We will stop treating health as a silo, and strengthen partnerships across the provincial government and services, and work to collaborate better with all levels of government so people can stay healthy, independent, and connected to their communities.

PART III

NEXT STEPS

This Interim Report represents an initial phase of the Your Care, Your Say consultation process.

Through your engagement, we have identified six clear themes that diagnose the underlying drivers behind a healthcare system that has never been worse. We have also identified five guiding principles for rebuilding it. Together, they point not only to what is broken, but to what must be rebuilt.

While we've already heard a range of solutions that align with these principles, we intend to continue engaging with patients, providers, communities, healthcare organizations, and experts from across Saskatchewan in the coming months to test, refine, and expand upon the findings presented here.

Beginning in the fall and continuing beyond, we will roll out clear and coordinated solutions – a roadmap for rebuilding the system. This next phase of the Your Care, Your Say initiative will focus on developing integrated actions and solutions aligned with each of the major themes identified in this Interim Report.

Saskatchewan residents have been clear: they want more than isolated fixes or tinkering around the edges. They want comprehensive solutions that address root causes, strengthen public healthcare, and ensure everyone can access the care they need, when and where they need it.

THE CONVERSATION CONTINUES

YOUR CARE. YOUR SAY.

This report belongs to the people who built it – the patients, families, and frontline workers of Saskatchewan. The next phase is a roadmap for rebuilding. Add your voice.

APPENDIX

SOURCES & REFERENCES

The numbered notes below correspond to the citations marked throughout this report. Additional data, legislation, and organizations referenced follow. All participant quotations are anonymized and attributed by role and place.

Notes

1 StarPhoenix — "'It broke me': patient battling cancer spends six days in RUH hallway with infection." thestarphoenix.com/news/local-news/it-broke-me-patient-battling-cancer-spends-six-days-in-ruh-hallway-with-infection

2 CBC News — video report on healthcare failures in Saskatchewan. cbc.ca/player/play/video/9.7043488

3 CTV News — "In open letter, St. Paul's Hospital staff detail growing violence, patients with weapons." ctvnews.ca/saskatoon/article/in-open-letter-st-pauls-hospital-staff-detail-growing-violence-patients-with-weapons

4 Global News — "Sask. health-care workers at breaking point." globalnews.ca/news/11490372/sask-health-care-workers-at-breaking-point

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6 Global News — "Saskatchewan has longest wait times for knee, hip replacements in Canada." globalnews.ca/video/9816407/saskatchewan-has-longest-wait-times-for-knee-hip-replacements-in-canada

7 Public Health Agency of Canada — HIV surveillance highlights. canada.ca/en/public-health/services/diseases/hiv-aids/health-professionals/surveillance-highlights.html

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9 CTV News — “Saskatchewan has some of the highest tuberculosis rates in the country.” ctvnews.ca/health/article/saskatchewan-has-the-some-of-the-highest-tuberculosis-rates-in-the-country-heres-what-to-know

10 Canadian Mental Health Association — “State of Mental Health profile: Saskatchewan” (2024). cmha.ca/wp-content/uploads/2024/11/State-of-Mental-Health-profile-Saskatchewan.pdf

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12 SaskToday — “Nursing task force framework a good start: SUN.” sasktoday.ca/provincial-news/nursing-task-force-framework-a-good-start-sun-12071032

13 Saskatchewan Health Authority — Annual Report 2023–24. saskhealthauthority.ca/sites/default/files/2024-07/Report-CEC-SHA-Annual-2023-24.pdf

14 Saskatchewan Medical Association — “Sask. doctors tied for most hours in Canada spent on admin work.” sma.sk.ca/sk-doctors-tied-for-most-hours-in-canada-spent-on-admin-work-2

15 Virtual Health Hub. virtualhealthhub.ca

16 Public letter to Minister of Health/SHA — "Re: Need for Better Public Information on Rural Hospital Service Disruptions" — dated May 6, 2026.

Data & Additional Sources

- **Government performance on health care.** Share of Saskatchewan people rating provincial performance “poor” or “very poor,” 2018–2026. Median trend visualization, S. McRae. public.tableau.com/app/profile/smcrae/viz/Mediantrend/Pctldash

- **Bill 606** — Provincial Health Authority (Emergency Room Closure Right-to-Know) Amendment Act; **Bill 610** — (Emergency Room Virtual Physician Right-to-Know) Amendment Act; **Bill 617** — (Family Physician Registry) Amendment Act; **Bill 614** — The Saskatchewan Medical Care Insurance (Banning Private Fees) Amendment Act; **Bill 630** — The Public Healthcare Transparency and Accountability Act. Legislative Assembly of Saskatchewan.

Programs & terms referenced: LEAN (health-system restructuring initiative, approx. $100M); AIMS (Administrative Information Management System project, approx. $300M); ViPER (Virtual Physician Emergency Response); SIPPA (Saskatchewan International Physician Practice Assessment); and the Government of Saskatchewan's "Patient First" plan and review.

Organizations & stakeholders cited: Saskatchewan Health Authority (SHA) and its 36 affiliates; Saskatchewan Cancer Agency; Saskatchewan Union of Nurses (SUN); Saskatchewan Medical Association (SMA); College of Family Physicians; Emmanuel Health; All Nations' Healing Hospital; Swift Current Associate Family Physicians Clinic; Virtual Health Hub.

Consultation findings reflect over a thousand virtual and in-person meetings and dialogues, hundreds of survey responses, and hundreds of calls, emails, and letters received between the launch of the Your Care, Your Say initiative and June 2026.