

## RESOLUTIONS 2020 – SSAI

### 1. ASSISTANCE FOR INTER-FACILITY TRANSPORTATION FOR RURAL SENIORS

In Saskatchewan, effective and equitable healthcare programs and services are not always available to individuals living in rural areas. The Sask Health strategy is to assist Seniors to "age in place", encouraging more Seniors to stay in their communities. A variety of gaps in existing arrangements result in services and programs not always being accessible equitably to rural citizens, notably seniors. Demographics have changed significantly, with Saskatchewan's rural population aging.

In rural Saskatchewan, there continues to be an inequitable distribution of primary healthcare physicians. That means citizens travel further for primary and emergency care, and also for specialist care. Rural residents in general, and especially Seniors, face a number of challenges not faced by Seniors in urban centres in regard to travel for emergency and specialist care. Those challenges include financial burdens, both for emergency transportation as well as support and accommodations for hospitalization and city stays.

Saskatchewan Health subsidizes ambulance services to Seniors (65 and older) in the province, capping the cost at \$275.00 per road ambulance ride.

In an urban centre, a Senior who used the ambulance service would have their cost capped at 275.00 and arrive at a hospital in an urban area within minutes. That same Senior in a rural area, could face a cost of up to 875.00 (or higher) to access the same emergency transportation service. Protocols and policies made within each region direct that ambulance patients be directed to the nearest primary care facility. Once at that facility (in our case Shellbrook), it's very likely that if the situation is serious, ie: chest pain, heart issues or neurology issues like brain bleeds, the patient will be sent on by ambulance to the next stop (in our case Prince Albert). At that time, due to the lack of cardiologists or neurologists, it's entirely likely that the patient will be sent on to the 3rd hospital (Saskatoon RUH) for care by specialists. By this time, the patient has not only been in the health system for several hours, but will also be billed for three (or more) ambulance rides.

If it's determined that urgent transport is necessary, STARS and Sask Air Ambulance (SAA) are called. STARS and SAA cap their costs at 465.00 per flight. To deliver a patient to STARS or SAS from the primary care centre, an ambulance is required, at a cost of 275.00. Once at destination, the patient is also responsible for the cost of a road ambulance from the airport to the nearest hospital. For STARS only, Saskatoon is the exception to that as the new Children's hospital now has a Heliport, removing the road ambulance cost for a patient. It's likely that both of these services are used predominantly by rural residents

The cost for ambulance service for Seniors, really for all citizens, should be equitable, regardless of where you live and of the number of health centres that an ambulance has to take you to.

**Be it resolved, that the SSAI influence Saskatchewan Health and the Saskatchewan Health Region to examine the inequity of the cost burden of emergency transportation including inter-facility transfers and provide financial equity regarding ambulance service for rural senior citizens.**

### 2. IMPROVING COMMUNICATIONS BETWEEN HEALTH FACILITIES

**Whereas health care** is important to all citizens of Saskatchewan, regardless of if it is provided in tertiary, regional, or community-based hospitals; and

Whereas the recruitment and retention of health care professionals is difficult and has a dramatic effect on the ability of communities to provide acute health care services in towns and smaller cities in the province; and

Whereas communities at times are strongly encouraged to allow the health region to be solely responsible for these tasks;

**Therefore be it resolved that the Saskatchewan Seniors Association Inc. advocate the Minister of Health to improve the communication processes between the Saskatchewan Health Authority and local communities regarding all health services in the community;**

### **3. REDUCING THE FINANCIAL BURDEN OF HEALTH-CARE TRANSPORTATION.**

**Whereas Saskatchewan has a broadly-spread population**, where many people choose to live outside of the larger urban centres; and

Whereas specialized equipment, like CT scanners and MRIs, and resources are only located in larger urban centres; and

Whereas health care and wellbeing are growing concerns for all residents of Saskatchewan; and

Whereas an ambulance bill to travel from a small-urban hospital to a hospital in a larger city can be in excess of \$2000.00;

**Therefore be it resolved that the Saskatchewan Seniors Association Inc. advocate the Minister of Health to develop a program similar to the Seniors' Cap program for ambulance service, where once the patient has entered the health care system, they get the care and treatment that they need, without incurring additional financial burdens.**

### **4. AFFORDABILITY OF TRANSPORTATION FOR SENIORS IN RURAL SASKATCHEWAN.**

**Whereas the Saskatchewan Transportation Company (STC)**, was a Crown Corporation of the Government of Saskatchewan that provided passenger transportation and parcel delivery throughout Saskatchewan since 1946; and

Whereas the Government of Saskatchewan decided to cease these services as of May 31, 2017 due to a decrease in ridership and citing inability to turn a profit; and

Whereas this decision has caused hardships on our small-urban residents, particularly seniors and other vulnerable sectors, who relied on the STC for transportation for essential reasons, such as medical appointments in larger centres; and

Whereas municipalities and the private sector have been pressured to take on the responsibility for transportation services, knowing that operating deficits are inevitable in order to provide this service at a reasonable and affordable rate for riders; and

Whereas small-urban communities with EMS services are sometimes left without local emergency coverage during EMS transfers to outlying facilities. A portion of such transports are of non-urgent nature covered by EMS units due to lack of alternate transportation options available to community residents;

**Therefore be it resolved that the Saskatchewan Seniors Association Inc. work with the Saskatchewan Seniors' Mechanism to advocate the Government of Saskatchewan to take back the responsibility to provide transportation in Saskatchewan, for small-urban residents, and particularly vulnerable residents who have been impacted by the discontinuation of STC, and/or subsidize the services as necessary to make it affordable for an outside company to successfully fulfill ridership needs.**