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As we confront the threats to our health and wellbeing from the COVID-19 pandemic, our national, provincial and local leaders exhort us to be unified in our response to these threats. One of the most profound threats is a risk that our healthcare system will be overwhelmed with more critically ill people than we can care for. We see this happening now in Italy and Spain. What about Saskatchewan?

As I reflect on the preparedness of our healthcare system in Saskatchewan to meet this challenge, I recall crucial conversations I had with health system leaders in the fall of 2016. As a member of the Advisory Panel on Health System Structure, I then interacted with the CEOs of each of the former Regional Health Authorities (RHAs) in our province.

We talked candidly about a commitment that all of the RHAs had made a couple of years earlier to “think and act as one” to optimize the safety and quality of healthcare for all of our citizens. They described some very impressive improvements in care that had been achieved though RHA collaboration. However, they also acknowledged some very significant barriers to effectively “acting as one”. There was persistent inter-regional variation in information systems, performance evaluation capacity, management practices and organizational culture.

I heard a remarkably strong consensus from these system leaders that, if we aspire to optimally meet the healthcare needs of Saskatchewan’s citizens, we need to “be one”. The Advisory Panel recommended the creation of the Saskatchewan Health Authority (SHA) and the Government of Saskatchewan accepted that recommendation in January 2017. After a period of transition planning, the SHA was officially launched on December 4, 2017.

So, what are some of the implications of having a single health authority as we confront the threats of the COVID-19 pandemic? I perceive many benefits of us “being one” in this worrisome situation. “Being one” makes it infinitely easier to develop and implement pan-provincial COVID-19 response strategies. It enables us to be more nimble in our modifications of those strategies based upon based rapidly changing data.

Having a single agency accountable for almost all of the health sector material and human resources in this province enables us deploy these resources where they are most needed. We can quickly concentrate our resources in pandemic “hot spots”. We can more readily adopt innovative team approaches to service delivery.

In a pandemic, we tend to focus most intently on the clinical teams of doctors, nurses, pharmacists, respiratory therapists and others who provide direct patient care. We often forget the non-clinical people who manage our massive healthcare system. I want us to be ever mindful that effective management teams are as vital to your survival in this epidemic as are the skilled clinician teams in our intensive care units (ICUs). I want you to know that the SHA is led by a very cohesive and effective management team.

I am pleased and impressed that the SHA management team includes five very talented and dedicated physicians who bring their clinical expertise into play in partnership with other team members with deep and diverse expertise. I see how they work together and it gives me confidence that our system is well managed.

 In the current COVID-19 situation, one of the SHA’s most critical teams is the one responsible for quality, safety and strategy. That team is co-led by Beth Vachon and Dr. Susan Shaw. Beth Vachon was the former CEO of the Cypress RHA and also led the SHA transition team. Dr. Susan Shaw is an anesthesiologist and an ICU physician. She also serves as the Chief Medical Officer (CMO) of the SHA. Dr. Shaw and Beth Vachon epitomize what it means not just to “think an act as one” but to “be one”.

Dr. Susan Shaw allocates 80% of her time to her leadership work with the SHA and 20% to clinical ICU practice. Given the fact that ICU care is so critical to the survival of the most ill COVID-19 patients, I believe we are extremely fortunate to have an ICU physician in this leadership role at this time.

Whenever we board an aircraft we place our life in the hands of the pilot and co-pilot. In a sense, we are collectively placing our lives in the hands of the whole SHA leadership team at this critical time. I know this team. I have confidence it this team. We are in good hands. We will get through this together.