

**HEARTLAND LINK.....Special Edition**  
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*January 4, 2017*

## Happy New Year!



Yesterday, Health Minister Jim Reiter made a significant announcement regarding the health care system in Saskatchewan. Government has released and accepted all of the recommendations in the Advisory Panel on Health System Structure report, and announced the province will consolidate the 12 existing Regional Health Authorities (RHAs) into one single Provincial Health Authority.

Along with the recommendation to move to a single Provincial Health Authority, the Advisory Panel recommends the appointment of a single Board of Directors to govern the new Authority. The report also recommends system-wide improvements that include consolidation of health system administrative support functions and some clinical services such as laboratory and diagnostic imaging, and the planning, dispatch and delivery of Emergency Medical Services (EMS).

This will be a significant change for our health system, and for the dedicated employees of Heartland Health Region who are committed to providing quality health care services every day. I understand that work at the Ministry of Health has already begun on implementation planning. A comprehensive plan will be developed that will work through the details, including legislation, governance, financial and change management considerations. While the date the new Provincial Health Authority will come into being is still to be determined, it is anticipated to occur in Fall 2017.

I know many of you will have concerns and questions about how this will impact you personally. We can expect changes to administrative processes, reporting structures and working relationships. And in some cases, this will impact positions.

It's important to remember that change also brings opportunity. Health care requires significant human resources to meet the needs of patients – and that includes front-line providers, administration and management. There will be opportunities throughout this transition.

Government has committed to regular updates and ensuring the priority will be planning for a smooth transition and ensuring patients and employees are a focus throughout the transition period. I commit to keeping you updated with new information as it becomes available.

The full report, recommendations and news release is available online at [www.saskatchewan.ca](http://www.saskatchewan.ca). While there are still many things to be determined, the Q&A document attached will assist you in understanding the reasons for the changes, and outline what we know today. In today's Special Edition of the Link we have included many of the documents that were released yesterday.

I thank you for your continued dedication to providing quality health care to patients and clients, even during this uncertain time.

*Gayle Rindrum*

## Optimizing and Integrating Patient-Centred Care



To view the full report use link below:

<https://www.saskatchewan.ca/government/news-and-media/2017/january/04/single-health-authority>

## **Health System Structure Q&A**

### **Advisory Panel Report, Government Direction and Next Steps**

#### **Advisory Panel Review Process**

**Q. Why was this review undertaken?**

A. In recent years, Regional Health Authorities (RHAs) across Canada have seen consolidations and service redesign as jurisdictions seek the most appropriate and effective governance and performance models. Saskatchewan faces the same challenges, and as one of the last provinces in the country to be reviewing health region governance and performance, it was time to look at how our health system is structured to ensure the very best patient care is provided to Saskatchewan people.

**Q. What was the Advisory Panel's mandate?**

A. The Advisory Panel on Health System Structure was given a four-point mandate to provide independent advice to the Minister of Health to improve the current Regional Health Authority (RHA) structure, specifically through four overarching priorities:

- Recommend a structure with fewer RHAs to achieve administrative efficiencies as well as improvements to patient care.
- Consider opportunities to consolidate clinical or health system support services currently delivered by RHAs or other health care agencies that may be more efficiently delivered on a province-wide basis and the mechanism(s) to best organize and deliver such services.
- Review current legislation and processes to ensure they adequately establish: the roles of health systems boards; their composition; structure and reporting relationship to achieve appropriate accountability.
- Identify processes to enhance management information to improve and observe on performance management of the health care system.

**Q. What was the consultation process, and who did the Advisory Panel consult with?**

A. The Advisory Panel held consultations and received input during a formal feedback process that was open to the public from August 29, 2016 through September 26, 2016.

The Advisory Panel received over 300 submissions from a diverse group of people and organizations, including patients, care providers, unions and Indigenous leaders. It also undertook over 30 face-to-face consultations with key partners and stakeholders across the health system, and reached out to health care leaders in Canada who had experience with the consolidation of health system governance and management.

## **Health System Structure Q&A**

### **Advisory Panel Report, Government Direction and Next Steps**

#### **Recommendations**

**Q. What is Government's response to the Advisory Panel report?**

A. Government is accepting all of the panel recommendations to ensure the most effective and efficient health care structure for Saskatchewan.

**Q. What are the Advisory Panel recommendations?**

A. At a high level, the recommendations include:

- Consolidate the 12 existing RHAs into a single Provincial Health Authority, under a single Board, with responsibility for all services governed by the existing RHA Boards.
- Establish service integration areas that reflect existing and appropriate care seeking patterns, to ensure effective integration and coordination of care. Further analysis is required to determine the optimal number, which could range from three to six.
- Pursue opportunities to consolidate health system administrative support functions and some clinical services such as laboratory and diagnostic imaging, and planning, dispatch and delivery of Emergency Medical Services (EMS).
- Improve engagement with Indigenous people to address First Nations and Métis health needs in a culturally responsive and respectful manner.
- Review the governance arrangements of eHealth, Saskatchewan Association of Health Organizations (SAHO), Physician Recruitment Agency of Saskatchewan (PRAS), 3sHealth and the Saskatchewan Cancer Agency (SCA).
- Ensure physicians play an active role in the planning, management and governance of the health system.
- Standardize data collection and analysis across the health system, with Health Quality Council (HQC) enhancing its role in provincial monitoring and reporting.

**Q. Why is a single Provincial Health Authority being implemented?**

A. One Provincial Health Authority that is focused on the integration and seamless delivery of health care services will improve the patient experience. It will also reduce duplication and inconsistencies, resulting in greater administrative efficiencies and quality of service.

**Q. Alberta experienced issues moving to a single Provincial Health Authority. How will you avoid these same challenges?**

A. We recognize Alberta has experienced challenges. I understand that the Advisory Panel spoke with Alberta and other provinces that recently made changes to their Regional Health Authority structures, Nova Scotia and Manitoba. We will learn from the experiences of other jurisdictions as we develop our implementation plan.

## **Health System Structure Q&A**

### **Advisory Panel Report, Government Direction and Next Steps**

- Q. Critics of a single Provincial Health Authority cite a potential lack of engagement with local communities. How will this risk be mitigated?**
- A. We will be determining the best ways to ensure there are appropriate links between local communities and the Provincial Health Authority in our implementation planning.
- Q. Why is consolidation of diagnostic services being recommended?**
- A. Currently, diagnostic services, including laboratory and diagnostic imaging, are offered in locations throughout the province. For example, there are over 400 labs licensed in the province to provide various levels of laboratory testing that are not coordinated or integrated within the system. There is also a lack of coordination and integration of diagnostic imaging services within the province. Through the use of technology, there are significant opportunities to coordinate and integrate these services to improve the patient experience.
- Q. Why is the Saskatchewan Disease Control Laboratory (SDCL) recommended to be integrated under a new Provincial Health Authority?**
- A. The SDCL is responsible for various lab testing and standards, disease surveillance, and serves as a centre for integrated disease and data management. The SDCL is a key diagnostic support to clinicians throughout the province. As a clinical service, integrating the SDCL will align clinical service delivery with the appropriate governance and administrative structure.
- Q. Why is consolidation of planning, dispatch and delivery of Emergency Medical Services (EMS) being recommended?**
- A. Currently, ground ambulance services are provided by a mix of RHA owned and operated, private ownership, non-profit services and First Nations communities. Air ambulance services are provided through Saskatchewan Air Ambulance fixed-wing service and the Shock Trauma Air Rescue Society (STARS) rotary wing program.

With the large number of ground ambulance providers and substantial variation in service volumes, comes variation in service delivery, staffing models and availability of EMS. Consolidation to a Provincial Health Authority with oversight over the system allows for standardization and more consistent performance management. This will ensure patients across the province, regardless of location, are assured of consistent, responsive and quality care.

Another reason why it is important to review ambulance services are recent recommendations in the Provincial Auditor's 2016 Volume 2 Report released in December 2016. The Provincial Auditor made a series of recommendations, including that the Ministry and RHAs formally assess whether distribution of ambulance services are optimal for responding to patient demand and for the Ministry to update *The Ambulance Act* to align with contract management practices.

## **Health System Structure Q&A**

### **Advisory Panel Report, Government Direction and Next Steps**

**Q. Why is coordination of tertiary acute care services recommended?**

A. Coordinating tertiary acute care services will ensure a provincial model of service delivery, reducing duplication and variation and improving consistency and quality of services.

**Q. What support services will be considered for consolidation?**

A. This will be determined as part of implementation planning. However, consolidation of areas such as information technology, procurement, supply chain, human resource management, financial services, payroll services and health provider recruitment are opportunities to achieve efficiencies and improve the quality, consistency and sustainability of these services.

**Q. When will reviews of the governance arrangements of eHealth, SAHO, PRAS, 3sHealth and Saskatchewan Cancer Agency occur?**

A. The Advisory Panel recommendations that each organization has unique elements that need further consideration, with reviews recommended within two years. This is another area Government will be considering as part of implementation planning.

**Q. The Advisory Panel recommends the Primary Health Care Framework (2012) be fully implemented. What is the Framework and what has been progress to-date?**

A. In 2012, in response to the recommendations of the Patient First Review, a Primary Health Care (PHC) Framework was released. The Framework envisioned high-performing PHC teams and called for a patient-focused system that provides timely access and navigation to care. This Framework set the goal to ensure every person in Saskatchewan has access to a PHC team that meets their everyday health needs and that every team would include a family physician.

From 2012 until present, capacity has been increased with 25 new PHC teams, bringing the provincial total to 95 PHC teams (compared to 70 in 2012). Teams are comprised of physicians, nurse practitioners and health professionals as determined by community needs. Included within the 25 new PHC teams are eight innovation sites that piloted various PHC service models, including extended hours clinics, as well as new approaches to clinic management (lean processes), group medical appointments and new providers (e.g. RN Case Managers, PHC Counsellors). Collaborative Emergency Centres have been implemented to improve access to health care in rural and remote communities. They are designed to provide care 24/7, to help stabilize and improve access to Primary Health Care and emergency services. As well, Connecting to Care (hotspotting) pilots have been developed to provide more coordinated, holistic care to patients in the community as an alternative to use of Emergency Departments and frequent hospitalizations.

## **Health System Structure Q&A**

### **Advisory Panel Report, Government Direction and Next Steps**

- Q. How does the Advisory Panel recommend improved engagement with Indigenous people?**
- A. The health care system must be responsive and respectful of Indigenous culture, and we must create space for Indigenous voices to be heard at all levels. The Advisory Panel recommends engagement with Indigenous people to help inform how best to address First Nations and Métis health needs in a culturally responsive and respectful manner. This includes appropriate representation in the governance of the Provincial Health Authority and a senior administrative role focused on the Indigenous and Métis patient experience.
- Q. Why is it important for physicians to play an active role in planning, management and governance of the health system?**
- A. Building stronger relationships and greater integration with physicians will achieve shared responsibility and accountability for health system performance, and also has the potential to positively impact the future management of clinical services in the health care system.

#### **Implementation**

- Q. How soon will this happen?**
- A. This is a significant change, and it will take time to create a new Provincial Health Authority. Work at the Ministry of Health has already begun on implementation planning. A comprehensive plan will be developed that will work through the details, including legislation, governance, financial and change management considerations. While the date the new Provincial Health Authority will come into being is still to be determined, it is anticipated to occur in Fall 2017.
- Q. What will the Provincial Health Authority mean for current RHA employees?**
- A. Employees in the RHAs will eventually have a new employer – the new Provincial Health Authority. We can also expect some changes to administrative processes, reporting structures and working relationships. In some cases, there may also be changes to job functions and some impacts to positions.
- The priority during the transition period will be planning for a smooth implementation and ensuring patients and employees are a focus throughout the transition period.
- Q. What will the Provincial Health Authority mean for employees of other organizations, including eHealth, Physician Recruitment Agency of Saskatchewan, Saskatchewan Association of Health Organizations, 3sHealth and Saskatchewan Cancer Agency?**
- A. No changes are currently outlined for these organizations. A review will take place within two years to consider the governance arrangements of each organization.

## **Health System Structure Q&A**

### **Advisory Panel Report, Government Direction and Next Steps**

- Q. Will pension and benefits change for RHA employees under the new Provincial Health Authority?**  
A. It is important to note that employees across the RHAs who work in the same classification share the same salaries, health benefits, and pension plan (Saskatchewan Healthcare Employees' Pension Plan), even though they may have a different collective bargaining agreement. It is anticipated this will continue.
- Q. Will there be an impact to unions?**  
A. This will be considered as part of the implementation plan, and all health care unions (CUPE, HSAS, SEIU-West, SGEU, SUN) will be engaged throughout this process.
- Q. Consolidation of some clinical and support services are recommended. Will that mean job loss?**  
A. In some cases, there may be changes to job functions and impacts to positions. However, the overall goal is to improve front-line patient care for Saskatchewan residents. Any consolidation of services will be carefully considered through the implementation process to ensure the very best patient care is provided to Saskatchewan people. Some consolidation may occur at the time of transition but we expect that this will be an ongoing consideration even after the Provincial Health Authority is in place.
- It's important to remember that change also brings opportunity. Health care requires significant human resources to meet the needs of patients – and that includes front-line providers, administration and management. There will be opportunities in this change.
- Q. What will happen to the current CEOs and VPs in the health regions with the move to a single Provincial Health Authority?**  
A. This will be determined as the implementation plan is developed. There may be positions eliminated. Government and the Ministry of Health will work closely with senior leaders across the health system in coming months and will provide regular updates throughout the process.
- Q. How many CEOs and VPs are currently in the RHAs?**  
A. There are currently 12 CEOs and 62 VPs across the RHAs.
- Q. Will there be a national search for a CEO?**  
A. No. We are confident that the level of expertise required for this position can be found within our province.
- Q. When will the new Board be appointed?**  
A. This will be determined as part of implementation planning.



## Health System Structure Q&A Advisory Panel Report, Government Direction and Next Steps

**Q. What happens to current Board members?**

A. As we move to one single Provincial Health Authority, the 12 existing Boards will be dissolved and we will move to one expert Board to govern the Authority. The timing will be determined as part of implementation planning.

**Q. Will there be impacts to the Ministry of Health?**

A. Along with the integration of the Saskatchewan Disease Control Laboratory (SDCL) under a new Provincial Health Authority, there could be organizational changes at the Ministry of Health to align with new governance and oversight roles, for example. However, it is too early to speculate while implementation planning is underway.

**Q. Will there be cost savings?**

A. While some cost savings are anticipated with less duplication and greater efficiency of shared services and systems across the health system, cost savings are not expected in the short term.

This change is not about saving money. It is about ensuring the most effective and efficient health care structure for our province that supports the overall goal to continue to improve front-line patient care for Saskatchewan residents.

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## Saskatchewan Advisory Panel on Health System Structure Report Recommendations

### **Mandate 1: Recommend a structure with fewer Regional Health Authorities (RHAs) to achieve administrative efficiencies as well as improvements to patient care**

#### **Recommendations:**

1. In support of achieving a singular system that is focused on meeting patient needs through seamless, integrated and team-based care, consolidate the 12 existing RHAs into a single Provincial Health Authority with responsibility for all services governed by the existing RHA Boards, with the following considerations:
  - a) Health care organizations, including affiliates, to be contracted through, and accountable to, the Provincial Health Authority.
  - b) Organize and focus continuous improvement with the objective of reinforcing a culture centred on high quality patient care and improving the patient experience.
2. To enable effective integration and coordination of care, create four service integration areas. The ultimate goal is to improve and enhance the patient experience across the continuum of care, including better coordination of patient transitions between service areas.

One of the service integration areas should be unique to the north based on the approximate geography of the existing Keewatin Yatthé and Mamawetan Churchill River health regions. Athabasca Health Authority should remain as currently structured. The remaining three service integration areas should reflect existing and appropriate care seeking patterns, particularly with respect to acute and specialized care.
3. Good primary care is foundational to patient health and successful intervention at other levels of care. To benefit the patient and the patient experience, one of the first areas of focus of the new Provincial Health Authority and the Ministry of Health should be to fully implement the Primary Health Care Framework (2012) and prioritize enhancement of team-based primary health care across the province.

4. Enhance capacity to ensure the needs and interests of residents and communities within each service integration area are identified and advanced through community advisory networks as described in Section 28 of *The Regional Health Services Act*. The networks will support senior leadership within the service integration areas by informing local health care needs and delivery of services and seeking ways to improve the patient experience, with the goal of achieving a patient- and family-centred health system.
5. Engage with Indigenous people to help inform how best to address First Nations and Métis health needs in a culturally responsive and respectful manner. In particular, the following should be examined:
  - a) Appropriate representation in the governance of the Provincial Health Authority;
  - b) Ensuring community advisory networks are reflective of the ethnicity and culture of the community; and
  - c) Establishing a senior administrative role within the Provincial Health Authority with the responsibility for ensuring health care services respect the Indigenous and Métis patient experience.

### **Mandate 2: Consider opportunities to consolidate clinical or health system support services currently delivered by Regional Health Authorities or other health care agencies that may be more efficiently delivered on a province-wide basis and the mechanism(s) to best organize and deliver such services**

#### **Recommendations:**

1. The Provincial Health Authority should pursue opportunities for consolidation of clinical services within and across the service integration areas, including:
  - a) Integrating diagnostic services (including laboratory and diagnostic imaging) across the province, including services delivered by the Saskatchewan Disease Control Laboratory (SDCL);
  - b) Optimizing the organization of Emergency Medical Services (EMS) through the consolidation of all planning, dispatch and delivery; and
  - c) Coordinating tertiary acute care services to reduce duplication and variation, and improve consistency and quality of service delivery.

## Saskatchewan Advisory Panel on Health System Structure Report Recommendations

2. A Provincial Health Authority will allow for a standardized approach to a range of health system support services, including information technology, procurement, supply chain, human resource management, financial services, payroll services and health provider recruitment.

In recognition of their established expertise, the Provincial Health Authority should pursue ongoing service delivery as follows:

- eHealth for information technology and related services;
  - 3sHealth for procurement, supply chain, payroll and other related services;
  - Saskatchewan Association of Health Organizations (SAHO) Inc. for labour relations and related services; and
  - Physician Recruitment Agency of Saskatchewan (PRAS) for physician and health provider recruitment services.
3. The Government of Saskatchewan should review the governance arrangements currently in place for eHealth, SAHO, PRAS, and 3sHealth to ensure the most effective and efficient delivery of services, including the potential consolidation of these entities. The Government of Saskatchewan should also review the governance arrangements currently in place for the Saskatchewan Cancer Agency (SCA) to ensure cancer services are appropriately and effectively integrated with services delivered by the Provincial Health Authority. These reviews should occur within two years of the formation of the Provincial Health Authority.
  4. It is further recommended that the Health Quality Council (HQC) remain as an independent organization to continue its focus on measurement of health system performance, including patient outcomes.

**Mandate 3: Review current legislation and processes to ensure they adequately establish: the roles of health systems Boards; their composition; structure and reporting relationship to achieve appropriate accountability**

**Recommendations:**

1. Establish a Board to govern the activities of the Provincial Health Authority.
  - a) The Board to be accountable to the Minister of Health.
  - b) Appointments to the Board to be based on expertise, including the ability to represent patient experience and culture.

2. Clarify the respective roles and responsibilities of the Provincial Health Authority and the Ministry of Health for strategic planning and operational management.

- a) Establish regular meetings between the Minister of Health, Deputy Minister, the Provincial Health Authority Board Chair and Chief Executive Officer to ensure alignment of strategies and policies.
- b) Continue a collaborative forum for senior leaders from the Ministry and the health system to achieve optimal integration of the system.

3. Ensure physicians play an active role in the planning, management and governance of the health system to achieve shared responsibility and accountability for health system performance.

**Mandate 4: Identify processes to enhance management information to improve and observe on performance management of the health care system**

**Recommendations:**

1. Create the capacity to standardize data collection and analysis across the health system, in order to understand, monitor, improve and report in a timely manner, on health system performance. Affiliates and other third party delivery agents, including community-based organizations, should be required to adhere to the same standards and reporting expectations.
2. Task the Health Quality Council (HQC) to work with the Provincial Health Authority and the Ministry of Health in monitoring and reporting on the experience and outcomes of patient care.

## Backgrounder

### Saskatchewan Advisory Panel on Health System Structure

On August 18, 2016, the Government of Saskatchewan announced the appointment of an Advisory Panel on Health System Structure tasked with providing advice on the future structure of the health system. The Panel included three members:

- Brenda Abrametz (Prince Albert), Chairperson of the Prince Albert Parkland Regional Health Authority;
- Tyler Bragg (Swift Current), President and CEO of Pinnacle Financial Services, and former Chairperson of the Cypress Regional Health Authority; and
- Dr. Dennis A. Kendel (Saskatoon), former Chief Executive Officer of the Physician Recruitment Agency of Saskatchewan (PRAS).

The Advisory Panel was given a four point mandate to:

- Recommend a structure with fewer Regional Health Authorities (RHAs) to achieve administrative efficiencies as well as improvements to patient care.
- Consider opportunities to consolidate clinical or health system support services currently delivered by RHAs or other health care agencies that may be more efficiently delivered on a province-wide basis and the mechanism(s) to best organize and deliver such services.
- Review current legislation and processes to ensure they adequately establish: the roles of health systems boards; their composition; structure and reporting relationship to achieve appropriate accountability.
- Identify processes to enhance management information to improve and observe on performance management of the health care system.

“Our work was grounded in our health system’s commitment to patient- and family-centred care,” Panel member Dr. Dennis Kendel said. “Our goal remained the same from the start – to make sure the patient is at the centre of everything we do.”

The Advisory Panel held consultations and received input during a formal feedback process that was open to the public from August 29 through September 26. It received over 300 submissions from a diverse group of people and organizations, including patients, care providers, unions and Indigenous leaders. It also undertook over 30 face-to-face consultations with key partners and stakeholders across the health system, and reached out to health care leaders in Canada who had experience with the consolidation of health system governance and management.

“We are pleased with the diversity and high volume of submissions we received,” Panel member Brenda Abrametz said. “The diversity of opinions from key stakeholders, partners and the public supported a robust and open dialogue.”

“Our final report is based on a thorough review of submissions from the public and stakeholders, research on structure and care processes in other high performing jurisdictions, and our own experiences within the health system,” Panel member Tyler Bragg said.

*Optimizing and Integrating Patient-Centred Care: Saskatchewan Advisory Panel on Health System Structure* is available online at [Saskatchewan.ca](http://Saskatchewan.ca).

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## Backgrounder

### Health Region Transformation Across Canada

In recent years, Regional Health Authorities (RHAs) have been undergoing transformation across the country, as each jurisdiction considers the most appropriate and optimal governance and administrative structures. We have seen these changes occurring in every province through amalgamations and service redesign. Saskatchewan faces the same challenges and is one of the last provinces in the country to review health region governance and performance.

The regionalization table below provides a brief summary of the changing health region landscape across the country.

REGIONALIZATION ACROSS CANADA			
Province	2016 Population* (000)	Current Number of RHAs	Governance Evolution
British Columbia	4,751.6	5 Regional+ 1 Provincial Health Authority	2002: From 11 to 5 RHAs 1997: Est. 11 RHAs.
Alberta	4,252.9	1 Provincial Health Service	2008: From 9 to 1 RHA 2003: From 17 to 9 RHAs + 2 Provincial Health Boards and 1 Commission 1997: Est. 17 RHAs
Saskatchewan	1,150.6	12 RHAs (plus Athabasca Health Authority)	2002: From 32 to 12 RHAs 1992: Est. 32 RHAs
Manitoba	1,318.1	5 RHAs	2002: From 12 to 5 1997: Est. 12 (two later merged to create 11 RHAs)
Ontario	13,983.0	14 Local Health Integration Networks (LHINs) created in 2006	2006: Est. 14 LHINs
Quebec	8,326.1	18 RHAs	1992: Est. 18 RHAs (includes Social Service agencies)
New Brunswick	756.8	2 RHAs + 1 Provincial Agency	2008: From 8 to 2 RHAs 1992: Est. 8 RHAs
Nova Scotia	949.5	1 Provincial Health Service + the Izaak Walton Killam (IWK) Hospital	2015: From 9 to 1 RHA 2001: From 4 to 9 RHAs 1996: Est. 36 RHAs
Newfoundland & Labrador	530.1	4 RHAs	2005: Est. 4 RHAs
Prince Edward Island	148.6	1 Provincial Health Service	2010: Ministry devolved to 1 RHA 2005: From 5 RHAs to Ministry 1993: Est. 5 RHAs

\* Statistics Canada 2016 Population by province and territory