

**FRAMEWORK AGREEMENT
FOR THE
SASKATCHEWAN ACADEMIC
HEALTH SCIENCES NETWORK (SAHSN)**

October 2005

1. Background

When the Saskatchewan Academic Health Sciences Network (SAHSN) was formed in January 2002, two broad roles were identified:

- SAHSN was seen as a vehicle to improve relationships between the University of Saskatchewan and the two major Health Regions with respect to numerous historical issues in the interface between the College of Medicine and the Health Regions, particularly, in Saskatoon.
- SAHSN was seen as a new vehicle to promote province-wide coordination on a number of fronts that required the involvement of multiple players including the University of Saskatchewan, the Government, and the Health Regions.

With respect to the first role, there was a long history of interface issues between the University of Saskatchewan, particularly the College of Medicine and the Health Region(s). Several earlier reviews had been undertaken to address these issues, including the Kerr White Report in 1989, and the Noseworthy Report in 1998. Subsequent to the Noseworthy Report, a Health Sciences Advisory Council was created. Over the next few years, this Council attempted to address many issues, but recognized that some type of new vehicle was needed to facilitate the commitment needed and to sustain action from the key organizations.

While these discussions were underway, the Fyke Report, *Caring for Medicare: Sustaining a Quality System in 2001*, made recommendations for the improvement of the provincial health system – some of these impacted the same issues being addressed by the Health Services Advisory Council. In particular, Ken Fyke noted the need to develop the concept of an Academic Health Sciences Centre that would have, as its core constituents, the University of Saskatchewan and the Saskatoon Health Region. This recommendation was echoed in the Glynn Report of 2001 that looked at Operating Room issues in the Saskatoon Health District. In *The Action Plan for Saskatchewan Health Care* (2001), which was

Saskatchewan Health's response to the Fyke Report, the concept of an Academic Health Sciences Centre was broadened to suggest an Academic Health Sciences Network. All of these closely related developments impacted the drafting of the initial Framework Agreement that was finalized in early 2002. The signatories to this Agreement were the Boards of the two major Health Regions (Saskatoon and Regina), the Board of the University of Saskatchewan, and the Ministers for the provincial departments of Saskatchewan Health and Saskatchewan Learning.

With respect to the second role, there was an expectation that a new vehicle, operating at a provincial level, could perform a coordination role in many emerging areas, such as: primary health care research and delivery, integrated teaching and learning models for health professionals with strategic focus on areas of research, aboriginal health and population, and community health. The Framework Agreement, however, did not address how this role was to be undertaken, and instead placed emphasis on Ten Guiding Principles.

Three of these principles were very overarching:

- The recognition of interdependence among service, education, and research;
- The commitment to interdisciplinary practice; and
- The Saskatchewan Academic Health Sciences Network (SAHSN) as a provincial resource to enhance the quality of health care and the training of health professionals to meet the needs of the citizens of Saskatchewan.

In the Fall 2004, extensive discussion occurred among the members of the SAHSN with respect to its ongoing role and membership. It was decided that to be truly provincial in scope, both the University of Regina and the Saskatchewan Institute of Applied Science and Technology (SIAST) should be invited to become members. In doing so, it was recognized that the Framework Agreement adopted in 2002 would need to be modified. Hence this revised Framework Agreement (October 2005).

2. Purpose of SAHSN

The purpose of SAHSN is to improve communication, and to share decision making and coordination of activities where the interface between post-secondary institutions offering health sciences programs and the health delivery system is critical. This recognizes the interdependence among organizations in achieving results in the areas of health service, education, and health research. Within this broad purpose, there are two areas of need:

- The ongoing need to ensure that there is an effective set of relationships among the University of Saskatchewan and the two major Health Regions that constitute the core of the

academic health systems in the Province. While the model for medical education needs constant attention because of its intricate academic/service linkages, the relationships with other health science programs also needs to be given priority.

- The need to ensure coordination across all organizations in Saskatchewan that are involved in the academic-clinical/community interface with respect to such matters as: creating and maintaining a vision for health sciences, providing input to human resource planning, collaborating on new integrative initiatives, promoting interprofessional practice, providing access to health information resources, and collectively responding to new opportunities arising from the Federal and the Provincial Government initiatives.

3. Guiding Principles

The initial Framework Agreement, adopted in 2002, recognized ten guiding principles for SAHSN. These principles recognized the discrete missions of the Network’s partners, with emphasis on collaboration, interdependence, interprofessional practice, and an expansive definition of health. These principles continue to be valid and can be restated as follows:

<p>1. Interdependence of service, research and teaching</p>	<p>The delivery of patient/client-centred care, the conduct of high quality research, and the delivery of superb teaching are activities performed at their best when they are considered interdependent and mutually reinforcing. Inherent in this interdependent model is mutually respectful teamwork and cooperation between and within disciplines.</p>
<p>2. Patient/client-centred care</p>	<p>Patients/clients will receive the best care possible, and SAHSN will operate consistently with the maxim that patient/client needs have the highest priority. Patient/client-centred care is the provision of care that is respectful of and responsive to individual patient/client preferences, needs and values and ensures that their values guide all clinical decisions.</p>
<p>3. Importance of Research</p>	<p>The generation of new knowledge needs to be promoted by SAHSN. Research will be encouraged, supported and reviewed to ensure Saskatchewan's competitive national standing.</p>
<p>4. Relevance of the educational programs</p>	<p>Patient/client-centred care is continually improved through the application of existing and current knowledge to the educational programs that prepare succeeding generations of health professionals.</p>

5. Expansive definition of health	SAHSN is committed to an expansive definition of health, accordingly, there must be attention to bio-medical research, primary health care needs, and to those population health concerns that are particularly pressing in the Province of Saskatchewan.
6. Interprofessional practice	SAHSN will advance, promote and expect interprofessional team approaches in service, education and research.
7. SAHSN as a Provincial resource	SAHSN is a provincial resource with responsibility for promoting research, disseminating knowledge, enhancing the quality of health care and facilitating the education of health human resources in a manner that meets the interests of all citizens of Saskatchewan.
8. Collaboration to ensure the best use of regional resources	SAHSN will seek to collaborate with other agencies, institutes and centres, particularly those in other parts of the Prairie Region, to achieve the best possible outcomes for service, education and research, and to secure the appropriate allocation of resources for specialized health service, health science educational programs and research priorities.
9. Standards of practice and performance	The performance of educational programs, health services, and health research will be consistent with the highest quality and professional standards. A high value will be placed on teamwork, cooperation and mutual respect in a high quality work environment that will both attract and retain health professionals.
10. Accountability	As a condition of public support for its activities, SAHSN will place a high priority on accountability for its initiatives and projects. The results of SAHSN's efforts need to be reviewed on a continuing basis and its priorities and structures may need to be revised from time-to-time to meet emerging needs and challenges.

4.0 Governance of SAHSN

4.1 Membership

4.1.1 The following seven organizations will constitute the basic membership for SAHSN:

- University of Saskatchewan
- University of Regina
- Saskatchewan Institute of Applied Sciences and Technology (SIAST)
- Saskatoon Health Region

- Regina Qu'Appelle Health Region
- Saskatchewan Health
- Saskatchewan Learning

4.1.2 Representation of other Health Regions – One member representing the other health regions will be appointed through the Leadership Council chaired by the Deputy Minister of Health.

4.1.3 Other members – The above members may consider inviting other organizations to be members of SAHSN. A decision to invite other members will require a Board motion supported by a majority of the existing members.

4.2 Board Composition

The initial composition of SAHSN to remain in effect until at least June 30, 2006 will be as follows:

- University of Saskatchewan – three representatives
Provost and Vice-President Academic
Vice-President Finance and Resources
Chair of Health Science Deans Committee (or designate)
- Saskatoon Health Region – three representatives
President and CEO
Vice-President Medical Services
Senior Vice-President Health Services and Chief Nursing Officer
- Regina Qu'Appelle Health Region – three representatives
President and CEO
Vice-President Medical Affairs
Senior Vice-President
- University of Regina
Vice-President Academic
- SIAST
Vice-President Programs
- Saskatchewan Health
Deputy Minister
- Saskatchewan Learning
Deputy Minister

- Other Health Regions
CEO, Prairie North Health Region

The additional representation from the U of S, SHR, and RQHR is regarded as a transitional step to ensure continuity on matters currently underway. The number of representatives for each member organization will need to be reviewed again at the Spring 2006 meeting of the SAHSN Board.

- 4.3 Chair of the Board** – A chair will be chosen from voting members of the Board. The normal term will be two years.

5.0 Academic Health Science Centre (AHSC) Standing Committee

To ensure that needs pertaining to the interface of the U of S, SHR and RQHR are met, an Academic Health Science Centre (AHSC) Standing Committee will be established with representation from these three organizations. The Terms of Reference of this Standing Committee will be reviewed and approved by the SAHSN Board. It is recognized that this Standing Committee will operate with significant independence from the SAHSN Board in order to deal with the specific interface issues in a timely and sensitive manner. Regular reporting on the Standing Committee's deliberations will be presented to the SAHSN Board as a standing agenda item.

6.0 Funding of the Network

In the four-year period from 2002 to 2005, SAHSN was funded entirely by contributions from Saskatchewan Health. In this new Framework Agreement, the model envisaged involves shared funding. An annual budget will be developed and presented to the SAHSN Board with a proposed distribution for funding. The entire basic funding of the AHSC will come from its three member organizations.

7.0 Host Institution

In that SAHSN is a facilitative organization without separate legal status, a host institution is necessary for financial, human resource, space and information systems support. The University of Saskatchewan will serve as the host institution with the Provost and Vice-President Academic as the official signing officer. All funding will be handled through Special Purpose accounts, which keep the financial matters of SAHSN separate from University finances. Accounting and auditing policies of the University of Saskatchewan will be followed.

8.0 Signatures

We are in agreement with the above Framework Agreement.

President
University of Saskatchewan
Saskatoon, Saskatchewan

Date: _____

President and CEO
Saskatoon Health Region
Saskatoon, Saskatchewan

Date: _____

President and CEO
Regina Qu'Appelle Health Region
Regina, Saskatchewan

Date: _____

President
University of Regina
Regina, Saskatchewan

Date: _____

President and CEO
Saskatchewan Institute of Applied
Science and Technology
Saskatoon, Saskatchewan

Date: _____

Deputy Minister
Saskatchewan Health
Province of Saskatchewan
Regina, Saskatchewan

Date: _____

Deputy Minister
Saskatchewan Learning
Province of Saskatchewan
Regina, Saskatchewan

Date: _____