

Your Bridge.

Your Bridge: care within reach wherever you live



Key Recommendations

- **Create a community navigator role within Hubs for people who need more help navigating the system.** For people without access to primary care or a Healthcare Home, assign a community navigator to bridge their care and assist in active matching to a permanent team – a concrete mechanism for the no-abandonment principle this plan has already committed to under “Healthcare Home”. **No revolving door of providers, and no one left to navigate the system alone.**
- **Adopt a Relational Virtual Care Standard and make virtual care an extension of a patient’s Healthcare Home and Hub.** Set a provincial standard requiring publicly funded virtual primary care to provide continuity with a responsible team, appropriate follow-up and a pathway to hands-on care when needed. **Virtual care should strengthen relationships, not replace them.**
- **Build a permanent mobile primary-care workforce.** Expand existing services that currently exist only in some communities, including Community Paramedicine, expanded home care, Community Wellness Buses, and mobile nursing and other appropriate services. Prioritize rural, northern, homebound, high-needs and post-discharge patients. **Bring prevention, monitoring, treatment and follow-up closer to home to save money and improve care.**
- **Reimagine HealthLine 811 as the missing front door and as a universal healthcare navigator:**
 - Move beyond symptom triage so 811 can connect every Saskatchewan person – attached or not – to the right care, including their Home, regional Hub, home care, mental-health and addictions services, community supports, virtual care and mobile care. **Patients should get connected to care, not another number to call.**
 - **Build navigation around the patient’s Home and Hub.** When someone has a Healthcare Home, 811 should connect back to that team and its after-hours coverage wherever possible; when broader capacity is needed, it should connect into the Hub rather than yet another disconnected service for the patient to navigate on their own. *Your Care, Your Say* identified a “system without a front door,” where patients are too often left to navigate disconnected services themselves, and called for comprehensive, coordinated primary care that “connects the dots.” **Making 811 a universal navigator puts that principle into practice by giving every Saskatchewan person one place to start**

- **Connect navigation, virtual care and hands-on care into one pathway.**
Enable 811, Healthcare Homes and Hubs to move patients seamlessly from navigation, to virtual assessment, to mobile or in-person care when required. Community paramedics, nurses and other mobile providers should be able to work with physicians, nurse practitioners and specialists remotely rather than leaving the patient to start again somewhere else.
- **Set the standard and prove the value.**
Establish common requirements for publicly funded Bridge services and publicly report access, continuity, geographic coverage, follow-up, ED diversion, patient safety and outcomes. Expansion should represent **additional capacity rather than a substitute for existing emergency or local services**, and any contracted virtual-care arrangements should be evaluated transparently before becoming permanent.