

STATUS UPDATE

PAC Date: February 26, 2019

Ministry/Government Organization: Saskatchewan Cancer Agency

| Chapter 14 - Saskatchewan Cancer Agency - Delivering the Screening Program for Breast Cancer from 2016 Report of the Provincial Auditor - Volume 1 | | | | | |
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| Chapter 38 - Saskatchewan Cancer Agency - Delivering the Screening Program for Breast Cancer from 2018 Report of the Provincial Auditor - Volume 2 | | | | | |
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>1. Outstanding Recommendation:</p> <p>We recommend that the Saskatchewan Cancer Agency evaluate the success of its Screening Program for Breast Cancer promotional activities against expectations.</p> | <p>Ch 14 – Page 170</p> <p>Ch 38 – Page 260</p> | Partially Implemented | <ul style="list-style-type: none"> • An evaluation tool was developed to assess the success of the Screening Program’s promotional activities. The tool is to be filled out by the Program Coordinators and includes questions regarding: <ul style="list-style-type: none"> ▪ how many participants have attended; ▪ was the targeted audience reached; ▪ what needs to be changed; and, ▪ did the organizers want the Agency to return to future events. • The Agency has set out how often and for which type of event the Coordinators should complete the evaluation. | <ul style="list-style-type: none"> • The Coordinators completed the evaluation forms in December 2018 and will develop a master evaluation summary by June 2019. | June 30, 2019 |
| <p>2. Outstanding Recommendation:</p> <p>We recommend that the Saskatchewan Cancer Agency develop a strategy to engage physicians in initiatives to increase awareness of tis Screening Program for Breast Cancer.</p> | <p>Ch 14 – Page 170</p> <p>Ch 38 – Page 261</p> | Implemented (Provincial Auditor 2018 Report Volume 2) | <ul style="list-style-type: none"> • The Provincial Auditor notes that the recommendation has been implemented in the 2018 Report Volume 2. | | |
| <p>3. Outstanding Recommendation:</p> <p>We recommend that the Saskatchewan Cancer Agency analyze information on difficult-to-screen populations for its Screening Program for Breast Cancer to assess whether sufficient strategies are in place to reach these individuals for screening.</p> | <p>Ch 14 – Page 172</p> <p>Ch 38 – Page 262</p> | Implemented (Provincial Auditor 2018 Report Volume 2) | <ul style="list-style-type: none"> • The Provincial Auditor notes that the recommendation has been implemented in the 2018 Report Volume 2. | | |

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| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>4. Outstanding Recommendation:</p> <p>We recommend that the Saskatchewan Cancer Agency broaden the use of key quality indicators relevant to Saskatchewan to regularly analyze the performance of its Screening Program for Breast Cancer.</p> | <p>Ch 14 – Page 177</p> <p>Ch 38 – Page 263</p> | Partially Implemented | <ul style="list-style-type: none"> In 2016-17 the Saskatchewan Cancer Agency (SCA) broadened the use and reporting of three new quality indicators: <ul style="list-style-type: none"> Participation by age group; Wait time from abnormal mammogram to definitive diagnosis; and, Proportion of clients receiving an abnormal screen result who waited within target timeframes for diagnosis. | <ul style="list-style-type: none"> A new information technology (IT) system is expected to be implemented in two to three years. The system will allow further development of key indicators and the ability to extract and share data. Once the IT system is replaced, the SCA will report on the following key indicators: <ul style="list-style-type: none"> Participation rate per geographic areas of the province; Participation rate per geographic areas of the province and age group; Retention rate; Interval cancer rate; and, Wait time from abnormal mammogram to definitive diagnosis. | December 31, 2021 |
| <p>5. Outstanding Recommendation:</p> <p>We recommend that the Saskatchewan Cancer Agency periodically report to senior management, the Board, and the public on key performance information for the Screening Program for Breast Cancer.</p> | <p>Ch 14 – Page 178</p> <p>Ch 38 – Page 263</p> | Partially Implemented | <ul style="list-style-type: none"> In 2016-17 the Agency broadened the use and reporting of three new quality indicators: participation by age group; wait time from abnormal mammogram to definitive diagnosis; proportion of clients receiving an abnormal screen result who waited within target timeframe for diagnosis. This information is reported annually to senior leadership. In addition, participation rates and appointment wait times continue to be shared with the board, senior management and executive. The public has access to volume metrics through the Agency's annual report. | <ul style="list-style-type: none"> The Agency continues to look at audiences and the relative performance measures that can be extracted from current data. The new IT system, previously mentioned, will allow further development of key indicators and the ability to extract and share the data with senior management, the board, government and the public. | December 31, 2021 |

STATUS UPDATE

PAC Date: February 26, 2019

Ministry/Government Organization: Saskatchewan Health Authority

| Chapter 25 - Cypress Regional Health Authority - Delivering Accessible and Responsive Ambulance Services from 2016 Report of the Provincial Auditor - Volume 2 | | | | | |
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| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>1. New Recommendation:</p> <p>We recommend that the Ministry of Health, along with regional health authorities, formally assess whether the distribution of ambulance services are optimal for responding to patient demand.</p> | Page 131 | Implemented - Agency | <ul style="list-style-type: none"> • In 2017, the Ministry conducted comprehensive consultations with a broad range of emergency medical services (EMS) stakeholders to determine how ground EMS can adapt to improve service to patients. The consultation topics included: <ul style="list-style-type: none"> • patient care; • coordination, integration, and efficiency; • better value for money: <ul style="list-style-type: none"> • accountability, performance management, contract management; and, • EMS legislation. • The consultation identified the need for a performance-based contract template. The template would provide the basis for clarity of service expectations, improved accountability and consistency across the province. • A collaborative working group involving the SHA, Saskatchewan EMS Association, representatives of ambulance services and the Ministry completed work on the performance-based agreement template in March 2018. • Effectively meeting patients’ needs and in the most efficient manner possible, must be the highest priorities as improvements to the ground EMS system moving forward. The Ministry has identified implementation of the performance-based contract, including a provision that the closest available ambulance responds to an emergency call, as a priority for the SHA. • The performance-based template will be implemented as new contracts are signed with EMS service providers over the next two to three years. | | |

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| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>2. New Recommendation:</p> <p>We recommend that Cypress Regional Health Authority update its contracts related to the provision of ground ambulance services to include service quality expectations and periodic reporting on them.</p> | Page 133 | Partially Implemented - Agency | <ul style="list-style-type: none"> • The Ministry of Health worked with the Saskatchewan Health Authority and provincial stakeholders to develop a new performance-based ground ambulance contract template and the SHA will work with the privately contracted services to sign the new agreements. • Contracts will be migrated to the performance-based agreement as contracts come up for renewal (over the next two to three years) or when both parties agree to meet. • New contracts have been signed by Swift Current Ambulance and Val Marie Ambulance providers in 2016. They will move over to the new contract template when their current contract expires. | <ul style="list-style-type: none"> • The SHA will work with the privately contracted services to sign the new agreements. • Contracts will be migrated to the performance-based agreement as contracts come up for renewal (over the next two to three years) or when both parties agree to meet. | March 31, 2023 |

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| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>3. New Recommendation:</p> <p>We recommend that the Ministry of Health consider updating The Ambulance Act related to contracted ground ambulance service providers to align with contract management best practices</p> | Page 134 | Implemented - Agency | <ul style="list-style-type: none"> • In 2017, the Ministry conducted consultations with a broad range of EMS stakeholders that included consideration of possible changes to the Ambulance Act. Following the consultation process, a decision was taken to improve contract management practices and introduce a new performance-based contract through collaboration and negotiation rather than through legislative amendment. • In 2017, EMS stakeholders were advised that legislative changes would not be tabled in the Fall sitting of the Legislative Assembly. • Working within the current legislation, Ministry of Health staff facilitated a collaborative process with the SHA and EMS industry stakeholders to improve the consistency and quality of services through the development of a new EMS performance-based contract template. • Work on the template development began in December 2017 with the goal of having a consistent, provincial ground EMS contract template which will ensure the performance criteria required to improve service and performance measurement is implemented. | | |

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| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>4. New Recommendation:</p> <p>We recommend that Cypress Regional Health Authority confirm ground ambulance operators operating in its region hold current ambulance licenses.</p> | Page 135 | Implemented - Agency | <ul style="list-style-type: none"> • All previous Region-owned and contracted ambulance services now submit licensing documentation to the SHA's Director of Home Care and EMS. • Reporting timelines for submitting licensing documentation have been established and communicated. • The last audit (April 2018) confirmed that there have been no expired licenses. | | |
| <p>5. New Recommendation:</p> <p>We recommend that Cypress Regional Health Authority monitor response times against targets for all ground ambulance operators on a regular basis (e.g., monthly or quarterly).</p> | Page 140 | Partially Implemented - Agency | <ul style="list-style-type: none"> • The Region manually collected and reported all on load/off load times over a six month period. It was found that all response time targets had been met. | <ul style="list-style-type: none"> • The Saskatchewan Health Authority is working with the Health Quality Council to determine emergency medical service (EMS) performance metrics that will be used provincially and align with the new performance-based contracts with ambulance operators. • The SHA will continue to monitor response times while work is done on the new metrics. The new data collections requirements are expected to be completed for the 2019 calendar year. | December 31, 2019 |

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| Chapter 25 - Cypress Regional Health Authority - Delivering Accessible and Responsive Ambulance Services from 2016 Report of the Provincial Auditor - Volume 2 | | | | | |
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| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>6. New Recommendation:</p> <p>We recommend that Cypress Regional Health Authority follow its established policy to obtain completed incident reports (for instances when ground ambulance response times do not meet targets) so it can determine required actions.</p> | Page 140 | Implemented - Agency | <ul style="list-style-type: none"> Ambulance staff have been informed that an incident report must be completed each time a response time target of 30 minutes is not met. Four out of the five ambulance services within the region have representatives that sit on a quality committee (EMS Quality Team). Incident reports are reviewed and required actions are discussed at that forum. An incident reporting template has been developed and implemented. Incident reports are reviewed by the SHA's Director of Home Care, Therapies and EMS. Quarterly audits indicate that incident reporting is occurring when response times do not meet targets. | | |
| <p>7. New Recommendation:</p> <p>We recommend that Cypress Regional Health Authority report to senior management, the Board, and the public actual results against key measures to assess the success of its ground ambulance services at least annually.</p> | Page 141 | Partially Implemented - Agency | <ul style="list-style-type: none"> The reporting structure for the SHA is being developed and reporting on actual results against key measures will continue once the reporting channels are established. The SHA is working with the Health Quality Council to determine emergency medical service (EMS) performance metrics that will be used provincially. These metrics will help determine the performance of the EMS system. | <ul style="list-style-type: none"> The SHA will continue to monitor response times while work is done on the new metrics. The new data collections requirements are expected to be completed for the 2019 calendar year. | December 31, 2019 |

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Chapter 9 - Mamawetan Churchill River Regional Health Authority - Delivering Provincially Funded Childhood Immunizations from 2017 Report of the Provincial Auditor - Volume 1

| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
|--|----------|----------------------|---|------------------------------------|-----------------------------|
| <p>1. New Recommendation:</p> <p>We recommend that the Provincial Health Authority periodically formally analyze and report childhood immunization coverage rates by community.</p> | Page 123 | Implemented - Agency | <ul style="list-style-type: none"> • In 2017-18, an analysis of childhood immunizations coverage rates by community was completed for the region and shared with the Mamawetan Churchill River Board Chair and Vice-President. • Beginning June 2017, monthly reporting on immunization coverage for pertussis and measles, along with the target of 90% coverage, were shared with the Board. • In addition, a Public Health Nurse was hired for the Sandy Bay community to provide enhanced public health programming including childhood immunizations. | | |
| <p>2. New Recommendation:</p> <p>We recommend that the Provincial Health Authority properly store vaccines as required by the Saskatchewan Immunization Manual.</p> | Page 125 | Implemented - Agency | <ul style="list-style-type: none"> • The SHA has implemented improvements related to the management of vaccine inventory such as reviewing vaccine storage requirements and policies with all staff. • Routine maintenance checks on vaccine storage equipment have been completed and will continue into the future. As well, ongoing maintenance contracts for outlying community health centers have been arranged. | | |
| <p>3. New Recommendation:</p> <p>We recommend that the Provincial Health Authority regularly reconcile its on-hand vaccine inventory to quantities recorded in its records.</p> | Page 125 | Implemented - Agency | <ul style="list-style-type: none"> • Vaccine disposal reconciliation work standards were developed and all staff have been trained on the new standards. • A vaccine disposal reconciliation is now completed monthly. | | |

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| Chapter 9 - Mamawetan Churchill River Regional Health Authority - Delivering Provincially Funded Childhood Immunizations from 2017 Report of the Provincial Auditor - Volume 1 | | | | | |
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| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>4. New Recommendation:</p> <p>We recommend that the Provincial Health Authority document and make staff aware of emergency event recovery plans as required by the Saskatchewan Immunization Manual.</p> | Page 126 | Implemented - Agency | <ul style="list-style-type: none"> • Emergency event recovery plans specific to each community health center have been developed with applicable training completed. • The plan includes updates for all staff on vaccine storage requirements and policies, including routine maintenance checks on vaccine storage equipment. | | |
| <p>5. New Recommendation:</p> <p>We recommend that the Provincial Health Authority periodically give its Board coverage rate information as it relates to provincially funded childhood immunizations.</p> | Page 128 | Partially Implemented - Agency | <ul style="list-style-type: none"> • An analysis of childhood immunizations coverage rates by community has been completed for the region and shared with the former Mamawetan Churchill River Regional Health Authority Board Chair and Vice-President. Beginning in June 2017, monthly reporting on coverage rate information started to be shared with the Board. | <ul style="list-style-type: none"> • The SHA's 2018-19 accountability letter received from the Ministry of Health includes an operational priority to: <ul style="list-style-type: none"> ▪ meet or exceed the provincial immunization target by 2022 and the national vaccine coverage goals by 2025; and, ▪ by March 31, 2019, achieve one valid dose of pertussis by 91 days of age, and for measles, 1 valid dose by two years of age, and 2 valid doses by 5 years of age. • Reporting to the SHA Board on these measures will be done through the performance monitoring framework and as part of quarterly status reports provided by the Senior Medical Health Officer (MHO). | March 31, 2019 |

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Ministry/Government Organization: Saskatchewan Health Authority

| Chapter 12 - Saskatoon Regional Health Authority - Overseeing Contracted Special-Care Homes from 2017 Report of the Provincial Auditor - Volume 1 | | | | | |
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| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>1. New Recommendation</p> <p>We recommend that the Provincial Health Authority work with the Ministry of Health to clarify the accountability relationship between the Authority, the special-care homes, and the Ministry of Health.</p> | Page 167 | Implemented - Agency | <ul style="list-style-type: none"> Representatives from the SHA and Ministry of Health Continuing Care portfolios met in December 2018 to clarify accountabilities of the SHA, the Ministry and Special Care Homes. An accountability document was approved in December and it outlines roles and responsibilities of all parties. | | |
| <p>2. New Recommendation</p> <p>We recommend that the Provincial Health Authority enter into contracts with special-care homes that clearly set out expected accountability relationships between the Authority, the special-care home, and the Ministry of Health.</p> | Page 168 | Partially Implemented - Agency | <ul style="list-style-type: none"> A working group (membership includes Ministry of Health, Saskatchewan Health Authority and Affiliate representation) has been established to oversee language in the new agreement/contract that clearly outlines the accountability relationship. | <ul style="list-style-type: none"> The next meeting for the working group is scheduled for February 2019. They will draft a proposed Principles and Services Agreement for approval by the parties to describe the expected accountability relationships. | June 30, 2019 |
| <p>3. New Recommendation:</p> <p>We recommend that the Provincial Health Authority work with the Ministry of Health to confirm performance measures that it requires contracted special-care homes to report on to help them assess each home's compliance with the Ministry of Health's Program Guidelines for Special-care Homes and improve the quality of resident care.</p> | Page 170 | Partially Implemented - Agency | <ul style="list-style-type: none"> A review of the Program Guidelines for Special-Care Homes is underway to ensure the Guidelines are meaningful and focused. Key principles of this review are to strive for clarity as well as quality of care must be maintained or enhanced. The Guidelines are intended to be minimum standards only and all homes are always encouraged to strive for quality, excellence and a resident-centered approach and environment. | <ul style="list-style-type: none"> This work will pave the way for the identification of clear reporting requirements that align with performance measures and accountability. | June 30, 2019 |
| <p>4. New Recommendation:</p> <p>We recommend that the Provincial Health Authority clearly define service expectations related to quality of care, and include targets for related key performance measures and all key reporting requirements in its contracts with special-care homes.</p> | Page 171 | Partially Implemented - Agency | <ul style="list-style-type: none"> The Working Group has been put in place to define minimum service expectations required striving for quality excellence and a resident-centred approach to care. | <ul style="list-style-type: none"> Determination and finalization of key performance measures and targets that define service expectations related to quality of care will be articulated in the Principle and Services Agreement schedules (contract). | June 30, 2019 |

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| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>5. New Recommendation:</p> <p>We recommend that the Provincial Health Authority periodically inspect special-care homes to assess if they comply with key areas of the Ministry of Health's Program Guidelines for Special-care Homes.</p> | Page 176 | Partially Implemented - Agency | <ul style="list-style-type: none"> Annual site visits are performed by the Saskatchewan Health Authority's Executive Leadership and Senior Leaders to hear from residents and staff of Special Care Homes about what is going well and opportunities for improvements. The Working Group will develop a transparent process that ensures compliance with key areas of Program Guidelines for Special Care Homes. To date, the representative Working Group has met three times and development of the transparent process is in progress. | <ul style="list-style-type: none"> The development of the transparent process to determine compliance is part of the work plan in future months. | June 30, 2019 |
| <p>6. New Recommendation:</p> <p>We recommend that the Provincial Health Authority take prompt action when it finds non-compliance with key measures that assess special-care homes compliance with the Ministry of Health's Program Guidelines for Special-care Homes.</p> | Page 177 | Not Implemented | <ul style="list-style-type: none"> The Saskatchewan Health Authority plans to draft a proposed framework for non-compliance with key measures agreed upon in the Principle and Services Agreement (contract). | <ul style="list-style-type: none"> The Saskatchewan Health Authority will implement the framework by June 30, 2019. | June 30, 2019 |

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| Chapter 32 - Saskatoon Regional Health Authority - Triaging Emergency Department Patients from 2016 Report of the Provincial Auditor - Volume 1 | | | | | |
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| Chapter 40 - Saskatchewan Health Authority - Triaging Emergency Department Patients in Saskatoon Hospitals from 2018 Report of the Provincial Auditor - Volume 2 | | | | | |
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>1. Outstanding Recommendation:</p> <p>We recommend that Saskatoon Regional Health Authority establish a process to achieve its goal of reducing less-urgent and non-urgent patient visits to its emergency departments.</p> | Ch 32 – Page 294 | No Longer Relevant | <ul style="list-style-type: none"> • No Longer Relevant – The Provincial Auditor notes that the recommendation is no longer relevant. | | |
| <p>2. Outstanding Recommendation:</p> <p>We recommend that Saskatoon Regional Health Authority provide consultant care for less-urgent or non-urgent patients outside of its emergency departments.</p> | Ch 32 - Page 168 Ch 40 – Page 272 | Partially Implemented | <ul style="list-style-type: none"> • Neurology and Orthopedics are the two highest utilizers of the emergency department for consultant care traffic. • Consultant care for neurology less-urgent or non-urgent patients outside of the emergency department is fully implemented through redirecting care to Outpatient/Ambulatory departments. • Consultant care for orthopedic less-urgent and non-urgent care is partially implemented as standard work has been completed and submitted to orthopedics and the SHA is now working toward improving compliance with the orthopedic team. • In December 2018, the SHA hired a new position in Saskatoon, Director of Ambulatory Care Services. One of the accountabilities for this role will be in assisting with work to redirect non-urgent consult visits from the emergency room to a more appropriate area for care. | <ul style="list-style-type: none"> • The long term plan is for this to be sustained which will help to reduce volumes in the emergency departments. | December 31, 2019 |
| <p>3. Outstanding Recommendation:</p> <p>We recommend that Saskatoon Regional Health Authority establish an integrated process to manage beds for emergency departments, acute care and long-term care.</p> | Ch 32 – Page 295 | Implemented (Provincial Auditor 2016 Volume 1) | <ul style="list-style-type: none"> • The Provincial Auditor notes that the recommendation has been implemented in 2016 Report Volume 1. | | |

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| Chapter 32 - Saskatoon Regional Health Authority - Triage Emergency Department Patients from 2016 Report of the Provincial Auditor - Volume 1 | | | | | |
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| Chapter 40 - Saskatchewan Health Authority - Triage Emergency Department Patients in Saskatoon Hospitals from 2018 Report of the Provincial Auditor - Volume 2 | | | | | |
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>4. Outstanding Recommendation:</p> <p>We recommend that Saskatoon Regional Health Authority implement a process to direct patients entering its emergency departments to the appropriate areas for assessment and reassessment.</p> | <p>Ch 32 - Page 295</p> <p>Ch 40 – Page 274</p> | <p>Implemented (Provincial Auditor 2018 Volume 2)</p> | <ul style="list-style-type: none"> The Provincial Auditor notes that the recommendation has been implemented in 2018 Report Volume 2. | | |
| <p>5. Outstanding Recommendation:</p> <p>We recommend that Saskatoon Regional Health Authority staff routinely reassess patients in emergency department waiting rooms to determine that their conditions have not deteriorated.</p> | <p>Ch 32 – Page 296</p> <p>Ch 40 – Page 271</p> | <p>Partially Implemented</p> | <ul style="list-style-type: none"> The Triage Captain role has been developed and utilized at both the Royal University and Saint Paul's Hospitals. Functions of this role include meeting and initiating communication with patients as soon as they arrive in the emergency departments, providing an initial assessment and reassessing patients if delays occur | <ul style="list-style-type: none"> The SHA is currently working with Triage Captains to identify a solution to efficiently document the reassessment of patients' condition when they are not seen within the specified goal times. The SHA is also working with eHealth to improve the documentation process for the reassessment of patients in electronic health records. | <p>March 31, 2019</p> |
| <p>6. Outstanding Recommendation:</p> <p>We recommend that Saskatoon Regional Health Authority accurately measure and report the total wait time, starting from the patients' arrival into its emergency departments until the time they see a physician.</p> | <p>Ch 32 – Page 296</p> | <p>Implemented (Provincial Auditor 2016 Volume 1)</p> | <ul style="list-style-type: none"> The Provincial Auditor notes that the recommendation has been implemented in 2016 Report Volume 1. | | |

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| <p>7. Outstanding Recommendation:</p> <p>We recommend that Saskatoon Regional Health Authority put processes in place to ensure emergency department patients see physicians within established time goals.</p> | <p>Ch 32 – Page 297</p> <p>Ch 40 – Page 272</p> | <p>Partially Implemented</p> | <ul style="list-style-type: none"> • Reducing emergency department wait times has been one of the health system’s highest priorities. Wait times to see a physician in Emergency are a function of many factors. These include the efficiency of the Emergency Department itself, but also patient flow through the hospital, the availability of care options in the community, and the prevention of emergency visits. • Physician Initial Assessment (PIA) times are meeting targets for most emergent care required (CTAS 1 and 2 patients). However, Physician Initial Assessment targets for non-emergent care (CTAS 3, 4 and 5 patients) have not been achieved. As a result, an additional four hour physician coverage has been added which provides two physicians in the Royal University Hospital emergency department 24/7. The Saskatoon City Hospital has an additional four hours of physician coverage based on patient volumes. • Fluency Direct (a dictation system) has improved physician performance by allowing physicians to dictate the clinical encounter instead of typing it. As a result, it frees up time for direct patient care. • Individual physician performance is being monitored with coaching from the Department Head. • Significant investments are being made in the community to support our Connected Care strategy, with the goal of reducing pressure on our hospitals. The Market Mall Community Health Centre opened last year, and we are also planning other enhancements in primary care in the West Side communities. Investments in mental health, the Police Action Crisis Teams, and Community paramedicine are other examples of community based investments aimed at making a shift from hospitals to community. | <ul style="list-style-type: none"> • By taking all these actions, with time, it is believed that patients will see physicians within established time goals. • Individual physician performance is also continuing to be monitored with coaching from the Department Head in order to achieve established goal times. | <p>March 31, 2019</p> |
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| Chapter 32 - Saskatoon Regional Health Authority - Triaging Emergency Department Patients from 2016 Report of the Provincial Auditor - Volume 1 | | | | | |
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| Chapter 40 - Saskatchewan Health Authority - Triaging Emergency Department Patients in Saskatoon Hospitals from 2018 Report of the Provincial Auditor - Volume 2 | | | | | |
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>8. Outstanding Recommendation:</p> <p>We recommend that Saskatoon Regional Health Authority periodically review the triage process to determine whether emergency department patients are appropriately categorized.</p> | <p>Ch 32 – Page 297</p> <p>Ch 40 – Page 270</p> | <p>Implemented (Provincial Auditor 2018 Volume 2)</p> | <ul style="list-style-type: none"> The Provincial Auditor notes that the recommendation has been implemented in 2018 Report Volume 2. | | |

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| Chapter 29 - Saskatoon Regional Health Authority - Protecting IT Infrastructure from 2017 Report of the Provincial Auditor - Volume 1 | | | | | |
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| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>1. Outstanding Recommendation:</p> <p>We recommend that the Saskatoon Regional Health Authority monitor the security of its information technology infrastructure.</p> | Page 272 | Implemented (Provincial Auditor 2017 Volume 1) | <ul style="list-style-type: none"> The Provincial Auditor notes that the recommendation has been implemented in 2017 Report Volume 1. | | |
| <p>2. Outstanding Recommendation:</p> <p>We recommend that the Saskatoon Regional Health Authority configure and update its computers and network equipment to protect them from security threats.</p> | Page 272 | Implemented (Provincial Auditor 2017 Volume 1) | <ul style="list-style-type: none"> The Provincial Auditor notes that the recommendation has been implemented in 2017 Report Volume 1. | | |
| <p>3. Outstanding Recommendation:</p> <p>We recommend that the Saskatoon Regional Health Authority adequately restrict access to information technology equipment, systems, and data.</p> | Page 272 | Implemented (Provincial Auditor 2017 Volume 1) | <ul style="list-style-type: none"> The Provincial Auditor notes that the recommendation has been implemented in 2017 Report Volume 1. | | |

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Ministry/Government Organization: Saskatchewan Health Authority

| Chapter 51 - Kelsey Trail Regional Health Authority - Medical Equipment Maintenance from 2015 Report of the Provincial Auditor - Volume 2 Chapter 28 - Saskatchewan Health Authority (Kelsey Trail) - Maintaining Medical Equipment from 2018 Report of the Provincial Auditor - Volume 1 | | | | | |
|--|---|---|--|---|------------------------------------|
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| 1. Outstanding Recommendation We recommend that Kelsey Trail Regional Health Authority maintain a complete and current list of all medical equipment, its location and its maintenance record. | Ch 51 – Page 344 Ch 28- Page 288 | Implemented (Provincial Auditor 2018 Volume 1) | <ul style="list-style-type: none"> The Provincial Auditor notes that the recommendation has been implemented in 2018 Report Volume 1. | | |
| 2. Outstanding Recommendation We recommend that Kelsey Trail Regional Health Authority maintain all equipment in accordance with the required standards. | Ch 51 – Page 344 Ch 28- Page 288 | Partially Implemented | <ul style="list-style-type: none"> Scheduled preventative maintenance (PM) is scheduled and created by the Computerized Maintenance Management Software (CMMS) for each individual piece of equipment. Further work is taking place to research and record the interval of each equipment’s PM as per the manufacturers’ recommendation. PM is completed annually; however, this process will be reviewed and all changes to the PM schedule will be documented. | <ul style="list-style-type: none"> By March 31 2019, the standardization of medical equipment PM frequency will be integrated into a provincial approach as clinical engineering services are consolidated into a provincial service line. | March 31, 2019 |
| 3. Outstanding Recommendation: We recommend that Kelsey Trail Regional Health Authority provide reports to the Board of Directors and senior management on the state of medical equipment at all of its healthcare facilities. | Ch 51 – Page 345 Ch 28- Page 289 | Implemented (Provincial Auditor 2018 Volume 1) | <ul style="list-style-type: none"> The Provincial Auditor notes that the recommendation has been implemented in 2018 Report Volume 1. | | |

STATUS UPDATE

PAC Date: February 26, 2019

Ministry/Government Organization: Saskatchewan Health Authority

| Chapter 55 - Sun Country Regional Health Authority - Managing Medications from 2015 Report of the Provincial Auditor - Volume 2 Chapter 30 - Saskatchewan Health Authority (Sun Country) - Administering Medications in Hospitals from 2018 Report of the Provincial Auditor - Volume 1 | | | | | |
|--|--|---|--|---|------------------------------------|
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| 1. Outstanding Recommendation: We recommend that Sun Country Regional Health Authority monitor that staff consistently follow its policy of obtaining proper authorization and documenting the pharmacist consulted before entering the pharmacy after regular hours. | Ch 55 – Page 364 | Implemented (Provincial Auditor 2015 Volume 2) | <ul style="list-style-type: none"> The Provincial Auditor notes that the recommendation has been implemented in 2015 Report Volume 2. | | |
| 2. Outstanding Recommendation: We recommend that Sun Country Regional Health Authority train its staff to follow its policy to dispose of wasted medication properly and monitor compliance with the policy. | Ch 55 – Page 365 | Implemented (Provincial Auditor 2015 Volume 2) | <ul style="list-style-type: none"> The Provincial Auditor notes that the recommendation has been implemented in 2015 Report Volume 2. | | |
| 3. Outstanding Recommendation: We recommend that Sun Country Regional Health Authority require all its hospitals to use the approved form generated from the province-wide pharmaceutical system to create accurate patient medication histories. | Ch 55 – Page 365 | Implemented (Provincial Auditor 2015 Volume 2) | The Provincial Auditor notes that the recommendation has been implemented in 2015 Report Volume 2. | | |
| 4. Outstanding Recommendation: We recommend that Sun Country Regional Health Authority consistently complete patient medication profiles by documenting patients' weight. | Ch 55 – Page 365 Ch 30 – Page 298 | Implemented - Agency | <ul style="list-style-type: none"> A process was developed in 2015 for recording patient weights and monthly audits continue to be performed to ensure they are recorded appropriately in patient medication profiles. Audit results have found that the flagged site (Weyburn General Hospital) has demonstrated continued improvement, scoring 80% or above consistently since January 2018. | | |

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PAC Date: February 26, 2019

Ministry/Government Organization: Saskatchewan Health Authority

| Chapter 55 - Sun Country Regional Health Authority - Managing Medications from 2015 Report of the Provincial Auditor - Volume 2 Chapter 30 - Saskatchewan Health Authority (Sun Country) - Administering Medications in Hospitals from 2018 Report of the Provincial Auditor - Volume 1 | | | | | |
|--|------------------|---|--|---|------------------------------------|
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| 5. Outstanding Recommendation: We recommend that Sun Country Regional Health Authority analyze the medication errors and the contributing factors, and use that analysis to develop action plans to address the reasons for serious and reoccurring errors. | Ch 55 – Page 366 | Implemented (Provincial Auditor 2015 Volume 2) | The Provincial Auditor notes that the recommendation has been implemented in 2015 Report Volume 2. | | |

STATUS UPDATE

PAC Date: February 26, 2019

Ministry/Government Organization: Saskatchewan Health Authority

| Chapter 25 - Heartland Regional Health Authority - Minimizing Employee Absenteeism from 2017 Report of the Provincial Auditor - Volume 2 | | | | | |
|---|-------------|-----------------------|---|---|------------------------------------|
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>1. New Recommendation:</p> <p>We recommend that the Saskatchewan Health Authority reassess the role of human resources in promoting employee attendance to enable more timely resolution of issues causing employee absenteeism.</p> | Page 187 | Implemented - Agency | <ul style="list-style-type: none"> Beginning April 2018, on a monthly basis, the Ability Management Coordinator reports to all Managers on employees whose sick time exceeds the regional average. Managers are expected to review and follow up on these reports. Letters created by the Ability Management Coordinator are sent to employees whose sick leave use exceeds the average to educate them on the Attendance Support Program. The receipt of the letter sets the stage for the employee and manager to discuss ways to improve the employee's regular attendance at work. | | |
| <p>2. New Recommendation:</p> <p>We recommend that the Saskatchewan Health Authority implement standard detailed checklists to aid in conducting and documenting meetings with employees who have excessive absenteeism.</p> | Page 188 | Implemented - Agency | <ul style="list-style-type: none"> Formal Meeting Guides that include standards, detailed checklists and areas to document discussions and follow-up actions were rolled out to all Managers in December 2017. As well, in February 2018 Saskatchewan Association of Health Organizations provided an education session to all managers on managing attendance support issues. | | |
| <p>3. New Recommendation:</p> <p>We recommend that the Saskatchewan Health Authority monitor that those responsible for employee attendance management document discussions and actions taken with employees who have excessive absenteeism.</p> | Page 188 | Implemented - Agency | <ul style="list-style-type: none"> Formal Meeting Guides that include standard, detailed checklists and areas to document discussions and follow-up actions were rolled out to all Managers in December 2017. Managers are required to provide copies of the Formal Meeting Guides to the Ability Management Coordinator as evidence of the meetings. The Ability Management Coordinator reviews the completed guides and provides coaching to Managers, as required. Formal tracking of Attendance Support activities is reviewed monthly by the Ability Management Coordinator and shared with Management. | | |

STATUS UPDATE

PAC Date: February 26, 2019

Ministry/Government Organization: Saskatchewan Health Authority

| Chapter 25 - Heartland Regional Health Authority - Minimizing Employee Absenteeism from 2017 Report of the Provincial Auditor - Volume 2 | | | | | |
|---|-------------|--------------------------------|--|---|------------------------------------|
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>4. New Recommendation:</p> <p>We recommend that the Saskatchewan Health Authority analyze significant causes of its employees' absenteeism and implement targeted strategies to address them.</p> | Page 190 | Partially Implemented - Agency | <ul style="list-style-type: none"> • Analysis to determine significant causes of employee absenteeism is ongoing and has resulting in the development of an Attendance Support brochure has been developed that promotes the Saskatchewan Health Authority's Chronic Disease Management programs, including, Pathways to Wellness, LiveWell, and collaborative team health care. • The brochure is provided to every employee who receives a letter notifying them of their high sick leave use. • Contact information for the Chronic Disease Coordinator as well as details on the Employee & Family Assistance Program are included in the brochure. • In addition, the Ability Management Coordinator is made aware of the nature of an employee's health issues and works closely with Managers to intervene where sick leave use is associated with mental health. | <ul style="list-style-type: none"> • Management plans to implement more formalized tracking of absenteeism causes in the 2019-20 fiscal year. | March 31, 2020 |
| <p>5. New Recommendation:</p> <p>We recommend that the Saskatchewan Health Authority give the Board periodic reports on the progress of attendance management strategies in reducing employee absenteeism and related costs.</p> | Page 190 | Partially Implemented - Agency | <ul style="list-style-type: none"> • In 2018, Board reporting included sick leave hours and costs, workplace injuries, the number of employees with excessive sick leave use and the phase those employees are in within the Attendance Support Program, as well as the number of return to work and accommodations. A Director of Accommodations and Attendance Management was hired in October 2018 and is currently reviewing current state attendance processes in former regions. | <ul style="list-style-type: none"> • As the Saskatchewan Health Authority works towards standardizing approaches to managing absenteeism and establishing standardized reporting, the Board will be provided with updates. | October 31, 2019 |

STATUS UPDATE

PAC Date: February 26, 2019

Ministry/Government Organization: Saskatchewan Health Authority

| Chapter 46 - Heartland Regional Health Authority - Disposing IT and Communication Equipment from 2015 Report of the Provincial Auditor - Volume 2 | | | | | |
|--|-------------|-------------------------------------|--|---|------------------------------------|
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>1. Outstanding Recommendation:</p> <p>We recommend that Heartland Regional Health Authority document its procedures to remove confidential information during disposal of information technology and communications equipment.</p> | Page 326 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |
| <p>2. Outstanding Recommendation:</p> <p>We recommend that Heartland Regional Health Authority regularly verify that its procedures to remove sensitive information from information technology and communications equipment are effective.</p> | Page 326 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |

STATUS UPDATE

PAC Date: February 26, 2019

Ministry/Government Organization: Saskatchewan Health Authority

| Chapter 37 - Heartland Regional Health Authority - Medication Management in Long-Term Care from 2017 Report of the Provincial Auditor - Volume 2 | | | | | |
|--|-------------|-----------------------|--|---|------------------------------------|
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>1. Outstanding Recommendation:</p> <p>We recommended that Heartland Regional Health Authority use a multi-disciplinary approach (e.g., physicians, nurses, and pharmacists) for finalizing medication plans for long-term care residents.</p> | Page 262 | Partially Implemented | <ul style="list-style-type: none"> • A policy was developed in December 2016 requiring a multi-disciplinary approach for medication plans and quarterly medication reviews. • The region performed an audit of the quarterly multi-disciplinary Medication Review in November 2017. The audit concluded that 94% of facilities had quarterly medication reviews up to date, although only 43% showed documentation/signatures of all required participants. Improvement plans were developed with each facility to address the gaps. • Following this work, another audit was completed in November 2018 which showed 88% of required quarterly medication reviews were completed and 72% had evidence of being multi-disciplinary. | <ul style="list-style-type: none"> • Another audit is scheduled for the fourth quarter of 2018-19. If results are consistent with the previous audit this recommendation will be considered implemented. | March 31, 2019 |
| <p>2. Outstanding Recommendation:</p> <p>We recommended that Heartland Regional Health Authority implement a policy requiring informed written consent from long-term care residents or their designated decision makers for changes in high-risk medication.</p> | Page 263 | Implemented - Agency | <ul style="list-style-type: none"> • In October 2015, a policy requiring informed written consent from long-term care residents or their designated decision makers for changes in high-risk medication was created and implemented. | | |
| <p>3. Outstanding Recommendation:</p> <p>We recommended that Heartland Regional Health Authority follow its policy to obtain informed written consent from long-term care residents or their designated decision makers before using medication as a restraint.</p> | Page 263 | Implemented - Agency | <ul style="list-style-type: none"> • Clinical Nurse Educators provide education to all care staff on the use of medications as a restraint through the Regional Clinical Education Program. This includes a review of the Least Restraint policy and procedure, specifically highlighting the restraint use process and need for consent. | | |

STATUS UPDATE

PAC Date: February 26, 2019

Ministry/Government Organization: Saskatchewan Health Authority

| Chapter 37 - Heartland Regional Health Authority - Medication Management in Long-Term Care from 2017 Report of the Provincial Auditor - Volume 2 | | | | | |
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| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>4. Outstanding Recommendation:</p> <p>We recommend that Heartland Regional Health Authority follow its established policies and procedures for medication changes for its long-term care residents.</p> | Page 263 | Implemented - Agency | <ul style="list-style-type: none"> Medication management policies have been reviewed and approved in December 2016 to ensure the medication planning document process confirms client/family involvement and consent in relation to medication plans/medication changes. Staff have been provided with training by managers. | | |
| <p>5. Outstanding Recommendation:</p> <p>We recommend that Heartland Regional Health Authority follow its policy for documenting, in the long-term care residents' medical records, all of the medication-related activities.</p> | Page 263 | Implemented - Agency | <ul style="list-style-type: none"> The SHA has worked with and will continue to work with staff to ensure compliance with existing policies and procedures and professional practice standards related to documentation. Charting education is provided as part of Clinical Orientation for all new care staff. | | |
| <p>6. Outstanding Recommendation:</p> <p>We recommend that Heartland Regional Health Authority follow its policy to have staff report moderate to serious complaints relating to long-term care to the Quality Improvement and Safety Department.</p> | Page 264 | No Longer Relevant (Provincial Auditor) | The Provincial Auditor notes that the recommendation is no longer relevant. | | |

STATUS UPDATE

PAC Date: February 26, 2019

Ministry/Government Organization: Saskatchewan Health Authority

| Chapter 37 - Heartland Regional Health Authority - Medication Management in Long-Term Care from 2017 Report of the Provincial Auditor - Volume 2 | | | | | |
|--|-------------|-----------------------|--|--|------------------------------------|
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>7. Outstanding Recommendation:</p> <p>We recommend that Heartland Regional Health Authority establish a process to identify trends, needs, and issues related to medication management in its long-term care facilities.</p> | Page 264 | Partially Implemented | <ul style="list-style-type: none"> • The Region implemented a process requiring monthly reporting of medication incidents with distribution to Facility Managers, Clinical Nurse Educators and to respective Directors. Incident reports are reviewed and improvement plans are developed to mitigate issues. • A policy relating to medication patches was revised with subsequent education provided to care staff (re: changes for monitoring medication patches and documentation). The quarter one 2018-19 audit revealed that all facilities had adequate documentation in the Medication Administration Record and were following the revised process. • A new template was developed and is being trialed by both the former Heartland Regional Health Authority and the Ministry of Health. Use of this template will ensure adequate documentation of goals and actions are set to address the inappropriate use of antipsychotics. | <ul style="list-style-type: none"> • An evaluation of this template will occur in May 2019. • Facility Managers, Clinical Nurse Educators and Directors will perform on-going reviews, monitoring and creation of mitigation plans for medication incidents. | May 31, 2019 |

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PAC Date: February 26, 2019

Ministry/Government Organization: Saskatchewan Health Authority

| Chapter 37 - Heartland Regional Health Authority - Medication Management in Long-Term Care from 2017 Report of the Provincial Auditor - Volume 2 | | | | | |
|--|-------------|----------------------------------|--|---|------------------------------------|
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>8. Outstanding Recommendation:</p> <p>We recommend that Heartland Regional Health Authority collect and analyze information to improve medication plans for long-term care residents.</p> | Page 264 | Implemented - Agency | <ul style="list-style-type: none"> • Facility care teams have conducted a detailed medication review using current Minimum Data Set (MDS) data to identify opportunities for individual client improvement. • On a go-forward basis, MDS data will continue to be reviewed quarterly for those clients who trigger the Quality Indicator of potentially inappropriate medication as well as those clients who are prescribed 13 or more different medications. • The SHA will continue to track medication errors through a Regional Incident Management process. Facility care managers review incidents monthly and lead improvement processes to mitigate future errors. • As well, the Region's Quality Department monitors all recorded incidents to ensure all Code 3 and 4 incidents (more serious incidents) are investigated and that recommendations for improvement strategies are developed and managed. | | |
| <p>9. Outstanding Recommendation:</p> <p>We recommend that Heartland Regional Health Authority track for analysis and reporting all information on the prevalence of medication use and medication errors in its long-term care facilities.</p> | Page 266 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |

STATUS UPDATE

PAC Date: February 26, 2019

Ministry/Government Organization: Saskatchewan Health Authority

| Chapter 37 - Heartland Regional Health Authority - Medication Management in Long-Term Care from 2017 Report of the Provincial Auditor - Volume 2 | | | | | |
|---|-------------|----------------------------------|--|---|------------------------------------|
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>10. Outstanding Recommendation:</p> <p>We recommend that Heartland Regional Health Authority implement an educational program for staff who develop and deliver medication plans in its long-term care facilities.</p> | Page 266 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |
| <p>11. Outstanding Recommendation:</p> <p>We recommend that Heartland Regional Health Authority have comprehensive policies for medication management for its long-term care facilities that are aligned with the Ministry of Health's guidelines for its long-term care facilities.</p> | Page 267 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |
| <p>12. Outstanding Recommendation:</p> <p>We recommend that Heartland Regional Health Authority develop a regional approach for the use of medication in its long-term care facilities.</p> | Page 267 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |
| <p>13. Outstanding Recommendation:</p> <p>We recommend that Heartland Regional Health Authority clearly communicate its approach for medication use to long-term care residents and their families, staff, and healthcare providers.</p> | Page 267 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |

STATUS UPDATE

PAC Date: February 26, 2019

Ministry/Government Organization: Saskatchewan Health Authority

| Chapter 37 - Heartland Regional Health Authority - Medication Management in Long-Term Care from 2017 Report of the Provincial Auditor - Volume 2 | | | | | |
|--|-------------|----------------------------------|--|---|------------------------------------|
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>14. Outstanding Recommendation:</p> <p>We recommend that Heartland Regional Health Authority establish standardized documentation requirements for medication plans of its long-term care residents.</p> | Page 267 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |
| <p>15. Outstanding Recommendation:</p> <p>We recommend that Heartland Regional Health Authority develop a policy for enhanced planning for long-term care residents with complex medication needs, including the use of appropriate assessment tools.</p> | Page 267 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |
| <p>16. Outstanding Recommendation:</p> <p>We recommend that Heartland Regional Health Authority require that all appropriate approvals and informed consent are received by long-term care residents or designated decision makers for residents' medication plans.</p> | Page 268 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |
| <p>17. Outstanding Recommendation:</p> <p>We recommend that Heartland Regional Health Authority consistently collect and document transfer information for residents transferred to its long-term care facilities.</p> | Page 268 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |

STATUS UPDATE

PAC Date: February 26, 2019

Ministry/Government Organization: Saskatchewan Health Authority

| Chapter 32 - Five Hills Regional Health Authority - Provision of Nourishing and Safe food Services in Long-Term Care Facilities from 2017 Report of the Provincial Auditor - Volume 2 | | | | | |
|---|-------------|-------------------------------------|--|---|------------------------------------|
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>1. Outstanding Recommendation:</p> <p>We recommend that the Five Hills Regional Health Authority review and update its Nutrition and Food Services Policy and Procedures Manual.</p> | Page 236 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |
| <p>2. Outstanding Recommendation:</p> <p>We recommend that the Five Hills Regional Health Authority have modified menus regularly reviewed by a registered dietitian to confirm that meals served met nutritional standards.</p> | Page 236 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |
| <p>3. Outstanding Recommendation:</p> <p>We recommend that the Five Hills Regional Health Authority follow its policy and procedures to serve food at the appropriate temperature and texture.</p> | Page 237 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |
| <p>4. Outstanding Recommendation:</p> <p>We recommend that the Five Hills Regional Health Authority follow its policy for quality improvement by conducting annual risk-based audits or reviews of food services.</p> | Page 237 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |

STATUS UPDATE

PAC Date: February 26, 2019

Ministry/Government Organization: Saskatchewan Health Authority

| Chapter 34 - Sunrise Regional Health Authority—Infection Prevention and Control from 2016 Report of the Provincial Auditor - Volume 1 Chapter 39 - Saskatchewan Health Authority (Sunrise) – Preventing and Controlling Infections in Long-Term Care Homes from 2018 Report of the Provincial Auditor – Volume 2 | | | | | |
|---|--------------------------------------|---|--|---|------------------------------------|
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| 1. Outstanding Recommendation: We recommended that Sunrise Regional Health Authority expand its infection prevention and control plan to include goals, actions, and targets for long-term care facilities, and have the plan approved by its Board. | Ch 34 – Page 306 | Implemented (Provincial Auditor 2016 Volume 1) | The Provincial Auditor notes that the recommendation has been implemented in 2016 Report Volume 1. | | |
| 2. Outstanding Recommendation: We recommended that Sunrise Regional Health Authority consistently communicate its practices on infection prevention and control in its long-term care facilities to front line staff and the public. | Ch 34 – Page 306 Ch 39 – Page 266 | Implemented (Provincial Auditor 2018 Volume 2) | The Provincial Auditor notes that the recommendation has been implemented in 2018 Report Volume 2. | | |
| 3. Outstanding Recommendation: We recommend that Sunrise Regional Health Authority implement a written procedure to require hand hygiene stations to be readily accessible at points of care in its long-term care facilities. | Ch 34 – Page 307 | Implemented (Provincial Auditor 2016 Volume 1) | The Provincial Auditor notes that the recommendation has been implemented in 2016 Report Volume 1. | | |
| 4. Outstanding Recommendation: We recommend that Sunrise Regional Health Authority implement cleaning procedures that identify cleaning requirements for all areas of long-term care facilities. | Ch 34 – Page 307 | Implemented (Provincial Auditor 2016 Volume 1) | The Provincial Auditor notes that the recommendation has been implemented in 2016 Report Volume 1. | | |

STATUS UPDATE

PAC Date: February 26, 2019

Ministry/Government Organization: Saskatchewan Health Authority

| Chapter 34 - Sunrise Regional Health Authority—Infection Prevention and Control from 2016 Report of the Provincial Auditor - Volume 1 Chapter 39 - Saskatchewan Health Authority (Sunrise) – Preventing and Controlling Infections in Long-Term Care Homes from 2018 Report of the Provincial Auditor – Volume 2 | | | | | |
|---|--|---|--|---|------------------------------------|
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| 5. Outstanding Recommendation: We recommend that Sunrise Regional Health Authority require staff document the level of cleaning completed on each area of long-term care facilities and have the documentation reviewed by a supervisor. | Ch 34 – Page 307 Ch 39 – Page 266 | Implemented (Provincial Auditor 2018 Volume 2) | The Provincial Auditor notes that the recommendation has been implemented in 2018 Report Volume 2. | | |
| 6. Outstanding Recommendation: We recommend that Sunrise Regional Health Authority consistently handle and segregate soiled laundry to reduce the risk of infection to staff and residents of long-term care facilities. | Ch 34 – Page 308 | Implemented (Provincial Auditor 2016 Volume 1) | The Provincial Auditor notes that the recommendation has been implemented in 2016 Report Volume 1. | | |
| 7. Outstanding Recommendation: We recommend that Sunrise Regional Health Authority develop a training plan to give formal updates on infection prevention and control practices for long-term care facility staff. | Ch 34 – Page 308 | Implemented (Provincial Auditor 2016 Volume 1) | The Provincial Auditor notes that the recommendation has been implemented in 2016 Report Volume 1. | | |
| 8. Outstanding Recommendation: We recommend that Sunrise Regional Health Authority collect information on key types of infections that affect long-term care residents. | Ch 34 – Page 309 | Implemented (Provincial Auditor 2016 Volume 1) | The Provincial Auditor notes that the recommendation has been implemented in 2016 Report Volume 1. | | |

STATUS UPDATE

PAC Date: February 26, 2019

Ministry/Government Organization: Saskatchewan Health Authority

| Chapter 34 - Sunrise Regional Health Authority—Infection Prevention and Control from 2016 Report of the Provincial Auditor - Volume 1 Chapter 39 - Saskatchewan Health Authority (Sunrise) – Preventing and Controlling Infections in Long-Term Care Homes from 2018 Report of the Provincial Auditor – Volume 2 | | | | | |
|---|--|---|--|---|------------------------------------|
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| 9. Outstanding Recommendation: We recommend that Sunrise Regional Health Authority routinely analyze information on key types of infections that affect long-term care residents. | Ch 34 – Page 309 Ch 39 – Page 267 | Implemented (Provincial Auditor 2018 Volume 2) | The Provincial Auditor notes that the recommendation has been implemented in 2018 Report Volume 2. | | |
| 10. Outstanding Recommendation: We recommend that Sunrise Regional Health Authority give senior management and the Board routine written analysis on rates and trends of key infections in long-term care facilities. | Ch 34 – Page 309 Ch 39 – Page 267 | Implemented (Provincial Auditor 2018 Volume 2) | The Provincial Auditor notes that the recommendation has been implemented in 2018 Report Volume 2. | | |

STATUS UPDATE

PAC Date: February 26, 2019

Ministry/Government Organization: Saskatchewan Health Authority

| Chapter 42 - Prince Albert Parkland Regional Health Authority - Home-Care Services from 2016 Report of the Provincial Auditor - Volume 2 | | | | | |
|---|-------------|----------------------------------|--|---|------------------------------------|
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>1. Outstanding Recommendation:</p> <p>We recommend that Prince Albert Parkland Regional Health Authority maintain policies and procedures related to care planning for home-care services that align with the Ministry of Health's Home Care Policy Manual.</p> | Page 280 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |
| <p>2. Outstanding Recommendation:</p> <p>We recommend that Prince Albert Parkland Regional Health Authority establish a process to identify home-care service needs and trends in the region.</p> | Page 280 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |
| <p>3. Outstanding Recommendation:</p> <p>We recommend that Prince Albert Parkland Regional Health Authority develop a training plan to provide consistent training to its staff delivering home-care services across the region.</p> | Page 281 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |
| <p>4. Outstanding Recommendation:</p> <p>We recommend that Prince Albert Parkland Regional Health Authority follow its established policies and procedures and complete the needs assessments as required for home-care services.</p> | Page 281 | Implemented-Agency | <ul style="list-style-type: none"> • Policies and procedures have been updated and meet the recommendation to complete the needs assessments as required for home-care services. • These policies have been communicated to all staff and employees have been trained on them. | | |

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PAC Date: February 26, 2019

Ministry/Government Organization: Saskatchewan Health Authority

| Chapter 42 - Prince Albert Parkland Regional Health Authority - Home-Care Services from 2016 Report of the Provincial Auditor - Volume 2 | | | | | |
|--|-------------|----------------------------------|--|---|------------------------------------|
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>5. Outstanding Recommendation:</p> <p>We recommend that Prince Albert Parkland Regional Health Authority require the review and approval by a supervisor of home-care plans.</p> | Page 282 | Implemented-Agency | <ul style="list-style-type: none"> • A daily process has been created to include approval of service requests, care plans and prioritizing clients for service implementation. This process was implemented March 2018. • Daily approval decisions are documented for audit review. • These processes have been established in new work standards. | | |
| <p>6. Outstanding Recommendation:</p> <p>We recommend that Prince Albert Parkland Regional Health Authority prepare and approve work schedules consistent with home-care plans.</p> | Page 282 | Implemented-Agency | <ul style="list-style-type: none"> • Provincial and local work is currently underway for home-care utilization and home-care plans are an area of continuing improvement. • Home-care plans should now match work schedules especially in the last six months as a full plan of care documentation is required for approval by a committee made up of clinical team leads from homecare as well as front line care staff including assessing department, nursing department and scheduling department. | | |
| <p>7. Outstanding Recommendation:</p> <p>We recommended that Prince Albert Parkland Regional Health Authority implement a process to co-ordinate and communicate home-care needs of clients with other service providers in the region.</p> | Page 283 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |
| <p>8. Outstanding Recommendation:</p> <p>We recommended that Prince Albert Parkland Regional Health Authority work with the Ministry of Health and other regional health authorities for co-ordination and communication of home-care needs of its clients.</p> | Page 283 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |

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PAC Date: February 26, 2019

Ministry/Government Organization: Saskatchewan Health Authority

| Chapter 42 - Prince Albert Parkland Regional Health Authority - Home-Care Services from 2016 Report of the Provincial Auditor - Volume 2 | | | | | |
|---|-------------|----------------------------------|--|---|------------------------------------|
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>9. Outstanding Recommendation:</p> <p>We recommended that Prince Albert Parkland Regional Health Authority regularly review home-care client files as part of monitoring staff performance.</p> | Page 284 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |
| <p>10. Outstanding Recommendation:</p> <p>We recommended that Prince Albert Parkland Regional Health Authority seek regular, written feedback from current and past home-care clients, including information about the timeliness and appropriateness of home-care services.</p> | Page 284 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |
| <p>11. Outstanding Recommendation:</p> <p>We recommend that Prince Albert Parkland Regional Health Authority implement a process to track and analyze complaints related to homecare services.</p> | Page 285 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |
| <p>12. Outstanding Recommendation:</p> <p>We recommended that Prince Albert Parkland Regional Health Authority identify and collect key information to analyze the quality of its home-care services.</p> | Page 285 | Implemented (Provincial Auditor) | The Provincial Auditor notes that the recommendation has been implemented. | | |

STATUS UPDATE

PAC Date: February 26, 2019

Ministry/Government Organization: Saskatchewan Health Authority

| Chapter 8 - Saskatchewan Health Authority (Prince Albert Parkland) - Providing Timely Access to Mental Health and Addictions Services from 2018 Report of the Provincial Auditor - Volume 1 | | | | | |
|--|-------------|--------------------------------|---|--|------------------------------------|
| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>1. New Recommendation:</p> <p>We recommend that the Saskatchewan Health Authority formally assess whether mental health and addictions services are meeting client demand and make adjustments where necessary in its Northeast integrated service area.</p> | Page 113 | Partially Implemented - Agency | <ul style="list-style-type: none"> An overall review of Mental Health and Addition outpatient services is underway to better understand demand on services and ensure Level of Care Utilization Scale (LOCUS) assessment is being completed at the front end of services in order to service match for client need. | <ul style="list-style-type: none"> The SHA is continuing to take actions including reviewing caseloads and clinician appointment availability. As well, the SHA is continuing the implementation of the use of the LOCUS tool in outpatient services. The SHA is further implementing the stepped care model and using this framework to look for opportunities to further reduce wait times and provide the most appropriate service. | March 31, 2019 |
| <p>2. New Recommendation:</p> <p>We recommend that the Saskatchewan Health Authority implement a provincial integrated mental health record system to record services provided to mental health and addictions clients.</p> | Page 113 | Partially Implemented - Agency | <ul style="list-style-type: none"> The Mental Health and Addiction Information System (MHAIS) has been implemented in outpatient mental health and addiction services. Both departments are using the LOCUS tool, which is embedded in the MHAIS, at intake to determine services offered to clients. The roll out of MHAIS has continued throughout 2018-19. In addition to continuing roll out of MHAIS, the provincial MHAIS clinical working group has prioritized the implementation of the Provincial Suicide Protocol within the electronic record which will further the use of the Alerts section for Risk of Harm to Self. | <ul style="list-style-type: none"> To support further inclusion of psychiatry documentation within the electronic health record, a pilot project aimed at the use of direct voice to text technology input (Fluency Direct) within MHAIS in scheduled for April 2019. | April 30, 2019 |
| <p>3. New Recommendation:</p> <p>We recommend that the Saskatchewan Health Authority develop a strategy to collect key mental health and addictions client information from healthcare professionals for the provincial integrated mental health record system.</p> | Page 114 | Not Implemented | <ul style="list-style-type: none"> The SHA is currently engaging with key stakeholders to determine how they are going to work with private physician offices and emergency departments to collect client information. | <ul style="list-style-type: none"> The roll out of MHAIS in SHA mental health and addictions operational and support areas has continued throughout 2018-19. | March 31, 2019 |

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| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>4. New Recommendation:</p> <p>We recommend that the Saskatchewan Health Authority identify and analyze clients who frequently use mental health and addictions services to determine how they may be better served in its Northeast integrated service area.</p> | Page 115 | Partially Implemented - Agency | <ul style="list-style-type: none"> As part of the new mental health investments in 2018-19, the SHA – Prince Albert has implemented the Police and Crisis Team (October 2018), the Transition Team (December 2018), and the Community Recovery Team (February 2019) to serve clients with complex needs. As these teams have been newly implemented, their progress will be monitored into 2019-20. | <ul style="list-style-type: none"> Inpatient Services are to implement the MHAIS which will allow the SHA to determine service use and frequency and start looking at management of complex cases. Timelines are determined by provincial roll out. | March 31, 2020 |
| <p>5. New Recommendation:</p> <p>We recommend that the Saskatchewan Health Authority collaborate with the Ministry of Social Services to enhance access to housing options for mental health and addictions clients.</p> | Page 120 | Not Implemented | <ul style="list-style-type: none"> The SHA is currently working with the Ministry of Social Services to find placement for common clients on Mental Health Inpatient Units who are ready for discharge. This work continues on an individual basis. | <ul style="list-style-type: none"> Outside of working with Social Services, the SHA continues to work collaboratively with Prince Albert and area community on research initiatives aimed at housing and homelessness. Opportunities for funding to increase resources will be supported by both service lines. | Ongoing |
| <p>6. New Recommendation:</p> <p>We recommend that the Saskatchewan Health Authority use a model to assist staff in better matching appropriate services to mental health and addiction clients' needs in its Northeast integrated service area.</p> | Page 121 | Partially Implemented - Agency | <ul style="list-style-type: none"> The SHA has implemented the LOCUS assessment tool as part of the MHAIS. This will ensure that clients are service matched within continuum of service provision. | <ul style="list-style-type: none"> Based on the LOCUS assessment, further development and implementation of the stepped care model of services will occur. | March 31, 2021 |
| <p>7. New Recommendation:</p> <p>We recommend that the Saskatchewan Health Authority require staff to document the post-detox support arranged for detox clients in its Northeast integrated service area.</p> | Page 122 | Partially Implemented - Agency | <ul style="list-style-type: none"> The SHA has implemented a client action plan process that provides documentation for post detox support that has been arranged for detox clients. | <ul style="list-style-type: none"> The SHA will develop standard processes to include documentation in client chart when clients refuse further services post discharge. | March 31, 2019 |

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| Recommendation | Page | Current Status | Actions Taken to Implement since PA Report | Planned Actions for Implementation | Timeline for Implementation |
| <p>8. New Recommendation:</p> <p>We recommend that the Saskatchewan Health Authority assess alternatives to decrease the number of mental health and addiction clients that do not show up for scheduled appointments or treatment in its Northeast integrated service area.</p> | Page 123 | Not Implemented | <ul style="list-style-type: none"> The SHA is investigating technology to support reminder texts and phone calls. | <ul style="list-style-type: none"> The SHA plans to stage PDSA's (plan, do, study, act cycles) to determine if text/phone call reminder processes improve appointment attendance rates, or if alternative methods would be more appropriate for clients. | June 30, 2019 |
| <p>9. New Recommendation:</p> <p>We recommend that the Saskatchewan Health Authority document evidence of follow-up when clients do not maintain their scheduled mental health and addictions treatment in its Northeast integrated service area.</p> | Page 123 | Not Implemented | <ul style="list-style-type: none"> The SHA is planning to develop a work standard that outlines processes and content of follow-up documentation for clients who do not attend service. | <ul style="list-style-type: none"> The SHA will implement the work standard. | June 30, 2019 |
| <p>10. New Recommendation:</p> <p>We recommend that the Saskatchewan Health Authority accurately track and report wait times to access outpatient mental health and addictions services in its Northeast integrated service area.</p> | Page 123 | Partially Implemented - Agency | <ul style="list-style-type: none"> The Ministry of Health has identified a need to discuss updating metrics and standardized processes for gathering and reporting. This work will be influenced by the CIHI wait time indicator development. The SHA Mental Health Outpatient Services has changed how they are tracking outpatient statistics to more accurately reflect current state. | <ul style="list-style-type: none"> The SHA is planning on expanding enhanced data tracking processes to include Addiction Services. Further work on corrective action planning will occur based on this enhanced information. | March 31, 2019 |