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Main points

As we reported in 2008, Regional Health Authorities (RHAs) need to improve how they safeguard public resources. Four RHAs still need to control bank accounts when making payments to their employees and vendors. Most RHAs do not have complete and tested disaster recovery plans. Also, some RHAs need to establish information technology processes based on a risk and threat analysis. They need to do so to ensure the security, integrity, and availability of their systems and data.

We also make recommendations for Regina Qu'Appelle RHA and Saskatoon RHA to help improve their human resource plans. Agencies need good human resource plans to ensure they have the right numbers of people in the right jobs at the right time.

We followed up on our past recommendations relating to Sunrise RHA's processes to control hospital-acquired infections, Sun Country RHA's processes for inspection of public eating establishments, and adequacy of Regina Qu'Appelle RHA's surgical wait time report. We concluded that our past recommendations have been fully addressed except for the processes to control hospital-acquired infections. Sunrise RHA needs to do more to fully implement two of our three past recommendations.

Introduction

The Regional Health Services Act (the Act) makes the 12 Regional Health Authorities (RHAs) responsible for the planning, organization, delivery, and evaluation of health services in their health regions.

In 2009, the RHAs had revenues totalling \$3.0 billion (\$2.7 billion from the Ministry of Health). They had a combined annual surplus of \$317.0 million (2008-\$1.7 million). At March 31, 2009, the RHAs held total assets of \$1.6 billion (2008-\$1.3 billion). Each RHA's annual report includes its financial statements.

Under the Act, RHAs have the authority to appoint auditors. We work with appointed auditors using the framework recommended in the *Report of the Task Force on Roles, Responsibilities and Duties of Auditors* (www.auditor.sk.ca/rrd.html).

The following lists the RHAs and their appointed auditors. We audit the Regina Qu'Appelle RHA directly.

<u>RHA</u>	<u>Appointed Auditor</u>
Cypress	Stark & Marsh
Five Hills	Virtus Group LLP
Heartland	KPMG LLP
Kelsey Trail	Neupath Group, PC Inc.
Keewatin Yatthé	Meyers Norris Penny LLP
Mamawetan Churchill River	Deloitte & Touche LLP
Prairie North	Menssa Baert Cameron Oldershaw
Prince Albert Parkland	Meyers Norris Penny LLP
Saskatoon	KPMG LLP
Sun Country	Virtus Group LLP
Sunrise	Parker Quine LLP

This chapter reports the results of our annual audits of RHAs, our assessment of human resource plans of the two largest RHAs, the disaster recovery plans of six largest RHAs, and our follow-up work on:

- ◆ Sunrise's processes to control hospital-acquired infections

- ◆ Sun Country’s compliance with authorities governing inspection of public eating establishments
- ◆ Preparation of the Ministry of Health’s surgical wait time report for Regina Qu’Appelle

In addition, we provide an update on the status of the recommendations that the Standing Committee on Public Accounts (PAC) made in the past that the RHAs have not yet implemented.

Audit conclusions and findings

In our opinion, for the year ended March 31, 2009:

- ◆ **the RHAs had adequate rules and procedures to safeguard public resources except for the matters reported in this chapter**
- ◆ **the RHAs complied with the authorities governing their activities relating to financial reporting, safeguarding public resources, revenue raising, spending, borrowing, and investing except for the matters reported in this chapter**
- ◆ **the RHAs financial statements are reliable**

To complete our work, we relied on the work and reports of appointed auditors, except for the work and report of the appointed auditor of Sun Country. We did rely on the appointed auditor’s work and report because at the time of this Report the appointed auditor has not completed all the work relating to the adequacy of Sun Country’s information technology policies and procedures. We describe this matter later in this chapter under *Information technology policies and procedures*.

When we do not rely on the work and report of an appointed auditor, *The Provincial Auditor Act* requires us to do additional work and report the results of our work. We plan to do direct work to assess the adequacy of Sun Country’s information technology policies and procedures and report our findings in a future report.

Controlling bank accounts

In our 2007 Report – Volume 3 and 2008 Report – Volume 3, we recommended that Mamawetan Churchill River, Cypress, Kelsey Trail, and Prairie North follow their processes to control bank accounts when making payments to employees and vendors.

PAC considered this matter in January and December 2008 and agreed with our recommendations.

During 2008-09, employees and managers of Mamawetan Churchill River continued to ignore the established processes to control bank accounts. Employees did not always prepare and obtain approval of purchase orders before receipt of goods and services and managers did not always approve employee timecards on a timely basis. Employees usually learn how to complete assigned tasks from their managers. When managers do not do their jobs according to the established processes, employees get the message that non-compliance with established processes is acceptable.

Lack of timely approval of employee timecards and purchase orders could result in loss or misuse of public money.

We continue to recommend that Mamawetan Churchill River Regional Health Authority follow its processes to control its bank accounts when making payments to employees and vendors.

Employees of Prairie North did not always follow the established processes to ensure all purchase orders are properly authorized and did not always obtain evidence of receipt of goods or services before paying suppliers. Such processes help ensure the accuracy of the accounting records and reduce the risk of incorrect and unauthorized payments. The risk of such errors increases when employees have the ability to adjust accounting records (journal entries) without approval. We found that not all journal entries processed during the year had proper approval.

Employees of Kelsey Trail did not always follow the establish processes that require approval and retention of all requisitions for goods and services. We found that not all requisitions were properly approved and retained and several vendor invoices had no evidence of approval for

payment. Lack of approved requisitions and evidence of approval of vendor invoices increases the risk of errors and/or unauthorized payments.

- 1. We recommend that Prairie North Regional Health Authority follow its established processes to control its bank account when paying its suppliers.**
- 2. We recommend that Kelsey Trail Regional Health Authority follow its established processes to control its bank account when paying its suppliers.**

Employees of Cypress, and Prairie North did not follow the established processes to help ensure employees are paid only for work done.

Hourly-paid employees record hours worked on time sheets. Time sheets determine each employee's pay and update information such as vacations. If time sheets are inaccurate, employees' pay and other benefits may also be inaccurate.

These RHAs require supervisors to approve all time sheets. However, supervisors did not consistently approve time sheets during the year. Lack of approval of time sheets increases the risk of incorrect payments and benefits.

We continue to recommend that Cypress Regional Health Authority and Prairie North Regional Health Authority follow their processes to control their bank accounts when making payments to employees.

Information technology (IT) policies and procedures

In our past Reports, we recommended that Kelsey Trail, Mamawetan Churchill River, Saskatoon, and Sun Country establish IT policies and procedures based on a threat and risk analysis.

In October 2005, June 2007, and January 2008, PAC considered and agreed with our recommendations.

RHAs continue to make progress but more work remains. For example, Kelsey Trail needs to establish IT policies for timely updates of users'

accounts, Mamawetan Churchill River needs to implement IT policies, and Saskatoon needs to improve processes for making changes to systems and data. Heartland did not have documented policies and procedures for removing access to its IT systems and data for those it no longer employs and the password requirements. Nor did it have adequate policies and procedures for physical and environmental protection of its IT equipment.

Regina Qu'Appelle has documented some IT security policies and procedures including controls for granting access and defining password requirements. However, it needs to follow its procedures for removing user accounts and for updating its systems against known security risks. Keewatin Yatthé has outsourced its IT services to Prairie North but does not have a formal service agreement with Prairie North. Such an agreement would set out roles and responsibilities of both parties, the services to be provided (including security and disaster recovery requirements), and service delivery targets (such as the percentage of time networks will be available).

In our 2008 Report –Volume 3, we reported that Cypress did not have adequate processes to protect its information technology systems and data and made recommendations. We will do a follow-up in the future to assess how well Cypress has addressed our recommendations and report our findings in a future report.

As at October 23, 2009, the appointed auditor for Sun Country has not completed all the IT related work for Sun Country. We plan to do this work directly and report our findings in a future report.

Without adequate IT processes, the RHAs risk unauthorized disclosure of confidential information, reliance on incomplete and inaccurate information, and the loss of vital information.

We continue to recommend that Mamawetan Churchill River, Saskatoon, and Sun Country Regional Health Authorities establish information technology policies and procedures based on a threat and risk analysis.

3. We recommend that Kelsey Trail Regional Health Authority adequately protect its information technology systems and data.

- 4. We recommend that Heartland Regional Health Authority adequately protect its information technology systems and data.**
- 5. We recommend that Regina Qu'Appelle Regional Health Authority adequately protect its information technology systems and data.**
- 6. We recommend that Keewatin Yatthé Regional Health Authority establish an adequate agreement with its information technology service provider.**

Later in this chapter, we report the results of our assessment of the disaster recovery plans of the six largest RHAs. We encourage other RHAs to use the elements of an adequate disaster recovery plan that we describe to assess the adequacy of their own disaster recovery plans.

Written policies and procedures

In our 2008 Report – Volume 3 and our past reports, we recommended that Regina Qu'Appelle and Cypress establish complete written financial management policies and procedures.

In June 2004 and December 2008, PAC agreed with our recommendation.

Both RHAs have made some progress but more work remains. Regina Qu'Appelle has not established policies for capital assets, contract management, and timely and reliable financial reports. Cypress still needs to finalize policies for delegation of authority, capital assets, investments, and contract management.

Written policies and procedures provide for the orderly and efficient conduct of business, reinforce the Board's delegation of authority, and document the responsibilities of staff. Written policies and procedures help reduce the risk of errors, fraud, breakdowns in control, and unauthorized transactions.

We continue to recommend that Regina Qu'Appelle Regional Health Authority and Cypress Regional Health Authority establish complete written financial management policies and procedures.

Internal audit function

In 2005, we recommended that Regina Qu'Appelle assess whether it needs an internal auditor.

In 2005-06, Regina Qu'Appelle determined that it needs an internal auditor based on its formal assessment. However, it has not hired an internal auditor.

In our 2008 Report – Volume 3, we recommended that Regina Qu'Appelle Board implement an internal auditor function. In December 2008, PAC considered this matter and agreed with our recommendation.

Recently, the Minister of Health changed the board of directors for Regina Qu'Appelle. We urge the new board to implement an internal auditor function.

Prairie North and Prince Albert Parkland have several operating centres (long term facilities) that receive money, buy goods, and approve invoices for payments. Often, those operating centres do not adequately segregate employees' duties i.e., some employees receive cash and record these amounts in the financial records, and do not always agree cash received to cash deposited in the bank.

Large, diverse organizations with complex management systems need to know if their systems are adequate to meet their objectives. An internal audit function can provide assurance to Boards and management on the reliability of financial reports, the effectiveness of controls to safeguard public resources, and staff compliance with controls. An internal auditor can also provide assurance that revenues and expenses are authorized and public money is used for intended purposes.

We continue to recommend that Regina Qu'Appelle Regional Health Authority Board implement an internal audit function.

7. **We recommend that Prairie North Regional Health Authority assess the need for an internal audit function.**
8. **We recommend that Prince Albert Parkland Regional Health Authority assess the need for an internal audit function.**

Controlling capital assets

In our 2008 Report – Volume 3, we recommended that Keewatin Yatthé and Prairie North periodically count their capital assets and agree their capital asset records to their accounting records regularly.

In December 2008, PAC considered this matter and agreed with our recommendation.

To help ensure their capital assets exist and the capital asset records agree to the accounting records, the RHAs need to periodically count their capital assets and agree (reconcile) the counts to the capital asset records and the accounting records. Because Keewatin Yatthé and Prairie North did not do so, they did not know if the capital assets exist or their accounting records are accurate. Inaccurate capital asset records could cause the RHAs to make wrong decisions about equipment purchases and disposals.

These RHAs have made some progress to address our recommendation but more work remains. Both RHAs use equipment (capital assets) to provide health services to their residents. Prairie North and Keewatin Yatthé have invested about \$57.7 million and \$25.9 million respectively in all capital assets.

Heartland had a listing of its capital assets. However, Heartland did not regularly update the list. Nor did it ensure that the listed assets agree to the accounting records. Heartland has invested about \$37.0 million in all capital assets. (See Chapter 10E for Heartland's processes for equipment disposal).

We continue to recommend that Keewatin Yatthé Regional Health Authority and Prairie North Regional Health Authority periodically count their capital assets and agree their capital asset records to their accounting records regularly.

Management of Prairie North told us that the RHA is working to implement an asset management system (including physical verification) that would link to the current financial system.

- 9. We recommend that Heartland Regional Health Authority maintain a current list of its capital assets.**

Improving oversight of affiliates

Regina Qu'Appelle needs to effectively monitor its affiliates' spending.

Regina Qu'Appelle paid \$46 million to its eight affiliates that provide health care services on its behalf. It has service agreements with each affiliate that set out the terms and conditions of the funding including reporting requirements for oversight purposes. The agreements require affiliates to provide quarterly expenditure reports, annual audited financial statements, and written explanation for differences between actual and budgeted spending. Regina Qu'Appelle also requires affiliates to provide annual audit opinions on the adequacy of internal controls and legislative compliance.

Regina Qu'Appelle should ensure all affiliates provide reports on a timely basis and should review the information received to determine if the affiliates spent money in accordance with the service agreements. During the year, five of the eight affiliates did not submit all required quarterly reports. Four affiliates did not submit written explanations for differences between actual and budgeted spending. One affiliate did not provide audit opinions on the adequacy of internal control and legislative compliance. Regina Qu'Appelle did not follow up on these matters.

Without proper oversight of affiliates, Regina Qu'Appelle's resources may not be used for the intended purposes.

- 10. We recommend that Regina Qu'Appelle Regional Health Authority obtain all the required reports from its affiliates in a timely manner and review those reports to monitor affiliates' spending.**

Adequacy of human resource planning

Well-managed agencies use human resource plans to help ensure they have the right numbers of people in the right jobs at the right time. A good human resources plan has four key elements. It should:

- ◆ identify risks and priorities
- ◆ analyze gaps in human resources
- ◆ set out strategies to address risks or gaps in human resources
- ◆ outline how to implement major strategies

In March 2009, we assessed the human resources plans of the two largest RHAs, that is, Regina Qu'Appelle and Saskatoon against the above elements. We expected these large RHAs to have strong human resources practices and be able to show leadership to smaller RHAs. Both these RHAs are among the largest employers in Saskatchewan.

Regina Qu'Appelle's human resource plan did not have some parts of every key element and Saskatoon's human resource plan was missing a part of one key element.

We describe below our key findings and recommendations for each element.

Identify human resources risks and priorities

As of March 2009, Regina Qu'Appelle had not identified overall human resources risks or priorities across the region. Its human resources plan was a collection of uncoordinated strategies (e.g., recruiting strategy). These strategies related to its overall strategic direction (e.g., quality services).

Regina Qu'Appelle has begun to identify key positions essential for service delivery. Identifying key positions highlights risks and helps analyze workforce gaps. It also enables better retention of employees with essential skills.

Saskatoon identified overall human resource priorities and risks across the region in its Organizational Workforce Action Plan 2008–11 (Action Plan). It organized its Action Plan around three key priorities: stabilizing

the workforce, relationship with key stakeholders, and safe and effective workplace. Saskatoon aligned its Action Plan with the Ministry of Health's Workforce Action Plan and its own strategic direction, including the priorities related to retaining staff and safety in the workplace. The Action Plan explained Saskatoon's human resources risks. Like others in the health sectors, it identified recruitment/retention of sufficient staff and workload as serious risk complicated by sick leave and absenteeism. A related risk was the wide span of control of managers, many of whom have limited time to guide or support front-line workers. The Action Plan prioritized the human resource risks based on feedback from employees, managers, and stakeholders.

Analyze gaps in human resources

Regina Qu'Appelle identified four occupational groups for which it could not recruit sufficient people to provide timely health services: registered nurses, pharmacists, physiotherapists, and respiratory therapists. It did not analyze the extent of the problem (e.g., duration of vacancies, trends) or the impact on service delivery of these workforce shortages. Regina Qu'Appelle had not projected its future workforce needs or the occupational groups expected to be in short supply in future. For example, it had not examined the impact of expected retirements on service delivery capacity. One of its strategic objectives was to "increase leadership capacity" but it had not analyzed current leadership gaps or future risks.

11. We recommend that Regina Qu'Appelle Regional Health Authority analyze the extent of its workforce gaps and estimate their future impact on service delivery.

Saskatoon identified occupational groups for which it could not recruit sufficient people to provide timely health services, particularly psychologists, registered nurses, licensed practical nurses, and care aides. It analyzed the extent of the problem (e.g., duration of vacancies, expected future needs). For example, 10% of psychologist positions have been vacant for longer than 6 months including the senior psychologist. The level of workforce gaps strains Saskatoon's ability to provide some services promptly.

Saskatoon projected occupational groups expected to be in greater demand in future. For example, it analyzed eligibility to retire by 2008, 2010, 2012 (e.g., using the years of service and age updated to 2013). It also analyzed retirement and turnover by occupational groups and location (rural and urban facilities). With this analysis, Saskatoon could evaluate the most serious risks to service delivery and take timely action.

Set out strategies to address risks or gaps in human resources

Regina Qu'Appelle had six human resources strategies: recruitment strategy, health and safety strategy, employee services strategy, learning and development strategy, representative workforce strategy, and the beginnings of a leadership strategy (i.e., competencies list and projects).

Without clearly identified risks, Regina Qu'Appelle does not know if these strategies will be adequate.

Saskatoon had 11 human resource strategies. For example, it had strategies for recruitment, health and safety, learning and leadership, and a representative workforce strategy. It also took action to avoid leadership gaps in future by identifying participants for leadership development programs. Along with six other regions, it also participated in a leadership program with entry points for senior and front-line managers. Those who completed the program have begun to fill vacancies in out-of-scope manager positions.

Outline how to implement major strategies

Regina Qu'Appelle had action plans for three of its six human resources strategies. The action plans seldom identified the resources needed, the time frame, or who was accountable for the work.

12. We recommend that Regina Qu'Appelle Regional Health Authority clarify the resources it needs to implement its human resources plan.

Regina Qu'Appelle gives a written report about human resources issues to its senior management and the Board about once a year. Annual reports are not frequent enough to monitor trends and take timely action

on human resources risks. Management told us that Regina Qu'Appelle plans to improve its ability to report by identifying key performance measures for human resources and by improving its information system's reporting capacity.

13. We recommend that Regina Qu'Appelle Regional Health Authority identify human resources risks and monitor them at least quarterly using key performance measures.

Saskatoon had detailed work plans for implementing its human resources strategies. All of its 11 human resources work plans identified the accountable work units and staff members, and set dates for completing action. The work plans did not identify what resources Saskatoon needed or allocated to achieve the required results.

Identifying the resources needed would help managers (and other users of the Organizational Workforce Action Plan) to provide the required support for major initiatives. It would also clarify those strategies less likely to be achieved due to inadequate resources. Knowing the resources required gives senior managers an opportunity to ask staff to identify alternative ways to achieve similar results.

14. We recommend that Saskatoon Regional Health Authority clarify the resources it needs to implement its human resources plan.

Saskatoon had 24 performance measures for human resources. It used targets to help it measure success for 17 of those measures. Data for the other measures was more difficult to obtain due to the capacity of its current information systems for human resources. Saskatoon identified its need for better information systems to improve its reporting capacity. A written progress report given to its senior management at year-end and periodic reports on specific topics (e.g., sick leave) helped Saskatoon to monitor trends.

Adequacy of disaster recovery plans

Since 2003, we have reported that most RHAs either do not have information Technology (IT) disaster recovery plans or they have not tested their plans to assess their effectiveness.

The primary function of a disaster recovery plan is to rebuild the IT resource to provide access to necessary information immediately after a major disaster or other interruption.

Besides IT systems and data for common business functions, RHAs' disaster recovery plans must also address resident patients and critical life support technology and structure associated with the care of the patients. Both the Ministry of Health (Health Information Solution Centre) and RHAs manage IT systems and data that support patient care and the delivery of health care services.

The Health Information Solution Centre (HISC) manages systems and data that support province-wide applications (e.g., the systems that the Ministry uses to develop electronic health records). While the patient electronic health record system is not complete, health care professionals across the province use some parts of this system to provide services.

Some RHAs have their own staff and manage their own IT services. Others have outsourced their IT services to either HISC or external service providers.

To protect systems and data that support patient care, both HISC and RHAs must have adequate disaster recovery plans. We assessed the adequacy of disaster recovery processes at HISC and concluded that HISC did not have adequate disaster recovery processes. We describe fully our work and findings on page 176 in Chapter 10A of this report.

The section below describes our assessment of the adequacy of disaster recovery plans of the six largest RHAs.

Work and conclusion

The purpose of our work was to assess whether RHAs had adequate information technology (IT) disaster recovery plans at March 31, 2009 to restore key IT systems and data. We did not assess the controls over electronic medical equipment (e.g., intravenous pumps) or life support technology.

To be adequate, a disaster recovery plan should:

- ◆ set out the responsibilities of those who are to implement the plan
- ◆ include emergency procedures while the system is unavailable
- ◆ include steps for the recovery and restoration of the system
- ◆ be regularly tested for effectiveness and updated

All the RHAs have done some work addressing disaster recovery issues. For example, some have identified the need for disaster recovery plans and set out staff roles and responsibilities for disaster recovery. Some RHAs have also defined the recovery time requirements for key systems and data. However, none of the RHAs except for Prince Albert Parkland and Five Hills have a complete disaster recovery plan for the systems and data they manage. When completed, RHAs must regularly test their disaster recovery plans to assess their effectiveness.

- 15. We recommend that all regional health authorities establish adequate disaster recovery plans and test those plans to ensure their effectiveness.**

Findings

This section briefly describes our assessment of the disaster recovery plans at the following six largest RHAs

- ◆ Regina Qu'Appelle
- ◆ Saskatoon
- ◆ Prince Albert Parkland
- ◆ Prairie North
- ◆ Sunrise
- ◆ Five Hills

Regina Qu'Appelle has defined staff roles and responsibilities for disaster recovery. It has also documented recovery time requirements for key systems. However, it does not have a complete plan setting out how to restore its systems and data. It must also test its plan when completed to assess its effectiveness.

Saskatoon and Sunrise have done some preliminary work on disaster recovery planning but have not documented their plans. Their work is

limited to documenting processes to back up systems and data. These RHAs must complete and document their disaster recovery plans and test them regularly to ensure they would work when needed.

Prince Albert Parkland has contracted its IT services with an external service provider. Its contract with the service provider requires the service provider to establish and test a disaster recovery plan. During the year, the service provider prepared and tested the disaster recovery plan for the RHA.

Prairie North has prepared a disaster recovery plan. The plan, however, does not include all key requirements. For example, the plan does not identify recovery time requirements for key systems, document how to restore systems and data, or include all emergency procedures for use when the systems are unavailable.

Five Hills has an adequately documented and tested disaster recovery plan.

We encourage all RHAs to assess their own disaster recovery plans against the key elements of an adequate disaster recovery plan we describe earlier and make changes to improve those plans.

As we stated earlier all RHAs have close working relationship with HISC. To have robust disaster recovery plans, RHAs must ensure that their service provider, HISC, also has a robust disaster recovery plan. Accordingly, the adequacy of disaster recovery plans of RHAs very much depends on the adequacy of the disaster recovery plan of HISC.

Sunrise's processes to control hospital-acquired infection—a follow-up

In 2007, we assessed Sunrise's processes to manage hospital-acquired infections. We reported the results of our audit in our 2007 Report – Volume 3, Chapter 11D (pp. 217-231). We concluded that Sunrise had adequate processes to manage hospital-acquired infections except it needed to do more in three areas. We made three recommendations to help improve the infection control plan, guidance to staff, and monitoring.

On January 8, 2008, PAC agreed with our recommendations.

In 2009, we did follow-up work to assess Sunrise's progress toward addressing our recommendations. We concluded that Sunrise had implemented one recommendation and it has made progress toward the other two.

The following section sets out our past recommendations about processes to manage hospital-acquired infections (in italics) and our assessment of the Sunrise's progress as at August 31, 2009.

Infection control plan

We recommend that the Sunrise Regional Health Authority develop a regional infection control plan to guide the prevention of hospital-acquired infections.

Sunrise has implemented this recommendation. It has developed a regional infection control plan to guide the prevention and control of hospital-acquired infections. The plan applies to Sunrise's acute, long-term, and home care services. The plan sets out useful strategies to prevent or reduce the spread of specific types of infections. We encourage Sunrise to continue its efforts to keep its infection control plan current.

Guidance to staff

We recommend that Sunrise Regional Health Authority provide guidance to help staff fully identify, investigate, analyze, and report hospital-acquired infections.

To build its capacity for guiding staff, Sunrise now has a process to designate resource persons to guide staff about infection control. In 2009, it began training the designated resource persons and managers. Training the designated infection control staff across this rural region requires significant resources.

Infection control training continues and more is required. In 2009, Sunrise focused its infection control training on basic principles, i.e., hand hygiene, and the safe removal of contaminated masks, respirators,

gowns, and equipment. Guidance on hand hygiene and use of protective equipment is essential. However, it is not sufficient. Training should also include how to identify, investigate, analyze, and report infections of various kinds.

In 2009, Sunrise’s guidance for infection control was primarily about identifying and reporting infections that spread rapidly from one person to another—a good priority. Sunrise developed an *Illness Outbreak Response and Communication Plan*. It designed “case-list” forms that assist staff to consistently identify patients with symptoms that may imply a new illness outbreak (e.g., diarrhoea or influenza symptoms). Accurate communication and a complete list of infected persons could reduce the spread of infections.

Sunrise provided very limited guidance to its staff to investigate other types of infections (e.g., infections in surgical or other open wounds). Sunrise did not provide guidance to help staff analyze the reasons why patients acquire infections while receiving care in health facilities. Guidance on investigating and analyzing the factors associated with infections could significantly reduce hospital-acquired infections.

We continue to recommend that the Sunrise Regional Health Authority provide guidance to help its staff fully identify hospital-acquired infections, and also to investigate, analyze, and report them.

Reporting and monitoring

We recommend that the Sunrise Regional Health Authority focus its actions to prevent and manage hospital-acquired infections by reporting and monitoring: a) the rates and causes of hospital-acquired infections, and b) progress toward targets by type of infection

Sunrise’s health facilities prepared quarterly reports about a few types of infections for their infection control committees (e.g., urinary tract infections in long-term care). Sunrise also periodically gave senior management reports showing trends in the rate of certain infections (e.g., antibiotic resistant organism reports 2008-09, outbreak reports). Revisions to processes identifying patients with antibiotic resistant infections improved timely communication about serious infections.

Sunrise did not ask its staff to report the probable causes of hospital-acquired infections. The factors causing infections can be complex. Often, more than one factor causes infections (e.g., the patient's condition, the cleanliness of the environment and equipment, hand hygiene, the way procedures are performed). When staff do not identify the factors contributing to infections, Sunrise is less able to take timely action to prevent future infections.

In early 2009, Sunrise did not use targets to help explain the trends in hospital-acquired infections. Management told us that Sunrise plans to use national benchmarks and targets in the future. Targets will help Sunrise monitor its progress in reducing hospital-acquired infections.

Sunrise does not produce timely summary reports of all reported infections acquired in health facilities across the region. Summary reports of infection rates and trends would help the regional infection control committee focus Sunrise's efforts to prevent infections. Senior management and the Board need summary reports to set priorities and allocate resources.

We continue to recommend that Sunrise Regional Health Authority focus its actions to prevent and manage hospital-acquired infection by reporting and monitoring the rates and causes of hospital-acquired infections and its progress toward targets by type of infection.

Sun Country's compliance with authorities governing inspection of public eating establishments—a follow-up

Food safety is a significant issue for residents of Saskatchewan. People could contract food borne illnesses by eating at public eating establishments such as restaurants. Public health inspectors monitor public eating establishments to help ensure public safety.

In 2007, we audited whether Sun Country complied with the provisions of the following legislative and related authorities for the year ended March 31, 2007.

- ◆ *The Public Health Act, 1994* (Sections 16, 18 and 19)
- ◆ *The Public Eating Establishment Regulations*

- ◆ *The Public Health Officer Regulations*
- ◆ *Public Health Inspection Work Guide¹: Administrative Program Guideline No. 01* (Public eating establishment sections)

We concluded that Sun Country complied with the above authorities except it did not meet the target timeframe for follow-up inspections.

We reported the results of our audit in our 2007 Report – Volume 3 and recommended that Sun Country comply with the timeframes required by the *Public Health Inspection Work Guide* for re-inspections of eating establishments.

On January 8, 2008, PAC agreed with our recommendation. In August 2009, we did follow-up work to assess how well Sun Country has addressed our recommendation.

Sun Country has adequately addressed our recommendation.

Sun Country no longer uses its own system to capture the timing and results of inspection of all public eating establishments (public eateries) within its jurisdiction. Instead, Sun Country relies on the system called Provincial Environment Health System (EHS) that the Ministry of Health established. EHS collects and tracks all RHAs' reports on inspection of food handling establishments including public eateries and allows the public to review online inspection results of public eateries. EHS became operational effective May 12, 2009.

In addition, since our audit, the *Food Safety Regulations* have replaced the *Public Eating Establishment Regulations*. However, the *Public Health Inspection Work Guide* continues to set out the requirements and timeframe for follow-up inspection of public eateries.

Sun Country now uses the information in EHS to monitor the target timeframe for follow-up inspections of public eateries. Sun Country carried out re-inspection of public eateries in accordance with the *Public Health Inspection Work Guide*.

¹ Prepared by the Ministry of Health and the regional health authorities

Surgical wait time report—a follow-up

Saskatchewan residents are concerned about the length of time they wait for necessary medical procedures such as surgery. One of the Ministry of Health's key actions for 2009–10 is to improve access to services including reduction of surgical wait times.² The Ministry publicly reports a trend line on the number of patients waiting longer than 12 months for surgery as a significant measure of health system performance.

In 2007, we audited whether the surgical wait times report at June 30, 2007 for the Regina Qu'Appelle was reliable, understandable, and consistent.

Our 2008 Report – Volume 1, Chapter 7 described our findings on the surgical wait times report. In our Report, we made three recommendations for the Ministry of Health and Regina Qu'Appelle. On June 16, 2008, PAC agreed with our recommendations.

In September 2009, we did our follow-up work to assess the progress Regina Qu'Appelle and the Ministry have made to address our recommendations. We describe below our recommendations (*in italics*) and the results of our follow-up work.

- 1 *We recommend that the Ministry of Health and Regina Qu'Appelle Regional Health Authority follow established processes to correct data errors in the Saskatchewan Surgical Care Network Registry.*
- 2 *We recommend that the Ministry of Health and Regina Qu'Appelle Regional Health Authority periodically monitor how well surgeons follow the established processes to book patients in the Saskatchewan Surgical Care Network Registry and encourage them to follow the processes.*
- 3 *We recommend that the Ministry of Health disclose sufficient information in the surgical wait times report so that readers can better understand the limitations of the information presented.*

² Ministry of Health Plan 2009-10

Regina Qu'Appelle and the Ministry have adequately addressed the above recommendations.

Regina Qu'Appelle now follows its processes to correct data errors that the Saskatchewan Surgical Care Network Registry's system identifies. The Ministry monitors to ensure that Regina Qu'Appelle corrects all identified data errors in a timely manner.

In June 2009, the Ministry, through the Saskatchewan Surgical Care Network, created a process for officials of each regional health authority to follow up with surgeons when surgeons submit their booking forms more than seven days after the surgery consent forms are signed. Completed booking forms are used to put patients on the wait list. Prompt submission of the booking forms help ensure patients are promptly included on the wait list. We note that, since the implementation of the new process, Regina Qu'Appelle had fewer cases of significant time lag between the date a patient is included on the wait list and the date of the patient's signed surgery consent form.

The Ministry now presents additional information in the surgical wait times report to inform readers of limitations in the information presented. The additional information advises readers that regions have different surgical practices and some procedures are performed in other hospital settings (other than hospital operating rooms). The report also advises readers that only procedures performed in hospital operating rooms are included in the data presented. In addition, when data includes those procedures that could be performed in either operating rooms or other hospital settings, a foot note explains that the data reported does not include procedures performed in other hospital settings.

Status of other outstanding recommendations of the Standing Committee on Public Accounts

The following table provides an update on recommendations previously made by PAC that are not yet implemented and are not discussed earlier in this chapter³.

³ For the definitions of the key terms used in the table, see Chapter 20 – Standing Committee on Public Accounts.

PAC REPORT YEAR ⁴	OUTSTANDING RECOMMENDATION	STATUS
Ministry of Health (Regional Health Authorities)		
2002	PAC concurs: 6D-1 that all RHAs should prepare capital equipment plans that contain the key elements for capital equipment plans in the public sector.	Partially implemented (as at March 31, 2009). Capital equipment plans are improving but still do not contain all key elements of good plans.
2005	PAC concurs: 2-1 that the Boards of Governors of the Regina Qu'Appelle and Saskatoon Health Regions should commit to workplace safety as a priority and that the boards should: - set specific targets to reduce work-related injuries to care staff in the short term; - allocate resources to achieve the targets (e.g. staff or mechanical aids); - receive frequent reports about injury rates and actions to reduce injuries; and - hold senior managers accountable to reduce injuries.	Partially implemented (as at September 30, 2008) We plan to do a follow-up in the future.
2005	PAC concurs: 2-2 that the Regina Qu'Appelle and Saskatoon Health Regions should analyze the unit staffing patterns that are associated with high and low injury rates, and implement the lessons learned.	Partially implemented (as at September 30, 2008) We plan to do a follow-up in the future.
2005	PAC concurs: 2-3 that the occupational health committees of the Regina Qu'Appelle and Saskatoon Health Regions should: - monitor injury trends at least quarterly; - analyze the causes of injuries in areas with high injury rates at every meeting; and - make written recommendations to senior management and their board to fix unresolved causes of injuries.	Partially implemented (as at September 30, 2008) We plan to do a follow-up in the future.

⁴ PAC Report Year refers to the year that PAC first made the recommendation in its report to the Legislative Assembly.

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PAC REPORT YEAR ⁴	OUTSTANDING RECOMMENDATION	STATUS
Ministry of Health (Building Capacity - Five Hills RHA)		
2009	PAC concurs: 6-12 that the Five Hills Health Region routinely provide its managers with opportunities to learn about outcome-oriented management (i.e., about selecting useful targets, analyzing results in the short, medium, and long term, and using performance information).	Partially implemented (as at August 31, 2008) We plan to do a follow-up in the future.
2009	PAC concurs: 6-13 that the Five Hills Health Region prepare, at least annually, written progress reports for its strategic priorities that include analysis of results (i.e. activities and outcomes). Analysis should compare actual results to baselines and planned targets, include forecasts, and explain why the results vary from the plan.	Partially implemented (as at August 31, 2008) We plan to do a follow-up in the future.
2009	PAC concurs: 6-14 that the Five Hills Health Region support its decisions to align resources to expected outcomes using reports that analyze progress toward planned priorities.	Partially implemented (as at August 31, 2008) We plan to do a follow-up in the future.
Ministry of Health (Immunization coverage)		
2009	PAC concurs: 2D-1 that the Prince Albert Parkland Regional Health Authority work with First Nations and federal health agencies to maximize access to immunization for children in the region.	Partially implemented (as at September 24, 2008) We plan to do a follow-up in the future.
2009	PAC concurs: 2D-2 that the Prince Albert Parkland Regional Health Authority set target immunization coverage rates for children in the region and develop plans to achieve those targets.	Partially implemented (as at September 24, 2008) We plan to do a follow-up in the future.

PAC REPORT YEAR⁴	OUTSTANDING RECOMMENDATION	STATUS
2009	PAC concurs: 2D-3 that the Prince Albert Parkland Regional Health Authority regularly report to its board an analysis of the causes of its low immunization coverage rate.	Partially implemented (as at September 24, 2008) We plan to do a follow-up in the future.
Cypress RHA – IT Security Audit		
2009	PAC concurs: 10D-1 that the Cypress Regional Health Authority formally assess the threats and risks to its information technology systems and data.	Not implemented (as at September 15, 2008) We plan to do a follow-up in the future.
2009	PAC concurs: 10D-2 that the Cypress Regional Health Authority monitor the security of its information technology systems and data.	Not implemented (as at September 15, 2008) We plan to do a follow-up in the future.
2009	PAC concurs: 10D-3 that the Cypress Regional Health Authority establish and follow its policies and procedures for granting and removing user access to computer systems and data.	Not implemented (as at September 15, 2008) We plan to do a follow-up in the future.
2009	PAC concurs: 10D-4 that the Cypress Regional Health Authority configure its computer systems and data to protect them from external threats including theft or loss.	Not implemented (as at September 15, 2008) We plan to do a follow-up in the future.
2009	PAC concurs: 10D-5 that the Cypress Regional Health Authority physically protect its computer systems and data from loss or damage.	Not implemented (as at September 15, 2008) We plan to do a follow-up in the future.
2009	PAC concurs: 10D-6 that the Cypress Regional Health Authority complete, approve, and test its disaster recovery plan.	Not implemented (as at September 15, 2008) We plan to do a follow-up in the future.

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PAC REPORT YEAR ⁴	OUTSTANDING RECOMMENDATION	STATUS
2009	PAC concurs: 10D-7 that the Cypress Regional Health Authority implement adequate policies and procedures for managing changes to computer systems and data.	Not implemented (as at September 15, 2008) We plan to do a follow-up in the future.