



Auditor Highlights Concerns with Managing Medication Plans in Long-Term Care Facilities

REGINA, Sask., December 3, 2014 – Heartland Regional Health Authority needs to do a better job of managing medication plans for residents of long-term care facilities, says Acting Provincial Auditor Judy Ferguson in Volume 2 of her 2014 Report, tabled today. In her Report, Ferguson emphasizes that planning for safe and effective medication management is vital in preventing drug complications, over-medication, and fatalities.

Long-term care facilities provide 24-hour care and supervision to those whose healthcare needs can no longer be met at home. Most long-term care residents are seniors, many of whom have complex medication needs. Ferguson reports that Heartland did not know how many long-term care residents received potentially inappropriate medications, how many non-critical medication errors occurred, or how often medications were reviewed. “Our findings raise significant concerns about Heartland’s medication planning policies and processes for residents of long-term care homes,” states Ferguson. “Regular review of medication plans is required to help prevent residents from receiving medications that may put them at unnecessary risk.”

The Report offers several areas for improvement. Heartland needs to establish and implement comprehensive medication planning policies that include enhanced planning for residents with complex medication needs. It should also improve its processes for planning appropriate and effective medication use, as well as its documentation of medication plans and any changes made to them. In addition, Heartland should identify, track, and analyze information about medication use and errors, and complaints.

Because the Government has invested significant time and effort in Lean as a continuous improvement process across the health sector, the Office looked at Health Quality Council’s (HQC) coordination of Lean through the Provincial Lean Office. Ferguson reports that HQC’s processes for coordinating Lean were not effective. HQC needs to more actively monitor results achieved using Lean; this includes improving how and what information it collects from health sector agencies so that it can determine and report on results. Ferguson says, “At the time of our audit, HQC did not know whether the use of Lean had created sustainable change or was making health care better.” The Report notes that the Government’s August 2014 decision to not renew its Lean contract with the consultant will better enable HQC to carry out its coordination role.

With respect to the education sector, the Acting Provincial Auditor notes that the access-to-information issue reported in her *2014 Report – Volume 1* was successfully resolved. In her Report, Ferguson notes that the Office received excellent cooperation from South East Cornerstone School Division and highlights some ways in which the Division can improve its processes for promoting positive student behaviour. South East Cornerstone needs to make sure that its staff follow its policies, and better document decisions and actions taken related to student behaviour. Also, it needs to implement an escalation process to guide those decisions and actions. Finally, South East Cornerstone should set expectations for training staff on student behaviour initiatives, and keep easily accessible records of who received this training.

Further details regarding the key topics and issues covered in Volume 2 of the 2014 Report can be found in the accompanying Backgrounder. The full *Provincial Auditor’s 2014 Report – Volume 2* is available online at www.auditor.sk.ca.



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