



Provincial Auditor looks at the Saskatchewan Health Authority's processes to analyze surgical biopsies, prevent and control hospital-acquired infections, and triage emergency department patients

REGINA, Sask., December 11, 2018 – In her *2018 Report – Volume 2*, Provincial Auditor Judy Ferguson highlights areas for the Saskatchewan Health Authority to improve when analyzing and diagnosing surgical biopsies at its Regina and Saskatoon labs, and preventing and controlling hospital-acquired infections in Regina hospitals. In addition, she reports the Authority has improved some of its processes to triage patients in its Saskatoon hospital emergency departments, but more work is needed.

Saskatchewan Health Authority – Analyzing Surgical Biopsies in Regina and Saskatoon Labs Efficiently (Chapter 23)

The Regina and Saskatoon labs each analyze over 150,000 specimens from surgical biopsies, or about 45,000 cases, each year. A surgical biopsy surgically removes tissue for analysis to help healthcare providers diagnose health problems that patients face including to determine if a patient has cancer. At September 2018, the Regina and Saskatoon labs had a backlog of about 1,300 biopsies awaiting analysis.

The audit found the Regina and Saskatoon labs took considerably longer than good practice to analyze biopsies, and the Authority has not formally determined why. In 2017-18, the Saskatoon lab took an average of 12.1 days to provide a surgical diagnosis biopsy report; the Regina lab took an average of 18.7 days. Good practice suggests routine biopsies should take 5 business days, and more complex biopsies should take from 6 to 15 business days.

Neither lab tracked biopsy specimens through the entire analysis process. The Saskatoon lab planned to do so through a new lab tracking IT system; it hoped to have this system in place by December 2018. The Regina lab did not have similar plans. "A formal assessment of the surgical biopsy process and IT tracking system could help the Saskatchewan Health Authority to identify factors affecting delays in patient diagnosis," says Ferguson.

Also, the Authority did not have a written agreement with the Office of the Chief Coroner to set out the support each lab provides for forensic autopsies. Labs prioritize processing biopsies for forensic autopsies over surgical biopsies. Not having clearly assigned responsibilities for forensic autopsies can create confusion for lab staff when prioritizing specimens, and managing workloads.

Furthermore, each lab had varying processes and practices resulting in different processing times. "The Authority needs to take a consistent province-wide approach to analyzing, diagnosing, and prioritizing surgical biopsies," says Provincial Auditor Judy Ferguson. "When patients have to wait longer than needed for a diagnosis, it can cause additional stress, and may result in reduced quality of life and/or chance of survival."



Saskatchewan Health Authority – Preventing and Controlling Hospital-acquired Infections in the Regina General Hospital and Pasqua Hospital (Chapter 24)

A hospital-acquired infection is an infection that a patient acquires while in a hospital that was not present when the patient was admitted to the hospital. These infections contribute to about one-third of unexpected hospital deaths.

Provincial Auditor Judy Ferguson looked at the Saskatchewan Health Authority's processes to prevent and control hospital-acquired infections at Regina hospitals. The audit found that the Authority had generally good processes in place, but staff were not always following them—in particular, general cleaning and hand-hygiene practices.

The Authority has clear strategic priorities and processes to prevent these type of infections at the Regina General and Pasqua hospitals, as well as a dedicated Infection Prevention and Control Department, consisting of eight staff. They used clear protocols to report and control outbreaks of infections.

Ferguson found that the reported compliance rate of hospital staff with the hand-hygiene policy was consistently below the target of 100%, and could, in actuality, be lower than reported. In its current approach, staff routinely openly observed hand-hygiene practices of fellow staff in their unit. This approach results in reporting a higher-than-actual compliance rate.

The Regina hospitals did not consistently follow the Ministry of Health's guidelines for hand hygiene. These guidelines suggest the use of blind audits, which provide more representative results of actual hand-hygiene compliance. In blind audits, staff observe hand-hygiene compliance when staff are unaware they are being observed. Ideally, staff doing the observations are not be part of the unit being observed.

"The Saskatchewan Health Authority should rethink its approach to monitoring compliance with hand-hygiene policies to collect more accurate data on its hand-hygiene compliance rates," recommends Ferguson. "Without accurate information on hand-hygiene practices, the Authority cannot properly identify which units or hospitals need additional assistance to improve their hand-hygiene compliance."

In addition, for the units with low hand-hygiene compliance rates, the Authority needs to make sure those units improve their compliance. Good hand-hygiene practices are a key way to prevent infections from spreading.

The audit also found that new staff at the Regina General and Pasqua hospitals received about one hour of training on infection prevention and control when they start; but further training was ad hoc. Providing staff with periodic refresher training reinforces the importance of key infection prevention and control activities, and keep staff up-to-date. "Up to 70% of hospital-acquired infections are preventable; hospital-acquired infections can unnecessarily extend a patient's hospital stay, and lead to increased complications and costs," says Ferguson.



Saskatchewan Health Authority – Triageing Emergency Department Patients in Saskatoon Hospitals (Chapter 40)

Provincial Auditor Judy Ferguson found the Saskatchewan Health Authority had implemented two of the five recommendations made in 2013 about improving triaging processes in Saskatoon hospital emergency departments. The Authority had work to do on the other three.

Key improvements included the following. The Authority reviewed, each month, whether Saskatoon emergency department staff had properly categorized certain patients in their triage assessments, and used results to help staff improve. The Authority has also improved signage in Saskatoon's emergency departments; and uses Triage Captains to greet patients, assess conditions of patients, and assign and reassess their triage level.

Areas for further improvement include: Triage Captains need to consistently document their reassessments of patients. Reassessments determine whether a patient's condition changed. Also, the Authority needs to continue to work on having specialist physicians see non-urgent patients outside of the emergency departments, and implement plans to support emergency department physicians seeing patients within required timeframes. This would help to avoid overcrowding in the emergency departments and reduce the risk of patients sitting in waiting rooms for longer than necessary and their condition worsening.

"It is important for the Saskatchewan Health Authority to have efficient and effective processes to triage patients in its Saskatoon hospitals," says Ferguson. "It can be a matter of life or death for patients who are experiencing life-threatening medical emergencies."

Additional issues highlighted in the Provincial Auditor's Report include:

- › Maintaining above-ground power distribution assets at SaskPower (Chapter 25)
- › Preventing and controlling infections in long-term care homes in the former Sunrise Regional Health Authority (Chapter 39)
- › Rehabilitating adult inmates in the Ministry of Corrections and Policing (Chapter 30)
- › Investigating allegations of child abuse and neglect at the Ministry of Social Services (Chapter 26)
- › Protecting children in care at the Ministry of Social Services (Chapter 46)
- › Awarding grants impartially and transparently at the Saskatchewan Arts Board (Chapter 22)

Further details regarding the key topics covered in Volume 2 of the 2018 Report can be found in the accompanying [media releases and background](#). The full Provincial Auditor's 2018 Report – Volume 2 is available online at www.auditor.sk.ca.

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