

# Health

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## Main points

Part A of this chapter sets out the results of our audits of the Department of Health (Health) and its Crown agencies. Health needs better reports from health agencies it contracted to provide health services. This would enable Health to monitor their progress in achieving Health's objectives. Health does not have a capital asset plan to manage its \$980 million investment in capital assets (e.g., land, buildings, and equipment). It needs a written, tested, and approved business continuity plan to help ensure that it can continue to provide critical services in the event of a disaster.

Also, the Saskatchewan Cancer Agency needs to strengthen the preparation, approval, and implementation of information technology processes to ensure the confidentiality, integrity, and availability of information systems and data.

In addition, the Saskatchewan Association of Health Organizations (SAHO) needs to regularly update its accounting records for its administered benefit plans and approve all bank reconciliations. SAHO should use interim financial reports to monitor its administered benefit plans.

Part B sets out six financial measures to help the Legislative Assembly and the public to assess the sustainability of health spending. A sound understanding of health spending is important for an informed debate about the affordability of programs and services and the maintenance of Saskatchewan's health care infrastructure.

Part C describes the results of the audits of the 12 Regional Health Authorities (RHAs). Boards of directors of the RHAs need to improve how they safeguard public resources and comply with the law. For example, they need to strengthen their information technology processes to ensure the confidentiality, integrity, and availability of information systems and data.

In Part D, we note that up to 11% of Canadian patients get an infection while in hospital, thus increasing costs and the risk of complications. In 2007, Sunrise RHA had adequate processes to manage hospital-acquired

infections except for its processes to plan for the prevention of infections and report the rate and causes of infections.

Part E describes how well the Sun Country RHA does inspections in 350 public eating establishments (e.g., restaurants) to protect the public from food borne illnesses. Those inspections are governed by *The Public Health Act, 1994* and related authorities. The RHA complied with the provisions of the above authorities for the year ended March 31, 2007 except it did not always do follow-up inspections within the required timeframes where it had found food safety concerns in eating establishments.

Part F reports that the Health Information Solutions Centre of the Department of Health (HISC) did not have adequate controls to protect the confidentiality, integrity, and availability of client information technology systems and data. HISC provides many information technology systems that RHAs and other health agencies use to provide health services such as surgeries, drugs, and lab tests.