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## Main points

This chapter sets out the results of our 2011 audit of Regina Qu’Appelle Regional Health Authority (Regina Qu’Appelle) and our follow ups on patient safety and reducing workplace injuries.

Regina Qu’Appelle complied with the authorities governing its activities relating to financial reporting, safeguarding public resources, revenue raising, spending, borrowing, and investing and its financial statements for the year ended March 31, 2011 are reliable.

Regina Qu’Appelle had adequate rules and procedures to safeguard public resources except that it needs to establish an internal audit function, strengthen its information technology security, establish and test a disaster recovery plan, develop a capital equipment plan, and improve its human resource planning.

### **Patient safety—a follow up**

In 2009, we audited whether Regina Qu’Appelle had adequate processes for patient safety in its health care facilities and made three recommendations. Our follow up confirmed that Regina Qu’Appelle has implemented all of our recommendations.

### **Reducing workplace injuries—a follow up**

In 2002, we audited Regina Qu’Appelle’s processes to reduce injuries to care staff and made three recommendations. Our follow up confirmed that Regina Qu’Appelle has implemented all of our recommendations.

## Introduction

*The Regional Health Services Act (Act)* established Regina Qu'Appelle Regional Health Authority (Regina Qu'Appelle). Regina Qu'Appelle is responsible for the planning, organization, delivery, and evaluation of health services within the geographic area known as Regina Qu'Appelle Health Region under the Act. Regina Qu'Appelle employs approximately 9,500 staff and uses 580 physicians to provide health services to over 500,000 residents. It operates six hospitals, one rehabilitation centre, 21 long-term care facilities, and 10 community healthcare sites.

Regina Qu'Appelle's financial statements for the year ended March 31, 2011 show operating fund revenues totalling \$860 million and expenses totalling \$852 million. They also show capital fund revenues totalling \$32 million and expenses totalling \$36 million. Regina Qu'Appelle held assets totalling \$460 million at year-end. Regina Qu'Appelle's financial statements are included in its 2011 Annual Report.

## Audit conclusion and findings

**In our opinion, for the year ended March 31, 2011:**

- ◆ **Regina Qu'Appelle had adequate rules and procedures to safeguard public resources except for the matters described in this chapter**
  
- ◆ **Regina Qu'Appelle complied with the following authorities governing its activities relating to financial reporting, safeguarding public resources, revenue raising, spending, borrowing, and investing:**

*The Trustee Act*

*The Health Information Protection Act*

*The Housing and Special-care Homes Act*

*The Regional Health Services Act*

**Regulations and Orders in Council issued pursuant to the above legislation**

- ◆ **Regina Qu'Appelle's financial statements are reliable**

The chapter also includes results of our follow up work relating to patient safety, and reducing workplace injuries.

## **Internal audit function needed**

***We recommended that Regina Qu’Appelle Regional Health Authority Board implement an internal audit function. (2008 Report – Volume 3)***

In December 2008, the Standing Committee on Public Accounts (PAC) agreed with our recommendation.

Regina Qu’Appelle has not yet established an internal audit function. An internal auditor could provide assurance to the Board and senior management on the effectiveness of management processes and staff compliance.

The internal audit function could also provide assurance on the effectiveness of information technology security controls to protect patient data.

**Status** – We continue to make this recommendation.

## **Information technology security needs strengthening**

***We recommended that Regina Qu’Appelle Regional Health Authority adequately protect its information technology system and data. (2009 Report – Volume 3)***

In June 2010, PAC agreed with our recommendation.

Regina Qu’Appelle has documented some information technology (IT) security policies and procedures including controls for granting access and defining password requirements. However, it needs to follow its established procedures for removing user accounts on a timely basis. It also needs to update its computer equipment on a timely basis for known security risks. Without strong security processes, Regina Qu’Appelle cannot ensure the confidentiality, integrity, and availability of its IT systems and data.

**Status** – We continue to make this recommendation.

## Disaster recovery plan needed

***We recommended that all regional health authorities establish adequate disaster recovery plans and test those plans to ensure their effectiveness. (2009 Report – Volume 3)***

In June 2010, PAC agreed with our recommendation.

Regina Qu'Appelle, like other regional health authorities (see Chapter 14B), relies on IT systems and data to support the delivery of patient care. The primary function of a disaster recovery plan is to rebuild the IT resources after a major disaster or other interruption.

Regina Qu'Appelle has identified some staff roles and responsibilities related to disaster recovery. It has also documented recovery time objectives for its key systems and identified the need for an alternative computer facility. However, it does not have a complete plan that identifies how to restore its IT systems and data. Once Regina Qu'Appelle has developed a complete plan, it needs to test that plan to assess its effectiveness.

Regina Qu'Appelle has a close working relationship with eHealth<sup>1</sup> of the Ministry of Health. To have a robust disaster recovery plan, Regina Qu'Appelle must ensure that its service provider, eHealth, also has a robust recovery plan. Accordingly, the adequacy of Regina Qu'Appelle's recovery plan very much depends on the adequacy of the recovery plan of eHealth.

**Status** – We continue to make this recommendation.

## Human resource planning

***We recommended that Regina Qu'Appelle Regional Health Authority improve its human resource planning processes by:***

- ◆ ***analyzing the extent of its workforce gaps and estimating their future impact on service delivery***
- ◆ ***monitoring human resource risks at least quarterly using key performance measures (2009 Report – Volume 3)***

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<sup>1</sup>A Treasury Board Crown corporation previously known as the Saskatchewan Health Information Network.

In June 2010, PAC agreed with our recommendation.

Regina Qu’Appelle’s Workforce Planning Steering Committee (Committee) consists of management from all areas. It sets direction related to human resource planning priorities, needs, and reporting requirements.

Regina Qu’Appelle continues to make progress in this area. The Committee has begun identifying human resource performance indicators. These performance indicators will help management in identifying organizational challenges such as high overtime costs and labour shortages. Regina Qu’Appelle will need to monitor and report on these performance indicators.

The above work in identifying human resource performance indicators will help position Regina Qu’Appelle to estimate the extent of its workforce gaps and determine the impact of those gaps on its future healthcare service delivery.

Regina Qu’Appelle needs a complete human resource plan to ensure it has resources required to deliver healthcare services in future years. Management told us that it plans to develop a human resource plan in 2011-12.

**Status** – We continue to make this recommendation.

## **Capital equipment plan needed**

***We recommended that Regina Qu’Appelle Regional Health Authority should prepare a capital equipment plan that contains the key elements for capital equipment plans in the public sector. (2001 Fall Report – Volume 2)***

In February 2002, PAC agreed with our recommendation.

Regina Qu’Appelle’s capital equipment plan is improving but still does not contain all key elements of a good plan.

**Status** – We continue to make this recommendation.

## Processes for patient safety—a follow up

Processes to improve patient safety could prevent harm and loss of life. Better patient safety reduces complications, shortens the length of hospital stay, and supports clinical efficiencies including better use of skilled health care workers. Patient safety processes can also reduce overall spending on health services.

In 2009, we audited Regina Qu'Appelle's processes for patient safety and reported our findings and recommendations in our 2009 Report – Volume 3. Our 2009 Report – Volume 3, Chapter 10E concluded that Regina Qu'Appelle had adequate processes for patient safety in its health care facilities except for regularly analyzing patient safety reports in order to learn from experiences. We made three recommendations.

On June 18, 2010, PAC agreed with our recommendations.

We describe the three recommendations below (in bold) and Regina Qu'Appelle's actions to address our recommendations on its patient safety processes up to September 30, 2011. Regina Qu'Appelle has implemented all of our recommendations.

### Communication risks to staff and physicians

***We recommended the Regina Qu'Appelle Regional Health Authority communicate to its staff and physicians the highest risks to patient safety, the factors contributing to them, and recommended action.***  
(2009 Report – Volume 3)

Since our 2009 audit, Regina Qu'Appelle has implemented several new systems to communicate to its staff and physicians about the highest risks to patient safety.

In January 2010, Regina Qu'Appelle implemented an internal safety alert system. Regina Qu'Appelle posted the safety alerts on its intranet site. It also sent safety alerts electronically to staff and physicians. These safety alerts outlined the factors that contributed to unsafe situations for patients and recommended action. For example, a safety alert recommended that staff ensure the velcro strips on every mattress were attached firmly to the stretcher to prevent the patient falling off the stretcher due to a sliding

mattress. Regina Qu’Appelle also used another type of safety alert that informed management immediately if there were too many patients in emergency rooms at its two main hospitals. The alert system helped management make timely decisions to transfer some patients to other hospital units.

Regina Qu’Appelle appointed certain physicians as quality coordinators for its medical departments. These physicians reviewed patient safety concerns, investigated what happened from a physician perspective, made recommendations, and informed physicians how to improve patient safety in similar situations. The physician quality coordinators also met regularly to discuss common patient safety issues and recommend how to resolve them across the region.

To inform staff about the highest risks to patient safety, Regina Qu’Appelle formed committees. These committees helped work units to reduce risks such as medication incidents and patient falls. For example, one committee arranged for medication to be stored in colour-coded boxes in smaller doses to reduce risks to patients. Another committee worked to increase understanding of the common reasons why patients fall.

**Status** – Regina Qu’Appelle has implemented this recommendation.

## **Analyzing the factors contributing to reported events**

***We recommended the Regina Qu’Appelle Regional Health Authority analyze the factors contributing to reported events causing harm to patients and use that analysis to guide region wide action. (2009 Report – Volume 3)***

Regina Qu’Appelle analyzed factors contributing to the most serious events reported as causing harm to patients and used that analysis to guide future actions.

If a patient died unexpectedly, Regina Qu’Appelle analyzed the critical incident,<sup>2</sup> identified contributing factors, and made recommendations for

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<sup>2</sup> A critical incident is an unexpected and possibly preventable loss of life or permanent disability caused by the healthcare system. *The Regional Health Services Act* requires that such incidents be reported to the Ministry of Health.



follow up action. Regina Qu’Appelle systematically tracked these critical incident recommendations and documented follow up action. This analysis process did not extend to all adverse health events<sup>3</sup> reported during 2011. During 2011, Regina Qu’Appelle evaluated options to enable further regional analysis using an electronic adverse health event reporting system. Such a system would help Regina Qu’Appelle to inform staff and physicians on a timely, ongoing basis of the highest risks to patient safety and the factors contributing to them.

As noted above, Regina Qu’Appelle also used committees and quality coordinators to guide region-wide strategies for common adverse events causing harm to patients. Regina Qu’Appelle improved how it collected data and analyzed trends to patient safety risk. It used computer software to help it monitor trends in adverse events within facilities. It compared, for its two major hospitals, the percentage of adverse events related to medications, surgery, and hospital-acquired infections. Regina Qu’Appelle used this information to help it determine if its strategies were reducing risks to patient safety.

**Status** – Regina Qu’Appelle has implemented this recommendation.

## **Reporting patient safety results**

***We recommended the Regina Qu’Appelle Regional Health Authority receive, at least annually, a report of patient safety results including targets, outstanding patient safety concerns, and feasible options to resolve them. (2009 Report – Volume 3)***

Senior management and the Board received adequate reports on patient safety concerns and action taken to address them.

During 2010-11, Regina Qu’Appelle reported quarterly on various patient safety measures to senior management and the Board. The report included patient safety outcome indicators, targets, and actions taken to achieve the outcome. For example, the report included the number of patients with hospital-acquired infections to permit analysis of progress in achieving patient safety.

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<sup>3</sup> Adverse health event means a complication, unintended injury, or death cause by health care management rather than the patient’s underlying disease process.

Regina Qu’Appelle also produced semi-annual patient safety reports for the Board, senior management, and department heads. The reports showed the total number of adverse events that occurred over the last five years, and the number and type of adverse events in each facility. The reports highlighted the strategies taken to address the most common type of adverse events (e.g., falls and medications). They also stated the total number of critical incidents in the region and noted whether any follow up action was still outstanding.

In 2011, the Board established a Quality and Safety Committee. The Committee received bi-monthly reports including quality and safety scorecard reports. These reports used quality indicators to summarize patient safety measures for the Board, and compared the indicators to targets. These reports enabled the Board and senior management to take prompt action in response to emerging trends or serious incidents.

**Status** – Regina Qu’Appelle has implemented this recommendation.

### **Reducing workplace injuries—a follow up**

Employers and individual managers are legally responsible for workplace safety. Individual workers also must do their part to keep themselves, their co-workers, and their patients safe.

In Saskatchewan, injuries continue to remain common in health sector workplaces. In 2010-11, health regions continue to have about 7 time-loss injuries for every 100 workers. In 2010-11, the number of lost time days per 100 workers in the health regions dropped to about 350 days – a two to three per cent reduction over the prior year.<sup>4</sup>

In 2002, we assessed Regina Qu’Appelle’s processes to reduce injuries to care staff. Our 2003 Report – Volume 1, Chapter 2 concluded that Regina Qu’Appelle Regional Health Authority did not adequately use best practices to reduce injuries to care staff. We made three recommendations. In June 2004, PAC agreed with our recommendations.

Prior to this year, we completed three follow ups to assess Regina Qu’Appelle’s progress towards addressing our recommendations. At each

<sup>4</sup> Ministry of Health 2010-2011 Annual Report, p. 28.

follow up, we reported that Regina Qu'Appelle needed to do more to address our recommendations.

In 2011, we did our fourth follow up. We describe below our recommendations (in italics) and Regina Qu'Appelle's actions up to September 30, 2011. Regina Qu'Appelle has implemented our recommendations.

## **Board commitment to reduce injuries**

***We recommended that the board of Regina Qu'Appelle Regional Health Authority commit to workplace safety as a priority, and that the board:***

- ◆ ***set specific targets to reduce work-related injuries to care staff in the short term***
- ◆ ***allocate resources to achieve the targets***
- ◆ ***receive frequent reports about injury rates and actions to reduce injuries***
- ◆ ***hold senior managers accountable to reduce injury rates*** (2003 Report – Volume 1)

Regina Qu'Appelle has set injury reduction measures and targets. By April 2012, it aims to reduce injuries by 15.1% below the past year's results. In August 2011, the Board approved this target. Regina Qu'Appelle's targets are consistent with the Ministry of Health's Strategic Operating Objectives related to workplace safety.

Regina Qu'Appelle allocated a portion of its resources to purchase equipment to help reduce injuries. For example, in 2010-11, Regina Qu'Appelle purchased items such as ceiling track patient lifts, floor-based patient lifts, and specialized equipment to manage bariatric patients.<sup>5</sup>

Since 2008, Regina Qu'Appelle has also allocated resources to educate staff about safety in the workplace. One such initiative was the Safe Moves and Repositioning Techniques training program. This training program illustrated how to move objects safely to prevent injuries, specifically in transfer lift, repetitive motion, and collision contact areas. Management told us that starting in November 2011, the training program

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<sup>5</sup> Bariatric patients are those patients weighing greater than 300 lbs.

will be mandatory training for all new employees who lift and transfer objects.

The Board received quarterly reports that set out progress on injury rates compared to targets and the three previous quarters. The report also explained what was being measured, why, and the actions Regina Qu’Appelle was taking to meet the target.

In 2011, Regina Qu’Appelle revised job descriptions for its senior managers to hold them responsible and accountable to reduce injury rates. Senior managers’ commitment to workplace injury reduction is also included in their pay for performance accountability document.

**Status** – Regina Qu’Appelle has implemented this recommendation.

## **Staffing to reduce injuries**

***We recommended that Regina Qu’Appelle Regional Health Authority analyze the unit staffing patterns that are associated with high and low injury rates, and implement the lessons learned. (2003 Report – Volume 1)***

Since 2009, Regina Qu’Appelle has employed a Safety Consultant Associate (Associate) to help make work practices safer. Regina Qu’Appelle also employs five site safety consultants. Each safety consultant is assigned a portfolio within the region to promote safety.

The Associate reviewed all incident reports submitted by staff. The review allowed the Associate to analyze patterns and trends relating to injury rates. If an issue was identified, the Associate worked with the site safety consultant and managers responsible for that unit/department to identify the causal factors and action plans required to address the issue.

Regina Qu’Appelle has also implemented the lessons learned. For example, a review indicated a significant increase in the number of time loss injuries in a particular unit within a hospital in the region. The unit revised its processes for how staff handled patient transfer, lifting and repositioning. As a result, the unit achieved a significant reduction in time loss injuries.

**Status** – Regina Qu’Appelle has implemented this recommendation.

## **Active occupational health committees**

***We recommended the occupational health committees of Regina Qu’Appelle Regional Health Authority:***

- ◆ ***analyze the causes of injuries in areas with high injury rates at every meeting***
- ◆ ***make written recommendations to senior management and the board to fix unresolved causes of injuries*** (2003 Report – Volume 1)

Regina Qu’Appelle’s occupational health committees received a summary analysis of injuries every three months to help monitor trends and the causes of injuries. The reports showed the number and types of injuries, their causes, and actions taken. At each meeting, these committees also reviewed and discussed the incident reports, including statistics related to the incidents and actions taken or proposed. In addition, these committees received inspection reports highlighting common causes of injuries.

Working with the safety consultants, the occupational health committee members help managers resolve concerns. If employee health and safety concerns are noted during inspections or reviews of incident reports, the occupational health committees wrote formal letters to senior management outlining the findings and concerns noted. The letters also requested senior management to describe what actions would be implemented to mitigate or eliminate the identified safety concerns.

The occupational health committees worked closely with the safety consultants and managers, and involved senior management for employee health and safety concerns. This allowed Regina Qu’Appelle to resolve issues relating to the identified safety concerns and causes of injuries. The Board would only receive occupational health committees’ written reports and recommendations when senior management and the committee failed to resolve the safety concerns identified.

**Status** – Regina Qu’Appelle has implemented this recommendation.

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