Chapter 32
Saskatoon Regional Health Authority—Triaging Emergency Department Patients

1.0 Main Points

By March 2016, Saskatoon Regional Health Authority (Saskatoon RHA) had implemented two of the eight recommendations we first made in 2013. These recommendations related to the effectiveness of Saskatoon RHA's processes to triage patients in its three City of Saskatoon hospital emergency departments.

By March 2016, Saskatoon RHA gave emergency department staff real-time access to bed availability information, and started measuring the total wait time from when a patient arrives in its emergency department.

Saskatoon RHA needed to do further work in the following areas. It needs to:

- Develop alternate care models for consultants (specialist physicians) to meet with non-emergent patients outside of the emergency department
- Make sure the medical conditions of patients in emergency waiting rooms are reassessed and priority patients see a physician in a timely manner
- Periodically review its triage process to confirm it appropriately prioritizes patients

2.0 Introduction

Under *The Regional Health Services Act*, Saskatoon RHA is responsible for emergency healthcare services of hospitals within its region.

In our *2013 Report – Volume 2*, Chapter 30, we concluded that for the period September 1, 2012 to August 31, 2013, Saskatoon RHA did not have effective processes to triage patients in its three city hospital emergency departments. We made eight recommendations.

This chapter reports the results of our first follow-up of management's progress towards addressing those recommendations.

To conduct this review engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook – Assurance*. To evaluate Saskatoon RHA's progress towards meeting our recommendations, we used the relevant criteria from the 2013 audit. Saskatoon RHA's management agreed with the criteria in the 2013 audit.

To perform our follow-up, we examined Saskatoon RHA's policies and procedures related to triaging emergency department patients. We interviewed management,

reviewed data provided by Saskatoon RHA, and sampled patient files.[1] We also observed the processes followed from the time of a patient's arrival in the emergency department to first being seen by an emergency department physician.

3.0 Status of Recommendations

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at March 31, 2016, and the Saskatoon RHA's actions up to that date.

By March 2016, one recommendation is no longer relevant as Saskatoon RHA changed its goal. Saskatoon RHA implemented two recommendations and has made progress on the remaining five recommendations.

3.1 New Goal in Place for Emergency Departments

We recommended that Saskatoon Regional Health Authority establish a process to achieve its goal of reducing less-urgent and non-urgent patient visits to its emergency departments. (2013 Report – Volume 2; Public Accounts Committee agreement January 15, 2015)

Status – No Longer Relevant

In the 2013 audit, we noted that Saskatoon RHA had a goal to reduce less-urgent and non-urgent patient visits to its emergency departments by 25% for 2013-14 (visit-reduction goal).[2] Since our audit, the Government has implemented provincial wide goals for the health sector. Saskatoon RHA has adopted the provincial goals. As a result, it has moved away from its 2013 goal and adopted the new provincial target to reduce wait times 60% from the March 2015 levels by 2019. Within this target, the Saskatoon RHA will be expected to meet specific wait time goals, which vary according to the severity of a patient's condition.

3.2 Planning to Provide Consultant Care Outside of Emergency Departments

We recommended that Saskatoon Regional Health Authority provide consultant care for less-urgent or non-urgent patients outside of its emergency departments. (2013 Report – Volume 2; Public Accounts Committee agreement January 15, 2015)

Status – Partially Implemented

[1] A patient file is the documented information of a patient's visit to the emergency department. To protect patient confidentiality, personal information about the patient was de-identified.
[2] *Provincial Auditor Saskatchewan 2013 Report – Volume 2,* p. 224.

At March 2016, Saskatoon RHA determined that 35% of emergency department admissions are there to see a consultant.[3] It has plans to develop alternate care models for orthopedic and neurology consultant visits outside of its emergency departments.

The consultants' use of emergency rooms can cause significant bottlenecks within emergency departments.

3.3 Systems Established to Determine Bed Availability

We recommended that Saskatoon Regional Health Authority establish an integrated process to manage beds for emergency departments, acute care and long-term care. (2013 Report – Volume 2; Public Accounts Committee agreement January 15, 2015)

Status – Implemented

In 2013, we noted that emergency departments may have experienced delays in becoming aware of availability of acute care[4] beds in other hospital medical departments due to limitations of Saskatoon RHA's computer systems. The number of emergency department patients waiting for acute care beds meant those beds could not be used for assessment and treatment of other emergency patients, adding to the wait time of those patients.

By March 2016, the Sunrise Clinical Manager (SCM) system (an emergency department IT system) and Patient Flow system (bed management IT system) interact. The systems now provide emergency department staff with real-time information about hospital bed availability. For example, nurses and physicians in the emergency department can use the Patient Flow system to check when a bed is available to move a patient in the emergency department to another medical department in the hospital.

3.4 Assessing Emergency Patients Improving

We recommended that Saskatoon Regional Health Authority implement a process to direct patients entering its emergency departments to the appropriate areas for assessment and reassessment. (2013 Report – Volume 2; Public Accounts Committee agreement January 15, 2015)

Status – Partially Implemented

[3] Consultant care includes specialist physicians asking patients to meet them at emergency departments for consultations.
[4] Acute care is where a patient receives necessary treatment for an illness for a short period time.

We recommended that Saskatoon Regional Health Authority staff routinely reassess patients in emergency department waiting rooms to determine that their conditions have not deteriorated. (2013 Report – Volume 2; Public Accounts Committee agreement January 15, 2015)

Status – Partially Implemented

In the 2013 audit, we identified some issues patients had with the physical layout of Saskatoon's emergency departments. During our 2013 waiting room observation and testing of triage files, we found that staff often did not regularly reassess the medical condition of emergency department patients according to Canadian Triage and Acuity Scale (CTAS) based standards.[5]

In 2015, Saskatoon RHA planned to implement a Triage Captain position for each emergency room in two of its three city hospitals that provide 24-hour service. The Triage Captain would:

- Serve as the first point of contact for patients entering the emergency department and direct them elsewhere, if needed
- Be responsible for documenting their reassessment of patients in the waiting room
- Notify nurses and/or physicians of changes in patient status

By 2016, it had a Triage Captain in one city hospital.

Not regularly reassessing patients' medical conditions increases the risk of not identifying deterioration in patients' conditions in a timely manner.

3.5 Physicians Not Seeing Emergency Department Patients within Established Time Goals

We recommended that Saskatoon Regional Health Authority accurately measure and report the total wait time, starting from the patients' arrival into its emergency departments until the time they see a physician. (2013 Report – Volume 2; Public Accounts Committee agreement January 15, 2015)

Status – Implemented

[5] The Canadian Triage and Acuity Scale (CTAS) is a tool for prioritizing emergency patients endorsed by the Canadian Association of Emergency Physicians, National Emergency Nurses Affiliation of Canada, and L'association des medicins d'urgence du Quebec.

We recommended that Saskatoon Regional Health Authority put processes in place to ensure emergency department patients see physicians within established time goals. (2013 Report – Volume 2; Public Accounts Committee agreement January 15, 2015)

Status – Partially Implemented

Since our 2013 audit, Saskatoon RHA has changed how it tracks the length of time for patients to see a physician once they have entered the emergency department. Saskatoon RHA's measurement of wait time includes the length of time between patients arriving at emergency and being triaged in line with industry standards (i.e., CTAS).

Saskatoon RHA is striving to improve its processes for moving a patient from the emergency department to another medical department in the hospital (e.g., through better IT system interactions – see **Section 3.3**). Moving patients out of the emergency departments would facilitate more timely examinations of other emergency department patients.

Management periodically reviews the recorded wait times experienced by emergency department patients. They acknowledge that while Saskatoon RHA is not meeting the provincial targets for wait time goals, it is working towards them.

For 100% of the emergency department triage files we reviewed, a physician did not see emergency department patients within the CTAS time goals. Seeing a physician in a timely manner reduces the risk that a patient is not properly cared for.

3.6 Accuracy of Triage Levels Starting to be Assessed

We recommended that Saskatoon Regional Health Authority periodically review the triage process to determine whether emergency department patients are appropriately categorized. (2013 Report – Volume 2; Public Accounts Committee agreement January 15, 2015)

Status – Partially Implemented

Saskatoon RHA uses SCM to document the triage of emergency patients. SCM automatically assigns CTAS levels to patients based on their primary complaint and other data, such as vital signs and family history. Triage nurses can assign patients a higher CTAS level if they assess that the patient presents signs of higher needs. Triage nurses cannot prioritize patients below the SCM-assigned CTAS level.

Management indicated that they are developing a post-triage audit process. They expect this process would identify reoccurring issues with the triage processes. During July 2015, staff completed post-triage audits at one city hospital. By March 2016, staff had not yet done any further post-triage audits.

Post-triage audits allow for the assessment of the accuracy and adequacy of the emergency department triage process. Post-triage audit findings provide useful information for future improvement and further training.