

Chapter 27

Health – Special Needs Equipment for Persons with Disabilities

1.0 MAIN POINTS

As part of its responsibilities under *The Health Administration Act*, the Ministry of Health (Ministry) may provide programs for persons with residual physical disabilities due to accident, congenital defect, injury, diseases or other illness. To help fulfil this responsibility, the Ministry established the Saskatchewan Aids to Independent Living (SAIL) program.

The SAIL program is intended to provide:

- › Benefits that assist persons with physical disabilities achieve a more active and independent lifestyle and assist people in managing certain chronic health conditions
- › A basic level of coverage for disability-related equipment, devices, products and supplies to achieve the best possible care, experience and health for beneficiaries¹

The SAIL program includes 14 sub-programs. The Special Needs Equipment Program (Equipment Program) is one of SAIL's sub-programs. The intent of the Equipment Program is to provide the free loan and repair of special needs equipment to eligible clients throughout the province.²

For the 12-month period ended August 31, 2016, the Ministry had, other than the following, effective processes to provide special needs equipment to persons with disabilities. The Ministry needs to:

- › Implement further strategies and action plans so clients receive special needs equipment within an acceptable timeframe and equipment that is no longer being utilized is recovered. This would help the Ministry actively manage wait lists for special needs equipment.
- › Implement a process to track the quality and timeliness of repairs and complete appropriate preventative maintenance on special needs equipment. This would help make sure the equipment is safe for use.
- › Set out how it plans to measure the success of the Equipment Program. This would allow the Ministry to assess how well the Equipment Program contributes to the achievement of SAIL's objectives.
- › Set clear expectations for when its service provider should escalate complaints. This would help the Ministry identify issues and allow the Ministry to make informed decisions about improving service delivery to its clients.

¹ Ministry of Health, *Saskatchewan Aids to Independent Living (SAIL) General Policies*, (2015).

² *Ibid.*



2.0 INTRODUCTION

This chapter reports the results of our audit of the Ministry's processes, for the period of September 1, 2015 to August 31, 2016, to provide special needs equipment to persons with disabilities.

2.1 Using Special Needs Equipment to Assist Persons with Disabilities

The primary objective of the Equipment Program is to loan and repair special needs equipment (e.g., wheelchairs, walkers, cushions, hospital beds) at no cost to eligible clients (e.g., persons with physical disabilities) throughout the province.³ The total cost to operate the Equipment Program in 2015-16 was \$6.6 million.⁴

Approximately one in seven Saskatchewan residents aged 15 years or older have a disability that limits their daily activities. In 2012, the rate of prevalence of disabilities in Saskatchewan was 15.0%, which falls slightly above the national average of 13.7%.⁵ Also, in Saskatchewan, just over 57% of persons with disabilities had mild or moderate disabilities, and the remaining 43% had severe or very severe disabilities in 2012.⁶

People experiencing disability face significant difficulties. They have lower levels of participation in education, training, and employment. They typically have more limited access to goods, services, and facilities; greater experiences of discrimination; poorer health; and higher rates of poverty and abuse.⁷

Specialized aids and devices (i.e., special needs equipment) often can assist persons with disabilities to perform their routine activities and increase their social participation; however, access to such equipment can be a problem. According to the *Canadian Survey on Disability* prepared by Statistics Canada in 2015, more than 80% of persons with disabilities use at least one aid or assistive device, and 27% of persons with disabilities indicated they needed at least one aid they did not have.⁸

Lack of reasonable access to special needs equipment can have a significant negative impact on the overall quality of life of persons with disabilities.

3.0 AUDIT OBJECTIVE, SCOPE, CRITERIA, AND CONCLUSION

The objective of this audit was to assess the effectiveness of the Ministry of Health's processes, for the period of September 1, 2015 to August 31, 2016, to provide special needs equipment to persons with disabilities.

³ Ministry of Health, *Saskatchewan Aids to Independent Living (SAIL) General Policies*, (2015).

⁴ Ministry of Health, *Special Needs Equipment Program, Year End Report*, (2015).

⁵ www.statcan.gc.ca/pub/89-654-x/89-654-x2015001-eng.htm (5 July 2016).

⁶ *Ibid.*

⁷ Government of Saskatchewan, *The Saskatchewan Disability Strategy*, (2015).

⁸ www.statcan.gc.ca/pub/89-654-x/89-654-x2015001-eng.htm (5 July 2016).

Special needs equipment includes wheelchairs, cushions, walkers, canes/crutches, pediatric⁹ mobility aids, bathroom accessories, transfers assists, hospital beds, alternating pressure units, and lymphedema¹⁰ control units.

Our audit did not question or assess medical decisions related to the requisition of special needs equipment.

To conduct this audit, we followed the standards for assurance engagements published in the *CPA Canada Handbook – Assurance*. To evaluate the Ministry's processes, we used criteria based on our related work, reviews of literature including reports of other auditors, and consultations with management. The Ministry's management agreed with the criteria (see **Figure 1**).

We examined the Ministry's policies and procedures related to the Equipment Program, related agreements, eligibility criteria, quarterly and annual reports, operational plans, and other relevant documents. In addition, we sampled files for clients receiving special needs equipment through the Equipment Program, along with a sample of equipment repairs and maintenance.

Because the Ministry has engaged the Saskatchewan Abilities Council (the Council) to directly deliver the Equipment Program, we also interviewed Ministry and Council staff responsible for program delivery.

Figure 1 – Audit Criteria

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| <p>1. Make special needs equipment accessible</p> <p>1.1 Understand demand for special needs equipment</p> <p>1.2 Develop program delivery approach to meet demand</p> <p>1.3 Establish adequate agreements for service delivery (e.g., Saskatchewan Abilities Council)</p> <p>2. Provide special needs equipment to eligible clients</p> <p>2.1 Provide equipment to eligible clients in a timely manner</p> <p>2.2 Perform equipment repairs and maintenance for clients in a timely manner</p> <p>2.3 Gather equipment no longer required and re-deploy</p> <p>3. Evaluate service delivery</p> <p>3.1 Monitor client satisfaction with service delivery (e.g., satisfaction surveys, tracking and responding to appeals/complaints)</p> <p>3.2 Monitor service delivery</p> <p>3.3 Address service quality issues</p> |
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We concluded that, for the period of September 1, 2015 to August 31, 2016, the Ministry of Health had, other than the following, effective process to provide special needs equipment to persons with disabilities. For its Special Needs Equipment Program, the Ministry of Health needs to:

- **Implement further strategies and action plans so that clients receive special needs equipment within an acceptable timeframe and equipment that is no longer being utilized is recovered**
- **Implement a process to track the quality and timeliness of repairs and complete appropriate preventative maintenance on special needs equipment**

⁹ The branch of medicine concerned with the development, care, and diseases of babies and children.

¹⁰ The accumulation of lymph in soft tissue with accompanying swelling, often of the extremities: sometimes caused by inflammation, obstruction, or removal of lymph channels.



- › **Set out how it plans to measure the success of the Special Needs Equipment Program**
- › **Set clear expectations for when its service provider should escalate complaints**

4.0 KEY FINDINGS AND RECOMMENDATIONS

In this section, we describe our key findings and recommendations related to the audit criteria in **Figure 1**.

4.1 Strategies and Action Plans for Providing Equipment Timely Needed

The Ministry's Equipment Program is well established and has been operating since 1976. Health care professionals who work with disabled persons are familiar with the Program.

Since June 1987, the Ministry has engaged, by agreement, the Council to directly deliver the Equipment Program. The current three-year agreement sets out the roles and responsibilities of each party, the reporting requirements, and the services the Council is to provide.

Under the agreement, the Council is responsible for the acquisition, distribution, and maintenance and repair of special needs equipment under the Equipment Program. The Ministry determines which clients are eligible for the Equipment Program, and the amount of funding available. It then provides the Council with funding to deliver the Equipment Program. This includes funding to buy new equipment and to maintain and repair existing equipment. At March 31, 2016, the Council owned about 109,000 pieces of equipment (both on loan and in stock).

4.1.1 Equipment Provided to Eligible Clients

The Ministry has decided that to receive services under the SAIL program, clients must meet five general eligibility criteria:

- › Be a resident of Saskatchewan
- › Possess a valid Saskatchewan Health Services number
- › Be referred for service by an authorized health care professional
- › Unless pre-authorized by the Ministry, obtain the service in Saskatchewan
- › Not be eligible to receive the service from any other government agency such as Saskatchewan Government Insurance, Workers' Compensation Board, Health Canada, or Department of Veterans Affairs

As noted in **Section 1.0**, the Equipment Program is a SAIL sub-program. In addition to the general SAIL program eligibility, under the Equipment Program, eligible clients must have health care professionals with appropriate authority ask the Council to supply the equipment to the client (requisition).¹¹ Health care professionals with such authority can be a specialist physician, occupational therapist, physical therapist, or home-care nurse. Authorized health care professionals can make requests (using a standard form) to one of the Council's depots.

For the 30 client files we tested, 100% of the clients were eligible to receive special needs equipment.

4.1.2 Demand for Equipment Generally Understood

The Ministry primarily relies on the Council to understand demand for special needs equipment—that is, to determine what types of equipment are needed, how much of each type is needed, by who, and where. It augments information about demand for equipment it receives from the Council with the following:

- › Results of periodic equipment reviews it carries out jointly with the Council
- › Appeals where clients are denied requests for equipment—it administers appeals jointly with the Council
- › Results of its periodic reviews of the Equipment Program and the Council's delivery of the Equipment Program

The Council keeps its special needs equipment at five depots located in Saskatoon, Regina, Swift Current, Yorkton, and Prince Albert. It uses an IT system to keep track of its equipment, to whom it has loaned it, and when.

To determine future demand for equipment, the Council analyzes province-wide trends of past use of equipment, the length of time it takes it to provide eligible clients with requested equipment, and its awareness of requests for different types of equipment.

As shown in **Figure 2**, in 2015-16 through the Equipment Program, the Council issued 35,682 pieces of special needs equipment. Also shown in **Figure 2**, walkers, transfer tub seats, cushions and various types of wheelchairs account for almost 75% of the equipment issued.

Figure 2—Breakdown of Special Needs Equipment Issued by the Council (2015-16)

Type of Equipment	Number Issued	Percentage of Total Issued
Walkers	7,726	21.7
Transfer Tub Seats	5,789	16.2
Cushions	6,179	17.3
Manual Wheelchairs	6,072	17.0
Stationary Commodes	2,976	8.3

¹¹ Ministry of Health, *Saskatchewan Aids to Independent Living (SAIL) General Policies*, (2015).



Type of Equipment	Number Issued	Percentage of Total Issued
Other Equipment	3,086	8.7
Sask-a-Poles ^A	2,616	7.3
Hospital Beds	650	1.8
Manual Tilt Wheelchairs	287	0.8
Power Wheelchairs	163	0.5
Manual Ultralight Wheelchairs	77	0.2
Other Wheelchairs	61	0.2
Total	35,682	100%

Source: Saskatchewan Abilities Council, *Special Needs Equipment Program Year End Report*.

^A A sask-a-pole is an accessibility and transfer aid designed to help provide safe and easy access to chairs, beds, and bathroom facilities

The Council does not analyze demand for equipment based on location because it can readily transfer equipment between its depots.

The Council uses its quarterly and annual reports, and its annual operating plan and budget to advise the Ministry of the provincial demand for equipment, and its recommended action.

The Council's quarterly reports set out how long it takes the Council to fill approved orders for each type of equipment (wait time). As shown in **Figure 3**, as of June 30, 2016, for almost 70 items, it took the Council more than four weeks to provide clients with the requested special needs equipment; almost three-quarters of those 70 items were manual wheelchairs.

Figure 3—Wait Times for Special Needs Equipment (as of June 30, 2016)

Type of Equipment	Pieces of equipment with wait time less than 2 weeks	Pieces of equipment with wait time of 2-4 weeks	Pieces of equipment with wait time greater than 4 weeks
Walkers/Commodes/Cushions/Transfer Benches	99	27	8
Hospital Beds	22	8	12
Manual Wheelchairs	69	74	49
Total	190	109	69

Source: Saskatchewan Abilities Council, *Special Needs Equipment Program First Quarter Report – April 1, 2016 to June 30, 2016*.

For specialized wheelchairs (e.g., manual tilt-in-space and power wheelchairs), the Council had, as of June 30, 2016:

- › Seventy-five specialized wheelchairs with wait time less than two months
- › Thirty-three specialized wheelchairs with wait time of two to four months
- › Two specialized wheelchairs with wait time greater than four months

Management indicated that wait time for equipment is driven by both volume and funding constraints. The Ministry's agreement with the Council does not set out what the Ministry regards as an acceptable length of time an eligible client should wait to receive requested equipment. See **Section 4.1.3** for issues relating to untimely access to special needs equipment.

In August of each year, the Council submits its operating plan and budget to the Ministry. The budget is based on the funding the Ministry has agreed to provide. The plan sets out how the Council plans to spend the funding (e.g., administration, equipment maintenance and repairs, equipment purchases). It provides a breakdown of the amount of its planned equipment purchases by each type of equipment (e.g., power wheelchairs, manual wheelchairs, hospital beds). In 2015-16, the Council spent approximately \$2.7 million buying new equipment.

The Council uses historical data to forecast demand each year. To be responsive to client's needs to the extent its budget allows, each month, the Council adjusts the types of equipment it plans to purchase. For example, if requests for manual wheelchairs are greater than its supply of them, it increases planned purchases of manual wheelchairs and reduces planned purchases of tub seats.

Consistent with the agreement between the Ministry and the Council, they jointly conduct periodic reviews of equipment. For example, in 2014, the Saskatchewan Association of Safe Workplaces in Health identified safety concerns about manual patient lifts. As a result, in 2015-16, the Ministry reviewed the manual lifts and recommended the purchase of electronic lifts. The Ministry provided the Council funding for 10 electronic lifts and slings. The Council provided them to clients on a trial basis. The Council and Ministry plan to ask these clients, their caregivers and/or therapists to evaluate the new equipment in the near future. The Ministry also plans to conduct a review of the toileting and bathing equipment in 2016-17.

Before the Ministry renews its agreement with the Council, the Ministry reviews the Equipment Program delivery to identify issues with the Council's delivery (if any), and revises terms of the agreement accordingly.

Periodically, it conducts a broader review of the Equipment Program. For example, in 2016, the Ministry reviewed the Equipment Program. The Equipment Program review team consisted of Ministry of Health staff and a regional home-care consultant. The scope of the review was to assess if the Equipment Program was relevant, effective and efficient.

The review also considered whether the Equipment Program delivery approach meets demand. At August 2016, the review was not complete; the report, while drafted, was not finalized or reviewed by senior management. The Ministry indicated it expected to complete the review and have the Ministry's senior management review and approve the report in the fall of 2016.

Consistent with the results of our test of files noted in **Section 4.1.3**, preliminary review results noted that timely access of clients to appropriate equipment was a challenge.



4.1.3 Provision of Special Needs Equipment Not Always Timely

The Ministry, along with the Council, has set targets for providing equipment to eligible clients within a reasonable timeframe. For example, it aims to provide power wheelchairs within two to three months, and to provide all other equipment (e.g., standard wheelchairs, cushions) within two weeks after its receipt of the request for the equipment (order or requisition).

For the 30 client files we tested, for 27% of them, clients did not receive their equipment within the Ministry's targets. For example, for those files, we found the Council provided:

- › 67% of power wheelchairs within four to five months after it received the order—two months longer than its two to three month target
- › 50% of sask-a-poles one month after it received the order—about two weeks longer than its two-week target

As previously noted, the Council tracks wait times and recognizes it encounters delays in supplying certain types of equipment. When we asked the Council for reasons for the delays, it indicated it does not receive sufficient funding to buy enough of certain types of equipment (e.g., power wheelchairs) to meet demand. It noted the Ministry was aware of the delays and concerns about timely access to equipment.

During 2015-16, the Ministry implemented some strategies and actions plans so clients received equipment within an acceptable timeframe. For example, the Ministry supplied the Council with additional hospital beds, manual wheelchairs, and power wheelchairs. The Council indicated that these additional items did not eliminate the wait lists, but allowed the Council to keep the wait lists at a more manageable level. The Ministry and the Council need to implement further strategies and action plans so that clients receive special needs equipment within an acceptable timeframe. For example, they could consider more bulk purchases of equipment or offer grants directly to its clients for purchasing certain types of equipment.

Not having strategies and action plans to actively manage wait lists increases the risk of clients waiting longer than necessary for required equipment and adversely impacting their quality of life and their day-to-day functions (including their ability to live independently). This in turn may place additional pressures on the health care system.

- 1. We recommend that the Ministry of Health implement further strategies and action plans so that clients receive special needs equipment within an acceptable timeframe.**

4.1.4 Process to Track Unutilized Equipment on Loan Needed

When the Council first loans a piece of equipment to an eligible client, it provides the client with a handout describing the Equipment Program, along with procedures for returning the equipment when it is no longer required. Each piece of equipment also has

an identification sticker directing return to the Council. The Council had almost 30,000 pieces of equipment returned in 2015-16.

The Council does not know when equipment it has loaned to an eligible client is no longer needed as a result of a change in that client's status, and should be returned.

When a client no longer requires the special needs equipment, the Council expects the client to return the equipment to one of its five depots as soon as practical. For example, a client may require a piece of equipment after being released from a hospital for a short term (e.g., six months). The Council does not have information to know when a client no longer needs the equipment; and as result, it does not contact clients to ask them to return equipment. Rather it waits for the client to return the equipment.

The Ministry is aware that the Council does not know when clients no longer need equipment on loan and is considering possible solutions (e.g., increase communication with health care professionals who requested the equipment).

Waiting on clients to return equipment on loan they no longer require reduces the availability of this equipment to other clients in need, thereby increasing wait times for them. It also increases the risk that the Equipment Program may buy additional equipment when it has suitable unused equipment on loan.

2. **We recommend that the Ministry of Health work with its service provider to identify special needs equipment on loan that is no longer being utilized, and to recover this equipment within a reasonable timeframe.**

4.2 Tracking of Equipment Repairs and Completion of Preventative Maintenance Needed

The Council is responsible for repairing and maintaining the special needs equipment as determined by the Ministry.

4.2.1 Better Tracking of Equipment Repairs Needed

The Council does not track the results of all repairs or collect sufficient information to enable it to monitor the timeliness of repairs of equipment on loan.

The Council employs qualified repair technicians to perform repairs and maintenance. It expects them to keep equipment that it possesses in good repair (safe and in good working condition) and to make repairs of equipment on loan as requested.

Technicians clean and refurbish returned equipment so the Council can redeploy it to another client. For equipment that technicians determine as having no further service potential, the Council either sells as salvage or donates. It donates its equipment to charitable organizations (e.g., Food for the Hungry Canada).



For repairs related to refurbishing equipment for redeployment to another client, the Council does not document the work performed to provide a record that equipment was in proper working condition prior to redeployment.

Not documenting results of repairs increases the risk of equipment not working correctly or safely and puts a client at risk of harm or injury. It also reduces the ability of the Council to monitor the quality of work of its technicians or show the Ministry that it has appropriately maintained the equipment.

Clients or health care professionals can ask the Council to repair equipment on loan, and make that request using a standard repair form. In those cases, the repair technicians note the work done on the equipment on a repair form.

For 30 repairs of equipment on loan we examined, none of the files indicated when the equipment was brought in for the repairs. While the repair technicians note the date they completed the repair, we could not determine whether repairs were done on a timely basis without the date of receipt of the equipment.

Not tracking timeliness of repairs increases the risk that clients may go long periods of time without the required equipment. It also reduces the ability of the Council to monitor the timeliness of the work of its technicians.

- 3. We recommend that the Ministry of Health work with its service provider to track the quality and timeliness of repairs of special needs equipment.**

4.2.2 Preventative Maintenance Strategy Required

The Ministry, through its agreement with the Council, makes the Council specifically responsible for maintaining all lifting equipment consistent with the manufacturers' recommendations. For example, preventative maintenance is required every two years for bath lifts, and bi-monthly for patient lifts. At August 2016, the Council had about 1,300 pieces of lifting equipment on loan to clients.

The Council maintains a database of the required service dates for each piece of lift equipment. When maintenance becomes due, the system generates a letter to send to the client if the equipment is on loan. The letter informs the client that preventative maintenance is due on the lift they have borrowed from the Council and that the Council will provide the client with a replacement piece of equipment. The letter asks the client to contact the nearest depot to schedule the delivery of the replacement equipment.

If the client does not respond to the first letter, the Council sends a second letter a month later. It does not follow up further with the client, if the client has not responded to the second letter.

For the 10 items of lift equipment we tested that required preventative maintenance, we found that for 70%, preventative maintenance was not done on the equipment for over four years and for one piece of equipment, preventative maintenance was last done over

nine years ago. The Ministry was not aware the Council was not doing regular preventative maintenance on all lifts.

Not following up with clients further or requiring the client to promptly return the lift equipment results in the Council potentially putting clients at risk of the equipment malfunctioning or being unsafe.

The agreement also sets out other types of equipment (e.g., power wheelchairs, electric beds) that the Ministry expects the Council to maintain (i.e., through repairs and/or refurbishment). While the Ministry has not set specific preventative maintenance expectations for these other types of equipment, like lifts, the manufacturers provided suggested types and timing of preventative maintenance. For example, some manuals suggest annual preventative maintenance on electric beds.¹² Preventative maintenance checks for such things as cracks in the bed frames and side rails, pinched or worn cables, and tight electrical connections.

We found that the Ministry does not require the Council to do regular preventative maintenance on these other types of equipment. As described in **Section 4.2.1**, the Council performs repairs on this equipment, however better tracking of the quality and timeliness of repairs is needed (see **Recommendation 3**).

Failure to perform proper preventative maintenance on equipment on loan increases the risk of injury to clients.

Clients do not sign any documents (e.g., agreements, waivers) upon receipt of the equipment. Although the Council owns the equipment, the Ministry does not have a process to ensure preventative maintenance is completed. This may expose the Ministry to liability risks if equipment has not been sufficiently maintained and causes injuries to clients.

4. We recommend that the Ministry of Health assist its service provider in developing a process to complete appropriate preventative maintenance on special needs equipment on loan.

4.3 Measuring Success of Equipment Program Needed

The Ministry, through its Equipment Program agreement with the Council, expects the Council to monitor its delivery of the Equipment Program and to share the results of its monitoring with the Ministry.

The Equipment Program is one of many programs and services that the Council delivers. Others include Camp Easter Seal, recycling, daily living and rehabilitation services.

To help monitor client satisfaction with the delivery of its various services, the Council has a client satisfaction survey completed every two years. A total of 644 clients were interviewed and completed questionnaires (104 survey respondents were clients of the

¹² www.frankshospitalworkshop.com/equipment/documents/hospital_beds/service_manuals/Stryker%20FL28EX%20Hospital%20Bed%20-%20Service%20manual.pdf (03 October 2016).



Equipment Program). Within this survey, it asks for feedback on various services¹³ of the Council. The last survey in 2015 showed:

- › 87% of clients were very satisfied with the wait time to receive services
- › 88% of clients believe the Council offers effective programs and services

The Council shared its survey results with the Ministry.

On a quarterly and annual basis, the Ministry receives reports from the Council as required under their Equipment Program agreement. The reports include a summary of the Council's operations (e.g., wait lists for each type of equipment) of the Equipment Program, activities of the Council, training sessions attended (if any), and the financial statements.

These reports, along with its involvement on periodic equipment reviews and appeals, provide the Ministry with sufficient information to determine whether the Council is providing equipment to eligible clients; however, it receives limited information about the condition of the equipment (e.g., whether it is repaired and maintained as expected). See **Recommendations 3 and 4**.

We note that the scope of the 2016 Equipment Program review did not include considering whether the Program contributed to the SAIL program objectives. As noted in **Section 4.1.2**, the 2016 Equipment Program review focused only on how to make the Equipment Program more relevant, efficient, and effective.

As previously noted, the Equipment Program is a sub-program of the SAIL program. While the specific objective of the Equipment Program is only to loan and repair special needs equipment to eligible clients, the SAIL program has broader objectives.

The Ministry should know whether the Equipment Program contributes to the achievement of SAIL's objectives. At August 2016, it had not yet determined how it planned to measure the Equipment Program's success. For example, it had not specifically determined how or whether eligible clients of the Equipment Program are achieving a more active and independent lifestyle through their use of special needs equipment or whether its level of provision of special needs equipment achieves the best possible care, experience, and health for clients of the Equipment Program.

Without determining how it plans to measure the Equipment Program's success, the Ministry cannot know whether the Equipment Program is meeting SAIL's objectives.

5. We recommend that the Ministry of Health set out how it plans to measure the success of the Special Needs Equipment Program.

¹³ The Council provides four different types of services—rehabilitation, vocational, recreational, and special needs transportation. The Special Needs Equipment Program falls under rehabilitation services.

4.4 Escalation Process for Complaints Needed

The Ministry monitors complaints, concerns, and inquiries for the SAIL program that it receives.¹⁴ In 2015-16, the Ministry logged 11 complaints, concerns, and inquiries related to the Equipment Program.

The Council does not have a formal process to monitor complaints. We found that the Council does not track complaints. Also, the Ministry has not set expectations on the types of complaints (e.g., equipment not in good working condition, wait times for equipment) the Council is to escalate to the Ministry.

In practice, when the Council receives a complaint, it either resolves the problem on its own or escalates it to the Ministry. The Council does not know how many complaints it receives in a year.

Setting expectations for escalating complaints for the Equipment Program would help the Ministry identify issues in the Equipment Program and gain timely insight about the Council's delivery of the Program. This would allow the Ministry to make informed decisions about improving service delivery to its clients.

6. We recommend that the Ministry of Health set clear expectations for when its service provider should escalate complaints to the Ministry related to the Special Needs Equipment Program.

If the Council or an authorized health care professional denies a client's initial request for a piece of equipment, the client can appeal the decision. Appeals most often arise when clients request types of equipment not available at that time in the Equipment Program. The Council and Ministry handle appeals jointly. They work together to resolve complaints, concerns, inquiries, and appeals in a timely manner.

For example, an individual may appeal when requesting a non-standard wheelchair that better accommodates the size of a client. The Ministry and the Council discuss the appeal and decide on the course of action (i.e., to approve or reject the appeal).

We found 80% of appeals were resolved within one week.

5.0 SELECTED REFERENCES

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¹⁴ The Ministry received a total of 95 complaints, concerns, and inquiries for the SAIL program from April to September 2016.

