Chapter 12
Saskatoon Regional Health Authority—Overseeing Contracted Special-Care Homes

1.0 Main Points

At December 2016, Saskatoon Regional Health Authority needed to do more to oversee 20 private special-care homes. It has contracted with them to provide long-term care to almost 1,600 residents at an annual cost of about $100 million.

To know whether these special-care homes comply with key areas of the Ministry of Health's *Program Guidelines for Special-care Homes*—minimum care standards and related procedures for the operation of homes—Saskatoon or its successor, the Provincial Health Authority, needs to:

- Clarify the accountability relationship between the Ministry of Health, the Authority, and contracted special-care homes and update contracts with homes accordingly

  The current relationship is complex and confusing. A clarified accountability relationship would clear up to homes to whom they are accountable and for what. In addition, it would streamline responsibilities for monitoring of homes.

- Clearly define, in contracts with homes, the quality of care expected from homes, and confirm performance measures and targets (on which the Authority and the Ministry require homes to report) are useful in assessing homes' delivery of quality care

  The linkage between information that homes provide and the quality of care is unclear. In addition, homes are asked to do things and report information beyond that set out in their contracts. Having clear service expectations, targets, and reporting requirements in contracts would let homes know what quality of care they are to provide residents for the compensation they receive. In addition, clear expectations and targets would enable better monitoring of the quality of care that homes provide.

- Periodically inspect whether contracted special-care homes comply with key areas of the Guidelines, and take prompt action where homes do not provide the expected quality of care

  Homes are not consistently achieving the Ministry's quality of care targets. Inspecting care homes on a systematic basis would assist the Authority in identifying the reasons for not meeting expectations. Promptly addressing underlying reasons would help ensure residents receive quality care.

2.0 INTRODUCTION

2.1 Special-Care Homes in Saskatchewan

Regional health authorities (RHAs) in Saskatchewan, in addition to homes they own, use health care organizations like contracted special-care homes (homes, special-care homes, care homes) to provide health-related services such as long-term care[1] or respite care.[2]

The Regional Health Services Act (Act) requires RHAs to enter into written contracts with homes. The Act specifies that contracts must cover health services to be provided, funding, performance measures and targets, required reporting, and certain dispute resolution mechanisms.

In addition, the Act requires contracted special-care homes to conduct their activities and affairs in a manner consistent with the goals and objectives of the Ministry of Health and the RHA with which the home has contracted.

Homes are to provide health services in accordance with these contracts. Also, they must provide health services in compliance with all appropriate provincial legislation and policies.

The Facility Designation Regulations require operators of special-care homes (including RHAs) to comply with the standards established in the Ministry of Health's *Program Guidelines for Special-care Homes* (Guidelines). The Guidelines set out the minimum care standards and related procedures for operation of homes (see **Section 5.0** for the Guidelines index).

Saskatoon RHA's Strategic Direction

In common with other RHAs, Saskatoon Regional Health Authority (Saskatoon) is responsible for planning, organizing, delivering, and evaluating health services within its health region and any other area that the Minister of Health may direct.[3]

Saskatoon is the largest health region in the province serving over 349,000 residents (256,000 urban and 93,000 rural) in more than 100 communities. Communities include cities, towns, villages, rural municipalities, and First Nation communities.[4]

Saskatoon's mission is to improve health through excellence and innovation in service, education and research, building on the strengths of its people and partnerships.[5] Its contracts with the operators of special-care homes are part of these partnerships.

[1] Long-term care is for individuals who require 24-hour nursing care and supervision for an indefinite period.
[2] Respite care is temporary care to individuals who normally reside at home, and who are dependent on family members or others in the community for intermittent or continuous care.
[3] *The Regional Health Services Act* (s. 27(1)).
[4] Saskatoon Health Region, *Annual Report 2015-2016*, p. 7.
[5] Saskatoon Regional Health Authority, *Governance Charter,* March 25, 2016.

The strategic direction for Saskatoon, as well as other RHAs, is:

- Better Health—improving population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap
- Better Care—partnership with residents and families to improve an individual's experience, achieve timely access, and continuously improve healthcare safety
- Better Teams—build safe, supportive, and quality workplaces that support resident- and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers
- Better Value—achieve the best value for money; improve transparency and accountability; and strategic investment[6]

Saskatoon's Use of Special-Care Homes

Saskatoon provides special-care home services to about 2,200 individuals living in 30 homes located throughout the region.

Saskatoon can either operate homes directly or provide these services through contracts with private sector operators, or a combination of both. It has chosen to do a combination of both.

Saskatoon owns and operates 10 special-care homes.[7] It contracts with private sector operators for services at 20 homes (see **Figure 1**).

In 2015-16, Saskatoon had contracts with 20 home operators for a total cost of $106.9 million.[8] The contracted special-care homes have a combined 1,598 long-term care beds and 8 respite beds.

Figure 1—Special-Care Homes Contracted by Saskatoon in 2015-16

Special-Care Home Name	Location	Long-Term Care Beds
Bethany Pioneer Village Inc.	Middle Lake	36
Central Haven Special-care Home (Sherbrooke Community Society Inc.)	Saskatoon	60
Circle Drive Special-care Home Inc.	Saskatoon	53
Dalmeny Spruce Manor Special-care Home Inc.	Dalmeny	36
Extendicare Special-care Home (Preston Nursing Home, Saskatoon of Extendicare (Canada) Inc.)	Saskatoon	82
Goodwill Manor	Duck Lake	29
Lakeview Pioneer Lodge Inc.	Wakaw	45
Langham Senior Citizens' Home	Langham	17

[6] Saskatoon Health Region, *Annual Report 2015-2016*, pp. 23-35.
[7] *Saskatoon Health Region Welcome Guide to Long-Term Care Communities.* www.saskatoonhealthregion.ca/locations_services/Services/Senior-Health/Documents/ResidentFamilyResourcesPage/LTC%20Welcome%20Guide%202015.pdf (1 November 2016).
[8] Saskatoon Health Region, Appendices to *Annual Report 2015-2016*.

Special-Care Home Name	Location	Long-Term Care Beds
Luther Care Communities (Lutheran Sunset Home)	Saskatoon	127
Mennonite Nursing Home Inc.	Rosthern	67
Oliver Lodge	Saskatoon	139
Porteous Lodge (Jubilee Residences Inc.)	Saskatoon	99
Samaritan Place	Saskatoon	100
Saskatoon Convalescent Home	Saskatoon	59
Sherbrooke Community Centre (Sherbrooke Community Society Inc.)	Saskatoon	261
St. Ann's Home (St. Ann's Senior Citizens Village Corporation)	Saskatoon	80
Stensrud Lodge (Jubilee Residences Inc.)	Saskatoon	100
St. Joseph's Home (St. Joseph's Home for the Aged)	Saskatoon	80
Sunnyside Adventist Care Centre	Saskatoon	97
Warman Mennonite Special-care Home Inc.	Warman	31
Total		**1,598**

Source: Adapted from information provided by Saskatoon Regional Health Authority.

Residents of Saskatoon special-care homes expect to receive the same quality of care regardless of whether Saskatoon provides the services directly or through contracted services.

3.0 Audit Objective, Scope, Criteria, and Conclusion

The objective of this audit was to assess, for the 12-month period ended December 31, 2016, the effectiveness of processes Saskatoon Regional Health Authority used to oversee contracted special-care homes' compliance with the Ministry of Health's *Program Guidelines for Special-care Homes.*

We examined Saskatoon's policies, procedures, contracts, and data related to the oversight of homes. We assessed Saskatoon's processes to monitor and measure homes' compliance with the Guidelines and Saskatoon's policies. We visited four contracted special-care homes and tested a sample of residents' files against certain Guideline requirements. We preserved the confidentiality of residents' information.

To conduct this audit, we followed the standards for assurance engagements published in the *CPA Canada Handbook – Assurance*. To evaluate Saskatoon's processes, we used criteria based on our related work, reviews of literature including reports of other auditors and consultations with management. Saskatoon's management agreed with the criteria (see **Figure 2**).

Figure 2—Audit Criteria

Processes to:

1. **Set Expectations in Contracts**
   - 1.1 Maintain policies that align with the law and related Guidelines
   - 1.2 Establish measurable performance targets for operation of special-care homes
   - 1.3 Establish regular reporting requirements (e.g., use of restraints, prevalence of pressure ulcers, medication management, complaints, near-miss and critical incidents)
   - 1.4 Communicate expectations in contracts (e.g., requirements in law, policies, Guidelines, performance targets, reporting requirements)
2. **Monitor Provision of Services**
   - 2.1 Assess compliance with policies, Guidelines, and reporting requirements
   - 2.2 Analyze results against measurable performance targets
   - 2.3 Investigate complaints, near-miss and critical incidents within reasonable timeframe
   - 2.4 Resolve disputes timely
3. **Take Timely Corrective Action**
   - 3.1 Act on identified service issues (e.g., delay payments, revise contract, remove residents from home)
   - 3.2 Report results and actions taken (e.g., contracted special-care homes operators, management, Board)

We concluded that for the 12-month period ended December 31, 2016, Saskatoon Regional Health Authority had, except for the following areas, effective processes to oversee contracted special-care homes compliance with the Ministry of Health's *Program Guidelines for Special-care Homes*.

Saskatoon Regional Health Authority needs to:

- **Clarify the complex accountability relationship between the Ministry of Health, the Authority, and contracted special-care homes and update contracts accordingly**
- **Work with the Ministry of Health to confirm performance measures and targets useful in assessing performance of special-care homes in delivering quality care**
- **Update contracts to include clear service expectations, targets, and all reporting requirements**
- **Systematically inspect whether contracted special-care homes comply with the Ministry of Health's *Program Guidelines for Special-care Homes***
- **Take prompt action on non-compliance with the Ministry of Health's *Program Guidelines for Special-care Homes***

In January 2017, the Government of Saskatchewan announced that it plans to consolidate the 12 regional health authorities, including the Saskatoon Regional Health Authority, into one Provincial Health Authority by the fall of 2017. As a result, we have directed our recommendations to the Provincial Health Authority. The Provincial Health Authority, once it is formed, is to assume responsibility for the Saskatoon Regional Health Authority's contracts with special-care homes.

4.0 Key Findings and Recommendations

In this section, we describe our key findings and recommendations related to the audit criteria in **Figure 2**.

4.1 Development of Policies in Response to Ministry Guidelines for Special-Care Homes Progressing

By December 2016, Saskatoon had developed and approved almost two-thirds of its policies designed to support the Ministry's *Program Guidelines for Special-care Homes*.

The Guidelines are detailed (see **Section 5.0**). They include 121 Guidelines grouped into 21 sections. Sections include rights and responsibilities, consent, access to service, professional services, incidents and concerns, emergency preparedness, and reporting requirements to the Ministry of Health.

The Ministry requires each RHA to create policies to support the implementation of its Guidelines. The policies are to aid the RHAs and operators of the homes' understanding of the Guidelines requirements and the quality of care expected.

The Ministry expected RHAs to develop supporting policies in key areas by December 31, 2016. As of December 2016, Saskatoon was actively developing these policies. It made completed policies readily available to staff and home operators through its intranet.

4.2 Clarification of Accountability Relationship between Health Authority, Ministry, and Special-Care Homes Needed

The involvement of the Ministry made it unclear to whom contracted special-care homes are accountable and for what.

Consistent with the requirements of the Act, Saskatoon has entered into contracts[9] with each of the contracted special-care homes. For all but two of these contracts, it used the structure and provisions set out in a standard contract template provided by the Ministry.

The contracts set out for what Saskatoon and the special-care home were responsible. For example, under the contracts:

- Both Saskatoon and contracted special-care home are to collaborate and co-operate in the planning for, operation, and delivery of quality, safe client and resident care within the region.
- Both are accountable for the delivery of safe, efficient, and quality health services.
- Saskatoon is generally responsible for the following: co-ordinating and integrating services; distributing resources and quality assurance; establishing performance standards and requirements; and ensuring client or resident safety. Saskatoon can unilaterally set the performance measures and targets in situations where Saskatoon and the home do not mutually agree.
- Special-care homes are accountable to Saskatoon for providing home-care services in the manner required under applicable laws (including the Guidelines) and by the contract (e.g., in compliance with agreed upon policies).

[9] Standard Principles and Services Agreement.

- Special-care homes agree to work towards achieving performance measures and targets set out in the contract.
- Special-care homes shall maintain their accreditation status either independently or through Saskatoon's regional process.
- Saskatoon has the right to receive information and to inspect the special-care homes' operations and programs.
- Compensation to the special-care home is based on services—generally, the home provides long-term care services for a certain number of resident beds.

In practice, although not party to the contracts, the Ministry is directly involved in overseeing the care that contracted special-care homes provide. For example, it set almost one-half of the 21 performance measures noted in the contract (see **Figure 3**). It requires care homes to report directly to it, each quarter, on actual results on 7 of those measures (7 performance measures). In addition, it requires homes to report other key information (e.g., critical incident reporting).

Management at two of the four special-care homes we visited found it confusing as they were responding to requests from both the Ministry and Saskatoon. At times, they found the requests from the Ministry and Saskatoon quite similar.

In addition, the Ministry directly monitored the performance of homes as compared to its 7 performance measures' targets (see **Figure 3**). Where the performance of a care home was below its 7 performance measures' targets, it required care homes (instead of Saskatoon) to submit planned actions to improve performance. Saskatoon received a copy of these plans. In addition, Saskatoon, upon request of the homes, helped care homes develop those action plans.

This direct involvement of the Ministry with homes adds to the complexity of the relationship and made it confusing as to Saskatoon's role and responsibilities for monitoring some of the care activities delivered in homes. The Ministry's direct monitoring of homes resulted in Saskatoon performing limited analysis of performance data collected from the homes.

When the accountability relationship between the Ministry, Saskatoon and each special-care home is not clear, it can cause confusion and frustration for home operators. Home operators may take direction or provide reports to the wrong agency. In addition, it may cause the Ministry and Saskatoon to duplicate monitoring efforts or, conversely, not sufficiently monitoring if they think the other party is doing so.

1. **We recommend that the Provincial Health Authority work with the Ministry of Health to clarify the accountability relationship between the Authority, the special-care homes, and the Ministry of Health.**

2. **We recommend that the Provincial Health Authority enter into contracts with special-care homes that clearly set out expected accountability relationships between the Authority, the special-care home, and the Ministry of Health.**

4.3 Alignment of Performance Measures to Guidelines and Quality of Care Not Well Understood

Management of special-care homes did not understand how Saskatoon or the Ministry used certain performance information that the homes were required to track and report.

As shown in **Figure 3**, contracts required special-care homes to track and regularly report specified information about the residents and operations of the homes to the Ministry and to Saskatoon. Most of the Ministry's measures highlighted areas of potentially inadequate or sub-standard care of residents of special-care homes. For example, an increase in the number of residents with worsening pressure ulcers (i.e., bedsores) requires further investigation as it may indicate residents are not turned as frequently as needed, have had prolonged hospital stays, or are dehydrated.

A few of Saskatoon's measures related to the safety of the homes' operations (e.g., carbon monoxide monitoring, fire drills). A few others related to staff competencies (e.g., training of new staff).

Figure 3—Performance Measures and Reporting Requirements for Special-Care Homes

Performance Measure	Target[A] — Percentage of Residents:	Frequency of Reporting	Contract Requirement
Ministry of Health Quality Indicators			
1. In daily physical restraints	Not to exceed 10.36%	Quarterly	Yes
2. On antipsychotic medication without an diagnosis of psychosis	Not to exceed 28%	Quarterly	Yes
3. Who fell in the last 30 days	Not to exceed 9%	Quarterly	Yes
4. Whose pain worsened	Not to exceed 8%	Quarterly	Yes
5. With newly occurring stage 2-4 pressure ulcer (sores resulting from being in a set position for long periods of time)	Not to exceed 2%	Quarterly	Yes
6. Whose stage 2-4 pressure ulcer worsened	Not to exceed 2%	Quarterly	Yes
7. Whose bladder incontinence worsened	Not to exceed 16%	Quarterly	Yes
8. Regional staff engagement survey		As determined by Ministry of Health	Yes

Source: Schedules E and F of Standard Principles and Services Agreement and Saskatoon Regional Health Authority records.
[A] Targets were not included in the contracts.

Performance Measure	Frequency of Reporting	Contract Requirement
Saskatoon Regional Health Authority Performance Measures		
1. Medication Management—Individual residents on more than 13 medications	Quarterly	Yes
2. Outbreak Management—Infection control line listing[A]	Ongoing	Yes
3. Falls and injurious falls	Monthly	Yes
4. Resident and family satisfaction survey and action planning	Every 2 years	Yes
5. Incident reporting – see **Section 4.7**	Input in Saskatoon's IT system (AEMS) after incident	Yes
6. Participate in Resource Utilization Groups (RUGs) audits	Annually	Yes
7. Regular carbon monoxide monitoring in homes	Monthly	Yes
8. Regular fire drills in homes	Monthly	Yes
9. Regular staff hand hygiene	Monthly	Yes
10. Staff injuries	Monthly	Yes
11. Training for new staff (Assessment Intelligent System competency reporting)	Ongoing	Yes
12. Occupancy of homes as compared to target occupancy	Monthly	Yes
13. Emergency Department visits and admissions to long-term care	Monthly	Yes

Source: Schedules E and F of Standard Principles and Services Agreement and Saskatoon Regional Health Authority records.
[A] Process to document who was infected and when and whom they had contact with. The process is used to control the outbreak.

Management at some of the four special-care homes we visited noted that they did not understand how some of these measures helped assess the quality of resident care they were to provide under the Ministry's Guidelines. In addition, they noted that they found some of the measures contradictory. For example, reducing the use of physical restraints may result in increased resident falls.

As evident in **Figure 4** (i.e., data missing), a few homes were not consistently submitting requested information on the Ministry's measures. Management at a few homes noted that they did not fully understand or agree with these measures.

Our review of the measures reported found that many of the measures did not provide insight as to the care practices each special-care home uses (e.g., feeding method, mobility/safety, hygiene, medication reviews, therapies provided, pain management). In addition, they provided limited insight as to what was missing from care (e.g., frequency of resident movement, provision of special equipment).

Saskatoon was unable to explain to us the linkage between the measures and quality of care. In addition, it was unable to explain how it used information from each of the measures to monitor the performance of homes and their compliance to the Guidelines.

Performance measures are only valuable when they focus attention on the tasks and processes determined as most important for making progress towards providing quality,

safe resident care within homes and regions. Organizations must be able to explain the linkage between the measure and providing quality care or usage of information collected in determining the level of care provided. Having special-care homes routinely track and report information that is not systematically analyzed and used to help make decisions is a waste of valuable resources.

Having measures that clearly link to key aspects of quality of care could help homes better understand the quality of care expected of them. In addition, it could assist Saskatoon and the Ministry to determine whether homes meet the quality of care that the Guidelines anticipate.

3. We recommend that the Provincial Health Authority work with the Ministry of Health to confirm performance measures that it requires contracted special-care homes to report on to help them assess each home's compliance with the Ministry of Health's *Program Guidelines for Special-care Homes* and improve the quality of resident care.

4.4 Special-Care Home Contracts Incomplete and Lack Clarity

Contracts with special-care homes did not include clear service expectations, performance targets, or all reporting requirements.

Our review of the contracts with the special-care homes found that, in general, contracts included most but not all general expectations. The contracts included compliance with Saskatoon's policies and the Ministry's Guidelines, operating principles, and use of a co-operative/collaborative approach.

However, the contracts did not capture specific care methods that the Ministry expected homes to use and related reporting requirements. For example, contracts did not include the Ministry's goal that 67% of special-care homes will implement purposeful interactions[10] by March 31, 2017. Saskatoon required homes to report, each month, on implementation of this approach.

Also, none of the 20 contracts included the Ministry's targets related to its 7 performance measures (see **Figure 3**) even though the contract template anticipated their inclusion. Targets are important in that they show the level of effort the Ministry expects of the homes.

In addition, none of the 20 contracts included the Ministry's related reporting requirement for homes to submit actions plans when they did not meet the Ministry's targets on its 7 performance measures (**Figure 3**).

Both the Ministry and Saskatoon place expectations on homes outside of the contracts. These expectations, at least in part, help clarify the quality of care expected of the homes.

[10] Purposeful interactions is a method where residents are spoken to at least hourly to see if their needs are being met.

Not including clearly defined services expectations in a contract makes it difficult for homes to know what level of care they are expected to provide residents. If requirements are not clear or captured within the contract, it makes it difficult for Saskatoon to measure the performance of homes and to hold them to account. Furthermore, placing requirements on the homes, in addition to those in the contract, may result in homes feeling they are not appropriately compensated for services expected.

4. **We recommend that the Provincial Health Authority clearly define service expectations related to quality of care, and include targets for related key performance measures and all key reporting requirements in its contracts with special-care homes.**

4.5 Negotiation of Contracts Taking Time

Saskatoon and special-care homes entered into contracts halfway through the term of the contracts.

Contracts between Saskatoon and each of its contracted special-care homes are typically terms of five years. The contract continues to be in effect until terminated or renewed. Either Saskatoon or the special-care home can terminate or decide not to renew with a 12-month written notice.

At December 2016, one home had not renewed the contract to provide services—the ownership of the home was changing. For another home, the contract did not indicate when it was signed. The remaining 18 contracts came into effect in 2012 but were not signed until 2015—almost two-thirds through the contracts' five-year terms.

Negotiating contracts can take time. It is not unusual for contracts to cover a period before they are actually finalized or signed. However, backdating contracts can result in unwanted side effects or consequences particularly when the effective date is significantly before the date the contract was actually signed. For example, where service or performance expectations change, having an earlier effective date may result in confusion or misunderstanding on service expectations or performance during the negotiation period. If disputed, it may result in unnecessary litigation or costs. Having the effective date of the contract close to when a contract is signed reduces these risks.

See **Recommendation 4** about having contracts with clear service expectations.

4.6 Reported Special-Care Home Information Accuracy Improving

The accuracy of published minimum data set[11] (MDS) information that homes report each quarter improved from the prior year—with about one-third being inaccurate.

[11] Minimum Data Set (MDS) is a process of clinical assessment of residents in special-care homes. It provides a comprehensive assessment of residents' functional capabilities and helps identify health problems.

Each quarter, homes electronically submit MDS data to the Ministry of Health. MDS data is the basis of reporting against the Ministry's 7 performance measures included as performance measures in contracts (see **Figure 3**). The Saskatchewan Health Quality Council[12] and the Canadian Institute for Health Information[13] (CIHI) periodically publish MDS information.

Saskatoon checks a sample of homes for their accuracy of reporting the MDS data once a year. Saskatoon's 2016 audit of the overall accuracy of the MDS data found 69% to be accurate for its sample of 20% of residents in long-term care—an improvement of 6% from 2015. However, inaccurate reporting of MDS data can result in issues going unnoticed. See **Recommendation 6** about taking action on non-compliance.

4.7 Analyzing Incidents and Complaints to Assess Care Provided

Residents Informed of their Rights

Saskatoon systematically informs residents of their rights and how to report when their rights are violated.

It makes information on the rights of residents available through posters, pamphlets, and handbooks. In our visits of homes, we readily saw evidence of handbooks encouraging residents to talk to the care team or managers if they have concerns. The Ministry's resident and family survey, conducted every two years, showed satisfaction in this area.

Critical Incidents Reported and Followed Up

Saskatoon follows the Ministry's processes for reporting and addressing critical incidents. This process is well established and understood.

A critical incident is a serious adverse health event including, but not limited to, the actual or potential loss of life, limb, or function related to a health care service provided by a regional health authority or health care organization.[14]

The Regional Health Services Act, *The Critical Incident Regulations, 2016,* and the Accountability agreement between each regional health authority and the Ministry outlines the mandatory requirements for critical incident reporting.

Homes report incidents through Saskatoon's IT system. When reporting, homes must categorize the severity of each incident (e.g., a near miss,[15] critical incident). They are required to follow up each incident and report to Saskatoon the results of the follow-up of critical incidents. Saskatoon reports all critical incidents to the Ministry.

Saskatoon does not systematically confirm if homes report all incidents. It follows up critical incidents, and reports the results of its follow-up to its Board. The Board regularly received information on the critical incidents and actions taken for the region as a whole.

[12] http://qualityinsight.ca/ (3 March 2017).
[13] https://yourhealthsystem.cihi.ca/indepth?lang=en#/ (3 March 2017).
[14] *Saskatchewan Critical Incident Reporting Guideline, 2004*, p. 1.
[15] Near miss is an incident that did not result in an injury or damage but had the potential to do so.

We reviewed the number of incidents reported by Saskatoon-contracted and Saskatoon-owned homes from 2014 to 2016. Most incidents reported by the homes did not harm the residents so that residents required treatment. We found that the number of incidents remained relatively consistent from year-to-year. See **Recommendation 6** about taking more timely action.

Complaints Followed Up Systematically

Saskatoon systematically records and responds to complaints it receives.

The Client Representative at the region may receive a complaint from a family member, resident, or care-home staff member. We found that Saskatoon annually reports its analysis of all complaints received on any of its services. According to the *2015-16 Client Representative Annual Report*, 81.9% of all concerns raised were resolved in the targeted Saskatoon timeframe of 20 days and 88.6% were resolved in the provincial target of 30 days. This Report cites residents' concerns including lack of timely care and responsiveness. The Report notes 114 complaints (about 7% of all concerns received) regarding timeliness of care and responsivity concerns in long-term care homes in 2015-16.

Saskatoon does not require individual homes to track complaints nor submit information on the nature of complaints. The contract requires homes to resolve complaints in a timely manner and seek Saskatoon's assistance as needed through the Client Representative.

Saskatoon's risk management staff review complaints and assess the significance of risk to residents. Based on the risk level of these complaints, staff escalate matters to senior management as necessary. The Client Representative works with home-safety teams as necessary.

Saskatoon conducted a residents and family experience survey as mentioned in **Figure 3**. We found that the survey results were generally positive; but families noted that they were not always advised of changes in care and residents noted that their concerns are not always dealt with. Both residents and families indicated that care team members are not always available when needed.

Dispute Resolution Process Clear and Used Infrequently

Saskatoon has set out a dispute resolution process in the contracts with homes.

The dispute resolution process is consistent with the requirements set out in the Act. Saskatoon had not set any timeframes to aid staff in resolving disputes in a timely manner.

There were few instances where Saskatoon had used the process. During 2016, we found one dispute arose related to funding of a home. Saskatoon was following its process to resolve the matter.

4.8 Timely Action to Address Issues Needed

Saskatoon primarily relies on its informal interactions with homes and some of the information reported to it from the homes to determine whether they follow the Ministry's Guidelines and provide appropriate care to their residents. Much of the information

reported by the homes is not verified for accuracy. Saskatoon's current approach to address reported poorer-than-expected resident care causes delays in improving quality of care for residents.

Routine Visits of Homes Occurring

Staff from Saskatoon visit homes, in part, to monitor their delivery of resident care and operations.

For example, Saskatoon's Chief Executive Officer or designate meets annually with management of each home to discuss concerns. Saskatoon tracks these concerns, and works to address them. The 2016 Report documenting the meetings lists new concerns, notes concerns outstanding from a prior year, and outlines how they were addressed. For 2016, new concerns included equipment needs, staff training, and assistance with staff hiring and retention.

Saskatoon's staff interact with homes on a regular basis. They hold daily operations' telephone huddles with all homes' management. They use these calls to discuss items such as bed vacancies, resident falls, resident injuries, staff injuries, number of residents in hospital, and items to follow up for the next day. In addition, Saskatoon staff visit homes located in Saskatoon at least weekly and those located outside of Saskatoon less often.

Receipt of Expected Information Actively Monitored

Both the Ministry and Saskatoon require homes to submit key information. Saskatoon receives information from the homes on its 13 performance measures noted in **Figure 3**. Periodically, it also receives information that the Ministry has collected directly from the homes (e.g., results of Ministry's 7 performance measures and informational surveys).

Saskatoon actively follows up with homes to make sure they submit the expected information. It promptly follows up with homes to obtain information not received when expected. It receives almost all of the information it requests.

As noted and evident in **Figure 4**, it does not consistently receive some MDS information from a few homes. Furthermore, as noted in **Section 4.3**, Saskatoon does not actively use all information submitted.

Accuracy of Information Reported by the Homes Not All Consistently Assessed

Saskatoon and the Ministry use some of the information they collect from the homes to assess each home's compliance with Ministry Guidelines but do not assess the accuracy of much of this information.

Once a year, Saskatoon checks the accuracy of some of the quarterly information that homes report for the Ministry's 7 performance measures. It refers to this information as the Minimum Data Set (MDS). As previously noted, about one-third of this data is not accurate (see **Section 4.6**).

In June 2016, the Ministry surveyed homes on their compliance with key Guidelines (see **Section 5** for Guidelines the Ministry viewed as key). The Ministry received reports from the homes and shared the results with Saskatoon. The results indicated that homes were

complying with 92% of the key Guidelines. We found that the Ministry and Saskatoon did not check the accuracy of this information.

Our walkthrough and chart reviews at a few homes revealed evidence of non-compliance with the Guidelines—this seems inconsistent with the Ministry's survey results but consistent with Saskatoon's findings on the extent of inaccuracy of homes' self-reported MDS data. When we assessed four homes to determine whether they met 21 key areas of the Guidelines, we found the following instances of non-compliance:

- For medication reviews:
  - Almost half (i.e., 9 of 23) of the resident care plans we reviewed did not have evidence of a quarterly medication review
  - Over half of them (i.e., 13 of 23) did not have evidence of a pharmacist and care provider participating in the review; and
  - Almost all (i.e., 22 of 23) did not have a multi-disciplinary team review medications

- One home did not have evidence that a physician was present at annual care conferences

- None of the four homes we visited had the Know Your Rights poster publicly displayed as required by the Guidelines

We found that, from time-to-time, Saskatoon did reviews to determine whether homes follow Guidelines in a few specific areas. For example, its nutrition reviews determined whether homes follow expected nutrition and safe food handling standards. The nature and extent of these reviews is left to the discretion of Saskatoon staff.

We found that Saskatoon staff did not have a plan as to how many reviews they expect to do and why. For example, Saskatoon did not focus its reviews on homes who are having known or suspected difficulty in meeting the Ministry's 7 performance measures or having more difficulty reporting accurately (i.e., take a risk-based approach to monitoring homes).

We found other Canadian jurisdictions, such as British Columbia,[16] Alberta,[17] and Ontario,[18] conduct standard periodic inspections at special-care homes in key areas. For example, they assess if the homes meet established physical facility and care standards. They actively assess the homes' policies in specific areas such as staffing and falls prevention. They also look at care practices such as whether resident care plans are created and used as expected, the adequacy of nutrition provided, use of appropriate food storage, and use of restraints.

Self-reported information is not always accurate. Without directly assessing whether homes comply with the Guidelines, Saskatoon does not know that residents at contracted special-care homes are receiving the level of care it expects or that the homes are meeting the Ministry's Guidelines.

[16] http://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/accountability/facility-and-residence-reports (7 April 2017).
[17] www.health.alberta.ca/services/continuing-care-forms.html (7 April 2017).
[18] www.health.gov.on.ca/en/public/programs/ltc/31_pr_inspections.aspx (7 April 2017).

5. **We recommend that the Provincial Health Authority periodically inspect special-care homes to assess if they comply with key areas of the Ministry of Health's *Program Guidelines for Special-care Homes*.**

Collaborative Approach to Addressing Deficiencies Not Effective

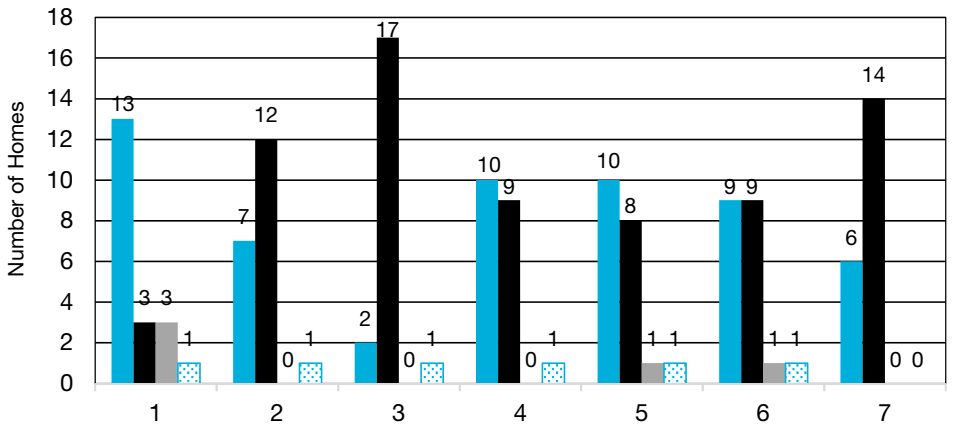
As the contracts expect, Saskatoon and special-care homes take a collaborative and co-operative approach to address identified areas where homes are not achieving the Ministry's targets related to the Ministry's 7 performance measures.

For example, Saskatoon uses its daily operational huddles with the homes' management to identify and escalate issues, incidents, or concerns. It helps homes identify potential solutions.

Despite these efforts, our analysis found each contracted home did not meet at least one of the Ministry's 7 performance targets. For example, as shown in **Figure 4**, for the three-month period ending September 2016, over half of the homes (i.e., 12 of 20) had more residents than expected on antipsychotic drugs without a diagnosis of psychosis. Also, for over three-quarters of them (i.e., 17 of 20 homes), more residents than expected fell within the last 30 days. Almost three-quarters of them had more residents than expected with worsening bladder incontinence.

When we looked at the data for the last three years, we found contracted special-care homes have not met the Ministry's targets for the same performance measures for the last three years (e.g., 14 special-care homes did not meet the Ministry's target for residents whose bladder incontinence worsened in 2014 and in 2016).

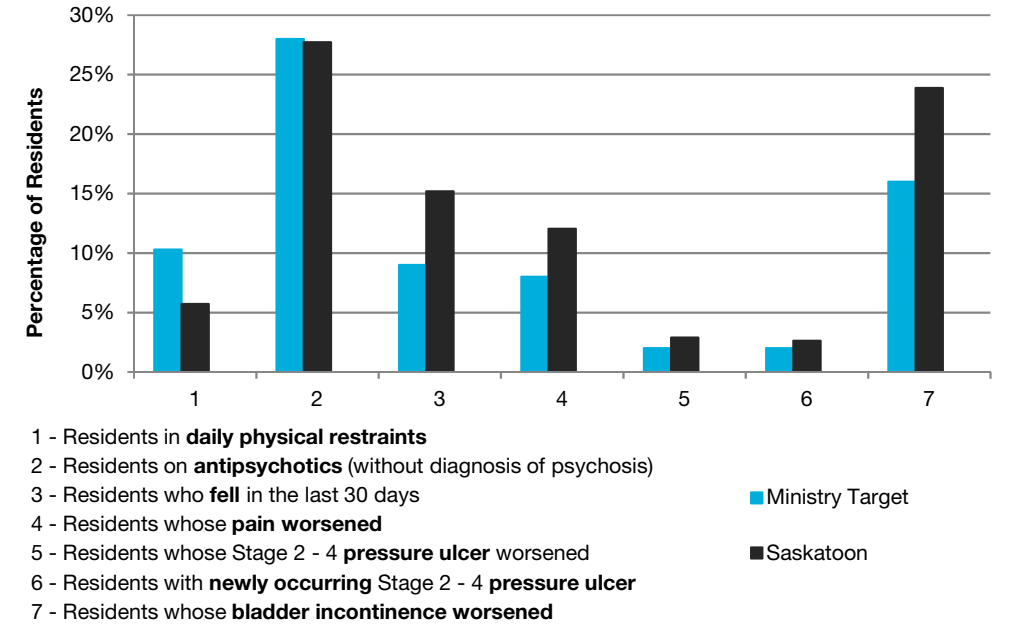
Figure 4—Number of Saskatoon Contracted Special-Care Homes Meeting and Not Meeting Ministry's 7 Performance Targets for July – September 2016



Source: Adapted from information provided by Saskatoon Regional Health Authority.

When we compared the results of contracted special-care homes to the region overall, we found similar results. For example, as **Figure 5** shows, for the three-months ending September 30, 2016, Saskatoon (as an entire region) did not meet the Ministry targets for five of the 7 performance measures (i.e., Saskatoon's rates were higher than the Ministry's target). For example for this period, Saskatoon, at almost 24%, was not meeting the Ministry's target of 16% of its residents not being affected by worsening bladder incontinence.

Figure 5—Saskatoon's Percentage of Residents Compared to the Ministry's 7 Performance Measure Targets for July – September 2016



Source – Adapted from information provided by Saskatoon Regional Health Authority.

While we recognize the importance of Saskatoon maintaining positive and productive working relationships with each of the contracted homes, the continued inability of homes to achieve the Ministry's targets may suggest Saskatoon has not been successful in identifying root causes and addressing underlying issues where lower than expected quality of care is provided.

Not being successful in identifying and addressing the underlying reasons can result in poor quality of care being provided for a longer period. Poor quality of care may negatively impact the quality of lives of residents in special-care homes.

6. We recommend that the Provincial Health Authority take prompt action when it finds non-compliance with key measures that assess special-care homes compliance with the Ministry of Health's *Program Guidelines for Special-care Homes*.

5.0 Index to Program Guidelines for Special-care Homes

The following is the index to the Ministry of Health's *Program Guidelines for Special-care Homes*. The Ministry of Health considers the Guidelines noted in blue in this index as key for quality of care.

9a. Assessment Process
- 9a.1 Resident Assessment Tool
- 9a.2 Reassessment of Resident Care Needs
- 9a.3 Resident Assessment Instrument Minimum Data Set Assessment Outputs

9b. Minimum Data Set (MDS)
- 9b.1 Assessment Completion of Full MDS
- 9b.2 Authentication of Resident Assessment Data
- 9b.3 Locking/Unlocking Resident Data
- 9b.4 Resident and Facility Numbers
- 9b.5 Retention of MDS Assessment Form
- 9b.6 Timeline Standards for MDS

10. Professional Services
- 10.1 Diagnostic Services
- 10.2 Physician Services
- 10.3 Other Health Professional Services
- 10.4 Social Worker Services
- 10.5 Therapy Services

11. Nursing and Personal Care Providers
- 11.1 Staff Meetings
- 11.2 Specialty Practice Procedures/RN Clinical Protocols
- 11.3 Privately Hired Care
- 11.4 Regulated Nurses
- 11.5 Staff Orientation
- 11.6 Staff Development
- 11.7 Staffing Requirements (research underway)
- 11.8 Continuing Care Assistants/Special-care Aides

12. Supportive Services
- 12.1 Recreational Services
- 12.2 Resident Information Handbook
- 12.3 Resident and Family Council
- 12.4 Saskatchewan Aids to Independent Living (SAIL) Programs
- 12.5 Spiritual and Cultural Services
- 12.6 Volunteer Services

13. Food and Nutrition Services
- 13.1 Dining Assistance for Residents with Dysphagia
- 13.2 Dining Experience
- 13.3 Food Safety
- 13.4 Food Service Quality Improvement Program
- 13.5 Nutritional Assessments
- 13.6 Meal & Snack Service
- 13.7 Staff Development
- 13.8 Therapeutic Nutritional Products
- 13.9 Tube Feeding

14. Lifestyle Options
- 14.1 Smoking Tobacco Products
- 14.2 Liquor in the Special-care Home
- 14.3 Pets in the Special-care Home

15. Resident Care
- 15.1 Death of a Resident
- 15.2 Falls Prevention
- 15.3 Intravenous Therapy
- 15.4 Resident Refusal of Care
- 15.5 Resident Care Plans
- 15.6 Resident Centred Care
- 15.7 Resuscitative Services
- 15.8 Resident Outings
- 15.9 Managing Behaviors
- 15.10 Restraints
- 15.11 Medication Management

16. Record Keeping
- 16.1 Charting Requirements/Master Signature List
- 16.2 Resident Care Records
- 16.3 Retention of Records

17. Incidents/Concerns
- 17.1 Incident Reviews Investigation and Reporting
- 17.2 Quality Improvement
- 17.3 Quality of Care Concerns

18.	**Physical Environment**	
	18.1	Design and Aesthetics of Special-care Home
	18.2	Housekeeping Services
	18.3	Laundry Services
	18.4	Preventative Maintenance and Repair
	18.5	Water Temperature
19.	**Health and Safety Residents and Employees**	
	19.1	Biological Waste Management
	19.2	Employee Access to Immunization
	19.3	Immunizations for Special-care Home Employees
	19.4	Infection Control Program
	19.5	Occupational Health and Safety Program
	19.6	Occupational Health Committee
	19.7	Outbreak Management
	19.8	Tuberculin Skin Test
20.	**Emergency Preparedness**	
	20.1	Fire Safety
	20.2	Emergency Plans
21.	**Reporting Requirements**	
	21.1	Reporting to the Ministry of Health

Source: www.saskatchewan.ca/~/media/files/health/health%20and%20healthy%20living/manage%20your%20health%20needs/care%20at%20home%20or%20outside%20of%20hospital/special%20care%20homes/program%20Guidelines%20may%202016.pdf (3 March 2017).

6.0 Selected References

Auditor General of Alberta. (2005). *Annual Report 2004-05, Seniors Care and Programs.* Edmonton: Author. www.oag.ab.ca/webfiles/reports/OAG_Seniors_2005.pdf (19 September 2016).

CCAF-FCVI. (2015). *Practice Guide to Auditing Oversight.* Ottawa: Author. www.ccaf-fcvi.com (7 October 2016).

Lyons, Sean. (2011). *Corporate Oversight and Stakeholder Lines of Defence. Stakeholders Demand a Critical Review of Corporate Oversight.* Ottawa: Conference Board of Canada

Ombudsman Saskatchewan. (2015). *Taking Care - An Ombudsman investigation into the care provided to Margaret Warholm while a resident of the Santa Maria Senior Citizen Home*. Regina: Author.

Provincial Auditor of Saskatchewan. (2007). *2007 Report - Volume 1, Chapter 6, Five Hills Regional Health Authority—Processes to Achieve Selected Outcomes.* Regina: Author.

Provincial Auditor of Saskatchewan. (2012). *2012 Report - Volume 1, Chapter 22, Supervision of CBOs Providing Services to Intellectually Disabled People.* Regina: Author.

Provincial Auditor of Saskatchewan. (2012). *2012 Report - Volume 2, Chapter 34, Regulating Personal Care Homes for Resident Health and Safety.* Regina: Author.

Provincial Auditor of Saskatchewan. (2013). *2013 Report - Volume 1, Chapter 20, Use of Surgical Facilities at Regina Qu'Appelle Regional Health Authority.* Regina: Author.

Provincial Auditor of Saskatchewan. (2014). *2014 Report - Volume 2, Chapter 32, Economy-Monitoring IT Service Providers.* Regina: Author.