Chapter 41
Saskatchewan Health Authority—Safe and Timely Discharge of Patients from Regina Hospitals

1.0 Main Points

From March 2017 to June 2019, the Saskatchewan Health Authority continued to improve its processes for the safe and timely discharge of hospital patients from its two acute care facilities in Regina, but has more work to do.

As of June 2019, the Authority's two acute care facilities followed its policy of documenting its patient discharge instructions, and discussing those instructions with patients before discharge.

However, those two facilities often did not follow the Authority's policy to conduct medication reconciliations before discharging patients.[1] As of June 2019, the Authority was in the process of automating medication reconciliations. Medication reconciliations help to reduce drug-related incidents.

In addition, those two facilities inconsistently documented consultations with health care providers in a central and comprehensive manner to facilitate a co-ordinated, informed approach to individual patient care.

2.0 Introduction

2.1 Background

Discharge is one of the key components in a patient's hospital experience. For a hospital to effectively manage its beds and patient flow, acute care facilities must discharge patients in a timely, yet safe manner to avoid disrupting other areas of the bed management chain.

The Saskatchewan Health Authority is responsible for the planning, organization, delivery and evaluation of the health services it provides, including discharging hospital patients from its facilities.

2.2 Focus of Follow-Up Audit

This chapter describes our second follow-up of management's actions on three remaining recommendations we first made in 2015 about processes for the safe and timely discharge of hospital patients from its two acute care facilities in Regina—Pasqua Hospital and Regina General Hospital.[2]

[1] A medication reconciliation is the process of completing an accurate and complete list of all medications a patient is taking to prevent medication errors.

[2] We reported the original audit work in our *2015 Report – Volume 1,* Chapter 14, pp. 147–168. auditor.sk.ca/publications/public-reports/item?id=138 (14 August 2019). Our *2015 Report – Volume 1*, Chapter 14, concluded that, for the 12-month period ended February 28, 2015, the former Regina Qu'Appelle Regional Health Authority had effective processes for the safe and timely discharge of hospital patients from its two largest acute care facilities (Regina General and Pasqua Hospitals) with a few exceptions. We made 11 recommendations.

By March 2017, the former Regina Qu'Appelle Regional Health Authority implemented eight of 11 recommendations.[3] The former Regina Qu'Appelle Regional Health Authority became part of the Saskatchewan Health Authority in December 2017.

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Authority's progress toward meeting our recommendations, we used the relevant criteria from the original audit. The Regina Qu'Appelle Regional Health Authority agreed with the criteria in the original audit.

To complete this follow-up audit, we reviewed the Authority's policy and procedures, and other documents relevant to patient discharge. In addition, we tested a sample of patient files at both the Regina General and Pasqua Hospitals.

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 June 30, 2019, and the Authority's actions up to that date.

3.1 Consultations with Health Care Providers Not Centrally Compiled

> ***We recommended Regina Qu'Appelle Regional Health Authority require health care professionals involved in patient care prepare a comprehensive, multidisciplinary patient care plan.*** (*2015 Report – Volume 1*, p. 157, Recommendation 2; Public Accounts Committee agreement September 17, 2015)
>
> **Status**—Partially Implemented

As of June 2019, the Authority inconsistently documented consultations with health care providers in nursing care plans in its two acute care facilities in Regina.

Subsequent to our original audit in 2015, management decided not to proceed with the use of a comprehensive, multidisciplinary patient care plan template. Rather, it expected each patient's nursing care plan to document interactions with other health care providers (e.g., dietitians, pharmacists).

In the 30 patient files we tested, we found:

- None of 27 files incorporated the results of documented consultations with other health care providers in the nursing care plan, but only noted that consultations occurred
- Three files did not require consultations with other health care providers

[3] See our *2017 Report – Volume* 1, Chapter 24.

All patient files, including nursing care plans, are in paper form. Management indicated it plans to move to electronic health records to enable better centralized co-ordination of multidisciplinary patient care directions. At June 2019, the Authority had not decided when it would make this move.

The Authority also continued to use Accountable Care Units as its main strategy to facilitate better co-ordinated patient care.[4] These Units use a team-based approach to patient care and actively involve all team members, including the patient and their family. The Authority has five Units in the Pasqua Hospital. It intends to expand Accountable Care Units to the Regina General Hospital in 2020–21.

Consistently documenting consultations between health care providers in one central location (e.g., nursing care plans) provides complete information to help health care professionals make informed decisions about a patient's care while in a hospital and promotes a co-ordinated approach to patient care.

3.2 Medication Reconciliations Not Always Completed Upon Patient Discharge

We recommended Regina Qu'Appelle Regional Health Authority require staff to follow the policy when completing medication reconciliations prior to discharging patients. (*2015 Report – Volume 1*, p. 164, Recommendation 8; Public Accounts Committee agreement September 17, 2015)

Status—Partially Implemented

Its two Regina acute care facilities inconsistently follow the Authority's policy to complete medication reconciliations prior to discharging patients.[5]

Only two of the 30 patient files we tested contained completed medication reconciliations.

The Authority expects to implement electronic medication reconciliation in all units in both acute care facilities by 2020. The following activities and plans are underway:

- Management expects to approve a new medication reconciliation policy in fall 2019. It drafted this policy and created a related electronic form in winter 2018. The new policy clarifies the specific roles of staff (e.g., physician, nurse, pharmacist), and outlines tasks to complete medication reconciliations.

- In early 2019, the Authority began piloting the new electronic form in two units at the Regina General Hospital. The Authority's audit of this pilot indicate staff complete the new electronic form about 83% of the time.

Medication reconciliations can help to reduce the risk that inaccurate medication information is communicated across transition points of care (e.g., discharge). Inconsistently performing medication reconciliations at discharge may lead to adverse drug-related incidents or unplanned readmissions.

[4] The Authority began using Accountable Care Units in 2016.
[5] A medication reconciliation is the process of completing an accurate and complete list of all medications a patient is taking to prevent medication errors.

3.3 Instructions Documented and Discussed with Patients Discharged from Hospitals

We recommended Regina Qu'Appelle Regional Health Authority follow its policy to document patient instructions and discuss those instructions with patients before discharge. (*2015 Report – Volume 1*, p. 159, Recommendation 4; Public Accounts Committee agreement September 17, 2015)

Status—Implemented

The Authority followed, within the two acute care facilities in Regina, its policy to document patient instructions and discuss those instructions with patients before discharge.

Its policy requires patient files to include documented discharge instructions signed by a patient or a family member.

The Authority found, through its Fall 2017 and 2018 chart audits, 85% of patient files contained discharge instructions, and 97% included a discharge care plan signed by the patient or a family member. The Authority plans to complete another chart audit in fall 2019.

Our test of 30 patient files found similar results—97% of patient files included discharge instructions, and a patient or family member signed 93% of the discharge care plans.

Having signed discharge care plans on file show staff shared and discussed the discharge instructions and plan with the patient prior to discharge.