

Chapter 17

Health—Providing Special Needs Equipment for Persons with Disabilities

1.0 MAIN POINTS

The Ministry of Health, under an agreement with the Saskatchewan Abilities Council—a service provider, loans special needs equipment (e.g., wheelchairs, walkers, cushions) to persons with disabilities at no cost. It refers to this arrangement as the Special Needs Equipment Program.

By December 2020, the Ministry, in collaboration with its service provider, had made further improvements to the processes used to provide special needs equipment for persons with disabilities. But it has some further work to do.

Key improvements include changing responsibilities for purchasing equipment to help ensure clients receive special needs equipment within acceptable timeframes. In addition, clarifying expectations for when the service provider is to escalate complaints to the Ministry helps keep the Ministry informed of significant issues in service delivery, if any. Better tracking of the quality and timeliness of repairs of special needs equipment helps ensure clients use safe equipment. In addition, the development and use of an evaluation framework helps the Ministry measure the success of the Special Needs Equipment Program.

However, the Ministry needs to work with its service provider to make sure records for loaned equipment are up-to-date and accurate. This will help them identify and recover special needs equipment on loan that is no longer utilized, but still usable (not obsolete). In addition, consistently doing complete and appropriate preventative maintenance on loaned special needs equipment within a reasonable timeframe is needed to avoid safety risks to clients.

2.0 INTRODUCTION

As part of its responsibilities under *The Health Administration Act*, the Ministry of Health may provide programs for persons with residual physical disabilities due to accident, congenital defect, injury, diseases, or other illness. The Ministry established the Saskatchewan Aids to Independent Living (SAIL) program to help fulfill this responsibility. The Special Needs Equipment Program is one of SAIL's 14 sub-programs.

The intent of this Program is to loan and repair special needs equipment (e.g., wheelchairs, walkers, cushions) at no cost to eligible clients throughout the province. The total cost to operate the Program in 2019-20 was \$7 million.¹ The Ministry has engaged a service provider, the Saskatchewan Abilities Council, to directly deliver the Program.

¹ Information provided by Ministry management.



2.1 Focus of Follow-Up Audit

This chapter describes our second follow-up audit of management's actions on the recommendations we made in 2016.

Our *2016 Report – Volume 2*, Chapter 27, concluded that the Ministry of Health had, other than matters reflected in our six recommendations, effective process to provide special needs equipment to persons with disabilities. By December 2018, the Ministry made some progress towards implementing the six recommendations we originally made.²

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

To complete this follow-up audit, we interviewed Ministry staff and service provider staff responsible for providing special needs equipment to persons with disabilities. We examined quarterly and year-end reports, planning documents, policies and procedures, and other relevant documents. In addition, we tested a sample of equipment repair records and preventative maintenance records.

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 December 31, 2020, and the Ministry's actions up to that date.

3.1 Strategies and Action Plans in Place to Reduce Equipment Wait Times

We recommended the Ministry of Health implement further strategies and action plans so that clients receive special needs equipment within an acceptable timeframe. (*2016 Report – Volume 2*, p. 162, Recommendation 1; Public Accounts Committee agreement June 12, 2018)

Status—Implemented

The Ministry of Health, with its service provider, have implemented strategies and action plans to help reduce wait times of clients for special needs equipment. The service provider is keeping the Ministry informed of its progress in managing wait times for special needs equipment.

The Ministry made two key changes since December 2018 (the time of our last follow-up).

² *2019 Report – Volume 1*, Chapter 27, p. 277-283. This report can be found at auditor.sk.ca/publications/public-reports.

First, in April 2019, the Ministry and the service provider implemented a two-year pilot project that gives eligible clients an option to either directly receive a grant to purchase ultralight wheelchairs or receive the equipment directly from the service provider. We found, in 2019-20, 26 clients chose the grant option. Management indicated that the Ministry and service provider plans to assess the pilot project and the effect it had on wait times for ultralight wheelchairs in 2021-22.

Second, starting in 2019-20, the Ministry made the service provider responsible for directly buying special needs equipment. Prior to 2019-20, the Ministry periodically purchased equipment in bulk based on the service provider's input. In 2019-20, the Ministry stopped buying equipment in bulk. Instead, the Ministry provides, as part of its agreement, the service provider with funding to enable the service provider to purchase equipment directly.

The Ministry provided the service provider with \$500,000 in both 2019-20 and 2020-21 for special needs equipment purchases (equipment budget).

In 2019-20, the service provider used the equipment budget to buy power wheelchairs and other equipment (e.g., walkers, commodes, cushions, transfer benches) to address wait times in these areas. The service provider allocated approximately 71 percent of its 2019-20 equipment budget to buying power wheelchairs and the remaining 29 percent to buy other equipment.

Our analysis found its purchases reduced wait times for these types of special needs equipment.

Power wheelchairs: As shown in **Figure 1**, its 2019-20 purchases decreased the number of clients waiting for power wheelchairs decreased to 25 at September 30, 2020. But the number of clients waiting increased in 2020-21 to 70 clients by December 31, 2020. At December 31, 2020, 18.6 percent of clients requesting a power wheelchair were waiting more than four months. The service provider considers four months as an acceptable length of time for eligible clients to wait for power wheelchairs.

The service provider reported to the Ministry the COVID-19 pandemic caused the longer wait times (e.g., delayed fitting appointments, delayed deliveries to long-term care facilities due to lockdown conditions). The service provider indicated that it is in the process of refitting previously loaned power wheelchairs to help reduce the number of clients waiting for such equipment. It has also done another bulk purchase of power wheelchairs in early 2021.

Figure 1—Number of Clients Waiting for Power Wheelchairs

Type of Equipment	2018-19	2019-20	Q2 2020-21	Q3 2020-21	% Waiting more than 4 Months at December 31, 2020
Power Wheelchairs	46	42	25	70	18.6%

Source: Special Needs Equipment Program Year End Reports for 2018-19 and 2019-20; and Special Needs Equipment Program September 30, 2020 and December 31, 2020 quarterly reports.



Other equipment: As shown in **Figure 2**, its 2019-20 purchases decreased wait times for other equipment and as of December 31, 2020 with no clients waiting more than four weeks. The service provider considers four weeks as an acceptable length of time for eligible clients to wait for other types of special needs equipment.

Figure 2—Number of Clients Waiting for Other Special Needs Equipment

Type of Equipment	2018-19	2019-20	Q3 2020-21	% waiting more than 4 weeks at December 31, 2020
Other Equipment	80	29	5	0%

Source: Special Needs Equipment Program Year End Reports for 2018-19 and 2019-20; and Special Needs Equipment Program Third Quarter Report – October 1, 2020 to December 31, 2020.

In 2020-21, the service provider planned to use its equipment budget to purchase hospital beds and manual wheelchairs to address wait times for these equipment.

Hospital beds: As shown in **Figure 3**, the wait times for hospital beds have increased significantly since 2018-19, and during 2020-21. At December 31, 2020, 70 percent of the clients requesting a hospital bed were waiting more than four weeks. The Council considers four weeks as an acceptable length of time for eligible clients to wait for a hospital bed.

The service provider recognizes the COVID-19 pandemic has resulted in an increase in wait times for hospital beds. To manage these wait times, the service provider almost doubled the amount of the 2020-21 equipment budget it has allocated to buying hospital beds to \$440,000. The service provider reported to the Ministry that it planned to do a bulk purchase of hospital beds in early 2021 to help reduce the number of clients waiting for hospital beds.

Manual wheelchairs: As shown in **Figure 3**, at December 31, 2020, 57 percent of the clients requesting manual wheelchairs (standard and ultralight) were waiting more than four weeks. The Council considers four weeks as an acceptable length of time for eligible clients to wait for a manual wheelchair.

The service provider recognized it was receiving more requests (requisitions) for manual wheelchairs than in the past. To manage the increasing demand, the service provider bought additional chairs in 2020-21. It reported to the Ministry that it did a bulk purchase of manual wheelchairs in late 2020.

The service provider also realizes its supply of chairs is not the sole reason for the wait times for manual wheelchairs. It noted it experienced staff challenges (e.g., significant vacation time taken in the second quarter of 2020-21, leaves of absences) resulting in reduced labour to process requests. The service provider indicates that as of March 2021 it has a pool of casual resources to support its full-time staff to help process requests for manual wheelchairs.

Figure 3—Number of Clients Waiting for Hospital Beds and Manual Wheelchairs

Type of Equipment	2018-19	2019-20	Q2 2020-21	Q3 2020-21	% waiting more than 4 weeks at December 31, 2020
Hospital Beds	3	36	51	50	70%
Manual Wheelchairs (standard and ultralight)	86	201	279	193	57%

Source: Special Needs Equipment Program Year End Reports for 2016-17 to 2019-20 and Special Needs Equipment Program September 30, 2020 and December 31, 2020 quarterly reports.

Having strategies and action plans to reduce wait times for special needs equipment allows clients to receive the equipment within an acceptable timeframe. This will help improve client's quality of life and their day-to-day functions, including their ability to live independently.

3.2 Updated Records Needed to Help Identify and Recover Equipment No Longer Utilized

We recommended the Ministry of Health work with its service provider to identify special needs equipment on loan that is no longer utilized, and to recover this equipment within a reasonable timeframe. (2016 Report – Volume 2, p. 163, Recommendation 2; Public Accounts Committee agreement June 12, 2018)

Status—Partially Implemented

The Ministry of Health, with its service provider, employed several strategies to recover equipment no longer utilized. However, the efforts to recover equipment loaned brought minimal results. In addition, the efforts showed the service provider's records about loaned equipment were not up-to-date or accurate. This can hinder its efforts to identify and recover usable equipment no longer in need.

The Ministry and service provider takes various actions to promote the return of unused equipment.

We found the service provider attaches stickers to all loaned special needs equipment. The stickers indicate that equipment is property of the service provider and should be returned when no longer needed. In addition, it clearly states on its website, and information sheets (e.g., ultralight wheelchairs application) the responsibility of borrowers to return loaned equipment when no longer needed.³

The service provider works with the Ministry to remind staff within healthcare facilities (i.e., long-term care facilities, group homes, personal care homes) to return any unused special needs equipment to the service provider. This is because many of its clients using loaned special needs equipment reside in healthcare facilities. For example, the Ministry began periodically sending, via internet postings, information bulletins to all long-term care facilities, group homes, and personal care homes. The bulletins sent in November 2019 remind staff that any unused equipment loaned through the service provider must be returned. They also include guidance on what to return (e.g., equipment and all related components such as trays and cushions), how to identify equipment loaned through the

³ www.saskabilities.ca/programsservices/dailylivingrehabilitationsservices/specialneedsequipment/loan-program (18 March 2021).



Special Needs Equipment Program (e.g., specific stickers), and detailed information on where to return the equipment (e.g. depot addresses, phone numbers). The Ministry plans to send another reminder in spring 2021.

The Ministry and service provider found that two specific initiatives undertaken in 2019-20 (letter initiatives) were not successful in promoting the return of unused special needs equipment. It had loaned many of this equipment between 15 and 20 years ago.

In 2019-20, the Ministry and its service provider sent letters to two different groups of clients with loaned equipment to try to identify and recover unused equipment.⁴ They found sending letters to be labour intensive and did not result in the identification or the return of much unused equipment. As shown in **Figure 4**, the letters resulted in the return of unused equipment from 6.3 percent of the active clients contacted, and 1.0 percent from the estates of deceased clients or clients no longer living in Saskatchewan.

Figure 4—Results of Letter Initiatives to Identify and Recover Unused Equipment Loaned to Clients

Results of Recovery initiative	Random audit (July 2019)	Deceased Clients or no Longer in Saskatchewan (January 2020)
Number of letters sent	48 active clients	369 ^A
% of respondents saying there was unused equipment to return	6.3%	1%
% of respondents equipment saying was left at a health-care facility (e.g., long-term care home, hospital)	Not applicable	10% ^B
% of respondents confirming continued need for loaned equipment	29%	Not applicable
% of respondents saying equipment previously returned ^C	12.7%	21%
% of letters with no response	52%	55%
% of letters with “return to sender”	Not applicable	12%

Source: Adapted from information provided by the Ministry.

^A Sample based on listing from the Ministry. Listed names of clients with loaned equipment who were deceased or left the province.

^B Respondent indicated equipment was left at a healthcare facility (e.g., long-term care home, group home).

^C This shows the service provider’s records were not up-to-date and accurate.

The letter initiatives also showed the service provider’s records (i.e., IT system) for tracking loaned equipment were not always up-to-date or current. The results of the initiatives showed:

- The records did not always have the correct location of the equipment (e.g., did not have current address for clients with loaned equipment). For example, the service provider was unable to contact individuals who may be in possession of its equipment for almost two-thirds of clients it sampled with loaned equipment that the Ministry had identified as deceased or no longer living in Saskatchewan. In addition, just over one-half of active clients it sampled did not respond.

⁴ In 2019-20, the service provider sent letters to samples of active clients (in July 2019), and deceased clients or clients who left the province (January 2020) that had loaned equipment. The July 2019 letters to active clients outlined the equipment on loan to the client, asked clients to confirm the information, and return the equipment if it was no longer needed. The January 2020 letters outlined the equipment on loan to the client and offered assistance (i.e., provided addresses and phone numbers of the service provider’s depots) in having the equipment returned.

- The records were not always updated for returned equipment. For 12.7 percent of active clients and 21 percent of the estates of the deceased clients indicated they had already returned the equipment to the service provider. After further analysis, the service provider found that approximately 50 percent of the respondents that noted the equipment was left at the healthcare facility and those that did not respond had actually returned the equipment. The service provider updated its records accordingly.

Furthermore, we found the records include loaned equipment that is outdated and obsolete, that is, no longer viable or safe to loan to another client. From December 2018 to September 2020, there were 13,560 pieces of loaned equipment to 6,248 clients that were deceased or left the province. Our data analytics found that approximately 25 percent of the loaned equipment would be considered obsolete (i.e., no longer used or working). For example, our analysis found that 37 percent of the 2,245 walkers were more than five years old. Ministry management indicated that it has asked its IT service provider to update the IT system used to track special needs equipment to enable better identification and tracking of obsolete equipment.

Regularly encouraging and reminding clients, as well as healthcare providers, to return special needs equipment no longer needed helps the Ministry provide this equipment to other clients in need. Having accurate and up-to-date records will help the Ministry and its service provider focus its efforts on recovering equipment that clients have not already returned and on equipment that is not obsolete.

3.3 Quality Repairs Done Timely

We recommended the Ministry of Health work with its service provider to track the quality and timeliness of repairs of special needs equipment.

(2016 Report – Volume 2, p. 164, Recommendation 3; Public Accounts Committee agreement June 12, 2018)

Status—Implemented

The Ministry of Health's service provider consistently tracks the quality and timeliness of repairs of special needs equipment.

Clients are to ask the service provider to repair special needs equipment on loan, as needed. They call the service provider to schedule an appointment with a technician. The technician schedules appointments based on the urgency of the repair (e.g., equipment stops working), and a client's needs and availability. In some cases, clients can bring their equipment in for repair without an appointment (i.e., walk-in).

The technicians use checklists to document work done to ensure equipment is in proper working condition prior to redeployment. For repairs to equipment not being redeployed to other clients in the near term, technicians document the work completed on a repair slip.

For each of the 30 repairs of equipment on loan tested, the technicians sufficiently documented (either on a checklist or repair slip) work done, when, and how long it took to repair. We found that each repair took a reasonable amount of time based on management expectations. The time for repairs ranged from 0.25 hours (e.g., seat belt assembly for a wheelchair) to 7.5 hours (e.g., setting up a new power wheelchair for a client).



Tracking the quality and timeliness of repairs decreases the risk that clients are without the required equipment for long periods. It also helps the service provider monitor the work of its technicians.

3.4 Timely Preventative Maintenance Needed

We recommended the Ministry of Health assist its service provider in developing a process to complete appropriate preventative maintenance on special needs equipment on loan. (2016 Report – Volume 2, p. 165, Recommendation 4;

Public Accounts Committee agreement June 12, 2018)

Status—Partially Implemented

The Ministry of Health’s service provider does not always complete the preventative maintenance as required, or keep accurate records of equipment requiring such maintenance. In addition, it continues to encounter challenges with clients not returning equipment identified as requiring preventative maintenance to allow it to complete this maintenance.

The Ministry, through the agreement, has made the service provider responsible for maintaining all lift equipment (e.g., bathtub lifts) consistent with the manufacturers’ recommendations.

The service provider maintains a database of the required service dates for each piece of equipment requiring preventative maintenance. As noted in **Figure 5**, the service provider notifies clients at various intervals via letters and phone calls that preventative maintenance is due. However, over three quarters of clients with lift equipment on loan requiring preventative maintenance do not respond to the service provider’s requests to bring equipment for maintenance.

Figure 5—Lift Equipment on Loan as of December 31, 2020 Requiring Preventative Maintenance

	Method of Contact	Number of Pieces of Equipment	% of Total
Service not yet required	Not applicable	307	
Maintenance due in two months	First Letter	21	0.4%
Maintenance due	Second Letter	32	7.5%
Maintenance past due by at least three months	Telephone call	17	4.0%
Maintenance past due by at least six months	Final Letter	24	5.6%
Maintenance past due by at least six months and no response from client	None	330	77.8%
Total Requiring Preventative Maintenance		424	
Total		731	

Source: Adapted from Special Needs Equipment Program December 31, 2020 quarterly report.

The service provider also reported that the pieces of equipment with maintenance past due also includes obsolete equipment. As we note in **Section 3.2**, the service provider needs

to update its IT system for obsolete equipment. This would better reflect the actual numbers of equipment in need of service.

For the ten pieces of lift equipment tested that required preventative maintenance, we found:

- For three pieces of equipment, the service provider did not have any records of preventative maintenance done since 2012, 2017, and 2018. We further found for these three pieces of equipment, the service provider did not perform preventative maintenance on each piece of equipment before loaning it to new clients.

Failure to perform preventative maintenance on equipment on loan increases the risk of injury to clients. It may also expose the Ministry to liability risks if equipment has not been sufficiently maintained and causes injuries to clients.

3.5 Evaluation Framework Implemented to Measure Program Success

We recommended the Ministry of Health set out how it plans to measure the success of the Special Needs Equipment Program. (2016 Report – Volume 2, p. 166, Recommendation 5; Public Accounts Committee agreement June 12, 2018)

Status—Implemented

The Ministry of Health established an evaluation framework to help it measure the success of the Special Needs Equipment Program.

In May 2020, the Ministry developed an evaluation framework that outlines outcomes the Ministry expects the Program to achieve. As shown in **Figure 6**, the Ministry has set three types of outcomes—immediate, intermediate, and ultimate.

Figure 6—Outcomes Expected from the Special Needs Equipment Program

- Immediate Outcomes
 - Clients are able to access Special Needs Equipment
 - Therapists have the information they need to access equipment for their clients
- Intermediate Outcomes
 - Clients feel that accessing the loaned equipment has helped to offset the cost of, and improve the affordability of mobility equipment
 - If equipment was required for discharge from hospital, this equipment assisted in this process
- Ultimate Outcomes
 - Clients are supported in their ability to return or remain in their home
 - SAIL has provided sufficient benefits that provide the basic level of coverage in a cost effective and timely manner
 - The equipment provided and appropriate and reasonable use of SAIL benefits

Source: Adapted from the Ministry of Health's evaluation framework.

To help the Ministry determine how successful the Program is in producing the desirable outcomes, the Ministry developed six evaluative questions as follows:

- Are clients able to access special needs equipment recommended by their therapists that will meet their basic needs?



- Are therapists equipped with the information they need to assist their clients in accessing special needs equipment?
- Does having access to loaned equipment help offset the cost of and improve the affordability of mobility equipment?
- Does the client feel they are supported in their ability to return or remain in their home?
- Does having loaned equipment assist in clients discharge from hospital?
- Is the equipment provided appropriate and reasonable use of SAIL benefits?

The Ministry also set out how it plans to measure the success of each question (e.g., biannual client satisfaction survey, feedback from medical professionals, formal complaints escalation process).

We found the Ministry developed improvement activities to meet the objectives of the Program (e.g., review of toileting and bathing equipment to be added to the Program to meet the needs of clients). Furthermore, the Ministry incorporated the identified activities into its unit work plan to ensure that evaluation of the Program is ongoing.

Ongoing evaluation of the Program helps the Ministry to know whether Program meets the Saskatchewan Aids to Independent Living program objectives and what areas of the Program need improvement and focused efforts.

3.6 Escalation Process for Complaints Documented and Followed

We recommended 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. (2016 Report – Volume 2, p. 167, Recommendation 6; Public Accounts Committee agreement June 12, 2018)

Status—Implemented

The Ministry of Health set clear documented expectations on the types of complaints the service provider is to escalate to the Ministry.

In spring 2019, the Ministry developed a work standard outlining the types of complaints the service provider is required to escalate to the Ministry. These include:

- Written appeals for equipment⁵
- Concerns related to the provision of special needs equipment or repairs that are not resolved by the service provider

The Ministry tracks complaints escalated by the service provider. From January 2019 to February 2021, the service provider escalated 38 complaints to the Ministry. All 38 complaints related to equipment (e.g., request for second wheelchair, communication

⁵ If the service provider or an authorized health care professional denies a client's initial request for a piece of equipment, the client can appeal the decision.

device for wheelchair). Also, during this time frame, the Ministry received two appeals for equipment (e.g., client appealed the service provider's decision on ultralight wheelchair grant application).

Setting clear expectations for escalating complaints helps the Ministry identify issues with, and gain timely insight about, the service provider's delivery of the Program. This allows the Ministry to make informed decisions about improving service delivery to its clients.



(this page intentionally left blank)

