

Chapter 23

Saskatchewan Health Authority—Triage Emergency Department Patients in Saskatoon Hospitals

1.0 MAIN POINTS

Emergency departments must prioritize (triage) patients quickly and appropriately to provide immediate care to patients experiencing life-threatening medical conditions and timely care to other patients.

By February 2021, the Saskatchewan Health Authority had implemented two, and partially implemented one, of the remaining three recommendations we first made in our 2013 audit related to triaging patients in the Saskatoon hospital emergency departments.¹

Changes the Authority made better support staff in routinely assessing patients in emergency department wait rooms, and improving patient flow in and out of emergency departments at the Saskatoon hospitals. These improvements resulted in emergency department patients seeing physicians, on average, sooner.

However, the Authority needs to resume its work about tracking and reducing the incidence of patients who could be seen outside of the emergency department to ensure it makes optimal use of its emergency departments.

2.0 INTRODUCTION

This chapter describes our third follow-up audit of management's actions on the three remaining recommendations we first made in 2013 about the Saskatchewan Health Authority's processes to triage patients in hospital emergency departments in Saskatoon.

Our *2013 Report – Volume 2*, Chapter 30, concluded the Authority did not have effective processes to triage patients from the time they arrive at the emergency department to when they see a physician for the first time in its Saskatoon hospitals emergency departments. We made eight recommendations. As reported in our *2018 Report – Volume 2*, Chapter 40, by August 2018, the Authority had implemented five of the eight recommendations.

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 2013 audit. The Authority management agreed with the criteria in the original audit.

To perform our follow-up audit of the recommendations, we discussed actions taken with Authority management and reviewed relevant IT systems and documents (e.g., Authority wait time reports, strategies, manuals).

¹ Hospitals in Saskatoon include the Royal University Hospital, St. Paul's Hospital, Jim Pattison Children's Hospital, and Saskatoon City Hospital.



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 February 28, 2021, and the Authority's actions up to that date.

3.1 Patients Seeing Physicians in Emergency Departments More Timely

We recommended the Saskatchewan Health Authority (formerly Saskatoon Regional Health Authority) put processes in place to ensure emergency department patients see physicians within established time goals.

(2013 Report – Volume 2, p. 233, Recommendation 7; Public Accounts Committee agreement January 15, 2015)

Status—Implemented

The Saskatchewan Health Authority has improved its emergency departments' patient wait time since our last follow-up in 2018.

The Authority has worked to expedite patient flow within emergency departments' control. Overall, hospitals in Saskatoon are meeting the targeted timeframes by which emergency department physicians see patients.

The Authority completed several improvement reviews that evaluated patient and healthcare provider flow. It completed this work in preparation for the move into the new emergency department located in Jim Pattison Children's Hospital in Saskatoon, in 2019.²

Using the results of reviews, the Authority revised nursing and physician assignments to better reflect patient arrival times and build capacity when needed. For example, emergency department physicians now go to the hospital with the greatest need to accommodate capacity situations, and reduce patient waiting time. Also, the Authority improved the layout of the new emergency department.

Authority management also, over the past two to three years, adopted various strategies to support patient flow out of the emergency department, and decrease the number of incoming patients to emergency departments. For example, the Authority moved a primary care centre to a Saskatoon mall from one of the Saskatoon hospitals. The care centre completed over 9,000 visits in 2020–21.

The Authority set a goal to reduce patient wait times in Saskatchewan emergency departments (based on the 2018–19 provincial emergency wait times) by five percent by 2019–20. **Figure 1** shows, in 2020–21, the Authority met its five percent reduction goal in the Saskatoon hospitals. **Figure 1** also shows improvement in patient wait times in Saskatoon emergency departments between 2018 and 2021.

² The emergency department was previously located in the Royal University Hospital.

Furthermore, in 2020–21, the Authority is meeting the standards for Canadian Triage Acuity Scale (CTAS) wait time for all CTAS levels other than CTAS Level 3 (urgent – serious conditions that require emergency intervention).³

Figure 1—Comparison of Average Wait Times (in Minutes) in Emergency Departments in Saskatoon Hospitals between 2018 and 2021 by CTAS Level

CTAS Level	1 Resuscitation ^B	2 Emergent	3 Urgent	4 Less Urgent	5 Non-Urgent
CTAS Wait Time Standard ^A	5	15	30	60	120
2018–19 Provincial Base	22	67	104	105	84
Goal of a 5% Reduction from Base by 2019–20	21	64	98	100	80
Fiscal Year	Actual Average Wait Times (in Minutes)				
2018–19	22	26	71	85	72
2019–20	21	23	72	85	72
2020–21	11	9	47	57	48

Source: Former Saskatoon Regional Health Authority Strategic Health Information and Performance Supports (SHIPS).

^A The Authority's measurement of wait time includes the length of time between patients being triaged in line with the Canadian Triage and Acuity Scale (CTAS) base standards (levels 1, 2, 3, 4, and 5) set by the Canadian Association of Emergency Physicians (CAEP).

^B The Authority treats CTAS 1 patients immediately upon arrival and the computer system calculates actual wait times based on when the CTAS score for the patient is entered into the system.

Formulating and implementing strategies to meet emergency department triage goals reduces the risk of not providing patients with timely access to service.

3.2 Reassessing Patients in Emergency Department Waiting Rooms

We recommended the Saskatchewan Health Authority (formerly Saskatoon Regional Health Authority) staff routinely reassess patients in emergency department waiting rooms to determine that their conditions have not deteriorated. (2013 Report – Volume 2, p. 232, Recommendation 5; Public Accounts Committee agreement January 15, 2015)

Status—Implemented

The Saskatchewan Health Authority has implemented visual reminders for nursing staff to routinely reassess patients waiting in emergency department wait rooms.

Nurses in emergency room departments in the Saskatoon hospitals receive reminder flashing prompts on the computer screen to reassess patients in the waiting room. Reminders occur based on the initial CTAS level rating that nursing staff assign to a patient when they originally come to the emergency department. The reminder prompts only stops when the staff change the patient status column to treatment in progress (i.e., physician seeing the patient).

³ The Canadian Triage and Acuity Scale (CTAS) is a tool used both nationally and internationally to allow emergency departments and their staff to prioritize patient care requirements.



As shown in **Figure 2**, the more serious the patient's condition is, the more frequent the computer system alerts staff to check on the patient's health status while patients are in the waiting room.

Figure 2—Reassessment Reminders by CTAS Level

CTAS Level	Message Display
CTAS 2	Message flashes red after timer reaches 15 minutes
CTAS 3	Message flashes yellow after timer reaches 30 minutes
CTAS 4	Message flashes green after timer reaches 60 minutes
CTAS 5	Message flashes grey after timer reaches 120 minutes

Source: Adapted from Saskatchewan Health Authority Sunrise Clinical Manager Manual. CTAS 1 Level patients given immediate care and therefore do not require reassessment reminders.

We confirmed the emergency department's IT system provides the reassessment reminders as described.

Periodically reassessing patients while in waiting rooms helps with identifying potential deterioration in medical status in a timely manner.

3.3 Not Tracking Patients Who Could be Seen Outside of Emergency Departments

We recommended the Saskatchewan Health Authority (formerly Saskatoon Regional Health Authority) provide consultant care for less-urgent or non-urgent patients outside of its emergency departments. (2013 Report – Volume 2, p. 225, Recommendation 2; Public Accounts Committee agreement January 15, 2015)

Status—Partially Implemented

Since our last follow-up audit in 2018, the Saskatchewan Health Authority has undertaken system-flow initiatives to address ongoing acute care patient capacity challenges in its Saskatoon hospitals. However, the Authority does not track the incidence of patients seeing a consultant who could be seen outside of the emergency department.

In 2013–14, the hospital emergency departments in Saskatoon estimated about 17 percent of emergency department visits were for consultations of less-urgent or non-urgent patients with specialist physicians.⁴

At February 2021, the Authority does not track the number of patients treated in Saskatoon emergency department who could be seen outside of the emergency departments. For example, the Authority does not track the number of consultations with specialist physicians (e.g. orthopedic surgeons) for less-urgent and non-urgent patients taking place in emergency departments. Treatment areas used for these consultations could be used for treating patients who have visited emergency for immediate care of more urgent conditions.

⁴ 2013 Report – Volume 2, Chapter 30.

In early spring 2020, the Authority began work with colleagues in surgery departments (e.g., orthopedics, plastics, vascular) to address the issue of consultants caring for less-urgent and non-urgent patients in emergency departments. The Authority temporarily suspended this work in April 2020 when COVID-19 commenced.

Tracking the incidence of patients who could be seen outside of an emergency department provides key information necessary to formulate strategies to focus the use of emergency department resources on patients requiring emergent or urgent care.



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