

Chapter 20

Saskatchewan Health Authority—Medication Management in Long-Term Care Facilities in Kindersley and Surrounding Area

1.0 MAIN POINTS

The Saskatchewan Health Authority is responsible for establishing and enforcing policies and procedures so long-term care residents get the right medication at the right dosage when required.

By January 2022, the Authority fully implemented the two remaining recommendations we made in 2014 related to medication management for long-term care residents in facilities located in Kindersley and surrounding area.

The Authority implemented a process to audit whether long-term care facilities adhere to policies requiring informed consent from residents or their designated decision-makers for the use of medication as a restraint or for changes in high-risk medications.¹ This process contributed toward the Authority improving its documentation of informed consent.

Having informed consent reduces the risk a long-term care resident or their designated decision-maker is unaware of a medication's effects and the influence it may have on a resident's quality of life.

2.0 INTRODUCTION

As of January 31, 2022, the Saskatchewan Health Authority had 489 long-term care beds in 13 long-term care facilities in Kindersley and surrounding area.

In 2014, we assessed the Authority's processes related to medication management in long-term care facilities located in Kindersley and surrounding area. Our *2014 Report – Volume 2*, Chapter 35, concluded the Authority did not have effective processes to manage medication plans for residents in those long-term care facilities.² We made 17 recommendations. By December 2019, the Authority implemented 14 of these 17 recommendations. In addition, we determined one recommendation was no longer relevant.³

This chapter includes our third follow-up audit on the two outstanding 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 audit. The Authority's management agreed with the criteria in the original audit.

¹ High-risk medications are defined as medications included on the AGS Beers Criteria® guidelines that lists medications at higher risk for potentially inappropriate use in older adults.

² *2014 Report – Volume 2, Chapter 35*, pp. 235–255.

³ *2017 Report – Volume 2, Chapter 37*, pp. 261–268; *2020 Report – Volume 1, Chapter 27*, pp. 259–262.



To complete the audit, we visited three long-term care facilities in Kindersley and surrounding area, reviewed established policies, tested a sample of resident files, and reviewed the results of compliance audits completed by facility staff.

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 January 31, 2022, and the Authority's actions up to that date.

3.1 Monitoring for Informed Written Consent

We recommended the Saskatchewan Health Authority follow its policy to obtain informed written consent from long-term care residents or their designated decision-makers before using medication as a restraint.

(2014 Report – Volume 2, p. 251, Recommendation 13; Public Accounts Committee agreement September 17, 2015)

Status—Implemented

We recommended the Saskatchewan Health Authority implement a policy requiring informed written consent from long-term care residents or their designated decision-makers for changes in high-risk medication.

(2014 Report – Volume 2, p. 250, Recommendation 12; Public Accounts Committee agreement September 17, 2015)

Status—Implemented

In 2021, the Saskatchewan Health Authority implemented a process to audit whether long-term care facilities adhere to policies requiring informed written consent from residents or their designated decision-makers for the use of medication as a restraint or for changes in high-risk medications. As a result, it also improved its informed consent documentation since our last follow-up in 2019.

The Authority's policies in Kindersley and surrounding area require documented informed consent from the resident or their decision-maker when medication is used as a chemical restraint, as well as when a change in a high-risk medication occurs.

Since our last follow-up, the Authority implemented a process (i.e., work standard) to audit whether long-term care facilities in Kindersley and surrounding area adhere to its policies requiring informed consent. Beginning in 2021, facility staff started auditing a sample of resident files (i.e., 10% of residents, or a minimum of five) each month to determine whether the files contained documentation of informed consent. Facility staff accumulate audit results monthly and report the information to the three Directors responsible for long-term care facilities in the area, who then discuss results with staff.

We tested a sample of resident files at three long-term care facilities to determine whether facility staff documented informed consent from residents or their decision-makers when using medication as a chemical restraint, or when a change in a high-risk medication

occurred. We found 86% of client files included documentation of consent when using medication as a chemical restraint, and 73% of the files included documentation of consent for changes in high-risk medications. These results improved from our 2019 follow-up.⁴

When comparing our testing results with the results from the Authority's monthly audits, we found our results aligned with those of the Authority. In addition, the Authority's audit results for the three facilities we visited improved between April and December 2021—a 40% improvement associated with high-risk medications and a 20% improvement for medication used as a chemical restraint.

Having informed consent documentation reduces the risk a long-term care resident or their designated decision-maker may be unaware of a medication's effects, as well as the influence these medications may have on a resident's quality of life.

Implementation of a monitoring process, such as periodic audits, is an effective tool to promote staff compliance with informed consent requirements.

⁴ In our 2019 follow-up, we found 53% of client files tested included documentation of consent when using medication as a chemical restraint, and 69% of the files included documentation of consent for changes in high-risk medications.

