

## Chapter 18

# Saskatchewan Health Authority—Triaging Emergency Department Patients in Saskatoon Hospitals

### 1.0 MAIN POINTS

By January 2023, the Saskatchewan Health Authority implemented the last remaining recommendation we first made in our 2013 audit related to triaging patients in hospital emergency departments in Saskatoon.

Emergency departments must prioritize (triage) patients quickly and appropriately to provide immediate care to those experiencing life-threatening medical conditions and timely care to other patients. Having specialist physicians (consultants) meet patients at emergency departments can negatively affect triage and emergency patient wait times.

The Authority identified patients with hip fractures as a significant source of physician consultant traffic at the Royal University Hospital's (RUH) emergency department—it admitted 522 patients with fractured hips to the hospital's emergency department in 2021–22. This represented just over 1% of all RUH emergency department visits.

We found the Authority implemented an initiative at RUH in fall 2022 to admit fractured hip patients directly to the orthopedic trauma ward for physician consults, rather than admitting those patients to the emergency department. The Authority expects to consider using a similar approach for other types of physician consultations (e.g., other orthopedic-specific areas) in Saskatoon emergency departments based on relevant data analysis.

Taking steps to reduce consultants' use of emergency departments allows the Authority to focus the use of emergency department resources (e.g., beds) on patients requiring emergency or urgent care.

### 2.0 INTRODUCTION

Under *The Provincial Health Authority Act*, the Saskatchewan Health Authority is responsible for planning, organization, delivery and evaluation of health services in the province. This includes providing emergency healthcare services in Saskatoon hospitals.

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

In 2021–22, Saskatoon hospitals had 99,948 patients admitted into their hospital emergency departments. Royal University Hospital accounts for almost 50% of those admissions.



## 2.1 Focus of the Follow-Up Audit

This chapter describes our fourth follow-up audit of management's actions on the last remaining recommendation we first made in 2013 about the 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.<sup>1</sup> As reported in our *2021 Report – Volume 1*, Chapter 23, by February 2021, the Authority implemented seven of the eight recommendations.<sup>2</sup>

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.

To complete this follow-up audit, we interviewed key staff, reviewed relevant work standards, and examined documentation maintained by the Authority to track and monitor consultants' use of the emergency department at the Royal University Hospital.

## 3.0 STATUS OF RECOMMENDATION

This section sets out the recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at January 31, 2023, and the Authority's actions up to that date.

### 3.1 Reducing Consultant Care in Emergency Departments

***We recommended the Saskatchewan 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**—Implemented

In fall 2022, the Saskatchewan Health Authority implemented an initiative to admit fractured hip patients directly to the Royal University Hospital's (RUH) orthopedic trauma ward for physician consults rather than admitting them to the emergency department. It expects to take a similar approach for other types of physician consultations in Saskatoon hospitals.

As we described in our 2021 follow-up audit, the Authority began working with colleagues in surgery departments (e.g., orthopedics) in early spring 2020 to address consultants caring for less-urgent and non-urgent patients in emergency departments. However, the Authority temporarily suspended this work in April 2020 when the pandemic commenced.<sup>3</sup>

<sup>1</sup> *2013 Report – Volume 2*, Chapter 30, pp. 219–235.

<sup>2</sup> *2021 Report – Volume 1*, Chapter 23, pp. 255–259.

<sup>3</sup> *2021 Report – Volume 1*, Chapter 23, p. 255.

The Authority's Capacity Response Team rejuvenated the Authority's work in this area in fall 2022.<sup>4</sup> It identified patients with hip fractures as a significant source of physician consultant traffic in RUH's emergency department—the Authority admitted 522 patients with fractured hips to RUH's emergency department in 2021–22. The Authority indicated almost all of these patients were assessed at other acute care sites (e.g., other Saskatoon hospitals) and again at RUH's emergency department.

In October 2022, the Authority launched a workflow initiative to reduce consultant traffic in the RUH emergency department by admitting fractured hip patients directly to the orthopedic trauma ward for physician consults prior to surgery, rather than admitting patients to the emergency department.

To monitor the implementation of the hip fracture initiative, we found Authority staff compile data about fractured hip patients admitted into RUH (i.e., patients admitted directly to the RUH orthopedic trauma ward versus patients admitted to the RUH emergency department) and prepare weekly progress reports. Staff provide these reports to the Executive Director, Acute Care – Surgical Services, who presents the data to the Capacity Response Team each week.

We tested a sample of six patient files and found the Authority accurately recorded the patients' details for the purposes of monitoring the initiative. We also tested a sample of three weekly progress reports and found the Authority accurately reported information about the initiative's progress and communicated the report results as expected.

At February 2023, since the hip fracture initiative's implementation in fall 2022, the Authority admitted 42 fractured hip patients into RUH for surgery. We found the Authority admitted 83% of these patients (i.e., 35 patients) directly to the RUH orthopedic trauma ward instead of to the emergency department. This is a significant improvement from 2021–22, when the Authority admitted less than 4% of fractured hip patients directly to the orthopedic trauma ward (i.e., patients were admitted to the emergency department instead).

The Authority expects to consider using an approach similar to that used for the hip fracture initiative for other types of consultant traffic (e.g., other orthopedic-specific areas) to reduce admissions in Saskatoon emergency departments. The Authority anticipates completing data analysis for other types of consultations in Saskatoon hospitals during fiscal 2023–24.

Taking steps to reduce consultants' use of emergency departments allows the Authority to focus the use of emergency department resources on patients requiring emergency or urgent care.

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<sup>4</sup> The Authority's Capacity Response Team is tasked with decreasing overall acute care system pressures in Saskatoon hospitals.

