

Chapter 19

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

1.0 MAIN POINTS

The Saskatchewan Health Authority continues to work on improving its processes for the safe and timely discharge of hospital patients from its two acute care facilities in Regina—Pasqua and Regina General Hospitals.

At February 2023, these two facilities did not consistently follow the Authority's policy to conduct medication reconciliations before discharging patients.¹ We also found the Authority had yet to expand its team-based care approach to the Regina General Hospital—it expects to do so by March 2024.

Inconsistent completion of medication reconciliations by healthcare professionals at patient discharge may lead to adverse drug-related incidents or unplanned re-admissions. In addition, improved communication between healthcare professionals, such as the use of team-based care, can provide complete information on hospital patients' care to help healthcare professionals make informed decisions, as well as to estimate timely and safe discharge dates for patients.

2.0 INTRODUCTION

2.1 Background

The Saskatchewan Health Authority, under *The Provincial Health Authority Act*, is responsible for the planning, organization, delivery, and evaluation of the health services it provides, including discharging patients from its hospitals.

Discharging patients in a timely, but safe, manner is critical to bed management so beds are available when needed. If managed well, timely patient discharge can significantly improve bed access and patient flow.

2.2 Focus of Follow-Up Audit

This chapter describes our third follow-up audit of management's actions on the two outstanding recommendations we first made in 2015.

In 2015, we assessed the Authority's processes for the safe and timely discharge of patients from its Regina hospitals. Our *2015 Report – Volume 1*, Chapter 14, concluded the Authority had effective processes for the safe and timely discharge of hospital patients from its two largest acute care facilities in Regina (Pasqua and Regina General Hospitals),

¹ A medication reconciliation is the process healthcare professionals use to compile an accurate and complete list of all medications a patient is taking to prevent medication errors.



other than the matters reflected in our 11 recommendations.² By June 2019, the Authority implemented nine of the 11 recommendations.³

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

To carry out our follow-up audit, we discussed actions taken with management and examined the Authority's policies 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 February 15, 2023, and the Authority's actions up to that date.

3.1 Implementation of Team-Based Care Still Ongoing

We recommended the Saskatchewan Health Authority require healthcare 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

The Saskatchewan Health Authority continues to progress toward team-based care at both Regina hospitals, but more work is needed.

Subsequent to our 2015 audit, management decided not to proceed with the use of a comprehensive, multidisciplinary patient-care plan. Rather, the Authority indicated it continues to promote team-based care as its main strategy to facilitate coordinated patient care for general medicine patients (i.e., patients with a variety of general medical needs such as diabetes or dermatological conditions).⁴

Under a team-based care approach, the Authority assigns a physician to lead a specific unit-based team, made up of various healthcare professionals (e.g., physicians, nurses, occupational and physical therapists, pharmacists) physically located together on a unit. This helps create predictability, cohesiveness, improved communication, and on-site clinical support.⁵

² 2015 Report – Volume 1, Chapter 14, pp. 147–168.

³ 2017 Report – Volume 1, Chapter 24, pp. 253–260 and 2019 Report – Volume 2, Chapter 41, pp. 309–312.

⁴ The Authority previously referred to team-based care as Accountable Care Units, which it began using in 2016.

⁵ Adapted from information provided by the Saskatchewan Health Authority.

Consistent with our 2019 follow-up audit, the Authority indicated it continues to use a team-based approach to patient care in the five medicine units at the Pasqua Hospital. At February 2023, we found the Authority had yet to expand the team-based care approach to the Regina General Hospital. The Authority noted it expects to do so by March 2024.

Improved communication between healthcare professionals can provide complete information on hospital patients' care to help healthcare professionals make informed decisions, as well as to estimate timely and safe discharge dates for patients.

3.2 Medication Reconciliation Policy Not Consistently Followed

We recommended the Saskatchewan 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

The Saskatchewan Health Authority inconsistently follows its policy to complete medication reconciliations prior to discharging patients from its two Regina acute care facilities.

A medication reconciliation is the process healthcare professionals use to compile an accurate and complete list of all medications a patient is taking to prevent medication errors. It involves a systematic and collaborative review of all medications a patient has been taking and will need to continue, change, or stop at each significant transition of care, including discharge from a hospital.

The Authority updated its medication reconciliation policy in July 2020. The policy requires healthcare professionals to complete medication reconciliations for patients admitted to acute care on admission and discharge.

Only 10 of the 19 patient files we tested contained completed medication reconciliations.

Medication reconciliations can help reduce the risk of healthcare professionals communicating inaccurate medication information across transition points of care (e.g., discharge). Inconsistently performing medication reconciliations at discharge may lead to adverse drug-related incidents or unplanned re-admissions.

