

Chapter 24

Saskatchewan Health Authority—Minimizing Employee Absenteeism in Kindersley and Surrounding Areas

1.0 MAIN POINTS

Excessive employee absenteeism prevents the Saskatchewan Health Authority from delivering cost-effective healthcare services.

Sick leave continues to increase at the Authority. In 2022–23, the Authority experienced actual sick time per employee of about 107 hours (13.4 sick days) on a province-wide basis, as compared to 82 hours (10.25 sick days) in 2018–19.

By August 2023, the Authority implemented one recommendation and continues to work on the three other outstanding recommendations we first made in 2017 about minimizing employee absenteeism in Kindersley and surrounding areas.

The Authority reassessed the role of human resources in addressing employee absenteeism. It formalized its Accommodation and Attendance Management department, and trained human resource business partners to provide support (e.g., guidance about conducting meetings with employees, dealing with complex issues such as psychological illness claims) to managers who have employees with excessive absenteeism.

While the Authority started analyzing and reporting causes (e.g., physical health, mental health, stress) of employee absenteeism, it had yet to implement, and sufficiently report on, strategies to address those causes. In addition, the Authority is not monitoring the actions taken by managers to work with those employees with excessive absenteeism.

Effectively managing absenteeism contributes to quality service delivery to the public, minimizes costs, and supports employee well-being.

2.0 INTRODUCTION

Under *The Provincial Health Authority Act*, the Saskatchewan Health Authority is responsible for the planning, organization, delivery, and evaluation of health services it provides. Employee absenteeism directly affects the delivery of health services.

Managing employee absenteeism is a key aspect to controlling the costs of delivering healthcare in Saskatchewan and supports employee well-being.

2.1 Focus of Follow-Up Audit

This chapter describes our second follow-up audit of management's actions on the four outstanding recommendations we first made in 2017.



In 2017, we assessed the Saskatchewan Health Authority's processes to minimize employee absenteeism in Kindersley and surrounding areas. Our *2017 Report – Volume 2*, Chapter 25, concluded the Authority had effective processes to minimize employee absenteeism other than the matters reflected in our five recommendations.¹ By November 2019, the Authority implemented one of the five recommendations.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 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 with management the actions taken and examined key documents (e.g., policies and procedures, reports provided to the Authority's Board of Directors, training) relevant to minimizing employee absenteeism. In addition, we tested a sample of employees with excessive absenteeism in Kindersley and surrounding areas.

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 August 31, 2023, and the Saskatchewan Health Authority's actions up to that date.

3.1 Human Resources Role Reassessed

We recommended the Saskatchewan Health Authority reassess the role of human resources in promoting employee attendance to enable more timely resolution of issues causing employee absenteeism. (*2017 Report – Volume 2*, p. 187, Recommendation 1; Public Accounts Committee agreement February 26, 2019)

Status—Implemented

The Saskatchewan Health Authority expanded the role of human resources staff to support managers who have employees with absenteeism issues.

Since our follow-up audit in 2019, the Authority determined its resourcing needs for its employee attendance support program and finalized the Accommodation and Attendance Management department structure. The Authority employs one Director for the department and expects each Accommodation and Attendance Management area (rural, Regina, Saskatoon, and north) to have one manager, seven specialists, and two associates. As of April 2023, management indicated the Authority fully staffed (i.e., 10 attendance management staff) the rural area of the Accommodation and Attendance Management department, which includes Kindersley and surrounding areas.

¹ *2017 Report – Volume 2, Chapter 25*, pp. 177–191.

² *2020 Report – Volume 1, Chapter 28*, pp. 263–267.

Each position has responsibilities related to accommodation and attendance management. For example, the Authority expects specialists to lead and advise all levels of management on accommodations and attendance issues deemed complex and/or provincially focused, such as psychological illness claims, family status accommodation requests, and religious status requests.

The Authority also employs over 60 human resource business partners, with three such partners supporting managers in healthcare facilities in Kindersley and surrounding areas. As part of their duties, human resource business partners provide knowledge, guidance, and support on employment relationships, as well as on accommodation and attendance management. They also support work units/service lines to negotiate resolutions for attendance management issues.

We found the Authority provided attendance management training to all human resource business partners in the rural area in June 2023. At August 2023, management indicated the business partners provided support on an ad hoc basis (i.e., a manager can reach out to the business partner for support when they have an employee with absenteeism issues).

Management noted that upon implementation of a provincial attendance management policy (expected before March 31, 2024), the human resource business partners will be the first point of contact for managers when they identify employees with absenteeism issues. The human resource business partners will offer attendance management support to managers (e.g., how to document meetings with employees using standardized checklists). If, after the initial discussion with the employee and continued absenteeism issues, managers can also seek advice from the Accommodation and Attendance Management specialist for further support (e.g., resources for mental healthcare, addictions).

Involving human resources personnel helps to share and reduce the workload for managers responsible for managing staff attendance. An effective approach to improve employee attendance at work is important because excessive employee absenteeism increases costs and can disrupt care.

3.2 Employees With Excessive Absenteeism Not Monitored

We recommended the Saskatchewan Health Authority monitor that those responsible for employee attendance management document discussions and actions with employees who have excessive absenteeism. (2017 Report – Volume 2, p. 188, Recommendation 3; Public Accounts Committee agreement February 26, 2019)

Status—Not Implemented

Since 2019, the Saskatchewan Health Authority stopped monitoring the actions taken by managers in Kindersley and surrounding areas to work with employees with excessive absenteeism.

During our 2019 follow-up audit, we found the Authority provided managers with monthly reports on employees with excessive absenteeism (i.e., more than 64 hours or about 8 working days) and implemented checklists to assist facility managers in conducting meetings with employees with excessive absenteeism. The checklists outline discussion



items such as issues leading to an absence (e.g., workload, physical work environment, workplace conflict) and resources available to the individual (e.g., Employee Family Assistance Program). The checklists also provide the option to establish an action plan, as well as a target date for completion of the action plan. In addition, a staff member in Kindersley and surrounding areas maintained a tracking sheet for monitoring actions taken by managers.

However, due to the COVID-19 pandemic, the Authority paused its attendance management processes. In fall 2022, management indicated the Authority resumed attendance management, but on an ad hoc basis.

Instead of providing managers with monthly reports to help monitor employee absenteeism, the Authority expects managers to informally monitor employees' attendance at work. If a manager notices attendance issues with an employee, the manager should discuss the issues with the employee, and can now request support from the human resource business partners as necessary since August 2023.

Between April 1, 2022, and July 31, 2023, the Authority had 670 employees (out of about 1,900 employees), or roughly 35% of staff, in Kindersley and surrounding areas with sick leave exceeding the target of 64 hours per full-time equivalent (FTE). Sick leave for these employees ranged from 65 to over 903 hours.

For each of the five employees in the Kindersley and surrounding areas with excessive absenteeism tested, we found no evidence of managers monitoring or documenting discussions about excessive absenteeism. For example, one employee had 372 hours of sick leave. This employee's manager did not use the checklist or document any discussions held.

Without proper records, managers cannot show if and how they addressed the reasons for identified absences of employees with excessive absenteeism. Monitoring whether supervisory managers take appropriate and timely steps to address excessive employee absenteeism can help determine whether they have adequate support in their supervisory role. It can also assist in understanding and addressing the causes for employee absenteeism.

3.3 Some Absenteeism Analysis and Reporting Completed, But More Required

We recommended the Saskatchewan Health Authority analyze significant causes of its employees' absenteeism and implement targeted strategies to address them. (2017 Report – Volume 2, p. 190, Recommendation 4; Public Accounts Committee agreement February 26, 2019)

Status—Partially Implemented

We recommended the Saskatchewan Health Authority give the Board periodic reports on the progress of attendance management strategies in reducing employee absenteeism and related costs. (2017 Report – Volume 2, p. 190, Recommendation 5; Public Accounts Committee agreement February 26, 2019)

Status—Partially Implemented

The Saskatchewan Health Authority has started to analyze and report on significant causes of employee absenteeism, but has not yet implemented, or reported on, targeted strategies to address them.

In January 2023, the Authority began manually collecting data on reasons for employee absenteeism. As shown in **Figure 1**, physical health, mental health, and chronic disease are the top three reasons for absenteeism in the province from January to June 2023. Physical health was the most common reason for absenteeism (48%) in the rural area, which includes Kindersley and surrounding areas.

Figure 1—Common Reasons for Employee Absenteeism between January and June 2023

Reason	Rural	Regina	Saskatoon	North	Total
Physical health	33	7	2	2	44
Mental health	6	7	7	9	29
Chronic disease	2	2	22	2	28
Family	10	6	1	5	22
Stress	5	4	3	1	13
Migraine	2	0	2	0	4
Addiction	0	3	0	0	3
Other (e.g., domestic violence, bereavement, insomnia)	11	7	87	38	143
Total	69	36	124	57	286

Source: Adapted from information provided by the Saskatchewan Health Authority.

We found the Authority used this data to create information packages with resources employees can access to help address the situation(s) contributing to their absenteeism. For example, the Authority developed an information package on chronic illnesses that provides education about common chronic illnesses (e.g., diabetes). The Authority expects to start using these packages in fall 2023.

Due to delays with implementing a new case management system (i.e., AIMS), the Authority's ability to collect data is limited.³ For example, the Authority is not able to perform analytics on facilities or groups with excessive absences. Gathering this information manually would be onerous and inefficient. Lack of useful data limits the Authority's ability to develop strategies to reduce employee absenteeism and the related costs.

In September 2023, management planned to provide the Board with an overview of the work of the Accommodation and Attendance Management department, along with the common reasons for employee absenteeism.

Collecting necessary data and analyzing causes of absences would assist in the development of strategies to reduce employee absenteeism. Reporting of key causes and strategies would help the Board understand whether the Authority is effectively reducing employee absenteeism, and whether changes are necessary. Excessive absenteeism increases costs to replace workers (e.g., overtime pay for other employees) and administrative costs of managing absenteeism.

³ The Authority began implementing a new business-wide IT system called Administrative Information Management System (AIMS) in 2018. The Authority had yet to establish a new AIMS implementation date following a paused attempt to "go live" in November 2022.

