

Chapter 14

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

1.0 MAIN POINTS

By February 2025, the Saskatchewan Health Authority improved its processes for the safe and timely discharge of patients from its two acute care facilities in Regina—Pasqua and Regina General Hospitals—by implementing the two remaining recommendations we first made in 2015.

The Authority used a team-based care approach at the Pasqua Hospital and continued to advance toward doing so at the Regina General Hospital. Communication among team-based healthcare professionals provides complete information to help make informed decisions about in-hospital patient care and estimate timely and safe discharge dates for patients.

The Authority also implemented a process to audit the completion of medication reconciliations at both Regina hospitals.¹ While the Authority found staff continue to inconsistently complete medication reconciliations upon patient discharge, it is committed to improving results in this area (e.g., periodic reporting of results to the Board). Consistent completion of medication reconciliations at patient discharge helps to reduce adverse drug-related incidents or unplanned hospital re-admissions.

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, safe manner is critical for effective 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 fourth follow-up audit of management's actions on the recommendations we made in 2015.

¹ A medication reconciliation compiles a complete list of a patient's medications to prevent medication errors.



We concluded, for the 12-month period ended February 28, 2015, the Saskatchewan Health 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), other than the matters reflected in our 11 recommendations.² By February 2023, the Authority implemented nine 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 the Authority's internal process to audit medication reconciliations at both Regina hospitals and observed team-based care at Pasqua 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 15, 2025, and the Saskatchewan Health Authority's actions up to that date.

3.1 Team-Based Care Advancing

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—Intent of Recommendation Met

The Saskatchewan Health Authority continues to advance the use of team-based care for patients at both Regina hospitals.

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

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

³ 2017 Report – Volume 1, Chapter 24, pp. 253–260, 2019 Report – Volume 2, Chapter 41, pp. 309–312, and 2023 Report – Volume 1, Chapter 19, pp. 187–189.

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) with a physical presence on the same hospital unit or floor. This helps create predictability, cohesiveness, improved communication, and on-site clinical support for the team members of that unit.⁴

We observed the team-based care approach at the Pasqua Hospital and found it operated as intended. We found physicians lead patient rounds (i.e., bedside visits) with input from various other healthcare professionals (e.g., nurse, pharmacist, physical therapist) physically present on the unit.

While the Authority had yet to expand the team-based care approach to the Regina General Hospital, we found it was actively negotiating a new physician services agreement promoting the use of team-based care at both Regina hospitals with the Saskatchewan Medical Association as of February 2025. The Authority anticipated finalizing this physician services agreement by June 30, 2025.

Communication among healthcare professionals involved in patient care helps to provide complete information for better decision-making, as well as to properly estimate timely and safe discharge dates for patients.

3.2 Medication Reconciliations Monitored Regularly

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—Implemented

The Saskatchewan Health Authority regularly monitored and reported on staff compliance with its medication reconciliation policy and planned to take action on lower non-compliance rates.

The Authority's medication reconciliation policy requires healthcare professionals to complete medication reconciliations for patients admitted to acute care on admission and discharge. A medication reconciliation is the process healthcare professionals use to compile an accurate and complete list of a patient's medications to prevent medication errors.

⁴ Adapted from information provided by the Saskatchewan Health Authority.



In April 2023, the Authority's Pharmacy Department in Regina implemented an audit process to assess compliance with the medication reconciliation policy.⁵ Pharmacy completes a monthly audit of 10 randomly selected patient files from each Regina Hospital to assess whether healthcare staff completed medication reconciliations as expected.

We tested a sample of eight patient files audited by Pharmacy and agreed with their audit results. We also reviewed Pharmacy's sample selection process and the reporting of audit results and found these processes effective for monitoring compliance with the medication reconciliation policy.

The Authority's Medication Reconciliation Subcommittee, comprised of members from various areas including Pharmacy, Clinical Standards, and Professional Practice and Acute Care, sets targets for medication reconciliation compliance (e.g., 80% of audited patient discharges across the province are compliant) and reviews monthly audit results. Additionally, we found the Authority's Board of Directors monitors medication reconciliation compliance on a quarterly basis.

Our review of Pharmacy's audit results found the Authority continues to inconsistently complete medication reconciliations upon patient discharge. For example, in November 2024, Pharmacy audit results found staff appropriately completed 14% of the discharge medication reconciliations tested at the Pasqua and Regina General Hospitals. Authority management indicated it planned to implement a peer support approach to increase compliance rates.

The inclusion of medication reconciliations within Board reporting also illustrates the Authority's commitment to improving results in this area. The Authority's report to the Board in September 2024 indicated healthcare staff appropriately completed on average over 50% of medication reconciliations audited across the province between July 2023 and June 2024.

Medication reconciliations can help reduce the risk of healthcare professionals communicating inaccurate medication information across transition points of care (e.g., discharge). Regularly monitoring and reporting on this process enables the Authority to help ensure medication reconciliations are carried out effectively.

⁵ The Authority completes audits at all hospitals across the province.