

Chapter 20

Saskatchewan Health Authority—Preventing and Controlling Hospital-Acquired Infections in the Regina General and Pasqua Hospitals

1.0 MAIN POINTS

The Saskatchewan Health Authority is responsible for keeping patients safe, including in hospitals. Infections acquired in hospitals can extend a patient's hospital stay and may lead to increased complications and treatment costs.

At December 2025, the Authority continued to work on addressing recommendations we first made in 2018 about preventing and controlling hospital-acquired infections at the Regina General and Pasqua Hospitals. The Authority implemented one recommendation and continues to work on implementing the remaining recommendation.

The Authority makes annual training on infection prevention and control practices mandatory for all hospital staff. Regina hospital unit managers are monitoring completion of the required training.

The Authority requires unit managers to monitor hand-hygiene compliance rates and develop action plans when compliance rates fall below 80%. The Authority has 26 out of 60 units in its Regina hospitals with unacceptable compliance rates—10 units had rates below 80% (ranged from 46.6% to 79.1%) while the other 16 units had few or no hand-hygiene audits completed to determine a compliance rate. Our testing found Regina hospital units with low compliance rates did not complete corrective action plans to improve hand hygiene per Authority policy. While the number of hospital-acquired infections in Regina hospitals has decreased overall since our original audit in 2018, it has been steadily increasing again in the last three years.

Not monitoring hand-hygiene compliance rates and not implementing corrective action plans put patients and staff at an increased risk of hospital-acquired infections.

2.0 INTRODUCTION

2.1 Background

The Provincial Health Authority Act makes the Saskatchewan Health Authority responsible for planning, organizing, delivering, and evaluating provincial health services. *The Provincial Health Authority Administration Regulations* specify that health services include disease and injury prevention services.

Regina General Hospital and Pasqua Hospital are two major hospitals providing healthcare services to people of southern Saskatchewan.



A hospital-acquired infection is an infection a patient acquires while in a hospital that was not present or incubating on admission.¹ Examples of common hospital-acquired infections include infections caused by organisms such as *Clostridium difficile*, Methicillin-resistant staphylococcus aureus (MRSA), and Vancomycin-resistant enterococcus (VRE).^{2,3,4} These infections are usually spread through contact with someone who carries the disease, an infected person, or from a contaminated surface.⁵

Such infections can extend a patient's hospital stay and may lead to additional complications and treatment costs. Having an effective infection prevention and control program can help to reduce the burden associated with hospital-acquired infections, lessen the length of hospital stays, and lower costs related to the treatment of infections.

2.2 Focus of Follow-Up Audit

This chapter describes our third follow-up audit of the Authority's actions on the recommendations we first made in 2018.

We concluded, for the 12-month period ended August 31, 2018, the Saskatchewan Health Authority had effective processes to prevent and control hospital-acquired infections in the Regina General Hospital and Pasqua Hospital except for the areas reflected in our four recommendations.⁶ By February 2024, the Authority implemented two recommendations.⁷

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 interviewed key Authority staff responsible for infection prevention and control at Regina's two hospitals. We examined and assessed relevant documentation including quarterly e-newsletters, hand-hygiene policy, and hand-hygiene compliance rates.

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 December 31, 2025, and the Saskatchewan Health Authority's actions up to that date.

¹ World Health Organization, *Global report on infection prevention and control 2024*, p. xi.

² *Clostridium difficile* is a bacterial spore that causes irritation in the bowel leading to severe cramps and diarrhea.

³ Methicillin-resistant staphylococcus aureus is a bacterium resistant to common antibiotics and affects the heart, lungs, bones, joints, and/or bloodstream.

⁴ Vancomycin-resistant enterococcus is a bacterium resistant to common antibiotics and causes severe urinary tract infections.

⁵ www.canada.ca/en/public-health/services/infectious-diseases/nosocomial-occupational-infections.html (20 November 2025).

⁶ *2018 Report – Volume 2, Chapter 24*, pp. 151–167.

⁷ *2022 Report – Volume 1, Chapter 21*, pp. 211–217 and *2024 Report – Volume 1, Chapter 18*, pp. 197–203.

3.1 Completion of Mandatory Training Monitored

We recommended the Saskatchewan Health Authority give hospital staff, responsible for patient care, formal training updates on infection prevention and control practices at least annually. (2018 Report – Volume 2, p. 158, Recommendation 1; Public Accounts Committee agreement March 1, 2022)

Status—Implemented

The Saskatchewan Health Authority makes annual training on infection prevention and control practices mandatory for all hospital staff (e.g., nurses, physicians). Regina hospital unit managers are monitoring completion of the required training.

The Authority makes the required annual infection prevention and control training available as a learning module through an online platform and expects hospital staff to complete the training annually.

In 2024–25, the Authority began providing quarterly updates to hospital staff through the Authority’s e-newsletter. The updates:

- Provide the Authority’s overall training completion rate. At October 2, 2025, it noted 41% of staff completed the required training.
- Remind staff that the mandatory infection prevention and control education must be completed by the end of December and provide access instructions for the modules.
- Remind unit managers of their ability to monitor and track training completed by their staff and how to access those reports.

Authority management indicated it is unit managers’ responsibility to monitor whether their staff complete the annual training as required. We tested two Regina hospital units and found unit managers are monitoring attendance. At September 2025, the monitoring reports showed training completion rates for the two units tested were 33% and 37%. Unit managers indicated they were following up with staff to improve the completion rates prior to the December 31 deadline.

Monitoring whether staff take annual refresher training on infection prevention and control practices decreases the risk staff are not up to date on key practices. Annual refresher training provides an opportunity to reinforce the importance of key practices to prevent and control hospital-acquired infections, helping to reduce infection transmission and protect the health of patients and staff.



3.2 Corrective Action Plans for Lower Hand-Hygiene Compliance Rates Not Completed

We recommended the Saskatchewan Health Authority actively monitor actions taken by Regina hospitals' patient-care units with lower than acceptable hand-hygiene compliance rates. (2018 Report – Volume 2, p. 163, Recommendation 3; Public Accounts Committee agreement March 1, 2022)

Status—Partially Implemented

The Saskatchewan Health Authority requires staff in patient-care units to prepare corrective action plans when hand-hygiene compliance rates fall below specific thresholds, but Regina hospital staff are not completing the action plans as required. In addition, not all Regina hospital units had hand-hygiene audits completed to determine a compliance rate.

In our 2024 follow-up audit, we found the Authority developed a hand-hygiene corrective action plan, which included thresholds for monitoring hand-hygiene compliance, as well as standardized action items. It considers a compliance rate below 80% as a lower than acceptable hand-hygiene compliance rate.

In September 2024, the Authority updated its hand-hygiene policy to require hospital unit staff (e.g., managers, supervisors, physician leaders) to complete a corrective action plan when hand-hygiene compliance rates are not met.

For example, if a unit's compliance rate is between 70–79%, the Authority requires unit managers to complete one action item (e.g., have staff review the hand-hygiene policy). When the compliance rate is 69% or less for one quarter, unit managers must complete two action items (e.g., unit manager to conduct hand-hygiene observations for four weeks, staff to review hand-hygiene scenarios, staff to identify factors contributing to non-compliance). When the compliance rate is 69% or less for two consecutive quarters, unit managers must complete three action items.

We assessed the hand-hygiene compliance rates for all 60 units (inpatient and outpatient) at the Regina hospitals. We found:

- 26 units (43%) had unacceptable compliance rates—10 units had rates below 80% (ranged from 46.6% to 79.1%) while the other 16 units had few or no hand-hygiene audits completed to determine compliance rates
- 34 units (57%) had acceptable compliance rates (ranged from 80.4% to 100%)

We tested two Regina hospital units with compliance rates below 80% and found hospital staff did not complete corrective action plans.

As shown in **Figure 1**, while the overall number of hospital-acquired infections decreased since our original audit in 2018, the number has been steadily increasing in the last three years.

Figure 1—Number of Infections by Organism Acquired at Regina General and Pasqua Hospitals

Organism	2017–18	2022–23	2023–24	2024–25	April 1, 2025, to December 31, 2025
Regina General Hospital					
Vancomycin-resistant enterococcus (VRE)	94	19	28	28	14
Methicillin-resistant staphylococcus aureus (MRSA)	52	10	22	24	12
Clostridium difficile (CDI)	41	54	42	39	30
Pasqua Hospital					
Vancomycin-resistant enterococcus (VRE)	112	52	46	57	35
Methicillin-resistant staphylococcus aureus (MRSA)	26	7	12	10	12
Clostridium difficile (CDI)	19	39	35	41	23
Total	344	181	185	199	126

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

Not actively holding patient-care units with unacceptable hand-hygiene compliance rates accountable increases the risk of not taking timely corrective actions, and places patients and staff at increased risk of hospital-acquired infections.

