ACCREDITATION
AGRÉMENT
CANADA
Qmentum

Accreditation Report

Saskatchewan Health Authority

Saskatoon, SK

On-site survey dates: April 23, 2023 - April 28, 2023

Report issued: May 30, 2023

About the Accreditation Report

Saskatchewan Health Authority (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in April 2023. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

Accreditation results are based on information provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the on-site survey and produce the Accreditation Report.

Confidentiality

This report is confidential and will be treated in confidence by Accreditation Canada in accordance with the terms and conditions as agreed between your organization and Accreditation Canada for the Assessment Program.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate its Accreditation Report to staff, board members, clients, the community, and other stakeholders.

Any alteration of this Accreditation Report compromises the integrity of the accreditation process and is strictly prohibited.

A Message from Accreditation Canada

On behalf of Accreditation Canada's board and staff, I extend my sincerest congratulations to your board, your leadership team, and everyone at your organization on your participation in the Qmentum accreditation program. Qmentum is designed to integrate with your quality improvement program. By using Qmentum to support and enable your quality improvement activities, its full value is realized.

This Accreditation Report includes your accreditation decision, the final results from your recent on-site survey, and the instrument data that your organization has submitted. Please use the information in this report and in your online Quality Performance Roadmap to guide your quality improvement activities.

Your Program Manager or Client Services Coordinator is available if you have questions or need guidance.

Thank you for your leadership and for demonstrating your ongoing commitment to quality by integrating accreditation into your improvement program. We welcome your feedback about how we can continue to strengthen the program to ensure it remains relevant to you and your services.

We look forward to our continued partnership.

Sincerely,

Leslee Thompson
Chief Executive Officer

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Executive Summary

Saskatchewan Health Authority (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world.

As part of the Qmentum accreditation program, the organization has undergone a rigorous evaluation process. Following a comprehensive self-assessment, external peer surveyors conducted an on-site survey during which they assessed this organization's leadership, governance, clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning and client experience. Results from all of these components are included in this report and were considered in the accreditation decision.

This report shows the results to date and is provided to guide the organization as it continues to incorporate the principles of accreditation and quality improvement into its programs, policies, and practices.

The organization is commended on its commitment to using accreditation to improve the quality and safety of the services it offers to its clients and its community.

Accreditation Decision

Saskatchewan Health Authority's accreditation decision is:

Accredited (Report)

The organization has succeeded in meeting the fundamental requirements of the accreditation program.

About the On-site Survey

- **On-site survey dates: April 23, 2023 to April 28, 2023**

This on-site survey is part of a series of sequential surveys for this organization. Collectively, these are used to assess the full scope of the organization's services and programs.

- **Locations**

The following locations were assessed during the on-site survey. All sites and services offered by the organization are deemed accredited.

1. Balcarres Paramedic Services Corp.
2. Battlefords Home Care
3. Biggar and District Health Centre
4. Cardiac Rehab Field House
5. Community Health Centre at Market Mall
6. Crescent View Clinic
7. Crestvue Ambulance Service Ltd.
8. Cypress Regional Hospital
9. Davidson EMS
10. Davidson Health Centre
11. Delisle Primary Health Centre
12. Dr. F. H. Wigmore Regional Hospital
13. EI Wood Building
14. Emergency Medical Services Division - Regina Central
15. Esterhazy Emergency Services
16. Four Directions Community Health Centre
17. Home Care Services & Intermediate Care Services(East Network)
18. Idylwyld Centre
19. Indian Head and District Ambulance
20. Indian Head Union Hospital
21. La Loche Ambulance District
22. La Loche Health Center & Hospital

23. Langenburg Health Care Complex
24. Langenburg Road Ambulance
25. Lloydminster & Area Home Care Services
26. Lloydminster Hospital
27. Maidstone Health Complex
28. Meadow Lake Hospital
29. Medstar Ventures Northeast EMS - Nipawin
30. Melfort Home Care
31. Melfort Hospital
32. Moose Jaw & District EMS - Lifeline Ambulance Service
33. Nipawin Hospital
34. North East Health Centre/International Travel Centre
35. Our Neighbourhood Health Centre
36. Outlook & District Health Centre
37. Outlook Ambulance District
38. Parkland Ambulance Care
39. Pasqua Hospital
40. PHC Clinical Integration 2 Public Health & Home Health
41. Pinehouse Health Centre
42. Primary Health Centre - Fort Qu'Appelle
43. Primary Health Centre – North Battleford
44. Regina General Hospital
45. Rosetown & District Health Centre
46. SHA Corporate Office
47. Southwest Integrated Healthcare Facility (Maple Creek)
48. St. Anthony's Hospital
49. St. Joseph's Health Centre (Ile-a la-Crosse)
50. Sunrise Health & Wellness Centre
51. Valley Ambulance Care
52. Victoria Hospital
53. Warman Home Care Clinic

54. Westwinds Primary Health Centre
55. White Buffalo Youth Lodge
56. Yorkton Regional Health Centre

- **Standards**

The following sets of standards were used to assess the organization's programs and services during the on-site survey.

System-Wide Standards

1. Infection Prevention and Control Standards
2. Infection Prevention and Control Standards for Community-Based Organizations
3. Medication Management for Community-Based Organizations (For Surveys in 2021)

Population-specific Standards

4. Population Health and Wellness

Service Excellence Standards

5. Emergency Department - Service Excellence Standards
6. EMS and Interfacility Transport - Service Excellence Standards
7. Home Care Services - Service Excellence Standards
8. Medication Management (For Surveys in 2021) - Service Excellence Standards
9. Primary Care Services - Service Excellence Standards
10. Public Health Services - Service Excellence Standards

- **Instruments**

The organization administered:

Indicators

1. Client Experience Tool

Overview by Quality Dimensions

Accreditation Canada defines quality in health care using eight dimensions that represent key service elements. Each criterion in the standards is associated with a quality dimension. This table shows the number of criteria related to each dimension that were rated as met, unmet, or not applicable.

Quality Dimension	Met	Unmet	N/A	Total
Population Focus (Work with my community to anticipate and meet our needs)	62	5	0	67
Accessibility (Give me timely and equitable services)	41	9	1	51
Safety (Keep me safe)	366	60	22	448
Worklife (Take care of those who take care of me)	49	18	0	67
Client-centred Services (Partner with me and my family in our care)	151	26	0	177
Continuity (Coordinate my care across the continuum)	47	0	0	47
Appropriateness (Do the right thing to achieve the best results)	331	94	20	445
Efficiency (Make the best use of resources)	30	5	0	35
Total	**1077**	**217**	**43**	**1337**

Overview by Standards

The Qmentum standards identify policies and practices that contribute to high quality, safe, and effectively managed care. Each standard has associated criteria that are used to measure the organization's compliance with the standard.

System-wide standards address quality and safety at the organizational level in areas such as governance and leadership. Population-specific and service excellence standards address specific populations, sectors, and services. The standards used to assess an organization's programs are based on the type of services it provides.

This table shows the sets of standards used to evaluate the organization's programs and services, and the number and percentage of criteria that were rated met, unmet, or not applicable during the on-site survey.

Accreditation decisions are based on compliance with standards. Percent compliance is calculated to the decimal and not rounded.

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Infection Prevention and Control Standards	53 (96.4%)	2 (3.6%)	12	32 (97.0%)	1 (3.0%)	4	85 (96.6%)	3 (3.4%)	16
Infection Prevention and Control Standards for Community-Based Organizations	29 (90.6%)	3 (9.4%)	2	45 (95.7%)	2 (4.3%)	0	74 (93.7%)	5 (6.3%)	2
Medication Management for Community-Based Organizations (For Surveys in 2021)	60 (78.9%)	16 (21.1%)	1	34 (82.9%)	7 (17.1%)	5	94 (80.3%)	23 (19.7%)	6
Population Health and Wellness	4 (100.0%)	0 (0.0%)	0	34 (97.1%)	1 (2.9%)	0	38 (97.4%)	1 (2.6%)	0
Medication Management (For Surveys in 2021)	79 (90.8%)	8 (9.2%)	13	39 (86.7%)	6 (13.3%)	5	118 (89.4%)	14 (10.6%)	18
Emergency Department	50 (69.4%)	22 (30.6%)	0	77 (72.0%)	30 (28.0%)	0	127 (70.9%)	52 (29.1%)	0

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
EMS and Interfacility Transport	98 (86.0%)	16 (14.0%)	0	107 (89.2%)	13 (10.8%)	0	205 (87.6%)	29 (12.4%)	0
Home Care Services	26 (54.2%)	22 (45.8%)	0	52 (69.3%)	23 (30.7%)	0	78 (63.4%)	45 (36.6%)	0
Primary Care Services	47 (79.7%)	12 (20.3%)	0	81 (89.0%)	10 (11.0%)	0	128 (85.3%)	22 (14.7%)	0
Public Health Services	42 (89.4%)	5 (10.6%)	0	66 (95.7%)	3 (4.3%)	0	108 (93.1%)	8 (6.9%)	0
Total	**488 (82.2%)**	106 (17.8%)	28	567 (85.5%)	96 (14.5%)	14	1055 (83.9%)	202 (16.1%)	42

* Does not includes ROP (Required Organizational Practices)

Overview by Required Organizational Practices

A Required Organizational Practice (ROP) is an essential practice that an organization must have in place to enhance client safety and minimize risk. Each ROP has associated tests for compliance, categorized as major and minor. All tests for compliance must be met for the ROP as a whole to be rated as met.

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client Identification (Emergency Department)	Met	1 of 1	0 of 0
Client Identification (EMS and Interfacility Transport)	Unmet	0 of 1	0 of 0
Client Identification (Home Care Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Emergency Department)	Unmet	3 of 4	0 of 1
Information transfer at care transitions (EMS and Interfacility Transport)	Met	4 of 4	1 of 1
Information transfer at care transitions (Home Care Services)	Unmet	1 of 4	0 of 1
Medication reconciliation at care transitions (Emergency Department)	Met	1 of 1	0 of 0
Medication reconciliation at care transitions (Home Care Services)	Unmet	0 of 3	0 of 1
The “Do Not Use” list of abbreviations (Medication Management (For Surveys in 2021))	Met	4 of 4	3 of 3

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
The "Do Not Use" list of abbreviations (Medication Management for Community-Based Organizations (For Surveys in 2021))	Unmet	3 of 3	2 of 3
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Medication Management (For Surveys in 2021))	Unmet	3 of 4	0 of 1
Concentrated Electrolytes (Medication Management (For Surveys in 2021))	Met	3 of 3	0 of 0
Concentrated Electrolytes (Medication Management for Community-Based Organizations (For Surveys in 2021))	Unmet	2 of 3	0 of 0
Heparin Safety (Medication Management (For Surveys in 2021))	Met	4 of 4	0 of 0
Heparin Safety (Medication Management for Community-Based Organizations (For Surveys in 2021))	Unmet	3 of 4	0 of 0
High-Alert Medications (EMS and Interfacility Transport)	Met	5 of 5	3 of 3
High-Alert Medications (Medication Management (For Surveys in 2021))	Met	5 of 5	3 of 3

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
High-Alert Medications (Medication Management for Community-Based Organizations (For Surveys in 2021))	Met	4 of 4	2 of 2
Infusion Pumps Training (Emergency Department)	Unmet	3 of 4	2 of 2
Infusion Pumps Training (EMS and Interfacility Transport)	Met	4 of 4	2 of 2
Infusion Pumps Training (Home Care Services)	Unmet	3 of 4	0 of 2
Narcotics Safety (EMS and Interfacility Transport)	Met	3 of 3	0 of 0
Narcotics Safety (Medication Management (For Surveys in 2021))	Met	3 of 3	0 of 0
Narcotics Safety (Medication Management for Community-Based Organizations (For Surveys in 2021))	Unmet	2 of 3	0 of 0
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (EMS and Interfacility Transport)	Unmet	0 of 1	0 of 2
Hand-Hygiene Compliance (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Hand-Hygiene Compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Unmet	0 of 1	0 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Education and Training (EMS and Interfacility Transport)	Met	1 of 1	0 of 0
Hand-Hygiene Education and Training (Infection Prevention and Control Standards)	Met	1 of 1	0 of 0
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Reprocessing (EMS and Interfacility Transport)	Met	1 of 1	1 of 1
Reprocessing (Infection Prevention and Control Standards)	Met	1 of 1	1 of 1
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Home Safety Risk Assessment (Home Care Services)	Met	3 of 3	2 of 2
Skin and Wound Care (Home Care Services)	Unmet	4 of 7	0 of 1
Suicide Prevention (Emergency Department)	Unmet	4 of 5	0 of 0

Summary of Surveyor Team Observations

The surveyor team made the following observations about the organization's overall strengths, opportunities for improvement, and challenges.

The Saskatchewan Health Authority (SHA) is the largest organization in Saskatchewan employing more than 43,000 employees and physicians. There are six (6) tertiary hospitals with over 1500 beds, six (6) regional hospitals with over 585 beds, nine (9) district hospitals with over 315 beds, 40 community hospitals with over 1100 beds and 150 Long-Term Care sites. In addition, there are numerous Primary Care Services, Public Health Services, and Home Care Services throughout the organization. These services are delivered across the SHA in the Integrated Service Areas, embedded in the Health Network framework. Community health services are “provincially developed, locally delivered”. There are four (4) Integrated Saskatchewan Health Authority Service Areas (Saskatoon, Integrated Northern Health [INH], Regina, and Integrated Rural Health [IRH] which have multiple health networks within each. The health networks are collaborative teams of health providers including community partners. The intent is to provide integrated services.

Key SHA Strategic Priorities for 2022/23 include 1) advancing connected care: providing seamless care as close to home as possible, 2) enhancing team-based primary health care & improving health outcomes through health networks, and 3) ensuring continuity of care at every health encounter. Further, the Saskatchewan Health Authority has identified a 2022/23 roadmap to include a recovery plan focused on 1) investing in our most valuable resource – our people, 2) advancing connected care for the people of Saskatchewan – providing seamless care as close to home as possible, and 3) enhancing patient care through better flow of information and renewed facility infrastructure.

This peer surveyor visit was the last of the four-year cycle. This visit focused on Emergency Departments, Primary Health Care teams (Primary Health Care, Public Health and Home Care), Population Health and Wellness, Emergency Medical Services (SHA operated and contracted), Infection Prevention and Control and Medication Management. People-centred care was embedded throughout all standard areas.

Objectives for this survey were to apply Accreditation Canada standards to drive excellence throughout the system and to support accreditation as a process, thus having SHA become accreditation ready on an ongoing basis.

The Saskatchewan Health Authority’s mission, vision and values are rooted in the organization’s commitment to a philosophy of patient- and family-centred care. The centralized Patient and Client Experience Portfolio enables meaningful and consistent engagement practice across the province. A growing number of Patient and Family Partners (PFPs) are engaged in the development and evolution of many of SHA’s programs and services. The organization is encouraged to continue to grow its commitment to formally partnering with PFPs. The Patient and Family Leadership Council is a strategic partner of SHA’s leadership team and helps to ensure that the voices of patients and clients are embedded in all SHA’s work.

Numerous strengths were observed. There are clearly strong inter-disciplinary teams in place. The development of Primary Health Care Networks is progressing well in all areas. Staff commitment to client care and safety was observed in all areas with an overall commitment to Quality/ Accreditation Ready. There has been excellent leverage of accreditation processes and commitment to embedding standards into the fabric of the organization. At every location, the Point of Care was excellent with true commitment to the authentic engagement of patients. System flow work is well underway. There have been many challenges, but successes are evident and measured. Another note has been the successful recruitment for leadership positions. Ongoing leadership training and mentorship will be helpful.

In a large complex system, there are numerous opportunities for ongoing improvement. A single integrated health record would be ideal but the use of eHealth Viewer has been helpful. SHA is encouraged to ensure all providers at all sites have access to electronic health records to support integrated practice. The geography of Saskatchewan is immense. Additional attention is encouraged to enhance visibility and support in rural and remote communities so that they feel engaged and not forgotten.

Local frontline quality initiatives require further support from SHA to be developed and implemented. SHA is encouraged to continue to update policies and procedures and to develop system-wide guidelines. There is a need to look at processes employed to develop and update guidelines so that they consider the local nuances of local sites/communities.

Detailed Required Organizational Practices

Each ROP is associated with one of the following patient safety goal areas: safety culture, communication, medication use, worklife/workforce, infection control, or risk assessment.

This table shows each unmet ROP, the associated patient safety goal, and the set of standards where it appears.

Unmet Required Organizational Practice	Standards Set
Patient Safety Goal Area: Communication	
Information transfer at care transitions Information relevant to the care of the client is communicated effectively during care transitions.	· Emergency Department 12.16 · Home Care Services 9.10
Client Identification Interfacility Transport only: Working in partnership with patients and families, at least two person-specific identifiers are used to confirm that patients receive the service or procedure intended for them.	· EMS and Interfacility Transport 20.8
The Do Not Use list of abbreviations The organization has identified and implemented a list of abbreviations, symbols, and dose designations that are not to be used in the organization.	· Medication Management for Community-Based Organizations (For Surveys in 2021) 1.5
Medication reconciliation at care transitions Medication reconciliation is conducted in partnership with clients and families for a target group of clients when medication management is a component of care (or deemed appropriate through clinician assessment), to communicate accurate and complete information about medications.	· Home Care Services 8.6
Patient Safety Goal Area: Medication Use	
Concentrated Electrolytes The availability of concentrated electrolytes is evaluated and limited to ensure that formats with the potential to cause patient safety incidents are not stocked in client service areas.	· Medication Management for Community-Based Organizations (For Surveys in 2021) 2.5

Unmet Required Organizational Practice	Standards Set
Infusion Pumps Training A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented.	· Home Care Services 3.8 · Emergency Department 4.9
Heparin Safety The availability of heparin products is evaluated and limited to ensure that formats with the potential to cause patient safety incidents are not stocked in client service areas.	· Medication Management for Community-Based Organizations (For Surveys in 2021) 2.6
Narcotics Safety The availability of narcotic products is evaluated and limited to ensure that formats with the potential to cause patient safety incidents are not stocked in client service areas.	· Medication Management for Community-Based Organizations (For Surveys in 2021) 2.7
Antimicrobial Stewardship There is an antimicrobial stewardship program to optimize antimicrobial use.Note: This ROP applies only to organizations that provide acute inpatient care, cancer treatment services or inpatient rehabilitation services.	· Medication Management (For Surveys in 2021) 2.3
Patient Safety Goal Area: Infection Control	
Hand-Hygiene Compliance Compliance with accepted hand-hygiene practices is measured.	· Infection Prevention and Control Standards for Community-Based Organizations 8.4 · EMS and Interfacility Transport 8.7
Patient Safety Goal Area: Risk Assessment	
Suicide Prevention Clients are assessed and monitored for risk of suicide.	· Emergency Department 10.7
Skin and Wound Care An interprofessional and collaborative approach is used to assess clients who need skin and wound care and provide evidence-informed care that promotes healing and reduces morbidity and mortality.	· Home Care Services 8.7

Detailed On-site Survey Results

This section provides the detailed results of the on-site survey. When reviewing these results, it is important to review the service excellence and the system-wide results together, as they are complementary. Results are presented in two ways: first by priority process and then by standards sets.

Accreditation Canada defines priority processes as critical areas and systems that have a significant impact on the quality and safety of care and services. Priority processes provide a different perspective from that offered by the standards, organizing the results into themes that cut across departments, services, and teams.

For instance, the patient flow priority process includes criteria from a number of sets of standards that address various aspects of patient flow, from preventing infections to providing timely diagnostic or surgical services. This provides a comprehensive picture of how patients move through the organization and how services are delivered to them, regardless of the department they are in or the specific services they receive.

During the on-site survey, surveyors rate compliance with the criteria, provide a rationale for their rating, and comment on each priority process.

Priority process comments are shown in this report. The rationale for unmet criteria can be found in the organization's online Quality Performance Roadmap.

See Appendix B for a list of priority processes.

INTERPRETING THE TABLES IN THIS SECTION: The tables show all unmet criteria from each set of standards, identify high priority criteria (which include ROPs), and list surveyor comments related to each priority process.

High priority criteria and ROP tests for compliance are identified by the following symbols:

!	High priority criterion
ROP	Required Organizational Practice
MAJOR	Major ROP Test for Compliance
MINOR	Minor ROP Test for Compliance

Priority Process Results for System-wide Standards

The results in this section are presented first by priority process and then by standards set.

Some priority processes in this section also apply to the service excellence standards. Results of unmet criteria that also relate to services should be shared with the relevant team.

Priority Process: Physical Environment

Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.

Unmet Criteria		High Priority Criteria
Standards Set: EMS and Interfacility Transport		
11.5	Vehicle operators participate in regular training on how to operate transport vehicles.	!
12.2	Preventative maintenance is regularly performed on all vehicles.	!
Surveyor comments on the priority process(es)		

Emergency Medical Services (EMS) ambulances, in areas reviewed by this survey team, all seem to be the same or similar with age differences. These differences are found to be in exterior decals, badging, safety decals, and lighting. Interior compartments are again very similar with some variations of where entry kits are stored and secured.

There are one-stretcher and two-stretcher ambulances that can be found in some areas.

Generally, the physical environments that EMS and their staff can be found in and that are under their focused control, are clean, tidy, and well-maintained. One area that consistently requires a great amount of attention is the ambulance bays that are controlled and connected to SHA hospitals. These environments with only one exception (Moose Jaw) were found to be inappropriate for 2023 in terms of cleanliness and unkemptness. In some cases, these entries to care are the first view into these healthcare environments that patients see. Healthcare providers and the people they serve deserve much better when it comes to the front-stage appearance of care.

During tracer activities, all safety equipment and devices are used very well in ambulances while moving. Safety mounting hardware is also used without any apparent exception.

Priority Process: Emergency Preparedness

Planning for and managing emergencies, disasters, or other aspects of public safety.

Unmet Criteria		High Priority Criteria
Standards Set: EMS and Interfacility Transport		
10.4	There is a process to address a patient's or team's exposure to hazardous materials when it is discovered during or after transport.	!
Standards Set: Infection Prevention and Control Standards for Community-Based Organizations		
12.5	Policies and procedures regarding outbreaks are regularly reviewed, in collaboration with partners, and following each outbreak, and improvements are made as needed.	

Surveyor comments on the priority process(es)

There is a well-established disaster and pandemic response plan in place across the Saskatchewan Health Authority (SHA). All sites participate in disaster plan exercises as appropriate. One challenge identified is that there are several supporting documents that are from previous health regions. As a result, staff in rural areas may often be working off of a support system that has not been reviewed recently, but they work within the past practice. A further risk issue is that when guidelines change, local areas are not fully engaged or informed of the changes. An example was the change to the use of Code Pink.

Excellent collaboration on emergency preparedness takes place with the Saskatoon Tribal Council. There is an opportunity to strengthen the Code Silver/active assailant procedures at the White Buffalo site, specifically in relation to rapid staff communication in an emergency.

There is a public health emergency response plan that is integrated with SHA's broader all-hazard disaster and emergency response plan. Sites are guided by provincial direction.

As appropriate, some sites conduct tabletop exercises and collaborate with local partners. This includes climate and weather events, public health emergencies, power outages and security threats. SHA is encouraged to consider developing a Climate Change Adaptation and Mitigation Plan that develops more robust emergency preparedness plans for weather related events. Some are covered in Code Grey and in the Adverse Weather Travel and Communications Policy and Evacuation Response Plans, but they focus mainly on snow. There is limited planning on critical staff shortages and extreme heat preparedness and response.

It was noted that sites depend on their service partnerships (e.g., Medical Officer of Health, Infection Prevention and Control in acute care) in the management and communication of outbreaks in settings where their services are provided such as, Long-Term Care Homes and assisted-living facilities. This is well done as evidenced throughout the management of the COVID pandemic.

The Emergency Medical Services teams at some sites do not have a standard training or approach in addressing a patient's or team's exposure to hazardous materials when it is discovered during or after transport. There are a number of new policies related to communicating hazardous materials exposure and handling chemotherapeutic or other hazardous materials, but they do not extend to how to proceed if already exposed and decontamination is needed. It is suggested that this be addressed.

Provincial policies are in place for identifying and responding to outbreaks. Most sites are aware of how to access policies.

The coordinator and manager dyad approach has resulted in enhanced communication and standardization within the services under their control at many sites.

Outbreak memos and emails are shared with all staff, including clear instructions on outbreak response and precautions. Information is shared as directed by the SHA.

At some sites, it was noted that debriefs or after-action reviews were conducted at the local level. Local staff and frontline leaders were unaware if they have been conducted at senior management levels. SHA may want to include staff and invite local sites to conduct after-action reviews after an outbreak.

Priority Process: People-Centred Care

Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon.

Unmet Criteria		High Priority Criteria
Standards Set: Emergency Department		
1.1	Services are co-designed with clients and families, partners, and the community.	!
1.8	Barriers that may limit clients, families, service providers, and referring organizations from accessing services are identified and removed where possible, with input from clients and families.	
2.5	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.	
3.5	Barriers within the emergency department that impede clients, families, providers, and referring organizations from accessing services are identified and addressed, with input from clients and families.	
4.3	A comprehensive orientation is provided to new team members and client and family representatives.	
4.15	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
17.7	Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.	!
18.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: EMS and Interfacility Transport		
5.3	A comprehensive orientation is provided to new team members and patient and family representatives.	
27.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from patients and families.	!
Standards Set: Home Care Services		

1.1	Services are co-designed with clients and families, partners, and the community.	!
1.9	Barriers that may limit clients, families, service providers, and referring organizations from accessing services are identified and removed where possible, with input from clients and families.	
2.4	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.	
3.3	A comprehensive orientation is provided to new team members and client and family representatives.	
3.11	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
14.11	Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.	!
15.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Primary Care Services		
2.5	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.	
3.4	A comprehensive orientation is provided to new team members and client and family representatives.	
3.11	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
15.7	Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.	!
16.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Public Health Services		
16.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!

Surveyor comments on the priority process(es)

The Saskatchewan Health Authority's (SHA) vision of 'Healthy People, Healthy Saskatchewan' is rooted in their steadfast commitment to a philosophy of Patient and Family-Centred Care. The structure and resourcing of the Patient and Client Experience Portfolio enables this commitment and ensures a focus on aligning portfolio goals with goals identified in the newly developed 2022/23 SHA RoadMap. The centralized support of Patient and Family-Centred Care, Program Support and Development, and Accreditation enables consistency across the province. A strategic approach to people-centred measurement is enabling the organization's goal of collecting measures that matter to people, and to using data to drive decision making. People-Centred Leadership is well supported through the Essential Elements Program, a program that has recently received national recognition.

The development of engagement principles for people-centred engagement, an SHA engagement continuum, and an engagement framework that brings together engagement from patient and families, community & intersectionality, First Nations & Métis, and staff and physicians, are all foundational resources helping to enable consistent practice across the province. SHA's development of a provincial harm reduction engagement framework for SHA leaders is an outstanding example of a distinctions-based approach to engagement.

The Patient and Family Partner program supports over 400 Patient and Family Partners (PFP) who work with teams across the province to embed lived experience perspectives into the work of the SHA. While a good number of programs and services are regularly incorporating PFPs into their quality and safety work, many have yet to embed PFPs in a formal and consistent way. The organization is encouraged to do their best to help support the integration of PFPs into teams, and to continue to focus on enabling the engagement of vulnerable populations by using supportive and culturally safe engagement approaches. The work being done in Saskatoon to engage with PFPs on harm reduction and living with HIV is a wonderful example of this, as is the program in North Battleford that is engaging people with lived experience as community support workers.

SHA's Patient and Family Leadership Council is committed to taking an 'elevated bird's-eye view' of the health system to bring action to the principles of patient and family-centred care. The council is seen as a key partner to SHA's executive and senior leadership teams. Their leadership model takes a 'two-eyed seeing' approach that balances the Indigenous and western ways of knowing, and encourages everyone to lead from where they stand. Currently, the council is developing a province-wide Charter of Patient and Family Rights and Responsibilities, enabled by a robust engagement plan that integrates First Nations and Métis, patient, families and communities, and staff and physicians.

People-Centred Care (PCC) - Program Level

PCC criteria were reviewed within the following standard sets: Emergency Department, EMS and Interfacility Transport, Home Care Services, Primary Care Services and Public Health. Across the service areas that were reviewed, patients and families provided consistent positive feedback regarding the people-centred nature of their care, and there was evidence of trauma informed and culturally safe approaches being used in care provision.

Emergency Department: Patients and families interviewed across Emergency Departments noted the highest regard for both the service and care they received. Several sites appreciated the need to formalize a process for engaging patients and families in system design and quality improvement, while others were well on their way to embedding patient perspective into the co-design of new spaces.

EMS and Interfacility Transport: Compassionate, people-centred care was seen as a hallmark in all of the EMS services surveyed. Many demonstrated a strong commitment to gathering the voices of patients and community through the use of surveys, though most were not involving patient and family partners in a formal way. Several innovative and people-centred practices were noted, including Medavie Health Service's Mobile Integrated Health Program.

Home Care Services: Throughout the sites surveyed, people accessing services noted that they were treated with care, dignity, and respect. A number of sites noted the fulsome integration of patients and family partners into the design and development of services and spaces, while others were still working towards formalizing their partnerships.

Primary Care Services: Staff and leadership of primary care services across the SHA are continuously adapting and evolving their services to "meet patients where they're at" and to "put knowledge where it belongs." A strong commitment to Indigenous and seniors health was noted in many sites. Chronic disease programs empower patients to self-manage their conditions, and strategic partnerships with community groups help to ensure patients are well connected with community supports.

Public Health: Clients and families consistently note that public health services are supportive, responsive, and people-centred. Mobile services such as outreach vans and strategically located services help to support people closer to home.

Priority Process: Patient Flow

Assessing the smooth and timely movement of clients and families through service settings.

Unmet Criteria	High Priority Criteria
Standards Set: Emergency Department	
3.10 There are established protocols to identify and manage overcrowding and surges in the emergency department.	!
Standards Set: EMS and Interfacility Transport	
23.10 The team has timely access to the patient's health information.	

Surveyor comments on the priority process(es)

The Saskatchewan Health Authority (SHA) is congratulated on the structures and processes they have implemented to support system flow across the program. Flow and escalation processes continue to be matured across the province. The establishment of System Flow Coordination Centres (SFCC) to support Saskatoon and Regina, Integrated Rural and the Integrated North is to be commended. The application of a bed management framework with an established playing field is noted. The SHA is supported in their current work to create and mature current processes within all three SFCCs.

Where possible, spreading and scaling existing patient flow strategies is encouraged. An excellent example of this approach is the spreading of the Collaborative Inpatient Care (CIC) Model and the Collaborative Care Unit (CCU) which was initiated in Regina and is now implemented at the Victoria Hospital in Prince Albert. The implementation of CIC and CCU at the Victoria Hospital has had an incredible impact on the Emergency Department resulting in minimal to no admitted inpatients waiting in the Emergency Department. This model is now operational at St. Paul's Hospital in Saskatoon with plans to spread to the Royal University Hospital soon.

There are some Emergency Departments that have not established overcrowding or surge protocols. This is most likely since these Emergency Departments do not have issues with overcrowding. The organization is encouraged to develop appropriate protocols to be prepared should situations of overcrowding or surge occur.

SHA is encouraged to review their processes to ensure that EMS and Interfacility Transport have timely access to the patient's health information particularly in rural and remote areas.

This is a well functioning team that is encouraged to share their work broadly across the organization so folks can appreciate the complexities of managing system flow. The team is also encouraged to continue to engage stakeholders including patients and families.

Priority Process: Medical Devices and Equipment

Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.

Unmet Criteria		High Priority Criteria
Standards Set: EMS and Interfacility Transport		
13.13	Single use medical items are disposed of safely.	!
Standards Set: Infection Prevention and Control Standards		
10.19	An internal chemical indicator is placed in each package or container, according to the organization's quality control processes, to verify that sterilizer penetration has occurred.	!
Standards Set: Infection Prevention and Control Standards for Community-Based Organizations		
10.3	Clear and concise policies and procedures are developed and maintained for cleaning, disinfecting, and sterilizing reusable medical devices.	
10.11	When an organization cleans, disinfects, and/or sterilizes devices and equipment in-house, there are designated and appropriate area(s) where these activities are done.	!
Surveyor comments on the priority process(es)		

The Saskatchewan Health Authority (SHA) has an aging ambulance fleet not due to any fault of their own. Ambulance procurement is challenging for organizations like the SHA across the country and North America broadly.

The ambulance fleet is generally found to be well maintained with little relief related to procurement of new units any time soon.

With a very large geographic area and EMS stations and ambulances (units) found in urban, rural, and remote areas of the province, there are some differences in how units are cared for and maintained. Overall, EMS staff in the SHA have pride and ownership in these units and find appropriate ways to ensure that these important tools are clean, disinfected, well-supplied, and mission-ready to respond to those they care so much about in the communities they serve.

In each site reviewed it was found that all units follow a practiced schedule of maintenance and readiness. Depending on where these units reside depends on where they are serviced. There does seem to be a standardized process with some differences in each area.

Some differences noted are with the units in some contract services. For some reason, private contract services have found a way to purchase units. They are brand new with notable differences in appearance, mileage, badging, lighting, and appropriate decaling with up-to-date safety markings.

Regina EMS ambulances are each cleaned daily, both the interior and the exterier, by an in-house member of their team. This same practice cannot happen in many rural environments or contract services.

A company called Stryker provides equipment procurement for items such as the ambulance stretcher, cardiac monitor (LP15 currently) Lucas CPR device. SHA has in-house technicians in Regina that help support the maintenance and readiness of these important EMS devices. At times the devices cannot be repaired or maintained in-house but the manufacturer provides replacements and as timely as possible turnaround of the device needing attention. EMS is never without a tool of the trade in SHA.

Cleaning and disinfecting of all equipment is scheduled with appropriate frequency.

The SHA is encouraged to explore a way to evaluate the pathogens they have in their environment in an attempt to identify and mitigate known pathogens with review processes that navigate actionable quality change.

EMS staff all seem to embrace the appropriate use of personal protective equipment (PPE) while on EMS calls and have access to their equipment while working in their varied environments.

The SHA is encouraged to consider closer relationships and partnerships in procurement for ambulances as it is apparent that some contract services have found ways to purchase in advance of the SHA and currently have new units in their stations.

Priority Process Results for Population-specific Standards

The results in this section are grouped first by standards set and then by priority process.

Priority processes specific to population-specific standards are:

Population Health and Wellness

- Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

Standards Set: Population Health and Wellness - Horizontal Integration of Care

Unmet Criteria	High Priority Criteria
Priority Process: Population Health and Wellness	
6.4 The organization works with primary care providers, partners, and other organizations to integrate information systems.	
Surveyor comments on the priority process(es)	
Priority Process: Population Health and Wellness	

The Saskatchewan Health Authority (SHA) has demonstrated commitment to prioritize, support, and invest in harm reduction across all their health networks. The SHA 2023/24 Roadmap includes one of four goals focusing on Responsive Mental Health and Addictions Services Priority: improve access to integrated team-based mental health and addiction services. There is excellent collaboration and partnership with key stakeholders including the Ministry of Health, Indigenous Services Canada, Northern Inter-Tribal Health Authority (NITHA), Battle River Treaty 6 FN, and community-based organizations.

SHA collects and uses information about the service needs of this population to help inform expanding harm reduction programs and services. This is done in partnership with members of the community using harm reduction services.

There is evidence of good integrated care within harm reduction programs and services and opportunity to build on existing partnerships with Home Care. Many seeking harm reduction services have complex co-morbidities and gaps exist in areas such as wound care management. Increased funding for wound care would reduce strain on acute care visits.

SHA has made many new investments in resources to expand some existing harm reduction services. They added two (2) additional Harm Reduction vans for Prince Albert and North Battleford in 2022. They now have a total of five (5) vans across the province. Plans are underway to add three (3) new mobile community wellness buses in the province to offer integrated care. Two new testing modalities have been funded for drug checking. The drug checking distribution of fentanyl and benzodiazepine test strips (Take Home Drug Checking Strips) launched in November 2021, and two (2) new Fourier-transform infrared (FTIR) spectrometers in Prince Albert and North Battleford and the Ministry of Health is in the planning stages of launching a drug alert process. Additionally, they implemented vending machines and lockers in communities which house harm reduction supplies so there is 24hr access. The SHA has expanded their Take Home Naloxone Program to increase access and has had significant success with their needle exchange program achieving 90% return rates. Well done!

SHA is commended for their expansion of programs to support harm reduction. The Peer Hub in North Battleford hires community support workers who have lived experience. These staff are on the ground carrying backpacks with harm reduction supplies to help with hard-to-reach individuals. This program is making significant progress with building trust in the community. Excellent work!

In Saskatoon's Idylwyld Center, the Population Health and Wellness program provides comprehensive sexual health services. They are experiencing continued increases in the HIV rate. West Side Community Clinic is currently supporting 712 people living with HIV. Exponential growth is also occurring with syphilis rates. Syphilis cases increased by 3461% from 18 cases in 2014 to 641 cases in 2021 in the area. There is opportunity for future expansion of syphilis treatment at the centre which is currently offering testing.

Saskatchewan is experiencing three (3) times the national rate for HIV cases. An opportunity exists to shift resources to support Saskatoon’s HIV strategy to meet the demand. A business case has been drafted by Saskatoon Sexual Health, Street Health, Positive Living Program and HIV Strategy with hopes of increased funding. Since 2019 there has been only one (1) additional full-time nurse position funded at the Idylwyld Centre for Population Health and Wellness. Staff are burning out and not able to keep up with demand. This is creating poor morale, moral distress and staff facing ethical dilemmas.

SHA has dedicated, caring staff working within harm reduction services and programs. There is a strong culture of teamwork and cohesiveness. Staff go the extra mile to provide support, but it is coming at a cost due to not being able to meet the growing demand for services and support. Staff are overwhelmed and tired resulting in a high turnover rate.

SHA is commended for implementing trauma informed care education for all staff. Opportunities exists to integrate increased knowledge about harm reduction with partners such as Acute Care, Home Care, and Primary Care with the intention to eliminate racism. Emergency Department staff are important key stakeholders within harm reduction.

SHA's Population Health and Wellness team has drafted a community engagement framework to be presented to the Ministry of Health for review. This framework will provide tools to assist leaders with the engagement process. A harm reduction toolkit has also been drafted for leaders to enhance their knowledge and provide support.

SHA is making excellent progress with harm reduction, something to be very proud of. Keep up the great work!

Service Excellence Standards Results

The results in this section are grouped first by standards set and then by priority process.

Priority processes specific to service excellence standards are:

Infection Prevention and Control for Community-Based Organizations

- Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families

Medication Management for Community-Based Organizations

- Using interdisciplinary teams to manage the provision of medication to clients

Clinical Leadership

- Providing leadership and direction to teams providing services.

Competency

- Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.

Episode of Care

- Partnering with clients and families to provide client-centred services throughout the health care encounter.

Decision Support

- Maintaining efficient, secure information systems to support effective service delivery.

Impact on Outcomes

- Using evidence and quality improvement measures to evaluate and improve safety and quality of services.

Medication Management

- Using interdisciplinary teams to manage the provision of medication to clients

Organ and Tissue Donation

- Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.

Infection Prevention and Control

- Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families

Public Health

- Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.

Standards Set: Emergency Department - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
1.2	Information is collected from clients and families, partners, and the community to inform service design.	
1.3	Specific goals and objectives regarding wait times, length of stay (LOS) in the emergency department, client diversion to other facilities, and number of clients who leave without being seen are established, with input from clients and families.	
1.4	Services are reviewed and monitored for appropriateness, with input from clients and families.	
2.4	An appropriate mix of skill level and experience within the team is determined, with input from clients and families.	
2.6	Seclusion rooms and/or private and secure areas are available for clients.	!
2.7	Equipment and supplies that are appropriate for pediatric clients are available and accessible.	!
2.9	The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.	
Priority Process: Competency		
4.1	Required training and education are defined for all team members with input from clients and families.	!
4.2	Credentials, qualifications, and competencies are verified, documented, and up-to-date.	!
4.7	Education and training are provided on the organization's ethical decision-making framework.	
4.8	Education and training are provided on the safe use of equipment, devices, and supplies used in service delivery.	!
4.9	A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented.	ROP

	4.9.4 The competence of team members to use infusion pumps safely is evaluated and documented at least every two years. When infusion pumps are used very infrequently, a just-in-time evaluation of competence is performed.	**MAJOR**
4.11	Education and support to work with clients with mental health and addictions are provided to team members.	
4.14	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
4.16	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
5.4	Position profiles with defined roles, responsibilities, and scope of employment or practice exist for all positions.	
5.5	Standardized communication tools are used to share information about a client's care within and between teams.	!
6.1	The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.	
6.8	Education and training are provided to team members on how to prevent and manage workplace violence, including abuse, aggression, threats, and assaults.	!
Priority Process: Episode of Care		
7.1	Entrance(s) to the emergency department are clearly marked and accessible.	!
9.12	Ethics-related issues are proactively identified, managed, and addressed.	!
9.13	There is a policy and process to manage medico-legal issues in the emergency department.	!
9.14	Clients and families are provided with information about their rights and responsibilities.	!
9.15	Clients and families are provided with information about how to file a complaint or report violations of their rights.	!
10.7	Clients are assessed and monitored for risk of suicide.	ROP
	10.7.1 Clients at risk of suicide are identified.	**MAJOR**
12.3	Client privacy is respected during registration.	

12.7	Treatment protocols are consistently followed to provide the same standard of care in all settings to all clients.	!
12.16	Information relevant to the care of the client is communicated effectively during care transitions.	ROP
12.16.2	Documentation tools and communication strategies are used to standardize information transfer at care transitions.	**MAJOR**
12.16.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	**MINOR**
13.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.	
Priority Process: Decision Support		
14.2	A standardized set of health information is collected to ensure client records are consistent and comparable.	
Priority Process: Impact on Outcomes		
18.1	Information and feedback is collected about the quality of services to guide quality improvement initiatives, with input from clients and families, team members, and partners.	
18.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.	
18.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
18.5	Ambulance offload response times are measured and used to set target times for clients brought to the emergency department by EMS.	
18.6	Data on wait times for services, the length of stay in the emergency department, and the number of clients who leave without being seen is tracked and benchmarked.	

18.7	Quality improvement activities are designed and tested to meet objectives.	!
18.8	New or existing indicator data are used to establish a baseline for each indicator.	
18.9	There is a process to regularly collect indicator data and track progress.	
18.10	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
18.11	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!
18.12	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	
18.13	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Priority Process: Organ and Tissue Donation		
11.1	There are established protocols and policies on organ and tissue donation.	
11.3	There is a policy to transfer potential organ donors to another level of care once they have been identified.	
11.5	Training and education on organ and tissue donation and the role of the organization and the emergency department is provided to the team.	
11.6	Training and education on how to support and provide information to families of potential organ and tissue donors is provided to the team, with input from clients and families.	
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

Throughout the survey it was evident that there is strong, committed and engaged clinical and operational leadership within the Emergency Departments. There are excellent partnerships with EMS and the local community.

The work of the Emergency Department Stabilization Committee with the goal of stabilizing rural and northern Emergency Departments identified nine (9) rural emergency hubs. Recommendations were developed and prioritized with patients and families engaged in this process.

The work of this team sets up a tremendous opportunity for the Saskatchewan Health Authority (SHA) to consider designing an emergency network for the province with a specific subgroup established to support planning and service delivery design for rural and remote Emergency services. This network could be a catalyst for driving quality in rural and remote Emergency Departments, while still aligning with Emergency Department standards. This network could drive best practice in rural emergency medicine by facilitating the development of specific goals and objectives, performance and outcome indicators and a quality improvement program for rural and remote Emergency Departments. Engagement and involvement of patients and families as well as key partners such as EMS in the network could facilitate this level of input. Many of the rural issues and areas of focus are different from the urban Emergency Departments so development of streams of work for each of these areas but still in alignment with Emergency Department standards is suggested.

There is a need from the teams to ensure that evidence-based practices and policies for the rural and remote Emergency Departments are current and up to date. As some continue to follow their legacy policies from the former health regions it has come to their attention that the policies are outdated and need revision. With the demand that is currently on the Clinical Standards and Provincial Clinical Networks Portfolio, the SHA is encouraged to review their current processes and consider whether the work to update clinical practices and policies could start at the local level with final approval and sign off from the provincial standards portfolio.

There were some Emergency Departments where clients, partners and communities have yet to be engaged in service design. The organization is encouraged to establish processes to engage with their patient and community partners.

The SHA is encouraged to establish specific goals and objectives related to wait times and length of stay specific to rural and remote Emergency Departments in Saskatchewan. Data is collected around Emergency Department volumes, number of mental health clients seen, volume by Canadian Triage and Acuity Scale (CTAS) and data related to 'left without being seen' and 'left without being seen against medical advice' but goals and objectives need to be established, collected and monitored. This information can be key to informing quality improvement initiatives.

It was noted that there were several informal processes implemented to gain input from clients and families regarding the appropriateness of services, however there are still further opportunities to engage them. The organization is encouraged to establish a more formal approach to engage patients and families particularly in rural and remote communities.

Staff indicated that point-of-care ultrasound would have tremendous impact in the ability to care for patients onsite and reduce the need to transfer out.

There are some concerns about the level of staffing in some of the rural Emergency Departments. The organization is facing recruitment challenges and is encouraged to evaluate the level of staffing within some of their rural Emergency Departments.

A Violence Risk Assessment was conducted at several of the Emergency Departments. Recommendations and deficiencies were identified and have yet to be followed up on. Of note, is appropriate seclusion rooms and the appropriate level of security. The organization is encouraged to revisit the identified recommendations.

Priority Process: Competency

The staff, management and physicians encountered throughout the survey have a passion and commitment to emergency care. In the rural and remote areas especially, they are passionate about serving the community and meeting the needs of the patients and families. They have a "can do" attitude and are not afraid to tackle the most difficult situations. This was evident when they shared how they responded to recent and tragic incidents in Saskatchewan. There is evidence that they care and support one another through these challenging times. Staff truly exemplify teamwork and collaboration.

Qualifications and competencies are verified and documented but not always up-to-date. There was an example where a report showed that several staff had not kept up-to-date on competencies. Leadership can but does not always run reports and is encouraged to ensure that competencies are up-to-date.

The organization is commended for implementing Elsevier training for nurses to standardize education across the province. It is suggested that the organization clarify expectations of emergency physicians to attend team training such as code blue simulations.

Staff are mostly aware that there is an ethics framework and know how to access ethics support. The organization is encouraged to continue to raise awareness and provide education on the ethics framework and the supports available.

Some of the rural and remote sites are being challenged with the lack of timely and onsite education support. The organization is encouraged to assess the education needs in the rural and remote sites as it was noted that there are some gaps in the education and training for staff on the use of specific equipment. The increasing acuity and expectation of rural and remote areas to manage complex patients requires that education support is readily available for staff and physicians. The organization is commended on the use of simulation.

Performance appraisals are essential so that growth opportunities and issues can be discussed, and professional development plans made.

SHA is encouraged to ensure that the standardized communication tools are used at all sites as it was found that this is not always the case. Auditing and review of the use of the tools is suggested. It was noted that several sites are doing chart audits. All sites are encouraged to implement regular chart auditing.

There were concerns expressed around the staffing levels and staff safety at one rural site. SHA is encouraged to assess current staffing levels and consider aligning staffing levels with appropriate service delivery.

With the number of transient staff working in the Emergency Departments, particularly in rural and remote areas, SHA is encouraged to consider a 'train the trainer' approach so that staff can receive specific education around managing workplace violence including abuse, aggression, threats, and assaults and supporting the needs of mental health and addictions patients.

Staffing continues to be a challenge and the organization has seen an increase in the use of travel nurses particularly at the Pasqua Hospital. The team looks forward to the opening of the Urgent Care Centre which they hope will assist in managing the Emergency Department volumes they are experiencing. The leaders believe this will help tremendously in reducing the ambulatory and non-emergent population who frequently seek care at this Emergency Department.

Priority Process: Episode of Care

A patient and family-centred approach was evident across all the Emergency Departments. The teams are incredibly compassionate, caring and committed to excellence.

Most Emergency Departments visited have the appropriate signage however, it was noted that one site did not have clear signage. The organization is encouraged to ensure that emergency entrances and directions to them are clearly marked.

There are some Emergency Departments that lack awareness on how to manage ethics related issues. The organization is encouraged to implement processes to support ethics awareness within the Emergency Departments.

There are some Emergency Departments that lack awareness on the policy and process to manage medico-legal issues. The organization is encouraged to ensure that sites are aware of the policy and process.

The SHA has developed clients' rights and responsibilities, however, it has not been cascaded across the Emergency Departments. As well, awareness was not evident in some of the Emergency Departments visited regarding the process for clients and families to file a complaint. The organization is encouraged to make this information visible and available to clients and families and to ensure that staff are also aware.

It was suggested by a client and family interviewed that the SHA consider changing the name to 'Patient Comments and Questions' email and phoneline as it is also about sharing compliments and commendations. The connotation should be more neutral rather than negative.

Suicide assessment and monitoring is not consistently being done across some of the Emergency Departments. Processes to support sites in implementing and/or reinstating suicide assessment and monitoring are encouraged.

Although there are standardized treatment-based protocols available, use of them in a paper-based system is provider dependent. The organization is encouraged to review the use of treatment protocols, identify any variations, and implement processes to ensure consistent use.

It was noted that not all sites are consistently using standardized communication tools. There are still some sites that need to implement processes to evaluate the effectiveness of communication processes used during transitions of care.

The organization is encouraged to implement and evaluate the effectiveness of transitions as it relates to the transition of clients from and back to remote and rural Emergency Departments and to include clients and families in this process.

Priority Process: Decision Support

Staff are aware and comply with the privacy of patient information and confidentiality is maintained.

Processes to assess and triage patients includes the use of both electronic and paper-based platforms. Patient information is readily available and provided when required.

There are still some areas where there is variation in how providers and clinicians prefer to document in the client record. The organization is encouraged to ensure standardization of documentation occurs and implement regular chart audits so that variations can be identified, and improvements made.

Priority Process: Impact on Outcomes

Several Emergency Department sites are commended for providing and gathering information on their Emergency Department service through patient satisfaction surveys and/or the involvement of patient advisors. They are using this information to inform quality improvement. However, this approach is not occurring throughout all the Emergency Departments. The organization is encouraged to implement processes to glean feedback and information with the engagement of patients and families. Formalizing quality improvement at the sites is encouraged, including the appropriate resources to support quality improvement initiatives.

SHA is encouraged to support the Emergency Departments particularly in rural and remote areas, in developing their quality improvement plan including the development and monitoring of appropriate indicators related to the work. For this to be successful knowledge around quality improvement as well as the availability of appropriate resources and supports are important.

The SHA is encouraged to develop a process to consistently measure ambulance offload times.

Although Emergency Department data is being collected, the organization is encouraged to establish benchmarks with regard to 'leave without being seen' and 'length of stay' and to make this data easily available to site leadership.

The organization is encouraged to establish structured quality improvement within the Emergency Departments particularly in rural and remote sites - teams are ready but will need the required supports and resources. Processes to establish new and monitor existing indicators for the Emergency Departments are encouraged. This is key in establishing and supporting quality improvement initiatives at the unit level. Once initiatives are shown to be successful, the organization is encouraged to spread them across sites. Once structured quality improvement has been established in the Emergency Departments, SHA is encouraged to share their work and successes within and outside of the organization and are encouraged to evaluate this work with input from patients and families.

Priority Process: Organ and Tissue Donation

Further training and awareness around organ and tissue donation and the role of the Emergency Department is warranted. SHA is encouraged to implement processes to raise awareness around organ and tissue donation and the related polices particularly in the rural and remote Emergency Departments.

Although there are provincial guidelines on organ donation, staff would welcome more resources to support them and the families, particularly in the rural and remote Emergency Departments. SHA is encouraged to explore appropriate resources for the rural and remote Emergency Departments to have on hand. One consideration could be to use visible cues in the Emergency Department such as a poster stating “If we don’t ask you, you can ask us about organ and tissue donation.”

Standards Set: EMS and Interfacility Transport - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
1.4	Transport planning is undertaken with input from patients, families, and partners.	
7.5	Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from patients and families where appropriate.	
Priority Process: Competency		
5.6	A formal mentoring or coaching program is included in the organization's orientation process.	
5.20	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
5.21	Patient and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
5.22	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
Priority Process: Episode of Care		
19.13	Patients and families are provided with information about how to file a complaint or report violations of their rights.	!
20.8	Interfacility Transport only: Working in partnership with patients and families, at least two person-specific identifiers are used to confirm that patients receive the service or procedure intended for them.	ROP
20.8.1	At least two person-specific identifiers are used to confirm that patients receive the service or procedure intended for them, in partnership with patients and families.	**MAJOR**
Priority Process: Decision Support		
24.2	Policies on the use of electronic communications and technologies are developed and followed, with input from patients and families.	
Priority Process: Impact on Outcomes		

Priority Process: Impact on Outcomes		
25.2	The procedure to select evidence-informed guidelines is reviewed, with input from patients and families, teams, and partners.	
25.3	There is a standardized process, developed with input from patients and families, to decide among conflicting evidence-informed guidelines.	!
25.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from patients and families.	!
25.5	Guidelines and protocols are regularly reviewed, with input from patients and families.	!
25.6	There is a policy on ethical research practices that outlines when to seek approval, developed with input from patients and families.	!
26.1	A proactive, predictive approach is used to identify risks to patient and team safety, with input from patients and families.	!
26.3	Strategies are developed and implemented to address identified safety risks, with input from patients and families.	!
26.4	Verification processes are used to mitigate high-risk activities, with input from patients and families.	!
26.5	Safety improvement strategies are evaluated with input from patients and families.	!
27.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from patients and families.	
27.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from patients and families.	
27.11	Information about quality improvement activities, results, and learnings is shared with patients, families, teams, organization leaders, and other organizations, as appropriate.	
27.12	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from patients and families.	
Priority Process: Medication Management		
	The organization has met all criteria for this priority process.	
Priority Process: Infection Prevention and Control		
8.3	The IPC program is regularly reviewed to ensure currency.	
8.7	Compliance with accepted hand-hygiene practices is measured.	ROP

8.7.1	Compliance with accepted hand-hygiene practices is measured using direct observation (audit). For organizations that provide services in clients' homes, a combination of two or more alternative methods may be used, for example: • Team members recording their own compliance with accepted hand-hygiene practices (self-audit). • Measuring product use. • Questions on client satisfaction surveys that ask about team members' hand-hygiene compliance. • Measuring the quality of hand-hygiene techniques (e.g., through the use of ultraviolet gels or lotions).	**MAJOR**
8.7.2	Hand-hygiene compliance results are shared with team members and volunteers.	**MINOR**
8.7.3	Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.	**MINOR**

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The results of ongoing audits and case reviews are used to improve care. Training and education are provided to clinicians as needed.

There is evidence of a strong documentation review and an audit process that provides feedback to authors from supervisors, leaders, and SHA Medical Direction. Positive and challenging cases are shared for educational purposes and with employees individually who could improve.

Senior leaders in health, EMS, and contract partners are encouraged to be more closely aligned with positive relationships and connections engaged in and developed across sites. There is opportunity for EMS representation on SHA committees.

Staff are positively recognized for their great work. The Regina Honor Guard team could be engaged more in practice. They are a highly motivated and supportive team with education and a background that is trying to find support from SHA.

Priority Process: Competency

Saskatchewan Health Authority (SHA) and its contract partners actively participate in the student placement and practicum process. A consideration is for students to be interviewed and placed in sites with purpose and future hire in mind. Student needs and interests should be investigated to support the practice of recruitment.

SHA and its contracted service providers provide access to mental health and wellness support and critical incident stress management processes are followed during and post incidents.

EMS provides protective vests to its members voluntarily with the caveat that if they are given one they are to wear it.

Priority Process: Episode of Care

Several different programs in this area are completed very well, some from Saskatchewan Health Authority (SHA) EMS teams and others from SHA contracted partners.
Staff are found to be very committed to their service areas and have a strong sense of community, especially in rural EMS. Staff are engaged, kind, and compassionate to each other and the patients and their families.

An 811 diversion process is achieved by Regina EMS Dispatch. This program helps patients not yet in care find a more appropriate location for their care in the community.
The Crisis Diversion Program helps people experiencing non-emergency crises get to a safe place, freeing up police and emergency medical services to respond to more critical events. The 24/7 Crisis Diversion program contributes to the decriminalization of poverty, mental health, and addictions by supporting people to connect with appropriate resources versus engagement with police, justice, EMS, and Corrections.

Cardiac arrest research with the use of the Code Stat database helps leaders and clinicians fine-tune this medical control protocol and help achieve best practice results for this demographic of patients.

Mobile Integrated Healthcare–Community Paramedicine (MIH-CP) is the provision of healthcare using mobile resources that are patient-centered and allow appropriate services to be provided in the community. As well, the SHA has been awarded a Medical Laboratory License to use a blood glucose level (BGL) system that is used in hospitals. This system provides an accurate, efficient evaluation of BGL that helps clinicians care for these types of patients.

Many education and awareness courses and programs are provided for staff at SHA and contracted services. These include Scenario Practice, LEAP, ACLS, advanced airway, verbal judo, Stroke Protocol, Child and Protective Services, Mental Health Awareness, SMART Pump training, and PTSD in the workplace, to name a few.
Two client identifiers were missed by a couple of rural services.

Priority Process: Decision Support

Saskatchewan Health Authority (SHA) completes a patient care report for all patient contacts.

SHA is encouraged to work more closely with its community partners and contracted service providers with a collaborative relationship supported and nurtured.

Patients can access their health records with MySaskHealthRecord however, EMS currently does not have access to this system and cannot access additional patient information like the rest of the healthcare staff can in the province.

Priority Process: Impact on Outcomes

Saskatchewan Health Authority (SHA) is encouraged to engage and involve EMS in people-centered care. It is suggested that some EMS contracted services in this province have been working in this area longer and could provide some coaching to the SHA supporting the process in this area.

Monitoring/audit around eletronic patient care reporting (ePCR) documentation review was evident and this organization loops back well to authors of documents.

There are currently two separate patient care reporting processes in the province - paper and electronic. SHA EMS is encouraged to take the lead from other provinces and their contracted partners in only having a ePCR allowing for many efficiencies and improvements to data collection and care to be achieved.

Priority Process: Medication Management

Some contracted services organizations use a best practice process that includes a hardware and software package from Knox Rapid Access System. This system's wall safe was professionally secured and mounted to the wall of the supply room where staff have access. The access door to this area where medications and supplies are kept was locked with trackable number pad access which identifies the user for each entry.

The Knox Box system is trackable and audited when paper tracking and inventory are found to be out of order or numbers do not match the reconciled count from the previous shift. The system is also audited and reviewed by at least one advanced care paramedic (ACP) each shift.

Two-person access entry is required for the main supply vault. This best practice safe access process is not found in all EMS services.

There are a variety of systems for locking up and controlling controlled substances in the services areas reviewed. The basic systems all have a two-lock system with processes that require two people to access. Most rural sites seen, with a few exceptions, cannot track entrance by individual users during access. It is advised that all controlled substance lock-ups be updated to a traceable tracking system for entry and exit.

All expired medications including controlled and high alert medications are collected and protected appropriately until they are disposed of. A review of expired or damaged medications is scheduled and occurs monthly.

Controlled medications require to be witnessed by two employees of the ambulance crew and disposal is documented on the patient care report related to this type of call. A minimum of one ACP would be a required. All control medications are inspected regularly according to a set schedule at least annually.

A documented and coordinated approach to safely manage all medications is implemented. All high-alert medications have labels on the packaging wtih locations where they are stocked.

All medications and supplies are kept in areas that ensure appropriate environmental conditions and provide a clean and secure location.

All medications are checked for expiry/damage before administration to patients.

The SHA is encouraged to review high-level practices and processes from some of its contracted service partners and adopt them.

Priority Process: Infection Prevention and Control

The Saskatchewan Health Authority (SHA) has a comprehensive document suite around Infection Prevention and Control (IPC).

Organizational operation practices and processes are found to be achieved by all staff. The IPC system design was found to be scheduled at a two-week frequency in SHA stations with more frequency if influenza-like illness (ILI) symptoms are known. Post-call cleaning and disinfecting happens after each patient engagement at the hospital or station. Disposable linen supplies are appropriately discarded in designated locations in stations and SHA facilities that patients are moved to.

Deep clean practices and processes can be completed at hospital locations or stations as required. Each EMS unit ambulance carries its supplies.

There is an annual review by the provincial Regional IPC team for all services managed by SHA - this seems to include contract services with a few exceptions.

Hand hygiene compliance and programs have not been achieved consistently throughout the SHA, but some contract services have completed this with success. Training is provided for all but the audit evaluation and communication of compliance is missing.

The SHA and its partners are encouraged to find a way to evaluate pathogens in their area of focus. With the information found, best practice mitigation of pathogens can be better achieved with proof of practice.

Standards Set: Home Care Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
1.2	Information is collected from clients and families, partners, and the community to inform service design.	
1.3	Service-specific goals and objectives are developed, with input from clients and families.	
1.4	Services are reviewed and monitored for appropriateness, with input from clients and families.	
2.5	The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.	
Priority Process: Competency		
3.1	Required training and education are defined for all team members with input from clients and families.	!
3.2	Credentials, qualifications, and competencies are verified, documented, and up-to-date.	!
3.6	Education and training are provided on the organization's ethical decision-making framework.	
3.8	A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented.	ROP
3.8.4	The competence of team members to use infusion pumps safely is evaluated and documented at least every two years. When infusion pumps are used very infrequently, a just-in-time evaluation of competence is performed.	**MAJOR**
3.8.5	The effectiveness of the approach is evaluated. Evaluation mechanisms may include: • Investigating patient safety incidents related to infusion pump use • Reviewing data from smart pumps • Monitoring evaluations of competence • Seeking feedback from clients, families, and team members.	**MINOR**

	3.8.6	When evaluations of infusion pump safety indicate improvements are needed, training is improved or adjustments are made to infusion pumps.	**MINOR**
3.10	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.		!
3.12	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.		!
4.5	Standardized communication tools are used to share information about a client's care within and between teams.		!
4.6	The effectiveness of team collaboration and functioning is evaluated and opportunities for improvement are identified.		
5.1	The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.		
5.3	Processes for who to contact for advice, support, or to address issues while on duty are known by team members.		!
Priority Process: Episode of Care			
7.13	Clients and families are provided with information about their rights and responsibilities.		!
8.4	Standardized assessment tools are used during the assessment process.		
8.5	Standardized clinical measures are used to evaluate the client's pain in partnership with the client and family.		
8.6	Medication reconciliation is conducted in partnership with clients and families for a target group of clients when medication management is a component of care (or deemed appropriate through clinician assessment), to communicate accurate and complete information about medications.		ROP
	8.6.1	The types of clients who require medication reconciliation are identified and documented.	**MAJOR**
	8.6.2	At the beginning of service, a Best Possible Medication History (BPMH) is generated and documented in partnership with the client, family, health care providers, caregivers, and others, as appropriate.	**MAJOR**
	8.6.3	Medication discrepancies are resolved in partnership with clients and families or communicated to the client's most responsible prescriber, and the actions taken to resolve medication discrepancies are documented.	**MAJOR**

	8.6.4	When medication discrepancies are resolved, the current medication list is updated and provided to the client or family (or primary care provider, as appropriate) along with clear information about the changes that were made.	**MINOR**
8.7	An interprofessional and collaborative approach is used to assess clients who need skin and wound care and provide evidence-informed care that promotes healing and reduces morbidity and mortality.		ROP
	8.7.1	There is a documented and coordinated approach to skin and wound care that supports physicians, nurses, and allied health care providers to work collaboratively and provides access to the range of expertise that is appropriate for the client population.	**MAJOR**
	8.7.4	An evidence-informed assessment of new clients is used to determine or confirm the diagnosis of the wound and develop an individualized care plan that addresses the cause(s) of the wound.	**MAJOR**
	8.7.6	Standardized documentation is implemented to create a comprehensive record of all aspects of the client's skin and wound care (including assessment, treatment goals, treatment provided, and outcomes).	**MAJOR**
	8.7.8	The effectiveness of the skin and wound care program is monitored by measuring care processes (e.g., accurate diagnosis, appropriate treatment, etc.) and outcomes (e.g., healing time, pain, etc.) and this information is used to make improvements.	**MINOR**
9.10	Information relevant to the care of the client is communicated effectively during care transitions.		ROP
	9.10.1	The information that is required to be shared at care transitions is defined and standardized for care transitions where clients experience a change in team membership or location: admission, handover, transfer, and discharge.	**MAJOR**
	9.10.2	Documentation tools and communication strategies are used to standardize information transfer at care transitions.	**MAJOR**
	9.10.3	During care transitions, clients and families are given information that they need to make decisions and support their own care.	**MAJOR**

9.10.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	**MINOR**
10.7	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.	
Priority Process: Decision Support		
2.2	Technology and information systems requirements and gaps are identified and communicated to the organization's leaders.	
11.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.	!
Priority Process: Impact on Outcomes		
13.1	There is a standardized procedure to select evidence-informed guidelines that are appropriate for the services offered.	!
13.2	The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.	
13.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!
13.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families.	!
13.5	Guidelines and protocols are regularly reviewed, with input from clients and families.	!
14.1	A proactive, predictive approach is used to identify risks to client and team safety, with input from clients and families.	!
14.3	Strategies are developed and implemented to address identified safety risks, with input from clients and families.	!
14.7	Verification processes are used to mitigate high-risk activities, with input from clients and families.	!

14.8	Safety improvement strategies are evaluated with input from clients and families.	!
15.1	Information and feedback is collected about the quality of services to guide quality improvement initiatives, with input from clients and families, team members, and partners.	
15.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.	
15.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
15.5	Quality improvement activities are designed and tested to meet objectives.	!
15.6	New or existing indicator data are used to establish a baseline for each indicator.	
15.7	There is a process to regularly collect indicator data and track progress.	
15.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
15.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!
15.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	
15.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The Home Care program is provided at urban, rural, and remote sites throughout Saskatchewan. Home Care is a service intended to help individuals remain safe and independent in the home environment for as long as possible. Home Care includes professional and personal healthcare services (Client Service Information, 2023). The leaders and team members are acknowledged for their work in developing a Primary Health Care Network. This network is envisioned to connect teams of healthcare professionals and community partners to better meet the needs of the people they serve and to better organize services and resources to deliver more reliable and consistent team-based care, as close to home as possible. The leaders are encouraged to involve team members, clients and families in the development and direction of the Primary Health Care Network. Additionally, they are encouraged to communicate

success and opportunities with team members, clients and families. Support for standardization of processes and practices is important.

The leaders and team members are committed to supporting a quality Home Care program. The Home Care program has dedicated and engaged leaders. They are committed to reducing barriers for clients to access services. The team members stated that they have the resources to do their work. The leaders are acknowledged for ensuring regular opportunities for team members to communicate including virtual huddles. The leaders provide positive support for team members, however, there are challenges with the management span of control, management retention, and a large geographical region. The organization is encouraged to review the management span of control and to make changes accordingly.

The team members and leaders are very proud of providing care closer to home. A team member stated, "I want to support people to stay in their own homes." Information on the Home Care program is provided to clients. There is a strong commitment to partnerships and there is a commitment to share resources and knowledge across sites. The leaders are encouraged to continue to share learnings and best practices across Home Care sites.

Information is not consistently collected from clients, families, partners and the community to inform service design. The leaders are encouraged to ensure that information is collected at all sites from clients, families, partners and the community to inform these decisions.

Services are not reviewed and monitored for appropriateness with input from clients and families at all sites. The leaders are encouraged to ensure that services are reviewed and monitored with the input of team members, clients and families. Monitoring and evaluating the Home Care services allows the team to examine what services are being offered to and used by clients and identify areas for improvement.

Priority Process: Competency

The Home Care program is provided throughout Saskatchewan by committed team members and leaders. The Home Care team members work in rural, remote and urban settings. There is a commitment across the Home Care sites to support team members. This includes ensuring a safe working environment through the provision of education and training and safe work practices. The team members stated that they felt safe at work. An orientation is provided to team members, which the team members noted prepared them to work in Home Care. Team members in remote and rural settings have identified the need for enhanced education, training, and support from their leaders to assist them with working in such settings. There is also an opportunity to enhance awareness of the ethical-decision making framework and to work with teams to proactively discuss ethical issues at the local level. The leaders are encouraged to continue to support the team members through strengthening communication and enhancing education and training.

The completion of formal performance evaluations of team members is inconsistent across the Home Care sites. Additionally, there is variability in the span of control of managers and the number of team members reporting to a manager. At times, the span of control, management changes, and large

geography may impact the visibility of leadership at Home Care sites. The leaders are encouraged to continue with plans to complete team members' performance evaluations and to use this information to support learning and growth needs. Additionally, the leaders are encouraged to review the span of control for managers and to make changes accordingly. Finally, they are encouraged to identify strategies to enhance leadership presence.

There is a commitment to patient and staff safety. There were many examples throughout the Home Care sites of initiatives to promote safety including falls prevention and home safety. There is variation across the Home Care sites in a documented and coordinated approach for infusion pump safety including training, evaluation of competence, and a process to report problems with infusion pump use. The competency of team members to use infusion pumps safely is not documented and evaluated consistently. The leaders are encouraged to ensure that the competency of team members to use infusion pumps safely is evaluated and documented at least every two years.

Priority Process: Episode of Care

Home Care services are delivered across Saskatchewan. Home Care is provided to help people who require acute, end-of-life, rehabilitation, maintenance, and long-term supportive care to remain independent at home. Home Care services include assessment, case management and care coordination, nursing and therapies. Additional home support services may include homemaking, maintenance, volunteer programs, and meal services. There is a strong commitment to providing services “closer to home.” During this survey there were fifteen (15) Home Care sites visited, including rural, remote, and urban sites. The team members are proud to support clients and families to stay in their home communities. A team member stated, “I love working with clients in the community. You really get to know them and their needs.” Additionally, a team member noted, “It is a really good place to work. It is like a family.” Furthermore, team members stated that they feel safe at work.

A committed team provides quality Home Care services. The clients and families reported satisfaction with the care provided. A client stated, “I don’t know where I would be without this program. It is excellent.” They noted that the referral process was very smooth and that they were pleased with the access to services. A family member noted, “I had concerns about [Name]. I called them at 10 pm and they came to visit him.” They stated that they were treated with care, dignity, and respect.

The leaders and team members are committed to safety and quality. There were many examples of quality and safety observed during the survey visits including; strong assessment processes, client follow up, and consultation with the healthcare team. However, there are opportunities to standardize processes including; auditing, evaluation, and standardization of forms and assessment tools. There is a commitment to medication reconciliation, effective transfer of client information and evidence-informed wound and skin care. The leaders are encouraged to ensure that medication reconciliation, effective transfer of client information and evidence-informed wound and skin care are implemented for all clients and that the implementation is audited and evaluated.

There is a strong commitment to people-centered care. Client rights have been developed which include that all clients have the right to privacy, safe and competent care from all Home Care staff and volunteers, be involved in assessment and individualized care planning, ask questions and express concerns about care, and refuse care or Home Care services. The leaders are encouraged to ensure that all clients and families are provided with information about their rights and responsibilities. Additionally, the leaders and teams are encouraged to involve clients and families in the co-design of the Home Care program. Furthermore, the teams are encouraged to seek the input of people with diverse backgrounds and experiences to further enhance the quality of the Home Care program and its responsiveness to needs.

The effectiveness of transitions is not evaluated, therefore, the information is not used to improve transition planning, with input from clients and families. The leaders are encouraged at regular intervals, to contact a sample of clients, families, or referral organizations to determine the effectiveness of the transition or end of service, monitor client perspectives and concerns after the transition, and monitor follow-up plans. Client feedback and the overall results of the evaluation would then be used to improve transitions.

Priority Process: Decision Support

The team members and leaders are committed to using decision support to provide quality Home Care services. A paper health record is used in the Home Care program. Team members have identified the need for access to electronic medical records held by other providers and likewise, pharmacy and leadership noted that they do not have access to the Home Care paper-based client records. Some Home Care sites do not have access to WiFi and as a result faxing is used to communicate at care transitions and team members are not able to access their SHA emails and work communication. The team members and leaders identified the benefit of and need for an integrated electronic health record. The organization is encouraged to explore the implementation of a single integrated health record and the leaders are encouraged to ensure that team members have access to technology such as WiFi to support quality care and communication.

The client charts are up-to-date. Standardized health information is collected. The team members receive education on privacy and confidentiality. Chart auditing occurs at some Home Care sites however, it is not consistently completed across the program area. The leaders are encouraged to implement a standardized auditing process for Home Care services.

Priority Process: Impact on Outcomes

The recently established Primary Health Care Network and Clinical Integration Team are encouraged to continue to support the leaders and team members in their quality improvement journey. Additionally, the Primary Health Care Network is encouraged to ensure that clients and families are included in the development of standard work, processes, guidelines and policies at the local level.

There is variation across the Home Care sites in the initiation of quality improvement initiatives. The team members acknowledged that they want to be involved in quality improvement. There was a suggestion from a team member to establish a Rural Home Care Community of Practice and an identified senior

practice lead for Home Care. The leaders are encouraged to explore opportunities to support rural and remote teams in quality improvement. Additionally, they are encouraged to establish a quality improvement plan more formally at the service delivery level that all team members can engage and participate in.

There is a commitment to enhancing safety and quality. Evidence-based guidelines are not consistently developed with the input of clients and families. There is variation in the range of quality initiatives implemented at Home Care sites, with some sites implementing robust quality improvement initiatives and others with very limited quality improvement activity. Some of the home care sites have implemented quality initiatives such as daily huddles, metrics, discharge planning, patient journey mapping, visibility boards, wall walks, client experience surveys, and quality boards. Hand hygiene audits are not completed. The Primary Health Care Network is encouraged to establish priorities for Home Care quality improvement with the involvement of clients, families, and team members. The leaders are encouraged to continue to embed quality improvement in the Home Care program. This includes continuing to involve clients, families and team members in the co-design, implementation, and evaluation of quality improvement activities. Additionally, the leaders may consider opportunities to provide education and training to team members on quality improvement.

Standards Set: Infection Prevention and Control Standards - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Infection Prevention and Control		
5.1	A multi-faceted approach to promoting IPC is used within the organization.	!
5.2	Team members, clients and families, and volunteers are engaged when developing the multi-faceted approach for IPC.	
Surveyor comments on the priority process(es)		
Priority Process: Infection Prevention and Control		

The COVID-19 pandemic highlighted the importance of IPC standards and practices within the SHA. There is a strong desire to accelerate standardization of IPC guidelines, training materials, and communications. Significant work will continue with the review of 600+ former regional health authority policies and procedures and the prioritization of those that will be part of the 2023/24 IPC work plan.

SHA has shown support and investment in their IPC program. They have hired an IPC senior clinical advisor, three (3) clinical directors (supporting Saskatoon, Regina, and Rural North), and five (5) additional full-time IPC positions. There is opportunity to further resource IPC practitioners across SHA. Sites such as La Loche Health Centre and Hospital lack IPC presence and staff have very little input into required processes and procedures. IPC practitioners are stretched making workloads overwhelming due to managing numerous sites across a large geography.

Progress has been made with the implementation of a provincial hand hygiene auditing protocol and software which launched April 1, 2023 and is being spread across the SHA. Sites that implemented hand hygiene audits shared results with their teams and had results posted on quality boards. Well done! It would be great to see increased rates of hand hygiene compliance across SHA.

There is strong evidence of IPC practices across SHA. Key partnerships exist with Occupational Health and Safety and medical health officers.

Recruitment challenges exist within Environmental Services in some rural sites. This creates increased workload within the IPC program with frequent training and competency verification. Opportunities exists to enhance partnerships with Environmental Services to champion IPC practices.

Aging infrastructure in some rural hospitals was noted. Biggar and District Health Centre does not have sinks in their patient rooms and the soiled room footprint is very small with distressed flooring. The entire facility does not have many sinks. There are ample hand rub hygiene stations throughout the site.

SHA continues to move the dial of their IPC program with great progress. They have established a provincial Healthcare Associated Infections (HAI) surveillance data collection tool which now includes COVID, VRE, and C. difficile data. Keep up the fantastic work!

Standards Set: Infection Prevention and Control Standards for Community-Based Organizations - Direct Service Provision

Unmet Criteria			High Priority Criteria
Priority Process: Infection Prevention and Control for Community-Based Organizations			
4.2	There are policies and procedures that are in line with applicable regulations, evidence, and best practices, and organizational priorities.		!
8.4	Compliance with accepted hand-hygiene practices is measured.		ROP
	8.4.1	Compliance with accepted hand-hygiene practices is measured using direct observation (audit). For organizations that provide services in clients' homes, a combination of two or more alternative methods may be used, for example: • Team members recording their own compliance with accepted hand-hygiene practices (self-audit). • Measuring product use. • Questions on client satisfaction surveys that ask about team members' hand-hygiene compliance. • Measuring the quality of hand-hygiene techniques (e.g., through the use of ultraviolet gels or lotions).	**MAJOR**
	8.4.2	Hand-hygiene compliance results are shared with team members and volunteers.	**MINOR**
	8.4.3	Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.	**MINOR**
11.1	There is an infection monitoring plan that is in line with applicable regulations, evidence and best practices, and organizational priorities.		!
Surveyor comments on the priority process(es)			
Priority Process: Infection Prevention and Control for Community-Based Organizations			

The Infection Prevention and Control (IPC) Team in Saskatoon are leaders in multimodal improvement strategies in the community sector, with robust communications, training, education, monitoring, and feedback mechanisms to drive system change. There is evidence of a culture of safety across the community with strong integration between Public Health and IPC programs. IPC practitioners conduct site visits in some community areas and the organization is encouraged to retain this level of service post-pandemic and ensure access to IPC consults and audits across the regions.

IPC communications are greatly appreciated by staff and clients. Outbreak memos are shared in a timely manner with staff, including clear instructions on outbreak response and precautions. There is an opportunity to strengthen infection monitoring plans at the site level in community settings.

SHA also has a robust hand hygiene policy and training available for all staff. Training is monitored and completed annually as part of the IPC Annual Review, however there is an opportunity to strengthen hand hygiene compliance measures in the community sector.

Similarly, Public Health and IPC leaders may want to consider updating the screening measures in the community and consider unintended consequences and potential barriers to care that may result from canceling visits.

Overall, Saskatchewan Health Authority has an exemplary IPC program in the community sector that is highly valued by staff, clients, and families.

Standards Set: Medication Management (For Surveys in 2021) - Direct Service Provision

Unmet Criteria			High Priority Criteria
Priority Process: Medication Management			
2.3	There is an antimicrobial stewardship program to optimize antimicrobial use. Note: This ROP applies only to organizations that provide acute inpatient care, cancer treatment services or inpatient rehabilitation services.		ROP
	2.3.4	The program includes interventions to optimize antimicrobial use, such as audit and feedback, a formulary of targeted antimicrobials and approved indications, education, antimicrobial order forms, guidelines and clinical pathways for antimicrobial utilization, strategies for streamlining or de-escalation of therapy, dose optimization, and parenteral to oral conversion of antimicrobials (where appropriate).	**MAJOR**
	2.3.5	The program is evaluated on an ongoing basis and results are shared with stakeholders in the organization.	**MINOR**
2.4	The interdisciplinary committee establishes procedures for each step of the medication management process.		!
3.1	The organization integrates pharmacists into designated interprofessional clinical teams to provide proactive care for client-engaged medication management.		
13.9	Multi-dose vials are used only for a single client in client service areas.		!
15.2	The team regularly evaluates intravenous therapy in clients using an established intravenous to oral conversion program that has been approved by the interdisciplinary committee.		!
15.11	The organization uses regular, documented audits to assess the accuracy of medication order documentation and makes improvements as needed as part of a continuous quality improvement program.		!
16.1	The pharmacist reviews each medication order prior to the first dose being administered		!
16.2	The pharmacist performs an independent double check for the dosing calculations of pediatric weight-based protocols.		!

17.4	Sterile products are prepared in a separate area that meets standards for aseptic compounding.	!
19.1	The pharmacy has a quality assurance process to ensure that medications are accurately dispensed as ordered.	!
29.1	Resources are provided to support quality improvement activities for medication management.	
29.4	The interdisciplinary committee conducts an annual evaluation of the medication management system.	
29.5	The interdisciplinary committee monitors process and outcome indicators for medication management.	
29.7	The interdisciplinary committee uses the information it collects about its medication management system to identify successes and opportunities for improvement, and to ensure that improvements are made in a timely way.	
29.8	The interdisciplinary committee shares evaluation results, areas of success, and opportunities for improvement with teams.	

Surveyor comments on the priority process(es)

Priority Process: Medication Management

Two sites were surveyed during this visit including Southwest Integrated Healthcare Facility and Davidson Health Centre.

The Saskatchewan Health Authority (SHA) has set out on a very ambitious journey to achieve standardization as it relates to medication management. There is a need to address the diversity that exists within and across healthcare sectors across the province. As the SHA brings together twelve (12) former health regions, there is a requirement to standardize twelve (12) drug formularies into one, twelve (12) different medication manuals into one, and many versions of policies and procedures into standard policies, procedures and clinical guidelines. Also presenting tremendous opportunity is the need to standardize information technology and to strive for interoperability.

SHA has established a Medication Management Strategy that aims to address these challenges, but this is likely among the most complex, challenging and time-consuming work that any organization could undertake. There is a strong governance structure in place in support of this work and the organization is commended for embedding patient and family advisors throughout this structure. The organization is encouraged to prioritize this work as it is critical infrastructure required to support safe and high-quality patient care.

The standardization process will not be fast, and it is critical that in parallel the organization works to support staff and leaders as they grapple with being in the Neutral Zone (ref: Bridges Transition Model).

During this time between the old legacy system and the new provincial system, staff and leaders need additional support, guidance, and empowerment. For example, as it relates to the Required Organizational Practices (ROP's), it is noted that while policy has been set at the provincial level, the execution of policy at the frontline is often lacking. For standards that require an audit, these audits are not consistently in place. Auditing, while often seen as non-value add work, provides opportunity to highlight quality improvement initiatives locally and provincially. At the sites visited, there was no evidence of quality improvement initiatives – either formal or informal.

As it relates to skill mix and incorporating clinical pharmacy services into rural locations, the organization is encouraged to consider the specialized patient needs of these remote sites. These isolated sites care for very complex, vulnerable individuals and have very little in the way of diagnostic technology and a very lean healthcare team. It is in these areas that clinical pharmacists working to their full scope can play a very critical role in patient care.

Automated dispensing cabinet (ADC) technology is not universally deployed. In the rural and remote sites where the human resources are very lean, the impact of ADC technology would be very favourable – supporting safer medication management and efficiencies as it relates to ordering stock, and narcotic to and controlled drug inventory control.

The program for management of smart infusion pumps is very robust. The organization is encouraged to use the rich data that is generated by these pumps to proactively identify and address risk areas related to infusion of medication. At this time, there is no awareness of infusion pump data at the frontline.

Related to parenteral drug administration, the pharmacy uses Minibag Plus and manufacturer premixed bags. Nurses are preparing the balance of intravenous minibags in medication rooms or at the bedside. Recognizing the vast geography of SHA, an innovative strategy to provide pharmacy compounded parenteral products to rural sites would be a safer alternative for patients and would relieve some nursing workload - perhaps leveraging a hub and spoke model.

Standards Set: Medication Management for Community-Based Organizations (For Surveys in 2021) - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Medication Management for Community-Based Organizations		
1.1	A committee is responsible, and an individual is accountable for managing medications in the organization.	!
1.5	The organization has identified and implemented a list of abbreviations, symbols, and dose designations that are not to be used in the organization.	ROP
1.5.6	The organization audits compliance with the 'Do Not Use' List and implements process changes based on identified issues.	**MINOR**
1.6	The organization has a policy on handling sample medications.	!
2.5	The availability of concentrated electrolytes is evaluated and limited to ensure that formats with the potential to cause patient safety incidents are not stocked in client service areas.	ROP
2.5.1	An audit of the following concentrated electrolytes in client service areas is completed at least annually: - Calcium (all salts): concentrations greater than or equal to 10% - Magnesium sulfate: concentrations greater than 20% - Potassium (all salts): concentrations greater than or equal to 2 mmol/mL (2 mEq/mL) - Sodium acetate and sodium phosphate: concentrations greater than or equal to 4 mmol/mL - Sodium chloride: concentrations greater than 0.9%	**MAJOR**
2.6	The availability of heparin products is evaluated and limited to ensure that formats with the potential to cause patient safety incidents are not stocked in client service areas.	ROP
2.6.1	An audit of unfractionated and low molecular weight heparin products in client service areas is completed at least annually.	**MAJOR**
2.7	The availability of narcotic products is evaluated and limited to ensure that formats with the potential to cause patient safety incidents are not stocked in client service areas.	ROP

2.7.1	An audit of the following narcotic products in client service areas is completed at least annually: - Fentanyl: ampoules or vials with total dose greater than 100 mcg per container - HYDROmorphone: ampoules or vials with total dose greater than 2 mg - Morphine: ampoules or vials with total dose greater than 15 mg in adult care areas and 2 mg in paediatric care areas.	**MAJOR**
3.1	Access to medication storage areas is limited to authorized team members.	!
3.2	Medication storage areas are clean and organized.	!
3.4	Lighting in medication storage areas is sufficient for team members to read medication labels and information sheets.	!
3.6	Separate storage in client service areas is used for look-alike medications, sound-alike medications, different concentrations of the same medication, and high-alert medications.	!
3.8	Team members and service providers receive information about problematic names, packaging, or labelling of medications.	!
3.9	Concerns with medication names, packaging, or labelling are identified, reported to the pharmacy or manufacturer, and shared with team members in the pharmacy and in client service areas.	!
3.10	Pending removal, expired, discontinued, recalled, damaged, or contaminated medications are stored separately in the medication storage areas from medications that are in use.	!
3.11	Medication storage areas are regularly inspected and improvements are made if needed.	
6.2	Teams have access to an on-call pharmacist or prescriber to answer questions about medications or medication management.	!
7.10	Standardized protocols and/or coupled order sets are used to permit the emergency administration of all appropriate antidotes, reversal agents, and rescue agents.	!
8.4	The organization uses regular, documented audits to assess the accuracy of medication order documentation and makes improvements as needed as part of a continuous quality improvement program.	!

14.1	The team discusses medications prior to the initial dose and when the dose is adjusted, documents the discussion, and gives highest priority to the wishes of the client or family.	!
14.3	Team members document in the client record all verbal or written medication-related information that is provided to the client.	!
14.4	Teams have timely access to the client medication profile and essential client information.	!
16.3	Multi-dose vials are used only for a single patient in client-service areas.	!
17.3	The medication library DERS stored in the smart infusion pumps is updated and tested periodically.	
24.1	Resources are provided to support quality improvement activities for medication management.	
24.2	The organization conducts an annual evaluation of the medication management system.	
24.3	Process and outcome indicators for medication management are monitored.	
24.4	The information collected about the medication management system is used to identify successes and opportunities for improvement, and to ensure that improvements are made in a timely way.	
24.5	Evaluation results, areas of success, and opportunities for improvement are shared with teams.	

Surveyor comments on the priority process(es)

Priority Process: Medication Management for Community-Based Organizations

A total of seven (7) surveyors visited eight (8) locations to review medication processes across the province, visiting stand-alone community health centres, Primary Care clinics, and Home Care. Some sites see a very high volume of clients and others were smaller, but universally surveyors noted tremendous commitment of staff to providing safe and high-quality care to the patients and clients they served.

The number of medications stocked and administered at these clinics is quite limited and, as such, there are a number of standards rated as not applicable.

Two sites visited (Pinehouse Health Centre and Four Directions Community Health Centre) have particularly concerning medication storage areas that the organization is encouraged to review in a timely way in collaboration with staff and physicians.

The majority of the clinics visited are using electronic health records which are driving standardized,

evidenced-based care for common chronic diseases including diabetes, heart disease, lung disease and some of the more common mental health concerns facing clients in these communities. There is an opportunity to expand access to the Pharmaceutical Information Program (PIP) to Home Care nurses as currently they are unable to review this important information. Also related to Home Care, there has been distribution of the Spencer Automated Home Medication Dispenser to client homes. There is an opportunity to evaluate the safety of this technology and if it is producing the outcomes suggested by the vendor.

Most clinics stock a large number of sample medications. The handling of samples in most locations is compliant with best practices. The provision of sample medications is documented in the client's health record and information and education about the sample medication is provided to the client. SHA could consider ensuring Home Care nurses have a supply of common rescue medications including epinephrine and naloxone for emergency administration in the field.

The SHA has set out on a very ambitious journey to achieve standardization as it relates to medication management. In support of this work, the team is committed to completing a Provincial Medication Manual, estimated to be 15 chapters long, by the end of the calendar year. The organization is encouraged to ensure that, parallel to this work, support and direction is provided to the community-based organizations. Currently, there are gaps in the application of established standards such as tall-man lettering, strategies for look-alike/sound alike medication, and in some cases management of samples.

There is opportunity for review of skill mix at these clinics. Clinics have remote access to a pharmacist and only a few had pharmacy technician support. As such, some standards as set out by the National Association of Pharmacy Regulatory Associations (e.g., beyond use dating on multi-use vials) and the Institute for Safe Medication Practices are not being followed consistently. Lastly it is noted that legacy policy and procedure documents are quite outdated and in general there is a lack of awareness of frontline staff of the transformative work to enhance medication safety at the provincial level.

SHA's Medication Management Strategy demonstrates a strong governance structure and the organization is commended for engaging patient and family advisors throughout the structure. While there are regional MUSIC committees, the translation of quality improvement strategies and key performance indicators do not seem to be making it to the frontline at this time. Similarly, there is limited awareness of the work of the Drug and Therapeutics Committee.

Standards Set: Primary Care Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
2.3	An appropriate mix of skill level and experience within the team is determined, with input from clients and families.	
5.2	Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.	
Priority Process: Competency		
3.1	Required training and education are defined for all team members with input from clients and families.	!
3.7	Education and training are provided on the organization's ethical decision-making framework.	
3.10	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
3.12	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
4.5	Standardized communication tools are used to share information about a client's care within and between teams.	!
5.1	The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.	
Priority Process: Episode of Care		
6.7	Written policies and procedures to screen all clients at the point of contact, and to identify clients with immediate or urgent needs, are followed.	!
8.1	There is a shared roster or registry of clients and families who access the team's primary care services.	
8.14	Clients and families are provided with information about their rights and responsibilities.	!
8.15	Clients and families are provided with information about how to file a complaint or report violations of their rights.	!
9.4	Standardized assessment tools are used during the assessment process.	

Priority Process: Decision Support		
12.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.	!
Priority Process: Impact on Outcomes		
15.1	A proactive, predictive approach is used to identify risks to client and team safety, with input from clients and families.	!
16.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
16.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Numerous examples of extensive partnerships were observed at all Primary Care sites.

Many examples were intersectoral in nature thus promoting collaborative approaches in addressing health determinants.

Chronic disease management partnerships are extremely strong and support not only service continuity but also volunteer support and engagement.
Excellent intersectoral partnerships are in place in some communities. Examples include the Delisle Quality Council and the Interagency Group. These partnerships also support broad community engagement with numerous health community activities. Other areas engage municipal leaders, Indigenous leaders, and Hutterite leaders to name a few. Well done!

Many Primary Care teams are commended for incorporating population health data into service planning. This can be further enhanced at some sites to ensure there is a solid understanding of the characteristics of the community served to support informed service planning.

The staffing resource gaps have been well communicated by all sites. Resources are very slim at several sites. In some areas, staff have multiple roles supporting the entire integrated healthcare facility. This level of multi-tasking can present risk. As these team evolve, it is suggested that clinic processes be evaluated to achieve maximum efficacy and effectiveness and support the full scope of practice.

Position descriptions are in place. Many roles have been further evolving as integrated teams are developed. There is the opportunity to review roles and responsibilities with client and family input.

Priority Process: Competency

At many sites, mechanisms are not in place to define and refine training for all team members. As this unfolds, input from clients and families is encouraged. A provincial approach will be of benefit to support consistency.

All required credentials, qualifications, and competencies are verified, documented, and up-to-date. Regulated staff submit up-to-date regulatory body registration and competencies annually.

Respectful workplace policies are in place. Many staff noted appreciation for access to cultural safety training and awareness. It is suggested that this education and training continue. Staff interviewed are keen to continue to learn and develop cultural competency.

Saskatchewan Health Authority has an ethics framework in place. At most sites, staff were able to describe situations where they have accessed ethics support resources and guidance. This is not consistent, however. There is an opportunity to provide further education across all sites regarding the ethics framework and its application.

Since the management of the COVID pandemic began, performance evaluations have not been completed. In some areas, there is not an awareness of the process at all. In the absence of updated performance evaluations, team members have not had the opportunity to follow up on personal professional growth and development. As the primary health system is evolving, staff will benefit from enhanced engagement related to their goals and aspirations.

Staff noted good access to training and education. There is the need however, to consider equitable access to training and development given the barriers that may be in place for rural and remote communities.

Excellent collaborative and interprofessional practice were evident especially where multidisciplinary teams were co-located. Client involvement in co-designing service goals is well done!

At some sites, standardized communication tools are in place and embedded in the electronic client record. In other sites, there are no standardized tools used and therefore the transfer of information is done informally. There is the opportunity to explore communication tools in Primary Care and implement these across all sites to support care continuity and collaborative practice.

At some sites, staff were not clear on who they report to. Staff did note however, that leadership is available to provide support and address workload issues, if required. It is recommended that the organization review manager span of control to allow for more formal, regular performance reviews and workload assessment to ensure the well-being of team members.

There is an opportunity to review the workload of the clinic assistants at some sites. The breadth of this role may put the organization at risk of error as many staff are multi-tasking throughout their entire shift.

Community spiritual spaces and partnerships are in place as needs arise and based on the services provided in each Primary Care site.

A provincial process is in place to manage complaints. All sites were able to articulate well how complaints and incidents are managed and support full client participation.

Priority Process: Episode of Care

Cardiac rehabilitation and chronic disease management services were included in this priority process. The cardiac rehab program is commended for addressing primary and secondary prevention needs and issues. These services are excellent and a wonderful resource to Primary Care clinics.

Processes are in place to respond to requests for service at all sites. At some sites there are wait lists thus limiting the ability to respond to requests in a timely manner. Same day (advanced access) processes have been implemented at most sites.

Referral and intake processes are provided in a very timely way. Access to these services is not required on an after-hours basis. Operating hours are extended at some sites to support convenient access. The client feedback noted excellent relationships with all team members.

Processes are not consistently in place at all Primary Care sites to screen presenting patients and identify those with immediate or urgent needs. There is the opportunity to enhance these processes and consider implementing priorization criteria. These same priorization processes could be applied to managing wait lists for access.

Given the very small size of some sites with minimal staff, after hours access is limited to accessing the provincial health information line or accessing emergency services if required. At these sites, all patients are aware of options should the need arise.

At some sites, there is limited access to accepting new patients. Information is tracked and some process improvements are evolving.

Clients are involved in their care and provided with primary prevention information as well as information to support chronic disease self-management.

At all sites, screening exams are planned.

As integrated teams are evolving there is the need to explore how a shared roster of clients can be developed across service lines. For example, many clients access Primary Care, Public Health, and some Home Care services. In order to know updated information, staff need to have another staff member print out the information.

All clients interviewed were pleased with their Primary Care services and felt involved in their care and respected.

Interpreter services are available provincially through an external interpreter call line.

There is evidence that client/patient/family rights and responsibilities information is inconsistent across Primary Care sites. There are excellent client rights and responsibilities documents in other service areas such as Home Care. It is suggested that a similar communication document relevant to Primary Care be developed and implemented across all primary care sites.

Client feedback was variable across sites regarding awareness of the process of how to file a complaint or report a violation of their rights. There is a need to develop a public awareness communication tool/poster that can be shared across all Primary Care sites regarding this process.

Work across providers varies by site based on the size of the site and access to other providers and resources. Extensive partnerships are in place at larger sites with community organizations co-delivering services at the site. Excellent examples include linkages with Alzheimer's support groups, counselling, kinesiology students doing Nordic walking groups, and seniors dance groups.

Standardized Primary Care assessment tools are not evident at most sites. However, guidelines are applied consistently regarding issues such as screening protocols. The electronic medical records (EMR) do provide guidance on areas of assessment that required attention.

Diagnostic and laboratory testing and expert consultation are available at all sites to support a comprehensive assessment.

Critical diagnostic tests are flagged in the EMR. There are processes in place to ensure a provider is contacted immediately for follow up on critical results. Although the demand may not be great at some sites, the small number of staff requires a single provider be on call 24/7/365. Consideration could be given to the development of a small call group using the same EMR instance could be developed to alleviate this demand.

As Primary Care is predominantly relationally based and longitudinal, transition out of Primary Care is limited although there may be transitions to include specialized care. Clients are fully engaged.

At some sites, the effectiveness of transitions from the Emergency Department are followed up for high-risk patients. This is well done.

Priority Process: Decision Support

An electronic medical record (EMR) has been implemented in Primary Care. Sites also have access to the eHealth viewer, and thus supports communication of key client health information across sites and across the continuum. This also supports medication reconciliation.

An EMR has recently been established in cardiac rehabilitation. A limiting issue is that medical staff are not able to access this record thus limiting access to the information as well as the ability to enter information creating a barrier to integrated care. There is a need to further enhance the use of the EMR and ensure medical staff have access.

The EMR implementation has supported standardized information collection. Well done!

All sites are aware of the processes in place to support client access to their health information.

Monitoring and evaluating record keeping practices are not consistent across all sites. There is an opportunity to establish a system-wide approach to auditing record keeping practices. It will be helpful to ensure client input is sought in the developmental process.

Priority Process: Impact on Outcomes

Cardiac rehabilitation has adopted national evidence-informed guidelines.

Through the networks, evidence-informed guidelines are reviewed however, formal approaches are not used to identify risks to client and team safety at most sites. There are comprehensive assessment approaches which include complete physical health assessments and mental health and cognitive assessments as indicated. These comprehensive health assessments in Primary Care support the identification of risks to client and team safety.

While there are several examples of quality improvement activities at many sites, there is no formal quality improvement plan with key performance indicators that can be monitored and evaluated to determine impact to client care and service delivery at some. Staff have voiced a desire to have an onsite quality improvement plan to guide service level improvements. This is encouraged.

Several sites have been developing a vision for Primary Care and identifying quality improvement strategies. These are at varying stages between sites. Client, family, and broad community input is evident at many locations.

Processes are in place to regularly collect data at some locations. These will require review as quality improvement activities are evolving at several sites. There is the need to ensure targets are set and then evaluate activities to determine their effectiveness. In some communities, there are clear activities where the results are shared with the broader community though existing councils. This is commended.

As quality improvement is evolving, the teams are strongly encouraged to regularly evaluate quality improvement activities for their feasibility, relevance, and usefulness. Input from clients and families as well as the many intersectoral community partners will be beneficial throughout this work.

Standards Set: Public Health Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
4.3	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
Priority Process: Impact on Outcomes		
16.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
16.5	Quality improvement activities are designed and tested to meet objectives.	!
16.6	New or existing indicator data are used to establish a baseline for each indicator.	
16.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!
16.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Priority Process: Public Health		
6.4	There is a documented strategy to engage partners in implementing the population health improvement plan.	!

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate. Roles and responsibilities are consistent across sites. The Public Health team are commended for their ability to be flexible thought the COVID pandemic. This flexibility has continued throughout the pandemic recovery.

Priority Process: Competency

Position profiles are in place within the Saskatchewan Health Authority.

At some sites, performance reviews have not been completed since managing the COVID pandemic. Several staff were redeployed during this period. There are plans to resume this work.

Conversations with staff confirmed that ongoing professional development, education, and training opportunities are available to each team member. A suggestion was made in several areas however, that enhanced leadership training would be beneficial. There are many new managers in all community health services. There is a need to enhance leadership education and mentorship support.

Education and training are provided to team members on how to work respectfully and effectively with clients and families with diverse cultural backgrounds, religious beliefs, and care needs. Several sites noted that an increasing number of new Canadians are residing in their catchment area. Ongoing equity, diversity and inclusion training and education is encouraged.

Many staff noted the load-leveling work that has occurred, especially during the COVID pandemic, has been well done. Workload is monitored and increased demands have been noted, more so in some areas than others. Plans are in place to reallocate resources to meet these shifting demands.

Priority Process: Impact on Outcomes

Information and feedback are collected about the quality of services using a variety of approaches such as on a one-to-one basis especially with high risk and/ or transient populations. This is often done informally given the nature of the population served. Surveys for parents/caregivers on vaccinations, and client feedback evaluation forms have been completed in other areas.

Client advisory groups are in place.

Huddles occur and a quality board for the Primary Health Network is in place at many sites. There are plans to expand the quality board. Some teams are beginning to address quality priorities and indicator(s). Teams are encouraged to formalize their quality improvement work. For example, by developing, with the input of clients and families, indicators that monitor each quality improvement objective.

As noted, some areas have well established indictors while others are just beginning to identify quality improvement activities with measurable goals. Staff are keen to further design and test quality activities. Saskatchewan Health Authority guidance at the local level will be a tremendous assistance in supporting local quality improvement activities that address unique areas, populations, and the service they are provided.

System-wide indicators, such as immunization indicator data, are tracked. This data is posted on the visibility walls and used to track progress and inform the development of new immunization service strategies.

Some areas have implemented intensive home-based outreach efforts to improve vaccine coverage aspart of their innovative Done by Two project, but this has not been scaled up across all health units and is impacting coverage rates. Another area to include will be the impact of Community Builders on immunization rates of hard to reach populations. This approach is underway in Regina and Saskatoon. Another example has been where clients are actively engaged in their care as evidenced by the 96% needle return/ exchange rate. Every effort is made to engage clients in the moment through a thoughtfully resourced and focused outreach service model and to remove barriers to accessing critical services. There is effective integration and collaboration across public health areas (through appropriate co-location of staff), community partners (including municipal services) and provincially to cater to the unique needs of the population.

Some sites wish to explore additional quality activities beyond immunization tracking such as maternal/ newborn outreach with high-risk clients which is encouraged.

Many teams are beginning to further develop and implement local quality initiatives. Teams are encouraged to evaluate quality improvement initiatives for feasibility, relevance, and usefulness with input from clients and families.

Priority Process: Public Health

Community profiles are in place for all areas and were last updated in 2019. Information in these profiles is from a variety of sources including Saskatchewan Health Authority (SHA), Statistics Canada, and provincial data. The community profiles include comparative date such as socio-economic indictors. These data are key in identifying health disparities and thus informing planning and service design at the local level. It is suggested that these profiles are also shared with Primary Care. Many teams noted the need to continue to monitor the changing neighbourhoods and emerging populations who are at risk of poor health outcomes. This is commended and will be crucial in further planning activities.

Population health assessment data are shared with leaders and partner organizations. There are opportunities to share this data more broadly across all service areas in community health as well as with other service partners both within the health sector and outside.

Agreements with partner organizations to access external surveillance data as necessary occur at the organization level.

There are system-wide processes within the SHA and with the province to ensure timely notification of potential public health threats including a Public Health on-call system. A good example of the use of this system was the emergence of monkeypox.

There are several excellent examples where the community is involved and engaged. Community builders are integrated with the Public Health teams in sites around the province. These staff are community members who do remarkable work in reaching out to the community, supporting community access to services, and ensuring community voices are heard.

The characteristics of the population served by some sites have clearly informed the scope of services. In several areas, the Public Health team and services are interprofessional (e.g., dental therapy addressing high rates of early childhood tooth decay, community builders supporting community outreach and development for vulnerable populations, and a Public Health Inspector).

Of note is the importance of the Medical Officer of Health with all teams. Conversation with several of these staff certainly indicated a remarkable commitment to Public Health, the health of communities and support of the teams in each area.

Resources are in place to achieve Public Health goals. Since the recovery from the COVID pandemic began, service needs have changed in some areas. The organization is commended for being flexible in reallocating resources to meet the needs as required.

SHA has an ethical framework and ethicists that staff can contact. Staff interviewed noted awareness of resources albeit not the ethics framework. There is an ethics review process for research.

There are numerous examples where partners have been established by Public Health to address population health needs. One site has been establishing new partnerships particularly in supporting outreach immunization clinics. An example had been local libraries who have hosted some of these events and supported public awareness. Another has strong partnerships with shelters and drop-in centres.

Population health improvement plans are in place in some communities. In some areas there are intersectoral committees in place but for the most part, these plans are informal. As the COVID pandemic recovery progresses, there is the opportunity to revisit the population health improvement processes.

There was not evidence provided documenting a strategy to engage partners in implementing a population health plan. Again, this is an opportunity once COVID pandemic recovery has stabilized.

There are provincial processes for issuing Public Health advisories. Effectiveness of communication strategies is evaluated, and improvements are made at the provincial level.

As the recovery from the management of the COVID pandemic occurs, it is suggested that health promotion and disease prevention programs be reinstated. It will be important to use local population health data to inform health promotion priorities. Ongoing evaluation of activities is encouraged. It is also suggested that awareness of these programs and informational resources be shared with Primary Care clinics.

Extensive efforts are in place to ensure immunization programs are in place and accessible. Urgent immunization programs for the community are well done, as has been evidenced throughout the COVID pandemic and monkeypox outbreak.

Partnerships with community vaccine providers including Primary Care and pharmacists, have been evolving. This is certainly encouraged to continue.

Appendix A - Qmentum

Health care accreditation contributes to quality improvement and patient safety by enabling a health organization to regularly and consistently assess and improve its services. Accreditation Canada's Qmentum accreditation program offers a customized process aligned with each client organization's needs and priorities.

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 15 business days.

An important adjunct to the Accreditation Report is the online Quality Performance Roadmap, available to client organizations through their portal. The organization uses the information in the Roadmap in conjunction with the Accreditation Report to ensure that it develops comprehensive action plans.

Throughout the four-year cycle, Accreditation Canada provides ongoing liaison and support to help the organization address issues, develop action plans, and monitor progress.

Action Planning

Following the on-site survey, the organization uses the information in its Accreditation Report and Quality Performance Roadmap to develop action plans to address areas identified as needing improvement.

Appendix B - Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
Communication	Communicating effectively at all levels of the organization and with external stakeholders.
Emergency Preparedness	Planning for and managing emergencies, disasters, or other aspects of public safety.
Governance	Meeting the demands for excellence in governance practice.
Human Capital	Developing the human resource capacity to deliver safe, high quality services.
Integrated Quality Management	Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives.
Medical Devices and Equipment	Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.
Patient Flow	Assessing the smooth and timely movement of clients and families through service settings.
Physical Environment	Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.
Planning and Service Design	Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.
Principle-based Care and Decision Making	Identifying and making decisions about ethical dilemmas and problems.
Resource Management	Monitoring, administering, and integrating activities related to the allocation and use of resources.

Priority processes associated with population-specific standards

Priority Process	Description
Chronic Disease Management	Integrating and coordinating services across the continuum of care for populations with chronic conditions
Population Health and Wellness	Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

Priority processes associated with service excellence standards

Priority Process	Description
Blood Services	Handling blood and blood components safely, including donor selection, blood collection, and transfusions
Clinical Leadership	Providing leadership and direction to teams providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.
Decision Support	Maintaining efficient, secure information systems to support effective service delivery.
Diagnostic Services: Imaging	Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions
Diagnostic Services: Laboratory	Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions
Episode of Care	Partnering with clients and families to provide client-centred services throughout the health care encounter.
Impact on Outcomes	Using evidence and quality improvement measures to evaluate and improve safety and quality of services.
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families

Priority Process	Description
Living Organ Donation	Living organ donation services provided by supporting potential living donors in making informed decisions, to donor suitability testing, and carrying out living organ donation procedures.
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients
Organ and Tissue Donation	Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.
Organ and Tissue Transplant	Providing organ and/or tissue transplant service from initial assessment to follow-up.
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Public Health	Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge