ACCREDITATION AGRÉMENT CANADA
Qmentum

Supplementary Survey Report

Saskatchewan Health Authority

Saskatoon, SK

Supplementary Survey Date(s):

October 23, 2023 - October 27, 2023

December 8, 2023

About this Report

This report documents the results of a supplementary survey held at Saskatchewan Health Authority. It is based on information obtained from the organization. Accreditation Canada relies on the accuracy of this information to conduct the supplementary survey and to prepare the report.

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

Accreditation Canada expects that the contents of this report will further support the organization as it continues to improve the quality of care and services it provides to its clients and community.

Confidentiality

This Report is confidential and is provided by Accreditation Canada to Saskatchewan Health Authority only. Accreditation Canada does not release the Report to any other parties.

In the interests of transparency, Accreditation Canada encourages the dissemination of the information in this Report to staff, board members, clients, the community, and other stakeholders.

Table of Contents

Putting the Supplementary Survey in Context

On February 10, 2023, following an extensive accreditation process that included an on-site survey, the organization was awarded an accreditation decision of Accredited.

As outlined in a letter from Accreditation Canada that was sent on February 10, 2023, the organization was required to follow up on specific recommendations from the on-site survey and to undergo a supplementary survey, where surveyor(s) re-assessed the organization's compliance with those recommendations.

Accreditation Decision

Saskatchewan Health Authority

Accreditation Decision

Accredited

Effective Date: February 10, 2023

NOTE: Based on the results of your supplementary survey, this decision may differ from the one issued following your first on-site survey.

Supplementary Survey Results Overview

This table shows the Required Organizational Practices and the criteria that were identified during your on-site survey as areas needing improvement, as well as the results of the re-assessment that was conducted during the supplementary survey.

Criteria	Rating
Required Organizational Practices	
Hospice, Palliative, End-of-Life Services 8.5	Met
Infection Prevention and Control 8.6	Met
Infection Prevention and Control 12.2	Met
Long Term Care Services 8.5	Met
Long Term Care Services 8.6	Met
Long Term Care Services 8.8	Met
Long Term Care Services 8.9	Unmet
Medication Management 2.3	Met
Medication Management 2.5	Unmet
Medication Management 9.4	Unmet
Medication Management 14.6	Unmet
Medication Management 14.6	Unmet
Infection Prevention and Control	
Infection Prevention and Control 2.8	Met
Infection Prevention and Control 6.3	Met
Infection Prevention and Control 10.3	Met
Infection Prevention and Control 10.9	Met
Infection Prevention and Control 10.10	Met
Infection Prevention and Control 10.12	Met
Infection Prevention and Control 10.13	Met
Infection Prevention and Control 10.14	Met
Infection Prevention and Control 10.17	Met

Criteria	Rating
Long Term Care Services	
Long Term Care Services 7.19	Met
Long Term Care Services 9.6	Unmet
Long Term Care Services 9.7	Met
Long Term Care Services 9.8	Met
Long Term Care Services 9.12	Met
Medication Management	
Medication Management 12.1	Met
Medication Management 12.5	Unmet
Medication Management 12.6	Unmet
Medication Management 12.8	Met
Medication Management 20.2	Met
Medication Management 20.3	Met
Medication Management 23.2	Met
Medication Management 23.3	Unmet

*The Surveyor's overall comments and comments for the sites are provided in the next sections of the Report.

Summary of Surveyor Findings

Areas where significant improvement has been demonstrated:

Saskatchewan Health Authority is commended for the significant improvements they have made with all the sites. It will be beneficial to continue to support and further assist the sites to make further progress. The progress made on the use of anti-psychotic medications is a definite overall improvement. Many changes to the medication process were identified. It is evident that staff and leadership are engaged and committed to quality improvement.

Areas where improvement is still required:

Many sites are engaged in implementing the new suicide prevention tool kit. They are at a variety of stages of implementation the sites are encouraged to continue to implement the new processes. Ensure processes are being consistently followed. At one site, staff explained how independent double checks are supposed to be done but stated that the procedure does not get followed.

Overall, the Saskatchewan Health Authority has made good progress in the identified area.

Detailed Results of the Supplementary Survey

Central Butte Regency Hospital
The leaders and team members are committed to quality improvement and patient safety. They are excited about the improvements that have been made at the Central Butte Regency Hospital. Significant work has been completed on standardizing quality processes. Visibility Wall and Infection Prevention and Control Boards are located in the home. Residents spoke highly of the care provided. The leaders and team members are acknowledged for their work in the redesign of the soiled holdings area.

The leaders are encouraged to continue to make improvements to the physical environment including the provision of a hand hygiene sink and the replacement of wood and furniture which is difficult to clean. Additionally, they are encouraged to continue with robust auditing processes. Finally, they are encouraged to incorporate change management into the implementation of new processes.

Galloway Health Centre
The site has addressed the previously unmet criteria including falls assessment and prevention.

Action is required to address outstanding concerns identified for medication management. The new SHA suicide prevention package was at the nursing station although it had not been read and staff were unaware of the content and purpose. It was unclear if this site is part of the pilot, however it was clear that compared to other SHA sites visited for the survey the level of awareness and engagement was less.

Hafford Special Care Centre & Primary Care
The Hafford Special Care Centre (HSCC) is 21 bed continuing care facility plus 1 respite bed. The site is congratulated on addressing all the areas that required improvement from the fall 2022 Accreditation survey visit. A hand hygiene auditor has been trained in using the Clean Hands auditing application. Hand hygiene results are posted on the huddle wall and where results are shared with staff and opportunities for improvement are discussed. Regular medication reviews occur with participation from the pharmacist and physician. The HSCC appreciates the engagement and attendance of a physician and pharmacist on site. The site has initiated a monthly review of each resident's care plan. This facilitates the monitoring and updating of the care plan to address antipsychotic use, falls risk, least restraint use, suicide prevention and medication management.

Herb Bassett Home (Prince Albert)
The Herb Bassett Home (HBH) is a 140-bed long term care facility. The site has responded appropriately to the unmet criteria that was identified during a previous onsite survey. On the 15th of each month the HBH reviews the Transfer Lift Requirements and the Care Plan for the residents. The site is also a pilot for the Saskatchewan Health Authority Long Term Care Quality Indicators. These indicators include experience of pain, use of restraints, worsening of mood, new stage 2 – 4 pressure ulcer, use of antipsychotics and worsening of behavior.

The site is currently in transition with regards to contracted pharmacy services. Since June 2023, the HBH has been experiencing a backlog in the quarterly medication reviews. The site is encouraged to have a contract for pharmacy services in place as soon as possible. The site indicated that in some instances, there is an absence of physician involvement in the annual resident reviews, and they would

appreciate having physicians engaged in this process. The site has appreciated the support and response that they receive from the community paramedic program but have noticed that accessibility to this resource is not always available. The SHA may wish to review the current demand on the community paramedic program as well as the current resources available.

Hospice at Glengarda
The Hospice at Glengarda is a 15-bed facility providing palliative and end-of-life care. The organization has just welcomed a new manager who started this week. The team has embraced the recommendations from the previous survey and is commended for addressing all the unmet criteria. A hand hygiene auditor has been identified and is conducting hand hygiene audits. Results are posted and findings are discussed with staff. The site is encouraged to continuously embed quality improvement in the fabric of their care delivery. The team is also fortunate to have dedicated physicians.

It is suggested that the Saskatchewan Health Authority review best practice for the preparation, delivery and securing of regularly scheduled controlled oral substances such as narcotics. It was noted that regularly scheduled oral narcotics are part of the patient's medication sleeve and are not part of the narcotic count.

Lestock Primary Health Care Centre
The leaders and team members are committed to quality improvement. They have made significant improvement in suicide risk assessment. They are a pilot site for this program. The team is committed to auditing with the results posted. The leaders and team members collaborate with infection prevention and control.

The leaders are encouraged to optimize pharmacy contracts. The leaders and team members are encouraged to continue robust auditing including cart audits. The leaders are encouraged to explore the provision of a dedicated hand hygiene sink for team members.

Loon Lake Health Centre and Special Care Home
The Loon Lake Health Centre and Special Care Home (LLHC and SCH) is commended for the significant improvements they have made. Quality boards are visible for the staff and the public to view. Weekly quality huddles occur. Data is collected and posted for the monitoring of Hand Hygiene, IPC data, Use of Antipsychotics, Use of Restraints, Falls, and Pressure Ulcers. Results of audits and opportunities for improvements are discussed with staff. Policies and processes are in place and are followed by the staff. The site is also commended for assessing Suicide Risk on admission. The LLHC and SCH is congratulated on truly embracing a culture of quality improvement. In addition to posting the data, which is in graph form, the site may wish to highlight for example hand hygiene and falls data in a form that is visibly easy for the public to ascertain.

Mainprize Manor
The site has taken action on all unmet criteria identified during the onsite survey. The lead RN and manager at this site are commended for demonstrating a high level of commitment and enthusiasm around engagement of staff and implementation of standardized SHA policies, procedures, and protocols where indicated.

New Hope Pioneer Lodge
Criteria for falls, pressure ulcer assessment and management, and restraint use are met. It is noted that the new suicide prevention toolkit is still in pilot phase and not yet fully implemented. However, implementation has begun, and staff are aware of the components and education requirements. Visibility boards demonstrate that efforts are being made to monitor progress and to facilitate huddles to share and discuss progress. There is also an encrypted chat app (Signal) being used to engage tech savvy staff in conversations about improvement initiatives. The lead RN and manager are commended for taking the initiative to implement available protocols and actions in support of these standards and for being early adopters of provincial initiatives.

The site is keen to adopt provincial strategies and SHA policies and procedures. The site is encouraged to continue to fully implement work on suicide assessment and prevention.

Parkridge Centre
The Parkridge Centre is comprised of 6 neighborhoods. The site is commended for successfully responding to the unmet criteria identified in the Fall 2022 Accreditation onsite survey. It is evident that staff and leadership are engaged and committed to quality improvement at the site. The site is fortunate to have assigned physicians as well as onsite pharmacy support. Falls reviews occur once a week. Resident care plans are reviewed quarterly or as needed. The site is encouraged to consider making some of their quality work visible to the public such as hand hygiene results and falls data.

Parkside Special Care Home (previously Extendicare Parkside)
The leaders are committed to quality improvement. They are beginning to populate Visibility Wall and Infection Prevention and Control Boards.

The site leaders are encouraged to identify an audit tool to use to complete an audit of narcotic products in client service areas. As they are currently developing a contact for pharmacy services, leaders are encouraged to explore the role of the pharmacist in completing such audits. The site leaders are encouraged to ensure robust auditing of the client service areas for high-risk medications and ensure that high alert stickers are placed on high alert medications. There is opportunity to explore with pharmacy the appropriate labeling of high-risk medications. Finally, there is opportunity to reduce clutter and to support infection prevention and control practices such as replacement of wood, porous counters, and availability of hand hygiene sinks for team members.

Pineview Terrace Lodge
The Pineview Terrace Lodge (PTL) is a 60-bed facility comprised of 5 houses with 12 residents residing in each of the houses. Daily huddles occur and include nursing and support staff such as environmental services. Indicators are reviewed and improvements made. BPMH and suicide assessments were noted as being completed on all charts reviewed. Annual resident reviews and quarterly medication reviews were completed and documented in the charts reviewed. The PTL may wish to have a public-facing visibility wall to highlight some of the indicators and quality improvement work that the site is underway.

The PTL may wish to consider implementing regular chart audits to regularly monitor the level of compliance with required standards and practices and to engage appropriate staff in this process as a learning opportunity.

The site is currently in transition with regards to contracted pharmacy services. Since June 2023, the PTL has been experiencing a backlog in the quarterly medication reviews. The site is encouraged to have a contract for pharmacy services in place as soon as possible. The site indicated that there is an absence of physician involvement in the annual resident reviews, and they would appreciate having physicians engaged in this process.

The site is also encouraged to revisit their falls prevention program and ensuring that appropriate tools and resources are being utilized. During the visit it was noted that some of the resident beds were not at the lowest level and that cues such as use of the falling star were absent.

Pioneer's Lodge (Moose Jaw)
The leaders and team members welcomed the accreditation process and are committed to quality improvement. They have completed significant work in improvements to medication management and long-term care processes. They were excited about participating as a pilot site for suicide risk assessment.

The leaders are encouraged to continue with plans to ensure a home-like environment. Additionally, they are encouraged to continue to work with residents and families to enhance acceptability of reducing inappropriate anti-psychotic medications. Finally, they are encouraged to continue with robust auditing processes.

Regina Pioneer Village
The leaders and team members are committed to quality improvement. There is evidence of auditing processes including narcotics, high-alert medications, hand-hygiene, and do not use abbreviations. They are encouraged to continue to implement robust auditing procedures and to make improvements. There are Visibility Wall and Infection Prevention and Control Boards. The leaders and team members were proud to be a pilot site to suicide risk assessment.

There are challenges with the physical infrastructure. The leaders advised that there is a new long term care home being built to accommodate the residents of Regina Pioneer Village. The leaders and team members are encouraged to continue with the implementation of suicide risk assessment and prevention. Additionally, they are encouraged to continue robust auditing processes to support safe care.

Ross Payant Nursing Home
The leaders and team members are committed to quality improvement. They have shown initiative in the development of a dedicated space for cleaning and disinfecting equipment and medical devices. The results of hand hygiene audits are posted.

The leaders are encouraged to continue to implement robust auditing processes. Additionally, they are encouraged to ensure that team members have access to current and up-to-date policies and procedures. Furthermore, an infection prevention and control audit is encouraged to identify opportunities for improvement such as wooden handrails which are not able to be cleaned appropriately. The leaders and team members are encouraged to continue with the implementation of suicide risk assessment and prevention.

Santa Maria Senior Citizens Home
The leaders and team members are committed to quality management. They have commenced robust auditing of the high-alert medications, narcotics and do not use abbreviations. The leaders and team members work in collaboration with infection prevention and control.

The leaders are encouraged to continue to audit and action high-alert medications including, ensuring independent double checks of high alert medications. High-alert medications are indicated by a red sticker on the medication administration chart and medications. The leaders are encouraged to obtain red stickers labeled, “high-alert medications.” As a new contract is being developed with pharmacy there is an opportunity to explore clinical pharmacy support. The leaders are encouraged to continue with plans to develop a “home-like,” environment for residents and to implement the suicide risk assessment. The leaders and team members are encouraged to continue to reassess residents for fall risk and injury prevention and pressure injuries as well as explore policies, procedures, and processes regarding the use of cannabis by residents.

Spiritwood and District Health Complex
The Spiritwood and District Health Complex (SDHC) is commended for achieving several improvements since the last survey. The manager is auditing for several dimensions such as family conference, use of physical and chemical restraints, Braden scale, medication reconciliation, medication review, pain assessment, post fall and mobility and suicide assessment. The findings are shared with staff. The site may wish to consider having appropriate staff also participate in the chart audit process. The site truly embraces a culture of quality improvement through daily huddles. With that in mind, the site is encouraged to profile through the use of visibility walls some of the indicators that they are monitoring such as hand hygiene and falls as well as their quality improvement work.

St. Joseph’s Hospital of Estevan
The unmet criteria for use of antipsychotics and for falls prevention are now met. The facility is implementing a number of improvements with oversight by a relatively new (to the site) Site Manager. The objective is to move away from a focus on routine to a focus on resident centred care. Although the Resident Care Coordinator position is currently vacant Nursing support has been brought in to ensure that quality data is going into LTCF and that management reports are being produced to support quality improvement.

The site is aware and ready to go ahead with implementation of the new suicide prevention package but has not begun to engage.

Wascana Rehabilitation Centre
There are strategies in place to address each of the criteria that were found to be unmet during the prior onsite survey. During this onsite visit, staff and leadership provided evidence that action has been taken to address and meet the standards.

All criteria assessed during the subsequent survey visit have been met however, it is acknowledged that some of this work has just begun so will need to be sustained and supported to remain in compliance in future.

Wawota Memorial Health Centre
The criteria that were not met during the previous onsite survey included safe transport, administration, and disposal of chemotherapy medications as well as generation of BPMH during medication reconciliation. It was evident that action had been taken to bring the unmet criteria into compliance.