



Saskatchewan Health Authority

Accredited

November 2019 to 2023

Saskatchewan Health Authority has met the requirements of the Qmentum accreditation program and has shown a commitment to quality improvement. It is accredited until November 2023 provided program requirements continue to be met.

Saskatchewan Health Authority is participating in the Accreditation Canada Qmentum accreditation program. Qmentum helps organizations strengthen their quality improvement efforts by identifying what they are doing well and where improvements are needed.

Organizations that become accredited with Accreditation Canada do so as a mark of pride and as a way to create a strong and sustainable culture of quality and safety.

Accreditation Canada commends **Saskatchewan Health Authority** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Saskatchewan Health Authority (2019)

The Saskatchewan Health Authority is the largest employer in Saskatchewan and one of the largest health systems in Canada. Under one organization, we work together to improve health and well-being. Every day. For everyone.

We are creating an inclusive health system that fosters a spirit of reconciliation and provides empathetic, respectful, culturally safe and responsive health care for all.

A philosophy of patient and family centred care is at the heart of everything we do and the foundation for our values. Through meaningful engagement and mutually beneficial partnerships we ensure a seamless health system that supports Healthy People, Healthy Saskatchewan.

Accreditation Canada

We are independent, not-for-profit, and 100 percent Canadian. For more than 55 years, we have set national standards and shared leading practices from around the globe so we can continue to raise the bar for health quality.

As the leader in Canadian health care accreditation, we accredit more than 1,100 health care and social services organizations in Canada and around the world.

Accreditation Canada is accredited by the International Society for Quality in Health Care (ISQua) www.isqua.org, a tangible demonstration that our programs meet international standards.

Find out more about what we do at www.accreditation.ca.

Demonstrating a commitment to quality and safety

Accreditation is an ongoing process of evaluating and recognizing a program or service as meeting established standards. It is a powerful tool for quality improvement. As a roadmap to quality, Accreditation Canada's Qmentum accreditation program provides evidence-informed standards, tools, resources, and guidance to health care and social services organizations on their journey to excellence.

As part of the program, most organizations conduct an extensive self-assessment to determine the extent to which they are meeting the Accreditation Canada standards and make changes to areas that need improvement. Every four years, Accreditation Canada surveyors, who are health care professionals from accredited organizations, visit the organization and conduct an on-site survey. After the survey, an accreditation decision is issued and the ongoing cycle of assessment and improvement continues.

This Executive Summary highlights some of the key achievements, strengths, and opportunities for improvement that were identified during the on-site survey at the organization. Detailed results are found in the organization's Accreditation Report.

On-site survey dates

November 24, 2019 to November 29, 2019

Locations surveyed

- **31** locations were assessed by the surveyor team during the on-site survey. Locations and sites visited were identified by considering risk factors such as the complexity of the organization, the scope of services at various sites, high or low volume sites, patient flow, geographical location, issues or concerns that may have arisen during the accreditation cycle, and results from previous on-site surveys. As a rule, sites that were not surveyed during one accreditation cycle become priorities for survey in the next.
- All sites and services are deemed **Accredited** as of the date of this report.

See **Appendix A** for a list of the locations that were surveyed.

Standards used in the assessment

- **15 sets of standards** were used in the assessment.

Summary of surveyor team observations

These surveyor observations appear in both the Executive Summary and the Accreditation Report.

During the on-site survey, the surveyor team undertook a number of activities to determine the extent to which the organization met the accreditation program requirements. They observed the care that was provided; talked to staff, clients, families and others; reviewed documents and files; and recorded the results.

This process, known as a tracer, helped the surveyors follow a client's path through the organization. It gives them a clear picture of how service is delivered at any given point in the process.

The following is a summary of the surveyor team's overall observations.

The Saskatchewan Health Authority (SHA) was established in December 2017 with the amalgamation of the twelve former health regions. The ten-member Board of Directors were appointed by the Ministry of Health for three-year terms. Although this is a new Board, the majority of the Directors have extensive governance experience in healthcare and beyond and have impressively led the transition to the new structure. There is comprehensive governance knowledge and skills within the Board related to quality, safety, and ethical decision making.

A comprehensive Strategic Planning Process was undertaken resulting in the Strategic Plan focus for 2019-2020 and beyond. Engagement of the public, patients, families, and First Nations and Metis partners contributed to its all inclusiveness.

Appropriate emphasis has been placed on Connected Care and services for the Saskatchewan population. This was executed through effective teamwork across the continuum of care and services and ensuring improved access to Mental Health and Addictions Services, as an example. Secondly, there is a strategic imperative to ensure safe high-quality care as the new structure takes root and flourishes. There has been significant investment in leadership focused on improving the system-wide culture to ensure quality and patient safety, harnessed to explicit efforts to ensure both appropriateness and cultural sensitivity in decision-making. As well, there has been development of effective teams at all levels of the system through the roll out of the SHA Management System. To date, this has only infiltrated the most senior of teams and departments as the middle management level of the structure is to be confirmed by March 2020. Thus, it is in its infancy in reaching the front lines, although tracers conducted in Saskatoon hospitals validated it is beginning to do so.

Thoughtful attention has been given to the development of an Accreditation Model for the new organization, developed with broad input from community and patient family advisors, accreditation leads, and representatives from First Nations and Metis partners in care. This has resulted in a deliberate and planned approach to accreditation over a four-year cycle, using a 'Medicine Wheel'. The model depicts the goals and rationale for moving in a sequential process, while simultaneously bridging parts of the provincial system to ensure accreditation progress and improvement gains were

not lost through the transition period.

This first provincial survey is focused on both bridging for the previous Saskatoon Health Region and an initial review of Maternal and Children's Provincial Programs across the continuum of care. Furthermore, core standards related to Leadership, Governance, Infection Prevention and Control, and Medication Management were assessed. The Board and the Executive Leadership Team are applauded for their courage in engaging in this process so early in their tenure. It speaks highly to their commitment to learning and to the accreditation process and value.

The work of high-level transition resulted in the "Building the Foundation for Transformation and System Sustainability Framework". This has provided a solid grounding foundation to portray the current and future state and understanding what it will take to create a sustainable system, and why. Impressively many teams referred to its use and value as an underpinning of their day to day work.

The transition has been labour intensive in terms of setting the organization on a deliberate path following the best pre-established Lean quality foundations already built in, however, there is now a need to focus on getting the middle management level established by March 2020 as planned to better engage staff, teams, and partners at the point of care level.

The SHA has inherited more than 80 back office and legacy systems from the previous former regions which has resulted in enormous obstacles for data collection, collation and analysis, as well as fiscal oversight. AIMS will be in place by June 2020 which will strengthen integrated financial and human resource processes and key performance indicators.

It was determined that a significant barrier to achievement of strategic goals overall is the lack of an integrated Clinical Information System. This has been addressed in the report as an imperative need in moving forward.

People-centred care principles, values, and ways of working permeate the organization, and there is an overwhelming validation that engagement accountability is well entrenched in practice. It will be important to broaden the inclusion of younger voices and perspectives and those of new immigrants to the province in the future.









The survey team was honoured to be invited to the traditional territory of the Treaty 6 and Metis homeland and respect the commitment of the Saskatchewan Health Authority to Truth and Reconciliation in all they do.

Overview: Quality dimensions results

Accreditation Canada uses eight dimensions that all play a part in providing safe, high quality health care.

These dimensions are the basis for the standards, and each criteria in the standards is tied to one of the quality dimensions.

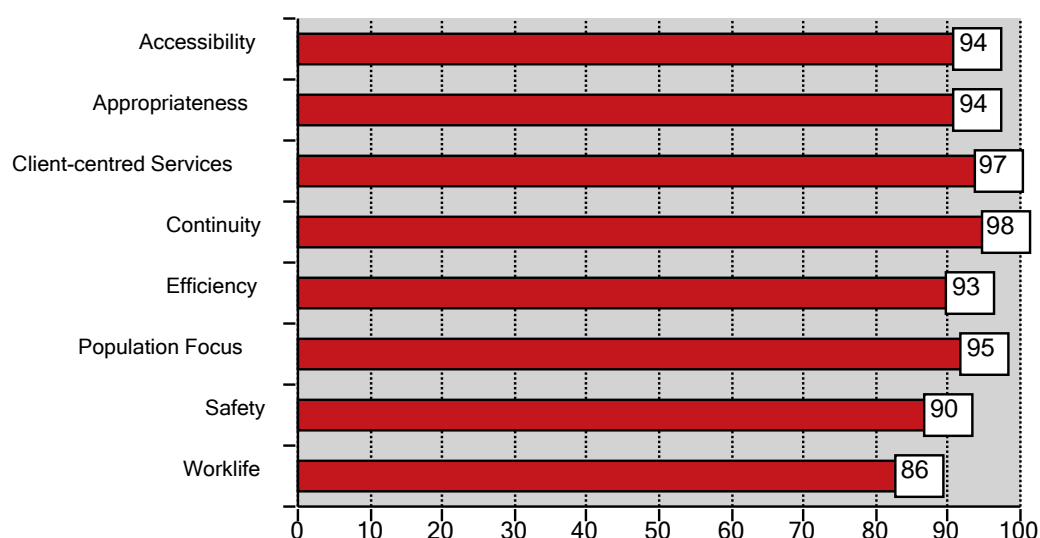
The quality dimensions are:

	Accessibility:	Give me timely and equitable services
	Appropriateness:	Do the right thing to achieve the best results
	Client-centred Services:	Partner with me and my family in our care
	Continuity:	Coordinate my care across the continuum
	Efficiency:	Make the best use of resources
	Population Focus:	Work with my community to anticipate and meet our needs
	Safety:	Keep me safe
	Worklife:	Take care of those who take care of me

Taken together, the dimensions create a picture of what a high quality health care program or service “looks like.” It is easy to access, focused on the client or patient, safe, efficient, effective, coordinated, reflective of community needs, and supportive of wellness and worklife balance.

This chart shows the percentage of criteria that the organization met for each quality dimension.

Quality Dimensions: Percentage of criteria met



Overview: Standards results

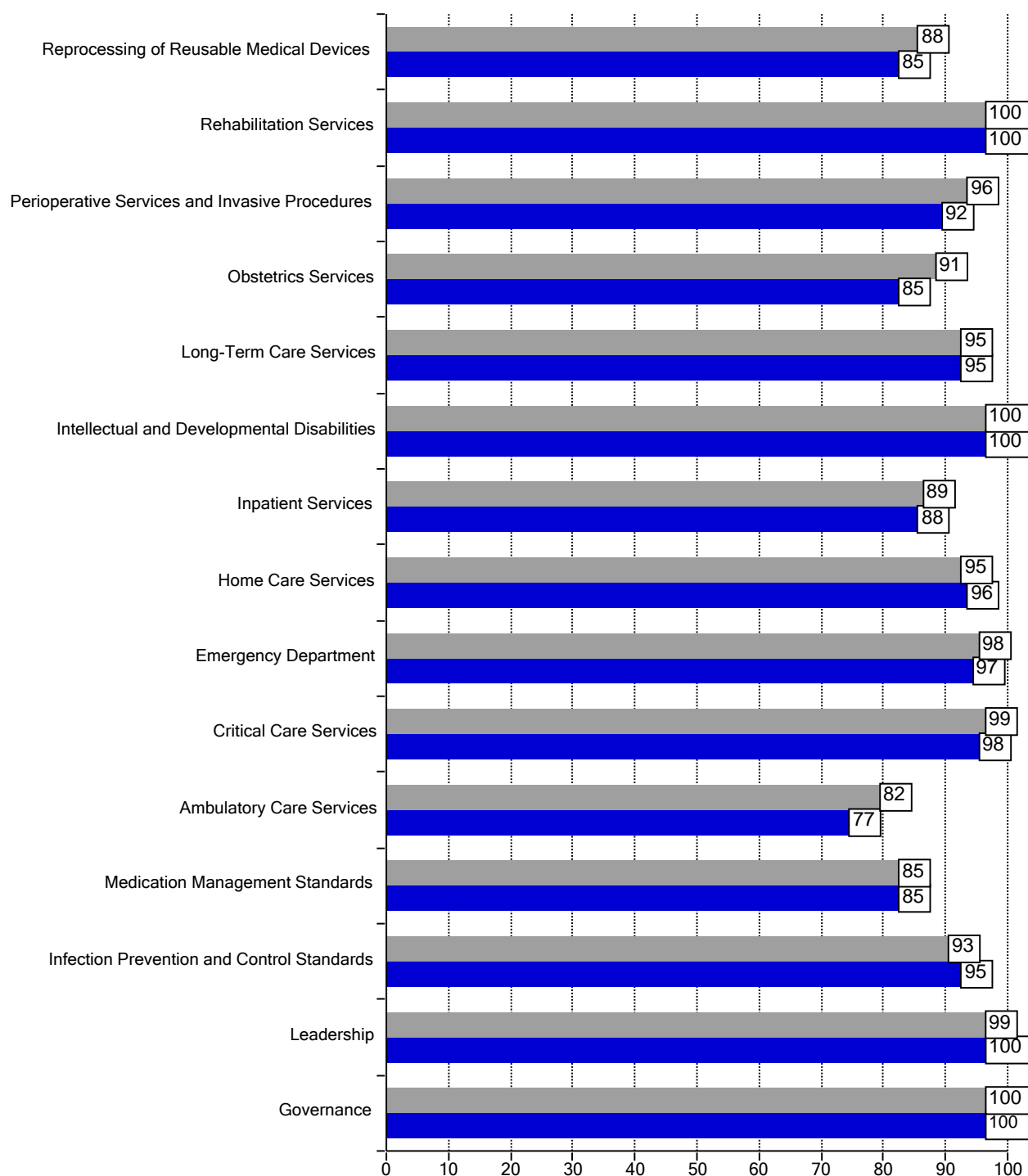
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

Some criteria—specifically those related to safety, ethics, risk management, or quality improvement—are considered high priority and carry more weight in determining the accreditation decision.

This chart shows the percentage of high priority criteria and the percentage of all criteria that the organization met in each set of standards.

Standards: Percentage of criteria met

High priority criteria met Total criteria met



Overview: Required Organizational Practices results

Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that must be in place for client safety and to minimize risk. ROPs are part of the standards. Each one has detailed tests for compliance that the organization must meet if it is to meet the ROP.

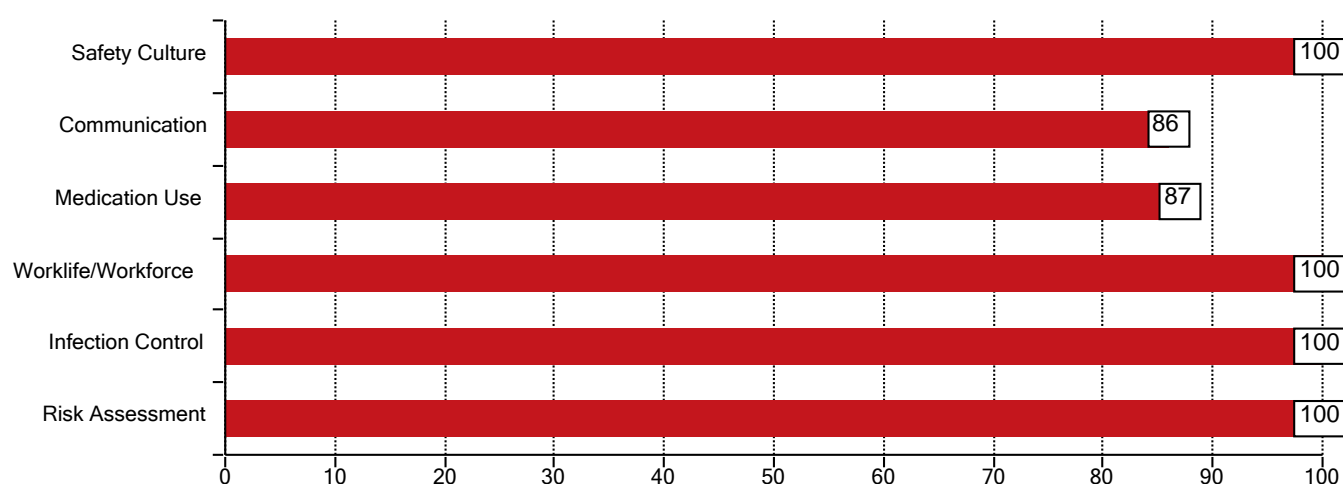
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes how select ROPs are being met across the country.

ROPs are categorized into six safety areas, each with its own goal:

- **Safety culture:** Create a culture of safety within the organization
- **Communication:** Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum
- **Medication use:** Ensure the safe use of high-risk medications
- **Worklife/workforce:** Create a worklife and physical environment that supports the safe delivery of care and service
- **Infection control:** Reduce the risk of health care-associated infections and their impact across the continuum of care/service
- **Risk assessment:** Identify safety risks inherent in the client population

See **Appendix B** for a list of the ROPs in each goal area.

ROP Goal Areas: Percentage of tests for compliance met



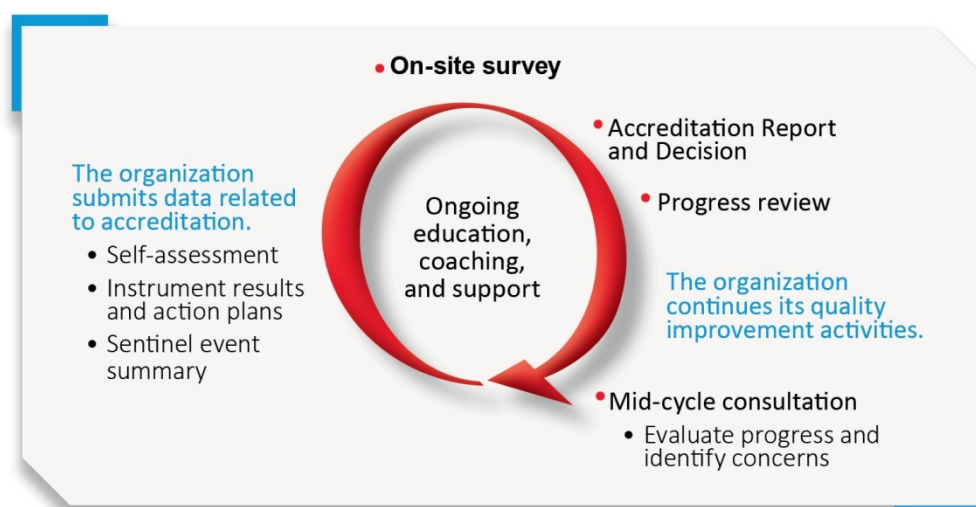
The quality improvement journey

The Qmentum accreditation program is a four-year cycle of assessment and improvement, where organizations work to meet the standards and raise the quality of their services. Qmentum helps them assess all aspects of their operations, from board and leadership, to care and services, to infrastructure.

The program identifies and rewards quality and innovation. The time and resources an organization invests in accreditation pay off in terms of better care, safer clients, and stronger teamwork. Accreditation also helps organizations be more efficient and gives them structured methods to report on their activities and what they are doing to improve quality.

In the end, all Canadians benefit from safer and higher quality health services as a result of the commitment that so many organizations across the country have made to the accreditation process.

Qmentum: A four-year cycle of quality improvement



As **Saskatchewan Health Authority** continues its quality improvement journey, it will conduct an in-depth review of the accreditation results and findings. Then a new cycle of improvement will begin as it incorporates any outstanding issues into its overall quality improvement plan, further strengthening its efforts to build a robust and widespread culture of quality and safety within its walls.

Appendix A: Locations surveyed

- 1 Alvin Buckwold Child Development Program (Kinsmen Children's Centre)
- 2 Battlefords Union Hospital
- 3 Central Parkland Lodge
- 4 Circle Drive Special Care Home
- 5 Cypress Regional Hospital
- 6 Dr. F. H. Wigmore Regional Hospital
- 7 Home Care Services
- 8 Humboldt District Health Complex
- 9 Jim Pattison Children's Hospital
- 10 Kindersley & District Health Centre
- 11 La Ronge Health Centre
- 12 Lloydminster Hospital
- 13 Meadow Lake Hospital
- 14 Melfort Hospital
- 15 Nipawin Hospital
- 16 Regina General Hospital
- 17 RGH - Ambulatory - Fetal Assessment Unit
- 18 RGH - Ambulatory - Pediatric Outpatient Unit
- 19 RGH - Ambulatory - Women's Health/Early Pregnancy Assessment Clinic
- 20 Royal University Hospital
- 21 Saskatoon City Hospital
- 22 Southeast Integrated Care Centre
- 23 St. Joseph's Hospital of Estevan
- 24 St. Paul's Hospital
- 25 Victoria Hospital
- 26 Warman Mennonite Special Care Home
- 27 Wascana Rehabilitation Centre
- 28 Westwinds Primary Health Centre
- 29 Yorkton Regional Health Centre

Appendix B

Required Organizational Practices

Safety Culture

- Accountability for Quality
- Patient safety incident disclosure
- Patient safety incident management
- Patient safety quarterly reports

Communication

- Client Identification
- Information transfer at care transitions
- Medication reconciliation as a strategic priority
- Medication reconciliation at care transitions
- Safe Surgery Checklist
- The “Do Not Use” list of abbreviations

Medication Use

- Antimicrobial Stewardship
- Concentrated Electrolytes
- Heparin Safety
- High-Alert Medications
- Infusion Pumps Training
- Narcotics Safety

Worklife/Workforce

- Client Flow
- Patient safety plan
- Patient safety: education and training
- Preventive Maintenance Program
- Workplace Violence Prevention

Infection Control

- Hand-Hygiene Compliance
- Hand-Hygiene Education and Training
- Infection Rates

Risk Assessment

- Falls Prevention Strategy

Required Organizational Practices

- Home Safety Risk Assessment
 - Pressure Ulcer Prevention
 - Skin and Wound Care
 - Suicide Prevention
 - Venous Thromboembolism Prophylaxis
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