



Auditor: Improvements needed in the delivery of mental health and addictions services in the former Prince Albert Parkland Health Region, and medical care to adult inmates in correctional centres

REGINA, Sask., June 7, 2018 – Providing timely access to mental health and addictions services and quality medical care support the best possible outcome for clients. In her *2018 Report – Volume 1*, Provincial Auditor Judy Ferguson examined whether the former Prince Albert Parkland Health Region (now part of the Saskatchewan Health Authority) provided ready access to mental health and addictions services. Her Office also looked at the Ministry of Corrections and Policing’s provision of medical care to inmates in its four adult secure-custody correctional centres. The audits call for improvements to better deliver these services and improve client outcomes.

Saskatchewan Health Authority (formerly the Prince Albert Parkland Health Region) (Chapter 8)

In 2016-17, the former Prince Albert (PA) Parkland Health Region spent \$13.2 million on mental health services, the second-highest spending per capita as compared to the other former health regions in the province.

Provincial Auditor Judy Ferguson reports that the demand for mental health and addictions services in the former PA Parkland was outpacing its capacity to supply them. Its mental health inpatient beds were often full, and it sometimes turned clients looking for detox services away.

Wait times for clients exceeded PA Parkland’s targets. For example, in 2017, about 80% of child and youth clients rated with mild and moderate illness severity did not see a psychiatrist within 20 days. 14% of files tested of clients accessing mental health outpatient services waited longer than the triage rating would suggest. Long waits for clients with mental health issues can lead to worsening conditions and, at times, significant adverse effects. A formal assessment of mental health and addictions services would help the Saskatchewan Health Authority to determine if these services are meeting client demand, and identify adjustments.

The audit found that PA Parkland was in the beginning stages of putting in a provincial IT mental health system, and only starting to move away from manual records. Separate manual client files are kept at its various service areas (e.g., detox, mental health inpatient) which, in many cases, lead to having multiple files for the same client. The content of these files is not shared within the Region. Not having a single file can impede treatment for clients, and create inefficiencies in the provision of care.

Furthermore, PA Parkland did not have access to information about mental health and addictions services provided by other publicly funded healthcare providers such as family physicians. “Having complete information about a client’s past treatment readily accessible to healthcare professionals would help them provide appropriate treatment and assist in the continuity of care,” says Ferguson. “This is critical in ensuring the best possible outcomes for mental health and addictions clients.”

Also, the audit found that up to 39% of mental health and addictions clients did not show up to appointments. PA Parkland could not demonstrate it followed up with clients who missed scheduled



appointments to assess their health status. Missed appointments disrupt continuity of care, and waste capacity of staff. Assessing options (e.g., calling clients to remind them of appointments, determining reasons for 'no shows') is needed to decrease the number of clients missing appointments. Following up with clients who do not show up could prevent future hospital visits and reduce the overall costs to the client and the healthcare system.

Ministry of Corrections and Policing (Chapter 3)

Saskatchewan has about 1,800 inmates in its four adult-secure-custody correctional centres. Many come from vulnerable backgrounds that can increase the likelihood of having declining health. Many may have untreated health conditions when they are admitted to a correctional centre.

In addition, the frequency of infectious diseases in correctional centres is significantly higher than in communities. "It's important for Saskatchewan's four adult-secure-custody correctional centres to provide timely and adequate medical care to inmates," says Ferguson. "This will help reduce the risk of introducing diseases into the community when inmates are released."

The audit identified a number of areas of improvement needed at the Ministry's four adult-secure-custody correctional centres to help the Ministry of Corrections and Policing provide inmates with the quality of medical care similar to what they would receive in the community.

Ferguson reports that new nurse managers did not receive sufficient orientation training. In addition, the Ministry was not consistently monitoring the currency of first-aid certifications of correctional staff. All correctional staff are to hold a current certification, in part, because medical staff do not work at night. Nursing staff within correctional centres deliver medical care from 7 a.m. to 11 p.m.

The audit found nurse managers received a brief orientation or no orientation when they first started. It also found only 65% of one centre's staff held current first-aid certifications. "Having thorough orientations and the proper and up-to-date training helps to ensure staff can quickly respond to medical emergencies and provide the necessary medical care," says Ferguson.

In addition, the audit found that while adult secure-custody correctional centres maintained manual medical files for each of their inmates, centres did not transfer the entire medical file when moving an inmate to another correctional centre or when former inmates re-entered the system. Transferring the full medical file would ensure the inmate continues to receive the appropriate medical care, and avoid repeating certain medical tests (e.g., blood tests).

The audit also found that almost 30% of the time, the Ministry responded to adult inmate complaints about medical care later than the law requires (i.e., within five business days of receiving the complaint). Responding promptly to inmate complaints avoids jeopardizing inmate health. Also, analyzing trends in complaints would help the Ministry identify issues and take corrective action as needed. Furthermore, it would help it determine whether inmates receive appropriate medical care.

Additional issues highlighted in the Provincial Auditor's Report include:

- › Supporting students with intensive needs at Saskatoon School Division No. 13 (Chapter 11)
- › Monitoring the progress of home-based learners at Prairie Valley School Division No. 208 (Chapter 7)



- › Regulating drainage at the Water Security Agency (Chapter 12)
- › Managing future cleanup of oil and gas wells at the Ministry of Energy and Resources (Chapter 17)
- › Regulating oil, gas, and pipeline industry incidents by the Ministry of Energy and Resources (Chapter 4)
- › Delivering the impaired driver treatment program at the Saskatchewan Impaired Driver Treatment Centre (Chapter 9)

Further details regarding the key topics covered in Volume 1 of the 2018 Report can be found in the accompanying [media releases and backgrounder](#). The full Provincial Auditor's 2018 Report – Volume 1 is available online at www.auditor.sk.ca.

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