

For Patients' Sake Commissioner's Recommendations



In October 2009, Saskatchewan's Patient First Review Commissioner Tony Dagnone presented his report, with the following recommendations, to Health Minister Don McMorris:

For a patient- and family-centred health system

1. That the health system make patient- and family-centred care the foundation and principal aim of the Saskatchewan health system, through a broad policy framework to be adopted system-wide. Developed in collaboration with patients, families, providers and health system leaders, this policy framework should serve as an overarching guide for health care organizations, professional groups and others to make the Patient First philosophy a reality in all work places.
- d) Programming for seniors with extraordinary behaviours that cannot be safely managed in the general long-term care population (e.g. specialized assessment and treatment units); and
- e) Capacity of geriatric assessment programs to provide multidisciplinary assessments, short-term rehabilitation, day programs, and a specialized outpatient clinic.

For equitable care:

2. That the health system develop a comprehensive and innovative strategy for rural and remote service delivery that:
 - a) Improves access to primary health, diagnostic and specialist services for rural and remote residents;
 - b) Examines the cost burden of emergency transportation, including interfacility transfers; and
 - c) Includes a range of supports for people who must obtain health services away from their home communities.
3. That the Ministry of Health's Seniors' Strategy under development focuses on strengthening:
 - a) System capacity to support independent living;
 - b) Accessibility to personal care homes by addressing the current financial barriers for low-income seniors;
 - c) Accessibility and quality of assisted living and long-term care;
4. That health regions, the Cancer Agency and other health care organizations work with First Nations and Métis organizations, Elders, and patients to develop partnerships aimed at improving the health of First Nations and Métis people. This joint work may include but not be limited to:
 - a) Assisting First Nations and Métis patients to navigate the health system and advocating for better care;
 - b) Developing linkages with First Nations- and Métis-run health programs and services to better integrate care;
 - c) Working with the provincial and federal governments to develop new information sources to help First Nations and Métis people understand government programs and services;
 - d) Adapting health services to better meet the needs of First Nations and Métis patients, including accommodation and transportation needs, and cultural supports and services;
 - e) Addressing health system gaps as identified by the Memorandum of Understanding on First Nations' Health and Well-Being Steering Committee and the renewed partnership with the Métis Nation - Saskatchewan; and
 - f) Encouraging First Nations and Métis organizations to partner in the provision of health care services that will directly benefit their communities.

Commissioner's Recommendations Continued

For coordinated care:

5. That the health system develop a more integrated and inter-sectoral approach to services for children and youth.
6. That the Cancer Agency and health regions improve the coordination and integration of cancer care services across the continuum of cancer care.

For convenient, timely care:

7. That the health system take immediate action to improve Saskatchewan patients' surgical experiences, from initial diagnosis through to recovery, through an aggressive, multi-year, system-wide strategy that is reported to the public with clear targets and regular updates.
8. That the health system address inappropriate usage of emergency rooms by exploring the applicability of urban urgent care centres. The appropriate health regions should explore alternate financing partnerships in developing these projects, which incorporate state of the art design and leading technologies.

For communicative, informative care:

9. That the Ministry of Health, in collaboration with health regions, the Cancer Agency, provider organizations, and patient and family advisors, develop and implement a Charter of Patient Rights and Responsibilities.

For comprehensive care:

10. That the Saskatchewan government and health system pursue an aggressive and targeted emphasis on the promotion of good health and the prevention of illness and injury in Saskatchewan. Not only will this pay dividends in a healthier and more productive populace, it will help to ensure that Saskatchewan's health system is ready and able to help all of us when we need it most.
11. That the health system develop and implement a province-wide chronic disease management strategy that ensures patients receive evidence-based, standardized care, wherever they live, and connects patients with multidisciplinary health care teams.

For respectful care:

12. That the health system, in collaboration with First Nations and Métis Elders, and patient and family advisors, work to develop a culturally safe and competent health system that better serves First Nations and Métis citizens.

For functional e-health care:

13. That the Ministry of Health, in consultation with the health regions, the Cancer Agency, and clinical leaders invest in and accelerate development of provincial information technology (IT) capabilities within a provincial framework. This will involve:
 - a) Developing an e-Health implementation plan by early 2010;
 - b) Securing and stabilizing funding for both the provincial electronic health record requirements and health region implementation requirements; and
 - c) Determining the preferred service delivery structure for IT at the health region level to ensure the realization of one provincial system.

Improving System Performance and Leadership:

14. That the Ministry of Health achieve greater value for patients' tax dollars by establishing a provincial shared-services organization that would gain buying power and realize significant savings. This organization would initially be responsible for supply chain management (competitive tendering, procurement, storing, distribution, and payment), with the subsequent addition of responsibility for health regions' transactional business functions.
15. That the Saskatchewan government explore ways and means to develop a coherent financing plan, including alternate financing partnerships, to address the urgent need for capital infrastructure investment.
16. That the Ministry of Health move forward with organizational changes that will enable it to assume more of a strategist-integrator-steward role for the health system.