A Report Examining
Care Provided to Paige Hansen by
the Saskatoon Health Region
2006

Provided to Health Minister Len Taylor

Saskatchewan Health
June 20, 2006

Saskatchewan
Health

Hon. Len Taylor
Minister of Health
Saskatchewan Health,

June 20, 2006

Dear Sir,

On April 24, 2006 you directed my department to undertake a review of the care 18 month-old Paige Hansen received in the Saskatoon Health Region.

I am herewith submitting our report on this investigation for your review.

The purpose of this report was to examine the circumstances leading to the parents' decision to take Paige Hansen to the Stollery Children's Hospital in Edmonton.

The report provides context for the review and includes an overview of pediatric acute care services in the province, as well as information on children's provincial cancer services.

It reviews the chronology of events that took place in regard to Paige Hansen, and the care path that was taken for her in relation to other standards of practice in this area.

The report makes a number of recommendations for action, along with associated timelines. Saskatchewan Health and the Saskatoon Health Region will begin acting upon a number of these recommendations immediately.

This review, and the recommendations it makes, along with the recently announced provincial review of child and youth acute and rehabilitative services, will play a very important role in enhancing pediatric patient care in Saskatchewan.

I want to thank officials within the Saskatoon Health Region, and Saskatchewan Health, for their involvement in this investigation, and their work in helping to compile this report.

I also want to thank the Hansen family for helping us to understand the issues that arose in relation to Paige Hansen's care. Their information will assist us in making changes to the system that will further improve the quality of health care provided to Saskatchewan children.

Respectfully submitted,

John Wright
Deputy Minister
Saskatchewan Health

Table of Contents

Executive Summary

In May 2006, an extensive review was undertaken in relation to the care provided to Paige Hansen by the Saskatoon Health Region.

Saskatchewan Health provided support to the review process. As well, the department examined the region's final review to ensure it addressed all the issues raised in relation to the event and made recommendations that appropriately responded to the issues coming out of the review.

The review included:

- a multidisciplinary review involving 32 clinical, technical, administrative and support representatives of the Saskatoon Health Region;
- a clinical review by a pediatric oncologist from the Stollery Children's Hospital in Edmonton;
- interviews conducted with clinical and nursing personnel involved in the child's care;
- an interview with Paige Hansen's family; and
- interviews, done by Saskatchewan Health, with individuals involved in the process of accessing care for Paige Hansen.

Context: Paige Hansen's Leukemia Diagnosis

Saskatchewan has a relatively small and dispersed population of children. As well, the rate of invasive childhood cancer is relatively rare in the province. Because there are so few cases of childhood cancer in the province in relation to other more common childhood afflictions, in many cases children with this disease are referred out-of-province.

In addition, many of the symptoms of childhood cancer can also be typical of more common childhood diseases. As a result, diagnosing childhood cancers can be challenging. Leukemia can be particularly complex, and in fact, this diagnosis is often delayed initially while more common afflictions are considered. A child who is ultimately diagnosed with leukemia has often seen more than one physician or the same physician on numerous occasions, receiving initial diagnoses such as viral infection or growing pains.

Paige Hansen's initial symptoms were not typical of leukemia; in addition, she responded very well initially to antibiotic therapy, lending further strength to the favoured diagnosis of septic arthritis and subsequent osteomyelitis.

Physicians at the Stollery Children's Hospital in Edmonton made use of Paige Hansen's documented symptoms and treatments from Saskatoon to guide their own explorations; there is no compelling evidence that a diagnosis of leukemia would have come earlier from Stollery's medical staff, had the Hansens traveled to Alberta earlier in the evolution of Paige's symptoms.

More importantly, the delay in Paige Hansen's diagnosis did not affect her prognosis for cure or the ultimate course of treatment.

The review focused on identifying issues and recommendations that will assist the health sector in improving services to Saskatchewan residents. It did not focus on laying blame.

Recommendations

Thirteen recommendations were developed out of the findings of the review. The recommendations are:

Care Coordination & Communication:

The Saskatoon Health Region wants to improve its coordination of care and communication between providers and with families/patients, particularly when the care crosses several service areas or service providers. The review found that improving the accuracy, timeliness and relevance of information shared among providers and with the Hansen family would have strengthened the quality of care provided.

- **Build upon the recent implementation (February 2006) of two part-time pediatric clinical coordinators by expanding the role to full time. Hire a supernumerary pediatric charge nurse immediately.**

  - The job description for the pediatric clinic coordinators will be revised to reflect the patient/family-centered approach of pediatrics and highlight the necessary skills in system navigation and patient/family conferencing.

  - A supernumerary pediatric charge nurse role required to support the clinical care coordinator will be implemented with the hiring process occurring immediately.

- **Immediately formalize the model and criteria for patient/family conferencing in pediatrics.**

- **Immediately develop and implement a framework for shared responsibility of care by members of the medical staff, to ensure continuity of care and clarity of roles.**

  Medical care was working well during Paige's initial admission; however, more structured communication between specialists familiar with baby Paige's case would have been helpful in managing her care when symptoms recurred and evolved.

- **Encourage the pediatric physician leader and nurse manager along with others from the pediatric leadership team to develop a plan that will enhance teamwork and communication among care providers and with patients/families by fall 2006.**

- **Implement effective mechanisms for transfer of information at interface points including shift changes, discharge and patient/client movement between healthcare services and sectors across the health region.**

  There should be demonstrable improvement in this regard by the spring of 2007.

- **Require health care personnel to identify themselves and their role to patients and their families.**

  The Hansen family felt this would have improved their experience with the health system. This policy will be implemented by the fall of 2006.

Access:

- **Immediately communicate to members of the medical staff the process for arranging out-of-province referrals.**

  It is unclear to some physicians what the process is for arranging out-of-province referrals for patients and families.

- **Review the prioritization system for pediatric access to the operating room by SHR's Surgical Operations Committee.**

  Pediatric operating room access follows the same prioritization system for all patients and a further review is needed to determine if pediatrics should be prioritized using a different system or have higher priority within the current system.

Documentation:

- **Improve the quality of health record documentation and address variation of documentation on a region-wide basis with evident improvement by the end of 2006/07. Continue to provide education sessions to staff, physicians and students on the importance of quality documentation.**

  The review found that documentation outlining the care provided to Paige Hansen or plans for her further care was less than optimal.

- **Document more extensively the differential diagnosis (other possible diagnoses) rather than just the favored diagnosis.**

  Documentation of differential diagnoses may have assisted care providers involved with Paige Hansen's care and might have suggested something other than septic arthritis, and subsequently osteomyelitis.

Other:

- **Encourage staff to follow normal process unless urgent need dictates otherwise (i.e. suggestion of booked operating room time for elective inpatient procedure such as insertion of Broviac™ catheter).**

  Staff should be encouraged to follow normal prioritization processes for determining access to the operating room. Although the attempt to insert the Broviac ™ catheter as an emergency procedure was well intentioned to speed discharge and save the family anxiety, it had the opposite effect, as surgery had to be delayed due to more urgent operating room cases coming up. If the Broviac™ insertion could have been booked electively within two or three days, the "waiting" would not have seemed like waiting, and the child would have only fasted once.

- **Review the evident differences between the Saskatoon Health Region's and the Stollery Children's Hospital's bone scan protocols and change standard of practice where appropriate.**

  The Saskatoon Heath Region and the Stollery Children's Hospital appear to have different bone scan protocols; as a result, Paige Hansen received a full body scan in Edmonton, whereas the scan administered in Saskatoon focused on the pain site. This may have played a role in the speed of diagnosis. As a result, the Saskatoon Health Region will be working closely with the Stollery Children's Hospital nuclear medicine department to evaluate these differences and to make protocol changes where appropriate.

- **Saskatchewan Health will work with the regional health authorities on developing further ways to raise the public profile of the quality of care coordinators.**

  It is important that patients and families know where to turn if unable to resolve a care quality concern with their care providers.

Conclusion

Both Saskatchewan Health and the Saskatoon Health Region believe the information gathered from this review will assist the health region and Saskatchewan Health in providing significant enhancements to pediatric health services both in Saskatoon and across the province.

The provincial quality of care coordinator and the department's medical consultant are confident in the process followed for this multidisciplinary system-based review and are supportive of the recommendations submitted to Saskatchewan Health.

As some of the recommendations arising from this review may have broader applicability across the health system, Saskatchewan Health will share the recommendations with all Saskatchewan health regions and with the steering committee recently established by Saskatchewan Health to review the acute and rehabilitative care needs of Saskatchewan children.

The Saskatoon Health Region is committed to implementing the recommendations of this review during the 2006/07 fiscal year. Funding to implement these recommendations will come from within the Saskatoon Health Region's current operational budget.

Saskatchewan Health will monitor the implementation of the recommendations and will report progress to the Minister of Health.

Introduction

Concerns have been raised by members of the girl's family, members of Saskatchewan's legislative assembly, media and members of the public in relation to the timeliness and quality of health services provided to the child.

This report provides information outlining the care path that was followed by health practitioners in the Saskatoon Health Region.

It identifies areas within the provincial health system requiring improvement, and makes recommendations for change.

To provide context, the report includes:

- information about Saskatchewan's pediatric population;
- a section on childhood cancers;
- the chronology of Paige Hansen's health system contact;
- a section outlining findings of the review; and
- a section on recommendations arising from the review findings.

As well, the report contains a background section that provides information on pediatric health services in the province and outlines the reporting methodology used by the Saskatchewan health system in some quality of care reviews, including the review undertaken on Paige Hansen's involvement with the system.

Saskatchewan's Pediatric Population

Saskatchewan has a relatively small and dispersed population of children. In 2005, the province had an estimated pediatric population of 198,123 (children under the age of 15), 19% of the province's total population. The population of children under the age of 5 was 60,292, just 6% of the province's overall population in that year (see Appendix A, page 24).

Because this population is small and quite dispersed, the health system faces a number of challenges in the delivery of health care services to these patients. These challenges include ensuring regional access to pediatric services, and provincial access to pediatric specialists.

Children and Cancer in Saskatchewan

In Saskatchewan, invasive childhood cancers are relatively rare. Between 1999 and 2003, there were 116 cases of invasive childhood cancer diagnosed; 30 of these cases were diagnosed as leukemia (see Appendix G, page 27).

The Saskatchewan Cancer Agency reports that as of June 2003, there were eight children living in the province who had been diagnosed with leukemia the year before. Similarly the agency reports that there were 30 children living who had been diagnosed with leukemia five

years previous and the agency reports that there were 65 children living with cancer that had been diagnosed 10 years previous (see Appendix H, page 27).

Out-of-Province Pediatric Referrals

Physicians often refer children to the physician with the most experience in treating the child's illness or disease. This means patients could be sent to an out-of-province pediatric specialist.

Pediatric cancer patients are generally treated within Saskatchewan; however some may be referred out-of-province to oncologists who have greater experience with treatment of specific cancers. Pediatric cancer patients may also be taken to out-of-province treatment centres without having been referred (e.g. living in closer proximity to the out-of-province facility than to a Saskatchewan facility or having fallen ill while visiting out-of-province). Patients may receive out-of-province medical services either following the initial diagnosis of the disease, or as part of the maintenance portion of their treatment process, and may be referred out-of-province on more than one occasion.

Diagnosing Childhood Cancers

Diagnosing childhood illness and diseases such as cancer can be very challenging (for major types of childhood cancer see Appendix I, page 27). One of the most important factors used by physicians in diagnosing a patient is the patient's illness history. The patient history includes symptoms the patient has experienced, how the patient has felt etc. This is can be very difficult to capture in young children who are either unable to speak or are unable to articulate how or what they feel.

Symptoms seen at the time of diagnosis can include, fatigue, fever, night sweats, easy bruising or unusual bleeding. Anemia may also be evident due to decreased ability of the blood to carry oxygen. A history of infections may be noted. Discomfort in the bones and joints may occur. Lymph nodes may be enlarged in cases of lymphocytic leukemia.

In cases of acute lymphocytic leukemia (ALL) that has spread to the brain or the spine, headaches, vomiting, loss of muscle control, weakness of legs and arms or seizures may also be occurring in the child.

Diagnosis would include a physical examination to check for signs of infection, anemia, abnormal bleeding, swollen lymph nodes, and an examination of the blood and marrow cells. A CBC (complete blood count) would be required to measure the numbers of white cells, red cells and platelets in the blood. A blood smear could also be examined to check for specific types of abnormal blood cells typically seen in patients with leukemia. Blood chemistries might also be checked.

To confirm a diagnosis, children might also need:

- a bone marrow biopsy and aspiration;

- a lymph node biopsy; and
- a lumbar puncture (this would show whether the leukemia had spread to the central nervous system).

For more information on treating childhood cancer see Appendix J, page 28.

Chronology

(Paige Hansen's health record summary information re-produced with the approval of Michelle Hansen, mother of Paige Hansen)

The following case-specific information is a summary of facts from the patient's health record and formed the basis of the quality of care review.

The female child was seen in St. Elizabeth's Hospital in Humboldt on January 2, 2006 and diagnosed with a soft tissue injury to her left hand. On March 16, 2006, she was brought to the same local hospital and diagnosed with parainfluenza.

The child was referred and admitted to the Royal University Hospital in Saskatoon on March 31, 2006, with a septic elbow +/- wrist. She remained in hospital receiving treatment for query osteomyelitis. Diagnostics were performed and specialists in orthopedics, hematology and infectious diseases were involved in her care.

On April 10th, the child was scheduled for the placement of a Broviac ™ catheter in the operating room. The placement was delayed until April 12th. Paige Hansen's mother was upset about the length of time the child had to wait for the procedure.

The child was discharged to her community on April 13, 2006, with follow up care provided by home care services. She presented at St. Elizabeth's Hospital in Humboldt as an outpatient on April 15 related to a possible left foot injury. She returned to St. Elizabeth's Hospital and was admitted on April 16 as she could not weight bear. A call was made by the family physician to an on-call specialist in Saskatoon, who was available for consultation but unaware of Paige Hansen's case. A decision was made to follow-up with Paige's regular specialist on April 18th. The patient was discharged from district hospital to home on April 17 and remained on antibiotics.

On April 18, the child was seen in the emergency room of the Royal University Hospital, and an orthopaedic specialist indicated query osteomyelitis right proximal tibia with a differential diagnosis of inflammatory arthropathy, leukemia, sickle cell crisis, viral synovitis. The family was reluctant to stay for further investigations. Arrangements were initiated for MRI/bone scan on an outpatient basis.

Orthopedics was to await a culture report and have further discussion with infectious diseases. The family agreed to bring the child back if she became generally ill.

On April 19th Donna Harpauer, Humboldt MLA reports that she contacted Maura Davies' (CEO of the Saskatoon Health Region) office and left a message with the receptionist regarding the case.

On April 20th, Ms. Harpauer contacted the Minister of Health's office and raised the case with a ministerial assistant. Ms. Harpauer reported that Michelle Hansen called her and advised her that a quality of care coordinator had called and encouraged her to take Paige back to the general practitioner.

Local home care services provided care on April 19 and had phone contact with the mother on April 20. At that time, the mother indicated that she was working to have her child admitted to Edmonton. On April 20, the child was seen in St. Elizabeth's Hospital, diagnosed with septic arthritis and discharged. The parents indicated they were taking her to Edmonton.

On April 20th, the child received care in Edmonton's Stollery Children's Hospital. A diagnosis of acute lymphoblastic leukemia was subsequently confirmed. The family returned to Saskatchewan on April 25 and the child was admitted to the provincial hospital and began receiving chemotherapy.

Findings - Saskatoon Health Region Review

An extensive review of the care provided to Paige Hansen was done by the Saskatoon Health Region.

Saskatchewan Health worked with the region on identifying the multidisciplinary review process that was to be followed at the outset. In addition, the provincial quality of care coordinator (Mark Herzog) and the department's medical consultant (Dr. Tyrone Josdal) reviewed the findings and recommendations of the review to ensure that key questions were addressed.

The review included:

- a multidisciplinary review involving 32 clinical, technical, administrative and support representatives of the Saskatoon Health Region;
- a clinical review by a pediatric oncologist from the Stollery Children's Hospital in Edmonton;
- interviews conducted with clinical and nursing personnel involved in the child's care;
- an interview with Paige Hansen's family; and
- interviews done by Saskatchewan Health with all individuals involved in the process of accessing care for Paige Hansen.

System Review

A multidisciplinary system based review was undertaken, using the root cause analysis methodology (see page 21). This review process made the following findings.

Pain Management

Pain management issues were raised in relation to Paige Hansen during the media coverage of this case. In discussions with the family during the review it was found that they had no specific issues related to the health region's management of her pain. However, to further improve patient care the Saskatoon Health Region's Multidisciplinary Pediatric Pain Management Committee will consider profiling and expanding their advisory role to care providers outside of the hospital setting.

MRI Availability

Issues were raised regarding the availability of the MRI equipment, both in media coverage of this case and by the family during discussions on April 18 when the child attended the emergency department at the Royal University Hospital.

The review found that the MRI machine was not down at any point; however, the MRI compatible ECG monitoring equipment (cardiac monitor) that is used when a patient undergoes an MRI under general anesthetic was not working correctly. The preferred approach for pediatric patients is that they receive general anesthesia with MRI exams. The cardiac monitor is typically required for this procedure. A decision was made to postpone the use of this MRI-compatible ECG monitoring equipment until further evaluation and problem-solving could occur. However this did not delay Paige's access to the MRI. As is normal process in the hospital, if Paige had been admitted to the hospital her MRI exam would have been scheduled within a few days. The cardiac monitor was back in service on April 19th.

Operating Room Prioritization Process

The review found that staff should be encouraged to follow normal prioritization processes for determining access to the operating room. Although the attempt to insert the Broviac ™ catheter as an emergency procedure was well intentioned to speed discharge and save the family anxiety, it had the opposite effect as surgery had to be delayed due to more urgent operating cases coming up. If the Broviac™ insertion could have been booked electively within two or three days, the "waiting" would not have seemed like waiting, and the child would have only fasted once. In addition there would have been a greater possibility of coordinating another procedure under the same anesthetic, such as a bone marrow aspiration.

Patient Care Plan Documentation

The review found that documentation outlining the care provided to Paige Hansen, or plans for her further care, was less than optimal in this case. Health record documentation is an important basic component of the care process because it is an integral communication tool for care providers. The health region has said that formal documentation of both a differential diagnosis and alternative diagnoses will be encouraged with the medical staff and residents.

Also, in addition to the ongoing educational sessions on the importance of quality documentation currently provided to staff, physicians and students, the health region will

improve the quality of health record documentation and will address variation of documentation on a region-wide basis. The region is targeting to have improvements in place in this area by the end of 2006/07.

Communication

The review found potential for improvement in a number of areas including:

- improvements in coordination of care, particularly when care crosses several service areas or service providers; and
- improvements in communication along the continuum of care, from one provider to another provider and from providers to families/patients. Communication involves the provision of accurate, relevant and timely information.

As part of this review, the Hansen family suggested there was a need for better communication among staff, physicians and patients or family members. The Hansens suggested changes that would ensure that staff and physicians identify themselves and their role in a patient's care when interfacing with patients/families. The health region has developed a recommendation in relation to this issue.

Clinical

An external pediatric oncologist from Stollery Children's Hospital in Edmonton, Alberta, Dr. Paul Grundy, was asked to review the care provided to the child.

Dr. Grundy is a Professor in Pediatrics and Oncology at the University of Alberta, has been certified by the American Board of Pediatrics as a Pediatric Hematologist and Oncologist, and is Director of the Division of Hematology, Oncology and Palliative Care at the University of Alberta and Stollery Children's Hospital in Edmonton.

Dr. Grundy's report is governed by *The Evidence Act*, which prohibits the release of any "privileged" information arising from a review. Privileged information is any information that is gathered as part of the "peer review" within the review process.

This information is privileged under the Act to ensure that free and frank discussion can take place between health care providers without fear of reprisals.

The ability to have free and frank discussions about health care reviews is very important in ensuring quality care for Saskatchewan residents. These discussions are critical in identifying problem areas that need to be addressed to improve or enhance the delivery of health care. In this case, Dr. Grundy's report is considered to be "privileged" and as a result, is not included in the review. However the review includes findings and recommendations from his report.

The clinical review found that the child's initial contact with the health system was managed appropriately and that the child's initial presenting symptoms suggested septic arthritis and

subsequently, osteomyelitis. The biggest factor leading to the initial delay in a diagnosis of leukemia was that the patient appeared to respond promptly and virtually completely to antibiotic therapy, which further validated the diagnosis and prescribed treatment.

The review found that the medical care was working well during the child's initial admission but suggested more structured communication between specialists familiar with Paige's case would have been helpful in managing her care when symptoms recurred and evolved. The review pointed out that arrangements for follow-up and availability of consultation need to be more comprehensive for complex cases where the diagnosis has not been substantiated.

The review identified that the Saskatoon Heath Region and the Stollery Children's Hospital appear to have different bone scan protocols. This may have played a role in a quicker diagnosis, and therefore the Saskatoon Health Region will be working closely with the Stollery Children's Hospital nuclear medicine department to evaluate these differences and to make protocol changes where appropriate.

Although the initial diagnosis was consistent with the presenting symptoms, the review notes that documentation of a differential diagnosis may have assisted care providers involved with Paige Hansen's case by leading to further discussion and suggestions of something other than septic arthritis and subsequently osteomyelitis. The health region should therefore consider encouraging medical staff to more formally document differential diagnoses rather than just the favoured diagnosis.

Finally, it was noted that diagnosing leukemia can often be challenging. In many cases, the diagnosis is often delayed initially when more common afflictions are considered. Often the child has seen more than one doctor or the same doctor more than once receiving diagnoses such as viral infection or growing pains.

The clinical review further confirmed that when leukemia presents primarily with bone pain and without leukemic blast cells circulating in the peripheral blood the diagnosis is often delayed while orthopedic or rheumatoid diagnoses are considered. In Paige Hansen's case the presenting signs were actually not typical of leukemia in which the bone pain is not usually accompanied by redness or swelling, particularly of the joint.

The delay in diagnosis did not affect the ultimate course or prognosis. No complications occurred as a result of the delay and the prognosis for cure is not dependent on time of diagnosis.

Saskatchewan Health

The Saskatchewan Health review was managed by the Provincial Quality of Care Coordinator, Mark Herzog in partnership with Dr.Tyrone Josdal, a medical consultant contracted by Saskatchewan Health to assist with the review.

The roles of the Provincial Quality of Care Coordinator and the Medical Consultant are to provide guidance to health regions as they conduct their multidisciplinary case reviews. In

this case, the provincial quality of care coordinator also interviewed individuals who were involved in the process of accessing care for Paige Hansen.

The provincial quality of care coordinator and the medical consultant found a lack of awareness of the role regional quality of care coordinators play in:

- assisting individuals and families with questions or concerns about health services in their region;
- ensuring individuals are informed about their rights and options; and,
- recommending changes and improvements to enhance the quality of health services delivered in the region based on their findings and trends of concerns raised.

Although the quality of care coordinator initiative has been widely communicated to the public in the past, Saskatchewan Health has noted through this review process that there is a need to improve public awareness regarding the role and function of the health region's quality of care coordinators. (For more details on how to address healthcare concerns see Appendix M, page 30).

Therefore, in the coming months, Saskatchewan Health will be working with the regional health authorities on developing further ways to raise the profile of the quality of care coordinators publicly.

Recommendations:

Recommendations have been developed using findings from all aspects of this review, including findings from the multidisciplinary and external consultant reviews, and from the interview with the Hansen family.

The Saskatoon Health Region has committed to implementing all of the recommendations. As well Saskatchewan Health will be sharing these recommendations with all other health regions in the province as well as lessons learned in this case to enhance health care for all Saskatchewan residents.

The review focused on identifying issues and recommendations that will assist the health sector in improving services to Saskatchewan residents. It did not focus on laying blame.

Recommendations

Thirteen recommendations were developed out of the findings of the review. The recommendations are:

Care Coordination & Communication:

The Saskatoon Health Region wants to improve its coordination of care and communication between providers and with families/patients, particularly when the care crosses several

service areas or service providers. The review found that improving the accuracy, timeliness and relevance of information shared among providers and with the Hansen family would have strengthened the quality of care provided.

- **Build upon the recent implementation (February 2006) of two part-time pediatric clinical coordinators by expanding the role to full time. Hire a supernumerary pediatric charge nurse immediately.**

  - The job description for the pediatric clinic coordinators will be revised to reflect the patient/family-centered approach of pediatrics and highlight the necessary skills in system navigation and patient/family conferencing.

  - A supernumerary pediatric charge nurse role required to support the clinical care coordinator will be implemented with the hiring process occurring immediately.

- **Immediately formalize the model and criteria for patient/family conferencing in pediatrics.**

- **Immediately develop and implement a framework for shared responsibility of care by members of the medical staff to ensure continuity of care and clarity of roles.**

  Medical care was working well during Paige's initial admission however more structured communication between specialists familiar with baby Paige's case would have been helpful in managing her care when symptoms recurred and evolved.

- **Encourage the pediatric physician leader and nurse manager along with others from the pediatric leadership team to develop a plan that will enhance teamwork and communication among care providers and with patients/families by fall 2006.**

- **Implement effective mechanisms for transfer of information at interface points including shift changes, discharge and patient/client movement between healthcare services and sectors across the health region.**

  There should be demonstrable improvement in this regard by the spring of 2007.

- **Require health care personnel to identify themselves and their role to patients and their families.**

  The Hansen family felt this would have improved their experience with the health system. This policy will be implemented by the fall of 2006.

Access:

- **Immediately communicate to members of the medical staff the process for arranging out-of-province referrals.**

  It is unclear to some physicians what the process is for arranging out-of-province referrals for patients and families.

- **Review the prioritization system for pediatric access to the operating room by SHR's Surgical Operations Committee.**

  Pediatric operating room access follows the same prioritization system for all patients and a further review is needed to determine if pediatrics should be prioritized using a different system or have higher priority within the current system.

Documentation:

- **Improve the quality of health record documentation and address variation of documentation on a region-wide basis with evident improvement by the end of 2006/07. Continue to provide education sessions to staff, physicians and students on the importance of quality documentation.**

  The review found that documentation outlining the care provided to Paige Hansen or plans for her further care was less than optimal.

- **Document more extensively the differential diagnosis (other possible diagnoses) rather than just the favored diagnosis.**

  Documentation of differential diagnoses may have assisted care providers involved with Paige Hansen's care and might have suggested something other than septic arthritis and subsequently osteomyelitis.

Other:

- **Encourage staff to follow normal process unless urgent need dictates otherwise (i.e. suggestion of booked operating room time for elective inpatient procedure such as insertion of Broviac™ catheter).**

  Staff should be encouraged to follow normal prioritization processes for determining access to the operating room. Although the attempt to insert the Broviac ™ catheter as an emergency procedure was well intentioned to speed discharge and save the family anxiety, it had the opposite effect, as surgery had to be delayed due to more urgent operating room cases coming up. If the Broviac™ insertion could have been booked electively within two or three days, the

"waiting" would not have seemed like waiting, and the child would have only fasted once.

- **Review the evident differences between the Saskatoon Health Region's and the Stollery Children's Hospital's bone scan protocols and change standard of practice where appropriate.**

  The Saskatoon Heath Region and the Stollery Children's Hospital appear to have different bone scan protocols; as a result, Paige Hansen received a full body scan in Edmonton whereas the scan administered in Saskatoon focused on the pain site. This may have played a role in the speed of diagnosis. As a result, the Saskatoon Health Region will be working closely with the Stollery Children's Hospital nuclear medicine department to evaluate these potential differences and to make protocol changes where appropriate.

- **Saskatchewan Health will work with the regional health authorities on developing further ways to raise the public profile of the quality of care coordinators.**

  It is important that patients and families know where to turn if unable to resolve a care quality concern with their care providers.

Conclusion

The findings of this review identify that while leukemia can be difficult to diagnose and Paige Hansen's initial diagnosis may have been appropriate in relation to her symptoms, there were a number of issues within the health region that may have resulted in a delayed diagnosis. The recommendations made by provincial health providers, the Hansen family and the external consultant will go a long way to enhancing patient care both within the region and across the province.

The Saskatoon Health Region has committed to begin implementation of the review's recommendations immediately. Saskatchewan Health's provincial quality of care coordinator will keep in regular contact with the Saskatoon Health Region regarding their progress on implementing the report's recommendations throughout 2006/07.

Background

Overview of Children's Health Services in Saskatchewan

In Saskatchewan, children's health services are provided through a range of service providers across the continuum of care.

In the community, families can access health services for their children through their family doctor, specialists such as pediatricians, or through regional health authority programs such as child and youth mental health services, home care services, primary health centres, public health services, and rehabilitation services such as physical and occupational therapy and speech language pathology services.

In addition, regional health authorities provide a range of hospital-based children's services including emergency, diagnostic, critical care, surgical and medical services. Hospitals are classified according to the scope and range of services they provide from observation and assessment to highly complex tertiary care.

Depending on the child's needs, their health care may be managed at their local hospital or the child may be referred to a provincial hospital in Regina or Saskatoon.

In 2004/05 acute care hospitals with pediatric wards in Saskatchewan spent nearly $63 million on emergency pediatric and neonatal transport, neonatal and pediatric intensive care, nurseries and pediatrics and obstetric wards. This excludes costs such as mental health services, lab or diagnostic imaging tests, social worker services, respiratory therapy, etc.

As well, it does not include either the costs associated with children admitted to hospitals that did not have pediatric wards, or the costs of physician fee for service.

Pediatric Hospital Services

Hospital services are available to children in every health region within the province. Emergency services are delivered in all 12 regions. In addition, there are designated in-patient pediatric and/or newborn beds in 21 hospitals throughout the province's 12 regions. However the level of specialization of pediatric care available varies depending on the hospital classification and attending physician.

Community and northern hospitals provide pediatric observation and assessment services. District hospitals provide in-patient pediatric care for stable medical conditions. Regional hospitals provide more complex pediatric case management, and provincial hospitals provide specialized tertiary pediatric care.

Regina and Saskatoon are the two major tertiary centres in the province. These two centres see the most complex cases and physicians in these centres most often see the sickest children in the province.

Pediatric Bed Supply

As of March 31, 2005, there were 224 beds (10% of all acute care beds in the province) dedicated to children in Saskatchewan hospitals. This includes 169 pediatric beds, 5 pediatric intensive care beds, and 50 neonatal intensive care beds. The neonatal intensive care beds are located solely in provincial hospitals.

Of the remainder of the beds, 56% are in provincial hospitals, 21% are in regional hospitals, 16% are in community hospitals, 6% are in northern hospitals, and 1% are in district hospitals (see Appendix B, page 25).

Hospital Utilization

Hospital utilization is monitored by health regions using data they submit to the Canadian Institute for Health Information. The data is often separated by inpatient, outpatient, age groups or diagnostic groupings. The information is used for health system planning.

Medical Services

In 2004/05, the Saskatchewan health system recorded 11,751 inpatient and day medical procedure visits by children under 15 years of age (excluding newborns). Of this, 73 % (or 8,435) of the visits were for children under 5 years of age, and 27% (or 3,326) were for children aged 6-14.

For children under 5 years of age, nearly one third of the visits were related to respiratory conditions such as pneumonia, bronchitis or asthma. The top 10 conditions for which these children were treated are listed in a chart in Appendix C, page 25. These conditions made up 62% of pediatric (children under 5 years of age) inpatient and day medical procedure visits.

For older children, about 13% of the visits were related to gastrointestinal conditions, and about 10 % of the visits were related to respiratory conditions. The top 10 conditions for which older children were treated in hospital are listed in a chart in Appendix D, page 26. These conditions made up 45% of pediatric (children 6-14 years of age) inpatient and day medical procedure visits.

Surgical Services

In 2004/05, the Saskatchewan health system recorded 6,410 inpatient and day surgical procedure visits by children under 15 years of age (excluding newborns). Of this, 56 % (or 3,591) of the visits were for children under 5 years of age, and 44% (or 2,819) were for children aged 6-14.

For children under 5 years of age, more than two thirds of the surgical visits were related to dental extractions and ear tube insertions. The top 10 conditions for which these children were treated are listed in a chart in Appendix E, page 26. These conditions made up 83% of pediatric (children under 5 years of age) inpatient and day surgical procedure visits.

The top 10 surgical conditions for older children can be found in a chart in Appendix F, page 26. These conditions made up 71% of pediatric (children ages 6-14 years) inpatient and day surgical procedure visits.

Saskatchewan's Children's Hospital

In May 2005, the provincial government announced plans to strengthen hospital care for children and families. Saskatoon was selected as the location for a children's "hospital, within a hospital" because it was felt that the concentration of academic programming and pediatric resources available in Saskatoon supported the creation of a centre of enhanced pediatric care excellence for children.

Planning for children's services is part of the overall hospital service alignment being undertaken by the Saskatoon Health Region. A needs assessment has been completed and functional programming is under way for the "hospital within a hospital" in Saskatoon. Saskatchewan Health has committed $150K toward functional programming.

Saskatchewan Health believes the new facility will address critical issues related to patient safety, family centered care, and recruitment and retention of skilled health care professionals. In the short term, Saskatchewan Health has also committed $700K to make some necessary changes to areas such as the neonatal intensive care unit at the Royal University Hospital.

Provincial Review of Child and Youth Acute and Rehabilitative Services

Saskatchewan Health is also currently reviewing child and youth acute and rehabilitative services within the province. Working with health regions and other stakeholders, the department will develop an enhanced service delivery model for these services. The new model will focus on ensuring that:

- services are accessible by all Saskatchewan residents;
- programs and services will recognize both the clinical and social needs of children and their families;
- an environment of collaboration will be created where pediatric care providers work together to provide quality coordinated care;
- care provided will be of the highest quality and follow standards and evidence-based practices; and
- services will be sustainable, ensuring long term stable human and financial resources.

A provincial steering committee, with representatives from regional health authorities, the College of Medicine, Saskatchewan Health, and other key stakeholders, is guiding the review. The review is expected to provide:

- a provincial vision for children's acute and rehabilitative care services;

- recommendations for service delivery infrastructure; and
- a clinical directional plan describing the array of acute and rehabilitative care programs and services to be provided in Saskatchewan, as well as a multi-year implementation plan.
-

Methodology Used in Health Care Quality Improvement Reviews

Most Saskatchewan residents have some contact with the health system every year. This may be through a physician visit, a hospital stay, a home care visit, or through many of the other publicly funded services. In the majority of these cases patients receive quality, and appropriate care and services for their health care needs.

Delivery of health care services is a complex process involving many inter-related systems and activities, and as a result, the complete elimination of adverse events in healthcare is not always possible. Saskatchewan's healthcare system focuses on reducing the number of injuries and deaths by ensuring that health providers from across the continuum of care have a broader understanding of adverse events and their causes.

Root Cause Analysis

Root cause analysis is the quality-improvement tool used by Saskatchewan's healthcare system to investigate serious quality of care concerns.

The tool is endorsed and taught by the Canadian Patient Safety Institute (CPSI) and the Institute for Safe Medication Practices (ISMP) Canada.

This process is very effective because it includes facilitated discussion among individuals involved. This ensures that a comprehensive sequence of events is captured, problem areas are identified, and recommendations addressing these problem areas are developed.

Information gathered through this process is governed by *The Evidence Act*, which prohibits the release of any "privileged" information arising from a review. Privileged information is any information that is gathered as part of the "peer review" within the review process.

This information is privileged under the Act to ensure that free and frank discussion can take place between health care providers without fear that the information gathered and discussed will be used in disciplinary measures.

The ability to have free and frank discussions about health care incidents is very important in ensuring quality care for Saskatchewan residents. These discussions are critical in identifying problem areas that need to be addressed to improve or enhance the delivery of health care. Root cause analysis focuses on looking beyond individual blame to determine underlying causes.

A typical review identifies:

- the sequence of events and circumstances leading up to the review;
- any current practice, procedure or factor involved in the provision of the health service that contributed to the occurrence of the incident and that, if corrected, may prevent a similar incident in the future; and
- actions intended to be taken as a result of the investigation.

Reviews can be conducted by regional health authorities, regulatory bodies (such as the College of Physicians and Surgeons of Saskatchewan), and the coroner depending on the nature of the incident. Typically, either the regional quality of care coordinator or the risk manager will lead the investigation.

Saskatchewan Health can also be involved in these reviews. The two provincial quality of care coordinators (PQCCs) and medical consultant provide support as needed, which may include training in conducting a review, facilitation, quality assurance, and oversight of the review process. In some cases, the PQCCs and medical consultant play a bigger role to ensure that all questions are answered. In this case they helped the region identify issues that needed to be covered in the report, and assisted with finding answers to questions identified in the review.

As well, whenever the recommendations made as the result of a review have potential to be applicable elsewhere, Saskatchewan Health sends an alert to all regions to ensure the lessons learned work to improve patient safety in the province.

Saskatoon Health Region

General Overview

The Saskatoon Health Region (SHR) is the largest health region in the province. It provides service to almost 300,000 residents in 100 cities, towns, villages and First Nations communities. The health region provides services in 10 hospitals (including three tertiary care centres in Saskatoon), 29 long term care facilities and eight primary health care sites, four public health centres, numerous community-based locations, and in the homes of residents.

In addition, it provides services to thousands of others from across the province who travel to Saskatoon for specialized services. More than 11,000 staff and 750 physicians and specialists work in the region.

In 2005/06 the SHR's annual operating budget was $617 million. Each day nearly $1.7 million was spent serving the health needs of the population. Generally the regions spends approximately 64% of its budget on acute care, 19% on supportive or long term care, 10% on community services, 5% on program services and 2% on ancillary and special funded programs (data provided excludes fee-for-service payments and services provided by physicians in an office setting).

In 2005/06, the region had 143,164 emergency room visits and 265,446 ambulatory care visits, and performed:

- 33,791 surgical procedures (excluding long wait initiative cases);
- 13,310 MRI diagnostic scans;
- 40,216 CT scans;
- 26,441 renal dialysis treatments; and
- 7,662,974 laboratory procedures.

Pediatrics in Saskatoon

Saskatoon is currently home to many pediatric training programs through the College of Medicine, and subspecialties such as cardiology, immunology, neurology ad respirology. The majority of pediatric sub-specialist practice in Saskatoon is based out of the Royal University Hospital.

The Saskatoon health region has a population of 16,634 children under the age of 5 (6% of the region's total population) and a population of 54,567 children under the age of 15 (19% of the region's total population).

MRI/Bone Scan Access Treatment Protocols

Bone scans and MRIs are separate diagnostic tests.

Gamma cameras are used to perform whole body bone scans. There are currently 14 publicly funded gamma cameras in the province. Six gamma cameras are located in Saskatoon at the Royal University Hospital, and eight gamma cameras are located in Regina; four at the General Hospital, and four at the Pasqua Hospital.

There are currently four MRI scanners in Saskatchewan. Two scanners are located in Saskatoon at the Saskatoon City Hospital and the Royal University Hospital. Two others are located in Regina at the Regina General Hospital.

There are no regulations around where in the province the patient should receive an MRI or nuclear medicine whole body bone exam. However, the patient typically will receive these services at the location closest to their home.

Appendices

A. Saskatchewan's Pediatric Population

The following table shows the 2005 population of pediatric (under15) residents within each provincial health region.

Region	Population < 15 years	Total Population	Percentage of total
Saskatoon	54,567	289,645	19%
Regina Qu'Appelle	45,581	246,877	18%
Prince Albert Parkland	17,333	77,847	22%
Prairie North	17,246	72,834	24%
Sun Country	9,789	53,839	18%
Five Hills	9,280	55,476	17%
Sunrise	9,144	57,543	16%
Kelsey Trail	8,062	43,204	19%
Cypress	7,803	44,201	18%
Heartland	7,735	44,124	18%
Mamawetan Churchill River	7,286	21,771	33%
Keewatin Yatthe	3,502	11,396	31%
Athabasca Health Authority	795	2323	34%
TOTAL	**198,123**	**1,021,080**	**19%**

Source: Saskatchewan Covered Population 2005, Saskatchewan Health

B. Pediatric Beds by RHA

RHA Name	Hospital Classification	Community	Hospital	Ped. Beds	NICU	Ped. ICU	Total Ped. Beds
Five Hills	Regional	Moose Jaw	Moose Jaw Union Hospital	10			10
Cypress	Regional	Swift Current	Cypress Regional Hospital	5			5
Cypress	Community	Herbert	Herbert-Morse Hospital	1			1
Cypress	Community	Leader	Leader Hospital	2			2
Cypress	Community	Maple Creek	Maple Creek Hospital	2			2
Regina Qu'Appelle	Provincial	Regina	Regina General Hospital	26	21		47
Regina Qu'Appelle	Provincial	Regina	Pasqua Hospital	12			12
Regina Qu'Appelle	Community	Wolesley	Wolseley Memorial Union Hospital	4			4
Sunrise	Regional	Yorkton	Yorkton Regional Health Centre.	12			12
Saskatoon	Provincial	Saskatoon	Royal University Hospital	47	29	5	81
Saskatoon	Community	Rosthern	Rosthern Hospital	4			4
Saskatoon	Community	Wakaw	Wakaw Hospital	2			2
Kelsey Trail	Community	Kelvington	Kelvington Hospital	1			1
Prince Albert Parkland	Regional	Prince Albert	Victoria Hospital	15			15
Prairie North	Regional	North Battleford	Battlefords Union Hospital	3			3
Prairie North	District	Meadow Lake	Meadow Lake Hospital	4			4
Prairie North	Community	Loon Lake	Loon Lake Union Hospital & SCH	4			4
Prairie North	Community	Maidstone	Maidstone Hospital	4			4
Mamaweten Churchill River	Northern	LaRonge	La Ronge Health Centre	7			7
Keewatin Yatthé	Northern	La Loche	La Loche Health Centre	4			4
TOTAL				**169**	**50**	**5**	**224**

NOTES:
(1) Beds staffed and in operation on March 1, 2005 were reported to Saskatchewan Health by regional health authorities in the Department's Annual Survey of Hospital Beds Staffed and In Operation. Survey includes acute care hospitals only. Does not include Wascana Rehabilitation Centre.

C. Medical Visits for Children Under 5 Years of Age

Case Mix Group	% of Total
Pneumonia and pleurisy	13%
Tracheobronchitis	11%
Esophagitis, gastroenteritis and miscellaneous digestive conditions	11%
Neonates < 750 grams	6%
Neonates > 2500 grams	5%
Asthma	5%
Other respiratory diagnoses	3%
Seizures and headaches	3%
Influenza	3%
Neonates>2500 gram with minor problem diagnosis	2%

Source: 2004-05 Canadian Institute for Health Information's (CIHI) Case Mix Groups (CMGs)

D. Medical Visits for Children Aged 6 -14

Case Mix Group	% of Overall Total
Esophagitis, gastroenteritis, and miscellaneous digestive diseases	13%
Upper extremity fractures	6%
Pneumonia and pleurisy	6%
Asthma	4%
Cranial injuries	3%
Seizures and headaches	3%
Disruptive behaviour disorders	3%
Sore throat	3%
Miscellaneous ENT diagnoses	2%
Diabetes	2%

Source: 2004-05 Canadian Institute for Health Information's (CIHI) Case Mix Groups (CMGs)

E. Surgical Visits for Children Under 5 Years of Age

Case Mix Group	% of total
Dental Extraction or Restoration (MNRH)	31%
Myringotomy (MNRH)	27%
Tonsillectomy and Adenoidectomy Procedures (MNRH)	8%
Circumcision (MNRH)	5%
Other Ophthalmic Procedures (MNRH)	3%
Unilateral Hernia Procedures (MNRH)	3%
Upper Extremity Procedures for Trauma	2%
Miscellaneous Male Reproductive System Procedures (MNRH)	2%
Penis Procedures	1%
Other Dermatological Procedures without Malignancy or Skin Ulcer or Cellulitis	1%

Source: 2004-05 Canadian Institute for Health Information's (CIHI) Case Mix Groups (CMGs)

F. Surgical Visits for Children Aged 6 -14

Case Mix Group	% of total
093 Tonsillectomy and Adenoidectomy Procedures (MNRH)	22%
089 Dental Extraction or Restoration (MNRH)	17%
092 Myringotomy (MNRH)	12%
670 Upper Extremity Procedures for Trauma	5%
262 Simple Appendectomy	4%
090 External and Middle Ear Procedures (MNRH)	3%
555 Circumcision (MNRH)	2%
261 Complicated Appendectomy	2%
271 Unilateral Hernia Procedures (MNRH)	2%
379 Other Musculoskeletal Procedures (MNRH)	2%

Source: 2004-05 Canadian Institute for Health Information's (CIHI) Case Mix Groups (CMGs)

G. Incidence of Childhood Cancer in Saskatchewan

Incidence of Invasive Cancer (new cases diagnosed each year)

	1999	2000	2001	2002	2003
Leukemia	11	9	5	4	1
Other	21	13	14	11	27
TOTAL	32	22	19	15	28

Mortality

	1999	2000	2001	2002	2003
Leukemia	3	1	4	0	2
Other	3	9	2	4	0
TOTAL	6	10	6	4	2

Source:

Saskatchewan Cancer Agency Annual Reports and Cancer Control Reports.
The 2003 numbers are preliminary and are not yet published.

H. Saskatchewan Children Aged 0-14 Years with Previous Diagnosis of Cancer 1, 5 and 10 years prior.

Cancer Site	1 year	5 years	10 years
Leukemia	8	30	65
All others	13	54	95

Source: Saskatchewan Cancer Agency, June 30, 2003

I. Major Types of Childhood Cancer

According to Health Canada's report *Diagnosis and Initial Treatment of Cancer in Children 0 to 14 years 1995-2000*, the most frequently diagnosed specific cancer is lymphocytic leukemia.

Leukemia is a cancer of the blood and the bone marrow. In general, leukemias are classified into acute (rapidly developing) and chronic (slowly developing) forms referred to as acute lymphocytic leukemia (ALL), chronic lymphocytic leukemia (CLL), acute myelogenous leukemia (AML) and chronic myelogenous leukemia (CML).

The terms myelongenous and lymphocytic refer to the cell type involved. In children, approximately 98% of leukemias are acute (60% of children with leukemia have ALL, while

38% have AML). Although slow-growing chronic myelogenous leukemia (CML) may also be seen in children, it is very rare.

Acute Lymphocytic Leukemia (ALL)

In ALL, too many stem cells, which are normally produced by the bone marrow, develop into a type of white blood cell called a lymphoblast.

The lymphoblasts are immature and are not able to fight infection effectively. Also, as the number of lymphoblasts increases in the blood and bone marrow, there is less room for other healthy white blood cells, red blood cells, and platelets. This may lead to infection, anemia, and easy bleeding.

Acute Myelogenous Leukemia (AML)

In AML, the stem cells usually develop into a type of white blood cell called a myeloblast. The myeloblasts, are abnormal and do not mature into healthy white blood cells. They can build up in the blood and bone marrow so there is less room for healthy white blood cells, red blood cells, and platelets. When this happens, infection, anemia or easy bleeding may occur.

J. Treating Childhood Cancers

Certain features of a child's leukemia, such as the child's age and initial white blood cell count, are used in determining the intensity of treatment required. Treatment is provided under the care of a pediatric oncologist. Most childhood leukemias have very high remission rates and the majority of children can be cured.

Acute Lymphocytic Leukemia

Childhood acute lymphocytic leukemia generally responds better to chemotherapy treatments than other types of leukemia because the leukemic cells grow quickly and chemotherapy drugs target fast-growing cells. The primary treatment for newly diagnosed ALL is combination chemotherapy. Radiation and bone marrow transplantation may be used in some cases. Total therapy lasts from two to three years.

Acute Myelogenous Leukemia

In general, newly diagnosed AML is initially treated more aggressively than is ALL. Intensive chemotherapy followed by bone marrow transplantation is becoming the first treatment chosen, especially when a suitable donor is available. After the intensive chemotherapy and/or bone marrow transplant, children with AML do not go on to maintenance therapy as additional chemotherapy in these cases has not shown benefit.

Relapsed Leukemia

Relapse or recurrence of leukemia can occur any time during therapy or after completion of treatment. Treatment depends on the site of relapse – whether it is in the bone marrow or other locations. Aggressive chemotherapy and radiation treatment, often followed by bone marrow transplantation, are used to treat a relapse.

K. Out-of-Province Physician Services (Cancer)

The table below shows the number of pediatric cancer patients that received out-of-province physician services for cancer related diagnoses (not including treatment received for benign or non-cancerous lesions.) over the past three years.

	0-4 years of age	**5-9 years of age**	**10-14 years of age**
2003/04	10	14	14
2004/05	16	16	17
2005/06	20	16	15

Source: Discrete Patient Count of Saskatchewan residents receiving out-of-province physician services for select diagnoses (Medical Services Branch Billing Data)

L. Provincial Treatment Protocols

Cancer treatment in Saskatchewan is provided through a combination of services from the health regions and Saskatchewan Cancer Agency (SCA). Chemotherapy and radiation therapy are provided by the SCA, whereas diagnostic services (e.g. medical imaging and laboratory testing) and cancer surgery are provided by the health regions.

Both the Allan Blair Cancer Centre (ABCC) in Regina and the Saskatoon Cancer Centre (SCC) function on a referral basis, that is, patients who have a confirmed diagnosis of cancer become patients of the SCA only when they are referred to the Agency. Surgeons, general practitioners and specialists can refer patients to these centres, as can other cancer agencies.

Both centres have a New Patient Office (NPO) to accept referrals, book appointments, and ensure timely and appropriate follow up of cancer patients.

When the Cancer Agency receives a pathology report indicating a positive tissue diagnosis of cancer (usually within 10 days of biopsy) it registers the case.

The pathology report is kept at the New Patient Office until a referral is received. A referral may be made by mail, fax or telephone.

Pediatric patients are always treated as a high priority. They are not placed on a waiting list, and are referred directly to the Pediatric Department.

M. Addressing Health Care Concerns

Saskatchewan Health has a process to assist individuals who have questions or concerns about the health care provided to them or their family members.

Saskatchewan Health suggests:

- Begin by talking to the caregiver who provided the service, or to the appropriate supervisor.
- If this does not resolve the issue/concerns talk to the health region's quality of care coordinator or client representative. These representatives are available in each health region to help clients. There is also a representative for the Saskatchewan Cancer Agency who can help with questions about their services. Contact numbers for regional quality of care coordinators can be found in Appendix R, page 35.
- Concerns about the conduct of a health care provider may be raised with the appropriate professional association, such as the College of Physicians and Surgeons of Saskatchewan or the Saskatchewan Registered Nurses' Association.
- Concerns that cannot be resolved at the regional level can be further addressed by contacting the provincial quality of care coordinator, or the Office of the Provincial Ombudsman.

Quality of Care Coordinators

In 1995, the province launched a provincial quality of care initiative, which was designed to empower Saskatchewan residents and increase the effectiveness of health service delivery in the province.

Each region in the province has a quality of care coordinator (QCC). The role of the QCC is to help health system clients with questions or concerns about health services in the region, ensure clients are aware of their rights, and use client feedback to recommend changes and improvements to enhance the quality of provincial health services. In addition, Saskatchewan has two provincial quality of care coordinators, who work out of Regina. They work to assist and support the regional QCCs in addressing customer needs.

N. Out-of-Province Health Care Coverage – Legislation

The Canada Health Act, The Saskatchewan Medical Care Insurance Act

In Canada, medically necessary hospital and physician services are administered at the provincial level pursuant to the health care insurance plan of each province. The *Canada Health Act* (*CHA*), which is federal legislation, is designed to ensure that each health care insurance plan of a province has certain common features that are enshrined in the *CHA*. Essentially the CHA establishes criteria and conditions related to insured health services and extended health care services that the provinces and territories must fulfill in order to receive the full federal cash transfer. The aim of the *CHA* is to ensure that all eligible residents of

Canada have reasonable access to insured health services on a prepaid basis, without direct charges at the point of service.

One of the criteria enshrined in the *CHA* is ***portability***. Residents moving from one province or territory to another must continue to be covered for insured health services by the "home" province during any wait period imposed by the new province of territory. The waiting period for eligibility to a "new" province or territory must not exceed three months, after which the new province of territory assumes responsibility for health care coverage.
Residents who are ***temporarily absent*** from their home province must continue to be covered for insured health services during their absence.

In Saskatchewan, insured coverage for medically necessary physician services is governed by *The Saskatchewan Medical Care Insurance Act*. Generally speaking, where a Saskatchewan resident receives physician services in another province that would be an insured service if it were provided in Saskatchewan, it is considered to be insured and covered by Saskatchewan. This basic principal is subject to rules respecting temporary absences set out in *The Medical Care Insurance Beneficiary and Administration Regulations*. It is also subject to section 10 of those regulations which sets out services which are non-insured. That list includes non-emergency MRI and cataract surgeries provided outside Saskatchewan, unless the Minister has approved payment for the service in writing prior to the services being provided.

Hospital and other health services provided to Saskatchewan residents, who are temporarily in another province, are governed by *The Department of Health Act* and are administrated by reciprocal bilateral billing agreements with other provinces.

O. Out-of-Province/Out of Canada Coverage - Process

It's Your Benefit – A Guide to Health Coverage in Saskatchewan **(**Saskatchewan Health brochure)

<u>Emergency Care in Another Province</u>

Persons who find themselves in need of emergent medical care while in another province can receive those services by producing their valid Saskatchewan Health card. In order to receive MRI, cataract surgery or bone mineral density testing, prior approval is required.

In all provinces, with the exception of Quebec, the physician and the hospital bill their services to their respective provincial health departments. Their department pays the service and, in turn, generates a bill in that amount to Saskatchewan Health. In these cases, Saskatchewan Health pays the host province rates.

Saskatchewan residents seeking MRI, cataract surgery or bone mineral density testing require prior approval.

Elective Care in Another Province

Saskatchewan residents are not prohibited from seeking non-emergent or elective services in another Canadian province. In most cases, services by a specialist will require a referral from another physician, either another specialist or a family physician. Seeking a consultation with a general practitioner in another province without a referral will have variable waiting times, depending on the physician's practice. True emergency presentations at Emergency Rooms will always been seen immediately.

MRI, cataract surgery or bone mineral density testing require prior approval.

Again, in all provinces, with the exception of Quebec, the physician and the hospital bill their services to their respective Health Department. Their Department pays the service and, in turn, generates a bill in that amount to Saskatchewan Health. In these cases, Saskatchewan Health pays the host province rates.

Rate of Out-of-Province Health Care Use

Out-of-Province (all patient age groups)

Out-of-province expenditures have seen increases in the past number of years. The following table lists out -of-province expenditures for physician and hospital services.

Total Payments ($000s) for Out-of-Province Physician and Hospital Services

		Location of Services							
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
2004-05	69,473.0	606.2	314.0	3,227.4	8,547.4	47,713.2	4,849.0	4,114.2	101.5
2003-04	61,169.1	561.5	286.4	2,542.7	5,785.3	45,318.5	5,181.4	1,412.0	81.3
2002-03	58,096.2	511.1	382.9	4,056.0	4,866.7	43,030.0	3,564.6	1,613.3	71.6
2001-02	50,921.3	451.9	387.8	1,593.0	4,622.1	36,325.6	4,160.6	3,281.6	98.9
2000-01	45,367.1	431.6	230.1	2,654.1	4,440.5	31,790.9	3,846.5	1,870.0	103.3

Source: Medical Services Branch Annual Statistical Report

P. Health Legislation - *Health Information and Protection Act* and *The Freedom of Information and Protection of Privacy Act*

The investigation into the care provided to Paige Hanson necessarily entails the collection of personal information of the parents, Mr. & Mrs. Hanson, and of the personal health information of Paige Hanson, by Saskatchewan Health.

Personal information is any recorded information about an identifiable person. Generally speaking, if information identifies a person, is not otherwise publicly available or identifies something about the person, its likely personal information. The collection, use and disclosure

of personal information in the possession or under the control of a government department is governed by *The Freedom of Information and Protection of Privacy Act*. (*FOIPP*)

Personal health information is a subset of personal information and it relates to information provided or generated in the delivery of a health service. It includes information about a person's physical or mental state, any health service provided, a person's health services number and any other information collected incidentally in the provision of a health service. The collection, use and disclosure of personal health information in the possession or under the control of a government department is governed by *The Health Information Protection Act*. (*HIPA*)

HIPA is designed to improve the privacy of people's health information while at the same time ensuring that adequate sharing of information is possible to facilitate the provision of health services. *HIPA* legislates the rights of individuals and obligations of "trustees" in the health system with respect to personal health information. A "trustee" includes Saskatchewan Health, regional health authorities, physicians and other health care providers listed in the Act.

Saskatchewan Health collects personal health information for purposes related to health care delivery, and it uses that information only for the purpose for which it was collected, or a consistent purpose.

Personal information and personal health information in the possession or under the control of Saskatchewan Health can only be disclosed for the purpose the information was originally collected (such as the registration for health care benefits), with consent of the individual the information is about, or in limited circumstances without consent (section 27 of *HIPA* or section 29 of *FOIPP*). Normally a broad public disclosure of personal information or personal health information in a report can occur with consent.

Q. Quality Assurance Reports and Privilege – *The Saskatchewan Evidence Act, section 35.1*

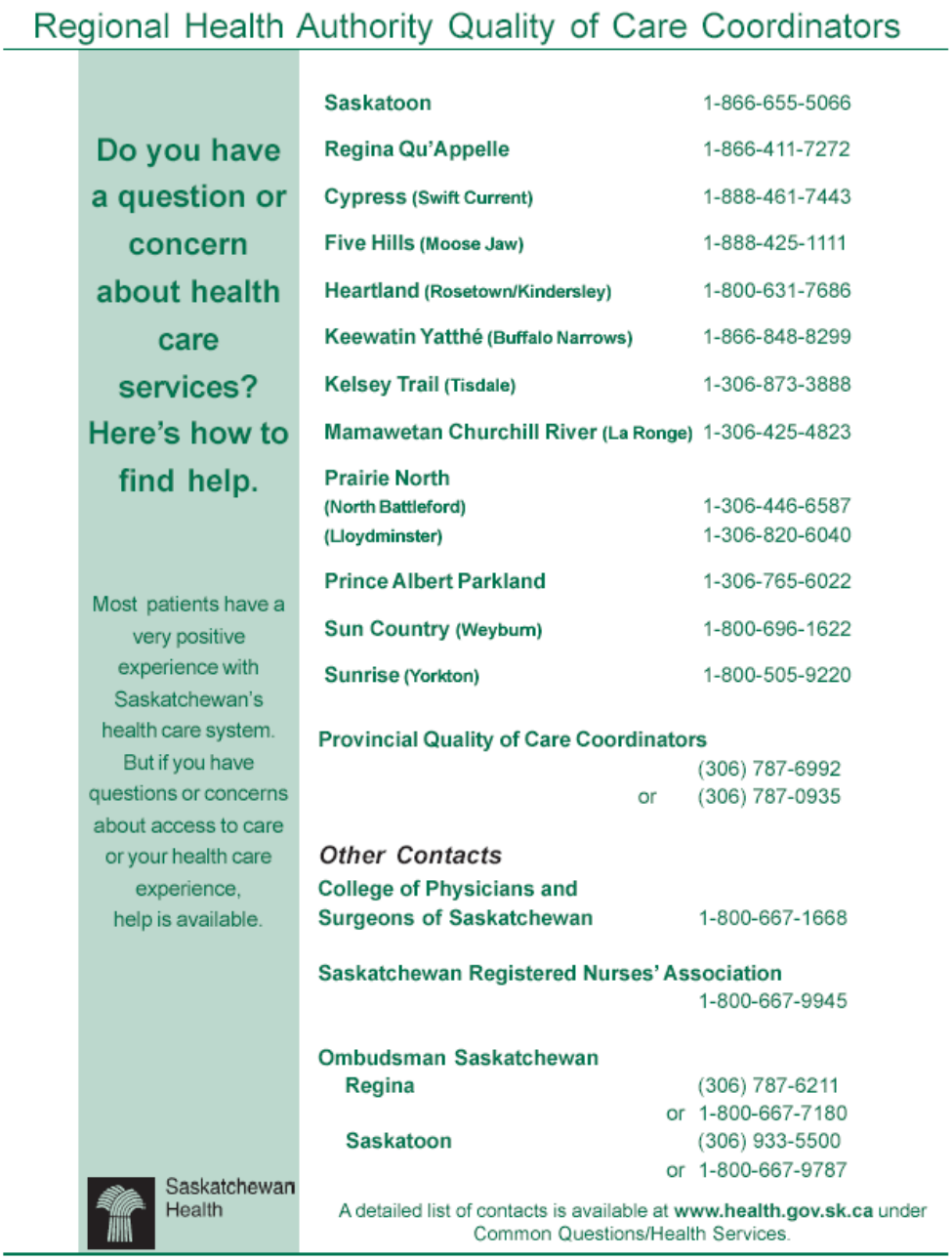
Section 35.1 of *The Saskatchewan Evidence Act* creates an evidentiary privilege and exception to the normal rules of evidence in court proceedings. Quality assurance committees, defined by section 35.1(1) (b) of that Act, are established to examine and evaluate the facts of a health delivery incident and health care practices for purposes of educating persons who provide health care and improving the care, practice, or services provided to patients in a hospital.

To perform this function for the betterment of health delivery and in the broader public interest, the committee undertakes a process of peer review involving honest and frank criticism, expressions of opinion and culminating in recommendations for change. To undertake this function effectively, there is a recognized need and expectation that the discussions and process will be undertaken in confidence to ensure free and frank discussion without fear that such expressions will be used for the benefit of a private litigant.

Thus section 35.1 grants a *privilege* in legal proceedings over quality assurance reports. This means that a quality assurance report which falls within the parameters of section 35.1 of *The Saskatchewan Evidence Act* is inadmissible in legal proceedings. The section also prevents a witness to a quality assurance proceeding from being compelled (subpoenaed) to give evidence in relation to any proceeding before the quality assurance committee.

The privilege does not however prevent a litigant from obtaining disclosure to the facts of an adverse health care incident. Section 35.1(4) specifically excludes from the scope of the privilege 1) medical and hospital records that are prepared for the purpose of providing care and treatment to a patient, and 2) records that are prepared as the result of a specific incident the facts of which are not disclosed elsewhere. This distinction - between documents containing facts and documents containing a critical self-examination of those facts - strikes a balance between the rights of a litigant and the public interest in improved health care delivery.

R. Health Services Contact Information



Regional Health Authority Quality of Care Coordinators

Do you have a question or concern about health care services? Here's how to find help.

Most patients have a very positive experience with Saskatchewan's health care system. But if you have questions or concerns about access to care or your health care experience, help is available.

Saskatchewan Health

Saskatoon	1-866-655-5066
Regina Qu'Appelle	1-866-411-7272
Cypress (Swift Current)	1-888-461-7443
Five Hills (Moose Jaw)	1-888-425-1111
Heartland (Rosetown/Kindersley)	1-800-631-7686
Keewatin Yatthé (Buffalo Narrows)	1-866-848-8299
Kelsey Trail (Tisdale)	1-306-873-3888
Mamawetan Churchill River (La Ronge)	1-306-425-4823
Prairie North	
(North Battleford)	1-306-446-6587
(Lloydminster)	1-306-820-6040
Prince Albert Parkland	1-306-765-6022
Sun Country (Weyburn)	1-800-696-1622
Sunrise (Yorkton)	1-800-505-9220

Provincial Quality of Care Coordinators
(306) 787-6992
or (306) 787-0935

Other Contacts

College of Physicians and Surgeons of Saskatchewan 1-800-667-1668

Saskatchewan Registered Nurses' Association
1-800-667-9945

Ombudsman Saskatchewan
Regina (306) 787-6211
or 1-800-667-7180
Saskatoon (306) 933-5500
or 1-800-667-9787

A detailed list of contacts is available at **www.health.gov.sk.ca** under Common Questions/Health Services.

The **Saskatchewan Cancer Agency** can be reached at 1-866-577- 6489.

The **provincial Healthine** can be reached by calling 1-877-800-0002.