First Nation and Métis Health Service: St. Paul's Hospital Chart Audit Report Executive Summary

Introduction & Purpose

Many patients admitted to St. Paul's Hospital in Saskatoon, Saskatchewan are of Aboriginal descent. Although this population is largely being served by the Saskatoon Health Region, little is known about the characteristics of the First Nation and Métis population using these services.

Upon request from Gabe Lafond, Director of the First Nation and Métis Health Service, the Office of the Vice-President Research and Innovation staff conducted a chart audit to determine the characteristics of the First Nation and Métis patients that St. Paul's Hospital is serving. Specifically, the chart audit investigated First Nation and Métis patients' reasons for admission, length of stay, whether they experienced a delay in discharge, were admitted through the Emergency Department, if they had a primary care provider, and their primary residence within the province. Information gathered through this project will be used for quality improvement purposes within the Saskatoon Health Region.

Results

For a summary of the demographic and clinical data, please see Table 1.

- 70% of First Nation patients were admitted through the Emergency Department
- 40% of the patients were admitted to St. Paul's Hospital 3 or more times in the last year
- 28% of the patients had a delay in discharge

Demographic and Clinical Data	Percent
Residence	
Rural	32%
Urban	53%
Reserve	13%
Primary Care Provider	
Yes	74%
No	26%
# of Comorbidities	
0	9%
1 - 2	22%
3 - 5	43%
6 +	17%
Admittance to Hospital	
Admitted through ED	70%
Other	30%
# Admissions to St. Paul's in Previous Year	
0	27%
1	11%
2	22%
3 or more	40%
# of ED Visits to St. Paul's in Previous Year	
0	50%
1	31%
2	12%
3 or more	8%
Delay in Discharge	
Yes	28%
No	66%

Table 1. Demographic and Clinical Data

Methodology

A retrospective chart audit was completed at St. Paul's Hospital in Saskatoon, SK. for quality improvement purposes.

Inclusion criteria included any First Nation or Métis patient that was admitted to the general medicine or renal ward in St. Paul's Hospital.

Charts were pulled from patients who were admitted from February 2012 to December 2013.

A chart audit tool was developed and used to gather demographic and clinical information on the patients.

Patients

A total of 103 charts were included in the report.

- All patients were First Nation (No Métis patients were included in the sample due to the current standards of recording information in health record charts)
- Mean age: 48.4 (± 17.5) years
- Gender: 50 males; 53 females
- Primary Spoken Language: 98 English; 5 English/Cree

Contact

To obtain more information about the Office of the Associate Vice-President Research – Health (UofS)/ Vice President Research and Innovation (SHR), please click here.

Results Continued

For the First Nation patients who had a delay in discharge:

- 17% experienced a delay due to additional medical issues or medical complications;
- 11% were delayed due to navigational/benefit issues such as transportation, bed availability in the home community (specifically long term care beds), family availability, medical equipment availability at home, wait time for equipment and approval from NIHB (Non-Insured Health Benefits).

Reasons for admission included: infection (26%); surgical procedures (9%); intestinal or gallbladder issues (9%); cancer (7%); fractures or wounds (7%); respiratory issues (6%); cardiology issues (6%); complications from a condition or surgery (5%); renal issues (5%); overdose (4%); and urology conditions (2%).

Length of stay for those who lived on reserve (31.3 days) was significantly longer than those who lived in rural (7.0 days) or urban (9.1 days) areas. First Nation people who lived on reserve stayed in hospital approximately 23 days longer. Please see Figure 1.

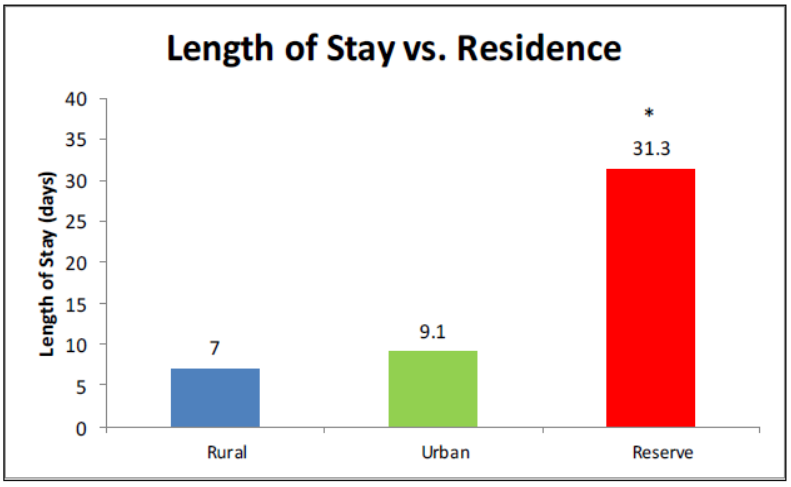

Figure 1. Length of Stay vs. Residence. * Length of stay for those who resided on reserve was significantly longer than those who resided in urban or rural settings ($p<0.05$).

Postal code analysis of residence showed:

- 48 patients resided in the Saskatoon Census Metropolitan Area;
- 25 resided in rural south Saskatchewan;
- 19 resided in rural north Saskatchewan and;
- 9 resided in small cities.
  (See Figure 3 in full report for residence map)

Limitations

The main limitation of the quality improvement work was the inability to identify Métis patients.

- Currently, patients admitted to hospital in the Saskatoon Health Region have no option to self-identify.
- First Nation patients could be identified in the chart through their Department of Indian Affairs and Northern Development (DIAND) number. However, there are no indicators in the chart to identify an individual as Métis.

Generalizability of the results was another limitation. The chart audit was conducted in one hospital within the Saskatoon Health Region and contained data from First Nation patients only. These results should be taken with caution.

Conclusion

The chart audit identified that almost 30% of First Nation people had a delay in discharge, which could be attributed to a number of factors including transportation issues, bed availability in the home community, medical equipment availability in the home community and wait time for approval from NIHB (Non-Insured Health Benefits). The chart audit also provided preliminary evidence that First Nation people who lived on reserve stayed in hospital significantly longer than those who lived in urban or rural areas. This report will assist the Saskatoon Health Region in beginning to understand the Aboriginal population that it serves. Importantly, this chart audit highlights the need for patients to have the option to self-identify upon admission to hospital. These results support the need for research to further examine the underlying reasons for prolonged hospitalization in Aboriginal patients to work towards providing optimal care for this population.