PUBLIC TRUSTEE

ANNUAL REPORT

FOR

FISCAL YEAR ENDING MARCH 31, 2011

NOVA SCOTIA
Public Trustee

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In Reply Please Quote Our File Number:

September 1, 2011

The Honourable Ross Landry
Attorney General and Minister of Justice
Province of Nova Scotia
5151 Terminal Road, 4th Floor
Halifax, NS B3J 1A1

Dear Mr. Landry:

Pursuant to Section 47 of the *Public Trustee Act* I submit this Annual Report for the fiscal period ending March 31, 2011.

The Financial Statements and Auditor's Report for this fiscal period have been incorporated into and form part of the report.

Respectfully submitted,

M. Estelle Theriault, Q.C.
Public Trustee

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PUBLIC TRUSTEE PROGRAM OF NOVA SCOTIA

SCOPE OF PROGRAM

The Office of Public Trustee is established under the *Public Trustee Act* and functions in reference to that Act and other Statutes wherein specific roles are prescribed for the Public Trustee, e.g. *Hospitals Act*, *Personal Directives Act, Patient's Abandoned Property Act*, *Adult Protection Act*, *Guardianship Act*, *Probate Act*, *Presumption of Death Act, Survival of Actions Act*, *Involuntary Psychiatric Treatment Act*, etc.

The Public Trustee:

(1) manages estates of living persons who need services of a trustee, guardian, attorney or other fiduciary not readily available in the private sector to such living persons;

(2) administers estates of deceased persons and has standing to apply for grant of administration or administration with will annexed in any case where no grant of probate or administration has been issued;

(3) may consent to health care decisions and nursing home placement decisions for incapable persons when consent cannot be obtained from the person, a named health care decision maker, a court appointed guardian of the person or a statutory decision maker;

(4) may act as guardian *ad litem* or representative in litigation for minor, incompetent, deceased, missing or unascertained litigants in respect to whom a court makes representation orders.

The Public Trustee is committed to the proper administration of estates of deceased persons, incompetent persons, children and missing persons. It is also committed to provide informed consents for health care, placement to a continuing care home or home care services using an approach that is client-centred, respectful of human rights and freedoms and in the client's best interests if prior wishes, values and beliefs are not known.

STATUS OF PUBLIC TRUSTEE

(1) The Public Trustee is a corporation sole under that name with perpetual succession and an official seal and, as such, the Public Trustee may sue and be sued in that name.

(2) The Public Trustee has the powers and duties given to or imposed upon it by statute and such further powers and duties as the Governor in Council may prescribe.

(3) The person appointed to be Public Trustee has the status of a Deputy Head.

(4) Where the Governor in Council, a Minister of the Government or a Court is empowered to appoint a guardian, custodian, trustee, executor or administrator, the Public Trustee, if it consents to act, may be so appointed.

(5) For administration purposes, the Public Trustee reports to the Minister of Justice.

MESSAGE FROM THE PUBLIC TRUSTEE

I am pleased to submit the Annual Report of the Public Trustee of Nova Scotia for the fiscal year ending March 31, 2011.

The Office of the Public Trustee is situate in Halifax. It renders services throughout Nova Scotia with a staff of twenty-five employees.

The Public Trustee is pleased with the results of its efforts in the fiscal year under report. Again the Public Trustee achieved budget savings in its financial authority and it earned more revenue than was projected. All revenue is paid to the Minister of Finance to help cover the cost of this valuable program.

On April 1, 2010 the *Personal Directives Act* was proclaimed in force. Prior to the proclamation of the *Personal Directives Act* the Public Trustee was the health care decision maker of last resort for incapacitated persons only while they were in a hospital or a psychiatric facility in Nova Scotia. The *Personal Directives Act* empowers the Public Trustee to be the substitute decision maker of last resort for ever incapacitated person in Nova Scotia whether they are hospitalized or not. The Public Trustee under this new legislative initiative is authorized to make decisions concerning medical, surgical and psychiatric treatment as well as health care, home care services and placement to a continuing care home. No fees are charged for these services.

A new Health Care Decision Division was created in the fiscal year 2009/2010 to deal with these decisions. There are three full time staff assigned to deal with the health care referrals. Each referral may have multi-decisions to be made. At the end of the fiscal year under review the Public Trustee had 172 health care clients compared to 80 in the previous year. This number was much less than we had anticipated. We are anticipating that in the next fiscal year this number should steadily increase.

The Health Care Decision staff spent much time in its first full year of operation providing education to the stakeholders. The coordinator of the unit participated in 14 *Personal Directive Act* education sessions prior to the proclamation of the legislation on April 1, 2010 and 22 sessions after it was proclaimed. Targeted sessions throughout the province were held for program staff and service providers under the Department of Health and Community Services resulting in the attendance of 213 Department of Health and 233 Department of Community Services staff and providers.

Through these education efforts I believe that the staff throughout the province serving our most vulnerable citizens will know that the Public Trustee is there as the substitute decision maker of last resort of health care decisions, of home care decisions and of long term care placement decisions. The Public Trustee's Health Care Decision policies are based on the best interest principles and the principle of informed consent. The health care policies the Public Trustee has developed to aid in its decision processes embody four commonly held principles of health care ethics: respect for autonomy, non-injury, beneficence and justice.

The new website for the Public Trustee's Office has been in existence for a year. It has proven to be a wonderful information tool for the lawyers and the public. Many calls have been received from

individuals because they have learned of our services having found and read the information on the website. Efforts are now being made to translate the information on the site into French. It is expected that the translated information should be on line in the next fiscal year.

The Estates and Trust Division of the Public Trustee Office continues to address an ever increasing demand for its services. I continue to review all case referrals to ensure the file is one the Public Trustee should undertake. The Public Trustee has not received additional staff in this unit for several years although the caseloads have increased. Staff feel under pressure to do more with less. File numbers do not tell the whole story. The files referred to the Public Trustee for estate and trust management are often complex with much family discord or distrust. With the ever aging population in Nova Scotia I do expect the pressure on the Public Trustee's resources will continue to grow.

I am proud to work with such a dedicated group of individuals. I can truly say that the Province of Nova Scotia is very well served by their efforts.

CASE LOADS

On a yearly basis the number of files under the Public Trustee's management continues to grow.

Schedule "A" attached to this report details the active cases under the Public Trustee's management as of March 31, 2011.

Schedule "B" attached to this report details the volume of cases added and closed throughout the year. A review of the volume at year end over the past five years shows an ever increasing number. Great effort is exerted by staff to manage the files efficiently and to ensure files are closed as quickly as possible. This is one of the ways to properly use the office's limited staff resources. This year 383 new files were opened compared with 284 the previous year. The office was successful in closing 295 accounts. All of this takes great effort by all the staff.

Schedule "D" to this report provides a breakdown of the types of cases added. A review of this chart shows the Adult's Estate Living category is the largest type of case year after year. This increase reflects the aging population in Nova Scotia. It is anticipated that this number will continue to increase in the upcoming years and there will be a need to increase the staff to deal with the administration of the estates of mentally incompetent people referred to the Public Trustee.

The Department of Health has a great impact upon the Public Trustee's caseload. Of the 121 adult living files opened by the Public Trustee in the fiscal year under review 33 files came to the Public Trustee under the *Adult Protection Act* and 71 came to the Public Trustee under the *Hospitals Act.* Therefore, 86% of the adult living files undertaken by the Public Trustee in the fiscal year came to the Public Trustee from legislation overseen by the Department of Health.

In many instances the adult clients being referred to the Public Trustee for financial management are patients in hospitals awaiting long term care placement. The nursing home will not agree to have the incompetent adult placed in their facility unless someone is prepared to manage the adult's finances and the nursing home will be paid. By taking on these files the Public Trustee is helping the Department of Health and the District Health Authorities manage their budget and their valuable acute care bed spaces.

Mentally incompetent persons who require a financial trustee may also be referred to the Public Trustee under Section 14 of the new *Personal Directives Act*. Section 14 amended the *Public Trustee Act* creating a section known as Section 8A of the *Public Trustee Act*. The referral may be made by the substitute decision maker or a delegate named in the personal directive document prepared by the person while still competent. Of the 121 adult living files opened by the Public Trustee in the fiscal year under review 10 files came to the Public Trustee under Section 8A of the *Public Trustee Act*. It is forecast that this referral section will be used more frequently in the future especially when delegates or substitute decision makers consent to the placement of the mentally incapacitated person into a long term care facility and it is discovered the person does not have a trustee, a guardian of finances appointed under the *Incompetent Persons Act* or an attorney under an enduring power of attorney. Nursing homes will not agree to take a new resident unless someone is legally able and willing to manage the person's assets and pay for the costs of care from the person's estate assets. This provision again will put more pressure on the Public Trustee's staff.

The Public Trustee is viewed as a valuable resource in estates, guardianships and trust law. There were 330 inquiry files opened. No fees are charged for this service. The inquiry files are largely managed by the Public Trustee's lawyers and can truly draw upon their time.

The files referred to the Public Trustee are often the more complex and difficult accounts. In many instances no one else is prepared to deal with them. The Public Trustee is fortunate to have competent and dedicated staff who will strive to find solutions in all these cases.

REVENUE AND COSTS OF PROGRAM

Pursuant to the *Public Trustee Act* and the regulations thereto, the Public Trustee is entitled to charge for its services as trustee and as solicitor. The Public Trustee is also entitled to receive administration fees when it acts as Personal Representative of a deceased estate. The Public Trustee does not earn any revenue for providing general advice in inquiry files nor does it earn any fees for providing health care consents.

On an annual basis, the government forecasts what income the Public Trustee may earn for its services. This income is very important and contributes to the cost of running this program. As Public Trustee I strive to earn this revenue.

In the fiscal year 2010/11 it was forecasted that the Public Trustee would earn $600,000.00. The Public Trustee greatly exceeded this goal. The Public Trustee earned $887,302.00 inclusive of $25,460.00 in accrued fees. The fees transferred to the Department of Finance was $861,842.00.

The Public Trustee also earned revenue and income in its Special Reserve Fund in the amount of $155,649.00. This revenue is credited to the general revenue of the province.

Totalling the fees the Public Trustee earned from its trustee/guardian/administrator services (excluding accruals) and the income earned from its Special Reserve Fund the total income earned by the Public Trustee equalled $1,017,491.00 (see Schedules "E" and "E1" to this report).

Public expenditures for the general operating costs of the Public Trustee program including rent are funded by allocations from one of the global appropriations voted to the Department of Justice.

Funding projected and actually allocated to the Public Trustee program for the fiscal period ended March 31, 2011 was as follows:

FISCAL PERIOD	AUTHORITY	ACTUAL
ended March 31, 2011	$2,174,174.00	$2,083,169.00

This is a budget saving of $90,831.00.

Taking into account the total revenue earned from all sources by the Public Trustee the cost of running this valuable service excluding accrued fees was $1,065,678.00.

LAWS AND AMENDMENTS SIGNIFICANT TO THE PUBLIC TRUSTEE PROGRAM

HOSPITALS ACT

Section 59 and related sections of the *Hospitals Act* proclaimed in force April 1, 1979 created a mechanism whereby the Public Trustee, being notified by a hospital to do so, may "assume management" of the estate of a patient who has no guardian and is unable to administer his own estate. Hospital officials and community care officials had been leading proponents of that mechanism. They implemented it immediately. It became and continues to be the source of many of the Public Trustee's growing caseload of Adult Estates (Living). Of the 121 new Adult Estates (Living) files opened in the fiscal year ending March 31, 2011, 71 originated from Section 59 referrals. Only 43 files were received the previous year.

On some occasions, the referrals from the hospitals do not become permanent files in the Public Trustee Office. However, the Public Trustee, through its investigative powers does assist the hospitals and the Department of Health to ascertain the extent of the patients' assets and incomes. This is crucially important if the patient requires placement in a nursing care facility.

ADULT PROTECTION ACT

Enacted and in force in 1985 this statute contains special references to the Public Trustee being notified by the Minister of Community Services, or designate, S.13, or by the Family Court S.9(4), to intervene in the estate of one who is thought to be (or adjudged by the Court to be) "an adult in need of protection". The effect of S.13 is similar to the effect of S.59 of the *Hospitals Act* in that it authorizes and empowers the Public Trustee to assume immediate management of the estate of a living adult. Section 9(4) merely identifies a case in which the Public Trustee might invoke its standing (*Public Trustee Act*, S.5) to seek an *Incompetent Persons Act* Guardianship Order in respect to the estate of one who has been adjudged to be an adult in need of protection.

In the current fiscal year the Public Trustee received 33 referrals from Adult Protection. This number is down significantly from the previous year in which we had received 59 referrals.

Adult Protection Services is refocusing its efforts after a detailed program analysis. It is my submission that the *Personal Directives Act* has decreased the necessity of apprehending adults who are in need of protection to place them in a long term care facility. A delegate or a substitute decision maker may consent to the placement of the mentally incapacitated adult.

In the fiscal year under review the Public Trustee received approximately 40% more files under Section 59 the *Hospitals Act* and 10 files under the new provisions enacted in the *Personal Directives Act*. Hospitals and substitute decision makers are utilizing these provisions to give the Public Trustee legislative authority to become the financial trustee of the adult who requires placement in a long term care facility. This allows the adult to be placed much more quickly without having to use the resources of the court. This, I submit, is a great cost saving to the courts and to Adult Protection Services.

POWERS OF ATTORNEY ACT

Enacted in 1988 to validate "enduring Powers of Attorney" the *Powers of Attorney Act*, c.352, R.S.N.S. 1989 contains references to the Public Trustee. Section 4 provides that the attorney and not the Public Trustee shall administer a patient's estate pursuant to S.59 of the *Hospitals Act* if the instrument of enduring power of attorney "includes a provision expressly excluding the operation of subsection (2) of Section 59 and the attorney wishes to act".

Subsection (2) of s. 5 provides that an attorney shall, when the Court so orders, submit his accounts to the Public Trustee for approval.

Subsection (3) of s. 5 provides that an attorney may apply to the Court for an Order substituting another person as attorney upon giving notice of the application to the Public Trustee.

Subsection (4) of s .5 provides that if an attorney voluntarily submits his accounts to the Public Trustee the Public Trustee "shall consider the accounts when submitted".

The Public Trustee also received many calls from the public seeking general information about Enduring Powers of Attorney. Many of these calls deal with the questions of accountability and the concerns individuals have on the manner the attorney is managing the trust funds. The Public Trustee does not oversee or investigate private power of attorney relationships. The Public Trustee is not legislated to fill this juncture nor are we provided with budget resources to undertake this task. This, I believe, would be a large undertaking if the Public Trustee ever undertook this responsibility.

HEALTH CARE DECISIONS

Before the proclamation of the *Personal Directives Act* on April 1, 2010, the Public Trustee acted as decision-maker of last resort for treatment decisions under the *Hospitals Act* (HA) and the *Involuntary Psychiatric Treatment Act* (IPTA). Historically, the number of referrals for consent to treatment has been low. The average number of referrals for fiscal years 2001 through 2009 was 20 referrals per year.

The *Personal Directives Act* allows the Public Trustee to act as decision maker of last resort for individuals who (a) lack the capacity to make decisions concerning medical, surgical and psychiatric treatment, as well as health care, home care services and placement to a continuing care home, and (b) have no higher-ranked substitute with capacity. The legislation allows the Public Trustee to act not just in a hospital setting but in the community.

In order to meet this increased workload the Public Trustee created the Health Care Division. The

Division has a Coordinator and two Health Care Consultants. Program assistants contribute approximately 30 per week.

Detailed policy and procedures were developed to guide the consultants in their deliberations. Underpinning Health Care Decision program policy are ***best interest principles*** and the ***principle of informed consent***. Division policies also employ the four commonly held ***principles of health care ethics***, namely: respect for autonomy; non-injury; beneficence; and justice. Respect for autonomy is demonstrated by respecting the client's prior capable wishes, values and beliefs if known and consideration of the client's rights to independence and freedom; non-injury is demonstrated in decision-making that avoids or minimizes risk to the client; beneficence is demonstrated in decisions that benefit the client; and justice is demonstrated in decisions that are fair and equitable.

The Health Care Decisions Division stands in the place of the client and is entitled to the same information and freedom of choice as the client would have received if he or she had capacity. Decisions are made using the ***reasonable person standard***; after carefully considering the available relevant information, the Health Care Decisions Division makes a reasonably well-informed decision to consent, to not consent, or to withdraw consent as a reasonably prudent and careful lay person would do in similar circumstances and not as a health care professional.

It is known that the Department of Community Services and long term care homes has clients who lacked substitute decision makers who should be referred to the Public Trustee. The Provincial Cabinet approved generous post April 1, 2010 compliance dates for both long term care homes and the Department of Community Services.

As part of the implementation planning during the 2009-2010 fiscal year, estimates were requested from the Departments of Health and Community Services as it was anticipated that a large number of clients would come from these two areas. It was estimated the Public Trustee would receive 740 clients from these two sources. We have experienced significantly less.

Through education sessions with all stakeholders awareness of the program is increasing and we have seen an upward trend of referrals particularly as we approach the end of the year.

In the fiscal year under review the Public Trustee has received 94 new clients. These were added to the already existing client load for health consent. Fourteen files were closed and at year end there were 172 clients.

Multiple referrals for consent may be made for a client and each referral may be seeking consent for one or more proposed treatment, services or action plans for the client. For example, a referral may be initially received seeking consent to perform surgery on a patient. Several weeks later a referral may be received to perform chemotherapy on the client and to have the client assessed for the level of care the client would need if nursing home placement is being suggested.

In the fiscal year under review 235 referrals were received; 56 of the referrals were under the *Hospitals Act*, 45 of the referrals were under the *Involuntary Psychiatric Treatment Act* and 135 of the referrals were under the *Personal Directives Act*.

In the fiscal year under review 435 decisions were made (See Schedule "F" to this report).

I am extremely pleased that the Public Trustee Office has been empowered to be the substitute decision maker of last resort for those who are mentally incapable of making their own decisions. This process helps protect these individuals.

I am attaching to this report the First Annual Report of the Health Care Decisions Division.

REPRESENTATIVE LITIGATION

The Public Trustee is eligible for appointment to act as guardian *ad litem* or representative in litigation of mentally incompetent adults, minors, missing persons, unascertained persons and estates of deceased persons and any other interest entitled to sue or be represented in a proceeding. When acting pursuant to an *Incompetent Persons Act* Guardianship Order the Public Trustee is *ipso facto*, unless the court otherwise orders, guardian *ad litem* of the incompetent. Further, to accommodate the Bar and the Court, the Public Trustee occasionally consents to act, if appointed by the Court to act, as guardian *ad litem* or representative of a person or deceased person or interest that is not otherwise on the Public Trustee's caseload (see Schedules "H" and "H1"). No resources have been allocated to the Public Trustee specifically for that function. No fees are awarded to the Public Trustee by the courts if this appointment is undertaken. This type of appointment is normally a major time commitment on behalf of the Public Trustee. Six representative litigation files were opened in the fiscal year ending March 31, 2011.

RENUNCIATION

In certain fact situations, more particularly defined in Sections 15, 23 and 24 of the *Public Trustee Act* and in Section 32 of the *Probate Act*, the Public Trustee "is entitled to apply for and to receive a grant of letters of administration or administration with will annexed of the estate" of a deceased person. Before the Public Trustee does renounce its right to administer an estate considerable time is spent reviewing the facts of each estate to ensure the beneficiaries, heirs and creditors would be properly protected and served if someone other than the Public Trustee is appointed to administer the estate "in priority to all other persons". The Public Trustee also considers the assets which are contained in the estate. Are there funds in the estate which will allow the Public Trustee to properly administer the estate and also will the administration of the estate generate revenue for the Public Trustee Office which then assists the Public Trustee to provide services to the many cases which provide little or no revenue to the Public Trustee. All factors are considered when the Public Trustee decides whether it will administer a deceased estate or whether it will renounce.

By virtue of s. 36 of the *Public Trustee Act* the Public Trustee is empowered in a case where "the Public Trustee is entitled to take out letters of administration under this Act, he may authorize and appoint by writing under his hand some other person to take out such letters of administration" and "the Court of Probate shall, upon the application of a person so authorized and appointed by the Public Trustee as aforesaid, grant to such applicant letters of administration". Customarily the Public Trustee declines to function pursuant to s. 36 of the *Public Trustee Act* and prefers to leave the determination to the Court of Probate.

Seventy-four (74) renunciations were given by the Public Trustee in the fiscal year ending March 31, 2011 (see Schedule "G" to this report).

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Nova Scotia

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INDEPENDENT AUDITOR'S REPORT

To the Members of the Legislative Assembly; and to the Minister of Justice:

Report on the Financial Statements

I have audited the accompanying financial statements of the Public Trustee Trust Funds, which comprise the balance sheet as at March 31, 2011, and the statements of income and continuity of assets for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibilities for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Basis for Qualified Opinion
In common with many trust funds, it is not possible to verify by audit procedure that all the assets of any given trust, or income earned on trust assets, came under the administration of or were recorded by the Public Trustee. Accordingly, my verification of trust assets was limited to those recorded in the records.

Opinion
In my opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of the Public Trustee Trust Funds as at March 31, 2011, and its financial performance and its changes in net assets for the year then ended in accordance with Canadian generally accepted accounting principles.

JK Lapointe

Jacques Lapointe, CA
Auditor General

Halifax, Nova Scotia
June 28, 2011

Province of Nova Scotia
Public Trustee Trust Funds
Balance Sheet
March 31, 2011

ASSETS

	2011	2010
Estates and Trusts		
Cash	$ 2,381,759	$ 2,336,315
Securities, real estate and other assets (Note 4)	45,125,572	41,908,987
Common Fund securities (Note 5)	2,966,442	2,905,037
Accounts receivable and accrued interest	697,009	340,171
	51,170,782	47,490,510
Special Reserve Fund (Note 6)		
Cash and securities	2,417,570	2,328,867
Accrued interest	47,257	44,883
	2,464,827	2,373,750
	$53,635,609	$49,864,260

LIABILITIES

Estates and Trusts		
Estates and trusts balances	51,170,782	47,490,510
Special Reserve Fund (Note 6)		
Restricted funds	2,370,705	2,218,101
Funds transferable to Province of Nova Scotia	94,122	155,649
	2,464,827	2,373,750
	$53,635,609	$49,864,260

Approved:

Public Trustee
M. Estelle Theriault, Q.C.

(See accompanying notes to the financial statements.)

Province of Nova Scotia
Public Trustee Trust Funds
Income Statement
For the Year Ended March 31, 2011

	Estates and Trusts	Special Reserve Fund	2011 Total	2010 Total
Revenues				
Pension	$ 5,244,114	$ -	$ 5,244,114	$ 4,760,837
Annuities	485,169	-	485,169	413,031
Other	1,075,592	-	1,075,592	727,038
Investment income	704,946	-	704,946	806,745
Interest on Special Reserve Fund	-	96,495	96,495	155,669
	7,509,821	96,495	7,606,316	6,863,320
Expenses				
Accommodation	5,182,415	-	5,182,415	4,911,242
Allowances	261,302	-	261,302	94,670
Medical	482,726	-	482,726	380,482
Utilities	166,084	-	166,084	102,386
Taxes	1,205,858	-	1,205,858	748,871
Funeral	390,940	-	390,940	389,022
Real estate	118,185	-	118,185	351,915
Insurance	117,964	-	117,964	87,274
Legal costs	289,683	-	289,683	1,471,399
Property care	258,369	-	258,369	199,595
Other	25,368	-	25,368	72,074
Fees charged by the Public Trustee	887,302	-	887,302	824,226
	9,386,196	-	9,386,196	9,633,156
Income (loss) from operations	(1,876,375)	96,495	(1,779,880)	(2,769,836)
Realized (loss)	(34,528)	-	(34,528)	(71,250)
Unrealized (loss) gain	514,889	-	514,889	1,360,132
Net income (loss)	$ (1,396,014)	$ 96,495	$ (1,299,519)	$ (1,480,954)

(See accompanying notes to financial statements)

Province of Nova Scotia
Public Trustee Trust Funds
Statement of Continuity of Assets
For the Year Ended March 31, 2011

	Estates and Trusts	Special Reserve Fund	2011 Total	2010 Total
Balance, beginning of year	$47,490,510	$ 2,373,750	$ 49,864,260	$ 40,416,343
Add: Net change in assets held	5,166,494	-	5,166,494	11,066,522
Net income (loss)	(1,396,014)	96,495	(1,299,519)	(1,480,954)
Excess interest transferred from Common Fund	-	150,231	150,231	128,072
	3,770,480	246,726	4,017,206	9,713,640
Less: Undistributable estates and trusts (per Section 28)	90,208	-	90,208	158,152
Payment to Province	-	155,649	155,649	107,571
	90,208	155,649	245,857	265,723
Balance, end of year	$ 51,170,782	$ 2,464,827	$ 53,635,609	$ 49,864,260

(See accompanying notes to the financial statements.)

1. Authority

The Office of the Public Trustee was established pursuant to the Public Trustee Act. The Public Trustee is empowered to perform the duties of a guardian, custodian, trustee, and executor or administrator of an estate. All investments by the Public Trustee are to be made in accordance with the Trustee Act.

2. Accounting Policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles, modified by the following policies

a) Revenue Recognition

Revenue is recognized as earned. Realized gains and losses on the sale of assets is recognized at the time of sale. Unrealized gains and losses on assets are recognized in the income statement at the end of each fiscal year.

b) Financial Instruments

The Public Trustee is required to designate its financial instruments into the following five categories: (i) held for trading, (ii) available for sale, (iii) held to maturity, (iv) loans and receivables or (v) other financial liabilities. All financial instruments are to be initially measured at fair value. Financial instruments classified as held for trading or available for sale are subsequently measured at fair value with any change in fair value recorded in net income or net assets, respectively. All other financial instruments are measured at amortized cost using the effective interest method.

Financial instruments of the Public Trustee consist of cash, securities, and accrued interest. The Public Trustee has designated its financial instruments as held for trading. Transaction costs associated with the transfer of financial assets and financial liabilities to the Public Trustee are expensed at the time of transfer. Transaction costs incurred on the disposition of securities are netted against the proceeds.

c) Estates and Trusts

New estates are recognized when received. Final dispositions of estates and trusts remain in trust and estate balances until disbursed.

2. **Accounting Policies** (continued):

d) **Use of Estimates and Measurement Uncertainty**

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. Actual results could differ from management's best estimates as additional information becomes available in the future.

3. **Fair Value of Financial Assets and Financial Liabilities**

The fair value of the Public Trustee's cash and accrued interest approximates their carrying value due to their short term to maturity.

Investments and other assets held by the Public Trustee are adjusted to fair value at year end using observable market results. Real estate is adjusted to fair value using assessed or appraised value, if available at year end. Other assets for which there is not an observable market remain valued at a nominal amount ($1) until they are sold or an appraised value is available.

Financial assets held in trust by the Public Trustee are exposed to market risk, mainly in the form of interest rate and price risks.

Investment in guaranteed investment certificates and other term deposits with a maturity greater than one year are subject to interest rate risk. The effect on net income of a 1% change in interest rates on term deposits with a maturity of greater than one year would be approximately $103,119 (2010 – $96,009). Because most term deposits held by the Public Trustee have a term to maturity of one year or less, interest rate risk is not considered significant. These risks are mitigated by investing in a diversified portfolio, including investing in fixed rate securities.

The maximum exposure related to price risk is reflected in the unrealized gains of $514,889 at March 31, 2011 (2010 – $1,360,132).

The Public Trustee is not exposed to significant credit or liquidity risk.

4. **Securities, Real Estate and Other Assets**

Securities consist of deposit certificates, bonds, debentures and stocks. The Public Trustee is responsible for administering certain other assets such as real estate, personal effects and chattels.

5. Common Fund Securities

Section 30 of the Public Trustee Act permits the Public Trustee to invest monies, not subject to any express trust or direction for investment thereof, in a Common Fund. Investments of the Common Fund are valued at market value as of March 31, 2011.

6. Special Reserve Fund

Section 32 of the Public Trustee Act provides for the establishment of a Special Reserve Fund. The purposes of the Fund are to provide for any deficiencies between income earned on investments of the Common Fund and interest required to be paid to the estates comprising the Common Fund; and also to provide for any deficiency between the aggregate amount of sums invested and the realized value of investments of the Common Fund.

The Fund consists of investment income earned on Common Fund securities in excess of interest paid to Common Fund estates. Income earned on securities held in the Special Reserve Fund also forms part of the Fund.

Income earned on securities held in the Special Reserve Fund is eligible for transfer to the Province in the next year. The Fund is restricted to the purposes described above.

7. Operating Costs

Operating costs of the Office of the Public Trustee are absorbed by the Nova Scotia Department of Justice and are not reflected in the Income Statement. These costs are offset by fees charged for administering estates and by investment income.

	2011	2010
Department of Justice		
Salaries and benefits	$ 1,813,214	$ 1,693,712
Other operating costs	123,377	132,204
Rent	126,548	126,548
	2,063,139	1,952,464
Less transfers to the Province		
Fees	861,842	824,226
Special Reserve Fund income, prior year	155,649	107,571
	1,017,491	931,797
Net cost to the Province	$ 1,045,648	$ 1,020,667

8. Change in Accounting policies

For fiscal years beginning on or after January 1, 2011, government organizations are required to determine which accounting framework to adopt for financial statement reporting purposes based on guidance provided by the Canadian Institute of Chartered Accountants (CICA). As of April 1, 2011, the Public Trustee has determined it will follow the accounting standards included in the International Financial Reporting Standards (IFRS), which will replace the accounting standards included in the CICA Handbook for publicly accountable entities. Although the full scope of the changes has not been determined by the Public Trustee, it is anticipated that adoption of these accounting standards will result in changes to the presentation of these financial statements. Adoption of these standards should not result in significant changes to the recognition, measurement and reporting of financial transactions undertaken by the Public Trustee.

9. Comparative Figures

Certain of the comparative figures have been reclassified to conform to the financial statement presentation adopted in this fiscal year.

PUBLIC TRUSTEE STATISTICS

SCHEDULE "A"

CASES ACTIVE AS OF MARCH 31, 2011

ESTATES AND TRUSTS

Estate of Deceased	Adult's Estate (Living)	Infant's Estate (Living)	Undistributable Estate or Trust	Missing Person's Estate	Patients' Abandoned Property Act	Specific Trust	Renunciation	TOTAL
180	369	200	9	4	2	21	204	989

REPRESENTATIVE LITIGATION

Presumption of Death Act	Missing/ Unascertained Person	Survival of Actions Act	Guardian *ad litem* of Incompetent Adult	Guardian *ad litem* of Infant	
3	6	12	3	4	28

CONSENT TO TREATMENT 172

GRAND TOTAL: **1189**

REQUESTS, COMPLAINTS, INQUIRIES, LITIGATION, REFERRALS

Individual General Inquiries April 1, 2010 - March 31, 2011 **TOTAL: 330**

PUBLIC TRUSTEE STATISTICS

SCHEDULE "B"

VOLUME AND PROGRESS OF CASELOAD

FISCAL YEAR	VOLUME AT START	NEW CASES ADDED	CASES CLOSED	VOLUME AT YEAR END
April 1/10 - March 31/11	1101	383	295	1189
April 1/09 - March 31/10	1050	284	233	1101
April 1/08 - March 31/09	1013	310	273	1050
April 1/07 - March 31/08	872	265	124	1013
April 1/06 - March 31/07	824	254	206	872

PUBLIC TRUSTEE STATISTICS

SCHEDULE "C"

BREAKDOWN OF CASES CLOSED

FISCAL YEAR ENDING	ESTATE OF DECEASED	ADULT'S ESTATE (LIVING)	INFANT'S ESTATE (LIVING)	UNDISTRIBUTABLE ESTATE OR TRUST	MISSING PERSON'S ESTATE	PATIENTS' ABANDONED PROPERTY ACT	SPECIFIC TRUST	CONSENT TO TREATMENT	RENUNCIATION	TOTAL
March 31/11	60	92	43	5	Nil	1	4	15	55	275
March 31/10	42	67	22	4	Nil	1	2	3	89	230
March 31/09	39	83	26	Nil	1	1	2	2	99	253
March 31/08	41	51	20	2	5	1	2	2	Nil	124
March 31/07	40	53	41	3	2	1	2	2	61	205

PUBLIC TRUSTEE STATISTICS

SCHEDULE "D"

BREAKDOWN OF NEW CASES ADDED

FISCAL YEAR ENDING	ESTATE OF DECEASED	ADULT'S ESTATE (LIVING)	INFANT'S ESTATE (LIVING)	UNDISTRIBUTABLE ESTATE OR TRUST	MISSING PERSON'S ESTATE	PATIENTS' ABANDONED PROPERTY ACT	SPECIFIC TRUST	CONSENT TO TREATMENT	RENUNCIATION	TOTAL
March 31/11	63	121	15	4	1	1	2	96	74	377
March 31/10	59	103	37	4	Nil	1	5	12	56	277
March 31/09	56	112	52	3	Nil	1	4	11	63	302
March 31/08	58	96	40	4	4	1	Nil	4	47	254
March 31/07	56	86	35	2	Nil	1	2	8	53	243

PUBLIC TRUSTEE STATISTICS

SCHEDULE "E"

FUNDS TRANSFERRED TO DEPARTMENT OF FINANCE

YEAR ENDING	PUBLIC TRUSTEE FEES	SPECIAL RESERVE FUND INVESTMENT INCOME	SECTION 28
	Revenue *1	Revenue	Trust Funds *2
March 31, 2011	$861,842.00	$155,649.00	$90,208.00
March 31, 2010	$824,226.00	$107,571.00	$158,152.00
March 31, 2009	$652,900.00	$81,393.00	$52,863.00
March 31, 2008	$665,149.00	$78,877.00	$406,151.00
March 31, 2007	$582,492.00	$75,059.00	$9,056.00

*1 **Fees of counsel and solicitor, proctor's fees, administrator's commission collected from estates and transferred; figures do not include accruals.**

*2 **May be subject of claims, *Public Trustee Act*, s. 35.**

PUBLIC TRUSTEE STATISTICS

SCHEDULE "E1"

YEAR ENDING	COMMON FUND INVESTMENT INCOME TRANSFERRED TO SPECIAL RESERVE FUND	SPECIAL RESERVE FUND ACCUMULATED NON-TRANSFERABLE EQUITY
March 31, 2011	$150,231.00	$2,370,705.00
March 31, 2010	$128,072.00	$2,218,101.00
March 31, 2009	$126,607.00	$2,090,009.00
March 31, 2008	$143,287.00	$1,962,921.00
March 31, 2007	$114,331.00	$1,816,397.00

PUBLIC TRUSTEE STATISTICS

SCHEDULE "F"

HEALTH CARE DECISIONS

Table 1 - Year over year comparison of caseload

Caseload	Number of Files	Closed in 2010-11	Year-end
Active files pre-April 1, 2010	93	1	92
New Files 2010-11	94	14	80
Total	187	15	172

REFERRALS RECEIVED

Hospitals Act	*Involuntary Psychiatric Treatment Act*	*Personal Directives Act*	Total
2010/11 56	**2010/11** 45	**2010/11** 135	**2010/11** 235

CONSENTS

YEAR ENDING	NUMBER OF CONSENTS
March 31, 2011	435
March 31, 2010	28

SCHEDULE "G"

RENUNCIATIONS

YEAR ENDING	NUMBER OF RENUNCIATIONS
March 31, 2011	74
March 31, 2010	56
March 31, 2009	63
March 31, 2008	47
March 31, 2007	53

PUBLIC TRUSTEE STATISTICS

SCHEDULE "H"

REPRESENTATIVE LITIGATION CASES OPENED

FISCAL YEAR ENDING:	PRESUMPTION OF DEATH ACT	MISSING/ UNASCERTAINED PERSON	SURVIVAL OF ACTIONS ACT	GUARDIAN *ad litem* OF INCOMPETENT ADULT	GUARDIAN *ad litem* OF INFANT	TOTAL
March 31, 2011	1	Nil	3	1	1	6
March 31, 2010	Nil	1	3	1	2	7
March 31, 2009	4	Nil	3	1	Nil	8
March 31, 2008	4	5	1	1	Nil	11
March 31, 2007	4	Nil	2	3	2	11

PUBLIC TRUSTEE STATISTICS

SCHEDULE "H1"

REPRESENTATIVE LITIGATION CASES CLOSED

FISCAL YEAR ENDING:	PRESUMPTION OF DEATH ACT	MISSING/ UNASCERTAINED PERSON	SURVIVAL OF ACTIONS ACT	GUARDIAN *ad litem* OF INCOMPETENT ADULT	GUARDIAN *ad litem* OF INFANT	TOTAL
March 31, 2011	10	Nil	8	1	1	20
March 31, 2010	Nil	Nil	Nil	2	1	3
March 31, 2009	6	Nil	14	Nil	Nil	20
March 31, 2008	Nil	Nil	Nil	Nil	Nil	Nil
March 31, 2007	Nil	Nil	Nil	1	Nil	1

NOVA SCOTIA

Office of the Public Trustee

Health Care Decisions Division
First Annual Report

2010-2011

Submitted by: Anne M. Erly, RN, BN, MHSM
Coordinator, Health Care Decisions

Date: June 15, 2011

Contents

EXECUTIVE SUMMARY

The *Personal Directives Act* (PDA) was proclaimed on April 1, 2010 and with it a new section of the Office of the Public Trustee - the Health Care Decisions Division - was established. Prior to the PDA, the Public Trustee acted as decision-maker of last resort for incapacitated persons for treatment decisions under the *Hospitals Act* (HA) and the *Involuntary Psychiatric Treatment Act* (IPTA). The PDA in essence expanded this authority from the hospital setting into the community.

The Public Trustee acts as decision-maker of last resort for individuals who a) lack the capacity to make decisions concerning medical, surgical, and psychiatric treatment, as well as health care, home care services, and placement to a continuing care home, and b) have no higher-ranked substitute with capacity who is willing and able to act on their behalf.

In order to prepare for this new Division, an implementation plan was developed to ensure systematic preparation and seamless initiation of this new service. A significant part of the implementation plan included the research and drafting of divisional policies and procedures, as well as administrative processes. Technical support for the program was partially achieved through modifications to the existing Public Trustee Account Management (PAM) system and the creation of a Public Trustee Office micro web-site within the Department of Justice government web-site.

Monitoring of the Health Care Decisions program was conducted through the maintenance of pre-established performance indicators and statistics, which were reported to the Public Trustee on a monthly basis. As the Division gained actual field experience, periodic reviews of processes and procedures were conducted and adjustments were made in response to stakeholders' feedback, as well as to improve efficiency and productivity. A year-end review of the implementation plan, policy & procedure manual, and administrative processes was completed. The review and revision of all divisional referral forms is currently underway with the assistance of two external partners. The Health Care Decisions Division Policy & Procedure manual was subsequently signed off by the Public Trustee, thereby changing them from draft status during field experience to approved status, effective June 1, 2011.

The inaugural year of the Health Care Decisions Division was both a challenging and rewarding experience for our team. The expected ramp-up and volume rate of referrals did not occur in keeping with estimates of the Departments of Health and Community Services. A contributing factor to this modest uptake is the staggered dates set forth by Cabinet for continuing care homes to be in compliance with PDA.

Recommendations:

1. Continue an annual quality review and evaluation of divisional policies, procedures, and operational processes;
2. Continue efforts to secure information technology (IT) expertise through the Department of Justice to complete PAM modifications;
3. Continue partnership with Communications Nova Scotia and Shannex in the Health Care Decisions Division referral forms project so that it is completed and implemented before the end of the 2011 calendar year; and
4. Consider including stakeholder feedback about a component of Health Care Decisions Division service in the annual quality review.

ABOUT HEALTH CARE DECISIONS DIVISION

Public Trustee Mission

The Public Trustee is committed to the proper administration of estates of deceased persons, incompetent persons, children, and missing persons. It is also committed to provide informed consents for health care, placement to a continuing care home or home care services using an approach that is client-centred, respectful of human rights and freedoms, and in the client's best interests if prior wishes, values, and beliefs are not known.

History

Before the proclamation of the *Personal Directives Act on* April 1, 2010, the Public Trustee acted as decision-maker of last resort for treatment decisions under the *Hospitals Act* (HA) and the *Involuntary Psychiatric Treatment Act* (IPTA). Historically, the numbers of referrals for consent to treatment has been low. The average number of referrals for fiscal years 2001 through 2009 was 20 referrals per year.

Prior to April 1, 2010, there was no legislation to support Nova Scotians to plan for the future by writing down their wishes regarding personal care decisions in the event they became incapacitated. Although the *Medical Consent Act* allowed an individual to name a proxy to act on their behalf when they were not capable, its scope was for medical decisions only. If the person had not named a proxy under the *Medical Consent Act*, the only other option for legal substitute decision-making was a court-ordered guardianship under the *Incompetent Persons Act* – a lengthy and expensive process. In short, with the exception of a guardianship order, before April 1, 2010 there was no legislation that allowed a substitute to make health care decisions for the incapacitated person outside of a hospital. The PDA in essence expanded substitute decision-making authority from the hospital setting into the community and once it was proclaimed, the *Medical Consent Act* was repealed.

The intention of PDA is three-fold. First, it enables all Nova Scotians to document their wishes, values, beliefs, and instructions related to personal care decisions in a legally recognized document – the personal directive. The Act also allows the person the option to name a delegate to make decisions on their behalf in the event that they become incapacitated and cannot make such decisions themselves. Thirdly, if there is no personal directive or delegate, PDA authorizes a statutory decision maker (SDM) to make decisions regarding health care, home care and placement to a continuing care home on behalf of the incapacitated individual. Similar to the *Hospitals Act* and the *Involuntary Psychiatric Treatment Act*, the appropriate statutory decision-maker under PDA is identified by way of the nearest relative hierarchy. The SDM of last resort for all three pieces of legislation is the Public Trustee.

Once SDM authority expanded to the community, referral sources also expanded significantly and in addition to all hospitals in the province, referral sources now include all continuing care homes licensed or approved by the Department of Health and Wellness and the Department of Community Services. As part of implementation planning during the 2009-10 fiscal year, estimates were requested from both Departments as it is anticipated that a significant number of clients will come from these two areas. The combined estimate of potential clients in care who would need the Public Trustee to become statutory decision-maker of last resort was 740 clients.
The responsibilities related to PDA for continuing care home administrators include the formal identification and declaration of substitute decision maker for incapable clients. Given that this would require significant time and

effort, Cabinet approved generous post-April 1, 2010 compliance dates for continuing care homes. For Department of Health homes, the date for full compliance with PDA was March 31, 2011; for Department of Community Services homes, the date for full compliance is November 30, 2011.

Even with the extended dates for compliance, the volume of referrals was much lower than estimates from both departments. Nonetheless, analysis of 2010-11 referrals indicates that there is an increasing awareness of the new program around the province, especially in acute care agencies. There is a definite upward trend that indicates continued steady growth in the 2011-12 fiscal year.

Principles and Standards

Together with the *Personal Directives Act*, the *Hospitals Act*, and the *Involuntary Psychiatric Treatment Act*, the foundation documents supporting the Health Care Decisions Division are the Canadian Charter of Rights & Freedoms and the *Nova Scotia Human Rights Act*.

Underpinning Health Care Decision program policy are ***best interest principles*** and the ***principle of informed consent***. Division policies also employ the four commonly held ***principles of health care ethics***, namely: respect for autonomy; non-injury; beneficence; and justice. Respect for autonomy is demonstrated by respecting the client's prior capable wishes, values and beliefs if known and consideration of the client's rights to independence and freedom; non-injury is demonstrated in decision-making that avoids or minimizes risk to the client; beneficence is demonstrated in decisions that benefit the client; and justice is demonstrated in decisions that are fair and equitable.

The Health Care Decisions Division stands in the place of the client and is entitled to the same information and freedom of choice as the client would have received if he or she had capacity. Decisions are made using the ***reasonable person standard;*** after carefully considering the available relevant information, the Health Care Decisions Division makes a reasonably well-informed decision to consent, to not consent, or to withdraw consent as a reasonably prudent and careful lay person would do in similar circumstances and not as a health care professional.

Structure and budget

Health Care Decisions Division

The Health Care Decisions Division team serves all of Nova Scotia and, in addition to the Public Trustee, is made up of three full-time equivalents (FTE), namely: the Coordinator and two Consultants. The Program Assistant hours cover approximately 30 hours Monday to Friday in a combination of full and half days and are taken from already existing legal assistant FTEs within the Public Trustee Office.

Start-up costs for the Health Care Decisions Division were $43,000 and annual salaries and benefits for the first year were $320,000. Funding comes from the Department of Health and Wellness, which contributes $150,000 per annum and the Department of Justice, which contributes $170,000 per annum, as well as the start-up costs.

PROGRAM DEVELOPMENT AND IMPLEMENTATION

The *Personal Directives Act* provincial steering committee was formed in 2008 and is comprised of representatives from the Department of Health & Wellness, Departments of Community Services, Justice, and the Office of the Public Trustee. It is led by co-chairs from both the Department of Health & Wellness and Department of Justice. After public consultation, the mandate of the committee was to draft legislation for cabinet and once proclaimed, oversee its province-wide implementation. The Public Trustee and the Coordinator continue to represent the Office on the steering committee, which has committed to remain active during the broader implementation phase.

Implementation plan

The Health Care Decisions Divisions Implementation Plan consisted of four main focus areas, namely: the management plan, the communication plan, the training plan, and the evaluation plan. Each focus area was analyzed through the identification of key issues, required tasks and milestones, specific steps to achieve milestones and specified target dates for completion. The plan was then further broken down to each specific required task, detailed description, assigned staff, and tracking mechanism.

The Health Care Decisions Division Implementation Plan is contained in **Appendix A.**

Policies and Procedures

Following a cross-jurisdictional research and review, policies and procedures for the Health Care Decisions Division were developed. The policies and procedures contained in the Health Care Decisions Division Manual were written with the objective of providing appropriate guidance and direction to the Health Care Decisions team in their delivery of service. A Memorandum by the Public Trustee directed that Divisional policies and procedures be considered draft until there has been adequate experience gained through field testing of at least 6 months. It also directed a final review of all policies and procedures be undertaken at the end of the first full year of operation, that required revisions be made, and for each policy to be signed and dated by the Public Trustee. This review took place in March and April, 2011 and the Public Trustee approved and signed off on the policies and procedures, effective June 1, 2011.

The Health Care Decisions Division Manual is accessible to all Public Trustee Office staff on the shared drive at **G:\PUBLIC TRUSTEE MASTER FILE\Policies and Procedures\Health Care Decisions.** All Division staff has a hard-copy version of the manual, a copy of which is also available to all staff in the Office bookcase.

Technical Support

Public Trustee Account Management System

With the implementation of PDA, it was recognized that existing information management systems had to be assessed to determine if they were adequate for the Health Care Decisions Division or if changes were warranted. After deciding that changes were needed, an information technology consultant was engaged to design and implement modifications and additions to the PAM system in order to facilitate processing of

referrals for health care decisions. This work was done over a five month period beginning December 2009 and became operational at the end of April, 2010. All of the requirements (e.g. reporting capabilities) were not implemented due to the length of consultant's contract and lack of financial resources to extend its term.

Public Trustee Office Web-site

In anticipation of the launch of the *Personal Directives Act* as well as to enhance web content as a general public benefit, the Public Trustee Office web-page was expanded to a micro-site in April 2010.

The website is contained within the Department of Justice government web-site and is an important resource, that outlines the various functions of the Public Trustee Office and provides information about all services and referral processes. This web-site has proved to be an invaluable education tool for Division staff and is used to assist health care professionals and government agencies in learning about the expanded role of the Public Trustee.

Education

Internal Education

Several sessions were held within the Office to educate all staff members about the Personal Directives Act and the introduction of a new service of the Public Trustee Office. Additional smaller sessions were held to discuss the relationship of the new section to existing services to ensure a full understanding of how the areas interact, to maximize efficiencies and avoid duplication, and provide effective communication within the office and with our stakeholders.

External Education

Personal Directives Act provincial steering committee implementation work plan included a component for communication and education to stakeholders groups. Stakeholders included government departments, district health authorities, health care agencies, health care professionals, special interest groups, and continuing care homes. The Coordinator represented the Public Trustee Office in the stakeholders' education and participated in 14 PDA education sessions prior to implementation date of April 1, 2010 and 22 sessions after implementation. Targeted sessions throughout the province were held for program staff and service providers under the Departments of Health and Community Services, resulting in the attendance of 213 Department of Health and 233 Department of Community Services staff and providers.

Reporting

In accordance with Health Care Decisions Division policy, monthly indicator reports were prepared and submitted to the Public Trustee during fiscal year 2010-11. These reports are available for review at **G:\Health Care Decisions Division\Reports\Reports 2010-11\Monthly Reports 2010-11**.

To manage information, monthly tracking sheets were maintained to record each referral and its associated decision(s); a spreadsheet of decisions by month and year-to- date was also maintained.

The Health Care Decisions program is new and therefore had no experience from which to draw. As a result, the performance indicators and statistics to be monitored were left broad. Indicators and statistics will continue to be monitored and will evolve with the program and as experience is gained. It is anticipated that by the two-year mark (April 2012) an evaluation of all performance indicators and statistics will result in the establishment of a set of core divisional indicators.

2010-2011 Statistical Overview

The 94 files that were opened in 2010-11 represent a 101% increase in consent to treatment caseload. With the closure of 15 files, the year-end balance of 172 active files represents an 82.8% increase in caseload as compared to 93 active files on March 31, 2010. Files are closed for different reasons. In 2010-11, 11 were closed due to the death of the client and 4 were closed because a higher-ranked statutory decision-maker became available and willing to act on the clients' behalf.

Table 1 – Year over year comparison of caseload

Caseload	Number of Files	Closed in 2010-11	Year-end
Active files pre-April 1, 2010	93	1	92
New Files 2010-11	94	14	80
Total	187	15	172

In addition to the 94 new clients, 22 clients or 23.7% of existing (pre-April 1, 2010) clients were served in this fiscal year. The manner in which clients are served is specific to the type of referral received and what type of decision or consent is being requested. The following sections provide analysis according to referral type, decision type, level of decision, legislated authority, referral source, and geographic location.

Table 2 – Clients served in 2010-11

Clients Served	Number
Existing clients (pre-April 1, 2010)	22
New clients - 2010-11	94
Total	116

Total Referrals by legislation

In the fiscal year 2010-11, a total of **235** referrals were received: 56 referrals under *Hospitals Act*; 45 referrals under *Involuntary Psychiatric Treatment Act*; and 135 referrals under *Personal Directives Act*. Detailed information can be reviewed in **Appendix B.**

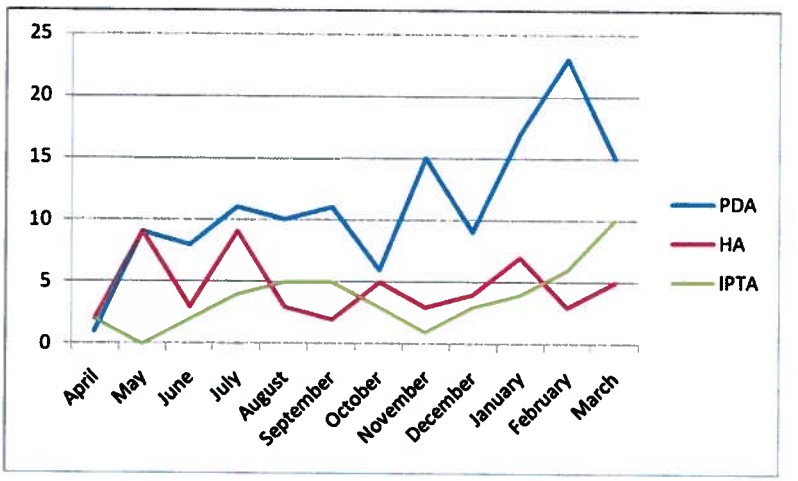


Chart 1 – Monthly Referrals by Legislation

Referrals under Personal Directives Act

Personal Directives Act includes referrals for health care, home care, and placement to a continuing care home. In 2010-11 a total of **135** referrals were received under PDA. Referrals under PDA were received from all DHAs except DHA 2 – South West Health

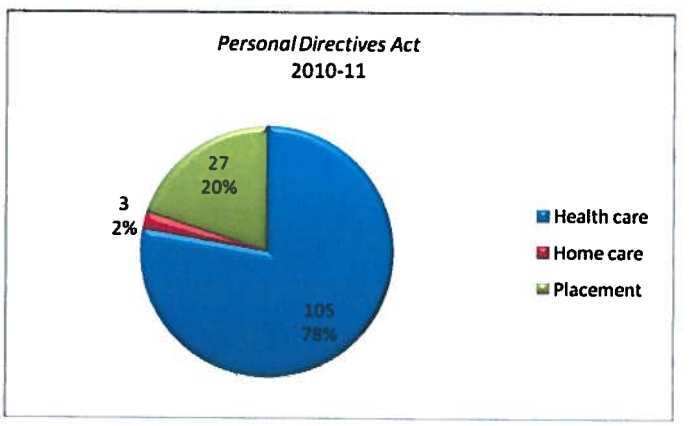


Chart 2 – 2010-11 Health Care, Home Care , and Placement Referrals

Referrals under Hospitals Act and Involuntary Psychiatric Treatment Act

Hospitals Act includes referrals for medical treatment and surgical treatment. *Involuntary Psychiatric Treatment Act* includes referrals for psychiatric treatment in hospital and under a community treatment order. In the fiscal year ending March 31, 2010, the Public Trustee provided **28** consents under the *Hospitals Act* and the *Involuntary Psychiatric Treatment Act.* In 2010-11, a total of **101** referrals for treatment were received - an increase of 360%.

Referrals under the Hospital Act were received from DHA 1, DHA 3, DHA 5, DHA 8, and DHA 9; none were received from DHA 2, DHA 4, DHA 6, and DHA 7.

Referrals under IPTA were received from DHA 4, DHA 8, and DHA 9 only.

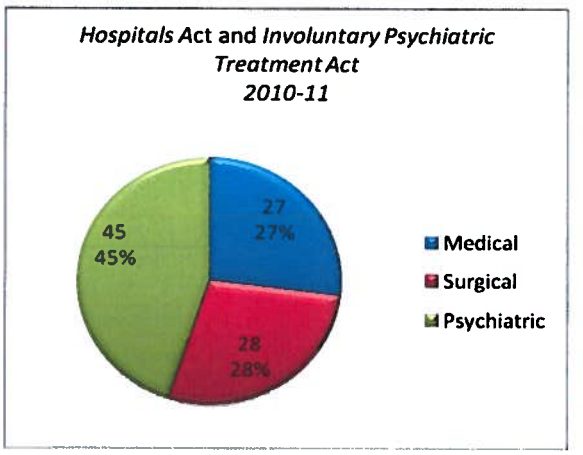


Chart 3 – Medical treatment, surgical treatment, and psychiatric treatment

Referrals by Geographic Area

Geographic areas have been defined by the District Health Authority (DHA) boundaries. All referrals have been sorted by DHA. Although DHA 9 (Capital Health)and DHA 8 (Cape Breton Health) account for 58% of the province's total population, 79% of all referrals received in 2010-11 came from these two DHAs. No referrals were received from DHA 2 (South West Health) during the 2010-11 fiscal year.

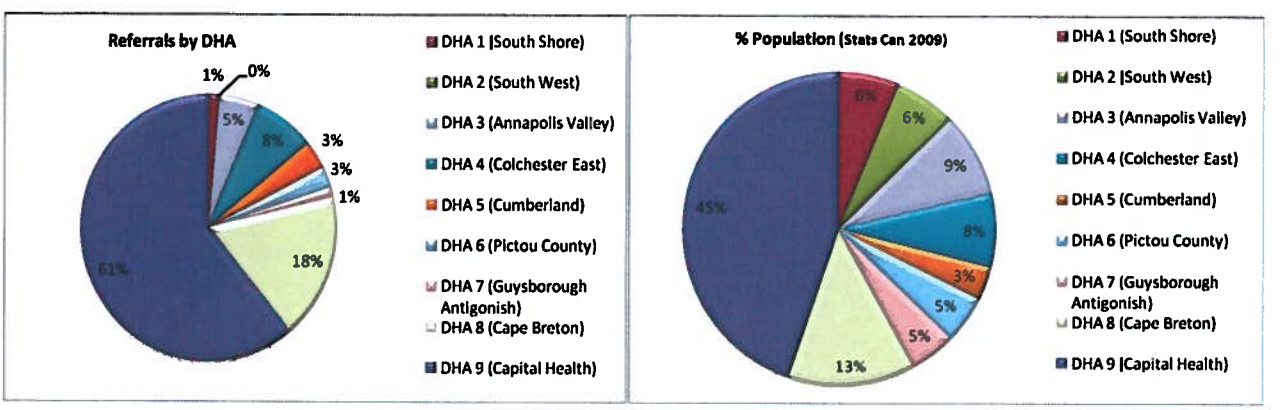


Chart 4 & 5– Referrals by DHA and Percentage Population of District Health Authority

Total Referrals by Quarter

With the exception of the 3rd quarter, the volume of referrals increased steadily each quarter.

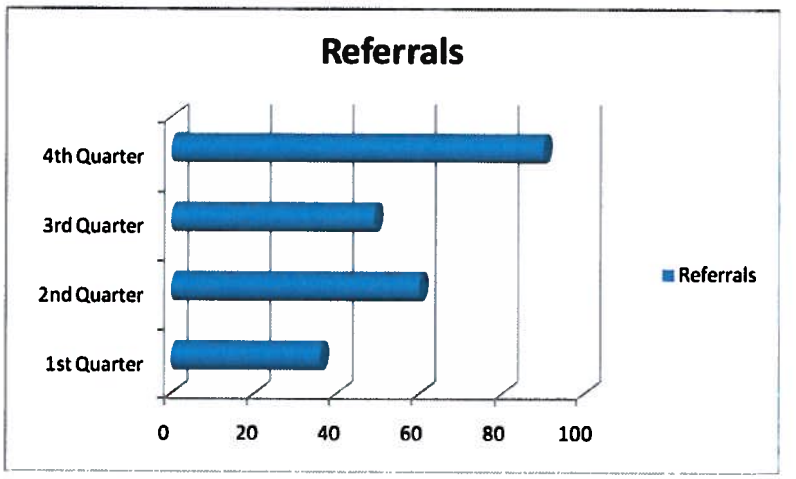


Chart 6 – Referrals by year quarter

Referral Trendline

This report accounts for the first full year of operation of the Health Care Decisions Division and while it is too early to forecast with certainty, if the number of referrals increases according to the applied trendline in Chart 6, there is potential for steady growth in volume of referrals for the fiscal year 2011-12. This trendline represents approximately 475 referrals for the next four quarters.

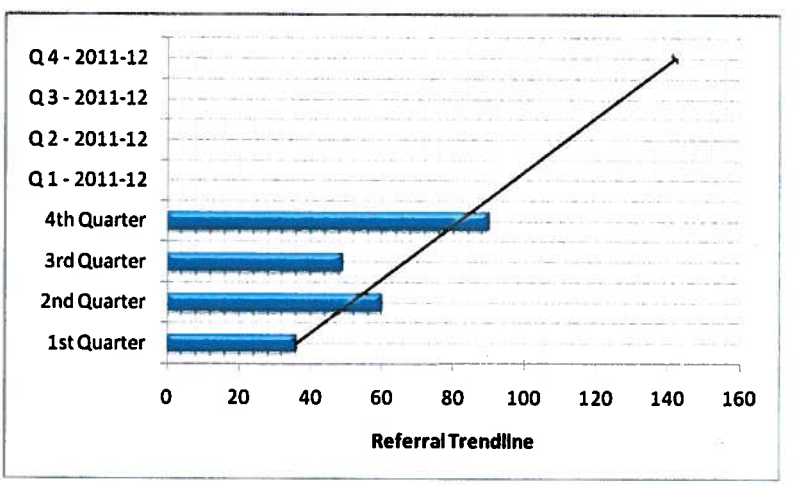


Chart 7 - Trend for referrals in 2011-12

Decisions

Total Decisions

In the fiscal year 2010-11, a total of **435** decisions were made. April had the lowest number with 5 decisions made and February had the most with 75 decisions made.

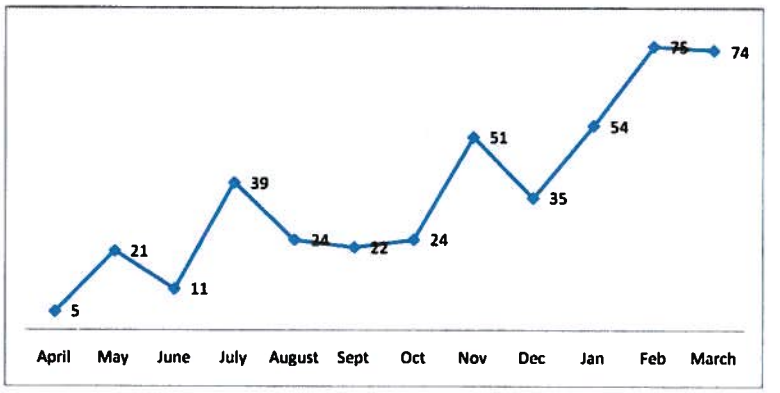


Chart 8 – Total Decisions 2010-11

Total Decisions by Legislation

In the fiscal year 2010-11, of the 435 decisions made: **88** were made under *Hospitals Act*; **71** were made under *Involuntary Psychiatric Treatment Act*; and **276** were made under *Personal Directives Act*.

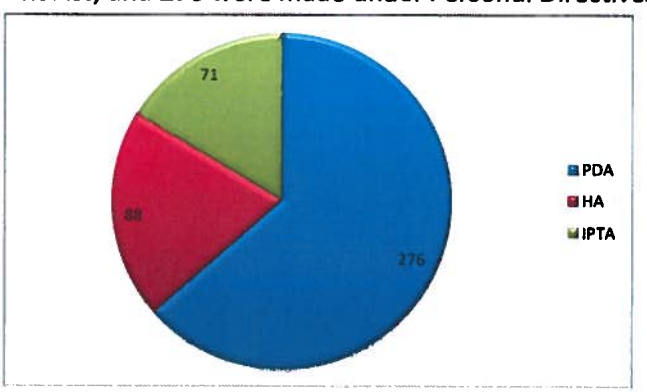


Chart 9 – Decisions by legislation

Total Decisions by Year Quarter

The number of decisions increased steadily each quarter. There was an average of 1.8 decisions made per referral.

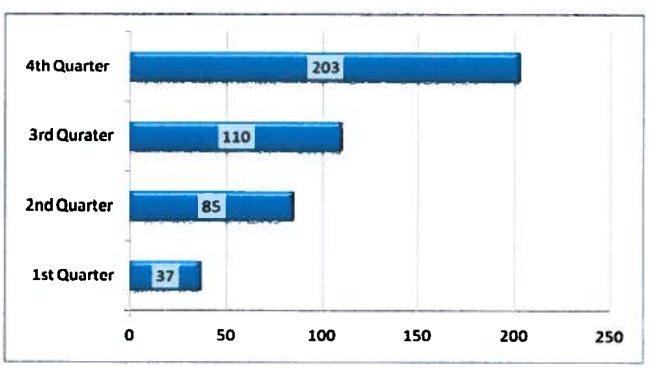


Chart 10 – Total Decisions by quarter

Decision Levels

Each decision is categorized as level 1, level 2, or level 3 in accordance with the degree of risk to the client, with level 3 having the most risk. In 2010-11, there were **311** level 1 decisions, **115** level 2 decisions, and **9** level 3 decisions made. The level 3 decisions represent 2.1% of all decisions made and are shown in Table 1. All decisions made are detailed by month in **Appendix C**.

Level 3 Decision	Number
Community treatment order	2
Community treatment order renewal	1
Right frontal craniotomy & neurosurgical resection of tumor	1
Electroconvulsive therapy (ECT)	4
Resuscitation (full code) if required during ECT	1
Total	**9**

Table 3 – Level 3 Decisions 2010-11

Top Five Decisions 2010-11

Approximately 55% of all decisions made are one of the five top decisions by volume as seen in Table 4.

Top Five Decisions 2010-11	Number
Medications	67
Individualized care or service plan	57
Vaccination / immunization	45
Psychotropic medication	39
Assessment and sharing of information (needs assessment)	32
Total	**240**

Table 4 - Top 5 decision-types by volume 2010-11

QUALITY

Evaluation of Program Implementation

A plan was developed for the implementation Health Care Decisions Division and it was monitored by way of a tracking sheet which is contained in **Appendix D**.

The implementation date of PDA was delayed by the Departments of Health and Justice due to an outbreak of H1N1 and the resulting drain on health resources throughout the province. The date was changed from November 1, 2009 to April 1, 2010. The additional time before implementation permitted the Division to look at opportunities that would serve the program and also assist other sections of the office. The updating of the Public Trustee Office website was one such project that was added into the implementation plan.

The Health Care Decisions Division implementation was monitored on an ongoing basis as well as a whole at the end of the first full year of the division's operation. In the end, implementation of the new program was free

from major issues, setbacks or difficulties. Most target dates were achieved either on or under time or within acceptable time frames prior to April 1, 2010.

Policy Review

The Health Care Decisions Policy and Procedure Manual was developed during 2009-10 following extensive cross-jurisdictional research and literature review. The foundation of all divisional polices lie in the Canadian Charter of Rights and Freedoms, Nova Scotia legislation, health care ethics, and specific principles of decision making. As a new program with no field experience, policies and procedures were deemed by the Public Trustee to be in a draft state for a minimum of 6 months with a review after the first year of operation.

A full review of the Health Care Decisions Policy and Procedure Manual was conducted in March and April, 2011. Necessary revisions were made and the manual moved from draft to approved, effective June 1, 2011.

Program Review

1. In accordance with the implementation plan, administrative processes and protocols were devised for efficient work flow, records management, and effective communication both internally and externally. As experience was gained throughout the year, processes were informally evaluated and improvements implemented. Formal polices were developed from the established processes and incorporated into the Division's Policy and Procedure Manual during the year-end review.

2. The decision-making process was closely monitored in 2010-11 and feedback from external stake holders was tracked. Again, as experience was gained, the decision-making processes and requirements were informally evaluated. For some issues, modifications could be made immediately while others were put aside for the larger year-end policy review. Necessary policy revisions were made during the annual review.

3. Prior to the implementation of PDA and the introduction of the Health Care Decisions Division, web information on the provincial government website about the Public Trustee Office was restricted to one page and links to several forms. With a new program being introduced, it was seen as an opportunity to expand the site from one page to a micro-site to include information about all Public Trustee services, referral processes, and frequently asked questions. The project was funded by the Department of Justice and the site is located within the Department's internet site. The website was developed between December 2009 and April 2010 by the Division with the expertise of a plain language editor, communications advisor, and the web-master.

   The Public Trustee Office micro-site has proven to be an invaluable resource of information for stakeholders and the public, but also as an education tool that is used by Health Care Decisions staff.

4. Health Care Decisions division referral forms were evaluated as part of the year-end policy review and it was determined that the current referral forms could be improved. Stakeholder feedback was considered as was the government's Better Forms policy, and advice was sought from Communications Nova Scotia. The objectives of the forms improvement project are:

   - to reduce the number of forms from five to three (one per applicable legislation);
   - to be in compliance with government's Better Forms policy;

- to make improvements that will increase their user-friendliness and efficiency in the referral process, and
- to assist in the on-going monitoring and evaluation of referral and decision making processes.

Part of the project is to include the field testing of one draft revised form by Shannex, the province's largest long term care organization. This testing will take place for a three month period during 2011-12, after which the final versions will be developed, vetted through Communications Nova Scotia, and ultimately posted on the Public Trustee website.

Another component of the project is to explore the possibility of electronic fillable forms. This has been requested by stakeholders, especially those who make frequent referrals to the Division. The objectives of fillable forms are:

- to respond to stakeholder feedback;
- to provide a second and well-established business option for completing referral forms; and
- to assist in improving the quality of referrals, e.g. legibility, comprehensiveness.

RECOMMENDATIONS

After the first full year of operation of the Health Care Decision Division, the following recommendations are offered:

1. It is recommended that the Health Care Decision Division continue an annual review and evaluation of its policies, procedures, and operational processes;
2. It is recommended that the Health Care Decision Division continue efforts to secure IT expertise through the Department of Justice to complete PAM modifications;
3. It is recommended that the Public Trustee consider including stakeholder feedback about a component of Health Care Decisions Division service in the annual quality review; and
4. It is recommended that the Health Care Decision Division continue partnership with Communications Nova Scotia and Shannex in the Health Care Decisions Division referral forms project so that it is completed and implemented before the end of the 2011 calendar year.

APPENDICES

Appendix A: Implementation Plan – Health Care Decisions Division

MANAGEMENT PLAN					
TASK	**DESCRIPTION**	**ASSIGNED**	**TIMING**	**MECHANISM**	**COMPLETED**
Schedule	- develop plans 1. management 2. IT requirements 3. communication 4. training 5. evaluation	Anne Erly	Plans -Sept to December/09 Comm – as per PDA WG Launch – as per Cabinet Evaluation – 3, 6, 9 12 month marks post launch date	Excel Tracking Document	See Excel Tracking Document
Milestones	Plans developed Policies developed Protocols developed Web site developed IT requirements completed Communication completed HCDD launched Evaluation of implementation completed	Anne Erly Adele Griffith Erin Smiley	See Excel Tracking Document	Excel Tracking Document	See Excel Tracking Document
Risks and Mitigation Strategies	Launch date pressures prevent completion of: - HCD consultant training and only highest priority policies and protocols addressed - web site development and minimum required information posted - IT requirements and a temporary simple back-up system devised (excel spreadsheet). HR resources cannot meet demand upon implementation and referrals Job description for Program Assistant not developed	Anne Erly HCD Team and Web Master HCD Team and IT Consultant HCD Team and PT	Orientation and training plan developed and key P&Ps identified and addressed first Meeting with Web Master to identify requirements (minimum and desired) and develop plans (short and long term) Meetings scheduled to identify requirements and plan IT development. Interim IT strategies developed. Regular HCD team meetings; collection and analysis of referral data and indicators (numbers, response times, etc). Budget request for additional resources.	Excel Tracking Document	See Excel Tracking Document

COMMUNICATION PLAN					
AREA	**DESCRIPTION**	**ASSIGNED**	**TIMING**	**MECHANISM**	**COMPLETED**
Staff – provider	- Update PTO staff HCD implementatio status	Anne Erly and Estelle Theriault	As per Cabinet's announcement of PDA proclamation	Email	See Excel Tracking Document
Management – DOH, DCS, DHAs	- as per PDA WG	Anne Erly	As per Cabinet's announcement	Brochures Media Web-site	See Excel Tracking Document
Clients	- as per PDA WG	Anne Erly		As per Cabinet's announcement	
Community Partners	- as per PDA WG	Anne Erly		As per Cabinet's announcement	
General public	- as per PDA WG	Anne Erly		As per Cabinet's announcement	

TRAINING PLAN					
AREA	**DESCRIPTION**	**ASSIGNED**	**TIMING**	**MECHANISM**	**COMPLETED**
Staff	Training plan developed for HCD Consultants and Admin Support Training developed for A/PTs OPT in-services delivered Cross-training for Admin	Anne Erly	October, November and December, 2009	P&P review Scenarios Process mapping Forms development	See Excel Tracking Document
Management	Education to A/PTs delivered	Anne Erly	Feb/10	Feb/10	
Clients	as per PDA WG	N/A	N/A	N/A	N/A
Community partners	as per PDA WG	Anne Erly, Erin Smiley Adele Griffith	TBA	Presentations to DHA stakeholders and CC facilities	See Excel Tracking Document
General public	as per PDA WG	N/A	N/A	N/A	N/A
EVALUATION PLAN					
AREA	**GOAL**	**MEASURE**	**ASSIGNED**	**MECHANISM**	**COMPLETED**
Schedule	Plans developed on target OPT in-services delivered on target Training of HCD consultants completed on target Web site developed on target IT requirements completed on target Communication completed on target HCDD launched on target Evaluation of implementation completed as planned	Completion date Completion date	Anne Erly	Review Schedule table	See annual report

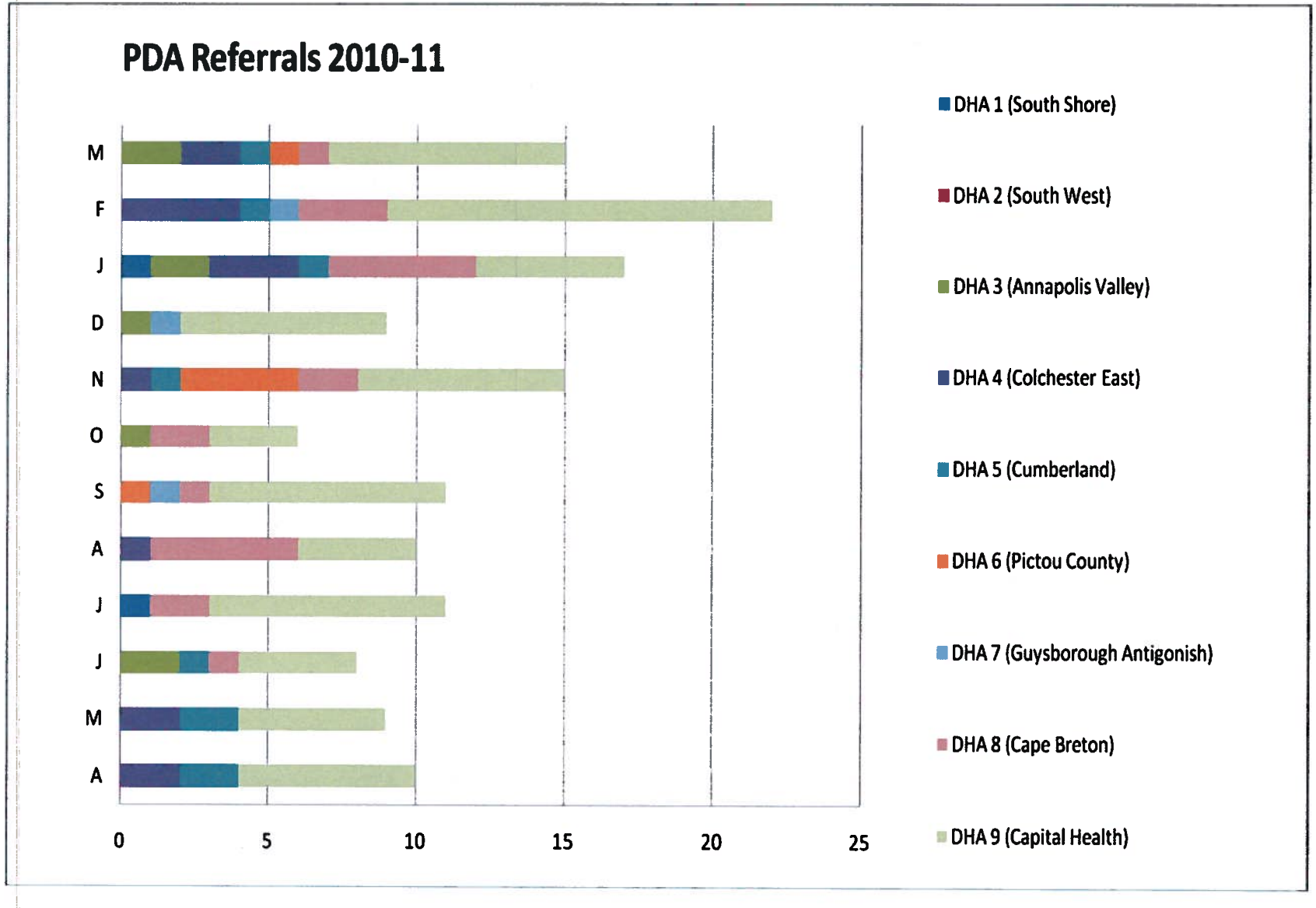
Appendix B: Referral Data

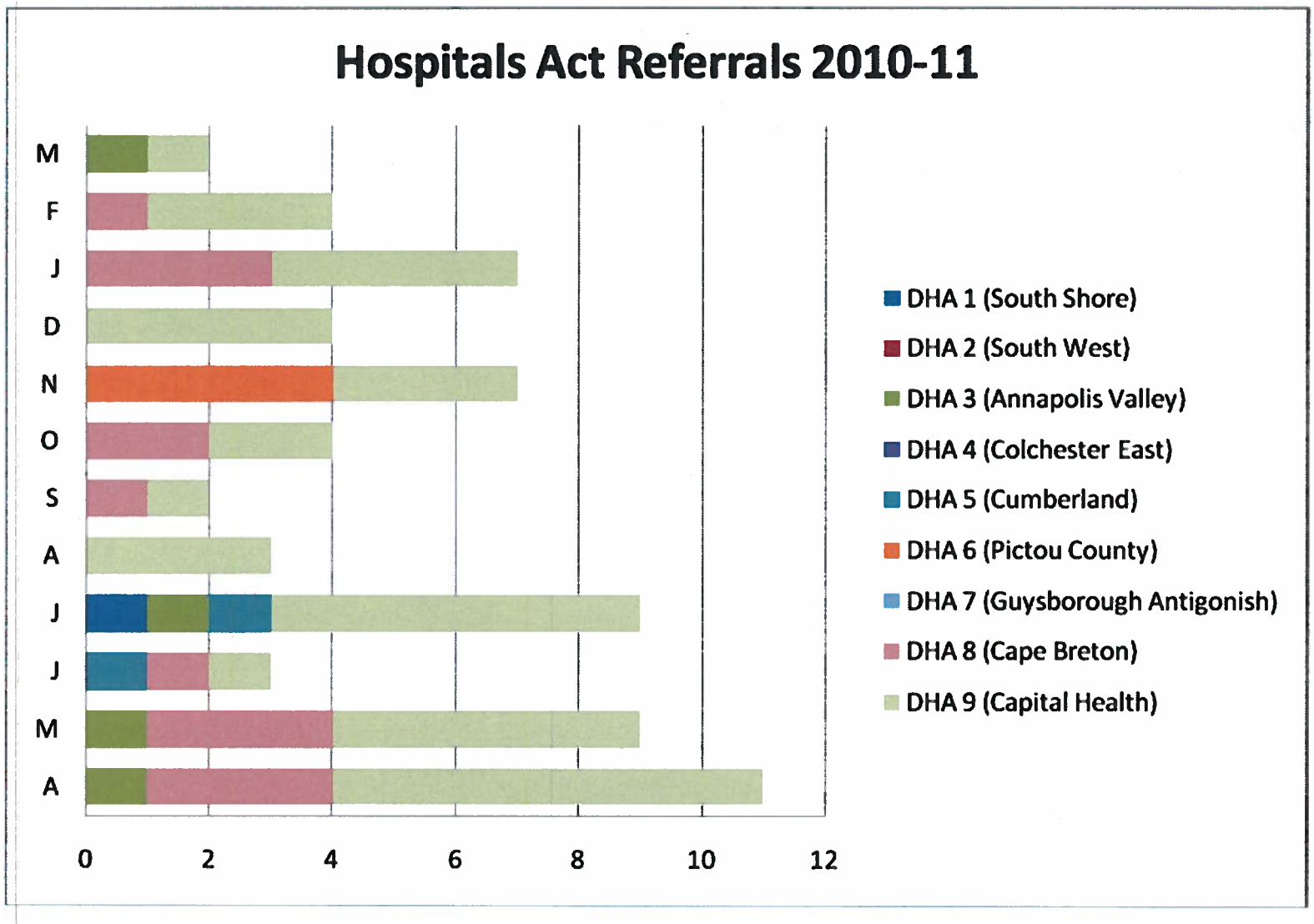
2010-11 Referrals – Personal Directives Act

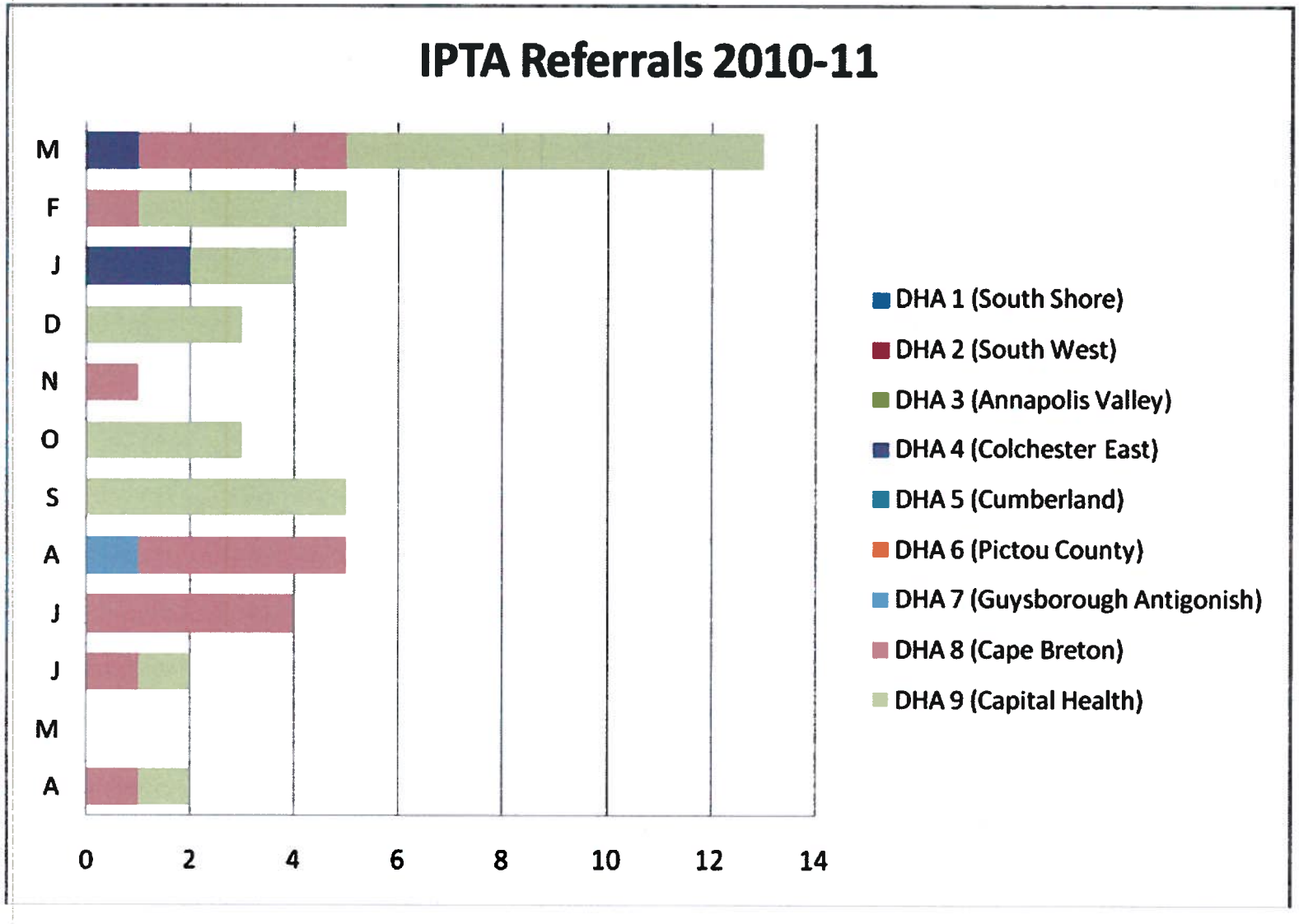
2010-11 Referrals – Hospitals Act

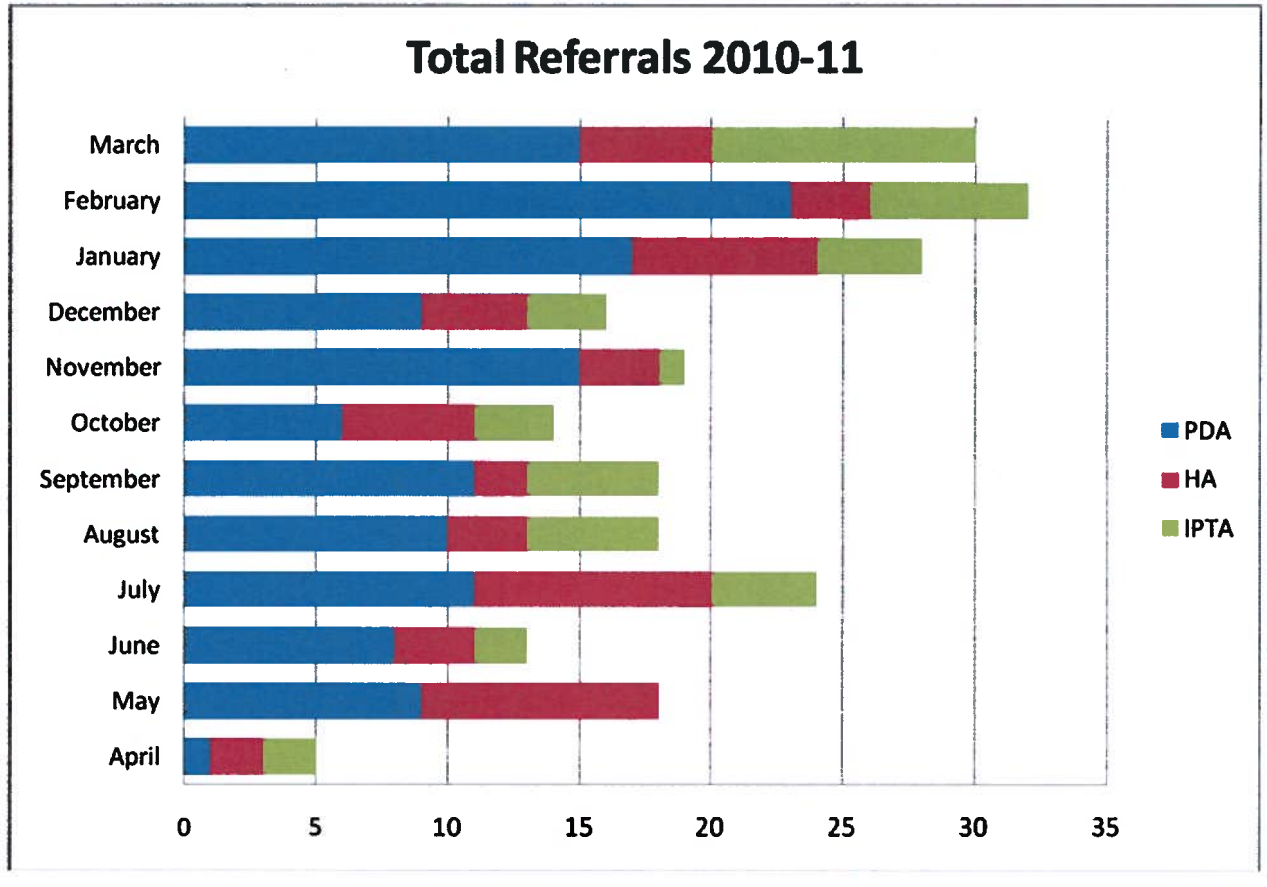
2010-11 Referrals – Involuntary Psychiatric Treatment Act

2010-11 Total Referrals


PDA Referrals 2010-11
M
F
J
D
N
O
S
A
J
J
M
A
0
5
10
15
20
25
DHA 1 (South Shore)
DHA 2 (South West)
DHA 3 (Annapolis Valley)
DHA 4 (Colchester East)
DHA 5 (Cumberland)
DHA 6 (Pictou County)
DHA 7 (Guysborough Antigonish)
DHA 8 (Cape Breton)
DHA 9 (Capital Health)


Hospitals Act Referrals 2010-11
M
F
J
D
N
O
S
A
J
J
M
A
0
2
4
6
8
10
12
DHA 1 (South Shore)
DHA 2 (South West)
DHA 3 (Annapolis Valley)
DHA 4 (Colchester East)
DHA 5 (Cumberland)
DHA 6 (Pictou County)
DHA 7 (Guysborough Antigonish)
DHA 8 (Cape Breton)
DHA 9 (Capital Health)


IPTA Referrals 2010-11
M
F
J
D
N
O
S
A
J
J
M
A
0
2
4
6
8
10
12
14
DHA 1 (South Shore)
DHA 2 (South West)
DHA 3 (Annapolis Valley)
DHA 4 (Colchester East)
DHA 5 (Cumberland)
DHA 6 (Pictou County)
DHA 7 (Guysborough Antigonish)
DHA 8 (Cape Breton)
DHA 9 (Capital Health)


Total Referrals 2010-11
March
February
January
December
November
October
September
August
July
June
May
April
0
5
10
15
20
25
30
35
PDA
HA
IPTA

Appendix C: Decision Summary 2010-11

Decision	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
Assessment & share info	0	4	3	10	3	1	1	2	1	1	3	3	32
Assessment by a HCP	0	0	0	0	0	0	0	0	1	3	4	5	13
Biopsy	0	1	0	1	0	0	0	0	0	0	0	1	3
Blood work & routine tests	0	0	0	0	0	0	0	1	2	4	8	11	26
Bowel resection	0	0	0	1	0	0	0	0	0	0	0	0	1
Bowel washout	0	0	0	1	0	0	0	0	0	0	0	0	1
Cardioversion	0	0	0	1	0	0	0	0	0	0	0	0	1
Care plan	0	0	1	5	6	4	4	8	3	6	11	9	57
Catheter care	0	0	0	0	0	0	0	0	1	0	0	0	1
Colonoscopy	0	1	0	0	0	0	0	0	1	0	1	0	3
Comfort care	0	0	0	0	0	0	0	1	1	0	0	0	2
CTO	2	0	0	0	0	0	1	0	0	0	0	0	3
Craniotomy	0	0	0	1	0	0	0	0	0	0	0	0	1
Cystoscopy	0	0	0	2	0	0	0	1	0	0	0	0	3
Cystolitholapaxy	0	0	0	0	0	0	0	1	0	0	0	0	1
Dental (exam & treatment)	0	0	1	0	0	0	2	0	2	4	3	3	15
Dental surgery	1	0	2	0	1	1	2	0	1	3	0	0	11
Denture fitting	0	0	0	0	0	0	1	0	0	0	0	1	2
Denture adjustments	0	0	0	0	0	0	1	0	0	0	0	0	1
Diagnostic test	0	0	0	0	0	0	0	0	0	0	0	0	0
ECT	0	0	1	0	0	0	0	0	1	0	1	1	4
Endoscopy (surgery)	0	1	0	0	0	0	0	0	1	0	1	0	3
Foot care (homecare)	0	0	0	0	0	0	0	1	0	0	0	0	1
Foot care (In home)	0	0	0	0	0	0	1	1	1	0	3	0	6
Gastrostomy	0	0	0	0	0	0	0	0	0	0	0	0	0
Gastrostomy button	0	0	1	0	0	0	0	0	0	0	0	0	1
Gastroscopy	0	1	0	0	0	0	0	0	0	1	0	0	2
Home care aide hours	0	0	0	0	0	0	0	0	1	0	0	0	1
Hearing assessment	0	0	0	0	0	0	0	0	0	0	0	1	1
Hernia repair	1	0	0	0	0	0	0	0	0	0	0	0	1
iV therapy	0	0	0	0	0	0	1	0	0	0	0	0	1
Laparotomy	0	0	0	2	0	0	0	0	0	0	0	0	2
Mammogram	0	0	0	0	0	0	0	0	0	0	1	0	1
Medical appointment	0	0	0	0	0	0	1	9	0	0	0	1	11
Medications	0	5	0	3	5	4	5	9	5	8	12	11	67
Mental health assessment	0	0	1	0	0	0	0	0	0	0	0	0	1
Monitoring/observation	0	0	0	0	1	0	1	0	0	0	0	2	4
MRI/CT	0	1	0	0	0	0	0	0	0	0	0	1	2
Optometry/eye exam	0	0	0	0	0	1	0	0	0	2	0	2	5
Palliative Care Plan	0	2	0	0	1	0	0	0	0	1	0	0	4
PIECES	0	0	0	0	0	0	0	0	0	0	0	1	1
Phlebotomy	0	0	0	1	0	0	0	0	0	0	0	0	1
Placement to CC home	1	5	1	5	2	4	0	3	1	2	1	1	26
Psychiatric medications	0	0	0	4	5	5	3	0	4	5	9	4	39
Radiation therapy	0	0	0	1	0	0	0	0	0	0	0	0	1
Resuscitation (full code)	0	0	0	0	0	0	0	0	0	0	0	1	1
Restraint (physical)	0	0	0	0	0	0	0	0	0	0	0	1	1
Seatbelt (positioning)	0	0	0	0	0	1	0	0	0	0	0	0	1
Share client information	0	0	0	0	0	1	0	0	0	2	1	0	4
Specialist consult	0	0	0	0	0	0	0	0	0	0	0	2	2
Stent change	0	0	0	1	0	0	0	0	0	0	0	0	1
Therapy (PT/OT)	0	0	0	0	0	0	0	0	0	0	4	2	6
Transfer to CC home	0	0	0	0	0	0	0	0	0	0	2	0	2
Transfer within AC	0	0	0	0	0	0	0	0	1	0	0	0	1
Tuberculin test	0	0	0	0	0	0	0	0	3	2	0	1	6
Vaccination/Immunization	0	0	0	0	0	0	0	14	4	9	10	8	45
Withdraw consent	0	0	0	0	0	0	0	0	0	0	0	1	1
X-rays	0	0	0	0	0	0	0	0	0	1	0	0	1
Total	**5**	**21**	**11**	**39**	**24**	**22**	**24**	**51**	**35**	**54**	**75**	**74**	**435**

Appendix D: Health Care Decisions Division Implementation Tracking

Management Plan:	Task /Milestone	Steps	Target date	Completion date	Variance (days)
Policy Development	Policy Manual	All policies completed	Dec 18/09	Dec 17/09	-1
		Process mapping	Dec 18/09	Dec 18/09	0
		Reviewed/edited	Dec 18/09	Dec 17/09	-1
		Submitted to PT	Dec 18/09	Dec 17/09	-1
		Policy review with Trust Office	Jan 15/10	Jan 18/10	1
		Revisions	Jan 29/10	Jan 26/10	-3
		Approved for use	Jan 29/10	Jan 26/10	-3
		Manuals copied/distributed	Mar 1/10	Mar 11/10	7
		Monitoring	Jun/Sept/Dec/Mar	Jun/Sept/Dec/Mar	0
		Review	March &Apr/11	Apr 17/11	0
		Final approval of HCD Manual	Apr 30/11	June 1/11	21
Office Protocols	Consent letters	Drafted	Nov 27/09	Nov 27/09	0
		Approved for use	Mar 1/10	Mar 19/10	15
		Ready for PAM	Mar 1/10	Mar 19/10	15
	Checklist for Admin	Contact Kim B.	Dec 4/09	Dec 4/09	0
		Draft	Dec 7/09	Dec 7/09	0
		Final approval	Mar 1/10	Mar 19/10	15
	HCD e-mail account	Daily monitoring protocol	Mar 15/10	Mar 15/10	0
	Office organization	Order supplies	Dec 7/09	Dec 7/09	0
		Set up admin area	Mar 31/10	Mar 31/10	0
		Confirm admin schedule	Mar 1/10	Mar 2/10	1
	Trust Office	Protocol for financial enquiries	Feb 28/10	Feb 28/10	0
IT Requirements	PAM modifications	Requirements analysis	Oct-Nov/09	Oct-Nov/09	0
		Review recommended plan	Dec 14/09	Dec 14/09	0
		Development	Jan-Feb/10	Jan-Mar/10	0
		Confirm reports & letters	Mar10/10	Mar 26/10	15
		Testing	Mar23/10	Mar 31/10	5
	Web-site	Draft format	Nov 1/09	Nov 1/09	0
		Meet w/Webmaster (proposal)	Nov 24/09	Nov 24/09	0
		Text to CNS	Feb 15/10	Feb 1/10	-10
		Approved by CNS	Mar 1/10	Mar 30/10	21
		Tested and approved	Mar 31/10	Mar 31/10	0
	Communications	Telephones	Mar 1/10	Feb 1/10	-20
		HCD voice mail set-up	Mar 15/110	Mar 24/10	6
		Cell phones	Feb 1/10	Jan 12/10	-14
		Test fax machine (referrals)	Mar 31/10	Mar 31/10	0
		Order letterhead	Mar 1/10	Feb 1/10	-20
		Order business cards	Mar 1/10	Feb 1/10	-20
Communication Plan:	**Task /Milestone**	**Steps**	**Target date**	**Completion date**	**Variance (days)**
Public	Presentation	Material to PDA committee	Jan 6/10	Jan 6/10	0
	Web-site	Web-site alignment	Feb 14/10	Feb 1/10	-10
CC Homes	Presentation	Material to PDA committee	Jan 6/10	Jan 6/10	0
		Telehealth sessions	Mar 2 & 4/10	Mar 2,4,16/10	0
	Tool-kit	Forms	Jan 6/10	Jan 6/10	0
		Quick reference guide	Jan 6/10	Jan 6/10	0
		Q&As	Jan 6/10	Jan 6/10	0
	Letter from PTO	Draft	Feb 19/10	Feb 19/10	0
		Revise/edit	Feb 26/10	Mar 12/10	10
		Approved	Mar 5/10	Mar 19/10	10
		Send letter	Mar 29/10	Mar 31/10	2
Other Stakeholders	Presentation	Material to PDA committee	Jan 6/10	Jan 6/10	0
		PTO Q&A sheet	Jan 6/10	Jan 6/10	0

Training Plan:	Task/Milestone	Steps	Target date	Completion date	Variance (days)
Internal training	HCD Consultants	Orientation	Oct-Nov/09	Oct-Nov/09	0
		Policy review	Oct-Nov/09	Oct-Nov/09	0
		Development of forms, tools	Oct-Dec/09	Oct-Nov/09	0
		Education of stakeholders	Feb-Mar/10	Feb-Mar/10	0
	Admin Asst	Develop orientation to HCD	Mar 29/10	Mar 19/10	-6
		Deliver orientation to HCD	10-Mar	Mar 31/10	14
	PTO staff	General overview PDA; update	Sept-Oct/09; Mar 1/10	Sept-Oct/09 Mar 1	0
	A/Public Trustees	Specific orientation to policies	Mar 23/10	Mar 11/10	0
	Trust Officers	Specific orientation to policies	Mar 23/10	Feb 24 Mar 30/10	0
Evaluation Plan: Task/Milestone		**Steps**	**Target date**	**Completion date**	**Variance (days)**
Implementation	Evaluate implementation	Develop tracking tools	Jan-Feb/10	Jun/Sept/Dec/Mar	0
		Monitor HCD processes	Apr/10-Mar/11	Jun/Sept/Dec/Mar	0
		Monitor questions/feedback	Apr/10-Mar/11	Jun/Sept/Dec/Mar	0
		Analysis	Apr 15/11	May 13/11	21
		Evaluation report	June 15/11	June 15/11	0