

Provincial Update on Auditor General Recommendations
Department of Health and Wellness
AS AT MAY 31, 2012

The Department of Health and Wellness (DHW) has eight Auditor General chapters from 2009 to January 2012 with a total of 84 recommendations. With 48% of these recommendations complete, DHW has made the implementation of the remaining recommendations a priority for the Department. DHW recognizes the importance of the work of the Auditor General and values its policy advice as one more contributing factor to a more efficient and effective public sector.

Recommendations assigned to Department of Health and Wellness

Recommendations by Chapter	Complete	Work In Progress	Action no Longer Required	Do not Intend to Implement	Total Recommendations
April 2009					
Chapter 2: Government-wide: Audit Committees	-	2	-	-	2
July 2009					
Chapter 1: Pandemic Preparedness	23	6	-	-	29
February 2010					
Chapter 2: Electronic Health Records	3	5	-	-	8
June 2010					
Chapter 4: Mental Health Services	5	14	-	-	19
November 2010					
Chapter 5: Government Financial Reporting	1	-	-	-	1
May 2011					
Chapter 4: Colchester Regional Hospital Replacement	4	7	1	-	12
Chapter 5: Long Term Care – New and Replacement Facilities	1	6	-	-	7
November 2011					
Chapter 4: Protection of Persons in Care	3	3	-	-	6
Total	40	43	1	-	84
Percentages	48%	51%	1%	0%	100%

Recommendations in Detail:

Month & Year	Chapter	Recommendation	Status	Brief Summary of Actions Taken
Government- Wide Audit Committees				
April 2009	2	2.12	Work in Progress	Between 2009-11, a working group reviewed District Health Authority (DHA)/IWK Board governance, accountability and funding, including a general review of best practices of boards. Exploratory work has begun on the development of the policy requiring district health authority audit committees to adopt best practices, and is planned for completion by the end of fiscal 2012-

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				13.
April 2009	2	2.13	Work in Progress	DHW has a dedicated Director and Manager of Internal Audit (IA). It was agreed that DHW set up the IA function for DHAs through the Department of Finance IA and CEOs and Board Chairs of the DHAs agreed. A structure has been developed for implementation beginning in 2012-13.
Special Report of the Auditor General on Pandemic Preparedness				
July 2009	1	1.2	Complete	Workforce Development Framework and recruitment/retention/building capacity implemented. Medical Officer of Health (MOH) job description updated. Two regional MOHs hired and a third has funded residency based on a return of service agreement for 2013. Epidemiological position reclassified with competitive package to continually attract qualified applicants as required. Business continuity strategies in place. Dedicated Human Resources consultant continues active and ongoing recruitment efforts as required.
July 2009	1	1.3	Complete	Audit tool for review developed and used by DHAs/IWK in the completion of their Pandemic/All Hazards/ Business Continuity Plans. The audit tool identified shortfalls within district emergency planning that were addressed. DHA/IWK plans complete. DHW continues to monitor status of DHAs/IWK regarding pandemic planning.

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July 2009	1	1.7	Complete	Audit tool for review developed and used by DHAs/IWK in the completion of their Pandemic/All Hazards/ Business Continuity Plans. Audit tool identified shortfalls within district emergency planning that were addressed and used to assess DHAS/IWK Business Continuity Plans monthly. Former DoH and HPP submitted Business Continuity Plans to Emergency Management Office (EMO) June 2009. On an ongoing basis, DHW works with Departments of Agriculture and Environment to ensure that public health inspectors are trained with respect to their authority under the <i>Health Protection Act</i> and Memoranda of Understanding are reviewed and updated regularly to clarify roles regarding public health emergencies.
July 2009	1	1.8	Complete	Pictou County Health Authority Business Continuity Plan completed March 2009; revised April 2009. DHW will continue to work with DHAs/IWK regarding business continuity pandemic planning on an ongoing basis.
July 2009	1	1.9	Work in Progress	DHW is working with the Public Health Agency of Canada-Atlantic to develop a comprehensive All Hazards Risk Assessment Report and work plan including documented methodology and action steps to conduct a risk assessment. Existing models were examined with the best from these combined to develop the new risk assessment model. The draft report is currently under review by all participants involved in its development.
July 2009	1	1.10	Complete	Key DHA pandemic planning issues identified via DoH/HPP/DHA collaboration and the newly developed audit tool. DHAs/IWK submitted Pandemic/All Hazards/Business Continuity Plans. DHW continues to monitor DHA/IWK plans regarding pandemic planning.
July 2009	1	1.11	Work in Progress	Process for approval tool developed that ensured subject matter expert sign-off and an understanding of all parties' roles and responsibilities. Pandemic Leads followed by

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				Health Services Emergency Management Advisory Committee sign off completed. All Hazards Leads continue to meet to ensure items in tool are tracked for completeness. Target for tools completion is March 2013.
July 2009	1	1.12	Work in Progress	Significant revision to Health System All Hazards Plan as a result of H1N1 lessons learned, is underway in consort with DHAs. Changes to include addressing clinical components to a communicable disease pandemic.
July 2009	1	1.13	Planning Stage	Legal support playing integral role to project participating at Pandemic Leads meetings and all plans will be legally reviewed as part of approval process. The Health System All Hazards Plan, when complete, will be reviewed by legal support.
July 2009	1	1.14	Complete	During H1N1 authority for procurement of pandemic supplies was granted. Future supplies will depend on government approval.
July 2009	1	1.15	Complete	During H1N1 authority for procurement of pandemic supplies was granted. An adequate amount of supplies were procured as the supply level met the provincial needs. Future supplies will depend on government approval.
July 2009	1	1.16	Complete	Supply information required to complete analysis was provided as per direction from the then Deputy Minister of Health.
July 2009	1	1.17	Complete	During H1N1 authority for procurement of pandemic supplies was granted. Future supplies will depend on government approval. Remaining authority is subject to implementation of Supply Chain Management and Strategic Reserves Report.
July 2009	1	1.18	Complete	Process developed including a DHA request form to access provincial strategic reserves. 2009-10 Pandemic Influenza Plan includes process to access provincial and federal reserve supplies. DHA Emergency Managers updated biweekly and CEOs engaged in bi-weekly conference calls regarding strategic reserves.

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July 2009	1	1.19	Complete	The provincial public health influenza surveillance system was assessed through the formal review and revision of the surveillance component of the provincial influenza program. This review included assessment and revision of key indicators and processes for tracking these indicators during influenza season. The revised surveillance component of the influenza program released in September 2011, identifies the components of the influenza surveillance system and the surveillance approach. Influenza surveillance is revised annually based on past influenza seasons and re-assessment of indicators is part of any pandemic program.
July 2009	1	1.20	Planning Stage	Work is underway on developing a process to assess the capacity to conduct public health epidemiological investigations during a pandemic.
July 2009	1	1.21	Complete	Provincial public health laboratory completed a capacity assessment for diagnosing pandemic influenza. Ten recommendations were made which forms the basis of a plan to address the identified gaps.
July 2009	1	1.22	Complete	Good Neighbour Protocol was signed by all parties allowing for a framework to deal with human resource issues during a pandemic.
July 2009	1	1.23	Complete	A set of Questions and Answers were issued as a result of joint meetings between unions and employers to prevent duplication of efforts regarding union issues in pandemic planning.
July 2009	1	1.24	Complete	Meetings of several government departments, DHAs, EMO and Nova Scotia Health Organizations Protective Association determined that the <i>Volunteer Services Act</i> and the <i>Volunteer Protection Act</i> are sufficient protection for volunteers. The existing health system process for engaging volunteers applies with all workers for compensation including during a pandemic. Volunteers outside the health care system are the responsibility of their respective

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				organizations.
July 2009	1	1.25	Complete	A process for temporary licensing was established. Health Human Resources' guidelines are distributed to all parties as required.
July 2009	1	1.26	Work in Progress	Specific to the H1N1 pandemic, Health Information Technology Services (HITS) developed the Intensive Care Unit (ICU) bed tracking system now tested and complete. Subsequent to the HITS initiative the Bed Utilization and Management Initiative was developed, approved, and now underway to help DHAs manage bed resources. Completion scheduled for 2013-14.
July 2009	1	1.27	Complete	Audit tool to assess plans and protocols for standards for primary and secondary assessment centres were developed. During the H1N1 response all DHAs had primary and secondary centres open such that appropriate locations and plans were identified. Fifteen primary assessment centres were established all over Nova Scotia.
July 2009	1	1.28	Complete	Communications consultant was hired to review and update pandemic communications guidelines. Guidelines were further refined and completed by DHW Communications to include lessons learned from H1N1 and reflect the merger of HPP and DoH.
July 2009	1	1.29	Complete	A consolidated list of health system stakeholders to receive DHW pandemic-related documents is complete. The list is updated on an ongoing basis. This broad group receives H1N1 bulletins through DHW's Health Services Emergency Management, when issued. Other government departments and agencies distribute DHW H1N1 information to their stakeholders. A contact list of communications staff of stakeholder organizations receive updates twice daily in times of increased H1N1 activity. Others receive communications materials when necessary. The Situation Room maintains a list of stakeholders

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				directly involved in managing the H1N1 immunization program and is used to send timely advisories to front line staff.
July 2009	1	1.30	Complete	Priority groups to receive information identified including doctors, nurses, etc. and other government departments willing to distribute information to their stakeholders. Meetings held with other stakeholders including DHAs, universities, school boards, First Nations Chiefs, etc.. DHW also asked communications staff at stakeholder organizations to distribute information to further establish a broad distribution network.
July 2009	1	1.31	Complete	A lessons learned process is in place designed to address all emergencies from all hazards approach. A formal lessons learned process was developed and implemented as a result of the provincial H1N1 response.
July 2009	1	1.32	Complete	Process for finalizing lessons learned completed and incorporated into H1N1 workplans for working groups. Lessons learned will be ongoing. Work groups will review all issues to continually identify gaps.
July 2009	1	1.33	Complete	Process for lessons learned was completed and incorporated into H1N1. Lessons learned will be ongoing. Work groups will review all issues to continually identify gaps.
Electronic Health Records				
Feb 2010	2	2.1	Work in Progress	Development of a strategic plan for the Health Information Office (HIO) is underway and will include the strategic plan for electronic health records (EHR). The HIO strategic plan follows Government Chief Information Office (GCIO) framework adopted by the GCIO and IT community. Four sections of HIO have completed draft strategic plans and consultations to consider scope and content of the HIO strategic plan is planned. The EHR Strategic Plan will be a component of the next level of strategic planning

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				for HIO.
Feb 2010	2	2.2	Work in Progress	All program areas within the continuum of health care that will be candidates for future inclusion in the EHR have been identified. The EHR Strategic Plan will be a component of the next level of strategic planning for HIO.
Feb 2010	2	2.3	Work in Progress	DHW is participating in Atlantic iEHR Benefits Evaluation Project with Atlantic provinces (excluding PEI) funded/sponsored by Canada Health Infoway. This project will develop a detailed timeline to obtain baseline data and identify how to monitor performance.
Feb 2010	2	2.4	Complete	DHW follows the GCIO annual detailed instructions related to current and future Tangible Capital Asset (TCA) project requests. Within DHW all TCA submissions are reviewed by CHIO, presented to Executive for prioritization and approval by the Deputy.
Feb 2010	2	2.5	Complete	DHW is following the documented Secure Health Access Record (NS EHR Project - SHARE) change control process. Further, a formal Change Control Board Committee was established and meet regularly.
Feb 2010	2	2.6	Work in Progress	Bill 89, An Act Respecting the Collection, Use, Disclosure and Retention of Personal Health Information (<i>Personal Health Information Act – PHIA</i>) received Royal Assent December 10, 2010. DHW has been working on proclamation readiness with a PHIA Implementation Planning Committee created to assess what needs to be done for full readiness for compliance and confirm a plan to complete these tasks. As well the PHIA EHR working group is making recommendations regarding interpretation of provisions related to electronic information systems and EHRs. Regulations are being identified and a toolkit for stakeholders is being developed. This is now an ongoing operational activity.

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Feb 2010	2	2.7	Complete	SHARE Privacy Impact Assessment (PIA) Risk Management Action Plan developed and is reviewed and updated monthly as required. This includes both PIA and Threat Risk Assessment (TRA) risks identified in all SHARE components and PIA and TRA documents.
Feb 2010	2	2.8	Work in Progress	The 5970 Readiness assessment has been replaced with the Canadian Standard on Assurance Engagement (CSAE) 3416 which is the same but with additional requirements. The draft call-up for a firm to do a partial then full audit completed, a firm selected, the readiness assessment completed and type 1 point in time audit scheduled for May. Full type 2 audit is scheduled for February 2011 to have a full year between the readiness assessment and audit.
Mental Health Services				
June 2010	4	4.1	Work in Progress	Standards approved to date and indicators identified to ensure clarity and measurability include: Promotion Prevention and Advocacy Standards, Community Supports, Inpatient Standards, Outpatient Standards for Adult Services, Early Psychosis, Eating Disorders. Concurrent Disorders were reviewed by stakeholders and the provincial working group and are being prepared for submission for DHW's approval process. A new three year self-assessment process has been developed and its related self-assessment tool is currently under development.
June 2010	4	4.2	Work in Progress	Appointed by the Minister, a 12 member Mental Health and Addictions Strategy Advisory Committee released its report, Come Together: Report and Recommendations of the Mental Health and Addictions Strategy Advisory Committee on April 23, 2012. The Minister accepted this report and results will inform the development of a Mental Health and Addictions Strategy to be released in Spring 2012 with implementation to begin immediately.

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June 2010	4	4.3	Work in Progress	DHW directed DHAs/IWK that evidence of assessment compliance ratings will be required to ensure adequate support for its assessment of compliance with mental health standards. Results of self-assessments will be reviewed through site visits to the DHAs/IWK through July to September 2013.
June 2010	4	4.4	Work in Progress	New three year self-assessment developed and related self-assessment tool currently under development. This process will include completion of a self-assessment every three years to coincide with DHAs/IWK accreditation process. DHW will conduct site visits and make recommendations to increase compliance based on these self-assessments. DHW will produce an evaluation report for the Deputy and DHAs/IWK documenting required improvements to increase compliance. An annual follow up using a shorter "Update Form" will ensure changes have been implemented or a plan is in place for implementation.
June 2010	4	4.5	Work in Progress	A Provincial Concurrent Disorders Advisory Committee was established with membership comprising experts in mental health and addictions services. Committee developed draft Concurrent Disorder Standards which were reviewed by stakeholders and the provincial working group. Standards are being prepared for submission for DHW's approval process.
June 2010	4	4.6	Work in Progress	Most current standards (July 2009) posted to DHW website February 2010 with updates in June 2011 of standards that have been approved. Remaining standards will be posted as completed.
June 2010	4	4.7	Complete	Annapolis District Health Authority, in addition to all other DHAs/IWK are recording the triage category.
June 2010	4	4.8	Work in Progress	Process for reviewing standards approved. Standards approved to date and measures/ indicators identified to ensure clarity and

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				measurability include: Promotion Prevention and Advocacy Standards, Community Supports, Inpatient Standards, Outpatient Standards for Adult Services, Early Psychosis, and Eating Disorders. Draft Concurrent Disorder Standards were reviewed by stakeholders and the provincial working group. Standards are now being prepared for submission for DHW's approval process. A new three year self-assessment process has been developed and its related self-assessment tool is currently under development.
June 2010	4	4.9	Complete	MOUs regarding inpatient services between Colchester and Cumberland and between Colchester and Pictou were approved. The MOUs will be monitored by DHW through the self-assessment process and site visits.
June 2010	4	4.10	Complete	DHAs/IWK now required to have formally documented future shared services agreements for mental health services submitted to DHW in the form of an MOU. MOUs between CDHA and each of the DHAs for the Psychiatric Intensive Care Unit have been submitted. DHW will monitor service agreements through the self-assessment process and site visits.
June 2010	4	4.11	Work in Progress	Deputy Minister written directive sent to all DHAs/IWK that access to services must not be restricted. An Out of District Admission Protocol for out of district admissions or transfers has been drafted by a working group of the Provincial Mental Health Planning Committee. Approval to follow with monitoring through the self-assessment process and site visits.
June 2010	4	4.12	Work in Progress	Colchester East Hants, Pictou, Guysborough Antigonish Strait, Annapolis Valley, Cumberland, South West and Cape Breton DHAs' policies regarding youth transferring to adult services have been received. A formal policy has been developed between Capital DHA and IWK and is awaiting approval.

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June 2010	4	4.13	Work in Progress	Mental Health Services websites for all DHAs/IWK updated and DHW website updated to include DHAs/IWK links. Pictou, Cape Breton and Capital DHAs have forwarded DHW copies of materials sent to clinics and physician offices.
June 2010	4	4.14	Work in Progress	DHW requested provincial Mental Health Directors to submit current processes for formal communications with physicians and directed Chief Executive Officers of DHAs/IWK to develop a process of formal communication with physicians within their catchment areas. Letters currently sent to physicians when websites and any changes in service occur.
June 2010	4	4.15	Work in Progress	Process and guiding principles for the review of mental health data systems developed. Regular meetings taking place.
June 2010	4	4.16	Work in Progress	Data used include Management Information System and Discharge Abstract Data both using Canadian Institute for Health Information (CIHI) definitions and standards to enable interprovincial comparisons. Wait time reporting has been standardized through community wide scheduling. Through the mental health indicator group designed by CIHI, two additional data elements have been mandated. A general system data quality tool for community wide scheduling and registration is available to DHAs/IWK.
June 2010	4	4.17	Work in Progress	Standardized provincial approach to reporting wait time information for mental health programs and services developed. Quarterly reporting has been established on a go-forward basis with Mental Health Outpatient Clinics/Community Mental Health chosen as a starting point for provincial reporting. DHW conducts a quarterly review of the report at mental health planning meetings.

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June 2010	4	4.18	Complete	A standardized provincial approach to reporting wait time information for mental health programs and services was developed. Quarterly reporting using the mental health wait times audit report as the data quality audit tool for identifying data quality issues is being used for all DHAs.
June 2010	4	4.19	Complete	Capital District Health Authority reviewed its wait times information for accuracy. Improvements were implemented and an audit report demonstrated accuracy. Regular data quality audit reports will be produced to ensure accuracy of information.
Government Financial Reporting				
Nov 2010	5	5.8	Complete	The scope of the work related to the audit of the Performance Based Agreement with Medavie Inc was expanded to include the Seniors' Pharmacare Program. The work has been completed and reports issued for the fiscal years ending March 31, 2009 and March 31, 2010. DHW will be engaging auditors for 2010-11 and 2011-12 in the near future. These audits will continue to occur every other year, yet cover each fiscal year as regular business.
Colchester Regional Hospital Replacement				
May 2011	4	4.1	Work in Progress	Administrative process now in place requiring completion of a schematic design including a Class C budget estimate to be completed prior to a submission to Cabinet seeking funding approval. The administrative process is currently being tested with a construction project. Results are expected the end of December 2012. When complete the results will be reflected in the next release of the DHW Capital Spending Manual.
May 2011	4	4.2	Complete	The energy model to evaluate operating costs of

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				the physical structure is complete. Colchester East Hants Health Authority provided a request for potential expansions to be reviewed as part of the DHA business planning for 2012-13. Additional funding was provided for the operation of the new facility in the 2012-13 Business Plan.
May 2011	4	4.3	Complete	DHW has a comprehensive <i>Submissions to Cabinet Policy</i> in place which includes financial staff involvement as early as possible in the submission process to ensure submissions are accurate.
May 2011	4	4.4	Work in Progress	Only one engineer was available for this project highlighting the need for more; now there are six. The manager challenges the design, budget and timeline of a project based on the Project Management Book of Knowledge. DHW implemented a process whereby program leads must sign off on schematics acknowledging to the design consultants that the plan is understood and agreed upon. This new process is currently being tested. When the process is successful, it will be reflected in the next release of the Capital Spending Manual.
May 2011	4	4.5	Work in Progress	DHW now requires the grossing factor to be clearly identified by the designer on all large new construction projects as well as regular review of grossing factors. This will be reflected in the next release of the DHW Capital Spending Manual.
May 2011	4	4.6	Work in Progress	Design decisions on all new projects will be evaluated with the view of standardization of design across all acute care facilities in the province. Design and specification standards are being developed for acute care, long term care, primary care and mental health facilities.
May 2011	4	4.7	Action No Longer Required or Appropriate	This project was approved and designed before the requirement for Leadership in Energy and Environmental Design (LEED) certification. Now LEED compliant facilities are the practice for new

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				construction within all government departments.
May 2011	4	4.8	Complete	A process is now in place to address changes to contract documents during construction. This process is described in the Replacement Project Manual.
May 2011	4	4.9	Complete	DHW will only accept Canadian Standards Association standards for area measurement on all future new construction projects. DHAS have been informed and this will be reflected in the next release of the Capital Spending Manual.
May 2011	4	4.10	Work in Progress	Increased frequency of estimates by multiple sources will be used for future construction management projects of significant size. This will be reflected in the next release of the Capital Spending Manual.
May 2011	4	4.11	Work in Progress	Contract is currently being developed with a target completion/signature date in the next couple of months.
May 2011	4	4.13	Work in Progress	A post occupancy assessment tool has been jointly developed by DHW and Colchester East Hants Health Authority. The tool can only be applied 12 to 18 months after a project's completion. The Colchester Regional Hospital replacement is expected to be complete November 2012.
Long Term Care - New and Replacement Facilities				
May 2011	5	5.1	Work in Progress	DHW dedicated its next round of long term care (LTC) facilities/beds replacement to be based on a transparent, consistent process supported by documentation. First steps are the development of assessment criteria for existing LTC facilities and an evaluation tool to weight and score criteria which have been completed.
May 2011	5	5.2	Work in Progress	Lessons learned from the previous LTC planning process indicated the need to update process/methodology. The Expenditure Management Initiative (EMI) informs a review of

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				the entire Continuing Care Strategy with a special focus on home care utilization. The Continuing Care Branch (CCB) is partnering in extensive research (2011-2014) entitled "Care and Construction: Assessing Differences in Nursing Home Models of Care on Resident Quality of Life". DHW recognizes the impacts of change as it implements its 10 year strategy to enhance and expand the continuing care system.
May 2011	5	5.3	Complete	DHW and DHAs/IWK signed an MOU and developed an accountability framework which sets out roles, responsibilities, and authorities for LTC in Nova Scotia. DHAs are working on a service agreement with LT Providers. DHW has been supporting DHAs as they negotiate with about 128 LTC facilities. Negotiations have involved a DHA-provider working group which includes respective legal counsel. A service level agreement has been developed. DHW is working collaboratively with both the DHAs and the service providers to ensure that they enter into service level agreements pertaining to LTC.
May 2011	5	5.4	Work in Progress ¹	DHW is dedicated to developing a risk assessment process for projects and include in their charters. CCB is filling one position and trying to secure a project manager position for which developing a risk assessment process will be a required task for both.
May 2011	5	5.5	Work in Progress ²	DHW's CCB and Healthcare Quality, Safety and Wait Time Improvement Branch met to begin development of a wait time measure for those awaiting LTC placement. Previous work on wait times for LTC placement has been reviewed for lessons learned.
May 2011	5	5.6	Work in Progress	DHW reviewed and updated status of June 2007 Chapter 4 Auditor General recommendations.
May 2011	5	5.7	Work in	In order to lay the ground work for meeting with

¹ Treasury Board's May 2012 Provincial Update uses "work in progress" to include three categories: "No Progress to Date but Plan to Take Action", "Planning Stage", "Work in Progress". DHW considers this recommendation as "No Progress to Date but Plan to Take Action"

² *ibid*

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			Progress ³	the Department of Community Services to update the <i>Homes for Special Care Act</i> , DHW has begun updating all policy and standards documents, which will inform the work on the legislation and regulations.
<i>Protection of Persons in Care Act</i>				
Nov 2011	4	4.1	Work in Progress	DHW worked with the Department of Community Services (DCS) in the development of the Protection for Persons in Care policy manual. The final draft is being reviewed by DHW and DCS. The final manual's release is scheduled for September 2012 and will be communicated to department staff, health care providers and other stakeholders.
Nov 2011	4	4.2	Work in Progress ⁴	DHW and DCS have begun discussions on best process and steps to implement. Discussions with DHAs planned to begin June 2012 with implementation in Fall 2012.
Nov 2011	4	4.3	Work in Progress	DHW worked with the Department of Community Services (DCS) in the development of the Protection for Persons in Care policy manual. This includes a review to ensure current and planned practices, as well as a process to ensure all policies are followed, are included. The final draft is being reviewed within DHW and by DCS. The final manual's release is scheduled for September 2012 and will be communicated to department staff, health care providers and other stakeholders.
Nov 2011	4	4.5	Complete	In June 2011 DHW implemented a quality assurance program to ensure files are appropriately documented and legislative requirements are addressed. File reviews are complete and a file audit checklist has been implemented. The manager must now sign off on all investigation reports.

³ ibid

⁴ ibid

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Nov 2011	4	4.6	Complete	DHW has implemented processes to ensure that the data recorded in the system is accurate and complete. Manager of Investigation and Compliance reviews the database regularly and runs inquiry, investigation and file closure reports. These are then flagged for Investigating Monitoring and Evaluation Officers should information be incomplete. Copies are maintained.
Nov 2011	4	4.9	Complete	Process implemented for tracking facilities that have received training and information on the <i>Protection of Persons in Care Act</i> . Manager tracks all education, presentations, resource mailouts and maintains record of these communications and trainings.