

Provincial Update on Auditor General Recommendations

Department of Health and Wellness

AS AT October 31, 2012

The Department of Health and Wellness (DHW) has 11 Auditor General chapters from April 2009 to May 2012 with a total of 143 recommendations. With 52% 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	1	1	-	-	2
July 2009					
Chapter 1: Pandemic Preparedness	27	2	-	-	29
February 2010					
Chapter 2: Electronic Health Records	3	5	-	-	8
June 2010					
Chapter 4: Mental Health Services	11	8	-	-	19
November 2010					
Chapter 5: Government Financial Reporting	-	1	-	-	1
May 2011					
Chapter 4: Colchester Regional Hospital Replacement	10	1	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
May 2012					
Chapter 3: Addiction Services at Annapolis Valley Health	2	10	-	1	13
Chapter 4: Infection Prevention and Control: Cape Breton and Capital Health	13	16	-	-	29
Chapter 5: Nova Scotia Prescription Monitoring Program	4	13	-	-	17
Total	75	66	1	1	143
Percentages	52%	46%	1%	1%	100%

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Recommendations in Detail:

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Government-Wide Audit Committees				
April 2009	2	2.12	Work in Progress	With newly established Internal Audit (IA) section in DHW (see recommendation 2.13), work will continue toward the development of a policy requiring DHAs/IWK audit committees to adopt best practices. DHAs/IWK will be consulted in its development. Target for completion of this policy is end of fiscal 2012-13.
April 2009	2	2.13	Work Complete	DHW requested DHAs/IWK assess their need for an internal audit function. Based on this assessment and an internal review, DHW's Deputy Minister (DM) and Department of Finance (DOF) Executive Director, Audit, determined DHW establish an audit function at DHW with specific assignment to DHAs/IWK. An Internal Audit (IA) section housed at DHW with a Director, Manager and one non-management full time equivalent (FTE) now exists. IA consulted with DHW's DM and Chief Financial Officer and DOF determining seven additional FTEs were required; five to be hired in 2012-13 and two to be hired in 2013-14.
Special Report of the Auditor General on Pandemic Preparedness				
July 2009	1	1.2	Work Complete	Workforce Development Framework and recruitment/retention/building capacity implemented. Medical Officer of Health (MOH) job description updated. Two regional MOHs hired and third has funded residency based on 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 is active with ongoing recruitment efforts as required.
July 2009	1	1.3	Work Complete	Audit tool developed and used by DHAs/IWK in the completion of their Pandemic/All Hazards/Business Continuity Plans. Shortfalls within district emergency planning were identified and 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	Work Complete	Audit tool developed and used by DHAs/IWK in completion of their Pandemic/All Hazards/ Business Continuity Plans. Shortfalls within district emergency planning were identified, 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	Work 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 Complete	All Hazards Risk Vulnerability Assessment Report was completed and approved the end of September 2012.
July 2009	1	1.10	Work 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 Complete	The DHW All Hazards Leads is the mechanism for approval. This ensured that subject matter experts had input and that all parties understood their roles and responsibilities. The Health System All Hazards Plan was completed and approved in September 2012.
July 2009	1	1.12	Work Complete	In consort with DHAs/IWK, significant revision to the Health System All Hazards Plan was required as a result of H1N1 lessons learned. Changes included addressing clinical components to a communicable disease pandemic. The Health System All Hazards Plan was completed and approved in September 2012.
July 2009	1	1.13	Work Complete	Legal support played an integral role to this project participating at Pandemic Leads meetings. The plans were legally reviewed as part of approval process. With legal review prior to its finalization, the Health System All Hazards Plan was completed and approved in September 2012.
July 2009	1	1.14	Work Complete	During H1N1 authority for procurement of pandemic supplies was granted. Future supplies will depend on government approval.

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July 2009	1	1.15	Work 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	Work Complete	Supply information required to complete analysis was provided as per direction from the then Deputy Minister of Health.
July 2009	1	1.17	Work 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	Work 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.
July 2009	1	1.19	Work Complete	Provincial public health influenza surveillance system assessed through 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 components of the influenza surveillance system and surveillance approach. Influenza surveillance revised annually based on past influenza seasons and re-assessment of indicators is part of any pandemic program.
July 2009	1	1.20	Work in Progress	DHW enhanced its epidemiological capacity through the creation of a new classification series for epidemiologists and current hiring of additional epidemiologists. Specific epidemiological capacity to conduct public health epidemiological investigations during a pandemic is dependent upon the disease. This enhanced epidemiological capacity will enhance DHW's ability to conduct public health epidemiological investigations during a pandemic.
July 2009	1	1.21	Work 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	Work Complete	Good Neighbour Protocol was signed by all parties allowing for a framework to deal with human resource issues during a pandemic.

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July 2009	1	1.23	Work 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	Work Complete	Meetings of several government departments, DHAs, EMO and Nova Scotia Health Organizations' Protective Association determined that the <i>Volunteer Services Act</i> and <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 organizations.
July 2009	1	1.25	Work 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 H1N1 pandemic, Health Information Technology Services (HITS) developed the Intensive Care Unit (ICU) bed tracking system tested and complete. Subsequent to this HITS initiative the Bed Utilization and Management Initiative was developed, approved, and is underway to help DHAs/IWK manage bed resources. Related software implementation is live in all DHAs/IWK for medical/surgical beds and related process changes via the software will be complete by February 2013. Additional beds will be managed using this software by March 2013.
July 2009	1	1.27	Work 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	Work 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.

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July 2009	1	1.29	Work Complete	A consolidated list of health system stakeholders to receive DHW pandemic-related documents is complete and updated regularly. This 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 directly involved in managing the H1N1 immunization program and is used to send timely advisories to front line staff.
July 2009	1	1.30	Work 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	Work 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	Work Complete	Process for finalizing lessons learned completed and incorporated into H1N1 work plans for working groups. Lessons learned will be ongoing. Work groups will review all issues to continually identify gaps.
July 2009	1	1.33	Work 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.

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Electronic Health Records				
February 2010	2	2.1	Work in Progress	With the speed at which technology is changing the landscape of eHealth, DHW determined a document of strategic direction more realistic than a strategic plan. This document is 90% complete and describes goals and principles around the strategic direction Nova Scotia will take in rolling out future information technology and information management systems. Vetting will continue including circulation with DHAs/IWK. The official document will cover the years of 2013-18. Targeted date for release is January 2013.
February 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 Electronic Health Record (EHR) have been identified. The EHR vision will be a component of the strategic directional document.
February 2010	2	2.3	Work in Progress	DHW is participating in Atlantic iEHR Benefits Evaluation Project with the 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. Pre-evaluation surveys are complete. Nova Scotia awaits delivery of data to Nova Scotia's EHR before post implementation benefits may be realized.
February 2010	2	2.4	Work Complete	DHW follows the Government Chief Information Office annual detailed instructions related to current and future Tangible Capital Asset (TCA) project requests. Within DHW all TCA submissions are reviewed by the Chief, Health Information Office, presented to Executive for prioritization and approval by the Deputy.
February 2010	2	2.5	Work Complete	DHW is following the documented Secure Health Access Record (NS EHR Project - SHARE) change control process. Further, a formal Change Control Board Committee has been established and meets regularly.

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February 2010	2	2.6	Work in Progress	Bill 89, <i>An Act Respecting the Collection, Use, Disclosure and Retention of Personal Health Information (Personal Health Information Act – PHIA)</i> received Royal Assent December 10, 2010 and amended on May 8, 2012. DHW is working on proclamation readiness with the PHIA Implementation Team focused on regulations and communications. Regulations include definitions, issues related to the EHR, electronic information systems and access fees. A communications plan and support materials are being prepared to inform custodians, stakeholders and public. A toolkit has been developed to assist custodians in meeting their obligations under the Act. Once in force, <i>PHIA</i> will apply to Industry Canada to identify <i>PHIA</i> as "substantially similar" to the <i>Personal Information Protection and Electronic Documents Act</i> then all commercial health professionals delivering health care services will be subject to <i>PHIA</i> .
February 2010	2	2.7	Work 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.
February 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 was completed. The type 1 (6 month) audit was completed May 2012. Full type 2 audit is scheduled for March 2013.

Mental Health Services

June 2010	4	4.1	Work in Progress	Standards with measures/indicators added and approved by Provincial Mental Health Directors include: Promotion Prevention and Advocacy, Community Supports, Inpatient Standards, Outpatient Standards for Adult Services, Early Psychosis, Eating Disorder Standards. Standards with indicators await Provincial Mental Health Directors agreement include: Sexually Aggressive Youth, Youth Court Assessments, Forensic, Concurrent Disorders Systems Standards. New self-assessment process to measure compliance was reviewed with DHAs/IWK and is to be completed every three years, coinciding with DHAs/IWK accreditation process. DHW will make recommendations to increase compliance and document areas for improvement. Annual DHW follow up using shorter "Update Form" will ensure changes implemented or plan in place for implementation.
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June 2010	4	4.2	Work Complete	Appointed by the Minister, a 12 member Mental Health and Addictions Strategy Advisory Committee released its report, <i>Come Together: Report and Recommendations of the Mental Health and Addictions Strategy Advisory Committee</i> on April 23, 2012. The Minister accepted this report and results informed the development of a Mental Health and Addictions Strategy released in Spring 2012. \$5.2 million of new money was committed to implement the Strategy and Standards. Implementation plan is complete.
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 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 produce an evaluation report making recommendations for improvement to increase compliance based on these self-assessments. 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. Following approval by DHW's Policy Review Committee, standards await Deputy approval.
June 2010	4	4.6	Work Complete	Most current standards (July 2009) posted to DHW website February 2010 with updates in June 2011 of standards that have been approved. In the future, any updated standards will be posted as reviews are completed and approved by the provincial Mental Health Directors and DHW as regular business.
June 2010	4	4.7	Work Complete	Annapolis District Health Authority, in addition to all other DHAs/IWK are recording the triage category.

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June 2010	4	4.8	Work in Progress	Process for reviewing standards approved. Standards reviewed to ensure measurability and clarity include: Promotion Prevention and Advocacy Standards, Community Supports, Inpatient Standards, Outpatient Standards for Adult Services, Early Psychosis, and Eating Disorders. Draft Concurrent Disorder Standards approved by the provincial working group and are awaiting approval by DHW. Standards reviewed, indicators added, and presented to the Provincial Mental Health Directors for agreement include: Sexually Aggressive Youth, Youth Court Assessments, Forensic.
June 2010	4	4.9	Work in Progress	Memorandums of Understanding (MOUs) regarding inpatient services between Colchester and Cumberland and between Colchester and Pictou await final signature. MOUs will be monitored by DHW through the self-assessment process and site visits.
June 2010	4	4.10	Work 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 Complete	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 was drafted by a working group of the Provincial Mental Health Planning Committee and approved by the Provincial Mental Health Planning Committee. Protocol will be monitored through the self-assessment process and site visits.
June 2010	4	4.12	Work Complete	A request was made to the DHAs/IWK to establish a formal policy for a process for youth to adult service transfer without service interruption. All DHAs have completed these policies. A formal policy and process between Capital Health and IWK was also developed to transfer patients between Child and Adult Services. Policies will be monitored by DHW through the self-assessment process and site visit.

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June 2010	4	4.13	Work Complete	Mental Health Services websites for all DHAs/IWK are updated and DHW website updated to include DHAs/IWK links. Pictou, Cape Breton and Capital DHAs have forwarded to DHW copies of materials sent to clinics and physician offices. All other districts are using electronic formats and copying DHW on anything sent to clinics and physicians' offices. Cumberland's services is limited to the website.
June 2010	4	4.14	Work Complete	In response to DHW's request, DHAs/IWK developed and submitted current processes for formal communications with physicians within their catchment areas. Letters are sent out to physicians on a regular basis by DHAs/IWK as websites are updated or services changed. Copies of correspondence will be documented and the processes monitored by DHW.
June 2010	4	4.15	Work in Progress	Process and guiding principles for the review of mental health data systems has been developed. Business requirements were reviewed and a common information system that will link with other DHA/IWK information systems was recommended. DHW is collaborating with DHAs/IWK to develop an electronic system for clinical use and planning and managing mental health and addiction services across the province. This common solution will provide better service and easier more consistent data analysis. Completion of the project will enable DHW to submit a TCA request for implementation of a common integrated solution.
June 2010	4	4.16	Work Complete	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. A general system data quality tool for community wide scheduling and registration is available to DHAs/IWK. DHAs/IWK users receive necessary training and technical support.
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 as part of regular business.

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June 2010	4	4.18	Work 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	Work 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				
November 2010	5	5.8	Work in Progress	A review of audits in their current manner shows that core risks are not being addressed, therefore, the audit engagements in their current format have been discontinued. Discussions are taking place with DHW's Internal Audit section requesting guidance and direction on what type of audit engagement should be undertaken and what areas to target to address the identified risks.
Colchester Regional Hospital Replacement				
May 2011	4	4.1	Work Complete	Administrative process is 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 revised administrative process is reflected in the DHW Capital Spending Manual.
May 2011	4	4.2	Work Complete	The energy model to evaluate operating costs of 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	Work Complete	DHW has a comprehensive Submissions to Cabinet Policy 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 Complete	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 reflected in the DHW Capital Spending Manual.

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May 2011	4	4.5	Work Complete	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 is reflected in the DHW Capital Spending Manual.
May 2011	4	4.6	Work Complete	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. The standard varies depending on the program type. DHW is involved at an earlier stage in the process and design criteria are challenged and evaluated across the province. Target completion dates are dependent on the program area as it has its own design and specification standards. This is reflected in the DHW Capital Spending Manual.
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 construction within all government departments.
May 2011	4	4.8	Work 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	Work Complete	DHW now only accepts Canadian Standards Association standards for area measurement on all future new construction projects. DHAs have been informed and this is reflected in the DHW Capital Spending Manual.
May 2011	4	4.10	Work Complete	Increased frequency of estimates by multiple sources will be used for future construction management projects of significant size. This is reflected in the Capital Spending Manual.
May 2011	4	4.11	Work Complete	The contract with the Project Manager for the Colchester Regional Hospital replacement project was signed June 2012.
May 2011	4	4.13	Work in Progress	A post occupancy assessment tool is being jointly developed by DHW and Colchester East Hants Health Authority. The tool should be ready for use in 12 to 18 months. 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.

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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. Assessment criteria for existing LTC facilities and an evaluation tool to score the criteria were completed. There were site visits to 68 facilities built more than 15 years ago. Also, input was requested from various stakeholders with related jurisdiction including related government departments and agencies. Evaluation of the completed assessments determined priority for replacement. Draft recommendations are now complete and awaiting approval.
May 2011	5	5.2	Work in Progress	Pertaining to the Continuing Care Strategy, an inventory of initiatives completed or underway was updated. Consultations with stakeholders regarding 2012-13 priorities in new home care funding was undertaken. Lessons learned from the previous LTC planning process indicated the need to update process/methodology. There is an Expenditure Management Initiative (EMI) underway that will inform the review of the entire Continuing Care Strategy with a special focus on home care utilization. The Continuing Care Branch (CCB) is partnering in extensive research (2011-14) entitled "Care and Construction: Assessing Differences in Nursing Home Models of Care on Resident Quality of Life" which will also inform the review of the Continuing Care Strategy.
May 2011	5	5.3	Work 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. DHW supported DHAs in their service agreement negotiations with LTC facilities. As of April 2012, all licensed LTC facilities have signed service agreements with DHW or a DHA.
May 2011	5	5.4	Work in Progress	DHW is dedicated to developing a risk assessment process for projects and to include this in their charters. The process will be applied to any subsequent projects before their launch. A position has been dedicated to this task as well as ensuring homes under construction follow through to completion.

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May 2011	5	5.5	Work in Progress	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 was reviewed for lessons learned. The Branches will continue to work together on a comprehensive plan promoting quality, patient safety and wait-time improvement.
May 2011	5	5.6	Work in Progress	DHW reviewed and updated the status of June 2007 Chapter 4 Auditor General recommendations. Currently six of the eight recommendations are complete (4.1, 4.2, 4.3, 4.4, 4.7 and 4.8). Recommendation 4.5 is related to the <i>Homes for Special Care Act</i> and is addressed in recommendation 5.7. Recommendation 4.6 is a "Work in Progress" with an expected completion of February 2013.
May 2011	5	5.7	Work in Progress	In order to lay the ground work for meeting with 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. This will be completed in 2012 and ongoing as required. New regulations were introduced to support changes related to the <i>Homes for Special Care Act</i> . Preliminary work is underway with the <i>Homes for Special Care Act</i> and the <i>Home Care Act</i> .

Protection of Persons in Care

November 2011	4	4.1	Work in Progress	DHW worked with the Department of Community Services (DCS) to develop the Protection for Persons in Care policy manual. The final draft is being reviewed by DHW and DCS staff and legal advisors. With appropriate approvals from both departments, the end product will be two slightly different manuals due to differing departmental practices. DHW review and approval process expected in November 2012 and its release anticipated in January 2013. Upon release, it will be communicated to department staff, health care providers and other stakeholders.
November 2011	4	4.2	Work in Progress	DHW and DCS have had discussions on recommendations, timelines and assignments. Discussions have begun with DHAs to develop the best process for tracking complaints and a timeline for implementation. With the primary focus on the completion of the policy manual and work related to performance indicators, it is anticipated that a tracking process will be complete and in place by end of fiscal 2012-13.

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November 2011	4	4.3	Work in Progress	DHW worked with DCS in the development of the Protection for Persons in Care policy manual. This includes a review to ensure the policy includes current and planned practices and a process to ensure all policies are followed. The final draft is being reviewed by DHW and DCS staff. DHW review and approval process expected to begin in November 2012 and its release anticipated for January 2013. A quality assurance file review checklist will then be examined as the method to ensure the following of policies.
November 2011	4	4.5	Work 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.
November 2011	4	4.6	Work Complete	DHW has implemented processes to ensure that data recorded in the system is accurate and complete. The Manager of Investigation and Compliance reviews the database regularly and runs inquiry, investigation and file closure reports. Incomplete information is flagged for Investigating Monitoring and Evaluation Officers. Copies are maintained.
November 2011	4	4.9	Work 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 mail outs and maintains record of these communications and trainings.
Addiction Services at Annapolis Valley Health Authority				
May 2012	3	3.1	Work in Progress	In June 2012, DHW completed a statement of work for the project: Mental Health and Addiction Services Solution-Strategy/Planning Project. This statement includes one of this project's deliverables which is defining information/business requirements to effectively monitor DHAs' provision of addiction services and fulfillment of its legislative requirements. A Quality Framework for Addiction Services to be finalized November 2012 will serve as a resource for the planning and implementation of quality activities, including monitoring of addiction services in DHAs/IWK.
May 2012	3	3.2	Work in Progress	New and revised standards state that the standards are mandatory for all DHAs. DHW will communicate this message to DHAs/IWK once the standards receive final approval in 2012-13.

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May 2012	3	3.3	Work in Progress	Concurrent Disorders Standards and Community-Based Addiction Services Standards were worded to make measurement possible. Enhancements were made to the client information system (ASsist) to expand reporting capacity. Work commenced October 2012 to revise standards for Withdrawal Management and Structured Treatment. All revised standards will be measurable where possible.
May 2012	3	3.4	Work in Progress	When new and revised standards are approved, DHW will confirm in writing to DHAs/IWK that all standards must be measured and data collected, where possible. Further clarity will be provided through monitoring reports that accompany the launch of all new and revised standards. Mental Health and Addiction Services Solution-Strategy/Planning Project will establish requirements for a new information system which will assist DHAs/IWK in collecting the data needed to measure standards.
May 2012	3	3.5	Work in Progress	New and revised standards will address the entire population seeking services. Approval for standards is anticipated in 2012-13.
May 2012	3	3.6	Work Complete	Changes to the wait time query function were made to the client information system (ASsist) June 2012 to ensure accuracy of wait time calculations.
May 2012	3	3.7	Work in Progress	The ASsist Administrator works systematically and collaboratively with DHAs/IWK quality management and research and statistical staff to ensure data quality. Scheduled data quality checks are conducted on an ongoing basis.
May 2012	3	3.8	Do not intend to implement recommendation	This was not identified as an issue with DHW and DHAs/IWK. Intake for withdrawal management services can currently be viewed across the province. DHW is reviewing and updating standards for withdrawal management and will examine standards related to accessibility, wait lists, and wait times. The Mental Health and Addiction Services Solution - Strategy/Planning Project will establish requirements for a new information system which will assist DHAs/IWK in collecting data needed for withdrawal management programs. The analysis requirements process related to this project is scheduled for completion March 2013 and will consider merits of a single province-wide intake and wait list for withdrawal management programs.
May 2012	3	3.9	Work in Progress	AVDHA hired a community planner to link results of a needs assessment survey to the addiction services it delivers.

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May 2012	3	3.10	Work Complete	File checklists are in place in AVDHA as part of the new file management guidelines.
May 2012	3	3.11	Work in Progress	AVDHA formed a Mental Health and Addiction Services Quality Team which will be developing a framework for file management and audit procedures in 2012-13.
May 2012	3	3.12	Work in Progress	The Mental Health and Addiction Services Quality Team will be developing a framework, which will ensure improvements identified through chart audits are implemented. It is targeted for completion in 2012-13.
May 2012	3	3.13	Work in Progress	Mental Health and Addiction Services Quality Team is developing a framework for outcome monitoring. DHW will support AVDHA in the implementation of outcome monitoring as part of a provincial evaluation of the Labour Market Agreement for Persons with Disabilities. Implementation of the evaluation will be in 2013-14.
Infection Prevention and Control: Cape Breton and Capital Health				
May 2012	4	4.1	Work in Progress	The <i>Patient Safety Act</i> was passed in May 2012. Regulations are being developed to require DHAs/IWK to report to DHW and to the public, hand hygiene adherence rates and healthcare-associated Clostridium difficile (C. difficile) rates. This is the beginning of a larger province-wide surveillance system. Data collection will begin in January 2013 with mandatory reporting beginning April 2013.
May 2012	4	4.2	Work in Progress	DHW undertook a provincial infection prevention and control (IPAC) provincial needs assessment. As a result, a draft job description for Research and Statistical Officer III was submitted for consideration and a related business case is in development.
May 2012	4	4.3	Work in Progress	DHW has given Infection Prevention and Control Nova Scotia (IPCNS) the authority and responsibility to implement monitoring and oversight processes related to IPAC in DHAs/IWK. IPAC has been working on developing a number of best practice standards and protocols in the areas of: standardized hand hygiene, prevention and management of C. difficile infections, long term care IPAC concerns, and certification of medical device reprocessing technicians.
May 2012	4	4.4	Work Complete	Cape Breton District Health Authority (CBDHA) hired and orientated four new Infection Control Practitioners (ICPs). The IPAC team makes regularly scheduled visits to their assigned areas of responsibility in CBDHA.

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May 2012	4	4.5	Work in Progress	Work is underway at the CBDHA level on a report on the first C. difficile outbreak. As part of CBDHA's review, consideration is being given to the validation of case related data to ensure that the final report is an accurate district representation of the first outbreak.
May 2012	4	4.6	Work Complete	Since January 2012, outbreak reports have been completed internally for all declared outbreaks and is now part of regular business.
May 2012	4	4.7	Work in Progress	IPCNS receives reports of outbreaks prepared by DHW's Public Health (PH) Responsibility Centre via the Canadian Network for Public Health Intelligence Alert System. Meetings are scheduled with PH to discuss streamlining the process for sharing outbreak information.
May 2012	4	4.8	Work in Progress	CBDHA has been addressing recommendations in the IPCNS Report on the C. difficile outbreak with regular progress reports posted on its website. Thirty of the thirty-seven recommendations have been fully addressed. Work continues on the remaining recommendations.
May 2012	4	4.9	Work in Progress	Where possible, all spray wands have been decommissioned in Capital. Renovations to the Dartmouth General Hospital are required to ensure compliance with the human waste disposal program. Related funding from DHW has been requested.
May 2012	4	4.10	Work Complete	Capital Health has cited all recognized evidence based sources in all new and revised policies. All new policies/procedures from CBDHA contain evidence based references and any review or revision of existing policies and procedures includes reference to evidence based practices.
May 2012	4	4.11	Work Complete	Capital Health's Infection Control Department tracks its own development of policies and reviews timelines to ensure policies are reviewed regularly. Unless there are substantial changes to best practice standards or legislation, policies are updated every three years. For CBDHA, as of September 2012, there are no outdated IPAC policies and procedures. Its review and revision schedule ensures policies/procedures are reviewed and updated as necessary at least every three years and more often if new evidence becomes available.

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May 2012	4	4.12	Work in Progress	Cape Breton's IPAC team meets at least weekly with its Environmental Services managers and monthly with its Environmental Services and Engineering Services management teams. The Product Evaluation Committee has a representative from IPAC and the Manager responsible for IPAC is a member of the Quality and Patient Safety Committee.
May 2012	4	4.13	Work in Progress	Capital Health established an Endoscopy Reprocessing Quality Improvement Group. A formal audit process for evaluating endoscope reprocessing documentation was developed. The Flexible Endoscope Documentation Policy was revised to reflect process changes (Work in Progress). Regarding CBDHA, its implementation of the new policies and procedures for scope cleaning has resulted in 100% compliance with the requirement to produce evidence of scope cleaning. (Complete)
May 2012	4	4.14	Work in Progress	Capital Health established a multi-disciplinary Reprocessing Committee to standardize processes to ensure equipment is reprocessed using Canadian Standards Association standards and best practice guidelines. (Work in Progress). CBDHA has developed Standard Operating Procedures Manuals that include manufacturer's instructions for reprocessing for all existing equipment and for new equipment as procured at all sites. (Complete).
May 2012	4	4.15	Work in Progress	The Flash Sterilization Policy for Capital Health is complete and awaiting final approval.
May 2012	4	4.16	Work in Progress	Capital Health has reduced flash sterilization by: purchasing more equipment, transferring equipment among hospitals, increasing availability of single wrapped equipment, adjusting operating room (OR) booking, applying its process to ensure flash sterilization is used only in acceptable situations (based on best practice guidelines). Audits of flash records are done daily and monthly. (Work in Progress). In CBDHA, every OR with a flash sterilizer has a flash log book. Every time flash sterilization occurs, it is recorded in the Adverse Events Monitoring System report and a form completed for review by the Flash Committee and OR management team. Evidence to support the effectiveness of this increased vigilance is the reduction of items flashed from an average of 7 per month in March/April 2012 to average 1.5 per months since. Addressing the lack of instrumentation also reduced flashing. (Complete).

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May 2012	4	4.17	Work Complete	An IPC Nurse was assigned to the completion of audits for all sterile processing units in CBDHA. Audits were complete September 2012. Repeat and regular audits to evaluate progress and opportunities for improvement will be scheduled according to degree of urgency and risk.
May 2012	4	4.18	Work Complete	Capital Health reviewed its sterile processing position descriptions and the related education requirements were verified as accurate.
May 2012	4	4.19	Work Complete	Capital has annual competency assessments completed by all SPD staff (with the exception of those on leave). This is tracked on a monthly basis.
May 2012	4	4.20	Work Complete	The CBDHA yearly competency checklist implemented for all district SPD staff was completed by September 2012.
May 2012	4	4.21	Work Complete	Regular education sessions by manufacturers' representatives and/or the SPD team leader and Supervisor have been implemented and documented.
May 2012	4	4.22	Work in Progress	A provincial policy will be drafted to include both reprocessing of single-use medical devices as well as flash sterilization of surgical instruments.
May 2012	4	4.23	Work Complete	Regarding CBDHA, hand hygiene audits are conducted routinely on most sites except rural hospitals. An ICP will be assigned routine auditing for three rural sites. As of October 19, 2012, 355 audits were completed in this fiscal year for a total of 6784 indications observed. The IPAC team is continuing to refine and develop the auditing and reporting process before sharing this responsibility with other health care providers.
May 2012	4	4.24	Work in Progress	Regular scheduled and random auditing is occurring in industrial Cape Breton hospitals where acute care is provided and in some long term care and rural facilities. By Fall 2012, all facilities will have regular audit results to inform improvements.
May 2012	4	4.25	Work Complete	In CBDHA, the new hand hygiene database provides for reporting in a myriad of ways. Of particular interest is the capacity to report compliance by health care provider which enables targeted education and improvement initiatives.
May 2012	4	4.26	Work in Progress	In CBDHA, hand hygiene audit results are posted and updated with new averaged results on a monthly basis in most nursing units. As soon as results for remaining units are available, they will be posted in the hospital units, on internal and external websites and in public waiting rooms.

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May 2012	4	4.27	Work Complete	Case definitions have been revised and approved by the Infection Control Committee for C. difficile, MRSA and VRE and are consistent with Canadian Nosocomial Infection Surveillance Program. All lab confirmed cases are reviewed against the appropriate case definition and a classification is assigned to each case.
May 2012	4	4.28	Work in Progress	CBDHA's internal IPAC database is complete and reports may now be developed. The draft IPAC Surveillance Program that is based on IPAC best practices applied to the CBDHA environment was reviewed by an expert in September 2012 for feedback.
May 2012	4	4.29	Work Complete	Hospital acquired infection (HAI) rates are posted monthly on the CBDHA web page for the public and on the CBDHA IPAC Department intranet page for staff. Hand hygiene rates are posted on nursing units and in Fall 2012, HAI rates will also be posted on nursing units in a location that is accessible both to patients and families and staff.

Nova Scotia Prescription Monitoring Program

May 2012	5	5.1	Work in Progress	DHW is collaborating with the Nova Scotia Prescription Monitoring Program (NSPMP) Board ("the Board") and Medavie Blue Cross ("the Administrator") to review and update the Service Level Agreement. Changes to date include: amendment of pharmacy audit frequency to twice a year and completion of a draft Complaints Policy. The updated Service Level Agreement and revised Complaints Policy is to be completed by December 2013.
May 2012	5	5.2	Work in Progress	DHW will examine business requirements for the reporting to DHAs of monitored drugs dispensed to patients when discharged from hospitals or emergency rooms This will include costing and identifying the type of report required. Target date for completion is December 2014.
May 2012	5	5.3	Work in Progress	In 2013, the provincial Drug Information System (DIS) will assume the prescription capture functions for the Program to monitor and assess pharmacy actions based on response codes. In the meantime, the Administrator will develop an action plan to identify interim options to monitor and assess actions taken on response codes sent to pharmacies.

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May 2012	5	5.4	Work in Progress	The Board has determined that defining "effectiveness" as part of this recommendation is its responsibility. Upon its definition, the Board will collaborate with the Administrator to identify, develop and implement measurable indicators of effectiveness of alerts to become part of ongoing quality assurance. Target date for completion is December 31, 2013.
May 2012	5	5.5	Work in Progress	In 2013, DIS will assume the prescription capture functions for the Program thereby addressing this recommendation. In the interim, the Administrator has completed a policy regarding timely submission of prescription data to NSPMP. This will be officially communicated to pharmacies by December 31, 2012.
May 2012	5	5.6	Work Complete	The current two year pharmacy audit cycle ensures that all pharmacies registered with the NSPMP are audited at least once every two years.
May 2012	5	5.7	Work in Progress	A draft audit process was developed basing its final audit conclusions on all items tested during the audit period. The Administrator is meeting with the College of Pharmacists of Nova Scotia in the immediate future to consider this draft and redesign if required. The new audit process will be approved by the Board by December 31, 2012 with implementation immediately thereafter.
May 2012	5	5.8	Work in Progress	A committee was formed to redesign the PMP drug utilization review (DUR) framework and processes to reduce manual review. This Committee will review new technologies, internationally established evidence, and validated indicators to form a new DUR framework.
May 2012	5	5.9	Work in Progress	With the process identified in 5.8 to develop a new DUR framework and noting the inclusion of a quality assurance process to review the adequacy and appropriateness of the work completed by staff on the DUR process, this will also satisfy recommendation 5.9.
May 2012	5	5.10	Work in Progress	As part of the development of the new DUR framework, a quality assurance program will be introduced. This includes staff conducting current DUR activities with senior staff auditing the related activities. Actions related to this recommendation are linked with the complete review and revision of the DUR framework noted in recommendations 5.8 and 5.9.

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May 2012	5	5.11	Work in Progress	As part of the DUR process, a policy will be developed outlining expected timeframes for referral to a medical consultant based on different priority levels of cases. A quality assurance process will be incorporated to ensure timelines are followed. The target for completing the draft DUR framework including a draft time standards policy is December 31, 2013 with implementation December 31, 2014.
May 2012	5	5.12	Work Complete	The process for generating the methadone monitoring report has been revised so the report now includes all prescriptions for monitored drugs, including methadone.
May 2012	5	5.13	Work Complete	The redesigned process for generating the methadone monitoring report now includes quality assurance checks to ensure reports are accurate and complete.
May 2012	5	5.14	Work Complete	The redesigned process for generating the methadone monitoring report includes quality assurance checks to ensure the reports, including patient agreements, are accurate and complete. This allows for accuracy and timeliness in the creation and delivery of notification letters to prescribers regarding patient noncompliance.
May 2012	5	5.15	Work in Progress	With the implementation of DIS, duplicate prescription pads will no longer be used. In the interim, a plan to ensure appropriate cancellation of lost, stolen or forged pads is being developed. This will require a review of workflow process and the development of a quality assurance process to be completed by December 31, 2012.
May 2012	5	5.16	Work in Progress	With the implementation of DIS, duplicate prescription pads will no longer be used. In the interim, a quality assurance process will be put in place to ensure exiting prescribers are not issued prescription pads. This process will be completed by December 31, 2012.
May 2012	5	5.17	Work in Progress	DHW is collaborating with the Board and Administrator to determine the most efficient and cost-effective approach to implement all of the recommendations. It is estimated that all of the recommendations will be complete by December 31, 2014.