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Summary

Our audit of the Department of Health's home care program uncovered significant deficiencies. Many of these concerns were identified in previous audits of the home care program reported in the 1996 and 2002 Reports of the Auditor General. The Department's response to our recommendations has been inadequate. Only 17% of our recommendations from these audits were fully addressed in the six to twelve years since the reports were tabled. The Department is currently working to move or devolve many aspects of the home care program to the District Health Authorities (DHAs)/IWK Health Centre (IWK). We believe it is important to address identified deficiencies in the program before devolving responsibility to the districts. We recommended the program not be devolved to the DHAs/IWK until the Department has a plan of action to address all recommendations made in previous audits and this chapter.

There has been considerable activity in the continuing care area in recent years, including a number of strategies to address concerns with the capacity of the home care system and plans to further expand home care services. However, the Department has not determined the future demand for services and does not know whether service providers will have an adequate supply of trained professionals to provide future home care services. There is a risk sufficient numbers of trained staff will not be available to provide existing or expanded home care services in the future.

We assessed the processes for client assessment and reassessment as well as compliance with related policies and procedures. We concluded the processes and policies for the assessment and reassessment of home care clients were not always followed or we could not determine if they were followed. In some instances, we were unable to conclude whether authorized services were provided in accordance with client service plans. Departures from established policies could lead to delays in assessment and reassessment and preparation of incomplete or inappropriate service plans for home care clients.

We were unable to determine the extent to which the Department investigates complaints as the Department had no formal processes or policies in place. Complaint information was not available in a readily accessible manner. An effective complaint system is an important control to ensure clients' concerns are investigated and resolved on a timely basis. We recommended the Department establish a formal system to record and track complaints and their ultimate resolution.

We also found performance and statistical information inadequate. There were no performance measures, including targets, reported for the home care program.



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Background

- 4.1 The Continuing Care Branch of the Department of Health (DOH) provides access to home care, long term care and adult protection services to support individuals with identified health and supportive care needs. In most cases, the need for care and support is for the longer term. However, the home care program also addresses short-term needs. While the majority of clients are seniors, services are also provided to younger adults and children.
- 4.2 Home care programs provide support to approximately 23,000 Nova Scotians. According to DOH, continuing care expenditures in 2007-08 totaled \$522.9 million; with \$136.1 million of that relating to home care.
- 4.3 The Continuing Care Branch has offices in each health district in the Province. Services are coordinated through a single entry access system. This system uses one phone number for all potential continuing care clients in Nova Scotia. Initial client data and limited assessment information is obtained to allow staff to prioritize the service request. This helps ensure care needs are identified through the use of a consistent assessment process.
- 4.4 Assessment, care coordination and ongoing case management are the responsibility of district office staff. Head office staff are responsible for the inspection of service providers. The Department of Health's Financial Services Branch is responsible for the overall financial administration of the home care program.
- 4.5 In Nova Scotia, the Department of Health has arrangements with a number of external service providers to deliver home care services to clients. Short term (acute) and longer term professional nursing care services are provided by registered nurses (RNs) and licensed practical nurses (LPNs). These services are generally provided by the Victorian Order of Nurses (VON) except in certain areas of the Province where services are provided by DOH nursing staff. Home support services including personal care, nutritional care, essential housekeeping, and home oxygen are provided by home support workers (HSWs), continuing care assistants (CCAs), and registered respiratory therapists (RRTs). Home care services are provided by 18 home care agencies, 6 VON branches, and 6 home oxygen providers.
- 4.6 In May 2006, the Minister of Health released the *Continuing Care Strategy for Nova Scotia: Shaping the Future of Continuing Care*. This document stated:



"Providing programs and services, such as home care, respite, and palliative care, in homes and communities is a main focus of this strategy. This approach is the most economical, provides the greatest ability to be flexible to diverse needs, and offers individuals and families the highest level of independence and quality of life." The strategy included several initiatives to expand and improve the continuing care system in the Province. Related action plans are expected to take ten years to complete. Initiatives planned for the first four years are estimated to cost \$122 million.

- 4.7 Our most recent audit of the home care program was reported in the June 2002 Report of the Auditor General (Chapter 10). HEALTH: HOME CARE

Audit Objectives and Scope

- 4.8 In spring 2008, we completed a performance audit of the Department of Health home care program. The audit was conducted in accordance with Section 8 of the Auditor General Act and auditing standards established by the Canadian Institute of Chartered Accountants.
- 4.9 The objectives of our audit were to assess the adequacy of:
- processes used by the Department of Health to ensure service providers will continue to have an adequate supply of trained professionals to meet current and future demands for home care services;
 - home care performance information prepared and reported by the Department of Health;
 - processes employed by the Department of Health to ensure payments to service providers are properly approved and made for services authorized and delivered;
 - processes for the assessment or reassessment of clients;
 - compliance with assessment or reassessment policies;
 - processes to ensure authorized services are provided in accordance with the client's service plan;
 - processes used to ensure service provider staff delivering services are licensed or certified and that appropriate background checks are completed;
 - complaint processes and assessment of compliance with policies; and
 - progress made by the Department of Health in addressing recommendations from the 1996 and 2002 Reports of the Auditor General.



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- 4.10 Generally accepted criteria consistent with the objectives of the audit did not exist. Audit criteria were developed specifically for this engagement. These criteria were discussed with and accepted as appropriate by senior management of the Continuing Care Division.
- 4.11 Our audit approach included a review of documents, reports, and client files; interviews with management and staff within the Department and service provider agencies; and a survey of service providers. We tested compliance with processes, procedures and policies at certain district offices and service providers located in Capital Health District (Capital Health) and the Colchester East Hants District Health Authority.

Significant Audit Observations

Follow-up of 1996 and 2002 Audits - Implementation Status

- 4.12 *Conclusions and summary of observations* – Our objective was to assess progress made by the Department of Health in addressing recommendations from two previous home care audits - see Report of the Auditor General - 1996 (Chapter 7) and 2002 (Chapter 10). We concluded the Department's response to our recommendations was inadequate. Minimal action was taken to address the recommendations in these chapters. Only 17% of our recommendations (5 out of 29) had been fully addressed and implemented. The Department has had between six and twelve years to address our recommendations and we believe their progress has not been sufficient.
- 4.13 *Status of recommendations* – We requested Department management complete a written self-assessment of their progress in implementing each recommendation. We conducted interviews and reviewed documentation to substantiate the self-assessments.

Exhibit 4.1 - Status of 1996 and 2002 Recommendations

Implementation Status	1996 Recommendations	2002 Recommendations	Total
Complete	3 (22%)	2 (13%)	5 (17%)
Not Complete	8 (57%)	10 (67%)	18 (63%)
Action no longer required or appropriate	1 (7%)	2 (13%)	3 (10%)
Do not intend to implement recommendation	2 (14%)	1 (7%)	3 (10%)
Total	14 (100%)	15 (100%)	29 (100%)

- 4.14 See Appendix I at the end of this chapter for a list of recommendations which were either not completed or the Department does not intend to implement



the recommendation. The Appendix does not include recommendations which were deemed no longer required or appropriate due to changes in the program since our original audits.

- 4.15 In 2006, DOH, along with the District Health Authorities and the IWK Health Centre, initiated a review to determine whether health services in Nova Scotia could be provided more efficiently to allow investments in new health programs and services. In December 2007, the consultants, issued their report titled *“Changing Nova Scotia’s Healthcare System: Creating Sustainability Through Transformation”*. Government accepted all the recommendations made in the Report, including a recommendation that *“the Department of Health work collaboratively with the DHAs/IWK to implement a process that will ensure that responsibility for continuing care is devolved to the DHAs/IWK no later than the end of fiscal 2008/2009.”* An implementation strategy is currently being developed to address this recommendation.
- 4.16 Throughout this Chapter we noted numerous instances where there were significant issues with the administration of the home care program. Certain issues were the result of the Department not addressing previous recommendations made by this Office. We believe the program should not be devolved to the DHAs/IWK until a plan of action has been prepared to address the recommendations made in this chapter, as well as 2002 and 1996 audits by our Office. Certain recommendations related to developing new legislation and consistent policies should be addressed before devolution as these areas will help form the framework of the home care program. We are concerned there is a risk that devolution of the program without addressing the issues we have identified may result in inconsistent program standards throughout the Province, or clients in similar circumstances authorized different services.

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Recommendation 4.1

The home care program should not be devolved to the DHAs/IWK until an action plan has been prepared to address the recommendations made in this chapter and prior audits by our Office.

- 4.17 In our 2002 Report we noted there was no single piece of legislation covering the home care program. The Coordinated Home Care Act and Homemaker’s Services Act were outdated and no longer relevant because of program changes. There has been no further progress in this area over the past six years and we understand there are no specific plans to update and consolidate these Acts.

Recommendation 4.2

The Department of Health, in partnership with Executive Council, should update and consolidate the Coordinated Home Care Act and Homemaker’s Services Act.



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- 4.18 Certain previous recommendations are discussed throughout the remainder of this Chapter.

Use of Service Providers

Contracts with Service Providers

- 4.19 *Conclusions and summary of observations* – Although most home care services are delivered by external agencies rather than DOH staff, the Department does not have current contracts with some service providers. Although DOH signs annual letters of understanding with certain service providers, we found these letters failed to address a number of key areas such as capacity to deliver home care services, requirements to follow the Department's standards of care, and audit provisions for this Office. Contracts are an important document for both the Department of Health and the service provider, as a means of ensuring the roles and responsibilities of both parties are clearly established and communicated. The lack of contracts with certain service providers, and inadequate letters of understanding with others, impairs the Department's ability to hold service providers accountable and effectively manage the program.
- 4.20 In Nova Scotia, the Department of Health has arrangements with a number of service providers to deliver home care services to clients. Most nursing care is provided through the VON; although there are a few areas where DOH staff provide nursing services. Other services, such as essential housekeeping, meal preparation and home oxygen services, are provided by various home support agencies and home oxygen providers. In total, DOH uses 31 service providers to provide services to home care clients.
- 4.21 Since the majority of home care services are delivered by non-government agencies, we expected DOH would have contracts with each nursing, home support or home oxygen agency. Signed agreements with service providers enhance accountability, ensure the expectations of both parties are clearly defined, and provide an opportunity for DOH to establish its service standards and performance reporting requirements.
- 4.22 *Lack of current contracts* – In 2007-08, the Department paid the VON \$37.1 million to provide nursing services. At the time of our audit, there was no current contract between DOH and the VON for the provision of nursing services. The last contract expired March 31, 1996. During our 2002 home care audit, we recommended the Department negotiate a new contract with the VON. We were concerned the Department had not addressed this issue. During our current audit, we were informed the Department was negotiating a new contract with the VON.
- 4.23 We also noted the contracts with three home support agencies that provide overflow home care services in the Halifax area, expired in March 2002 and



have not been renegotiated. These agencies continue to provide services when needed.

- 4.24 In the 1996 Report of the Auditor General, we recommended the Department of Health review arrangements for the acquisition of nursing and home support services. We noted the Department should comply with the *Province of Nova Scotia Procurement Policy* and either obtain services through a competitive process or seek the necessary approval for an exemption allowing services to be obtained from a single source. No action has been taken to address this issue; thus we have repeated our previous recommendation.

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Recommendation 4.3

The Department of Health should review arrangements for the acquisition of nursing and home support services. The Department should comply with the *Province of Nova Scotia Procurement Policy* and either subject these services to a competitive process or seek required approval for an exemption.

- 4.25 We did note DOH had signed contracts with home oxygen providers.
- 4.26 *Letters of understanding* – According to the Department of Health, in 2007-08, home support agencies were paid \$83.5 million to provide home care services. Annually, the Department of Health and each home support agency sign a letter of understanding. These letters require service providers to deliver services in accordance with the client's approved service plan. However, the letters fail to address a number of key areas.
- Whether the agency has the capacity to fulfill service demands of the home care program
 - No provisions for audits by this Office
 - No dispute resolution mechanisms or termination clauses
 - Lack of required reporting of clearly defined quality and performance expectations (as recommended in our 2002 Report)
 - No requirement that service providers complete background checks on employees who visit clients' homes to provide services
 - No requirement that service provider staff visiting clients have first aid and CPR certification
- 4.27 The Continuing Care Division did not have a system in place to monitor service provider compliance with the terms and conditions of contracts or letters of understanding. An appropriate monitoring system is necessary to ensure services are delivered to clients in an efficient manner, in accordance with Departmental requirements.



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- 4.28 The lack of current contracts with certain service providers and lack of adequate provisions in letters of understanding with others, poses risks. For example, if service providers do not comply with DOH policies and procedures, there is a risk home care clients are not receiving a consistent level of service across the province. As well, the lack of established contract provisions and monitoring could make it difficult for DOH to require compliance and effectively manage service providers.

Recommendation 4.4

The Department of Health should sign contracts with all home care service providers. Contracts should include key provisions such as adherence to standards, audit access for the Auditor General, dispute resolution mechanisms or termination clauses, and performance reporting requirements.

Payments to Service Providers

- 4.29 *Conclusions and summary of observations* – We assessed the Department of Health's processes to ensure payments to home care service providers are properly approved. We concluded there are weaknesses in the payment system that contribute to an increased risk the Department will pay for services not provided or services provided to clients for whom DOH was not financially responsible.
- 4.30 *Budgets* – The Department of Health provided most nursing and home support agencies with an approved annual budget. Bi-weekly payments were made to the agencies throughout the year based on their approved budget. A few service providers billed DOH on a fee-for-service basis.
- 4.31 After year-end, those service providers funded based on a global budget were required to submit audited financial statements to DOH. Department staff reviewed the audited statements to determine why agencies incurred a surplus or deficit, based on an analysis of financial and non-financial information submitted by the service providers. DOH did not have a written policy regarding the treatment of surpluses or deficits incurred by home care service providers. However, in practice, DOH had generally recovered any surplus and paid any deficit since most agencies only provide services to DOH clients.

Recommendation 4.5

The Department of Health should develop a formal, written policy regarding the treatment of surpluses and deficits by service providers. This policy should be included in any contracts negotiated with service providers.

- 4.32 *Financial Reporting* – Financial information reported by home care agencies to the Department was generally appropriate and there was a review



and challenge process of the information provided. The Department received monthly comparisons of actual results to budgets with variance explanations, as well as forecast information. Monthly reporting also included operational statistics such as the number of direct and indirect service hours, number of cancelled visits, and a continuity of clients. We noted the VON was not required to provide this detailed information. Without such regular financial information, there is a risk the Department may not fully understand the costs of nursing services provided by the VON.

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Recommendation 4.6

All service providers should be required to submit similar monthly reports.

- 4.33 *Allocation of costs* – Two service providers offered services to clients for whom DOH was not financially responsible (e.g. some clients pay for their own services). However, we noted there were no written agreements as to how costs were to be allocated to the Provincial Department of Health. In these instances, there is a risk DOH's global budgets for those agencies could be covering part of the cost for non-DOH clients. For one agency, the schedules which determine the allocation of costs to DOH are unaudited. This increases the risk that non-DOH costs could be allocated to, and paid by DOH.

Recommendation 4.7

The Department of Health should have written agreements with service providers stating how costs are to be allocated between DOH and other clients, and requiring an audited statement of allocated costs.

Current and Future Demand for Home Care Services

- 4.34 *Conclusions and summary of observations* – Our objective was to assess the Department of Health's processes to ensure service providers will have an adequate supply of trained professionals to meet current and future demands for home care services. We concluded some service providers experienced staff shortages due to an inability to recruit and retain trained professionals. We also concluded the Department had not determined the future demand for home care services. DOH does not know whether service providers will continue to have an adequate supply of trained professionals to provide home care services. Additionally, DOH has implemented initiatives to expand existing home care services. However, without knowing the future demand for home care, DOH has no way to ensure there will be an adequate supply of skilled workers to provide existing and expanded services without creating a surplus or deficit of these workers. There is a risk sufficient numbers of trained staff will not be available to provide the existing or expanded home care services in the future.



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4.35 *Background* – The health care system in Nova Scotia is facing significant pressures.

- Nova Scotia has the oldest population in Atlantic Canada and the third oldest in Canada.
- Nova Scotians aged 65 and older make up the fastest growing segment of the population.
- Nova Scotians are living longer and the life expectancy for the average Nova Scotian is projected to increase.
- Nova Scotia has the second highest rate of diabetes in the country and the highest death rate in Canada from cancer and respiratory disease.

Source: Shaping the Future of Continuing Care in Nova Scotia

4.36 *Survey results* – We surveyed 25 service providers - the VON (nursing), 18 home care agencies and 6 home oxygen providers. We asked the service providers to identify key issues which affect their ability to meet current service demands. Results from our survey are as follows.

- 5 were unable to meet current demand for services
- 11 noted staffing shortages were impacting their ability to meet current service demands
- 13 were encountering difficulties recruiting and retaining staff
- 11 believed they would not be able to meet future demand for services

4.37 Service providers also noted a number of other concerns in their survey responses. These included: matching staff availability with client demands on a daily basis; providing services at the time requested by clients; increasing level of illness of clients; recruitment and retention of staff; and competition for staff from the acute and long-term care sectors.

4.38 *Department of Health strategies* – The Department of Health developed a number of strategies to address concerns with the capacity of the home care system. DOH hopes these strategies will help alleviate pressures in other areas of the health system. The Department's strategies include *Continuing Care Strategy for Nova Scotia: Shaping the Future of Continuing Care*, *Continuing Care Assistant (CCA) Recruitment and Retention Action Plan*, and an overall *Health Human Resources Action Plan*. During our audit we reviewed these documents to determine whether they considered the capacity of the home care system to meet future demand for services. Our results are detailed below.

4.39 The continuing care strategy included several projects to expand and improve services provided through the home care program. Although the



DOH Business Plan and Accountability Report provided information on these projects, the Department had not prepared an overall status report on the implementation of the continuing care strategy. A formal report on progress would provide useful information to the House of Assembly, DOH, and the general public.

Recommendation 4.8

The Department should prepare an overall status report on progress towards implementing the continuing care strategy.

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- 4.40 The *CCA Recruitment and Retention Action Plan* identified issues which would impact current and future supply and demand, as well as barriers to CCA recruitment and retention. The plan also included recommendations to ensure an adequate supply of CCAs to meet the future needs of the health care system.
- 4.41 Finally, the *Health Human Resources Action Plan* is a first step in the development of a comprehensive health human resources strategy for the Province; however it does not address future demand for home care services.
- 4.42 *Future service demands not known* – At the time of our audit, the Department had not identified the expected future demand for home care services. Continuing Care Division management informed us they are working to determine future demand. A key factor that may limit the ability of DOH to meet future demand is the availability of health professionals; including continuing care assistants (CCAs) who provide many home care services. We were informed there are currently shortages of CCAs in several districts throughout the province. Once the future demand for services is known, the Department must then determine the numbers of various types of health professionals required.

Recommendation 4.9

The Department should identify the future demand for home care services and determine the level of various home care staff required to provide these services.

- 4.43 *Wait Times* – Waitlists are a key indicator of whether DOH is able to provide home care services to approved clients in a timely manner. Appropriate systems are needed to report wait times in a complete and timely manner. Prior to April 2007, waitlist information was generated for the home care program on an ad hoc basis by service providers. In April 2007, the Continuing Care Division implemented a wait time policy requiring waitlists be prepared in a geographical area when clients are waiting for service to commence two weeks beyond the response time standards established by the



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Department. Service providers submitted manual wait time information to District offices because SEAscape, DOH's computerized assessment system for continuing care services, could not generate this information. Senior management of the Division was not provided with provincial wait time information on a regular basis. We were informed a project is being planned which will allow service providers to submit wait time statistics electronically to DOH (see paragraph 4.107).

- 4.44 During our audit, we reviewed a wait time report prepared manually from the reports submitted by service providers. This report showed the number of clients waiting for home care services increased from 467 clients in October 2006, to 527 clients in January 2008. The Annapolis Valley District Health Authority and the Capital Health District had the highest number of clients waiting for services. We did not audit the accuracy of these statistics.

Recommendation 4.10

The Continuing Care Division should either obtain or develop, and monitor province-wide wait time reports.

Service Provider Staff – Licensing, Certification and Background Checks

- 4.45 *Conclusions and summary of observations* – We assessed the processes used by service providers to ensure staff are licensed or certified and appropriate background checks completed. Our survey of a sample of service providers indicated they generally had appropriate hiring processes; however, we noted areas for improvement. We were concerned some home care staff did not have a criminal record check completed. Such background checks are important to allow service providers to identify individuals who are not suitable to provide home care services as they may pose an unacceptable risk to clients.
- 4.46 We surveyed 25 service providers to determine their hiring and personnel practices, as well as requirements for staff to have current licenses and first aid training. Survey results indicated:
- 21 service providers had documented procedures for the recruitment and selection of staff;
 - 23 service providers verified at least two reference checks;
 - 25 service providers verified at least one professional reference check; and
 - 20 service providers performed a criminal record check.
- 4.47 We tested certain of these areas for service providers we visited during our audit; the results are detailed below. No further audit work was performed



on the remaining survey questions to verify the information provided in the surveys regarding hiring practices.

- 4.48 *Licensing or certification* – Home care services are provided by registered nurses, licensed practical nurses, respiratory therapists, home support workers and continuing care assistants. Standards for the qualification and training of licensed staff are established by their licensing body. Licensed staff must renew their license on a yearly basis and are required to maintain standards of care and conduct. Continuing care assistants are not licensed, however they must meet educational requirements established by the Department of Health.
- 4.49 Our survey of 25 service providers indicated 23 required staff provide a copy of their license following annual renewal. Service providers told us there are processes to inform them if a staff member's license was revoked. Survey responses also indicated service providers have processes to follow up with the employee if a copy of the license is not provided.
- 4.50 We selected a sample of 50 service provider employee files and tested for evidence of the employee's current license, to verify required reference and background checks were completed and to determine whether employees had current first aid and CPR training. These employees provided services to clients residing in Capital Health and Colchester East Hants District Health Authority. Details of our testing follow.
- 4.51 All 50 staff tested were licensed or certified.
- 4.52 We expected service provider staff to have current first aid and CPR certification in case of an emergency. 24 of the 25 service providers surveyed indicated their employees are required to have first aid and CPR certification. 24 service providers noted they verify this information. Service providers have various systems in place to monitor the status of their employees' certification, and several provide training. During our testing, we noted 11 of 50 instances where staff did not have current first aid certification at the time services were provided to the clients we selected. We also noted 5 instances where staff did not have current CPR certification.
- 4.53 *Testing of employee files* – During our testing of the 50 employee files, we noted the following with respect to reference and background checks.
- Fourteen employees did not have the required two reference checks on file. One reference check was noted in 6 of those instances, while the remaining 8 employees had no reference checks.
 - We could not determine whether reference checks were obtained for 5 employees.



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- There were 8 instances where no professional reference check was obtained or we could not determine if a professional reference check was obtained.
- There were 5 instances where we could not determine the qualifications of the persons providing the professional reference check.

4.54 The Department of Health has certain hiring practices service providers must follow. We noted these do not include all the areas we tested. For example, DOH does not require service providers obtain professional reference checks for new employees. Processes, such as inspections by Continuing Care Division staff, would help ensure all service providers follow Department requirements.

Recommendation 4.11

The Department should revise the hiring practice requirements service providers must follow. Appropriate processes should be developed to monitor these requirements.

4.55 *Background checks* – Certain individuals may not be suitable to provide home care services because they may pose an unacceptable risk to clients. 20 of the 25 service providers surveyed require a criminal record check on successful job applicants. Only 10 of the service providers performed criminal record checks on employees who were hired before they implemented their criminal record check policy. 22 of the 50 employees tested had not had a criminal record check. 12 of 25 service providers we surveyed indicated they do not periodically update employee criminal record checks subsequent to hiring; 10 informed us they update such checks from time to time; and 3 did not respond to the survey question. We did not verify the accuracy of these survey comments.

4.56 We are concerned there are home care service provider staff who have not been subject to a criminal record check and others whose checks are outdated. We believe it is important that DOH ensure home care service providers have adequate hiring practices, including background checks.

Recommendation 4.12

The Department should require service providers to complete criminal record checks on all successful job applicants. The Department should work with the service providers to assess the risk of not completing periodic record checks subsequent to hiring and use the results of the risk assessment to determine the frequency of rechecks.



Assessment & Reassessment

- 4.57 *Conclusions and summary of observations* – We reviewed compliance with and the adequacy of the processes and policies used by the Department for the assessment and reassessment of home care clients. We concluded that existing policies and procedures need strengthening. Further, there were instances in which we could not determine whether processes and policies were followed due to a lack of supporting documentation. DOH district office staff informed us they believe many of the Department's home care policies are guidelines only, and are therefore optional. Policies ensure individuals requesting services are prioritized for assessment based on their needs, an appropriate service plan is developed, and regular reassessments are completed. We were concerned by the departures from established policies we noted during our audit. This could lead to delays in the assessment and reassessment of clients and the preparation of incomplete or inappropriate service plans. Delays in the assessment or reassessment of clients could adversely affect the health of clients. We made several recommendations for improvement which should be addressed by the Department.
- 4.58 *Background* – Nova Scotia utilizes a single entry access system for all continuing care services. This means prospective home care or long-term care clients call the same phone number to access services. DOH intake staff receive these calls and obtain required information from individuals requesting services. Client information is entered in DOH's continuing care information system – SEAscape.

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Policies and procedures

- 4.59 Policies and procedures for the intake, assessment and reassessment of clients are not contained in a single policy manual. The Continuing Care Division has two principal documents - the Home Care Policy and Procedure Manual (1997) and the SEAscape Procedures Manual (2007).
- 4.60 The Home Care Policy and Procedure Manual specifies the overall policies and procedures for the home care program. Over the 10 years since its release, directives have been issued to supersede certain sections of the Manual. However, these new policies have not been formally incorporated into the Manual. This has resulted in multiple policies for certain issues, and confusion for staff regarding which policies to follow. All policies and procedures relating to the home care program should be updated and consolidated into one manual to eliminate inconsistencies and ensure ready access by staff.
- 4.61 The SEAscape Procedures Manual directs staff in the use of SEAscape for case management purposes. However, district office staff indicated that they believe many of these policies and procedures are only guidelines and



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therefore optional. Failure to follow established policies could result in inconsistencies in the assessment and reassessment of clients. There is a risk services provided to clients may vary from one area of the province to another or from one care coordinator to the next.

Recommendation 4.13

The Continuing Care Division should update and consolidate all home care policies and procedures into one document. This document should distinguish between guidelines and required policies.

- 4.62 The standards which home care service providers are required to follow are included in two documents: *Standards for Quality Services – Home Care* (1999) and *Standards for Quality Care – Home Oxygen Clients* (2006). We noted instances where standards were missing or were not updated to reflect program changes. For example; there are no requirements for professional reference checks at the time an employee is hired; or requirements for first aid and CPR certification.

Recommendation 4.14

The Department should update documents detailing standards of care service providers must follow.

Client File Testing

- 4.63 We selected a sample of 50 home care clients residing in Capital Health and Colchester East Hants District Health Authority. We wanted to determine whether DOH processes and policies were followed throughout the intake, assessment and reassessment processes for these clients. Our findings are as follows.
- 4.64 For most prospective home care clients, intake staff complete a priority assessment tool. This tool provides a consistent method to determine the time frame in which the client should be assessed by a care coordinator.
- 4.65 Of the 50 home care clients tested, 15 were required to be assessed using the priority assessment tool. This assessment was not completed for 6 of these 15 clients. In 4 of the remaining 9 cases, although the tool was completed, the subsequent assessments were not completed within the time frames established by the priority assessment tool. We were informed the priority assessment tool must be completed, but the results can be overridden by a care coordinator's professional judgment. This means the care coordinator can decide that the priority assessment tool does not need to be completed, or that the prospective home care client should be visited sooner or can wait longer than the priority assessment tool indicated. We found no formally documented policy to support this statement.



Recommendation 4.15

The Department of Health should formally document the policy detailing when professional judgment may be substituted for priority assessment tool completion or response time standards. The reasons for any deviations from the priority assessment tool should be documented in the client's file.

- 4.66 After a home care client's initial contact with intake staff over the phone, a detailed in-home assessment is completed by a care coordinator using a standardized, comprehensive assessment tool. This tool provides care coordinators with the information needed to make decisions on the types and frequency of care the client requires.
- 4.67 Service decisions are communicated and discussed with clients on completion of an in-home assessment. We were informed that care coordinators obtain the client's consent to service during the initial visit. However, we were not able to verify this statement because all information is conveyed to the client verbally. A written document describing the home care services to be provided, the client's right to appeal decisions of the care coordinator, and other possible concerns would provide a better record of what was discussed and help reduce confusion over approved services.

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Recommendation 4.16

A signed client consent form should be obtained from clients when they are initially approved for service.

- 4.68 As indicated earlier, we identified a number of documents containing policies and procedures to be followed during the assessment of clients and the determination of client eligibility for home care services. During our testing of the 50 home care client files selected, we noted staff were not consistently following Department policies and procedures for the assessment of clients. Non-compliance could result in inaccurate assessments of client needs and put home care service provider staff at risk during their visits. Details of our findings follow. Note that not all forms or procedures were required for all clients tested.

- We could not determine if intake staff informed care coordinators of the need for an assessment for 16 of 27 new clients.
- We noted 3 of 32 instances where the pre-visit risk assessment form was not completed or was only partially completed.
- We could not determine if an in-home assessment was completed for 9 of 39 clients as there was no documentation that a home visit occurred.
- The appropriate assessment tool was not completed for 4 of 50 clients.
- The assessment tool was incomplete for 2 of 39 clients.



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- As a client assessment is completed, the assessment tool identifies areas for further inquiry. In 8 of 38 instances, not all identified inquiry areas were addressed. In 3 of these instances, none of the identified inquiry areas were addressed.
- For 6 of 50 clients, we could not determine if the client's environment was assessed as being safe and suitable for the provision of home care services because the home safety assessment was not documented by DOH staff.
- There were 12 of 50 instances where required documents were incomplete.
- In a further 13 of 50 instances, various required documents could not be located in the client's files.

4.69 We also selected a sample of 20 individuals who were denied service. In one instance we could not determine if the potential client was appropriately denied service as reasons for the denial were not documented. We did not note any findings with the remaining 19 denials we tested.

Service Plans

4.70 A service plan is used to authorize any home care service. Service plans provide information on the type of service, frequency, duration, and cost; and are recorded in the SEAscape system.

4.71 Department policy requires assessments be locked within three business days from when they are started. Service plans must be locked upon completion to prevent subsequent alterations. Once the service plan is completed, care coordinators fax the assessment, service plan and other documents to the service providers.

4.72 *Service plan testing* – We tested 50 home care client service plans. We identified instances where service plans were not fully completed, or sent to the service providers on a timely basis. This could result in delays in starting services or clients receiving inappropriate services. We also noted numerous instances where we were unable to determine whether service plans and other documents were sent to the service providers, or whether they were sent in a timely manner.

- For 9 of 50 clients, service plans were not locked on a timely basis.
- For 8 of 38 clients, electronic assessments were not locked within three business days as required by Department policy. The remaining 12 clients required paper-based assessments so this procedure was not relevant.
- In 2 of 50 instances, a service plan was not created.



- In 2 of 50 instances, the service plan was incomplete.
- Service plans for 3 of 47 home support or nursing clients were not sent to the service providers on a timely basis. The remaining 3 clients received solely home oxygen services. In these instances, home oxygen is provided based on a physician's orders.
- For 2 of 50 clients, other required documents were not sent to service providers on a timely basis.

4.73 *Reassessment* – Continuing Care Division policy requires care coordinators perform an annual reassessment of their home care clients. The policy states the purpose of the reassessment is to review the client's situation and condition, evaluate his or her progress, and to adjust services received where desired outcomes were met. The next reassessment date is to be noted in SEAscape when each assessment or reassessment is recorded.

4.74 For the 50 home care client files tested, we determined whether a reassessment was scheduled and, where applicable, whether the most recent reassessment required was completed. Note that 27 of the clients we tested had recently undergone an initial assessment and therefore, would not have required a reassessment at the time of our testing. We identified instances where reassessments were not properly scheduled and instances where reassessments were completed late. These situations could result in delays identifying required changes in services provided to clients. Our observations follow.

- For 20 of 50 clients, the next reassessment date was either not updated, not entered in SEAscape, or entered for a date more than one year in the future.
- Reassessments were not completed by the scheduled date for 9 of the 23 clients who required a reassessment.
- For 8 of the 23 clients who required a reassessment, we could not determine whether the reassessment took place prior to the required date because the reassessments were not scheduled in SEAscape, or the scheduled date was not valid.
- 21 of 50 clients were reassessed from 1 to 14 months late. Of these 21 clients, 10 went more than one year without a reassessment on two occasions.

4.75 In addition to the assessment and annual reassessment by care coordinators, service providers are required to submit a written progress note for new clients after three and six months, and annual progress notes for all clients. Progress notes provide written communication between the home care agency and the care coordinator detailing areas of interest such as method of service delivery, current client needs, and progress towards goals.

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4.76 For the 50 home care client files tested, we noted instances where progress notes were late or not prepared. This could result in delays in the reassessment of clients or delays in required service changes. We noted:

- Three month progress notes were not prepared for 5 of 24 clients.
- There were no six month progress notes for 2 of 20 clients.
- For 5 of 38 clients, annual progress notes were submitted late.

4.77 *Assessment and reassessment of clients: home oxygen* – The Department has specific policies and procedures concerning the provision of services under the home oxygen program. We tested six home oxygen client files to determine if policies related to home oxygen program assessment and reassessment were followed.

- For 2 of 6 clients, there was no indication that the home oxygen provider or the care coordinator had assessed the safety and suitability of the client's home for provision of home oxygen services.
- In 3 instances, the funding authorization form was not completed or was not fully completed.
- Home oxygen providers are required to submit a written assessment once every 3 months during the first year of service and bi-annually thereafter. We noted 3 instances where bi-annual assessments were not submitted as required.
- In 3 instances, the written assessment received by DOH from the home oxygen provider did not include the actual hours of oxygen used.
- For 3 of 6 clients, the annual reassessment by the Care Coordinator was not completed by the required date.

4.78 *Testing of service appeals and refusals* – An applicant can request an administrative review of the type or frequency of services offered or a denial of requested services. The Continuing Care Division has a written policy documenting the review process and timelines.

4.79 We tested a sample of five appeals and noted instances where policy requirements were either not followed or we were unable to determine whether the policy was followed. This is an area where a file completion checklist could help ensure all policies and procedures are considered and documented.

Provision of Authorized Services

4.80 *Conclusions and summary of observations* – We reviewed the processes in place to ensure authorized services were provided in accordance with client



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service plans. There was insufficient information in client files to conclude whether services were approved and provided for all clients tested. We were unable to conclude if services requested by the Department were started by service providers on a timely basis. We were also unable to conclude whether services were provided in accordance with approved DOH client service plans. We encountered instances where service plans were not available for audit purposes. We also encountered instances where certain information on service provider visits to client homes was not available for audit purposes. Our audit did not include an assessment of whether the instances of non-compliance identified affected client care as this would require an assessment by trained medical staff.

- 4.81 *Testing of client files* – As indicated earlier in this Chapter, we selected a sample of 50 clients from Capital Health and Colchester East Hants District Health Authority. Of these 50 clients, 3 received home oxygen services only, 45 received nursing or home support services or both, and 2 received both home support and home oxygen services. For all sample items, we reviewed the client files at relevant service providers which included the VON, five home care agencies and three home oxygen providers. We wanted to determine whether services were provided in accordance with the client care plans. The results of our testing are detailed below.
- 4.82 *Service start date* – Services for new clients should be implemented as soon as possible following authorization by the Department of Health. However, the Department does not have appropriate processes in place to monitor and ensure services are started by service providers in a timely manner. The Department does not consistently record the actual service start date in SEAscape nor does it document why there are delays in the start of service. Of 50 homecare clients, 16 began receiving services prior to the period covered by our audit. Of the remaining 34, we noted 10 instances in which the service start date was not recorded in SEAscape and we were not able to determine the time from authorization to start of services. For the remaining 24, we noted 9 instances where services were not implemented in a timely fashion. Delays ranged from 1 day for a nursing client, and from 22 to 105 days for home care clients. Monitoring of such delays would provide DOH with important information on service delivery and possible risks to clients. Delays in the start date of home care services could result in nursing care clients not receiving required medical treatment or home support clients not receiving services such as personal care and meals that they require in order to live independently in their home.

Recommendation 4.17

The Department should record the service start date for new clients in SEAscape. Reasons for any delay in service start dates should be documented.



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4.83 As noted earlier in this Chapter, DOH uses service plans to detail the frequency, type, and duration of services each client is authorized to receive. Service providers typically prepare their own service plan from the information contained in the Department's plan. Service providers are responsible to ensure their plans accurately reflect the services authorized by DOH. In our review of 46 client files at home support or nursing agencies, we noted instances where there was no copy of the DOH care plan on file. We also noted instances where there were differences between DOH's service plan and the plan subsequently prepared by the service provider. Our detailed findings follow.

- In 4 of 46 instances, the service provider agency did not have a copy of the DOH service plan.
- For 9 of 46 clients, the services listed on the agency plan did not agree with the approved services on the DOH service plan. It was beyond the scope of our audit to determine if the changes made to the client's care plan by service provider staff were appropriate.
- For 14 of 46 clients, we were unable to determine whether the services on the DOH and agency service plans matched. In 9 of those instances we could not review the historic service plans of the agency because only the most recent DOH service plan was retained.

4.84 We also compared the services listed on the agency service plan to the actual care provided as documented in the client's file. We noted differences between the agency service plan and the services provided. We also noted discrepancies in the number of days of service provided. In these instances, clients may not be receiving services authorized by the Department and the frequency of services provided may be inappropriate. Our detailed findings are as follows.

- For 6 of 46 clients, there were differences between the agency service plan and the actual services provided as recorded in the client's file. It was beyond the scope of our audit to determine whether the services actually provided were appropriate.
- We noted 7 of 46 clients where the number of days services were delivered by agency staff did not agree to the number of days authorized by DOH. Service providers were unable to explain these discrepancies.
- For 5 of 46 clients, service provider staff had not signed the file to indicate the authorized services were provided.
- For 18 of 46 clients, the agencies were not able to provide us with a record of services provided. These records were maintained in the clients' homes. Our audit testing did not include a review of files in client homes. In these cases, we examined documentation indicating that agency staff



visited the clients; however, we were unable to determine what services were provided.

4.85 Finally, we tested services provided under the home oxygen program. For six home oxygen client files tested, documentation on file indicated the required services were provided to these clients.

4.86 Given the problems we experienced in testing services provided to clients, we were concerned that the Department of Health would not be able to verify services were provided according to DOH approved service plans. There is a need for DOH and service providers to clearly define what records must be maintained by service providers to document that services to clients are provided in accordance with DOH service plans.

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Recommendation 4.18

The Department and service providers should define what records must be maintained by service providers to document services provided to home care clients.

4.87 *Quality assurance of assessment and reassessment decisions* – The Department does not have a formal quality assurance system. In our 1996 Report we observed there was an informal peer review system which allowed care coordinators to receive feedback as to the appropriateness of their assessments. We believe the Department should have a formal quality assurance process to provide assurance that Department policies, procedures and timelines are followed.

4.88 Our testing of home care client files indicated numerous instances where processes, policies, and timelines were not followed. Requirements such as policies help to ensure all clients are treated consistently and fairly. Implementation of a file checklist would assist DOH in ensuring processes, policies and timelines were followed.

Recommendation 4.19

The Continuing Care Division should implement a quality assurance process to ensure appropriate assessment decisions are made, policies and procedures followed, and appropriately documented.

4.89 There is also a need for the Department of Health to implement appropriate processes, such as regular agency inspections, to ensure service providers are following Department standards and clients are receiving all approved services. See paragraphs 4.109 - 4.112 for further information on the inspection process.



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Complaint Process

- 4.90 *Conclusions and summary of observations* – We assessed the systems used by the Department to investigate complaints made by clients and individuals. We concluded the Department does not have formal processes or policies to investigate complaints. DOH does not maintain information on complaints in a readily accessible manner. As a result, we were unable to determine the extent to which the Department investigates complaints. An effective complaint system is an important control to ensure the concerns of clients are investigated and resolved on a timely basis. DOH needs to establish a formal system to record and track complaints and their ultimate resolution.
- 4.91 We surveyed home care service provider agencies to determine if they have systems to record and investigate complaints. We were informed the service providers have such systems in place. We tested the systems in three service providers and identified areas for improvement. We express no opinion regarding the complaints systems of the remaining service providers we surveyed as we did not complete testing at all agencies.
- 4.92 *DOH complaint process* – DOH does not have policies and procedures regarding the investigation of complaints by home care clients. Continuing Care Division staff informed us they forward complaints to service providers for investigation and resolution. If the service provider is unable to resolve the complaint it is forwarded to DOH staff for further investigation and resolution.
- 4.93 DOH does not maintain a centralized record of complaints received or their disposition. As a result, we did not perform any testing of complaints received by the Department because staff could not provide us with a list of complaints which had been received and investigated. Department policy requires that home care service providers maintain records of complaints received; however, this information is not submitted to DOH. A complete record of complaints would provide DOH with an opportunity to analyze patterns and trends or identify areas for further investigation.

Recommendation 4.20

The Department of Health should maintain a centralized record of complaints received and their disposition.

- 4.94 Monitoring and evaluation staff in the Continuing Care Division are responsible for the investigation of complaints from long-term care clients. However, their role in home care client complaints has not been defined. DOH must determine which staff member or group is responsible for



home care complaint investigation, ensure there are written policies and procedures detailing the process to be followed, and ensure appropriate complaint resolution.

- 4.95 DOH does have documented standards which service providers are to follow when investigating complaints. However the Department does not have any processes in place to ensure service providers comply with those standards. A periodic inspection of service providers by DOH would help ensure these agencies have appropriate complaints processes and that these processes are followed.

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Recommendation 4.21

The Department of Health should develop written policies concerning the complaints process for home care clients to ensure complaints are appropriately resolved. The role of the Department and its service providers in complaint investigation and resolution should be clearly documented.

- 4.96 *Service provider complaint process* – We surveyed 25 home care service providers and noted the following.

- 24 service providers had policies and procedures concerning the complaints process
- 21 service providers maintained complaint files
- 12 service providers logged and tracked complaints in a database while the remaining 13 did not have such processes
- 20 service providers had timelines for the complaints process

- 4.97 We selected a sample of 10 complaints investigated by three service providers. There was documentation on file which indicated managers or supervisors investigated the complaints. DOH requires complaints be investigated within five days. In two instances we could not determine if this standard was met. There was one instance where it took two weeks to investigate a compliant.

- 4.98 *Appeals process* – While 12 of 25 service providers surveyed stated they have a formal appeals process, the Department of Health did not have such a process. A formal appeals process should be implemented to ensure complaints received have been dealt with appropriately.

Recommendation 4.22

The Department should implement a formal appeals process regarding decisions made in the investigation of complaints.



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Performance Information

- 4.99 *Conclusions and summary of observations* – We assessed the adequacy of performance information prepared and reported for the home care program to senior management of the Continuing Care Division and to the House of Assembly. We concluded that performance and statistical information reported to senior management of the Division was inadequate to enable ongoing monitoring of the home care program. At the time of our audit, there were no performance measures, including targets, reported for the home care program. The department was not able to produce reliable statistics such as the number and location of home care clients in the Province. Additional performance measures are needed to ensure the Continuing Care Division has the necessary information to manage the home care program. We concluded the House of Assembly was provided with appropriate information on the home care program in the Business Plan and Accountability Report of the Department of Health.
- 4.100 *Management information systems* – DOH assesses all applicants for home care services using a computerized assessment system known as SEAscape. The Department plans to implement a redesigned web-based system to address existing deficiencies and meet the future requirements of the home care program. Currently, senior management and supervisory staff of the Continuing Care Division are not receiving any monthly or quarterly statistical or performance reports generated from SEAscape. During our audit we were unable to obtain basic statistical information such as the number of clients and the number of clients per district health authority. A working group has been established to identify and prioritize which reports should be generated and how frequently. This process includes an assessment to clearly define the information requirements of senior management and supervisory staff.

Recommendation 4.23

Senior management of the Division should ensure the proposed statistical and performance reports from SEAscape are appropriate for their needs and implement necessary changes so these reports can be generated.

- 4.101 One of the components of SEAscape is a clinical assessment tool. This tool can generate quality indicators which can be used to monitor changes over time with home care service providers or to benchmark one home care agency against another with the goal of identifying opportunities for improvement in care provided. Quality indicators are currently not used due to limitations in the SEAscape system.



Recommendation 4.24

The Department should develop a system to generate and monitor quality indicators using either the existing assessment tool, or another method.

4.102 *Performance indicators* – The Department's 2006-07 Business Plan and Accountability Report reported only one performance indicator for the home care program. In our opinion, the performance indicator reported, the percentage of the population receiving home care services, is a statistic, and not a performance indicator.

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4.103 The Department developed new performance indicators for the home care program. These performance indicators were described in the 2008-09 Business Plan and will be reported in the Accountability Report of the Department for that year. The Department is now reporting the total number of direct service hours for nursing and home support services. A baseline target as well as targets for subsequent years has been established. The previous performance indicator, the percentage of the population receiving homemaker, nursing or respite services, is no longer reported as the Department is not accountable for the provision of private home care services.

4.104 Additional performance indicators are necessary to sufficiently measure all aspects of program performance. For example, home care providers are required to perform client satisfaction surveys. Summarizing the results of these surveys would provide useful information on how clients feel about the quality of services being provided.

Recommendation 4.25

The Department should develop additional performance indicators, with established targets, to measure all aspects of the home care program.

4.105 *Hours of service* – DOH has established guidelines regarding the time required to complete certain home care services, excluding nursing care. Continuing care management informed us guidelines were not developed for nursing services as the time to complete these services can vary based upon the client's condition and needs. Despite this, many hospitals utilize systems which assign specific time requirements to tasks when scheduling staff.

4.106 We were informed by DOH that there is a need to update the guidelines for non-nursing services; however, the Continuing Care Division has no specific plans to perform this update.



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Recommendation 4.26

The Department of Health should update guidelines for time required to complete home care services. This update should include a review of whether it is feasible to establish such guidelines for nursing care delivered to home care clients.

- 4.107 At the time of our audit, there was no reporting system to allow service providers to report actual hours of service per client to the Continuing Care Division. Continuing Care management informed us a project is currently underway to implement such a reporting system. This information is key to ensure clients are receiving approved services according to their care plan. It could also be used by DOH in performance reporting for the home care program and to monitor service providers.

Recommendation 4.27

The Department of Health should move forward with a system to allow effective reporting of actual hours of service by home care service providers.

- 4.108 *Business Plan and Accountability Report* – Government departments are required to prepare annual business plans and accountability reports using guidelines issued by Treasury and Policy Board. As discussed in paragraph 4.39, the Department is implementing a continuing care strategy which includes several projects to expand and improve services provided under the home care program. We reviewed the Department of Health's 2006-07 Business Plan and Accountability Report and noted information was provided on the continuing care program, including information on implementing the continuing care strategy. These documents are publically available on the Department's website to members of the House of Assembly and the general public.

Inspection Process

- 4.109 The existence of a properly functioning inspection process is a key control required to ensure home care agencies are providing services to clients in accordance with approved care plans, and that DOH requirements are being met.
- 4.110 DOH inspections of home care providers were last conducted in 2005. DOH management informed us inspection activity has focused on nursing homes and the investigation of complaints under the Protection of Persons in Care Act. At the time of our audit, fieldwork for the inspection of one home care agency had been completed; however, the inspection report was outstanding.
- 4.111 In our 1996 and 2002 Reports we made several recommendations to strengthen the inspection process. We were informed none of these



recommendations have been implemented. However, Department management indicated it will consider our previous recommendations when the inspection process is revised. Key recommendations made in these Reports include the need:

- to develop and implement a plan for agency audits;
- to assess the objectives, associated risks and resources, for agency audits;
- to update the inspection tool to provide guidelines for the number of client and personnel files to be examined during the inspection;
- to require documentation be examined for completeness and accuracy; and
- to examine whether services provided were appropriate.

4.112 We were concerned with the lack of action taken by the Department to implement recommendations made over 12 years ago. An effective inspection process is the vital to ensure clients are receiving the services requested by the Department and that the agencies are adhering to Department standards and policies.

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Recommendation 4.28

The Department of Health should review and improve the inspection process by developing an audit plan, assessing the objectives, risks and resources required for these audits, providing guidelines for the number of client and personnel files to be examined; requiring documentation be examined for completeness, and require an examination as to whether services provided were appropriate.



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Appendix I
1996 and 2002 Auditor General Recommendations Not Addressed to Date

1996 Report of the Auditor General, Chapter 7

Recommendation Not Complete

We recommend that the current contract rates for VON/MHHC contracts be reviewed to ensure they provide the most economical means of obtaining nursing services.

We recommend that the hourly rate for the home support component of the resource allocation plans be reviewed in detail to ensure it properly reflects the cost of providing home support services.

We recommend the letter provided to home support agencies indicating budget allocation for the year require adherence to Home Care Nova Scotia policies and procedures and contain an audit provision. This feature should be incorporated into any agreements with service providers.

We recommend that the Department explore other options for delivery and funding of home support services to determine if costs can be reduced.

We recommend that contracts with service providers include a provision for agency audits and that Home Care Nova Scotia obtain the proper authority.

We recommend that agency audits examine whether:

- services provided were appropriate;
- services were provided by the most cost effective service provider;
- volunteer and family resources were used to their full extent; and
- agencies utilized funds with due regard to economy and efficiency.

We recommend that the agency auditing tool:

- provide guidelines for the number of client and personnel files to be examined during the audit.;
- require that the documentation be examined for completeness and accuracy;
- reword the standard finance standards which "*requires the auditor to ensure all services billed to Home Care Nova Scotia have been provided by employees of the agency; all services invoiced have been provided; and that the agency complies with Home Care Nova Scotia program guidelines and its contractual obligations or funding agreements in connection with the submission of invoices*" so that it is applicable to home support agencies as well.

We recommend that outcome measures be developed and reported for Home Care Nova Scotia.

Do Not Intend to Implement Recommendation

We recommend that the Department of Health perform a comprehensive analysis of the potential liability associated with risks for the Department and service providers, develop strategies for minimizing the risks, or analyze costs and benefits of insurance coverage and self-insurance.

We recommend the peer review system be formalized and include a periodic review of selected care plans to ensure the appropriate service provider has been authorized, and to ensure volunteer services have been appropriately considered.



Appendix I

1996 and 2002 Auditor General Recommendations Not Addressed to Date

2002 Report of the Auditor General, Chapter 10

Recommendation Not Complete
We recommend that the Department of Health prepare strategic and operational plans for Home Care Nova Scotia to ensure a common understanding of future direction, and to serve as a guide for HCNS management.
We recommend that the Department of Health, in conjunction with implementation of its new home support agency funding guidelines, review controls over funding to home support agencies. The controls should be sufficient to ensure that payments are made only for authorized services.
We recommend that the Department of Health review the arrangements for acquisition of nursing and home support services for Home Care Nova Scotia. The Department should also determine whether future contracts should be Province-wide or whether each DHA should have responsibility for its own arrangement.
We recommend that the Department should comply with the Government Procurement Policy and either subject these services to a competitive process, or seek the required approval for an exemption.
We recommend that contracts should include clearly-defined performance expectations and require reporting of achievement.
We recommend that the Department of Health assess its objectives for agency audits, the associated risks, and resources available. The Department of Health should develop and implement a plan for agency audits.
We recommend that the Department of Health include client fees and collection practices in the scope of its agency audits.
We recommend that the Department develop new legislation to replace the Coordinated Home Care Act and Homemakers' Services Act that are over 12 year old and are no longer relevant because of program changes.
We recommend that the Department negotiate a new contract with VON Nova Scotia for the provision of nursing services.
We recommend that the Department establish quality and performance expectations for each service provider. The service providers' results against expectations should be assessed prior to contract renewal.
Do Not Intend to Implement Recommendation
We recommend that the Department perform regular comparisons of the full costs of home support and oxygen services to the fee schedule to ensure that the charge is appropriate.

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Response: Department of Health

Following are the list of recommendations made by the Office of the Auditor General on the completion of their 2007-08 Home care audit, and the accompanying responses from the Continuing Care Branch, Nova Scotia Department of Health. The Continuing Care Branch agrees with all recommendations and will endeavour to carry out each recommendation within the capacity of available resources, and direction and approval of the Minister of Health, Cabinet and the government of Nova Scotia.

Recommendation 4.1

The home care program should not be devolved to the DHAs/IWK until an action plan has been prepared to address the recommendations made in this chapter and prior audits by our Office.

4.1 Response: DoH accepts this recommendation and will endeavour to develop action plan, prior to integration, to address the recommendations made in this chapter and prior audits by the Office of the Auditor General.

Recommendation 4.2

The Department of Health, in partnership with Executive Council, should update and consolidate the Coordinated Home Care Act and Homemaker's Services Act.

4.2 Response: The Department agrees with this recommendation in principle and will pursue appropriate new legislation for the Home Care Program through the Government legislative process.

Recommendation 4.3

The Department of Health should review arrangements for the acquisition of nursing and home support services. The Department should comply with the Province of Nova Scotia Procurement Policy and either subject these services to a competitive process or seek required approval for an exemption.

4.3 Response: DoH agrees with the recommendation to comply with the Nova Scotia Government Procurement Policy and either subject nursing and home support services to a competitive process or seek required approval for an exemption. DoH will review current arrangements for the acquisition of these services with consideration of the impact on such arrangements post integration.

Recommendation 4.4

The Department of Health should sign contracts with all home care service providers. Contracts should include key provisions such as adherence to standards, audit access for the Auditor General, dispute resolution mechanisms or termination clauses, and performance reporting requirements.

4.4 Response: DoH concurs with this recommendation. Currently a contract that includes key provisions such as adherence to standards, audit access for the Auditor General, dispute resolution mechanisms or termination clauses and performance reporting requirements, is in the final stages of development with one of the larger providers with plans to be signed by December 2008. An action plan will be developed prior to integration, to develop and sign similar contracts with all home care providers.

Recommendation 4.5

The Department of Health should develop a formal, written policy regarding the treatment of surpluses and deficits by service providers. This policy should be included in any contracts negotiated with service providers.

RESPONSE:
HEALTH

4.5 Response: DoH concurs with this recommendation and, prior to integration will formalize in writing the policy regarding the treatment of surpluses and deficits by service providers. This policy will be included in any contracts negotiated with service providers.

Recommendation 4.6

All service providers should be required to submit similar monthly reports.

4.6 Response: DoH concurs with this recommendation and will action a plan to require all service providers to submit similar monthly reports.

Recommendation 4.7

The Department of Health should have written agreements with service providers stating how costs are to be allocated between DOH and other clients, and requiring an audited statement of allocated costs.

4.7 Response: DoH agrees with this recommendation and will action a plan to have written agreements with service providers stating how costs are to be allocated between DOH and other clients. The agreements will include a requirement for an audited statement of allocated costs.

Recommendation 4.8

The Department should prepare an overall status report on progress towards implementing the continuing care strategy.

4.8 Response: DoH concurs with this recommendation. Currently the progress towards implementing the Continuing Care Strategy is regularly tracked with progress provided to senior management of DoH, DHA and to Cabinet. These reports will be further developed to provide an overall status report to all interested parties along with an action plan to make this information both regularly and readily available to Nova Scotians before fiscal year end 2009.

Recommendation 4.9

The Department should identify the future demand for home care services and determine the level of various home care staff required to provide these services.

4.9 Response: DOH accepts this recommendation and will build on current activities to develop a plan to identify the future demand for home care services and determine the level of various home care staff required to provide these staff.

RESPONSE:
HEALTH

Recommendation 4.10

The Continuing Care Division should either obtain or develop, and monitor province-wide wait time reports.

4.10 Response: DoH agrees with the recommendation to generate and monitor province-wide home care wait time reports. The Continuing Care division has been consulting with the care providers on a home care reporting system project to develop an automated system for regular reporting of service start times and home care wait-times. The timeline for this project has been extended due to limited resources and other competing projects, including integration. Continuing Care Branch will work with other branches of the department, as well as the Home Care agencies and the DHAs, to develop an action plan prior to integration, to obtain or develop and monitor province-wide wait time reports for homecare.

Recommendation 4.11

The Department should revise the hiring practice requirements service providers must follow. Appropriate processes should be developed to monitor these requirements.

4.11 Response: DoH accepts this recommendation and will develop an action plan in consultation with the service providers to review and revise the hiring practices requirements to which the service providers must adhere, and include a method of monitoring adherence to requirements.

Recommendation 4.12

The Department should require service providers to complete criminal record checks on all successful job applicants. The Department should work with the service providers to assess the risk of not completing periodic record checks subsequent to hiring and use the results of the risk assessment to determine the frequency of rechecks.

4.12 Response: DoH concurs with this recommendation to require service providers to complete criminal record checks on all successful job applicants and will work with service providers to assess the risk of not completing periodic record checks subsequent to hiring, to determine the frequency of the rechecks. This recommendation is supported by the current accepted requirement for all CCA students to be able to successfully pass a criminal record check before being accepted into the CCA program and able to work in home care.

Recommendation 4.13

The Continuing Care Division should update and consolidate all home care policies and procedures into one document. This document should distinguish between guidelines and required policies.

4.13 Response: DoH accepts this recommendation to update and consolidate all applicable home care policies and procedures into one document and the process has already been initiated. It is intended that this document will clearly identify any instances where practices are intended as guidelines only versus required policies that must be followed.

RESPONSE:
HEALTH

Recommendation 4.14

The Department should update documents detailing standards of care service providers must follow.

4.14 Response: DoH concurs with this recommendation and has initiated a plan to update documents detailing standards of care service providers must follow.

Recommendation 4.15

The Department of Health should formally document the policy detailing when professional judgment may be substituted for priority assessment tool completion or response time standards. The reasons for any deviations from the priority assessment tool should be documented in the client's file.

4.15 Response: DoH concurs with this recommendation and will develop an action plan to formally document the policy detailing when professional judgment may be substituted for priority assessment tool completion or response time standards. This policy will require documentation in the client's file of the reasons for any deviations from the priority assessment tool.

Recommendation 4.16

A signed client consent form should be obtained from clients when they are initially approved for service.

4.16 Response: DoH concurs with this recommendation. Current practice regarding client consent will be evaluated to inform the development of a policy that requires a signed client consent form be consistently obtained from clients when they are initially approved for service.

Recommendation 4.17

The Department should record the service start date for new clients in SEAscape. Reasons for any delay in service start dates should be documented.

4.17 Response: DoH concurs with this recommendation. SEAscape has the capability of documenting and reporting on this information. DOH will develop

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an action plan involving both the home support agencies and care coordination staff to have service start dates communicated and enable their recording in SEAscape so the time between the service authorization and service implementation dates is identified. Reasons for any delay in service start dates should be documented. This will be a necessary component supporting wait-time monitoring as well.

Recommendation 4.18

The Department and service providers should define what records must be maintained by service providers to document services provided to home care clients.

4.18 Response: DoH concurs with this recommendation and will involve service providers in developing an action plan to define what records must be maintained by service providers to document services provided to home care clients.

Recommendation 4.19

The Continuing Care Division should implement a quality assurance process to ensure appropriate assessment decisions are made, policies and procedures followed, and appropriately documented.

4.19 Response: DoH concurs with this recommendation. An action plan will be established to collaborate with the home care agencies and the DHAs to develop a quality assurance process to ensure appropriate assessment decisions are made, policies and procedures followed and appropriately documented.

Recommendation 4.20

The Department of Health should maintain a centralized record of complaints received and their disposition.

4.20 Response: DoH concurs with this recommendation and will develop a plan to maintain a centralized record of complaints received related to the provision of home care services and their disposition.

Recommendation 4.21

The Department of Health should develop written policies concerning the complaints process for home care clients to ensure complaints are appropriately resolved. The role of the Department and its service providers in complaint investigation and resolution should be clearly documented.

4.21 Response: DoH agrees with this recommendation and will establish an action plan within the fiscal year 2008-09 to develop written policies concerning the complaints process for home care clients and assign responsibility for investigation and resolution of complaints to ensure complaints are appropriately resolved. The role of the Department and its service providers in complaint investigation and resolution will be clearly documented.

Recommendation 4.22

The Department should implement a formal appeals process regarding decisions made in the investigation of complaints.

4.22 Response: DoH concurs with this recommendation to implement a formal process to appeal decisions made concerning the investigation of complaints. This will be done in concert with the previous recommendation regarding the complaint process for home care clients.

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Recommendation 4.23

Senior management of the Division should ensure the proposed statistical and performance reports from SEAscape are appropriate for their needs and implement necessary changes so these reports can be generated.

4.23 Response: DoH concurs with this recommendation and has begun an initiative to determine what statistical and performance reports from SEAscape are most appropriate to meet the needs of senior management. The first of these regular reports is scheduled for circulation by December 2008.

Recommendation 4.24

The Department should develop a system to generate and monitor quality indicators using either the existing assessment tool, or another method.

4.24 Response: DoH concurs with this recommendation to develop a system to generate and monitor quality indicators using either the existing assessment tool, or another method. The existing Resident Assessment Instrument (RAI), which is the basis of the SEAscape software, has this capability. An action plan will be developed for ongoing training of service delivery staff on the regular use of quality indicators as well as a system for ongoing quality monitoring.

Recommendation 4.25

The Department should develop additional performance indicators, with established targets, to measure all aspects of the home care program.

4.25 Response: DoH accepts this recommendation and will establish an action plan to development additional performance indicators, with established targets, to measure all aspects of the home care program. This will include consultation with stakeholders including the Service providers and the DHAs.

Recommendation 4.26

The Department of Health should update guidelines for time required to complete home care services. This update should include a review of whether it is feasible to establish such guidelines for nursing care delivered to home care clients.

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4.26 Response: DoH concurs with this recommendation and will establish an action plan to review current guidelines on the time required to complete home care services. This update will include a review of whether it is feasible to establish such guidelines for nursing care delivered to home care clients.

Recommendation 4.27

The Department of Health should move forward with a system to allow effective reporting of actual hours of service by home care service providers.

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4.27 Response: DoH concurs with this recommendation. Preliminary work has been done to support this recommendation but the feasibility study to determine the most effective and efficient system to allow effective reporting of actual hours of service by home care service providers has been delayed due to the proximity of integration and limited resources. The current plan is for this project to resume in January 2009.

Recommendation 4.28

The Department of Health should review and improve the inspection process by developing an audit plan, assessing the objectives, risks and resources required for these audits, providing guidelines for the number of client and personnel files to be examined; requiring documentation be examined for completeness, and require an examination as to whether services provided were appropriate.

4.28 Response: DoH concurs with this recommendation to review and improve the inspection process for home care providers by developing an audit plan, assessing the objectives, risks and resources required for these audits, providing guidelines for the number of client and personnel files to be examined; requiring documentation be examined for completeness, and require an examination as to whether services provided were appropriate. An action plan will be developed before integration for this process that will involve consultation with key stakeholders including the home care providers and the DHAs.