
3 Health and Wellness: Addiction Services at Annapolis Valley Health

Summary

We found addiction services at Annapolis Valley Health are well-managed. Access to services was generally timely and services covered most program areas we expected. Until recently, Annapolis Valley Health did not have an opiate treatment program; however, this was addressed in October 2011 with the implementation of a new program.

We also found Annapolis has addiction services policies which are based on best practices. We tested a sample of patient files and found these policies were followed in most instances.

We did identify improvements which could be made to Annapolis' monitoring of its addiction services and made recommendations to strengthen these processes. We also found the District does not take adequate steps to ensure the accuracy of all data it enters in the provincial addiction services information system and made recommendations for improvement.

We found oversight of addiction services by the Department of Health and Wellness is limited. In most areas, district health authorities are not required to provide detailed information on addiction services to Health and Wellness. With the exception of wait time monitoring, Health and Wellness has little monitoring of district health authorities' services provided for compliance with provincial standards. Additionally, although Department management told us that the provincial standards must be met, the standards document notes these are voluntary.

Health and Wellness management told us they have plans to improve district accountability to the Department. However, these have been in process for some time and have not been finalized. The Department needs to do more to meet its legislative requirements under the Health Authorities Act.

The Department has a province-wide addiction services information system which all districts use. We found this system was not calculating wait times correctly. The error we identified could overstate wait times and we recommended this be corrected.

3 Health and Wellness: Addiction Services at Annapolis Valley Health

Background

- 3.1 District health authorities and the IWK Health Centre are responsible for the delivery of addiction prevention and treatment services to the public. Most districts have a Director of Addiction Services, in one instance, two districts share a Director.
- 3.2 The role of the Department of Health and Wellness is to develop policy, monitor the provision of services, provide guidance, and to carry out program planning through its Addiction Services Branch.
- 3.3 Services available in Nova Scotia range from health promotion and prevention for those who do not abuse potentially addictive substances or gamble, to early identification, brief intervention, and treatment for individuals and families who experience problems associated with substance use or gambling.
- 3.4 In 2002, the Addiction Services Standards and Best Practices (standards) were released; these were updated in March 2005. Another update was completed in September 2011. However Health and Wellness' senior leadership group had not reviewed these revisions when this report was written. These standards were developed through consultation with various levels of addiction services staff from all districts and the Department of Health and Wellness.
- 3.5 Some aspects of addiction services pose significant challenges. Often people in need of services do not seek help, or those who do seek services experience relapses and require further assistance.

Audit Objectives and Scope

- 3.6 In late 2011, we completed a performance audit of addiction services at Annapolis Valley Health (Annapolis). We wanted to determine whether Annapolis is doing an adequate job of ensuring addiction services are available in a timely manner and ensuring services address the needs of the community. We also examined the Department of Health and Wellness' oversight of province-wide addiction services.
- 3.7 The audit was conducted in accordance with Sections 18 and 21 of the Auditor General Act and auditing standards established by the Canadian Institute of Chartered Accountants.



3.8 The objectives of this audit were to assess:

- the adequacy of the Department's oversight and whether it has processes to hold Annapolis accountable for addiction services;
- whether the Department uses its addiction services information system (ASsist) to assess standards across the province;
- whether Annapolis has timely access to addiction services and calculates wait time information consistently and accurately;
- whether Annapolis has adequate processes and policies to provide consistent and adequate addiction services, complies with those policies, and assesses and monitors its performance;
- whether Annapolis meets program goals through its education programs for high-risk clients and has appropriately trained addiction services staff;
- whether the Department and Annapolis ensure available resources are used to best meet community needs; and
- whether the Department and Annapolis have appropriate processes to communicate with the public and have adequate information readily available regarding addiction services.

3.9 Certain audit criteria for this engagement were derived from Health and Wellness' Addiction Services Standards and Best Practices as well as Accreditation Canada Qmentum Standards, while others were developed by our Office. All criteria were discussed with, and accepted as appropriate by, senior management at Health and Wellness and Annapolis Valley Health.

3.10 Our audit approach included an examination of the addiction services standards, legislation, addiction services records, and other relevant documents. We tested compliance with selected standards and conducted interviews with management and staff. Our work did not address the quality of addiction services offered in Annapolis, nor did we attempt to assess effectiveness of those services. Our audit period covered April 1, 2009 to October 1, 2011.

3.11 Our work at Annapolis focused on three primary addiction programs: community based services – the largest program, withdrawal management – services for those in most urgent need, and the structured treatment program – a longer, more intensive program.



Significant Audit Observations

Departmental Oversight

Conclusions and summary of observations

The Department of Health and Wellness' oversight of addiction services is not adequate. With the exception of wait time monitoring, Health and Wellness has little monitoring of district health authorities' services provided for compliance with provincial standards. Additionally, while Department management told us that addiction standards must be complied with, the standards document notes these are voluntary. Health and Wellness is responsible for overseeing health care in Nova Scotia. The Department needs to do more to effectively monitor and evaluate district health authority services and to meet its legislative responsibilities.

- 3.12 *Background* – In 2000, the Health Authorities Act established the district health authorities. Each district health authority has responsibilities that include planning, managing and delivering health services such as acute care, mental health and addictions.
- 3.13 Section 60(c) of the Act requires the Minister of Health and Wellness to: “*monitor, measure and evaluate the quality, accessibility and comprehensiveness of health services.*”
- 3.14 *Reporting against addiction services standards* – We expected Health and Wellness would have a well-established process to ensure each district assesses its performance against provincial addiction services standards. We also expected Health and Wellness staff would review those assessments as part of the Department's monitoring of addiction services across Nova Scotia.
- 3.15 There is little evidence that Health and Wellness staff reviewed or assessed Annapolis Valley Health's addiction services beyond a review of wait times data. Department management told us that they meet regularly with the district health authority directors to discuss addiction services across the province; they believe these meetings provide sufficient information.
- 3.16 Although Department management said that they require districts to comply with addiction services standards, the standards are marked as voluntary and the Department does little to assess compliance with these standards. We found the district health authorities are generally not required to provide regular reports to Health and Wellness regarding addiction services.
- 3.17 Health and Wellness management told us there is a plan to address this issue through an overall accountability framework for the district health authorities. This has been ongoing for more than a year and had not been finalized when this report was written.



- 3.18 The Department should not need to establish a separate accountability framework with districts to effectively monitor service provision. The Health Authorities Act tasks the Minister, and thus the Department, with measuring, monitoring and evaluating services. Since services are delivered through districts in Nova Scotia, Health and Wellness needs to more closely monitor the district health authorities in order to meet its legislative requirements.

Recommendation 3.1

The Department of Health and Wellness should determine its information requirements to effectively monitor the district health authorities' provision of addiction services and fulfill its legislative requirements. Districts should be required to provide regular reports to the Department.

Department of Health and Wellness Response:

DHW agrees with this recommendation and will start the process of measuring and monitoring of standards with the implementation of new and revised standards in 2012-13. DHW will require the DHAs/IWK to complete a self-assessment template one-year post implementation of standards where data already exists. DHW anticipates that enhancements to ASsist and/or additional technology will be required to collect the monitoring data for some standards. DHW is currently examining technological solutions by identifying business requirements for clinical decision-making, program planning, and monitoring (e-Health Solutions project). A high level project plan and cost/resource plan to implement the recommended solution is expected to be complete by March 2013. DHW is also preparing a Quality Framework for Addiction Services that will serve as a resource for the planning and implementation of quality activities, including the monitoring of addiction services in the DHAs/IWK. This Framework is expected to be completed in 2012-13.

Recommendation 3.2

The Department of Health and Wellness should determine whether its addiction services standards are mandatory for all district health authorities and if so, communicate this to the districts.

Department of Health and Wellness Response:

DHW agrees with this recommendation and notes that Section 19 (a) (iii) of the Health Authorities Act states: The objects of a district health authority are (a) to govern, plan, manage, monitor, evaluate and deliver health services in a health district in accordance with this Act and any other enactment in order to (iii) meet the needs of the health district, having regard to policies, directives and standards established pursuant to this Act. In addition Section 60 states: In addition to the other duties contained in this Act, the Minister shall (b) develop or ensure the development of standards for the delivery of health services.

The standards manual will be revised to note that standards are mandatory. The DHAs/IWK's responsibilities relating to policy and standards, as outlined in the Health

Authorities Act, will be formally communicated to the DHAs/IWK when the new standards for concurrent disorders and prevention and health promotion and revised standards for community-based services are published. DHW anticipates the standards will be published in 2012-13.

- 3.19 *Problems with standards* – When we reviewed the provincial addiction services standards, we found serious deficiencies. Many standards are poorly written and exclude part of the addiction services population. For example, standards require that 80% of people be seen within five days of first contact for withdrawal management clients. The standards fail to address the remaining 20%. These individuals could experience significant wait times or even not receive service and the standards would still be met. Additionally, many standards are either not measurable or there is no data collected which would allow measurement. Of the 88 standards in the most recent update (pending Health and Wellness senior management approval), we found only 19 which can be measured through the data already in ASsist.

Recommendation 3.3

The Department of Health and Wellness should revise its addiction services standards so that standards are measurable where possible.

Department of Health and Wellness Response:

DHW agrees with this recommendation and is in the process of seeking Departmental approval for new standards for concurrent disorders and prevention and health promotion and revised standards for community-based services. Each standard includes an indicator to facilitate measurement. DHW will support DHAs/IWK with implementation and monitoring by providing DHAs/IWK with tools to measure and monitor standards. The e-Health Solutions project will set the requirements for a new information system using the new and revised standards. DHW is planning to begin the process of updating the standards for withdrawal management, structured treatment, and methadone maintenance in September 2012. This work should be complete in 2013-14.

Recommendation 3.4

The Department of Health and Wellness should require district health authorities to collect the data needed to measure standards.

Department of Health and Wellness Response:

DHW agrees with this recommendation. DHW will require the DHAs/IWK to monitor, collect data, and report on standards where possible. DHW will support DHAs/IWK with implementation and monitoring by providing DHAs/IWK with tools to measure and monitor standards. The e-Health Solutions project will set the requirements for a new information system which will assist the DHAs/IWK in collecting the data needed to measure standards. DHW is planning to begin the process of updating the standards for withdrawal management, structured treatment, and methadone maintenance in September 2012. This work should be complete by 2013-14.

**Recommendation 3.5**

The Department of Health and Wellness should revise addiction standards to address the entire population seeking services.

Department of Health and Wellness Response:

DHW agrees with this recommend and is in the process of revising standards to ensure they address the entire population seeking services. Departmental approval for new standards for concurrent disorders and prevention and health promotion and revised standards for community-based services is anticipated in 2012-13. DHW is planning to begin the process of updating the standards for withdrawal management, structured treatment, and methadone maintenance in September 2012. This work should be complete by 2013-14. Each standard will include the entire population seeking services. DHW will support DHAs/IWK with implementation and monitoring by providing DHAs/IWK with tools to measure and monitor standards.

Access to Services and Wait Times

Conclusions and summary of observations

Access to addiction services at Annapolis Valley Health was generally timely and services covered most program areas we expected. When we started our audit, Annapolis did not have an opiate treatment program. This has since been addressed with a new program which began in October 2011. We also found that 89% of the 2,828 clients on the wait list for addiction services were seen within the timeframe established by provincial wait time standards. We found that wait times were consistently calculated. However, we found an error in the Department of Health and Wellness' calculations which could be artificially inflating wait times.

3.20 *Adequacy of services* – Based on the population it serves, Annapolis has identified the services needed and for the most part, those services were provided during our audit period. Areas in which there were potential gaps in services are discussed below. We also found services were provided on a timely basis with waits for appointments falling within provincial wait time standards for the majority of patients.

3.21 *Service gaps* – When we began our audit, we noted two gaps in services.

- Withdrawal management program closure for two weeks in the summer to allow for staff vacations
- Lack of an opiate treatment program

3.22 The closure of the withdrawal management facility each summer is coordinated over a six-week period with South Shore Health and South West Health to ensure they are open at this time. This allows patients to access services in a crisis situation,



although not as close to home as typically available. This is a reasonable approach to addressing this issue and minimizing the impact on patients.

- 3.23 A new opiate treatment program was introduced in October 2011. Annapolis management recognized that the number of people requiring services for opiate dependency was increasing and that the level of service in Annapolis was not adequate. Clients were able to obtain individual counseling and methadone for short-term withdrawal management, but there was no long-term methadone treatment program offered.
- 3.24 Annapolis addiction services management told us that one of the challenges of a traditional methadone treatment program is that it is a long-term treatment. Most of these traditional programs do not have significant turnover of clients, resulting in long wait times for new clients.
- 3.25 Annapolis addiction services staff examined the issues around traditional treatment programs for opiate addiction through stakeholder consultation and other research. Staff developed an opiate replacement treatment program which they believe will address the shortcomings of traditional methadone treatment programs. This program will engage family physicians to prescribe methadone once a client has been stabilized in the core program. Addiction services staff plan to provide regular support to family physicians by providing counseling and urine screening for clients. At the time this Chapter was written, the District was still implementing its new program.
- 3.26 *Wait time calculations* – Health and Wellness’ addiction services information system (ASsist) has a field to record the date service was first offered to a patient (service first available) and another field to record the date when service was first received. If a patient cancels or declines the initial appointment time, these two dates will be different. Annapolis management told us that addiction patients sometimes refuse the first available appointment; for example, a patient may not be in a position to enter a full-time treatment program due to work or family responsibilities.
- 3.27 When patients decline appointments, this presents challenges in calculating accurate wait times. Health and Wellness management told us the Department removes any situations in which a client refuses service from its wait time calculations. However, when we recalculated addiction services wait times, we found that clients refusing service were still included. Although the Department used a consistent approach to calculating wait times, it used the wrong data. Department management were not aware of this error in wait time calculations; they thought these clients were excluded. This could overstate addiction services wait times.

Recommendation 3.6
The Department of Health and Wellness should verify that its wait time calculations for addiction services are accurate.



Department of Health and Wellness Response:

DHW agrees with this recommendation and is working on an e-Health solution to create a query in ASsist to ensure wait times for addiction services are accurate. The new wait time query is anticipated to be ready by September 2012. The reporting of wait times will exclude clients who decline first available service and will use the program registration date to ensure consistency with other program areas, in particular mental health community-based services wait times, which are measured based on the date the patient first received services.

3.28 We found Annapolis staff did not consistently complete the field to record the date when service was first offered. We identified 226 of 1,760 cases in which the service first available date was either not entered, or was entered incorrectly. This represents almost 13% of the population of clients waiting. This field is intended to provide districts with meaningful information regarding system readiness and should be captured accurately.

Recommendation 3.7

The Department of Health and Wellness should require district health authorities to implement processes to ensure all fields in the ASsist system are completed accurately.

Department of Health and Wellness Response:

DHW agrees with the recommendation and will continue to require DHAs/IWK to complete the field in ASsist related to the services first available date. A Quality Framework being prepared for Addiction Services will serve as a resource for the planning and implementation of quality activities, including the quality of data entry into ASsist.

3.29 *Wait times* – We reviewed ASsist data to determine how quickly clients can access addiction services in Annapolis. We found the majority (89%) of the 2,828 clients on the waitlist were seen within provincial wait time standards.

- Emergency Priority, to be seen the same day – Of two clients deemed emergency priority, only one met this standard. The other client was seen the following day.
- Urgent Priority, to be seen within one week – 7% or 36 of 512 urgent priority clients were not seen within one week and therefore did not meet the wait time standard.
- General Priority, to be seen within three weeks – 12% or 271 of 2,314 general priority clients did not meet the wait time standard. These 271 clients waited up to a maximum of 17 weeks for service.

3.30 *Lack of provincial intake and wait lists for withdrawal management* – During our audit, we were informed that withdrawal management clients can contact more than one program location across the province to be waitlisted for services. Since there

is no province-wide intake for addiction services, the client could call each location across Nova Scotia and be added to the waitlist for that area. The details of the patient's intake are available in ASsist, as is information noting when a patient receives services. However, if staff are not checking ASsist to determine whether a patient has already received services, time could be spent trying to contact a patient who has already received service elsewhere. Additionally, a client may begin a program in one district and leave that withdrawal management program in order to start service in a district closer to home.

- 3.31 These issues could be avoided with a single provincial intake and wait list system. Patients could contact a single intake line and be placed on a common wait list. This would provide a more accurate picture of the total number of clients waiting for services as well as reduce delays experienced when staff take time to try and contact a client only to find out that client has already received service.

Recommendation 3.8

The Department of Health and Wellness should implement a single province-wide intake and wait list for withdrawal management programs.

Department of Health and Wellness Response:

DHW disagrees with this recommendation. To date, the DHAs/IWK and clients have not identified this as issue. ASsist is a provincial client information system that clinicians utilize to complete intakes for withdrawal management programs. This information can be viewed by all intake workers across the province. DHW, in consultation with the DHAs/IWK, will examine how best withdrawal management services be utilized across the province. DHW agrees in principle to efficient and effective use of in-patient withdrawal management services and believes that clients should have access to quality withdrawal management services and supports while following the principle that withdrawal management services should be as close to the client's community of residence as possible. DHW will consider this recommended solution among other evidence-based options. The business requirements will be examined through the e-Health Solutions project. A high level project plan and cost/resource plan to implement the recommended solution is expected to be complete by March 2013.

Annapolis Valley Health Response:

AVH disagrees with this recommendation. We do support better coordination amongst DHAs to ensure a seamless approach across the continuum of services. ASsist, a provincial client information system for addiction services, should support appropriate coordination of intakes and wait lists for withdrawal management programs province-wide. AVH will work with DHW and other DHAs/IWK to help ensure the efficient and effective use of these programs.

- 3.32 *Needs assessment* – Annapolis Valley Health completed a community needs assessment in 2009. Management told us this information was used to plan services for Annapolis. However we found there was no clear evidence linking the services offered to the needs assessment, although we did not note any obvious gaps when we



reviewed the needs assessment and considered services offered. One exception was opiate treatment which, as discussed earlier, was addressed in the fall of 2011. While there were no obvious gaps in service, it would be useful for Annapolis to clearly link its services with community needs.

Recommendation 3.9

Annapolis Valley Health should link its assessment of community needs to the addiction services it delivers.

Department of Health and Wellness Response:

DHW agrees with this recommendation and will work with the DHAs/IWK to implement a needs-based approach to planning to ensure a continuum of addiction services and supports. DHW anticipates receiving needs-based planning tools from a national Drug Treatment Funding Program (DTFP) project in 2013-14. The needs-based planning tool will be utilized in the 2014-15 business planning process.

Annapolis Valley Health Response:

AVH agrees with this recommendation and will work with DHW and other DHAs/IWK to implement a needs-based approach to planning to ensure a continuum of addiction services and supports. It is our understanding that needs-based planning tools will be adopted by DHW in the 2014-15 Business Planning Process.

Provision of Addiction Services

Conclusions and summary of observations

We found that Annapolis Valley Health's addiction services guidelines are evidence-based and were developed using best practices, although we did find some minor inconsistencies with provincial standards. We tested intake and assessment files at Annapolis and found overall compliance with policies.

- 3.33 *Policies* – Prior to 2007, addiction services in Annapolis Valley were shared with South Shore Health and South West Health. In 2007, this model changed and each district had its own addiction services. Eventually, Annapolis developed its own policies for addiction services. Although some of the new policies have minor inconsistencies with provincial standards, the District followed an appropriate process and selected policies which are evidence-based and reflect best practices. Accordingly, we concluded Annapolis' addiction policies are reasonable and appropriate. This further illustrates the need for the Department of Health and Wellness to review and revise its addiction standards, to help ensure district health authority policies are consistent with overall provincial direction.
- 3.34 *Testing* – We tested the criteria used for intake and assessment of clients for the three programs we audited at Annapolis: structured treatment, withdrawal management



and community based services. We found the files tested were generally complete, supported the decisions made, and were generally compliant with policies.

- 3.35 *Intakes* – We tested 60 intake files. 56 of the 60 files tested, or 93% met all standards.
- 3.36 *Assessments* – We tested 20 assessments for each of the programs we audited. Eight files were missing information which should have been collected during client assessment.
- Structured treatment – One file had an outdated assessment and the assessment in one file was not dated.
 - Withdrawal management – Three files had no notes on the withdrawal or intoxication level of the client.
 - Community based services – One file did not have a signed consent to treatment form. Another file did not have a complete family history and one file had no information on the client's mental status.

Recommendation 3.10

Annapolis Valley Health should implement quality assurance processes, such as file checklists, to ensure client files include all necessary information.

Department of Health and Wellness Response:

DHW agrees with this recommendation and will continue to work with the DHAs/IWK to ensure data quality. A Quality Framework being prepared for Addiction Services will serve as a resource for the planning and implementation of quality activities, including ensuring client files include all necessary information and documentation of decisions regarding client priority. This Framework is expected to be completed in 2012-13.

Annapolis Valley Health Response:

AVH agrees with this recommendation and will continue to work with DHW and other DHAs/IWK to ensure data quality. A Quality Framework being prepared for Addiction Services by DHW will serve as a resource for the planning and implementation of quality activities, including ensuring client files include all necessary information and documentation of decisions regarding client priority. This Framework is expected to be completed in 2012-13.

Performance Monitoring of Addiction Services

Conclusions and summary of observations

Overall, Annapolis made efforts to assess the performance of its addiction services programs, but can improve the adequacy of these assessments. Annapolis measures the quality of its addiction services by comparing against provincial standards. Performance is



assessed through client chart audits and results are reported in the District's annual report. We found the chart audits were not sufficient to fully assess whether standards were met; we also found there were no chart audits completed in 2009 or 2010. Additionally, although clients participating in structured treatment and nicotine programs are monitored, there is no monitoring of clients who participate in Annapolis' other programs.

- 3.37 *Program objectives* – Management told us they use the provincial standards as general goals regarding the services provided. Annapolis' addiction services annual report provides information on its performance against some of those standards.
- 3.38 Annapolis monitors compliance with standards through client chart audits. Chart audits involve assessing the information in client files and the addiction services information system to determine whether standards have been met. Management told us they planned to complete chart audits annually. However, we found chart audits had been completed for 2008 and 2011, but not for 2009 or 2010.
- 3.39 We also noted that those audits which were completed were based on a sample of around 40 charts. Many of the addiction standards are written as a percentage of the population. For example, 80% of people will receive services within a certain timeframe. In these instances, a large statistical sample would be required to accurately assess whether the standards were met. However, a smaller sample such as Annapolis used can still be effective to identify areas for improvement.
- 3.40 Management told us that they implemented a number of new processes and guidelines to address the findings from the 2008 chart audits. For instance they identified that only 55% of files tested had completed assessments. They created a new assessment policy designed to ensure assessments were completed, but the 2011 results did not show any improvement. We acknowledge that Annapolis has taken steps to assess its addiction services and to make improvements where needed; however, further work is necessary to fully address these issues.

Recommendation 3.11

Annapolis Valley Health should determine whether annual chart audits are required and if so, these audits should be completed on schedule.

Department of Health and Wellness Response:

DHW agrees with this recommendation. DHW recognizes that both the provincial standards for Addiction Services and Accreditation Canada address chart audits. A Quality Framework being prepared for Addiction Services will serve as a resource for the planning and implementation of quality activities, including regular chart audits. This Framework is expected to be completed in 2012-13.

Annapolis Valley Health Response:

AVH agrees with this recommendation. AVH will work with DHW and other DHAs/IWK to determine the role of chart audits in an overall quality framework for addiction services. A Quality Framework being prepared for Addiction Services by DHW will serve as a

resource for the planning and implementation of quality activities, including processes to ensure improvements identified through chart audits. This Framework is expected to be completed in 2012-13.

Recommendation 3.12

Annapolis Valley Health should establish processes to ensure improvements identified through chart audits are implemented.

Department of Health and Wellness Response:

DHW agrees with this recommendation. A Quality Framework being prepared for Addiction Services will serve as a resource for the planning and implementation of quality activities, including processes to ensure improvements identified through chart audits. This Framework is expected to be completed in 2012-13.

Annapolis Valley Health Response:

AVH agrees with this recommendation. A Quality Framework being prepared for Addiction Services by DHW will serve as a resource for the planning and implementation of quality activities, including processes to ensure improvements identified through chart audits. This Framework is expected to be completed in 2012-13.

- 3.41 *Program Monitoring* – Annapolis Valley Health has an outside agency that performs outcome monitoring for its structured treatment and nicotine programs. This monitoring includes information on current use of addictive substances, changes in lifestyle since the program, and the client's overall impressions of the program. There is currently no outcome monitoring, or other assessment, for other programs at Annapolis. Failure to monitor programs means Annapolis cannot know whether its programs are effective. While we understand outcome monitoring can be difficult, continuing to spend resources on services which may not be achieving the expected outcomes is not appropriate.

Recommendation 3.13

Annapolis Valley Health should implement outcome monitoring for all of its addiction services programs.

Department of Health and Wellness Response:

DHW agrees with this recommendation and will work with the DHAs/IWK to coordinate a common approach to outcome monitoring. A Quality Framework being prepared for Addiction Services will serve as a resource for the planning and implementation of quality activities, including outcome monitoring. This Framework is expected to be completed in 2012-13.

Annapolis Valley Health Response:

AVH agrees with this recommendation and will work with the DHW to develop and coordinate a common approach to outcome monitoring across all DHAs/IWK.



Communication and Education

Conclusions and summary of observations

Both Annapolis Valley Health and the Department of Health and Wellness have appropriate processes to communicate with the public regarding addiction services, such as websites, brochures and workshops. The Department also works closely with Annapolis on joint initiatives to raise awareness of addictions. Annapolis adequately monitors and evaluates its educational programs through participant feedback and program evaluation, but we were unable to determine if this feedback results in program changes. Annapolis has clearly documented the education and training requirements for addiction services staff.

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- 3.42 *Communication* – Annapolis uses a variety of approaches to make information available to potential clients, community members and organizations. Tools include the District website, the Department of Health and Wellness’ website, brochures and fact sheets at district buildings, media awareness campaigns, workshops and groups. We noted several initiatives in which Health and Wellness and Annapolis are working together to raise awareness of addiction services.
- 3.43 Annapolis offers client and public education programs with the goal of building local skills, understanding and awareness of addictions. Staff monitor and evaluate these programs through participant feedback and program evaluations. Management told us that program evaluations are reviewed and programming is updated as required, but could provide no evidence linking feedback received with changes made. Such linkages are useful to provide management with details showing how programs develop over time and to provide a history of what has not worked well.
- 3.44 *Staff training* – Addiction services staff education and training requirements are clearly documented. Management monitor specific addiction training requirements to ensure staff stay current, and began monitoring other training such as first aid and CPR in fall 2011.



Department of Health and Wellness Additional Comments

The Department appreciates the thorough review by the Auditor General on addiction services in the Annapolis Valley. The Department agrees with most of the recommendations pertaining to the Department and recognizes the importance of accountability in its relationship with the DHAs. Over the next year, the Department will develop and enhance existing measures for monitoring and evaluating the districts' compliance with standards of care and Department expectations.