NOVA SCOTIA

Report of the Auditor General to the Nova Scotia House of Assembly

June 2015
Appendix to Chapter 2

Independence • Integrity • Impact

Status of Recommendations by Entity, by Chapter					
Report and Chapter	**Entity**	**Complete**	**Not Complete**	**Do Not Intend to Implement**	**Total**
Department of Agriculture					
November 2011 Chapter 3: Meat Inspection Program	DOA	12	4	-	16
Recommendations		**12** **75%**	**4** **25%**	**-**	**16** **100%**
Department of Community Services					
November 2011 Chapter 4: Protection of Persons in Care	DCS	5	2	-	7
Recommendations		**5** **71%**	**2** **29%**	**-**	**7** **100%**
Department of Economic and Rural Development and Tourism					
May 2011 Chapter 3: Financial Assistance to Business through NSBI and IEF	ERDT	9	5	-	14
Recommendations		**9** **64%**	**5** **36%**	**-**	**14** **100%**
Department of Education and Early Childhood Development					
November 2012 Chapter 2: Home Schooling	EECD	4	8	-	12
Recommendations		**4** **33%**	**8** **67%**	**-**	**12** **100%**
Department of Finance and Treasury Board					
May 2011 Chapter 4: Colchester Regional Hospital Replacement	F&TB	-	2	-	2
November 2011 Chapter 2: Disaster Preparedness – Major Government Information Systems	F&TB	2	3	-	5
May 2012 Chapter 2: Follow-up of 2005 to 2009 Performance Audit Recommendations	F&TB	1	-	-	1
Recommendations		**3** **38%**	**5** **63%**	**-**	**8** **100%**

Status of Recommendations by Entity, by Chapter					
Report and Chapter	**Entity**	**Complete**	**Not Complete**	**Do Not Intend to Implement**	**Total**
Department of Health and Wellness					
May 2011 Chapter 4: Colchester Regional Hospital Replacement	DHW	8	1	-	9
Chapter 5: Long Term Care – New and Replacement Facilities		3	3	1	7
November 2011 Chapter 4: Protection of Persons in Care	DHW	7	2	-	9
May 2012 Chapter 3: Addiction Services at Annapolis Valley Health	DHW	3	4	1	8
Chapter 4: Infection Prevention and Control at Cape Breton District Health Authority and Capital Health		4	1	-	5
Chapter 5: Nova Scotia Prescription Monitoring Program		13	4	-	17
November 2012 Chapter 4: Hospital System Capital Planning	DHW	10	1	-	11
Recommendations		**48** **73%**	**16** **24%**	**2** **3%**	**66** **100%**
District Health Authorities (now Nova Scotia Health Authority excluding IWK Health Centre)					
May 2011 Chapter 4: Colchester Regional Hospital Replacement	CEHHA	2	1	-	3
May 2012 Chapter 3: Addiction Services at Annapolis Valley Health	AVH	4	1	-	5
Chapter 4: Infection Prevention and Control at Cape Breton District Health Authority and Capital Health	CH CBDHA	8 19	1 1	- -	9 20
November 2012 Chapter 3: Capital Health and IWK Health Centre Personal Health Information Systems	CH IWK	3 5	30 20	- -	33 25
Chapter 4: Hospital System Capital Planning	CH GASHA SSH	1	2 5 3	- - -	3 5 3
Recommendations		**42** **40%**	**64** **60%**	**-**	**106** **100%**

Status of Recommendations by Entity, by Chapter					
Report and Chapter	**Entity**	**Complete**	**Not Complete**	**Do Not Intend to Implement**	**Total**
Department of Internal Services					
May 2011 Chapter 8: Registry of Motor Vehicles Information and Technology	DIS	1	-	-	1
November 2011 Chapter 2: Disaster Preparedness – Major Government Information Systems	DIS	2	7	-	9
Recommendations		**3** **30%**	**7** **70%**	**-**	**10** **100%**
Department of Justice					
November 2011 Chapter 6: Implementation of Nunn Commission of Inquiry Recommendations	DOJ	1	-	1	2
May 2012 Chapter 6: Office of Public Trustee	DOJ	14	2	-	16
Recommendations		**15** **83%**	**2** **11%**	**1** **6%**	**18** **100%**
Department of Municipal Affairs					
May 2011 Chapter 6: Office of the Fire Marshal	DMA	11	14	-	25
Recommendations		**11** **44%**	**14** **56%**	**-**	**25** **100%**
Service Nova Scotia					
May 2011 Chapter 8: Registry of Motor Vehicles Information and Technology	SNS	7	5	-	12
Recommendations		**7** **58%**	**5** **42%**	**-**	**12** **100%**
Department of Transportation and Infrastructure Renewal					
May 2011 Chapter 7: Registry of Motor Vehicles	TIR	16	5	-	21
Recommendations		**16** **76%**	**5** **24%**	**-**	**21** **100%**
Trade Centre Limited					
November 2012 Chapter 5: Trade Centre Limited	TCL	15	4	-	19
Recommendations		**15** **79%**	**4** **21%**	**-**	**19** **100%**

Status of Recommendations by Entity, by Chapter					
Report and Chapter	**Entity**	**Complete**	**Not Complete**	**Do Not Intend to Implement**	**Total**
Department of Energy					
November 2011 Chapter 5: Canada-Nova Scotia Offshore Petroleum Board	ENGY	-	1	-	1
Recommendations		**-**	**1** **100%**	**-**	**1** **100%**
Executive Council Office					
November 2012 Chapter 5: Trade Centre Limited	ECO	-	-	1	1
Recommendations		**-**	**-**	**1** **100%**	**1** **100%**
Nova Scotia Business Inc.					
May 2011 Chapter 3: Financial Assistance to Businesses through NSBI and IEF	NSBI	3	1	-	4
Recommendations		**3** **75%**	**1** **25%**	**-**	**4** **100%**
Total Recommendations		**193** **57%**	**143** **42%**	**4** **1%**	**340** **100%**

AVH – Annapolis Valley Health
CBDHA – Cape Breton District Health Authority
CH – Capital Health
CEHHA – Colchester East Hants Health Authority
DCS – Department of Community Services
DHW – Department of Health and Wellness
DIS – Department of Internal Services
DMA – Department of Municipal Affairs
DOA – Department of Agriculture
DOJ – Department of Justice
ECO – Executive Council Office
EECD – Department of Education and Early Childhood Development
ENGY – Department of Energy
ERDT – Department of Economic and Rural Development and Tourism
F&TB – Department of Finance and Treasury Board
GASHA – Guysborough Antigonish Strait Health Authority
IWK – IWK Health Centre
NSBI – Nova Scotia Business Inc.
SNS – Service Nova Scotia
SSH – South Shore Health
TCL – Trade Centre Limited
TIR – Department of Transportation and Infrastructure Renewal

Detailed Implementation Status: May 2011 Recommendations

Chapter 2 – Follow-up of 2005, 2006, 2007 and 2008 Recommendations

2.1 The Audit Committee should monitor the implementation status of Auditor General recommendations and report the results of this monitoring process to the House of Assembly.
Status – Action No Longer Required (Office of the Auditor General agrees with this status, this recommendation has been removed from further follow-up assignments)

2.2 The Audit Committee should actively promote implementation of Auditor General recommendations and target substantively full implementation within four years of their release.
Status – Action No Longer Required (Office of the Auditor General agrees with this status, this recommendation has been removed from further follow-up assignments)

2.3 The Tracking Auditor General Recommendation system (TAGR) should be updated to ensure it is accurate and complete.
Status – Complete

Chapter 3 – Economic and Rural Development and Tourism: Financial Assistance to Businesses through NSBI and IEF

3.1 The Department of Economic and Rural Development and Tourism should document and implement processes for Industrial Expansion Fund loan and development incentive assessment and approval.
Status – Not Complete

3.2 The Department of Economic and Rural Development and Tourism should develop and implement a risk assessment process to assess potential Industrial Expansion Fund loan and development incentive applicants.
Status – Not Complete

3.3 The Department of Economic and Rural Development and Tourism should improve the filing system used for the Industrial Expansion Fund. Files should contain all information used to assess potential applicants as well as all relevant correspondence between the Industrial Expansion Fund and the applicant.
Status – Complete

3.4 The Department of Economic and Rural Development and Tourism should develop and use standard checklists to ensure consistent information is collected from potential Industrial Expansion Fund loan and development incentive applicants.
Status – Not Complete

3.5 The Department of Economic and Rural Development and Tourism should develop a process to ensure the assessment of loans and development incentives

through the Industrial Expansion Fund is sufficiently supported. This should include guidelines detailing the appropriate level of assurance required for financial information submitted by the client.
Status – Not Complete

3.6 The Department of Economic and Rural Development and Tourism should maintain a listing of rejected applications for the Industrial Expansion Fund along with documentation supporting the reasons for rejection. This information should be reviewed by senior management, at least on a test basis, to ensure rejections are appropriate.
Status – Complete

3.7 The Department of Economic and Rural Development and Tourism should develop processes to ensure Industrial Expansion Fund development incentive conditions are met and loan agreements are followed.
Status – Complete

3.8 The Department of Economic and Rural Development and Tourism should implement a checklist to track the status of all information required in Industrial Expansion Fund letters of offer.
Status – Complete

3.9 The Department of Economic and Rural Development and Tourism should develop processes to ensure that Industrial Expansion Fund loan repayments are on time.
Status – Complete

3.10 The Department of Economic and Rural Development and Tourism should develop processes to identify and follow up Industrial Expansion Fund loans in arrears in a timely manner.
Status – Complete

3.11 The Department of Economic and Rural Development and Tourism should determine the standard information which should be examined during Industrial Expansion Fund annual account reviews and develop a process to ensure this information is obtained and documented.
Status – Complete

3.12 The Department of Economic and Rural Development and Tourism should document follow-up action in client files when information required by letters of offer is not received in a timely manner.
Status – Complete

3.13 The Department of Economic and Rural Development and Tourism should put processes in place to ensure an accurate monthly arrears report is prepared by Industrial Expansion Fund staff. This report should be signed off by senior management each

month and historical copies should be retained in accordance with government records requirements.
Status – Complete

3.14 The Department of Economic and Rural Development and Tourism should consider transferring the administration of the Industrial Expansion Fund to Nova Scotia Business Inc. to ensure appropriate governance, controls, and policies regarding transactions. Alternatively, the Department should implement a similar process with its own governance, controls and policies. This would be achieved by implementing all of the recommendations in this Chapter.
Status – Not Complete

3.15 Nova Scotia Business Inc., in conjunction with its Board, should review and update loan policies and procedures as appropriate.
Status – Complete

3.16 Nova Scotia Business Inc. should establish a process to ensure that any policy exceptions are separately identified to the approving authority (generally the Board or one of its Committees).
Status – Complete

3.17 Nova Scotia Business Inc. should ensure the accounting system used for loans and other assistance can produce a complete and accurate listing of accounts in arrears.
Status – Not Complete

3.18 Nova Scotia Business Inc. should maintain a listing of investment attraction payroll rebates that did not move forward for approval.
Status – Complete

Chapter 4 – Health and Wellness: Colchester Regional Hospital Replacement

4.1 The Department of Health and Wellness should establish a schedule to review the preliminary budget and approve the final project totals for future capital projects.
Status – Complete

4.2 The Department of Health and Wellness and Colchester East Hants Health Authority should prepare a comprehensive assessment of the funding required to operate the new facility at its intended capacity and agree on the level of funding to be provided.
Status – Department of Health and Wellness – Complete
Status – Colchester East Hants Health Authority – Complete

4.3 The Department of Health and Wellness should put a process in place to ensure only complete and accurate information is presented to Cabinet.
Status – Complete

4.4 The Department of Health and Wellness should put a process in place to ensure management in charge of significant capital projects complete an adequate review and challenge of key estimates prepared by consultants.
Status – Complete

4.5 The Department of Health and Wellness should put a process in place to require regular reviews of grossing factor estimates at significant stages of large construction projects.
Status – Complete

4.6 The Department of Health and Wellness should put a process in place to ensure design decisions are made with due consideration of the impact on costs for future construction projects.
Status – Complete

4.7 The Department of Health and Wellness should put a process in place to ensure decisions to seek LEED certification for construction projects are supported by an analysis of the costs. Costs should then be tracked over the life of the project.
Status – Action No Longer Required (Office of the Auditor General agrees with this status, this recommendation has been removed from further follow-up assignments)

4.8 Colchester East Hants Health Authority should put a process in place to ensure all future change orders are compliant with their change order process.
Status – Complete

4.9 The Department of Health and Wellness should put a process in place to ensure future construction projects have an agreement on how the size of the facility will be measured.
Status – Complete

4.10 The Department of Health and Wellness should require the completion of 30%, 60%, and 90% estimates during the design stage of future construction projects, including significant trade packages for fast track projects.
Status – Not Complete

4.11 The Department of Health and Wellness should sign a contract including clear responsibilities and reporting requirements with its project manager for the Colchester Hospital replacement project.
Status – Complete

4.12 Treasury Board should assign responsibility for construction projects in Nova Scotia to a central organization with the necessary expertise to oversee all significant construction projects for all government departments in Nova Scotia.
Status – Not Complete

4.13 Colchester East Hants Health Authority should conduct a post-occupancy assessment after the new hospital opens to identify lessons learned for future capital projects. The results of this assessment should be shared with the Department of Health and Wellness and central government so that the lessons learned can benefit future projects.
Status – Not Complete

4.14 Following the establishment of a central body to oversee large construction projects, Treasury Board should assign responsibility for post-occupancy assessment of large construction projects to this group.
Status – Not Complete

Chapter 5 – Health and Wellness: Long Term Care – New and Replacement Facilities

5.1 The Department of Health and Wellness should take appropriate steps to ensure decisions to replace long term care facilities are based on a transparent, consistent process and are adequately supported and documented.
Status – Complete

5.2 The Department of Health and Wellness should proceed with the review of the Continuing Care Strategy as soon as possible.
Status – Complete

5.3 The Department of Health and Wellness should sign agreements with all long term care service providers within a year.
Status – Not Complete

5.4 The Department of Health and Wellness should develop a risk assessment process for subsequent projects.
Status – Not Complete

5.5 The Department of Health and Wellness should include wait list information concerning long term care placement on its website.
Status – Do Not Intend to Implement

5.6 The Department of Health and Wellness should immediately implement all recommendations made in Chapter 4 of the June 2007 Report of the Auditor General.
Status – Complete

5.7 The Departments of Health and Wellness and Community Services should update the Homes for Special Care Act and Regulations to ensure current service delivery standards are included.
Status – Not Complete

Chapter 6 – Labour and Advanced Education (now applies to Department of Municipal Affairs): Office of the Fire Marshal

6.1 The Office of the Fire Marshal should conduct a comprehensive assessment of its operations, including an identification and assessment of fire safety risks and resources needed to address those risks. Subsequent to the assessment, a plan should be developed and implemented to change operations as required. Both the assessment and resulting plan should be completed immediately.
Status – Complete

6.2 The Office of the Fire Marshal should evaluate its operational information needs and its management information systems to ensure that all necessary information is being collected and is available for use by staff and management.
Status – Not Complete

6.3 The Office of the Fire Marshal should ensure that at a minimum, a complete inventory of all buildings requiring inspections by that Office, and all inspection and investigation activities, are entered into the system in a timely manner.
Status – Complete

6.4 The Office of the Fire Marshal should ensure all Deputy Fire Marshals submit activity reports as required.
Status – Complete

6.5 The Office of the Fire Marshal should implement performance standards for Deputy Fire Marshals' activities.
Status – Not Complete

6.6 The Office of the Fire Marshal should implement a system to regularly monitor and assess staff performance.
Status – Complete

6.7 The Office of the Fire Marshal should implement a quality assurance process which includes key operational activities.
Status – Not Complete

6.8 The Office of the Fire Marshal should define minimum standards to be used in determining an appropriate system of inspections for municipalities and update legislation as required.
Status – Not Complete

6.9 The Office of the Fire Marshal should perform fire safety inspections when municipalities fail to complete inspections as required by the Fire Safety Act.
Status – Not Complete

6.10 The Office of the Fire Marshal should implement policies and procedures to follow up deficiencies identified during its reviews of municipalities.
Status – Not Complete

6.11 The Office of the Fire Marshal should develop and implement a plan to determine whether municipalities are currently complying with their legislative responsibilities and to ensure that they continue to comply.
Status – Not Complete

6.12 The Office of the Fire Marshal should meet their inspection responsibilities as required by legislation and Office of the Fire Marshal policy.
Status – Complete

6.13 The Office of the Fire Marshal should ensure that public schools are inspected at the frequency required by the Fire Safety Act.
Status – Complete

6.14 The Office of the Fire Marshal should define what constitutes a serious fire safety deficiency identified during inspections.
Status – Complete

6.15 The Office of the Fire Marshal should implement policies and procedures regarding the inspection reporting method to be used by Deputy Fire Marshals when deficiencies are found.
Status – Not Complete

6.16 The Office of the Fire Marshal should implement policies and procedures regarding the time frames required to report deficiencies identified during inspections.
Status – Not Complete

6.17 The Office of the Fire Marshal should implement policies and procedures regarding required time frames for building owners to address deficiencies noted in inspection reports.
Status – Not Complete

6.18 The Office of the Fire Marshal should implement policies and procedures for adequate follow-up and enforcement of inspection deficiencies.
Status – Not Complete

6.19 The Office of Fire Marshal should implement inspection guidelines regarding inspection coverage.
Status – Complete

6.20 The Office of the Fire Marshal should implement an inspection checklist which should be signed by the Deputy Fire Marshal.
Status – Complete

6.21 The Office of the Fire Marshal should implement policies and procedures related to the documentation and investigation of fire safety related complaints.
Status – Complete

6.22 The Office of the Fire Marshal should implement an orientation training policy.
Status – Complete

6.23 The Office of the Fire Marshal should follow up on fire safety deficiencies noted during the review of construction plans to ensure these deficiencies have been appropriately addressed.
Status – Not Complete

6.24 The Department of Labour and Advanced Education should make it a priority to address all recommendations in this Chapter.
Status – Not Complete

6.25 The Office of the Fire Marshal should implement a fire safety education plan based on an assessment of risks. The plan should be monitored and periodically updated where applicable.
Status – Not Complete

Chapter 7 – Service Nova Scotia and Municipal Relations (now applies to Transportation and Infrastructure Renewal): Registry of Motor Vehicles

7.1 Service Nova Scotia and Municipal Relations should implement a process to verify that driver examiners meet and continue to meet the position requirements for a valid driver's licence and safe driving record.
Status – Complete

7.2 Service Nova Scotia and Municipal Relations should only issue licences to driving schools and instructors when all licensing requirements have been met and documented.
Status – Complete

7.3 Service Nova Scotia and Municipal Relations should implement a process to follow up complaints and action items resulting from the review of driving schools. The process should include appropriate file documentation standards and timelines for completion.
Status – Complete

7.4 Service Nova Scotia and Municipal Relations should eliminate the backlog of collision reports for processing.
Status – Complete

7.5 Service Nova Scotia and Municipal Relations should implement a process for timely recording of collision reports in the Registry of Motor Vehicles system.
Status – Complete

7.6 Service Nova Scotia and Municipal Relations should develop a tracking system to record all 24-hour and 90-day suspension reports and to document those reports referred to Driver Competency for further review. The tracking log should be reconciled periodically to ensure all suspensions have been recorded and the required reviews completed.
Status – Complete

7.7 Service Nova Scotia and Municipal Relations should eliminate the backlog of medical documentation awaiting review.
Status – Complete

7.8 Service Nova Scotia and Municipal Relations should implement and monitor standards for appropriate time frames to review and process medical documents received.
Status – Complete

7.9 Service Nova Scotia and Municipal Relations should monitor and enforce deadlines for drivers to provide medical assessments within the required time frame.
Status – Complete

7.10 Service Nova Scotia and Municipal Relations should implement standards that set out an appropriate time frame for review of, and action on, high-risk drivers' records. These standards should be monitored for compliance.
Status – Complete

7.11 Service Nova Scotia and Municipal Relations should implement a quality assurance process to ensure suspensions and other decisions are accurately recorded in the Registry of Motor Vehicles system and drivers are promptly notified.
Status – Complete

7.12 Service Nova Scotia and Municipal Relations should implement one set of criteria to identify high-risk drivers' records which require additional review and intervention action.
Status – Complete

7.13 Service Nova Scotia and Municipal Relations should issue motor vehicle inspection licences only when licence requirements are met and documented.
Status – Complete

7.14 Service Nova Scotia and Municipal Relations should implement a process to monitor and ensure stations and testers renew their licences prior to expiry.
Status – Complete

7.15 Service Nova Scotia and Municipal Relations should implement policies and procedures to ensure inspection stations return completed sticker books, returned sticker books are promptly reconciled, and discrepancies investigated.
Status – Not Complete

7.16 Service Nova Scotia and Municipal Relations should obtain all outstanding completed sticker books.
Status – Not Complete

7.17 Service Nova Scotia and Municipal Relations should establish a cut-off date in December and cease issuing sticker books to stations that have not renewed their licence by that date.
Status – Not Complete

7.18 Service Nova Scotia and Municipal Relations should implement a risk-based process for inspection station audit selection, set audit targets, and ensure uniform audit coverage across the province.
Status – Not Complete

7.19 Service Nova Scotia and Municipal Relations should implement investigation procedures and management oversight processes for motor vehicle safety inspections.
Status – Complete

7.20 Service Nova Scotia and Municipal Relations should provide written guidance for inspectors on enforcement strategies to assist them in determining appropriate action when they encounter vehicle safety inspection violations.
Status – Not Complete

7.21 Service Nova Scotia and Municipal Relations should update its inspector's manual and policies to provide clear and appropriate guidance to motor vehicle safety inspectors.
Status – Complete

Chapter 8 – Service Nova Scotia and Municipal Relations (now Service Nova Scotia): Registry of Motor Vehicles Information and Technology

8.1 Service Nova Scotia and Municipal Relations should implement and adhere to a transaction review process for all staff members who enter transactions into the Registry of Motor Vehicles systems.
Status – Complete

8.2 Service Nova Scotia and Municipal Relations should improve its management of access to Registry of Motor Vehicles systems, including:

- the use of consistent processes;
- better documentation and tracking of the granting and changing of access privileges;

- provision of access to only the information needed by a system user;
- avoidance of segregation of duties problems;
- more timely deletion of access privileges when they are no longer needed; and
- removal of dormant user accounts.

Status – Not Complete

8.3 Service Nova Scotia and Municipal Relations should develop processes for verifying information received from customers, at least on a test basis subsequent to the transaction.
Status – Not Complete

8.4 Service Nova Scotia and Municipal Relations should provide fraud training to all staff responsible for assessing the authenticity of identification documents.
Status – Complete

8.5 Service Nova Scotia and Municipal Relations should enforce the requirement that all system users read and sign a confidentiality agreement before being granted access to Registry of Motor Vehicles systems.
Status – Complete

8.6 Service Nova Scotia and Municipal Relations should create and enforce policies to prevent the retention of personal information that is not required to complete a transaction.
Status – Complete

8.7 Service Nova Scotia and Municipal Relations should develop access log reports and use them to monitor for inappropriate access to Registry of Motor Vehicles' customer records.
Status – Not Complete

8.8 Service Nova Scotia and Municipal Relations should have a process to ensure privacy statements provided to customers are accurate.
Status – Not Complete

8.9 Service Nova Scotia and Municipal Relations should have a process to ensure only necessary information is shared with external organizations.
Status – Complete

8.10 Service Nova Scotia and Municipal Relations should develop and follow a comprehensive policy with respect to the sharing of Registry of Motor Vehicles' customer information. The policy should indicate all external parties receiving information from and providing information to the Registry of Motor Vehicles, and set out requirements to administer information sharing agreements on a continual basis.
Status – Complete

8.11 Service Nova Scotia and Municipal Relations should control access to the Registry of Motor Vehicles' training environment and test environment with the same level of rigor used for its live environment. Alternatively, it should not use data from its live systems in its training and test environments.
Status – Not Complete

8.12 Service Nova Scotia and Municipal Relations should increase the security around the data in its Road Safety Medical System by regularly reviewing user accounts to ensure all accounts are still required, and by changing the configuration settings of the system to require stronger passwords.
Status – Complete

8.13 The Chief Information Officer should test and implement security patches for its Oracle database in a timely manner.
Status – Complete

Detailed Implementation Status: November 2011 Recommendations

Chapter 2 – Disaster Preparedness – Major Government Information Systems

2.1 The Chief Information Office should complete its disaster recovery plan as soon as possible without jeopardizing the completeness and quality of the plan.
Status – Complete

2.2 The Chief Information Office should establish and implement a strategy that provides restoration facilities in the event the provincial data centre becomes unavailable.
Status – Not Complete

2.3 The Chief Information Office should complete a business impact analysis and threat risk assessment in conjunction with its client departments and agencies to assist in the documentation of information system requirements and priorities in the event of a disaster.
Status – Not Complete

2.4 The Chief Information Office should ensure documented disaster recovery procedures are sufficiently detailed to avoid reliance on specific staff members.
Status – Not Complete

2.5 The Chief Information Office should test the procedures defined to recover from a disaster.
Status – Not Complete

2.6 The Chief Information Office should develop a training strategy and provide training on the processes used to recover from a disaster.
Status – Not Complete

2.7 The Chief Information Office should document data backup policies and procedures.
Status – Not Complete

2.8 The Chief Information Office should ensure all services it receives that are necessary to protect and operate the data centre are covered by a written agreement.
Status – Not Complete

2.9 The Chief Information Office should separate the data centre from the paper records warehouse.
Status – Do Not Intend to Implement (Office of the Auditor General agrees with this status, this recommendation has been removed from further follow-up assignments)

2.10 The Chief Information Office should evaluate the cost and benefits of a gas-based fire suppression system in its current and future data centres.
Status – Complete

2.11 Corporate Information Systems should perform an assessment to identify key threats and the impact of a disaster affecting both the primary and secondary data centre sites simultaneously.
Status – Not Complete

2.12 Corporate Information Systems should include procedures required to establish alternate means of network connectivity in its disaster recovery plan so SAP users can access systems at the secondary site.
Status – Not Complete

2.13 Corporate Information Systems should execute a written agreement for the supply of space and services needed to operate the SAP secondary site.
Status – Not Complete

2.14 Corporate Information Systems should take steps to ensure the communication and distribution procedures of the SAP disaster recovery plan are followed.
Status – Complete

2.15 Corporate Information Systems should include procedures with respect to training, awareness and lessons learned in its SAP disaster recovery plan.
Status – Complete

Chapter 3 – Agriculture: Meat Inspection Program

3.1 Department of Agriculture management should update the regulations to reflect the current operating procedures of the Nova Scotia meat inspection program.
Status – Not Complete

3.2 Department of Agriculture management should develop and implement a policy to guide inspectors in assigning and documenting severity ratings for deficiencies.
Status – Complete

3.3 Department of Agriculture management should require inspectors to provide a compliance date for addressing all deficiencies.
Status – Complete

3.4 Department of Agriculture management should develop guidance for inspectors to use when assigning compliance dates to deficiencies.
Status – Complete

3.5 Department of Agriculture management should develop and implement a policy respecting the timing of inspector follow-up of deficiencies identified during audits. The policy should include documentation requirements such as when follow-up is performed, the results, and when deficiencies are corrected.
Status – Complete

3.6 Department of Agriculture management should take the steps required to obtain the authority to use other enforcement tools such as tickets when deficiencies are not corrected.
Status – Complete

3.7 Department of Agriculture management should develop and implement a policy respecting the enforcement action to be taken when deficiencies are not addressed by the compliance date. The policy should include requirements for documentation of actions taken when deficiencies are not corrected.
Status – Complete

3.8 Department of Agriculture management should complete a risk assessment to determine and document the required frequency of audits of slaughterhouses and meat processing plants. Management should take steps to ensure that audits are conducted as required.
Status – Complete

3.9 Department of Agriculture management should develop and implement a policy outlining the frequency of water tests, specific tests to be conducted, and the process to be followed if the water needs to be treated. Management should take steps to ensure the policy is being followed.
Status – Complete

3.10 Department of Agriculture management should develop and implement a policy for bacteria testing including the frequency of testing required.
Status – Not Complete

3.11 Department of Agriculture management should take steps to ensure the following are documented in audit reports or supporting files:

- items examined in each area of the facility;
- inspector signoff indicating all required areas have been examined, deficiencies noted, and discussed with responsible facility owner/staff;
- a compliance date for each deficiency reported;
- consequences of not meeting compliance dates; and
- identification of reoccurring deficiencies.

Status – Complete

3.12 Department of Agriculture management should determine their operational information needs including audit and inspection activities, and with the aid of AMANDA ensure the information is collected and available.
Status – Not Complete

3.13 The Department of Agriculture should ensure inspectors submit detailed time reports and the information provided from those reports should be used for resource and performance management.
Status – Complete

3.14 The Department of Agriculture should implement a system to regularly monitor and assess staff performance.
Status – Complete

3.15 The Department of Agriculture should implement a quality assurance process which includes key operational activities.
Status – Not Complete

3.16 Department of Agriculture management should develop and implement a policy related to the documentation and investigation of meat safety complaints.
Status – Complete

Chapter 4 – Community Services and Health and Wellness: Protection of Persons in Care

4.1 The Department of Health and Wellness and the Department of Community Services should complete and implement their new policy manual.
Status – Complete

4.2 The Department of Health and Wellness and the Department of Community Services should establish a process to ensure all complaints are tracked on intake to ensure the complaint was received at the appropriate central office.
Status – Complete

4.3 The Department of Health and Wellness and the Department of Community Services should ensure the revised policy manual reflects current and planned practices. Additionally, processes should be put in place to ensure that all policies are followed.
Status – Complete

4.4 The Department of Health and Wellness and the Department of Community Services should implement an appeal process for Protection of Persons in Care investigations.
Status – Not Complete

4.5 The Department of Health and Wellness should implement a quality assurance program to ensure files meet standards. This should include management signoff for completed reviews.
Status – Complete

4.6 The Department of Health and Wellness and the Department of Community Services should develop processes to ensure that the data recorded in their systems is accurate and complete.
Status – Complete

4.7 The Department of Health and Wellness and the Department of Community Services should identify and implement a single information system with appropriate IT support.
Status – Not Complete

4.8 The Department of Health and Wellness and the Department of Community Services should establish performance indicators to measure achievement towards meeting program goals.
Status – Complete

4.9 The Department of Health and Wellness should maintain complete records identifying which facilities have received training on Protection of Persons in Care; this information should be used to determine ongoing training requirements.
Status – Complete

Chapter 5 – Energy: Canada-Nova Scotia Offshore Petroleum Board

5.1 The Department of Energy should evaluate the legislative framework under which the Canada-Nova Scotia Offshore Petroleum Board operates and take the actions necessary to ensure the Board complies with the Nova Scotia Auditor General Act,

including full cooperation with the Office of the Auditor General in any audit of the Board's operations. This includes providing the Office with unrestricted access to all information in its possession and acknowledging the Auditor General's right to report to the House of Assembly without interference by the Board or its operators.
Status – Not Complete

Chapter 6 – Justice: Implementation of Nunn Commission of Inquiry Recommendations

6.1 The Department of Justice should monitor training of court staff to ensure training is current.
Status – Complete

6.2 The Department of Justice should evaluate and take appropriate action to address the gap between unsupervised bail and pretrial detention for youth facing criminal charges.
Status – Do Not Intend to Implement

Detailed Implementation Status: May 2012 Recommendations

Chapter 2 – Follow-up of 2005 to 2009 Performance Audit Recommendations

2.1 Treasury Board Office should update the Tracking Auditor General Recommendations system to ensure it is accurate and complete.
Status – Complete

2.2 Treasury Board Office should implement a quality assurance process to ensure information reported on the implementation status of recommendations in the Tracking Auditor General Recommendations system is accurate and complete.
Status – Do Not Intend to Implement (Office of the Auditor General agrees with this status, this recommendation has been removed from further follow-up assignments)

Chapter 3 – Health and Wellness: Addiction Services at Annapolis Valley Health

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.
Status – Not Complete

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.
Status – Not Complete

3.3 The Department of Health and Wellness should revise its addiction services standards so that standards are measurable where possible.
Status – Not Complete

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

3.5 The Department of Health and Wellness should revise addiction standards to address the entire population seeking services.
Status – Not Complete

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

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.
Status – Complete

3.8 The Department of Health and Wellness should implement a single province-wide intake and wait list for withdrawal management programs.
Status – Do Not Intend to Implement

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

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

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

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

3.13 Annapolis Valley Health should implement outcome monitoring for all of its addiction services programs.
Status – Not Complete

Chapter 4 – Health and Wellness: Infection Prevention and Control at Cape Breton District Health Authority and Capital Health

4.1 The Department of Health and Wellness should initiate a province-wide surveillance system operated through Infection Prevention and Control Nova Scotia to track key infection rates in all health care facilities in Nova Scotia.
Status – Complete

4.2 The Department of Health and Wellness should review the staffing level at Infection Prevention and Control Nova Scotia and provide adequate staff for this division to fulfill its objectives.
Status – Complete

4.3 The Department of Health and Wellness should give Infection Prevention and Control Nova Scotia the authority and responsibility to implement monitoring and oversight processes on behalf of the Department to ensure district health authorities across the province have adequate infection prevention and control practices. These practices should be consistent with any best practice guidelines identified or prepared by Infection Prevention and Control Nova Scotia.
Status – Complete

4.4 Cape Breton District Health Authority should implement a process to address infection prevention and control in all hospitals throughout its District year round, including regular visits by infection prevention and control practitioners.
Status – Complete

4.5 Cape Breton District Health Authority should prepare a formal report for both C. difficile outbreaks in the District in 2011. The report should consider the problems which contributed to the outbreak and challenges experienced during the response.
Status – Complete

4.6 Cape Breton District Health Authority should prepare after-outbreak reports for any significant outbreaks in the District. The reports should address the cause of the outbreak, any issues or concerns with the response and provide recommendations for improvement where applicable.
Status – Complete

4.7 The Department of Health and Wellness should require district health authorities and other health care organizations to report all outbreaks and health care or hospital acquired infections to Infection Prevention and Control Nova Scotia immediately.
Status – Complete

4.8 Cape Breton District Health Authority should implement all recommendations identified by Infection Prevention and Control Nova Scotia in its report on the C. difficile outbreak.
Status – Complete

4.9 Capital Health should approve and implement necessary changes to discontinue the use of spray wands in all its facilities.
Status – Not Complete

4.10 Capital Health and Cape Breton District Health Authority should reference all infection prevention and control policies to the evidence-based best practices on which they were developed.
Status – Complete

4.11 Capital Health and Cape Breton District Health Authority should implement a process to review all infection prevention and control policies on a regular basis. Policies should be updated based on any changes identified from these reviews.
Status – Complete

4.12 Cape Breton District Health Authority should implement processes to ensure that infection prevention and control staff are involved in all decisions with the potential to impact infection prevention and control in the District. Among other areas, this would include construction projects and all equipment and furniture purchases.
Status – Complete

4.13 Capital Health and Cape Breton District Health Authority should implement a consistent process for all hospitals in the District that ensures:
- all scopes are properly cleaned and disinfected;
- staff verify the cleaning processes were completed; and
- clear and well-documented evidence of the cleaning process.

Status – Complete

4.14 Capital Health and Cape Breton District Health Authority should implement processes to ensure that all aspects of sterilization are consistent with manufacturer's requirements
Status – Complete

4.15 Capital Health should finalize its flash sterilization policy.
Status – Complete

4.16 Capital Health and Cape Breton District Health Authority should implement processes to ensure flash sterilization is only used in situations which are acceptable based on national best practices.
Status – Complete

4.17 Cape Breton District Health Authority should immediately implement a process to ensure that infection control staff conduct regular audits of all sterile processing units in the District.
Status – Not Complete

4.18 Capital Health should review sterile processing position descriptions to verify education requirements are accurate.
Status – Complete

4.19 Capital Health should update its processes for annual competency checks of sterile processing staff to ensure these checks are completed as required by District policy.
Status – Complete

4.20 Cape Breton District Health Authority should implement regular competency checks of sterile processing staff.
Status – Complete

4.21 Cape Breton District Health Authority should implement continuing education requirements for sterile processing staff.
Status – Complete

4.22 The Department of Health and Wellness should review single-use device reprocessing and develop a provincial policy which all district health authorities can follow.
Status – Not Complete

4.23 Cape Breton District Health Authority should have all infection control practitioners conduct hand hygiene audits on the units and facilities for which they are responsible.
Status – Complete

4.24 Cape Breton District Health Authority should implement processes to ensure all hospital units have an initial hand hygiene audit and regular follow-up audits.
Status – Complete

4.25 Cape Breton District Health Authority should implement processes to ensure all hand hygiene audits are of sufficient size to ensure meaningful results.
Status – Complete

4.26 Cape Breton District Health Authority should post the results of its hand hygiene audits in a publicly visible location.
Status – Complete

4.27 Cape Breton District Health Authority should implement a process to ensure the classification of hospital acquired infections is consistent with District policies.
Status – Complete

4.28 Cape Breton District Health Authority should develop a more efficient and timely surveillance approach for hospital acquired infections.
Status – Complete

4.29 Cape Breton District Health Authority should improve its communication of hospital acquired infection rates by posting information in areas which health care workers, patients and families or visitors can easily access.
Status – Complete

Chapter 5 – Health and Wellness: Nova Scotia Prescription Monitoring Program

5.1 The Nova Scotia Prescription Monitoring Board and the Department of Health and Wellness should review and amend the service obligations agreement with Medavie Blue Cross to address any requirements which are no longer relevant.
Status – Complete

5.2 The Department of Health and Wellness should require hospitals in the province to provide regular reports of monitored drugs dispensed to patients when discharged from hospitals or emergency rooms, either directly to the Department or to the Nova Scotia Prescription Monitoring Program.
Status – Complete

5.3 The Nova Scotia Prescription Monitoring Program should monitor and assess action taken based on response codes as a means to identify pharmacies which may require further follow-up.
Status – Complete

5.4 The Nova Scotia Prescription Monitoring Program should monitor the effectiveness of its alerts to physicians and pharmacists and report the results to the Board.
Status – Complete

5.5 The Nova Scotia Prescription Monitoring Program should require pharmacies to enter prescription information for monitored drugs dispensed when the system is not working as soon as the system becomes available.
Status – Complete

5.6 The Nova Scotia Prescription Monitoring Program should conduct audits of all pharmacies registered with the Program at least once every two years.
Status – Complete

5.7 The Nova Scotia Prescription Monitoring Program should change its audit process to base final conclusions on all items tested during the audit period.
Status – Complete

5.8 The Nova Scotia Prescription Monitoring Program should redesign its drug utilization review and multiple prescriber reports to better use technology and reduce the reliance on manual review. The Program should aim to develop reports in which the majority of items flagged require further follow-up.
Status – Not Complete

5.9 The Nova Scotia Prescription Monitoring Program should document support for all decisions made during the review of the drug utilization review and multiple prescriber reports, including decisions regarding whether to follow-up and whether responses are acceptable.
Status – Not Complete

5.10 The Nova Scotia Prescription Monitoring Program should implement a quality assurance process to review the adequacy and appropriateness of the work completed by staff on the drug utilization review and multiple prescriber reports as well as other Program reports.
Status – Not Complete

5.11 The Nova Scotia Prescription Monitoring Program should implement standard timeframes within which cases referred to the medical consultant should be reviewed. Referrals should be monitored to verify these timeframes are met.
Status – Complete

5.12 The Nova Scotia Prescription Monitoring Program's reviews of publicly-funded methadone treatment should identify all prescriptions for monitored drugs, including methadone.
Status – Complete

5.13 The Nova Scotia Prescription Monitoring Program should change the error messages that occur when a program name entered to generate a report is not found to clearly state that fact, rather than simply returning no data.
Status – Complete

5.14 The Nova Scotia Prescription Monitoring Program should comply with their policy and send notification letters to all prescribers when instances of patient noncompliance are identified.
Status – Complete

5.15 The Nova Scotia Prescription Monitoring Program should establish a process to ensure all prescription pads reported as lost, stolen or forged are cancelled immediately.
Status – Complete

5.16 The Nova Scotia Prescription Monitoring Program should not issue duplicate prescription pads to prescribers who are leaving the Program unless these prescribers can demonstrate the need for additional duplicate pads during their remaining time with the Program.
Status – Complete

5.17 The Nova Scotia Prescription Monitoring Program, Board, and the Department of Health and Wellness should work together to determine the most efficient and cost-effective means of applying the recommendations in this Chapter.
Status – Not Complete

Chapter 6 – Justice: Office of Public Trustee

6.1 The Office of Public Trustee should assign staff to supervise the initial identification, assessment and collection of client assets to ensure all assets are properly accounted for and collected.
Status – Not Complete

6.2 The Office of Public Trustee should verify auctioneers have sufficient insurance coverage to protect client assets prior to authorizing the auctioneers to take the assets into their possession for sale.
Status – Complete

6.3 The Office of Public Trustee should review its policies on real and personal property to include a general direction to staff to consider and address risks to all property.
Status – Complete

6.4 The Office of Public Trustee should develop a checklist or document procedures as a guide for the review of files managed by staff lawyers.
Status – Complete

6.5 The Office of Public Trustee should include client files managed by the Public Trustee and those of the senior trust officer as part of the yearly file review process to ensure consistency and compliance with policies.
Status – Complete

6.6 The Office of Public Trustee should complete annual performance evaluations for all staff.
Status – Complete

6.7 The Office of Public Trustee should establish and monitor performance standards to ensure staff are meeting performance expectations.
Status – Complete

6.8 The Office of Public Trustee should restrict and track staff access to the secure storage cabinet in the vault.
Status – Complete

6.9 The Office of Public Trustee should carry out inventory counts on the assets stored in the vault on a regular basis. Management should review and retain inventory count records.
Status – Complete

6.10 The Office of Public Trustee should have two persons carry out the inventory counts. This should preferably include someone who does not have access to client records.
Status – Complete

6.11 The Office of Public Trustee should carry out periodic verification of client assets held long-term in offsite storage.
Status – Complete

6.12 Office of Public Trustee staff should include evidence in client files that client financial summary reports are reviewed monthly.
Status – Complete

6.13 The Office of Public Trustee should update the health care decisions complaints policy to include guidance on when to request a complaint be submitted in writing.
Status – Complete

6.14 The Office of Public Trustee should log and track complaints received to ensure timely disposition.
Status – Complete

6.15 The Office of Public Trustee should obtain sufficient IT services to upgrade the current information system to meet the needs of the Health Care Decisions Division.
Status – Complete

6.16 The Office of Public Trustee should obtain a recognized and comprehensive financial accounting and reporting system.
Status – Not Complete

Detailed Implementation Status: November 2012 Recommendations

Chapter 2 – Education and Early Childhood Development: Home Schooling

2.1 The Department of Education should establish clear and measurable learning objectives and outcomes for the home schooling program.
Status – Not Complete

2.2 The Department of Education should require periodic, independent assessment of home schooled children against learning objectives and outcomes.
Status – Not Complete

2.3 The Department of Education should revise its home schooling material to provide clear information and guidance to parents on how to outline the program plan and the type of information to provide, including examples of the child's work, in the yearly progress report.
Status – Not Complete

2.4 The Department of Education should assess the programs proposed by parents to determine if they are designed to achieve appropriate learning objectives and outcomes for home schooled children.
Status – Not Complete

2.5 The Department of Education should document its assessment of proposed home schooling programs in its files, through use of a checklist or other suitable form.
Status – Not Complete

2.6 The Department of Education should obtain information on learning outcomes of home schooled children to determine if they are making reasonable educational progress.
Status – Not Complete

2.7 The Department of Education should document in its files its assessment of the learning outcomes of home schooled children. Any action taken as a result of the assessment should also be documented.
Status – Not Complete

2.8 The Department of Education should track home school registration using its computerized database to determine which children are not registered for the current year and whether follow up is needed.
Status – Complete

2.9 The Department of Education should track receipt of progress reports using the computerized database to determine which children progress reports have not been received and whether follow up is needed.
Status – Complete

2.10 The Department of Education should verify whether children no longer registered for home schooling are registered in the public school system.
Status – Complete

2.11 The Department of Education should track children leaving public school for home schooling to ensure they are properly registered for home schooling.
Status – Not Complete

2.12 The Department of Education should explore the possibility of establishing an information sharing protocol with the Department of Health and Wellness to enable tracking of all school-aged children in the province to determine whether they are registered for school.
Status – Complete

Chapter 3 – Health and Wellness: Capital Health and IWK Health Centre Personal Health Information Systems

3.1 Capital Health should document its data backup and restoration procedures.
Status – Not Complete

3.2 Capital Health should consult with all relevant departments when prioritizing systems for recovery after a disaster.
Status – Not Complete

3.3 Capital Health should provide adequate testing and training for all significant processes described in its disaster recovery plan.
Status – Not Complete

3.4 Capital Health should have a secondary site at which to restore its systems in the event a disaster damages its data centre.
Status – Not Complete

3.5 The IWK Health Centre should update its disaster recovery plan.
Status – Not Complete

3.6 The IWK Health Centre should test its disaster recovery plan and ensure IT employees have been trained on their roles and responsibilities.
Status – Not Complete

3.7 The IWK Health Centre should have a secondary site in which to restore its systems if a disaster damages its data centre.
Status – Not Complete

3.8 Capital Health should re-evaluate its network controls to restrict harmful traffic between systems and mitigate against identified risks.
Status – Not Complete

3.9 The IWK Health Centre should implement network security measures to monitor and restrict malicious network traffic.
Status – Not Complete

3.10 Capital Health should better secure its servers and databases by:

- increasing the strength of acceptable passwords;
- reviewing for the use of weak or blank passwords;
- disabling, or at least changing the default passwords, for user accounts no longer required; and
- encrypting all sensitive information that is sent between systems if there is risk that it may be viewed in transit by persons not authorized to see it.

Status – Not Complete

3.11 IWK Health Centre should better secure its systems by adding additional controls or processes to protect databases including:

- upgrading or replacing databases that are no longer supported by vendors;
- ensuring only authorized users can copy or move databases; and
- restricting end users from directly querying backend databases.

Status – Not Complete

3.12 IWK Health Centre should better secure its systems by increasing password and account controls which include:

- requiring users to use complex passwords;
- preventing users from reusing previous passwords; and
- locking accounts after a number of failed login attempts.

Status – Not Complete

3.13 IWK Health Centre should better secure its systems by restricting access to shared folders to authorized individuals only and reviewing active employee accounts and their permissions on a periodic basis to determine if they are still required.

Status – Not Complete

3.14 Capital Health should evaluate, test and install vendor-recommended security patches on a timely basis.

Status – Not Complete

3.15 Capital Health should upgrade or replace end-of-life systems to ensure all systems are fully supported by their vendors.

Status – Not Complete

3.16 IWK Health Centre should assess, test and install vendor-recommended security patches.

Status – Not Complete

3.17 Capital Health should enable auditing on all patient-related applications that have the ability to do so.

Status – Not Complete

3.18 Capital Health should set a requirement that all new patient-related applications implemented within the organization have the ability to audit user actions, including viewing, modifying and deleting of data.

Status – Not Complete

3.19 Capital Health should, on a sample basis, periodically audit patient-related application logs to determine if users are accessing information that is not required as part of their job responsibilities.

Status – Not Complete

3.20 IWK Health Centre should enable auditing on all systems that have the ability to do so.
Status – Not Complete

3.21 IWK Health Centre should ensure that all new vendor-supplied applications implemented within the organization have the ability to audit users' actions, including the viewing, modifying and deleting of data.
Status – Complete

3.22 IWK Health Centre should, on a sample basis, periodically audit application logs to determine if users are accessing information that is not required as part of their job responsibilities.
Status – Not Complete

3.23 Capital Health should strengthen the security over its IT infrastructure by creating physical security policies, better controlling access to the data centre, and addressing structural issues such as mitigating water hazards and documenting equipment maintenance.
Status – Not Complete

3.24 Capital Health should have a vulnerability assessment completed on its data centre and related infrastructure.
Status – Not Complete

3.25 IWK Health Centre should strengthen the security over its IT infrastructure by improving controls over physical access to the data centre including:
- regular review of updated access lists for proper approvals;
- implementation of logging procedures for all guests;
- regular review of visitor logs; and,
- updating emergency procedures.

Status – Not Complete

3.26 IWK Health Centre should have a vulnerability assessment completed on its data centre and related infrastructure.
Status – Not Complete

3.27 Capital Health should establish a process for every system containing personal health information that ensures all requests to grant, modify, and terminate access are consistent and traceable.
Status – Complete

3.28 Capital Health should use unique temporary passwords when resetting locked-out accounts or creating new accounts.
Status – Not Complete

3.29 Capital Health should ensure that all systems access is only approved by individuals authorized to do so.
Status – Complete

3.30 IWK Health Centre should ensure that access to all systems is only approved by individuals authorized to do so.
Status – Complete

3.31 IWK Health Centre should enhance its processes to ensure that all users' access is removed once their employment has ended.
Status – Complete

3.32 Capital Health should have a process that ensures all new systems are capable of recording when user accounts are set up.
Status – Not Complete

3.33 Capital Health should have a process for the regular review of systems for dormant accounts. All unnecessary dormant accounts should be deactivated.
Status – Not Complete

3.34 IWK Health Centre should have a process for the regular review of systems for dormant accounts, and all unnecessary dormant accounts should be deactivated.
Status – Not Complete

3.35 Capital Health should provide guidance for prioritization of IT service requests.
Status – Not Complete

3.36 Capital Health should document incident response procedures and ensure its eHealth staff members are trained to use them.
Status – Not Complete

3.37 Capital Health should monitor the nature of service desk calls and the resources used to resolve them to ensure the help desk is functioning effectively and efficiently and to ensure significant problems resulting in repeat incidents are being analyzed and fixed.
Status – Not Complete

3.38 IWK Health Centre should document incident response procedures.
Status – Not Complete

3.39 IWK Health Centre should implement a problem management process to document the identification, classification, investigation and resolution of IT problems.
Status – Not Complete

3.40 Capital Health should record proper dates for each ticket produced by the system used to track and manage changes.
Status – Not Complete

3.41 Capital Health should configure its help desk system so that it blocks unauthorized editing of its data.
Status – Not Complete

3.42 Capital Health should implement a process to detect and deter employees from making unauthorized changes.
Status – Not Complete

3.43 IWK Health Centre should document its change management process.
Status – Not Complete

3.44 Capital Health should follow eHealth's project management processes for all significant IT projects throughout the organization.
Status – Not Complete

3.45 IWK Health Centre should maintain a central list of ongoing projects and their status.
Status – Not Complete

3.46 Capital Health should implement a data classification policy.
Status – Not Complete

3.47 Capital Health should implement a process to ensure operational procedure documents contain sufficient information to guide operations staff in their responsibilities. Operational procedure documents should be kept current.
Status – Not Complete

3.48 Capital Health should ensure all servers are being monitored for hard drive capacity.
Status – Not Complete

3.49 Capital Health should implement processes to monitor existing human resources levels and forecast future capacity requirements for providing IT services.
Status – Not Complete

3.50 Capital Health should require employees to periodically refresh their acknowledgement of confidentiality policies, especially when there are significant changes.
Status – Complete

3.51 Capital Health should ensure the requirements of its policy exception policy are being met.
Status – Not Complete

3.52 IWK Health Centre should develop a current, comprehensive set of policies to guide its use and control of information technology.
Status – Not Complete

3.53 IWK Health Centre should develop a process to keep its policies up-to-date.
Status – Not Complete

3.54 IWK Health Centre should require employees to provide documented acknowledgement of their understanding of confidentiality and IT security policies at the time of hire and periodically during their employment term.
Status – Complete

3.55 Capital Health's IT control framework should include a process for monitoring and assessing IT controls.
Status – Not Complete

3.56 IWK Health Centre's IT control framework should include a process for monitoring and assessing IT controls.
Status – Not Complete

3.57 Capital Health should implement an IT risk assessment framework that includes determining and documenting IT risks, related mitigation strategies and the acceptability of its residual risks.
Status – Not Complete

3.58 IWK Health Centre should include residual risks as part of the maintenance of its risk register.
Status – Complete

Chapter 4 – Health and Wellness: Hospital System Capital Planning

4.1 The Department of Health and Wellness should implement multi-year capital planning for the hospital system.
Status – Not Complete

4.2 The Department of Health and Wellness should collect utilization data for major medical equipment and hospital infrastructure.
Status – Complete

4.3 The Department of Health and Wellness should consider utilization data when making funding allocation decisions.
Status – Complete

4.4 The Department of Health and Wellness should include representation from all district health authorities and the IWK Health Centre on the Infrastructure Management Repair and Renewal Committee.
Status – Complete

4.5 The Department of Health and Wellness should assign sufficient staff resources to review hospital system equipment funding requests.
Status – Do Not Intend to Implement (Office of the Auditor General agrees with this status, this recommendation has been removed from further follow-up assignments)

4.6 The Department of Health and Wellness should include the district health authorities and the IWK Health Centre in its criteria selection and scoring processes for equipment allocation.
Status – Complete

4.7 The Department of Health and Wellness should review its use of the Pairwise scoring system and ensure that criteria are weighted in a consistent and appropriate manner.
Status – Complete

4.8 The Department of Health and Wellness should revise the scoring approach for its equipment group to ensure that final scoring is consistent with funding criteria.
Status – Complete

4.9 The Department of Health and Wellness should develop a process to ensure information to support equipment scores assigned during capital funding is adequately documented.
Status – Complete

4.10 The Department of Health and Wellness should examine its process for requesting equipment funding submissions to ensure it considers the relative size of each district and the mix of services offered.
Status – Complete

4.11 The Department of Health and Wellness should revise the approach used to score infrastructure and equipment needs to include specific consideration of future cost savings.
Status – Complete

4.12 The Department of Health and Wellness should examine the risks and rewards of energy savings contracts. The results of this analysis should be used to determine whether to pursue these contracts in the province's hospital system.
Status – Complete

4.13 Guysborough Antigonish Strait Health Authority and South Shore Health should prepare multi-year capital plans.
Status – Not Complete

4.14 Capital Health and Guysborough Antigonish Strait Health Authority should develop an objective ranking system for all capital project priorities.
Status – Capital Health – Complete
Status – Guysborough Antigonish Strait Health Authority – Not Complete

4.15 Guysborough Antigonish Strait Health Authority should prepare an objective district-wide capital project priorities list.
Status – Not Complete

4.16 Capital Health, Guysborough Antigonish Strait Health Authority, and South Shore Health should track the current condition of significant medical equipment assets and infrastructure.
Status – Not Complete

4.17 Capital Health, Guysborough Antigonish Strait Health Authority and South Shore Health should ensure preventative maintenance activities are completed as scheduled.
Status – Not Complete

Chapter 5 – Trade Centre Limited

5.1 Trade Centre Limited should implement a process to review and approve the accuracy of information reported in the Annual Report.
Status – Complete

5.2 Trade Centre Limited should conduct a comprehensive assessment of its internal control systems including the identification and analysis of financial and operational risks, controls necessary to mitigate residual risks and the design of an effective monitoring process.
Status – Not Complete

5.3 Trade Centre Limited should document the internal control framework resulting from the assessment of its internal control systems. The framework should be implemented and monitored for compliance.
Status – Not Complete

5.4 Trade Centre Limited should have an adequate analysis to support the allocation of expenses between Trade Centre Limited and Halifax Metro Centre, as well as internally among Trade Centre Limited business units. This analysis should be documented.
Status – Complete

5.5 Trade Centre Limited should ensure actual salary allocations agree with the approved allocations in the budget effective April 1 each year.
Status – Complete

5.6 Trade Centre Limited should clearly document the rationale for changes to Halifax Metro Centre salary allocations. The changes should be approved by the Chief Financial Officer.
Status – Complete

5.7 Trade Centre Limited should establish event pricing guidelines for sales staff.
Status – Not Complete

5.8 Trade Centre Limited should complete a profit/loss analysis for significant events and take action as appropriate.
Status – Not Complete

5.9 Trade Centre Limited should analyze and document the rationale for the Ticket Atlantic base service charge.
Status – Complete

5.10 Trade Centre Limited should formalize, with the Halifax Regional Municipality, the Ticket Atlantic per ticket commission to be paid to the Halifax Metro Centre.
Status – Complete

5.11 Trade Centre Limited should follow its policy on advances to promoters.
Status – Complete

5.12 Trade Centre Limited should allocate operating costs to tenants based on the lease terms. All new leases should define total rentable square footage.
Status – Complete

5.13 Trade Centre Limited should conduct regular performance assessments on senior management and staff which include measurable performance targets and goals.
Status – Complete

5.14 Trade Centre Limited should update its business travel and expense policy to be consistent with the government travel policy as required. The policy should also be updated to include appropriate documentation requirements and approvals.
Status – Complete

5.15 Trade Centre Limited's updated business and travel expense policy should be approved by its Board and implemented.
Status – Complete

5.16 Trade Centre Limited should comply with its business travel and expense policy and develop a process to monitor compliance.
Status – Complete

5.17 Trade Centre Limited CEO travel expense claims should be reviewed and approved by the Board Chair.
Status – Complete

5.18 Trade Centre Limited should update its procurement policy to include requirements for the use of alternative procurement practices.
Status – Complete

5.19 Trade Centre Limited should comply with its procurement policy and develop a process to monitor compliance.
Status – Complete

5.20 The Executive Council Office should obtain an independent second opinion on the 10-year market projections for the new convention centre.

Status – Do Not Intend to Implement