7.

HEALTH - HOME CARE NOVA SCOTIA

BACKGROUND

7.1 Home Care Nova Scotia was developed to replace the Coordinated Home Care Program (CHCP) which had provided services to seniors and the disabled. CHCP had been established in 1988 and was administered by the Departments of Health and Community Services. In April 1993, the Department of Community Services was given responsibility for the program and in November 1993 it was transferred to Health.

7.2 In April 1994, *Nova Scotia's Blueprint for Health System Reform* included the following comments about the program.

> "*Nova Scotia's existing Home Care Program provides a necessary and valuable service, but is too narrow in scope, too hard to access and is unevenly available.... As a result, too many Nova Scotians are either falling through the cracks, or using expensive hospital services when they could just as effectively, if not more effectively, be cared for in their homes or communities.*"

7.3 It is generally acknowledged that action on home care was one of the most important aspects of the *Blueprint Report*.

7.4 In October 1994 *Home Care Nova Scotia - A Plan for Implementation* was released and Home Care Nova Scotia began operating on June 1, 1995. It is part of the Operations and Regional Support Division of the Department of Health.

7.5 The mission of Home Care Nova Scotia is *"to deliver an array of services to assist Nova Scotians of all ages who have assessed unmet needs in order that they can achieve and maintain their maximum independence while living in their own homes and communities."*

7.6 Home Care Nova Scotia currently consists of a category for individuals with assessed unmet needs who are convalescing, chronically ill, disabled, or experiencing debilities of old age (Chronic Home Care) and a second category available to individuals with acute episodic illnesses who may be treated safely and effectively within the home (Home Hospital Care). Home Hospital Care may be used to divert individuals from hospitals, or in connection with early discharge from hospital.

7.7 Home Care Nova Scotia provides single entry access to home support, personal care and nursing services through a toll-free number accessible throughout the Province. There are plans to expand Home Care Nova Scotia to include other categories - rehabilitative, extraordinary assistance, palliative care, pediatric, self-managed home care - and other services such as occupational therapy, physiotherapy, nutritional counselling, and social work. Even with the development and expansion into these other areas, it is anticipated that 80% of Home Care Nova Scotia clients will be Chronic Home Care users at any time.

7.8 The program has gone through a high-growth period and the number of clients served continues to grow. When we last audited CHCP in 1992, approximately 7,000 clients per year were being served by the program. There were approximately 15,500 clients served in 1995-96 and it is estimated that 18,000 to 18,500 clients will be served during the current year. It is estimated that 28,000 people annually will use Home Care Nova Scotia services by the year 2000.

7.9 The budget for Home Care Nova Scotia in 1995-96 was $44 million and actual expenditures totalled $49 million. The 1996-97 budget for Home Care Nova Scotia is $60 million. The budget includes approximately $11 million related to In-Home Support, a program that had been jointly funded by the municipalities and the Province until 1995 when it became part of the Department of Health through Provincial-Municipal Service Exchange. In-Home Support is currently administered by the municipalities on behalf of the Department of Health. In 1992, when we last audited home care, the total budgets of the Departments of Health and Community Services related to the program plus the municipal In-Home Support component totalled approximately $27 million. The annual budget for home care in the Province has, therefore, increased by about $30 million since 1991-92. It is interesting to note that the budget for hospital services in the Province has declined by approximately $140 million during the same time period.

7.10 Home Care Nova Scotia provincial office staff consists of three permanent and three term positions plus administrative support staff. The program is now administered on a regional basis and the regions correspond geographically to the regions served by the four Regional Health Boards.

7.11 The program is structured to separate accountability for assessment and service delivery. Assessments of unmet needs are performed by Care Coordinators who are employees of the Department of Health (DOH). The Department of Health contracts with service providers for most nursing and all home support services. Nursing services are provided by the Victorian Order of Nurses (VON) and Martha's Home Health Care (MHHC). DOH staff provide nursing services in those areas not serviced by VON (about 25% of total nursing services). Home support services are provided by 27 home support agencies. Some of the agencies are municipally-owned; others are either non-profit or private for-profit agencies. Home support agencies are funded by DOH on the basis of a line-by-line budget. User fees collected by agencies for home support services provided under Home Care Nova Scotia are netted against agency budgets. User fees are for Chronic Home Care clients only. Clients are not charged for nursing services.

RESULTS IN BRIEF

7.12 The following are the major findings resulting from our review of Home Care Nova Scotia.

- Strategic and operational plans have been developed for Home Care Nova Scotia. The plans are consistent with the strategic goals of the Department of Health as reported in *Government By Design*. Home Care Nova Scotia has addressed or has plans to address many of the recommendations in *Nova Scotia's Blueprint for Health System Reform* related to the provision of health services in the home. Additional services are expected to be implemented in 1997-98 prior to the devolution of the program to the Regional Health Boards which is anticipated to occur in 1998 or 1999.

- The Department of Health forecasts that Home Care Nova Scotia expenditures for the 1996-97 fiscal year will not exceed the current budget of $60 million.

- Waitlisting procedures have been in effect in Home Care Nova Scotia since August 26, 1996 in order to allow caseload review and reassessment in connection with policy changes. One result of the waitlisting procedures has been to manage program growth. Our conclusion is that measures have been taken to mitigate the risks associated with these procedures although risks would be further reduced if clients were assessed before they were waitlisted. Management has noted that there is ongoing management of the waitlist by regional Waitlist Coordinators, and monthly contact with individuals on the waitlist and/or their families. If there is concern over the person's condition or situation, he/she is to be contacted more frequently.

- Risk management and liability have not been completely addressed in Home Care Nova Scotia's planning processes to date. The Department should perform a comprehensive analysis of risks and potential liabilities including strategies for minimizing the risks, and consideration of the costs and benefits of insurance and self-insurance.

- There is a need to expand outcome measures and performance standards. Information systems and reporting are currently inadequate but this should be rectified later in 1997 when a new information system is implemented.

- The cost of nursing and home support services is determined for each Home Care Nova Scotia client by applying specified rates for each of these services to the frequency of their occurrence. The total is then compared to the maximum cost per client specified in the program policies. For nursing services, the cost represents the actual fee paid by DOH to the service provider but DOH does not have current information showing how this figure relates to the actual costs incurred by the service provider. For home support services, the rate is based on a 1995 analysis of the average cost of providing these services in 1993-94. We recommend rates for nursing and home support services be reviewed. We also recommend that DOH explore other options for the delivery and funding of Home Care Nova Scotia services to determine whether costs can be reduced.

- The Department has developed reasonable policies for key areas of the program. We have made recommendations for improvements in certain policy areas including recommendations that income levels for those receiving homemaker services be verified to external sources; and that agency audits include verification that services provided are consistent with assessed service requirements.

- Home Care Nova Scotia has instituted controls to ensure compliance with its policies and standards including agency audits and program evaluation. We have made recommendations for improvement in certain audit procedures in order to increase their effectiveness. We have also recommended that future evaluations more closely incorporate the objectives of the program.

AUDIT SCOPE

7.13 The objectives of this assignment were to review:

- the planning and budgeting process for Home Care Nova Scotia;

- policies and contracts in certain key areas;

- the control framework for the program to determine whether it provides for monitoring of compliance with policies, and achievement of due regard for economy and efficiency; and

- the performance measurement and reporting process.

7.14 The following general criteria were used in our review.

- There should be appropriate long-term planning and annual budgeting with a link between planning for this program and other planning initiatives at the Department of Health.

- There should be appropriate policies, procedures and controls to ensure that resources are used efficiently and economically and that policies are complied with.

- There should be an established process for measuring performance and reporting results of key programs and initiatives in relation to the established objectives.

- The information system should provide appropriate, timely information for decision-making.

7.15 We also followed up on the findings from our 1992 audit of the Coordinated Home Care Program to determine the status of recommendations made which are relevant to Home Care Nova Scotia. We noted that the majority of recommendations have been addressed. One significant recommendation has not been adequately addressed to date (see paragraph 7.52).

7.16 Our approach consisted of interviews with provincial office staff and a review of Home Care Nova Scotia manuals, reports and other documents. We also interviewed Care Coordinators from two of the four regions in the Province and one Regional Director.

PRINCIPAL FINDINGS

Planning and Budgeting

7.17 *Planning* - The mission statement for Home Care Nova Scotia (see paragraph 7.5) was developed based on a review of mission statements from other home care programs and input from service delivery agencies. The document was approved by the Priorities and Planning Committee.

7.18 Strategic and operational plans have been developed for Home Care Nova Scotia and have been revised on three occasions to date. The plans are consistent with the strategic goals of the Department of Health as reported in *Government By Design.* The operational plans have been migrated to the regions and have been fine-tuned by each of them to meet their own needs. This is an initial stage in preparing regional offices for devolution of the program to the Regional Health Boards which is scheduled for 1998 or 1999.

7.19 Home Care Nova Scotia has addressed many of the recommendations in *Nova Scotia's Blueprint For Health System Reform* related to the provision of health services in the home. Recommendations not yet implemented include:

- single entry *"access to a system of continuing care which includes all aspects of home care/home based care and long-term care, including nursing, medical, social, housing and in-home support services"* (currently being addressed by the Department);

- devolution of responsibility for home care to Regional Health Boards (RHBs) and Community Health Boards which is scheduled for 1998 or 1999;

- implementation of Palliative Home Care, Self-Managed Home Care, Pediatric Home Care, Rehabilitation Home Care, and Extraordinary Assistance Home Care (currently included in plans as discussed in paragraph 7.20 below); and

- lessening the burden on individuals receiving care and their families through respite care, and recognition of the financial burden associated with the informal care giver network and the special needs of persons with disabilities. (Staff noted that Home Care Nova Scotia allows for twice as much respite as was provided under CHCP.)

7.20 Chronic Home Care and Home Hospital Care were implemented on a Province-wide basis on June 1, 1995. Other categories will be implemented through pilot projects in selected areas and the results of each project will be evaluated. Depending on the results of the evaluation and the availability of funding, the pilot project will be expanded to full scale implementation. To date there has been a Self-Managed Implementation Project in Metro and a Palliative Care Pilot Project in Western King's. There are tentative plans for implementation of further program categories in 1997-98 and an amount has been included for Palliative Home Care and Pediatric Home Care in the 1997-98 budget request.

7.21 Risk management and liability have not been completely addressed in Home Care Nova Scotia's planning processes to date. Some analysis of risks has been done as part of the Home Care Nova Scotia Continuing Quality Management initiative (see paragraph 7.45). To date, DOH legal counsel and Home Care Nova Scotia staff have identified certain risk factors associated with the program. However, DOH has not performed a comprehensive analysis of the potential liability associated with these risks for the Department and service providers, developed strategies for minimizing the risks, or analysed costs and benefits of insurance coverage and self-insurance.

7.22 *Budgets and forecasts* - We reviewed the budget process at Home Care Nova Scotia for 1996-97 and financial results to the date of the audit. The budget process for Home Care Nova Scotia has varied in each of the years the program has been operating and is expected to change again for 1997-98.

7.23 The 1996-97 budget was prepared based on input from the Regional Directors. This input related not only to each regional office but also to the home support agencies which submitted detailed budgets to their respective Regional Director. Regional Directors also used the rates specified in the contracts with the nursing agencies to determine the budget for nursing services. The number of visits would be based on the number of visits in the prior year adjusted for planned program growth. DOH does not receive budgets from each nursing agency.

7.24 The resulting regional budgets were combined into a global program budget. This was then compared to a total budget prepared at Home Care Nova Scotia's provincial office which determined the cost of the program for the year based on expected utilization rates.

7.25 Program utilization rates are estimated based on a review of the factors which determine utilization. These include age, mortality, morbidity and disability rates, and the use of long term and acute care facilities. Some statistical information is obtained from Statistics Canada although this is not as current as staff would like. Other information comes from the database used by Home Care Nova Scotia to record program statistics such as admissions, discharges, etc. This database is supplemented by a manual system maintained by each of the regions. Program statistics are provided by the regions to the provincial office on a monthly basis.

7.26 There was a round table discussion of DOH senior management, Home Care Nova Scotia provincial office staff and regional staff to arrive at the 1996-97 budget request of $60 million. However, the budget approved in the 1996-97 Estimates for Home Care Nova Scotia was $49 million. We were unable to determine the rationale for the decrease in the budget from the $60 million requested to $49 million. In late summer 1996, the Department of Health received an additional allocation of Provincial funds ($64.1 million) to cover shortfalls in the 1996-97 budget identified to that point in time. A portion of this amount - $11 million - was allocated to Home Care Nova Scotia which increased the approved budget to $60 million.

7.27 Home Care Nova Scotia provincial office staff indicated that they were unaffected by this additional funding as they had always considered $60 million to be the 1996-97 budget and had operated the program accordingly. There was a mid-year review of the Home Care Nova Scotia

budget by DOH (Corporate Services and Operations and Regional Support Divisions) which analysed monthly program utilization statistics and financial results to date. This resulted in a reallocation of resources between and within the regions to reflect program operations to that point in time and to allow for anticipated future growth in each region. Program expenditures for 1996-97 are forecasted to total $60 million. Home Care Nova Scotia has acknowledged that the waitlisting procedures introduced in August 1996 have assisted Home Care Nova Scotia in meeting the 1996-97 budget.

7.28 Because the Directors of Home Care Nova Scotia were involved in the reallocation of the 1996-97 budget, the 1997-98 budget process will be more centralized. Regional budgets will be based on 1996-97 budgets and Regional Directors will be given a bottom line to manage. The provincial office will determine and control the budget associated with any new program areas and assign it to the regions as necessary.

Contracts with Service Providers

7.29 *VON/MHHC contracts* - The current contract with each of these entities expired on April 1, 1996 and has been running on a month-to-month basis since then. The contract allows for $41.47 per visit for a Registered Nurse (RN) and $30.66 per visit for a Licensed Practical Nurse (LPN). The contract is between VON Nova Scotia (or MHHC) and DOH. VON Nova Scotia receives semi-monthly payments from DOH and allocates these funds to each of its branches throughout the Province. DOH is not involved in this allocation process.

7.30 In 1993-94 the Internal Audit Division of DOH reviewed the revenues allocated to three VON branches by VON Nova Scotia and the actual costs incurred by these branches in delivering CHCP. It was determined that the actual costs for program delivery were in excess of the allocated funds. The procedures performed by Internal Audit were not intended to verify the appropriateness of the contract rate in place at that time. DOH was not able to provide us with an analysis supporting the current contract rates. As well there has been no comparison of the cost of nursing services provided by DOH staff with that provided by VON/MHHC.

7.31 DOH has started working in partnership with the RHBs to define service delivery options. DOH is undertaking some changes and RHBs will continue to pursue any number of options to secure nursing services necessary for delivering the program. Although we understand that DOH does not want to lock itself into a contract situation which may not meet the needs of the regional health boards, we believe the current contract rate should be reviewed to ensure it provides the most economical means of obtaining nursing services. To control costs between now and April 1999, DOH should explore other options for delivery and funding of nursing services to determine if costs can be reduced.

7.32 *Home support services* - Home support agencies are funded by DOH based on an annual budget submission which includes estimated costs and service hours. Payments are made on a semi-monthly basis and adjustments are made if the actual service hours provided differ from the estimate. Agencies are responsible for collecting user fees from Home Care Nova Scotia clients.

7.33 When Care Coordinators prepare the Resource Allocation Plans for a client as part of the assessment process, they determine the number of hours of home support services required by an individual. These hours are then multiplied by $15.18 to determine the cost for home support services for that client. The total cost of the Resource Allocation Plan for the client (home support and nursing services) is compared with the program maximums to ensure they are not exceeded. The $15.18 does not represent the rate actually paid to the agency as the agency is funded on the basis of its approved budget.

7.34 Home Care Nova Scotia staff provided us with an analysis supporting the hourly rate for the home support component of the Resource Allocation Plans. This analysis was conducted in 1995 and determined the average cost of providing home support services based on the 1993-94 financial results of home support agencies. Home Care Nova Scotia staff have indicated there are plans to review the rate again but such a review has not been scheduled yet. As this amount is a key component in determining total cost of service, and ultimately the level of service, for all Home Care Nova Scotia clients, we recommend it be reviewed in detail to ensure it properly reflects the cost of providing home support services.

7.35 We noted that the letter provided to home support agencies indicating their budget allocation for the year does not specifically require adherence to Home Care Nova Scotia policies and procedures, and it does not contain an audit provision. We recommend these features be incorporated into any agreements with service providers. We also recommend that DOH explore other options for delivery and funding of home support services to determine if costs can be reduced.

Policy Development and Implementation

7.36 The Department has developed reasonable policies for key areas of Home Care Nova Scotia which are documented in the Policy Manual. The Policy Manual is provided to a wide range of individuals and organizations including Home Care Nova Scotia staff, hospitals, service provider agencies and some physicians. Standard forms reflecting Home Care Nova Scotia policies have been developed for use by staff in performing their duties. We reviewed policies in certain areas including performance of assessments and waitlist management.

7.37 *Assessment* - Home Care Nova Scotia uses a generalist assessment model which means that one individual (the Care Coordinator who is usually a nurse or a social worker) assesses the unmet functional needs of an individual and determines the required nursing, personal care and homemaker services. The Care Coordinator is the basic gatekeeper for access to Home Care Nova Scotia. For the Home Hospital Care program, the Care Coordinator ensures Home Care Nova Scotia services are in place before a client is discharged to the program.

7.38 The assessment process provides for due regard for economy and efficiency in service delivery through the following practices.

- *The most cost efficient level of care provider who is qualified and appropriate to deliver the service is assigned to an identified task.* Tasks are assigned by the Care Coordinator according to Home Care Nova Scotia charts which indicate the appropriate level of staff to safely deliver a service at the lowest cost. In addition, the Care Coordinator is to ensure family, community and volunteer services are maximized before Home Care Nova Scotia services are recommended.

  There is an informal Peer Review system at Home Care Nova Scotia which allows Care Coordinators to receive feedback as to the appropriateness of their assessments. We believe this system should be formalized and include a periodic review of selected Care Plans to ensure the appropriate service provider has been authorized, and to ensure volunteer services have been appropriately considered.

- *There are documented time frames for completion of assessments for clients entering Home Care Nova Scotia through discharge from hospital or upon referral to Home Care Nova Scotia by a physician.* These individuals are contacted by a Care Coordinator within 3-5 days of admission into Home Care Nova Scotia.

We noted that there are standard response times for contacting clients who access Home Care Nova Scotia through the 1-800 number. We believe standards should also be established for the initial assessment of clients entering Home Care Nova Scotia, and for the reassessment of existing clients.

- *There are service maximum guidelines limiting clients in Chronic Home Care to $2,200 per month in services.* This amount approximates the average monthly cost to the Province of long-term care facilities in Nova Scotia.

  Service maximum guidelines for those in Home Hospital Care are $2,000 for the first 15 days to a maximum $4,000 per month. We were told these rates approximate those used in home hospital programs in other provinces but we did not verify these amounts.

  Care Coordinators have the authority to approve resource allocation plans costing less than $1,000 per month. Cases in excess of $1,000 per month must be approved by the Supervisor of Assessment. Any cases which will exceed the $2,200 guideline must be approved by the Regional Director of Home Care.

- *Some Chronic Home Care clients are charged for home support services.* The maximum charges for home support services are $6 per hour to a maximum of $360 per month. There is no charge for nursing services for Chronic Home Care or Home Hospital Care clients. Home Hospital Care clients are also not charged for medication and supplies related to their acute condition. Chronic Home Care clients are not charged for supplies used during nursing visits. Individuals who require nursing services through Home Care Nova Scotia are automatically eligible for home support services which may be billed. Home support services only are available to others who meet certain financial criteria. Policies state that *"low risk individuals who require only cleaning and laundry, who are financially able to make provision for such service, are ineligible for admission to the program."* We believe that this policy is not specific enough and that the term "financially able" should be more clearly defined.

  Home support charges to clients are based on Canada Assistance Plan income guidelines. However, clients are not required to provide any proof of income. The policy manual notes that income inquiries need not be made of individuals who are willing to pay the maximum home support fee per month ($360).

  A system should be implemented by Home Care Nova Scotia to verify clients' income to external sources. Income levels for those registered under the Seniors' Pharmacare Program are verified against electronic files obtained from Revenue Canada and we recommend that a similar procedure be developed for Home Care Nova Scotia clients, or that Home Care Nova Scotia access the database for the Seniors' Pharmacare Program when a client is a senior.

7.39 *Waitlist management* - Intake management and interim waitlist procedures were initiated on August 26, 1996 to allow for a caseload review and reassessment in connection with the policy revisions which had recently been announced. A result of these procedures was slower program growth. Waitlisting applies only to those requiring Chronic Home Care services who are considered low risk in accordance with Home Care Nova Scotia intake policies. Individuals eligible for services under Home Hospital Care or referred to Home Care Nova Scotia through Adult Protection Services are considered high risk and are not waitlisted for assessment for home care services.

7.40 Individuals seeking Chronic Home Care services are now assigned a priority rating by the intake worker who completes a Priority Intake Tool (PIT) which is a risk assessment instrument. The information to complete the PIT is obtained over the phone. Individuals who score 11 or above per the PIT are considered high risk and are assessed according to the standard response times within each region. Individuals who score below 11 are placed on a waitlist and instructed to contact the intake worker if there is a change in their condition. These individuals are to be seen as time and resources permit with the most urgent cases assessed first. Management noted that there is a Waitlist Coordinator in each region who contacts individuals on that region's waitlist, and/or their families, by telephone, at least on a monthly basis. Individuals whose situation or condition changes may be assessed immediately.

7.41 No individuals who have scored below 11 have been admitted to the program since waitlisting procedures were implemented. Waitlist information to the end of December 1996 indicates that there have been 1,527 admissions to Home Care since September 1, 1996 while 467 individuals had been screened for intake and were awaiting assessment during that four-month period. Once an individual has been assessed, there is no further waitlist for assessed services to commence.

7.42 Our conclusion with respect to waitlisting is that there are procedures in place to manage the risk associated with this policy. The PIT assigns higher factors to individuals who, for example, are at risk for admission to a facility if Home Care Nova Scotia services are not provided and those whose situation is at risk due to care giver support breakdown. However, there is some risk that completion of the PIT based on information obtained over the phone may result in errors in assigning priorities to potential clients. Waitlisting clients after assessment by a Care Coordinator, rather than before, would help to minimize this risk. We understand that the decision to defer assessments for certain individuals was primarily due to the staffing demands of the caseload review.

7.43 *Policy changes* - Home Care Nova Scotia has an informal process that is followed for program changes. The extent of involvement of staff at the regional offices depends on the extent of the change and the time frame for its implementation. Focus groups consisting of provincial office and regional office staff may be used to discuss the impact of changes.

7.44 Home support agencies are informed of the effective date of changes in services to be provided by means of the Home Support Authorization form given to them by the Care Coordinator. This is a revision to the form completed at the time of assessment. Clients are informed of the changes through a letter and through contact by the Care Coordinator. There is usually a grace period to allow the client time to make alternate arrangements before services are reduced or discontinued.

Compliance with Policies

7.45 Home Care Nova Scotia has instituted controls to ensure compliance with its policies and standards. The controls include the following:

- a Continuing Quality Management (CQM) program including agency audits;
- caseload review;
- program evaluation;
- implementation of a new management information system (SACPAT II);
- review of reports and invoices from service providers; and
- standards for training and qualification of service providers.

7.46 These are discussed in the following paragraphs.

7.47 *Agency audits* - The CQM program includes measuring the quality of services delivered by evaluating the activities of service providers against standards; taking appropriate actions once the evaluation is completed; and then reevaluating the service.

7.48 The standards of service delivery were developed by Home Care Nova Scotia staff and address areas such as the qualifications of service providers (e.g., training for Home Support Workers). These standards will be reviewed and revised on a regular basis. Compliance with these standards is determined through agency audits which are to be conducted every six months or annually, depending on the standard. All agencies (including home support and nursing services) are to be audited on a regular basis according to a predetermined schedule, in response to complaints, or if a standard has not been met. Agency audits were performed for the first time in mid-1996. We were informed that the purpose of this first attempt at agency audits was to familiarize both the auditors and the agencies with the concept of testing compliance to standards. Contracts with these agencies do not presently include a provision for these audits to take place and we recommend that Home Care Nova Scotia obtain the proper authority.

7.49 Audits are conducted by Home Care Nova Scotia regional staff such as Supervisors of Assessment and Program Planners. These individuals are trained by the Coordinator of Continuing Quality Management who has been extensively involved in hospital accreditation processes.

7.50 Agency audits determine compliance with Home Care Nova Scotia standards and policies including funding guidelines. However, the audits do not include all aspects of agency operations. Specifically, the audits do not examine whether:

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

7.51 Home Care Nova Scotia staff indicated that some of these areas are included in the multi-year CQM plan.

7.52 An Agency Auditing Tool has been developed for use during these audits and it notes each standard to be audited and the documentation to be obtained during the audit to determine if there has been compliance with the standard. We reviewed the Agency Auditing Tool and noted the following areas for improvement.

- The Tool should provide guidelines for the number of client and personnel files to be examined during the audit.

- The Tool should require that the documentation be examined for completeness and accuracy. For example, the required documentation for one standard is a supervision schedule. Checking for existence of the schedule is not sufficient. The Tool should require the auditor to review the schedule to determine whether all service providers have been observed, or will be observed, by the agency supervisor while performing their duties in a client's home. The standard should also be expanded to indicate whether the Supervisor has observed that the care giver is providing only those services authorized by the Care Coordinator. A finding resulting from our 1992 audit of the Coordinated Home Care Program was that controls were not adequate to ensure only authorized services were provided.

- One of the finance standards requires the auditor to ensure all services billed to Home Care Nova Scotia have been provided by employees of the agency; all services

invoiced have been provided; and that the agency complies with Home Care Nova Scotia program guidelines and its contractual obligations or funding agreements in connection with the submission of invoices. This standard presently applies only to nursing agencies. The standard should be reworded so that it is applicable to home support agencies as well.

7.53 We reviewed audit files and/or reports resulting from the 31 agency audits conducted to date. The results of agency audits are reported to the Director of Home Care Nova Scotia and to DOH senior management. There is a requirement to follow-up on the recommendations made to the agency as a result of the audit within three months of the audit. Follow-up procedures have not taken place to date and we recommend that these be performed during the next round of agency audits.

7.54 *Caseload review* - A Program Review was started in July 1996 resulting in revisions to program policies and the case management process as well as strategies to effectively manage program growth. The impact of policy changes on existing Home Care Nova Scotia clients was determined through a caseload review undertaken in fall 1996. Care Coordinators conducting the caseload review were asked to confirm that their clients were receiving the appropriate Home Care Nova Scotia services in light of new and/or revised policies.

7.55 Home Care Nova Scotia staff have indicated that they do not intend to undertake caseload reviews on a regular basis because there will be regular client reassessments in the future.

7.56 *Program evaluation* - The Research, Statistics and Evaluation (RSE) section of DOH conducts program evaluations in accordance with Departmental priorities and in 1996 conducted an evaluation of Home Care Nova Scotia. The evaluation was conducted through four separate surveys of Home Care Nova Scotia clients and others. We have the following comments regarding these surveys.

- *The scope of the evaluations was limited.* Three of the four surveys were sent to clients who were serviced through Home Care Nova Scotia implementation projects (two for home hospital care and one for palliative care) in the Western region of the Province. A total of 77 clients, care givers, family members/support persons and physicians responded to the surveys. The fourth survey was sent to 800 of approximately 12,000 Home Care Nova Scotia clients participating in either Home Hospital Care or Chronic Home Care. The response rate was 50% as 399 clients completed the survey.

- *The linkage between the survey questions and the objectives of the program was not strong.* Program objectives include preventing or delaying admission to a hospital and improving the client's level of independence. The survey questions dealt mainly with client satisfaction which was very high (e.g., 96% for the random sample of Home Hospital Care and Chronic care clients). We understand that the evaluation process is evolutionary and to date client satisfaction only has been addressed. Staff has indicated that future evaluations will address other program objectives. We recommend that survey questions and other evaluation methods be designed to relate to specific program objectives.

- *The survey results related to the home hospital care implementation project include useful information regarding costs for services delivered.* The cost per day for Home Care Nova Scotia clients in the program from 1-15 days was $132.93 in one region and $195.48 in another. The cost per day declined significantly for clients in the program in excess of 15 days (to $59.37 in one region and $43.23 in another). These costs include only direct costs and there is no allocation of program overhead. The

evaluators acknowledge that these costs were determined based on a small number of Home Care Nova Scotia clients and therefore may not be indicative of program costs in all regions of the Province.

7.57 The findings from the program evaluations have not yet been followed up. Home Care Nova Scotia indicated follow-up was delayed because of the caseload review in the fall of 1996.

7.58 The RSE section plans to look at Home Care Nova Scotia processes during 1997-98 and develop outcome measures. For example, the efficiency and effectiveness of the general assessment model (a single assessment for both nursing and personal needs), and the home care policies on eligibility, entitlement and payment will be examined.

7.59 There is a Home Care Nova Scotia Evaluation Development Team which consists of Home Care Nova Scotia Head Office staff and other DOH staff. The purpose of the team is to act as an advisory group to the RSE division during the program evaluation. An evaluation framework noting the goals, objectives, actions and evaluation methods was prepared for the team and will be revised by Home Care Nova Scotia staff when they conduct their own program evaluations. The evaluation process will include client surveys which are scheduled to take place on an ongoing basis.

7.60 *SACPAT II management information system* - Home Care Nova Scotia has entered into an agreement with Manitoba Health to further develop Manitoba's Screening, Assessment and Care Planning Automated Tool (SACPAT). The tool will automate the current intake, assessment and care planning functions. The ability of the system to handle the volume of clients served by Home Care Nova Scotia will be tested during March and April 1997 with full Province-wide implementation to take place during April-June 1997.

7.61 SACPAT II features specific edit checks which will assist in ensuring compliance with Home Care Nova Scotia policies and procedures. For example, the system will prevent a task which can only be assigned to a Registered Nurse, according to Home Care Nova Scotia policies, from being assigned to a home support worker. The system also flags care plans in excess of $1,000 for approval by a case supervisor.

7.62 *Review of reports and invoices from service providers* - Home Care Nova Scotia regional offices receive reports or invoices from all service providers monthly. The invoices and reports are reviewed for compliance with policies.

7.63 Home Care Nova Scotia pays the VON a semi-monthly advance based on an estimated number of visits. The VON sends detailed monthly bills to each regional office noting the actual number of visits for each client in that region. The Regional Director reviews the bills to ensure client eligibility and the Care Coordinator reviews a sample, and periodically all, of the invoices to ensure the number of visits charged is consistent with authorized visits per the care plan. Adjustments are made throughout the year to reflect the actual amount owed to the VON based on the authorized visits.

7.64 Home support agencies provide monthly reports to Home Care Nova Scotia regional offices. The reports indicate the total number of service hours for Home Care Nova Scotia clients although they are not broken down by service hours per client. The service hours are not verified to service hours per the care plan and we recommend this be done as part of the agency audits as noted in paragraph 7.52.

7.65 *Standards for training and qualification of service providers* - There are standards for qualification and training of service providers which help to ensure compliance with policies. Nursing staff are either Registered Nurses or Licensed Practical Nurses who belong to professional

associations. As such, they are required to maintain high standards of care and conduct. Training of home support workers is monitored during the agency audits described in paragraph 7.48.

Performance measurement

7.66 *Outcome measures* - Although there are outcome measures for the Department of Health reported in *Government By Design*, there are none specifically related to Home Care Nova Scotia. There are plans to develop these in 1997-98. The province of Saskatchewan is currently undertaking a study of outcome measures in relation to its home care program and Home Care Nova Scotia staff hope to incorporate any relevant results of that study into the development of outcome measures for Home Care Nova Scotia.

7.67 Although there are no outcome measures for the program, there are a number of program statistics and indicators (input and output measures) which are being monitored monthly by Home Care Nova Scotia management both regionally and on a Province-wide basis. These include the number of intakes and assessments for the current month, the monthly caseload, and the assessment waitlist. Financial results for Home Care Nova Scotia are monitored through monthly forecasting procedures.

7.68 The introduction of SACPAT II will enable better monitoring of outcomes and indicators. Planned improvements include better reporting of:

- assessment and service waitlists;
- long-term care waitlists (Home Care Nova Scotia clients awaiting placements in long-term care facilities);
- projected costs on an individual case or total basis; and
- actual outcomes in comparison to those outlined in the care plan.

7.69 *Performance standards* - Appropriate monitoring of performance requires setting of standards or targets for results to be achieved. Home Care Nova Scotia has set certain performance standards including the following.

- Care Coordinators are assigned cases based on a caseload ratio. The average ratio for a community-based Care Coordinator is 130 cases.
- There are standard notification times for Home Care Nova Scotia patients being discharged from the hospital into the program.
- There are regional response time standards for Care Coordinator contact of an individual who has been determined to be low risk during the intake process. These response time standards can be extended whenever waitlist management is in place. Response time standards are in draft form for inclusion in the SACPAT II Procedure Guide.
- The Home Support Authorization Form includes a task list. Housekeeping duties have an assigned standard time for completion. Standard times have not been assigned to all personal care items.

7.70 As noted in paragraph 7.48, agency audits determine compliance with standards of service delivery.

CONCLUDING REMARKS

7.71 Home Care Nova Scotia faces a number of significant challenges. It is a key component of health reform in the Province and is in the midst of a high growth period. Along with other health programs, it also faces severe fiscal pressures. There are plans to devolve the service delivery aspects of the program from the Department of Health to the Regional Health Boards in 1998 or 1999. Management of a program undergoing such rapid growth and change is not an easy task.

7.72 The Department of Health has developed strategic and operational plans for the program. The plans are consistent with the strategic goals of the Department of Health as reported in *Government By Design*. Many of the recommendations in *Nova Scotia's Blueprint for Health System Reform* related to home care have been implemented. Implementation of additional services recommended in the *Blueprint* will depend on future availability of funding. Waitlist management also is related to available funding.

7.73 Although many current policies for the program incorporate due regard for economy and efficiency, the largest determinants of costs for the program are the contracts with service providers and the provision of services in accordance with assessments of unmet needs. We recommend that the Department of Health explore other options for the delivery and funding of Home Care Nova Scotia services to determine whether costs can be reduced, and increase monitoring to ensure services are delivered in accordance with assessments.