NOVA SCOTIA

Introduction

1 Introduction

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1.1 I am pleased to present my May 2012 Report to the House of Assembly on work completed by my Office in late 2011 and early 2012.

1.2 In the last year I have submitted the following reports.

- My Business Plan for 2011-12, and my Report on Performance for 2010-11 were provided to the Public Accounts Committee on May 9, 2011 and July 12, 2011 respectively.
- My Report on the Province's March 31, 2011 consolidated financial statements, dated July 21, 2011, was tabled with the Public Accounts by the Minister of Finance on July 28, 2011.
- My Report to the House of Assembly on work completed by my Office in the summer and fall of 2011, dated October 28, 2011, was tabled on November 16, 2011.
- My January 2012 Report to the House of Assembly on financial reporting issues, dated January 5, 2012, was tabled on January 18, 2012.
- My Report on the Estimates of Revenue for the fiscal year ended March 31, 2013, dated April 2, 2012, was included with the budget address delivered by the Minister of Finance on April 3, 2012.

1.3 I wish to acknowledge the valuable efforts of my staff who deserve the credit for the work reported here. As well, I wish to acknowledge the cooperation and courtesy we received from staff in departments and agencies during the course of our work.

Common Theme

Lack of Oversight by the Department of Health and Wellness

1.4 This report includes three chapters related to the Department of Health and Wellness: Addiction Services at Annapolis Valley Health, Infection Prevention and Control at Cape Breton District Health Authority and Capital Health, and the Nova Scotia Prescription Monitoring Program.

1.5 During our work on these audits, we noted a significant issue at the Department which was common in two of these audits. The Department's oversight and monitoring of services provided through district health authorities is limited.

1.6 We found the Department is not adequately monitoring infection prevention and control practices in hospitals. The Department does not know whether district health authority infection prevention and control policies are based on best practices or whether districts follow the Department's guidelines.

1.7 We also found oversight of addiction services by the Department is limited. Apart from reviewing wait times, the Department does not monitor compliance with its addiction services standards.

1.8 This is not the first time we have identified issues with Health and Wellness' oversight of district health authorities and programs.

- During our audit of mental health services in June 2010, we noted Departmental oversight was inadequate. There was no monitoring of compliance with mental health standards and we concluded the Department was not fulfilling its legislative requirements under the Health Authorities Act.
- In July 2009, we reported that the Department had not reviewed district health authorities' pandemic preparedness plans.
- In February 2008, we noted the need to update legislation to ensure an adequate accountability structure in the public health system. (At the time of the audit, this fell under Health Promotion and Protection which has since been amalgamated with Health to create the Department of Health and Wellness.)
- In our June 2007 audit of diagnostic imaging equipment, we noted the Department should take a more active role in assuring adequate quality assurance processes are in place for diagnostic imaging equipment throughout the province.

1.9 The Health Authorities Act requires the Minister of Health and Wellness to: *"monitor, measure and evaluate the quality, accessibility and comprehensiveness of health services."*

1.10 Department of Health and Wellness senior management told us that they have plans to improve district accountability to the Department through signed accountability arrangements. However, these have been in process for some time and have not been finalized. The Department should not need separate accountability documents with district health authorities to effectively monitor service provision.

1.11 We believe the Department has a responsibility to ensure appropriate delivery of health services across the province. It has a role to provide guidance as well as direction for the health system to ensure directives are followed, and not only to monitor, but to ensure that weaknesses in service delivery are corrected. This is true regardless of the service delivery mechanism, such as district health authorities.

Chapter Highlights

1.12 This Report presents the results of audits and reviews completed in late 2011 and 2012 at a number of departments and agencies. Where appropriate, we make recommendations for improvements to government operations, processes and controls. Department or agency responses have been included in the appropriate Chapter. We will follow up on the implementation of our recommendations in two years, with the expectation that significant progress will have been made.

Follow-up

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

1.13 The overall implementation rate of recommendations from our performance audits is inadequate. Only 63% of our recommendations from 2005 to 2009 were implemented. We consider there was a failure to implement recommendations still outstanding from our 2005 and 2006 reports. 32 (30%) of 107 recommendations made in 2005 and 33 (30%) of 111 recommendations made in 2006 were not implemented. During the audit, we reviewed information supporting the first Provincial Update on the Auditor General Recommendations which the province issued in fall 2011. We identified 82 errors in the reported statuses. This Update, which was provided to Executive Council, and which was ultimately issued to the public, was inaccurate.

Performance Audits

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

1.14 We found addiction services at Annapolis Valley Health are well-managed. Access to services was generally timely and these services covered most program areas we expected. We tested a sample of patient files and found policies were followed in most instances. We did identify improvements which could be made to Annapolis' monitoring of its addiction services and made recommendations to strengthen these processes.

1.15 We found oversight of addiction services by the Department of Health and Wellness is limited. With a few exceptions, district health authorities are not required to provide detailed information on addiction services to Health and Wellness. We found the Department's province-wide addiction services information system was not calculating wait times correctly.

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

1.16 Cape Breton District Health Authority has a poor culture of infection prevention and control. Weak infection prevention and control practices may have contributed to a significant *C. difficile* outbreak in Cape Breton hospitals in early 2011. We found Cape Breton's response to the outbreak was ineffective and was hampered by poor practices. Cape Breton District Health Authority's leaders must demonstrate the importance of infection prevention and control by ensuring the District takes immediate steps to address the issues identified by our audit and by Infection Prevention and Control Nova Scotia's outbreak report.

1.17 Our work at Capital Health showed a good understanding of infection prevention and control practices; although we did identify problems and make recommendations for improvement. We tested both Districts' practices for tracking the cleaning and disinfecting of gastro, broncho, and colon scopes. We identified one scope at Capital for which there was no evidence it was disinfected before being returned to use. We also identified two scopes at Cape Breton for which there was no evidence the scopes were cleaned and disinfected between patients. We identified instances in which both Districts used flash sterilization in nonemergency situations which is not acceptable under Canadian standards.

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

1.18 While some aspects of the Nova Scotia Prescription Monitoring Program are effective, there are significant weaknesses in the Program's control and monitoring processes that can allow abuse or misuse of prescription drugs to continue undetected. The Program does not track or monitor the results of warnings pharmacists receive to notify them of potential issues. The Program produces regular reports to assess utilization of monitored drugs and individuals receiving prescriptions from multiple prescribers. However, many situations identified in these reports are not followed up and Program staff do not document details of their review of these reports. We identified many instances in which there is no evidence that appropriate action was taken when potential concerns were identified.

Chapter 6 – Justice: Office of Public Trustee

1.19 The Office of Public Trustee has comprehensive policies for managing client investments and for assisting staff in making health care decisions for their clients. We found the Office managed client investments appropriately. We found a significant weakness in the Office of Public Trustee's processes for collecting client assets; individuals assigned to enter a client's home to identify, assess and collect assets and personal papers are not supervised by Office of Public Trustee staff. The Office of Public Trustee's financial statements provide adequate information to enable users to

evaluate the financial operations of the Office. However the system currently used to record transactions is highly inefficient as a financial accounting system, and there is a risk of inaccurate recording in the financial statements.