



# Office of the Auditor General

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## Auditor General's Statement to the Media

Release of Spring 2012 Report to the Nova Scotia House of Assembly

5/30/2012

**Office of the Auditor General of Nova Scotia**

**Auditor General's Statement to the Media, May 30, 2012  
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Good morning, ladies and gentlemen, and thank you for coming.

This morning, I presented the Public Accounts Committee with my spring 2012 report on performance audit work we completed in the fall of 2011 and winter 2012. It also includes a chapter on government's record in implementing recommendations we made from 2005 through 2009.

I want to thank all my staff for their hard work and their dedication which made this report possible. I wish to acknowledge as well the cooperation and courtesy we received from public servants in departments and agencies throughout the course of our audits.

Three of the six chapters relate to audits of health care services.

We audited the program delivering addiction services in the Annapolis Valley district and found that these services are well managed overall. Programs meet the major areas of need; policies are based on best practices; and service delivery is timely. We found, however, that oversight by the Department of Health and Wellness is limited. The department's oversight is not adequate to ensure that districts are complying with provincial standards for addiction services.

Some aspects of the province's Prescription Monitoring Program are effective. However, significant weaknesses in control and monitoring processes open the possibility that misuse or abuse of monitored prescription drugs continues undetected.

As an example, the online monitoring system generates large reports. Every 28 days a report identifies on average more than 200 individuals who received prescriptions for monitored drugs from more than three doctors. Every 56 days another report identifies on average 2,000 cases of medication dosages that exceed established thresholds. These reports are reviewed, and selected cases are followed up with letters to prescribers. But the numbers are too large to review effectively. We have proposed that the system more effectively red-flag a smaller number of cases that deserve attention.

This program has the capacity to have an impact on inappropriate use of monitored prescription drugs, if it is managed well.

The program is overseen by an independent board. The board emphasizes the education component of its mandate. It needs to refocus on actively seeking to achieve a reduction in misuse or abuse of monitored prescription drugs, and deal with the weaknesses we have identified.

The Cape Breton District Health Authority has a poor culture of infection prevention and control. Poor infection prevention and control practices may have contributed to a *C. difficile* outbreak there in 2011. The district's response to the outbreak was hampered by numerous poor practices that were identified at the time by Health and Wellness's infection prevention and control group – IPCNS. IPCNS reported that the district reverted to many of these poor practices afterwards.

These deficiencies include poor monitoring of hand hygiene practices; inappropriate cleaning of patients' rooms; and unsafe disposal of patients' waste.

Cape Breton's management needs to demonstrate leadership by acting quickly and decisively to address these issues.

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Cape Breton Health also has problems ensuring the cleaning and disinfecting of reusable medical equipment, such as internal gastro, broncho and colon scopes. In two cases, the district could produce no evidence that scopes were cleaned and disinfected before being reused on other patients.

Overall, processes at Capital Health were significantly better. Still, we found one instance of a scope that might not have been disinfected prior to reuse.

Both districts routinely used flash sterilization of surgical instruments as an alternative to a full sterilization process. Flash sterilization is meant for use only in an emergency – for example, if a surgeon drops a piece of equipment during surgery.

Three years ago, the department set up Infection Prevention and Control Nova Scotia – or IPCNS – to provide surveillance with respect to hospital acquired infections and to support districts in implementing best practices. This group consists of only two people and does not have the resources to effect change across the province. It developed best practice guidelines but they are not mandatory and it doesn't know if districts are using them. At this point the department does not know what practices are in place in districts and it does not know the level of hospital acquired infections across the province.

These and other audits we have conducted suggest the Department of Health and Wellness needs to do more to ensure appropriate delivery of health services across the province, and to meet its responsibilities under the Health Authorities Act to monitor, measure and evaluate the quality, accessibility and comprehensiveness of health services delivered by the district health authorities. An accountability framework for DHAs has been more than a year in the making. It needs to incorporate a clearer, more effective departmental role.

My comments about the government's performance in implementing our recommendations will be familiar. While performance varies by individual department and agency, the government's overall record remains poor. Only 63% of recommendations made from 2005 to 2009 have been implemented. Yet almost all were accepted when they were made.

This will be the last year in which we report on the status of recommendations made in 2005 and 2006. After six or seven years, 30 per cent remain not completed. We are taking the view that government has failed to implement them.

The weakest performer is the Department of Education. It has completed only 13 per cent of recommendations made between 2005 and 2009. Last year, senior management gave their undertaking to address outstanding recommendations as a priority. Clearly this was not done.

In addition, my office encountered significant difficulty completing this review. We experienced consistent and significant delays in obtaining information from the Department of Education.

Of the 77 recommendations in this report, all but three were accepted. In some cases, agreement is qualified and we respect that. Some difference of opinion is normal. But the words are empty without action.

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The failure across government to implement recommended measures to improve efficiency, reduce risk and improve government services constitutes poor management, and represents a deficiency in accountability to the people of the province, the legislature and, in the case of internal reporting, to Cabinet.

Last year, the government committed to taking action on recommendations and reporting progress. However, information recently provided to Cabinet by the Treasury Board Office on the status of recommendations contained a large number of errors. As a result, the first Provincial Update issued last fall by the Premier on the implementation status of recommendations was inaccurate and therefore unreliable as a source of information. By our count, the government's database had a 16 per cent error rate. Nevertheless the Treasury Board Office rejects the need to improve the information it provides to Cabinet.

The final chapter of the report deals with the Office of Public Trustee, which administers estates for clients including children, mentally incompetent individuals and deceased persons. The office also may make health decisions for those who are unable to do so, and have no alternative decision-maker.

The Office manages client investments appropriately. We did identify weaknesses in the process for collecting clients' assets. Individuals – frequently auctioneers or family members – are assigned the job to identify, assess and collect assets and personal papers. This is done without any supervision from Public Trustee staff. This weakness could lead to the loss of assets or their undervaluation.

Additional measures are also required to better safeguard clients' valuables and other property once it is under the Office's control. These include more controlled access to and regular inventory of that property.

Ladies and gentlemen, that is a brief overview of a 143 page report containing 77 recommendations to improve public sector operations and service delivery in the Province.

I will now take any questions you might have.