



November 22, 2017

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



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November 22, 2017

Honourable Kevin Murphy  
Speaker  
House of Assembly  
Province of Nova Scotia

Dear Sir:

I have the honour to submit herewith my Report to the House of Assembly under Section 18(2) of the Auditor General Act, to be laid before the House in accordance with Section 18(4) of the Auditor General Act.

Respectfully,

A handwritten signature in black ink, which appears to read "Michael A. Pickup".

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# Chapter 1

## Health and Wellness and Nova Scotia Health Authority: Family Doctor Resourcing

### Overall Conclusion:

- The department and the health authority are doing a poor job of publicly communicating their plans for primary care and family doctor resourcing
- The health authority has a physician recruitment strategy but needs to define and measure success
- The health authority's long-term decisions about family doctor resourcing are based on the needs of the province and from consulting with key stakeholders

### Why we did this audit:

- Nova Scotians expect timely access to quality primary health care
- Access to family doctors in the province has received extensive media attention
- Previous work indicated issues with access to family practices
- Communication is key for managing realistic expectations

### What we found in our audit:

- Communication plans exist but are not being used
- Websites do not have useful information on changes to primary care service delivery or for doctor recruitment
- Nova Scotia is moving from single-doctor family practices to collaborative care teams
- There is a registry for Nova Scotians who cannot find a family practice
- Doctors do not have to take new patients from this registry
- Placement on the registry is by registration date and community, not by health need or priority
- The health authority has a strategy and staff to recruit family doctors to the province, but has not defined how to measure success
- Shared responsibility for incentives for doctors may negatively affect the recruitment process
- Factors such as population and health trends are used to determine the number and mix of doctors needed
- Appropriate groups, such as Dalhousie Faculty of Medicine, are consulted on physician resourcing decisions at various stages



## Recommendations at a Glance

### **Recommendation 1.1**

The Department of Health and Wellness and the Nova Scotia Health Authority should implement a communications plan to inform Nova Scotians about planned changes to primary care access and service delivery.

### **Recommendation 1.2**

The Department of Health and Wellness and the Nova Scotia Health Authority should update their websites to have consistent and clear information for Nova Scotians on planned changes to primary care service delivery.

### **Recommendation 1.3**

The Department of Health and Wellness and the Nova Scotia Health Authority should develop a process to identify and assist Nova Scotians with serious health conditions who do not have a family doctor.

### **Recommendation 1.4**

The Nova Scotia Health Authority should define and measure performance indicators for its physician recruitment strategy and report regularly to its board of directors on the indicators.

### **Recommendation 1.5**

The Department of Health and Wellness and the Nova Scotia Health Authority should review the physician incentive programs for potential administrative efficiencies, guided by what best supports the recruitment process.



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# 1 Health and Wellness and Nova Scotia Health Authority: Family Doctor Resourcing

## Primary Care in Nova Scotia

- 1.1 In spring 2015, nine former district health authorities (not including the IWK Health Centre) merged into one provincial health authority. Prior to the merger, recruiting and allocating family doctors was primarily managed independently within each health authority, with some department involvement. The merger meant decisions about physician resources could be coordinated province-wide. Certain decisions, such as how doctors are paid, were and continue to be the responsibility of the Department of Health and Wellness.
- 1.2 The Department of Health and Wellness sets overall direction of health care in the province and makes funding decisions. The Nova Scotia Health Authority is responsible for delivering health care services.
- 1.3 In fall 2015, the Department of Health and Wellness instructed the newly-created Nova Scotia Health Authority to undertake a multi-year health services planning project. This project is made up of seven streams of health care, including primary care. The purpose is to determine how health care services could be provided now that the province is operating under one health authority. The IWK Health Centre is also involved to ensure it has input into changes impacting its role.
- 1.4 Planning for primary care is ongoing and changes are being implemented. A significant change for primary care is the health authority's plan to move away from single-doctor family practices to collaborative care teams, in which care is provided in a team-based environment. This is discussed later in the chapter.
- 1.5 Attracting and retaining family doctors to practice in Nova Scotia is a challenging and ongoing process. Nova Scotia must compete with other provinces and territories in Canada, as well as other countries, for an in-demand resource. To address this challenge, the department and the health authority needed to determine the right number of family doctors for Nova Scotia's population, and where they were needed.
- 1.6 The department and the health authority use a forecasting tool to determine what physician resources are needed over the next ten years, to assist in making residency training decisions, and in long-term planning. Various factors, such as population, geography, and physician age and gender, are

considered when developing the forecast. While we did not audit the accuracy of this tool, the latest forecast shows a ten-year need of 512 additional family doctors.

- 1.7 To assist in quantifying the need for family doctors, the health authority created a registry for Nova Scotians looking for a family practice. Initially, existing lists from the former district health authorities were combined into one to provide province-wide data. The registry is voluntary; it is not a complete list of Nova Scotians without a family practice. As of October 2017, there were approximately 37,000 names in the registry; the number of Nova Scotians without a family practice may be higher. We did not audit the accuracy of the list. The registry is discussed later in the chapter.
- 1.8 While long-term planning continues, other committees and working groups meet regularly to make decisions about how to address ongoing physician resourcing needs. This includes addressing current family doctor vacancies, as well as reviewing applications for new family doctor positions. This is discussed later in the chapter.
- 1.9 Results of the work to address family doctor vacancies in the province may not be evident in the short term. To inform and manage public expectations, it is important the department and the health authority communicate what is being done, and what can be expected in the future.

### Communication



#### **The department and the health authority are doing a poor job of communicating publicly on plans for primary care**

- 1.10 The department and the health authority are doing a poor job of communicating publicly about planned changes to delivery of primary care and what is being done to address family doctor vacancies.
- 1.11 We expected the department and the health authority to have comprehensive communication plans for a large undertaking like redesigning health services. The health authority created several draft plans; one dated July 2017 covered all streams of the redesign. The other plans, from 2015 and 2017, focused on the primary care stream. These plans include details on how the department and the health authority will engage with the public, staff, politicians, and other relevant stakeholders. While health services planning continued, none of the communication plans were implemented. Not enough has been communicated to the public about expected changes to delivery of primary care.
- 1.12 Health authority management indicated they need department approval on various aspects of the redesign of health services before they implement their



communications plans. The department said there are ongoing discussions with the health authority about any necessary approvals and they will continue to work with them to ensure plans move forward.

- 1.13 Communication is an important part of managing change. The department and the health authority need to inform Nova Scotians about how delivery and access to primary care, including family doctors, is expected to change in the future. Not doing so can result in public misunderstanding and a lack of trust due to perceived inaction.

**Recommendation 1.1**

The Department of Health and Wellness and the Nova Scotia Health Authority should implement a communications plan to inform Nova Scotians about planned changes to primary care access and service delivery.

*Department of Health and Wellness Response:* The Department of Health and Wellness agrees with the recommendation that communication about primary care access and service delivery is very important. The department has placed priority on access to primary health care.

*The Department has been engaging in communications planning with the Nova Scotia Health Authority related to improving access to primary health care. The Department is currently working with the NSHA to develop and implement complementary communications plans that inform Nova Scotians as NSHA enhances access to primary health care services. The plan will be supported by research and public engagement, marketing and digital, and will take advantage of all existing government and NSHA communication channels (including websites and social media channels). Elements of the plan will be implemented before the end of 2017, recognizing that communications and marketing efforts need to be ongoing.*

*Nova Scotia Health Authority Response:* Nova Scotia Health Authority agrees with this recommendation. We are developing a multi-phased communications plan that is being implemented in partnership with the Department of Health and Wellness to provide Nova Scotians with an improved understanding of collaborative family practice teams and how the health authority is working to strengthen the primary health care system. Tactics to address these two areas will be implemented by December 31 and include enhancements to the NSHA website on collaborative family practice teams and doctor recruitment as well as other digital and social media opportunities. A series of stakeholder conversations across the province will begin in November/December 2017, followed by community conversations in 2018. Content on the NSHA website has been enhanced to provide more information on collaborative family practice teams, doctor recruitment, and on opportunities for Nova Scotians to join conversations on planning our health services. Related communications plans are being implemented for initiatives such as the Need a Family Practice registry and more new collaborative family practice teams.



**Department and health authority websites do not provide adequate information on primary care plans and their progress**

- 1.14 Department and health authority websites have some information on plans for primary care. However, neither website provides clear and well-organized information about the ongoing work being done.
- 1.15 The department's website has some information on the new collaborative care model which is discussed later in this chapter. Similar information on the health authority's website is difficult to find. The health authority's website provides an overview of what health services planning is, but does not give details on the progress made to date. Since the health authority is responsible for service delivery, we expected more detailed information to be provided.
- 1.16 Information aimed at attracting potential doctors to the province, apart from a list of vacant positions, was also lacking. Staff at the health authority told us they are working with a marketing firm to improve this part of their website.
- 1.17 Websites are a key tool for providing information to the public and potential family doctors. They should be kept up-to-date and contain relevant and timely information.

**Recommendation 1.2**

The Department of Health and Wellness and the Nova Scotia Health Authority should update their websites to have consistent and clear information for Nova Scotians on planned changes to primary care service delivery.

*Health and Wellness Response: The Department of Health and Wellness agrees with this recommendation. The Department's website is undergoing a significant update and will be launched in the summer of 2018. The goal of the new website will be to contain clear and consistent information and make it easier for Nova Scotians to find information related to primary care.*

*Nova Scotia Health Authority Response: Nova Scotia Health Authority agrees with this recommendation and will continue to enhance the website. Websites are a key tool for providing information to the public. The first priority for the NSHA site was to bring together in one place information on programs, services and locations from former District Health Authorities for ease of use. With that complete, we are now enhancing reporting of performance information and strategic plans and supporting information to help Nova Scotians understand initiatives such as planned changes to primary care service delivery. Examples include information on collaborative family practice teams and the role of a nurse practitioner as part of a team, and a guiding document on strengthening the primary health care system in Nova Scotia. Ongoing social media and print campaigns will refer people to this web content for more information.*

## Family Practice Registry

### ➤ The registry for those who need a family practice does not include health information

- 1.18 The provincial family practice registry was created in November 2016. Nova Scotians are listed in the registry based on when they registered and their location. Health information is not included in the registry; there is no priority based on health history or condition. That means anyone with a serious health condition is not placed higher on the list.
- 1.19 Health authority management said it is not possible to properly and accurately assess health status over the phone and prioritizing everyone on the registry in person is not feasible. They are looking at what other provinces have done and are working with the department to find a way to help Nova Scotians with serious health concerns who need regular monitoring by a family doctor.

#### **Recommendation 1.3**

The Department of Health and Wellness and the Nova Scotia Health Authority should develop a process to identify and assist Nova Scotians with serious health conditions who do not have a family doctor.

*Health and Wellness Response:* The Department of Health and Wellness agrees with this recommendation. DHW and NSHA are working together to examine options to address how the 811 'Find a Family Practice Registry' is working, as part of our work on the broader issue of patients who need a primary healthcare provider. Implementation will begin in 17/18.

*Nova Scotia Health Authority Response:* Nova Scotia Health Authority agrees with this recommendation. We are creating more and strengthening existing collaborative family practice teams to support the delivery of comprehensive care for patients, including increased access. We will continue to work with the Department of Health and Wellness to identify interim strategies to increase access to primary care for Nova Scotians without a regular primary care provider as collaborative family practice teams are implemented.

### ➤ Family doctors do not have to use the registry

- 1.20 The health authority encourages family doctors to use the provincial registry when taking new patients. Family doctors, as independent contractors, do not have to accept someone from the registry as a patient. They may use their own methods for finding patients for their practices. We found the number of family doctors using the registry is increasing. The health authority website shows that by October 2017, 4,331 people were accepted from the list by a family practice.

**➔ The health authority released timely information on the existence and purpose of the registry**

- 1.21 The health authority developed and implemented a communications plan for the registry. It used a variety of ways to communicate the existence and purpose of the registry, such as newspaper and social media advertisements and news releases. The health authority continues to publicly report monthly statistics from the registry.
- 1.22 Members of the public can add themselves to the registry, if they do not have a family doctor, by calling 811 or by using the Need a Family Practice website to self-register. The registry assists the health authority in making planning decisions by providing important information such as identifying communities with a high need for family doctors. The health authority is continuing to improve the reporting capabilities of the registry.

**Recruitment**

**➔ The health authority has a recruitment strategy; has not determined how to measure success**

- 1.23 In 2017, the health authority developed a recruitment strategy which focuses on identifying potential physician candidates and ways to recruit them. The strategy includes various incentive programs available to potential candidates. In 2016, a dedicated provincial recruiter was transferred from the department to the health authority. By early 2017, the health authority also had a dedicated recruiter for each of its four zones.
- 1.24 The health authority maintains a list of family doctor vacancies in the province and the list drives the recruitment process. As of October 2017, the list showed 55 unfilled vacancies (see chart below); we did not audit this list. The number of unfilled vacancies does not include pending departures the health authority has been notified of, or positions with an accepted offer but delayed start. The health authority also uses the forecast tool as a way to gauge long-term physician requirements of the province. This forecast does not drive day-to-day recruitment decisions, but rather provides a long-term focus to guide the process, and as previously noted, assists the department and the health authority in making residency decisions.

Unfilled Vacancies as of October 2017				
Central Zone	Eastern Zone	Northern Zone	Western Zone	Total
26	8	11	10	55

*Information provided by the Nova Scotia Health Authority (unaudited by Office of the Auditor General)*

- 1.25 The recruitment strategy notes the need to track recruitment data, but it does not describe how to measure success. Health authority staff and management indicated they started a project to electronically capture and report on key performance indicators to show if recruitment efforts were successful. The process is currently manual and time consuming and the health authority indicated an electronic process could greatly improve accuracy and efficiency of reporting.
- 1.26 Health authority management provided an update on physician recruitment to their board of directors in July 2017. This included statistics on the number of visits by potential candidates to communities which have vacancies, offers made, and offers accepted. In the future, the health authority also wants to report on vacancy rates, practice closures, recruitment activities, and candidate demographics and they expect the above-noted project will assist them in doing this. A combination of indicators such as these could assist the health authority in assessing the effectiveness of recruitment efforts.

#### **Recommendation 1.4**

The Nova Scotia Health Authority should define and measure performance indicators for its physician recruitment strategy and report regularly to its board of directors on the indicators.

*Nova Scotia Health Authority Response: Nova Scotia Health Authority agrees with this recommendation and is in the process of implementing a quarterly reporting system. The first summary report was provided to the Board of Directors in October 2017 and included six key indicators. The next summary report will be provided in January/February 2018.*



#### **Both the department and the health authority administer physician incentive programs**

- 1.27 Incentives to attract doctors to Nova Scotia are administered either by the department or the health authority. The health authority indicated this shared responsibility creates challenges in recruiting doctors as it can add extra steps for candidates to discuss incentives. Department management felt the incentive programs they administer align with department roles and responsibilities. A single contact point could provide a simpler process for potential candidates to discuss incentives, regardless of which organization has the decision-making authority.

#### **Recommendation 1.5**

The Department of Health and Wellness and the Nova Scotia Health Authority should review the physician incentive programs for potential administrative efficiencies, guided by what best supports the recruitment process.



**Department of Health and Wellness Response:** *The Department of Health and Wellness agrees with this recommendation. The Department will work with the Nova Scotia Health Authority beginning in 2017/18 to review the administration of existing physician incentive programs to assess effectiveness. This work is expected to be complete by June 2018.*

**Nova Scotia Health Authority Response:** *Nova Scotia Health Authority agrees with this recommendation. NSHA will work collaboratively with the Department of Health and Wellness and other stakeholders to immediately form a committee to review and assess all recruitment incentive programs and the related roles and responsibilities for each program, in the context of recruitment process. The committee will work to implement recommendations by the end of the first quarter in 2018/19 (June 30th, 2018).*

### Health Services Redesign

#### Health services redesign is ongoing; changes to primary care service delivery have started

- 1.28 Health services redesign is well underway. Planned changes will result in a significant shift in how primary care is provided in Nova Scotia.
- 1.29 The health authority is moving toward a collaborative care model and away from single-doctor family practices. The collaborative family practice team model gives patients access to a team that could include doctors, nurse practitioners, family practice nurses, and mental health workers, among others. Patients are seen by the practitioner who best meets their needs. Access to a team could enable more patients to be seen in a timely way. As this is a significant shift in service delivery, the planning involved is complex.
- 1.30 Planning within the primary care stream is progressing. We reviewed details of the plan, including the proposed number and location of collaborative family practice teams and ratio of clinicians to population. The health authority indicated that as of November 2017 there are 50 teams in varying stages of implementation. They ultimately plan to have a total of 70-78 full teams in place within the next six years.

### Key Stakeholder Consultation

#### Key groups are regularly consulted on family doctor resourcing

- 1.31 There are several committees and working groups which meet regularly to address doctor resourcing issues, including vacancies and how to address them. Terms of reference mandate who participates on each committee and working group. Each may have a representative from the Department of Health and Wellness, the Nova Scotia Health Authority, the IWK Health Centre, Doctors Nova Scotia, or Dalhousie Faculty of Medicine. As the health





services redesign progresses, the committees and groups continue to meet and make current physician resourcing decisions. More consultation with the non-government representatives and others is expected as the department and health authority continue to implement planned service delivery changes.

- 1.32 Health authority management indicated requests to replace a family doctor or create a new family doctor position are decided jointly with the department and the IWK Health Centre. The process for managing vacancies has become more flexible. Previously, replacement for a vacant position could only be for the same location. Under the new process, the health authority may allocate that vacancy to another site or community. Billing data and community demographics are used to assist in making these decisions. Approvals for new family doctor positions are ranked using criteria, and top-rated positions are assigned funding.

### Conclusion

- 1.33 The department and the health authority are not communicating adequately with Nova Scotians about planned changes and expectations for the delivery of primary care. Draft communication plans were not implemented and websites for each organization provided little information.
- 1.34 The department and the health authority regularly communicate with key stakeholders on the need for family doctors in the province. These stakeholders include the IWK Health Centre, Doctors Nova Scotia, and Dalhousie Faculty of Medicine.
- 1.35 The department and the health authority have a process for family doctor resourcing; however, changes to the process are occurring as primary care planning continues. The department and the health authority use information on the needs of the province when making resourcing decisions. The health authority has a recruitment strategy, but has not yet determined how to define and measure success.



### Additional Comments from the Nova Scotia Health Authority

*Nova Scotia Health Authority has a vision for a healthier Nova Scotia, which is built on a strong foundation of primary health care. A strong primary health care system supports citizens and communities to be healthy and live well.*

*While positive steps have been made, too many Nova Scotians do not have a primary care provider or cannot access one in a timely fashion. NSHA is committed to improving access to primary health care by building new and strengthening existing family practice teams across the province. This includes a strong focus on recruitment and retention of family physicians.*

*There are many successful examples of collaborative teams across the province; however, we agree that many Nova Scotians do not understand what a collaborative family practice team is, the range of services available, and how this team provides accessible, comprehensive, coordinated, continuous and community-oriented care. NSHA understands our responsibility to communicate with and give Nova Scotians an opportunity to understand and provide input into the future of the primary health care system. We are developing and implementing a new multi-phased communications and engagement plan to provide Nova Scotians with a better understanding of collaborative family practice teams and how the health authority is working to strengthen the primary health care system.*

*NSHA agrees with the recommendations of the Auditor General and is committed to keeping Nova Scotians informed as we continue to work to improve access to primary care in Nova Scotia.*



## Appendix I

### Audit Objectives and Scope

In fall 2017, we completed an independent assurance report of the Department of Health and Wellness and the Nova Scotia Health Authority. The purpose of this performance audit was to determine if there are processes for and appropriate communications on family doctor resourcing.

It is our role to independently express a conclusion on whether the processes and communications on family doctor resourcing comply in all significant respects with the applicable criteria. Management at the Department of Health and Wellness and the Nova Scotia Health Authority acknowledged their responsibility for family doctor resourcing.

We conducted this audit to a reasonable level of assurance in accordance with the Canadian Standard for Assurance Engagements (CSAE) 3001 – Direct Engagements set out by the Chartered Professional Accountants of Canada; and sections 18 and 21 of the Auditor General Act.

We apply the Canadian Standard on Quality Control 1 and, accordingly, maintain a comprehensive system of quality control, including documented policies and procedures regarding compliance with ethical requirements, professional standards, and applicable legal and regulatory requirements.

In conducting the audit work, we complied with the independence and other ethical requirements of the Code of Professional Conduct of Chartered Professional Accountants of Nova Scotia and Nova Scotia's Code of Conduct for public servants.

The objectives and criteria used in the audit are below:

#### Objectives:

To determine whether the Department of Health and Wellness and the Nova Scotia Health Authority:

- communicate appropriately with Nova Scotians about plans and expectations for the primary care system;
- communicate with stakeholders on the need for family doctors in the province.

#### Criteria:

To see whether the department and the health authority:

- have plans for communicating with the public regarding resourcing of family doctors;
- communicate with Nova Scotians about changes in and future expectations for the primary care model;
- regularly communicate with key stakeholders on the approximate number and mix of family doctors needed in the province.



**Objective:**

To determine whether the Department of Health and Wellness and the Nova Scotia Health Authority have a process for obtaining family doctor resources and allocating them across the province.

**Criteria:**

To determine whether the department and the health authority:

- have clearly defined roles and responsibilities related to obtaining and allocating family doctor resources;
- have a process for obtaining and allocating family doctor resources based on needs of the province;
- use data to determine the appropriate number and mix of family doctors needed in the province.

Generally accepted criteria consistent with the objectives of the audit did not exist. Audit criteria were developed specifically for this engagement. Criteria were accepted as appropriate by senior management at the Department of Health and Wellness, and the Nova Scotia Health Authority.

Our audit approach consisted of interviews with management and staff at the Department of Health and Wellness, and the Nova Scotia Health Authority, with detailed audit work to assess management's plans and strategies for family doctor resourcing and communications. We examined relevant processes, plans, reports, and other documentation. Our audit period covered April 1, 2015 to March 31, 2017. We examined documentation outside of that period as necessary.

We obtained sufficient and appropriate audit evidence on which to base our conclusions on November 6, 2017, in Halifax, Nova Scotia.

## Chapter 2

# Health and Wellness, IWK Health Centre, and Nova Scotia Health Authority: Mental Health Services

### Overall Conclusion:

- The health authority does not have a province-wide plan for mental health services; planning underway
- The health authority lacks province-wide policies; decreases efficiency
- 2012 mental health strategy was poorly managed
- Ten strategy items directly related to mental health not yet completed

### Why we did this audit:

- 1 in 5 Canadians experience mental health issues every year
- Approximately \$225 million per year is spent on mental health
- Previous audits identified issues with mental health services
- Nova Scotians expect quality health care in a reasonable time frame
- Mental health issues have social and economic impacts on the province

### What we found in our audit:

- The health authority lacks a plan for the services it provides and where
- Work has been underway since fall 2015 to create a plan
- Implementation of the approach used to provide mental health services has varied
- Basic information on how to access mental health services is available
- Health authority websites present different levels of information
- Wait times vary across the province
- Nova Scotians are not well-informed on expected wait times
- Services during a crisis vary; depend on location, time of need, policies
- Patient and staff safety concerns due to no or weak policies and practices
- Government has committed to review and address hospital safety
- Evaluation of effectiveness of mental health spending not done
- No planned evaluation of the 2012-17 strategy to see if mental health care has improved

## Recommendations at a Glance

### **Recommendation 2.1**

The Nova Scotia Health Authority should ensure mental health services delivery plans are completed and implemented as scheduled.

### **Recommendation 2.2**

The Nova Scotia Health Authority should ensure there is a well-defined, evidence-based model of care for mental health services, including an evaluation process.

### **Recommendation 2.3**

The Department of Health and Wellness, the Nova Scotia Health Authority, and the IWK should determine and clarify wait times standards for initial and subsequent appointments, and evaluate and report on both standards based on defined triage categories.

### **Recommendation 2.4**

As part of health services planning, the Nova Scotia Health Authority should assess emergency department access to crisis services and psychiatry support, and consider cost-benefit, patient-focus, and alternative service delivery models to increase availability if required.

### **Recommendation 2.5**

The Nova Scotia Health Authority, in collaboration with the IWK, as required, should finalize policies for emergency mental health services, and reflect a provincial approach to service delivery.

### **Recommendation 2.6**

The Nova Scotia Health Authority should implement the emergency department safety recommendations identified in the January 2017 Improving Workplace Safety report as accepted by government.

### **Recommendation 2.7**

The Department of Health and Wellness, in consultation with the Nova Scotia Health Authority and the IWK, should determine and communicate whether implementation of the remaining ten strategy items is appropriate and consistent with current plans, and if so, when action can be expected.

### **Recommendation 2.8**

The Department of Health and Wellness, in consultation with the Nova Scotia Health Authority and the IWK, should complete a final evaluation of the Together We Can strategy.



**Recommendation 2.9**

The Nova Scotia Health Authority should ensure funding to programs and services is allocated based on service delivery plans, and include accountability requirements for the performance of funded programs and services.

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## 2 Health and Wellness, IWK Health Centre, and Nova Scotia Health Authority: Mental Health Services

### Planning of Mental Health Programs and Services

#### No current service delivery plans at the health authority

- 2.1 There are currently no plans for how and where mental health services are delivered across the Nova Scotia Health Authority. The IWK reviewed their mental health services plan in 2012, and continue to review and update the plan annually making changes to services based on their identified needs.
- 2.2 In spring 2015, the nine former district health authorities merged to form the Nova Scotia Health Authority. In the fall of that year, the Department of Health and Wellness instructed the health authority to undertake a multi-year health services planning project, including mental health and addictions. This work was ongoing at the time of our audit and management told us they expect it will address many of the concerns we found in our audit. We look forward to its conclusion.
- 2.3 The purpose of health services planning is to figure out what programs are required, understand why they are needed, and determine where they should be provided using evidence and needs-based planning. The IWK has been involved throughout the process to ensure they have input into changes impacting their role. Progress of the health services planning project is reported to the Nova Scotia Health Authority board.
- 2.4 Health authority management provided meeting minutes and other documents to show that while province-wide planning is only happening through health services planning, they continue to address issues as they arise and mitigate short-term risks at the local level as necessary.
- 2.5 Senior leadership at the department, the health authority, and the IWK set a deadline of March 31, 2016 to have health services planning completed. The deadline was not met and work is ongoing. Health authority management responsible for the project indicated the original deadline was not realistic, and they now expect the service delivery plan to be completed in summer 2017.
- 2.6 Health authority management indicated the extent of differences in practice at the nine former district health authorities was not fully understood until zone directors were hired in January 2016. This was only a few months before the original deadline, which could indicate there was not enough consideration



put into the project schedule. Reasonable, well-thought-out deadlines are an important part of keeping a project on track.

- 2.7 While we did not audit the specific work involved with health services planning, we reviewed relevant draft documents and reports to inform our audit opinion.
- 2.8 It is important to note that while our audit focused only on mental health services, the programming in this area covers mental health and addictions services. We refer only to mental health services in this chapter, but the work being completed through health services planning is focused on addictions as well.

### **Recommendation 2.1**

The Nova Scotia Health Authority should ensure mental health services delivery plans are completed and implemented as scheduled.

*Nova Scotia Health Authority Response: Nova Scotia Health Authority agrees with this recommendation and intends to implement. Strong leadership and capitalizing on strategic opportunities for collaboration with other care providers will result in increased system capacity to deliver high quality, evidence-based supports, care and initiatives across all levels of mental health and addictions care in Nova Scotia.*

*The planning undertaken by Mental Health and Addictions used a needs-based, population health approach across the province and lifespan. We have recently engaged our staff and psychiatrists/ physicians to seek input on planning to date. Engagement with external partners, including the public, will be undertaken. Informed by planning to date, initial priorities for action in 2017-2018 have been identified and include establishment of central intake, expansion of community based care and support, establishment of a provincial approach to promoting positive mental health, supporting capacity-building of other health care providers, and increasing access to treatment for opioid use disorder.*



### **Implementation of the mental health model of care has varied**

- 2.9 The Choice and Partnership Approach is the main model of care which has been adopted to varying degrees throughout the province for outpatient and community mental health. The IWK was the first to implement the Choice and Partnership Approach for mental health and addictions services in 2012 as an alternative approach for providing mental health services.
- 2.10 Implementation of the model throughout the rest of the province occurred prior to the amalgamation of the nine district health authorities. As the model was implemented at the discretion of local leadership, this resulted in different levels of implementation. Use of the model is not currently required by the health authority or the department, and there are no province-wide policies or guidelines.

- 2.11 The Choice and Partnership Approach is focused on the client and their family. It is intended to be a collaborative process which provides choices to the client, while creating a treatment plan and ensuring the client is partnered with the proper clinicians and services.
- 2.12 A working group established by the health authority and the IWK completed a report in February 2017 concluding there is significant variation in the implementation of the Choice and Partnership Approach model across the province. The working group determined Nova Scotia is in low partial compliance with key components and identified the need to address the inconsistencies and establish best practice. The report has been reviewed by senior leadership at the health authority and the IWK, and the creation of a provincial leadership structure has been approved to consider the recommendations of the report, beginning with child and adolescent services.
- 2.13 Our findings from interviews with management from the health authority and the IWK were consistent with the conclusion of the report; mostly that the approach to implementation has led to inconsistent application of the Choice and Partnership Approach.
- 2.14 Examples of inconsistencies noted in our interviews include different wait-times targets, methods of intake, eligibility criteria, and assessment tools. With no province-wide approach at the time of implementation, policies and procedures were developed independently. Further, the health authority and the IWK have not adequately defined measures of success to evaluate outcomes of the model.
- 2.15 Until province-wide eligibility criteria are in place, it is difficult to assess whether services are delivered in a consistent, efficient manner. Without consistent eligibility criteria, clients may receive a higher level of care in some parts of the province than they would elsewhere. This could lead to different levels of care, with some clients receiving a higher level of care than necessary, using more valuable and limited resources than necessary. For example, receiving more psychiatrist hours could cause longer wait times for others that require those services. Similarly, without documented treatment plans and goals, clients may not exit the system in the most efficient manner, again causing unnecessary waits for others to receive needed services.

### **Recommendation 2.2**

The Nova Scotia Health Authority should ensure there is a well-defined, evidence-based model of care for mental health services, including an evaluation process.

*Nova Scotia Health Authority Response: Nova Scotia Health Authority agrees with this recommendation and has identified an evidence-based model of care for mental health and addictions. Planning for Mental Health and Addictions has used evidence related to population health needs in Nova Scotia and effective models of*

*service delivery. The plan includes recommendations to evaluate the model and to ensure that all processes, pathways, policies and standards are based in evidence and standardized across NSHA and, where appropriate, IWK to ensure that all Nova Scotians have access to and use services appropriate to their needs.*

## Access to Mental Health Programs and Services

### ▶ Former district health authority websites still in use

- 2.16 Many people access Nova Scotia Health Authority websites for information about mental health services in their region. This information is still presented on the websites of the nine former district health authorities, more than two years after the formation of the Nova Scotia Health Authority. The quality, layout, and consistency of these websites varies significantly. Throughout the audit period, three websites were under construction and presented only emergency and mental health clinic contact information, with no further program details available. Contact information for the provincial mental health crisis line which operates 24/7 was found on the department's website.
- 2.17 The health authority demonstrated that work on a new website is underway and is projected to be completed by summer 2017. This will merge information from former health authorities into one location for easier user access and consistency.
- 2.18 The IWK provides clear program details and contact information to the public on their website, as well as general information to support various areas of mental health and alternative resources. The IWK also presents information separately for youth, family and friends, professionals, and schools to provide clear access to the appropriate information based on the user needs.

### ▶ Wait times standards are not applied consistently or evaluated

- 2.19 Current wait times standards are not applied consistently across the province. The Nova Scotia Mental Health Standards, which are intended to provide guidance for quality service delivery and reduce variations across the province, state the triage categories for wait times as urgent (seven days), semi-urgent (28 days), and regular (90 days). Health authority and management in some zones stated that since the implementation of the Choice and Partnership Approach, appointments are only categorized as urgent, with the same seven-day standard, or regular, which does not have a specific wait times target. IWK management indicated they are also only categorizing appointments as urgent or regular; however, they are using a 28-day standard for regular appointments.
- 2.20 Published information on the department's wait times website does not report based on wait times categories (urgent, semi-urgent and regular).

Instead, only a single wait time is reported; however, even that figure often does not meet the 90-day standard for a regular appointment. We discussed the reported information with management and they expressed significant concerns regarding the validity of the data supporting it. While they acknowledged that many facilities are experiencing wait times well beyond even the regular standard, they noted that a lot of work is required to get useful information. Reporting inaccurate information is concerning, and the inability of the department and the health authority to present accurate meaningful information must be addressed.

2.21 Our 2010 audit of mental health services recommended assessing the need for more extensive reporting; however, no progress has been made. Only wait times for initial Choice and Partnership Approach appointments are reported publicly by the department, and it does not request information on wait times to subsequent appointments from the health authority or the IWK. The current method of reporting may create unrealistic expectations for clients, as management in some zones indicated that wait times to second appointments may be longer than the initial wait.

2.22 The last time our Office followed up the recommendation in 2014, the department stated that the current information systems do not easily allow for expanded reporting. It was indicated that as part of the Together We Can strategy, planning for a provincial mental health and addictions information system was underway, and expanded wait times indicators would be part of the reporting requirements of the new system. The new information system has not yet been developed. This is discussed later in this chapter.

### **Recommendation 2.3**

The Department of Health and Wellness, the Nova Scotia Health Authority, and the IWK should determine and clarify wait times standards for initial and subsequent appointments, and evaluate and report on both standards based on defined triage categories.

*Department of Health and Wellness Response:* Agrees with the recommendation. DHW will work collaboratively with the IWK and NSHA to determine and clarify wait-time standards and report on those wait-times based on both the standards and triage categories.

*Nova Scotia Health Authority Response:* Nova Scotia Health Authority agrees with this recommendation and is in the process of implementing. The first priority will be to establish and monitor wait-time standards for Child and Adolescent Services. This should be in place by early 2018 with the implementation of Choice and Partnership Approach (CAPA) model and the enhancement of our capacity for provincial reporting. Establishment of standards for Adult Services is targeted for mid-2018.

***IWK Health Centre Response:*** *The IWK Health Centre recognizes there is not a Provincial wait-time standard for Child & Adolescent MHA services. The IWK Health Centre is committed to work closely with the DHW and NSHA to establish provincial wait-times. We will advance this work through a collaborative IWK & NSHA Provincial committee with the goal of standardizing the Choice and Partnership Approach (CAPA) across all Child & Adolescent Services. The provincial wait-time standards will be established within this committee and work is expected to be finished December 2017.*

*The IWK Health Centre does track wait-time standards from referral to Choice Appointment and Choice Appointment to Partnership appointment. In 2015, the IWK has reduced their wait-time targets to 7 day urgent and 28 day regular to focus on improved access to care in ambulatory services. In July 2016, the IWK has implemented Lean Methodology and Improvement initiatives throughout our clinical treatment services to further improve access to care and reduce wait-times.*

### Emergency and Crisis Response Services



#### Staffing levels within crisis response services vary across the province

- 2.23 We interviewed emergency department staff and psychiatrists who indicated that crisis response services were helpful in providing quality emergency mental health assessments. Ten hospitals (QEII, IWK, and all regional hospitals excluding Dartmouth General) have mental health professionals who provide consultation to emergency department staff as an intermediary step before involving a psychiatrist. This service provides patients with access to the level of assessment required, while maximizing the efficiency and availability of emergency department physicians and psychiatrists.
- 2.24 Staffing levels for crisis response services vary across the health authority. In many locations, crisis response services only operate during daytime hours from Monday to Friday. The IWK has crisis response services and on-call psychiatry available at all times.
- 2.25 Dartmouth General is the only regional hospital in the province without a crisis response service and no psychiatry support to the emergency department. Patients who visit the emergency department and require a mental health assessment will be transferred to the QEII Health Sciences Centre.
- 2.26 Dartmouth General staff expressed concern that the current system is not patient-focused. They noted access to beds at the QEII and securing ambulance transportation often cause extended delays for patients to receive the services they require. While this process is similar to what happens in community hospitals, Dartmouth General is the fourth busiest emergency department in the province, with over 1,400 mental health-presenting complaints in 2016.

- 2.27 Yarmouth Regional has no dedicated crisis response staff; the service is offered by rotating responsibilities among mental health clinic staff. Management stated this causes issues with prioritization of work, and makes building skills and relationships with emergency department staff harder.
- 2.28 Availability of psychiatry support also varies across the health authority. Main differences identified by staff include availability of after-hours support via phone, and psychiatry on the weekends. There are also differences in the availability of support for child and youth psychiatry. These gaps are similar to the times when crisis response services are not available, meaning there are no mental health resources available to support emergency department staff.
- 2.29 Northern Child and Adolescent Psychiatry is a system which provides phone consultation to emergency department physicians and mental health clinicians in the northern zone when child and youth psychiatry support is not otherwise available. This collaborative rotation schedule is an innovative approach which maximizes the use of limited psychiatry resources. This service was discussed positively by emergency department staff, who expressed a desire for a similar service for adult psychiatry as there is no evening or weekend support available in the region.

#### **Recommendation 2.4**

As part of health services planning, the Nova Scotia Health Authority should assess emergency department access to crisis services and psychiatry support, and consider cost-benefit, patient-focus, and alternative service delivery models to increase availability if required.

*Nova Scotia Health Authority Response: Nova Scotia Health Authority agrees with this recommendation and is in the process of implementing. As part of planning for Mental Health and Addictions, discussions about emergency department access to crisis services and psychiatry have already begun. We intend to standardize our model of service delivery and are developing plans for the expansion of crisis services, based on assessment of community need, with targeted implementation in winter 2018. We are also reviewing models for developing urgent care clinics associated with existing crisis teams, to support patients discharged from emergency departments who require more rapid access to follow-up than can currently be provided by general outpatient mental health and addictions clinics. In partnership with the Emergency Program of Care and first responder organizations, we will work to improve the capacity of other providers related to mental health disorders and harmful substance use/ gambling.*



#### **Policies and procedures vary across the health authority**

- 2.30 Policies and procedures for crisis response vary across the health authority. Some sites have comprehensive and well-defined policies, while at least one hospital (Aberdeen) had no formal policies in place, although it did offer



crisis response services to support its emergency department. The IWK has policies supporting its crisis response services.

- 2.31 An example of the impact of different policies is that crisis assessments can be accessed directly through mental health clinics in some areas, while in others the service is only accessible through the emergency department. This difference may impact the length and type of wait experienced by the patient. Some staff noted that the emergency department environment is not ideal for someone experiencing a mental health crisis.
- 2.32 The Nova Scotia Mental Health Standards address the responsibilities of the emergency response physician for medical assessment of mental health patients in the emergency department. They do not address when involvement of the crisis response service for mental health assessment should begin, and how that is impacted by medical assessment.
- 2.33 Staff in the nine health authority hospitals with crisis response services (QEII and all regional hospitals excluding Dartmouth General) described different approaches to the requirement for medical assessment. This is an area of concern. We found that some crisis response services:
- require a medical assessment to be completed by the emergency response physician prior to beginning a mental health assessment,
  - require a medical assessment in all instances; however, will begin a mental health assessment while waiting for results, or,
  - do not require a medical assessment unless there is indication of a medical issue.
- 2.34 The IWK has completed a detailed analysis to determine their approach to mental health crisis response. All patients presenting to the emergency department will receive a medical assessment; however, crisis response staff will begin a mental health assessment while waiting for medical results when deemed appropriate.
- 2.35 There should be an established policy for when the involvement of mental health crisis response services should begin, and how that is impacted by a medical assessment to provide the most patient-focused level of care. This policy should be consistent for all hospitals in Nova Scotia.

### Lack of transfer policies create inefficiency

- 2.36 Another area of concern was the lack of a provincial transfer policy. Staff across the province told us that if a patient has been assessed and requires admission to an inpatient unit but a bed is not available, the hospital will attempt to locate an available bed elsewhere in the province. Currently,

each hospital has their own policies about when to accept a patient from another hospital. While children needing inpatient care are transferred to the IWK, staff at various health authority hospitals identified concerns with this process as well.

- 2.37 In interviews with staff, they indicated that the amount of time spent calling other hospitals to locate a bed is frustrating and time-consuming. A few hospitals have staff specifically designated for bed management, whereas in most areas it may be a nurse, physician, or psychiatrist making the calls. Having a point person for the province to coordinate transfers was suggested by staff as being more efficient, and could potentially assist with cooperation. The health authority indicated this was currently under consideration.
- 2.38 Some hospitals limit transfers to daytime hours which may result in patients waiting overnight in an environment less appropriate for a person experiencing a mental health crisis. Most regional hospitals have arrangements to hold patients awaiting assessment on the inpatient unit or in holding beds; however, for community hospitals this is more challenging due to limited staff and space.
- 2.39 Health authority management indicated draft policies related to medical clearance and transfers are currently in progress. A separate policy for admission and transfer of children and youth is also in progress.

### **Recommendation 2.5**

The Nova Scotia Health Authority, in collaboration with the IWK, as required, should finalize policies for emergency mental health services, and reflect a provincial approach to service delivery.

***Nova Scotia Health Authority Response:** Nova Scotia Health Authority agrees with this recommendation and is in the process of implementing. We have been working collaboratively with the IWK on the development of a provincial policy on emergency admissions which was approved in fall 2017. Planning for provincial education to support the policy is now underway with the goal of having the new policy implemented by early 2018. We have initiated plans to enhance supports required to better coordinate the use of and access to inpatient beds in facilities across the province. A working group, with representatives from NSHA and IWK has been established to develop a policy on admission and transfer of children and adolescents.*

***IWK Health Centre Response:** The IWK Health Centre recognizes there is no approved provincial policy on Emergency Admissions. The IWK has been working collaboratively with the NSHA and developed a policy for emergency admissions which will be implemented by fall 2017. A working group, with representatives from the IWK and the Nova Scotia Health Authority has been established and are advancing the work of a provincial policy on admission and transfer of children and adolescents. This work should be complete by December 2017 and rolled out by February 2018.*



 **Safety and security issues identified**

- 2.40 After an incident at a community hospital in October 2016, a working group was formed to develop recommendations on emergency department safety in community hospitals. The report outlines 12 recommendations accepted by government in January 2017. Although the report is aimed at workplace violence, many of the issues identified in these recommendations were identified through our audit process and also impact the safety of patients.
- 2.41 Our interviews of staff at several hospitals across the province revealed that emergency department staff did not have mobile personal alarms. Staff indicated these alarms protect staff, the patient, and other people present in the emergency department. One of the recommendations in the working group's report is to provide mobile personal alarms to staff identified as requiring a device based on a risk assessment.
- 2.42 The Nova Scotia Emergency Care Standards state emergency departments must have a safe and secure area for mental health assessment and treatment. There is no further guidance as to what is required for a safe and secure space for mental health assessment.
- 2.43 Several hospitals have rooms for mental health assessment which are free from hazards. These rooms may include features like CCTV monitoring, intercoms, reinforced walls, key card access, and are free from exposed medical equipment. Other hospitals had rooms with minimal safety features, and some had no specific space for mental health assessments. Patients presenting in a mental health crisis at these hospitals will be placed in a regular emergency department room. Staff will attempt to remove all possible safety hazards; however, it is usually not possible to remove all risks, as there is equipment attached to walls or other permanent features.
- 2.44 In these situations, security staff may be used to observe patients; however, the hours and availability of security vary across the province. Within community hospitals, which are smaller in size, even the existence of security varies.
- 2.45 We visited community hospitals with no security staff (Strait Richmond), security only overnight (Queens General and Springhill), and security available 24/7 (Soldiers' Memorial). Staff expressed concern for safety, and two noted they would rely on custodial staff in an emergency while awaiting law enforcement support.
- 2.46 Even where security is available there was concern expressed over the mandate and role of hospital security. Staff are not clear on the appropriate expectations for the level of assistance to be provided by security.

- 2.47 Recommendations in the working group's report include facility risk assessments to determine how many security personnel are needed. This includes determining and clarifying the role of security as part of the care planning team. Although community hospitals have been identified as a priority, the health authority indicated that risk assessments will be completed at all hospitals.
- 2.48 The use of physical restraints also varies across the health authority. 35 sets of physical restraints were provided by the Department of Health and Wellness as of March 2015; however, several hospitals have not put the restraints into use as no training has been provided. A few hospitals organized training for staff independently.
- 2.49 There is currently no provincial policy on the use of physical restraints, or clarity on required training. Staff expressed concern about using restraints without having a policy and proper training, which is why the restraints have often not been used. The department purchased and delivered the restraints to all former district health authorities with no plan for training.
- 2.50 The working group's recommendations indicate that the facility risk assessment should also determine the level of training each employee needs, and include a review of restraint policies by the health authority.
- 2.51 All recommendations have deadlines for implementation, and the Department of Health and Wellness also requires annual reporting on progress, with the first report due in January 2018.

### **Recommendation 2.6**

The Nova Scotia Health Authority should implement the emergency department safety recommendations identified in the January 2017 Improving Workplace Safety report as accepted by government.

*Nova Scotia Health Authority Response: Nova Scotia Health Authority agrees with this recommendation and is in the process of implementing. We co-chaired the Work Group that produced the Improving Workplace Safety in Community Emergency Departments Report in December 2016. We have implemented a comprehensive violence in the workplace policy and program, including conducting risk assessments in the community emergency departments. As required by the report, NSHA will submit a report identifying progress on the recommendations to Department of Health and Wellness by December 31, 2017.*

- 2.52 Staff at the IWK expressed no safety concerns about providing mental health services in the emergency department. Safe space for mental health assessment was available, staff had mobile personal alarms, and security was available on-site. The IWK does not use physical restraints in the emergency department; they were received from the department, but have not been used.

## Together We Can Strategy

### No governance structure for the strategy

- 2.53 In May 2012, the Department of Health and Wellness released the five-year Together We Can strategy, which included 26 strategy items directly related to mental health. We assessed the status of the strategy items and found three have not started, and seven items are in progress. For a complete listing of our status assessment see Appendix I. The remaining 16 items were complete at the time of our audit.
- 2.54 The department did not establish an overall governance structure for monitoring the progress of the strategy. Effective April 1, 2016, some strategy items were transitioned to the health authority, while others remained the responsibility of the department. It was unclear who had responsibility for two of the strategy items not yet completed. These strategy items included 18-month developmental screening for all children, and completion of a sex, gender, and diversity review of all services. Not having a clear governance structure increases the risk of items falling through the cracks.

### Progress on a new information system stalled

- 2.55 No progress has been made on the strategy item requiring a better information system for mental health. The intention of this item is to create a province-wide accessible information system specific to mental health and addictions – a recommendation which we made in our 2010 audit.
- 2.56 With the exception of inpatient and emergency department visits, patient charting is currently mostly paper-based. Even with limited information stored electronically, there are three different systems in use across the province and they do not share information. This means when a provider needs information on a patient's mental health history, they must request this information be sent via fax or phone, unless it is located at an on-site clinic. This is inefficient for staff, can result in delays in treatment for patients, and poses a privacy risk if copies of information are misplaced or faxed to the wrong location.
- 2.57 Emergency department clinicians expressed frustration with limited access to patient records due to the use of paper files and multiple information systems across the province. Some also indicated that patients who already have treatment plans require more time than necessary from clinicians when they cannot access those plans. Family physicians told us they often do not receive information about their patient's mental health treatment. This would not be an issue if information was centrally located in a province-wide, accessible electronic system.

**Recommendation 2.7**

The Department of Health and Wellness, in consultation with the Nova Scotia Health Authority and the IWK, should determine and communicate whether implementation of the remaining ten strategy items is appropriate and consistent with current plans, and if so, when action can be expected.

*Department of Health and Wellness Response:* DHW agrees with this recommendation. In consultation with the NSHA and IWK, DHW will communicate the final status of the remaining strategy items. We will work together to implement any items that are identified as continuing to be in alignment and consistent with current health system planning. For any items implemented, we will identify clear time lines, expectations, and accountabilities.

*Nova Scotia Health Authority Response:* Nova Scotia Health Authority agrees with this recommendation and would be pleased to collaborate with Department of Health and Wellness on a review of outstanding items from the Together We Can strategy.

*IWK Health Centre Response:* The IWK Health Centre agrees with this recommendation and is supportive of ongoing collaboration with Department of Health and Wellness around the remaining items from the Together We Can strategy.

**No final evaluation planned for the strategy**

2.58 There is no final evaluation planned when the strategy wraps up in May 2017 to assess completion of all strategy items and if actions were effective in achieving intended goals. An important part of an effective strategy is building in accountability requirements. These hold the department accountable for time and money allocated to the strategy, but without final evaluation this will not happen.

**Recommendation 2.8**

The Department of Health and Wellness, in consultation with the Nova Scotia Health Authority and the IWK, should complete a final evaluation of the Together We Can strategy.

*Department of Health and Wellness Response:* DHW agrees with this recommendation. DHW in consultation with the Nova Scotia Health Authority and the IWK will complete a final evaluation on the Together We Can strategy.

*Nova Scotia Health Authority Response:* Nova Scotia Health Authority agrees with this recommendation and would be pleased to collaborate with Department of Health and Wellness on a final evaluation of the Together We Can strategy.

*IWK Health Centre Response:* The IWK Health Centre agrees with this recommendation and is very supportive of ongoing collaboration with Department of Health and Wellness around the final evaluation of the Together We Can strategy.

## Program Funding and Accountability

### ► Funding for programs and services should be linked to a plan and evaluated

2.59 The Department's budgets for mental health services for the past five years are outlined below. This includes psychiatrists and physician costs related to mental health fee codes.

Fiscal Year	2013-14	2014-15	2015-16	2016-17	2017-18
Budget (000's)	\$215,070	\$222,073	\$225,230	\$226,130	\$227,510

2.60 Health Authority management told us funding is generally based on the prior year budget. Necessary funding adjustments are made if required to mitigate short-term risks. Basing funding levels on historical values is not an effective approach to budgeting without adequate planning, accountability, and review, and should be corrected through health services planning.

2.61 There is no formal accountability structure to the Health Authority for the performance of existing services. Zone directors for Mental Health and Addictions, and Health Authority management expressed that they are in frequent contact, however this is not documented. There should be clear reporting to the Health Authority on performance indicators for all mental health programs and services, to determine whether these programs are meeting their goals and objectives.

2.62 Financial information is currently provided to zone directors by the Health Authority for review, however analysis is limited. The Health Authority is working to increase financial accountability requirements, and a process for zone directors to explain variances from budget is in the beginning stages of implementation.

2.63 IWK programs are measured through evaluations of program effectiveness and internal reporting to the IWK's Mental Health and Addictions Leadership committee. Funding is allocated based on a plan and financial reporting occurs quarterly to the committee.

2.64 In times of limited financial resources, an effective service delivery plan helps ensure funding is clearly linked to programs and services, and that management is accountable for the financial and operational performance of those programs.

### **Recommendation 2.9**

The Nova Scotia Health Authority should ensure funding to programs and services is allocated based on service delivery plans, and include accountability requirements for the performance of funded programs and services.

***Nova Scotia Health Authority Response:*** *Nova Scotia Health Authority agrees with this recommendation and will implement. As part of our planning for Mental Health and Addictions, once priorities have been established and necessary decisions finalized with Department of Health and Wellness, we will develop an action plan including objectives, target timelines, resource allocation, and performance indicators. This will include the identification of key performance indicators that will assist in measuring and reporting on progress.*

## Conclusion

- 2.65 The Department of Health and Wellness is responsible for overall direction of the health system, and ultimately responsible to ensure both the IWK and the health authority address any concerns we have noted. This will include ensuring the mental health services delivery plans are put in place at the health authority. In addition, the department needs to improve the reporting of its wait times for mental health services. We also found a full evaluation of the 2012 Together We Can strategy for mental health is needed to assess whether it has achieved its objectives.
- 2.66 While we understand the Nova Scotia Health Authority is responsible for 41 hospital sites and had been nine separate organizations two years ago, it needs to prepare clear plans for mental health services across the province. We found there were no overall service delivery plans in place, a model of care that was implemented haphazardly across the province, inconsistent policies covering crisis response service provision, and inadequate accountability for program funding and delivery. We also noted the need for the health authority to work with the department and the IWK to address concerns around wait times reporting for mental health services.
- 2.67 The IWK met most of our objectives in that they have mental health services delivery plans and policies covering those services. We did have concerns with the implementation of the Choice and Partnership Approach. The IWK also needs to work with the department and the health authority to address concerns around wait times reporting for mental health services.



### Additional Comments from Health and Wellness

*The Department of Health and Wellness agrees with recommendations of the Auditor General.*

*Since 2014, the health system in Nova Scotia has experienced a considerable change in service delivery and strategic oversight. The nine District Health Authorities were amalgamated into one entity on April 1st, 2015 – the Nova Scotia Health Authority, who, along with the IWK provide health services to Nova Scotians.*

*In 2016, the Department began its redesign to focus on improving its strategic leadership for the health system. Together, the Department of Health and Wellness, Nova Scotia Health Authority, and IWK are working to provide provincial level focus to health services. This new approach is intended to improve the delivery of care within the health care system and the health care for Nova Scotians.*

*To ensure provincial focus, all parties involved have undertaken a provincial level analysis of programs and services which included mental health and addictions. The Department of Health and Wellness, Nova Scotia Health Authority, and IWK have done considerable work to date and are dedicated to continuing this process making health care better for Nova Scotians.*

### Additional Comments from the Nova Scotia Health Authority

*Nova Scotia Health Authority agrees with the recommendations of the Auditor General and is pleased that our provincial health services planning underway for Mental Health and Addictions, developed based on evidence and community needs, is in alignment with the recommendations.*

*In the spring of 2015, the Department of Health and Wellness, Nova Scotia Health Authority and IWK began collaborating to develop and implement a multi-year health plan, with the goal of creating an accessible health system that offers the right care, in the right place, at the right time.*

*For Mental Health and Addictions, the planning process identifies a model of service delivery that involves close collaboration with the IWK, as well as other key partners. It acknowledges the need for enhanced focus on promoting positive mental health and standardization of our approaches to care. We also recognize our responsibility to work with other sectors to build their capacity to address the needs of those who are at risk of developing mental health disorders, addictions or are experiencing mild to moderate problems, while at the same time ensuring that mental health and addictions services are available to meet the needs of those with more serious conditions. Improving services for those living with a mental health disorder or experiencing harmful substance use/gambling will take time. However, we have a tremendous opportunity as one provincial health system, working with our partners, to improve access to services for Nova Scotians.*





### Additional Comments from the IWK Health Centre

*The IWK Health Centre agrees with the recommendations of the Auditor General and has provided additional information to demonstrate work happening in our program that is consistent with the recommendations outlined in this report. We also wanted to highlight our collaborative working relationship with the Nova Scotia Health Authority and Department of Health and Wellness as much partnership work is happening at the provincial health services planning table that is transforming our child & adolescent services into one provincial mental health and addictions standard.*





## Appendix I

## Together We Can Strategy

*Status of strategy items as assessed by the Office of the Auditor General*

Action Item	Not Started	In Progress	Completed
18-month developmental screening for all children		✓	
Province-wide telephone coaching for all families			✓
Mental health clinicians in schools			✓
Enhanced education for EHS paramedics			✓
Reduced mental health wait times to meet standards through new approaches		✓	
Expanded peer support for mentally ill			✓
Skills training and support for families			✓
Province-wide toll-free crisis line			✓
More specialty care networks			✓
Training for care providers			✓
Better information system for mental health, addictions	✓		
Information-sharing guidelines			✓
Diversity group(s) for mental health, addictions		✓	
More collaborative treatment services for First Nations, cultural safety training for care providers			✓
Gay Straight Alliances for students			✓
Sex, gender, and diversity review of services	✓		
Undertake work to increase diversity in the addictions, mental health workforce	✓		
Recruit French speaking professionals		✓	
Education on seniors' mental health, addictions needs for care providers		✓	
Safe, affordable housing options		✓	
Funding process for community agencies, projects			✓
Mental health, addictions care for incarcerated adults		✓	
Anti-stigma initiatives			✓
Share reporting guidelines with media			✓
Awareness of healthy and safe workplaces			✓
Employer awareness of workplace programs			✓
<b>Total</b>	<b>3</b>	<b>7</b>	<b>16</b>

## Appendix II

### Audit Objectives and Scope

In winter 2017, we completed a performance audit at the Department of Health and Wellness, the Nova Scotia Health Authority, and the IWK Health Centre. The purpose of the audit was to determine if the health system is adequately planning and meeting its objectives for access to mental health services. We conducted the audit in accordance with sections 18 and 21 of the Auditor General Act and auditing standards of the Chartered Professional Accountants of Canada.

Criteria were developed specifically for this engagement by our Office. The criteria were discussed with, and accepted as appropriate by, senior management at the Department of Health and Wellness, the Nova Scotia Health Authority, and the IWK.

Our audit approach consisted of interviews with management and staff at the Department of Health and Wellness, the Nova Scotia Health Authority, and the IWK, with detailed audit work to assess the management and delivery of mental health services throughout the province. To conduct interviews, we visited fifteen hospitals across the province, and conducted tours of emergency department facilities. We examined relevant policies, processes, plans, reports, and other documentation. Our audit period covered April 1, 2015 to September 30, 2016. We examined documentation outside of that period as necessary.

**Objective:**

To determine whether the provincial health system has clearly defined plans for the delivery of mental health services.

To determine how funding for mental health services is allocated by the department, the Nova Scotia Health Authority, and the IWK and whether funded programs are monitored and evaluated for effectiveness.

**Criteria:**

- Plans for mental health services should be supported by demand trends and forecasts.
- Mental health services should be funded based on priorities identified in mental health services plans.
- Funding recipients should be accountable for funding and report on outcomes in relation to the purpose of the funded programs.
- Mental health services should be evaluated to ensure that they are meeting their planned objectives.



**Objective:**

To determine whether it is clear to the public how to access services.

To determine whether the Nova Scotia health system has defined reasonable wait times for mental health services, and whether services are delivered accordingly.

**Criteria:**

- Available mental health programs should be clearly communicated to health practitioners and the public.
- There should be a defined process for transitioning between youth and adult mental health care.
- There should be wait times targets established for accessing mental health services.
- Nova Scotians should receive treatment plans and services within targeted wait times.

**Objective:**

To determine whether the provincial health system delivers mental health crisis services according to established crisis management plans.

**Criteria:**

- NSHA and the IWK should clearly communicate to Nova Scotians what to do during a mental health crisis.
- NSHA and the IWK should have mental health crisis management plans.
- NSHA and the IWK should deliver services in accordance with mental health crisis management plans.
- NSHA and IWK frontline staff should have adequate training and resources to deal with mental health crises in line with crisis management plans.

**Objective:**

To determine whether the Department of Health and Wellness is adequately managing the implementation of its mental health strategy.

**Criteria:**

- The department should ensure there are detailed plans to implement actions from the mental health strategy.
- The department should adequately monitor progress of its mental health strategy plans and activities and report results.



## Chapter 3

# Health and Wellness and Nova Scotia Health Authority: Managing Home Care Support Contracts

### Overall Conclusion:

- The department has not addressed weaknesses known to exist since 2008
- There are weaknesses in monitoring provider performance and payments
- There is a documented approach to home support funding

### Why we did this audit:

- Home care helps 30,000 Nova Scotians stay in their homes
- Home support is an important part of the care continuum
- Approximately \$140 million is spent each year on home support
- Nova Scotians expect quality health care

### What we found in our audit:

- By not fully addressing previous audit recommendations, long-standing issues remain
- Department did not verify provider service hours, increasing the risk for fraud or error
- Department did not verify user fees collected by one provider, risking overpayments
- By not monitoring the performance of providers, issues may go unresolved
- Department and health authority did not maintain a record of client complaints and cannot be certain issues are addressed
- Roles and responsibilities are clearly defined and communicated
- Department does not monitor whether health authority is fulfilling its roles related to home care
- Department and health authority developed standard performance indicators to monitor home support providers
- Department has a documented, defined approach to funding home support



## Recommendations at a Glance

### **Recommendation 3.1**

The Department of Health and Wellness and the Nova Scotia Health Authority should establish processes to complete all recommendations made by the Office of the Auditor General.

### **Recommendation 3.2**

The Department of Health and Wellness and the Nova Scotia Health Authority should put a process in place to verify the accuracy of reporting from home support providers. Reported hours, performance indicators, and statistical reporting should be included in the verification process.

### **Recommendation 3.3**

The Department of Health and Wellness should rely on the user fee amount as reported in audited financial statements when completing the annual reconciliation, or verify the accuracy of provider-reported user fees using another process.

### **Recommendation 3.4**

The Department of Health and Wellness and the Nova Scotia Health Authority should monitor home support provider compliance with contract terms and performance issues on a regular basis.

### **Recommendation 3.5**

The Department of Health and Wellness and the Nova Scotia Health Authority should maintain an integrated record of home support complaints received, including their outcome.

### **Recommendation 3.6**

The Department of Health and Wellness and the Nova Scotia Health Authority should regularly monitor and evaluate service provider performance using the key performance indicators.

### **Recommendation 3.7**

The Department of Health and Wellness should regularly monitor whether the Nova Scotia Health Authority is meeting its home care responsibilities.

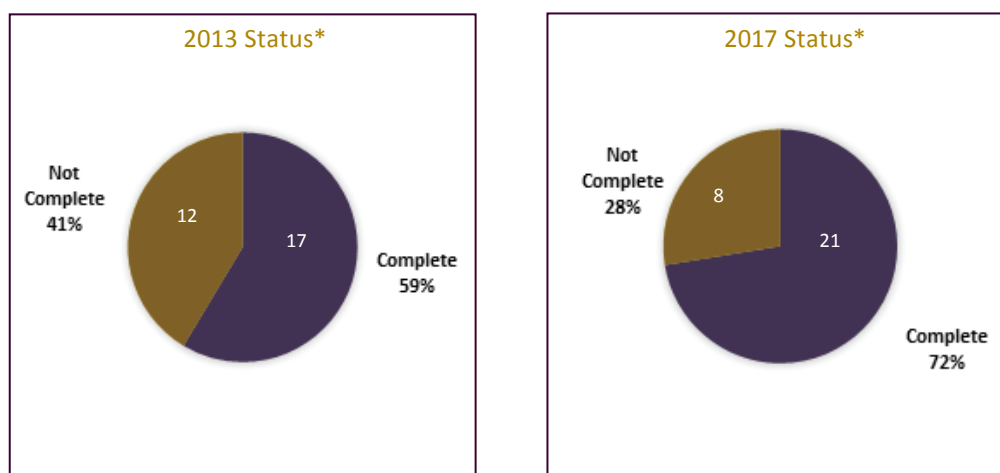
# 3 Health and Wellness and Nova Scotia Health Authority: Managing Home Care Support Contracts

## Follow up of 2008 Recommendations

### ➔ Health and Wellness has not addressed known weaknesses

3.1 Our last audit of Home Care was in November 2008. We identified a significant number of weaknesses and areas for improvement and recommended the Department of Health and Wellness address these issues. When we last followed up on the recommendations in May 2013, 12 (41%) recommendations were assessed as not complete. In this audit of home support, we determined if department management had completed those recommendations.

3.2 The department did not complete 8 of the 12 recommendations that were not complete four years ago. We expected to see all remaining recommendations completed, as we made the recommendations nearly ten years ago. We are very disappointed by this performance, and expect management and government to take a stronger oversight role in ensuring all our recommendations are implemented.



\* One recommendation from November 2008 was assessed as two for follow-up purposes, resulting in 29 total recommendations

3.3 Failure to address our recommendations has left the province exposed to the following known weaknesses:

- not knowing whether the availability of health professionals will be a limiting factor in meeting future home care demand;

- not having a quality assurance process to make sure the Nova Scotia Health Authority is making appropriate assessment decisions, and policies and procedures are followed and appropriately documented; and
  - not knowing whether hours reported by service providers are accurate and complete.
- 3.4 Complete details about the status of the 12 recommendations are shown in Appendix I.
- 3.5 The Department of Health and Wellness was solely responsible for home care at the time of our previous audit. In 2009, responsibility for parts of the home care program started transitioning to the nine former district health authorities; however, responsibility for completing the recommendations remained with the department. In spring 2015, the health authorities merged into one provincial health authority. These operational changes resulted in the health authority having a role in completing the recommendations; however, responsibility to complete the recommendations was not transferred. This highlights the importance for organizations to have processes to complete all recommendations made by our Office.

### **Recommendation 3.1**

The Department of Health and Wellness and the Nova Scotia Health Authority should establish processes to complete all recommendations made by the Office of the Auditor General.

*Health and Wellness Response: The Department of Health and Wellness agrees with this recommendation. A process for monitoring the completion of recommendations from previous audits and the current audit will be developed and implemented by Spring 2018. The respective roles and responsibilities of the Department of Health and Wellness and the Nova Scotia Health Authority will be considered in this process.*

*Nova Scotia Health Authority Response: Nova Scotia Health Authority agrees with this recommendation and has established processes to provide the Office of the Auditor General with regular status updates on progress towards completion of recommendations. NSHA will establish processes to support completion of the recommendations made in the Managing Home Care Support Contracts Audit and would be pleased to collaborate with Department of Health and Wellness in ensuring that any recommendations from previous audits of continuing care are completed.*

### **Contract Management**

- 3.6 The department and the health authority share responsibility for the home support program. The department is responsible for setting hourly funding rates, reviewing hours reported by service providers, and paying providers.



The department also audits service providers for compliance with home care standards. The health authority is responsible for service delivery, including assessing and authorizing clients for home support, and reviewing monthly invoices of for-profit providers before forwarding the invoices to the department for payment. The department and the health authority share responsibility for managing client complaints and issues with provider performance.

- 3.7 We noted the separation of funding and service delivery responsibilities is unusual because these two functions are often linked. For example, changes to funding may impact the services delivered, or significant performance issues may require funding be held back until the issue is addressed. Health authority management indicated the separation of responsibilities creates complexities in working with providers, and the department and the health authority should jointly plan for the alignment of these responsibilities.

#### **No verification of reported service hours**

- 3.8 Neither the department nor the health authority verified the accuracy of hours billed by service providers, nor confirm if services had been delivered prior to issuing payments. The department and the health authority relied on the information reported by service providers without verifying that the information was complete and accurate. This could result in the department paying providers for services not provided to clients.
- 3.9 This issue was brought to the department's attention in October 2016 when a fraud risk assessment was completed on the department's continuing care and financial services branch. The assessment identified this as an area of high risk of fraud, yet at the time of our audit, the department had not put controls in place to verify the accuracy of hours reported. The department monitors budgeted to actual service hours; however, this would not identify instances of a provider overbilling care hours. With approximately \$140 million in home support expenses, we expected the department to have addressed this risk.
- 3.10 Not-for-profit and for-profit service providers report their monthly service hours differently. The fifteen not-for-profit providers report their cumulative service hours each month. The five for-profit providers submit their hours in an itemized invoice by client including hours authorized and hours delivered. We identified weaknesses in both payment practices.
- 3.11 The department requires not-for-profit providers to submit supporting documentation from their time tracking system, detailing their service hours each month; however, this process was not consistently followed. Department staff did not obtain the required support for 10 of the 16 payments we examined. They also did not verify the accuracy of the supporting

documentation, increasing the risk that service providers could be paid for services not provided to clients.

- 3.12 For-profit home support providers submit monthly invoices to the health authority. Health authority staff review the invoice for accuracy prior to forwarding it to the department for payment, but health authority staff told us there is no standard process for reconciling the invoices. In the past, they performed spot checks, but these were not required. The lack of a consistent review process increases the risk that providers could be paid for services not provided.



### No verification of home support provider reporting

- 3.13 Neither department nor health authority staff verified the accuracy of reporting against key performance indicators and statistical information submitted by service providers. Key performance indicators are discussed later in this chapter. Without some type of verification, providers could report favorable performance to avoid penalties. Also, providers may not calculate statistical information in accordance with department standards, resulting in inaccurate information being used for decision making.

### Recommendation 3.2

The Department of Health and Wellness and the Nova Scotia Health Authority should put a process in place to verify the accuracy of reporting from home support providers. Reported hours, performance indicators, and statistical reporting should be included in the verification process.

***Health and Wellness Response:** The Department of Health and Wellness agrees with this recommendation. The department recognizes the importance of verifying reported information to ensure accuracy and we are moving in that direction. In 2017, the Department of Health and Wellness and Nova Scotia Health Authority met individually with all home support providers to discuss issues of mutual concern, including reporting requirements. Also in 2017, a joint department/health authority Performance Monitoring Committee was established which will meet monthly on an ongoing basis to assess providers' performance. In 2018/19, we will build on these accomplishments to develop a process for verifying the data reported by the home support providers.*

***Nova Scotia Health Authority Response:** Nova Scotia Health Authority agrees with this recommendation and is in the process of implementing. Beginning in 2016-2017, NSHA has completed a quarterly analysis of data reported from home support agencies. This analysis is used to inform individual agency reports which summarize their performance on a number of key metrics compared to provincial averages. NSHA and DHW meet jointly with home care agencies to review performance and discuss opportunities for improvement. NSHA recognizes the importance of the accuracy of this information in the performance monitoring process and will work collaboratively with DHW and home care agencies to identify and address any*

*deficiencies in the completeness or accuracy of data submitted. Meetings with the agencies to review the first and second quarter reports from 2017/2018 are being scheduled for December 2017 and January 2018.*

### Failure to verify user fees collected from one provider

- 3.14 Depending on the client's household income, home support clients may be required to pay user fees directly to home support providers. The provider's monthly payments from the Department of Health and Wellness are reduced by the amount of user fees collected. The department completes an annual reconciliation between the budgeted and actual user fees, using the user fee amounts reported on the provider's audited financial statements. This reduces the risk that a home support provider under reports user fees to increase their payments.
- 3.15 The department did not verify the accuracy of user fees collected for one of the largest home support providers. The provider's financial statements did not show user fees in enough detail to identify the fees related to government-funded home support, as required in the provider's agreement. The department relied on information reported by the provider, without verifying the amounts, increasing the risk of overpayment due to inaccurately reported user fees.

### **Recommendation 3.3**

The Department of Health and Wellness should rely on the user fee amount as reported in audited financial statements when completing the annual reconciliation, or verify the accuracy of provider-reported user fees using another process.

***Health and Wellness Response:** The Department of Health and Wellness agrees and currently utilizes the user fees on the audited financial statements during the annual reconciliation process. However, the department has requested, but has not received, this information from one provider. We are continuing to work with this provider to obtain the user fee information and we will utilize this information when completing the reconciliations in future.*

### No comprehensive monitoring of home support providers

- 3.16 The department and the health authority did not comprehensively track home support providers' compliance with contract terms or performance issues. This means the department and the health authority cannot easily identify recurring performance issues with home support providers, or demonstrate how these issues are resolved.
- 3.17 The department has other processes to monitor home support providers, despite not having a comprehensive monitoring process.

- Departmental auditing of service providers – The department completes annual audits for compliance with home support standards. We examined a sample of ten audit reports and determined the audits were completed in accordance with department policy, and issues were addressed in a timely manner.
  - Critical incident reporting – Department policy requires critical incidents and the service provider’s response be reported to the department. We reviewed the two incidents reported within our audit period and determined the reporting complied with policy, and appropriate actions were taken in a timely manner.
  - Management reporting – The department has regular reporting on waitlist data, cancelled visits, and number of clients. This information is also shared with the health authority.
- 3.18 The health authority did not have consistent processes to address performance issues with home support providers. We examined the processes in place in two of the health authority’s four geographic zones. In one zone, staff used email and client file notes to record specific issues, but did not document meetings with providers. In the other zone, staff held regular, documented meetings with service providers, and recorded discussions of performance issues and other matters.
- 3.19 Department and health authority processes assist with managing provider compliance with contract terms and standards, but they do not provide comprehensive information about performance. Department and health authority management told us they plan to implement a new performance management committee with representation from both the department and the health authority. The committee will monitor service provider performance across all four zones.

**Recommendation 3.4**

The Department of Health and Wellness and the Nova Scotia Health Authority should monitor home support provider compliance with contract terms and performance issues on a regular basis.

*Health and Wellness Response: The Department of Health and Wellness agrees with this recommendation. Progress has been made in this area. As noted above in response to recommendation 3.2, the department and Nova Scotia Health Authority have established a Performance Monitoring Committee which reviews service providers’ performance. 2017-18 is a transition year which will focus mainly on key performance indicators and mandatory statistical reporting. However, the scope of the committee may be expanded in future to include monitoring of other contract components, as appropriate.*

***Nova Scotia Health Authority Response:** Nova Scotia Health Authority agrees with this recommendation and is in the process of implementing. On April 1, 2017, we amended our current service agreements with home care providers to include nine key performance indicators as well as reporting requirements designed to improve access, efficiency, quality, and sustainability. A joint DHW – NSHA performance monitoring committee was established in September 2017 and will ensure a consistent approach to monitoring contract compliance and performance achievement through 2017-2018. The DHW and NSHA are collaborating on the development and implementation of new performance based contracts for home care, including a comprehensive and consistent performance system which monitors achievement, with implementation targeted for 2018-2019.*



### **No integrated process to record or respond to client complaints**

- 3.20 The department does not have a central process to monitor home support complaints and their outcome. We identified this issue in our November 2008 audit. In May 2011, we reported that the department had addressed our recommendation by establishing a central process. Department management told us they no longer use this process and do not record complaints or their outcome.
- 3.21 The health authority does not have a process to monitor and track complaints. Health authority staff told us complaints are sometimes recorded in client files; however, management cannot generate lists of complaints to determine if they have been resolved, or identify ongoing issues with providers. Department policy requires the health authority to have processes in place to investigate and resolve client complaints; however, the lack of central tracking means it is not possible to confirm that complaints received have been investigated and resolved.
- 3.22 Clients can report complaints directly to home support providers and home care standards require providers to record and respond to these complaints. As part of their annual audits, the department verifies that service providers have processes in place to both record and respond to client complaints.
- 3.23 An integrated process to record and respond to complaints about home support services is important to ensure client concerns are recorded and resolved. Department and health authority management could also use this information to identify common complaints and hold home support providers accountable for service delivery.

### **Recommendation 3.5**

The Department of Health and Wellness and the Nova Scotia Health Authority should maintain an integrated record of home support complaints received, including their outcome.

**Health and Wellness Response:** *The Department of Health and Wellness agrees with this recommendation. The department recognizes that monitoring of complaints and outcomes is important. By April 1, 2018, we will implement a complaints recording/monitoring process. We will work with Nova Scotia Health Authority to develop an integrated process for recording and resolving home support complaints. This process will respect individuals' privacy and will comply with legislated privacy requirements.*

**Nova Scotia Health Authority Response:** *Nova Scotia Health Authority agrees with this recommendation and intends to implement. While NSHA has processes in place to record and investigate client complaints, we agree a centralized database would be beneficial. We will use this information to ensure all client complaints are addressed, trends are tracked and performance issues with providers addressed. We will work with DHW to implement an integrated approach to handling home support complaints by April 1, 2018.*



#### **Key performance indicators included in new contracts**

- 3.24 Effective April 2017, all home support providers signed one-year agreements which included nine standard key performance indicators along with statistical reporting requirements. Department management told us these agreements cover a transition period, after which new performance-based contracts will be signed with home support providers. Failure to meet the performance indicators included in those future contracts could result in penalties for the service provider.
- 3.25 The department and the health authority followed a good process to develop and implement the performance indicators. They communicated and consulted with home support providers, including communicating expectations and asking for feedback. The five providers we interviewed indicated the department and the health authority involved them in the process and listened to their concerns.
- 3.26 The key performance indicators will be used to evaluate home support providers. We reviewed the indicators included in the 2017-18 agreement, and determined they included indicators we expected to see, such as client access to service and client satisfaction.
- 3.27 Both the department and the health authority identified some limitations related to the evaluation of certain indicators. For example, the client satisfaction indicator does not define how providers should survey clients, and therefore providers could complete surveys using different approaches.
- 3.28 We encourage the department and the health authority to evaluate the indicators and the resulting outcomes prior to completing the 2017-18 transition year. Indicators, and how they are measured, should be evaluated and adjusted as needed before including them in the 2018-19 performance-based contracts.





- 3.29 Prior to April 2017, performance indicators were only included in the agreements for two for-profit home support providers. The agreements included two indicators to measure the percentage of clients accepted and limiting the number of different staff providing care to clients. None of the 22 not-for-profit contracts or the other 3 for-profit contracts included any performance indicators.
- 3.30 Despite the existence of the indicators, the health authority did not monitor the two providers' performance on a regular basis. Between April 2016 and February 2017, one provider reported they did not meet one of the indicators for 11 months, yet no action was taken to address this.
- 3.31 Regular monitoring and evaluation of performance against the indicators will allow the department and the health authority to determine if the home support program is meeting its objectives, and whether the service providers are meeting client care objectives.

### **Recommendation 3.6**

The Department of Health and Wellness and the Nova Scotia Health Authority should regularly monitor and evaluate service provider performance using the key performance indicators.

*Health and Wellness Response:* The Department of Health and Wellness agrees with this recommendation. The department recognizes that regularly monitoring and evaluating service providers' performance is important. The joint Department of Health and Wellness/Nova Scotia Health Authority Performance Monitoring Committee, which commenced meeting in September 2017, will meet a minimum of monthly and will monitor providers' performance in meeting key performance indicators.

*Nova Scotia Health Authority Response:* Nova Scotia Health Authority agrees with this recommendation and is in the process of implementing. We will continue to work with Department of Health and Wellness to regularly monitor and evaluate service provider performance using the key performance indicators. First and second quarter reports for 2017-2018 are being analyzed now and meetings with agencies to review individual results/reports are being scheduled for December 2017 and January 2018. This work will continue after each quarterly reporting period is completed.



### **Roles and responsibilities are defined and communicated**

- 3.32 The roles and responsibilities of the department and the health authority for managing home support are clearly defined and communicated in policies, home care standards, and service provider agreements.
- 3.33 We reviewed a sample of home support provider agreements and found roles and responsibilities of the department, the health authority, and service

providers are clearly defined. The agreements addressed the significant areas we expected – protection of privacy, confidentiality, establishing payment terms, termination and cancellation provisions, and establishing deliverables.

 **Department does not have a process to oversee health authority**

- 3.34 The department did not have a process in place to assess the health authority for compliance with home care policies. The department and the health authority have an accountability agreement which includes quarterly reporting on performance indicators; however, the agreement covers organizational indicators which are not specific to home care policies. The department does not know if the health authority is appropriately completing the initial assessment of need for home support clients, and does not ensure the health authority is investigating and resolving client complaints. The health authority is responsible for managing home support service delivery, but it is important that the department oversee whether the health authority is fulfilling those responsibilities.

**Recommendation 3.7**

The Department of Health and Wellness should regularly monitor whether the Nova Scotia Health Authority is meeting its home care responsibilities.

*Health and Wellness Response: The Department of Health and Wellness agrees with this recommendation and recognizes it is important to regularly monitor whether the Nova Scotia Health Authority is meeting its home care responsibilities. There is currently an Accountability Framework Agreement in place between the department and NSHA for monitoring and accountability purposes. By Summer 2018, the department will build on the existing accountability and policy frameworks to develop another level of accountability that focuses more specifically on home care.*

**Funding of Home Support Providers**

 **Department has a defined approach to home support funding**

- 3.35 Department staff use a documented and systematic approach to calculate home support funding. The department funds providers using a rate per service hour delivered. The hourly rates are determined differently depending on whether the provider is a for-profit or a not-for-profit provider.
- 3.36 The for-profit hourly rate is specified in the for-profit contract. The for-profit rates have not changed since the first for-profit contract was signed in 2012, and there is no requirement in the contract to revisit or adjust the rates.
- 3.37 Department staff calculate the not-for-profit hourly rates as part of the annual budget process. Budget letters given to the providers outline the





funding calculation. The hourly rate considers factors like the provider's prior year operating costs, as well as the terms of their collective bargaining agreements. The hourly rate is reduced to the provincial average for not-for-profit providers to encourage providers to find operating efficiencies.

- 3.38 We recalculated a sample of six not-for-profit providers' hourly rates and identified only one minor error. We informed department staff who then notified the service provider and issued payment to correct the mistake. We also examined a sample of six for-profit payments. Three samples were invoice payments and were paid at the correct hourly rates, and three samples were advances which were appropriately calculated.
- 3.39 We interviewed management at five home support service providers, covering both not-for-profits and for-profits. All five providers understood the department's approach to home support funding. The five service providers expressed concerns about the funding rates, including issues such as not allowing for much staff education, not including anything substantial for staff travel, and having differences in rates between for-profit and not-for-profit providers. Health authority management also expressed concerns with the approach to funding and the need to work with the department on the approach to funding going forward.

## Conclusion

- 3.40 We found the department had not implemented all recommendations from our November 2008 Home Care audit. Eight recommendations are not complete.
- 3.41 Both the department and the health authority had weaknesses in their policies and procedures for ensuring services are received, and payments are made, in accordance with contract terms. Neither department nor health authority staff verified the accuracy of hours billed by service providers, nor did they confirm if services were delivered prior to issuing payments. The department and the health authority do not have comprehensive processes to monitor home support providers' performance, or record and respond to client complaints.
- 3.42 The department allocated funding to home support providers in a systematic and supported manner and followed its defined process to calculate and fund providers.



### Additional Comments from the Nova Scotia Health Authority

*Each year, Nova Scotia Health Authority, through our contracted agencies, delivers over three million hours of personal care, relief for family caregivers, nutritional care and essential housekeeping, as well as over one million nursing visits to about 28,000 Nova Scotians. These programs and services help people live safely in the place they call home. With an aging population, high rates of chronic disease and cancer, home care services will continue to play an important role in our public health care system.*

*The creation of Nova Scotia Health Authority in April 2015 has enabled us to work more effectively with government and our contracted home care agencies to ensure we are delivering services in a fair and equitable manner, following best practice and ensuring the program is on a sustainable foundation. We have also improved access to home support services – reducing both the number of people waiting and the number of waitlisted hours of care.*

*We agree with the recommendations of the Office of the Auditor General and will continue to work with the Department of Health and Wellness and our contracted agencies to implement new performance based contracts, which will further improve the quality of care and experience for individuals and families and increase accountability.*



## Appendix I

### Status of the 12 Recommendations Last Reported as Not Complete in May 2013

Recommendation	What We Found and Implications
<b>Not Complete</b>	
4.2 The Department of Health, in partnership with Executive Council, should update and consolidate the Coordinated Home Care Act and Homemaker's Services Act.	Not Complete – The Department has not updated the Coordinated Home Care Act and the Homemaker's Service Act since 1989-90. There is no single piece of legislation to reflect the current home care program.
4.3 The Department of Health should review arrangements for the acquisition of nursing and home support services. The Department should comply with the Province of Nova Scotia Procurement Policy and either subject these services to a competitive process or seek required approval for an exemption.	<p>Not Complete – We first made this recommendation in the 1996 Report of the Auditor General. The Department reviewed its options for acquiring home nursing and home support services; however, it is not complying with the Nova Scotia Procurement Policy.</p> <p>The Department did not obtain approval for an exemption from the procurement policy. Executive Council directed the Department to extend several provider contracts in 2015 without a competitive process, which is not in accordance with the procurement policy.</p>
4.9 The Department should identify the future demand for home care services and determine the level of various home care staff required to provide these services.	Not Complete – The Department completed an assessment of future demand for home care services; however, they have not determined whether the availability of health professionals will be a limiting factor to meet future demand.
4.12(2) The Department should work with the service providers to assess the risk of not completing periodic record checks subsequent to hiring and use the results of the risk assessment to determine the frequency of rechecks.	Not Complete – The Department has not completed a risk assessment to determine if updating record checks will reduce the risk to home care clients.
4.19 The Continuing Care Division should implement a quality assurance process to ensure appropriate assessment decisions are made, policies and procedures followed, and appropriately documented.	<p>Not Complete – The Health Authority is responsible for home care service delivery, and assessing clients' home care needs. The Nova Scotia Health Authority does not have a quality assurance process to ensure appropriate assessment decisions are made, policies and procedures followed, and appropriately documented.</p> <p>The Department is responsible for overseeing the home care program, but does not have a process to know if the Health Authority is making appropriate assessment decisions.</p>
4.22 The Department should implement a formal appeals process regarding decisions made in the investigation of complaints.	Not Complete – The Department does not have a formal process to appeal decisions made in the investigation of complaints. Appeals may not be addressed appropriately without a formal appeals process.



Recommendation	What We Found and Implications
Not Complete	
4.25 The Department should develop additional performance indicators, with established targets, to measure all aspects of the home care program.	Not Complete – The Department has developed key performance indicators related to home support. The Department has not developed performance indicators for home nursing, so they cannot measure all aspects of the home care program.
4.27 The Department of Health should move forward with a system to allow effective reporting of actual hours of service by home care service providers.	Not Complete – The Department does not have processes in place to verify that provider-reported service hours are accurate and complete, and only reflect actual hours of service to clients.

Recommendation	What We Found and Implications
Complete	
4.15 The Department of Health should formally document the policy detailing when professional judgment may be substituted for priority assessment tool completion or response time standards. The reason for any deviations from the priority assessment tool should be documented in the client's file.	<p>Complete – The Department documented their policy for using professional judgment. Health Authority staff are responsible to document the reason for not following the priority assessment time standards. The Department is responsible to monitor compliance with these standards.</p> <p>The Department needs to improve its monitoring of this requirement. Seven (24%) of 29 files we reviewed did not have a reason documented for not following the time standards.</p>
4.17 The Department should record the service start date for new clients in SEAScape. Reasons for any delay in service start dates should be documented.	Complete
4.26 The Department of Health should update guidelines for time required to complete home care services. This update should include a review of whether it is feasible to establish such guidelines for nursing care delivered to home care clients.	Complete
4.28 The Department of Health should review and improve the inspection process by developing an audit plan, assessing the objectives, risks and resources required for these audits, providing guidelines for the number of client and personnel files to be examined; requiring documentation be examined for completeness, and require an examination as to whether services provided were appropriate.	Complete



## Appendix II

### Audit Objectives and Scope

In fall 2017, we completed an independent assurance report of the Department of Health and Wellness and the Nova Scotia Health Authority. The purpose of this performance audit was to determine if there are policies and procedures to ensure the home support funding approach is appropriate, and to ensure providers comply with contract requirements.

It is our role to independently express a conclusion on whether home support contract management, the approach to funding, and implementation of previously-issued home care recommendations comply in all significant respects with the applicable criteria. Management at the Department of Health and Wellness and the Nova Scotia Health Authority acknowledged their responsibility for home support contract management, the approach to funding, and responsibility to implement previous home care recommendations.

We conducted this audit to a reasonable level of assurance in accordance with the Canadian Standard for Assurance Engagements (CSAE) 3001 – Direct Engagements set out by the Chartered Professional Accountants of Canada; and sections 18 and 21 of the Auditor General Act.

We apply the Canadian Standard on Quality Control 1 and, accordingly, maintain a comprehensive system of quality control, including documented policies and procedures regarding compliance with ethical requirements, professional standards, and applicable legal and regulatory requirements.

In conducting the audit work, we complied with the independence and other ethical requirements of the Code of Professional Conduct of Chartered Professional Accountants of Nova Scotia and Nova Scotia's Code of Conduct for public servants.

The objectives and criteria used in the audit are shown below:

#### Objectives:

1. To determine whether the Department of Health and Wellness has appropriate policies and procedures to ensure services are received, and payments are made, in accordance with contract terms.
2. To determine whether the Nova Scotia Health Authority has appropriate policies and procedures to ensure services are received, and payments are made, in accordance with contract terms.

#### Criteria:

The department and the health authority should have:

- clearly defined and communicated roles and responsibilities for managing the home support program;
- current, signed contracts for home support providers;
- clearly defined and communicated performance expectations to home support providers;
- included performance expectations in contract terms;
- monitored home support providers to ensure services are provided in compliance with the contract terms and performance expectations;
- ensured home support services have been provided before payments are made to service providers; and
- taken timely action to address home support provider performance issues.



**Objective:**

3. To determine whether the Department of Health and Wellness is allocating funding to home support providers in a systematic and supported manner.

**Criteria:**

The department should:

- have a documented process for determining and allocating home support funding to providers; and
- calculate funding in a systematic and supported manner.

**Objective:**

4. To determine whether the Department of Health and Wellness has implemented all recommendations from the November 2008 Home Care audit.

**Criteria:**

The department should have:

- implemented all recommendations from the November 2008 Home Care audit.

Generally accepted criteria consistent with the objectives of the audit did not exist. Audit criteria were developed specifically for this engagement. Criteria were accepted as appropriate by senior management at the Department of Health and Wellness, and the Nova Scotia Health Authority.

Our audit approach included an examination of relevant policies and procedures, as well as other documentation as required. We reviewed home support contracts and tested compliance with policies and procedures. We interviewed a sample of home support providers for their perspective on the approach to funding. We also tested to determine if the Department had completed the outstanding recommendations from our 2008 audit of Home Care. Our audit period included home support contract management activities between April 1, 2016 to April 30, 2017. We also considered information outside that period as necessary.

Our audit did not include detailed examination of policies and practices at home support providers. We also did not examine home care nursing.

We obtained sufficient and appropriate audit evidence on which to base our conclusions on November 3, 2017, in Halifax, Nova Scotia.



## Appendix III

### Background

Home care is available to all Nova Scotians who need help in their homes. Clients can also receive home care from private home care organizations, family, friends, or other community supports.

Home care is an important part of the care continuum. It includes two primary services:

- Home support services such as light housekeeping, personal care, meal preparation, and respite care. Home support services is usually for longer periods of time or on an ongoing basis to help with daily living. This area was the focus of our audit work.
- Home nursing care such as wound care and palliative care. Home nursing is usually for shorter periods of time, such as while a patient is recovering from a surgery. We did not audit this aspect of home care.

The Nova Scotia Health Authority manages home care service delivery, and operates a central toll free intake line for continuing care (which includes both long-term care and home care). Individuals seeking home care are assessed by care coordinators who determine their home care needs, and arrange for third-party service providers to deliver care in the client's home.

The Department of Health and Wellness is responsible to fund home care organizations.

Fifteen of the 20 government funded home support providers are not-for-profits. The five government-funded for-profit service providers operating in the Halifax area were contracted between 2012 and 2014 to help reduce the waitlist for home support.

Approximately 30,000 clients receive home care each year.

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