Office of the Auditor General

Auditor General's Statement to the Media

Release of November 22, 2017 Report to the Nova Scotia House of Assembly

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Good morning/afternoon everyone. Thank you for coming here today and for your interest in our work.

INTRODUCTION:

Today, I tabled my second November report and third since October 4th with three health chapters.

Overall, health care spending by the Nova Scotia Government is over $4 billion per year and is one of the most critical responsibilities of the government. In these three audits, we identified a number of weaknesses in how government delivers health care and made a total of 21 recommendations for improvement. I will now go through key highlights of the three audits.

CHAPTER 1 - FAMILY DOCTOR RESOURCING

THE MAIN CONCLUSIONS ARE:

- Nova Scotians have not received clear communication from the NSHA/DHW on how they intend to provide people in the province with primary care including access to family doctors

- While the NSHA/DHW have had ongoing discussions on communication plans on how to share relevant information with Nova Scotians**,** no final plans have been approved and put in place. These discussions have been ongoing since 2015, yet not finished.

- The NSHA/DHW have not provided adequate information on their websites. This included insufficient information on:
  - details of what a collaborative care model will mean and reporting on progress
  - status of health services planning
  - attracting potential doctors to Nova Scotia

- With a move towards a team-care approach to primary care, there are currently 50 of the over 70 planned teams in place. The long-term decisions about family doctors are based on government's consideration of matters like health care trends, demographics, and other information.

- The voluntary family practice registry created in November 2016 had 37,000 names on it in October 2017. In relation to this list, we noted that:
  - the NSHA adequately released timely information on the creation/purpose of the list
  - the registry does not include health information of people who register
  - family doctors do not have to use the registry to take new patients - decision is up to the doctor

- In relation to the recruitment efforts by NSHA and DHW of new family doctors, we noted that:
  - NSHA put a recruitment strategy in place in 2017 and has a recruiter in each of the 4 zones
  - there are 55 unfilled vacancies across Nova Scotia with 26 doctors needed in the Central NS zone
  - there is tracking of recruitment data, but government has not outlined how success will be measured
  - the current manual tracking of data is time consuming. An electronic system is needed to improve accuracy and use.
  - management reporting to the Board of NSHA began in July 2017. Improved reporting for vacancy rates and practice closures is needed.
  - DHW and NSHA each have responsibilities related to incentives for recruiting doctors. This can create challenges in recruiting doctors as it can add steps to the process for a potential doctor.

THEREFORE, WE RECOMMENDED:

To address these shortcomings, we made 5 recommendations - all accepted by DHW and the NSHA. I would also draw attention to page 18 of this report where the NSHA provided additional comments to acknowledge they need to do better in this area and accept our observations.

CHAPTER 2 – MENTAL HEALTH SERVICES

THE MAIN CONCLUSIONS ARE:

- NSHA lacks a province-wide plan for how and where mental health services will be provided to Nova Scotians. In the report we noted that:
  - NSHA was told by the department in fall 2015 to perform a multi-year health services planning project
  - the original deadline of March 31, 2016 was not met by NSHA which indicated it wasn't realistic

- In our work related to access to mental health services we concluded that:
  - how services are delivered varies across Nova Scotia. For example, the Choice and Partnership Approach (which deals with outpatient and community mental health) is done significantly different. There are no province-wide policies or guidelines, and there are inconsistencies in: wait times targets, intake methods, and eligibility criteria.

- mental health services information was still on the websites of the nine former District Health Authorities, two years after NSHA was created. These websites varied significantly in quality of information.
- the management of wait times standards has weaknesses including:
  - standards are not applied consistently nor evaluated. For example: the NS Mental Health Standards give three levels of wait times - urgent (7 days); semi-urgent (28 days); and regular (90 days) – to promote consistent services. But, NSHA is using either urgent (7 days) or regular, without a target.
  - the department's website doesn't report wait times by urgent/semi-urgent/regular. The site only has one wait time which shows that the 90-day standard is not being met. Department management said they are concerned about the validity of their own wait times data.
  - also, in 2010 we audited mental health services and recommended more reporting which the department agreed to but has not progressed on. For example: wait times for an initial appointment is reported, but not wait times for subsequent appointments.
  - looking at this again in 2014, management indicated to us they would get a new information system with more wait times information, but this has not been developed.

- In relation to our audit work on emergency and crisis response services we concluded that:

- staffing for crisis response varies across Nova Scotia including for example:
  - many locations only offer crisis response during day time hours
  - Dartmouth General: no psychiatric support to emergency: must transfer patients for assessment. Dartmouth General is the fourth busiest emergency department in Nova Scotia, with over 1,400 mental health complaints in 2016
  - across Nova Scotia, after-hours and weekend availability can cause issues
- across Nova Scotia the extent of policies and procedure to address crisis varies. For example: crisis assessments happen in emergency department rooms and clinics; and practices differ on if and when to do a medical assessment along with the mental health one.
- lack of a patient transfer policy between hospitals creates issues. For example: hospitals may have their own policy on accepting transfer patients; doctors/nurses spend time calling hospitals searching for beds; and transfers might only be allowed during daytime hours.
- safety and security issues were raised during the audit including:
  - emergency department staff without personal mobile alarms

- no guidelines on what a safe and secure mental health assessment space is
- hours and availability of hospital security staff varied across Nova Scotia
- hospital staff aren't always sure what to ask security to do or not do
- facility risk assessments on security needs not yet done
- 35 physical restraints devices given to hospitals without training
- no provincial policy on the use of physical restraint devices
- January 2017: Improving Workplace Safety Report outlined issues

- In our work on the Department of Health and Wellness's May 2012 strategy on mental health called Together We Can Strategy (26 items) we concluded that:
  - 10 of 26 items are not complete; 3 are not started and 7 are in progress (2012-17 strategy date)
  - no oversight/governance structure put in place to monitor if the strategy was being met
  - NSHA and the department lack clarity on the responsibility for two items and they aren't complete (a sex/gender/diversity review of services and the 18-month developmental screening of children)
  - no progress in getting a better mental health info system, thereby risking the efficiency of services
  - the government did not plan to evaluate if the strategy was completed and achieved its goals

- We also examined program funding and accountability and concluded that:
  - funding across NSHA is generally based on the prior year budget without any formal accountability for what has been achieved with the money spent in the prior year
  - the mental health budget for Nova Scotia has increased six percent in total in the past five years

THEREFORE, WE RECOMMENDED:

Overall, based on our examination of these 5 key areas of mental health services, we made nine recommendations to address our audit findings. They have all been accepted.

CHAPTER 3 – MANAGING HOME CARE SUPPORT CONTRACTS

THE MAIN CONCLUSIONS ARE:

- In examining the recommendations from our 2008 home care audit we concluded that:
  - in 2008, we made 29 recommendations for improvements which were all accepted

- in our 2013 follow up of that audit, 12 of 29 recommendations were not complete
- our 2017 audit concludes that 8 of 29 recommendations from 2008 remain not complete
- the department continues to accept the recommendations as valid and intends to complete
- underlying risks continue, including uncertainty as to whether future demand for home care services can be met and not knowing if hours reported by service providers are accurate

- Our examination of contract management found that:
  - DHW and NSHA both have significant roles for the home support program which can create complexities. Responsibilities are:
    - the department: set hourly rates, review rates, review hours provided in bills, pay the providers, and carry out compliance audits of providers
    - NSHA: assess and authorize clients and review invoices of the for-profit providers
  - there is no verification of reported service hours by the department or NSHA to verify that the hours billed are accurate and services have been delivered. We noted that:
    - NSHA and the department rely on submitted information
    - a 2016 fraud risk assessment by the department indicated this as a high fraud risk
    - controls not yet put in place to address these risks
    - for 10 of 16 payments we tested, the department didn't obtain support
  - there is no verification of the accuracy of reporting by providers on key performance indicators and statistical information. This risks inaccurate reporting and payments and poor information for making decisions.
  - there was a failure by the department to verify user fees collected by one provider from its clients. User fees are supposed to reduce the amount paid by government.
  - there was no comprehensive tracking and monitoring of home support providers' compliance with contract terms to see if there are recurring types of service issues or specific provider concerns.
  - there was no integrated process to record or respond to client complaints and we found that:
    - the department lacks a central process to monitor/ensure complaints are handled
    - in 2011 DHW put a central process in place and then dropped it
    - NSHA does not monitor and track or summarize complaints
  - the department doesn't have a process to assess if NSHA is meeting its home care policies including knowing if NSHA is appropriately completing client assessments and settling complaints

- on a positive note, beginning in 2017, contracts with providers include key performance indicators which should help to evaluate performance of the program. However, we noted the performance of two providers who previously were required to provide performance information was not monitored regularly, and one did not meet one of its indicators for 11 months.
- the roles and responsibilities of all parties in home support including the department, NSHA, and service providers is well defined. There are policies, standards, and agreements that outline who is to do what. We also noted that agreements with providers covered what would be expected.

- In our examination of funding of home care providers, we found a systematic approach in place to calculate funding amounts. However, providers we interviewed expressed concerns on sufficiency of rates for staff education and travel. Also, NSHA expressed concerns over the funding approach and the need to work with the department on this.

THEREFORE, WE RECOMMENDED:

Overall, we made 7 recommendations for improvements, plus there remains the 8 recommendations that are outstanding from our 2008 audit. The department should act more quickly to complete promised actions in this program that helps up to 30,000 Nova Scotians stay in their home safely.

CONCLUSION:

In conclusion, once again, I want to thank my staff for their efforts to produce this report. This is three reports in less than two months with 10 chapters of material. To my team of 35 staff I can't say enough how impressed I continue to be with your dedication and output. Also, my thanks go out to the public servants across government whose cooperation is essential to our work, especially those at the Department of Health and Wellness, the Nova Scotia Health Authority, and the IWK Health Centre. I hope government will deliver on its commitments to our recommendations.

Now I would be happy to take your questions.