



O F F I C E O F T H E
Auditor General
of British Columbia

Follow-up Report:
Updates on the implementation
of recommendations from
recent reports

October 2009

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The Honourable Bill Barisoff
Speaker of the Legislative Assembly
Province of British Columbia
Parliament Buildings
Victoria, British Columbia
V8V 1X4

Dear Sir:

I have the honour to transmit herewith to the Legislative Assembly of British Columbia my 2009/2010 Report 2: Follow-up Report: Updates on the implementation of recommendations from recent reports.

John Doyle, MBA, CA
Auditor General of British Columbia

Victoria, British Columbia
October 2009

copy: Mr. E. George MacMinn, Q.C.
Clerk of the Legislative Assembly

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Auditor General's Comments



John Doyle
Auditor General

Every six months, I ask agencies (various ministries and Crowns) to provide updates on progress implementing recommendations. This report lists updates received in October 2009.

These are agency representations regarding progress. Although my staff have read each update, and in some cases discussed their contents with the respective agency, we have not done any audit work and offer no assurance concerning their fairness, completeness or accuracy.

The follow up process provides accountability as each agency has agreed to implement recommendations or undertaken to identify suitable alternative action. The response of each agency is presented unedited and readers are able to judge for themselves whether reported progress is satisfactory.

This is my third update on the implementation of recommendations from previous reports. Agencies have reported that only 62% of recommendations have been fully or substantially completed, with a further 7% addressed through alternate actions. I would prefer to see all recommendations fully addressed, but accept that in some cases implementation can take time. Second follow-ups will be conducted for those reports with significant outstanding recommendations.

For the first time, this report contains the results of 2nd follow-ups of recommendations reported a year ago as still outstanding. Only 76% of these recommendations are now reported as being fully or substantially implemented, or as having been addressed through alternate actions.

Two health authorities have reported that a total of nine recommendations remain outstanding from our report *Infection Control: Essential for a Healthy British Columbia*. My staff are currently assessing the material provided to us by the Interior Health Authority and the Vancouver Island Health Authority to determine the extent of additional work we will do regarding the delay in implementing the recommendations that remain outstanding.

Going forward, I will select some follow-up responses for further work and report my findings in later reports. I invite Members of the Legislative Assembly — members of the Public Accounts Committee in particular — and other readers to provide feedback about which areas in general, or specific responses, warrant a closer look.

I offer my thanks to the agencies that provided updates and all those responsible for implementing recommendations.

A handwritten signature in black ink, which appears to read "John Doyle". The signature is written in a cursive, flowing style.

John Doyle, MBA, CA
Auditor General of British Columbia

Victoria, British Columbia
October 2009

Follow-up Statistics

Summary of Recommendation Status

	Report	Release Date	Total	I	AA	P	NA
	October 2009 Follow-up						
1	Financial Framework Supporting the Legislative Assembly (2nd follow-up)	Apr 2007	2		2		
2	Infection Control: Essential for a Healthy British Columbia (2nd follow-up)	Mar 2007	24	15		9	
3	The Child and Youth Mental Health Plan: A Promising Start to an Urgent Need (2nd follow-up)	June 2007	4	4			
4	IT Audits of the Corporate Accounting System (2nd follow-up)	2005/2006	6	6			
5	Managing PharmaCare: Slow Progress Toward Cost-Effective Drug Use and a Sustainable Program (2nd follow-up)	Mar 2006	2	2			
6	Management of Aboriginal Child Protection Services: Ministry of Children and Family Development	May 2008	10	3	3	3	1
7	Home and Community Care Services: Meeting Needs and Preparing for the Future	Oct 2008	10	6		4	
8	Interior Health Authority: Working to Improve Access to Surgical Services	Aug 2008	12	6		6	
9	Wireless Networking Security in Victoria Government Offices: Gaps in the Defensive Line	Feb 2009	4	4			
October 2009 Follow-up Total			74	46	5	22	1
				62%	7%	30%	1%

I - Recommendation has been fully or substantially implemented

AA - Alternate action undertaken

P - Recommendation has been partially implemented

NA - No substantial action has been taken

The Follow-up Process

Each of our reports usually contains a number of recommendations designed to improve the management of responsibilities and resources. The number of recommendations varies with the scope of each audit, the nature of the subject matter and what we find. The Public Accounts Committee considers our recommendations and usually endorses them. However, we work to ensure agencies agree with the recommendations at the time the report is first published, and encourage them to begin addressing them right away.

However, it is not enough for the Auditor General to issue recommendations and then simply assume they will be satisfactorily acted upon. We ask agencies to provide, within three months of the publication of our reports, an action plan describing how they will implement the recommendations, and by when. Some action plans are ready in time to publish as part of the formal response we include with each report. Others are prepared later, and these are often posted on our website (www.bcauditor.com) alongside the audit report.

Follow-up on action taken is an important process for ensuring that recommendations are addressed and that taxpayers receive full value from our services. Starting October 2008, we began issuing follow-up reports every six months.

Three different kinds of follow-up can take place. As a first step, we ask agencies to self-assess their progress in implementing each recommendation. Agencies can describe in their own words the progress they have made and their plans going forward. We publish these submissions unedited and in their entirety so that readers can assess for themselves whether or not self-reported progress has been satisfactory. In the October 2008 and April 2009 publications, we followed-up on a total of 405 recommendations in this way. In this report, we follow-up on 36 recommendations for the first time.

We routinely follow-up on reports approximately one year after they are issued – sooner for urgent matters or where organizations had the opportunity to address significant issues in advance of our report being released. It is expected that most recommendations will be cleared in the first follow-up. Last year, satisfactory progress was reported for 351 of 405 recommendations (86%). So far this year, satisfactory progress or alternate action has been reported for 22 recommendations, or 61%.

After the initial follow-up, a second follow-up may be required if too many recommendations remain outstanding or if certain key recommendations have not been satisfactorily addressed. Usually, the second follow-up also takes the form of a self-assessment, to be published within one year of the initial follow-up.

This report contains second updates on recommendations from five reports:

- The Financial Framework Supporting the Legislative Assembly,
- Infection Control,
- The Child and Youth Mental Health Plan,
- IT Audits of the Corporate Accounting System, and
- Managing PharmaCare: Slow Progress Toward Cost-Effective Drug Use and a Sustainable Program.

Of the 38 recommendations followed-up for a second time, organizations have reported that 29, or 76%, have been fully or substantially implemented (including 2 where alternate action was taken). Nine recommendations from our audit of infection control remain outstanding. We are currently assessing what further work we will do in relation to these outstanding items.

A third form of follow-up involves a detailed examination of information supporting submissions provided for one or more recommendations. So far, we have not selected any submissions for this level of examination, but are considering which recommendations may be worth a second look. The results of detailed follow-up work will be published as a separate section in the next available semi-annual follow-up report.

Section 1

Update on the implementation of
recommendations from:

**Financial Framework Supporting the Legislative Assembly
(2nd follow-up)**

April 2008

October 2009

Response from the Clerk of the Legislative Assembly

GEORGE MacMINN, Q.C.
CLERK OF THE
LEGISLATIVE ASSEMBLY
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October 5, 2009

Malcolm Gaston, CMA, CPFA
Assistant Auditor General
8 Bastion Square
Victoria, B.C. V8V 1H9

Dear Mr. Gaston:

**Re: Follow-up of your Special Audit Report to the Speaker on the
*Financial Framework Supporting the Legislative Assembly***

In response to your letter of September 8, 2009, attached is the Legislative Assembly's self-assessment monitoring report relative to the outstanding recommendations contained in your Special Audit Report of April 2007.

I trust this is to your satisfaction.

Sincerely,

E. George MacMinn, Q.C.
Clerk of the Legislative Assembly

c: Hon. Bill Barisoff, Speaker of the Legislative Assembly
Dan Arbic, Legislative Comptroller

PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM

*Special Audit Report to the Speaker:
The Financial Framework Supporting the Legislative Assembly
April 2007*

As at July 31, 2009

General comments

Please provide an introductory statement summarizing progress.

Progress by recommendation

For each recommendation, provide your assessment of implementation status as per the legend at the bottom of the page, and information on actions taken and results to support the status reported. Also include a work plan schedule for any recommendations not yet implemented.

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 3: Business Continuity and Disaster Recovery Plans covering financial systems in the Legislative Assembly be completed and periodically tested.		
NA	Although the Assembly recognizes the importance of this recommendation, no progress has been made since we last reported. Physical resources constraints and activities leading to, and following the recent general provincial election have prevented any action being taken on this issue. The Office of the Legislative Comptroller continues to list this project in its list of activities.	The Office of the Legislative Comptroller will advise your office once this recommendation has been fully addressed.
Recommendation 4: Financial reporting requirements to the Legislative Assembly Management Committee be established and include regular reporting and discussions of actual to budget spending, as well as publicly available audited annual financial statements for Vote 1.		
NA	As reported previously, LAMC is satisfied with the level of assurances provided by the Office of the Legislative Comptroller relative to the operation of financial controls across Vote 1. LAMC is also satisfied with the information provided in the annual Public Accounts.	NA

Status

- F or S – Recommendation has been fully or substantially implemented
- P – Recommendation has been partially implemented
- AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding
- NA – No substantial action has been taken to address this recommendation

RECOMMENDATION STATUS SUMMARY
Special Audit Report to the Speaker:
The Financial Framework Supporting the Legislative Assembly
April 2007
As at July 31, 2009

(Please tick implementation status for each recommendation)

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
3. Business Continuity and Disaster Recovery Plans covering financial systems in the Legislative Assembly be completed and periodically tested.					√
4. Financial reporting requirements to the Legislative Assembly Management Committee be established and include regular reporting and discussions of actual to budget spending, as well as publicly available audited annual financial statements for Vote 1.					√

Section 2

Update on the implementation of
recommendations from:

**Infection Control: Essential for a
Healthy British Columbia (2nd follow-up)**

March 2007

October 2009

Response from Fraser Health Authority



September 30, 2009

Ms. Norma Glendinning
Assistant Auditor General
Office of the Auditor General of British Columbia
8 Bastion Square
Victoria, BC V8V 1X4

Dear Ms. Glendinning,

**Re: Follow-up of Review of our Report on Infection Control:
*Essential for a Healthy British Columbia***

As requested in your letter of September 10, 2009, please find enclosed an update on the progress regarding the outstanding recommendations as of July 31, 2009 for Fraser Health Authority.

Yours sincerely,

Dr. Andrew Webb, MD, FRCPC
Vice President, Medicine

Enclosure

cc: Dr. Nigel Murray, President and CEO, FHA
Dr. Fred Roberts, Medical Director, Infection Prevention & Control, FHA
Ms. Petra Welsh, Administrative Director, Infection Prevention & Control, FHA

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FRASER HEALTH PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM

Infection Control: Essential for a Healthy British Columbia

As at July 31, 2009

General comments

"VCH, FH and PHC have been formally collaborating in the development of a integrated, strategic plan to standardize many components of Infection Prevention and Control across the Lower Mainland in BC since February 2009. The initiative is led by a steering committee headed by the VPs for Quality and Safety from the three health authorities. The steering committee includes stakeholders from Infection Prevention and Control from across the Lower Mainland including representation from Public Health. PHSa has just recently joined in this collaboration.

This initiative includes sharing of material and information resources. Key areas of collaboration include hand hygiene initiatives, education and promotional material; reprocessing resources and information; outbreak management algorithms and materials; environmental cleaning and standardization of cleaning/disinfection products; common acute and residential care manuals; common surveillance definitions and reports; a common, shared annual report; employee infection prevention and control orientation for new staff; ongoing education for staff and physicians; construction and facility design; among others. We are hopeful that this collaboration will result in more shared resources and greater use of our expertise.

Progress by recommendation

For each recommendation, provide your assessment of implementation status as per the legend at the bottom of the page, and information on actions taken and results to support the status reported. Also include a work plan schedule for any recommendations not yet implemented.

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
S	<p>Recommendation 1: Each health authority develop an integrated plan for infection prevention, surveillance and control across the continuum of care.</p> <p>Fraser Health has substantially implemented an integrated infection prevention and surveillance plan across the majority of the continuum of care at Fraser Health. The plan is well established throughout the 12 acute care facilities as well as Owned and Operated and contracted residential care facilities.</p> <p>Areas of improvement since the last report include providing structured support and education for Infection Control standards and guidelines for Mental Health & Addictions programs and residential facilities as well as Home Health and community programs, including Accreditation Canada Quantum, through education and consultation.</p>	<p>Please see general comments above regarding the scope of activities that are underway to ensure integrated strategic infection prevention, surveillance plan across four BC Health Authorities.</p> <p>In addition to this collaborative work, of the Infection Prevention and Control program continues to re-define its mandate with respect to the changing needs of the health authority's new program management structure.</p> <p>Follow-up and remediation continues from the 2008/2009 reprocessing audits. Development and delivery of reprocessing education modules are</p>

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	<p>Infection Control is a co-lead of Ministry of Health mandated reprocessing audits and improvement initiatives across the continuum of care.</p>	<p>planned as well as the 2009/2010 audits.</p>
<p>Recommendation 2: Each health authority assess their current Public Health and infection control structure to ensure integrated planning and service delivery for infection prevention, surveillance and control.</p>		
<p>F</p>	<p>Although Public Health and Infection Control report separately within the Fraser Health organization, the two groups work collaboratively to ensure integrated planning and service delivery for infection prevention, surveillance and control. The collaboration extends to reporting of communicable disease and follow-up as well as outbreak management and support of gastrointestinal and respiratory illness and influenza education (both H1N1 and regular seasonal influenza).</p> <p>In addition to the above collaboration, there has been extensive work completed since the last report for pandemic planning and preparedness through participation in the Pandemic Influenza Management Committee and education sessions. Both Infection prevention and Control and Public Health approval is required for pandemic documents and the two groups often participate together in education sessions.</p>	
<p>Recommendation 3: Each health authority work with the Ministry of Health and the BC Centre for Disease Control to establish a basic template for a provincial manual for infection control in acute and residential care.</p>		
<p>AA</p>	<p>It has not been a mandate for the Ministry of Health or BCCDC to establish a template for a provincial manual for infection control in acute or residential care.</p> <p>Fraser Health, along with other health authorities work collaboratively with the Provincial Infection Control Network (PICNet) through participation in advisory and working groups to develop evidence-based guidelines, documents, protocols, education modules and position papers pertaining to infection prevention and control.</p> <p>There has been significant work with PICNet and all health authorities to develop a province-wide aggregate report on the incidence of</p>	<p>Part of the Lower Mainland Collaborative plan is to review the Acute and Residential manuals from the three HA with a view to having one Acute Care and one Residential Care manual for the lower mainland.</p>

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	<p><i>Clostridium difficile</i>, the first report is expected to be released in BC later this month.</p> <p>Recommendation 4: Each health authority undertake a formal review to estimate their overall requirements for both Infection Control Practitioners and Communicable Disease Nurses, giving consideration to: ratios; needs of other programs such as home and community care, residential care and mental health; and to the educational needs of staff. They should also ensure adequate medical and clerical support for the program.</p>	<p>Sharing of Infection Control resources and expertise has been identified as part of the Lower Mainland collaboration. The details of this initiative have not been completed at this time.</p>
S	<p>Fraser Health, in conjunction with Vancouver Coastal Health and Providence Health Care, has undertaken a formal review to estimate each health authority's overall staffing requirements for Infection Control Practitioners. The review focused on acute care and residential care, and operated facilities but did not extend to contracted residential care, mental health or home and community care. See Recommendation 5 for medical support.</p> <p>At Fraser Health, Communicable Disease Nurses report though an alternate stream to Public Health. According to public health, there has been no formal evaluation of a ratio of CD Nurses for the programs/public they support.</p> <p>Reportable communicable diseases that occur in the community are followed up by public health. Respiratory and vaccine preventable communicable diseases are followed by generalist public health nurses at the local public health unit. Enteric and zoonotics are followed by a regional team of Communicable Disease Environmental Health Officers within Fraser Health.</p>	<p>Part of the collaborative initiatives between the health authorities is to develop a model for medical support that meets the needs for Infection Prevention and Control across the continuum of care.</p>
	<p>Recommendation 5: Each health authority review their infection control structures to ensure there is appropriate and designated medical support in place for the program</p>	
	<p>Fraser Health, in conjunction with Vancouver Coastal Health and Providence Health Care has completed a formal review to estimate each health authority's overall staffing requirements for designated medical support through the lower mainland collaboration. The support is significantly different in each health authority.</p>	
	<p>Recommendation 6: Each health authority ensure that renovations and new construction designs mitigate the risks of spreading infections</p>	

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
S	<p>Fraser Health has designated 0.5 FTE Infection Control practitioner support for renovations and new construction and designs to mitigate the risk of spreading infections – mostly to support large new projects. Part of Fraser Health’s Medical Director’s responsibility is for sign off of construction plans prior to work being initiated. Education for planning and facility staff involved in renovations and signoff continues. Fraser Health also has a multidisciplinary construction working group that address construction and design issues and standardization.</p> <p>There are Infection Control construction guidelines in Acute care manual which include a construction agreement and practice guideline to be completed by plant services and site facility personnel which outlines the requirements for dust contamination during construction.</p>	<p>The Lower Mainland collaboration group is working to standardize construction standards and guidelines and share construction expertise.</p>
<p>Recommendation 7 Each health authority ensure that all staff receives regular ongoing education in the area of infection control and that medical staff also have access.</p>		
S	<p>Ongoing staff education initiatives continue to develop across Fraser Health and in conjunction with the Lower Mainland collaborative. In addition, Fraser Health has spent considerable time this fall training trainers and staff on H1N1 influenza guidelines with emphasis on hand hygiene, respiratory etiquette, contact precaution and routine practices.</p> <p>Participation in Safer Healthcare Now Improvement initiatives such as MRSA Collaborative and Surgical Site Infections also emphasizes education of proper infection prevention and control practices.</p> <p>Education modules for Reprocessing activities across the continuum of care are being developed.</p>	<p>Fraser Health is exploring different options to deliver education and training more effectively through on-line learning and education modules.</p>
<p>Recommendation 8: Each health authority ensure that the infection control team has adequate resources to maintain current practice standards through ongoing education</p>		
S	<p>Fraser Health has developed and implemented a new Infection Control Practitioner Passport – orientation for ICPs. The passport is divided into modules for learning the components of Infection Prevention and Control. Once the ICP has completed the learning module it is reviewed and signed off by one of the managers.</p>	<p>Development of consistent training, education requirements and job descriptions are part of the lower mainland collaboration.</p>

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	<p>Fraser Health has developed a self-assessment tool for infection Control practitioners. This self-evaluation tool is based on the PICNet recommendations for Infection Prevention and Control professional and practice standards. The ICPs will fill in the tool and meet with the manager to discuss their work and the ranking they have given themselves. It is premised on the ICPs providing evidence of meeting the stated standards. Based on the information provided and discussion with the manager, the ICPs will develop a learning plan for the identified areas for improvement or areas they would like to specialize in, identify personal development goals and record what professional development they have completed.</p> <p>Fraser Health has requested that Infection Control Practitioners that meet the required qualifications apply to write the Certificate in Infection Control exams. This is not a requirement but best practice for professional development.</p> <p>Infection Control practitioners are requested to attend conferences and other educational venues. This information is noted and will be discussed in the performance review for ICPS to ensure each staff member attends professional development opportunities each year: CHICA, PICNet conference, UBC Infection Control courses. Reimbursement is made available to staff whenever possible through Fraser health education funds or from Infection Control budgeted resources.</p>	
<p>Recommendation 9: Each health authority establish a formal surveillance program appropriate to the programs and services offered</p>		
S	<p>Fraser Health currently has a surveillance plan that is implemented across acute sites as well as owned and operated residential care facilities. Work continues on expanding the surveillance program to include more surgical site infection surveillance.</p>	<p>One major component of the VCH, FH and PHC collaboration is to standardize definitions and reporting for surveillance across the lower mainland. Work has been conducted in reviewing definitions and scope of surveillance across the three health authorities. Next steps include discussions to work on standardization of the definitions and production of an annual report from the Lower mainland health authorities.</p>
<p>Recommendation 10: Each health authority establish a process for regular formal and informal monitoring of practice.</p>		

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- NA – No substantial action has been taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
S	<p>Fraser Health monitors infection prevention and control practices both through formal processes such as hand hygiene and reprocessing and informally through infection control rounds on units and programs. Some suits on units and programs are formally done but only at a certain facility that demonstrates issues such as a GI outbreak or CDAD concerns. Auditing or monitoring of practice also occurs as part of Safer Healthcare Now MRSA collaborative such as the one undertaken this year at Surrey Memorial Hospital. Additional monitoring of practice included a waste disposal audit at one of the FH facilities.</p>	<p>Auditing and monitoring of infection control practices is part of the LM collaboration.</p>
<p>Recommendation 11: Each health authority provide information management support to the infection control program for data collection, analysis and reporting.</p>		
S	<p>Fraser Health was able to hire a part time data analyst (0.5 FTE) to support the reporting and simple analysis of surveillance data across Fraser Health.</p> <p>In addition to support this resource, Infection Control developed a standardized process to receive customized requests for specific surveillance information by teams or programs which enabled the interpretation, management and reporting of surveillance information and appropriate distribution of results.</p>	<p>One major component of the VCH, FH and PHC collaboration is to standardize definitions and reporting for surveillance across the lower mainland. Work has been conducted in reviewing definitions and scope of surveillance across the three health authorities. Next steps include discussions to work on standardization of the definitions and production of an annual report from the Lower mainland health authorities.</p> <p>Part of the collaboration also includes the review and standardization of data collection, analysis and reporting.</p>
<p>Recommendation 12: Each health authority ensure there is staff with appropriate training to support data quality.</p>		
P	<p>Please see above. The data support person received training and support from the Infection Prevention and Control surveillance expert as well as support from the Fraser Health Decision Support program.</p>	<p>Fraser Health is currently reviewing its resources and options for obtaining additional epidemiological support for the FH surveillance program.</p>
<p>Recommendation 13: Each health authority work with the Ministry of Health and other stakeholders to ensure data quality.</p>		
S	<p>PICNet provided sufficient support for transfer of surveillance information from the Fraser Health for the PICNet CDAD initiative.</p>	<p>One major component of the VCH, FH and PHC collaboration is to standardize definitions and reporting for surveillance across the lower mainland. Work has been conducted in reviewing definitions and scope of surveillance across the three health authorities. Next steps include discussions on standardization of the definitions and production of an annual report from the Lower mainland health authorities.</p>

Status
F or S – Recommendation has been fully or substantially implemented
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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
<p>Recommendation 14: Each health authority ensure that infection control surveillance and audit reports are available and used by all programs to improve practice across the health authority as appropriate.</p>		
F	<p>Fraser Health Infection Prevention and Control program developed its first annual infection control report for the fiscal year 2008/2009. This report included surveillance results for MRSA, VRE, CDAD, GI, hand hygiene, and reprocessing across Fraser Health and was presented to Executive management, HAMAC and the FH Board Quality Committee. This report was posted to the FH intranet site and distributed across the organization.</p> <p>Additional sites surveillance reports, consistent with the format of the annual reports, were developed and presented to site infection Control committees and distributed internally.</p> <p>Infection Control developed a standardized process to receive requests for specific surveillance information by teams or programs which enabled the interpretation and management of surveillance information and distribution of specific results.</p>	<p>Part of the VCH/FH/PHC collaboration also includes the review and standardization of data collection, analysis, validation and reporting.</p> <p>In addition to the LM collaboration efforts, Fraser Health continues to develop its surveillance request process and feedback reports for various programs, departments and facilities to support practice improvement.</p>
<p>Recommendation 15: Each health authority have their senior management teams identify infection control reports that they need to receive on a regular basis.</p>		
F	<p>Infection Control developed a standardized process to receive customized requests for specific surveillance information by teams or programs which facilitates the interpretation, management and reporting of surveillance information and appropriate distribution of results on a regular basis.</p> <p>Senior management teams from the new program management structure across Fraser Health as well as the new Fraser Health Quality Performance Committee (QPC) and the Infection Prevention and Control Committee (IPCC) requires the regular reporting of measurable outcomes for specific Infection Prevention and Control deliverables. A work plan detailing infection control outcome measures will be</p>	<p>In addition to the LM collaboration efforts, Fraser Health continues to develop its surveillance request process and feedback reports for various programs, departments and facilities to support practice improvement</p>

Status

- F or S – Recommendation has been fully or substantially implemented
- P – Recommendation has been partially implemented
- AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding
- NA – No substantial action has been taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	developed for each of the FH programs, the QPC and the IPCC.	
	Recommendation 16: Each health authority ensure that the infection control program issues a comprehensive annual report that includes rates and types of infections. This report should be available to the public.	
S	<p>Fraser Health Infection Prevention and Control program developed its first annual infection control report for the fiscal year 2008/2009. This report included surveillance results for MRSA, VRE, CDAD, GI, RI, hand hygiene, and reprocessing across Fraser Health and was presented to Executive management, HAMAC and the FH Board Quality Committee. This report was posted to the FH intranet site and distributed across the organization.</p> <p>This report has not been made available to the public as there is an initiative with the Lower Mainland collaborative to standardize surveillance rates and reporting format prior to making this annual report available.</p>	<p>One major component of the VCH, FH and PHC collaboration is to standardize definitions and reporting for surveillance across the lower mainland. Work has been conducted in reviewing definitions and scope of surveillance across the three health authorities. Next steps include discussions on standardization of the definitions and production of an annual report from the Lower mainland health authorities.</p>
	Recommendation 17: Each health authority Board of Directors work with their senior management to determine what infection control indicators they need measured and reported on.	
F	<p>Fraser Health Infection Prevention and Control program developed its first annual infection control report for the fiscal year 2008/2009. This report included surveillance results for MRSA, VRE, CDAD, GI, RI, hand hygiene, and reprocessing across Fraser Health and was presented to Executive management, HAMAC and the FH Board Quality Performance Committee. This report was posted to the FH intranet site and distributed across the organization. Feedback received from the Board Quality Performance Committee was very favourable of the annual report and indicators presented.</p>	<p>One major component of the VCH, FH and PHC collaboration is to standardize definitions and reporting for surveillance across the lower mainland. Work has been conducted in reviewing definitions and scope of surveillance across the three health authorities. Next steps include discussions on standardization of the definitions and production of an annual report from the Lower mainland health authorities in conjunction with requirements for Board reporting.</p>
	Recommendation 18: Each health authority Board of Directors hold the Medical Advisory Committees accountable for fulfilling their mandates.	
F	<p>The chair of the Fraser Health Medical Advisory Committee is a member of both the FH Quality Performance Committee and the Board Quality Performance Committee which enables HAMAC to fulfill their mandate of ensuring quality and patient safety.</p>	

Status

- F or S – Recommendation has been fully or substantially implemented
- P – Recommendation has been partially implemented
- AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding
- NA – No substantial action has been taken to address this recommendation



Interior Health

Interior Health Authority
Planning and Improvement
#220-1815 Kirschner Road, Kelowna, B.C. V1Y 4N7
Web: interiorhealth.ca

Martin McMahon
Chief Planning and Improvement Officer
Telephone: (250) 870-4746 Fax: (250) 870-4670
E-Mail: martin.mcmahon@interiorhealth.ca

October 5, 2009

Office of the Auditor General of BC
8 Bastion Square
Victoria, BC V8V 1X4

Dear Sir:

Re: Response to Auditor General Follow-up Recommendations from the Health Infection Control Audit

Attached is the template indicating the progress in implementing the recommendations from your report on Infection Control: Essential for a Healthy British Columbia.

Please let me know if there are any questions or concerns.

A handwritten signature in blue ink, appearing to read "Martin McMahon".

Martin McMahon
Chief Planning and Improvement Officer
Planning and Improvement

INTERIOR HEALTH AUTHORITY PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM

Infection Control: Essential for a Healthy British Columbia

As at September 24, 2009

General comments

Please provide an introductory statement summarizing progress since the Public Accounts Committee last discussed the report

Progress by recommendation

For each recommendation, provide your assessment of implementation status as per the legend at the bottom of the page, and information on actions taken and results to support the status reported. Also include a work plan schedule for any recommendations not yet implemented.

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
S	Recommendation 1: Each health authority develop an integrated plan for infection prevention, surveillance and control across the continuum of care.	
F	Recommendation 2: Each health authority assess their current Public Health and infection control structure to ensure integrated planning and service delivery for infection prevention, surveillance and control.	
?	Recommendation 3: Each health authority work with the Ministry of Health and the BC Centre for Disease Control to establish a basic template for a provincial manual for infection control in acute and residential care.	<ul style="list-style-type: none"> ▪ The Corporate Director for Infection Prevention & Control sits on the Standards & Guidelines Committee for PICNet. ▪ The Corporate Director for Infection Prevention & Control has input into the standardized guidelines and will continue to work with PICNet as these guidelines are developed. ▪ The status of a Provincial Infection Prevention & Control Manual would best be procured by contacting PICNet for an update.
F	Recommendation 4: Each health authority undertake a formal review to estimate their overall requirements for both Infection Control Practitioners and Communicable Disease Nurses, giving consideration to: ratios; needs of other programs such as home and community care, residential care and mental health; and to the educational needs of staff. They should also ensure adequate medical and clerical support for the program.	

Status

- F or S – Recommendation has been fully or substantially implemented
- P – Recommendation has been partially implemented
- AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding
- NA – No substantial action has been taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
?	<p>Recommendation 5: Each health authority review their infection control structures to ensure there is appropriate and designated medical support in place for the program</p> <ul style="list-style-type: none"> ▪ Thompson Cariboo Shuswap (TCS) health service area has a Medical Microbiologist designated to Infection Prevention & Control (0.1 FTE). She is designated to the TCS area only. ▪ Vernon Jubilee Hospital has a Medical Microbiologist who is the physician support for this hospital only. ▪ Central Okanagan area has 1 Infectious Disease Specialist who has the responsibility for Infection Prevention & Control in this area. In addition to the Infectious Disease Specialist, this area has a General Practitioner who chairs the Infection Prevention & Control Committee for Central Okanagan. ▪ The Okanagan Health Service Area has a Medical Microbiologist who offers some infection control support in an ad hoc basis. ▪ In areas that do not have medical support the Infection Prevention & Control Practitioners utilize the Chief of Staff at the sites. 	<ul style="list-style-type: none"> ▪ The Health Authority Medical Advisory Committee has been asked to provide a physician who will be responsible for Infection Prevention & Control in each Health Service Area. ▪ A position for a physician lead responsible for Infection Prevention & Control on an Interior Health wide basis has been posted. To date there have been no acceptable candidates.
<p>Recommendation 6: Each health authority ensure that renovations and new construction designs mitigate the risks of spreading infections</p>		
F		
<p>Recommendation 7 Each health authority ensure that all staff receives regular ongoing education in the area of infection control and that medical staff also have access.</p>		
F		
<p>Recommendation 8: Each health authority ensure that the infection control team has adequate resources to maintain current practice standards through ongoing education</p>		
F		
<p>Recommendation 9: Each health authority establish a formal surveillance program appropriate to the programs and services offered</p>		
S		

Status

F or S – Recommendation has been fully or substantially implemented

P – Recommendation has been partially implemented

AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding

NA – No substantial action has been taken to address this recommendation

Response from Interior Health Authority

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
S	Each health authority establish a process for regular formal and informal monitoring of practice.	
F	Each health authority provide information management support to the infection control program for data collection, analysis and reporting.	
F	Each health authority ensure there is staff with appropriate training to support data quality.	
S	Each health authority work with the Ministry of Health and other stakeholders to ensure data quality.	
	Each health authority ensure that infection control surveillance and audit reports are available and used by all programs to improve practice across the health authority as appropriate.	
?	Each local Infection Prevention & Control committee receives their own Infection Prevention & Control reports on statistical surveillance.	<ul style="list-style-type: none"> This information is used by the practitioners and other staff on site to ensure outbreaks or issues are dealt with thereby improving practices.
S	Each health authority have their senior management teams identify infection control reports that they need to receive on a regular basis.	
	Each health authority ensure that the infection control program issues a comprehensive annual report that includes rates and types of infections. This report should be available to the public.	
S	Each health authority Board of Directors work with their senior management to determine what infection control indicators they need measured and reported on.	<ul style="list-style-type: none"> Further information will be shared as requested as more statistical information is now available.

Status

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- NA – No substantial action has been taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
		<ul style="list-style-type: none"> ▪ To be reviewed April 2010
Recommendation 18: Each health authority Board of Directors hold the Medical Advisory Committees accountable for fulfilling their mandates.		
?	<ul style="list-style-type: none"> ▪ The Board Chair is a standing member of the Health Authority Medical Advisory Committee (HAMAC). ▪ The Chair of HAMAC attends board meetings and provides a report every 2 months. ▪ The Senior Medical Director reports to the Board Quality Committee. 	<ul style="list-style-type: none"> ▪ Information/issues/concerns regarding Infection Prevention & Control are shared with the Board of Directors through the reporting structure of the committees. The Board has the opportunity to request additional information if required. This ensures an environment which minimises the risk of infection to patients/clients, staff, volunteers and visitors.

Status

- F or S – Recommendation has been fully or substantially implemented
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- NA – No substantial action has been taken to address this recommendation

NORTHERN HEALTH AUTHORITY PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM

Infection Control: Essential for a Healthy British Columbia

As at July 31, 2009

General comments

Please provide an introductory statement summarizing progress since the Public Accounts Committee last discussed the report

Progress by recommendation

For each recommendation, provide your assessment of implementation status as per the legend at the bottom of the page, and information on actions taken and results to support the status reported. Also include a work plan schedule for any recommendations not yet implemented.

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
S	Each health authority develop an integrated plan for infection prevention, surveillance and control across the continuum of care.	
S	Each health authority assess their current Public Health and infection control structure to ensure integrated planning and service delivery for infection prevention, surveillance and control.	
F	Each health authority work with the Ministry of Health and the BC Centre for Disease Control to establish a basic template for a provincial manual for infection control in acute and residential care.	
S	Each health authority undertake a formal review to estimate their overall requirements for both Infection Control Practitioners and Communicable Disease Nurses, giving consideration to: ratios; needs of other programs such as home and community care, residential care and mental health; and to the educational needs of staff. They should also ensure adequate medical and clerical support for the program.	
S	Each health authority review their infection control structures to ensure there is appropriate and designated medical support in place for the program	

Status

- F or S – Recommendation has been fully or substantially implemented
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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 6: Each health authority ensure that renovations and new construction designs mitigate the risks of spreading infections		
S	<p>Northern Health has developed, posted and communicated a policy and procedures outlining the expectation for Infection Control involvement during Construction and renovation projects.</p> <p>Infection Prevention and Control professionals have established strong working relationships with Northern Health capital project personnel and are regularly involved in new designs and renovations.</p>	<p>Policies were reviewed and approved by Medical Advisory Committees and the HSDA and regional levels.</p> <p>For instance, the Infection Control Practitioner in Fort St. John is working alongside the team developing a new hospital for the city.</p>
Recommendation 7 Each health authority ensure that all staff receives regular ongoing education in the area of infection control and that medical staff also have access.		
S	<p>Infection Control Practitioners are deployed throughout the region (a distributed team) – providing ongoing education to staff and physicians while reviews are being conducted, when issues/questions arise, during “on unit” visits, and at change-over times – in addition to performing scheduled educational session.</p> <p>Infection Control information (policies/protocols, orientation to staff) is provided at orientation sessions with further education provided throughout the year.</p> <p>Educational materials and policies/procedures are posted on the Northern Health Infection Control “i-portal” - including a basic infection prevention and control module with a pre and post test.</p> <p>Sterilization Processes have been improved significantly through the yearly audits, education and access to policies and procedures.</p>	<p>In 2008/09, Northern Health Infection Control Practitioners provided:</p> <ul style="list-style-type: none"> - 171 hours of infection control orientation - 613 hours of on-site and telephone education/follow-up - 346 hours of education/follow-up specific to Antibiotic Resistant Organisms (AROs) <p>87 staff members have completed the online program to-date.</p> <p>Sterile Processing departments have been consolidated to ensure a sustainable level of knowledge and skill</p>
Recommendation 8: Each health authority ensure that the infection control team has adequate resources to maintain current practice standards through ongoing education		
F		
Recommendation 9: Each health authority establish a formal surveillance program appropriate to the programs and services offered		
S		
Recommendation 10: Each health authority establish a process for regular formal and informal monitoring of practice.		

Status

F or **S** – Recommendation has been fully or substantially implemented

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AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding

NA – No substantial action has been taken to address this recommendation

Response from the Northern Health Authority

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
S		
Recommendation 11: Each health authority provide information management support to the infection control program for data collection, analysis and reporting.		
S	<p>Northern Health's IT department responds expeditiously to requests for assistance from the Infection Control program. The NH i-portal site ensures connectivity among IC practitioners and between IC and staff/physicians. The i-portal site also aids data collection and results dissemination. NH also takes advantage of the provincial "PICNet" resources/expertise to assist in analysis.</p> <p>Northern Health is moving to develop a consolidated Innovation and Development Commons – to provide further coordination/consistency in quality, patient safety and performance tools/resources. This initiative will draw Information Management team members even closer together with Infection Control to coordinate data collection/quality, analysis and improvement action.</p>	
Recommendation 12: Each health authority ensure there is staff with appropriate training to support data quality.		
S		
Recommendation 13: Each health authority work with the Ministry of Health and other stakeholders to ensure data quality.		
F		
Recommendation 14: Each health authority ensure that infection control surveillance and audit reports are available and used by all programs to improve practice across the health authority as appropriate.		
S	<p>Infection prevention and control surveillance is specific to the Northern Health Programs. Surveillance and audits collected and reviewed with Medical Advisory Committee, Health Service Delivery Area and specific interdisciplinary teams to improve the current practise.</p>	<p>Surveillance and audit data are reviewed and acted upon at a variety of levels and programs across NH. Following are a few examples of recent audit/surveillance presentations/discussions:</p> <p>Infection Control Regional Manager presented 2008/09 annual and 2009/10 first quarter surveillance data to the NH Medical Advisory Committee on September 11, 2009</p> <p>The 2008/09 annual report and surveillance data were presented to the</p>

Status

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
		<p>NH Board's Planning, Priorities & Performance Committee on September 4, 2009</p> <p>HSDA Infection Prevention and Control Committees (IPCC) review infection control surveillance information on a regular (quarterly) basis</p> <p>Audit reports are conducted and reviewed by the unit where the audit was performed. Review involves (at minimum) manager of unit, site administrators, Clinical team, HSDA IPCC</p>
<p>Recommendation 15: Each health authority have their senior management teams identify infection control reports that they need to receive on a regular basis.</p>		
F		
<p>Recommendation 16: Each health authority ensure that the infection control program issues a comprehensive annual report that includes rates and types of infections. This report should be available to the public.</p>		
F	<p>In 2007/08 an 2008/09, Northern Health developed comprehensive annual reports providing information and statistics related to ARO and surgical site infections. Annual reports are presented to our Board on an annual basis (in 2008/09 the presentation will be at the public session of the Board) and are posted on our public website.</p>	<p>2007/2008 was posted to website and available to the public</p> <p>2008/2009 will be posted to the website following the board meeting Oct 6, 2009</p>
<p>Recommendation 17: Each health authority Board of Directors work with their senior management to determine what infection control indicators they need measured and reported on.</p>		
S		
<p>Recommendation 18: Each health authority Board of Directors hold the Medical Advisory Committees accountable for fulfilling their mandates.</p>		
S		

Status

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Response from the Provincial Health Services Authority



September 25, 2009

Ms. Norma Glendinning
Assistant Auditor General
8 Bastion Square
Victoria, BC V8V 1X4

Dear Ms. Glendinning,

Re: Follow-up review of report on *Infection Control Essentials for a Healthy British Columbia* - update on recommendations implementation within the Provincial Health Services Authority

In response to your September 10, 2009 request for an update regarding the above recommendations, please find attached:

- A recommendation status summary, and
- A listing of progress in implementing individual recommendations

As you will note, all recommendations have been fully implemented. We understand this information will be printed in the semi-annual follow-up report, to be released October 22, 2009.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lynda Cranston'. The signature is fluid and cursive.

on behalf of
Lynda Cranston
CEO & President

cc: The Honourable Kevin Falcon
Minister of Health Services
Ms. Wendy Hill, Assistant Deputy Minister,
Ministry of Health Services
Ms. Georgene Miller
Vice President, Quality, Safety and Risk Management
Mr. Craig James
Clerk Assistant and Clerk of Committees

PROVINCIAL HEALTH SERVICES AUTHORITY RECOMMENDATION STATUS SUMMARY
Infection Control: Essential for a Healthy British Columbia
 As at July 31, 2009

(Please tick implementation status for each recommendation)

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
1. Each health authority develop an integrated plan for infection prevention, surveillance and control across the continuum of care.	✓				
2. Each health authority assess their current Public Health and infection control structure to ensure integrated planning and service delivery for infection prevention, surveillance and control.	✓				
3. Each health authority work with the Ministry of Health and the BC Centre for Disease Control to establish a basic template for a provincial manual for infection control in acute and residential care.	✓				
4. Each health authority undertake a formal review to estimate their overall requirements for both Infection Control Practitioners and Communicable Disease Nurses, giving consideration to: ratios; needs of other programs such as home and community care, residential care and mental health; and to the educational needs of staff. They should also ensure adequate medical and clerical support for the program.	✓				
5. Each health authority review their infection control structures to ensure there is appropriate and designated medical support in place for the program	✓				
6. Each health authority ensure that renovations and new construction designs mitigate the risks of spreading infections	✓				
7. Each health authority ensure that all staff receives regular ongoing education in the area of infection control and that medical staff also have access.	✓				
8. Each health authority ensure that the infection control team has adequate resources to maintain current practice standards through ongoing education	✓				
9. Each health authority establish a formal surveillance program appropriate to the programs and services offered	✓				
10. Each health authority establish a process for regular formal and informal monitoring of practice.	✓				

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
11. Each health authority provide information management support to the infection control program for data collection, analysis and reporting.	✓				
12. Each health authority ensure there is staff with appropriate training to support data quality.	✓				
13. Each health authority work with the Ministry of Health and other stakeholders to ensure data quality.	✓				
14. Each health authority ensure that infection control surveillance and audit reports are available and used by all programs to improve practice across the health authority as appropriate.	✓				
15. Each health authority have their senior management teams identify infection control reports that they need to receive on a regular basis.	✓				
16. Each health authority ensure that the infection control program issues a comprehensive annual report that includes rates and types of infections. This report should be available to the public.	✓				
17. Each health authority Board of Directors work with their senior management to determine what infection control indicators they need measured and reported on.	✓				
18. Each health authority Board of Directors hold the Medical Advisory Committees accountable for fulfilling their mandates.	✓				

PROVINCIAL HEALTH SERVICES AUTHORITY PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM

Infection Control: Essential for a Healthy British Columbia

As at July 31, 2009

General comments

Please provide an introductory statement summarizing progress since the Public Accounts Committee last discussed the report

Progress by recommendation

For each recommendation, provide your assessment of implementation status as per the legend at the bottom of the page, and information on actions taken and results to support the status reported. Also include a work plan schedule for any recommendations not yet implemented.

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 1: Each health authority develop an integrated plan for infection prevention, surveillance and control across the continuum of care.	F	
Recommendation 2: Each health authority assess their current Public Health and infection control structure to ensure integrated planning and service delivery for infection prevention, surveillance and control.	F	
Recommendation 3: Each health authority work with the Ministry of Health and the BC Centre for Disease Control to establish a basic template for a provincial manual for infection control in acute and residential care.	F	PicNet is now responsible for the final provincial template but we have worked in concert with them and provided input in the process of creating a provincial template
Recommendation 4: Each health authority undertake a formal review to estimate their overall requirements for both Infection Control Practitioners and Communicable Disease Nurses, giving consideration to: ratios; needs of other programs such as home and community care, residential care and mental health; and to the educational needs of staff. They should also ensure adequate medical and clerical support for the program.	F	Still missing clerical support
Recommendation 5: Each health authority review their infection control structures to ensure there is appropriate and designated medical support in place for the program	F	

Status

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- P – Recommendation has been partially implemented
- AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding
- NA – No substantial action has been taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
F		
Recommendation 6: Each health authority ensure that renovations and new construction designs mitigate the risks of spreading infections		
F		
Recommendation 7: Each health authority ensure that all staff receives regular ongoing education in the area of infection control and that medical staff also have access.		
F		
Recommendation 8: Each health authority ensure that the infection control team has adequate resources to maintain current practice standards through ongoing education		
F		
Recommendation 9: Each health authority establish a formal surveillance program appropriate to the programs and services offered		
F		
Recommendation 10: Each health authority establish a process for regular formal and informal monitoring of practice.		
F		
Recommendation 11: Each health authority provide information management support to the infection control program for data collection, analysis and reporting.		
F		
Recommendation 12: Each health authority ensure there is staff with appropriate training to support data quality.		
F		
Recommendation 13: Each health authority work with the Ministry of Health and other stakeholders to ensure data quality.		
F		
Recommendation 14: Each health authority ensure that infection control surveillance and audit reports are available and used by all programs to improve practice across the health authority as appropriate.		
F		
Recommendation 15: Each health authority have their senior management teams identify infection control reports that they need to receive on a regular basis.		

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
F		
	Recommendation 16: Each health authority ensure that the infection control program issues a comprehensive annual report that includes rates and types of infections. This report should be available to the public.	
F		
	Recommendation 17: Each health authority Board of Directors work with their senior management to determine what infection control indicators they need measured and reported on.	
F		
	Recommendation 18: Each health authority Board of Directors hold the Medical Advisory Committees accountable for fulfilling their mandates.	
F		

Status

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NA – No substantial action has been taken to address this recommendation

Response from Providence Health Care



How you want to be treated.

Mail 582 - 1081 Burrard Street
Vancouver, BC Canada V6Z 1Y6

Tel 604 806 8020
Fax 604-806-8811
officeofthceo@providencehealth.bc.ca
www.providencehealthcare.org

September 30, 2009

Ms. Norma Glendinning
Assistant Auditor General
Office of the Auditor General of British Columbia
8 Bastion Square
Victoria, BC V8V 1X4

Dear Ms. Glendinning:

Re: Follow-up Review of our Report on Infection Control: Essential for a Healthy British Columbia

As requested in your letter of September 10, 2009, please find enclosed an update on the progress regarding the outstanding recommendations as at July 31, 2009 for Providence Health Care.

Thank you.

Yours sincerely,

A handwritten signature in cursive script that reads "Dianne Doyle".

Dianne Doyle
President and CEO
Providence Health Care

Enc: a/s

cc: Dr. Jeremy Etherington, VP Medical Affairs, PHC
Dr. Marc Romney, Medical Director, Infection Prevention & Control, PHC
Barbara Terise, VP Patient Safety, Quality & Information Management, PHC



Sites: St. Paul's Hospital | Holy Family Hospital | Mount Saint Joseph Hospital | Youville Residence | Marion Hospice
St. Vincent's: Brock Fahimi Pavilion, Langara, Hanania Conway - Heather

Community Dialysis Clinics: Sechelt | Richmond | Powell River | Squamish | North Shore | Vancouver

PROVIDENCE HEALTH CARE (PHC) PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM

Infection Control: Essential for a Healthy British Columbia

As at July 31, 2009

General comments

Timeline:

- 27Mar08 - PHC submitted a response to recommendations with a self-assessed status of either “full” or “substantial”.
- 02Jul08 - PHC submitted a further report to satisfy the Auditor General’s request for additional information.
- 23Sep09 - Discussions with the Office of the Auditor General indicated that a further PHC response and report was not necessary because PHC had fully or substantially implemented all recommendations. However, PHC was informed that the Auditor General would be interested in further progress PHC has accomplished for any recommendation since 02Jul08.
- 30Sep09 - Highlighted examples of PHC “further progress” are provided in the below table (e.g. recommendations #1, 4, &18). These examples were selected because of the current importance of planning and collaboration.
- 30Sep09 - PHC has also contributed to the provision of the overall VCH progress report.

Since February 2009, VCH, FH and PHC have been formally collaborating in the development of a work plan to standardize many components of Infection Prevention and Control (IPAC) across the Lower Mainland. The initiative is led by a steering committee composed of executive leaders, and key stakeholders (including Public Health) from the three health authorities. PHSA has recently joined this collaboration. This initiative includes sharing of material and information resources. Key areas of collaboration include:

- Hand hygiene
- Environmental cleaning
- Outbreak Management
- Surveillance
- High priority interventions and surveillance for:
 - MRSA, VRE, & CDAD - Implement a series of evidence-based guidelines to prevent harm.
 - CLI - Central Line-Associated Bloodstream Infection: Prevent central venous catheter-related bloodstream infection (CR-BSI) and deaths from CR-BSI by implementing a set of evidence-based interventions in all patients requiring a central line.
 - SSI - Surgical Site Infection: Prevent surgical site infection (SSI) and deaths from SSI by implementing a set of evidence-based interventions in all surgical patients.
 - VAP - Ventilator-Associated Pneumonia: Prevent ventilator-associated pneumonia (VAP) and deaths from VAP and other complications in patients on ventilators by implementing a set of interventions known as the “VAP bundle.”
- IPAC education for all staff and physicians
- Policies and procedures (including IPAC manual)
- Precaution Standards

Status

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- Communication, reporting, and behavioural change campaigns
- Construction/facility design
- Education and professional development for Infection Control Practitioners (ICPs)
- Staff education
- Accreditation

Additionally, provincial IPAC directors/leaders hold a monthly teleconference to share ideas and resource materials. We are hopeful that the above active collaborations will result in more shared resources and greater use of our expertise.

PHC Further Progress Highlights - Recommendations #1, 4, and 18

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
F	<p>PHC Infection Control and Prevention (IPAC) has developed integrated strategic plans in</p> <ul style="list-style-type: none"> ▪ 2005 (previous submitted) ▪ 2008 update (<i>Appendix A</i>) ▪ 2009 – 2012 draft update (<i>Appendix B</i>) <p>The latter IPAC plan is organized to reflect the elements of a best practice infection control program. These same elements will be used for lower mainland collaborative planning.</p> <p>IPAC support is provided for all PHC clinical programs and departments (including inpatients, outpatients, and residents). Equity is addressed by using an allocation model (<i>Appendix C</i>) to assign responsibilities to Infection Control Practitioners (ICPs). Acute and Residential Care assignments are based on ICPs per bed (see Recommendation #4). Outpatient areas receive ICP allocated support based on labour budget magnitude.</p> <p>PHC, VCH, and FHA have worked collaboratively in 2009/10 to develop a draft work plan to capture economies of scale and to avoid future cost increases for the Lower Mainland. (see <i>Appendix D</i>)</p>	<p>Recommendation 1: Each health authority develop an integrated plan for infection prevention, surveillance and control across the continuum of care.</p> <p><i>Appendix A, B, C, D</i></p>

Status

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<p>Recommendation 4: Each health authority undertake a formal review to estimate their overall requirements for both Infection Control Practitioners and Communicable Disease Nurses, giving consideration to: ratios; needs of other programs such as home and community care, residential care and mental health; and to the educational needs of staff. They should also ensure adequate medical and clerical support for the program.</p>	
<p>F</p>	<p>Compared with best practice recommendations, PHC has an ICP budget which is insufficient in terms of ICPs per bed (<i>Appendix E</i>).</p> <p>Considering the current economic climate, PHC has started a front line Link Nurse program to help care providers adopt and sustain IPAC best practices (see IPAC Link Nurse role description – <i>Appendix F</i>). A group of IPAC Link Nurses (approximately 30) have recently received 1 day of training to kick-off their important role.</p> <p><i>Appendix G</i> provides the results of a recent IPAC educational needs survey.</p>
<p>Recommendation 18: Each health authority Board of Directors hold the Medical Advisory Committees accountable for fulfilling their mandates.-+ </p>	
<p>F</p>	<p>PHC has developed a Hand Hygiene e-learning module, designed specifically for physicians. Medical staff must complete this module every two years as a condition of re-appointment. VCH, BCCA, and BCCCH physicians also use this e-learning module (FHA will soon be).</p> <p>Web link to this module is: http://www.phcjpac.ca</p>

For a detailed complete report of PHC Highlights with Appendices, “PHC Progress in Implementing Auditor General’s IPAC Recommendations” please double left click:

http://www.providencehealthcare.org/documents/PHCProgressinImplementingAuditorGeneralsIPACRecommendations_000.pdf

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Response from Vancouver Coastal Health



Clinical Quality & Safety

601 West Broadway, 11th floor
Vancouver, BC V5Z 4C2

September 28, 2009

Ms. Norma Glendinning
Assistant Auditor General
Office of the Auditor General of British Columbia
8 Bastion Square
Victoria, BC V8V 1X4

Dear Ms. Glendinning:

Re: Follow-up Review of Our Report on *Infection Control: Essential for a Healthy British Columbia*

As requested in your letter of September 10, 2009, please find enclosed an update on the progress regarding the outstanding recommendations as at July 31, 2009 for Vancouver Coastal Health.

Thank you.

Yours sincerely,

A handwritten signature in black ink, appearing to read "J. Patrick O'Connor", is written over a light blue horizontal line.

J. Patrick O'Connor, MD, FRCP(C)
Vice-President, Medicine, Quality & Safety
Vancouver Coastal Health

Tel: (604) 875-4948
Fax: (604) 875-4750

cc. Ms. L. Dempster
Dr. L. Bryce
Dr. D. Ostrow

Promoting wellness. Ensuring care. Vancouver Coastal Health Authority

VANCOUVER COASTAL HEALTH AUTHORITY PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM

Infection Control: Essential for a Healthy British Columbia

As at July 31, 2009

General comments

VCH, FH and PHC have been formally collaborating in the development of a strategic plan to standardize many components of Infection Prevention and Control across the Lower Mainland in BC since February 2009. The initiative is led by a steering committee headed by the VPs for Quality and Safety from the three health authorities. The steering committee includes stakeholders from Infection Prevention and Control from across the Lower Mainland including representation from Public Health. PHSA has just recently joined in this collaboration.

This initiative includes sharing of material and information resources. Key areas of collaboration include hand hygiene initiatives, education and promotional material; reprocessing resources and information; outbreak management algorithms and materials; environmental cleaning and standardization of cleaning/disinfection products; common acute and residential care manuals,; common surveillance definitions and reports; a common, shared annual report; employee infection prevention and control orientation for new staff; ongoing education for staff and physicians; construction and facility design; among others.

We are hopeful that this collaboration will result in more shared resources and greater use of our expertise.

Progress by recommendation

For each recommendation, provide your assessment of implementation status as per the legend at the bottom of the page, and information on actions taken and results to support the status reported. Also include a work plan schedule for any recommendations not yet implemented.

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
S	<p>Recommendation 1: Each health authority develop an integrated plan for infection prevention, surveillance and control across the continuum of care.</p> <p>VCH has a highly integrated infection prevention and control program across the continuum. A regional structure allows for standardization and an efficient approach to regional issues while the local assignment of the Infection Control Practitioners allows for further support within the program or site. Therefore, regional or provincial initiatives can be implemented quickly across the region taking into account variations at the local level. We are currently focusing on Long Term Care and Residential Care.</p>	<p>As noted in the overview significant work has been done to review resources across the lower mainland to maintain a high level of service and to reduce the potential for duplication. For eg. development of educational materials, support for construction projects. This will have a positive impact on the integrated plan.</p>

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 2:	Each health authority assess their current Public Health and infection control structure to ensure integrated planning and service delivery for infection prevention, surveillance and control.	In preparation for pandemic, common materials for the education of staff, patients and their families have been developed in collaboration with infection control and public health. Joint education sessions have been held across the Health Authority with public health, infection control and occupation health and safety.
S	Infection Control and Public Health are integrated at many levels including infection control committees, outbreak management and pandemic planning. In addition the Infection Control Educator for community and home care works closely with the Infection Control Practitioners to ensure consistency of the program across the continuum.	In addition to collaboration across the lower mainland the Infection Control Administrative Directors meet monthly to review issues and promote consistency across the province.
Recommendation 3:	Each health authority work with the Ministry of Health and the BC Centre for Disease Control to establish a basic template for a provincial manual for infection control in acute and residential care.	In addition to collaboration across the lower mainland the Infection Control Administrative Directors meet monthly to review issues and promote consistency across the province.
S	VCH is actively involved with the Provincial Infection Control Network in the development and sharing of materials, standards, processes and programs. Infection Control staff members are on numerous subcommittees. VCH has participated on the subcommittee for the standardization of surveillance for C. Difficile and development of a common database for future collaboration on Surgical Site surveillance across the province. The goal is to have a provincial manual as a result of the working being done right now.	In addition to collaboration across the lower mainland the Infection Control Administrative Directors meet monthly to review issues and promote consistency across the province.
Recommendation 4:	Each health authority undertake a formal review to estimate their overall requirements for both Infection Control Practitioners and Communicable Disease Nurses, giving consideration to: ratios; needs of other programs such as home and community care, residential care and mental health; and to the educational needs of staff. They should also ensure adequate medical and clerical support for the program.	A Lower Mainland Steering committee has been formed with proposed multiple working groups to address common infection prevention and control program deliverables and review the possibility of consolidation of certain programs while maintaining local support. As of October 2009 PHSA has also joined this collaborative effort. There is one dedicated infection control educator for Community resources as well as the contracted long term care facilities. This is a significant role and can be challenging.
F	In collaboration with Fraser Health and Providence a full review of resources within infection control was conducted including physician as well as clerical support. A gap analysis was completed and a process to mitigate areas of need is in progress at this time. This could potentially include some consolidation of resources to reduce duplication and increase efficiencies within the scarcely resourced areas. An internal review of the Comm. Disease program was undertaken 2 years ago and as a result of that review additional resources were allocated to the Vancouver Communicable disease control nurses including another dedicated health inspector.	A Lower Mainland Steering committee has been formed with proposed multiple working groups to address common infection prevention and control program deliverables and review the possibility of consolidation of certain programs while maintaining local support. As of October 2009 PHSA has also joined this collaborative effort. There is one dedicated infection control educator for Community resources as well as the contracted long term care facilities. This is a significant role and can be challenging.

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Response from Vancouver Coastal Health

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
<p>Recommendation 5: Each health authority review their infection control structures to ensure there is appropriate and designated medical support in place for the program</p>	<p>S</p> <p>VCH has a Regional Medical Director position (equivalent to 2hrs/week) to provide oversight for clinical aspects of the infection control program. Vancouver Acute has an Infection Control Officer position for both the acute and long term care facilities through a voluntary historical agreement with the Medical Microbiology Department -- these are nonsalaried positions. It should be noted that with regionalization of Medical Microbiology services, the specimens processed have doubled while physician positions have not. Richmond Health Services has 0.2 dedicated funding for an Infection Control Officer while North Shore Coast Garibaldi has no dedicated funding for physician infection control services outside of their current Pathology contract and there is no expertise. This is a gap for VCH which we are attempting to resolve internally. In the interim, service is being provided by a "stretched" group of Medical Microbiologists.</p>	<p>Further review and gap analysis is being conducted at the Lower Mainland Infection Control Steering Committee level with representation from Fraser Health, Vancouver Coastal, Providence and PHSA.</p>
<p>Recommendation 6: Each health authority ensure that renovations and new construction designs mitigate the risks of spreading infections</p>	<p>F</p> <p>Infection Control is actively involved in all new construction and renovation projects across VCH.</p>	<p>A formal signoff process for any project is currently being designed as well as the involvement of infection control guidelines on the purchase of standard fixtures such as sinks. Approval to design to the highest level of infection control practices has been approved at the senior level as well as the Board.</p>
<p>Recommendation 7 Each health authority ensure that all staff receives regular ongoing education in the area of infection control and that medical staff also have access.</p>	<p>All new staff to Vancouver Coastal Health receives education on infection control in the regional orientation program. In addition clinical staff receives further education on infection control practices.</p>	<p>As of April 2009 all physicians across VCH were mandated to take and pass the on-line infection control module as a part of their privilege renewal access.</p> <p>Two on-line modules for the care and insertion of central lines was also developed in collaboration with a multidisciplinary team.</p> <p>Each Infection Control Practitioner conducts regular education sessions for all staff including contract and medical staff.</p>

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
F	<p>Recommendation 8: Each health authority ensure that the infection control team has adequate resources to maintain current practice standards through ongoing education</p> <p>Through a variety of means each Infection Control Practitioner maintains competency on an ongoing basis. All Infection Control Practitioners are supported to take their CIC within 2 years of employment. The majority of the practitioners across VCH have that designation and the new employees are working towards their certification.</p>	<p>Infection Control Team members have presented papers and posters at a number of conferences locally, provincially and internationally. Vancouver Coastal Health continues to ensure the ongoing education needs of the team members are met.</p>
S	<p>Recommendation 9: Each health authority establish a formal surveillance program appropriate to the programs and services offered</p> <p>A formal surveillance program for multiple indicators is in place across the Health Authority. These are regularly reported to unit manager, senior leadership teams, infection control committees, medical advisory committees and to the Board. Vancouver Coastal is one of the sites across registered with CNISP and regular reporting to that organization is also completed.</p>	<p>Each health authority establish a process for regular formal and informal monitoring of practice.</p>
S	<p>Annual reviews of all Infection Control staff performance as well as performance goals are conducted.</p>	
S	<p>Recommendation 11: Each health authority provide information management support to the infection control program for data collection, analysis and reporting.</p> <p>VCH has a variety of mechanisms for extracting data from our internal systems including automatic extracts from the Operating Room Information Systems. VCH Epidemiologists and Decision Support, as well as Information Management staff supports the ongoing reports and data quality for Infection Control. Quality reports are routinely sent to each unit and reviewed with the unit managers.</p>	<p>There are plans for further integration of these systems for eg. SSI surveillance. Access to hardware, upgrades, with the 24/7 HELP Desk and capital support for the program is not an issue.</p> <p>Hand Hygiene audits are conducted monthly with results sent to the unit, senior leadership team and Medical Advisory Committees.</p>
S	<p>Recommendation 12: Each health authority ensure there is staff with appropriate training to support data quality.</p> <p>VCH has a fully qualified epidemiologist to support data quality. In addition the Infection Control Practitioners and Medical leaders are involved with ensuring data quality at a variety of levels within the organization for eg reviewing unit reports and site reports on a regular basis.</p>	<p>Future collaboration across the Lower Mainland in terms of surveillance and data management is planned.</p>

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
<p>Recommendation 13: Each health authority work with the Ministry of Health and other stakeholders to ensure data quality.</p>	<p>S VCH Infection Control Program participate in PICNet working groups regarding data quality as well internal mechanisms to ensure data quality for patient information is consistent with standards from the Ministry of Health for eg. demographic, inpatient census data.</p>	<p>Monthly hand hygiene audits are being circulated to the units as well as the senior leaders. Additionally regular quality reports are sent to each unit</p>
<p>Recommendation 14: Each health authority ensure that infection control surveillance and audit reports are available and used by all programs to improve practice across the health authority as appropriate.</p>	<p>S Infection Control publishes an annual report and posts this to the internet for public access.</p>	<p>Monthly hand hygiene audits are being circulated to the units as well as the senior leaders. Additionally regular quality reports are sent to each unit</p>
<p>Recommendation 15: Each health authority have their senior management teams identify infection control reports that they need to receive on a regular basis.</p>	<p>S As noted above, regular reports from Infection control are received at the unit level, senior leadership level, infection control committees and medical advisory councils. This culminates in an annual report which is presented to the Senior executive team and the Board. Finally the report is posted publically.</p>	<p>Monthly hand hygiene audits are being circulated to the units as well as the senior leaders. Additionally regular quality reports are sent to each unit</p>
<p>Recommendation 16: Each health authority ensure that the infection control program issues a comprehensive annual report that includes rates and types of infections. This report should be available to the public.</p>	<p>F See above</p>	<p>As of this year we have combined HSDA reports into one report for all of VCH. This will also be available to the public.</p>
<p>Recommendation 17: Each health authority Board of Directors work with their senior management to determine what infection control indicators they need measured and reported on.</p>	<p>F We have established these indicators.</p>	<p>We have now included Hand Hygiene audit results to the list of indicators reported to the Board of Directors.</p>

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 18: Each health authority Board of Directors hold the Medical Advisory Committees accountable for fulfilling their mandates.		
F	All infection control committees ultimately report to the Health Authority Medical Advisory Committees. Infection Control reports via the VP Medicine and Safety and Quality as well.	

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VANCOUVER ISLAND HEALTH AUTHORITY RECOMMENDATION STATUS SUMMARY
Infection Control: Essential for a Healthy British Columbia
As at July 31, 2009

(Please tick implementation status for each recommendation)

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
1. Each health authority develop an integrated plan for infection prevention, surveillance and control across the continuum of care.	✓				
2. Each health authority assess their current Public Health and infection control structure to ensure integrated planning and service delivery for infection prevention, surveillance and control.	✓				
3. Each health authority work with the Ministry of Health and the BC Centre for Disease Control to establish a basic template for a provincial manual for infection control in acute and residential care.	✓				
4. Each health authority undertake a formal review to estimate their overall requirements for both Infection Control Practitioners and Communicable Disease Nurses, giving consideration to: ratios; needs of other programs such as home and community care, residential care and mental health; and to the educational needs of staff. They should also ensure adequate medical and clerical support for the program.			✓		
5. Each health authority review their infection control structures to ensure there is appropriate and designated medical support in place for the program	✓				
6. Each health authority ensure that renovations and new construction designs mitigate the risks of spreading infections		✓			
7. Each health authority ensure that all staff receives regular ongoing education in the area of infection control and that medical staff also have access.			✓		
8. Each health authority ensure that the infection control team has adequate resources to maintain current practice standards through ongoing education	✓				
9. Each health authority establish a formal surveillance program appropriate to the programs and services offered		✓			
10. Each health authority establish a process for regular formal and informal monitoring of practice.			✓		

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
11. Each health authority provide information management support to the infection control program for data collection, analysis and reporting.			✓		
12. Each health authority ensure there is staff with appropriate training to support data quality.			✓		
13. Each health authority work with the Ministry of Health and other stakeholders to ensure data quality.		✓			
14. Each health authority ensure that infection control surveillance and audit reports are available and used by all programs to improve practice across the health authority as appropriate.			✓		
15. Each health authority have their senior management teams identify infection control reports that they need to receive on a regular basis.		✓			
16. Each health authority ensure that the infection control program issues a comprehensive annual report that includes rates and types of infections. This report should be available to the public.	✓				
17. Each health authority Board of Directors work with their senior management to determine what infection control indicators they need measured and reported on.		✓			
18. Each health authority Board of Directors hold the Medical Advisory Committees accountable for fulfilling their mandates.				✓	

VANCOUVER ISLAND HEALTH AUTHORITY PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM

Infection Control: Essential for a Healthy British Columbia

As at July 31, 2009

General comments

The Vancouver Island Health Authority (VIHA) has continued to work to meet the recommendations identified in the Auditor General's 2007 Report: "Infection Control: Essential for a Healthy British Columbia", and has over the past two years made significant progress in formalizing structures and processes to enhance infection control to ensure an integrated and coordinated approach. VIHA is committed to infection prevention, surveillance and control, and supports the principle that shared responsibility between Programs and Infection Prevention and Control (IPC) is foundational to this goal. VIHA has identified Infection Prevention and Control one of four system-wide initiatives for 2009/10. Work through this initiative and with the introduction of new technology will build on this strong foundation.

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
F	Each health authority develop an integrated plan for infection prevention, surveillance and control across the continuum of care.	
Recommendation 2:	Each health authority assess their current Public Health and infection control structure to ensure integrated planning and service delivery for infection prevention, surveillance and control.	
F	Meetings between Public Health, Infection Control and Laboratory.	<p>Development of Communicable Disease Hubs with Communicable Disease Nurses and Environmental Health Officers, that provide direction to the affiliated long term care facilities (2008/09).</p> <p>Entry of outbreaks for owned/operated and affiliated acute and long term care sites onto Public Health Healthspace system to identify outbreak declaration and type (2009)</p> <p>Notification of public of outbreaks on VIHA website (2009): { HYPERLINK "http://www.viha.ca/mho/disease/" } See: Active Outbreak List</p>

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
F	<p>Recommendation 3: Each health authority work with the Ministry of Health and the BC Centre for Disease Control to establish a basic template for a provincial manual for infection control in acute and residential care.</p> <p>Participate on PICNet Working Groups to develop provincial guidelines. These guidelines have been incorporated into the VIHA Infection Control and VIHA Home and Community Care Infection Control Manual</p>	<p>VIHA Infection Control Manuals are available on the external and internal website so that they are available to both affiliated and owned/operated sites (April 2009). { HYPERLINK "http://www.viha.ca/infection_prevention/" }</p>
	<p>Recommendation 4: Each health authority undertake a formal review to estimate their overall requirements for both Infection Control Practitioners and Communicable Disease Nurses, giving consideration to: ratios; needs of other programs such as home and community care, residential care and mental health; and to the educational needs of staff. They should also ensure adequate medical and clerical support for the program.</p> <p>All previous vacant positions filled.</p>	<p>Approval to introduce and evaluate new Infection Prevention and Control aide positions at 2 hospitals. Request for new positions to meet recommended levels has been submitted through the regular budget processes. Transitioning IPC role to that of content expert and resource throughout VIHA (March 2010).</p>
F	<p>Recommendation 5: Each health authority review their infection control structures to ensure there is appropriate and designated medical support in place for the program</p> <p>Medical Director for Infection Prevention and Control (0.5 FTE) has been hired.</p>	<p>Effective July 2009, the IPC Medical Support includes a Medical Director and 2 Associate Medical Directors (one located in the Victoria area, and one located in the Nanaimo area). They provide support to the IPC Team as well as to the physicians and sites in their geographical areas.</p>
	<p>Recommendation 6: Each health authority ensure that renovations and new construction designs mitigate the risks of spreading infections</p> <p>IPC input into the design of the Patient Care Centre, Victoria. IPC input into the design of renovations and new construction: VGH emergency department, NRGH Community renal program, Port Hardy new residential beds</p>	<p>Incorporation of many infection control principles, such as increased number of private rooms (83%), availability and size of dirty utility rooms, availability and type of handwashing sinks.</p>

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 7	Each health authority ensure that all staff receives regular ongoing education in the area of infection control and that medical staff also have access.	
P	<p>Education continues to be provided through multiple venues: inservices, staff meetings, point-in-time opportunities. Area staff, including physicians, are invited to participate.</p> <p>IPC Physicians also involved in education for staff and physicians.</p>	<p>Increased invites to attend Medical Advisory Committee meetings, specifically to provide information relating to H1N1.</p> <p>Education provided during 2008/09 has been included in the IPC Annual Report.</p> <p>Developing education modules that can be used in acute care and long term care.</p> <p>Invited as participants of development core teams established to develop the specification required for a Learning Management System for VIHA.</p>
Recommendation 8:	Each health authority ensure that the infection control team has adequate resources to maintain current practice standards through ongoing education	
F		
Recommendation 9:	Each health authority establish a formal surveillance program appropriate to the programs and services offered	
S	<p>Health Authority tracks infections through Communicable Disease and Infection Prevention and Control</p> <p>Streamlined notification and activities between Communicable Disease and Infection Prevention and Control for follow-up of reportable diseases such as TB.</p>	<p>Inclusion of infection rates in acute and residential sites is included in the VIHA IPC Annual Report – initiated September 2008; and annually.</p> <p>IPC Program contributes data to the Provincial surveillance of clostridium Difficile – June 2009.</p> <p>Public Health, Infection Prevention and Control, Population Health developing a Serious Outcome Surveillance system – in development for Pandemic H1N1. Updates on website: { HYPERLINK "http://www.viha.ca/H1N1" }</p> <p>Laboratory provides direct notification to Medical Health Officer of any positive result for a reportable disease.</p>
Recommendation 10:	Each health authority establish a process for regular formal and informal monitoring of practice.	
P	Audit forms have been developed to review practices in hand hygiene and housekeeping.	Have baseline hand hygiene compliance rates for acute care and residential care sites, and some community offices.

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	<p>Infection Prevention and Control has been identified as one of 4 system-wide initiatives for 2009/10 and 2010/11 in VIHA.</p>	<p>Through system-wide initiative, organizational commitment to incorporate IPC principles and practices into everyday practice. This would include unit/program self-monitoring of practices, with review by Infection Prevention and Control practitioners (March 2011).</p> <p>Spot observational audits are performed by IPC practitioners of housekeeping compliance, especially during outbreak situations (2009).</p> <p>Developing processes to support monitoring at unit/program level by unit/program staff through regular reporting of infection and practice compliance rates.</p>
	<p>Recommendation 11: Each health authority provide information management support to the infection control program for data collection, analysis and reporting.</p> <p>P Infection Prevention and Control information management needs have been identified for surveillance and reporting out to program units/departments. Infection Prevention and Control has been included on the 2009/10 Information Management/Information Technology Strategic Plan</p>	<p>Project Director has been appointed to coordinate the development and implementation process – September 2009.</p> <p>Develop current state and future state to identify the gap.</p> <p>Determination of IC module required for case management.</p> <p>Develop process to download data from current IPC database, and from proposed IC module to Performance Monitoring and Improvement data warehouse to increase reporting capacity.</p> <p>Infection Control module substantially complete by March 2011.</p>
	<p>Recommendation 12: Each health authority ensure there is staff with appropriate training to support data quality.</p> <p>P Education to IPC staff ongoing. Infection Prevention and Control has been included on the 2009/10 Information Management/Information Technology Strategic Plan</p>	<p>Additional fields in IPC database to assist with improved data entry (2008/09)</p> <p>Infection Prevention and Control information management needs have been identified for surveillance, to increase the potential for data to be pulled from modules within the clinical operating system (such as laboratory and pharmacy) into an infection control module to decrease errors in data entry (March 2011).</p>

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 13: Each health authority work with the Ministry of Health and other stakeholders to ensure data quality.		
S	<p>Participate on PICNet Working Groups to develop provincial standards for Clostridium Difficile surveillance.</p> <p>Follow data standards as established by Canadian Nosocomial Infection Control Surveillance, Public Health Agency of Canada; Provincial Infection Control Network.</p>	<p>Data is consistent with established provincial and federal standards.</p> <p>Infection Prevention and Control information management needs have been identified for surveillance, to increase the potential for data to be pulled from modules within the clinical operating system (such as laboratory and pharmacy) into an infection control module to decrease errors in data entry.</p>
Recommendation 14: Each health authority ensure that infection control surveillance and audit reports are available and used by all programs to improve practice across the health authority as appropriate.		
P	<p>Infection Prevention and Control has been included on the 2009/10 Information Management/Information Technology Strategic Plan.</p>	<p>Project Director has been appointed to coordinate the development and implementation process – September 2009. Infection Control module substantially complete by March 2011. Incorporation of surveillance data into program reports through the IDEAS system is also part of this plan.</p>
Recommendation 15: Each health authority have their senior management teams identify infection control reports that they need to receive on a regular basis.		
S		<p>Reports are submitted to the Executive Management Committee and the VIHA Board bi-annually as part of the Quality, Research, and Patient Safety report.</p>
Recommendation 16: Each health authority ensure that the infection control program issues a comprehensive annual report that includes rates and types of infections. This report should be available to the public.		
F	<p>This continues to be posted on the VIHA website.</p>	<p>{ HYPERLINK "http://www.viha.ca" } Search: IPC Annual Report</p>
Recommendation 17: Each health authority Board of Directors work with their senior management to determine what infection control indicators they need measured and reported on.		

Status

- F or S – Recommendation has been fully or substantially implemented
- P – Recommendation has been partially implemented
- AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding
- NA – No substantial action has been taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
S		Reports are submitted to the Executive Management Committee and the VIHA Board bi-annually as part of the Quality, Research, and Patient Safety report.
Recommendation 18: Each health authority Board of Directors hold the Medical Advisory Committees accountable for fulfilling their mandates.		
AA	Review of Medical Committee reporting structures has occurred.	Co-leadership model with Medical and Administrative leads for all Programs has been adopted and implemented, and inclusion of medical leads in VIHA Quality Steering Committee has occurred.

Status

- F or S – Recommendation has been fully or substantially implemented
- P – Recommendation has been partially implemented
- AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding
- NA – No substantial action has been taken to address this recommendation

Section 3

Update on the implementation of
recommendations from:

**The Child and Youth Mental Health Plan:
A Promising Start to an Urgent Need
(2nd follow-up)**

June 2007

October 2009

Response from the Ministry of Children and Family Development



File Copy

SEP 29 2009

Ref: 188101
X-Ref: 187732

Norma Glendinning
Assistant Auditor General
Office of the Auditor General
of British Columbia
8 Bastion Square
Victoria BC V8V 1X4

Dear Ms. Glendinning:

In follow up to our letter of September 16, 2009, I am forwarding the final update on the Ministry of Children and Family Development's progress in implementing the recommendations contained within *The Child and Youth Mental Health Plan: a Promising Start to an Urgent Need*. The ministry has made further advancements since our last report to you in the Fall of 2008, and details of this are outlined in the two attached documents: Progress In Implementing Recommendations and Summary of Status of Implementation by Recommendation.

The Ministry of Children and Family Development (MCFD) will continue to work collaboratively with our partners to improve mental health supports and services for children, youth and their families in British Columbia. MCFD looks forward to providing leadership in the child and youth portion of the 10-year Mental Health and Substance Use Strategy, which will guide future directions for coordinated cross-government approaches across the lifespan.

Thank you for the opportunity to work with your office during the implementation of the Child and Youth Mental Health Plan. Our common goal of improved mental health outcomes and optimum opportunities for healthy development for children and youth in British Columbia can best be realized through these cooperative efforts across government and community.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Sieben".

Mark Sieben
Chief Operating Officer

Ministry of
Children and Family
Development

Office of the
Chief Operating Officer

PO Box 9721 Stn Prov Govt
Victoria, BC V8W 9S2

4th fl, 765 Broughton St
Victoria, BC V8W 1E2

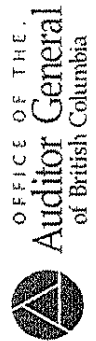
Telephone: 250-387-3006
Facsimile: 250-356-6534
Web:
<http://www.gov.bc.ca/mcf>

Section 3

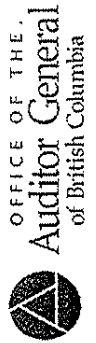
SUMMARY OF STATUS OF IMPLEMENTATION BY RECOMMENDATION
The Child and Youth Mental Health Plan: A Promising Start to Meeting and Urgent Need
 As at July 31, 2009

(Please tick implementation status for each recommendation)

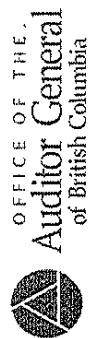
Auditor General's Recommendations	Self-Assessed Implementation Status			
	Fully	Substantially	Partially	No Alternative Action
Child and Youth Mental Health Plan				
1. The ministry ensure that clinical staff clearly understands the ministry's policy on treating patients with both a mental disorder and a developmental or learning disorder to ensure a consistent approach across the province.	✓			
Organization Changes to Integrate Services				
2. The ministry: <ul style="list-style-type: none"> • Ensure that adequate accountability mechanisms continue to exist between the ministry's regional operations and the provincial office so that plan objectives remain a priority, at least during the final year of implementation • Ensure that there continues to be a strong ministry leadership for child and youth mental health services • Address stakeholder concerns about the reorganization; and • Begin forming new strategies that will build on the accomplishments achieved under the province's first Child and Youth Mental Health plan 	✓			
Coordinated Approaches On All Levels to Address Deficiencies				
		✓		
		✓		



Auditor General's Recommendations	Self-Assessed Implementation Status			
	Fully	Substantially	Partially	Alternative Action / No Action
3. The ministry develop a clear strategy to bring about meaningful inter-sectoral collaboration, particularly with physicians.		✓		



Auditor General's Recommendations	Self-Assessed Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
Planning and Monitoring Implementation					
The ministry:					
4. To improve implementation of the initiatives, we recommend the ministry: <ul style="list-style-type: none"> • Ensure that all clinicians receive core, evidence-based practice training, that clinical supervisors consistently review staff application of the concepts, and that evidence-based practice parameters be integrated into services; • Develop school-based FRIENDS champions in under-represented regions, develop strategies to mitigate key risks and establish mechanisms to monitor penetration of the program throughout the province; and • Take steps to increase staff acceptance of the Brief Child and Family Phone Interview clinical intake screening tool. 		✓			
Reporting to the Legislative Assembly and the Public					
The ministry:					
5. To improve accountability for the Child and Youth Mental Health Plan, we recommend the ministry: <ul style="list-style-type: none"> • Report to the Legislative Assembly and the public on the plan's implementation progress; and • Develop an approved accountability framework capable of evaluating the plan's impact on patient outcomes 	✓				



PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM

*The Child and Youth Mental Health Plan: A Promising Start to Meeting and Urgent Need
As at July 31, 2009*

General comments

Please provide an introductory statement summarizing progress since the Public Accounts Committee last discussed the report.

Progress by recommendation

For each recommendation, provide your assessment of implementation status as per the legend at the bottom of the page, and information on actions taken and results to support the status reported. Also include a work plan schedule for any recommendations not yet implemented.

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
F	The ministry ensures that clinical staff clearly understands the ministry's policy on treating patients with both a mental disorder and a developmental or learning disorder to ensure a consistent approach across the province.	
F	Recommendation 2.1: The ministry ensures that adequate accountability mechanisms continue to exist between the ministry's regional operations and the provincial office so that plan objectives remain a priority, at least during the final year of implementation.	
F	Recommendation 2.2: The ministry ensures that there continues to be a strong ministry leadership for child and youth mental health services.	
S	Recommendation 2.3: The ministry addresses stakeholder concerns about the reorganization.	
S	Recommendation 2.4: The ministry begins forming new strategies that will build on the accomplishments achieved under the province's first Child and Youth Mental Health plan.	<ul style="list-style-type: none"> ▪ Key ministry and community stakeholders have been engaged in processes to identify priorities for collaborative planning and action based on feedback from the CYMH Review, consultations

Status

F or S – Recommendation has been fully or substantially implemented

P – Recommendation has been partially implemented

AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding

NA – No substantial action has been taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	<p>released in January 2009. The Ministry of Children and Family Development is continuing to collaborate with key ministry and community partners to improve outcomes for children, youth and their families in British Columbia, including those experiencing mental health problems. The ministry is providing leadership in the development of the child and youth portion of a 10-year Strategy for Mental Health and Substance Use that will provide further supports and a coordinated cross-government approach across the lifespan.</p>	<p>for the development of government's strategy to address mental health and substance use, and review of current evidence and best practices. Further progress has been made in a number of priority areas already for example in relation to youth experiencing concurrent mental health and substance use problems, suicide prevention, intervention and postvention, and development of mechanisms to increase family input for systems improvements.</p> <ul style="list-style-type: none"> ▪ A cross-ministry response to the CYMH Review will be available to the public in fall 2009. ▪ It is anticipated that government direction regarding timelines for the 10 year strategy will be provided in fall 2009.
<p>S</p>	<p>Recommendation 3: The ministry develops a clear strategy to bring about meaningful inter-sectoral collaboration, particularly with physicians.</p> <ul style="list-style-type: none"> ▪ The ministry is leading the development of a cross-ministry, integrated approach to service delivery for vulnerable children, youth and their families as articulated in <i>Strong, Safe and Supported: A Commitment to B.C.'s Children and Youth</i>. ▪ Cross-ministry and cross-sectoral committees have been established to facilitate planning related to child and youth mental health and substance use with linkages to broader ministry and government planning. ▪ MCFD and other ministry colleagues are partnering with physicians on projects that are consistent with current priorities including: work with Child Health BC to plan an ADHD knowledge exchange workshop; work with the BC Medical Association to develop training about child and youth mental health for primary care physicians. 	<ul style="list-style-type: none"> ▪ In progress. ▪ The current committee structure has facilitated active collaborative planning with strong commitment across sectors that is ongoing and will continue to inform system improvements across the continuum of children's mental health supports and services. ▪ The ADHD workshop is scheduled for January 2009. ▪ The initial draft of the physician training material is expected to be complete by fall 2010.
	<p>Recommendation 4.1: The ministry ensures that all clinicians receive core, evidence-based practice parameters be integrated into services.</p>	<p>that clinical supervisors consistently review staff</p>

Status

- F or S – Recommendation has been fully or substantially implemented
- P – Recommendation has been partially implemented
- AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding
- NA – No substantial action has been taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
S		
	<p>Recommendation 4.2: The ministry develops school-based FRIENDS champions in under-represented regions, develops strategies to mitigate key risks and establishes mechanisms to monitor penetration of the program throughout the province.</p>	
S		
	<p>Recommendation 4.3: The ministry take steps to increase staff acceptance of the Brief Child and Family Phone Interview clinical intake screening tool.</p>	
F	<ul style="list-style-type: none"> ▪ Extensive training in the use of the BCFPI screening tool and related reports has been provided to clinical staff throughout the province. 	<ul style="list-style-type: none"> ▪ The BCFPI is an integral component of the intake process within current child and youth mental health practice.
	<p>Recommendation 5.1: The ministry reports to the Legislative Assembly and the public on the plan's implementation progress.</p>	
F		
	<p>Recommendation 5.2: The ministry develops an approved accountability framework capable of evaluating the plan's impact on patient outcomes.</p>	
S	<ul style="list-style-type: none"> ▪ MCFD has formed an Integrated Quality Assurance Team. ▪ A cross-ministry, integrated approach to service delivery for vulnerable children, youth and their families is under development. 	<ul style="list-style-type: none"> ▪ A cross program quality assurance framework is under development. ▪ The cross-ministry framework will include outcome measures to monitor the well-being of children and youth in B.C., including their emotional/mental health.

Status

F or S – Recommendation has been fully or substantially implemented
P – Recommendation has been partially implemented
AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding
NA – No substantial action has been taken to address this recommendation

Section 4

Update on the implementation of
recommendations from:

**IT Audits of the Corporate Accounting System
(2nd follow-up)**

2005/2006

October 2009

Response from the Ministry of Citizens' Services



Ref: 61469

October 14, 2009

Mr. Bill Gilhooly, CA
Assistant Auditor General
Office of the Auditor General
8 Bastion Square
Victoria BC V8V 1X4

Dear Mr. Gilhooly:

Re: Follow-up to Corporate Accounting System Audit
Part 2: Audit of the Government's Corporate Accounting System, December 2006

In response to your letter of September 17, 2009, Corporate Accounting Services and the Office of the Comptroller General have completed the attached self-assessment report provided by your office, updating the status of the outstanding recommendations in your audit report named above.

We understand that this response, including the Recommendation Status Summary and the Progress in Implementing Recommendations form, will be printed unedited, in your semi-annual follow-up report to be released October 22, 2009.

As of July 31, 2009, all six recommendations have been fully implemented.

Please contact either of us with any questions you may have on the attachments.

Sincerely,

Beth James, President and CEO
Shared Services BC

for Graham Whitmarsh, Deputy Minister
Ministry of Finance

Attachments

Shared Services BC
Office of the President and CEO

Ministry of Finance
Office of the Deputy Minister

Response from the Ministry of Citizens' Services

cc: Kim Henderson, Deputy Minister
Ministry of Citizens' Services

Richard Poutney, Assistant Deputy Minister
Common Business Services
Ministry of Citizens' Services

Cheryl Wenezenki-Yolland, Comptroller General
Office of the Comptroller General
Ministry of Finance

Sheila Dodds, Executive Director
Financial Management Branch
Ministry of Finance

Nashater Sanghera, Executive Director
Corporate Accounting Services
Ministry of Citizens' Services

Graham Currie, Communications Director
Public Affairs Bureau
Ministry of Citizens' Services

RECOMMENDATION STATUS SUMMARY
Part 2: Audit of the Government's Corporate Accounting System
As at July 31, 2009

(Please tick implementation status for each recommendation)

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
4. Corporate Accounting Services take a more proactive role in ensuring all access is appropriate by alerting ministries of possible problems with user access.	X				
5. Procedures be established to communicate staff changes to security administrators in a timely manner to ensure effective user access change management and to periodically review user access levels to ensure access granted remains appropriate based on users' positions.	X				
30. Corporate Accounting Services establish formal policies restricting further set-up of generic suppliers and formalize a plan to establish a well-defined approach for using, managing and updating existing generic supplier records.	X				
34. Policies and procedures be established to define clearly a ministry's role and responsibilities in the bank account maintenance process, and to govern the extent of ministry review required for ensuring the completeness and accuracy of banking information obtained.	X				
37. Management at Corporate Accounting Services formalize procedures to monitor all supplier linkages to bank accounts and compare the details of the reported activities to source documents to ensure there are no unauthorized or inappropriate bank account linkages.	X				
32. OCG establish clear criteria for monitoring and compliance activities to ensure that the block supplier data remains current and relevant.	X				

PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM

Part 2: Audit of the Government's Corporate Accounting System

As at July 31, 2009

General comments

All recommendations identified below have been fully implemented.

Progress by recommendation

For each recommendation, provide your assessment of implementation status as per the legend at the bottom of the page, and information on actions taken and results to support the status reported. Also include a work plan schedule for any recommendations not yet implemented.

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
<p>Recommendation 4: Corporate Accounting Services take a more proactive role in ensuring all access is appropriate by alerting ministries of possible problems with user access.</p>	<ul style="list-style-type: none"> Corporate Accounting Services has published and distributed a responsibility guide as well as posting it on the CAS internet website. 	<ul style="list-style-type: none"> No further action required as this issue has been closed.
<p>Recommendation 5: Procedures be established to communicate staff changes to security administrators in a timely manner to ensure effective user access change management and to periodically review user access levels to ensure access granted remains appropriate based on users' positions.</p>	<ul style="list-style-type: none"> Corporate Accounting Services has developed a report identifying employee movements. This report was implemented as a component of the Application Infrastructure Upgrade (AIU) implemented February 2009. 	<ul style="list-style-type: none"> No further action required as this issue has been closed.
<p>Recommendation 30: Corporate Accounting Services establish formal policies restricting further set-up of generic suppliers and formalize a plan to establish a well-defined approach for using, managing and updating existing generic supplier records.</p>		

Status

- F or S – Recommendation has been fully or substantially implemented
- P – Recommendation has been partially implemented
- AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding
- NA – No substantial action has been taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
F	<ul style="list-style-type: none"> CAS Security and Data Administration no longer permits the set up of generic suppliers, generic supplier sites or changes to generic supplier sites. In addition, bank account information for direct deposit of payments cannot be set up against generic supplier records. Some generic supplier records have been inactivated as the Security and Data Administrator comes across them. 	<ul style="list-style-type: none"> New generic suppliers can no longer be created. CAS is actively reviewing supplier records to identify and remove generic suppliers from the supplier file.
F	<p>Recommendation 34: Policies and procedures be established to define clearly a ministry's role and responsibilities in the bank account maintenance process, and to govern the extent of ministry review required for ensuring the completeness and accuracy of banking information obtained.</p> <ul style="list-style-type: none"> In August 2008 Provincial Treasury issued Information Bulletin #4 advising Ministries of updates to Core procedures clarifying roles of agency and ministry contacts involved in the processing of direct deposit application. In September 2006 the Comptroller General issued a memorandum to contacts across government discussing the risks and Ministry responsibilities associated with ensuring the completeness and accuracy of banking information obtained. 	<ul style="list-style-type: none"> No further action required as this issue has been closed.
F	<p>Recommendation 37: Management at Corporate Accounting Services formalize procedures to monitor all supplier linkages to bank accounts and compare the details of the reported activities to source documents to ensure there are no unauthorized or inappropriate bank account linkages.</p>	<ul style="list-style-type: none"> No further action required as this issue has been closed.
F	<p>Recommendation 32: OCG establish clear criteria for monitoring and compliance activities to ensure that the block supplier data remains current and relevant.</p>	<p>Status</p> <p>F or S - Recommendation has been fully or substantially implemented P - Recommendation has been partially implemented AA - Alternative action has been undertaken, general intent of alternative action will address OAG finding NA - No substantial action has been taken to address this recommendation</p>

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
<p>F</p>	<ul style="list-style-type: none"> Block suppliers cannot be set up unless approved by FRAS. Criteria are established for creating block supplier accounts (block suppliers may only be used in cases where privacy or confidentiality is required) and ministries must provide evidence that the use meets that criteria. FRAS will review block suppliers on an annual basis. Payments to block suppliers are included in the population that 3CMB monitors on a post-payment basis. 	<ul style="list-style-type: none"> No further action required as this issue has been closed.

Status

F or S – Recommendation has been fully or substantially implemented
P – Recommendation has been partially implemented
AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding
NA – No substantial action has been taken to address this recommendation

Section 5

Update on the implementation of
recommendations from:

Managing PharmaCare: Slow Progress Toward Cost-Effective Drug Use and a Sustainable Program (2nd follow-up)

March 2006

October 2009

Response from the Ministry of Health Services



804171

Ms. Norma Glendinning
Assistant Auditor General
Office of the Auditor General of British Columbia
8 Bastion Square
Victoria BC V8V 1X4

Dear Ms. Glendinning:

John Dyble, Deputy Minister, Ministry of Health Services has asked me to respond to your letter of September 9, 2009, in which you request an update on the Ministry's progress in implementing recommendations contained in your report *Managing PharmaCare: Slow Progress Toward Cost-Effective Drug Use and a Sustainable Program*.

I appreciate the opportunity to provide an update on the significant progress that has been made on the outstanding recommendations, and attach hereto the completed documents as requested.

I look forward to your semi-annual follow-up report.

Sincerely,

Bob Nakagawa, B.Sc. (Pharm.), ACPR, FCSHP
Assistant Deputy Minister
Pharmaceutical Services

Enclosure(s)

PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM

Managing PharmaCare: Slow Progress Toward Cost-Effective Drug Use and a Sustainable Program
As at July 31, 2009

General comments

In March 2006, the Office of the Auditor General released a report reviewing how well the Ministry of Health Services manages the PharmaCare program in order to achieve its goal of operating a sustainable, evidence-based, prescription drug insurance program that improves the health of British Columbians.

The Pharmaceutical Services Division (PSD) of the Ministry of Health Services appeared before the Select Standing Committee on Public Accounts on February 2, 2007, to address the points raised by the report.

The division is pleased to report that since the Public Accounts Committee last discussed the report on February 2, 2007, PSD has fully or substantially implemented all fifteen of the Auditor General’s recommendations. The new divisional structure, human resource capacity, and planning and reporting activities have supported this progress.

Specifically, with regard to Recommendation #5 (“Work with the College of Pharmacists and others to move custodianship of PharmaNet information to the ministry, and provide timely access”), PSD is proud to inform the Office of the Auditor General that the Ministry of Health Services has now assumed responsibility as the data steward for PharmaNet.

With regard to Recommendation #8 (“Put in place a process to systematically assess the cost-effectiveness of existing drugs in the formulary”), PSD is also pleased to report that considerable effort has gone into developing a multi-faceted systematic process that addresses the recommendation. As per our commitment in PSD’s 2009/10 Divisional Plan, PSD has developed a plan to systematically assess the cost-effectiveness of existing drugs in the formulary. While the plan will be fully implemented by fiscal year 2010/11, to date several key components have either been fully or substantially completed.

We are pleased with the progress we have made since the Public Accounts Committee last discussed the report. We are also committed to ensuring that our goals and objectives, as outlined in our Divisional Plan, are achieved in support of the division’s vision of pharmaceutical excellence for better health.

Status	F or S – Recommendation has been fully or substantially implemented P – Recommendation has been partially implemented AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding NA – No substantial action has been taken to address this recommendation	1
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Progress by recommendation

For each recommendation, provide your assessment of implementation status as per the legend at the bottom of the page, and information on actions taken and results to support the status reported. Also include a work plan schedule for any recommendations not yet implemented.

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 5: Work with the College of Pharmacists and others to move custodianship of PharmaNet information to the ministry, and provide timely access		
S	<p>As a result of implementation of the <i>Pharmacy Operations and Drug Scheduling Act</i>, the Ministry of Health Services has assumed data stewardship responsibility for PharmaNet effective April 1, 2009. The pre-existing PharmaNet Committee of the College of Pharmacists has been reconstituted as the PharmaNet Stewardship Committee, supported by the Data Stewardship Secretariat under the Office of the Chief Data Steward (Status: Fully Complete).</p> <p>Approval of requests for PharmaNet data generally takes between 30 and 90 days from submission, depending on the effort required to prepare the application for review and the meeting schedule of the committee. (Status: Substantially Complete).</p> <p>Approval of requests involving linkage to data outside PharmaNet depend on the timelines for review by other data stewards, the complexity and state of preparedness of the request when submitted.</p> <p>The ministry is committed to improving the timeliness of access to all data and is working to provide coordinated application and review processes under the Office of the Chief Data Steward. Progress will be influenced by available resources, but is a high priority (Status: Partially Complete).</p>	<p>Custodianship of PharmaNet information is now with the Ministry of Health Services. The mandate of the PharmaNet Stewardship Committee is:</p> <ul style="list-style-type: none"> Consider and make decisions regarding disclosure of information in the PharmaNet database for scientific, health services, drug use, or health policy research, planning, or evaluation, in compliance with applicable legislation. <p>Support functions for the PharmaNet Stewardship Committee are in transition from the College of Pharmacists to the Data Stewardship Secretariat. The formal process is expected to take until the end of 2009, with up to an additional 9 months required for staff to become fully conversant with the technical and other expertise required to provide the level of support previously available from the College of Pharmacists.</p>

Status

- F or S – Recommendation has been fully or substantially implemented
- P – Recommendation has been partially implemented
- AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding
- NA – No substantial action has been taken to address this recommendation

2

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
<p>Recommendation 8: Put in place a process to systematically assess the cost-effectiveness of existing drugs in the formulary.</p> <p>S</p>	<p>Background: To understand Pharmaceutical Services Division's (PSD) approach to this recommendation, it is important to understand that PharmaCare covers a large number of drugs (approximately 1,000 drugs) and the task of determining the cost-effectiveness of a drug (or group of related drugs) may be a very involved process. The latter consideration relates to complexity in determining the "effectiveness" component of cost-effectiveness, which may involve validation and research of actual patient outcomes from data systems outside of our division. In addition, because drugs (or group of related drugs) have different utilization issues, several strategies are needed to improve the overall cost-effective use of medications.</p> <p>Process to Systematically Assess Cost Effectiveness of Existing Drugs: PSD has developed a multi-faceted systematic process that involves the following four key steps: (I) Screening – screening for potential cost-effective drug targets; (II) Validation / Characterization – validating or characterization of targets from the screening step as required; (III) Implementation – take necessary action to address cost-effectiveness findings; and (IV) Monitoring – ongoing monitoring and surveillance of targets and implementation steps.</p> <p>For each of these components, we describe the objective and general strategy developed.</p>	<p>PSD feels that it has substantially implemented various identified strategies, as described below:</p>
<p>Status</p>	<p>F or S – Recommendation has been fully or substantially implemented P – Recommendation has been partially implemented AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding NA – No substantial action has been taken to address this recommendation</p>	<p>3</p>

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	<p>I. Screening Key objective(s): screening for potential cost-effective drug targets</p> <p>A. Build branch-specific infrastructure and screening tools to identify potential targets</p>	<p>I. Screening:</p> <p>A. Build branch-specific infrastructure and screening tools to identify potential targets:</p> <p>PSD has four branches involved with assessing cost-effectiveness of existing drugs. The implementation status (Status) is also indicated.</p> <p>(i) Policy, Outcomes Evaluation and Research (POER) Branch:</p> <ul style="list-style-type: none"> • POER has built an Economics unit consisting of 8 FTEs to support the evaluation of cost-effectiveness of both drugs being considered for listing in the formulary, as well as existing drugs in the formulary (Status: Fully Complete March 2008). • POER entered into a three year contract with the University of British Columbia to build tools for the ongoing evaluation of the cost-effectiveness of new drugs as well as existing therapies in the formulary (Status: Substantially Complete. Expect to complete implementation by August 2010). <p>(ii) Drug Use Optimization (DUO) Branch:</p> <ul style="list-style-type: none"> • DUO has built an Evaluation unit consisting of 2 FTEs to provide evaluation data support for the branch's mandate (Status: Fully Complete October 2008). • DUO has created several screening tools to prioritize drug targets. More screening tools are under development (Status: Substantially Complete March 2009). <p>(iii) Drug Intelligence (DI) Branch:</p> <ul style="list-style-type: none"> • DI has focused on the approximately 125 drugs designated as Limited Coverage drugs, which are available through the Special Authority (SA) program. Drugs covered by this

Status

F or S – Recommendation has been fully or substantially implemented
P – Recommendation has been partially implemented

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	<p>B. Build divisional operational mechanism to discuss and prioritize targets and implement findings</p>	<p>program are those funded with specific use criteria for certain patient populations. PSD elected to focus on these drugs as many are expensive and generally considered less cost-effective than other available PharmaCare benefit drugs.</p> <ul style="list-style-type: none"> • DI has contracted external consultants to develop a Quality Assurance (QA) program to monitor existing SA drugs (Status: Complete May 2009). • DI has prioritized the implementation of the QA program to monitor existing SA drugs, and will take an active role in identifying potential targets for further cost-effectiveness analyses (Status: Substantially Complete; Expect to complete implementation by December 2009). • As part of the QA program, DI has planned to create a framework that will allow for division-wide discussion and prioritization of targets, with the intent to plan for change implementation as necessary through the mechanism identified in point B below. <p>(iv) Business Management, Supplier Relations and Systems (BMSRS) Branch:</p> <ul style="list-style-type: none"> • BMSRS includes a unit of 6 FTEs with a mandate that includes the identification of opportunities to optimize the cost-effectiveness of existing drugs through price negotiations or other commercial strategies. • For example, BMSRS has conducted an initial review of drugs subject to the Low Cost Alternative Program and Reference Drug Program and has identified several targets for cost savings. (Status: Opportunity identification complete June 2009. Implementation planning under way). <p>B. Build divisional operational mechanism to discuss and prioritize targets and implement findings</p> <ul style="list-style-type: none"> • Division has formed a designated team called the Pharmaceutical

Status

F or S – Recommendation has been fully or substantially implemented
P – Recommendation has been partially implemented
AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding
NA – No substantial action has been taken to address this recommendation

5

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	<p>II. Validation / Characterization: Key objective(s): Not all drug targets identified from the screening step require validation and thus can proceed directly to implementation. However, some may require further validation or characterization to inform what implementation steps may be required to address the findings.</p> <p>A. Build the necessary internal divisional resources or external resources (or linkages) necessary to validate or further characterize a potential drug target.</p>	<p>Services Formulary Team (PSFT) to review identified drug targets and develop implementation plans as required. PSFT meets weekly and includes participants from POER, DUO, DI and BMSRS (Stat Completed Feb 2009).</p> <p>II. Validation / Characterization: Build the necessary (a) internal or arms length divisional resources or (external resources (or linkages) necessary to validate or further characterize a potential drug target. Validation or further characterization make take the form of a clinical evidence review for a specific drug or group of related drugs (therapeutic review), pharmacoeconomic review pharmacoepidemiologic study, utilization review, expert clinician consultation, and/or a combination of these.</p> <p>(a) Internal Resources (PSD or arms length):</p> <ul style="list-style-type: none"> • The evaluation unit of DUO and economics unit of POER also have the ability to validate or characterize targets (Status: Completed August 2009). • DUO also utilizes its evaluation unit to systematically identify topics for its Provincial Academic Detailing (PAD) service. • The DI branch built a Clinical Decision Support unit to identify and coordinate therapeutic drug class reviews (Status: Complete September 2009). • Complete a request for proposal (RFP) for clinical evidence reviews or pharmacoeconomic reviews (Status: substantially complete; RFPs completed Aug 2009; expect to be finalized by Dec 2009). • Complete contract with Faculty of Medicine, University of British Columbia, to obtain services for clinical expert review, clinical evidence review, and pharmacosurveillance or pharmacoepidemiologic studies (Status: Substantially complete expect to complete by Nov/09).

Status €

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AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding
NA – No substantial action has been taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
		<ul style="list-style-type: none"> • The position of Director of Research and Evidence Development in the POER branch is now shared by two half-time academic researchers: Dr. Malcolm Maclure, a pharmacoepidemiologist who is BC Chair in Patient Safety and Professor in the Dept of Anesthesiology, Pharmacology and Therapeutics, and Dr. Rebecca Warburton, a health economist, who is Associate Professor of Public Administration at University of Victoria. Dr. Warburton is principal investigator of an inter-provincial project evaluating the policy of Coverage with Evidence Development. Dr. Maclure is co-investigator on several pharmacoepidemiology projects evaluating safety, effectiveness and cost-effectiveness of drugs (Status: Complete August 2009). <p>(b) External Resources (provincial, national, other):</p> <ul style="list-style-type: none"> • CADTH: PSD is an active participant in the Canadian Agency for Drugs and Technologies in Health (CADTH) for its three directorates: Canadian Optimal Medication Prescribing and Utilization Service (COMPUS), Common Drug Review (CDR), and HTA (Health Technology Assessment). COMPUS identifies and promotes optimal drug therapy through the use of strategies, tools, and services to encourage the use of evidence-based clinical and cost-effectiveness information in decision making among health care providers and consumers (Status: Complete). • Drug Effectiveness Review Project (DERP): Managed by the Centre for Evidence-Based Policy located at the Oregon Health and Science University, DERP provides a series of comprehensive, updated, and unbiased systematic reviews, in addition to 3 evidence-based practice centres. These allow for increased use of drug class reviews in the formulary process. CADTH distributes DERP reports to members of the Advisory Committee on Pharmaceuticals (ACP). PSD is connected to DERP through direct participation on ACP. (Status: Complete). • Drug Safety and Effectiveness Network (DSEN): PSD has a representative on the National Advisory Committee for this

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7

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	<p>III. Implementation: Key objective(s): To take necessary action to address cost-effectiveness findings. Compared to the appropriate PharmaCare comparator, the identified drug target(s) will be determined to be less cost-effective, equally cost-effective, or more cost-effective.</p> <p>A. Build divisional operational mechanism to prioritize and implement findings</p> <p>B. Build the necessary internal resources and processes required to implement the desired implementation action.</p>	<p>initiative, chaired jointly by Health Canada and the Canadian Institute for Health Information. POER's Director of Research and Evidence Development is a co-investigator with PEG on the Canadian Drug Safety and Effectiveness Research Network funded by Canadian Institutes for Health Research. PSD is collaborating with planning a BC node for the national Drug Safety and Effectiveness Network.</p> <ul style="list-style-type: none"> • Collaborations and/or support of academic research groups working on or proposing health outcomes and cost-effectiveness projects (e.g., UBC eHealth Strategy Office, Centre for Outcomes Research and Evaluation (CORE)) (Status: Substantially complete September 2009). • Co-researcher on CIHR-funded priority setting methods study with BC Cancer Research Centre and BC Cancer Agency (Status: Complete July 2009). <p>III. Implementation:</p> <p>A. Build divisional operational mechanism to prioritize and implement findings</p> <ul style="list-style-type: none"> • PSFT (See I-B above) <p>B. Build the necessary internal resources and processes required to implement the desired implementation action.</p> <ul style="list-style-type: none"> • Implementation will depend on the findings (i.e., less cost-effective, equally cost-effective, or more cost-effective) and should be informed by the cost-effectiveness or utilization issue. • There are several implementation options available to

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AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding
NA – No substantial action has been taken to address this recommendation

8

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	<p>IV. Monitoring: Key objective(s): To monitor implementation steps taken.</p> <p>A. The infrastructure and tools used for Screening (see Step D) are also used for this step.</p>	<p>include:</p> <p>a) Drug Coverage Policy Change – Reconsider a previous drug listing (e.g., for targets found to be less effective, options could include delisting or imposing more restrictive drug access criteria). Most drug coverage policy changes would be vetted through the Ministry’s drug review process which includes the Ministry’s independent Drug Benefit Council (Status: enhanced drug review process substantially complete: expect to be completed by December 2009).</p> <p>b) Education of Health Professionals and/or Public – The DUO branch leads various initiatives to optimize the cost-effective use of medications such as the Provincial Academic Detailing (PAD) service to educate health professionals; and outreach through the PharmaCare website, community health fairs, public libraries and schools to educate the public. (Status of Provincial Academic Detailing (PAD) service: Substantially complete Sept 2009; Status of public outreach initiatives Complete Mar 2009 and continually evolving).</p> <p>c) Negotiation – The BMSRS branch leads negotiations with brand and generic drug makers to improve the cost-effectiveness of drugs covered by PharmaCare. For the 2009/10 year to date, BMSRS has negotiated agreements for three drugs currently covered on the PharmaCare formulary which are expected to deliver total savings in excess of \$2 million per year.</p> <p>IV. Monitoring:</p> <p>A. Actions implemented would be monitored through the same infrastructure and tools used for screening (See Section I).</p>

Status F or S – Recommendation has been fully or substantially implemented
P – Recommendation has been partially implemented
AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding
NA – No substantial action has been taken to address this recommendation

Section 6

Update on the implementation of
recommendations from:

Management of Aboriginal Child Protection Services

May 2008

October 2009

Norma Glendinning
Assistant Auditor General
Office of the Auditor General
8 Bastion Square
Victoria BC V8V 1X4

Dear Norma Glendinning:

**Re: Follow-up review of Office of the Auditor General Report on
*Management of Aboriginal Child Protection Services***

The Ministry of Children and Family Development is pleased to provide an update on the progress in implementing recommendations contained in this report as at July 31, 2009.

The ministry has identified Aboriginal child and family services as one of its key priorities, as evidenced by the decision to protect investments throughout 2009/10 and the significant work taking place within the ministry's Aboriginal transformation agenda. This agenda is aimed at working with Aboriginal people to improve outcomes for their children and families and support them in seeking out solutions within their own communities.

Since we last reported out on the audit recommendations, we are pleased with progress in our collaborative work with individual First Nations and Aboriginal organizations around the province, including those who are pursuing new Indigenous child welfare service delivery models in their communities.

In March 2009, the Minister signed a Recognition and Reconciliation Protocol on First Nations Children, Youth and Families with the B.C. First Nations Leadership Council. In addition, B.C. has implemented Jordan's Principle to prevent jurisdictional funding disputes between the provincial and federal government from interfering with First Nations children's access to available health and social services.

Ensuring equity of services in First Nations communities continues to be an issue. The ministry has taken an active role in supporting First Nation delegated agencies in the development of a new on-reserve services funding formula. A new framework was tabled with the federal government in September 2008 and the ministry continues to urge the federal government for a formal response.

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There are 24 delegated agencies in the province and another five agencies are currently being funded to develop service delivery models. By the end of 2008/09, 1,832 Aboriginal children in care were served by a delegated Aboriginal agency, a healthy improvement over the previous year when slightly more than 1,500 Aboriginal children were served by a delegated agency. In fact, this exceeds the ministry's service plan performance targets.

In terms of improving outcomes and maintaining quality in Aboriginal child protection services, the ministry is also in the process of redesigning child protection standards to support an evidence-based, high-quality Indigenous approach.

Your initial report acknowledged the challenges and complexities in Aboriginal child protection and we have appreciated your office's interest in what continues to be a priority for the ministry.

Sincerely,

Lesley du Toit
Deputy Minister

Enclosures (2)

RECOMMENDATION STATUS SUMMARY
Management of Aboriginal Child Protection Services As at July 31, 2009
 (Please tick implementation status for each recommendation)

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
1. We recommend the ministry, in consultation with First Nations and Aboriginal organizations, determine whether transfer of all child protection services to Aboriginal agencies is still viable and, if not, adjust the service delivery approach to support some continued ministry service that meets the needs of Aboriginal children and their families.			✓		
2. We recommend the ministry adopt the protection standards used by Aboriginal agencies as their own for Aboriginal children and their families.				✓	
3. We recommend the ministry, in consultation with First Nations and Aboriginal organizations, develop and monitor measures that determine whether a child's needs are met and if good outcomes are achieved				✓	
4. We recommend the ministry, in consultation with First Nations and Aboriginal organizations, obtain province-wide, community-by-community knowledge of Aboriginal child protection needs.					✓
5. We recommend the ministry, in consultation with First Nations and Aboriginal organizations, determine the resources (including social workers and support services) required to meet those needs in a culturally appropriate way.			✓		
6. We recommend the ministry make a persuasive business case for the funding needed to deliver the services in an effective way.		✓			

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
7. We recommend the ministry, in partnership with Aboriginal agencies, develop Aboriginal human resources to meet the needs of both the Ministry and delegated Aboriginal agencies.		✓			
8. We recommend the ministry, in consultation with First Nations and Aboriginal organizations, establish an effective change management strategy.			✓		
9. We recommend the ministry, in consultation with First Nations and Aboriginal organizations and Indian and Northern Affairs Canada collect and evaluate meaningful information on any child protection service delivery gaps; and find solutions to close those gaps.				✓	
10. We recommend the ministry provide information to the Legislative Assembly and the public on the cost, successes and challenges of the Aboriginal child welfare program, consistent with the B.C. Reporting Principles.		✓			

PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM
Management of Aboriginal Child Protection Services
As at July 31, 2009

General comments

The MCFD Annual Service Plan Report for 2008/09 identified that 1,832 Aboriginal children in care were served by Delegated Aboriginal agencies in 2008/09, compared to 1,527 in 2007/08. Ministry funding to Delegated Aboriginal agencies increased from \$45.7 million in 2007/08 to approximately \$67 million in 2008/09. The percentage of children in care served by Delegated Aboriginal agencies exceeded performance targets.

Progress by recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
P	<p>Recommendation 1: We recommend the ministry, in consultation with First Nations and Aboriginal organizations, determine whether transfer of all child protection services to Aboriginal agencies is still viable and, if not, adjust the service delivery approach to support some continued ministry service that meets the needs of Aboriginal children and their families.</p> <p>The Ministry continues to recognize our ongoing responsibility to develop service viability plans for the transfer of delegated services to Métis and First Nations organizations.</p> <p>Regional MCFD offices have been aligned to support Aboriginal Teams to assist with transfer of child protection and family support resources and support regionally based Aboriginal service delivery approaches.</p>	<p>MCFD continues to receive proposals from First Nations, Metis and urban Aboriginal organization.</p>
AA	<p>Recommendation 2: We recommend the ministry adopt the protection standards used by Aboriginal agencies as their own for Aboriginal children and their families.</p> <p>MCFD will not be adopting the Aboriginal Operational Practice Standards and Indicators (AOPSI) standards at this time and is instead looking at redesigning standards to support an Indigenous approach.</p> <p>Funding has been provided to support the redesign of practice standards. Engagement with Indigenous scholars has begun and a community consultation framework is being developed.</p>	<p>A decision on whether the Ministry will adopt the redesigned Indigenous standards will be made when the new Indigenous standards are complete. Project completion is targeted for Fall of 2010.</p>

Status

- F or S – Recommendation has been fully or substantially implemented
- P – Recommendation has been partially implemented
- AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding
- NA – No substantial action has been taken to address this recommendation

1

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
<p>Recommendation 3: We recommend the ministry, in consultation with First Nations and Aboriginal organizations, develop and monitor measures that determine whether a child's needs are met and if good outcomes are achieved.</p>	<p>AA</p> <p>MCFD is supporting First Nations and Aboriginal organizations to lead Integrated Quality Assurance for Aboriginal services including development of meaningful measures.</p> <p>MCFD is undertaking a major initiative in partnership with Ministry of Housing and Social Development and Ministry of Labour Citizen Services to develop a new computerized integrated management system.</p>	<p>The Integrated Case Management (ICM) system planning is inclusive of Aboriginal agencies. Aboriginal delegated agencies will have opportunities to take part in the release of ICM.</p>
<p>Recommendation 4: We recommend the ministry, in consultation with First Nations and Aboriginal organizations, obtain province-wide, community-by-community knowledge of Aboriginal child protection needs.</p>	<p>See Recommendation 9</p>	
<p>Recommendation 5: We recommend the ministry, in consultation with First Nations and Aboriginal organizations, determine the resources (including social workers and support services) required to meet those needs in a culturally appropriate way.</p>		
<p>P</p> <p>The Standardized Costing Framework has been completed.</p> <p>The Ministry provided annualized funding to Caring for First Nation Society, a provincial organization to address human resource strategies, training and development of cultural competences. The First Nations Directors Partnership Forum recently formed a Human Resource Working Group. A separate Joint Training Advisory Committee (TAC) consisting of MCFD, INAC and agency representatives has been established to examine effective delivery of training needs and to identify emerging issues and provide advice and recommendations to address the issues.</p>		<p>The Standardized Costing Framework will be used to help inform decisions in relation to the transfer of resources.</p>

Status

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- NA – No substantial action has been taken to address this recommendation

Recommendation 6: We recommend the ministry make a persuasive business case for the funding needed to deliver the services in an effective way.	
S	<p>MCFD supported Indian and Northern Affairs/BC Region and First Nation Delegated Agencies in preparing their business case for submission to the federal government. The framework document identifies the need for a new funding model to replace Directive 20.1. A new funding model would provide a continuum of services and supports, including prevention and early intervention.</p> <p>Recommendation 7: We recommend the ministry, in partnership with Aboriginal agencies, develop Aboriginal human resources to meet the needs of both the Ministry and delegated Aboriginal agencies.</p>
S	<p>The framework document was tabled with the federal government in September 2008. A formal response is pending.</p> <p>As of September 2008, the number of Aboriginal staff in the ministry doubled from 119 to 240.</p> <p>The Aboriginal Child Protection Recruitment Project in the North region resulted in 26 Aboriginal social workers being employed by MCFD and delegated agencies. MCFD, Delegated Agencies and the University of Northern British Columbia plan a project to train 20 MCFD team leaders beginning in January 2010.</p> <p>During the 2008/09 fiscal year, 224 Aboriginal social workers participated in various training sessions. This is an increase of 62 participants. Caring for First Nations Society developed specific curriculum related to address a new practice shift focused on out-of-care options to be included as a core component of the their regular training package. A 3 day Out-of-Care training module was developed and delivered to staff of the Delegated Agencies in 8 locations throughout the province.</p> <p>Six Aboriginal Interns completed their internship with MCFD in 2008/09. The Aboriginal Youth Internship Program will begin its 3rd cohort in the fall of 2009. Four Aboriginal Interns are placed with MCFD.</p>

Status

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- NA – No substantial action has been taken to address this recommendation

3

<p>Recommendation 8: We recommend the ministry, in consultation with First Nations and Aboriginal organizations, establish an effective change management strategy.</p>	
P	<p>In January 2009, MCFD provided a public report on progress made on the Aboriginal Approach as identified in the <i>Strong, Safe and Supported Plans for Practice Change</i>.</p> <p>MCFD signed a <i>Recognition and Reconciliation Protocol</i> with the First Nations Leadership on March 30, 2009. Funding was provided to support the development of an Interim First Nations Child and Family Wellness Council to oversee the implementation of the Protocol.</p> <p>MCFD is supporting a nation based approach to Indigenous child and family service delivery.</p>
<p>Recommendation 9: We recommend the ministry, in consultation with First Nations and Aboriginal organizations and Indian and Northern Affairs Canada collect and evaluate meaningful information on any child protection service delivery gaps; and find solutions to close those gaps.</p>	
AA	<p>MCFD in partnership with First Nations and Aboriginal organizations is implementing strategies to close the gaps as resources become available.</p> <p>The cross-government implementation plan for Jordan's Principle was implemented in March 2009 to ensure a child first approach that commits the provincial government to ensure that jurisdictional disputes do not prevent First Nations children from accessing available health and social services.</p> <p>MCFD supported Indian and Northern Affairs/BC Region and First Nation Delegated Agencies in preparing their business case for submission to the federal government. The framework document identifies the need for a new funding model to replace Directive 20.1. A new funding model would provide a continuum of services and supports, including prevention and early intervention.</p> <p>The Ministry continues to work with the Ministry of Aboriginal Relations and Reconciliation on the implementation of the <i>New Relationship/Transformative Change Accord</i> and <i>Métis Nation Relationship Accord</i> to support cross-ministry strategies to help reduce the socio-economic gap. In accordance with MCFD's commitment to</p>

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	<p>children and youth, MCFD, MARR, the Ministries of Education and Healthy Living and Sport are supporting the First Nations Early Childhood Development Council and other Aboriginal organizations, communities and service providers with the development of Aboriginal Early Childhood Development Strategic Plans.</p> <p>The Integrated Case Management (ICM) system planning is underway and inclusive of Aboriginal agencies. Aboriginal delegated agencies will have opportunities to take part in the release of ICM.</p>	
<p>Recommendation 10: We recommend the ministry provide information to the Legislative Assembly and the public on the cost, successes and challenges of the Aboriginal child welfare program, consistent with the B.C. Reporting Principles.</p>		
S	<p>MCFD continues to report out to the Standing Committee for Children and Youth on Strong, Safe and Supported. In November 2008, MCFD presented to Public Accounts Committee.</p> <p>The Ministry of Children and Family Development Strong, Safe and Supported Operational Plan 2007-2012 was updated to January 31, 2009 and publicly released.</p>	

Status

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5

Section 7

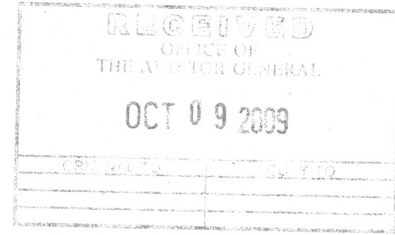
Update on the implementation of
recommendations from:

**Home and Community Care Services:
Meeting Needs and Preparing for the Future**

October 2008

October 2009

Response from the Ministry of Health Services



October 9, 2009

798998

Ms. Norma Glendinning
Assistant Auditor General
8 Bastion Sq
Victoria BC V8V 1X4

Dear Ms. Glendinning:

Re: Follow-up review of the Auditor General's Report *Home and Community Care Services: Meeting Needs and Preparing for the Future*

On behalf of the Ministry of Health Services (the Ministry), I am pleased to provide an update on our progress in implementing the recommendations contained in the Auditor General's Report, *Home and Community Care Services: Meeting Needs and Preparing for the Future*.

The Ministry has moved forward on all of the recommendations contained in the Report, and are working across divisions and with health authorities to ensure that the Ministry continues to strengthen its effectiveness and accountability for home and community care services in British Columbia.

A completed recommendation status summary and listing of progress in implementing individual recommendations is enclosed. Thank you for the opportunity to provide this update.

Yours truly,

on behalf of

John Dyble
Deputy Minister

Enclosures

RECOMMENDATION STATUS SUMMARY
Home and Community Care Services: Meeting Needs and Preparing for the Future
As at July 31, 2009

(Please tick implementation status for each recommendation)

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
1. The Ministry of Health Services set a clear timeline for completing the process and update its vision and strategic direction for home and community care			✓		
2. The Ministry of Health Services set a clear timeline and update key policies for home and community care services			✓		
3. The Ministry of Health Services work with the health authorities to finalise comprehensive information system planning that identifies key priorities, timelines and expectations for replacement of the existing home and community care system.		✓	✓		
4. The Ministry of Health Services improve the documentation of roles, responsibilities and processes for data quality		✓			
5. The Ministry of Health Services ensure the integration of planning both across sectors and with capital information and human resources planning.			✓		
6. The Ministry of Health Services diversify and expand its planning and analytical tools by:					
<ul style="list-style-type: none"> • Developing capacity indicators for all home and community care programs and services (such as waitlist information, where appropriate); • Incorporating information on system costs and population needs into program planning and analysis; and • Developing a coordinated cycle of research and evaluation with the health authorities. 		✓			
7. The Ministry of Health Services :					
<ul style="list-style-type: none"> • Develop performance measures that provide a more comprehensive 		✓			

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
<p>picture of how the home and community care system is performing and report publicly the critical few measures that best demonstrate that performance</p> <ul style="list-style-type: none"> Require health authorities to report publicly both service plans and annual reports. 	✓				

PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM

**Home and Community Care Services: Meeting Needs and Preparing for the Future
As at July 31, 2009**

General comments

The Ministry of Health Services (the Ministry) has undertaken considerable work to move forward on all of the recommendations contained in the Auditor General's report. Many of these identify important work which is highly complex and integrated across sectors. Given the challenging nature of these initiatives, and the importance of ensuring alignment across sectors, full implementation of the recommendations may take several years to achieve.

Progress by recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 1: The Ministry of Health Services set a clear timeline for completing the process and update its vision and strategic direction for home and community care		
P	A draft Strategic Directions document has been developed, and initial consultations held with stakeholders to inform final development of strategic priorities.	Initial input from stakeholders to be incorporated into final draft document by December 31, 2009
Recommendation 2: The Ministry of Health Services set a clear timeline and update key policies for home and community care services		
P	This work is in progress	Key policies for residential care services, self managed home support and financial management will be revised and implemented by January 1, 2010
Recommendation 3: The Ministry of Health Services work with the health authorities to finalise comprehensive information system planning that identifies key priorities, timelines and expectations for replacement of the existing home and community care system.		
S	Home and Community Care (HCC) Minimum Reporting Requirements (MRR) database development concluded by Ministry of Health Services	Database ready for health authority submissions
P/F	Interior Health Authority (IHA) has transitioned to HCC Minimum Reporting Requirements, and is in process of completing data quality	HCC MRR Database in production for IHA, as at August 2009. Data

Status

F or S – Recommendation has been fully or substantially implemented
 P – Recommendation has been partially implemented
 AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding
 NA – No substantial action has been taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
P	reviews to bring full reporting current.	received for 2005/2006 to present
P	Vancouver Coastal Health Authority (VCHA) has implemented an HCC information system which is fully compliant with the requirements of the MRR, and is planning for submission to the Ministry	Submission of VCHA information as required by the Ministry requires resolution of concerns raised by the Office of the Information and Privacy Commissioner with regard to the Ministry's data requirements.
P	Vancouver Island Health Authority, Northern Health Authority and Fraser Health Authority are currently planning replacement information systems. Use of the Continuing Care Information Management System (CCIMS) will continue for related data	Health authorities report that replacement of CCIMS will be achieved by 2011/12.
P	Replacement of HCC Information System is incorporated in the Ministry of Health Services Health Sector Information Management/Information Technology (IM/IT) Strategy.	Ministry will continue to monitor and support health authority progress in transitioning to replacement information systems.
Recommendation 4: The Ministry of Health Services improve the documentation of roles, responsibilities and processes for data quality		
S	<p>The Ministry has established an Information Management Committee to work collaboratively with health authorities on data management issues, and to provide an opportunity to proactively address issues of common concern.</p> <p>Resulting from this collaboration, the Minimum Reporting Requirements Specifications have been revised and issued to all health authorities.</p>	This work will be ongoing as health authorities transition to new information systems.
Recommendation 5: The Ministry of Health Services ensure the integration of planning both across sectors and with capital information and human resources planning.		
P	The Ministry has adopted a new planning framework based on the balanced scorecard approach that considers the alignment of resource capacity (physical infrastructure, information systems, human resources) with sector priorities and desired health system outcomes.	The health system planning framework is currently in use by the Ministry. The framework and associated processes are being used to determine strategic priorities and initiatives in the next service planning cycle (2010/11 – 2012/13)

Status

- F or S – Recommendation has been fully or substantially implemented
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- NA – No substantial action has been taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
<p>Recommendation 6: The Ministry of Health Services diversify and expand its planning and analytical tools by:</p> <ul style="list-style-type: none"> • Developing capacity indicators for all home and community care programs and services (such as waitlist information, where appropriate); • Incorporating information on system costs and population needs into program planning and analysis; and • Developing a coordinated cycle of research and evaluation with the health authorities. 	<p>S</p> <p>The Ministry has developed a Health System Component Service Model that describes the entire health service delivery system at a population level or as a population health need segment. It identifies 28 health system service lines (the supply side) juxtaposed with everyone who is served (the demand side). This provides a shared conceptual model to enable collective thinking about population health and clinical delivery aspects of the health system (including service line costs, infrastructure, information technology and human resources).</p> <p>The model will enable comprehensive assessments of health system clinical performance structured around five key areas and linked with population, patient and health system goals. The five areas are:</p> <ul style="list-style-type: none"> ○ Funding ○ Core Capacity (human resources, IM/IT, physical infrastructure) ○ Processes ○ Outputs ○ Outcomes <p>The Ministry is working with health authorities and academic research organizations to support a number of research initiatives.</p>	<p>The model has been used to inform planning decisions for the next service planning cycle (for 2010/11 – 2012/13). It will continue to evolve and is expected to become a key analytical tool for health system planning.</p> <p>This work will continue to be supported through the Home and Community Care Council.</p>

Status

F or S – Recommendation has been fully or substantially implemented
P – Recommendation has been partially implemented
AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding
NA – No substantial action has been taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
<p>Recommendation 7: The Ministry of Health Services :</p> <ul style="list-style-type: none"> Develop performance measures that provide a more comprehensive picture of how the home and community care system is performing and report publicly the critical few measures that best demonstrate that performance Require health authorities to report publicly both service plans and annual reports. 		
S	<p>The Ministry has developed a comprehensive performance measurement framework aligned with its Health System Component Service Model (see above). The model includes the services within the home and community care sector and initial identification of measures for capacity, accessibility, efficiency, effectiveness and safety have been researched and compiled. Further refinement and identification of the critical few measures across service lines (including home and community care) is underway.</p>	<p>The performance measurement framework is being used to inform planning and the selection of key performance measures in the next service planning cycle (for 2010/11 – 2012/13).</p>
F	<p>Health authorities posted service plans on their respective websites on September 1, 2009 in conjunction with the publication of Ministry and Crown Corporation service plans. The health authority plans are very similar in structure to those produced by ministries and Crown Corporations.</p>	<p>Health authorities will continue to produce service plans aligned with the Ministry and Crown Corporation service plans.</p>

Status

F or S – Recommendation has been fully or substantially implemented
P – Recommendation has been partially implemented
AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding
NA – No substantial action has been taken to address this recommendation

Section 8

Update on the implementation of
recommendations from:

**Interior Health Authority:
Working to Improve Access to Surgical Services**

August 2008

October 2009



October 7, 2009

Norma Glendinning
Assistant Auditor General
Office of the Auditor General of British Columbia
8 Bastio Square
Victoria, British Columbia

Dear Ms. Glendinning:

Re: *Interior Health Authority: Working to Improve Access to Surgical Services*

The Interior Health Authority (IHA) is pleased to provide a formal response to the Office of the Auditor General's request for follow up on the recommendations contained in the 2008 report *Interior Health Authority: Working to Improve Access to Surgical Services*

The audit report observed that IHA was working towards improving access to surgical services through our information management and information technology systems, authority-wide pre-surgical screening program, indicator monitoring and performance reporting. Over the past year, IHA has continued to improve access to surgical services by addressing the recommendations in the report through standardization and quality improvement in all areas. Much progress has been made in the areas of information management and reporting, patient safety, human resource planning and alignment of the IH Surgical Council within the new network structure and mandate. I am pleased to report that IH has fully or substantially completed six of the recommendations, with the remaining six well on their way to completion.

IHA will continue to conscientiously work towards improving the delivery of healthcare services for our population and ensuring we have appropriate systems in place to provide safe, efficient and effective surgical care.

If you have any further questions, please contact Janine Johns, Network Director, Surgical Services, at 250-870-4625.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Halpenny", is written over a light blue horizontal line.

Dr. Robert Halpenny
Senior Medical Director, Interior Health Authority

Dr. Robert Halpenny
Senior Medical Director
Telephone: (250) 862-4264 Fax: (250) 862-4201
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#220-1815 Kirschner Road
Kelowna BC V1Y 4N7
Web: interiorhealth.ca

RECOMMENDATION STATUS SUMMARY
Interior Health Authority: Working to Improve Access to Surgical Services
As at September 30, 2009

(Please tick implementation status for each recommendation)

Auditor General's Recommendations We recommend that the Interior Health Authority:	Implementation Status			
	Fully	Substantially	Partially	Alternative Action No Action
1. put in place a focused approach to human resource planning for surgical services, including succession planning		X		
2. provide direction for surgical services by clarifying the Surgical Council's role in developing a regional surgical program		X		
3. assess the adequacy of the various methods used at individual sites to allocate surgical time			X	
4. standardize equipment and surgical policies and practices as appropriate across all sites that provide surgical services			X	
5. develop a standardized basic orientation program for surgical services staff		X		
6. undertake a formal assessment of training needs of surgical services staff and use the results to support continuing education		X		
7. develop and implement an authority-wide continuing medical education program			X	
8. ensure that all surgical services staff receive regular performance reviews			X	
9. implement a standardized patient incident tracking and reporting system	X			
10. clarify the role of the Surgical Council in advancing patient quality and safety and how that role integrates into the quality management structure	X			
11. assess and implement strategies using PICIS OR Manager information to better inform bed management			X	
12. report to the public on their performance including that of surgical services.			X	

PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM

[Interior Health Authority: Working to Improve Access to Surgical Services](#)

As at September 30, 2009

General comments

The Interior Health Authority (IH) is pleased to provide a formal follow up to the Office of the Auditor General’s review entitled, Working to Improve Access to Surgical Services. Over the past year, IHA has continued to work towards improving access to surgical services by addressing the recommendations in the report and working towards standardization and quality improvement in all areas. Much progress has been made in the areas of information management and reporting, patient safety, human resource planning and alignment of the IH Surgical Council within the new network structure and mandate.

Progress by recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 1: put in place a focused approach to human resource planning for surgical services, including succession planning	<p>S</p> <p>IH completed the development of a comprehensive surgical workforce action plan that addresses attraction, retention and productivity. This plan currently addresses Operating Room/Post-Anaesthetic Recover, Surgical Intake and Medical Device Reprocessing. This information has been updated as of September 2009 and will be reviewed and plans adjusted as necessary by December 31 2009.</p> <p>Medical Device Reprocessing (MDR) has completed recruitment for 3 MDR Coordinators to oversee planning and activities in each Health Service Area, as well as a clinical standards development position.</p> <p>IH hired a Leader, Physician Recruitment in order to centralize and coordinate high priority recruitment efforts across the health authority. This position is responsible for the collation of the authority-wide Physician Human Resource Plans and ultimate presentation to the Health Authority Medical Advisory Committee (HAMAC) for approval. The Rural Strategy is one area that will be used to inform service needs and</p>	<p>Implementation of the Human Resource Plans will take place over the next 4 years (it is a rolling 5 year plan with new information provided regularly to update future retirements and turnover in these areas). To augment Operating Room staffing resources, IH is currently exploring the opportunity of introducing a staff mix of Operating Room Registered Nurses and Licensed Practical Nurses to IH facilities and mediate the significant demand for RNs.</p> <p>The Physician Resource Plan will be reviewed and prioritized by the Health Authority Medical Advisory Committee in October 2009. After this point, the plan will be aligned with current service reviews to provide a clearer picture of recruitment needs across the organization.</p> <p>The draft Rural Health Plan should be completed by October 2009.</p> <p>Further data collection will be occurring over the next month in relation to the Acute Care Services Review. This data and information will assist the</p>

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	<p>gaps in physician human resources.</p> <p>The draft Physician Resource Plan was reviewed by Surgical Council in September 2009. In its present form, this plan serves as a solid foundation to understanding the current proportion of active staff to approved vacancy, as well as giving a strong projection of vacancy requirements due to replacement reaching out to 2012.</p> <p>A Rural Health Plan is nearing completion. Several committees and working groups have been collaborating to provide input and direction on the service delivery models for rural communities into the future. As this planning process evolved, it became evident it could not be completed in isolation of an Acute Care Service review. Therefore, an Acute Care Services Review has been initiated.</p>	<p>steering committee in determining the core and specialty services provided within IH acute care facilities. The tentative completion date for the first draft of the Acute Care Service Review document is January 2010.</p>
<p>S</p>	<p>Recommendation 2: provide direction for surgical services by clarifying the Surgical Council's role in developing a regional surgical program</p> <p>In September 2008, Interior Health designated Surgical Services as a Network responsible for IH-wide planning, policy development, standard-setting linking to national and provincial standards, and monitoring of policies and standards to ensure compliance.</p> <p>New Terms of Reference for IH Surgical Council were approved on Sept 17th, 2009. These terms of reference strengthen links to the Health Authority Medical Advisory Committee, Senior Executive Team and site specific Operating Room Management Committees. The scope of this Council encompasses all strategic and operational decision-making that is regional in nature and involves all of surgical services throughout Interior Health. While the coordination of regional planning, implementation and delivery of services will be the responsibility of the Council; the day-to-day responsibility for service delivery rests with surgical sites.</p> <p>The Surgical Executive Sponsor is now the Senior Medical Director.</p> <p>A Steering Committee has been formed as part of the Surgical Council structure to guide specific initiatives that are part of the IH Budget</p>	<p>Surgical Council is responsible for recommending strategies to ensure patients needing surgical services, within the geographic boundaries of Interior Health, will receive such services seamlessly across the system, from local site to regional services to provincial programs. In addition, the Surgical Council will approve Interior Health surgical standards, monitor quality and recommend corrective actions, and recommend future directions for the health authority related to the provision of surgical services. The Council will ensure alignment of the development and delivery of the continuum of surgical services with the needs of the Interior Health population.</p> <p>Standardized terms of reference for site level Operating Room Management Committees will be completed by October 31, 2009; implementation will take place between November 2009 and March 31, 2010.</p>

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Response from the Interior Health Authority

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	<p>Management Plan in 2009/10 and forward.</p> <p>The Senior Executive Team approved the Surgical Council mandate to standardize the process and terms of reference for site Operating Room Management Committees. The draft Terms of Reference have been created to strengthen the linkages and information flow between sites and Surgical Council.</p> <p>The IH Surgical Council is linked through its Chair and the Network Director, Surgical Services to the Provincial Surgical Advisory Council within the Ministry of Health. The Provincial Surgical Advisory Council oversees strategic planning related to the delivery of surgical care in British Columbia.</p>	
<p>Recommendation 3: assess the adequacy of the various methods used at individual sites to allocate surgical time</p>		
P	<p>The IH Surgical Network Team has completed a review of:</p> <ul style="list-style-type: none"> ◆ Site processes in place to allocate surgical times. ◆ Models used in other jurisdictions to schedule surgeries within operating rooms. ◆ IH surgeons' perspectives of Operating Room Allocation models ◆ literature review of successful indicators to use when considering Operating Room time Allocation models <p>Operating Room Booking guidelines have been implemented (January, 2009) and are applicable to all sites across the health authority.</p>	<p>Several principles and metrics have been identified for potential inclusion in a future allocation modelling exercise. The Senior Executive Team is exploring options to pilot implementation of a new model and common approach across all IH sites. It is likely that a pilot project will be trialed in one or two sites to evaluate effectiveness and impact on efficiency, waiting times and satisfaction with the new system. It is unlikely that this pilot will occur in 2009 due to current focus on budget management initiatives and other competing priorities. Physician engagement in the process has been an issue.</p>
<p>Recommendation 4: standardize equipment and surgical policies and practices as appropriate across all sites that provide surgical services</p>		
P	<p>A Surgical Product Formulary (SPF) process was initiated February 2, 2009. This allows IH to proactively review and make recommendations on all new surgical supplies/equipment, requests for trial and evaluation as well as loaner equipment. It applies to all IH facilities providing surgical services. A six month review has occurred and this initiative appears to be successful.</p> <p>The minor and major capital equipment lists are maintained to ensure the</p>	<p>The IH Surgical Network team is working closely with staff of the British Columbia Shared Services Organization (SSO) to ensure robust physician engagement in future equipment/supply initiatives. As a result of the Surgical Product Formulary, all new or one-time product requests are reviewed and funding secured prior to purchase at sites.</p> <p>The Surgical Network Team has a representative on the Ministry of Health Services consultation group to develop a provincial health</p>

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	<p>needs of sites are articulated. A final review and prioritization of 2010/11 minor and major capital items was completed by the Operating Room managers group on October 7, 2009.</p> <p>A process has been implemented for sharing of Operating Room equipment between IH sites in partnership with IH Biomedical Engineering and Materials Services departments.</p> <p>Clinical Standards have been developed and implemented for Operating Room Booking. Clinical Standards have been developed for the Operating Room, with approximately 60% implemented to date. This development includes review and input by affected stakeholders, such as physicians, workplace health and safety, etc.</p> <p>As each standard is completed, implementation plans are drafted and reviewed by managers. Any potential budget impacts are reviewed and appropriate issue papers to address resources are developed.</p> <p>An Operating Room non-salary working group has been formed to review 10 high volume procedures with a goal of further standardizing supplies used for similar procedures in efforts to contain costs.</p>	<p>technology assessment process.</p> <p>Nurse resource and working group members are meeting regularly to complete development and implementation plans for all Clinical standards.</p> <p>Pre-Surgical Screening standards to be completed by March 2010.</p> <p>Day Care Surgery and Post Anaesthetic Recovery standards have been started, with a completion date set for early 2010. Implementation to occur thereafter.</p> <p>Implementation of standards has taken longer than anticipated due to competing priorities and sites' capacity to implement.</p>
Recommendation 5: develop a standardized basic orientation program for surgical services staff		
S	<p>Orientation standards and checklists are in place for all Operating Room and Post Anaesthetic Recovery staff and physicians. This work was done in conjunction with the development of standards from recommendation 4.</p>	<p>Currently working on final drafts of the actual orientation materials/processes for Operating Room clerks and Operating Room booking clerks.</p>
Recommendation 6: undertake a formal assessment of training needs of surgical services staff and use the results to support continuing education		
S	<p>People Planning strategies and action plans have been completed for Operating Room/Post Anaesthetic Recovery, Medical Device Reprocessing and surgical intake. This includes action plans for meeting training needs within the organization.</p> <p>A review of Operating Room nursing education programs was completed</p>	<p>Ongoing work currently in progress on Surgical and MDR action items (5 year plan).</p> <p>IH is collaborating with the Vancouver Coastal Health Authority to explore the introduction of their Operating Room Nurses Association of Canada (ORNAC) approved perioperative program. The target for this is</p>

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Response from the Interior Health Authority

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	<p>in Spring 2009. A decision was made to stay with the Grande Prairie Regional College (Operating Room Registered Nurse) and Grant McEwan College (Operating Room Licensed Practical Nurse) program.</p> <p>A Briefing Note and plan were completed outlining the need for an internal Operating Room Manager Development program. This is currently on hold pending identification of resources. 13 applicants have indicated interest in participating in this when it becomes available.</p> <p>Completed universal student placement policy. Student placement strategies are being managed through an electronic tool called HSPnet.</p> <p>IH completed the implementation of a clinical education policy as well as standardized the intake and assessment process of all Operating Room/Post Anaesthetic Recovery education applicants.</p> <p>A preceptorship link was shared with IH educators and the website is hyperlinked within IH InsideNet.</p>	<p>2010/11.</p> <p>Revisions to the Student Placement policy will be required in 2010 to match new legislation.</p> <p>Medical Device Reprocessing is hosting Medical Device Reprocessing Leaders education/training days in October 2009. This will set a baseline for any further training needs in this area across the health authority.</p>
Recommendation 7: develop and implement an authority-wide continuing medical education program		
P	<p>Interior Health designated a task force, reporting to the Health Authority Medical Advisory Committee, to plan for an authority-wide continuing medical education program. This program will use information from peer review activities and incident report trends to determine targeted education needs for physicians.</p> <p>The focus of continuing medical education has been via quality reviews and utilization of the Patient Safety Learning System information. There is no formal program to date, although physicians are funded through the British Columbia Medical Association for continuing education initiatives. Competing priorities have delayed the rollout of a formal IH continuing medical education program.</p>	<p>A meeting for all Chiefs of Staff is scheduled for October 8, 2009.</p> <p>Target for completion of this activity is now July 2010.</p>
Recommendation 8: ensure that all surgical services staff receive regular performance reviews		
P	<p>Excluded staff 2008/2009 performance reviews were completed April to June 2009</p>	<p>Managers are performing and tracking performance reviews in the new performance management system.</p>

Status

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Response from the Interior Health Authority

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	<p>A new Performance Management system was implemented in 2009.</p> <p>IH has developed a Performance Management process for bargaining unit staff. The system was piloted in May and June 2008 and an evaluation of the pilot sites was then completed. Training sessions for managers on the new e-staffing tracking and resource program are complete. IH managers are currently using the new system and implementation is complete.</p> <p>Interior Health continues to review its credentialing process. It is recognized that there are inconsistencies with this process from site to site. Education for the Chiefs of Staff at each site regarding their roles and responsibilities specifically related to quality assessment has begun, with a health-authority wide meeting scheduled for October 8th.</p>	<p>Recent Accreditation survey indicates that performance reviews for bargaining unit staff continue to be an issue in the health authority.</p>
<p>Recommendation 9: implement a standardized patient incident tracking and reporting system</p>		
<p>F</p>	<p>IH completed the regional incident management policy to support open disclosure of adverse events. Starting a year ago, IH focused efforts to assist physicians to understand Disclosure as a process. Nearly all Chiefs of Medical Staff have now participated (with their administrative leads) in a four hour workshop on Disclosure and Incident Management. Dr. Rob Robson is in IH the week of October 5th to assist IH Quality and risk staff to develop the first course of its kind in BC, to develop better skills at critical incident investigation while focusing on improving processes of care. A free Patient Safety Seminar on Disclosure is being held on October 6th.</p> <p>Implementation of the Patient Safety Learning System was completed at all sites (PSLS). Monthly reports are being extracted, analyzed and discussed for both Surgical Services and Medical Device Reprocessing. Data is used to analyze trends and assess current practices toward developing strategies for improving patient safety and quality of care at healthcare facilities.</p>	<p>Continue reporting and analyzing information from the PSLs to inform patient safety and quality of care initiatives.</p>

Status

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 10: clarify the role of the Surgical Council in advancing patient quality and safety and how that role integrates into the quality management structure		
F	<p>In 2008, IH created four Patient Safety Coordinator positions. One of these was designated for Surgical Services and works with the IH Surgical Network team and IH Quality Improvement and Patient Safety Committee. This position is responsible for surgical site infection monitoring, accreditation rollout, Safer Healthcare Now and other quality of service initiatives. The position provides regular reporting and updates to IH Surgical Council. A work plan has been developed to address gaps and implement changes in the organization. An audit of the status of surgical site infection and venous thromboembolism initiatives is complete.</p> <p>The IH Surgical Network also expanded to include a clinical practice standards development position. This position is responsible for assisting with the research, development and implementation of all surgical clinical practice standards, including those aimed at quality and patient safety.</p> <p>The new terms of reference for IH Surgical Council include a mandate to set standards, monitor quality of care and address the strategic direction of the organization related to the delivery of surgical services.</p>	<p>Much progress has been made on Surgical Site Infection and Safer Healthcare Now initiatives. An accreditation survey was completed in September 2009.</p> <p>Future plans include the implementation of a standardized Surgical Safety Checklist at IH sites (currently being tested as a pilot in 3 IH sites).</p>
Recommendation 11: assess and implement strategies using PICIS OR Manager information to better inform bed management		
P	<p>The information system for surgical services management (PICIS OR Manager) has been integrated with the larger IH Data Warehouse development. This enables the health authority to produce reports using data from several systems and report on key indicators. The Data Warehouse links the PICIS OR Manager system information with the following applications: admissions, abstracting, Medical Records Index and the Management Information System Provider Dictionary.</p> <p>Most of the past year has been spent developing a robust set of operational indicators for site and health authority management and physicians to use to monitor and identify areas for improvement in</p>	<p>The next phase of report development will include advancement of bed management indicators to assist sites with operationalizing change.</p> <p>The final review of a surgical indicator dashboard is underway and plans are in place to launch this in November 2009.</p>

Status

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	<p>surgical services. These indicators include comparable information on first case start times and delay reasons, Add-on wait times, Post Anaesthetic Recovery delays, surgical postponements within 2 days of surgery, slate under and over runs, Time Out monitoring, and turnover times, as well as wait time monitoring for key First Ministers Meeting identified procedures (hips/knees and cataracts). This suite of reports was rolled out in August 2009. In-service training is ongoing with key managers, administrators and physicians across the organization. These reports will be reviewed regularly as part of the Operating Room Management Committee function at individual sites as well as monthly at the Operating Room Managers/Leaders team meetings. A physician education program is scheduled for October 8 2009 for the Interior Health Chiefs of Staff and Medical Directors.</p> <p>An assessment of Emergency Department bed congestion reports has been completed, along with sharing of information from another health region in Canada that has a robust bed management information system.</p>	
Recommendation 12: report to the public on their performance including that of surgical services		
P	<p>IH has participated in Ministry of Health Services working groups to help guide the development of a new provincial website for patients.</p> <p>IH continues to provide quarterly wait time reporting to all surgeons, site administration and managers.</p>	<p>The Ministry of Health Services website is slated to be launched in the Fall 2009.</p>

Status

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Section 9

Update on the implementation of
recommendations from:

**Wireless Networking Security in
Victoria Government Offices:
Gaps in the Defensive Line**

February 2009

October 2009

RECOMMENDATION STATUS SUMMARY
Wireless Networking Security in Victoria Government Offices: Gaps in the Defensive Line

As at July 31, 2009

(Please tick implementation status for each recommendation.)

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
1. Government should reconfigure, upgrade or replace any of its wireless access points found to be transmitting without encryption.	X				
2. Ministries should review their wireless access points and reconfigure those suspected of using little or no encryption, to ensure they are set up with stronger security encryption.	X				
3. Government should review its wireless computing security policies and guidelines, and update them to reflect the latest standards.	X				
4. Government should regularly monitor its wireless computing practices to ensure they are in compliance with its wireless security policies.			X		

PROGRESS IN IMPLEMENTING RECOMMENDATIONS FORM

Wireless Networking Security in Victoria Government Offices: Gaps in the Defensive Line

As at July 31, 2009

General comments

Please provide an introductory statement summarizing progress [since the Public Accounts Committee last discussed the report - *if applicable*].

Progress by recommendation

For each recommendation, provide your assessment of implementation status as per the legend at the bottom of the page, and information on actions taken and results to support the status reported. Also include a work plan schedule for any recommendations not yet implemented.

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
<p>Recommendation 1: Government should reconfigure, upgrade or replace any of its wireless access points found to be transmitting without encryption.</p>		
F	<p>Ministries and Workplace Technology Services have reviewed the Auditor General’s report and identified three non-compliant wireless WAN bridged circuits.</p>	<p>Workplace Technology Services has shutdown the three point-to-point wireless WAN bridged circuits found on the previous Auditor General’s report.</p> <p>All WiFi / WLAN wireless access points currently supported by Workplace Technology Services have WPA/AES 256 encryption enabled at each location.</p>

Status

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Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
<p>Recommendation 2: Ministries should review their wireless access points and reconfigure those suspected of using little or no encryption, to ensure they are set up with stronger security encryption.</p>		
F	<p>The Government Chief Information Officer sent a memorandum to the ministry chief information officers on February 26, 2009, requesting confirmation of all existing wireless access points, a detailed security plan for the wireless access points, and commitment to ensure all future wireless installation are in compliance with existing security policy.</p> <p>Ministries reviewed their wireless access points and reported their findings and commitment to the Government Chief Information Officer.</p>	<p>Ministries have reviewed all their wireless access points and confirmed that they meet encryption standards.</p> <p>The ministry review demonstrated that there is a level of commitment from ministries that all new wireless network installations will comply with the relevant corporate policy and standards.</p>
<p>Recommendation 3: Government should review its wireless computing security policies and guidelines and update them to reflect the latest standards.</p>		
F	<p>The Office of the Chief Information Officer reviewed existing policy and standards on wireless computing.</p> <p>The Office of the Chief Information Officer documented and distributed an interim standard for wireless networking based on the wireless networking standards for PharmaNet.</p> <p>The audit report became a strong driver to accelerate the completion of the standard development on wireless networking and cryptographic controls, which were under development within the Office of the Chief Information Officer.</p>	<p>The Office of the Chief Information Officer developed and published (a) the <i>Technical Security Standard for Wireless Local Area Networks</i> and (b) the <i>Cryptographic Standards for Information Protection</i> in February 2009.</p> <p>The newly created standards were communicated to the ministry chief information officers.</p>

Status

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P – Recommendation has been partially implemented

AA – Alternative action has been undertaken, general intent of alternative action will address OAG finding

NA – No substantial action has been taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 4: Government should regularly monitor its wireless computing practices to ensure they are in compliance with its wireless security policies.		
P	In April 2009, the Government Chief Information Officer issued a memorandum requesting Workplace Technology Services to undertake an evaluation of the deployment of a corporate-wide network access control mechanism.	Workplace Technology Services has initiated a pilot project to evaluate network access control software. Network access control software provides a constant network monitoring capability that can prevent unauthorized devices (including unauthorized wireless access points) from connecting to the network.

Status

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