

Standing Committee
on
Public Accounts

33rd Yukon Legislative Assembly

First Report
May 2015

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ELIZABETH HANSON, MLA

Whitehorse Centre
Chair

HON. STACEY HASSARD, MLA

Pelly-Nisutlin
Vice-Chair

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Clerk of the Legislative Assembly

Volume 22



Yukon Legislative Assembly

Standing Committee on Public Accounts
33rd Yukon Legislative Assembly

May 19, 2015

Hon. David Laxton, MLA
Speaker
Yukon Legislative Assembly

Dear Sir:

On behalf of the members of the Standing Committee on Public Accounts, appointed by order of the 33rd Yukon Legislative Assembly, I have the honour to present the committee's First Report.

Sincerely,

A handwritten signature in blue ink that reads 'Elizabeth Hanson'.

Elizabeth Hanson, MLA
Chair

Preface

The Standing Committee on the Public Accounts

Standing Order 45(3) of the *Standing Orders of the Yukon Legislative Assembly* says, “At the commencement of the first Session of each Legislature a Standing Committee on Public Accounts shall be appointed and the Public Accounts and all Reports of the Auditor General shall stand referred automatically and permanently to the said Committee as they become available.”

On December 7, 2011 the 33rd Yukon Legislative Assembly adopted the following motion (Motion No. 7):

THAT the honourable members Patti McLeod, Hon. Scott Kent, Hon. Mike Nixon, Stacey Hassard, Liz Hanson, Jan Stick and Darius Elias be appointed to the Standing Committee on Public Accounts established pursuant to Standing Order 45(3)

THAT the said committee have the power to call for persons, papers and records and to sit during intersessional periods; and

THAT the Clerk of the Legislative Assembly be responsible for providing the necessary support services to the committee.

At its first meeting on March 27, 2012 the committee elected Ms. Hanson as its Chair and elected Mr. Hassard as Vice-Chair.

On November 27, 2012 the Legislative Assembly adopted Motion No. 304, rescinding Mr. Elias' appointment to the committee and appointing Sandy Silver to it. On May 8, 2014 the Legislative Assembly adopted Motion No. 673, rescinding the appointment of Hon. Mr. Nixon to the committee and appointing Mr. Elias to it.

This report

On February 15, 2011, Sheila Fraser, FCA, Auditor General of Canada, the report *Yukon Health Services and Programs – 2011, Department of Health and Social Services* to the Speaker of the Legislative Assembly. The Speaker then authorized its distribution to Members of the Legislative Assembly. Once members had received their copies the report was posted to the websites of the Auditor General of Canada and the Yukon Legislative Assembly. At that point the report became a public document.

On the same day Members of the Yukon Legislative Assembly had the opportunity to ask questions of the Auditor General at an in-camera briefing in the Legislative Assembly chamber.

The Auditor General's report was presented during the 32nd Yukon Legislative Assembly. However, the Public Accounts Committee of the 32nd Legislative Assembly did not deal with the report prior to the dissolution of the Assembly on September 9, 2011.

The Public Accounts committee of the 33rd Legislative Assembly first discussed the Auditor General's report at meetings held on April 12 and May 31, 2012. At its meeting on June 14, 2012, the committee adopted the following motion:

AGREED, on motion of Mr. Elias, seconded by Hon. Mr. Nixon, "THAT, the Standing Committee on Public Accounts hold a public hearing on the report of the Auditor General of Canada entitled *Yukon Health Services and Programs – 2011, Department of Health and Social Services.*"

In preparation for the public hearing the committee exchanged many email messages, met all day on October 16 and on the morning of October 17, 2012. Members discussed the Auditor General's report, finalized questions for the witnesses appearing before the committee and distributed those questions amongst themselves. The public hearing took place on October 17, 2012.

The Auditor General's report, transcripts of the public hearing and this report may be found at the committee's web page at: http://www.legassembly.gov.yk.ca/comm_publicaccounts.html

On October 18, 2012 the committee received additional documents from the Department of Health and Social Services. These documents had been requested from departmental officials during the public hearing. These documents included:

- a covering letter from the Deputy Minister of Health and Social Services
- Yukon Health and Social Services Strategic Plan 2009-2014
- Annual Report – Draft Cover Page and Table of Contents
- Health and Social Services Human Resource Plan 2011-17
- Departmental Overviews
- Departmental Plan 12/13
- eHealth Project Description/Summary
- Kids Count – Measuring Child and Family Wellness in Yukon

The committee discussed its report at its meetings on February 26 and April 24, 2013. At the April 24th meeting the committee decided that the Chair of the committee would write to the Deputy Minister of Health and Social Services to request an update from the department regarding progress it has made since the public hearing in implementing the recommendations contained in the Auditor General's report. A draft of the letter and other matters relating to the report were discussed at the committee's meeting on June 17, 2013.

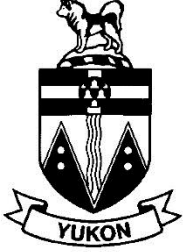
The Chair's letter was sent to the department on July 2, 2013. The committee received the progress report from the department on July 11, 2013.

Committee discussion on the report continued at subsequent meetings on February 18 and March 13, 2014. At its meeting on March 5, 2015 the committee agreed that its

members would review the existing draft of the report and, barring any amendments, “the current draft will become the final version of the report and the Chair will table the report during the 2015 Spring Sitting of the Legislative Assembly.”

The Committee would like to officials from the Office of the Auditor General of Canada – past and present – for their assistance in preparing the Committee for the hearings and in assisting in the preparation of this report.

The committee would also like to thank the officials from the Department of Health and Social Services who appeared as witnesses at the public hearing and provided additional information after the public hearing.



Standing Committee on Public Accounts

33rd Yukon Legislative Assembly

First Report

May 2015

Introduction

1. On February 15, 2011 Sheila Fraser, FCA, the Auditor General of Canada (the Auditor General), issued an audit report entitled, *Yukon Health Services and Programs—2011, Department of Health and Social Services*. In conducting the audit the Auditor General

examined whether the Department regularly identifies health priorities and develops or modifies programs and services accordingly. We also looked at whether it monitors the delivery of programs and services, and measures and reports on their performance and results. In addition, we examined whether the Department incorporates strategic planning and risk management in the delivery of health programs and services. We selected two programs to review— diabetes and alcohol and drug services. In carrying out the audit, we interviewed Departmental staff and reviewed available documentation.¹

2. The Auditor General summarized her conclusions as follows:

- The Department has begun implementing a strategic planning and risk management process, but these are at the early stages. It has not identified its most important health priorities and has not started to set targets for health outcomes, nor has it developed key health indicators. This means that it cannot assess whether it is providing the right programs and services and allocating resources optimally. In addition, the Department has carried out a demographic analysis of its workforce and has reported that 20 percent of employees could retire in the next 5 years. However, it does not have a human resource plan to guide it so that it will have the health care professionals it needs now and in the long term.
- The Department does not have a comprehensive health information system to collect complete and accurate health data. It uses several systems for health

¹ Auditor General of Canada, *Yukon Health Services and Programs—2011, Department of Health and Social Services*, February 2011, page 7.

information purposes that do not interface with each other, and the Department does not integrate this information. In some cases, the data the Department collects is incomplete. As a result, the Department does not have a comprehensive view of the health needs of its population and is unable to determine whether changes should be made to programs and services. In addition, it could be making strategic decisions based on incomplete information.

- Program monitoring and evaluation are weak, so it is not clear that programs are having the expected impact. In fact, given that it has not yet set measurable objectives or targets for its programs, it is not clear what impact the Department expects. Furthermore, as the Department is not required to table annual reports in the Legislative Assembly, the Assembly lacks the information to assess how the Department is doing against its strategic and business plans and whether it has made progress in improving health outcomes for Yukoners.²

3. The Auditor General's report made 11 recommendations. The Department of Health and Social Services and the Government of Yukon have agreed with all the recommendations.

The Standing Committee on Public Accounts

4. The Standing Committee on Public Accounts of the Yukon Legislative Assembly is established by Standing Order 45(3) of the *Standing Orders of the Yukon Legislative Assembly*. This Standing Order says that: "At the commencement of the first Session of each Legislature a Standing Committee on Public Accounts shall be appointed and the Public Accounts and all Reports of the Auditor General shall stand referred automatically and permanently to the said committee as they become available."³

5. On December 7, 2011, the Yukon Legislative Assembly adopted Motion No. 7, which established the current Public Accounts Committee. In addition to appointing members to the committee, the motion stipulated that the committee shall "have the power to call for persons, papers and records and to sit during intersessional periods."⁴

6. In her opening remarks at the public hearing the committee Chair described the committee's role in the audit process: "The Public Accounts Committee is an all-party committee with a mandate to ensure economy, efficiency and effectiveness in public spending — in other words, accountability for the use of public funds. The purpose of this public hearing is to address issues of the implementation of policies — whether programs are being effectively and efficiently delivered — and not to question the policies of the Government of Yukon. In other words, our task is not to challenge the government policy,

² Auditor General of Canada, *Yukon Health Services and Programs—2011, Department of Health and Social Services*, February 2011, pages 1-2.

³ Yukon Legislative Assembly, *Standing Orders of the Yukon Legislative Assembly* (October 30, 2012), page 24.

⁴ Yukon Legislative Assembly, *Journals*, First Session, 33rd Legislature, page 22.

but to examine its implementation. The results of our deliberation will be reported back to the Legislative Assembly.”⁵

7. The committee accepts and endorses the recommendations made by the Auditor General. The committee’s report will not repeat in detail information contained in the Auditor General’s report. Neither will this report attempt to summarize all the evidence given before the committee at its public hearing, held October 17, 2012. The transcript of the public hearing is available on the Legislative Assembly’s website at http://www.legassembly.gov.yk.ca/comm_publicaccounts.html . Instead, this report will focus on those issues that – in the opinion of the committee – merit further comment.

8. The committee is encouraged by the Department’s responses to the Auditor General’s observations and its acceptance of the report’s recommendations. Based on its written responses to the recommendations, and the evidence provided by witnesses during the public hearings, the committee believes that the Department has seriously considered the Auditor General’s recommendations. In some cases actions to deal with the problems identified in the report have already been taken since the release of the Auditor General’s report. Action continues to be taken on outstanding items.

9. Nonetheless, the committee believes that certain issues merit further comment.

Format of this Report

10. This report will take each of the Auditor General’s recommendations in turn. It will then include the Department’s response to each recommendation. Following that will be the committee assessment of the response to the recommendation, as reported during the public hearing, which took place on October 17, 2012, and in a written response submitted to the committee by the Deputy Minister of Health and Social Services in July 2013. Finally, there will be additional comments from the committee regarding the implementation of the recommendation.

Recommendations, Responses and Progress

Recommendation No. 1.

The Department of Health and Social Services should develop and report on performance measures and ensure that risk assessments are based on sound information. In addition, it should develop business cases on a more regular basis.

***The Department’s response.** Agreed. The Department is committed to continued participation on the Government of Yukon Interdepartmental working group on the implementation of strategic planning and the development and reporting of performance measurements.*

⁵ Yukon Legislative Assembly, Standing Committee on Public Accounts (Transcript of the Public Hearing), February 11, 2010, page 1.

*Insufficient data will continue to be identified as a risk. The Department will conduct business case analyses on all new initiatives and risk analysis where required, to identify alternatives where appropriate.*⁶

Progress reported

11. On July 2, 2013 the Chair wrote to the Deputy Minister of Health and Social Services requesting “a progress report on the work your department has undertaken since the public hearing in order to implement the recommendations contained in the Auditor General’s report.”

12. On July 11, 2013 the Deputy Minister provided the Chair with a report entitled *Implementation of the Recommendations by the Auditor General of Canada, Yukon Health Services and Programs – 2011; Key Commitments and Action Plan - June 2013 Progress Report to the Standing Committee on Public Accounts* (hereafter referred to as the 2013 Progress Report). With regard to this recommendation the Deputy Minister reported as follows:

To address this recommendation, the Department committed to the following Actions:

- o Continue participation on the Government of Yukon Interdepartmental working group on the implementation of strategic planning and the development and reporting of performance measurements

Progress since public hearing - H&SS will be participating in the upcoming review of the current Strategic Planning process/templates. H&SS was one of 4 lead Departments in the provision of Basic Performance Measurement Workshops open to YG employees and our H&SS NGO partners.

- o Develop a new Strategic Plan for 2014-2019, or sooner, as required by Government

Progress since public hearing -Work has begun on the development of our next 5-year plan (2014-2019). Draft Vision, Mission, Values and a Departmental Logic Model with Performance Measures have been created for further development and gathering feedback from employees and key stakeholders over the next year.

- o Complete an Annual Departmental Plan (including Performance Measures) each fiscal year

Progress since public hearing –Since 2012/13 Annual Departmental Plans include performance measures (Output and Outcome based). A copy of the 2013/14 Annual Departmental Plan is attached, and can also be viewed at: <http://internal.gov.yk.ca/depts/hss/quality/csip.html>

⁶ Auditor General of Canada, *Yukon Health Services and Programs—2011, Department of Health and Social Services*, February 2011, pages 10-11.

- o Revisit Risk Registries for each program area, and upload data to Govt.-wide Enterprise Risk Management database annually

Progress since public hearing -11 Branch/Program Risk Workshops have been conducted and the remaining Branches have been scheduled for July to September. All Risk data has been uploaded to the Govt.-wide Enterprise Risk Management database. 1 Branch is currently piloting the OH&S Module of the Enterprise Risk Management system. Risk identification and analysis is also now incorporated into the Annual Plan. We are also beginning to look at implementing an Incident Management system that will assist us in identifying our OH&S and Branch risks.

- o Conduct Business Case Analysis as required

Progresses since public hearing -Business case analysis are conducted as required: an example is the Management Board submission that contained a thorough analysis for the Emergency Department/MRI project.⁷

Comments

13. The Department is urged to incorporate in its 2014-19 Strategic Plan clear language indicating how performance measures are determined, the data set used for risk assessments and clear criteria for assessing business cases for new programmes, purchases, etc.

Recommendation No. 2

The Department of Health and Social Services should rank its health priorities, set timelines and targets for addressing them, and identify the resources required.

The Department's response. *Agreed. While priorities were not ranked formally at the time of the audit, the Department's top two strategic priorities are the development of both the new Wellness Strategy and Social Inclusion and Poverty Reduction Strategy. The Social Inclusion and Poverty Reduction Strategy is scheduled to be completed this summer. Work on the Wellness Strategy has just recently begun with a target completion date of March 2013. Other priorities are identified in the Department's strategic plan.*

The operational priorities will be determined by considering government direction, emerging issues, and budget considerations. Part of the prioritizing will include risk assessments of activities contemplated and using key indicators (for example,

⁷ Implementation of the Recommendations by the Auditor General of Canada, Yukon Health Services and Programs – 2011, Key Commitments and Action Plan - June 2013 Progress Report to the Standing Committee on Public Accounts, sent to Elizabeth Hanson, Chair, Standing Committee on Public Accounts, from Paddy Meade, Deputy Minister, Department of Health and Social Services, dated July 11, 2013.

increasing aging population, increases in obesity, vacancy rates) to allow for more informed decisions. The Department's priorities may shift in response to the urgent health needs of Yukoners, such as last year's H1N1 response, or following direction provided by the Minister and Cabinet.⁸

Progress reported

14. At the public hearing the Department indicated it had not ranked health priorities. The Department outlined a vast array of research that was being conducted and indicated that the social inclusion and wellness initiatives were top priorities but that they “had not as yet ranked health priorities”.

15. The Department indicated that the Social Inclusion and Poverty Reduction Strategy originally scheduled for release in the summer of 2011 would “address the AG’s recommendations that the Department should rank its health priorities, set time lines and targets for addressing them and identify resource requirements. The finished document will have those priorities, benchmarks and outcomes clearly identified.”

16. In the 2013 Progress Report the Deputy Minister reported that:

To address this recommendation, the Department committed to the following Actions:

- Continue strategy development and implementation (as approved) on identified Health Priorities

Progress since public hearing -Work continues, as planned, on the development of the identified strategies. The ‘Social Inclusion and Poverty Reduction’ strategy is currently being implemented across departments. A new focus area for the department is mental health. We are working towards an addictions and mental health plan developed to fit within an integrated service model, and we have partnered with a team from McMasters University to work on a project to develop a Child and Youth Mental Health Policy Framework for Yukon. Public Health is also a key area for us and it will be integrated into our Strategic Plans. We are always interested in integrating our work on the health priorities across the spectrum of health and social service delivery.

Comments

17. The Health and Social Services Annual Report to the Legislative Assembly should provide the details regarding the Social Inclusion and Poverty Reduction Strategy as set out by the Department at the public hearing held on October 17, 2012.

⁸ Auditor General of Canada, *Yukon Health Services and Programs—2011, Department of Health and Social Services*, February 2011, page 11.

Recommendation No. 3

The Department of Health and Social Services should prepare a human resource plan.

The Department's response. *Agreed. As indicated in the report, the Department has drafted a framework for a human resource plan. When complete, the plan will address succession planning, mentorship, and recruitment and retention. Work is well under way, and a draft plan is scheduled to be completed in the next six months, for consideration by the Deputy Minister.⁹*

Progress Reported

18. At the public hearing the Department indicated that the Human Resource Plan was done, i.e. that there was “general direction”.

19. On October 18, 2012 (the day following the public hearing) the Deputy Minister of Health and Social Services sent a number of documents to the committee Chair. Among those documents was the Department's Human Resource plan to cover the years from 2011-2017.

20. In the 2013 Progress Report the Deputy Minister reported that:

The HR Plan had been developed and presented at the Public Accounts Committee Hearing. Since that time, to further address this recommendation, the Department committed to the following Actions:

- Implement HR service standards by end of January 2013

Progress since public hearing -Services standards will be complete by the beginning of August.

- Complete Staffing Actions Database and branch information management system by June 2013

Progress since public hearing -The staffing data base is established and staffing status reports are provided to Divisions on a monthly basis.

- Offer ongoing training sessions for employees and Managers on the PPP process

Progress since public hearing -Sessions are offered ongoing.

- Complete the exit management process by April 2013 (exit interviews are being offered to exiting employees now)

⁹ Auditor General of Canada, *Yukon Health Services and Programs—2011, Department of Health and Social Services*, February 2011, page 12.

Progress since public hearing - Exit interviews are being offered. Exit processes will be finalized by August.

Comments

21. The Auditor General's report indicated that 20 percent of Departmental employees will be eligible to retire by 2015. Therefore, the importance of an effective human resources planning regime cannot be overstated. The information provided to the committee does not address how the Department is planning for and managing the key issues identified by the Auditor General, such as succession planning, mentoring, recruitment /retention strategies. The Department is requested to provide this information to the committee.

Recommendation No. 4

The Department of Health and Social Services should develop key health indicators and benchmarks for them as well as quantifiable health outcome targets. It should then compare benchmarks and targets with actual indicators and outcomes for Yukoners and major population sub-groups and analyze any gaps to determine what needs to be done to close the gaps.

The Department should identify performance indicators, targets, and measurement processes for its diabetes and alcohol and drug services programs.

***The Department's response.** Agreed. The Department will work toward developing key health indicators and outcomes specific to Yukon as well as setting reasonable targets and benchmarks where comparable data is available within the next 18-24 months.¹⁰*

Progress Reported

22. At the public hearing the Department indicated that its focus since the release of the Auditor General's report was on "recruiting staff to do the job". The wellness strategy had also developed an indicator framework called "Kids Count" that contains indicators. The Department indicated that it would use data generated to modify programming but no examples were given.

23. In the 2013 Progress Report the Deputy Minister reported that:

To address this recommendation, the Department committed to the following Actions:

¹⁰ Auditor General of Canada, *Yukon Health Services and Programs—2011, Department of Health and Social Services*, February 2011, page 14.

- Continue with development of key health indicators and outcomes specific to Yukon as well as setting reasonable targets and benchmarks where comparable data is available

Progress since public hearing -Yukon-specific key health indicators (performance measures) were identified in the 2013/14 Departmental Annual Plan. Further development of these indicators in a performance measurement framework is under development, including targets and benchmarks. (Please refer to Recommendation #79 for additional information regarding program-specific performance measures).

Comment

24. The committee commends the work done in this area and requests that the Department include information on implementation of these initiatives in the Departmental annual report to the Legislative Assembly. The committee also requests that the Department indicate how and when it uses the data generated to determine programme modifications, elimination etc.

Recommendation No. 5

The Department of Health and Social Services should develop a comprehensive health information system that allows the Department to collect and report on complete and accurate health data from all available sources.

***The Department's response.** Agreed. A comprehensive health information reporting system is required, although at present, the Department lacks the resources to undertake such an endeavour. The Department will commit to initiating a review, within the next six months, of all available health data, including information specific to diabetes and alcohol and drug-related problems to determine what information can be used currently.*

As of January 2011, the Department hired an E-Health Director whose specific role is to oversee the Yukon's electronic health record initiatives as per the Canada Health Infoway mandate.¹¹

Progress Reported

25. At the public hearing the Deputy Minister of Health and Social Services noted that only some of the resources had been secured. The Deputy Minister also noted that an additional challenge with an e-health information system is that information is highly personal and highly confidential, thus the Department had "made it a priority in [its] response to this recommendation to address the privacy issues first," by "moving forward with the development of health information and privacy legislation that will protect Yukoners' health data."

¹¹ Auditor General of Canada, *Yukon Health Services and Programs—2011, Department of Health and Social Services*, February 2011, pages 17-18.

26. The Deputy Minister added that the Department had been working on an electronic health record under the leadership of the e-health director, and was “finishing the high-level planning and assessment phase,” with a view to completion prior to Christmas 2011. In addition, “an intra-organizational team with representatives from our Department and the Hospital Corporation, information technology at the Government of Yukon, together with some external experts have been working on [recommendations regarding a governance and privacy and security framework], and [the Department expects] something very shortly from [the team] in the way of recommendations.”

27. In the 2013 Progress Report the Deputy Minister reported that:

To address this recommendation, the Department committed to the following Actions:

- Continue with eHealth planning phases

Progress since public hearing- We are in the final stages of preparing a business case for e-Health, which will complete the ‘Phase 1 -planning phase’ (this includes costing for the lab and drug information systems). Phase 2.1- Planning – an agreement was signed March 28, 2013; SOA was signed June 14, 2013 and is scheduled to be completed March 2014.

- Continue with Panorama project phases in concert with B.C.

Progress since public hearing -Work on the BC/Yukon Panorama project continues, at this time our goal for implementing is June/July 2014. This date is dependent upon BC/Yukon being able to work through data governance/ information sharing pieces.

Comments

28. The Legislative Assembly passed the *Health Information Privacy and Management Act* during its 2013 Fall Sitting. The bill was assented to by the Administrator of Yukon. The committee would like an update on the implementation of the BC/Yukon Panorama Project including, but not limited to, the scope and cost of the project.

Recommendation No. 6

In collaboration with physicians, the Department of Health and Social Services should establish compulsory International Classification of Diseases coding.

The Department’s response. Agreed. The Department will work with physicians to explore the possibility of establishing mandatory International Classification of Diseases (ICD) coding of all claims submitted for payment. A complete review of the implications of requiring ICD coding will be initiated in the next fiscal year. (2011-12)¹²

Progress reported

¹² Auditor General of Canada, *Yukon Health Services and Programs—2011, Department of Health and Social Services*, February 2011, pages 18.

29. In the October 2012 hearing, the Department said that all reporting from local physicians will be consistent with ICD coding by September 2013. The Auditor General's report stated that Whitehorse General Hospital has "systems and processes in place to enter ICD codes for hospital admissions and does so for the purpose of reporting to the Canadian Institute for Health Information. However, the codes are not broadly or consistently used by either the Corporation or the Department for gathering and analyzing information about diseases or health conditions in Yukon." As well, "information, such as ICD codes from Watson Lake Hospital [was] not reported to the Canadian Institute for Health Information." The committee asked whether the Yukon Hospital Corporation and the Department have developed protocols or other means to ensure use and analysis of this information, and whether the Watson Lake hospital is part of this protocol. The Department responded that it has not yet conducted that work, but it will.

30. In the 2013 Progress Report the Department reported that:

To address this recommendation, the Department committed to the following Actions:

- Follow-through with ICD coding implementation – all physicians reporting by September, 2013

Progress since public hearing- In September of 2012, H&SS ratified a five year Memorandum of Understanding (MOU) with the Yukon Medical Association (YMA) that stipulates in Section 27.7 that as of September 1st, 2013 physicians must indicate ICD coding for each line item on the fee for service claim submitted. In addition, section 27.8 of the YMA MOU supports H&SS charging a fee to physicians who submit a fee for service paper claim.

Comments

31. The committee would like the Department to provide data on compliance with the YMA MOU in its annual report. Further, the Department should address the issue of the development of protocols and other means to ensure use and analysis of information gathered by Whitehorse General Hospital admissions and, that the regional hospitals in Watson Lake and Dawson City be covered by these protocols.

Recommendation No. 7. The Department of Health and Social Services should collect data on diabetes and alcohol- and drug-related health problems. This data should then be used to determine how the Department's programs and services are affecting those individuals and if any changes to the programs should be considered.

The Department's response. *Agreed. Within the next fiscal year, the Department will develop a formal reporting policy to ensure that regular program data reporting includes performance indicators common to all programs. This will enable the Department to consider the impact of the data on the Departmental priorities as well as enable the evaluation of programs to be evidence-based. The Department also plans to work with*

*the Yukon Bureau of Statistics to develop trend analysis data that will better address priorities and funding pressures.*¹³

Progress Reported

32. In the 2013 Progress Report the Department reported that:

To address this recommendation, the Department committed to the following Actions:

- Review all available health data including information specific to diabetes and alcohol and drug-related problems to determine what information can be used currently

Progress since public hearing- As part of a regular review of newly released data from the Canadian Community Health Survey, we look at the incidence of chronic conditions (including diabetes) as well as prevalence of binge drinking. We also included variables on both topics in the recently released 2012 Health Status Report. Because of sampling variability it may take significant shifts in rates (likely occurring over a number of years) before we can identify any trends based on this source alone. A comprehensive review of administrative and external data, with an eye to program evaluation, is of interest going forward.

Data related specifically to program evaluation at Alcohol and Drug Services (ADS) was collected and analyzed in 2012/13. The findings from this data have contributed to the planning ADS has been undertaking for a new facility, and include planning for extended aftercare services, continuous intake for Inpatient Treatment, and enhanced services for youth. Program evaluation related data collection continues in 2013/14 for Treatment Services, and a new Program Evaluation Framework for Medically Supported Detox is currently under way to specifically evaluate whether or not enhanced medical support in Detox improves services/outcomes for individuals seeking Detox services at ADS. The data collected from both program evaluations will continue to inform program planning and delivery.

The Chronic Disease Management (CDM) Toolkit data enable nurses to track individuals with diabetes. In turn, these data indicate which patients need to receive more intensive follow-up and which areas of their diabetes management require most attention. Using reports generated by the CDM Toolkit patients are recalled for guideline care. Using the data in this way has led to the development of a standardized recall letter for use by nurses in the rural communities. With this process improvement, nurses use this letter to indicate to each patient which of their diabetes tests are due. Other similar letters have been developed for other chronic conditions.

¹³ Auditor General of Canada, *Yukon Health Services and Programs—2011, Department of Health and Social Services*, February 2011, page 18.

Comments

33. In response to the committee's question in the October 2012 hearing as to the status of its intention to use data on diabetes and alcohol and drug-related health problems to determine the efficacy of Departmental programs and services, the Department noted that it relies on physician data from physicians who visit the communities on a regular basis – via “shadow billing” – and does not have an electronic health record for people who visit health centres in the communities. However, it was suggested that a “formal systematic means” to collect community patient data would be part of the e-health project once that project was in the implementation phase.

34. The 2013 Progress Report did not directly answer the question as to whether that project was then in the implementation phase and whether data was being collected systematically from community health centres. The Department is requested to provide this information in its Annual Report.

35. The Department expressed its intention to work with the Yukon Bureau of Statistics to develop trend analysis data; however, the Department added that this initiative has not been pursued because it was found to be more productive for the Department to develop closer ties with the British Columbia administration of health services at the ministry in Victoria. Data received from the administration in Victoria would then be passed to the Bureau of Statistics to conduct analysis and trend projections.

36. In the 2013 Progress Report the Department did not indicate whether the Department collected coherent data and submitted it to the Bureau of Statistics, nor, whether the Bureau of Statistics completed any analysis and trend projection. However, without indicating how the data had been compiled, “Data SS did indicate that data related specifically to program evaluation at Alcohol and Drug Services was collected and analyzed in 2013/14...Program evaluation related data collection continues in 2013/14 for Treatment Services and a new Program Evaluation Framework for Medically Supported Detox is currently underway to specifically evaluate whether or not enhanced medical support in Detox improves services/outcomes for individuals seeking Detox services at ADS”.

37. In addition “the Chronic Disease Management Toolkit (CDM) data enables nurses to track individuals with diabetes.

38. With regard to integrating its data collection systems to ensure their compatibility, at the public hearing the Department noted that it was focusing on the e-health project that would enable the establishment of a protocol with British Columbia to achieve compatibility with their systems. However, the Department also acknowledged that there are “other systems in the Department that are wholly incompatible and will necessarily be the subject of fairly significant infusions of resources.”

39. The Department did not provide an update on the status of the protocol with British Columbia. The committee requests that the update be included in the Annual

Report and that the Department identify what other systems the Department is referring to, and identify the progress made on improving the compatibility of these other systems.

Recommendation No. 8

The Department of Health and Social Services should establish measurable objectives for its programs.

***The Department's response.** Agreed. As an example, the Continuing Care Branch within the Department has completed the process of developing measurable objectives and indicators. The Branch has also completed and achieved certification (2009–2012) through Accreditation Canada for meeting national standards of excellence in quality care and service.*

Alcohol and Drug Services is in the process of establishing measurable objectives and evaluation criteria.

The Department proposes to use the results of this work as a framework to assist in developing department-wide performance measurements and evaluation criteria. However, limited resources preclude the Department from committing to a time frame for department-wide implementation.¹⁴

Progress Reported

40. At the public hearing the Department indicated that it “is about to begin work on performance measures and health outcomes ...the data has already been collected.” The Department also indicated that it was “also looking at a key indicators report”

41. In the July 2013 Progress Report the Department reported that:

To address this recommendation, the Department committed to the following Actions:

- Establish measurable objectives for all programs by end of fiscal 2013/14

Progress since public hearing -A project is currently underway to identify all program data sources, and additional data requirements, for the purpose of identifying and monitoring measurable objectives for each Branch/program.

- Facilitate sessions with the program managers to review and enhance reporting on performance indicators that can be used for program evaluations, and so that each program area has them in time for the next Strategic Planning process (by the end of 2013/14).

Progress since public hearing -As part of the above noted project, surveys and sessions will be conducted with each Branch/program to develop logic models and

¹⁴ Auditor General of Canada, *Yukon Health Services and Programs—2011, Department of Health and Social Services*, February 2011, pages 19-20.

performance measures that can be used for evaluations and planning by the end of 2013/14.

Comments

42. The 2013 Progress Report as cited above addressed elements of this. The Department also indicated that since the public hearing, Departmental employees participated in the Fall 2012 Evaluation Summit and subsequent training in evaluation methods.

Recommendation No. 9

The Government of Yukon should establish a program evaluation policy.

***The Government's response.** Agreed. A government policy on the evaluation of funding programs is under development and is expected to be formally considered in the 2011–12 fiscal year. While the focus of the proposed policy is on government funding programs, the Government contemplates departmental use of the policy principles in undertaking evaluations on a broader scale and on a regular basis as required.¹⁵*

Progress Reported

43. At the public hearing the Department committed to participate in the fall 2012 Evaluation Summit and ongoing employee training in evaluation methods.

44. In the 2013 Progress Report the Department reported that:

To address this recommendation, the Department committed to the following Actions:

- Participate in the Fall 2012 Evaluation Summit and ongoing employee training in evaluation methods

Progress since public hearing -Several H&SS employees participated in the Fall 2012 Evaluation Summit and subsequent training in evaluation methods. As discussed at the Hearing, we will follow the lead Department, ECO.

- Complete any outstanding Accreditation requirements for Continuing Care and Healthy Families by end of 2012/13

Progress since public hearing -Very successful Accreditation results were achieved for Continuing Care and Healthy Families.

- Investigate options for Accreditation of other H&SS programs by end of 2012/13

¹⁵ Auditor General of Canada, *Yukon Health Services and Programs—2011, Department of Health and Social Services*, February 2011, pages 20.

Progress since public hearing -Accreditation options for other H&SS programs is ongoing.

Comments

45. None.

Recommendation No. 10

The Department of Health and Social Services should institute a rigorous process for monitoring departmental and program costs.

***The Department's response.** Agreed. Subsequent to the audit, the Department has instituted a process for reviewing the cost of new and expanded programs. The process includes senior management review and analysis to identify the cost drivers affecting the steady increase in health care spending and ways to control them, as well as assessing priority and needs based on departmental and strategic plans. Budgeting is now focused more on the Department as a whole, rather than individual programs.*

The Department is working more closely with other jurisdictions to ensure that out-of-territory costs are accounted for in a timelier manner for the hospital and physician claims. The Department expects to have a structured process in place by the end of the 2011–12 fiscal year that will include provisions for ongoing communications with service providers in other jurisdictions to better forecast annual expenditures.¹⁶

Progress Reported

46. In the public hearing, the Department expressed positive results of its process to review the cost of new and expanded programs, noting that its budget was balanced the preceding year. The Department noted that the structured process in place to work with other jurisdictions regarding out-of-territory medical costs was in place. The Department committed to continue rigorous analysis to identify cost drivers affecting the increase in health care spending and ways to control them.

47. The Department committed to conduct annual financial information and training sessions.

48. In the 2013 Progress Report the Department reported that:

To address this recommendation, the Department committed to the following Actions:

- Continue rigorous analysis to identify the cost drivers affecting the steady increase in health care spending and ways to control them

¹⁶ Auditor General of Canada, *Yukon Health Services and Programs—2011, Department of Health and Social Services*, February 2011, pages 21-22.

Progress since public hearing- Templates for key financial pressure areas are reviewed monthly between Corporate finance and program areas affected to look for trends. For the past two years, we have been operating within the authorized vote.

- Conduct annual finance information and training sessions

Progress since public hearing -Annual finance information and training sessions are offered.

Comments

49. None.

Recommendation No. 11

The Department of Health and Social Services should meet the Financial Administration Manual requirements to report on performance indicators, comparative figures, explanation of variances, and trend analysis. It should also consider producing an annual report.

***The Department's response.** Agreed. The Department reports on its activities currently as part of the budget reporting process. Variances are also reported to Finance as part of the regular monthly variance cycles in accordance with Management Board requirements. Current and prior year actual and budget variances and trend analysis will also be included in future budget documents in accordance with Financial Administration Manual requirements. The Department will work with the program managers to review and enhance reporting on performance indicators that can be used for program evaluations.*

The Department will release an annual report for the 2010–11 fiscal year by spring 2012.¹⁷

Progress Reported

50. In the 2013 Progress Report the Department reported that:

To address this recommendation, the Department committed to the following Actions:

- Release an annual report for the 2011-2012 fiscal year by spring 2013

***Progress since public hearing** - Our first Annual report is complete and is currently being reviewed. A copy will be sent to the Committee on Public Accounts once it is produced.*

¹⁷ Auditor General of Canada, *Yukon Health Services and Programs—2011, Department of Health and Social Services*, February 2011, page 23.

- Release a Yukon Health Status Report by end of 2013/14 fiscal year

Progress since public hearing -The 'Yukon 2012 Health Status Report – Focus on Children and Youth' was tabled in the legislature in the Spring/13. A published copy is included with this report, and it can also be viewed on the Departmental website at <http://www.hss.gov.yk.ca/>

Comments

51. In the public hearing, the Department brought a mock-up of its planned annual report for demonstration to the committee, noting the intention to release the first report in 2013 for the 2012 fiscal year. There are numerous reports available on the Department's website http://www.hss.gov.yk.ca/pr_reports.php However, a Departmental annual report is not among them.

Conclusion

52. The committee would like to thank officials from the Office of the Auditor General of Canada for its work in compiling the report and for the assistance offered to the committee in preparation for the public hearing.

53. The committee would also like to thank the Department for agreeing with, and committing to implement the recommendations in the Auditor General's report.

54. Further, the committee would like to thank the witnesses from the Department of Health and Social Services who appeared before the committee at the public hearing held on October 17, 2012 and those who prepared the written response submitted to the committee in 2013.

55. Finally, the Public Accounts Committee wishes to reiterate that the committee may follow up on the implementation of the recommendations the Auditor General's report on Health Services. This follow-up may include holding a further public hearing.

Summary of Public Accounts Committee Recommendations

Recommendation No. 1: THAT the Department of Health and Social Services incorporate in its 2014-19 Strategic Plan clear language indicating how performance measures are determined, the data set used for risk assessments and clear criteria for assessing business cases for new programmes, purchases, etc.

Recommendation No. 2: THAT the Department of Health and Social Services Annual Report to the Legislative Assembly should provide the details regarding the Social Inclusion and Poverty Reduction Strategy as set out by the Department at the public hearing held on October 17, 2012.

Recommendation No. 3: THAT the Department of Health and Social Services provide to the Standing Committee on Public Accounts information regarding how the Department is planning for and managing the key issues identified by the Auditor General: succession planning, mentoring, recruitment and retention strategies.

Recommendation No. 4: THAT the Department of Health and Social Services include information on the implementation of initiatives regarding key health indicators and outcomes in the Departmental annual report to the Legislative Assembly, and that the Department indicate how and when it uses the data generated to determine programme modifications, elimination etc.

Recommendation No. 5: THAT the Department of Health and Social Services provide the Standing Committee on Public Accounts with an update on the implementation of the BC/Yukon Panorama Project including, but not limited to, the scope and cost of the project.

Recommendation No. 6: THAT the Department of Health and Social Services provide the Standing Committee on Public Accounts with data on the Department's compliance with the Yukon Medical Association Memorandum of Understanding in its annual report; and THAT that the Department address the issue of the development of protocols and other means to ensure use and analysis of information gathered by Whitehorse General Hospital admissions and, that the regional hospitals in Watson Lake and Dawson City be covered by these protocols.

Recommendation No. 7: THAT the Department of Health and Social Services provide, in its annual report to the Legislative Assembly, information on the status of the "formal systematic means" of collecting community patient data as part of the e-health project.

Recommendation No. 8: THAT the Department of Health and Social Services provide, in its annual report to the Legislative Assembly, an update on the status of the protocol with British Columbia regarding the compatibility of information systems; and THAT the Department identify what other systems the Department is referring to, and identify the progress made on improving the compatibility of these other systems.