Health

October 2017

Summary

Department

There are no new recommendations to the Department of Health in this report.

Alberta Health Services

There are no new recommendations to Alberta Health Services in this report.

Matters from prior audits

AHS has implemented the following prior-year recommendations:

- follow-up processes for hiring and terminating executives—see below.
- contract documentation—see below.
- contracting practices: internal controls—see page 80.

Findings and Recommendations

Alberta Health Services

Matters from prior audits

Follow-up processes for hiring and terminating executives— recommendation implemented

Context

In 2014,[1] we recommended that Alberta Health Services follow its human resource processes for hiring and terminating executives.

Our audit findings

AHS implemented the recommendation by establishing a framework outlining the processes for hiring and terminating executives. We reviewed two executive hires and noted that the framework put in place was followed.

Contract documentation—recommendation implemented

Context

In 2008,[2] we recommended that Alberta Health Services—Peace Country Health develop and implement a sole-sourcing policy for contracts and ensure that sole-sourcing is clearly documented and justified. We also recommended that Alberta Health Services— Peace Country Health ensure contract amendments, including changes to deliverables, are documented and agreed to by both parties.

Our audit findings

AHS implemented this recommendation by revising its contracting policies and procedures to be consistent with the requirements under the applicable trade agreements that AHS is required to follow. AHS performs a competitive bid process unless:

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1   *Report of the Auditor General of Alberta—October 2014*, page 136.
2   *Report of the Auditor General of Alberta—October 2008*, page 312.

- the contract is below trade agreement thresholds
- the trade agreements contain an approved procurement exception

In some situations, AHS may sole-source a contract—for example, to prevent a disruption in healthcare delivery or when it would not be economically logical or justifiable to conduct a competitive process. In these cases, AHS's policy requires a documented business rationale to support the sole-sourcing.

Our testing of contracts did not identify any significant exceptions.

Contract processes: internal controls— **recommendation implemented**

Context

In 2006,[3] we recommended that the Alberta Alcohol and Drug Abuse Commission (AADAC) improve its controls over contracting by:

- ensuring adequate segregation of duties exists over the contracting process
- monitoring and verifying contractors' compliance with contract terms and conditions

Effective April 1, 2009, AADAC was dissolved and its responsibilities were transferred to AHS.

Our audit findings

AHS implemented this recommendation by revising its contract policies to clearly segregate duties over the contracting process. Our testing of compliance with the policies and controls over the contracting process did not identify any significant exceptions.

AHS's Contracting, Procurement and Supply Management group uses a risk-based approach to monitor contracts and ensure contract terms and conditions are being met. We reviewed this process and determined it was reasonable.

Outstanding Recommendations

Ministry and Department

The following recommendations are outstanding and not yet ready for follow-up audits:

Electronic health records: User access management—October 2009, p. 80

We recommend that the Department of Health ensure that its user access management policies are followed and that user access to health information is removed when access privileges are no longer required.

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3   *Report of the Auditor General of Alberta—November 2006*, page 14.

Chronic disease management: Improve delivery of chronic disease management services—September 2014, no. 1, p. 11
We recommend that the Department of Health improve the delivery of chronic disease management services in the province by:

- defining the care services it expects physicians, Primary Care Networks and Alberta Health Services to provide to individuals with chronic disease
- requesting family physicians to deliver comprehensive team-based care to their patients with chronic disease, through a Primary Care Network or appropriate alternative
- establishing processes to assess the volumes, costs and, most importantly, the results of chronic disease management services delivered by the healthcare providers it funds
- facilitating secure sharing of patients' healthcare information among authorized providers
- strengthening its support for advancing chronic disease management services, particularly among family physicians where the need for better systems and information is most critical

Chronic disease management: Improve delivery of pharmacist care plan initiative —September 2014, no. 7, p. 32
We recommend that the Department of Health improve the delivery of its pharmacist care plan initiative by:

- establishing a formal process to ensure pharmacists integrate their care plan advice with the care being provided by a patient's family physician and care team
- strengthening claims administration and oversight, including requiring pharmacists to submit diagnostic information showing patients qualify for a care plan, and making care plans subject to audit verification by Alberta Blue Cross
- setting expectations and targets for pharmacists' involvement in care plans and evaluating the effectiveness of their involvement on an ongoing basis

Chronic disease management: Strengthen electronic medical records systems —September 2014, no. 8, p. 37
We recommend that the Department of Health strengthen support to family physicians and care teams in implementing electronic medical record systems capable of:

- identifying patient-physician relationships and each patient's main health conditions and risk factors
- tracking patient care plans and alerting physicians and care teams when medical services are due, and health goals or clinical targets are not met
- appropriately and securely sharing patient health information between authorized healthcare providers
- reporting key activity and outcome information for selected patient groups (e.g., diabetics) as the basis for continuous quality improvement

Chronic disease management: Provide individuals access to their personal health information—September 2014, no. 9, p. 41
We recommend that the Department of Health provide individuals with chronic disease access to the following personal health information:

- their medical history, such as physician visits, medications and test results
- their care plan, showing recommended tests, diagnostic procedures and medications, including milestone dates and targets set out in the plan

Crown's right of recovery of healthcare costs from motor vehicle accidents: Clarify objectives of collecting revenue and prepare supporting rationale—October 2014, no. 3, p. 37
We recommend that the Department of Health:

- publicly articulate its objectives in setting the aggregate assessment
- report the extent to which the aggregate assessment recovers the department's calculation of healthcare costs caused by motor vehicle accidents

We also recommend that the Department of Health obtain additional information to demonstrate that the amount proposed for the aggregate assessment is the appropriate amount that should be charged given the competing objectives.

Crown's right of recovery of healthcare costs from motor vehicle accidents: Calculating the aggregate assessment—October 2014, no. 4, p. 38
We recommend that the Department of Health review the methodology it uses in the calculation of the aggregate assessment and put a process in place to periodically check whether the estimate calculated is a reasonable approximation of the Crown's associated healthcare costs.

Systems to manage the delivery of mental health services: Use action plan and progress reporting to implement strategy—July 2015, no. 6, p. 63
We recommend that the Department of Health:

- use an action plan to implement the strategy for mental health and addictions
- monitor and regularly report on implementation progress

Health care processes: Establish a proactive check to ensure that individuals with an Alberta healthcare number continue to meet residency requirements—October 2015, no. 12, p. 101
We recommend that the Department of Health improve its processes by establishing a proactive check to ensure that individuals who have been issued an Alberta healthcare number continue to meet the residency requirements specified in the *Alberta Health Care Insurance Act and Regulation.*

Health care processes: Enhance processes to check for receipt of services for which physicians billed—October 2015, no. 13, p. 102
We recommend that the Department of Health enhance the processes it uses to check whether:

- patients received the medical services for which physicians billed the department
- payments are being made in accordance with the provisions of the *Alberta Health Care Insurance Act*

Primary Care Networks: Evaluate PCN effectiveness—October 2017, Performance Auditing, p. 79
We recommend that the Department of Health, through its leadership role in the PCN Governance Structure, work with the PCNs and PCN physicians to:

- agree on appropriate targets for each PCN program performance measure, and require PCNs to measure and report results in relation to the targets
- develop a formal action plan for public reporting of PCN program performance

Primary Care Networks: Informing Albertans about PCN services—October 2017, Performance Auditing, p. 84

We recommend that the Department of Health, through its leadership role in the PCN Governance Structure, work with PCNs and PCN physicians to:

- require PCN physicians to complete the established patient attachment process, and set appropriate timelines for completing this process
- agree on the best approaches for engaging Albertans as active participants in their own care, and explaining the PCN services available to help them achieve their health goals

Management has identified this recommendation as implemented —to be confirmed with a follow-up audit:

Seniors care in long-term care facilities: Oversight at the provincial level— October 2014, no. 13, p. 91

We recommend that the Department of Health:

- clearly define and separate its role and responsibilities from those of AHS in monitoring and managing long-term care service delivery
- improve public reporting on what results the provincial long-term care system is expected to achieve and whether it is achieving them
- finish the review of the continuing care health service standards
- implement a mechanism for timely analysis and action on the accommodation cost data

Health and Alberta Health Services

The following recommendations are outstanding and not yet ready for follow-up audits:

Chronic disease management: Improve support of patient-physician relationships —September 2014, no. 2 & 3, p. 18

We recommend that the Department of Health improve its support of patient-physician relationships by:

- requesting all family physicians establish a process to identify their patient panels and which of those patients have chronic disease, and providing them with healthcare data to help them do so
- determining what it considers to be an effective care team size and composition, and working with family physicians, Primary Care Networks and other providers to help build teams to this level

We recommend that Alberta Health Services identify individuals with chronic disease who do not have a family physician and actively manage their care until they can be linked with a family physician.

Chronic disease management: Improve physician care plan initiative —September 2014, no. 5 & 6, p. 26

We recommend that the Department of Health improve its physician care plan initiative by:

- defining its expectations for what care plans should contain and how they should be managed by physicians and care teams
- setting targets for care plan coverage and evaluating the effectiveness of care plans on an ongoing basis
- strengthening care plan administration by ensuring that claims identify qualifying diagnoses, and that care plan billings by individual physicians are reasonable

We recommend that Alberta Health Services coordinate its services to patients with chronic disease with the care plans developed by family physicians and care teams.

Alberta Health Services

The following recommendations are outstanding and not yet ready for follow-up audits:

Chronic disease management: Improve AHS chronic disease management services —September 2014, no. 4, p. 22
We recommend that Alberta Health Services improve its chronic disease management services by:

- assessing the total demand for chronic disease management services across Alberta
- developing evidence to support decisions on how services provided by Alberta Health Services, family physicians, Primary Care Networks and Family Care Clinics should be integrated
- setting provincial objectives and standards for its chronic disease management services
- establishing systems to measure and report the effectiveness of its chronic disease management services

Seniors care in long-term care facilities: Monitoring care at the resident level —October 2014, no. 11, p. 84
We recommend that Alberta Health Services improve the design of its current monitoring activities. AHS should:

- develop a system to periodically verify that facilities provide residents with an adequate number and level of staff, every day of their operation
- develop a system to periodically verify that facilities deliver the right care every day by implementing individual resident care plans and meeting basic needs of residents

Seniors care in long-term care facilities: Managing performance of long-term care facilities—October 2014, no. 12, p. 88
We recommend that Alberta Health Services improve its system to monitor and manage performance of long-term care facilities. AHS should:

- clearly define which program area within AHS is responsible for managing performance of individual facilities
- establish a formal mechanism to use all available compliance data to review periodically the overall performance of each facility, and initiate proactive compliance action with facilities based on the level of risk to health and safety of residents
- establish a formal mechanism to escalate compliance action for higher risk facilities

Information technology control policies and processes—October 2014, no. 17, p. 137 (originally October 2009, no. 29, p. 262)
We again recommend that Alberta Health Services:

- develop an information technology control framework, including appropriate risk management processes and controls, for the management of its information technology resources
- monitor compliance with security policies, implementing effective change management processes and improving passwords controls

Systems to manage the delivery of mental health services: Integrate mental health service delivery and eliminate gaps in service—July 2015, no. 7, p. 67
We recommend that Alberta Health Services for its own community and hospital mental health and addictions services:

- work with physicians and other non-AHS providers to advance integrated care planning and use of interdisciplinary care teams where appropriate for clients with severe and persistent mental illness who need a comprehensive level of care
- improve availability of mental health resources at hospital emergency departments
- improve its system to monitor and ensure community mental health clinics comply with AHS's expectations for treatment planning and case management
- improve its process to identify and evaluate good operational practices used by local mental health and addictions staff, and deploy the best ones across the province

Systems to manage the delivery of mental health services: Improve information management in mental health and addictions—July 2015, no. 8, p. 75
We recommend that Alberta Health Services make the best use of its current mental health and addictions information systems by:

- providing authorized healthcare workers within all AHS sites access to AHS mental health and addictions clinical information systems
- strengthening information management support for its mental health treatment outcomes measurement tools

Systems to manage the delivery of mental health services: Complete assessment and develop waitlist for Albertans who need community housing supports—July 2015, no. 9, p. 79
We recommend that Alberta Health Services in supporting the work of the cross-ministry housing planning team established under the mandate of the Minister of Seniors:

- complete its assessment and report on gaps between supply and demand for specialized community housing support services for mental health and addictions in the province
- develop a waitlist management system to formally assess the housing support needs of AHS's mental health hospital and community patients and coordinate their placement into specialized community spaces funded by AHS

Develop a detailed plan for implementing risk-based disaster recovery processes —October 2015, no. 14, p. 104
We recommend that Alberta Health Services develop and follow a comprehensive plan for implementing risk-based disaster recovery processes, including the necessary IT infrastructure.

Management has identified these recommendations as implemented —to be confirmed with follow-up audits:

Capital project monitoring systems—October 2009, no. 32, p. 271
We recommend that Alberta Health Services improve the efficiency and effectiveness of its financial capital project monitoring and reporting systems and processes by:

- implementing common systems, policies and procedures to track and monitor key financial information
- providing relevant, timely and accurate information to executive management and the audit and finance committee

Fees and charges—October 2012, no. 25, p. 123

We recommend that Alberta Health Services:

- reinforce its admissions policies to ensure consistent application
- review its controls over the processes that generate fees and charges revenue, to ensure they are appropriately designed, consistent across regions and aligned with current policies

Controls over expenses—February 2013, no. 1, p. 24

We recommend that Alberta Health Services tighten its controls over expense claims, purchasing card transactions and other travel expenses by:

- improving the analysis and documentation that support the business reasons for—and the cost effectiveness of—these expenses
- improving education and training of staff on their responsibilities for complying with policies
- monitoring expenses and reporting results to the board