



OFFICE OF THE
Auditor General
of British Columbia

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

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The Honourable Bill Barisoff
Speaker of the Legislative Assembly
Province of British Columbia
Parliament Buildings
Victoria, British Columbia
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Dear Sir:

I have the honour to transmit herewith to the Legislative Assembly of British Columbia my 2009/2010 Report 11: Follow-up Report: Updates on the implementation of recommendations from recent reports.

John Doyle, MBA, CA
Auditor General of British Columbia

Victoria, British Columbia
April 2010

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 various agencies (ministries and Crowns) to provide progress updates regarding implementation of my report recommendations. This is the fourth Follow-up Report during my term and it includes detailed updates on ten reports, as well as a cumulative update on the implementation of all recommendations covered by my Office's follow-up reports since October 2008 (p. 4).

This is the first time I have provided a cumulative update and I am very pleased to note that of the 467 recommendations included in our follow-up reports since October 2008, 92% have been addressed, with 86% fully or substantially implemented and 6% addressed through alternative action by the agency to our initial recommendation. Of the 467 recommendations, only two remain significantly outstanding. Such a high implementation rate reinforces the relevancy of this Office's work in promoting effective, efficient and economical management in government.

This report also contains 10 detailed updates, summarized in a chart on page 6. A total of 51 recommendations were self-assessed by the respective agencies. Of these, 65% have been fully or substantially implemented, or addressed through alternative actions, and 33% (17 of the 51) are partially implemented. Only one recommendation had no substantial action taken.

Of the 10 reports, six were initial follow-ups and four were subsequent follow-ups. We did not receive a response from the Ministry of Tourism, Culture and the Arts to our 2008 BC Arts Council report. Conversely, we did receive a response from the Ministry of Housing and Social Development to the 2009 Homelessness: Clear Focus Needed report, but the response will be published in a future follow-up report. As such, the 16 recommendations made between these two reports were not included in the total number of recommendations in any calculation or chart.

As always, I invite Members of the Legislative Assembly — particularly members of the Public Accounts Committee — and other readers to provide feedback about which general areas or specific responses warrant further work.

With only two of the 467 recommendations made since October 2008 outstanding, these follow-up reports clearly demonstrate the positive results that can and will continue to be achieved through the audit and review processes. My thanks to the participating agencies, both for providing updates when requested and their work in implementing my recommendations.

A handwritten signature in black ink that reads "John Doyle". The signature is written in a cursive, flowing style.

John Doyle, MBA, CA
Auditor General of British Columbia

Victoria, British Columbia
April 2010

An Explanation of the Follow-up Process

Our reports usually contain recommendations, specific to each audit topic, to improve the management of government resources and responsibilities. The number of recommendations varies with each audit, depending on the subject matter and our findings. We discuss these recommendations with the audited organization before the report is published and encourage the organization to begin addressing them right away. The Public Accounts Committee also reviews our recommendations.

Follow-ups are a necessary process for ensuring that recommendations are addressed and that British Columbians receive full value from our services. We follow-up with agencies in varying formats, including action plans, agency self-assessments and progress audits.

Action Plans — Agencies are always asked to provide, within three months of the publication of the report, an action plan describing how they will implement the recommendations and by when. If the action plan is not available in time to publish in the report, we post it on our website (www.bcauditor.com) alongside the audit report once received.

Self-Assessments — Since October 2008, we have issued semi-annual follow-up reports. These reports are comprised of self-assessments by previously audited agencies. In their own words, agencies describe the progress they have made in implementing our recommendations and their plans going forward. We publish these submissions unedited and in their entirety so that readers can assess for themselves whether or not progress is satisfactory.

The initial follow-up is conducted approximately one year after the report is issued, sooner for urgent matters or where organizations had the opportunity to address significant issues in advance of the report's release. We expect that most recommendations will be cleared in the initial follow-up.

Subsequent follow-ups may be required on outstanding recommendations or certain key recommendations that have not been satisfactorily addressed. Published within one year of the initial follow-up, subsequent follow-ups are also unedited self-assessments from the agency.

Progress Audits — A third form of follow-up involves auditing the self-assessment of certain recommendations. We have yet to select any submissions for this level of examination, but anticipate doing so in the coming year. The results of progress audits would be published in the next available semi-annual follow-up report.

Follow-up Statistics

Cumulative Totals of Recommendations Made in October 2008 - April 2010 Follow-up Reports

Report	Report Initially Released	Number of Recommendations in Report	Cumulative Status of Recommendations			
			Fully or Substantially Implemented	Alternative Action Taken	Partially Implemented	No Substantial Action Taken
Education						
Literacy: Creating the Conditions for Reading and Writing Success	Feb-08	8	7		1	
Government's Post-secondary Expansion- 25,000 Seats by 2010	Dec-06	6	5			1
Planning for School Seismic Safety	Dec-08	7	1		6	
A Major Renovation: Trades Training and British Columbia	Nov-08	11	7		4	
Finance						
An Audit of Joint Solutions Procurement and the Revenue Management Project	Apr-08	8	6	2		
BC Arts Council *	Dec-08	9	Self-assessment not received			
Environment						
Preventing Fatalities and Serious Injuries in B.C. Forests: Progress Needed	Jan-08	15	9	1	5	
Removing Private Lands from Tree Farm Licenses 6, 19 & 25: Protecting the Public Interest? **	Jul-08					
Governance & Accountability						
Financial Framework Supporting the Legislative Assembly	Apr-07	4		4		
Keeping the Decks Clean: Managing Gaming Integrity Risks in Casinos	Jul-05	13	12	1		
Strengthening Accountability in British Columbia: Trends and Opportunities in Performance Reporting	Apr-08	5	5			
British Columbia Audit Committees: Doing the Right Things	Dec-06	2	2			
How Are We Doing? The Public Reporting of Performance Measures in British Columbia	Dec-08	4	3		1	
Public Participation: Principles and Best Practices for British Columbia	Nov-08	1		1		
Health						
In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers	Jun-04	37	33	1	3	
Preventing and Managing Diabetes in British Columbia	Dec-07	3			3	
Infection Control: Essential for a Healthy British Columbia	Mar-07	126	123	3		

Follow-up Statistics

Report	Report Initially Released	Number of Recommendations in Report	Cumulative Status of Recommendations			
			Fully or Substantially Implemented	Alternative Action Taken	Partially Implemented	No Substantial Action Taken
Health – continued						
The Child and Youth Mental Health Plan: A Promising Start to an Urgent Need	Jun-07	11	11			
Managing PharmaCare: Slow Progress Toward Cost-Effective Drug Use and a Sustainable Program	Mar-06	15	15			
Interior Health Authority: Working to Improve Access to Surgical Services	Aug-08	12	7	1	4	
Information Technology						
Managing Government's Payment Processing	May-08	34	26	4	4	
Managing Access to the Corrections Case Management System ***	Mar-08	92	89	1	2	
IT Audits of the Corporate Accounting System	2005/2006	25	24	1		
Wireless Networking Security in Victoria Government Offices: Gaps in the Defensive Line	Feb-09	4	4			
Social Services						
Management of Aboriginal Child Protection Services: Ministry of Children and Family Development	May-08	10	3	5	1	1
Home and Community Care Services: Meeting Needs and Preparing for the Future	Oct-08	10	9		1	
Homelessness: Clear Focus Needed ****	Mar-09	7	Self-assessment received. Will be published in future Follow-up Report			
Transportation						
Switching Tracks: A Review of the BC Rail Investment Partnership	Mar-07	1	1			
Changing Course – A New Direction for British Columbia's Coastal Ferry System: A Review of the Transformation of BC Ferries	Dec-06	3	1	2		
Total Recommendations		467	403	27	35	2
Percent of Total Recommendations			86.3%	5.8%	7.5%	.4%

* Self-assessment not received so the nine recommendations are not included in the total number of report recommendations

** Formal recommendations were not made in the TFL report; however, the Ministry's update notes improvements in documentation, public consultation and communication - consistent with our Public Participation Report

*** 92 recommendations refers to the total number of recommendations in the detailed management report. Due to the sensitivity of the information involved, the public report contained only nine summarized recommendations

**** Self-assessment received but as it will be published in a future Follow-up Report, the seven recommendations are not included in the total number of report recommendations

Follow-up Statistics

Summary Status of Recommendations from April 2010 Follow-up Report

				Cumulative Status of Recommendations			
	Report	Report Initially Released	Number of Recommendations in Report	Fully or Substantially Implemented	Alternative Action Taken	Partially Implemented	No Substantial Action Taken
Initial Follow-ups							
1	A Major Renovation: Trades Training and British Columbia	Nov-08	11	7		4	
2	Public Participation: Principles and Best Practices for British Columbia	Nov-08	1		1		
3	Planning for School Seismic Safety	Dec-08	7	1		6	
4	BC Arts Council *	Dec-08	9	Self-assessment not received			
5	Homelessness: Clear Focus Needed **	Mar-09	7	Self-assessment received. Will be published in future Follow-up Report			
6	How Are We Doing? The Public Reporting of Performance Measures in British Columbia	Dec-08	4	3		1	
Subsequent Follow-ups			Number of Outstanding Recommendations	Status of Recommendations			
				Fully or Substantially Implemented	Alternative Action Taken	Partially Implemented	No Substantial Action Taken
7	Management of Aboriginal Child Protection Services: Ministry of Children and Family Development	May-08	7	0	5	1	1
8	Home and Community Care Services: Meeting Needs and Preparing for the Future	Oct-08	4	3		1	
9	Interior Health Authority: Working to Improve Access to Surgical Services	Aug-08	6	1	1	4	
10	Infection Control: Essential for a Healthy British Columbia - Interior Health Authority	Mar-07	2	1	1		
10	Infection Control: Essential for a Healthy British Columbia - Fraser Health Authority	Mar-07	3	2	1		
10	Infection Control: Essential for a Healthy British Columbia - Vancouver Island Health Authority	Mar-07	6	6			
April 2010 Follow-up Total			51	24	9	17	1
Percent of Total Recommendations				47%	18%	33%	2%

* Self-assessment not received; therefore, the nine recommendations are not included in the total number of report recommendations

** Self-assessment received but as it will be published in a future Follow-up Report, the seven recommendations are not included in the total number of report recommendations

Section 1

Update on the implementation of
recommendations from:

**A Major Renovation:
Trades Training in British Columbia**

November 2008

April 2010

Response from the Ministry of Education and Labour Market Development



March 4, 2010

Ref. 76774

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

Dear Ms. Glendinning:

On behalf of the Ministry of Advanced Education and Labour Market Development and the Industry Training Authority, I am pleased to provide an update on the progress in implementing the recommendations contained in the Auditor General's November 2008 Report, *A Major Renovation: Trades Training in British Columbia*.

The Ministry and the Industry Training Authority have taken further action since our last report to your office in March 2009 and welcome the opportunity to provide an update on the significant progress made in addressing the report recommendations. A complete recommendation status summary and listing of progress in implementing each recommendation is enclosed.

This follow-up report demonstrates our commitment to build on the current strengths and continually improve the industry training and apprenticeship system.

Sincerely,

Lorne Brownsey
Deputy Minister

Enclosures

... /2

Ministry of
Advanced Education
and Labour Market
Development

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- 2 -

pc: Mr. Kevin Evans
Chief Executive Officer
Industry Training Authority

Ms. Shannon Baskerville
Assistant Deputy Minister
Labour Market and Immigration Division

Ms. Susan Brown
A/Assistant Deputy Minister
Post-Secondary Education Division

RECOMMENDATION STATUS SUMMARY
A Major Renovation: Trades Training in British Columbia
as at January 31, 2010

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
1. The Industry Training Authority develop an action plan in consultation with key stakeholders to address the issues we have identified in this report.	√				
2. The Industry Training Authority consult with Industry Training Organizations and industry to clarify roles and responsibilities and revise its policies and guidelines accordingly.	√				
3. The Industry Training Authority work with Industry Training Organizations and industry to determine the costs associated with each required responsibility and ensure the funding model is appropriate and sustainable.		√			
4. The Industry Training Authority develop a comprehensive quality assurance program to help safeguard the quality of trades training. This should include good practice guidelines on how to develop occupational analyses, program outlines and program profiles.		√			
5. The Industry Training Authority strengthen its compliance monitoring mechanisms to provide greater assurance that training providers and apprenticeship sponsors are following program standards.			√		
6. The Industry Training Authority, the Industry Training Organizations, the Ministry of Advanced Education and Labour Market Development and the colleges work together to produce high quality information for assessing demand for trades training.		√			
7. The Industry Training Authority, the Ministry of Advanced Education and Labour Market Development and the training providers work together to periodically assess the capacity of the trades training system to meet demand, and address any issues or opportunities identified.	√				
8. The Industry Training Authority and the Ministry of Advanced Education and Labour Market Development work with the colleges to ensure funding decisions are informed by a proper understanding of what it costs to deliver trades training.			√		

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
9. The Ministry of Advanced Education and Labour Market Development ensures that its funding allocations to public colleges for the purposes of supporting trades training are coordinated with the Industry Training Authority.			√		
10. The Industry Training Authority: <ul style="list-style-type: none"> • improve the internal controls it applies to the calculation of its performance measures; and • clearly and explicitly disclose its performance reporting definitions, sources and calculation methodologies. 			√		
11. The Industry Training Authority improve its records management to ensure it can easily access key participant information when needed.		√			

**PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM
A Major Renovation: Trades Training in British Columbia
as at January 31, 2010**

General comments

The following report on progress has been prepared jointly by the Ministry of Advanced Education and Labour Market Development (Ministry) and the Industry Training Authority (ITA), as a follow-up to the November 26, 2008 report by the Office of the Auditor General entitled “A Major Renovation: Trades Training in British Columbia”.

The following information demonstrates the considerable progress made since the Auditor General’s review of the trades training system in British Columbia. The Ministry and the ITA remain committed to working collaboratively with our system partners to ensure that the province’s industry training system continues to grow and improve in order to meet the needs of British Columbians and the economy.

Progress by recommendation

The following table describes the progress made for each recommendation, including the implementation status as per the legend at the bottom of the page, information on actions taken and planned, and results to support the status reported.

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 1: The Industry Training Authority develop an action plan in consultation with key stakeholders to address the issues we have identified in this report.		
Fully	The Industry Training Authority (ITA) canvassed key stakeholders and circulated a draft action plan for input in February 2009.	<p>In February 2009, a Program Standards Working Group was struck with representation from Industry Training Organizations (ITOs), training providers and the ITA. This group has been addressing issues arising from Recommendation 4.</p> <p>In October 2009, an ITO/ITA Executive Council was formed comprised of ITA and ITO CEO’s to monitor and address any strategic level issues arising from Recommendation 2.</p> <p>In January 2010, an ITA/ITO Working Group was formed comprised of senior management from the ITA and ITOs to address operational issues arising from Recommendation 2.</p>

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)
Recommendation 2: The Industry Training Authority consult with Industry Training Organizations and industry to clarify roles and responsibilities and revise its policies and guidelines accordingly.		
Fully	<p>The Industry Training Authority (ITA) consulted with the Industry Training Organizations (ITOs) throughout the summer of 2008 regarding roles and responsibilities.</p> <p>ITOs were established as independent bodies created by, and accountable to, industry sectors. In May 2009, the ITA consulted with the Office of the Comptroller General and the Ministry regarding ITA/ITO roles and responsibilities. It was determined that changes were required to ensure that ITOs would not be considered as entities of the ITA. As a result, further consultation with ITOs was completed and structural changes to the reporting relationship were implemented.</p> <p>In October 2009, the ITA facilitated the creation of the ITO/ITA Executive Council which provides a forum for on-going discussion with respect to further role clarity and issues resolution at a strategic level.</p> <p>In January 2010, the ITA facilitated the creation of the ITO/ITA Working Group which provides a forum for on-going discussion with respect to further role clarity and issues resolution at an operations level.</p> <p>In January 2010, the ITA created the new executive position of Chief Operating Officer with direct accountability for maintenance of a productive ITA/ITO operating relationship.</p>	<p>Consultations resulted in confirmation of roles and responsibilities and revised policies and guidelines relating to Industry Training Organizations.</p> <p>The ITA Board approved a draft Enterprise Partnership Framework in March 2009. The draft Framework was circulated to ITO Boards for input and was finalized in April 2009.</p> <p>Over the summer of 2009, ITO Service Plans were replaced by Enterprise Partnership Agreements which detail respective responsibilities/accountabilities/deliverables and provide a further dimension of role clarity.</p> <p>The responses of the ITA and the ITOs to the Auditor-General's recommendations have improved working relationships and channels and protocols for communication.</p> <p>The ITA's self-assessed status for this Recommendation is rated as "fully completed" with the caveat that maintaining an effective relationship between the ITA and ITOs requires on-going dialogue on roles and responsibilities as the industry training system's operating environment is dynamic and evolving.</p>
Recommendation 3: The Industry Training Authority work with Industry Training Organizations and industry to determine the costs associated with each required responsibility and ensure the funding model is appropriate and sustainable.		
Substantially	<p>The Industry Training Authority (ITA) consulted with Industry Training Organizations (ITOs) in August 2008 on the costs associated with the responsibilities identified in the revised Enterprise Partnership Framework.</p>	<p>The new budget framework for the purchase of services was implemented in April 2009 and funding for ITOs was increased to \$5.64 million for fiscal 2009/10 from \$4.24 million in fiscal 2008/09.</p>
Status	<p>F or S – Recommendation has been <u>fully</u> or <u>substantially</u> implemented P – Recommendation has been <u>partially</u> implemented AA – Alternative action has been undertaken, general <u>intent of alternative action</u> 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)
	Based on the findings, a new proposed budget framework for the purchase of services was developed, ITOs were consulted in October 2008, and the framework was approved by the ITA Board in March 2009.	The September 2009 provincial budget resulted in a revision to fiscal 2009/10 to \$4.59 million – a \$350,000 increase from the previous year at a time of severe fiscal pressure on other areas of the ITA’s operations. The budget framework will be reviewed during fiscal 2010/11 for implementation in fiscal 2011/12. Further refinement is required as the contractual relationship between the ITA and the ITOs evolves into a full fee-for-service arrangement.
Recommendation 4: The Industry Training Authority develop a comprehensive quality assurance program to help safeguard the quality of trades training. This should include good practice guidelines on how to develop occupational analyses, program outlines and program profiles.		
Substantially	<p>In February 2009, a comprehensive review of Program Standards development processes and tools was undertaken to clarify roles and responsibilities, streamline systems, update guidelines and embed quality assurance milestones.</p> <p>A series of Program Standards Working Groups were established in July 2009 comprised of representatives from ITO’s, training providers and the ITA.</p> <p>Deliverables included updated guidelines and templates for developing program standards documentation such as occupational analyses, program outlines and program profiles, and standardized document templates.</p>	<p>Over the spring and summer 2009, the review team developed a program standards responsibility matrix and process maps for modifications of existing programs, development and launch of new programs and development of examinations.</p> <p>By September 2010, a complete guidebook for program standards development will have been produced and implemented updating and providing detailed step-by-step processes and templates covering the following areas:</p> <p>Standards Elements</p> <ul style="list-style-type: none"> • Guidelines and template for developing Program Profiles • Guidelines and template for developing Occupational Analysis Charts • Guidelines and template for developing Program Outlines • Guidelines and templates for developing Exams • Guidelines and templates for planning and managing the Transition Process <p>Preparing and Planning</p> <ul style="list-style-type: none"> • Guidelines for Evaluating Industry Needs • Guidelines for preparing Letter of Intent • Guidelines for preparing a Proposal • Guidelines for determining an appropriate Training Model • Guidelines for preparing a Project Plan

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>Process Mapping</p> <ul style="list-style-type: none"> • Monitoring and Evaluating Programs • Implementing Exams • Program Review Cycle <p>Further action is required to consolidate a number of stand-alone quality assurance initiatives (i.e. private trainer designation, level and certification assessment, stakeholder satisfaction surveys, ITO/industry input) into a comprehensive Continuous Improvement Framework. Funds have been budgeted for this activity in fiscal 2010/11.</p>
<p>Recommendation 5: The Industry Training Authority strengthen its compliance monitoring mechanisms to provide greater assurance that training providers and apprenticeship sponsors are following program standards.</p>		
<p>Partially</p>	<p>In 2009, the ITA updated its Apprenticeship Sponsor guide. This step by step guide contains the critical information that Sponsor’s need to know to ensure they meet: responsibilities of all system partners; steps to success in sponsoring an apprentice; and information on credentials and apprentice responsibilities. The Guide includes a checklist of Sponsor responsibilities. Upon registration of a new apprentice, Sponsors also receive a copy of the apprentice’s program profile. This provides information on the program completion requirements, assessment methods, technical training content and locations, and credentials awarded. New registration forms also provide greater clarity of a sponsor’s responsibilities.</p> <p>The ITA has a designation review process for non-public training providers. A comprehensive review of learning resources, facilities and delivery of program standards is conducted before the program and training outcomes receive ITA designation. Training providers are evaluated against standards developed by industry. Shortcomings identified during the review must be rectified before an institution will be recognized as an ITA designated training provider for a particular program and a specific location. The designation process is triggered on a 5-year cycle. To ensure issues are resolved in the interim, the Continuous Improvement Framework will inform ongoing training delivery.</p>	<p>The Industry Training Authority (ITA) regularly monitors “Red Seal” (interprovincial) apprenticeship program pass rates. For BC apprentices writing Red Seal exam, the pass rate for 2008 was 77 per cent compared to a national rate of 72 per cent.</p> <p>With funding from the Ministry and the ITA, BC Stats conducted the fifth annual BC Apprenticeship Student Outcomes Survey of all apprenticeship students who completed the final year of their apprenticeship technical training in a BC post-secondary institution (public and private) between July 1, 2007 and June 30, 2008. The report provides insight into the apprenticeship experience of former students with respect to: rating in-school and workplace training; the usefulness of the knowledge and skills gained; their level of satisfaction with their training; and employment outcomes.</p> <p>High level results from the 2009 Apprenticeship Student Outcomes Survey demonstrate a high level of former apprentice satisfaction with school and workplace training: 93 per cent said they were very satisfied or satisfied with their in-school training; 91 per cent said they were very satisfied or satisfied with their overall workplace training experience. Eighty-nine per cent of former apprentice respondents were employed at the time of the survey.</p> <p>The ITA conducts an annual stakeholder survey. Results from the latest survey (April, 2009) indicate that 84 per cent of apprentices are satisfied with their work based training experience; 89 percent were satisfied with</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 addresses OAG finding
 NA – No substantial action has be 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>their technical training experience; 84 per cent of employers were satisfied with the technical training received by their apprentices; and 96 per cent feel their apprentices make a positive contribution to their business.</p> <p>The ITA is leveraging its work leading a national initiative, under the auspices of the Red Seal Program, to develop a national framework of Occupational Performance Standards. (Fifty of BC's 141 trades are covered by the Red Seal Program and 80 per cent of apprentices are in Red Seal Programs.) Once in place, these standards will ensure greater alignment between industry expectations and activities related to skill acquisition and skill recognition. Specifically, the occupational performance standards will provide a benchmark that can be used in both the institutional and on-the-job components of industry training to ensure that learning / training activities align with the expected outcomes of industry. The standards will also better support assessment that provides a reliable and consistent signal of competency.</p> <p>Flowing from this work, the ITA is developing Standard Level Assessments that will determine how apprentices are progressing through their apprenticeship. These assessments build on the ITA's Common Exam Initiative. They will be a component of the Continuous Improvement Framework and will integrate with training providers own quality assurance frameworks to facilitate informed decision making concerning the quality of training being delivered. The first phase, in 2010/11, will focus on three trades confirm the appropriateness of the methodology and inform the timing of the subsequent rollout.</p> <p>While significant progress has been made in relation to this objective, the ITA's self-assessed status is rated as "partially completed" because, as noted for recommendation 4, further action is required to consolidate a number of stand-alone quality assurance initiatives (i.e. private trainer designation, level and certification assessment, stakeholder satisfaction surveys, ITO/industry input) into a comprehensive Continuous Improvement Framework. Funds have been budgeted for this activity in fiscal 2010/11.</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 addresses OAG finding

NA – No substantial action has be 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 6: The Industry Training Authority, the Industry Training Organizations, the Ministry of Advanced Education and Labour Market Development and the colleges work together to produce high quality information for assessing demand for trades training.		
<p>Substantially</p>	<p>The ITA continues to work with the Ministry, ITOs and training providers to assess trades training demand. ITA and training provider apprenticeship waitlist definitions and methodology have been aligned.</p> <p>The Ministry of Advanced Education and Labour Market Development (Ministry) has developed a business plan for a BC Labour Market Information System to ensure that BC can anticipate labour market challenges and opportunities and has the analysis necessary to support competitive, innovative labour market strategies and investments.</p> <p>Government has made a commitment (documented in its Shareholder’s Letter of Expectations) to consult with the Industry Training Authority in developing labour market information resources, in order to consider the information requirements of the Authority. In addition, the ITA has been represented on the cross-ministry labour Market Information Roundtable since March 2009.</p> <p>In 2009, the Ministry developed a BC Labour Market Scenario Model. The scenario model is a credible, innovative tool that improves labour market decision making and enhances labour market competitiveness. The model provides information on the possible future supply, demand and balance of occupations across development regions of the province over the next ten years.</p> <p>In November 2009, the Ministry launched a new, comprehensive on-line service which will benefit British Columbians seeking career and skills development information, employers looking to improve labour productivity, and skills training service providers interested in emerging best practices. The WorkBC web centre is available at the following link www.WorkBC.ca.</p> <p>In March 2009, the ITA and public post-secondary institutions formed an Industry Training Economic Recovery Working Group to assess and address the changing market requirements for industry training as well as the changing needs of trainees.</p> <p>In May 2009, the ITA launched the “Now’s the Time” information campaign to encourage continued training participation during the</p>	<p>Waitlists through 2010/11 (to date) have decreased and are now very close to the targets set in the ITA’s Service Plan. It is also anticipated that utilization rates (determined at year end) will also be close to or exceed Service Plan targets.</p> <p>The BC Labour Market Scenario Model will be used to better assess trades-related supply and demand on a regional basis. Regional information by occupation, available by Summer 2010, will be used to identify the anticipated supply and demand for skilled trades occupations in each region. The analysis will proceed in two steps: 1) identifying potential gaps in labour market supply and demand for skilled trades occupations and; 2) assessing whether the availability of skilled trades training aligns with these potential gaps.</p> <p>Working Group recommendations have been implemented by the ITA as recession mitigation tactics (e.g., policy changes to facilitate technical training participation).</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>economic downturn. A diverse group of industry system partners participated in the campaign. Further information is available at www.nowsthetime.ca.</p>	
<p>Recommendation 7: The Industry Training Authority, the Ministry of Advanced Education and Labour Market Development and the training providers work together to periodically assess the capacity of the trades training system to meet demand, and address any issues or opportunities identified.</p>		
<p>Fully</p>	<p>Government revised the Shareholder’s Letter of Expectations for the ITA (in 2009 and for 2010) which includes a commitment to consult with and continue to work with the ITA on periodic reviews of facility capacity and requirements for effective delivery of trades training.</p> <p>The ITA and the post-secondary institutions have formed a Joint Leadership Committee to address policy and strategic issues that affect the success of B.C.’s trades training system. The Committee includes representatives of the BC Trades Training Consortium which is comprised of all the public post-secondary institutions that deliver trades training in the province. The Committee has established a joint Economic Recovery Working Group to gather and analyze training demand information and related capacity issues to maximize training opportunities during the economic downturn.</p> <p>The Ministry and the ITA worked with the Ministry of Housing and Social Development to improve the financial supports that apprentices receive when they attend technical training (e.g., a portion of tuition is reimbursable, and daycare, commuting and living away from home allowances were increased).</p> <p>The ITA develops annual Training Plans for each training institution through consultation with ITOs and training providers to annually adjust to the evolving training needs of apprentices and employers in the province. The ITA is also working with the Industry Training Economic Recovery Working Group during the development and on-going management of the Training Plans to ensure the training needs of apprentices are met through the current economic environment.</p> <p>In addition to the annual update from institutions regarding facility utilization, the Ministry, in consultation with the ITA, conducted a review of the public post-secondary trades training facility capacity in 2007. Following the review, the Ministry, ITA and the public</p>	<p>The Joint Leadership Committee continues to constitute an effective forum to address issues that affect the success of B.C.’s industry training system including the capacity of system training facilities to meet demand and the “Training Plan” process.</p> <p>Increased supports for apprentices were announced by the Ministry of Housing and Social Development in September 2009 and are intended to encourage apprentices to take technical training while the economy is slower and ensuring trained workers are available when the economy improves.</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>post-secondary institutions completed a number of actions related to enhancing system capacity and utilization:</p> <ul style="list-style-type: none"> - Improved the accuracy of apprentice waitlist data and reporting. - Developed and implemented a central web page to provide apprentices and employers with information on training availability at public institutions (http://www.tradetrainingbc.ca/). - The Industry Training Authority announced a major investment into its new E-PPRENTICE initiative to develop flexible delivery options to increase trades training access and capacity. The project is supported by the Ministry through the Labour Market Agreement funding and through the Federal Pan-Canadian Innovations Initiative. - In 2008, the Ministry provided \$8.75 million for trades training equipment to enhance trades training in public institutions. <p>In 2008 and 2009, to further assess progress in addressing challenges and opportunities and for planning and budget allocation purposes, the following actions were taken:</p> <ul style="list-style-type: none"> - The Ministry, ITA, and the public post-secondary institutions jointly conducted a follow-up survey to determine post-secondary institutions' progress in addressing training capacity. - The Ministry conducted a further review of the use of trade facilities in the summer months to determine institutions' current summer training capacity and their options for increasing capacity. The results of this review were shared with the ITA. - ITA conducted a survey of public and private training institutions to determine the additional training capacity for 2009/10. 	<p>The Ministry, the Industry Training Authority and post-secondary institutions will continue to conduct periodic capacity reviews that include an assessment of trades training facilities. The timing of such reviews will be determined through on-going consultation with the Industry Training Authority and public post-secondary institutions. Waitlist levels through 2010/11 have indicated that demand is being accommodated as set out through waitlist targets in the ITA's Service Plan. It is also anticipated that utilization rates (determined at year end) will also be close to or exceed Service Plan targets.</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 8: The Industry Training Authority and the Ministry of Advanced Education and Labour Market Development work with the colleges to ensure funding decisions are informed by a proper understanding of what it costs to deliver trades training.		
Partially	The Industry Training Authority advised the public institutions in March 2008 that it is prepared to work with post-secondary institutions to ensure that funding decisions are informed by a full understanding of what it costs to deliver trades training (e.g., instructional, administrative support, library, registration, student services, and overhead costs).	The public post-secondary institutions are currently working, through the auspices of the Trades Training BC Consortium, to develop reliable information on the costs associated with trades training which will be used to inform future training delivery funding models. This project is expected to be completed in Fall 2010.
Recommendation 9: The Ministry of Advanced Education and Labour Market Development ensures that its funding allocations to public colleges for the purposes of supporting trades training are coordinated with the Industry Training Authority.		
Partially	<p>Staff from the Industry Training Authority and the Ministry met in December, 2008 to discuss the funding allocation processes for both organizations.</p> <p>In 2008, the Ministry consulted with the ITA on the Ministry's Strategic Investment Plan allocation of trades training (Skills Development) seats, to reduce Foundation training program waitlists.</p> <p>In 2009, the Ministry consulted with the ITA prior to finalizing the allocation of the 2009/10 Skills Development spaces to address waitlists.</p> <p>The Ministry will consult with and seek input from the ITA on relevant programming when considering capital expansion at public post-secondary institutions.</p>	<p>Ministry consultation with the ITA prior to finalizing the allocation of trades training (Skills Development seats) to reduce Foundation training program waitlists in 2009/10 resulted in a coordinated approach that precluded any duplication of funding for Skills Development spaces across the system.</p> <p>Under the federal/provincial Knowledge Infrastructure Program, expansion of trades training capacity at College of New Caledonia (Prince George and Quesnel), Okanagan College (Penticton, Salmon Arm), and North Island College (Courtenay) were announced in 2009 to meet regional demand for trades training based on the applications from the respective institutions. Due to the unique nature of this very time sensitive Federal stimulus program, the funding decisions were made outside of the regular provincial capital funding process.</p>
Recommendation 10: The Industry Training Authority:		
<ul style="list-style-type: none"> • improve the internal controls it applies to the calculation of its performance measures; and • clearly and explicitly disclose its performance reporting definitions, sources and calculation methodologies. 		
Partially	During the summer of 2008, the ITA developed Report Specifications to support the reporting capability of its new apprentice information management system (ITADirectAccess). During 2009 these specifications were used to design and build "canned" reports within ITADirectAccess.	The monthly statistical reports currently on the ITA's website are the outcome of this new reporting capability. Through 2009 and into 2010 there has been an issue of timeliness in the generation of monthly reports as the ITA has worked through significant issues in ensuring the third party developers understood the Report Specifications and in completing robust testing on the reliability of the report design. It is worth noting that capacity issues have impacted the ITA's ability to produce these

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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>Waitlist data originates with training providers: through 2009 ITA worked with training providers to clarify ITA's definition of a waitlist and to facilitate the training providers' generation of data that complied with this definition.</p> <p>Other methodologies and sources of performance measures are articulated in the notes to ITA's monthly statistics reports. These reports are available on the ITA's website at www.itabc.ca</p>	<p>reports in a timely manner: once this short term challenge is overcome the nature of the reports will lend themselves to timely updating on the ITA's website.</p> <p>Waitlist information is provided by training providers quarterly and more accurately reflects the number of people who have to wait more than 13 months from the time they indicate to a training provider that they are ready to take the next level of in-school training.</p> <p>While Report Specifications are available publicly, the ITA will add a statement to its monthly statistical reports indicating that any Report Specification is available upon request.</p>
<p>Recommendation 11: The Industry Training Authority improve its records management to ensure it can easily access key participant information when needed.</p>		
<p>Substantially</p>	<p>Implementation of the new ITADirectAccess information management system will enhance access to key participant information.</p> <p>The Ministry is currently working with the ITA to ensure that records management processes are in accordance with the <i>Document Disposal Act</i>.</p>	<p>The ITA is scanning and storing all new key (non-transitory) participant records electronically as attachments to participant files, significantly enhancing access to participant information when required.</p>

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Section 2

Update on the implementation of
recommendations from:

**Public Participation:
Principles and Best Practices for British Columbia**

November 2008

April 2010

RECOMMENDATION STATUS SUMMARY
Public Participation: Principles and Best Practices for British Columbia
as at January 31, 2010

(Please tick implementation status for each recommendation)

Auditor General's Recommendation	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
1. The British Columbia Government endorse the proposed public participation framework as a basis for engaging the public.				✓	

**PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM
Public Participation: Principles and Best Practices for British Columbia
as at January 31, 2010**

General comments

Created in June of 2009, the Ministry of Citizens’ Services has adopted a focus on citizen engagement as a means to improve public policy and services in collaboration with the public.

With a focus on the use of social media and the pursuit of more effective means of face to face interaction, a Citizen Engagement team has been in place since September 2009 within Citizens’ Services to assist other ministries in improving their efforts at public participation.

Building on the supportive response provided by the government to the original 2008 report, Citizens’ Services has sought out a more flexible approach to public engagement that promises to go beyond consultation to initiate two-way communication with citizens via social media. As with many other jurisdictions globally, the Province increasingly recognizes the value of engagement as a tool to align stakeholders, communities and individuals to help government address complex public issues on behalf of British Columbians.

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: The British Columbia Government endorse the proposed public participation framework as a basis for engaging the public.		
AA	Barriers to the use of social media technologies have been addressed through a Ministerial Order authorizing the collection and storage of information volunteered by British Columbians on such sites.	Social media policy guidance and support will be provided to employees later this spring.
AA	Ministry representatives have been exploring the development of an alternative framework for public engagement, articulated by the Public Policy Forum (http://www.ppforum.ca/publications/rethinking-public-policy-process-public-engagement-framework).	Training on the public engagement framework will begin March 19 th , available to 100 BC Public Servants
AA	Pilot projects with the Ministry of Environment and the Premier’s Technology Council have begun exploring the use of new tools and approaches.	As of March 4, 2010 the Citizen Engagement team is beginning the process of evaluation of these projects. Further projects are also in development.

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

Section 3

Update on the implementation of
recommendations from:

Planning for School Seismic Safety

December 2008

April 2010

Response from the Ministry of Education



Our Ref: 137714

March 10, 2010

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

Dear Ms. Glendinning:

Thank you for your letter dated January 29, 2010, requesting an update on the Ministry of Education's progress in response to the Office of the Auditor General's report: "Planning for School Seismic Safety."

I am pleased to provide the enclosed document, which details the work completed and underway, and the Ministry's commitment to the Seismic Mitigation Program.

Sincerely,



James Gorman
Deputy Minister

Enclosure

pc: Keith Miller, Assistant Deputy Minister

Ministry of Education
Office of the Deputy Minister

Mailing address:
PO Box 9179 Stn Prov Govt
Victoria BC V8W 9H8

Telephone: (250) 387-2026
Facsimile: (250) 356-2011

RECOMMENDATION STATUS SUMMARY
Planning for School Seismic Safety
as at January 31, 2010

(Please tick implementation status for each recommendation)

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
1. The ministry identify how much of the program it can deliver within the available budget, and use this information to confirm future priorities and funding for the structural program.			<input checked="" type="checkbox"/>		
2. The ministry confirm whether the current levels of funding to school districts for non-structural remediation are sufficient to address non-structural needs.			<input checked="" type="checkbox"/>		
3. The ministry consolidate its current risk management activities into a comprehensive risk management framework, including the monitoring of significant external risks.			<input checked="" type="checkbox"/>		
4. The ministry: <ul style="list-style-type: none"> • make it a matter of urgency to implement a program delivery model and commit sufficient resources to it, and; • fully evaluate all options before deciding on how the program will be delivered. 			<input checked="" type="checkbox"/>		
5. The ministry and boards of education work together to ensure future seismic projects are integrated into a long-term capital planning framework.		<input checked="" type="checkbox"/>			
6. The ministry require boards of education to collect information about the progress and status of non-structural mitigation programs, and use this information to assess whether the status and rate of progress of non-structural mitigation is acceptable and whether funding is adequate.			<input checked="" type="checkbox"/>		
7. The ministry work in partnership with boards of education to develop and implement an information plan that will inform the public about seismic hazard, risk and the constraints around the program, and give the public opportunities to provide input on future program objectives and priorities.			<input checked="" type="checkbox"/>		

**PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM
Planning for School Seismic Safety
as at January 31, 2010**

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 1: The ministry identify how much of the program it can deliver within the available budget, and use this information to confirm future priorities and funding for the structural program.		
P	<p>APEGBC/UBC continued development of the enhanced risk calculator tool based on research and analysis of the performance of over 30 building types and the three types of earthquakes (subduction, subcrustal and crustal).</p> <p>A pilot project was initiated to evaluate structural upgrade strategies for three clay brick masonry schools. The analysis has confirmed the risk associated with these buildings. Implementation of the two projects which were determined to be very high risk is being initiated to verify the costs and effectiveness of the solutions.</p> <p>Worked with APEGBC to complete a reassessment of seismic risk of all schools in the seismic zones using the enhanced risk calculator and 2004 data.</p> <p>Engaged a quantity surveyor very experienced with school seismic projects to provide a global estimate of the upgrade costs by risk category. Typical structural costs and soft costs were included in the estimates.</p> <p>Trained nine additional Structural Consulting Engineering Firms on the use of the enhanced risk assessment tool so a total of 15 firms have been engaged to re-assess all identified high risk schools to confirm the seismic risks on a block by block basis.</p>	<p>The enhanced risk assessment tool considers the type of earthquake and building structure which allows for a more accurate determination of risk.</p> <p>The updated risk assessment work, when complete, is anticipated to reduce the number of buildings at risk and the overall cost of the seismic mitigation program.</p> <p>The number of high and moderate risk blocks has been reduced and the number of low risk blocks has increased.</p> <p>The upgrades will focus on the high risk blocks within a school. The scope and cost will be managed by engaging the Technical Review Board established by APEGBC to review each project to confirm the latest innovative design solutions have been employed and the work is focused on the high risk block.</p> <p>The new assessment data will be used to prioritize future seismic upgrading projects. Funding can be more strategically directed at those structural elements in the schools which are of the highest priority for seismic upgrade using life safety criteria.</p>

Status

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- AA – Alternative action has been undertaken, general intent of alternative action will addresses OAG finding
- NA – No substantial action has be 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 2: The ministry confirm whether the current levels of funding to school districts for non-structural remediation are sufficient to address non-structural needs.		
P	<p>Engaged expert consultant (VFA Canada) to complete a building condition assessment of all schools in the province.</p> <p>UBC assisted VFA in developing assessment methodologies (based on Canadian Standard CSA-S832) to evaluate non-structural building components.</p> <p>VFA will record the status of non-structural upgrades for all schools in the seismic risk zones.</p>	<p>VFA has completed the assessment of a third of the schools in the province. The database is now under review.</p> <p>The level of funding required, the program for the implementation of non-structural projects and the strategies for monitoring and tracking completed work will be determined over the next year.</p> <p>Non-structural deficiencies in the high risk blocks will be addressed as the structural upgrades are implemented; the non-structural work is included in the structural cost estimates.</p>
Recommendation 3: The ministry consolidate its current risk management activities into a comprehensive risk management framework, including the monitoring of significant external risks.		
P	Ministry has engaged APEGBC who is working with Canadian Society of Civil Engineering and UBC Soder Business School to assist with the development of the risk management framework.	The preliminary framework is in development.
Recommendation 4: The ministry: <ul style="list-style-type: none"> • make it a matter of urgency to implement a program delivery model and commit sufficient resources to it, and; • fully evaluate all options before deciding on how the program will be delivered. 		
P	<p>Due to the complexities of the Vancouver School Board's Long Range Facilities Plan, the Ministry has provided additional resources to VSB for a comprehensive review of 60 schools. The development of the comprehensive plan for VSB which will serve as a template for other large School Districts.</p> <p>Based on the findings from the Clay Brick Pilot Analysis, the Ministry is considering additional capital funding to expedite the construction phase of two VSB schools as the next phase of the pilot project.</p>	<p>In 2009/10 the Ministry provided \$4.8 million to school districts to enable districts to manage their seismic program.</p> <p>The VSB comprehensive plan will form the basis for comprehensive planning and program delivery in all seismic-zone districts.</p> <p>Clay Brick Pilot Analysis will be initiated by summer 2010.</p>
Recommendation 5: The ministry and boards of education work together to ensure future seismic projects are integrated into a long-term capital planning framework.		
S	School Districts are required to update their Long Range Facilities Plan as part of the annual Five Year Capital Plan Process.	The Ministry has accepted project submissions from School Districts which are still working on their Long Range Facilities Plan as long as the rationale for specific projects is clearly defined in the Project

StatusF or S – Recommendation has been fully or substantially implementedP – Recommendation has been partially implementedAA – Alternative action has been undertaken, general intent of alternative action will addresses 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)
		Identification Report accompanying the Capital Project submissions.
Recommendation 6: The ministry require boards of education to collect information about the progress and status of non-structural mitigation programs, and use this information to assess whether the status and rate of progress of non-structural mitigation is acceptable and whether funding is adequate.		
P	VFA has been engaged to complete a building condition assessment of all schools in the province. They will record the status of non-structural upgrades for all schools in the seismic risk zones.	<p>The level of funding required, the program for the implementation of non-structural projects and the strategies for monitoring and tracking completed work will be determine over the next year.</p> <p>Non-structural deficiencies in the high risk blocks will be addressed as the structural upgrades are implemented and are included in the structural cost estimates.</p>
Recommendation 7: The ministry work in partnership with boards of education to develop and implement an information plan that will inform the public about seismic hazard, risk and the constraints around the program, and give the public opportunities to provide input on future program objectives and priorities.		
P	School Districts were informed of the advances in the research and analysis and the development of the enhanced risk assessment calculator.	<p>The enhanced risk assessments will be completed in March 2010. Based on the revised risk assessments the public engagement process will be implemented. Included in the expanded contract with APEGBC referred to in Recommendation 1 is the provision for UBC and APEGBC to assist the Ministry in two ways:</p> <p>i) providing technical support in the development of the Ministry’s communication strategy</p> <p>ii) development of web based materials for public access which will be coordinated between the APEGBC School Seismic Upgrade Program website and the Ministry’s website on the school seismic upgrade program. This will allow the public to have direct access to material related to such matters as seismic hazard, risk and constraints around the program so they are better informed.</p>

Status

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Section 4

Update on the implementation of
recommendations from:

BC Arts Council

December 2008

April 2010

**We did not receive a response from the
Ministry of Tourism, Culture and the Arts
to our 2008 BC Arts Council report.**

Section 5

Update on the implementation of
recommendations from:

**Homelessness:
Clear Focus Needed**

March 2009

April 2010

**We received a response from the
Ministry of Housing and Social Development to the
2009 Homelessness: Clear Focus Needed report, but the
response will be published in a future follow-up report.**

Section 6

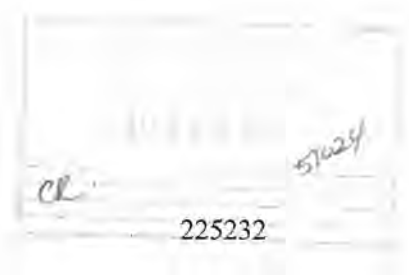
Update on the implementation of
recommendations from:

**How Are We Doing?
The Public Reporting Performance Measures
in British Columbia**

December 2008

April 2010

Response from the Ministry of Finance



March 4, 2010

Malcolm Gaston
Assistant Auditor General
Office of the Auditor General
PO Box 9036 STN PROV GOVT
Victoria BC V8W 9A2

Dear Malcolm Gaston:

Re: Follow-up review of your report: *How are We Doing? The Public Reporting of Performance Measures in British Columbia*

Enclosed please find an update on government's progress in implementing the recommendations contained in your December 2008 report: *How are We Doing? The Public Reporting of Performance Measures in British Columbia*. Specifically, we have included two documents to report this status:

- a Recommendation Status Summary, and
- a Detailed Action Plan for Implementing the Recommendations.

I understand that this information will be published, unedited, in your semi-annual follow-up report to be released April 1, 2010.

If you have any questions, please contact Lorna Pritchard, Director, Financial Governance in the Office of the Comptroller General.

I trust this is satisfactory.

Yours Truly,

Cheryl Wenezenki-Yolland, FCMA
Comptroller General

pc list attached

Ministry of Finance

Office of the Comptroller General

Mailing Address:
PO Box 9413 Stn. Prov. Govt.
Victoria BC V8W 9V1

Response from the Ministry of Finance

pc: Lorne Brownsey
A\ Deputy Minister of Advanced Education
and Labour Market Development

James Gorman
Deputy Minister of Education

John Dyble
Deputy Minister of Health Services

Kathy Chopik
Assistant Deputy Minister, Strategic Policy,
Deputy Ministers' Policy Secretariat
Ministry of Forests and Range

RECOMMENDATION STATUS SUMMARY
How Are We Doing? The Public reporting of Performance Measures in British Columbia
as at January 31, 2010

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
1. Central agencies provide guidance to organizations encouraging them to: <ul style="list-style-type: none"> keep the number of performance measures they disclose in their annual performance reports to a minimum and focused on the few critical results that the intended audience of the report is expected to be concerned about. increase the number of efficiency measures they disclose in their annual performance report, and; report on the accuracy and timeliness of their operations. 		✓			
2. School districts include current-year targets for all performance measures disclosed in their accountability or achievement contract reports.			✓		
3. The Ministry of Health Services not require health authorities to include all of the performance measures contained in their Government Letter of Expectations (Government Letters) in their annual service plan report. Alternative reporting mechanisms should be developed for those measures in the Government Letters that have been removed from the service plan reports.	✓				
4. The Ministry of Health Services define specific targets for every performance measure contained in the health authorities' Government Letter. The Government Letters include performance measure targets for each year covered by a health authorities' upcoming three-year service plan.	✓				

Note: Status of Implementation

- I - Recommendation has been fully or substantially implemented
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- AA - Alternative action has been undertaken, general intent of alternative action addresses OAG finding
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How are we doing? The public reporting of performance measures in British Columbia Detailed Action Plan for Implementing the Recommendations

OAG Finding: Many organizations are reporting on an excessive number of performance measures in their annual performance reports.

Recommendations:

We recommend that:

- Entities keep the number of performance measures contained in their annual reports to a minimum by focusing on the few critical results of concern to the intended audience of the report.
- Central agencies providing guidance to reporting entities encourage them to keep the number of measures they disclose in their annual performance reports to a minimum.

Government Response to Recommendations	Actions Taken To Date	Status (see note)	Actions Planned (Include Time Frame)
<ul style="list-style-type: none"> • Government agrees that the number of performance measures needs to be reasonable and focussed on critical aspects of performance. Through Service Plan and Annual Report guidelines, central agencies currently provide guidance to Ministries and Crown Agencies on the appropriate number of performance measures to be disclosed in their annual performance reports, and the importance of focussing on critical results. At the same time, government recognizes that a one- 	<ul style="list-style-type: none"> • Service Plan Guidelines provided to Ministries, Crown Corporations and health authorities already contain guidance that the number of performance measures should be kept to a minimum and focused on the most critical aspects of the organization's performance. <ul style="list-style-type: none"> ○ Guidelines for Crown Corporations suggest one to three performance measures per goal. ○ Guidelines for Ministries and health authorities suggest a maximum of six performance 	I	<ul style="list-style-type: none"> • The number of performance measures for the public post-secondary organizations is reviewed periodically to ensure that only key measures are included in the accountability framework. The number of performance measures will decrease for the 2009/10 reporting cycle to 15 performance measures.

Note: Status of Implementation

I - Recommendation has been **fully** or **substantially** implemented

P - Recommendation has been **partially** implemented

AA - Alternative action has been undertaken, general **intent of alternative action addresses OAG finding**

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

<p>size-fits-all approach across all types and sizes of organizations is neither desirable nor possible; what works for Ministries may not be suitable for health authorities or commercial Crown corporations, for example.</p>	<p>measures in total.</p> <ul style="list-style-type: none"> Reporting guidelines for the public post-secondary accountability framework 2008/09 reporting cycle included 18 performance measures. The number of performance measures reflects the complex nature of post-secondary education. 		
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Note: Status of Implementation

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

OAG Finding: Most public sector organizations do not have any efficiency measures in their annual performance reports.

Recommendations:

We recommend that :

- Organizations increase the number of efficiency measures they disclose in their annual performance reports.
- Central agencies providing guidance to entities encourage them to increase the number of efficiency measures they disclose in their annual performance reports.

Government Response to Recommendations	Actions Taken To Date	Status (see note)	Actions Planned (Include Time Frame)
<ul style="list-style-type: none"> • Government agrees that efficiency is one of the types of performance measures that should be considered. At the same time, in an effort to maintain a reasonable number of measures and to focus on the few critical aspects of performance, individual organizations will need to evaluate whether efficiency measures are better suited than other types of measures to best inform the public and legislators of how well the organization is progressing towards its goals. 	<ul style="list-style-type: none"> • Service Plan Guidelines for Crown Corporations already list “efficiency” as one of the types of performance measures that should be considered. Individual organizations evaluate the use of efficiency measures relative to other types of measures in the context of the need to focus on critical results and to keep to a reasonable number of performance measures. • Reference to efficiency measures has been included in the guidelines for Ministries for 2010/11 – 2012/13 Service Plans. • The current post-secondary accountability framework includes two efficiency measures (degree completion rate and student satisfaction with transfer). 	I	<ul style="list-style-type: none"> • The methodology for expanding the degree completion rate to all public post-secondary institutions is planned for the 2010/2011 reporting cycle.

Note: Status of Implementation

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

OAG Finding: Most public sector organizations do not have either an accuracy or timeliness measure in their annual performance reports.

Recommendation:

We recommend that

- Organizations strive to include accuracy and timeliness measures in their annual reports, whenever possible.
- Central agencies providing guidance to organizations encourage them to report on the accuracy and/or timeliness of their operations.
-

Government Response	Actions Taken To Date	Status (see note)	Actions Planned (Include Time Frame)
<ul style="list-style-type: none"> • Government agrees that performance measures focused on accuracy and timeliness may be suitable for some organizations, but will not be appropriate for all. Individual organizations will need to evaluate whether performance measures focused on accuracy and/or timeliness will provide meaningful insight into the organization’s performance compared with other types of measures. 	<ul style="list-style-type: none"> • Service Plan Guidelines for Ministries and Crown Corporations list “timeliness” and “accuracy” among the types of performance measures that should be considered. Individual organizations will need to evaluate the use of “timeliness” and “accuracy” measures relative to other types of measures in the context of the need to focus on critical results and to keep to a reasonable number of performance measures. • A number of accuracy and timeliness thresholds are part of the data collection cycle that supports post-secondary accountability reporting. Accurate and timely data are viewed as precursors to accountability. 	I	Reference to timeliness and accuracy measures will be included in the guidelines for Crown Corporations and Ministries for the 2010/11 - 2012/13 Service Plans.

Note: Status of Implementation

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

<p>OAG Finding: Current year performance measure targets were missing for almost half of the performance measures being reported by the School districts in their accountability and achievement contracts.</p>			
<p>Recommendation:</p> <p>We recommend that:</p> <ul style="list-style-type: none"> School districts include current-year targets for all performance measures disclosed in their accountability and achievement contract reports. 			
Government Response to Recommendations	Actions Taken To Date	Status (see note)	Actions Planned (Include Time Frame)
<ul style="list-style-type: none"> The Ministry of Education and the boards of education work together in a co-governance model. The achievement contract is provided for in the <i>School Act</i> (s. 79.2) and is a public statement of commitment by a board of education to improve success for each student in the district. Guidelines provided by the Ministry convey that achievement contracts cover a three-year planning horizon and include targets specific to areas of need and priority. Targets are to be both short-and long-term. Each contract is developed 	<p>The superintendents of achievement are continuing to help district superintendents understand the need to include current year targets in their planning cycle. The 2010/11 achievement contracts will be submitted to the Ministry of Education by July 15, 2010.</p>	P	<p>The superintendents of achievement will continue to monitor the development of the 2010/11 achievement contracts with individual districts, as required, to include current year targets for performance measures. Guidelines for the 2010/11 achievement contracts will go out to districts in March, 2010.</p>

Note: Status of Implementation

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

<p>collaboratively, involving members of the school community. The Ministry will encourage school districts to include current-year, student-focussed targets in their achievement contract reports.</p>			
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Note: Status of Implementation

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

OAG Finding: Health Authorities are required to include every measure included in the Government Letter of Expectation in their health authority service plan report. As well, the current year targets for many of these measures are not precise and the specific year that long term targets should be achieved, per the letter of expectations, has not been defined for many of these performance measures.

Recommendation:

We recommend that:

- The Ministry of Health Services, through the Government Letters, not require health authorities to include every performance measure from these letters in their annual service plan reports. Alternative reporting mechanisms should be developed for those measures in the Government Letters that are removed from the service plan reports.
- The Ministry of Health Services define specific targets for every performance measure contained in the health authorities' Government Letter of Expectations. The Letter should also include targets for these measures for every year covered by a health authority's upcoming three-year service plan.

Note: Status of Implementation

I - Recommendation has been fully or substantially implemented

P - Recommendation has been partially implemented

AA - Alternative action has been undertaken, general intent of alternative action addresses OAG finding

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

Government Response to Recommendations	Actions Taken To Date	Status (see note)	Actions Planned (Include Time Frame)
<ul style="list-style-type: none"> Alternative reporting mechanisms should be developed for those measures that have been removed from the service plan reports. The Ministry of Health Services recognizes the need to refine the performance measures for health authorities to ensure a focus on key results. At the same time, the performance measures currently used are designed to reflect the breadth and depth of the health care system, across a continuum of health care services and differing populations. The Ministry acknowledges the importance of alternative reporting mechanisms, and agrees that performance measures for the purposes of public reporting could be different from those outlined in the Government Letters of Expectations, which are used by government to monitor the performance and ensure accountability of health authorities. Discussion with and further guidance from the Office of the Auditor General is required to better understand the criteria that 	<ul style="list-style-type: none"> Government Letters of Expectation for health authorities have been amended and no longer contain the large number of measures included in previous years. Performance measures for health authorities are now included in health authority service plans and only focus on the key areas of interest for the intended audience. The 2009/10 – 2011/12 health authority service plans include to six key measures of performance. 2009/10 – 2011/12 health authority service plans contain specific three year targets for all measures expect one. Since there are no measures in the Letters of Expectation that are not in the service plans, no alternative reporting mechanism is required. 	I	Government Letters of Expectations and health authority service plans will continue to keep the number of performance measures to a minimum by focusing on the few critical results of concern to the intended audience. Measures will continue to have specific targets for each year covered by the service plan.

Note: Status of Implementation

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

<p>might be used to select performance measures for the service plan, and the particular challenges this poses for the health sector.</p> <ul style="list-style-type: none"> • The Government Letter of Expectations provided to each health authority does, in fact, include a target for every performance measure that is specific to that health authority. While the Ministry of Health Services strives to use numeric targets for each performance measure, it is not always possible to do so due to data quality issues. The Ministry agrees that long-term targets incompatible with the Government Letter of Expectations, which is a single year document. 			
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Note: Status of Implementation

I - Recommendation has been fully or substantially implemented

P - Recommendation has been partially implemented

AA - Alternative action has been undertaken, general intent of alternative action addresses OAG finding

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

Section 7

Update on the implementation of
recommendations from:

**Management of Aboriginal Child Protection Services:
Ministry of Children and Family Development**

May 2008

April 2010

Response from the Ministry of Children and Family Development



March 5, 2010

Ref: 191100

Norma Glendinning, MBA, CMC
Assistant Auditor General
Office of the Auditor General of British Columbia
8 Bastion Sq
Victoria BC V8V 1X4

Dear Ms. 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 of January 31, 2010.

As you are aware, supporting Aboriginal people to exercise jurisdiction in delivering child and family services is a place where the Ministry of Children and Family Development is focusing its energy and resources. 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 key priority for the ministry.

Kind regards,

Lesley du Toit
Deputy Minister

Ministry of
Children and
Family Development

Office of the Deputy Minister

Mailing Address:
PO BOX 9721 Stn Prov Govt
Victoria, British Columbia V8W 9S2

Telephone: 250 387-2000
Facsimile: 250 356-2920

RECOMMENDATION STATUS SUMMARY
Management of Aboriginal Child Protection Services
As at January 31, 2010

(Please tick implementation status for each recommendation)

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
1. 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.				X	
2. The ministry adopt the protection standards used by Aboriginal agencies as their own for Aboriginal children and their families.				X	
3. 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.				X	
4. The ministry, in consultation with First Nations and Aboriginal organizations, obtain province-wide, community-by-community knowledge of Aboriginal child protection needs.					X
5. 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.			X		
8. The ministry, in consultation with First Nations and Aboriginal organizations, establish an effective change management strategy.				X	
9. 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.				X	
10. 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.		X			

PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM
Management of Aboriginal Child Protection Services
As at JANUARY 31, 2010

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>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>		
AA	<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 organizations regarding delivery of child protection and other MCFD services. MCFD will explore and develop as communities indicate a desire to delivery such services.</p>
<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>		
AA	<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

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>		
AA	<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>		
NA	See Recommendation 9	
<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>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> <p>Partial implementation of the Standardized Costing Framework was achieved. The ministry will continue to work with First Nations and Aboriginal organizations to determine the costing requirements for full implementation.</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

Recommendation 6: We recommend the ministry make a persuasive business case for the funding needed to deliver the services in an effective way.		
S	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.	The framework document was tabled with the federal government in September 2008. A formal response is pending.
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.		
S	<p>MCFD continues to work with Delegated Agencies and Aboriginal service providers to recruit and address specific training needs of Aboriginal social workers and care providers in the North. The Aboriginal Child Protection Recruitment Project in the North Region trained 27 Aboriginal Social Workers to provide safe care for Aboriginal children and families within a culturally appropriate context.</p> <p>Aboriginal Social Worker training is provided by Caring for First Nations Society. Funding continues to be provided by MCFD to support delegation training, board training and supervisor training. Aboriginal Social Worker Training sessions increased from 2 to 3 sessions a year in the 2007/08 fiscal year.</p> <p>MCFD continues to participate in the province-wide Aboriginal Youth Internship Program to help develop the skills and leadership capacity of Aboriginal youth in BC. Future initiatives are continuing or planned to recruit and retain Aboriginal people for service in MCFD as part of MCFD's Strategic Human Resources Plan.</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

- 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 be taken to address this recommendation

<p>Recommendation 8: We recommend the ministry, in consultation with First Nations and Aboriginal organizations, establish an effective change management strategy.</p>		
AA	<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</i> for Practice Change.</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>An Indigenous Child at the Centre Action Plan has been completed.</p> <p>MCFD is supporting and will be funding a third Indigenous Child at the Centre Forum being held in March of 2010.</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 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,</p>	<p>MCFD will be regularly receiving progress report against plans approved to date.</p> <p>The framework document was tabled with the federal government in September 2008. A formal response is pending.</p> <p>MCFD has identified 5 million dollars to be re-invested into Aboriginal Children and Family Services in 2010/2011</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

	<p>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>	<p>MCFD scheduled March 3, 2010 to present its response to the recommendations made by the office of the Representative for Children and Youth in the reports: “Housing Help and Hope :A Better Path for Struggling Families” and “Kids Crime and Care, Health Well- Being of children in Care: Youth Justice Experience and outcomes”.</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 be taken to address this recommendation

Section 8

Update on the implementation of
recommendations from:

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

October 2008

April 2010

Response from Ministry of Health Services



MAR 03 2010

822059

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,

ORIGINAL SIGNED BY

John Dyble
Deputy Minister

Enclosures

RECOMMENDATION STATUS SUMMARY
Home and Community Care Services: Meeting Needs and Preparing for the Future
As at January 31, 2010

(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.			√		
5. The Ministry of Health Services ensure the integration of planning both across sectors and with capital information and human resources planning.		√			

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 addresses OAG finding
NA – No substantial action has be taken to address this recommendation

**PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM
Home and Community Care Services: Meeting Needs and Preparing for the Future
as at January 31, 2010**

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 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.		
S	A draft Strategic Directions document has been developed and consultations held with stakeholders to inform strategic priorities.	Strategic priorities for home and community care are being shaped in coordination with other health services, particularly primary care and mental health and addictions services, to ensure health service alignment and integration that best meets the needs of patients. Overall strategies will be contained in the ministry service plan to be published in March.
Recommendation 2: The Ministry of Health Services set a clear timeline and update key policies for home and community care services.		
S	Drafting of a revised Provincial HCC Policy Manual is underway	The revised policy will be completed for final stakeholder review by March 31, 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.		
P	Replacement of HCC Information System is incorporated in the Ministry of Health Services Health Sector Information Management/Information Technology (IM/IT) Strategy, to quote; "The Ministry of Health Services has mandated that health authorities provide detailed data on a wide range of their activities to the Ministry. This information is essential to enable appropriate funding, program planning, improvement and evaluation. These reporting requirements include:	Interior Health Authority is providing data to the HCC MRR from its Meditech system Vancouver Coastal Health Authority will complete implementation of PARIS throughout the health authority by the end of this fiscal, and will provide data to the HCC MRR in April 2010 for the entire health authority. Business rule improvements have been incorporated into PARIS.

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 addresses OAG finding
NA – No substantial action has be 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>• Minimum Reporting Requirements (MRR) – home & community care, mental health, and addictions”</p> <p>Ministry of Health Services continues to work with the health authorities to develop and implement information systems, independent of the provincial Continuing Care Information Management System (CCIMS), and submit data to the Ministry’s Home and Community Care Minimum Reporting Requirements application (HCC MRR)</p>	<p>Northern Health Authority is implementing Procura, with plans to begin submission to the HCC MRR in April 2010</p> <p>This will complete the retirement of CCIMS in 3 of the 5 health authorities early in 2010/2011. Progress is being made in the remaining two health authorities:</p> <p>Fraser Health Authority is assembling an IT team for its project to implement PARIS. There is no date yet for the HCC MRR submissions</p> <p>Vancouver Island Health Authority has implemented PARIS in the North Island, and South Island will be live in March 2010. Central will follow in June 2010. There is no date yet for the HCC MRR submissions</p> <p>The Ministry requires that the health authorities submit the RAI data to CIHI, and has developed an agreement with CIHI to return enhanced data to the Ministry. The capital project to develop the Ministry data repository to contain this data did not receive funding.</p> <p>The Ministry continues to meet regularly with and support the health authorities in their endeavours to discontinue CCIMS, implement independent information systems and submit data to the HCC MRR and to CIHI.</p>
<p>Recommendation 5: The Ministry of Health Services ensure the integration of planning both across sectors and with capital information and human resources planning.</p>		
<p>S</p>	<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.</p>	<p>The planning framework and associated processes have been used to determine strategic priorities and initiatives for the next service planning cycle (2010/11 – 2012/13). Integration and alignment of services across health sectors has been a significant planning focus for the ministry and the resulting strategies will be published in the ministry service plan in March 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 addresses OAG finding
 NA – No substantial action has be taken to address this recommendation

Section 9

Update on the implementation of
recommendations from:

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

August 2008

April 2010



Interior Health

March 4, 2010

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

Dear Ms. Glendinning:

Re: *Interior Health Authority: Working to Improve Access to Surgical Services – Follow Up on Outstanding Recommendations*

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 18 months, 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.

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. We will also continue to coordinate quarterly updates on our progress and monitor all initiatives as we move forward.

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

Sincerely,

Dr. Robert Halpenny
CEO, Interior Health Authority

Interior Health
Web: interiorhealth.ca
Email: robert.halpenny@interiorhealth.ca
Tel: (250) 862-4264

Dr. Robert Halpenny
Chief Executive Officer
#220 – 1815 Kirschner Road
Kelowna, B.C. V1Y 4N7

RECOMMENDATION STATUS SUMMARY
Interior Health Authority: Working to Improve Access to Surgical Services
as at January 31, 2010

(Please tick implementation status for each recommendation)

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
3. The Interior Health Authority assess the adequacy of the various methods used at individual sites to allocate surgical time.			X		
4. The Interior Health Authority standardize equipment and surgical policies and practices as appropriate across all sites that provide surgical services.		X			
7. The Interior Health Authority develop and implement an authority-wide continuing medical education program.			X		
8. The Interior Health Authority ensure that all surgical services staff receive regular performance reviews.			X		
11. The Interior Health Authority assess and implement strategies using PICIS OR Manager information to better inform bed management.			X		
12. The Interior Health Authority report to the public on their performance including that of surgical services.		X		X	

**PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM
Interior Health Authority: Working to Improve Access to Surgical Services
as at January 31, 2010**

General comments

Please provide an introductory statement summarizing progress since the previous follow-up.

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: The Interior Health put in place a focused approach to human resource planning for surgical services, including succession planning.		
S	<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 Recovery (PAR), Surgical Intake and Medical Device Reprocessing (MDR). This information has been updated as of September 2009. 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 educating Operating Room Licensed Practical Nurses to mediate the significant demand for RNs.</p> <p>MDR has completed recruitment for three 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 gaps in physician human resources. The IH Physician Resource Plan was reviewed and updated in September 2009 and service reviews are pending. In its present form, this plan serves as a solid foundation to</p>	<p>Once the Physician Resource Plan is completed further approvals and vacancy prioritization will be determined by the Health Authority Medical Advisory Committee in March 2010.</p> <p>IH intends to have substantial completion of the overall Service Review activities by early summer 2010. Further data collection will be occurring over the next months to assist the steering committee in determining the core and specialty services provided within IH acute care facilities.</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 addresses 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>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>The IH Rural Health Plan was completed in the fall and is now serving as background information to the larger Service Review activities being undertaken by IH Senior Executive Team.</p>	
<p>Recommendation 2: The Interior Health provide direction for surgical services by clarifying the Surgical Council’s role in developing a regional surgical program.</p>		
<p>S</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 Director, Medical Administration.</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 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. Site level implementation occurred over the winter 2009/10. The Terms of Reference have been created to strengthens the linkages and information flow between sites and Surgical Council.</p> <p>The IH Surgical Council is linked through its Chair and the Network</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>All IH Surgical Council physician members are also members of their site level OR Management Committees.</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)
	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.	
Recommendation 3: The Interior Health Authority assess the adequacy of the various methods used at individual sites to allocate surgical time.		
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>As part of the Health Service Planning process, IH is reviewing current OR Allocation based on average blocks per specialty and surgeon across comparable sites.</p> <p>Operating Room Booking guidelines were 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 the 2009/10 fiscal year due to current focus on budget management initiatives and other competing priorities. Physician engagement will be key to the success of this initiative.</p> <p>Discussions are occurring at a senior leadership level regarding the equitable allocation of resources amongst specialties and surgeons within comparable sites.</p>
Recommendation 4: The Interior Health Authority standardize equipment and surgical policies and practices as appropriate across all sites that provide surgical services.		
S	<p>A Surgical Product Formulary (SPF) process was initiated in February 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.</p> <p>IH participates in the new provincial Shared Services Organization (SSO) which will facilitate ongoing standardization of products and supplies across the province. This includes participation in group purchasing organizations.</p> <p>The minor and major capital equipment lists are maintained to ensure the 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>Under the leadership of the OR Managers’ Committee, with input from</p>	<p>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>Several potential RFP opportunities for supplies/equipment have been identified by SSO for the 2010/11 fiscal year. IH will be a key participant in these RFP processes from both a clinical and administrative perspective.</p> <p>Work on standards development will continue well into the future as new areas are identified and needs arise.</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>physicians and HAMAC, IH continues to develop standards for all areas of surgical services including OR booking, Operating Room, Pre-Surgical Screening (PSS), Post Anaesthetic Recovery (PAR), and Day Care Surgery. As each standard is completed, implementation plans are drafted and reviewed by managers and/or physicians as appropriate. Any potential budget impacts are reviewed and identified for funding sources.</p> <table border="1" data-bbox="300 418 1003 727"> <thead> <tr> <th>Standard Area</th> <th># Completed</th> <th># In Progress</th> </tr> </thead> <tbody> <tr> <td>General</td> <td>11</td> <td>3</td> </tr> <tr> <td>Operating Room</td> <td>54</td> <td>60</td> </tr> <tr> <td>PAR</td> <td>17</td> <td>33</td> </tr> <tr> <td>OR Booking</td> <td>2</td> <td>1</td> </tr> <tr> <td>Daycare Surgery</td> <td>1</td> <td>26</td> </tr> <tr> <td>PSS</td> <td>1</td> <td>32</td> </tr> <tr> <td>Anaesthetic Assistant</td> <td>0</td> <td>4</td> </tr> </tbody> </table> <p>An Operating Room non-salary working group continues to focus on cost per case analysis. The goal is further standardization of supplies used for similar procedures in efforts to contain costs.</p>	Standard Area	# Completed	# In Progress	General	11	3	Operating Room	54	60	PAR	17	33	OR Booking	2	1	Daycare Surgery	1	26	PSS	1	32	Anaesthetic Assistant	0	4	
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<p>Recommendation 5: The Interior Health Authority develop a standardized basic orientation program for surgical services staff.</p>																										
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. As standards develop for each area, they are added to the orientation package.</p> <p>Data collection has started for the development of orientation processes for Day Care Surgery and Pre-Surgical Screening staff.</p>	<p>IH is moving to an online orientation process for all staff. Surgical Services will align our orientation with this initiative.</p>																								
<p>Recommendation 6: The Interior Health Authority undertake a formal assessment of training needs of surgical services staff and use the results to support continuing education.</p>																										
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</p>	<p>Ongoing work on Surgical and MDR action items (5 year 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)
	<p>training needs within the organization.</p> <p>A review of Operating Room nursing education programs was completed in Spring 2009. 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.</p> <p>As of Jan 2010, IH has partnered with SIAST which offers both RN (ORNAC certified) and LPN training in a combination of online and practicum modalities.</p> <p>Medical Device Reprocessing provided Medical Device Reprocessing Leaders education/training days in October 2009. This set a baseline for any further training needs in this area across the health authority.</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>IH has 16 LPN's enrolled in the OR training course at SIAST. Future plans include enrolment of up to 60 LPN's in the OR program over the next 3 years.</p>
<p>Recommendation 7: The Interior Health Authority develop and implement an authority-wide continuing medical education program.</p>		
<p>P</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 HAMAC executive committee has a priority to negotiate an authority-wide contract for access to a web-based education tool.</p> <p>A meeting for all Chiefs' of Staff occurred October 8, 2009. This was the first step in communication under a strengthened medical leadership structure in the health authority.</p> <p>With the hiring of an Executive Medical Director, this position will be responsible for physician engagement, particularly in key aspects of continuous quality improvement, physician professional conduct and physician leadership development.</p>	<p>Target for completion of this activity is Fall 2010.</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 8: The Interior Health Authority ensure that all surgical services staff receive regular performance reviews.		
P	<p>Excluded staff receive annual performance reviews as per the IH Performance Planning process.</p> <p>A new Performance Management system was implemented in 2009.</p> <p>IH 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 has been completed. Training sessions for managers on the new e-staffing tracking and resource program are complete and IH managers are currently using the new system.</p> <p>Physicians: 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, and a health-authority wide meeting was held in October 2009.</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> <p>Recent Accreditation survey indicates that performance reviews for bargaining unit staff continue to be an issue in the health authority. This is a workload issue for many front line managers.</p>
Recommendation 9: The Interior Health Authority implement a standardized patient incident tracking and reporting system.		
F	<p>IH completed the regional incident management policy to support open disclosure of adverse events. Starting in 2008, 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 consulted with IH Quality and risk staff to develop the first course of this 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 was held in October 2009.</p> <p>Implementation of the Patient Safety Learning System has been 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>
Recommendation 10: The Interior Health Authority clarify the role of the Surgical Council in advancing patient quality and safety and how that role integrates into the quality management structure.		

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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>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. Much progress has been made on these initiatives, and regular reports are provided 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. Implementation of a Surgical Safety Checklist and Best Possible Medication History (through Presurgical Screening) are underway.</p> <p>The IH Surgical Network also expanded to include a clinical practice standards development position, shared with Medical Device Reprocessing. 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>An accreditation survey was completed in September 2009. Surgical Services received a resurvey in January 2010 at the request of IH.</p>	<p>IH continues to work on implementation of a Surgical Safety Checklist. An evaluation of participating sites will be completed in the next 6 months. This Checklist process will be mandatory as part of the next Accreditation Canada Required Organizational Practices (2012).</p> <p>Best Medication History initiatives are being trailed in presurgical screening. In the future, IH will build this into discharge planning etc.</p>
<p>Recommendation 11: The Interior Health Authority assess and implement strategies using PICIS OR Manager information to better inform bed management.</p>		
P	<p>The information system for surgical services management (PICIS OR Manager) has been integrated with the larger IH Data Warehouse. This enables the health authority to produce reports using data from several systems and report on key indicators.</p> <p>IH has developed and implemented a robust set of operational indicators for site and health authority management and physicians to use to monitor and identify areas for improvement in surgical services. These indicators include comparable information on first case start times and delay reasons, add-on wait times, post anaesthetic recovery (PAR) delays, surgical postponements within 2 days of surgery, slate under and over runs, time out monitoring, and turnover times, as well as wait time</p>	<p>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. According to the data in the system, IH has discovered that lack of beds is not the top reason for postponement of surgical cases at most sites.</p> <p>The next phase of report development will include advancement of bed management indicators to assist sites with operationalizing any changes. In 2010, IH will be undertaking a project utilizing Operations Research techniques to assist with both OR Allocation and bed management.</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>monitoring for key First Ministers Meeting (FMM) identified procedures (hips/knees and cataracts). This suite of reports was rolled out in August 2009.</p> <p>Physicians were educated on the use of these reports at the October 2009 Interior Health Chiefs of Staff and Medical Directors meeting.</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>	<p>The final review of a surgical indicator dashboard is underway and plans are in place to launch this in April 2010.</p>
<p>Recommendation 12: The Interior Health Authority report to the public on their performance including that of surgical services.</p>		
<p>S AA</p>	<p>IH has participated in the 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>Wait times for key FMM benchmarks are reported at each board meeting.</p>	<p>IH will continue to participate in this consultation and planning process and align with the Ministry timelines for completion of the new patient reporting on the provincial website rather than create a stand-alone IH reporting structure. The Ministry of Health Services website is slated to be launched in the Spring of 2010.</p>

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Section 10
FHA

Update on the implementation of
recommendations from:

**Infection Control:
Essential for a Healthy British Columbia –
Fraser Health Authority**

March 2007

April 2010

Response from Fraser Health



March 4, 2010

Ms. Grace Culic
Central Services Coordinator
Office of the Auditor General
8 Bastion Square
Victoria, BC V8V 1X4

Dear Ms Culic,

Re: Follow-up review of our response to *Infection Control: Essential for a Healthy British Columbia*

Included with this letter are Fraser Health's status updates on progress in implementing the outstanding recommendations 3 and 12, of this report.

If you require further information do not hesitate to contact me.

Yours sincerely,

Andrew R. Webb, MD, FRCP
Vice President Medicine

c – Dr. Nigel Murray, CEO

attachments

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RECOMMENDATION STATUS SUMMARY
Infection Control: Essential for a Healthy British Columbia
(Fraser Health Authority)
As at January 31, 2010

(Please tick implementation status for each recommendation)

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
3. 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.				✓	
12. Ensure there are staff with appropriate training to support data quality.	✓				

**PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM
Infection Control: Essential for a Healthy British Columbia
 (Fraser Health Authority)
 as at January 31, 2010**

General comments

Fraser Health continues to support infection and prevention control activities across the organization, in acute facilities as well as residential care, mental health & addictions, public health and home health programs.

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: 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.		
AA	<p>This recommendation was put forward to the PICNet Steering Committee in May 2007 in response to the OAG report from March 2007. The PICNet steering committee decision was not to proceed with this proposal as the health authorities identified they all have acute and residential care manuals in place that are available for sharing with other health authorities.</p> <p>Fraser Health continues to collaborate with other health authorities and the Provincial Infection Control Network (PICNet) through participation on advisory and working groups. Their aim is to develop evidence-based guidelines, documents, protocols, education modules and position papers pertaining to infection prevention and control.</p> <p>Fraser Health would align and work with PICNet if they decide to bring this issue (development of a provincial template for a provincial manual for infection control in acute and residential care) back to the Steering committee for further review.</p> <p>Fraser Health, Vancouver Coastal Health, Providence Health Care and Provincial Health Services Authority continue to collaborate on initiatives to standardize various infection control initiatives across the</p>	<p>The Health Authorities continue to share material, expertise and collaborate on Infection Control resources across the Lower Mainland, as well as provincially.</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)
	lower Mainland. This is one of the initiatives on the list, but is low priority as the health authorities all have acute care infection control and residential care manuals available online.	
Recommendation 12: Ensure there are staff with appropriate training to support data quality.		
F	Fraser Health has hired an epidemiologist with substantial experience and training to support data quality on a full time basis. Fraser Health participates in PICNet surveillance working group and other activities, including provincial reporting of infection rates at a provincial level. We have internal staff resources that are trained and qualified to support data quality.	Start date for epidemiologist April 12, 2010.

Status

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Section 10
IHA

Update on the implementation of
recommendations from:

**Infection Control:
Essential for a Healthy British Columbia –
Interior Health Authority**

March 2007

April 2010

RECOMMENDATION STATUS SUMMARY
Infection Control: Essential for a Healthy British Columbia
(Interior Health Authority)
as at January 31, 2010

(Please tick implementation status for each recommendation)

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
3. 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.				x	
5. Review infection control structures to ensure that there is appropriate and designated medical support in place for the program.		x			
14. Ensure that infection control surveillance and audit reports are available and used by all programs to improve practice across the health authority as appropriate.		x			

**PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM
Infection Control: Essential for a Healthy British Columbia
(Interior Health Authority)
as at January 31, 2010**

General comments

Please provide an introductory statement summarizing progress since the previous follow-up.


Progress by recommendation

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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 3: 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.		
AA	As per Bruce Gamage, Network Manager, PICNet: a proposal was brought to the PICNet Steering Committee in May of 2007, in answer to the OAG's request that "PICNet work with the Ministry of Health, the B.C. Centre for Disease Control and all of the Health Authorities to establish a basic template for a provincial manual for infection control in acute and residential care". The Steering Committee recommended that we not proceed with this proposal. The opinion was that the health authorities has already worked to standardize their infection control manuals and that this project would be redundant. I've attached the draft proposal and the ROD from the Steering Committee Meeting in May 2007.	N/A
Recommendation 5: Review infection control structures to ensure that there is appropriate and designated medical support in place for the program.		
S	Interior Health has signed a 6 month contract with a Medical Microbiologist to provide IH wide Infection Prevention and Control expertise. This will be evaluated in 6 months and revised as applicable.	This has just been put in place so will be able to provide more information at the next reporting period.
Recommendation 14: Ensure that infection control surveillance and audit reports are available and used by all programs to improve practice across the health authority as appropriate.		

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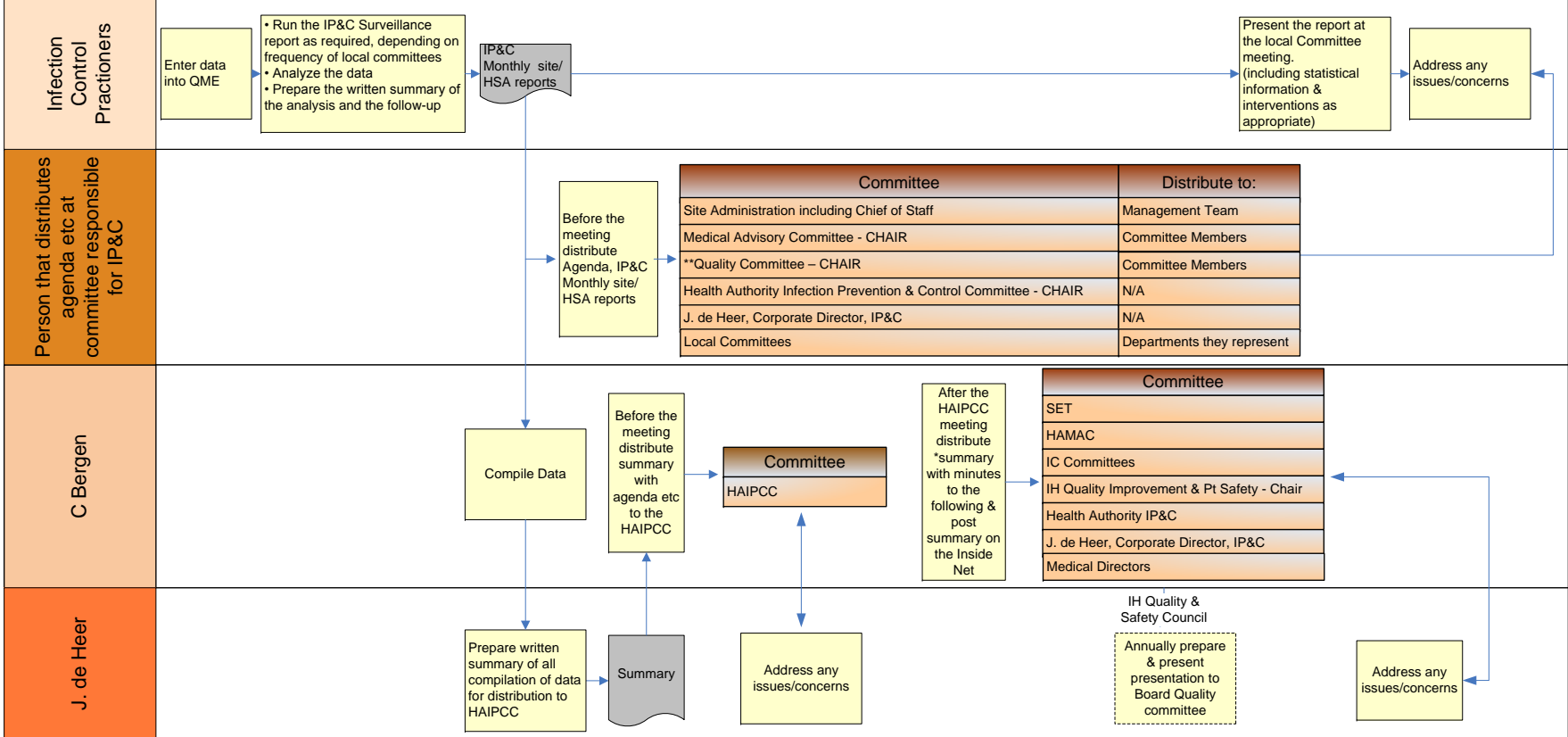
Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
S	<p>A process has been proposed to Senior Executive as to the distribution of all reports using a standard format. Please see the attached Standard Infection and Prevention Reports Process.</p>  <p>Adobe Acrobat Document</p>	<p>This process will be put in place as soon as it has been approved by the Senior Executive Team. Planned implementation is April 1, 2010.</p> <p>The Infection Prevention and Control reports and summary will be forwarded to:</p> <p>Corporate level:</p> <ul style="list-style-type: none"> • Senior Executive Team • Health Authority Medical Advisory Committee • Various Infection Control Committees • IH Quality Improvement & Patient Safety Committee • Health Authority Infection Prevention & Control Committee • Medical Directors <p>Local level:</p> <ul style="list-style-type: none"> • Site Administration including Chief of Staff • Medical Advisory Committee – Chair • Quality Committee • Health Authority Infection Prevention & Control Committee • Local Committees <p>If any intervention is required, either the local Infection Prevention & Control Practitioner or the Corporate Director will become involved.</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 addresses OAG finding
- NA – No substantial action has be taken to address this recommendation

Standard Infection & Prevention Reports Process (Acute-Monthly/Bi-monthly Residential-Quarterly)

The reports are sourced from Quality Management Enterprise (QME). See legend below for list of reports:



ACUTE
 Surgical Site Infection (SSI) – clean and clean contaminated (some exclusions)
 Hospital Acquired Pneumonia/Ventilator Acquired Pneumonia (HAP/VAP)
 Clostridium difficile Acquired Disease (CDAD)
 Central Lines (CL) – ICU only
 Antibiotic Resistant Organisms (ARO)

RESIDENTIAL
 Antibiotic Resistant Organisms (ARO)
 Clostridium difficile Acquired Disease (CDAD)
 Skin & Soft Tissue
 Urinary Tract Infection (UTI) - catheter related
 Respiratory

*full reports available on request from Infection Control Practitioner (local level) and/or Jance de Heer

**COO to designate person responsible for distributing reports/mnutes

February 2010
 (to revisit in 12 months)
DRAFT

PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM
Infection Control: Essential for a Healthy British Columbia
as at January 31, 2010

General Comments

Please provide an introductory statement summarizing progress since the previous follow-up.

Progress by recommendation

For each recommendation, provide your assessment of implementation status as per the legend at the bottom of the page¹, 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: 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.		
AA	As per Bruce Gamage, Network Manager, PICNet: a proposal was brought to the PICNet Steering Committee in May of 2007, in answer to the OAG's request that "PICNet work with the Ministry of Health, the B.C. Centre for Disease Control and all of the Health Authorities to establish a basic template for a provincial manual for infection control in acute and residential care". The Steering Committee recommended that we not proceed with this proposal. The opinion was that the health authorities has already worked to standardize their infection control manuals and that this project would be redundant. I've attached the draft proposal and the ROD from the Steering Committee Meeting in May 2007.	N/A


¹ **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

<p>Recommendation 4: 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>		
F	<p>A review was done as part of the Infection Control Program and recommendations were received. Interior Health increased the ICP resources at that time.</p>	<p>Interior Health has continued to monitor the resources and has asked for an increase to the compliment of ICPs in one of the HSAs. Administrative support is available to all programs. As stated in #5 the medical support has been addressed in the short term and will be reevaluated in 6 months.</p>
<p>Recommendation 5: Review infection control structures to ensure that there is appropriate and designated medical support in place for the program.</p>		
S	<p>Interior Health has signed a 6 month contract with a Medical Microbiologist to provide IH wide Infection Prevention and Control expertise. This will be evaluated in 6 months and revised as applicable.</p>	<p>This has just been put in place so will be able to provide more information at the next reporting period.</p>
<p>Recommendation 7: Ensure that all staff receives regular ongoing education in the area of infection control and that medical staff also have access.</p>		
F	<p>Routine education is offered to staff. Regional orientation is provided to all new staff and Infection Control is part of this program. ICPs also take part in skills fairs at their sites on a regular basis. Physicians are able to access education by ICPs at any time. ICPs give education sessions at Medical meetings as necessary and as requested.</p>	<p>Routine education to medical staff will be initiated as part of the responsibility of the medical lead for Infection Prevention and Control. This position will be starting March 1, 2010.</p>
<p>Recommendation 10: Establish a process for regular formal and informal monitoring of practice.</p>		
F	<p>Routine hand hygiene audits are conducted as part of the hand hygiene program. Sites are specified each year as the campaign is initiated. Using the results of the audits done in previous years, the new campaign will focus on the units with poor compliance</p>	<p>The new campaign will start April 1, 2010. The areas that will be targeted will be Emergency departments and for the first 6 months and Medical units and Residential sites for the second 6 months of the campaign. Regular audits will be done with results reported upon completion.</p>

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 11: Provide information management support to the infection control program for data collection, analysis, and reporting.		
F	Infection Prevention and Control has a Systems Analyst who provides ongoing support to the surveillance program.	
Recommendation 12: Ensure there is staff with appropriate training to support data quality.		
F	No changes since last report	
Recommendation 14: 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>A process has been proposed to Senior Executive as to the distribution of all reports using a standard format. Please see the attached Standard Infection and Prevention Reports Process</p>  <p>Adobe Acrobat Document</p>	<p>This process will be put in place as soon as it has been approved by the Senior Executive Team. Planned implementation is April 1, 2010.</p> <p>The Infection Prevention and Control reports and summary will be forwarded to:</p> <p>Corporate level:</p> <ul style="list-style-type: none"> • Senior Executive Team • Health Authority Medical Advisory Committee • Various Infection Control Committees • IH Quality Improvement & Patient Safety Committee • Health Authority Infection Prevention & Control Committee • Medical Directors <p>Local level:</p> <ul style="list-style-type: none"> • Site Administration including Chief of Staff • Medical Advisory Committee – Chair • Quality Committee • Health Authority Infection Prevention & Control • Local Committees <p>If any intervention is required, either the local Infection Prevention & Control Practitioner or the Corporate Director will become involved.</p>

Section 10
VIHA

Update on the implementation of
recommendations from:

**Infection Control:
Essential for a Healthy British Columbia –
Vancouver Island Health Authority**

March 2007

April 2010

Response from Vancouver Island Health Authority



March 3, 2010

Ref # 10273

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

Dear Ms. Glendinning:

RE: Follow-up status review of the Auditor General's report on *Infection Control: Essential for a Healthy British Columbia*

In response to your January 29, 2010 request for an update regarding the implementation status of outstanding recommendations within the Vancouver Island Health Authority as at January 31, 2010, 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 or substantially implemented.

Kind regards,

A handwritten signature in blue ink, appearing to be "H. Waldner", is written over a faint, larger version of the signature.

Howard Waldner
President & Chief Executive Officer

cc: Janice Butler, Acting Executive Director, Quality and Patient Safety
Dr. Martin Wale, Executive Medical Director, Quality and Patient Safety
Wendy Hill, Assistant Deputy Minister, Health Authorities Division, Ministry of Health Services

Executive Office

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Our Vision: Healthy People, Healthy Island Communities, Seamless Service

RECOMMENDATION STATUS SUMMARY
Infection Control: Essential for a Healthy British Columbia
(Vancouver Island Health Authority)
as at January 31, 2010

(Please tick implementation status for each recommendation)

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
4. 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.	X				
7. Ensure that all staff receives regular ongoing education in the area of infection control and that medical staff also have access.		X			
10. Establish a process for regular formal and informal monitoring of practice.		X			
11. Provide information management support to the infection control program for data collection, analysis and reporting.		X			
12. Ensure there is staff with appropriate training to support data quality.		X			
14. Ensure that infection control surveillance and audit reports are available and used by all programs to improve practice across the health authority as appropriate.		X			

**PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM
Infection Control: Essential for a Healthy British Columbia
 (Vancouver Island Health Authority)
 as at January 31, 2010**

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 prevention and control practices throughout the Health Authority. VIHA is committed to infection prevention, surveillance and control and it supports the principle that infection control principles need to be integrated into everyday practices by all Health Authority staff, physicians and contractors. This is evidenced by VIHA’s decision to include Infection Prevention and Control as one of four system-wide initiatives and part of the Information Management/Information Technology Strategic Plan for 2009/10-2010/11. Work planned through these initiatives has moved the Health Authority into the “substantial” status on those recommendations previously identified as “partially” 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: 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>		
F	<p>VIHA IPC Program identified IPC practitioner staffing needs based on established national standards.</p> <p>Since 2007, additional positions have been added to the IPC Program, and work has been reallocated to improve equitability of workloads.</p> <p>Communicable Disease Nurses report through Public Health. CD Hubs have been created in each of the 3 geographic areas. CD program is responsible for population health issues.</p>	<p>Review of staffing needs for both IPC and CD occur regularly.</p> <p>Other positions, such as IPC aides, have been introduced.</p> <p>VIHA IPC and CD continues to work together to provide consistent direction on infection prevention and control issues to both owned/operated and affiliated acute and residential programs.</p>

Status

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 P – Recommendation has been partially 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)
Recommendation 7: Ensure that all staff receives regular ongoing education in the area of infection control and that medical staff also have access.		
S	Education continues to be provided through multiple venues: orientation, in-services, staff meetings, point-in-time opportunities. Area staff, including physicians, are invited to participate. Associate Medical Directors – IPC also involved in education for staff and physicians.	Work in this area continues through the VIHA System-wide initiative on Infection Prevention and Control, along with the introduction of new technology to support a Learning Management System.
Recommendation 10: Establish a process for regular formal and informal monitoring of practice.		
S	Audit forms have been developed to review practices in hand hygiene and housekeeping. Informal processes for monitoring practice have been introduced.	Work in this area continues through the VIHA System-wide initiative on Infection Prevention and Control along with the introduction of new technology which supports the completion of audits, compilation of data, and reporting out.
Recommendation 11: Provide information management support to the infection control program for data collection, analysis and reporting.		
S	Infection Prevention and Control information management needs have been identified for surveillance and reporting out to program units/departments. Currently, IPC Practitioners use an Access database for surveillance. Infection Prevention and Control has been included on the 2009/10 -2010/11 Information Management/Information Technology Strategic Plan.	IPC information management needs have been identified for surveillance, specifically to increase the potential for data to be pulled from existing modules within the clinical operating system (such as admission-transfer-discharge, laboratory and pharmacy), into an infection control module to decrease errors in data entry. Work in this area continues through the VIHA System-wide initiative on Infection Prevention and Control and the Information Management/Information Technology Strategic Plan.

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 12: Ensure there is staff with appropriate training to support data quality.		
S	<p>Education to IPC Staff ongoing.</p> <p>Training and support is provided from the IPC surveillance expert.</p>	An IPC epidemiologist has been hired.
Recommendation 14: 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	Infection Prevention and Control information management needs have been identified for surveillance and reporting out to program units/departments.	<p>Developing processes to download data from current IPC Access database, from proposed IC module, and from InfoPath to Performance Monitoring and Improvement data warehouse to increase reporting capacity to units, and facilitate the roll up of data to programs, sites, and/or geographic areas.</p> <p>Work in this area continues through the VIHA System-wide initiative on Infection Prevention and Control and the Information Management/Information Technology Strategic Plan.</p>

Status

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