



**Auditor General**  
MANITOBA

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Report to the Legislative Assembly

# **Follow-Up of Previously Issued Audit Recommendations**

Website Version



March 2021

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**Auditor General**  
MANITOBA

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March 2021

Honourable Myrna Driedger  
Speaker of the Legislative Assembly  
Room 244, Legislative Building  
450 Broadway  
Winnipeg, Manitoba R3C 0V8

Dear Madam Speaker,

It is an honour to provide you with my report titled, *Follow-up of Previously Issued Audit Recommendations*, to be laid before Members of the Legislative Assembly in accordance with the provisions of Section 28 of *The Auditor General Act*.

Respectfully submitted,

**Original Signed by:**  
**Tyson Shtykalo**

Tyson Shtykalo, CPA, CA  
Auditor General

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# Auditor General's comments

Website Version

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## Auditor General's comments

In this report, we present the implementation status of 114 recommendations, as at September 30, 2020. This is the third and final follow-up for 72 of the 114 recommendations.

I am concerned that more than half the recommendations in the third and final follow-up remain in progress. I recognize the risks we highlight in our reports may sometimes require a comprehensive approach for resolution and have to be balanced with other priorities—including the added challenge of the COVID-19 pandemic in 2020. However, I remain troubled by the percentage of outstanding recommendations. It is especially disappointing that for our report, *Management of MRI Services*, dealing with important issues impacting the health of all Manitobans, only 18 of 52 recommendations (35%) have been implemented since we issued our report in 2017.



I bring this matter to the attention of the Public Accounts Committee (PAC) not only to reinforce the need for its continued monitoring of the status of these recommendations, but to highlight the importance of the significant steps taken by the PAC this past year to improve its oversight processes.

On October 14, 2020, the PAC passed a motion that implements new processes to request Action Plans from audited entities when our reports are released, as well as Progress Reports if recommendations remain outstanding after our final follow-up. These new processes will assist the PAC to hold audited entities accountable for their commitments to improvement, as well as to monitor the status of outstanding recommendations. I commend all PAC members for their collaborative, non-partisan approach in moving Manitoba's practices to better align with recognized good practices for effective public accounts committees across Canada.

Producing this report each year requires the involvement of all the audited entities. It is important to acknowledge that the work for this report was performed during the COVID-19 pandemic. I thank the many public servants involved in our follow-up process for their cooperation in providing the required status updates and supporting documentation on a timely basis. I also thank all my staff involved in this process for their valuable contributions to this report.

**Original Signed by:  
Tyson Shtykalo**

Tyson Shtykalo, CPA, CA  
Auditor General

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## Follow-up of Previously Issued Audit Recommendations

We follow up on the status of past audit recommendations for 3 consecutive years

**Why?** To assist the **Public Accounts Committee (PAC)** in holding audited entities accountable for the implementation of our recommendations

In this report:

**114**  
recommendations



Issued between  
April 2017 and October 2018

Status as at September 2020

## What we found



**Third and final follow up**  
72 recommendations  
56% still in progress

**Second follow up**  
42 recommendations  
45% still in progress

**First follow up**  
None in 2020

## New this year

The PAC passed a motion in October 2020 to adopt 2 new processes:

### ACTION PLANS

To be provided by audited entities within 90 days of an Auditor General's report being issued.



### PROGRESS REPORTS

May be requested from audited entities on the status of any outstanding recommendations after the Auditor General's third and final follow up.



**These processes will assist PAC in holding entities accountable**

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# Main points

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# Follow up of audit report recommendations

We strive to positively influence public sector performance through impactful audit work and reports. All our audit reports contain recommendations that identify areas needing improvement. Therefore, our audit reports achieve their desired impact when the audited entities improve their practices through the implementation of our recommendations.

When tabled in the Legislative Assembly, our audit reports are automatically referred to the Assembly's Standing Committee on Public Accounts for follow up on the implementation of our recommendations. The Public Accounts Committee (PAC) meets with the audited entities to enquire about the performance issues and risks identified in our reports, as well as to confirm that appropriate actions have been taken to address our recommendations. To assist the PAC in fulfilling this key role, we report on the implementation status of our recommendations for a period of 3 consecutive years.

This report contains the follow up of our recommendations in previously issued audit reports, organized into the following sections:

- Third and final follow-up review (2 audit reports).
- Second follow-up review (5 audit reports).
- First follow-up review (none in this year's report).

## OUR FOLLOW-UP PROCESS

Our office adopted a 3 year follow-up approach in 2014. The initial follow-up is scheduled about 18 months after an audit report is released. It continues annually thereafter for 2 more years (for a total of 3 years).

We request status updates as at September 30 from the audited entity's management. When the status update is received, we review the information to determine whether the actions management advises it has taken resolve the issues identified, and address the recommendations made in the audit report. We do not re-perform audit procedures from the original audit.

The implementation status of each recommendation is described using one of the following 4 categories: Work in progress; Implemented/resolved; Action no longer required; or Do not intend to implement (see shaded box for further details).

Many factors must be considered when assessing the progress and implementation of our recommendations. For example, the complexity of the recommendation, the significance of the underlying issues, the operating priorities of the entity, as well as the resourcing implications and capacity of the entity. While the nature and breadth of some recommendations may take longer than

**STATUS CATEGORIES:**

- **Work in progress:** Management is taking steps to implement our recommendation.
- **Implemented/resolved:** Recommendation has been implemented, or an alternate solution has been implemented that fully addresses the risk identified in the original report.
- **Action no longer required:** Recommendation is no longer relevant, due to changes in circumstances.
- **Do not intend to implement:** Management does not intend to implement our recommendation or otherwise address the risk identified in our original report.

3 years to implement, we believe that 3 years is a sufficient and reasonable amount of time for audited entities to implement the large majority of our recommendations.

For those recommendations management reports as implemented/resolved, we confirm the status through interviews and supporting documentation. For recommendations where management has told us action is no longer required or they do not intend to implement, we review the rationale provided and include it in this report. We continue to follow up on these recommendations by inquiring whether management has reconsidered its position on these recommendations.

This report includes a chart for each audit report indicating the implementation status of our recommendations as at September 30, 2020, as well as tables listing all the recommendations made, organized by implementation status. For select recommendations, we add commentary to clarify

implementation status and/or to highlight specific actions or planned actions. OAG comments included in prior follow-up reports for the recommendations considered implemented/resolved at that time are also reprinted in this report.

We typically do not comment on the overall progress made by an entity after the first and second follow-ups. More information is provided after the third and final follow-up to assist the PAC in its ongoing monitoring of the implementation of these recommendations.

## Implementation status

This report provides the implementation status of 114 recommendations. As detailed in **FIGURE 1**, we found that:

- 59 recommendations remained in progress (52%).
- 46 have been implemented/resolved (40%).
- 3 were no longer relevant due to changed circumstances (3%).
- 6 will not be implemented (5%).



Figure 1: Implementation status, as at September 30, 2020

Report	Total	Implemented/ resolved	Action no longer required	Do not intend to implement	Work in progress
<b>Third and final follow-up review</b>					
<b>April 2017</b>					
Management of MRI Services	52	18	–	–	34 (65%)
<b>July 2017</b>					
Management of Manitoba's Apprenticeship Program	20	12	–	2	6 (30%)
<b>Totals for third follow-up reviews (NOTE 1)</b>	<b>72</b>	<b>30 (42%)</b>	<b>–</b>	<b>2 (3%)</b>	<b>40 (56%)</b>
<b>Second follow-up review</b>					
<b>October 2017</b>					
Managing Climate Change	8	2	–	–	6
<b>August 2018</b>					
Public Accounts and Other Financial Statement Audits (NOTE 2)	1	1	–	–	–
<b>October 2018</b>					
eChart Manitoba	15	7	1	4	3
<b>October 2018</b>					
Pharmacare: Special Audit of Financial Irregularities and Controls	5	1	–	–	4
Thompson District Office: Special Audit of Missing Licences and Cash Management Practices	5	–	–	–	5
Rural Municipality of De Salaberry: Audit of Financial Irregularities	8	5	2	–	1
<b>Totals for second follow-up reviews:</b>	<b>42</b>	<b>16 (38%)</b>	<b>3 (7%)</b>	<b>4 (10%)</b>	<b>19 (45%)</b>
<b>Grand Total</b>	<b>114</b>	<b>46 (40%)</b>	<b>3 (3%)</b>	<b>6 (5%)</b>	<b>59 (52%)</b>

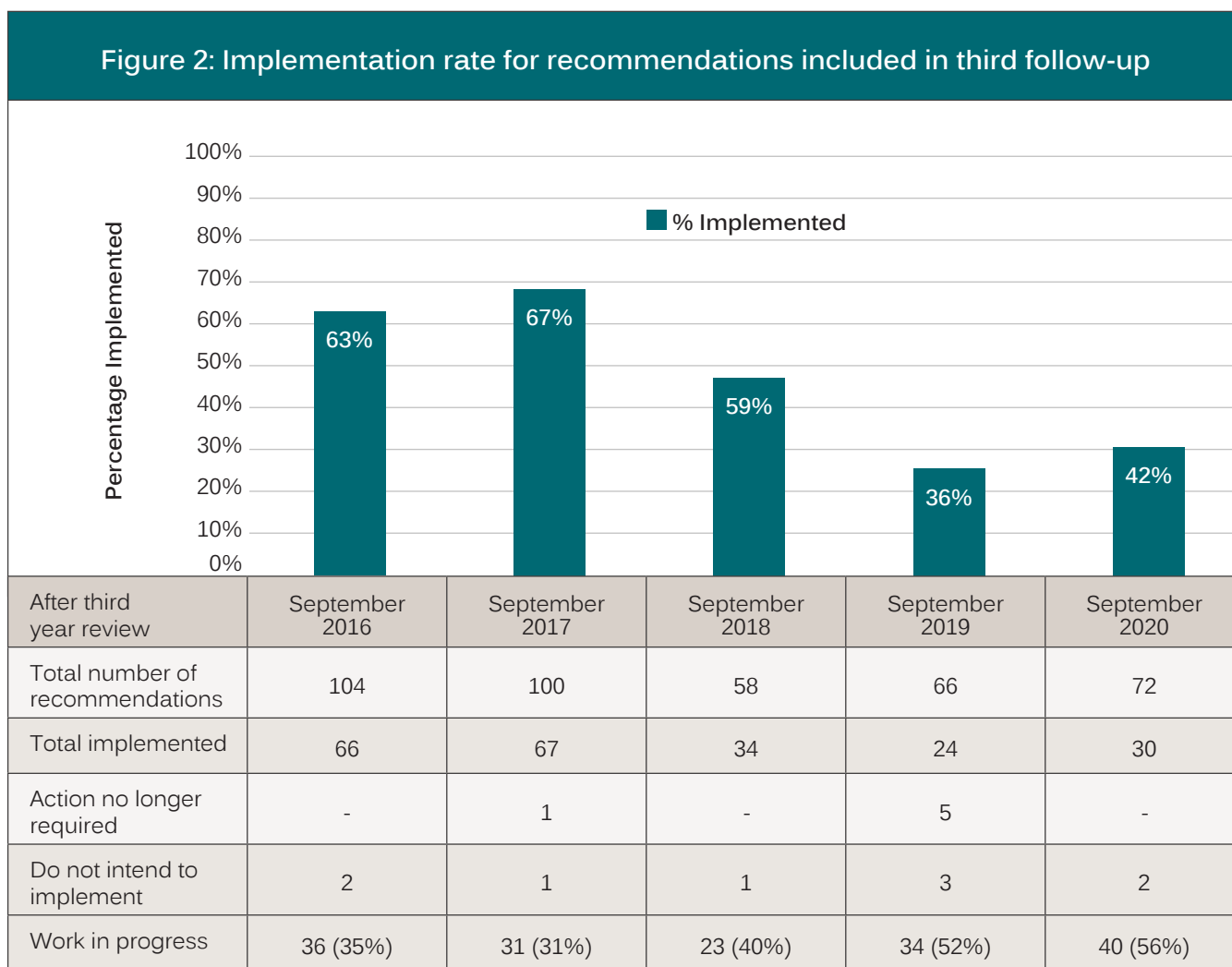
Note 1: Percentages do not add up to 100 due to rounding.

Note 2: This recommendation was implemented as of September 30, 2019. It is listed here to include all reports issued in the timeframe, even though no further follow up is required.

## MORE THAN HALF OF THIRD-YEAR RECOMMENDATIONS STILL IN PROGRESS

We are concerned that over half of our recommendations (56%) were still in progress after our third and final follow-up. This is in large part due to the poor progress related to our report, *Management of MRI Services*, where only one-third of our recommendations have been implemented. The majority of recommendations (65%) are still outstanding after 3 years. We further note that the PAC has not held any meetings with the Department of Health and Seniors Care to discuss this report, even though it was issued in 2017.

In **FIGURE 2**, we present the implementation rates after our third follow-up for the past 5 years of audit reports. It shows that implementation rates have been at disappointingly low levels in the past 2 years.



**FIGURE 2** also shows the number of outstanding recommendations that continued to be in-progress after our third and final follow-up. This has continued to increase over the past 5 years. Given that more than half of recommendations (56%) are still in progress, it is essential that the PAC continue to follow up on these recommendations to ensure the audited entities properly address the issues underpinning each recommendation. Through its continued follow up of these recommendations, the PAC can bring to bear

the full authority of the Legislative Assembly. For this reason, we are very pleased to highlight below the important changes that have been made to the PAC's processes in 2020.

## NEW PAC PROCESSES ADOPTED IN 2020

On October 14, 2020, the PAC passed a motion adopting 2 new processes for requesting Action Plans and Progress Reports from audited entities regarding the recommendations made in our audit reports (see shaded box). The related discussion in passing this motion can be found in Hansard<sup>1</sup>, which notes that the PAC's decision was not taken lightly, and comes from the collaborative effort of all committee members with the full support of the clerks and our office.

We congratulate the PAC in taking this important step forward. It will serve to enhance the committee's effectiveness and promote good accountability practices. Implementation of these processes will better align the practices of Manitoba's PAC with recognized good practices for effective public accounts committees across Canada.<sup>2</sup>

In December 2020, Action Plans were requested for all audit reports issued by our office in 2020. As well, Progress Reports were requested on outstanding recommendations from 7 audit reports dating back to 2014. The information provided to the PAC by these audited entities will be incorporated into our processes for next year's follow-up report.

### MOTION PASSED:

THAT the Standing Committee on Public Accounts adopt the following protocols which shall remain in effect until the end of the 42nd Legislature:

- (1) Within 48 hours of a new report by the Office of the Auditor General being tabled by the Speaker, whether during session or intersessionally, the Chairperson and the Vice-Chairperson are to send a joint letter requesting an action plan regarding the implementation of the Auditor's recommendations to the department, Crown corporation or other entity which is the subject of the report. A deadline of 90 days from the date of the letter will be allowed for a response.
- (2) Progress Reports, seeking information regarding the status of the implementation of the Auditor's recommendations may be requested from any department, Crown corporation, or other entity which is the subject of a report by the Office of the Auditor General by either of the following means:
  - (a) The Chairperson and the Vice-Chairperson may request a progress report by joint letter or
  - (b) With unanimous consent, the Standing Committee on Public Accounts may ask the Chairperson and the Vice-Chairperson to request a progress report by joint letter.

A deadline of 28 days from the date of the letter shall be allowed for a response.

<sup>1</sup> [www.gov.mb.ca/legislature/hansard/42nd\\_3rd/hansardpdf/pa1.pdf](http://www.gov.mb.ca/legislature/hansard/42nd_3rd/hansardpdf/pa1.pdf)

<sup>2</sup> See *Good Practice 14 in Accountability in Action: Good Practices for Effective Public Accounts Committees*, Canadian Audit and Accountability Foundation, 2017. [www.caaf-fcar.ca/images/pdfs/research-publications/AccountabilityInActionEN.pdf](http://www.caaf-fcar.ca/images/pdfs/research-publications/AccountabilityInActionEN.pdf)

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# **SECTION 1: Third and final follow-up review**

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## 1.1 Management of MRI Services

Our recommendations were originally directed to the Department of Health, Seniors and Active Living, Diagnostic Services Manitoba (DSM), Prairie Mountain Health (PMH) and Winnipeg Regional Health Authority (WRHA). Due to a government reorganization, the Department of Health and Seniors Care is now responsible for implementing the recommendations originally directed to the Department of Health, Seniors and Active Living. With the restructuring of Manitoba's health care system, Shared Health was created and is now responsible for implementing the recommendations originally directed to Diagnostic Services Manitoba.

Summary of reports and PAC discussion dates	
Reports issued	Discussed at PAC (in meetings up to October 14, 2020)
Original report – April 2017	–
First follow-up – March 2019	–
Second follow-up – March 2020	–

### What our original report examined

Magnetic Resonance Imaging (MRI) is a non-invasive procedure that uses a strong magnetic field and radio waves to create detailed images of organs and structures inside the body—most commonly the brain, spine, heart, abdomen, pelvis, and soft tissues in joints. This advanced imaging helps clinicians diagnose, monitor, and treat patients' medical conditions. The Department of Health, Seniors and Active Living (now called Health and Seniors Care) funds and oversees MRI services. Two Regional Health Authorities (RHAs) and Diagnostic Services Manitoba (now called Shared Health Manitoba) manage and deliver these services.

We examined the adequacy of processes in the Department, Diagnostic Services Manitoba, Prairie Mountain Health, and Winnipeg Regional Health Authority for ensuring:

- Timely and efficient MRI services.
- Patient safety and quality of MRI scans and reports.

This follow-up report should be reviewed in conjunction with our original report to obtain an understanding of the issues which underlie the recommendations. All of our reports are available at our website: [oag.mb.ca](http://oag.mb.ca).

## Status of recommendations as at September 30, 2020

Many of the 24 recommendations from our 2017 report were directed to more than one organization. For follow-up purposes, recommendations directed to more than one organization were followed-up with each organization named. This results in a total of 52 recommendations.

Recommendations that require multiple organizations to work together were followed-up as one recommendation rather than by each organization named in the recommendation.

As shown in the table below, 18 of our 52 recommendations have been implemented as at September 30, 2020.

Status date	Implemented/ resolved	Action no longer required	Do not intend to implement	Work in progress	Total
September 30, 2020	18		–	34	52
<b>By organization:</b>					
Department of Health and Seniors Care	2		–	3	5
Shared Health	4		–	9	13
Prairie Mountain Health	3		–	10	13
Winnipeg Regional Health Authority	7		–	7	14
Multiple organizations working together	2		–	5	7

This is the third and final year for following up on the recommendations from the audit of *Management of MRI Services*. We prepared the following table summarizing when recommendations were considered as implemented, action no longer required and do not intend to implement. Recommendations viewed as implemented are excluded from subsequent follow-ups.



### Timing of recommendations where no further follow-up is required

Follow-up report date	Implemented/ resolved	Action no longer required	Do not intend to implement
This follow-up	7	–	–
March 2020	9	–	–
March 2019	2	–	–
<b>Total</b>	<b>18</b>	<b>–</b>	<b>–</b>

Below we list the status of all recommendations. For certain recommendations we have added an "OAG comment" to clarify implementation status or to highlight select actions or planned actions.

### Work in progress

#### Directed to the Department of Health and Seniors Care

**We recommended that:**

- DSM, PMH, and WRHA develop and monitor scanner productivity measures that can help assess efficiency and drive process improvement, and that over the long-term the Department require the regions to develop standardized productivity measures.

**OAG comment:** *In 2017, the Department established Shared Health, which has responsibility for provincial clinical and preventative services planning for the health system, including the planning and operation of the province-wide diagnostic imaging program. The Department advises it plans to monitor and ensure Shared Health advances this recommendation, including through the development of standardized productivity measures.*

## Work in progress

17. The Department provide government decision-makers considering new additional MRI scanners with more comprehensive data, such as data on the:

- volume of MRI demand from the different geographic areas of the province.
- various proposed scanner locations and their related costs, benefits, and risks; clinical environments; transportation impacts; and impacts on provincial, regional and facility wait-times.
- costs and benefits of expanding the operating hours of existing scanners as opposed to adding new scanners.
- rationale of proposed operating hours and throughput for new scanners.

**OAG comment:** *In 2017, the Department established Shared Health, which has responsibility for provincial clinical and preventative services planning for the health system, including the planning and operation of the province-wide diagnostic imaging program. The Department advises that in the future it will work with Shared Health on developing a new decision-making process for purchases of MRI equipment. As well, it will continue to work with Shared Health on current MRI requests, ensuring comprehensive data is shared with decision makes.*

20. The Department enhance public information on MRI wait times and volumes by:

- a. accurately explaining the information.
- b. reporting a greater variety of wait-time information to better meet users' needs (such as percentile information; both average and median wait times; and, as systems allow, wait times by priority level against established targets).

**OAG comment:** *The Department advises it will continue to work with Shared Health to refine and improve wait time reporting.*

## Directed to Shared Health (formerly directed to Diagnostic Services Manitoba)

### We recommended that:

4. DSM monitor the length of time it is taking to book MRI appointments and promptly remedy any significant booking backlogs.

**OAG comment:** *Shared Health advises that a new report measuring the time from when an order is created to when the appointment is made will be implemented in 2020 based on the workflows of MRI sites.*

## Work in progress

9. DSM assign priority codes to all MRI scan requests based solely on medical considerations and then schedule all scans—including those where a third party is paying for them—based on assigned codes.

**OAG comment:** *Shared Health was not able to confirm all MRI scan requests were being prioritized solely based on medical need and did not provide the actions they planned to take to address this recommendation.*

10. DSM track and monitor MRI wait times by priority level, and that they adjust their scheduling processes when monitoring shows a significant number of the more urgent scans are not being scheduled so as to meet wait-time targets.

**OAG comment:** *Shared Health provided reports that provide wait times for priority codes but did not provide the steps planned for adjusting the scheduling process or other planned actions in this area.*

12. DSM identify and implement facility scheduling practices that can increase the number of MRI scans done daily at each facility.

**OAG comment:** *Shared Health participated in workshops to identify best practices in MRI scheduling. Shared Health plans to identify priorities and implement practice changes, but this work was put on hold due to COVID-19.*

13. DSM implement further strategies for reducing no-show rates for MRI appointments and monitor their effectiveness.

**OAG comment:** *Shared Health plans to expand the “one number to call” for cancellations provincially, and conduct a provincial public awareness campaign for no-show appointments.*

16. DSM track and monitor MRI report turnaround times using policies and targets that take clinical urgency into consideration, and that DSM develop processes to identify and promptly follow-up overdue reports.

**OAG comment:** *Shared Health initiated an evaluation of system capabilities, but advised that further investigation of system capabilities is still required.*

## Work in progress

21. DSM implement processes to ensure patient safety screening forms are fully completed and properly signed.

**OAG comment:** Shared Health developed and approved an audit form for use. It also advised that a committee has been struck to determine the process to conduct audits.

23. DSM have a medical physicist assess their MRI quality control programs each year, as required by Manitoba Quality Assurance Program standards.

**OAG comment:** Shared Health could not provide evidence of annual assessments by a medical physicist of its MRI quality control program. Shared Health advises that, along with WRHA, PMH and CancerCare Manitoba, it plans to review the annual review program to further streamline the process.

24. DSM:

- a. regularly complete all required peer reviews for MRI technologists.
- b. implement a formal and documented annual peer review process for radiologists that includes assessing how they prioritize, read, and interpret MRI scans.

**OAG comment:** Shared Health has implemented Recommendation 24(a). With respect to (b), a Diagnostic Imaging Peer Learning Organization across Manitoba (DIPLOMA) framework was developed. Shared Health advises it plans to continue development of the framework and begin implementation.

## Directed to Prairie Mountain Health

We recommended that:

9. PMH assign priority codes to all MRI scan requests based solely on medical considerations and then schedule all scans—including those where a third party is paying for them—based on assigned codes.

**OAG comment:** PMH was not able to confirm all MRI scan requests were being prioritized solely based on medical need, and indicated no significant actions were planned.

10. PMH track and monitor MRI wait times by priority level, and that they adjust their scheduling processes when monitoring shows a significant number of the more urgent scans are not being scheduled so as to meet wait-time targets.

**OAG comment:** PMH did not provide us with wait time reports, the process used to adjust their scheduling process or other planned actions in this area.

## Work in progress

12. PMH identify and implement facility scheduling practices that can increase the number of MRI scans done daily at each facility.

**OAG comment:** *PMH participated in workshops to identify best practices in MRI scheduling. PMH advises it plans to identify priorities and implement practice changes, but this work was put on hold due to the COVID-19 pandemic.*

13. PMH implement further strategies for reducing no-show rates for MRI appointments and monitor their effectiveness.

**OAG comment:** *PMH participated in a pilot project to evaluate an automated appointment reminder software. PMH advises there are plans to expand the "one-number-to-call" for cancellations provincially, and to do a provincial public awareness no-show campaign.*

14. PMH provide all patients with the option to be placed on a cancellation list.

**OAG comment:** *PMH does not have a cancellation list as they use open spots for emergent and urgent cases.*

15. PMH develop and monitor scanner productivity measures that can help assess efficiency and drive process improvement, and that over the long-term the Department require the regions to develop standardized productivity measures.

**OAG comment:** *PMH planned to implement new software in November 2020 that would allow for reporting of scanner productivity measures.*

16. PMH track and monitor MRI report turnaround times using policies and targets that take clinical urgency into consideration.

**OAG comment:** *PMH advises that an evaluation of system capabilities was initiated, but that further investigation of system capabilities is still required.*

21. PMH implement processes to ensure patient safety screening forms are fully completed and properly signed.

**OAG comment:** *PMH developed and approved an audit form for use. It also advised that a committee has been struck to determine the process to conduct audits.*

## Work in progress

23. PMH have a medical physicist assess their MRI quality control programs each year, as required by Manitoba Quality Assurance Program standards.

**OAG comment:** *PMH could not provide evidence of annual assessments by a medical physicist of its MRI quality control program. PMH advises that, along with Shared Health, WRHA, and CancerCare Manitoba, it plans to review the annual review program to further streamline the process.*

24. PMH:

- a. regularly complete all required peer reviews for MRI technologists.
- b. implement a formal and documented annual peer review process for radiologists that includes assessing how they prioritize, read, and interpret MRI scans.

**OAG comment:** *PMH has implemented Recommendation 24(a). With respect to (b), a Diagnostic Imaging Peer Learning Organization across MANitoba (DIPLOMA) framework was developed. Shared Health advises it plans to continue development of the framework and begin implementation.*

## Directed to the WRHA

We recommended that:

9. WRHA assign priority codes to all MRI scan requests based solely on medical considerations and then schedule all scans—including those where a third party is paying for them—based on assigned codes.

**OAG comment:** *WRHA was not able to confirm all MRI scan requests were being prioritized solely based on medical need, and indicated no significant actions were planned.*

10. WRHA track and monitor MRI wait times by priority level, and that they adjust their scheduling processes when monitoring shows a significant number of the more urgent scans are not being scheduled so as to meet wait-time targets.

**OAG comment:** *WRHA provided reports that provide wait times for priority codes but did not provide the steps planned for adjusting the scheduling process or other planned actions in this area.*

## Work in progress

12. WRHA identify and implement facility scheduling practices that can increase the number of MRI scans done daily at each facility.

**OAG comment:** WRHA participated in workshops to identify best practices in MRI scheduling. WRHA advises it plans to identify priorities and implement practice changes, but this work was put on hold due to the COVID-19 pandemic.

13. WRHA implement further strategies for reducing no-show rates for MRI appointments and monitor their effectiveness.

**OAG comment:** In 2019, WRHA implemented a "one-number-to-call" for exam cancellations. WRHA also participated in a pilot project to evaluate an automated appointment reminder software. WRHA advises there are plans to expand the "one-number-to-call" for cancellations provincially, and to do a provincial public awareness no-show campaign.

16. WRHA track and monitor MRI report turnaround times using policies and targets that take clinical urgency into consideration, and that WRHA develop processes to identify and promptly follow-up overdue reports.

**OAG comment:** WRHA advises that an evaluation of some system capabilities was initiated, but that further investigation of system capabilities is still required.

21. WRHA implement processes to ensure patient safety screening forms are fully completed and properly signed.

**OAG comment:** WRHA developed and approved an audit form for use. It also advised that a committee has been struck to determine the process to conduct audits.

24. WRHA:

- a. regularly complete all required peer reviews for MRI technologists.
- b. implement a formal and documented annual peer review process for radiologists that includes assessing how they prioritize, read, and interpret MRI scans.

**OAG comment:** WRHA has implemented Recommendation 24(a). With respect to (b), a Diagnostic Imaging Peer Learning Organization across Manitoba (DIPLOMA) framework was developed. Shared Health advises it plans to continue development of the framework and begin implementation.

**We recommended that:**

1. The Department, DSM, PMH, and WRHA (working together and collaboratively with Choosing Wisely Manitoba and other stakeholders) develop specific initiatives to improve the appropriateness of MRI requests, and that in doing so they assess the costs and likely benefits of:

- developing and implementing ordering guidelines and stricter requirements for the MRI requests most often inappropriately ordered.
- educating the public on inappropriate scan demands.
- providing targeted education to clinicians with unusually high ordering rates.
- altering radiologists' fee structure to recognize time spent dealing with inappropriate orders.
- embedding ordering guidelines in order-entry software.

**OAG comment:** *In 2017, the Department established Shared Health, which has responsibility for provincial clinical and preventative services planning for the health system, including the planning and operation of the province-wide diagnostic imaging program. The Department has also compelled responsibility for implementation of Choosing Wisely Manitoba to Shared Health. Shared Health advises it did a pilot project on ordering of low back MRIs that reduced the number of these requests. Shared Health further noted that it was working with the College of Physicians and Surgeons of Manitoba to implement the same process across Manitoba. The Department advises it will monitor to ensure Shared Health implements Choosing Wisely as directed in 2020/2021.*

8. The Department, DSM, PMH, and WRHA work together to develop a single province-wide method of prioritizing MRI requests that includes a clear definition and standard wait-time target for each priority level, at minimum meeting the Canadian Association of Radiologists' guidelines.

**OAG comment:** *In 2018, PMH, Shared Health, and WRHA agreed to use the Canadian Association of Radiologists' (CAR) priority category definitions and national maximum wait time targets for MRI. As well, the Department advised it was supportive of this decision to adopt CAR guidelines. Shared Health advises that in 2020 PMH, Shared Health, and St. Boniface Hospital in WRHA implemented these priority codes and that discussions continue to take place with radiologists at HSC, Pan Am Clinic, and Grace Hospital. It further advises that it plans to develop clear guidelines categorizing clinical indications into priority levels.*



## Work in progress

11. DSM, PMH, and WRHA work together to harmonize MRI scan protocols across all facilities in the province, and that they adjust the standard length of scan appointments to reflect any resulting time savings.

**OAG comment:** *Shared Health, PMH, and WRHA harmonized the MRI scan codes in 2019. They further noted that a working group was formed to standardize imaging protocols across the province, and that this would be an ongoing effort.*

18. The Department work collaboratively with DSM, PMH, and WRHA to ensure there is comprehensive strategic planning for MRI services in the province that holistically considers demand, productivity, supply, safety, and quality assurance issues.

**OAG comment:** *In late 2019, Shared Health released the first Provincial Clinical and Preventive Services Plan (PCPSP) which included planning for provincial diagnostic services. The Department advises it is developing the planning framework which will incorporate the PCPSP as the over-arching plan for the development of annual health plans. Shared Health will be expected to develop its annual health plan, including the plan for diagnostic services within this framework. Shared Health further advises that the Provincial Diagnostic Program is developing a strategic plan for equipment and services.*

19. The Department work collaboratively with DSM, PMH, and WRHA to:
  - a. review and clarify how it expects MRI scan volumes and wait-times to be calculated and reported (both short-term and long-term).
  - b. include wait-time information by priority level, including comparisons to targets, in its reporting requirements, as systems allow.
  - c. include productivity measures (other than scan volumes) in its reporting requirements.
  - d. ensure the accuracy and consistency of reported data.

**OAG comment:** *The Department advises it is commissioning an accountability framework for health care services which will include service-level expectations. Shared Health advises that a thorough review of the calculation of wait times is being completed. The Department further advised that it will continue to work with Shared Health, PMH, and WRHA to refine and improve wait time reporting.*

## Implemented/resolved

This follow-up report – status as at September 30, 2020

### Directed to Shared Health (formerly directed to DSM)

**We recommended that:**

3. DSM evaluate the costs and benefits of sharing centralized MRI intake services within or across regions.
15. DSM develop and monitor scanner productivity measures that can help assess efficiency and drive process improvement, and that over the long-term the Department require the regions to develop standardized productivity measures.

### Directed to Prairie Mountain Health

**We recommended that:**

3. PMH evaluate the costs and benefits of sharing centralized MRI intake services within or across regions.
5. PMH make it clear on their website that, following consultation with their health care providers, patients may have their MRI scans done at different facilities and in different regions.

### Directed to the WRHA

**We recommended that:**

3. WRHA evaluate the costs and benefits of sharing centralized MRI intake services within or across regions.
15. WRHA develop and monitor scanner productivity measures that can help assess efficiency and drive process improvement, and that over the long-term the Department require the regions to develop standardized productivity measures.

### Directed to multiple organizations working together

**We recommended that:**

7. DSM, PMH, and WRHA work together to finish standardizing MRI request forms across the province in the short-term and work with the Department to implement an electronic MRI request form in the long-term.

## Implemented/resolved

March 2020 report – status as at September 30, 2019

Directed to the Department of Health and Seniors Care

### We recommended that:

5. The Department make it clear on their website that, following consultation with their health care providers, patients may have their MRI scans done at different facilities and in different regions.
22. The Department ensure there is a qualified service provider in place to continue accrediting MRI facilities beyond June 2017.

Directed to Shared Health (formerly directed to DSM)

### We recommended that:

5. DSM make it clear on their website that, following consultation with their health care providers, patients may have their MRI scans done at different facilities and in different regions.
14. DSM provide all patients with the option to be placed on a cancellation list.

Directed to the WRHA

### We recommended that:

2. WRHA make central intake of MRI requests mandatory.
4. WRHA monitor the length of time it is taking to book MRI appointments and promptly remedy any significant booking backlogs.
14. WRHA provide all patients with the option to be placed on a cancellation list.
23. WRHA have a medical physicist assess their MRI quality control programs each year, as required by Manitoba Quality Assurance Program standards.

Implemented/resolved

Directed to multiple organizations working together

**We recommended that:**

6. The Department, DSM, PMH, and WRHA work together to develop a specific initiative (or initiatives) to remind clinicians that MRI scans can be requested at facilities in different regions.

March 2019 report – status as at September 30, 2018

Directed to Prairie Mountain Health

**We recommended that:**

4. PMH monitor the length of time it is taking to book MRI appointments and promptly remedy any significant booking backlogs.

Directed to the WRHA

**We recommended that:**

5. WRHA make it clear on their website that, following consultation with their health care providers, patients may have their MRI scans done at different facilities and in different regions.

## 1.2 Management of Manitoba's Apprenticeship Program

Our recommendations were originally directed to the Department of Education and Training. Due to a government reorganization, the Department of Economic Development and Jobs is now responsible for implementing the recommendations.

Summary of reports and PAC discussion dates	
Reports issued	Discussed at PAC (in meetings up to October 14, 2020)
Original report – July 2017	August 31, 2017 (Passed)
First follow-up – March 2019	–
Second follow-up – March 2020	–

### What our original report examined

Apprenticeship Manitoba, a branch of the Department of Economic Development and Training (now called Economic Development and Jobs), is responsible for administering Manitoba's apprenticeship program. Its stated mission is *"to provide access to training, supports, and certification of skilled workers to help meet the needs of Manitoba industry,"* and its stated vision is *"to be the model for training and certification of workers."* It also assists the Apprenticeship and Certification Board, a group of people appointed by the Minister to provide advice and help the Province coordinate Manitoba's apprenticeship system.

An apprentice typically obtains about 80% of his or her training on the job and 20% in school to obtain a certificate of qualification in a trade. We examined the adequacy of Apprenticeship Manitoba's processes for overseeing in-school training, workplace training, and apprentice progress. We also examined the adequacy of planning and performance reporting for Manitoba's apprenticeship system. We chose these areas for examination because they support Apprenticeship Manitoba's stated mission and vision. They also reflect the requirements of *The Apprenticeship and Certification Act* and regulations.

This follow-up report should be reviewed in conjunction with our original report to obtain an understanding of the issues which underlie the recommendations. All of our reports are available at our website: [oag.mb.ca](http://oag.mb.ca).

## Status of recommendations as at September 30, 2020

As shown in the table below, 12 of our 20 recommendations has been implemented as at September 30, 2020.

Status date	Implemented/ resolved	Action no longer required	Do not intend to implement	Work in progress	Total
September 30, 2020	12	–	2*	6	20

\* Apprenticeship Manitoba does not intend to implement Recommendation 19 (b). The other components of this recommendation have been implemented.

In our March 2020 follow-up report, Apprenticeship Manitoba advised that it does not intend to implement Recommendation 5, which addresses the online delivery of apprenticeship courses. Apprenticeship Manitoba conducted a review of E-apprenticeship, and identified there was low uptake and enrollment by apprentices, high costs to deliver these courses, and a lack of stakeholder interest and engagement. As a result, they decided to discontinue online delivery of these courses.

Apprenticeship Manitoba also chose not to implement Recommendation 19 (b) which addressed measuring completion rates. Apprenticeship Manitoba tracks the number of completions in a given year and by trade, however they do not measure the number of individuals completing their apprenticeship in the period of time defined for their trade. Apprenticeship Manitoba also noted that the current database does not allow tracking of individual completion rates, and the new database (in development) would require significant work to update the system to meet this recommendation.

In our March 2019 follow-up report, Apprenticeship Manitoba advised that it does not intend to implement Recommendation 11, which recommended employers track and verify their apprentices' practical experience. Apprenticeship Manitoba told us that implementing this recommendation would have a negative impact on industry engagement, which could in turn limit opportunities for future apprentices and challenge the Apprenticeship and Certification Board to advance its mandate. While we acknowledge Apprenticeship Manitoba's concerns, we continue to support the value of this recommendation. Understanding the breadth and depth of an apprentice's practical experience is critical to ensuring they are properly qualified. We note that part (b) of Recommendation 11 speaks to the need to work with employers and apprentices to gain their support for a revised logbook.

This is the third and final year for following up on the recommendations from the audit of *Management of Manitoba's Apprenticeship Program*. We prepared the following table summarizing when recommendations were considered as implemented, action no longer required and do not intend to implement. Recommendations viewed as implemented are excluded from subsequent follow-ups.

## Timing of recommendations where no further follow-up is required

Follow-up report date	Implemented/ resolved	Action no longer required	Do not intend to implement
This follow-up	6	–	–
March 2020	5	–	1
March 2019	1	–	1
<b>Total</b>	<b>12</b>	<b>–</b>	<b>2</b>

Below we list the status of all recommendations. For certain recommendations, we added an "OAG comment" to clarify implementation status or to highlight select actions or planned actions.

## Work in progress

### We recommended that:

- Apprenticeship Manitoba use a risk-based accreditation process.

**OAG comment:** *Apprenticeship Manitoba has revised its process to identify and mitigate risks prior to accrediting the training courses. This included the use of new or revised documentation and is aimed at ensuring course quality is consistent with accreditation standards. However, implementation of this accreditation process was delayed due to COVID-19 and the inability of Apprenticeship staff to undertake the on-site inspections and reviews. Apprenticeship management expects that this process will be completed as soon as practical.*

- Apprenticeship Manitoba obtain documented evidence that the quality of each block-release training course is consistent with accreditation standards, and then use a risk-based approach to periodically assess on-going quality.

**OAG comment:** *See our comment on Recommendation 3.*

## Work in progress

8. Apprenticeship Manitoba require all individuals applying for designated-trainer status to provide evidence supporting their self-declarations.

**OAG comment:** *Apprenticeship Manitoba has implemented a pilot program to update the Designated Trainer form, including the requirement for evidence to support self-declarations, for the trades of cook and carpenter. Apprenticeship staff are also to verify the evidence provided. Once the pilot program is completed, Apprenticeship management expects to implement the process for all individuals applying for designated trainer status.*

16. Apprenticeship Manitoba develop a documented quality assurance process to ensure that staff:
  - a. identify apprentices failing to progress and follow-up to ascertain the reasons for the lack of progression.
  - b. develop plans and provide supports for apprentices needing help for continued progression, and regularly monitor the effectiveness of the supports being provided.
  - c. cancel apprenticeship agreements when apprentices no longer wish to remain in the apprenticeship program.

**OAG comment:** *Apprenticeship Manitoba has implemented recommendation 16 (a) and (c). With respect to (b), Apprenticeship Manitoba implemented the Active Apprentice Engagement Initiative Plan. Staff use a case management approach including contacting and following up with apprentices who have not attended training or contacted Apprenticeship Manitoba over a period of time or if an apprentice has demonstrated multiple fails in technical training. However, OAG did not see regular monitoring of the effectiveness of the supports, in part due to the short period of time that it has been in place and due to the impact of COVID-19 on apprenticeship training.*



## Work in progress

18. Apprenticeship Manitoba develop:

- a. mechanisms for forecasting supply and demand for apprenticeship trades.
- b. goals and objectives related to the quality of both in-school and workplace training.
- c. risk management processes.
- d. specific and measurable performance targets tied to stated goals and objectives.

**OAG comment:** *Apprenticeship Manitoba has made significant progress on implementation of this recommendation, including:*

- *The identification and use of methods to forecast supply and demand for apprenticeship trades.*
- *The establishment of a committee to develop goals and objectives related to quality of training. However, progress on this was delayed due to the COVID-19 pandemic. Apprenticeship Manitoba staff instead focused on measures required to maintain safe and suitable training delivery.*
- *The initial development of a risk management process.*
- *The establishment of key performance indicators related to the goals and objectives recommended in 18(b).*

*Work continues on the implementation of this recommendation.*

20. Apprenticeship Manitoba improve its public reporting on Manitoba's apprenticeship program to include information about training results and the quality of training (for example, program completion rates and the results of course accreditation and workplace monitoring).

**OAG comment:** *Apprenticeship Manitoba has indicated that it continues to develop a reporting structure to improve reporting for Manitoba's apprenticeship program. This includes assessing options for including data on training results and the quality of training in its annual reports, and plan to assess the outcomes for other recommendations before determining how data will be reported.*

**We recommended that:**

6. Apprenticeship Manitoba:
  - a. clarify in policy the information and verification needed in order for staff to conclude that an employer registering an apprentice will provide suitable experience and proper supervision, and comply with applicable legislation.
  - b. periodically monitor staff compliance with the policy.
7. Apprenticeship Manitoba improve its employer database so that it tracks the following information for each employer:
  - a. number and names of journeypersons, designated trainers, and apprentices.
  - b. ratio adjustments.
  - c. all actions related to ensuring the employer is providing suitable experience and properly supervising apprentices.
  - d. all instances of non-compliance with apprenticeship legislation.
10. Apprenticeship Manitoba develop a regimen for visiting workplaces to assess the quality of workplace training that includes:
  - a. coverage of both voluntary and compulsory trades.
  - b. consideration of partnerships with other parts of government to avoid any potential duplication of effort.
  - c. risk-based selection criteria that consider industry and employer history with respect to compliance issues and complaints.
  - d. specified procedures for assessing whether apprentices are receiving suitable experience and proper supervision, plus specified documentation requirements.
  - e. specified procedures and guidance for following-up and resolving all instances of noted or alleged non-compliance with apprenticeship legislation.
13. Apprenticeship Manitoba develop a policy for recognizing prior workplace training and experience, similar to its policy for recognizing prior in-school training, and then take steps to ensure staff comply with both policies.
14. Apprenticeship Manitoba keep copies of employers' certification of apprentices' work hours to support the information recorded in its database.
17. Apprenticeship Manitoba evaluate the adequacy and effectiveness of the essential-skills support services it offers to apprentices, and then take steps to remedy any identified gaps.

## Implemented/resolved

March 2020 report – status as at September 30, 2019

### We recommended that:

1. Apprenticeship Manitoba obtain documented evidence that all legislative and policy requirements are met before it accredits training courses, and that it assess the need for increased supervisory review, staff training, and checklists in order to achieve this.
2. Apprenticeship Manitoba annually remind training institutions that they must immediately report any significant changes to their accredited training courses, and that this includes all instructor changes.
9. Apprenticeship Manitoba perform the following work before approving ratio adjustments:
  - a. ensure the adjustments are for reasons allowed by the General Regulation.
  - b. verify or assess the reasonableness of employer-reported information, including the safety steps proposed to mitigate the reduced level of supervision.
  - c. evaluate the employer's compliance history.
  - d. document all work performed, including how information was weighed to arrive at a decision.
15. Apprenticeship Manitoba develop a policy setting out formal processes for conducting and documenting the prior learning assessments that exempt people from the practical exams otherwise required.
19. Apprenticeship Manitoba:
  - a. take steps to ensure the accuracy of the reported number of active apprentices.
  - b. regularly measure completion rates.
  - c. periodically measure apprentice and employer satisfaction.

**OAG March 2020 comment:** *Apprenticeship Manitoba does not intend to implement 19 (b). Apprenticeship Manitoba tracks the number of completions in a given year and by trade; however, they do not measure how many individuals are completing their apprenticeship in the period of time defined for their trade. In addition, the current database does not allow tracking of individual completion rates.*

## Implemented/resolved

March 2019 report – status as at September 30, 2018

### We recommended that:

12. Apprenticeship Manitoba evaluate the costs and benefits of making the workplace mentoring resources developed by other provinces and the Canadian Apprenticeship Forum available to Manitoba employers and journeypersons.

## Do not intend to implement

March 2020 report – status as at September 30, 2019

### We recommended that:

5. Apprenticeship Manitoba conduct and document a comprehensive lessons learned analysis for the E-Apprenticeship Alternative Delivery Development Initiative, and then develop an updated strategy for offering online training courses to apprentices.

March 2019 report – status as at September 30, 2018

### We recommended that:

11. Apprenticeship Manitoba:
  - a. work with employers to develop a logbook that records the types of tasks performed by apprentices, as well as the hours worked.
  - b. develop a strategy for communicating the value of the revised logbook to both employers and apprentices.



# SECTION 2

## Second follow-up review

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## 2.1 Managing Climate Change

Our recommendations were originally directed to the Department of Sustainable Development. Due to a government reorganization, the Department of Conservation and Climate is now responsible for implementing the recommendations.

Summary of reports and PAC discussion dates	
Reports issued	Discussed at PAC (in meetings up to October 14, 2020)
Original report – October 2017	June 25, 2020 (Passed)
First follow-up – March 2020	June 25, 2020 (Passed)

### What our original report examined

We examined whether the Department of Sustainable Development (now called Conservation and Climate) was adequately leading the Province's response to climate change. We conducted this audit because the impacts of climate change pose a threat to infrastructure, human health and well-being, the economy, and natural environment.

The audit was part of a collaborative audit initiative involving most provincial legislative audit offices and the Auditor General of Canada. The offices agreed to work together to determine the extent to which federal, provincial, and territorial governments were meeting commitments to reduce greenhouse gas emissions and adapt to climate change.

This follow-up report should be reviewed in conjunction with our original report to obtain an understanding of the issues which underlie the recommendations. All of our reports are available at our website: [oag.mb.ca](http://oag.mb.ca).

## Status of recommendations as at September 30, 2020

As shown in the table below, 2 of our 8 recommendations have been implemented as at September 30, 2020

Status date	Implemented/ resolved	Action no longer required	Do not intend to implement	Work in progress	Total
September 30, 2020	2	–	–	6	8

This is the second follow-up on the audit of *Managing Climate Change*. We prepared the following table summarizing when recommendations were considered as implemented, action no longer required and do not intend to implement. Recommendations viewed as implemented are excluded from subsequent follow-ups.

Timing of recommendations where no further follow-up is required			
Follow-up report date	Implemented/ resolved	Action no longer required	Do not intend to implement
This follow-up	1	–	–
March 2020	1	–	–
<b>Total</b>	<b>2</b>	<b>–</b>	<b>–</b>

Below we list the status of all recommendations.

Work in progress
<p><b>We recommended that:</b></p> <ol style="list-style-type: none"> <li>The Department use scientific and economic analyses to help it set short, medium, and long-term targets for reducing greenhouse gas emissions.</li> <li>The Department develop plans for reducing emissions that show each significant initiative's expected emissions reduction and estimated cost.</li> </ol>



## Work in progress

5. The Department implement processes for monitoring Manitoba's progress in reducing greenhouse gas emissions that include:
  - a. clearly defined roles and responsibilities for the Department, partner departments and agencies, and Cabinet committees.
  - b. regular reporting on whether the overall plan and significant initiatives are on time, on budget, and going to achieve expected emissions reductions and any other stated secondary goals (for example, job creation goals).
  - c. on-going risk management to identify and mitigate risks to achieving expected emissions reductions.
6. The Department publicly report on Manitoba's progress in reducing greenhouse gas emissions annually and that, for each significant initiative, this include reporting the emissions reductions realized, related costs, and whether any secondary goals (such as job creation goals) were achieved.
7. The Department work with other provincial government departments and agencies, as well as with municipalities, to:
  - a. identify and assess potential risks associated with climate change impacts in Manitoba.
  - b. based on the significant risks identified, develop a provincial adaptation plan with clearly defined actions, timeframes, and budget.
8. The Department develop processes to publicly report on an annual basis:
  - a. the significant risks identified for Manitoba as a result of climate change impacts.
  - b. planned actions and timelines to address those risks.
  - c. progress in implementing planned actions.
  - d. the degree to which planned actions have successfully reduced identified risks.
  - e. related costs.

## Implemented/resolved

This follow-up report – status as at September 30, 2020

### **We recommended that:**

3. The Department support plans for reducing emissions with comprehensive analyses of the benefits, risks, and costs of different approaches and policy tools.

## Implemented/resolved

March 2020 report – status as at September 30, 2019

### **We recommended that:**

1. The Department promptly review and update its plan for reducing greenhouse gas emissions whenever progress monitoring shows established targets will not be met, and at a minimum every 3 years.

## 2.2 eChart Manitoba

Our recommendations were originally directed to Manitoba eHealth. Due to restructuring of Manitoba's health care system, eHealth is now a service within the newly created Shared Health organization.

Summary of reports and PAC discussion dates	
Reports issued	Discussed at PAC (in meetings up to October 14, 2020)
Original report – October 2018	–
First follow-up – March 2020	–

### What our original report examined

eChart is an electronic system that pulls confidential health information from many of the Province's existing electronic health databases.

This audit examined whether Manitoba eHealth (eHealth) was sufficiently managing the significant risks that might prevent it from achieving the following eChart Manitoba (eChart) operational objectives:

- Realizing its intended benefits.
- Ensuring its information is accessed only by authorized individuals.
- Ensuring it is available when needed.

We did not examine practices and controls that prevent, detect and correct inaccurate eChart information.

This follow-up report should be reviewed in conjunction with our original report to obtain an understanding of the issues which underlie the recommendations. All of our reports are available at our website: [oag.mb.ca](http://oag.mb.ca).

## Status of recommendations as at September 30, 2020

As shown in the table below, 7 of our 15 recommendations have been implemented as at September 30, 2020.

Status date	Implemented/ resolved	Action no longer required	Do not intend to implement	Work in progress	Total
September 30, 2020	7	1	4	3	15

Shared Health chose not to fully implement Recommendation 10. This recommendation addresses defining and communicating the minimum timing requirements for sites to request removal of eChart users as Shared Health relies on site contacts to notify them of necessary removals, such as in the case of terminations. In a reference guide published on its intranet site, Shared Health defined the site contact's responsibility to "disable a user when access is no longer required." It also increased the frequency of user reviews and automated disabling of inactive accounts to reduce the risk of not removing terminated users in a timely fashion. However, Shared Health does not intend to communicate to site contacts the need to remove access 'when access is no longer required' and instead rely on the intranet site reference guide as the sole source of awareness to the site contacts.

While we acknowledge, Shared Health has improved the definition of the timing requirement for removal requests and implemented some additional controls, we continue to support the value of this recommendation. Communicating to sites the requirement to remove users when access is no longer required serves to remind site contacts of their responsibilities and re-emphasizes the importance of protecting eChart personal health information by removing terminated users in a timely manner.

In our March 2020 follow-up report, Shared Health informed us that action is no longer required for Recommendation 7. Shared Health advised that all sites are required to sign a Master Services Agreement which specifies that each site must comply with *The Personal Health Information Act* (PHIA). This includes the requirement to have all employees and agents sign a pledge of confidentiality and all users must accept the Terms of Use upon their first login to eChart. The Terms of Use require the users to agree that they will restrict their access to the information that is necessary to provide care to individuals with whom they have a health care relationship.

Shared Health has also chosen not to implement Recommendations 6 and 11. These recommendations address limiting access to personal health information to those who need to know for the purpose of providing care in accordance with the PHIA. Shared Health has told us that health care providers and support staff may require access to a broad range of clinical information. Shared Health accepts the risks which they believe is low given the technical limitations and alternate measures in place to prevent, deter and investigate unauthorized access to eChart information.

While we acknowledge the technical limitations and other control measures exist, we continue to support the value of Recommendations 6 and 11. Restricting access to personal health information in relation to users' health-care roles is a strong preventative control that ensures this information is available only to those required. Additionally, there is a need for detective controls where the sites actively review the User Account Management Reports, which shows whether users have access to information that is in line with their roles and responsibilities.

Shared Health has also chosen not to fully implement Recommendation 9. This recommendation addresses ensuring health-care site privacy officers are aware of their roles and responsibilities to safeguard patients' personal health information in eChart. Shared Health provides training for privacy officers when new sites go-live with eChart. However, it does not intend to provide any periodic training after the initial implementation. Shared Health does not believe it is appropriate to use eChart access as the mechanism to ensure Privacy Officers understand the PHIA and sufficient reference materials are provided at the time of the initial training. While we acknowledge these views, we continue to support the value of this recommendation. Periodic refresher training is important to ensure Privacy Officers continue to understand their responsibilities regarding safeguarding eChart information and are aware of any updates to eChart privacy information.

This is the second follow-up on the audit of *eChart Manitoba*. We have prepared the following table summarizing when recommendations were considered as implemented, action no longer required and do not intend to implement. Recommendations viewed as implemented are excluded from subsequent follow-ups.

Timing of recommendations where no further follow-up is required			
Follow-up report date	Implemented/ resolved	Action no longer required	Do not intend to implement
This follow-up	6	–	1
March 2020	1	1	3
<b>Total</b>	<b>7</b>	<b>1</b>	<b>4</b>

Below we list the status of all recommendations. For certain recommendations we added an "OAG comment" to clarify implementation status or to highlight select actions or planned action.

## Work in progress

### We recommended that:

12. eHealth update their eChart audit methodology to:

- a. include a site selection process that is random and unpredictable.
- b. monitor user activities through automated triggers and alerts.

**OAG comment:** eHealth has implemented recommendation 12 (a). With regards to 12 (b), Shared Health advised that resource requirements to enhance automated monitoring are under consideration.

14. eHealth promptly implement the cybersecurity control recommendations presented in our letter to management.

**OAG comment:** Shared Health has implemented 6 of 9 findings noted in the letter to management.

15. eHealth develop, communicate, implement and test a disaster recovery plan for their data, systems and infrastructure, which would include eChart.

**OAG Comment:** Shared Health advised that additional disaster recovery (DR) considerations to manage the risks to the service failures will be included as part of their ongoing transition activities, including understanding resource requirements, development of DR plans, and adoption of high availability infrastructure.

## Implemented/resolved

This follow-up report – status as at September 30, 2020

### We recommended that:

1. eHealth identify, assess and mitigate (if needed) the risks associated with not realizing eChart's intended benefits.
2. eHealth periodically update their vision of the clinical information that will be included in eChart.
3. As part of the annual budgetary process, eHealth clearly communicate to the IT capital-spending decision-makers the impact that significant delays in implementing eChart related releases and projects will have on the ability to achieve eChart's intended benefits.
4. eHealth develop and implement strategies to achieve eChart usage and site implementation targets.
5. We recommend that eHealth develop key performance indicators for each eChart intended benefit, and that targets be determined for each indicator. We also recommend that eHealth monitor results achieved against the targets and identify any needed corrective action for performance short falls.
8. eHealth ensure their consultant staff attend PHIA training and sign confidentiality pledges.

March 2020 report – status as at September 30, 2019

### We recommended that:

13. eHealth, in collaboration with the WRHA Chief Privacy Officer, update their eChart privacy incident handling process to clarify responsibility for patient and public notifications.

## Action no longer required

March 2020 report – status as at September 30, 2019

### We recommended that:

7. eHealth; as part of their periodic audits of user activities at sites, (referenced in section 2.2.6) obtain assurance from each site that eChart users have signed their PHIA confidentiality pledges.

## Do not intend to implement

### This follow-up report – status as at September 30, 2020

#### **We recommended that:**

10. eHealth define and communicate minimum timing requirements for sites to request removal of eChart users.

### March 2020 report – status as at September 30, 2019

#### **We recommended that:**

6. eHealth update their eChart user access guidance to specifically link health-care roles to appropriate eChart views and establish a process to handle any necessary exceptions identified by the sites.
9. eHealth ensure site privacy officers are trained upon implementation of eChart or upon being assigned to this role, and periodically thereafter.
11. eHealth require sites to certify the quarterly *User Account Management Report* as reviewed and communicate any needed changes in user views and authorized users in a timely manner.



## 2.3 Pharmacare: Special Audit of Financial Irregularities and Controls

Our recommendations were originally directed to the Department of Health, Seniors and Active Living. Due to a government reorganization, the Department of Health and Seniors Care is now responsible for implementing the recommendations.

Summary of reports and PAC discussion dates	
Reports issued	Discussed at PAC (in meetings up to October 14, 2020)
Original report – October 2018	–
First follow-up – March 2020	–

### What our original report examined

On August 25, 2015, the Minister of Finance requested a special audit under Section 16 of *The Auditor General Act* of the Pharmacare claims process and the transactions made by a specific employee.

Our audit focused on payments resulting from the manual entries made by the suspected employee during the entire period of employment (October 29, 2007 to March 17, 2015). These transactions totaled \$1.1 million.

The audit objectives were as follows:

1. To determine the extent of illegitimate disbursements processed by the employee.

For the employee's entire term of employment we examined the following transactions processed by the employee for supporting documentation:

- Manual entries of prescription drug purchases.
- Interim payments, including the calculation of the related deductible.

We also examined all manual adjusting entries (carrier 10 and 12) over \$1,000 for all employees for the entire term of employment. We examined entries for all employees because the system is unable to track these entries by employee.

2. To determine whether there were adequate controls in place to ensure that only properly supported disbursements were made to individual.

This follow-up report should be reviewed in conjunction with our original report to obtain an understanding of the issues which underlie the recommendations. All of our reports are available at our website: [oag.mb.ca](http://oag.mb.ca).

## Status of recommendations as at September 30, 2020

As shown in the table below, one of our 5 recommendations has been implemented as at September 30, 2020.

Status date	Implemented/ resolved	Action no longer required	Do not intend to implement	Work in progress	Total
September 30, 2020	1	–	–	4	5

This is the second follow-up on the audit of *Pharmacare: Special Audit of Financial Irregularities and Controls*. We prepared the following table summarizing when recommendations were considered as implemented, action no longer required and do not intend to implement. Recommendations viewed as implemented are excluded from subsequent follow-ups.

Timing of recommendations where no further follow-up is required			
Follow-up report date	Implemented/ resolved	Action no longer required	Do not intend to implement
This follow-up	–	–	–
March 2020	1	–	–
<b>Total</b>	<b>1</b>	<b>–</b>	<b>–</b>

Below we list the status of all recommendations.

### Work in progress

**We recommended that:**

2. The Department conduct a benefit/cost analysis for making enhancements to the DPIN system to build automated internal controls over the processing of manual Pharmacare transactions, and to implement enhancements where it makes business sense to do so.
3. Pharmacare ensure there is supervisory review of all manual transactions and, if applicable, that the review occur before a cheque is generated.
4. Pharmacare develop documentation requirements for each type of entry made into DPIN. This guidance should include checklists of all information required to support a particular entry.
5. Pharmacare establish a process to compare self-reported income figures with income information from the CRA once it becomes available. Recovery processes should be established for situations where self-reported incomes were significantly below actual income reported to the CRA and resulted in Pharmacare paying for prescription drugs that the client should have paid for.

### Implemented/resolved

March 2020 report – status as at September 30, 2019

**We recommended that:**

1. Manitoba Health forward our detailed audit findings to Civil Legal Services.

## 2.4 Thompson District Office: Special Audit of Missing Licences and Cash Management Practices

Our recommendations were originally directed to the Department of Sustainable Development. Due to a government reorganization, the Department of Conservation and Climate is now responsible for implementing the recommendations.

Summary of reports and PAC discussion dates	
Reports issued	Discussed at PAC (in meetings up to October 14, 2020)
Original report – October 2018	June 25, 2020 (Passed)
First follow-up – March 2020	June 25, 2020 (Passed)

### What our original report examined

On May 27, 2014, the Minister of Finance requested a special audit under Section 16 of *The Auditor General Act* of cash management processes in the Thompson District Office of the Department of Sustainable Development (now called Conservation and Climate). This request was made after Sustainable Development discovered a missing deposit and missing licences at the Thompson District Office.

The objectives of our audit were to:

- Determine the extent of the missing licences and funds in the Thompson District Office.
- Assess the adequacy of Sustainable Development's control framework over licence inventory, revenues, receivables, and receipts.

This follow-up report should be reviewed in conjunction with our original report to obtain an understanding of the issues which underlie the recommendations. All of our reports are available at our website: [oag.mb.ca](http://oag.mb.ca).

## Status of recommendations as at September 30, 2020

As shown in the table below, none of our five recommendations have been implemented as at September 30, 2020.

Status date	Implemented/ resolved	Action no longer required	Do not intend to implement	Work in progress	Total
September 30, 2020	–	–	–	5	5

This is the second follow-up on the audit of *Thompson District Office: Special Audit of Missing Licences and Cash Management Practices*. We prepared the following table summarizing when recommendations were considered as implemented, action no longer required and do not intend to implement. Recommendations viewed as implemented are excluded from subsequent follow-ups.

Timing of recommendations where no further follow-up is required			
Follow-up report date	Implemented/ resolved	Action no longer required	Do not intend to implement
This follow-up	–	–	–
March 2020	–	–	–
<b>Total</b>	–	–	–

Below we list the status of all recommendations.

Work in progress
<p><b>We recommended that:</b></p> <ol style="list-style-type: none"> <li>1. Sustainable Development prepare a documented risk assessment, including fraud exposure evaluations, for each vendor type and location to ensure appropriate controls are in place to mitigate significant risks. We further recommend that the assessments be periodically reviewed.</li> <li>2. Sustainable Development segregate incompatible duties at its various locations whenever possible and practical. When not possible or practical, we recommend that Sustainable Development conduct additional or extended procedures (for example, supervisory reviews), based on the specific risks associated with each location.</li> </ol>

## Work in progress

3. Sustainable Development strengthen its inventory Remittance Procedures to include:
  - How often the inventory counts should be done
  - A requirement that the inventory count results be submitted to the Licensing (or responsible) Branch. If inventory counts are not conducted there should be a follow up process in place
  - Guidance on who should be conducting the inventory counts. The individual who conducts the count should not be responsible for the custody, selling and recording of licence/permit transactions.
4. Sustainable Development include in their quality assurance processes the periodic review of MROs prepared by each district office, campground and park gate to ensure all required information is accurately recorded and properly supported. We further recommend that they provide clerks and supervisors with needed training or directives to ensure expectations are completely understood.
5. Sustainable Development Financial Services staff prepare the monthly bank reconciliations and that they be reviewed and approved by management.

## 2.5 Rural Municipality of De Salaberry: Audit of Financial Irregularities

Our recommendations are directed to the Rural Municipality of De Salaberry.

Summary of reports and PAC discussion dates	
Reports issued	Discussed at PAC (in meetings up to December 4, 2018)
Original report – October 2018	–
First follow-up – March 2020	–

### What our original report examined

In February 2014, we received allegations about financial irregularities at the Rural Municipality of De Salaberry (RM). On July 29, 2014, we scheduled an audit to assess the validity of the financial allegations, and to identify potential opportunities to strengthen related systems and procedures.

Our audit objectives were to assess:

1. The validity of the financial allegations:
  - Some credit card transactions lacked support.
  - Personal items were charged to RM credit cards.
  - Not all donations at a fundraising event were deposited.
  - There were excessive promotional expenses.
  - Project management services were not tendered.
2. The adequacy of the RM's internal control procedures for processing expense claims.

This follow-up report should be reviewed in conjunction with our original report to obtain an understanding of the issues which underlie the recommendations. All of our reports are available at our website: [oag.mb.ca](http://oag.mb.ca).

## Status of recommendations as at September 30, 2020

As shown in the table below, 5 of our 8 recommendations have been implemented as at September 30, 2020.

Status date	Implemented/ resolved	Action no longer required	Do not intend to implement	Work in progress	Total
September 30, 2020	5	2	–	1	8

Recommendations 2 and 3, which address donations and expenses related to the charity golf tournament, are classified as action no longer required because no golf tournament has been held since our report and nor are any foreseen.

This is the second follow-up on the audit of *Rural Municipality of De Salaberry: Audit of Financial Irregularities*. We prepared the following table summarizing when recommendations were considered as implemented, action no longer required and do not intend to implement. Recommendations viewed as implemented are excluded from subsequent follow-ups.

Timing of recommendations where no further follow-up is required			
Follow-up report date	Implemented/ resolved	Action no longer required	Do not intend to implement
This follow-up	4	–	–
March 2020	1	2	–
<b>Total</b>	<b>5</b>	<b>2</b>	<b>–</b>

Below we list the status of all recommendations.

Work in progress
<p><b>We recommended that:</b></p> <p>6. The RM amend their standard expense claim form for Council and staff to require a signature certifying that all amounts claimed are accurate and incurred on municipal business.</p>



## Implemented/resolved

This follow-up report – status as at September 30, 2020

### We recommended that:

1. The RM develop a policy on local meal and entertainment expenses that:
  - Defines the circumstances where such expenses are allowed.
  - Requires transactions be supported by original receipts with details of what was purchased.
  - Requires documentation on the purpose of restaurant meals and who attended, and documentation on the nature and purpose of entertainment events.
  - Defines if and when alcohol charges are allowed.
4. The RM tender for project management services every four to five years and that the RM include this requirement in its purchasing policy.
5. The CAO review all Council member expense claims for compliance with Council's expense policy, and that the Finance Committee review and approve all Council expense claims before they are paid.
8. Bank reconciliations be completed promptly, ideally within 30 days after month end, and that the CAO review and approve them after they are completed.

March 2020 report – status as at September 30, 2019

### We recommended that:

7. The RM revise the Council remuneration bylaw to include specific meal per diem rates, and to define the circumstances when meals can be claimed for work within the RM.

## Action no longer required

March 2020 report – status as at September 30, 2019

### We recommended that:

2. A municipal official issue receipts at the charity golf tournament immediately upon receipt of the donation.
3. The RM require a detailed listing of expenses for the charity golf tournament, and that this listing be supported by invoices/receipts.

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## Our Vision

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