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Main points

This chapter reports the results of our annual audits for 10 Regional Health Authorities (RHAs). We report the results of our annual audits for Regina Qu'Appelle RHA and Saskatoon RHA in Chapters 14C and 14D respectively.

RHAs continue to make progress to strengthen their processes. Most RHAs have not yet completed and tested their disaster recovery plan and some need to do more to protect their information technology systems and data.

Most RHAs complied with authorities governing their activities and all RHAs had reliable financial statements.

Prince Albert Parkland—Immunization for young children—a follow-up

Prince Albert Parkland Regional Health Authority has implemented our past recommendations for strengthening processes to achieve recommended immunization results for two-year-old children.

Sunrise—Hospital acquired infections—a follow-up

Sunrise Regional Health Authority has implemented our past recommendations relating to its processes to manage hospital-acquired infections.

This chapter also includes a summary of previous recommendations agreed to by the Standing Committee on Public Accounts.

Introduction

The Regional Health Services Act (Act), makes 12 Regional Health Authorities (RHAs) responsible for the planning, organization, delivery, and evaluation of health services in their health regions.

To complete our audits, we worked with RHAs' appointed auditors using the framework recommended in the *Report of the Task Force on Roles, Responsibilities and Duties of Auditors* (www.auditor.sk.ca/rrd.html).

The following lists 10 RHAs and their appointed auditors. We report Regina Qu'Appelle RHA and Saskatoon RHA in Chapters 14C and 14D respectively.

<u>Regional Health Authority</u>	<u>Appointed Auditor</u>
Cypress	Stark & March
Five Hills	Virtus Group LLP
Heartland	KPMG LLP
Kelsey Trail	Neupath Group, PC Inc.
Keewatin Yatthé	Meyers Norris Penny LLP
Mamawetan Churchill River	Deloitte & Touche LLP
Prairie North	Menssa Baert Cameron Oldershaw
Prince Albert Parkland	Meyers Norris Penny LLP
Sun Country	Virtus Group LLP
Sunrise	Parker Quine LLP

For the year ended March 31, 2011, the RHAs reported in this chapter show operating revenues totalling \$1.27 billion and expenses totalling \$1.25 billion. They also show capital fund revenues totalling \$74 million and expenses totalling \$44 million. These RHAs held assets totalling \$777 million. Each RHA's annual report includes its audited financial statements.

This chapter also reports the results of our follow up work for the following RHAs:

- ◆ Prince Albert Parkland – Processes to achieve recommended immunization rates for two-year old children
- ◆ Sunrise – Processes to manage hospital acquired infection

We also provide an update on the status of previous recommendations agreed to by the Standing Committee on Public Accounts (PAC).

Audit conclusion and findings

In our opinion, for the year ended March 31, 2011:

- ◆ **regional health authorities had adequate rules and procedures to safeguard public resources except for the matters described in this chapter**

- ◆ **regional health authorities complied with the following authorities governing their activities relating to financial reporting, safeguarding public resources, revenue raising, spending, borrowing, and investing except for the matters described in this chapter:**

The Regional Health Services Act
The Health Information Protection Act
The Housing and Special-care Homes Act
The Trustee Act
**Orders in Council and regulations issued
pursuant to the above legislation**

- ◆ **each regional health authority has reliable financial statements**

Controlling bank accounts

Keewatin Yatthé and Prince Albert Parkland (PA Parkland) have established policies and procedures to control their bank accounts. They require employees and their supervisors to sign and approve time sheets before submitting them for processing. Keewatin Yatthé and PA Parkland use the employee time sheets to determine employees' pay and benefits.

Keewatin Yatthé requires that all supplier invoices be approved before making payments. It also requires that its Board members be paid only for meetings they attend. Board members must complete expense claim forms for reimbursement of expenses.

During the year, Keewatin Yatthé's employees and their supervisors did not always sign and approve completed time sheets. Employees did not always obtain necessary approval of supplier invoices before processing payments.

Furthermore, Keewatin Yatthé's Board members did not always complete and submit expense claim forms for payments they received in advance of the Board meetings. Some Board members completed claim forms but did not sign them. Also, the claim forms did not have evidence of check and approval.

PA Parkland also did not always follow its established policies. Its employees did not always sign time sheets and their supervisors did not always approve them.

Lack of timely approval of employees' time sheets, supplier invoices, and completed and approved expense claim forms could result in loss or misuse of public money.

1. **We recommend that Keewatin Yatthé Regional Health Authority follow its established processes to control its bank accounts.**
2. **We recommend that Prince Albert Parkland Regional Health Authority follow its established processes to control its bank accounts.**

We recommended that Prairie North Regional Health Authority follow its processes to control bank accounts when making payments to employees. (2008 Report – Volume 3)

In June 2010, PAC agreed with our recommendation.

During the year, Prairie North's employees did not always ensure that employees' time sheets were properly approved before processing payroll, and supervisors did not follow the policy of approving all time sheets. Lack of approval of time sheets increases the risk of paying incorrect payroll amounts and providing incorrect benefits.

Status – We continue to make this recommendation.

Protecting information technology (IT) systems and data

Prairie North and PA Parkland need to follow their policies to monitor inactive user accounts so that they can remove access to IT systems for those individuals who no longer work for them or require access. During 2010-11, some individuals had access to systems and data for many months after their employment ended.

Keewatin Yatthé needs to establish processes to improve timely identification and removal of access by individuals who no longer need access to its IT systems and data. Keewatin Yatthé did not always remove access to its systems and data for individuals who no longer need access.

Non-compliance with established policies or lack of adequate policies to grant and remove user access to IT systems increases the risk of inappropriate and unauthorized changes to systems and data.

3. **We recommend that Prairie North Regional Health Authority follow its processes to grant and remove user access to its IT systems and data.**
4. **We recommend that Prince Albert Parkland Regional Health Authority follow its processes to grant and remove user access to its IT systems and data.**
5. **We recommend that Keewatin Yatthé Regional Health Authority improve its processes to grant and remove user access to its IT systems and data.**

We recommended that Mamawetan Churchill River Regional Health Authority establish information technology policies and procedures based on a threat and risk analysis. (2004 Report – Volume 3)

We recommended that Heartland Regional Health Authority adequately protect its information technology systems and data. (2009 Report – Volume 3)

We recommended that Sun Country Regional Health Authority establish information technology policies and procedures based on a threat and risk analysis. (2007 Report – Volume 3)

PAC agreed with our recommendations in October 2005, January 2008 and June 2010.

Sun Country has addressed our recommendation.

Mamawetan Churchill River and Heartland continue to make progress on these recommendations but more work remains to improve the confidentiality, integrity, and availability of their IT systems and data.

For example, Mamawetan Churchill River and Heartland need to establish processes to improve timely identification and removal of access for individuals who no longer need access or no longer work for them. They also need to have processes to ensure their IT equipment is secure and that user access passwords are properly renewed.

Status – We continue to make these recommendations for Heartland and Mamawetan Churchill River RHAs.

Disaster recovery planning

We recommended that all regional health authorities establish disaster recovery plans and test those plans to ensure their effectiveness. (2009 Report – Volume 3)

In June 2010, PAC agreed with our recommendation.

In 2009, we assessed the adequacy of RHAs' IT disaster recovery plans (DRPs) and concluded that the RHAs (except for PA Parkland and Five Hills) did not have a complete and tested DRP for the IT systems and data they managed.

During 2011, we reassessed each RHA's disaster recovery planning. We concluded that Keewatin and Prairie North had complete and tested DRPs. PA Parkland had not updated its DRP since 2008. It tested its DRP in 2009 and identified recommended actions to improve the DRP. PA Parkland has not documented how it addressed those

recommendations. Sunrise has a documented DRP but it did not test its plan in 2011 to assess its effectiveness.

Sun Country, Cypress, and Mamawetan Churchill River have not yet completed their DRPs. Once the plans are complete, they need to test those plans to ensure their effectiveness.

Heartland and Kelsey Trail need to update their DRPs to reflect administrative and system changes. Once updated, they must also test their plans to ensure their effectiveness.

Not having up-to-date and tested DRPs increases the risk that systems and data may not be available when needed. To have a robust DRP, RHAs must work with their service provider, eHealth.

Status – We continue to make this recommendation.

Establishing complete policies and procedures

We recommended that Cypress Regional Health Authority establish complete written financial management policies and procedures.

(2008 Report - Volume 3)

In December 2008, PAC agreed with our recommendation.

Cypress made good progress during 2010-11. However, it needs to establish policies for buying and selling capital assets (including furniture and medical equipment), investing, preparing annual financial statements, and explaining differences between planned and actual results.

Written policies and procedures help reduce the risk of errors, fraud, breakdowns in control, and unauthorized transactions.

Status – We continue to make this recommendation.

Assessing the need for internal audit function

We recommended that Prairie North Regional Health Authority assess the need for an internal audit function. *(2009 Report – Volume 3)*

In June 2010, PAC agreed with our recommendation.

Prairie North's Board of Directors and its senior management need to know if the control systems they have established are sound enough to meet its objectives and if its employees comply with the established policies. An internal audit function can provide assurance to the Board and senior management that the appropriate controls are in place and are operating effectively.

In 2010, management told us that the Board continues to gather information to assess its need for an internal auditor. The Board has not yet completed its consultative process.

Status – We continue to make this recommendation.

Controlling capital assets

We recommended that Keewatin Yatthé Regional Health Authority count its capital assets and agree its capital asset records to its accounting record regularly. (2008 Report – Volume 3)

In December 2008, PAC agreed with our recommendation.

Keewatin Yatthé has \$33.5 million in capital assets. Because it does not count its assets and agree them with its capital asset records, it does not know if all of its capital assets exist or if its accounting records are accurate. Inaccurate capital asset records could result in wrong decisions about equipment purchases and disposals. During the year, Keewatin Yatthé made no progress to address our recommendation.

Status – We continue to make this recommendation.

Spending without Authority

Keewatin Yatthé needs to obtain timely approval before spending money on capital projects.

The Regional Health Services Act (Act) prohibits RHAs from constructing, renovating or altering a facility where the cost of doing so exceeds a

prescribed amount unless the RHA receives approval of the Minister. Regulations under the Act set the prescribed amount at \$100,000.

During the year, Keewatin Yatthé renovated a facility for a total cost exceeding \$580,000. Keewatin Yatthé did not obtain the approval of the Minister for the renovation. The renovation was completed in February 2011. On March 29, 2011, management requested the Minister to approve the renovation.

Accordingly, Keewatin Yatthé did not comply with the Act and spent money without authority.

- 6. We recommend that Keewatin Yatthé Regional Health Authority comply with *The Regional Health Services Act* when constructing, renovating, or altering its facilities.**

Capital equipment plans needed

We recommended that all Regional Health Authorities should prepare capital plans that contains the key elements for capital equipment plans in the public sector. (2001 Fall Report – Volume 2)

In February 2002, PAC agreed with our recommendation.

Capital equipment plans are improving but still do not contain all key elements of good plans.

Status – We continue to make this recommendation.

Prince Albert Parkland—Immunization for young children—a follow up

Governments provide free immunization for children to reduce severe illness and communicable disease in communities. Immunization also reduces hospitalizations and health care costs.

The Public Health Agency of Canada recommends that by age two, 95% of children be immunized.¹ In 2004, the Prince Albert Parkland Regional

¹ Some children cannot be immunized due to chronic health conditions.

Health Authority (PA Parkland) was one of four regional health authorities with low immunization rates. The immunization rates fell below 70% for two-year-old children who received immunization from these authorities. With low immunization coverage, there is increased risk of serious communicable diseases in the province (e.g., mumps, measles). Unimmunized children risk complications and hospitalization due to these diseases. In 2009-10, immunization rates for two-year-old children varied between 65% and 88% in most health regions.² In 2009-10, PA Parkland's immunization rate for two-year-old children was about 67% compared to 61% in 2004.

In 2006, we audited PA Parkland's processes to immunize young children. In our 2006 Report – Volume 3, we concluded that at June 30, 2006, PA Parkland had adequate systems to achieve recommended immunization rates for two-year-old children, except for its processes to create opportunities to immunize by working with others and its processes to monitor immunization coverage.

We made three recommendations to improve PA Parkland's processes and one recommendation to the Ministry of Health. On June 25, 2007, PAC agreed with our recommendations.

Our first follow up reported (2008 Report – Volume 3) that the Ministry of Health had implemented our recommendation in 2007. PA Parkland still had to do more work to address their outstanding recommendations. The following sections describe the findings of our second follow up, setting out the recommendations (in italics) and PA Parkland's actions up to June 30, 2011. PA Parkland has implemented our recommendations.

Working with First Nations and federal health agencies

We recommended that the Prince Albert Parkland Regional Health Authority work with First Nations and Federal health agencies to maximize access to immunization for children in the region. (2006 Report – Volume 3)

It is important that children receive the correct immunization at the correct time to protect them from disease. Within the PA Parkland geographic

² The *Ministry of Health 2010-11 Annual Report* p.15 reports provincial immunization rates for two-year-old children registered in the Saskatchewan Immunization Management System (SIMS).

area, children can receive immunization from nurses employed by the health region or First Nations communities. Immunization services that First Nations communities provide are supported by First Nations Inuit Health (a federal health agency) or the Northern Intertribal Health Agency (NITHA). NITHA coordinates health services for several First Nations bands.

Communication among these agencies helps to reduce the risk of children receiving the wrong immunization. PA Parkland met periodically with NITHA to discuss services for families with young children, including immunization services. It also communicated with the federal health agency serving reserves in the area.

In addition, provincial meetings of public health nurse-managers also discussed ways to maximize immunization coverage for young children.³ During these meetings, discussion focused on moving toward using one common electronic record regardless of the jurisdiction that provided the immunization. If each child had a unique identifier in a common electronic immunization record, it would help ensure that children receive the correct immunization at the correct time.⁴

The Ministry of Health established a provincial Population Health Council and its objectives included immunization. The Council had representation from regional health authorities, federal agencies, and First Nations groups including NITHA. The Council established a task force to develop a provincial strategy for immunization by 2012. The task force discussed issues that must be resolved before all agencies providing immunization can use the same electronic record to document immunizations. These issues included the privacy of family health information recorded at the time of immunization and the risk of loss of electronic immunization records.⁵

To improve access to immunization, PA Parkland needed to know which children were not immunized and where they lived. Many families moved

³ Representatives of regional health authorities, NITHA, and the federal agency First Nations Inuit Health attend these meetings of public health nurse managers.

⁴ Saskatchewan has joined a project that aims to initiate a national record system for immunization by 2013 (PANORAMA).

⁵ Prince Albert Parkland is part of a pilot project working with First Nations communities and NITHA to resolve these issues and prepare for participation in an evolving national immunization record system.

often. As a result, PA Parkland could not confirm whether children were not immunized or had left the area.

PA Parkland worked with First Nations and other regional health authorities serving northern Saskatchewan to obtain better information about unimmunized children. It received revised data from the Ministry of Health in May 2011 and arranged for an epidemiologist to analyze the data. PA Parkland expects the analysis to show that some children identified as unimmunized received their immunization in another location.

Status – PA Parkland has implemented this recommendation.

Setting targets and action plans to achieve them

We recommended that the Prince Albert Parkland Regional Health Authority set target immunization coverage rates for children in the region and develop plans to achieve those targets. (2006 Report – Volume 3)

Provincially, the Ministry of Health set a target to increase immunization coverage. The PA Parkland strategic plan directed staff to meet the provincial immunization target for two-year-old children. The Board approved a target of 70% or greater immunization coverage by March 2011.

PA Parkland had a work plan for 2011 to 2012 that addressed the low immunization rates. The work plan included analyzing immunization data and working with NITHA on a pilot project to use a common electronic immunization record.

Status – PA Parkland has implemented this recommendation.

Reporting an analysis of immunization rates to the Board

We recommended that the Prince Albert Parkland Regional Health Authority regularly report to its Board an analysis of the causes of its low immunization coverage rate. (2006 Report – Volume 3)

The Board of PA Parkland received significantly improved reports about immunization in 2010 and 2011. Board policies requested regular reports

on performance measures, including immunization targets. In addition, reports on immunization became part of routine monitoring on goals in the RHA's *Strategic Plan for 2010–14*.⁶

In February 2011, the Board received a report that explained the region's low immunization rate, possible causes, and possible solutions. It compared PA Parkland's immunization rate to the provincial immunization rate for young children.

Status – PA Parkland has implemented this recommendation.

Sunrise—Hospital acquired infections—a follow up

Sunrise Regional Health Authority (Sunrise) annually spends nearly \$200 million to provide a wide range of healthcare services to about 57,000 people.⁷ Sunrise employs more than 2,600 professional and support staff throughout the region. It provides healthcare services in six hospitals, thirteen long-term care facilities, and six community health centres (three facilities are affiliates).⁸

In hospitals, infections cause complications and significantly increase the cost of care due to longer hospital stays, greater use of drugs, and more laboratory tests and other procedures.^{9,10} A hospital-acquired infection is one that is not present when a patient enters the hospital. The infections most commonly acquired in hospitals are in surgical wounds or intravenous sites, urinary tract infections, and pneumonia; less common are outbreaks of infectious diarrhoea or influenza. Many of these infections could be prevented.

In 2007, we audited Sunrise's processes to manage hospital-acquired infections and made three recommendations (2007 Report – Volume 3). In January 2008, PAC agreed with our recommendations.

⁶ Immunization success measures are part of Goal 2.

⁷ For the year ended March 31, 2011, Sunrise spent \$198,243,254 (*Sunrise Regional Health Authority 2010-2011 Annual Report*).

⁸ Home page and Program and Services Guide at <http://www.sunrisehealthregion.sk.ca/>

⁹ United Kingdom. National Audit Office. (2000). The management and control of hospital acquired infection in acute NHS trusts in England. p.19.

¹⁰ Montreal Jewish General Hospital 2004 study of ventilator-associated infections. Canadian Institute of Health Information.

Our 2009 Report – Volume 3 explained Sunrise had met one recommendation. This chapter describes our follow up of management's actions up to July 31, 2011 on the remaining two recommendations (in italics). Sunrise has implemented our recommendations.

Guidance to staff has improved

We recommended that Sunrise Regional Health Authority provide guidance to help staff fully identify, investigate, analyze, and report hospital-acquired infections. (2007 Report – Volume 3)

In 2011, Sunrise used forms and policies to help staff identify, investigate, and analyze hospital-acquired infections. The forms guided staff to document key information when investigating infections. The policies explained how to calculate and analyze infection rates.

Sunrise also used a guide—*Definitions and Calculations for Surveillance Programs in Sunrise Health Region*—to help staff identify, analyze, and report common hospital-acquired infections (e.g., antibiotic resistant, surgical site). It included definitions, calculation methods, and some national benchmarks that helped staff consistently identify infections, analyze infection rates, and report hospital-acquired infections to management.

In addition, Sunrise guided staff to improve hand washing—an effective way to reduce hospital-acquired infections. Sunrise conducted hand hygiene campaigns in both acute care and long-term care facilities. As part of the campaigns, presentations explained required practices for effective hand washing to healthcare providers and other staff. Sunrise conducted hand hygiene audits that observed and documented how staff washed their hands and used hand cleansers. The regional infection prevention and control team reviewed the results of these hand hygiene audits and took action.

Status – Sunrise has implemented this recommendation.

Better reporting and monitoring of infections

We recommended that Sunrise Regional Health Authority focus its actions to prevent and manage hospital-acquired infections by

reporting and monitoring: a) the rates and causes of hospital-acquired infections, and b) progress toward targets by type of infection. (2007 Report – Volume 3)

In 2011, Sunrise management asked staff to report probable causes of hospital-acquired infections. Forms for reporting infections required additional information about causes or other factors contributing to infections. This helped Sunrise take more timely action to prevent the spread of infections in its hospitals.

Sunrise set targets for some types of antibiotic-resistant infections. It regularly reported infection rates to senior management and the Board. It compared these results to its targets by type and facility on a quarterly basis.

Regional and local infection prevention and control teams also monitored infection rates and the causes of infectious outbreaks. These teams updated action plans and reviewed procedures in response to infection related issues.

Senior management and the Board received reports about Sunrise's infection control initiatives (e.g., Outbreak Report for 2009-2010, Hand Hygiene Report for 2010-2011). They also received reports about specific infection rates and trends such as *A Retrospective look at C-section Infection Rates in Sunrise Health Region July 1 – December 31, 2010*. In addition, the Board periodically reviewed balanced scorecard reports relating to hospital-acquired infections.

Status – Sunrise has implemented this recommendation.

Status of previous recommendations of the Standing Committee on Public Accounts

The following exhibit provides an update on recommendations agreed to by PAC that are not yet implemented and are not discussed earlier in this chapter.¹¹ Our intent is to follow up on outstanding recommendations in upcoming reports.

¹¹ For definitions of the Key Terms used in the exhibit, see Chapter 27 – Standing Committee on Public Accounts.

PAC REPORT YEAR ¹²	OUTSTANDING RECOMMENDATION	STATUS
Kelsey Trail Regional Health Authority – Medical Equipment (2010 Report – Volume 2)		
2011	11C-1 that the Kelsey Trail Regional Health Authority clearly define roles and responsibilities for maintaining all of its medical equipment in accordance with recommended standards.	Not implemented (as at March 31, 2010).
2011	11C-2 that the Kelsey Trail Regional Health Authority maintain all equipment in accordance with the required standards.	Not implemented (as at March 31, 2010).
2011	11C-3 that the Kelsey Trail Regional Health Authority establish written policies and procedures for maintaining medical equipment at all of its healthcare facilities.	Not implemented (as at March 31, 2010).
2011	11C-4 that the Kelsey Trail Regional Health Authority make an agreement with its service provider for the maintenance of medical equipment.	Not implemented (as at March 31, 2010).
2011	11C-5 that the Kelsey Trail Regional Health Authority monitor the medical equipment maintenance work performed by manufacturers and its service provider.	Not implemented (as at March 31, 2010).
2011	11C-6 that the Kelsey Trail Regional Health Authority maintain a complete and current list of all medical equipment, its location, and its maintenance record.	Not implemented (as at March 31, 2010).
2011	11C-7 that the Kelsey Trail Regional Health Authority provide reports to the Board of Directors and senior management on the state of medical equipment at all of its healthcare facilities.	Not implemented (as at March 31, 2010).

¹² “PAC Report Year” refers to the year that PAC first made the recommendations in its report to the Legislative Assembly.

Chapter 14B – Regional Health Authorities

PAC REPORT YEAR ¹²	OUTSTANDING RECOMMENDATION	STATUS
Sun Country Regional Health Authority – Hiring Practices (2010 Report – Volume 2)		
2011	11B-2 that the Sun Country Regional Health Authority follow its policies and procedures when hiring management personnel.	Not implemented (as at March 31, 2010).
2011	11B-3 that the Sun Country Regional Health Authority establish policies and procedures for relocation incentives for new hires.	Not implemented (as at March 31, 2010).
Sunrise Regional Health Authority – Scheduling Nurses (2010 Report – Volume 1)		
2011	12-1 that the Sunrise Regional Health Authority ensure its nursing managers or other authorized staff follow established policies to review and approve nursing staff timesheets.	Not implemented (as at March 15, 2010).
2011	12-2 that the Sunrise Regional Health Authority identify and regularly report to the Board the causes of nursing staff overtime costs.	Not implemented (as at March 15, 2010).
2011	12-3 that the Sunrise Regional Health Authority implement established strategies for addressing causes of nursing staff overtime costs and provide regular progress reports to the Board.	Not implemented (as at March 15, 2010).
Cypress Regional Health Authority - IT Security Audit (2008 Report – Volume 3)		
2009	10D-2 that the Cypress Regional Health Authority monitor the security of its information technology systems and data.	Partially implemented (as at July 31, 2010).
2009	10D-3 that the Cypress Regional Health Authority establish and follow its policies and procedures for granting and removing user access to computer systems and data.	Partially implemented (as at July 31, 2010).
2009	10D-4 that the Cypress Regional Health Authority configure its computer systems and data to protect them from external threats including theft or loss.	Partially implemented (as at July 31, 2010).

PAC REPORT YEAR¹²	OUTSTANDING RECOMMENDATION	STATUS
2009	10D-6 that the Cypress Regional Health Authority complete, approve, and test its disaster recovery plan.	Partially implemented (as at July 31, 2010).
2009	10D-7 that the Cypress Regional Health Authority implement adequate policies and procedures for managing changes to computer systems and data.	Partially implemented (as at July 31, 2010).
Heartland Regional Health Authority – IT Equipment Disposal (2009 Report – Volume 3)		
2011	10D-1 that Heartland Regional Health Authority document its procedures to remove confidential information during disposal of information technology and communications equipment.	Not implemented (as at August 31, 2009).
2011	10D-2 that Heartland Regional Health Authority document that it follows its approved policy and procedures when disposing of information technology and communications equipment.	Not implemented (as at August 31, 2009).
2011	10D-3 that Heartland Regional Health Authority regularly verify that its procedures to remove sensitive information from information technology and communications equipment are effective.	Not implemented (as at August 31, 2009).

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