Action Plan and Progress Assessment (APPA) for the implementation of audit recommendations from the OAG- Prepared for the Select Standing Committee of Public Accounts

Attention: Shirley Bond, Chair and Mitzi Dean, Deputy Chair of the Select Standing Committee on Public Accounts

Ministry of Health

AN AUDIT OF THE PANORAMA PUBLIC HEALTH SYSTEMS Released [08/15]

http://www.bcauditor.com/pubs

PAC Meeting Plan[1]	02/11/2015	**Prepared by: Jonathan Robinson, Ministry of Health**	**Reviewed by: Stephen Brown, Deputy Minister**
1st APPA Update	31/11/2016	**Prepared by: Jonathan Robinson, Ministry of Health**	**Reviewed by: Stephen Brown, Deputy Minister**
2nd APPA Update	16/11/2017	**Prepared by: Jonathan Robinson, Ministry of Health**	**Reviewed by: Stephen Brown, Deputy Minister**
3rd APPA Update	28/02/2019	**Prepared by: Jonathan Robinson, Ministry of Health**	**Reviewed by: Stephen Brown, Deputy Minister**
4th APPA Update	26/02/2020	**Prepared by: Jonathan Robinson, Ministry of Health**	**Reviewed by: Stephen Brown, Deputy Minister**

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[1] The audited organization will be required to present their initial action plan at this meeting (i.e. First three columns completed for each OAG recommendation included in the audit report)

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Rec. # Accepted? Yes / No[2]	OAG Recommendations	Actions Planned & Target Date(s)[3]	Assessment of Progress to date[4] and Actions Taken[5] (APPA update)
1. Yes	Commission an independent review of Panorama and other alternative systems to identify the most cost-effective, integrated approach to meet the current and future needs of public health in British Columbia.	Public health outcomes will be further advanced through ongoing improvements to Panorama and the onboarding of innovative health information technology applications facilitated through Panorama's interoperability design. Develop a 3-5 year business plan to address key functionality and design issues to ensure full clinical and surveillance benefit, including: • Supporting the operation and decision-making of collaborative Ministry and Health Authority governance structures, balancing the clinical, business and technical requirements. • Leveraging the improvements and investments made by other Provinces Building on previous reviews of Panorama modules, surveys of front line users, and ongoing monitoring of data quality and system performance. **Target Date:** Phase 1-June 2016 Phase 2-Fall 2017	**Progress Assessment:** Fully Implemented. **Actions Taken & Discussion:** The business plan, developed with significant engagement of the Health Authorities is now complete. Clear steps are being taken to further enhance the provincial Panorama system to better meet clinical, surveillance and patient needs. The broad engagements have resulted in the prioritization of four mandates for action agreed to by Leadership Council (HA CEOs and DM): • Implement and use all aspects of the Panorama vaccine inventory module at all inventory holding points, as well as at applicable public health service points. • Record all administered and historic immunizations and related data directly into Panorama or implement electronic interfaces to do so. • Ensure prompt (daily) recording of reportable communicable disease cases within the Panorama Investigations Module in accordance with approved CD Minimum Data Set requirements, as approved by the CD Policy committee. • Work with PHSA / BCCDC in the configuration of the Panorama Investigations and Outbreak functionality and ensure staff can utilize these capabilities in the management of incidents that cross health authority boundaries. The work to complete the mandates has been defined in Letters of Understanding's signed by HA CEO's and the Ministry of Health and sets out each Health Authorities timeframe for aligning with the integrated provincial public health system. PHSA has responsibility and oversight of the implementation of the LOU's and has created a project management office (PMO) for this purpose.

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[2] For each recommendation, the audited organization should state whether or not they have accepted the recommendation and plan to implement it fully by typing either "Yes" or "No" under the number of the recommendation.

[3] Target date is the date that audited organization expects to have "fully or substantially implemented" the recommendation. If several actions are planned to implement one recommendation, indicate target dates for each if they are different.

[4]The Select Standing Committee on Public Accounts (PAC) will request that the audited organization provide a yearly update (i.e completed "Assessment of Progress and Actions Taken" column) until all recommendations are fully implemented or otherwise addressed to the satisfaction of the PAC. This is for the APPA update.

[5] This action plan and the subsequent updates have not been audited by the OAG. However, at a future date that Office may undertake work to determine whether the entity has implemented the recommendations. The results of that work will be reported in a separate report prepared by the OAG.

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Rec. # Accepted? Yes / No[2]	OAG Recommendations	Actions Planned & Target Date(s)[3]	Assessment of Progress to date[4] and Actions Taken[5] (APPA update)
		Undertake an annual survey of Panorama end users to assess satisfaction, clinical benefit and adoption. **Target Date:** Annual beginning early 2016	**Progress Assessment:** Fully Implemented. **Actions Taken & Discussion:** Completed in June 2016, through Phase 1 of the business plan development. What was heard at that time was: 1. A desire for clarity on public health IMIT governance and long-term direction; 2. A need to establish quality improvement culture and quality measures (be transparent to front line staff on how and when defects will be fixed, etc); 3. That information being captured and extracted needs to optimize investments (i.e., streamline cumbersome clinical data interfaces; optimize use through mobile access, etc). The 2017/2018 survey was targeted to Panorama Personalized Consent, resulting in updates to Panorama consent forms and updates to best practise processes. In 2018/19 engaged broadly with the Health Authorities to affirm priorities leading to the four mandates. The 2019/20 survey was conducted via structured in-person meetings with all Regional Health Authorities, First Nations Health Authority and Yukon to best understand each organizations' present and near-term roadmap priorities.
		Undertake an annual environmental scan to evaluate other compatible public health products. **Target Date:** Annual beginning in 2015	**Progress Assessment:** Fully Implemented. **Actions Taken & Discussion:** Informal Fall 2015 report completed that did not identify other available 'Custom Off The Shelf' (COTS) systems that offers the same comprehensive suite of integrated services as does Panorama. The HA engagement and business planning process resulted in the four mandates for action (per above) providing Health Authorities with the opportunity to undertake their own scan and to determine the best point-of-service compatible public health technological solutions for their regions while ensuring maximization of integrated clinical, surveillance and patient provincial public health needs.

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2. Yes	Review its project management practices to ensure future IT projects are managed in accordance with good practice.	Developing a plan to meet industry standards for project management • Develop action plan to move towards best practices **Target Date:** Completed	**Progress Assessment:** Fully Implemented. **Actions Taken & Discussion:** A Ministry of Health Project Management Office (PMO) has been staffed with the mandate to provide good practice standards and methodology including provision of tools, guidance, training and coaching. Action plan created. The development of project management methodology with a gated approval framework is complete and PMO service delivery development is on-going. An Executive Project Board has been established as the penultimate governance body for Ministry IMIT; manages the full portfolio of ministry projects and meets regularly to evaluate and provide approval of project gates relative to the existing portfolio.
3. Yes	Review its contract management practices to ensure future IT projects are managed in accordance with good practice.	Confirm our approach Engage independent expertise to review our action plan on project management, contract management, and governance **Target Date:** Completed	**Progress Assessment:** Fully Implemented. **Actions Taken & Discussion:** Delivered in June 2016 as part of an EY review. The report provided 19 recommendations in the four major categories of: • Governance, accountability and decision making. • Portfolio and project management. • Value and contract management. • Ministry capacity, capability and expertise. The Ministry of Health has accepted and has worked to fully implement all 19 recommendations. Health Sector IM/IT (HSIMIT) Business Transformation Office (BTO) was created in November 2016 to deliver on the recommendations. As a result of this transformation, HSIMIT now includes a new Vendor Management Office (VMO) that provides centralized leadership over the Ministry's major commercial IM/IT agreements. The VMO is responsible for contract governance, strategic vendor management, and alliance management to ensure the Ministry achieve value from its vendor partners and effectively manages these commercial relationships.

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		Ensure independent project assurance on large complex, multi-stakeholder, multi-year project. **Target Date:** Ongoing	**Progress Assessment:** Fully Implemented. **Actions Taken & Discussion:** Work with the Office of the Government Chief Information Officer (OCIO) to leverage their available expertise on the development of government-wide portfolio management processes and methodologies, including establishment of a common approach to project gating. As well, the Ministry of Health has fully accepted and is actively implementing EY's recommendation 15, pertaining to the engagement of third party risk management and project assurance on major projects as evidenced by its use of third party experts for independent validation of the Ministry of Health's proposed approach to completing the implementation of the BC Services Card.
		Implement project review board with panel of experts **Target Date:** Completed	**Progress Assessment:** Fully Implemented. **Actions Taken & Discussion:** The Ministry of Health has taken a proactive approach to expanding its access to industry experts through engagement of Gartner, Deloitte, and other industry experts. These resources are being used to undertake various knowledge and practice enhancing activities including reviews of large strategic initiatives to ensure alignment with industry best practices, approaches, and costs.

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		Implement recommendations from contract management review. **Target Date:** Completed	**Progress Assessment:** Fully Implemented. **Actions Taken & Discussion:** The Ministry of Health completed the design of a new Target Operating Model (TOM) for the Health Sector IM/IT Division to align with the recommendations in the EY Report, and implemented the new model in February 2020. The Health Sector IM/IT Division includes a new Vendor Management Office (VMO) that provides centralized leadership over the Ministry's major commercial IM/IT agreements. The VMO is responsible for contract governance, strategic vendor management, and alliance management to ensure the Ministry achieve value from its vendor partners and effectively manages these commercial relationships. The new operating model for the division has been implemented, the Business Transformation Initiative, which was launched to implement the organizational changes recommended in the EY Report, has concluded. The Assistant Deputy Minister Office for the Health Sector IM/IT Division has permanently expanded its resources and capacity to monitor the division's new operating model and continuously strengthen it.
4. Yes	Review its current leadership practices and develop a collaborative leadership strategy for future IT projects.	In place. **Target Date:** Completed	**Progress Assessment:** Fully Implemented. **Actions Taken & Discussion:** The Ministry of Health has realigned governance structures to enhance accountability and to play an integrating and coordination role. Leadership Council (including Health Authority Chief Executive Officers, senior Ministry of Health officials, and chaired by the Deputy Minister of Health), and the supporting committee framework are better aligning and prioritizing decisions, improving and strengthening coordination, communication and information sharing, and enabling stronger decision pathways across the ministry and health authorities.

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